

Influence and Hurdles: Muslimah Healthcare Professionals and Universal Health Coverage

¹Garba J. A., ¹Ibrahim R., ¹Nasir A. M., ¹Bello S., ¹Tunau A. K., ²Mohammed Y. and ³Abiola T.

¹ Department of Obstetrics and Gynaecology, Usmanu Danfodiyo University Teaching Hospital, Sokoto, Nigeria.

² Department of Medical Microbiology and Parasitology, Usmanu Danfodiyo University Sokoto, Nigeria.

³ Department of Medical Services, Federal Neuropsychiatric Hospital, Kaduna, Nigeria.

Corresponding author:

Garba J. A., Department of Obstetrics and Gynaecology, Usmanu Danfodiyo University Teaching Hospital, Sokoto, Nigeria.

Email:

jgarba80@gmail.com

Abstract

Background: The global health landscape has been increasingly recognizing the pivotal role of sociocultural paradigms in shaping healthcare access and delivery. Within this framework, Muslimah healthcare professionals emerge as emblematic figures, intertwining religious and cultural ethos with the aspirations of health equity.

Methods: A comprehensive review of literature was undertaken using desk review of hard copy published manuscripts and online databases of google scholar and AJOL. This review focus on studies and reports that highlighted the experiences, challenges, and contributions of Muslimah healthcare professionals in the realm of healthcare. Particular emphasis was given to studies detailing overt prejudices, such as religious intolerance, and the nuanced challenges of universal health coverage (UHC) implementation in diverse cultural contexts.

Results: Muslimah healthcare professionals consistently face both overt challenges, like religious intolerance tied to practices such as wearing the hijab, and subtler challenges related to the realization of UHC in varied cultural settings. Despite these barriers, their resilience and adaptability are noteworthy, offering significant insights into the interplay of faith and medicine. Additionally, economic considerations, particularly the alignment of indigenous financial models like the Islamic principle of Zakaat with broader healthcare financing strategies, emerged as promising avenues to enhance both cultural alignment and financial sustainability in health systems.

Conclusion: The journey of Muslimah healthcare professionals underscores the critical importance of integrating sociocultural perspectives within global health strategies. Their experiences not only enrich our understanding of the complex interplay between religious identity and professional obligations but also illuminate potential pathways for crafting inclusive, resilient, and culturally attuned healthcare systems.

Keywords: Muslimah healthcare professionals; Universal Health Coverage; Sociocultural paradigms; Religious intolerance; Healthcare financing.

Introduction

Universal Health Coverage (UHC) aspires to guarantee health as a fundamental human right, aiming to offer all individuals essential healthcare services without financial burden [1]. Central to UHC's successful

implementation are skilled healthcare workers, including the often-overlooked Muslimah professionals who bring unique perspectives and cater to specific community needs. This scholarly investigation offers a profound insight into the synergy between

UHC and the pivotal contributions of Muslimah healthcare professional. The research delves into the unique roles and challenges faced by Muslimah healthcare professionals within the broader landscape of UHC.

Undoubtedly, UHC's objective of assuring health as an "indispensable human right" and celebrated as a tool to democratize access to healthcare without imposing financial duress on individuals, do suggests the specialized roles of Muslimah healthcare practitioners [1,2]. That this specialized group were "often marginalized" resonates with the challenges of their underrepresentation and systemic hindrances they face [3]. In addition is the complex sociocultural terrains Muslim female healthcare experts' traverse, especially in the context of their interactions with male family members [4]. Such dynamics, which bear directly on patient care and interactions, carry profound repercussions for UHC, more so in regions where religious and cultural facets are intertwined with healthcare delivery.

The indelible mark Muslimah healthcare providers will make, particularly in areas with pronounced Muslim demographics, deserves emphatic acknowledgment. Such is

the focus of a plethora of studies that accentuate the paramountcy of strategic health workforce deployment in realizing the goals of UHC [5-7]. Further, previous studies findings might starkly contrast with that of Nigeria [8,9], with its own peculiarity, especially the triple tribulations faced by the Muslimah professionals (being females in male dominate field, being Muslim and the need to wear hijab).

All the afore provide for the intricate and multifaceted exploration of the dynamics between UHC and Muslimah healthcare practitioners. This study hope to provide a sturdy intellectual base, and an in-depth excavation into the challenges and roles of the Muslimah healthcare professionals coupled with their defined geographical location in contemporary health policy deliberations.

Aims/Objectives

This study examined global trends and the status of UHC implementation and identify barriers and challenges to UHC realization. The research will further analyze the specific contributions of Muslimah healthcare professionals to UHC.

Methods

A rigorous literature review was undertaken across major online databases using specific keywords like “Muslimah,” “Healthcare Professionals,” and “UHC,” relevant to the topic. In addition, desk review of hardcopy manuscripts that were not available online were also accessed. Criteria were set according to the specific study objectives and only pertinent studies were included in the review. In-depth discussions were facilitated with selected female healthcare professionals to obtain a richer understanding of the subject.

Results/Discussion

Status of Universal Health Coverage (UHC): An Insight into Global Patterns and Implementation Progress:

Universal Health Coverage (UHC) has been the fulcrum of numerous international healthcare dialogues, especially given its profound significance in ensuring equitable health services for all, irrespective of socio-economic statuses. A sobering reality check reveals that nearly 50% of the global populace remains deprived of essential health services. Even more alarming is the fact that about 100 million individuals are propelled

into poverty every year due to exorbitant out-of-pocket healthcare expenditures [1].

The World Health Organization (WHO) has ardently advocated for UHC, emphasizing its commitment to ensure that a staggering 1 billion additional individuals gain access to indispensable healthcare services within each quinquennial span from 2015 to 2030 [1]. This ambitious objective, although commendable, necessitates a comprehensive analysis of global trends and the current status of UHC's realization to gauge the trajectory of its potential achievement.

Embedded within the Sustainable Development Goals (SDG), specifically under target 3.8, UHC emerges as a paramount ambition. It aims for the holistic provision of healthcare, which entails not merely access but also financial risk mitigation, assurance of service quality, and the availability of safe and affordable essential medicines and vaccines for everyone [10]. The integration of UHC within the SDGs underscores the international community's recognition of health as a fundamental human right and a cornerstone for sustainable development.

Despite the unanimous acknowledgment of UHC's significance, its global trajectory reveals variances. While some nations have

made commendable strides towards achieving UHC, others grapple with systemic, financial, and infrastructural challenges. A multitude of factors, ranging from political will, healthcare funding mechanisms, and societal demographics, to name a few, play instrumental roles in determining a nation's UHC trajectory.

Drawing from the tenets of the WHO, the definition of UHC is intrinsically tied to two pivotal components: the spectrum of essential services that are available and the proportion of the population that can access them [1]. Yet, beneath this overarching framework lie intricate nuances. The "essential services" span a vast continuum, starting from health promotion and disease prevention, traversing through treatment, rehabilitation, and culminating in palliative care. Moreover, ensuring that these services are not merely accessible but also of commendable quality is paramount to achieve the true essence of UHC [1].

Furthermore, the financial dimension of UHC remains a colossal challenge for many nations. The WHO's assertion that out-of-pocket expenses push numerous individuals into poverty resonates profoundly, emphasizing the need for robust financial mechanisms that alleviate individual

expenditures while ensuring healthcare sustainability [1]. This calls for innovative financing models, efficient resource allocation, and perhaps, more importantly, a shift from viewing health as a commodity to recognizing it as a universal right.

Global patterns reveal a mosaic of UHC statuses. High-income countries, equipped with robust healthcare infrastructures and financing mechanisms, are often better poised to achieve UHC's ideals. In contrast, low-income nations, beset with limited resources, face uphill battles. However, UHC's realization isn't merely a function of national wealth. Countries like Cuba and Sri Lanka, despite their limited economic prowess, have showcased the potential of political commitment and resource optimization in inching closer to UHC [11].

In summation, the journey towards UHC is both intricate and multifaceted. As the global community endeavors to translate the ideals of UHC into tangible realities, it's imperative to acknowledge the disparities, innovate solutions, and most crucially, foster collaborations. Only through collective resolve can the ambitious goal of UHC, as enshrined in the SDGs, be truly realized.

Challenges and Hurdles to Universal Health Coverage in the Healthcare

Landscape faced by Muslimah Health Professionals:

A study in the Nigeria healthcare system identified religious intolerance and discrimination as one of the salient challenges faced by Muslimah healthcare professionals [3]. The study showed biases, and prejudice encountered by the female Muslim healthcare providers for adhering to religious observances, such as wearing the hijab and upholding daily prayers [3]. This discrimination, influenced by both external perceptions and internalized stereotypes, not only impedes their professional journey but also adds a layer of emotional and psychological strain. Through a SWOT perspective, this intolerance poses a significant threat to their professional and personal well-being, potentially weakening the overall healthcare structure by discouraging potential Muslimah entrants.

Universal Health Coverage: Implementation and Accessibility:

Another barrier to effective UHC implementation in the Nigerian health system, much like many other nations, grapples with gaps in implementation and accessibility [8]. From a behavioral economics standpoint, myriad factors, from ingrained societal beliefs about health to

utility perceptions of healthcare services, influence health-seeking behavior and subsequently, UHC effectiveness. The nuanced cultural dynamics often intersect with Muslimah healthcare providers' roles, demanding them to address not just medical but socio-cultural intricacies. Further, in the realm of healthcare financing, achieving UHC remains an ambitious target, underpinned by robust financial frameworks. As underscored by Al-Mansur *et al.*, a resilient financing mechanism is indispensable for actualizing UHC [8]. However, in a behavioral economics context, the allocation, utilization, and perception of healthcare expenditure is heavily nuanced. Especially in regions with a significant Muslimah healthcare workforce, it becomes imperative to understand how cultural values, such as the Islamic principle of Zakat (charitable giving), can be integrated into financing models. This not only enhances healthcare provisioning but also respects and incorporates the cultural milieu in which these professionals operate.

In essence, while Muslimah healthcare professionals play a pivotal role in bolstering the global health paradigm, the road is riddled with multifaceted challenges. These range from confronting religious intolerance

to negotiating the economic intricacies of UHC. Recognizing and addressing these challenges is not just essential for their professional well-being but also paramount for achieving broader healthcare goals.

Roles and Significance of Muslimah Healthcare Professionals in Achieving Universal Health Coverage:

Muslimah healthcare professionals, an amalgamation of devout Muslim women engaged in various healthcare domains, are distinctive entities. Their positions range from medicine, nursing, midwifery, occupational therapy, environmental health, community health outreach, to health management, among others. In their unique capacities, they wield influence not only as health practitioners but also as socio-cultural influencers, predominantly in Muslim-majority regions [12].

One of their most profound contributions lies in health promotion. Their position as Muslim women often allows them to serve as exemplars to other women, potentially enhancing health-seeking behaviours in communities. Leveraging women's forums and gatherings, they can initiate dialogues on health, advocate for health education, and amplify awareness. This grassroots level

interaction can catalyze community-based solutions tailored to local health needs [13].

However, it's essential to recognize challenges that even Muslimah professionals cannot overlook. Traditional healing practices, often sought due to their affordability, can sometimes impede UHC. By fostering dialogues with traditional healers, these professionals can demarcate limits, educate them on when referrals are crucial, and subtly integrate them within the broader health ecosystem [14].

Access to healthcare remains a pivotal concern. Economic and socio-cultural constraints often deter individuals from seeking care. Herein, Muslimah professionals can play a monumental role. By orchestrating community services, outreaches, and health education initiatives, they can mitigate barriers of access. Moreover, tangible interventions, such as donating transportation means to communities or initiating microloan schemes for healthcare emergencies, can substantially alleviate accessibility challenges.

Female Muslim healthcare providers can play as pivotal agents in changing husbands' roles in Muslim women's health to support health treatments, through health literacy [4]. In addition, is the need to emphasize that

husbands are great allies for adequate healthcare financing in achieving UHC as echoed across several papers [6,8].

Economic impediments, especially poverty, undeniably hamper UHC realization. Here, drawing from Islamic teachings, the utilization of Zakaat (the pristine form of almsgiving) can be explored to fund healthcare delivery for the indigent [15]. Furthermore, encouraging entrepreneurship among women and promoting women's empowerment can indirectly bolster healthcare access and affordability.

A dearth of female healthcare professionals is a pertinent challenge. This scarcity can be counteracted by promoting healthcare-related education among young Muslimah's and mentoring them. These professionals can thus serve as inspirations, bridging the gender gap in healthcare provision.

Prioritizing continual professional development is essential. By attaining specialized training and disseminating knowledge, Muslimah healthcare professionals can ensure quality care delivery. Establishing affordable clinics, engaging in capacity-building sessions, and endorsing respectful care can potentially reshape community perceptions about healthcare, especially among women.

Furthermore, the establishment of non-governmental organizations by Muslimah professionals can augment resource mobilization and improve primary healthcare delivery. Regular research endeavors to gauge situational dynamics can subsequently inform policies and interventions.

In essence, while challenges abound in the pursuit of UHC, Muslimah healthcare professionals, with their dual roles as healthcare providers and community influencers, are poised to be change agents. Their influence spans from grassroots health promotion to tangible interventions, addressing both immediate health concerns and broader socio-cultural dynamics.

Conclusion

In the intricate confluence of healthcare and sociocultural values, Muslimah healthcare professionals exemplify the challenges and opportunities intrinsic to melding religious principles with medical duties. These professionals, while navigating overt religious biases and the intricacies of implementing Universal Health Coverage, have demonstrated remarkable resilience and adaptability. Their unique positioning at the juncture of faith and medicine brings invaluable insights, emphasizing the need to intertwine economic models like the Islamic

principle of Zakat with mainstream financial strategies, fostering healthcare systems that harmonize economic viability with cultural resonance.

Recommendations

In this age, where the clamor for an inclusive, equitable, and comprehensive health ecosystem resonates with renewed urgency, the experiences of Muslimah healthcare professionals serve as a compelling chronicle. In order to embrace and expand their narratives of diversity, resilience, and inclusion in global and holistic healthcare system, especially towards attaining Universal Health Coverage (UHC), the following recommendation are hence put forward:

1. **Enhanced Stakeholder Engagement:** Policymakers and global health stakeholders should proactively engage with Muslimah healthcare professionals, recognizing their dual role as both recipients and deliverers of healthcare. Their experiences, straddling faith and professional duties, offer vital insights that can shape more inclusive and effective health policies.

2. **Integrative Financial Models:** The global health community should explore the integration of universal financial practices,

like Zakat, into contemporary healthcare financing models. Such integrative models can ensure financial sustainability while resonating with the cultural values of the communities served.

3. **Promotion of Inclusivity:** Health institutions worldwide should prioritize inclusivity, accommodating religious and cultural practices. This includes understanding and making provisions for religious observances and attire, ensuring that professionals can seamlessly integrate their faith and work.

4. **Educational Initiatives:** Targeted educational programs should be instituted to enlighten both healthcare professionals and the broader public on the significance of diversity in healthcare. Such initiatives can promote mutual respect and understanding, reducing prejudices and fostering a more cohesive healthcare environment.

5. **Research and Documentation:** Continued research into the experiences, challenges, and contributions of Muslimah healthcare professionals is crucial. Systematic documentation will not only highlight the hurdles they face but also elucidate their pivotal role in global health advancements.

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