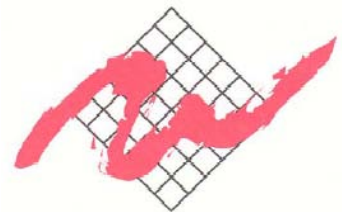


# The Status of Women in the Middle East and North Africa (SWMENA) Project

Focus on Yemen | Health Care Access Topic Brief

*A project by the International Foundation for Electoral  
Systems (IFES) and The Institute for Women's Policy  
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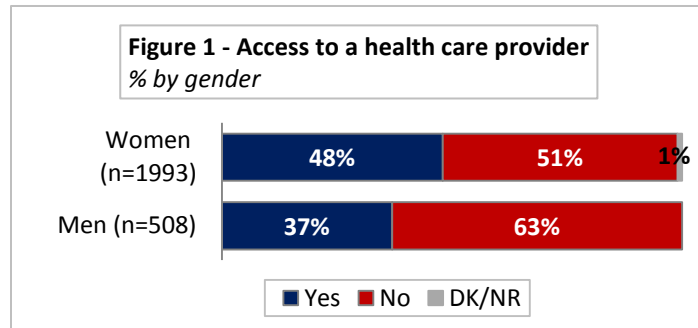


## HEALTH CARE ACCESS

In addition to gathering information about women’s and men’s economic, social and political status, the SWMENA survey investigated the extent to which women in Yemen had access to, or the opportunity to make use of, formal health care.<sup>1</sup> The survey also examined issues of affordability, quality of care, utilization, and proximity to medical services. This topic brief presents the principal findings with respect to women’s ability to access and get care through formal health services.

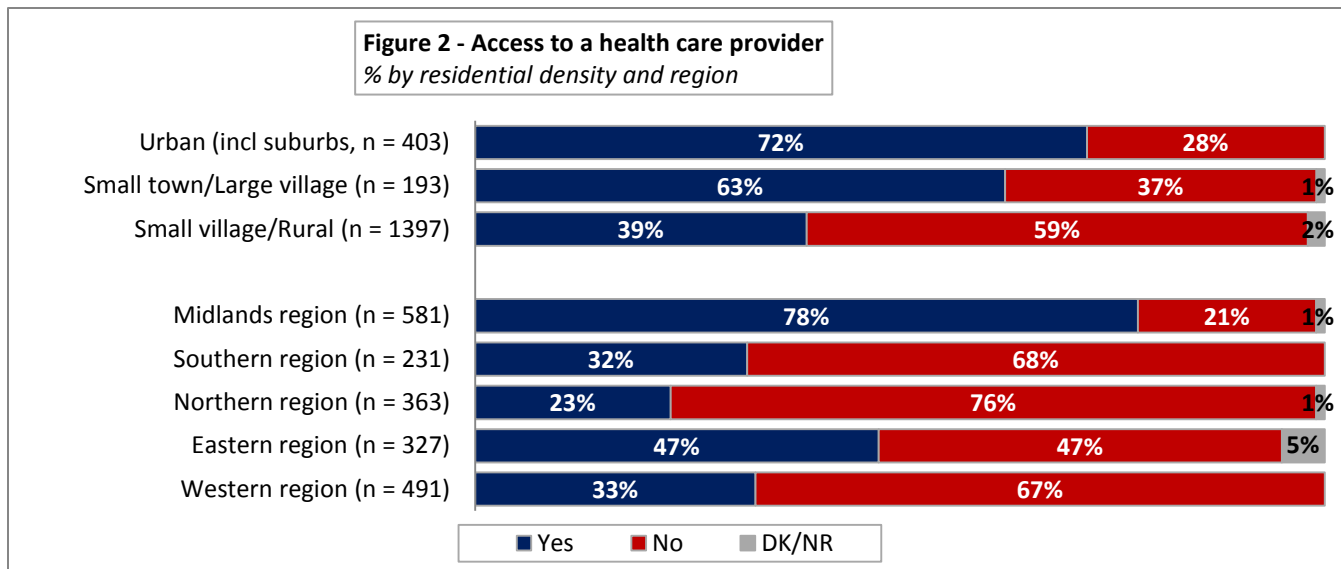
### Access to Health Care

Yemeni men and women were asked if they have access to a formal health care provider. Women report slightly higher access than men. Almost half of all women have access (48%), while only 37% of men do (Figure 1).



However, access to formal health care when needed seems to vary in Yemen by the area and region where one lives, as well as by level of formal education and household income. Women living in urban settlements are far more likely than women in rural areas to have health care access (Figure 2).

Over 70% of urban women do have access to health care but 60% of rural women lack healthcare access.



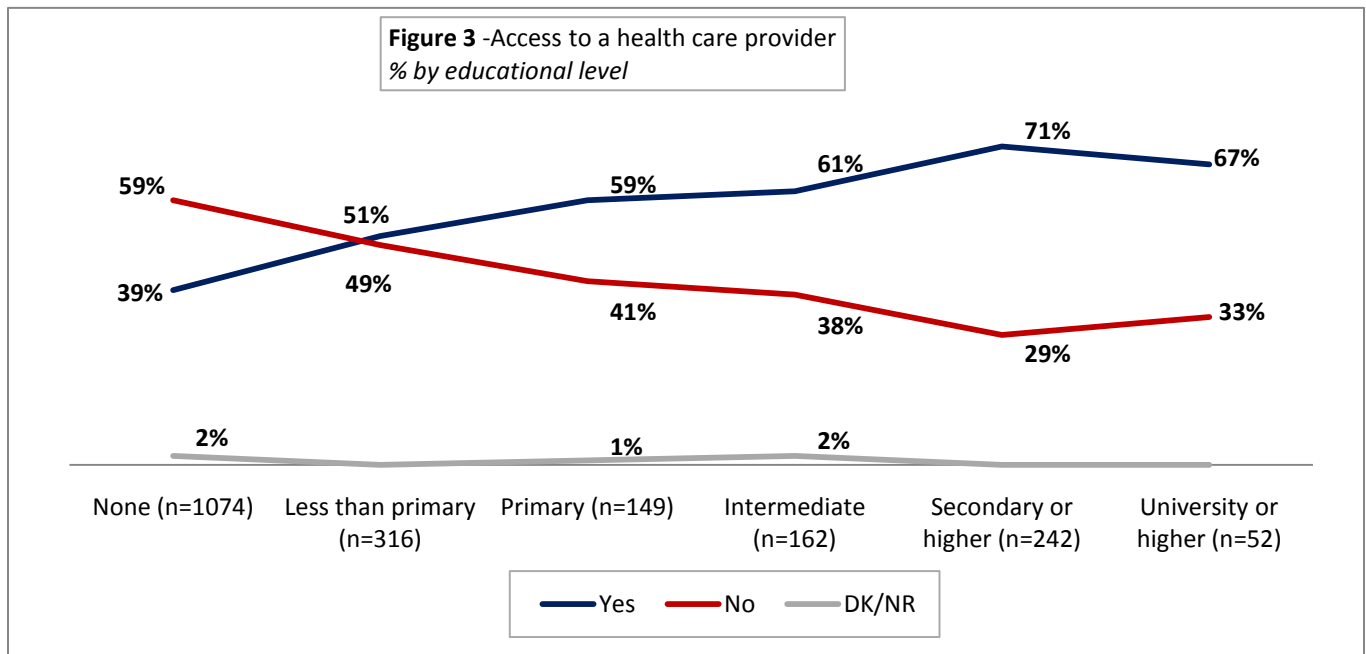
<sup>1</sup> During June and July 2010, the SWMENA survey collected data from 1,993 women and 508 men in Yemen. The survey is designed to assess how women in Yemen view themselves as members of society, the economy and the polity. Data was weighted appropriately for computing percentages, although labels in figures and tables show the unweighted number of cases in the sample.

In all but one region of the country, almost half or more of all women state that they do not have access to a formal health care provider. However, access varies significantly across the different regions of Yemen.

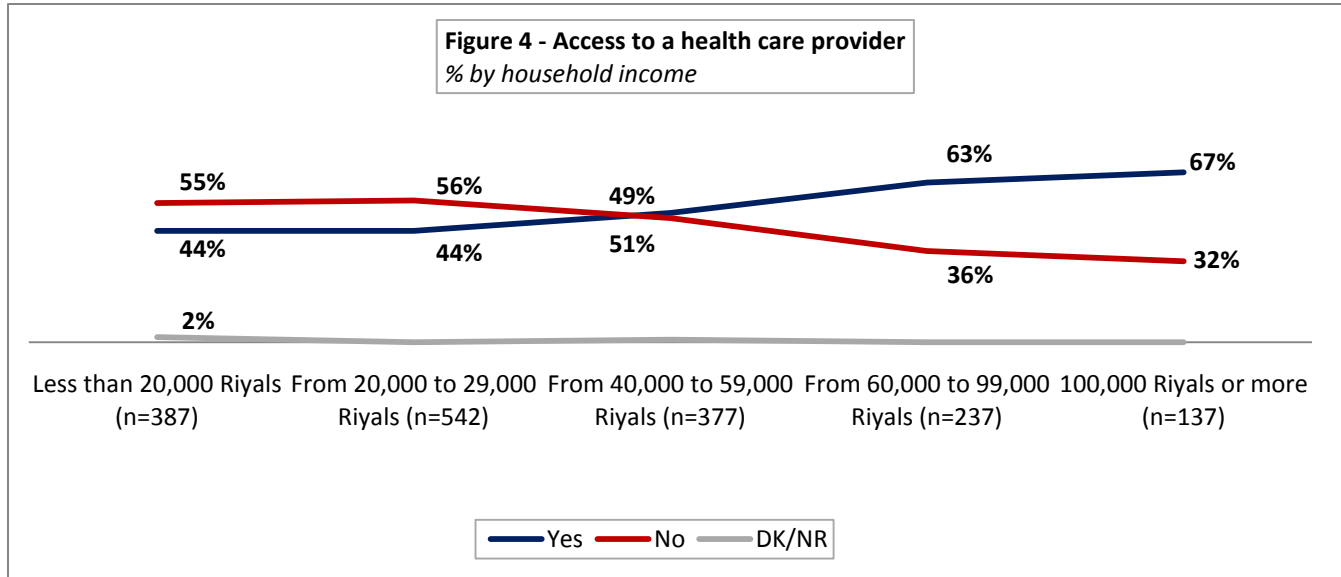
- In the Midlands region (Sana'a city, Ibb, Taiz), almost 80% of women have access to care while in the Northern region (Sana'a Governorate, Amran, Dhamar, Al-Jawf, Sa'dah), less than a quarter of women report having access.
- In both the Southern (Aden, Al-Dhale, Abyan, Lahj) and Western (Al-Hodeidah, Hajjah, Al-Mahweet, and Raimah) regions, over two-thirds of women do not have access to health care, while in the Eastern region (Mareb, Shabwah, Albaida, Hadramout, Almaharah) almost one-half of women say that they lack access.

As Figures 3 and 4 demonstrate, when comparing women who do and do not have access to health care, there is an inverse relationship as both level of formal education and household income increase. Figure 3 focuses on level of education among women as an indicator of access to care.

- Women with less than a primary school education report access to health care at roughly equal rates: 51% have access while 49% do not.
- Only 39% of women with no education report that they have health care access.
- In contrast, 67% of women with a university degree or higher have access to health care.



Similarly, as Figure 4 shows, women with a household income of 40,000 to 59,000 riyals per month are about equally likely to have or to lack health care access, and women with a household income of 20,000 to 29,000 riyals have a relatively narrow disparity. However, there is a drastic division between the households at upper and lower income levels (Figure 4).

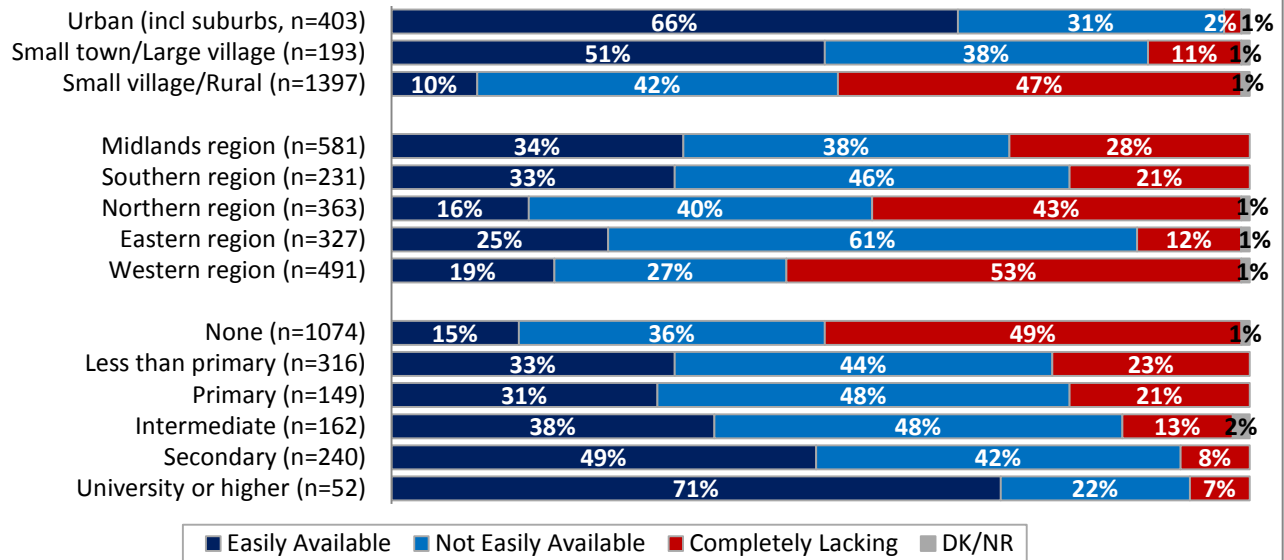


### Availability of Medical Services

When asked to rate the ease with which they can access health care, only 26% of all Yemeni men and women report that medical services in their area are easily available (not shown). As shown in Figure 5, there are drastic differences in the availability of care between women in urban and rural areas, and between women in different regions.

- Almost half of rural women find medical services completely lacking. In contrast, only 2% of urban women report a complete lack of services.
- Across all regions of Yemen, most women report that medical care is not easily available or completely lacking, but among the different regions of Yemen, availability of care for women varies widely.
- Over half (53%) of women in the Western region completely lack medical care.
- Only 12% of women in the Eastern region, and 21% in the Southern region find medical care completely lacking.
- In the Eastern region, 61% of women cannot easily access care.

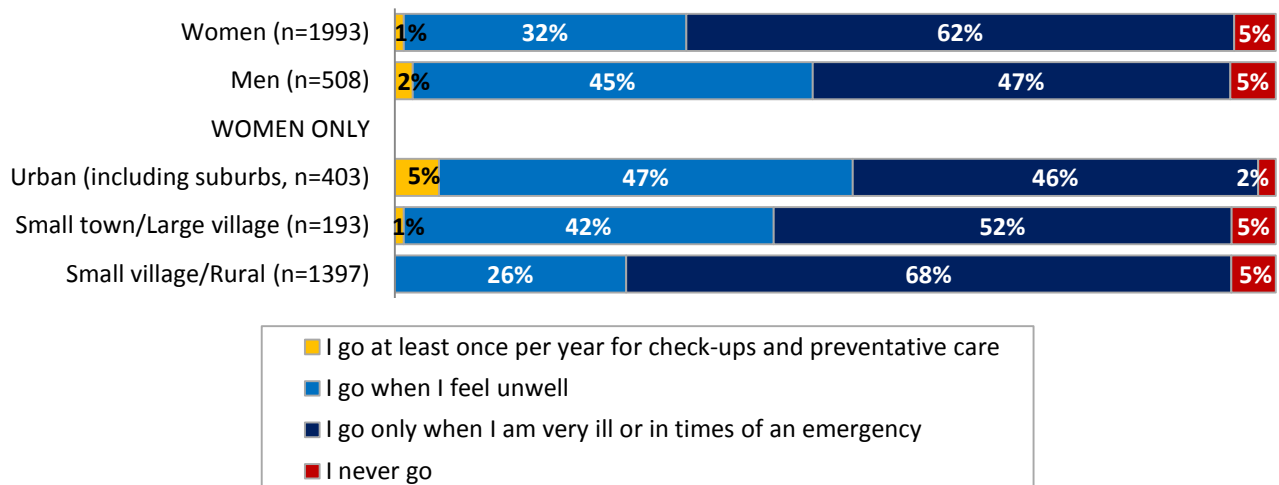
**Figure 5 - Availability of medical care**  
% by residential density, region, and educational attainment



### Visits to a Healthcare Provider

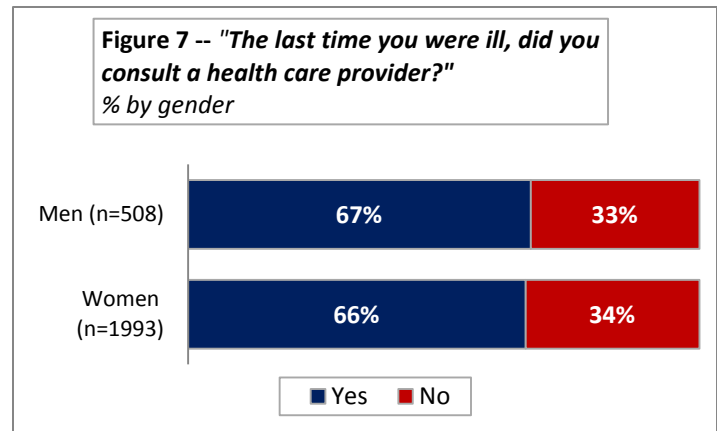
Respondents were asked about the frequency with which they visit a healthcare provider. Figure 6 illustrates that few

**Figure 6 - Frequency of healthcare provider visits**  
% by gender and residential density



Yemeni women and men visit a healthcare provider for yearly, preventative check-ups. Further, women are more likely to wait until their health condition is very serious before visiting a healthcare provider, while men are more likely to visit a healthcare provider when they feel unwell (62% and 45% respectively). Rural women are more likely overall to only visit a healthcare provider when they are very ill or in times of an emergency. Women living in urban areas visit a healthcare provider at rates similar to those of men: 47% of urban women report visiting a healthcare provider when they feel unwell (Figure 6).

Yemeni respondents were asked if they consulted a healthcare provider the last time they were ill. Men and women consulted a healthcare provider at almost identical rates – 67% of men and 66% of women (Figure 7). Women’s responses remained fairly similar across education, type of area, and household income. Despite that 47% of rural women report that medical care in their area is completely lacking (Figure 5), and only 26% visit a healthcare provider when they feel unwell (Figure 6), the majority of rural women (63%) consulted a healthcare provider the last time they were ill (not shown).



When asked for a reason why they did not see a healthcare provider last time they were ill, the top five reasons were the same for women and men although they ranked them differently (Table 1). Among respondents not seeking care, the most common answer for women (36%) and many men (24%) was that their last illness was not serious enough to require medical attention. Men were most likely to self-medicate themselves for symptom relief (26%). Women are slightly more likely than men to mention cost barriers (20% v. 17%) or travel barriers (10% v. 8%).

Reason	Women (n = 663)	Men (n = 167)	Rank by men
1) Transient illness or illness deemed not serious	36%	24%	(2)
2) Lack of money	20%	17%	(3)
3) Self-medication or direct referral to a pharmacy	12%	26%	(1)
4) Healthcare provider/clinic is too far/too difficult to get to	10%	8%	(5)
5) Recourse to traditional medicine	9%	11%	(4)

*Shows ranks according to citations by men*

## Quality of Medical Care

Yemeni women rate their health care as higher quality than do men. A quarter of men rate their medical care as bad, and 9% rate it as very bad, compared to 11% and 4% of women respectively. More women than men also rate their care as good quality (32% vs. 19%) (not shown). Neither men nor women receive very good quality care however – only 4% of women and 2% of men rate it as such (not shown).

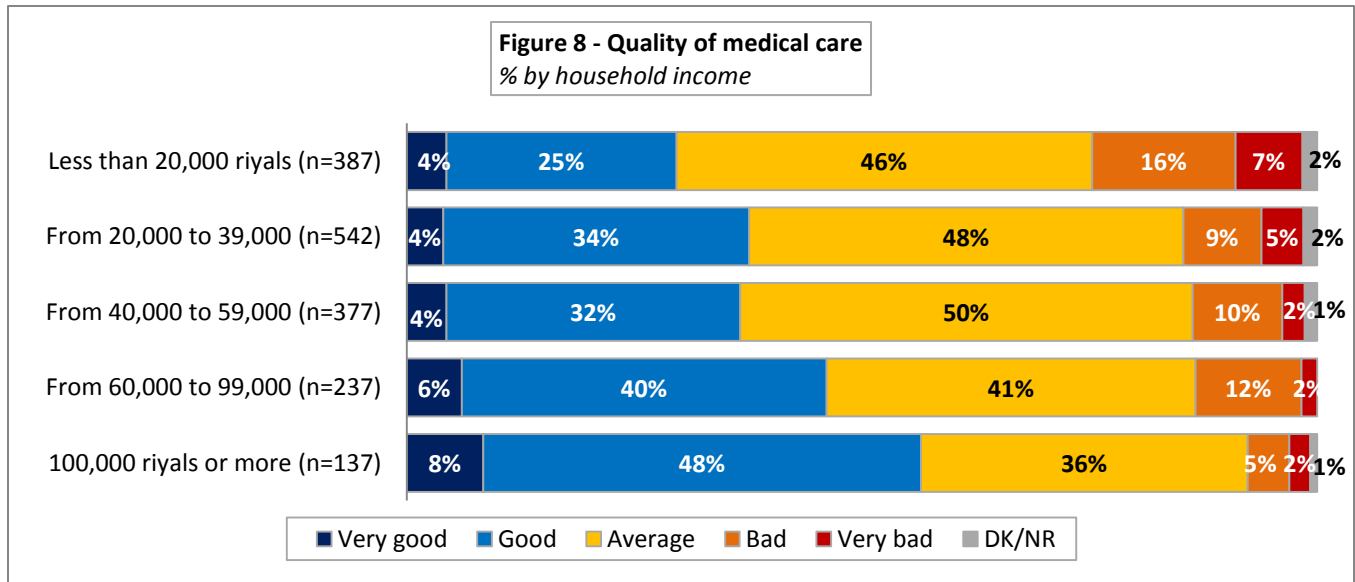


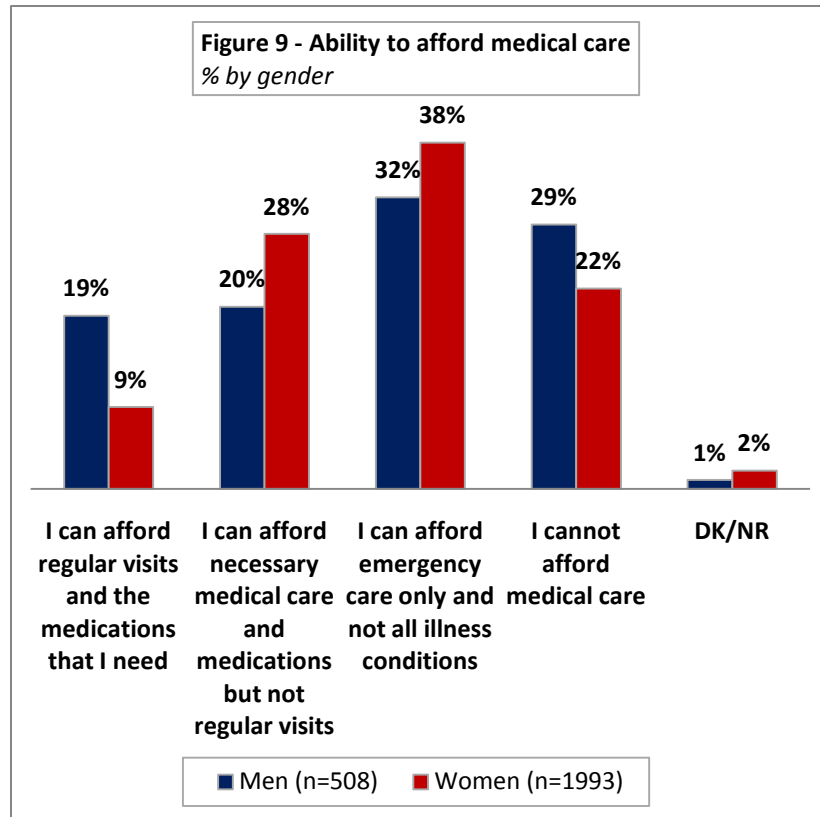
Figure 8 shows that across all levels of household income, the majority of women say they receive either good or average care.

- Over a third of women in households with 100,000 riyals or more receive average care, and over 40% of women in households with an income of 60,000 to 99,000 riyals also receive average care.
- Although a quarter of women in households with less than 20,000 riyals report receiving good care, 16% of these lower income women receive bad care, and 7% receive very bad. Only 5% and 2% of women in the highest household income bracket receive bad and very bad care, respectively.
- In addition, despite occupying the highest income category, only 8% of upper-income women receive very good care.

## Affordability of Medical Care

Yemeni respondents were asked about the ease with which they can afford medical care. Figure 9 illustrates that, although more men than women report they can afford regular medical attention and medications, more men than women also report they cannot afford either emergency or medical care in general (Figure 9).

- The majority of both men and women are able to afford necessary medical care, but not regular visits, or emergency care only and not all conditions.
- More than twice as many men than women are able to afford medical care, preventative care, regular visits and medications.
- At the same time, almost one in three men cannot afford medical care, compared to 22% of women.



Education levels among Yemeni women appear to be tied to their varying abilities to afford medical care (Figure 10).

- Women with a university degree or higher are over six times more likely to afford regular visits and medications than women with no education.
- Almost one in three women with no education cannot afford medical care.
- Over a third of all women, other than those with a university degree or higher, can only afford emergency care and not for all illness conditions.

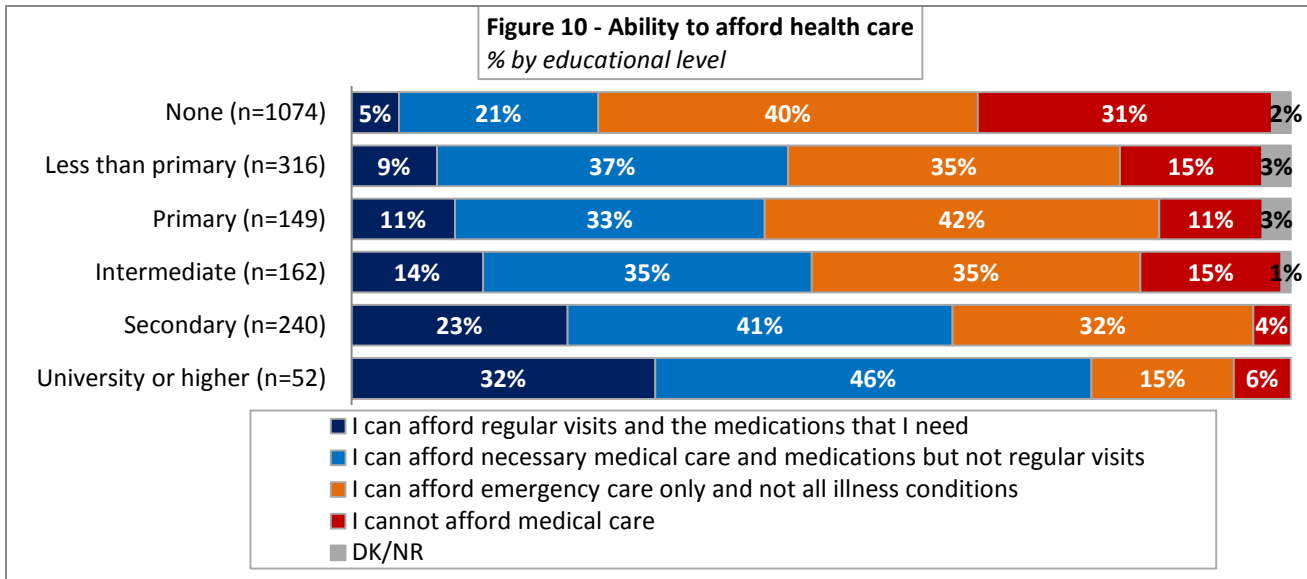
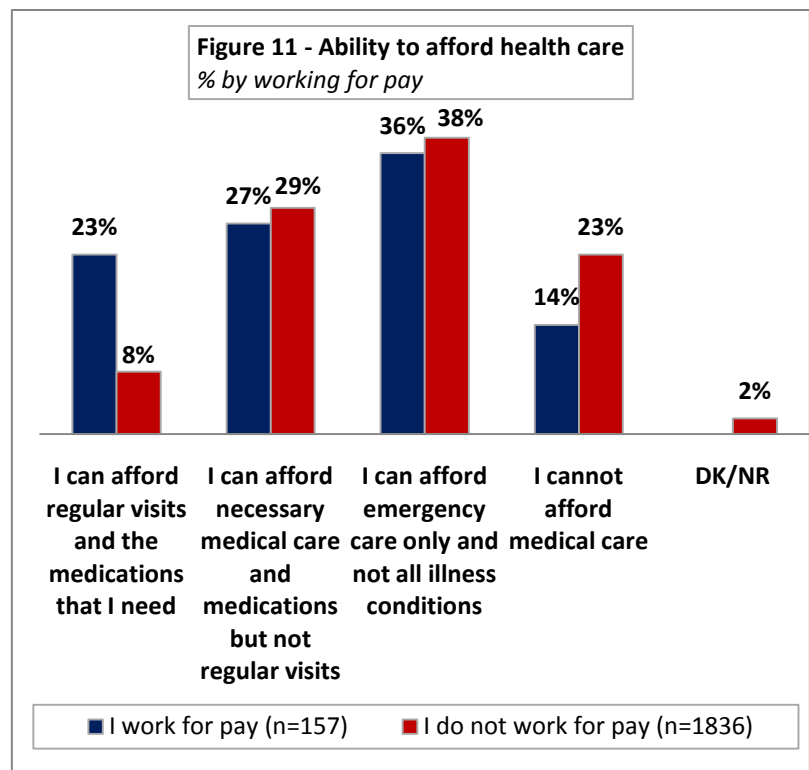
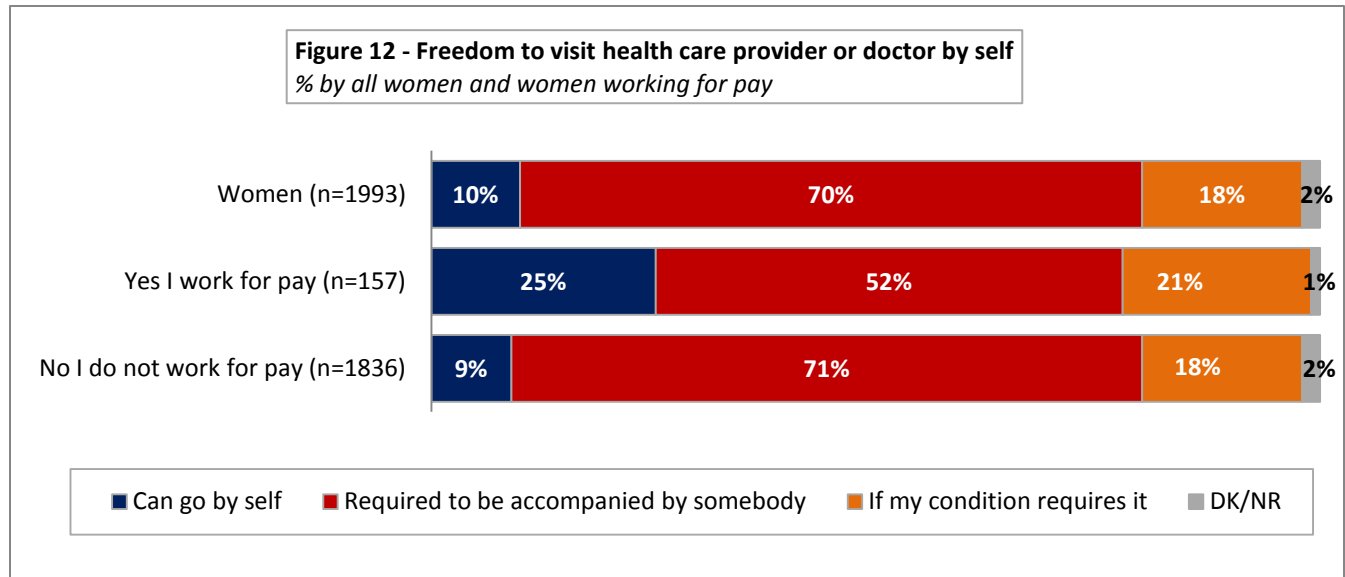


Figure 11 demonstrates that, as with holding a higher degree, women who work for pay were more likely to be able to afford regular medical care and necessary medications. Although only 157 respondents report working for pay, those women were almost three times as likely to afford regular visits and medications than women who do not work for pay, and all women (23%, 8% and 9%) [Figure 9], respectively).

- Fourteen percent of women who are working for pay still cannot afford any medical care.
- As was the case for all women and for women across education levels, the majority of women working for pay can afford medical care but not medications, or emergency care only (27% and 36%, respectively).



## Freedom to Visit a Healthcare Provider



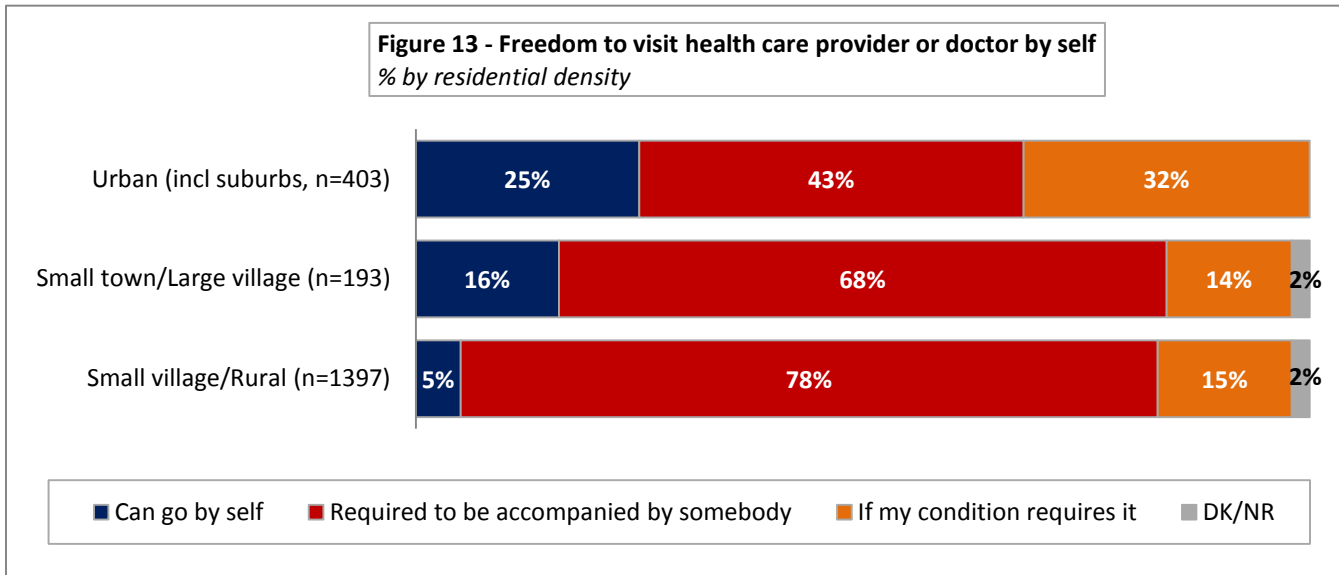
Yemeni women were asked if, when they visit a healthcare provider or health care provider, they are free to go by themselves or are required to be accompanied by somebody. The data shows that only minorities of women are free to visit their health care providers by themselves. Indeed, a significant majority of respondents (71%) are required to be accompanied by somebody to visit a healthcare provider. Only one in ten women is able to visit a healthcare provider by herself.

- Women who work for pay are more likely to be able to visit a healthcare provider by themselves. A quarter of women who work for pay are able to visit a healthcare provider by themselves, and over one in five need to be accompanied only if their condition requires it.
- Over half of women who work for pay are required to be accompanied by somebody to visit a healthcare provider.
- However, women who do not work for pay (71%) are more likely than women overall (70%) to require accompaniment for healthcare provider visits (Figure 12).

The density of population in the area in which women live seemingly makes a greater difference in whether or not women can visit a healthcare provider by themselves (Figure 13).

- Similar to women who work for pay, a quarter of urban women are able to visit a healthcare provider unaccompanied.
- Forty-three percent of urban women are required to be accompanied by somebody; a significant reduction from the 78% of rural women who cannot go by themselves.

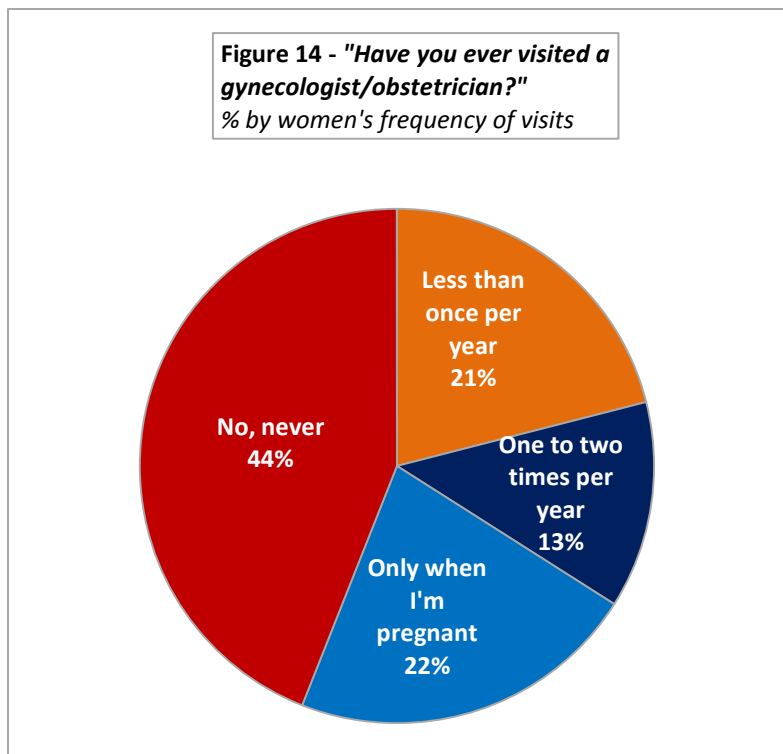
- Almost one in three urban women also report only requiring accompaniment if their condition requires it, as compared to 15% of rural women and 14% of women in small towns or large villages.



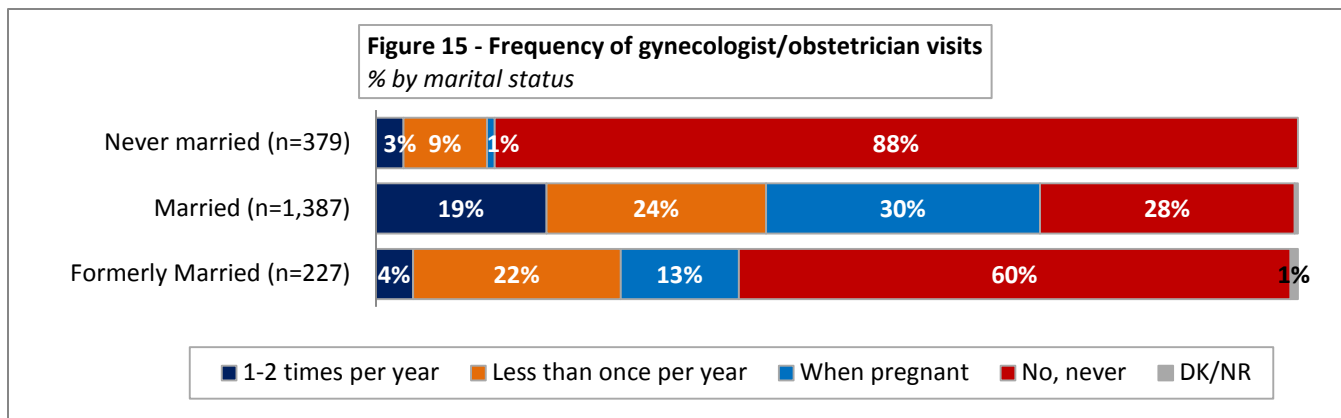
## Gynecological and Obstetrical Care

Yemeni women were asked if they visit a gynecologist or obstetrician, and if so, how frequently they visit. Nearly half of the women interviewed, 44%, have never visited a gynecologist or obstetrician. Only a small proportion of women visit once every one or two years (13%). A little over one in five women visit a gynecologist when pregnant (22%) (Figure 14).

Examining by marital status women’s frequency of visits to gynecologists or obstetricians (Figure 15), most women were still unlikely to visit a gynecologist once every one or two years.

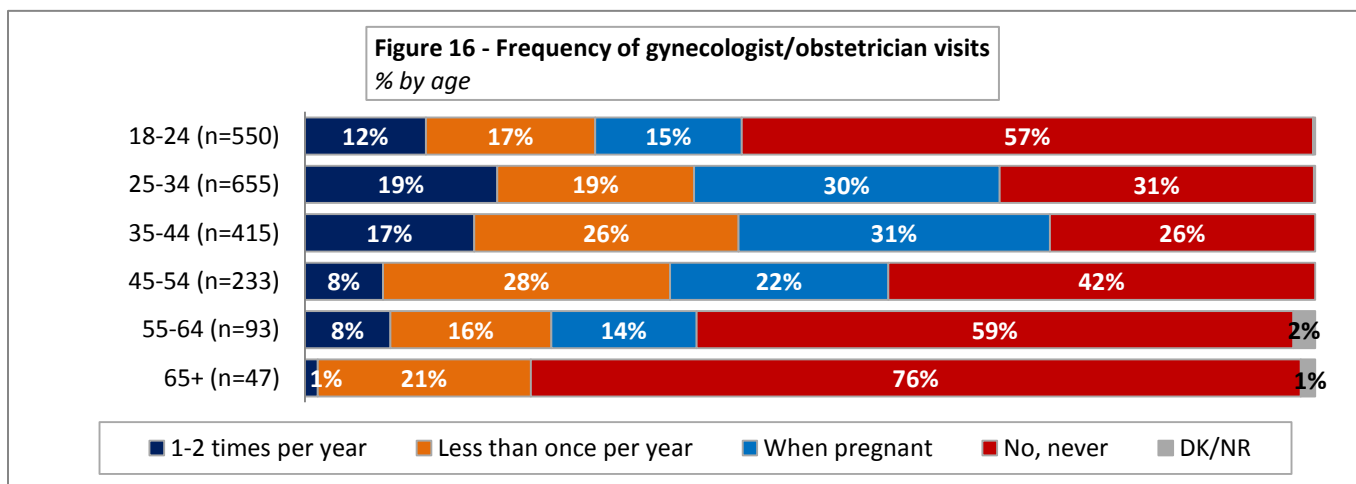


- The vast majority of unmarried women (88%) have never visited a gynecologist/obstetrician.
- Six in ten previously married women have never visited a gynecologist.
- Married women were the most likely to visit a gynecologist or obstetrician at all.
- Despite this, 28% of married women have never visited a gynecologist or obstetrician.



Across all age groups, women were unlikely to have visited a gynecologist or obstetrician. However, older women were less likely to have visited -- over three quarters of women 65 years old and older have never been to a gynecologist, and almost 60% of women ages 55 to 64 have never been.

The data suggest a generational shift across Yemen, as more women between 25 to 44 years old report having visited a gynecologist rarely or once every one or two years. Almost a fifth of women ages 25 to 34 visit every one or two years, and 26% of women ages 35 to 44 visit at least "rarely." Less than a third of women between 25 to 44 years old have never been to a gynecologist (Figure 16).



A generational shift also appears in access to formal education among Yemeni women (please see *Educational Attainment and Career Aspirations Topic Brief*): this rising level of education might have something to do with the rising frequency of visits to physicians who specialize in caring for women’s reproductive health.

Despite such generational shifts, rates of gynecological/obstetrical visits remain low across levels of education. Although women with a university degree or higher are more likely to visit a gynecologist every one or two years than are women with no education (25% and 10%, respectively), and also are less likely to visit rarely (14% vs. 22%), over a third of women with a university degree or higher have never visited a gynecologist. One third to half of all women regardless of educational level in Yemen state that they have never visited a gynecologist (Figure 17).

