The Impacts of Poverty on Accessing Quality Healthcare System by Women: A case study of the Bo Government Hospital

Fassie Manju¹, Freeman Bob Saidu², Ibrahim Juldeh Jalloh³

¹,²,³ MSc.

¹,²,³ Lecturer, Department of Sociology & Social Work, Njala University, Sierra Leone

Abstract: The study investigated the impact of poverty on accessing quality healthcare system by women in Bo City, Southern Sierra Leone highlighting their challenges and recommendations based on the findings of the study.

A mixed research method of both descriptive qualitative and quantitative approach were used.

The findings revealed that the prevalence of poverty in Sierra Leone is growing, resulting in widening health inequalities.

Furthermore, the findings indicated that poverty among women has affected the social determinants of health on multiple levels, compromising economic stability, education, social and community contact, lifestyle and healthcare access, and the physical environment.

The study further showed that women and girls are affected by poverty and many have little or no say in the decisions which affect their lives. They often get less food, receive less education, and are affected by poor sanitation. Many have little or no money on their own which makes them dependent on others. This power imbalance also means they are often subject to sexual and physical violence, impacting on both their physical and mental health, and their overall wellbeing.

The study concluded that Sierra Leone government, NGOs and other funding agencies should collaborate to supply enough medical equipment and drugs for women under the free healthcare system, and the distributions of expired drugs should be discouraged. This will ultimately increase the confidence of women in accessing quality healthcare service in Bo city.

Keywords: WORLD HEALTH ORGANIZATION, STATISTICS SIERRA LEONE, SUSTAINABLE DEVELOPMENT GOALS, POVERTY REDUCTION STRATEGIC PAPER, Free Health Care Initiative

1.0 Introduction

Poverty and poor health are closely linked in a complex relationship. Poverty is a major cause of ill health and a barrier to accessing quality health care by women when needed. This relationship is largely financial: the poor cannot afford to purchase those things that are needed for good health, including sufficient quantities of quality food and health care. Women's health is determined not only by biology but also by social context. While the health of both men and women is adversely affected by poverty, a higher proportion of women suffer from its effects because of increasing "feminization of poverty." All women have the right to the highest attainable standard of physical and mental health. All over the world, women live longer than men. However, while women live longer, they are not necessarily living better healthier lives. World Health Organization reports that half the world’s population mostly women live without access to health (World Bank and WHO 13 December 2017). 800 million people spend 10% or more of their monthly income on health expenses. For almost 100 million people, these expenses can push them into extreme poverty, forcing them to survive on $1.90 or less a day (World Bank and WHO 13 December 2017). On the whole, low-income women experience considerable barriers to healthcare. Low-income women have significantly more trouble obtaining care, receive fewer recommended services, and are more dissatisfied with the care they receive.
Women need more health care, but also are more likely to be poor. Health care costs threaten their health and economic security. Women are more likely than men to require health care throughout their lives. They are more likely to have chronic conditions that require ongoing medical treatment. They are more likely, on average, to use prescription drugs. Certain mental health problems, like depression, affect twice as many women as men. Throughout their reproductive years, regardless of whether they have children, women require substantially more contact with medical providers than men of their age. This means women face more costs. Indeed, a greater share of women’s income is consumed by out-of-pocket health care costs. But on average, women have lower incomes than men due to pay inequities and are more likely to live in poverty or extreme poverty than men. (The Impact Poverty Has on Women’s Health by Gretchen Borchart: 2018).

According to (U.S. Census Bureau data 2018), in the United States, more women than men live in poverty. Out of the 38.1 million people living in poverty in 2018, 56 percent or 21.4 million were women. The coronavirus pandemic has put individuals and families at an increased risk of falling into poverty in the United States, as they face greater economic insecurity. Women bear the greatest challenge. Poverty in the United States has greater disadvantage on women's health care system.

Moreover, research has shown that the cost and financial burden of medical expenses in the United States pushes millions of women into poverty a foreboding fact to consider in the midst of a global health pandemic. Many factors can contribute to poverty: marital status, education level, social class, social status, income level and geographical location (urban vs. rural) can influence women's risk of living in poverty.

Women of nearly all races and ethnicities face higher rates of poverty than their male counterparts. The highest rates of poverty are experienced by American Indian or Alaska Native (AIAN) women, Black women, and Latinas. Women in the United States, as they face greater economic insecurity. Women bear the greatest challenge. Poverty in the United States has greater disadvantage on women's health care system.

The prevalence of poverty in the United States has posed serious health care challenge on poor women. Women living in impoverished neighborhood or communities at are at increased risks of chronic disease, higher mortality, and lower life expectancy. Chronic conditions such as heart disease, diabetes, and pressure are higher among those with lowest income and education levels (By Robin Bleiweis, Diana Boesch, and Alexandra Cawthorne Gaines | August 3, 2020, 9:03 am).

The prevalence of poverty in the UK is growing, resulting in widening health inequalities. Poverty affects the social determinants of health on multiple levels, compromising economic stability, education, social and community contact, lifestyle and healthcare access, and the physical environment. It is associated with an increased prevalence of a range of physical and mental health disorders, with some groups particularly sensitive to the health impacts of poverty, including children, pregnant women, the elderly, refugee and asylum seekers, gypsy and travelling communities, and the homeless. GPs have an important role in identifying the health risks associated with poverty and in supporting individuals and families (Dr Hina J. Shahid February 19, 2018).

The report of the World Health organization's expert Commission argues that woman's health is the foundation for social and economic development in Africa region. Women's health is recognized as human rights issues and should be promoted and defended as According to (the Report of the Commission on Women’s Health in the African Region) women in Africa represent slightly over 50% of the continents human resources and so women's health has huge implications for the regions development. African women account for more than half of death of women worldwide due to communicable diseases and perinatal and nutritional deficiencies. The burden of disease of women in Africa region is worst in regard to maternal mortality.

The failure of health system in the majority of African countries to provide accessible care of adequate quality healthcare is one of the main drivers of the adverse trends in women's health indicators. The situation stems from underinvestment in women's health and also from other factors such as inadequate empowerment of women in poor health system design. Even with adequate funding, systems in the region will struggle to meet the needs of women unless fundamental changes are made in Health Systems design. Majority of modern Healthcare Services provided in the region are clinic-based, physician-oriented and urban centered living rural population woefully underserved. Women and girls are affected by poverty and many have little or no say in the decisions which affect their lives. They often get less food, receive less education, and are affected by poor sanitation. Many have little or no money of their own which makes them dependent on others. This power imbalance also means they are often subject to sexual and
physical violence, impacting on both their physical and mental health, and their overall wellbeing. This once again impacts on other areas of their lives, such as their ability to make a living.

Women’s health is of great importance to social and economic development in Africa. Women’s health in Africa has major implications for the nation’s development. By supporting women’s health status and income levels, both households and communities will be drastically improved.

In west and central Africa, 64 percent of new HIV infections among young people occurred among young women. Location has a lot to do with this, as adolescent girls aged 15 to 19 are five times more likely to be infected with HIV than boys of the same age in Cameroon, Côte d’Ivoire and Guinea. (Kailey Brennan JANUARY 28, 2018).

Poverty in Sierra Leone has a strong spatial component. While 60 percent of the rural population lives in poverty, 20 percent of the urban population is poor (Poverty & Equity Brief Sierra Leone Africa Western & Central October 2020). Poor women can’t easily have access to effective and efficient health care system. In Sierra Leone, health care costs remain very high in Sierra Leone, resulting in poor utilization. Poor health indicators could be attributed to these high costs. Low income earners can’t afford expensive drugs. Women forgo care because of cost or other barriers; they may postpone diagnosis of a serious health problem or go without needed treatment, which can leave them in poor health.

Cost as a barrier can be particularly harmful to certain groups of women in Sierra Leone. Sierra Leone has one of the world’s highest maternal mortality rates during childbirth, recording 1360 maternal deaths per 100,000 live births in 2013 compared to 546 deaths on average across Sub-Saharan Africa (Hilary Cornish et al 08 Nov 2019). The country’s neonatal mortality rate is estimated at 39 deaths per 1000 live births, the infant mortality rate is 92 deaths per 1000 live births and the under-five mortality rate is very high at 156 deaths per 1000 live births (Statistics Sierra Leone SSL and ICF International 2014).

Bo City is faced with serious health related issues which mostly women shared the biggest burden or consequence. The economic crisis and other social and environmental factors have contributed robustly in placing women in poor health situation. Some women go without health care facilities because its availability is cost effective and women who are low-income earners cannot afford such expenses and such diseases threatens them psychologically and socially which may lead to their early or untimely death. Moreover, most health care institutions are unequipped with no specialist to cure major and complicating diseases such as cancer, diabetes

Bo government hospital is faced with challenges especially poor women accessing adequate health care system. The Health Care is cost effective; as such government does not effectively and efficiently handle the health care system of poor women at the Bo government hospital.

Health of poor people is becoming a central issue in development. Indeed, three of the Sustainable Development Goals (SDGs) call for health improvements by 2030: reducing child deaths, maternal mortality, malaria and tuberculosis. The nations of the world have agreed that enjoying the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, and political belief, economic or social condition. Beyond its intrinsic value to individuals, health is also central to overall human development and to the reduction of poverty.

Without money to buy vaccines and drugs, to build an equipped facilities, to ensure adequate staffing, to manage the health system, and to increase investments in other sectors important for health, low-income countries will be unable to meet the health-related SDGs. This requires more financing from the budgets of partner countries as well as substantial increases in external support for health. Development agencies are more likely to mobilize additional resources in support of pro-poor health objectives where: i) there is a clear political will on the part of the partner country to articulate and implement a poverty-reduction strategy and a comprehensive health-sector programmer ii) serious efforts are being made to mobilize domestic resources; iii) there is commitment to manage resources more effectively; and iv) major stakeholders have an opportunity to participate in the planning, management and delivery of interventions. In countries with weak policies, institutions and governance, support to the extent feasible to health and other basic.

Investment in health is increasingly recognized as an important means of economic development and a prerequisite for developing countries – and particularly for poor people within them – to break out of the cycle of poverty. Good health contributes to development in a number of ways: it increases labor productivity, educational attainment and investment, and it facilitates the demographic transition. The human and economic rationale for investing in health is mirrored by a growing consensus on the importance of a broad agenda in improving the health of the poor. This Reference Document identifies the essential components of a pro-poor health approach and provides a framework for action within the health system – and beyond it, through policies in other sectors and through global initiatives. Within this framework, the support of development agencies will vary according to the needs, capacities and policies of each partner country.

Not only do women deserve equal rights and opportunities – gender equality and women’s full enjoyment of human rights are essential to economic and social development

1.1 Problem Analysis
The prevalence of poverty affecting women's healthcare at the Bo government hospital is crystal clear and justifiable. Women suffer the needed health care due to financial cost for laboratory, diagnose, medical and hospital bills and the free health care system is not accessible to every woman only specific women: pregnant, lactating and children under-
five. Even as that, the free medical is not effective and efficient for the type of diseases diagnosed. Some women can only afford to diagnose their health complications after then they would not be able to meet drug prescription. Health care costs remain very high at the Bo government hospital resulting in poor utilization. Poor health indicators could be attributed to these high costs. Low income earners can't afford expensive drugs. Women forgo healthcare because of cost or other barriers; they may postpone diagnosis of a serious health problem or go without needed treatment, which can leave them in poor health. Cost as a barrier can be particularly harmful to certain groups of women. Women have long experienced unequal access to basic health services as well as unequal opportunities for the protection, promotion and maintenance of health. In the face of this plight, the government and its partners have, over the years, embarked upon a number of efforts to provide women with necessary health services with varying success. Under the agenda for change (PRSP II), the Government of Sierra Leone introduced the Free Health Care Initiative (FHCI) on 27th April 2010. This was to address Sierra Leone’s unacceptably high child and maternal mortality and morbidity by providing free healthcare services for pregnant women, lactating mothers and children under-five and improve general health indicators.

Corruption is key factor preventing government from achieving free health care system like informal payments, bribery and absenteeism identified in the review have largely financial factors as the underlying cause. Poor salary and benefits, poor incentives and motivation, and poor governance have a damaging impact on health outcomes and the quality of health care services. These result in high out-of-pocket expenditure, erosion of trust in the system, and reduced service utilization. Lack of good governance encourage frontline health care providers to bend the rules of law and make centrally designed anti-corruption measures largely in-effective.

The free health care system is not functioning as expected. Drugs provided by the free health care are not in any way commensurate to the type of disease being diagnosed. Some medical personnel extort money from poor patients. As a matter of fact, this very action is preventing women from accessing good health Care. Corruption and lack of good governance in this country undermine the delivery of quality essential health care services in an equitable manner, make it costly for the poor and disadvantaged, and results in poor health outcomes. Government and other health organizations should be robust actualizing the free health care and not only for specific categories of women but every women who needed health care. Also sufficient medical equipment, drugs and other related medical materials for effectiveness and efficient functioning.

1.2 Research Aim and Objectives
The aim of this study is to investigate the impact of poverty on accessing quality healthcare by women in Bo Government Hospital, Kakua Chiefdom, Bo District, Southern Sierra Leone.

The following objectives are relevant to this study

- Identify the challenges faced by women to access quality healthcare system;
- Investigate the factors that impact women's health;
- Examine the efforts applied and challenges faced by government and non-governmental organizations to address health challenges of women in Bo Government Hospital; and
- Suggest possible recommendations to solve poverty challenges affecting women's healthcare system.

2.0 METHODOLOGY

2.1 Research Design
This research follows a mixed method of descriptive qualitative and quantitative methods. Qualitative and quantitative data collection was done through the admission of close-ended and open ended questionnaire for respondent’s additional information pertinent to the study.

2.2 Area of Study
Bo, also known as Bo town, is the second largest city in Sierra Leone by landscape/ geographical location after Freetown, and the largest city in the Southern province. Bo is the capital and administrative center of Bo District. The city has a population of 233,684 based on 2017 estimate. Bo is an urban center and lies approximately 160 miles [250 km] southeast of Freetown and about 40 miles [71km] to Kenema (conman, 2012).

The city of Bo is governed by a directly elected city council form of government, headed by a mayor, in whom executive authority is vested. The mayor is responsible for the general management of the city.

Bo has an ethnically diverse population, although the Mende make up the largest ethnic group. The city is a home to a significant numbers of many of the country’s ethnic groups as well as a large Liberian community. The population of the city is about equal in numbers between Muslims and Christians.

Bo Government Hospital is located at Hospital Road Bo City, Southern Sierra Leone. It was established by the government of Sierra Leone through the Ministry of Health and Sanitation. It is the third largest hospital outside Freetown.
Bo government hospital is a health care institution providing patient treatment with specialized medical and nursing staff and medical equipment. The hospital is a busy environment that functions day and night. Hospital administrators oversee the organizational side of health services. Either working in a team or independently, they make sure a medical facility is employing effective and efficient practices that deliver the best care possible.

There are several departments found at the Bo government hospital namely Out Patient Department (OPD), Inpatient Service (IP), Medical Department, Nursing Department, Paramedical Department, Physical Medicine and Rehabilitation Department, Operation Theatre Complex (OT), Pharmacy Department, Radiology Department (X-ray), Dietary Department, Medical Record Department (MRD) and Personnel Department.

Bo government hospital is divided into a variety of different wards, usually by types of diseases: maternity ward, surgery ward, cardiac care, etc.

2.3 Study Population
In this study the targeted population was ninety-one (91) women residing in Bo City who were ages 18 years and above.

2.4 Sampling Design and Data Collection Procedure
Data for this study was gathered from both primary and secondary sources. Primary data was collected directly from respondents through the use of a developed tools (Semi-Structured questionnaire and key informant interview guides). Secondary sources was collected from variety of like journals, publications, past dissertations and internet. This was done to provide in-depth foundation of the work and guide the researcher in conducting the study.

A semi-structured questionnaire was administered to affected groups of different categories and key informant interviews were also conducted in the township. Therefore, this data was coded, entered and analyzed using SPSS 20.0, and the information were presented using graphs, chart, and tables.

For this study, a total of 91 respondents were selected from the target population to form the sample size. These 91 respondents who made up the sample size were the targeted population, whose responses were used to generalize the result of this study. This sample size was solicited from six wards mostly occupied by women which include:

<table>
<thead>
<tr>
<th>NO</th>
<th>Categories</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ward Seven for Pregnant Women</td>
<td>15</td>
</tr>
<tr>
<td>2</td>
<td>Ward Five for Lactating Mothers</td>
<td>15</td>
</tr>
<tr>
<td>3</td>
<td>Ward Six for Women with under five children</td>
<td>15</td>
</tr>
<tr>
<td>4</td>
<td>Ward Three and Outpatient for other categories of Women</td>
<td>45</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>91</td>
</tr>
</tbody>
</table>

3.0 DISCUSSION OF RESULTS
3.1 Demographic Characteristics of Respondents
3.1.2 Category of Respondents

<table>
<thead>
<tr>
<th>Category</th>
<th>Relative Frequency</th>
<th>Absolute Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant Women</td>
<td>15</td>
<td>16.5%</td>
</tr>
<tr>
<td>Lactating Mothers</td>
<td>15</td>
<td>16.5%</td>
</tr>
<tr>
<td>Women with under-5 children</td>
<td>16</td>
<td>17.6%</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>45</td>
<td>49.4%</td>
</tr>
<tr>
<td>Total</td>
<td>91</td>
<td>100%</td>
</tr>
</tbody>
</table>

The data above shows that majority of the respondents 49.4% (45) interviewed were of other specified categories, whereas 17.6% (16) of the respondents interviewed were women with under-five children. However, 16.5% (15) of respondents interviewed were pregnant women and lactating mothers respectively.

3.1.3 Respondents Level of Education
The above figure shows, that majority of the respondents interviewed were illiterate forming 36.2% (33). Respondents interviewed that have attained secondary level of education were at 22% (20), 16.5% (15) have attained skill trainings, whereas only 15.3% (14) have attained primary level of education. However, 10% (9) of the respondents interviewed in the study area have attained tertiary level of education.

3.1.4 Respondents Marital Status

The figure shows that 38.4% (35) forming majority of the respondents interviewed were married, as compared to 35.1% (32) of the respondents that were single. However, 17.5% (16) of the respondents were on cohabitation, while only 9% (8) of the respondents were divorced.

3.1.5 Income Source of Respondents

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Relative Frequency</th>
<th>Absolute Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband</td>
<td>15</td>
<td>16.5%</td>
</tr>
<tr>
<td>Family member</td>
<td>10</td>
<td>11%</td>
</tr>
<tr>
<td>Business</td>
<td>45</td>
<td>49.5%</td>
</tr>
<tr>
<td>Civil Service</td>
<td>14</td>
<td>15.3%</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>7</td>
<td>7.7%</td>
</tr>
<tr>
<td>Total</td>
<td>91</td>
<td>100%</td>
</tr>
</tbody>
</table>

The table above shows that majority of the respondents’ source of income were through Business; forming 49.5% (45). 16.5% (15) of the respondents’ source of income were through their husbands, whereas 15.3% (14) of the respondents’ source of income were through civil services. However, 11% (10) of the respondents’ income source were through family members.

3.2 Possible recommendations to solve poverty challenges affecting women’s health care system.

This section deals with possible recommendations on how poverty challenges facing women’s health care system can be mitigated.

According to the respondents in the study area, the possible recommendations given to mitigate poverty challenges facing women’s health care system in Bo Government Hospital were as follow:
The hospital management and the government should recruit qualified healthcare personnel that can provide adequate service delivery to women in the hospital, the government should increase the salary scale of healthcare workers, government should provide and supply enough medical equipment and drugs for women under the free healthcare system, the distributions of expired drugs should be discouraged, there should be proper managements and distributions of drugs, the free healthcare system must be available and effective for all women visiting the hospital, government should provide effective and efficient transportation system to all women, especially pregnant women in time of an emergency, the hospital management should provide adequate healthcare facilities to women visiting the hospital, and the government and non-government organization must take proper and adequate actions toward health related problems of women.

3.3 Challenges Faced By Women to Access Quality Healthcare System
Majority 74.8% (68) of the respondents said cost of medicines, transportation, illiteracy, and inadequate hospital facilities are challenges faced by women to access quality healthcare system, majority of the respondents interviewed in the study area said Bo Government Hospital does not have standard healthcare facilities, forming 100% (91). 42.9% (39) of the respondents forming majority; responded that Shortage of essential medicine and equipment, poor water supply, poor toilet facilities, and poor electricity are the major inadequate healthcare facilities affecting women's health at the Bo Government Hospital, 85.8% (78) forming majority of the respondents interviewed strongly agreed that illiteracy has a challenge on women in accessing quality healthcare service, and majority of the respondents interviewed in the study area responded that pregnant women mostly suffers for transportations during emergency; forming 100% (91).

3.4 Factors That Impact Women's Health
75.9% (69) said they have proper dietary intake, 82.4% (75) forming majority of the respondents said improper and inadequate dietary intake has an impact on both the mother and the child, Majority of the respondents; forming 100% (91) in the study area also responded that too much pregnancies and childbirths impact women's health very seriously, and 53.9% (49) forming majority of the respondents interviewed said poor use of contraceptives is a factor why women get pregnant and give birth frequently.

3.5 Health Complications of Women
100% (91) of the respondents interviewed responded that health complications can affect women's physical performance, however, 38.5% (35) of the respondents said non-communicable diseases are the most serious health complication in women, and majority of the respondents; forming 60.4% (55) responded that lack of income for proper medications is a factor why women continue to suffer from health complications.

Conclusion
The problems undermining the successes of quality health care system for women can affect the health institution, as well the national development of Sierra Leone. The study clearly reveals that poverty has a huge consequence on the healthcare system for women and by extension the development of the nation. Poverty being a treat to growth and development, can affect every aspects which has the potential to contribute to development. Therefore, poverty challenge on the healthcare system of women could not be a surprise. This research clearly accounts that sufficient essential medicines and equipment must be provided in health centers. However, many of the respondents said subsidy on health care cost for all women should be endorsed, also, it was captured in the study that most of the healthcare personal involved in selling drugs and requesting money from patients for medications was due to insufficient salary and is not paid on time, several factors captured in the study were: inadequate water and safe drinking supply, inadequate toilet facilities, poor transportation and poor electricity supply. Furthermore, it was revealed in the study that poor health of women is impacted by having poor intake of dietary which can affect both women and their babies, also too many pregnancies and childbirths can as well affect the health of women severely.

Poor health status of women has consequential impact on the economic development of a Nation. The study revealed that poor health of women affect the national economy by preventing them from labor force participation. The vulnerability of women can be attributed largely to their poor health status. However, the challenges of women towards accessing quality health care cannot be addressed if poverty in the healthcare system is not well massaged and dealt with severely.

5.0 RECOMMENDATIONS
- Government should supply enough medical equipment and drugs for women under the free healthcare system, and the distributions of expired drugs should be discouraged.
- Government should provide subsidy on the healthcare cost for all women in ensuring that all women have access to quality healthcare service without cost being a challenge.
- Government should improve the salary scale for healthcare workers and on time in order to avoid the act of selling drugs meant for free medical and to also avoid asking patients for money.
- Government should ensure that good water supply be made available for the effective functioning of the hospital, so that women may not find it difficult to access water to bath, launder and to also have clean water safe for drinking.
- Government should provide adequate toilet facilities in all the wards to prevent women who cannot walk for long distance to make themselves comfortable. Improving toilet facility will enhance a favorable atmosphere for hygiene.
- Government should provide clean energy (electricity) to ease operations, to help store blood in the bank, store drugs, to keep mortuary in operation, enhance an atmosphere of comfort for patients in various wards.
- Government should provide effective and efficient transportation system for emergency cases. Especially for pregnant women from distance away from healthcare centers for safe delivery.
- The hospital management and the government should recruit qualified healthcare personnel that can provide adequate service delivery to women in the hospital. A good number of qualify healthcare workers in healthcare centers will definitely enhance quality health outcome.
- Government should ensure robust monitori team to check on the proper management of the healthcare system. This will ensure effectiveness and efficiency and by extension prevents massive mismanagement and corruption.
- Hospital administration should ensure proper management of drugs meant for the free healthcare system. This will enhance transparency and prevent corruption.
- Hospital administration should ensure that healthcare givers are not aggressive to patients. Creating a favorable atmosphere for all women will definitely enhance their overall well-being
- Hospital administration should ensure that money is not taken from them under the tree healthcare system. Requesting money from patients especially under the Free Healthcare System could serve as a way to sabotage the initiative.
- Non-governmental organizations should conduct public awareness and lectures among healthcare workers about effective and efficient service delivery. The more frequently non-governmental organizations creating awareness, the service delivery will be more effective and efficient.
- Non-governmental organizations should help government by providing enough medical supplies to ensure the effectiveness of the healthcare system of women. To enhance quality healthcare service, hospital should be well equipped.
- Non-governmental organizations should assist government robustly to widen transportation system for women across Sierra Leone. Effective and efficient transportation for all women can definitely promote better healthcare outcome.
- Non-governmental organizations should fund government through the anti-corruption commission to fight against corruption in the health sectors. Corruption should be totally wiped out from the health sector to enhance quality healthcare system.

REFERENCES
[1] World Bank and WHO: Half the world lacks access to essential health services, 100 million still pushed into extreme poverty because of health expenses 13 December 2017
[2] The Impact Poverty Has on Women’s Health by Gretchen Borchelt 2018
[4] Robin Bleiweis, Diana Boesch, Alexandra Cawthorne Gaines Published en Borchelt AUG 3, 2020
[5] Poverty and health: The challenges for GPs Dr Hina J. Shahid First Published February 19, 2018
[6] FIVE FACTS ABOUT WOMEN’S HEALTH IN AFRICA Kailey Brennan JANUARY 28, 2018
[7] Poverty & Equity Brief Sierra Leone Africa Western & Central Published October 2020
[8] Women’s economic empowerment and health related decision-making in rural Sierra Leone Hilary Cornish,Helen Walls,Rachel Ndirangu,Nanlop Ogbureke,Osman M. Bah, Joanna Favour Tom-Kargbo, show all Received 27 Mar 2019, Accepted 17 Oct 2019, Published online: 08 Nov 2019
[10] Addressing the Challenges of Women’s Health in Africa
[12] Costs of medicines and health care: a concern for Australian women across the ages Emily J Walkom, Deborah Loxton & Jane Robertson Published: 20 November 2013 BMC Health Services Research volume 13,
[14] Transportation barriers to access health care for surgical conditions in Malawi: a cross sectional nationwide household survey Carlos Varela, Sven Young, …Asgaut Viste: Published: 05 March 2019 BMC Public Health volume 19


[16] Low quality healthcare is increasing the burden of illness and health costs globally on 5 July 2018 News release Geneva

[17] TRANSPORTATION BARRIERS TO ACCESS HEALTH CARE FOR SURGICAL CONDITIONS IN MALAWI: a cross sectional nationwide household survey Carlos Varela, Sven Young, …Asgaut Viste: Published: 05 March 2019

[18] Challenges of quality improvement in the healthcare of South Africa post-apartheid: A critical review Winnie T. Maphumulo and Busisiwe R. Bhengu


[21] 6 ways energy poverty threatens health care for the poorest By: GRETCHEM KNOTH 30 July 2014

[22] What impact does medicines shortages have on patients? A qualitative study exploring patients’ experience and views of healthcare professionals Muhammad Atif, Azka Sehar, Zaheer-Ud-Din Babar Sho: Published: 17 August 2021

[23] Why don’t illiterate women in rural, Northern Tanzania, access maternal healthcare? D. Matovelo et al. 2021

[24] We need to do better at screening for—and mitigating—illiteracy Dec 5, 2018 by Nicholas Sequeira Anton Alaga


[26] In giving life, women face deadly risks | CNN Madison Park, November 1, 2011

[27] IMPACT EVALUATION – UNICEF Frank Osakwe 2019

[28] High rates of unintended pregnancies linked to gaps in family planning services: New WHO study 25 October 2019

[29] Women's health: MedlinePlus 14 June 2021

[30] Ten top issues for women’s health Dr Flavia Bustreo, Assistant Director General for Family, Women’s and Children’s Health through the Life-course, World Health Organization 20 February 2015


[33] Speech by Michelle Bachelet Executive Director of UN Women, at the “Women, Health and Development conference in Asunción, Paraguay, 12 December 2011

[34] The contribution of women’s health to economic development David Bloom, Michael Kuhn, Klaus Prettner 09 October 2015


[36] Working with communities to curb malnutrition in Sierra Leone UNICEF Sierra Leone/2016/Mason


[38] Drug diversions hamper free healthcare FREETOWN-MAKENI, 18 July 2012 (IRIN) –

[39] The implication of the shortage of health workforce specialist on universal health coverage in Kenya Mumbo Hazel Miseda, Samuel Odhiambo Were, Stephen N. Mutwiwa Published: 01 December 2017

[40] A Summary of the Report of the Commission on Women’s Health in the African Region