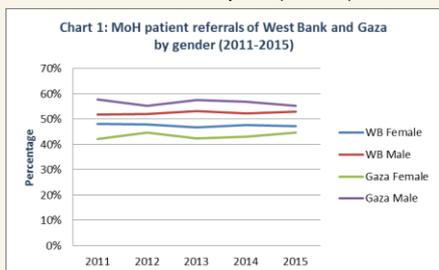


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## Background

Avoidable or remediable inequities in the use of health services restrict the right to health. A gender gap is observable among patients in the occupied Palestinian territory referred by the Ministry of Health (MoH) to other health facilities. However, in Gaza, the female/male gap in total MoH referrals of Gaza patients widened in recent years (Chart 1).



This study sought to examine health-seeking factors that may lead to gender-based inequities at the referral level, and to inform how to redress these inequities.

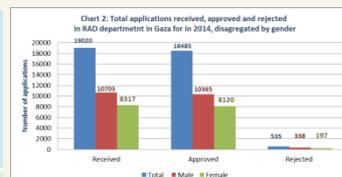
## Methodology

The study used a mixed methods approach of quantitative and qualitative data collection and analysis at referral, hospital, and community levels. A question guide was developed to elicit responses concerning the health system, social and cultural factors, and personal preferences regarding health access, using a human rights-based approach. 7 focus groups were conducted (F:52; M:14). Responses were recorded and coded for meaning. Semi-structured interviews were also conducted with 20 key informants: 4 female community representatives working in the field of health and 4 female volunteers from marginalized areas, 8 physicians (F:2; M:6) and 4 referral committee members (F:1; M:3). Hospital disaggregated data on registered cases admitted to MoH emergency department or to outpatient clinics were difficult to collect.

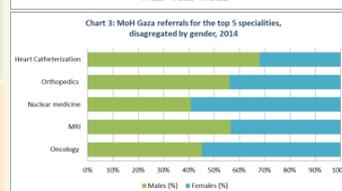
## Results

In 2014, the total number of applications received by the Referral Abroad Department (RAD) committee in Gaza was 19,020 (56% males and 44% females).

535 applications were not recommended by the medical committee (63% male and 37% female). Given the numbers received by the RAD and the corresponding percentages of approval and rejection, no gender-based bias was noticed at the RAD level (Chart 2).



At specialty level, the gap fluctuates and can be explained by differences in disease patterns (Chart 3).



Analysis of physicians' data showed that an outside referral depends on the nature of the disease, urgency of case and the unavailability of treatment locally.

The analysis of community data focused on triggers and barriers associated with the decision making process of health seeking behavior among women.

## Health System

**Severity of disease:** 58 out of 60 women seek health care, for mild or major health problems; 15% said immediately and 36% said they will seek help when pain becomes unbearable.

**Poverty:** 42 out of 60 women said **poor economic situation is a main barrier in seeking health care.** For some families, transportation cost is a burden while for others the cost of purchasing drugs when MoH cannot provide them is a problem. For major health issues, different coping mechanisms were used: borrowing money or selling assets.

**Trust in the local health system:** 35 out of 60 expressed their reluctance to seek health care due to lack of trust in the local health system, mostly due to previous bad experience or medical errors they or their family members experienced.

**Social/Cultural factors:** Positive family support (19) and husband support (22) were important. Lack of husband support (6) and husband refused access for his wife (1). Other factors were: lack of health awareness, fear of stigmatization or delaying treatment when women become ill by putting all other household and family duties first.

Focus group participants did not consider gender discrimination as a factor, but over half of them expressed that men have more access through *wasta* (connections) for speeding up requests.

## Community

## Discussion

No deliberate gender bias was found at the referral processing level, indicating that the gender gap in Gaza is likely due to gender differentials in health-seeking behaviors. The study revealed several factors that influence access and facilitating referral procedures. Women make their health decisions according to their disease, level of pain, financial resources and family support available. Further comprehensive multidisciplinary analysis is needed to assess each determinant of women's health-seeking behavior independently.

## Recommendations

- Improve the overall social determinants of health is necessary for improving the health of the population especially the marginalized.
- Enhance provider-patient communication and information sharing to decrease stigma and false perception about prevention, disease and treatment.
- Improve access of population to information related to health system, health insurance and RAD.
- Encourage women organizations working on protection to be more active in cases where women cannot access proper healthcare.

*Special thanks to physicians, community leaders and women who participated in the study.*