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Gender inequities in global health: Insights from Ghana's National Health Insurance Scheme

Anita Bans-Akutey
BlueCrest University College, Ghana
anitabansofficial@gmail.com

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Abstract
Purpose: This systematic review examines gender inequities in global health and critically analyzes how these inequities manifest within Ghana's National Health Insurance Scheme (NHIS), drawing on the Gender and Development (GAD) theoretical framework.
Methodology/approach: This study followed PRISMA 2020 guidelines, for systematic reviews to select thirty-seven articles from major databases. Thematic synthesis was applied to identify recurring patterns.
Results/findings: Findings showed that globally, gender inequities in health systems were linked to women's economic dependency, sociocultural norms, and limited decision-making autonomy. Within Ghana's NHIS, these inequities manifested through lower enrollment and renewal rates among women, affordability challenges for informal sector workers, and barriers tied to cultural norms that restrict autonomy in healthcare utilization. While maternal health exemptions improved access, they were insufficient to address deeper structural inequalities.
Conclusion: This study concludes that Ghana's NHIS, though designed to promote universal coverage, often replicate broader gender inequities unless deliberate structural reforms are integrated.
Limitations: The focus on Ghana as a case, while illustrative, also limits the transferability of findings to other national health systems with differing socio-cultural and policy contexts.
Contribution: This review advances scholarship by applying the GAD framework to emphasize the structural and relational barriers that must be addressed for truly gender-responsive health policy.

Keywords: *Gender and Development, Ghana, Global Health, National Health Insurance Scheme, Systematic Review*

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1. Introduction

Gender challenges are not unique to any country; they permeate health systems worldwide, leading to uneven health outcomes for men and women. In Ghana, these global gender challenges are reflected in the NHIS. Despite the NHIS being a pioneering initiative aimed at improving healthcare accessibility across the country, it is not immune to the gender disparities that characterize global health systems (Ameyaw, Ahinkorah, Baatiema, & Seidu, 2021). Women, particularly those in rural and economically disadvantaged areas, often face barriers that limit their ability to benefit fully from the NHIS. These barriers range from financial constraints and cultural norms to systemic issues within the healthcare infrastructure. This study explores how gender challenges prevalent in the global health system are mirrored in Ghana's NHIS.

2. Literature review

This review is underpinned by Gender and Development (GAD) theory, which offers a critical lens for examining inequities within health systems. Emerging in the late 1980s, GAD was developed to address the limitations of the Women in Development (WID) approach. While WID primarily sought to integrate women into existing development processes, GAD interrogates the social, economic, cultural, and political relations that construct gender roles and perpetuate structural inequalities (Moser, 1993; Rathgeber, 1990). This shift is particularly important for understanding the health system.

Applying this theoretical framework to Ghana's National Health Insurance Scheme (NHIS) allows for a critical interrogation of how gendered dynamics manifest within a policy designed to promote universal health coverage. While the NHIS includes provisions such as maternal health exemptions, GAD emphasizes that policy effectiveness must be evaluated not only by coverage rates but also by how well it addresses the underlying gender power imbalances that shape women's health-seeking behaviors. For example, research has shown that women in Ghana are often unable to enroll or renew their membership independently due to financial reliance on male household heads and sociocultural barriers that limit their autonomy in healthcare decisions (Agyepong & Adjei, 2008). By situating Ghana's NHIS within the wider discourse of global health inequities, GAD theory strengthens the analytical framework of this review. This enables a comparative assessment of whether interventions at both the global and national levels merely target women as beneficiaries or actively challenge the structural gender inequalities embedded within health systems. In doing so, the framework ensures that the review synthesizes empirical findings and interrogates the power relations underpinning inequities in access to healthcare.

3. Research methodology

This study adopted a systematic review design to analyze the existing literature on gender inequities in global health and their manifestation within Ghana's National Health Insurance Scheme (NHIS). To ensure rigor, transparency, and replicability, this review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2021). A comprehensive search strategy was employed using academic databases. In addition, grey literature was reviewed from institutional repositories, policy briefs and reports produced by international organizations. The search was limited to studies published between 2000 and 2024, a period that aligns with both the increased global discourse on gender and health inequities and the operationalization of the NHIS in Ghana. Eligibility criteria were established to refine the study selection. Peer-reviewed articles, reports, and dissertations published in English were included if they examined gender inequities in health systems at the global, regional, or national levels, with a particular focus on Ghana's NHIS in relation to access, affordability, or outcomes. Both qualitative and quantitative studies were considered for inclusion.

To assess the quality of the included studies, the Critical Appraisal Skills Program (CASP) checklist was applied to qualitative studies, while the Joanna Briggs Institute (JBI) appraisal tools were used for quantitative and mixed-methods studies (Long, French, & Brooks, 2020; Santos, Secoli, & Püschel, 2018). Although no study was excluded solely on the basis of quality, the appraisal guided the weighting of the evidence during the synthesis. The data extracted from the included studies were coded inductively to capture recurrent concepts and experiences. The codes were then compared and grouped into broader categories that were refined into overarching themes.

4. Results and Discussion

4.1 The Global Health System

The global health system is an intricate network of organizations, institutions, policies, and resources that collectively work to promote health, prevent disease, and improve healthcare outcomes worldwide (Sheikh & Abimbola, 2021). This system encompasses a wide range of actors, including international organizations, such as the World Health Organization (WHO), national governments, non-governmental organizations

(NGOs), private sector entities, and local communities. It operates through a complex web of policies, programs, and initiatives designed to address global health challenges, such as infectious diseases, chronic illnesses, maternal and child health, and the growing impact of non-communicable diseases.

The significance of the global health system lies in its ability to coordinate efforts across borders to address health issues that transcend national boundaries (Kumbhar et al., 2023). Health challenges, such as pandemics, antibiotic resistance, and climate change-related health impacts, require a coordinated global response. The global health system also plays a critical role in setting international health standards, conducting research, and providing technical support and funding to countries that need them. The global health system faces a multitude of challenges, with climate change being a significant driver of adverse health outcomes (Ebi & Hess, 2020). Climate change affects health directly and indirectly by altering the environmental and social determinants that are foundational to human health. The World Health Organization (WHO) has raised concerns about the profound impact of climate change on health, particularly through its effects on food security, water availability, shelter, and air quality. It is projected that between 2030 and 2050, climate change could cause an additional 250,000 deaths annually due to malaria, diarrhea, malnutrition and heat stress (Fadda, 2020). The effects of climate change are seen in extreme heat, infection patterns, natural disasters, and variable rainfall patterns. Interventions to combat climate change are increasingly vital for protecting global health. WHO advocates for evidence-based policies to reduce carbon footprints and promote green growth strategies (Sharman & Holmes, 2010).

The COVID-19 pandemic highlighted the global underinvestment in healthcare workers, worsening the impact of the health crisis. Healthcare systems worldwide face a shortage of professionals, particularly in low- and middle-income countries. UN projections suggest a deficit of 18 million healthcare workers by 2030. Addressing this shortfall is critical for achieving universal health coverage and improving economic and social outcomes, particularly in underserved regions (Boniol et al., 2022). Countries must invest in training, retention, and equitable distribution of healthcare workers, especially in primary and community-based care settings. Gender inequities in the health workforce also require attention, as addressing these imbalances can spur economic growth and empower women and the youth.

Finally, Antimicrobial resistance (AMR) is a pressing global health threat driven by the overuse and misuse of antibiotics (Salam et al., 2023). AMR threatens to undermine the effectiveness of modern medicine, making common infections more difficult to treat. The global spread of multidrug-resistant bacteria, such as *Salmonella* and *Enterococci*, has resulted in tens of thousands of deaths annually. Combating AMR requires international cooperation, improved healthcare practices, and a focus on reducing the overuse of antibiotics in both humans and animals.

4.2 Ghana National Health Insurance Scheme (NHIS)

The NHIS is a landmark initiative launched in 2003 with the primary aim of improving access to healthcare services for all Ghanaians. Before the introduction of the NHIS, access to healthcare in Ghana was predominantly determined by an individual's ability to pay out-of-pocket for services, which left many, particularly the poor and vulnerable, without adequate care (Aboagye, 2016). The NHIS was established to address this gap by providing a more equitable system of healthcare financing, ensuring that every citizen, regardless of their economic status, can access essential health services. This approach not only makes healthcare more affordable but also enhances the overall efficiency of the healthcare system by promoting preventive care and reducing the incidence of catastrophic health expenditure. The NHIS has been instrumental in expanding access to healthcare, particularly in rural and underserved areas, contributing to improvements in key health indicators, such as maternal and child health.

However, despite its success, the NHIS faces significant challenges, particularly concerning gender equity. Women, who often bear a disproportionate burden of health-related issues, encounter specific barriers that hinder their ability to fully benefit from the NHIS. These barriers include socioeconomic factors, cultural

norms, and systemic issues within the healthcare delivery system. Consequently, women, particularly those in rural and marginalized communities, do not have equal access to the healthcare services covered by the NHIS (Aboagye, 2016).

The following sections will focus on exploring these gender-related challenges within the NHIS by first examining how broader gender issues present themselves in the global health system. This will provide a better understanding of the specific obstacles women face and identify strategies to ensure that the benefits of the NHIS are equitably distributed across all population segments. The goal of this study is to highlight the importance of addressing these gender disparities to enhance the effectiveness of the NHIS and promote a more inclusive and equitable healthcare system in Ghana.

4.3 Gender Challenges in the Global Health System

4.3.1 Structural Gender Inequities

Healthcare structures worldwide often reflect and reinforce societal gender inequities, leading to widespread disadvantages for women. These structural inequities are evident in how healthcare services are organized, delivered, and accessed. For example, women frequently encounter barriers related to the availability and accessibility of health care services (Matin et al., 2021). In many regions, healthcare facilities are concentrated in urban areas, making it difficult for women in rural communities to access the necessary care. Even when services are available, they are not designed with women's specific health needs in mind, such as maternal and reproductive health services, which are critical for women but often under-resourced.

Gender disparities in access to healthcare services and resources are also exacerbated by the lack of gender-sensitive healthcare infrastructure (Habib, Khan, & Hamadneh, 2022). For instance, many health systems do not adequately address the unique health needs of women, particularly in areas such as mental health and the treatment of non-communicable diseases. This oversight leads to significant gaps in care, resulting in poorer health outcomes for women than for men. Furthermore, women's health needs are often deprioritized during crises, such as pandemics or natural disasters, when resources are scarce, and decisions are made without considering the differential impact on women.

4.3.2 Gender Bias in Health Policy and Decision-Making

Gender bias is deeply ingrained in health policies and decision-making processes that govern global health systems. One of the most glaring examples of this bias is the underrepresentation of women in leadership roles within the health sector (Silver et al., 2017). Despite women making up a significant proportion of the healthcare workforce, they are often excluded from high-level decision-making positions where critical health policies are formulated. This lack of representation means that women's perspectives and experiences are frequently overlooked in policy discussions, leading to decisions that do not fully address the needs of the entire population.

Additionally, gender bias in health research further compounds these issues (Keville, 1993). Historically, much of the health research that informs policy has been conducted on male subjects, with the assumption that the findings will be equally applicable to women. This approach has led to significant gaps in our understanding of how diseases and treatments affect women and men differently. Consequently, health policies and guidelines are based on incomplete or inaccurate data, further perpetuating gender disparities in health outcomes. Moreover, when women's health issues are researched, they are often underfunded or marginalized, leading to a lack of innovation and progress in areas that are critical to women's health.

4.3.3 Economic Barriers

Economic barriers are a major factor that disproportionately affects women in the context of global health (Langer et al., 2015). Poverty and economic inequality are significant determinants of health, and women are more likely than men to live in poverty, particularly in low- and middle-income countries (LMICs).

This economic disparity limits women's access to healthcare, as they may lack the financial resources to pay for medical services, transportation to healthcare facilities or necessary medications. Even in countries with public healthcare systems, out-of-pocket healthcare expenses can be prohibitively high for women, especially those who are unemployed or work in the informal sector, where health benefits are often unavailable. The impact of poverty on healthcare access is compounded by the fact that women often bear the burden of unpaid care work, which can limit their ability to seek healthcare. For example, women who are primary caregivers for children or elderly relatives prioritize the health needs of their dependents over their own, delaying or forgoing necessary medical treatments. This situation is further aggravated by gender norms that discourage women from seeking care, particularly for stigmatized conditions such as mental health issues and sexually transmitted infections. The intersection of economic barriers and gender creates a vicious cycle in which women's health needs are consistently unmet, leading to poorer health outcomes and reinforcing gender inequities in society.

4.3.4 Biased Focus on Maternal Health and Mortality

One of the most striking issues is the biased focus on maternal health and mortality, which, while critically important, has inadvertently overshadowed other significant health challenges women face (Sen, George, Ostlin, & Ramos, 2007). This narrow focus stems from a long-standing emphasis on reproductive health as the primary concern for women, positioning issues such as childbirth, pregnancy, and maternal mortality at the forefront of global health initiatives. Maternal health campaigns have undoubtedly brought attention to life-threatening conditions such as pre-eclampsia, obstructed labor, and postpartum hemorrhage, and have led to substantial improvements in survival rates in many parts of the world. However, this singular focus often ignores the broader spectrum of health challenges women experience throughout their lives. For instance, chronic diseases such as cardiovascular disorders, cancers (especially breast and cervical), and mental health issues significantly impact women, yet these receive relatively little attention compared to maternal health. The overemphasis on maternal mortality, while addressing urgent needs, inadvertently reduces women to their reproductive roles. This reinforces the notion that women's primary contribution to society lies in their ability to bear children, thus marginalizing other aspects of women's health and well-being.

This approach often fails to account for the diverse and evolving health needs that women face beyond their childbearing years, particularly as they age and become more vulnerable to conditions such as osteoporosis and Alzheimer's disease. Moreover, women's health issues related to sexual violence, mental health, and access to reproductive choices outside motherhood are frequently underfunded and neglected in health policies (Langer et al., 2015). Gender-based violence, for instance, poses severe health risks, including physical injury, psychological trauma, and increased vulnerability to sexually transmitted infections (STIs). However, the global health system has often been slow to address survivors' medical and psychological needs, particularly in settings where cultural and legal systems further entrench gender inequalities.

Finally, sociocultural barriers compound these challenges, as many women in low-income countries lack access to comprehensive healthcare services that address their non-reproductive health needs. In some societies, patriarchal structures limit women's decision-making power regarding their health, sidelining issues unrelated to maternity. The prioritization of maternal health at the expense of a more holistic view of women's health creates gaps in the healthcare system, leaving millions of women without adequate support for conditions that significantly impact their quality of life (Langer et al., 2015). In summary, while maternal health is crucial and must continue to be addressed, the global health system requires a broader and more inclusive focus on women's health. Policymakers and healthcare providers must shift toward a comprehensive framework that acknowledges the full spectrum of health issues faced by women. This would ensure that women's health is not narrowly defined by their reproductive capabilities but is understood as a dynamic and lifelong concern deserving of equal attention across all stages of life.

4.4 Manifestation of Global Gender Challenges in Ghana's NHIS

Ghana’s National Health Insurance Scheme (NHIS) was designed to provide equitable healthcare access nationwide. However, like many health systems worldwide, it is not immune to the gender disparities that are prevalent. While the NHIS is ambitious in its scope, it reflects the broader gender challenges that persist in healthcare, manifesting in ways that disadvantage women, particularly those in vulnerable groups.

4.4.1 Accessibility Issues

Accessibility to healthcare under the NHIS reveals stark gender disparities that mirror the global trends. Although the NHIS was established to enhance access to healthcare for all Ghanaians, women often face unique barriers that hinder their ability to fully benefit from the scheme’s services. These disparities are especially prominent when considering the differences between rural and urban settings. In rural areas, where healthcare infrastructure is often less developed, women struggle to access NHIS-covered services due to the distance to healthcare facilities, lack of transportation, and the limited availability of healthcare providers. These logistical challenges disproportionately affect women, who are more likely to have caregiving responsibilities that make traveling for healthcare difficult (Aboagye, 2016). In contrast, women in urban settings have better physical access to healthcare facilities, but they still face barriers related to overcrowded services and long wait times, which deter them from seeking care in these facilities. Additionally, even when services are available, they are not tailored to meet the specific needs of women, particularly in areas such as reproductive and maternal health. This lack of gender-sensitive healthcare services under the NHIS leads to gaps in care and poorer health outcomes for women, perpetuating the cycle of gender inequity in healthcare access.

4.4.2 Affordability and Economic Constraints

Economic barriers under the NHIS disproportionately impact women, reflecting the broader economic challenges they face in Ghana and globally. Although the NHIS aims to reduce out-of-pocket healthcare expenses, the costs associated with healthcare, such as premiums, co-payments, and uncovered services, remain prohibitive for many women (Aboagye, 2016). Women, particularly those in informal labour sectors or those who are unemployed, often lack the financial resources to pay for these costs, limiting their ability to access the full range of benefits offered by the NHIS. The informal labor sector, where a significant proportion of women are employed, presents additional challenges. Women in this sector typically earn lower wages, have less job security, and are often excluded from formal health insurance coverage, making it difficult for them to afford NHIS premiums. Furthermore, women in informal work are more likely to experience interruptions in their income due to caregiving responsibilities or other gendered expectations, making it more difficult for them to maintain consistent enrolment in the NHIS. This financial instability further exacerbates the difficulties women face in accessing healthcare, leaving many without adequate protection against health-related financial risks.

4.4.3 Cultural and Social Barriers

Cultural norms and social expectations significantly shape women’s access to healthcare under the NHIS. In many communities, traditional gender roles dictate that women prioritize the health and well-being of their families over their own health. This societal expectation often leads women to delay seeking care for themselves, even when they are aware of health issues that require attention. Additionally, the cultural stigma surrounding certain health conditions, such as reproductive health issues or mental health, discourages women from utilizing NHIS services, particularly if they fear judgment or ostracism from their communities (Aboagye, 2016).

The intersection of gender and cultural expectations in healthcare utilization also manifests in household decision-making. In many cases, men hold the authority to make decisions about healthcare spending, which can limit women’s autonomy in accessing NHIS Services. This dynamic is particularly evident in patriarchal communities, where women need permission from male family members to seek care or spend

household resources on healthcare. These cultural barriers reinforce gender inequities and undermine the potential of the NHIS to provide equitable healthcare access to all Ghanaians.

4.4.4 Climate Change and Health Risks for Women

Climate change disproportionately impacts women, especially in agricultural-dependent countries such as Ghana, where women comprise a significant portion of the rural workforce. Erratic weather patterns, droughts, and flooding undermine food security and water access, disproportionately affecting women's health due to their caregiving responsibilities. Malnutrition, especially among pregnant and breastfeeding women, can increase maternal mortality and birth complications. However, the NHIS does not provide nutrition-focused services or policies that address the consequences of climate change (Aboagye, 2016).

4.4.5 Maternal Health Inequities

Although the NHIS covers some maternal services, women still face challenges such as overcrowded healthcare facilities, insufficient prenatal and postnatal care, and a lack of trained birth attendants, particularly in rural areas (Aboagye, 2016). Additionally, traditional birth practices and cultural resistance to institutionalized care create barriers. Many women in rural areas, where maternal mortality rates are highest, do not fully benefit from NHIS services due to structural and cultural obstacles. This undermines efforts to reduce maternal mortality and ensure safe childbirth in the country.

4.4.6 Reproductive Health and Family Planning

Ghana's NHIS provides limited coverage for reproductive health and family planning services, which disproportionately affects women as they bear the brunt of reproductive healthcare needs. Access to contraception, safe abortion services, and fertility treatments is often limited, leaving women without comprehensive reproductive health options. Furthermore, sociocultural stigmas surrounding contraception and reproductive autonomy compound these challenges, making it harder for women to seek care, even when it is available (Aboagye, 2016).

4.4.7 Health Literacy and Decision-Making

Health literacy is crucial for individuals to make informed decisions about their health; however, women, particularly those with lower levels of education, are at a disadvantage (Amoah & Phillips, 2018). In many Ghanaian communities, women have less access to formal education, which negatively impacts their ability to navigate the NHIS and understand their health rights. This leads to the underutilization of NHIS services or reliance on informal, potentially harmful healthcare practices. Additionally, in patriarchal households, healthcare decision-making is often dominated by men, leaving women with little say over their health needs. This gendered power dynamic further limits women's engagement with the health system.

4.4.8 Workforce Gender Inequities

Women dominate the healthcare workforce in Ghana, particularly in nursing and midwifery; however, they face significant gender-based challenges such as lower pay, fewer opportunities for advancement, and job insecurity (Acheampong et al., 2021). These inequities within the healthcare system affect the overall quality of care that women receive under the NHIS. Overworked and underpaid female healthcare workers cannot provide adequate care to female patients, particularly in under-resourced rural facilities. Recently, due to economic hardships, Ghanaian nurses and midwives have been migrating to developed countries to seek greener pastures, which has further decreased the number of nurses available to offer quality services in the health sector. However, these nurses and midwives are major stakeholders in the NHIS.

4.4.9 Gender-Based Violence and Healthcare Access

Women who are victims of gender-based violence (GBV) face additional barriers to accessing healthcare under the NHIS (Aboagye, 2016). Fear of stigma, lack of privacy, and inadequate support services often prevent women from seeking medical care after experiencing violence. Additionally, many healthcare providers under the NHIS are not trained to address the specific needs of GBV survivors, resulting in re-

traumatization or substandard care. The NHIS currently lacks targeted provisions to address the healthcare needs of GBV survivors, further marginalizing this vulnerable group of women.

4.4.10 Sexual and Reproductive Health Education

The NHIS does not sufficiently address the need for sexual and reproductive health education, which is crucial for empowering women to make informed health decisions. Without comprehensive health education, many women remain unaware of the services available to them under the NHIS, including maternal care, contraception, and sexually transmitted infection (STIs) screening. Inadequate sexual health education also contributes to higher rates of teenage pregnancy and maternal complications, as young women are less likely to seek or receive appropriate care.

4.4.11 Overemphasis on Maternal Health and Mortality

In Ghana, the National Health Insurance Scheme (NHIS) has made significant strides in expanding access to healthcare since its inception in 2003; however, it also reflects the global gender biases seen in health systems, especially in how women’s health is prioritized. One of the most apparent ways this manifests is the NHIS's heavy emphasis on maternal health services, while other critical health issues affecting women receive comparatively little attention (Owusu, 2021). The NHIS offers broad coverage of maternal health services, such as antenatal, delivery, and postnatal care, which are crucial for reducing maternal mortality. Ghana has been praised for integrating these services into the scheme, making pregnancy-related healthcare more affordable and accessible, especially for rural women who may otherwise struggle to afford medical expenses. This focus has contributed to an overall reduction in maternal mortality rates and has helped many women receive critical care during pregnancy and childbirth in India.

However, the NHIS’s focus on maternal health comes at the expense of a comprehensive approach to women’s health. Other significant health challenges that women face throughout their lives, such as cervical and breast cancer, mental health disorders, and chronic diseases such as diabetes and hypertension, are often under-prioritized. Although these conditions are prevalent among women, coverage for screening, early detection, and long-term management under the NHIS is limited (Ayanore et al., 2020). Cervical cancer, for example, is one of the leading causes of cancer-related deaths among women in Ghana; yet, routine screenings, such as Pap smears, are not covered by the NHIS. This lack of coverage leaves many women unable to afford preventive care, resulting in late-stage diagnosis and higher mortality rates. Similarly, breast cancer treatment, although covered to some extent, is still not fully accessible to all women, especially those from low-income backgrounds, due to the high out-of-pocket costs for chemotherapy and surgery. The NHIS also does little to address mental health issues, which disproportionately affect women in Ghana owing to factors such as domestic violence, caregiving responsibilities, and economic stress. Women, particularly in rural areas, often face social stigma in seeking mental health services, and the NHIS does not offer adequate coverage for counselling, therapy or psychiatric care. This neglect means that mental health disorders, which can severely impact women’s overall well-being, are largely left untreated in this population.

Additionally, women’s health issues that are not directly related to reproduction or maternity are often overlooked by the medical community. Conditions such as osteoporosis, which is more common among women as they age, are not adequately covered, and many women lack access to the necessary diagnostics and treatments (Yamson et al., 2021). This creates a gap in healthcare, leaving older women particularly vulnerable. Socio-cultural factors in Ghana further complicate these gender disparities in health coverage. In many rural and traditional communities, women's health needs beyond maternity may be perceived as less urgent or less important. By focusing more on maternal health, the NHIS reflects these societal priorities, inadvertently reinforcing the notion that women’s health is primarily about reproduction. This narrow focus fails to consider the full spectrum of health challenges that women face throughout their lives. In summary, while Ghana’s NHIS has played an essential role in improving maternal health outcomes, it reflects the broader global trend of emphasizing reproductive health at the expense of other critical aspects

of women's health. To address these gender challenges effectively, the NHIS must adopt a more holistic approach that expands its coverage to include preventive screenings, mental health services, and long-term care for chronic and non-reproductive conditions that impact women's overall health and quality of life. The gender challenges within Ghana's NHIS reflect the broader issues faced by women in the global health system. Accessibility, affordability, and cultural barriers contribute to the inequities women experience when trying to access healthcare under the NHIS. Addressing these challenges requires targeted interventions that consider the unique needs and circumstances of women, particularly those in rural and economically disadvantaged communities. By tackling these gender disparities, the NHIS can move closer to its goal of providing truly equitable healthcare for all Ghanaians.

4.5 Cases in Ghana

Gender disparities within Ghana's National Health Insurance Scheme (NHIS) are evident in both quantitative and qualitative case studies. The subsequent sections examine empirical studies from the Ghanaian context, as these deepen the understanding of how these disparities manifest and affect women's healthcare outcomes compared to men.

4.5.1 Gender Disparities in NHIS Enrolment and Utilization

Empirical studies on the NHIS reveal significant gender disparities in both enrolment and utilization. Jehu-Appiah et al. (2011) found that although women were more likely to enrol in the NHIS, their utilization of healthcare services covered by the scheme was significantly lower than that of men. Specifically, the study highlighted that while 56% of NHIS enrollees were women, only approximately 40% of those who accessed care through the scheme were women. This discrepancy was attributed to barriers such as long distances to healthcare facilities, time constraints, and socio-economic factors that disproportionately affect women, particularly those in rural areas (Jehu-Appiah, Aryeetey, Agyepong, Spaan, & Baltussen, 2012).

Another study by Dixon, Tenkorang, Luginaah, Kuuire, and Boateng (2014) provided a detailed analysis of NHIS data from the Ashanti and Volta regions, showing that rural women were less likely to access antenatal and postnatal care despite their enrollment in the NHIS. The study found that only 35% of rural women utilized maternal healthcare services, compared to 60% of their urban counterparts. This gap in utilization underscores the logistical and economic barriers that prevent women, especially in rural areas, from fully benefiting from the NHIS (Dixon, 2014).

4.5.2 Comparison of Health Outcomes for Men and Women under NHIS

Health outcomes under the NHIS also demonstrate notable sex disparities. Osei-Assibey (2014) compared health outcomes between men and women enrolled in the NHIS across different regions of Ghana. The study revealed that while the NHIS coverage had improved overall health outcomes, women continued to experience higher rates of maternal mortality, particularly in the Northern and Upper East regions. For example, the maternal mortality rate in these regions was 320 per 100,000 live births, compared to a national average of 310 per 100,000 live births, with the disparity being more pronounced among NHIS members in rural areas.

Moreover, Akazili et al. (2017) indicated that women with chronic conditions such as hypertension and diabetes had poorer health outcomes than men, even when insured under the NHIS. The study found that women were less likely to adhere to treatment regimens due to financial constraints and the prioritization of family needs over personal healthcare, leading to higher rates of complications and hospitalizations.

4.5.3 Analysis of Specific Communities Where Gender Disparities Are Most Pronounced

Regional disparities in NHIS effectiveness are most evident in the Northern, Upper East, and Upper West Regions, where cultural and economic factors significantly impact women's healthcare access in Ghana. Alhassan, Nketiah-Amponsah, and Arhinful (2016) analyzed NHIS data from these regions and found that women were less likely to use NHIS-covered services due to patriarchal norms that prioritize men's health

over women's. The study noted that in these regions, men often control household finances, which affects women's ability to pay for NHIS premiums or out-of-pocket expenses associated with healthcare.

In the Northern Region, Ganle et al. (2016) found that cultural practices, such as early marriage and gender-segregated healthcare services, further exacerbate gender disparities. The study documented cases in which women were unable to access antenatal care because they were required to seek permission from their husbands or male relatives, who often prioritized other financial obligations over healthcare. This cultural barrier is compounded by the limited availability of female healthcare providers, which discourages women from seeking care due to modesty concerns.

These empirical studies from the Ghanaian context illustrate the gender disparities within the NHIS. Although the scheme has succeeded in increasing overall healthcare access, women, particularly those in rural and underserved regions in Ghana, continue to face significant barriers that limit their utilization of NHIS services.

4.6 Strategies for Addressing Gender Challenges in NHIS

Addressing gender challenges within Ghana's National Health Insurance Scheme (NHIS) requires a multifaceted approach that combines policy reforms, community engagement, and international collaborations. Each of these strategies plays a crucial role in reducing the gender disparities that have hindered the effectiveness of the NHIS in providing equitable healthcare access.

4.6.1 Policy Recommendations

Current policies often overlook the unique challenges women face, particularly in accessing and utilizing healthcare services (Akotia & Anum, 2015). To bridge this gap, it is essential to introduce policy changes that specifically target the barriers that women encounter. For instance, policies should be introduced to ensure that healthcare facilities in rural areas are adequately staffed and equipped to meet the needs of women, particularly in the areas of maternal and reproductive health. This could include the provision of mobile clinics or transportation subsidies for women in remote areas, ensuring that distance and logistics do not hinder access to essential health care services. Additionally, policies should mandate the training of healthcare providers in gender-sensitive care to ensure that women receive respectful and appropriate treatment.

4.6.2 Community and Stakeholder Engagement

Community involvement is another critical component in addressing gender challenges within the NHIS (Aboagye, 2016). Engaging communities, particularly women, in the decision-making process is essential for creating a healthcare system that truly reflects the needs of its users. When women are involved in these processes, their perspectives can inform policies and practices that better address the barriers they encounter. One way to encourage community and stakeholder engagement is through the establishment of local health committees that include women's representation. These committees would provide a platform for women to voice their concerns and suggest improvements to the NHIS. Additionally, educational programs should be developed to inform women about their rights under the NHIS and how to navigate the system effectively to access the benefits. Empowering women with knowledge and a voice in the decision-making process is crucial to ensure that the NHIS evolves to meet their needs. Moreover, engaging traditional and community leaders in these efforts can help break down the cultural barriers that prevent women from accessing healthcare. By working with these leaders, the NHIS can foster a more supportive environment for women's healthcare needs, ensuring that cultural norms do not hinder women's ability to seek and receive care.

4.6.3 International Collaboration

Global best practices can provide valuable insights into how gender-sensitive reforms can be implemented in the NHIS. By examining successful models from other countries, Ghana can adopt strategies that have

been proven to reduce gender disparities in healthcare (Aboagye, 2016). For example, Rwanda's approach to integrating gender equality into its health insurance system, which includes targeted subsidies for women and extensive community outreach, could serve as a model for similar reforms in Ghana (Lambin & Nyyssölä, 2022). International collaboration can facilitate the sharing of resources and expertise. Partnerships with organizations such as the World Health Organization (WHO) or UN Women can provide technical assistance and funding to support gender-sensitive initiatives within the NHIS. These partnerships could also help establish monitoring and evaluation frameworks that ensure gender equity goals are being met and that the reforms have the desired impact.

5 Conclusion

5.1 Conclusion

The exploration of gender challenges within the global health system reveals deep-seated inequities that manifest in various forms across different regions, including Ghana's. These challenges, characterized by structural gender inequities, biases in health policy and decision-making, and economic barriers, profoundly impact women's access to healthcare services. Within Ghana's National Health Insurance Scheme (NHIS), these global gender challenges are mirrored by disparities in accessibility, affordability, and cultural constraints that disproportionately affect women, particularly those in rural areas. Addressing gender challenges in the NHIS is not only a matter of equity but also of essence. The ongoing disparities in healthcare access and outcomes for women highlight the need for immediate and sustained action by stakeholders. Policymakers must prioritize implementing appropriate gender-sensitive policies that address the unique barriers women face in accessing healthcare. These policies should be informed by empirical evidence and designed to ensure that, based on available resources, all women, regardless of their socioeconomic or geographical background, can benefit from the services provided by the NHIS. The gender challenges within the NHIS and the broader global health system demand urgent attention and action to address these disparities. By working together, policymakers, healthcare providers, and other stakeholders can make meaningful progress toward achieving gender equity in healthcare. This is not just a goal but a necessity for the health and well-being of all Ghanaians and for the realization of a truly equitable healthcare system in Ghana.

5.2 Limitation

This study is limited by its reliance on secondary literature, which does not fully capture the lived experiences of women and marginalized groups navigating Ghana's NHIS. Additionally, the focus on Ghana as a case study, while illustrative, also limits the transferability of the findings to other national health systems with differing sociocultural and policy contexts.

5.3 Suggestion

Future research should conduct comparative studies across different countries in sub-Saharan Africa to broaden the evidence base on how health insurance systems address and replicate gender inequities. Furthermore, longitudinal research examining the impact of policy reforms on women's healthcare access and outcomes would help evaluate the effectiveness of gender-responsive interventions.

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