GENDER AND EQUITY IN ACCESS TO HEALTH CARE
IN
JAMAICA AND BARBADOS

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ABSTRACT

The overall aim of this study is to determine the presence and extent of gender differentials with respect to access to health care and health expenditures in Jamaica and Barbados. This study represents the first evaluation of gender differences in health care access and expenditures in the Caribbean. Facility records of utilization statistics, the Jamaica Survey of Living Conditions (1991 and 1999), and facility-based exit surveys were used. Despite limitations imposed by the dearth of household and epidemiological information, this study provides evidence of the greater use of private facilities by both men and women, regardless of income level. In addition, the study finds that income, quality of service, and type of provider are more important than gender in explaining facility use and health expenditure levels. The study raises a number of important questions about the extent to which the health system may restrict the access of males, and about the efficacy of the reform efforts to increase greater equity in access to quality care. Finally, the study highlights the need for more in-depth analysis to determine whether gender differences in use of services are related to institutional factors, individual preferences, or gender-differentiated illness-management practices.

INTRODUCTION

The overall aim of this paper is to determine the presence and extent of gender differentials with respect to access to health care and health expenditures in Jamaica and Barbados. While both countries aim to provide universal and equitable access to health care, there are important differences in the organization and delivery of health services, socioeconomic status, poverty levels, population size, and geographical conditions (see Annex 1). Differences in the financing and provision of health services in these two countries may have implications for equity in access and financing of health care. Evidence suggests that health sector reform initiatives may not be gender neutral (1,2,3).

Evidence suggests disparities exist in health status and access to the basic resources required for health between men and women (4,5). Within the Caribbean, available evidence suggests that women have higher disease incidence rates levels: mortality rates for diseases of the circulatory system, diabetes, and cancers are consistently higher for women than men, and the gap widens with age. Female mortality from hypertension, cervical cancer, and diabetes is higher in the Caribbean than any other part of the Western Hemisphere. (1,6,7).

Previous research and policy dialogue within the Caribbean have found that the poor search for care less than the non-poor, and that the poor do not report as many illness episodes as the non-poor. Lack of resources is a major reason for these patterns (8). Nevertheless, recent studies in Jamaica found that the poor often seek health services in the private sector (11,12).

Given the large number of female-headed households in the Caribbean, and the possibility that this group is over-represented among the poor (in Barbados, female headed-households represent 58.5%)

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1 Lower reporting of illness among the poor has been documented in other countries, and is thought to be related to socio-cultural factors (9,10).