Women's health International

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http://dx.doi.org/10.19104/whi.2016.116

Editorial **Women's Health International** Open Access

How Can Women in Developing Countries Make Autonomous Health Care Decisions?

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Received Date: July 04, 2016, **Accepted Date:** July 22, 2016, **Published Date:** July 27, 2016.

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A recent review of the literature on women's autonomy in health care decision making in developing countries [1] indicated that regardless of the country or cultural background, women in developing countries, in general, lack the autonomy to make health care decisions. Women's lack of health care autonomy was more evident in some developing countries than others. That is, the situation was worse for women in low or low-middle income countries (e.g., Ethiopia, Nepal and Bangladesh) than for women in high middle or high income countries (e.g., Oman and India). Women's illiteracy, poverty, and the persistence of some outdated traditions in these low income countries (e.g., patriarchy) are responsible factors for denying women their rights to self-determination and autonomy.

In some situations, when a woman cannot make an autonomous decision regarding her own health or the health of her family, both she and her family will suffer negative consequences. For instance, if a woman cannot make the decision to use family planning services, then, having many back-to-back pregnancies means that both the woman's health (e.g., anemia, uterine rupture, and postpartum hemorrhage) and that of her babies (e.g., low birth weight, preterm birth) will be affected.

Osamor and Grady [1] found that several factors including age, education, employment status, and income positively affected women's decision making autonomy in developing countries. The authors thus recommended educating and empowering women to promote their decision making autonomy. I believe on the other hand that it is not that simple. Educating women is not sufficient to empower them to make autonomous decisions.

The woman who does not have the autonomy to make health care decisions will not also have the autonomy to make other types of decisions (e.g., marriage, divorce, employment, movement, etc). Several social and political factors are responsible for this lack of women's decision making autonomy in developing countries. The way families raise their children in which they nurture in them that men are superior to women in their mental capacity, and thus men should be the sole decision makers in the family is one responsible factor. It is very common in developing countries to encounter well educated women who might be married to men with much less lower level of education and yet do not have any decision making autonomy even in issues related to their own lives and/or bodies.

Laws in many developing countries are not supportive of women's autonomy. For instance, in many developing countries (e.g., many countries in the Middle East like Jordan, Saudi Arabia, etc.) the law deprives the woman of the right to sign the consent form if her child needed medical care, to establish a bank account for her child, or to bring her child with her when travelling if her husband refused that.

To enable women in developing countries to make autonomous health care decisions, we have to start by changing the current way we raise our children to a one in which we nurture in them that men and women are equal and men are not superior to women in their mental capacity and thus decision making ability. Country laws have to be also changed to end that discrimination against women and give them the same decision making rights given to men.

Reference

1. Osamor PE, Grady C. Women's autonomy in health care decision-making in developing countries: a synthesis of the literature. Int J Womens Health. 2016;8:191-202. doi: 10.2147/IJWH.S105483.

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Citation: Obeidat RF (2016) How Can Women in Developing Countries Make Autonomous Health Care Decisions? Women Heal Int 2(1): 116.

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