


Gender Disparity in Hemorrhoid Cases: Cultural and Socio-Economic Barriers to Women's Healthcare Access [Letter]

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Dear editor

I am writing to address a significant gender disparity observed in our recent article titled “Demography of Haemorrhoids in Jamhuriat Hospital, Kabul”, published in the *International Journal of General Medicine* (2024). Our study, which retrospectively analyzed 252 patient records from Jamhuriat Hospital, identified a notable male predominance (83.7%) in hemorrhoid cases, a finding that we attribute primarily to cultural and societal influences rather than biological differences alone.¹

In Afghanistan, societal perceptions and cultural norms significantly influence healthcare-seeking behaviors, particularly for conditions deemed private or intimate, such as anorectal issues. Women may be discouraged from seeking medical care due to the stigma associated with discussing and treating these conditions. Cultural practices, such as the expectation for women to maintain modesty and the reluctance to discuss intimate health issues like hemorrhoids, further discourage women from seeking medical care.² Our study's male-to-female ratio of 5.15:1¹ reflects this disparity, likely driven by these cultural norms. Similar findings in other studies suggest that societal expectations significantly shape healthcare-seeking behavior, particularly for conditions perceived as embarrassing or private.²

Barriers to healthcare access, especially for women, are a crucial concern in public policy and health research. Socio-economic vulnerability, affordability, and limited availability of health services contribute to the underutilization of healthcare services among women in developing countries like Afghanistan. Cultural norms that prioritize modesty, along with time constraints and healthcare costs, disproportionately affect women's health.³

The empowerment of women, including their access to education, employment, and resource ownership, is closely associated with their ability to utilize healthcare services. Women with greater autonomy are more likely to access healthcare services. In Afghanistan, where socio-economic challenges and gender inequality are pronounced, women's empowerment remains a critical issue. Despite improvements in health indicators over the past decade, Afghanistan's health system remains fragile, and the utilization of maternal and other health services is suboptimal.³⁻⁵

Given these challenges, we strongly advocate for qualitative research aimed at exploring the cultural and socio-economic barriers that prevent women from seeking treatment for anorectal conditions. Such research should involve interviews and focus group discussions with women, healthcare providers, and community leaders to identify factors deterring timely care. Given the sensitive nature of anorectal conditions and the conservative cultural context, ensuring confidentiality and informed consent will be critical. Additionally, it is essential to examine how socio-economic factors, including women's empowerment, intersect with cultural barriers to influence healthcare-seeking behavior.

We also propose community education programs aimed at reducing the stigma associated with anorectal health issues, led by female healthcare professionals to foster a supportive environment for women. Policies that encourage the training and employment of more female healthcare providers could help bridge the gap, making it easier for women to seek care

without fear of social judgment or financial constraints. Solutions might include mobile clinics staffed by female healthcare workers or partnerships with local organizations to deliver targeted education and services.

In conclusion, our study highlights the need to address the cultural and socio-economic factors contributing to gender disparities in healthcare. By understanding and addressing these barriers, we can work towards a more equitable healthcare system that ensures both men and women receive the care they need.

Disclosure

The authors report no conflicts of interest in this communication.

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