

AN INTERSECTIONAL GENDER ANALYSIS OF FACTORS INFLUENCING HEALTHCARE ACCESS AMONG WOMEN LIVING IN INFORMAL URBAN SETTLEMENTS IN BANGLADESH

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BACKGROUND

- Approximately 52% of urban residents live in informal settlements in Bangladesh (1).
- Vulnerabilities within informal settlements differ based on inter-linked socio-demographic factors - gender, disability, income, employment, etc. (2).
- Women are more vulnerable because of local socio-cultural and gender norms, which significantly influence their access to healthcare (3).
- ARISE project in Bangladesh conducted an intersectional gender analysis of factors influencing access to healthcare among women living in informal urban settlements.



METHODOLOGY

Study design

Mixed method research

Data collection methods

Household Survey
(November – December 2021)

Community-based
participatory research
(July – October 2022)

Target population

Female headed households, elderly, persons with disability, pregnant/lactating mothers, Males informal workers

Female-headed households, pregnant/lactating mothers, persons with disabilities, daily wage earners, transgender, community leaders

Sample size

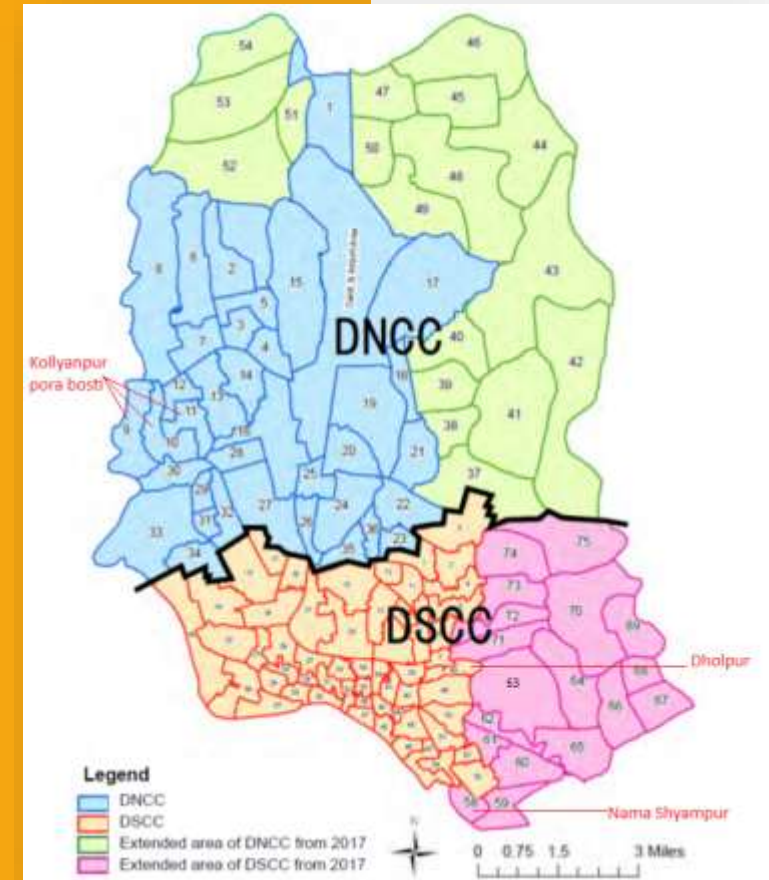
1725 households -
Kollayanpur (692), Nama
Shyampur (395) and
Dholpur (638)

6 service mapping
sessions with 36
participants
7 Case studies

Data analysis

Descriptive, bivariate
ands multivariate

Thematic analysis



KEY FINDINGS





A 45-year-old single mother in Shyampur informal settlement who has been working as a housemaid for years and taking care of her sick daughter mentioned struggling to manage her daily expenditures. She mentioned her struggle with managing the household's daily expenditures, children's education and health expenditures with her monthly income.

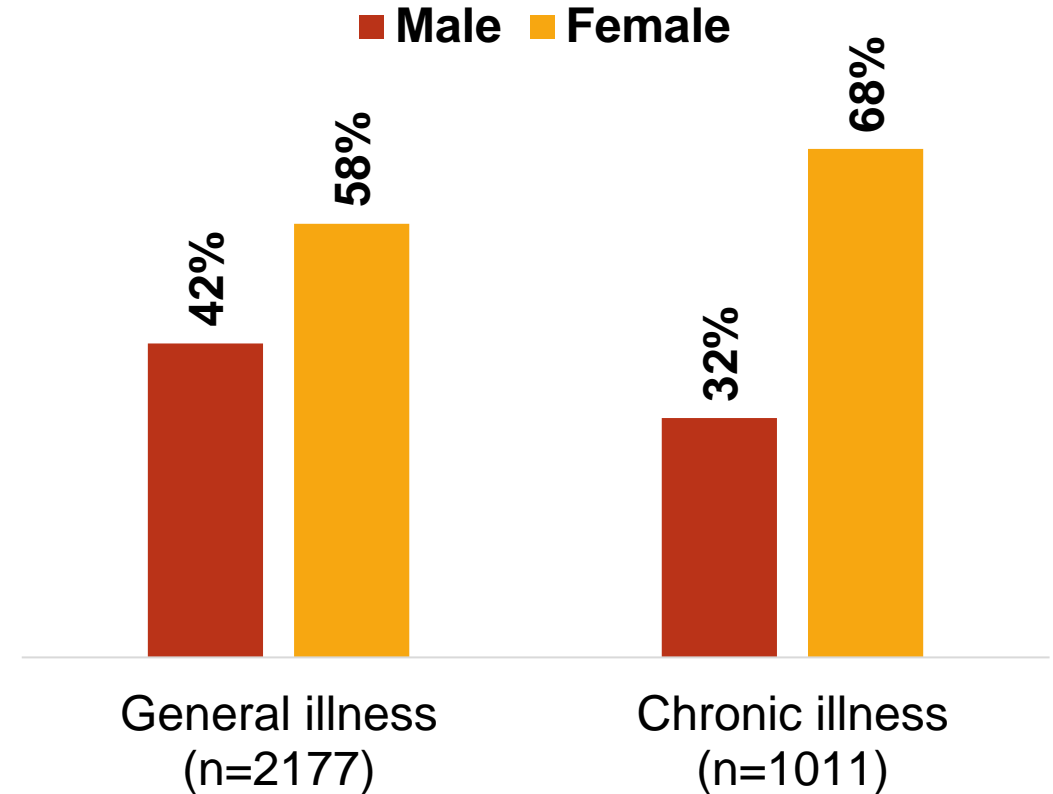
“It has been a year that I haven’t been able to work regularly because of arthritis. However, I still work a few days a week to earn some minimum income. As my daughter is ill, I am working so that I can earn the money I need to take care of her. And whatever I earn goes for rent and medicines.”



- **44%** of female respondents had some form of **disability**.
- **22% women respondents with disabilities** suffered from illness in the last 3 months
- **72% of single female-headed households** had at least one sick member

“Many girls in our area suffer from genital infections and menstruation-related problems but are hesitant to discuss with their parents. I cannot also seek treatment because of embarrassment. As a result, those minor problems gradually become major health risks over time.”
– Male community researcher, Kollyanpur

Prevalence of illness among survey respondents

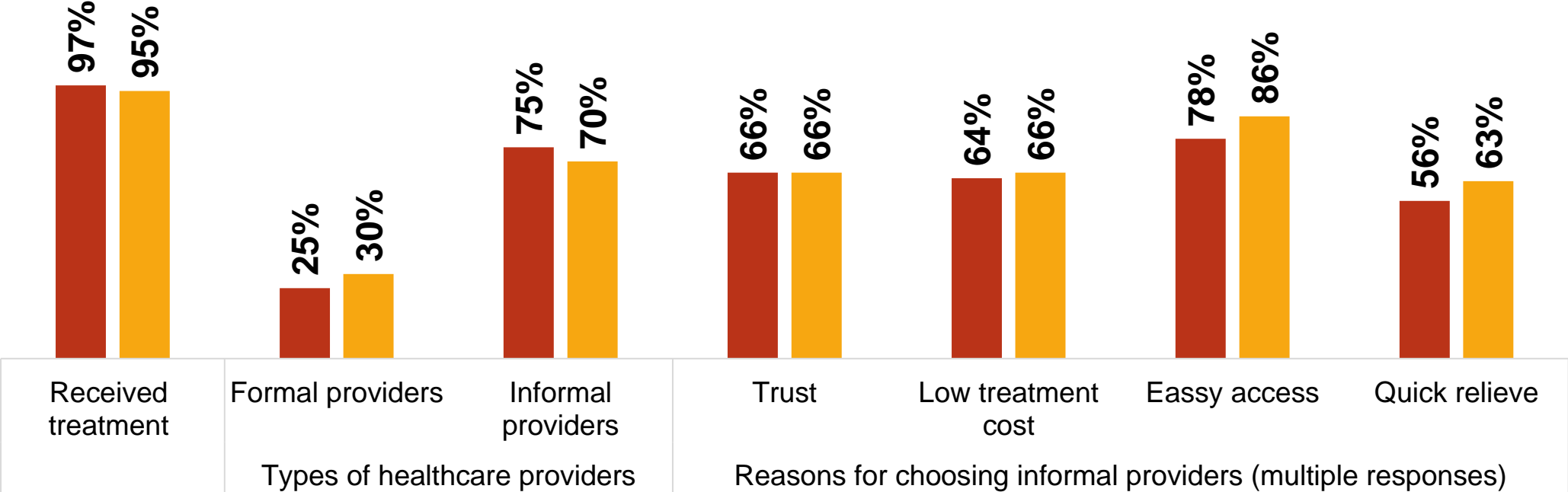


HEALTHCARE SEEKING PRACTICE

- 77% of elderly women and 56% of women with disabilities did not have any caregivers
- 76% of women could make decisions about their treatment
- 52% of women could decide on households' financial management
- Women with male household heads had less decision-making power

Healthcare seeking practice among surveyed respondents

■ Male ■ Female



CHARACTERISTICS OF WOMEN WHO RECEIVED HEALTHCARE

| | | Formal providers (%) | Informal providers (%) |
|-------------------------------|---------------------------|-------------------------|---------------------------|
| Age | <35 years | 55.65 | 54.02 |
| | >=35 years | 44.35 | 45.98 |
| Marital status | Single | 29.66 | 30.10 |
| | Married | 42.94 | 38.42 |
| | Widows/divorced/separated | 27.40 | 31.44 |
| Education | No schooling | 53.39 | 58.27 |
| | Schooling | 46.61 | 41.72 |
| Occupation | Formal sector | 6.21 | 8.63 |
| | Informal sector | 28.53 | 30.02 |
| | Unemployed | 65.25 | 61.35 |
| Number of family members | <=4 | 29.47 | 70.53 |
| | >4 | 29.55 | 70.45 |
| Single female household heads | | 26.74 | 73.26 |
| Total (%) | | 29.50 | 70.50 |
| Total, n | | 354 | 846 |



| Profile of single female-headed households | Percentage (n=541) |
|--|--------------------|
| Household profile | |
| >4 Family members | 16 % |
| <5 years old children | 19 % |
| School going children | 35 % |
| No male members | 11 % |
| Under Govt. Social Protection Schemes | 15 % |
| Female household heads' profile | |
| Education – no schooling | 76 % |
| Occupation | |
| Domestic help/housemaid | 26 % |
| Formal employment | 19 % |
| Housewife | 11 % |
| Daily wage earners | 28 % |
| Widow/divorced/separated | 44 % |

CHALLENGES OF SINGLE FEMALE-HEADED HOUSEHOLDS IN ACCESSING HEALTHCARE

- 35% of total surveyed householders were single female-headed
 - 67% reported feeling distressed

“I work as a housemaid to earn money. At home, I have to cook and clean. I also have to take care of my sick daughter. I feel like a machine. I have no time to rest.”

- 25 years old woman, separated from husband, daughter with a chronic illness, Dholpur

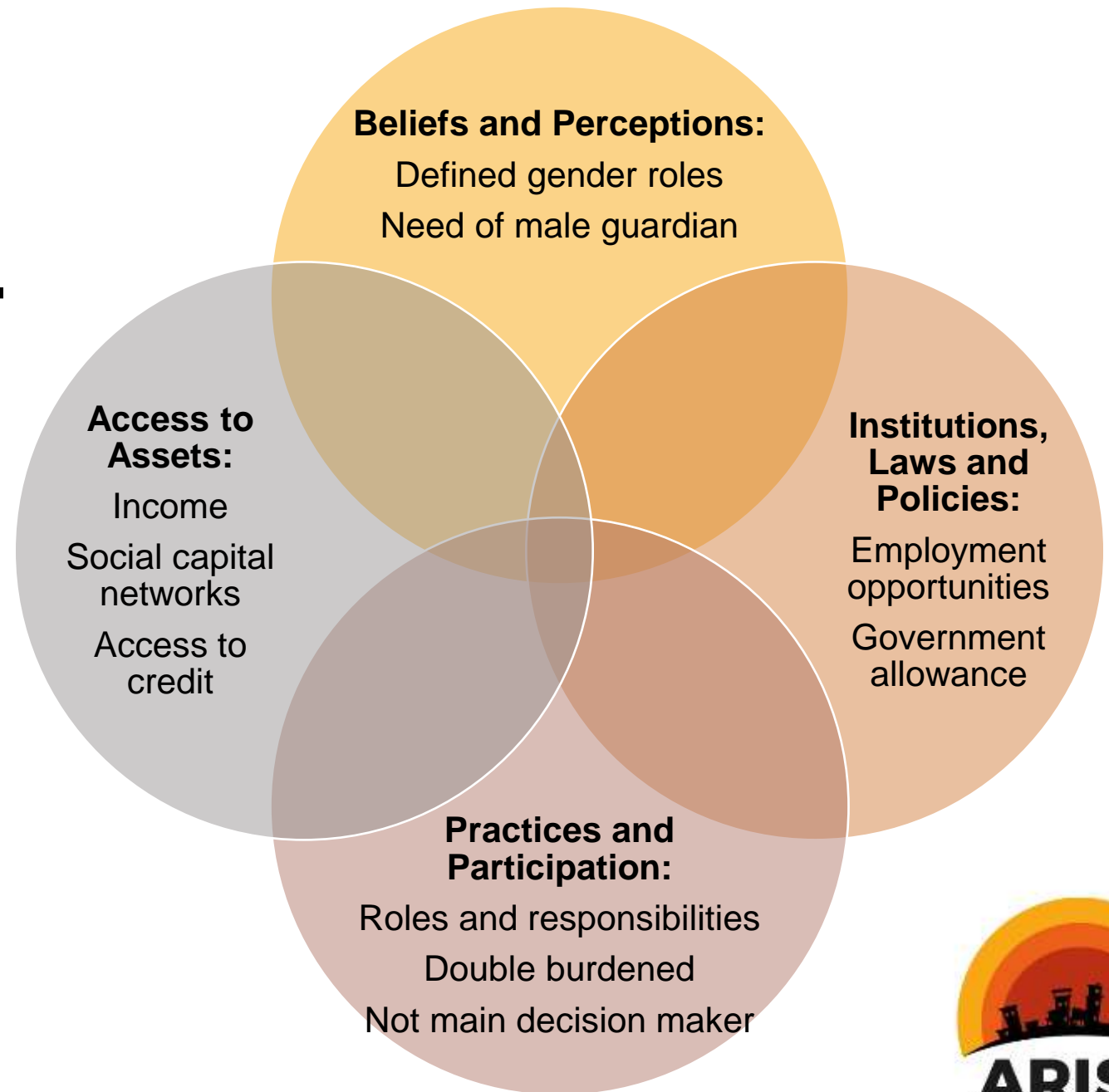
- 69% reported financial constraint as a key challenge

“I have to look after my 2 children and earn money for them. I am alone. My health is not good for the last couple of days. But I could not visit a doctor because of money.”

- 35 years old single mother, lost work during COVID-19 lockdown, Kollyanpur



INTERSECTORAL FACTORS INFLUENCING WOMEN'S ACCESS TO HEALTHCARE



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