

Gender Inequalities in Moroccan Healthcare: The Influence of gender norms in The Access to sexual and reproductive health services by Women

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Enhancing access to sexual and reproductive health remains a significant public health challenge, especially for women, who face various obstacles, including gender inequality, which serves as a fundamental barrier to addressing other determinants. Despite some efforts, there is still much progress needed to ensure that all women and girls can fully exercise their rights [1]. This study aims to investigate the influence of gender norms on the accessibility of sexual and reproductive health services.

Sexual and reproductive health disparities persist as a significant issue for women globally. Despite advancements in healthcare and technology, women encounter difficulties in accessing crucial services, information, and resources concerning their sexual and reproductive health. These disparities are particularly evident at different stages of a woman's life, ranging from adolescence through menopause and beyond [2, 3]. Moreover, gender intersects with all aspects of Sustainable Development Goal 3, as it interacts with various determinants [4, 5].

In low-income countries, more than one in four women (27%) give birth before the age of 18, equivalent to approximately 12 million women in the least developed nations who experience childbirth during adolescence [6]. Annually, an estimated 3.9 million girls aged 15–19 undergo unsafe abortions [7]. Furthermore, around 270 million women worldwide lack access to contraception, despite their desire for it, and 830 women die daily from preventable causes related to pregnancy and childbirth [2, 8].

In Morocco, maternal mortality has seen a decrease to 72.6 between 2015 and 2016. However, this rate remains significantly higher in rural areas, standing at 111.1 per 100,000 live births, compared to 44.6 per 100,000 live births in urban areas [9]. Unsafe abortions are identified as one of the primary causes of maternal mortality [10].

Certain adults such as parents, harbor concerns that providing sexuality education to their daughters might encourage them to engage in sexual activity, a notion deemed unacceptable in their communities. However, numerous studies have debunked

this belief, showing that sex education does not promote sexual behavior [11].

Additionally, open discussions about sexual health are still considered taboo in Moroccan society, making parents uncomfortable with broaching sexual and reproductive health topics with their daughters. Consequently, young girls lack crucial knowledge about sexual health matters and struggle to access information and services, thereby impeding their ability to make informed decisions [12].

Gender norms in Morocco also contribute to disparities in access to contraceptive methods, often limiting unmarried women's access to these services. Such norms stigmatize young unmarried women, labeling them as promiscuous, and dissuading them from seeking information or services related to sexual and reproductive health.

Married women also face societal constraints regarding contraceptive use, influenced by peer pressure and community expectations. Many feel compelled to fulfill their reproductive duties by having multiple children, particularly sons, before considering contraceptive use, disregarding the importance of pregnancy spacing.

Besides, gender norms affect women's access to pregnancy monitoring and assisted delivery services, with some husbands wielding significant control over women's decisions regarding healthcare. Economic factors also play a role, as women's financial autonomy and decision-making power impact their ability to access antenatal care and assisted delivery services without external approval [13, 14].

Furthermore, illegitimate abortion remains a taboo topic in Moroccan society, with women facing social rejection and potential violence from family members if discovered. Despite the prohibition of such practices in Islam, women may resort to illegitimate abortions due to fear of community backlash. Also, children born out of wedlock face legal discrimination, being deprived of inheritance and succession rights as per Moroccan law [15, 16].

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Inequitable and restrictive gender norms further exacerbate difficulties in accessing accurate information about sexually transmitted infections and the risks associated with unprotected sex.

Moreover, key gender norms affecting women include parental resistance to sexual and reproductive health education, societal stigmatization and exclusion, familial control over contraceptive use, and cultural expectations assigning women a primary reproductive role and responsibility for newborn health [17].

To improve health outcomes and advance gender equality, all sexual and reproductive health initiatives should prioritize gender sensitivity. It is crucial to integrate gender equality considerations into the development, implementation, and evaluation of sexual and reproductive health programs, as gender disparities continue to undermine women's sexual and reproductive rights.

AVAILABILITY OF DATA AND MATERIALS

All data generated or analyzed during this study are included in this published article.

AUTHORS' CONTRIBUTIONS

RA: study selection, research design, data extraction, data synthesis, quality assessment, revision of the manuscript and approving the final manuscript.

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CONFLICTS OF INTEREST

The authors declare no conflict of interest.

REFERENCES

1. Ouahid H, Mansouri A, Sebbani M, Nouari N, Khachay FE, Cherkaoui M, et al. Gender norms and access to sexual and reproductive health services among women in the Marrakech-Safi region of Morocco: a qualitative study. *BMC Pregnancy Childbirth*. 2023;23(1):407.
2. Maternal mortality. 2024.
3. Sexually Transmitted Infections. (STIs). 2024.
4. Dpicampaigns. Take Action for the Sustainable Development Goals—United Nations Sustainable Development.
5. Scott J, Averbach S, Modest AM, Hacker M, Cornish S, Spencer D, et al. An assessment of attitudes toward gender inequitable sexual and reproductive health norms in South Sudan: a community-based participatory research approach. *Confl Health*. 2013;7(1):1-8.
6. Early childbearing. UNICEF Data. 2021.
7. Adolescent pregnancy. 2024.
8. Family planning/Contraception. 2024.
9. ENPSF-2018.
10. Say L, Chou D, Gemmill A, Tunçalp O, Moller AB, Daniels J, et al. Global causes of maternal death: a WHO systematic analysis. *Lancet Glob Health*. 2014;2(6):e323-33.
11. Kirby DB, Laris BA, Roller LA. Sex and HIV education programs: their impact on sexual behaviors of young people throughout the world. *J Adolesc Health*. 2007;40(3):206-17.
12. Mrad H, Vinette B, Chouinard A, Bilodeau K. Educational interventions to improve nurse-patient communication in sexual health with gynecologic oncology clients: a narrative review. *Can Oncol Nurs J*. 2022;1(1):22-9.
13. Metusela C, Ussher J, Perz J, Hawkey A, Morrow M, Narchal R, et al. "In my culture, we don't know anything about that": sexual and reproductive health of migrant and refugee women. *Int J Behav Med*. 2017;24:836-45.
14. Lince-Deroche N, Hargey A, Holt K, Shochet T. Accessing sexual and reproductive health information and services: A mixed methods study of young women's needs and experiences in Soweto, South Africa. *Afr J Reprod Health*. 2015;19(1):73-81.
15. Constitution_2011. 2024.
16. 1. pdf. 2024.
17. Advancing Gender Equality In and Through Sexual and Reproductive Health and Rights. *EngenderHealth*. 2024.