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The unseen struggle: Intersectionality and healthcare access for women in Nigeria's low-income communities

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Abstract

One of the major challenges for women in low-income Nigerian communities is limited access to healthcare, leading to poor health outcomes and higher mortality rates. This study examines the barriers faced by women in Ekiti State using intersectional feminist theory and a cross-sectional design. Data were collected through structured questionnaires from 300 women aged 18 and above, selected via multistage sampling (stratified, purposive, and simple random). Analysis was conducted with SPSS version 25.0 using descriptive (frequency and percentages) and inferential (multiple regression) statistics. Findings show that all respondents experienced difficulties in accessing healthcare: 86% reported financial constraints, 84.7% cited lack of affordable and quality facilities, and 80% identified distance as a major barrier. Marital status ($\beta = 0.373$, $p < 0.05$), occupation ($\beta = 0.243$, $p < 0.05$), age ($\beta = 0.080$, $p < 0.05$), and education ($\beta = 0.051$, $p < 0.05$) were significant predictors of healthcare access challenges. The study concludes that tailored interventions are essential to address these barriers. To improve access and reduce mortality, it recommends increased healthcare funding, financial protection mechanisms, expanded health education, stronger social support networks, and context-specific interventions.

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Introduction

The significance of health in human existence cannot be overstated and a substantial body of research has established that gender plays a crucial role as a social determinant of health, thereby influencing an individual's overall well-being (O'Halloran et al., 2024, Lara-Morales et al., 2024, Mandalia et al., 2023, Tebbe et al., 2022, Matud et al., 2022, Livingston et al., 2022; Gilbert et al., 2021). A key aspect of achieving optimal health outcomes is access to healthcare services, which encompasses timely, affordable, accessible, and high-quality care (Zhang, 2022). The importance of access to healthcare services lies in its ability to promote and maintain physical and mental health by reducing the burden of various health conditions (Moroz et al., 2020). Fufaa (2024) emphasizes that effective healthcare access facilitates the prevention and management of diseases. This is corroborated by Gatla (2024), Chimezie (2023), Sugandh et al. (2023) and George et al. (2020) when they say that having access to healthcare facilities mitigates against secondary complications associated with both communicable and non-communicable diseases.

From Zegeye et al. (2021) perspective, access to healthcare services can significantly reduce morbidity and mortality rates, this in turn underscores the need for equitable access to healthcare facilities since equitable access to healthcare not only improves health outcomes but also reduces the direct and indirect costs associated with various disease conditions. Despite the importance of access to healthcare, researchers such as Wang et al. (2021); Khatri and Assefa (2022); Shiner et al. (2022); and Adebayo et al. (2024) highlight persistent disparities encountered by women in accessing and utilizing healthcare services. Gender inequalities in accessing healthcare services are a persistent issue, particularly in low-income communities across countries and some scholars have observed that women in these areas are confronted with lots of challenges such as finances and long distance from health care facilities (Ali et al., 2022; Griffin et al., 2022; Mohd et al., 2022; Hartman et al., 2023). Apparently, the challenges experienced by women in these areas increase their chances of higher mortality rates poor health outcomes, and exacerbate existing health disparities (Chinn et al., 2021).

One of the fundamental human rights is gainful access to healthcare services which is essential for promoting health and well-being, particularly for women in low-income communities. However, according to the Federal Ministry of Health, geographical location, transportation, and healthcare infrastructure are few of the problems encountered by women in the low-income communities (Federal Ministry of Health, 2017). In Nigeria, the healthcare system is plagued by insufficient infrastructure, deficient healthcare personnel, and imperfect access to essential healthcare services, particularly in rural areas (Oleribe & Taylor-Robinson, 2016). The consequences of these barriers are in-depth, with women in low-income communities often experiencing poor health outcomes, including higher rates of maternal mortality and morbidity. Addressing these disparities requires a comprehensive approach that takes into account the unique needs and challenges of women in low-income communities.

Indeed, intersectional framework provides a valuable lens through which to understand the complex challenges faced by women in low-income communities. By acknowledging the multiple systems of oppression that intersect and interact at various levels of society, intersectionality sheds light on the ways in which these

systems perpetuate inequalities among women (Vohra-Gupta et al., 2023). Research has shown that the more systems of oppression an individual experiences, the greater the negative impact on their health and well-being, as well as that of their community. Intersectionality recognizes that individuals possess multiple social identities, including gender, socioeconomic status, and geographical location, which converge to produce distinct experiences of discrimination and marginalization (Vohra-Gupta et al., 2023). Regarding healthcare, this framework highlights the intricate relationships between various factors, including socioeconomic status, education level, and healthcare infrastructure that intersect to shape an individual's ability to access quality healthcare (Vohra-Gupta et al., 2023).

Research has consistently shown that women in low-income communities encounter substantial obstacles in accessing healthcare services, including financial constraints, limited availability of healthcare facilities, and inadequate healthcare personnel (Saxena et al., 2023). These challenges are further compounded by social and cultural factors, such as traditional gender roles and expectations, which can restrict women's ability to seek healthcare services (Saxena et al., 2023). In Nigeria, women in low-income communities face distinct challenges in accessing healthcare services. The country is plagued by a high maternal mortality ratio, with many women succumbing to preventable causes related to pregnancy and childbirth (WHO, 2019). The scarcity of skilled healthcare personnel and essential healthcare services, particularly in rural areas, significantly contributes to these poor health outcomes (Federal Ministry of Health, 2017).

This study investigates the specific challenges faced by women in low-income communities in Nigeria, specifically Ekiti State, in accessing healthcare services. By examining the complex interplay of factors that influence healthcare access, this research aims to provide a deeper understanding of the unique needs and challenges of the women in Ekiti state. The findings of this study will inform the development of targeted interventions and policies that address the specific barriers to healthcare access faced by women in low-income communities in Nigeria such as Ekiti State. The study contributes to the wealth of literature on intersectionality, and health care access for women in low-income communities.

The significance of this study lies in its potential to contribute to the development of effective strategies to improve healthcare access and outcomes for women in low-income communities in Nigeria, specifically in Ekiti State. By shedding light on the specific challenges faced by these women, this research will help policymakers and healthcare providers to design more effective interventions that address the unique needs and challenges of the occupants of these communities. Although series of studies have been carried out using Ekiti state as a point of focus but none of these research concentrate on women's access to health care facilities utilizing an intersectional approach. Olamide et al (2025) identify the factors of maternal health seeking behavior among pregnant women in some selected primary health care centers in Ado-Ekiti, Ekiti State while Oluwadare et al. (2024) also examine how socio-economic factors influence the configuration of antenatal care (ANC) utilization in Ekiti State.

In the same vein, Oluwadare et al. (2023) also worked on the social and non-social factors mitigating against healthcare access in Ekiti and Kogi States of Nigeria which made the study a comparative one. Esan et al. (2022) on the other hand assess maternal

satisfaction with delivery care in selected health care facilities in Ekiti state. Using same data from Ekiti and Kogi states of Nigeria, Oluwadare et al. (2021) further undertake a relative valuation of healthcare access of people in the states but none of these studies carry out an intersectional approach on healthcare access for women in Ekiti state

In addition, this study is important because it is evidence-based research. In Low-Income Communities (LICs), the principles of evidence-based practice and research are often not fully integrated into healthcare delivery. As a result, traditional approaches to healthcare continue to dominate, and healthcare professionals may not consider the unique needs and preferences of women. Instead, a one-size-fits-all approach is often applied, which can lead to inadequate care and poor health outcomes for women (Saxena et al., 2023). Saxena states further that lack of evidence-based practice in LICs can be attributed to various factors, including limited access to research and training, inadequate resources, and a reliance on established customs and practices. To improve healthcare outcomes for women, it is essential to promote the use of evidence-based practice and research in healthcare delivery, and this is the gap this study attempts to fill. This can involve providing training and resources for healthcare professionals, supporting research initiatives, and encouraging a culture of inquiry and critical thinking in healthcare settings. By adopting evidence-based practice, healthcare professionals can better address the unique needs and preferences of women, leading to more effective and equitable care.

More so, Saxena et al., (2023) emphasizes that the factors hindering women's access to healthcare services can be categorized into four levels, which are : individual level factors which are economic conditions, knowledge and beliefs, interpersonal level factors which comprises social norms and support from family and friends, community level factors such as support from the community members, transportation facilities and system level factors which are availability of health care services and providers, role of medical fraternity, health insurance coverage, availability and implementation of effective policies, As a result, women in LICs continue to face significant barriers in accessing healthcare services, including financial constraints, social and cultural norms, and geographical barriers. To address these identified factors, it is essential to develop and implement policies that prioritize women's health and provide them with equitable access to healthcare services. This entails increasing funding for healthcare programs, improving healthcare infrastructure, and promoting community-based initiatives that support women's health. By prioritizing women's health and implementing effective policies, governments can help reduce health disparities and improve health outcomes for women in LICs. Thus, this study intends to investigate the challenges faced by women in accessing healthcare services in low-income communities in Nigeria.

Method

This study employed a cross-sectional research design to investigate the challenges faced by women in accessing healthcare services in Ekiti State, Nigeria. The study was conducted between April 11 and 18, 2025, utilizing a quantitative approach through a structured questionnaire. The cross-sectional design was chosen because it allows for the collection of data from a large sample size at a single point in time, providing a snapshot of the current situation.

A multistage sampling method was used to select 300 respondents from Ekiti State. Ekiti State is positioned at the Southwestern part of Nigeria and shares boundaries with the North by Kogi and Kwara States, South and East by Ondo State and West by Osun State. The State has its governmental capital in the city of Ado Ekiti and it possesses 16 Local Government Areas. Ekiti state is populated with people who are principally of Yoruba culture with weather condition that varies between two seasons which are the rainy and dry seasons with project population of 3,270.800 according to National Bureau of Statistics Population projection (2017). Considering the sampling procedures, the State was divided into three senatorial districts and 16 Local Government Areas (LGAs). Two LGAs were randomly selected from each senatorial district, resulting in a total of six LGAs. One community was randomly selected from each of the six selected LGAs, yielding six communities. Lastly, 50 households with at least one adult woman aged 18 years or older were purposively selected within each community. This resulted in a total sample size of 300 women, with 50 women from each of the six communities.

A structured questionnaire was utilized to collect data from the respondents. The questionnaire was designed to gather information on the socio-demographic characteristics of the respondents and the challenges they faced in accessing healthcare services. The questionnaire consisted of two sections: Section A captured the socio-demographic characteristics of the respondents, while Section B focused on the challenges faced by women in accessing healthcare services.

The data collection process involved several steps. Firstly, the researcher obtained approval from the relevant authorities to conduct the study in the selected communities. Secondly, the researcher trained six research assistants who assisted with the administration of the questionnaire. The research assistants were trained on the purpose of the study, the questionnaire, and the data collection process. Thirdly, the questionnaire was pretested in a pilot study to ensure its validity and reliability. Finally, the questionnaire was administered to the respondents in their homes, and the completed questionnaires were collected by the research assistants.

The data collected was analyzed using Statistical Package for Social Sciences (SPSS) version 25.0. Descriptive statistics, including frequency counts and percentages, were used to present the socio-demographic characteristics of the respondents and the challenges they faced in accessing healthcare services. Inferential statistics, specifically multiple regression analysis, were used to examine the relationship between socio-economic characteristics and challenges to healthcare services.

This study adhered to the principles of informed consent, confidentiality, and anonymity. Participants were informed about the purpose of the study, and their consent was obtained before administering the questionnaire. The questionnaire did not include any identifying information, and participants' responses were kept confidential to ensure their privacy and security. Approval was sought and obtained for the ethical clearance for this study.

Results and Discussion

Intersectional feminist theory

Intersectionality as a feminist theory is employed as the theoretical framework for this study. The choice of intersectionality was made because it is central to the knowledge of different and intertwined

challenges confronting women generally. This framework was also considered since it presents a critical way of understanding how people's different social identities, such as their race, gender, class, sexuality, and disability, intersect and interact to shape their experiences of discrimination and marginalization. This framework recognizes that individuals are not defined by a single identity, but rather by multiple identities that intersect and influence one another.

The concept of intersectionality was first introduced by Kimberlé Crenshaw, a critical race theorist and feminist scholar, in her 1989 article "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics." Crenshaw argued that traditional approaches to understanding discrimination often fail to account for the complex and intersecting nature of social identities (Crenshaw, 1989). Since then, many scholars have built upon and expanded Crenshaw's work, including Patricia Hill Collins and Ange-Marie Hancock. Collins, a prominent sociologist and black feminist scholar, has written extensively on the topic of intersectionality and its relevance to understanding black feminist thought. In her book "Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment," Collins explores how intersectionality shapes the experiences of black women and highlights the importance of considering multiple social identities in understanding experiences of discrimination and marginalization (Collins, 2000). Hancock, a political scientist, has also contributed to the development of the intersectional framework. In her article "When Multiplication Doesn't Equal Quick Addition: Examining Intersectionality as a Research Paradigm," Hancock emphasizes the need for a more nuanced understanding of the complex and intersecting nature of social identities (Hancock, 2007).

The intersectional framework provides a valuable understanding of the complex challenges faced by women in low-income communities. By acknowledging the multiple systems of oppression that intersect and interact at various levels of society, intersectionality sheds light on the ways in which these systems perpetuate inequalities among women (Vohra-Gupta et al., 2023). Vohra-Gupta and his colleagues further say that the more oppression systems of individual experience, the greater the negative impact on their health and well-being, as well as that of their community.

Intersectionality recognizes that individuals possess multiple social identities, including gender, socioeconomic status, and geographical location, which converge to produce distinct experiences of discrimination and marginalization (Mosley, 2025). In the context of healthcare, this framework highlights the intricate relationships between various factors that influence access to healthcare services. Makhanya (2024) further says that issues such as socioeconomic status, education level, and healthcare infrastructure, all of which intersect to shape an individual's ability to access quality healthcare. According to Saxena (2023), the challenges faced by women in such low-income areas are further compounded by social and cultural factors, such as traditional gender roles and expectations, which can restrict women's ability to seek healthcare services. The world Health Organization (WHO) establishes the fact that Nigeria is plagued by a high maternal mortality ratio, with many women succumbing to preventable causes related to pregnancy and childbirth The scarcity of skilled healthcare personnel and essential healthcare services, particularly in rural areas like Ekiti State, significantly contributes to these poor health outcomes.

The intersectional framework is based on several key assumptions. It recognizes that individuals have multiple social identities that intersect and interact to shape their experiences and opportunities. Cohen and Rodgers (2023) maintain that intersectionality as a feminist theory acknowledges that the intersection of multiple identities is not simply additive but rather produces unique experiences and outcomes that cannot be understood by examining each identity in isolation. Finally, it recognizes that power dynamics are at play in society, and that certain groups are privileged while others are marginalized. In the context of healthcare, Okoro et al. (2022) opines that the intersectional framework helps to identify the specific challenges faced by women in low-income communities. Yong and Germain (2022) corroborate this by emphasizing that the multiple social identities that intersect and interact to shape women's experiences of accessing healthcare services must be recognized so that policymakers and healthcare providers can develop more effective strategies for improving healthcare access and outcomes.

In conclusion, the intersectional framework provides a powerful approach to understanding the complex experiences of individuals and groups. By recognizing the multiple social identities that intersect and interact to shape experiences and opportunities, the framework can help identify the specific challenges faced by marginalized groups and inform policies and interventions aimed at promoting greater equity and justice.

Socio-demographic characteristics of respondents

The socio-demographic characteristics of the respondents are presented in Table 1. The majority of the respondents (76%) were aged 21 years and above. The distribution of respondents by religion showed that 53.4% were Christians, while 70% belonged to the Yoruba ethnic group. In terms of educational attainment, 66% of the respondents had secondary and post-secondary education. More than half (56.7%) of the respondents were married, and 85% were engaged in various occupations, including formal and informal sectors.

Challenges to healthcare services

The challenges faced by respondents in accessing healthcare services are presented in Table 2. All respondents reported facing challenges, with the most common being financial constraints (86%), lack of affordable and quality healthcare facilities (84.7%), long-distance travel to access healthcare services (80%), limited awareness about disease prevention and early recognition (75.3%), and inadequate support from family and friends (70%).

Relationship between socio-economic characteristics and challenges to healthcare services

The regression analysis (Table 3) revealed a significant relationship between socio-economic characteristics and challenges to healthcare services ($R = 0.537$, $P < 0.05$). The coefficient of determination (R2) indicated that socio-economic factors explained 25.9% of the observed variance in challenges to healthcare services. Marital status was the strongest predictor of challenges to healthcare services ($\beta = 0.373$, $p < 0.05$), followed by occupation ($\beta = 0.243$, $p < 0.05$), age ($\beta = 0.080$, $p < 0.05$), and level of education ($\beta = 0.051$, $p < 0.05$). However, ethnic group and religion were not statistically significant predictors. The ANOVA results showed that the model was significant ($F = 63.650$,

$p < 0.05$), indicating that the socio-economic characteristics collectively contributed to the variations in challenges to healthcare services.

This study investigated the challenges faced by women in low-income communities in Ekiti State, Nigeria, in accessing healthcare services. The findings revealed

Table 1. Socio-demographic background of respondents

Variables	Socio-Demographic Characteristics	Frequency (N= 383)	Percentage (%)
Age (in years)	21-30	72	24.0
	31-40	114	38.0
	41-50	72	24.0
	More than 50years	42	14.0
Religion	Christianity	160	53.4
	Islam	112	37.3
	Traditional	28	9.3
Ethnic group	Yoruba	210	70.0
	Igbo	30	10.0
	Hausa	18	6.0
	Others (like Ebira, Idoma, etc)	42	14.0
Level of education	No formal education	88	29.3
	Primary	14	4.7
	Secondary	128	42.7
	Post secondary	70	23.3
Marital status	Single	60	10.0
	Married	170	56.7
	Divorced	42	7.0
	Widowed	28	9.3
Occupation	Unemployed	45	15.0
	Trading	69	23.0
	Artisan	66	22.0
	Civil servant	72	24.0
	Others (e.g. Teaching, Nurse, etc)	48	16.0

Field Survey, 2025

Table 2. Respondent's challenges to healthcare services (N=300)

SN	Items	Agree		Undecided		Disagree	
		f	%	f	%	f	%
1.	I face financial constraints in accessing healthcare services.	258	86.0	14	4.7	28	9.3
2.	I lack support from family and friends regarding health-related issues.	210	70.0	74	24.7	16	5.3
3.	There is lack of affordable and quality healthcare facilities.	254	84.7	16	5.3	30	10.0
4.	I have to travel a long distance to access healthcare services.	240	80.0	28	9.3	32	10.7
5.	I lack awareness about prevention and early recognition of disease conditions.	126	75.3	44	14.7	30	10.0

Field Survey, 2025

Tabel 3. Model summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.537[a]	.289	.259	2.56495

a. Predictors: (Constant), Age, Religion, Ethnic group, Level of education, Marital status, Occupation

Tabel 4. ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	381.903	12	63.650	9.675	.000b
	Residual	940.790	286	6.579		
	Total	1322.693	298			

a. Dependent Variable: Challenges to healthcare services

b. Predictors: (Constant), Age, Religion, Ethnic group, Level of education, Marital status, Occupation

Table 5. Relationship between socio-economic characteristics and challenges to healthcare services

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	21.066	1.334		15.792	.000
	Age	.027	.028	.080	.949	.344
	Religion	-.550	.335	-.122	-1.642	.103
	Ethnic group	-.704	.353	-.154	-1.991	.048
	Marital status	1.041	.228	.373	4.573	.000
	Level of education	.102	.177	.051	.577	.565
	Occupation	.955	.293	.243	3.259	.001

a. Dependent Variable: Challenges to Healthcare Services

that all respondents encountered difficulties in accessing healthcare, highlighting the pervasive nature of healthcare access barriers in this population.

The primary challenges identified included financial constraints, lack of affordable and quality healthcare facilities, distance to healthcare facilities, limited awareness about disease prevention and early recognition, and inadequate support from family and friends. These findings are consistent with existing research that highlights the complex interplay of factors influencing healthcare access. Saxena et al. (2023) categorize these factors into individual, interpersonal, community, and system-level factors, noting that financial constraints, social support, distance to healthcare facilities and awareness about disease prevention are critical determinants of healthcare access. The findings of the study align with this framework, underscoring the multifaceted nature of healthcare access barriers faced by women in low-income communities. Notably, the regression analysis revealed that marital status was the strongest predictor of challenges to healthcare services, followed by occupation, age, and level of education.

These findings suggest that women's roles and responsibilities within their families and communities, as well as their socio-economic status, play a significant role in shaping their experiences of healthcare access.

The significance of marital status, in particular, highlights the importance of considering the social and cultural context in which women live and interact. This finding advances existing theoretical debates on healthcare access by emphasizing the need to consider the intersectionality of socio-economic factors in understanding healthcare access barriers. Furthermore, the findings of the study have implications for policymakers, healthcare providers, and researchers seeking to improve healthcare access and outcomes for women in low-income communities. By understanding the complex interplay of factors that influence healthcare access, stakeholders can develop targeted interventions that address the unique needs and challenges faced by women in these communities.

The novelty of this study lies in its focus on the specific challenges faced by women in low-income communities in Nigeria, providing valuable insights into the complex interplay of factors that influence healthcare access in this population. The study's findings contribute to the existing body of research on healthcare access and outcomes, highlighting the need for context-specific interventions that address the unique needs and challenges faced by women in low-income communities.

Overall, this study underscores the importance of considering the social, cultural, and economic context in which women live and interact, and highlights the need for targeted interventions to improve healthcare access and outcomes for women in low-income communities.

Conclusion

The study highlights the significant challenges faced by women in Nigeria's low-income communities in accessing healthcare services, including financial barriers, inadequate and costly facilities, long-distance travel, limited awareness of disease prevention, and insufficient social support. Regression analysis further indicates that marital status, occupation, age, and education level are significant predictors of these challenges, underscoring the need to consider the intersectionality of socio-economic factors in shaping healthcare access. To address these issues, it is essential for government and healthcare providers to expand affordable healthcare through insurance programs, subsidies, and improved infrastructure, while also ensuring the availability of qualified personnel and adequate facilities. Policies that promote economic empowerment, education, and social protection for women are equally crucial, alongside efforts to enhance health literacy through community-based awareness programs and public campaigns. Providing financial and emotional support, fostering community participation in health planning, and instituting regular monitoring and evaluation of healthcare services are also vital to ensure responsiveness to women’s needs. Implementing these measures will help reduce health disparities, improve health outcomes, and promote the overall well-being of women and their families in low-income Nigerian communities.

Declaration of Ownership

This article is my original work.

Conflict of Interest

There is no conflict of interest to declare in this article.

Ethical Clearance

This study was approved by the institution.

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