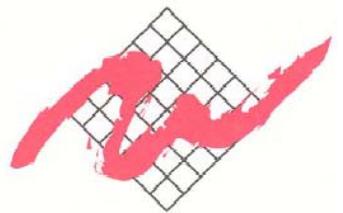


# The Status of Women in the Middle East and North Africa (SWMENA) Project

Focus on Lebanon | Healthcare Access Topic Brief

*A project by the International Foundation for Electoral Systems (IFES) and The Institute for Women's Policy Research (IWPR) with funding from the Canadian International Development Agency (CIDA)*

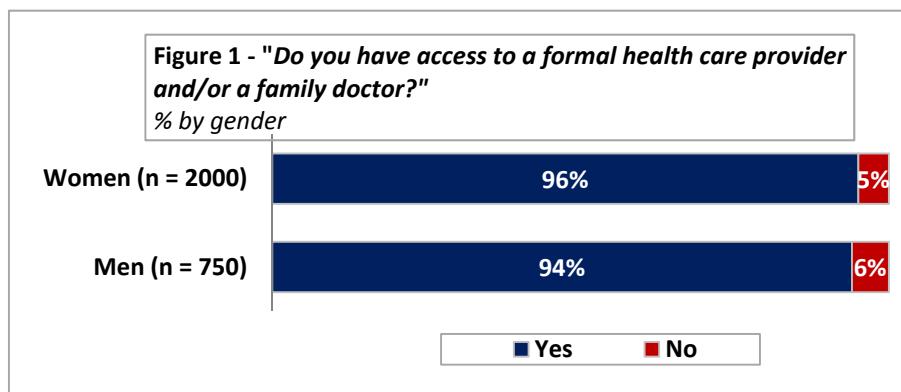


## HEALTHCARE ACCESS

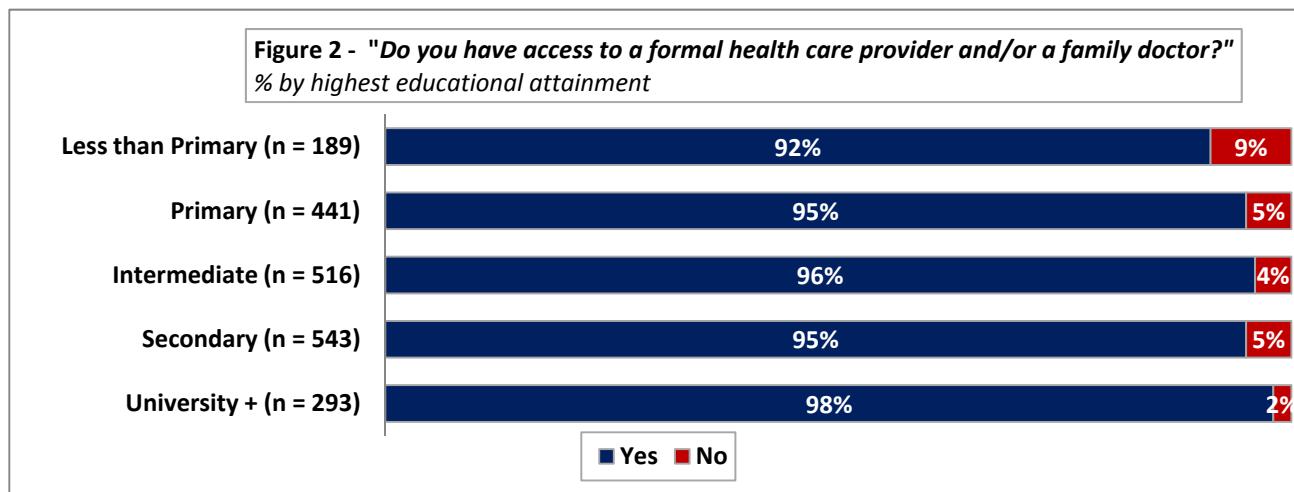
The SWMENA survey investigated the extent to which women in Lebanon had access to formal healthcare. The survey also examined issues of affordability, quality of care, utilization, and proximity to medical services. This topic brief presents the principal findings with respect to healthcare and women's access to it.

### Formal Healthcare and Traditional Medicine

Lebanese women were asked whether they had access to a formal healthcare provider and whether they ever used traditional medicine. Of interest is whether women and their families have options so that they can seek formal healthcare providers and specialists to deliver preventive, routine and emergency healthcare to maintain overall health and well-being.



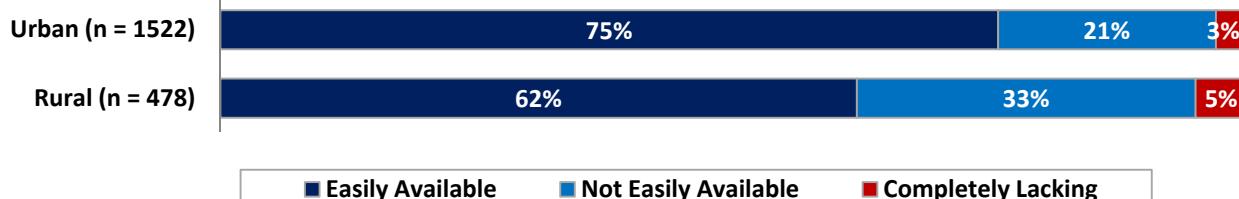
As seen in Figure 1, men and women report access to a formal health care provider and/or family doctor at mostly the same percentage. This indicates women and men mostly have equal access to formal healthcare. Access to healthcare does not vary much by sect or by the women's level of education.



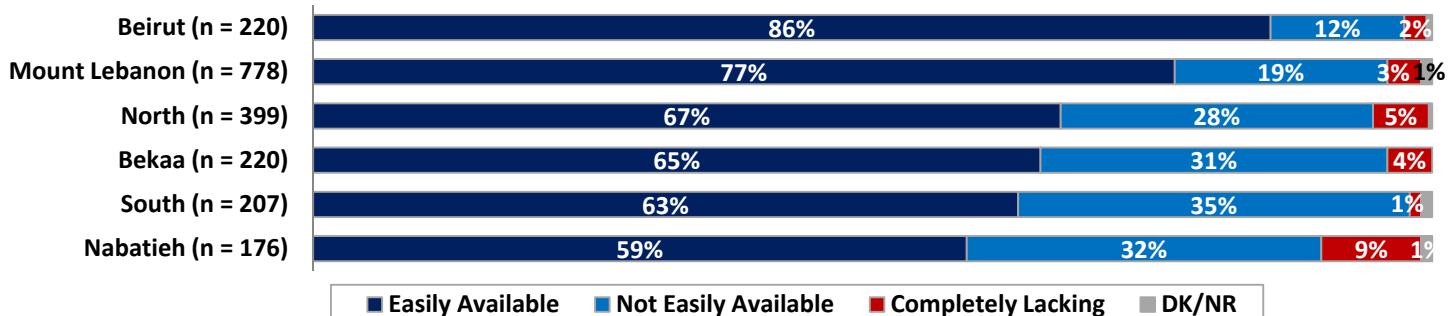
## Availability of Medical Services

However, there is a variation in access for women in urban versus rural areas and by region. When asked how available medical services are in their area, 75% of women in urban areas say they are easily available compared to 62% of rural women (Figure 3). Women in Beirut also report the easiest access, followed by Mount Lebanon and the North. While very few women in any region of Lebanon say medical services are completely lacking, nearly one-third of women in the North (28%), Bekaa (31%), South (35%), and Nabatieh (32%) say medical services are not easily available (Figure 4).

**Figure 3 - "To what extent are medical services available in the area where you live?"**  
% by women's urban/rural residence



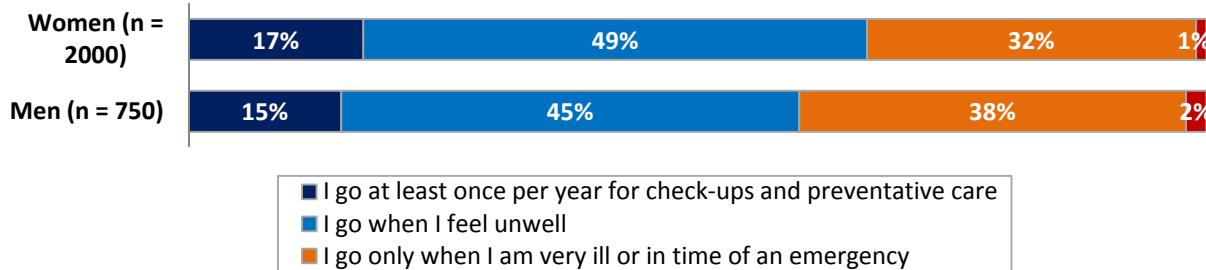
**Figure 4 - "To what extent are medical services available in the area where you live?"**  
% by Mouhafaza



When looking at frequency of visits to healthcare providers we see few women and men go for preventative care. Nearly half of women (49%) and men (45%) go only when they are sick and one third of women (32%) and men (38%) only go when they are very ill or when there is an emergency (Figure 5).



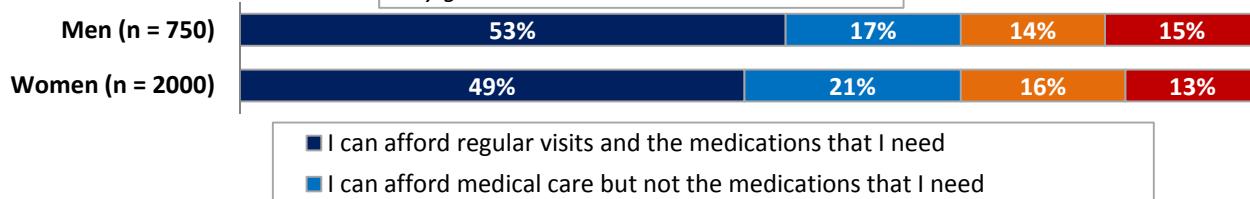
**Figure 5 - Frequency of healthcare provider or family doctor visits  
% by gender**



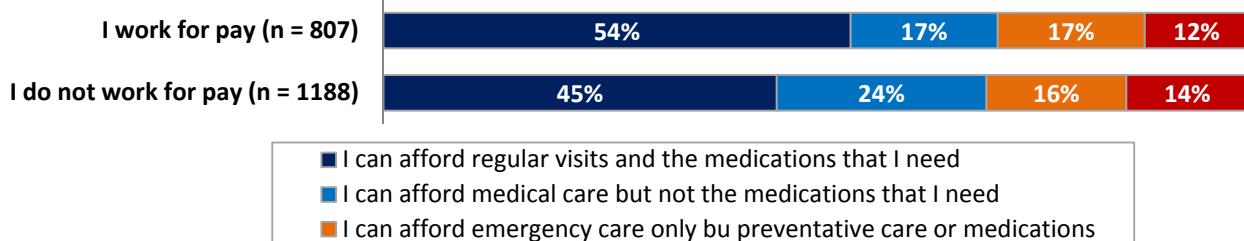
## Affordability of Medical Care

Regarding ability to afford health care services, half of men and women say they can afford regular visits and necessary medication (Figure 6). The ability of women to afford regular visits and necessary medications does not depend on whether they work for pay or not (Figure 7). Affordability of medical care does vary, however, based on whether a Lebanese woman's employer provides health insurance. Seventy-one percent of women whose employer provides health insurance says they can afford regular visits and necessary medication, compared to 45% of women whose employer does not provide health insurance (Figure 8). Not surprisingly, ability to afford regular medical visits and necessary medications increases with income (Figure 9).

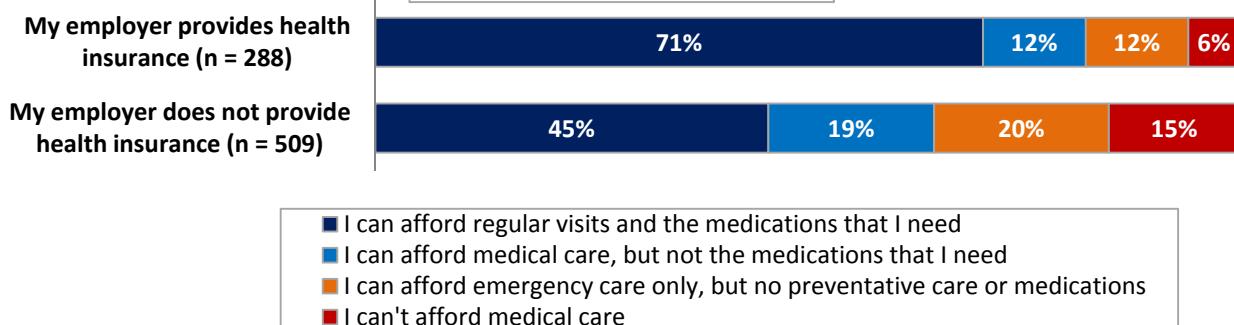
**Figure 6 - Ability to afford health care services  
% by gender**



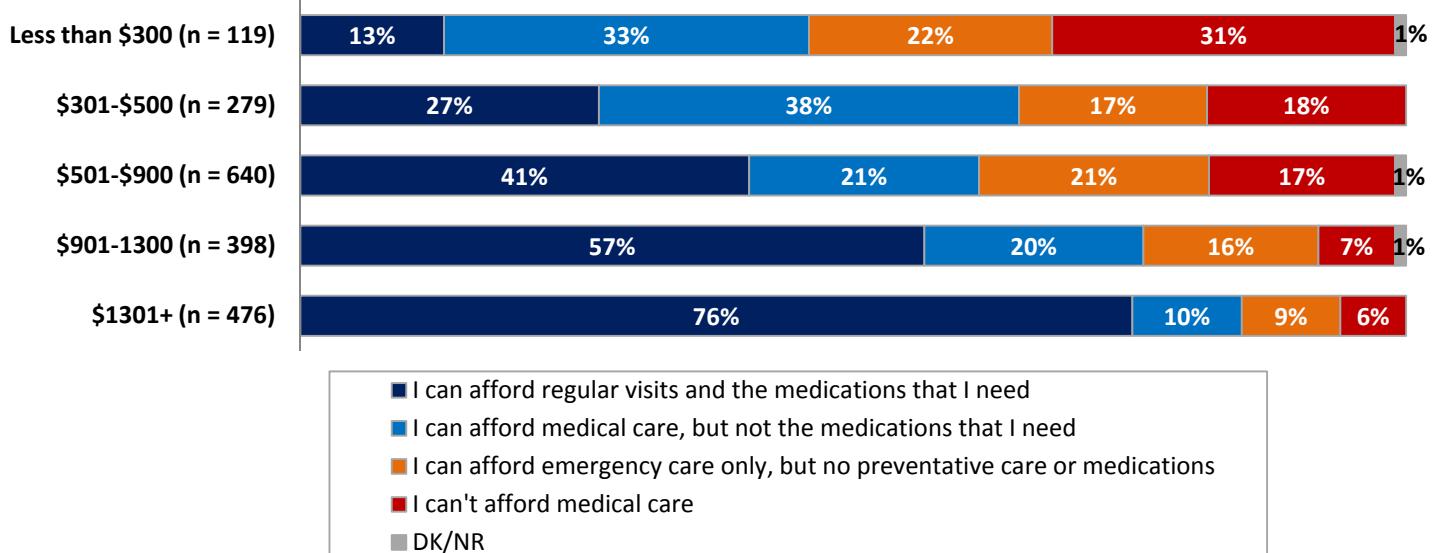
**Figure 7- Ability to afford health care  
% by working for pay**



**Figure 8 - Ability to afford healthcare**  
% by health insurance coverage



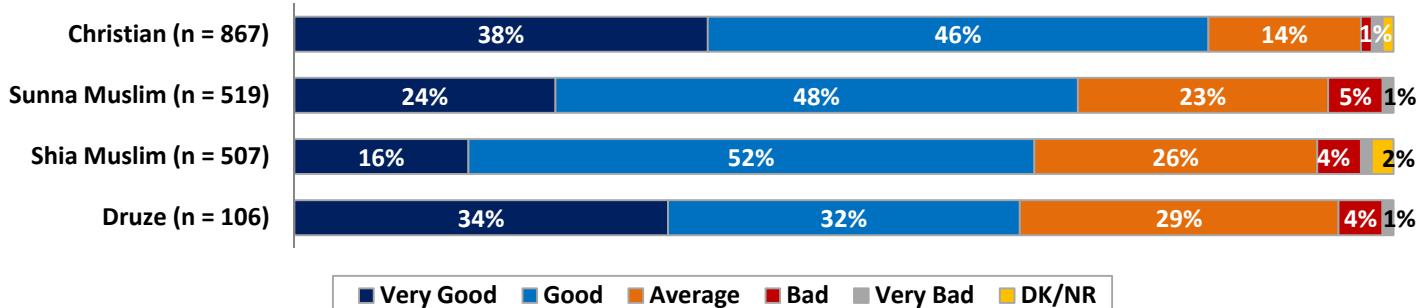
**Figure 9 - Ability to afford health care**  
% by monthly household income



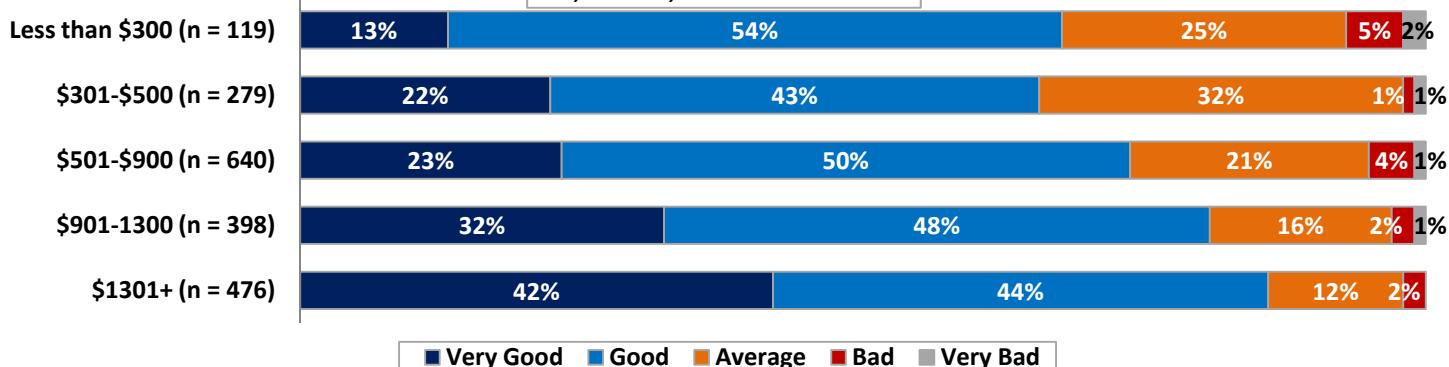
## Quality of Care

Women's quality of medical care appears to be highest amongst Lebanese Christian women and lowest amongst Shi'a Muslim women (Figure 10). Again, not surprisingly, assessed quality of care increases as women's income levels increase (Figure 11).

**Figure 10 - Quality of medical care  
% by sect**



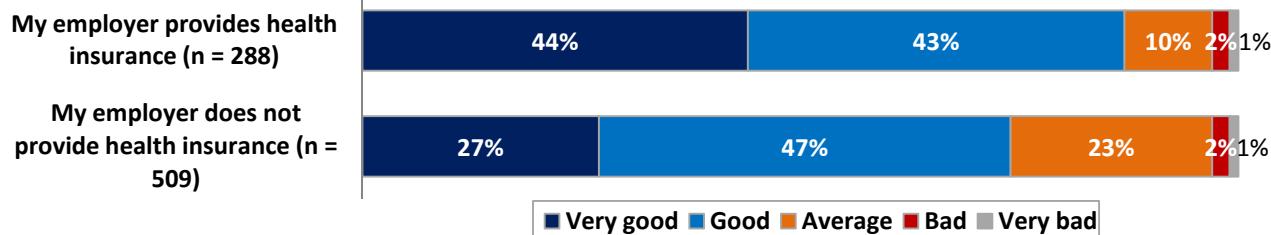
**Figure 11 - Quality of medical care  
% by monthly household income**



Quality of healthcare is also better if a woman's employer provides health insurance. Forty-four percent of women say their healthcare is very good if their employer provides health insurance, compared to 27% of women whose employer does not provide health insurance (Figure 12).



**Figure 12 - Quality of health care  
% by health insurance coverage**



While 72% of Lebanese women over age 18 say they have been to the gynecologist/obstetrician at least once, regular visits to the gynecologist are less common. Thirty-seven percent of Lebanese women say they go once a year (23%) or twice a year (14%), still, 35% of Lebanese women say they go, but very rarely. Over one-quarter of Lebanese women age 18 and over say they have never visited a gynecologist/obstetrician (27%) (Figure 13).

**Figure 13 - "Have you ever visited a gynecologist/obstetrician?"  
% by women's frequency of visits**

