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The Role of Community-Based Health Insurance in Empowerment of Women's Health and Economic Rights in Ethiopia[3][4]

Abstract

The guarantee of fundamental health and economic rights and the role of gender equality are still relevant and quotidian topics, especially in developing countries. Despite the constitutional guarantees within the Federal Democratic Republic of Ethiopia, women's status remains significantly lower than men's, primarily due to lower income, limited access to education, and various social constraints. Due to the absence of social security, health insurance and lack of financial autonomy and self-sufficiency, females often could not access healthcare independently. This situation is changing for women and their families in Ethiopia. The study aims to assess the role of community-based health insurance (CBHI) in fostering the health and economic empowerment of women's rights. The CBHI proves to be an effective means of social security that boosts the provision of health services to members of susceptible peoples, which can improve health knowledge, preventative healthcare measures, and maternal and child mortality rates. This initiative can considerably increase women's access to healthcare services while also providing them with chances for economic empowerment. Those women who are CBHI members spend less on healthcare (reducing out-of-pocket healthcare expenditures), allowing them to increase household income and allocate more resources towards other household expenses or savings. Due to the enrolment, women and other parts of their families have the opportunity for decision-making power and freedom to decide about their health because of financial constraints. Increasing access to the CBHI programs and ensuring that these are accessible to all women and other marginalised communities can help address gender disparities in healthcare access and economic opportunities, ultimately leading to a more equitable society.

*Keywords***:** women empowerment, community-based health insurance, women's rights, Ethiopia

Absztrakt

Az alapvető egészségügyi és gazdasági jogok garantálása és a nemek közötti egyenlőség szerepe továbbra is aktuális és mindennapos téma, különösen a fejlődő országokban. Az Etióp Szövetségi Demokratikus Köztársaságon belüli alkotmányos garanciák ellenére a nők státusza továbbra is jelentősen alacsonyabb, mint a férfiaké, elsősorban az alacsonyabb jövedelem, az oktatáshoz való korlátozott hozzáférés és a különféle társadalmi korlátok miatt. A

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társadalombiztosítás, az egészségbiztosítás hiánya, valamint a pénzügyi autonómia és önellátás hiánya miatt a nők gyakran nem tudtak önállóan igénybe venni az egészségügyi ellátást. Ez a helyzet megváltozik a nők és családjaik számára Etiópiában. A tanulmány célja, hogy felmérje a közösségi alapú egészségbiztosítás (CBHI) szerepét a nők jogainak egészségügyi és gazdasági megerősítésében. A CBHI a társadalombiztosítás hatékony eszközének bizonyul, amely fellendíti az arra fogékony népek tagjainak nyújtott egészségügyi szolgáltatásokat, amelyek javíthatják az egészségügyi ismereteket, a megelőző egészségügyi intézkedéseket, valamint az anyai és gyermekhalandósági rátákat. Ez a kezdeményezés jelentősen növelheti a nők egészségügyi szolgáltatásokhoz való hozzáférését, ugyanakkor esélyt ad számukra a gazdasági szerepvállalásra. Azok a nők, akik CBHI tagok, kevesebbet költenek egészségügyi ellátásra (csökkentik a saját zsebből származó egészségügyi kiadásokat), ami lehetővé teszi számukra, hogy növeljék a háztartás jövedelmét és több forrást fordítsanak egyéb háztartási kiadásokra vagy megtakarításokra. A beiratkozásnak köszönhetően a nőknek és családtagjaiknak anyagi korlátok miatt döntési jogkörük és szabadságuk van egészségükről. A CBHI-programokhoz való hozzáférés növelése és annak biztosítása, hogy ezek minden nő és más marginalizált közösségek számára elérhetőek legyenek, segíthet a nemek közötti egyenlőtlenségek kezelésében az egészségügyi ellátáshoz való hozzáférés és a gazdasági lehetőségek terén, ami végső soron egy igazságosabb társadalomhoz vezet.

Kulcsszavak: nők szerepvállalása, közösségi alapú egészségbiztosítás, nők jogai, Etiópia

I. Introduction

Empowering women is part of fundamental rights that affect health and security. The status of women in Ethiopia is vastly lower than men, which derives from their lower income, the lack of education, and other social factors. The main goals of women's empowerment include increasing conducive opportunities for women's leadership and creating and expanding economic advantages for women for those living in rural parts of the country. Our study highlights the importance of community-based health insurance (CBHI) in promoting women's health and economic rights in Ethiopia. The research question can be formulated as how CBHI affect women's health outcomes and economic empowerment in rural areas of Ethiopia.

Generally, women share half of the population. According to Rodgers et al., when women access a full range of reproductive health services, they can improve their family's life.[5] Even though women are hard workers and contribute half of the food produced for this world, they get and own less income and property. Therefore, women's empowerment should be an influential agenda of our time.[6] As a result of global industries closing, many families face economic hardship. These issues mainly become the saviour for economically susceptible women, and their health is also at risk. Women are usually engaged in skilled work because they earn less.[7] The majority of women are engaged in the informal sector of

[5] Hall, William J. – Jones, L.H. Benjamin – Witkemper, Kristen D. – Collins, Tora L. – Rodgers, Grayson K.: State policy on school-based sex education: a content analysis focused on sexual behaviors, relationships, and identities. In American Journal of Health Behavior, Vol. 43, No. 3, 2019, pp. 506-519.

[6] Former President Bill Clinton addressing the annual meeting of the Clinton Global Initiative (September 2009).

[7] ILO: Women, Gender, and Work. International Labour Organisation. 20147 Available at https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_488475.pdf

the economy. Due to the economic hardship and lack of economic women empowerment, they are wedged by issues such as some pandemics.[8] As a result of the masculine nature of society, women are marginalised from different activities, mainly from economic advantages.[9] In different parts of the world, women are not considered equal before the law, rules and practices.[10] There are countries which formally restrict women's asset possession. Besides this, there are jobs where women are not allowed in factories and would not be accessing work deprived of spouse consent.[11]

This article uses published and non-published secondary materials (journals, articles, and government reports regarding healthcare reforms) and data for the methodology. The authors employed narrative review, and the data collected from the different sources were analysed using the content and text analysis methods. The data collected from the different sources were analysed using the content analysis method. Finally, our study highlights the importance of community-based health insurance in promoting women's health and economic rights in Ethiopia.

I.1. Women's empowerment

There is no universal given standard definition of empowerment, however, as some reviewed literature for this study shows that planned continuing course focused in the society involving shared deference, critical replication, kind and team contribution, via which person wanting an equivalent part of esteemed material acquire more gain and managing of this.[12]

Empowerment is the improvement of capital and competencies of a person and team to involve effect and embrace the responsibility of the organisations that determine them.[13] Regarding the empowerment of the women's Network, ODGE stated that empowering women is core to achieving the country's sustainable development goals.[14] It is the means of meeting women's equivalent possess and managing financial capital, guaranteeing the ability to use increased control on significant exists.[15] Females face different economic challenges, such as less access to credit; as a result, they are less endowed economically.[16] Some works of literature suggest that women's economic empowerment is beyond money, according to HSFR/HFG.[17] The degree of women's economic empowerment is measured using the

[8] Bonnet, Florence – Vanek, Joann – Chen, Martha: "Women and men in the informal economy: A statistical brief." International Labour Office, Geneva, 2019, pp. 20.
[9] Seleshi, Beyene: Women Empowerment Programmes in Ethiopia-Extensive. In OSR Journal of Humanities and Social Science (IOSR-JHSS), Vol. 24, No. 1, 2019. DOI: 10.9790/0837-2401070914
[10] UNODC: Global Report on Trafficking in Persons. 2009.
[11] Women, Business: The Law 2016: Getting to Equal. World Bank Group, 2015, pp. 22.
[12] Speer, Paul W. – Jackson, Courtney B. – Peterson, N. Andrew: The relationship between social cohesion and empowerment: Support and new implications for theory. In Health Education & Behavior, Vol. 28, No. 6, 2001, pp. 716-732.
[13] Bennett, Lynn: Using empowerment and social inclusion for pro-poor growth: a theory of social change. Working draft of background paper for the social development strategy paper. Washington DC., World Bank, 2002.
[14] Network, OECD-DAC Gender Equality, and G. Equality: Women's economic empowerment. Issues paper. 2011.
[15] Taylor, Georgia – Pereznieto, Paola: Review of evaluation approaches and methods used by interventions on women and girls' economic empowerment. Overseas Development Institute, Vol. 14, 2014, pp. 1-62.
[16] Beyene, Helina: Final report national assessment: Ethiopia gender equality and the knowledge society. In Women in Global Science and Technology, 2015, pp. 1-104.
[17] Health Sector Financing Reform/Health Finance and Governance (HSFR/HFG) Project. Community-Based Health Insurance: Achievements and Recommendations for Sustaining Gains in Ethiopia. Rockville, MD: Health Finance and Governance Project, Abt Associates. https://www.hfgproject.org/community-based-health-insurance-achievements-and recommendations-for-sustaining-gains-in-Ethiopia/ (2018).

women's control and benefit from resources by managing risks and improving their economic status and social well-being.

Women's economic empowerment framework

Political factors	Economic factors	Social factors
• represents capacity • to analyse, organise, and mobilise to change policies, practices, and state institutions	• represents access • to secure and sustainable incomes and livelihood	• represents confidence, self-esteem, and action so women gain control • to act on what is essential for them • redefine rules and norms, and • recreate cultural and symbolic practices

Source: own compilation of the authors based on Messner, Lyn, Heran Abebe Tadesse, Pragati Godbole-Chaudhuri, Dustin Smith, and Diana Santillán: Women's Economic Empowerment and Community-based Health Insurance: Lessons from Ethiopia, Technical Brief. Rockville, MD: Encompass, LLC. 2019.

The framework for women's economic empowerment shows that to bring equality, promoting economic empowerment will not come without social and political factors (Messner et al. 2019)[18]. When we say politically, women would be empowered, it means they can learn how to examine, establish and assemble to alter some policies, strategies, and practices. Economic empowerment deals with possessing safe and maintainable returns and livelihoods. Social empowerment deals with confidence, self-esteem and activities; therefore, they can redefine rules and norms by conscripting symbolic and cultural practices. Without health insurance and financial autonomy, women often could not access care independently.

I.2. Community-Based Health Insurance

Community-Based Health Insurance (CBHI) is a means of social security that boosts the provision of health services to members of susceptible people. According to the WHO definition, the CBHI is a form of micro health insurance, an overarching term for health insurance targeted to low-income people. Small, voluntary CBHI schemes are generally characterised by the following institutional design features: (1) pooling of health risks and of funds of a community or a group of people, people who share common characteristics (e.g. geographical location or occupation); (2) membership premiums are often a flat rate and independent of individual health risks; (3) the benefits are linked to contributions; (4) affiliation is voluntary; (5) the scheme operates on a non-profit basis.[19]

CBHIs have emerged as a promising approach to address these challenges by providing affordable healthcare coverage and promoting economic empowerment. The initiative emerged mainly in the 1980s and the 1990s in Sub-Saharan Africa, especially in West Africa than in Central or East Africa, where we can find examples from Côte d'Ivoire, Tanzania, Uganda, Ghana and Benin, Senegal, Democratic Republic of Congo, Guinea-

[18] Ibid.

[19] WHO: Community-based health insurance. https://www.who.int/news-room/fact-sheets/detail/community-based-health-insurance-2020

Bissau, Benin, Mali and Kenya.[20]

Advantages and Disadvantages of Community-Based Health Insurance Schemes

Advantages of CBHI	Disadvantages of CBHI
• improved access to healthcare • financial protection • community ownership and participation • health promotion and preventive services • empowerment and social solidarity	• limited coverage and benefit packages • inadequate financial sustainability • challenges of risk pooling • administrative and management issues • limited provider network and quality control

Source: own compilation of the authors

The advantages of CBHI include providing affordable health insurance coverage to individuals who may not have access to formal health insurance schemes, helping reduce financial barriers to healthcare services, and improving access for marginalised populations. It reduces out-of-pocket expenses for healthcare, protecting individuals and households from catastrophic health expenditures by offering a safety net against unexpected medical costs, thus promoting financial stability. The CBHI is community-driven, with active involvement from local communities. This participatory approach fosters a sense of ownership and enables communities to tailor insurance packages to their specific needs and preferences. These programs often include health promotion and preventive services, such as health education, vaccinations, and screenings. CBHI contributes to better health outcomes and reduced healthcare costs in the long run by focusing on prevention. The scheme can foster solidarity among community members, empowering them to take charge of their health and well-being collectively. It encourages social cohesion and cooperation, reinforcing community ties.

On the other hand, one of the disadvantages of CBHI is that these programs may have limited coverage and benefit packages, resulting in certain healthcare services or conditions not being covered, which can create disparities in accessing specific treatments or specialised care. These often rely on members' premium contributions; the program's financial sustainability can be compromised if these contributions are insufficient. It may impact the availability and quality of healthcare services in the long term. CBHI depends on a large and diverse risk pool to distribute the financial burden across members. However, achieving a balanced risk pool can be challenging, particularly in areas with low population density or where the majority of the population is low-income. Implementing and managing CBHI programs requires robust administrative and management capacities. Lack of skilled personnel, efficient record-keeping systems, and transparent governance structures can hinder their effective functioning. It may have a limited network of healthcare providers, which can restrict choices for beneficiaries. Ensuring quality control and provider accountability is crucial to maintaining the trust and satisfaction of CBHI members.

Theory and practice show that community-based health insurance plays only a limited role in helping countries move towards universal health care.[21] The viability of CBHI relies on internal and external factors like legal and policy frameworks and the society's structure beyond its control. However, scheme design, community participation, and affordable benefits packages influence sustainability. Considering actual benefit costs when calculating premiums is essential, given the limited replacement of public subsidies. To begin with, the benefit

[20] Wiesmann, Doris – Jütting, Johannes: The emerging movement of community based health insurance in Sub-Saharan Africa: experiences and lessons learned. In Africa Spectrum, 2000, pp. 193-210.

[21] WHO: Community-based health insurance. https://www.who.int/news-room/fact-sheets/detail/community-based-health-insurance-2020. (2020)

package offered by CBHI should be affordable and include essential services that align with the healthcare needs and preferences of the population. Moral hazard concerns, where the insurance reduces the cost of care and eliminates access barriers, the utilisation of healthcare facilities is likely to increase. While this is a desirable outcome, especially in developing countries with underutilised facilities, it is crucial to account for the impact of increased utilisation on the overall costs. Voluntary insurance schemes are susceptible to the problem of adverse selection. This self-selection leads to claims that exceed the scheme's revenues if premiums are based on average risks within the community. Small-scale CBHI schemes may face covariant risks due to correlated health risks in localities. Widespread poverty can hinder implementation as people prioritise immediate needs over insurance premiums. Ensuring CBHI's success involves managing these external and internal factors effectively.

II. Constitutional Development of Women's Rights and Healthcare in Ethiopia

For the fundamental legal background for women and health and economic rights, it is worth mentioning that this is Ethiopia's fourth constitution.

The first constitution was enacted under the Reign of His Majesty Haile Selassie I, in 1931. It was relatively short and just focused on the Ethiopian Empire's public law issues, such as the succession to the throne, the powers and prerogatives of the emperor, the rights recognised by the emperor as belonging to the nation, and the duties incumbent on the nation, deliberative chambers, ministers, jurisdiction, and the budgetary.[22] Among the few provisions on fundamental rights and obligations (absolute loyalty and obedience to the emperor, payment of legal taxes, right to pass freely from one place to the other, rights related to criminal justice), there were no specific fundamental freedoms, public healthcare and economic rights or any other for women.

The second, revised constitution of Ethiopia from 1955 did not make any significant changes in the given topic but widened the scope of the rights and duties of the people in Chapter III by the freedom of speech, religion, travel, right to assemble, present petitions; prohibition of censorship and bringing suit against the emperor. Article 37 stated that no one should be denied the equal protection of the laws, which implicitly included the principles of gender equality and the prohibition of discrimination and other details for criminal justice. Among the economic rights, we can find the right to own and dispose of property, engage in any occupation, and form or join occupational associations (Articles 44 and 47). By the constitutional social concept (Article 48), the Ethiopian family, regarded as the source of the maintenance and development of the Empire and the primary basis of education and social harmony, was under the law's special protection. This provision could keep and strengthen women in their traditional roles and functions. As social protection, the debtor could be imprisoned for not fulfilling his legal obligations of maintenance (Article 58). The constitution remained silent on public healthcare and other economic issues.

According to the constitution of 1987, Ethiopia became a people's democratic republic with a unitary state structure. The political, social and economic concept based on socialism, which Marxism and Leninism guided, the power belonged to the working people through the Workers' Party of Ethiopia. The Stale advanced the material and cultural development of the working people, which is the primary objective of economic construction within the centrally planned and commended economy. Within the Social and Cultural Policy, Chapter Three declared that the state and society care for the family through various social services and other assistance, as it is the basis of society. The state and society would also progressively expand

[22] Constitution of Ethiopia (1931). Retrieved from https://www.worldstatesmen.org/Ethiopia_1931.txt

health, pension, insurance and other social security services to improve well-being. Within the fundamental Freedoms, Rights and Duties of Citizens, Article 33 stated that Ethiopians were equal before the law, irrespective of nationality, sex, religion, occupation, social or other status. The revolutionary declaration can be found in Article 36: Ethiopia women and men have equal rights. The state provided women with exceptional support, particularly in education, training and employment so that they could participate equally in political, economic, social and cultural affairs with men. The state ensured that appropriate measures were progressively taken for women to be provided with health services, suitable working conditions and adequate rest periods during pregnancy and maternity. Further, Article 37 strengthened women's position by acknowledging that marriage is based on the consent of a man and a woman who both have attained the legal age. Spouses have equal rights in their family relations. The state protected the institution of marriage.

The Federal Democratic Republic of Ethiopia (FDRE) is still one of the developing countries where women face political, social, and cultural challenges that undermine their worth and dignity as human beings. They face economic hardship, social discrimination, political marginalisation, and cultural subjugation.[23] The FDRE constitution from 1995 includes provisions for women's rights. The preamble emphasises the importance of fully respecting individuals' and peoples' fundamental freedoms and rights to live together in equality and without sexual, religious, or cultural discrimination. Furthermore, Article 25 emphasises the right to equality, stating that "all persons are equal before the law and are entitled to the equal protection of the law without any discrimination." In this regard, the law shall provide equal and adequate protection to all people regardless of race, nation, nationality or other social origins, colour, sex, language, religion, politics, property, or birth. According to Article 34 (1) of the Ethiopian constitution, men and women of any race, nation, nationality, or religion who have reached marriageable age as defined by law have the right to marry and start a family. They have equal rights when entering into, during, and after marriage, as well as when divorcing. FDRE constitution Article 41 states that the state must allocate ever-increasing resources to provide public health, education and other social services.

Ethiopia developed a women's national policy in 1993 to close the gender gap (discrimination) and increase women's participation in all aspects of life. National institutional initiations were established at the federal, regional, and district levels to implement the policy. In October 2005, the Women's Affairs Office was re-established as a full-fledged Ministry, with the duties and responsibilities of ensuring women's participation and empowerment in political, economic, social, and cultural matters. The Women's Policy initiation seeks to institutionalise women's political, economic, and social rights by establishing an appropriate structure in government offices and institutions. This ensures that public policies and interventions are gender-sensitive and can ensure equitable development for all Ethiopian men and women.[24]

Given the provisions in the federal republic of Ethiopia's constitution and other legal and policy provisions, women's rights are not protected as stated in the constitution and other legal and policy provisions. The government's dominant role in implementing these provisions undermines the role of other NGOs and community-based organisations. Furthermore, the lack of vibrant women's organisations and networks makes implementing constitutional provisions difficult. In some ways, the constitution is also constrained.[25]

[23] Beyene, Helina: Final report national assessment: Ethiopia gender equality and the knowledge society. Women in Global Science and Technology, 2015, pp. 1-104. and Women, UN.: Preliminary gender profile of Ethiopia. Addis Ababa, Ethiopia. 2014.

[24] Assefa, Tefera: Nature of women empowerment in Ethiopia: Constitutional and policy provisions. Dilla University, 2017, pp. 1-13.

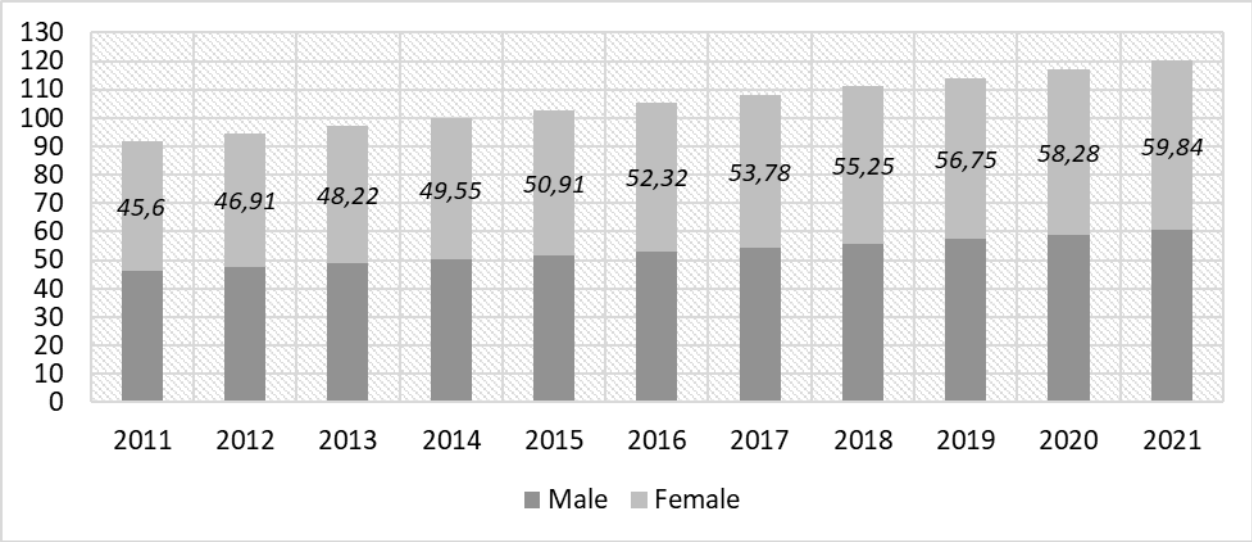
[25] Ibid.

Unfortunately, the constitutionally guaranteed and recognised rights have not been adequately institutionalised and implemented. There are also some gaps in the country's constitution regarding women's rights and health care. Given the gaps and problems in Ethiopia's 1995 constitution, it provides broader grounds for women's empowerment and protection. Despite these developments, the country still is a patriarchal society in which men dominate every socio-economic aspect, and the role of women is minimal and is dominated by males. Women are economically dependent on men and are not decision-makers in their family affairs, including money spent on care for health. (USAID, 2016).

III. Women in Ethiopia

According to the latest available figures, in 2021, Ethiopia's female population amounted to approximately 59.84 million, while the male population amounted to approximately 60.44 million inhabitants.[26]

Ethiopia: Total population from 2011 to 2021 by gender (in millions)



Source: own compilation of the authors based on O'Neil, Aaron: The total population of Ethiopia from 2011 to 2021 by gender. Statista, 2023 https://www.statista.com/statistics/967834/total-population-of-ethiopia-by-gender/ and https://repository.uneca.org/handle/10855/43046

According to the United Nation's Millennium Development Goals (MDG) Report 2014, Ethiopia achieved six of the eight MDGs. The country had made significant progress on MDG 5, improving maternity health, but did not achieve the target, and a ground-breaking success in reducing the maternal mortality rate from 972 (2003) to 401 per 100,000 live births (LB) in 2017.[27] As part of the Health Sector Transformation Plan (HSTP), Ethiopia aspires to reduce the Maternal Mortality Rate (MMR) to 177 deaths per 100,000 LB in 2020. However, Ethiopia is too far from meeting the Sustainable Development Goal's target of achieving an MMR of 70% per 100,000 LB by 2030.

[26] O'Neil, Aaron (2023): The total population of Ethiopia from 2011 to 2021 by gender. Statista (https://www.statista.com/statistics/967834/total-population-of-ethiopia-by-gender/)
[27] World Data Atlas: Maternal Mortality Rate. 2017.

Before 1998, the share of health expenses per capita was among the poorest in Ethiopia: for instance, the figure between 1980 and mid-1990s indicated that the expenses of health share varied between USD 1 and 1.20.[28] Resources were not provided adequately for the health institutions and cities. The charges collected from health facilities are insufficient, and the money collected went to government finance. Despite the lack of insurance coverage and less participation of private sector involvement in health sectors, getting health care is very tough for many people.[29] This situation worsens the women since they still depend highly on the man's (husband) income to go to the hospital.

More than 30% of Ethiopian women do not have the opportunity to make some choices on personal and everyday affairs; instead, their spouse makes choices, including the type of birth control methods to be used and where to give birth.[30]

The situation of women in Ethiopia is generally poorer than that of men, as they earn less, have low education status and become more and more heads of family. Due to the absence of health security and lack of financial self-sufficiency, girls were not accessing the chance to get care on their own. Ethiopia is a masculine society in which women have no decision-making role; as a result, it creates discrimination among men and women in economic, social, political, law and state affairs.[31]

Government and non-government actors designed and implemented various programs to change this condition by empowering women enough among the joint programs undertaken by six UN agencies (UNDP, UNICEF, ILO, UNFPA, UNWOMEN and UNESCO). Even if these agencies have taken different actions, including USAID, in Ethiopia, the status of women's empowerment, mainly on health and social well-being, is low and needs further efforts.

Lack of enough money is the main challenge for not accessing enough health care for households without health insurance. Households depend on out-of-pocket payment (OOP); as a result, some family members do not prefer seeking healthcare treatment at formal institutions because they fear tragic depriving charges. Due to the absence of formal health insurance, women could not access services independently of their own financial capacity.[32]

Community-based health insurance is a method of community safety protection that boosts the provision of health care to disadvantaged parts of the community. Mother-headed households are interested in enrolling in these schemes to benefit from the insurance.[33] This scheme could provide good paths for women's economic empowerment via managing economic barriers to healthcare access.

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[28] Federal Democratic Republic of Ethiopia (FDRE): Constitution of Federal Republic of Ethiopia, proclamation No. 1/1995, Federal Negarit Gazeta, Addis Ababa. 1995, Federal Ministry of Health, 1998.

[29] Ethiopian Health Insurance Agency. "Evaluation of community-based health insurance pilot schemes in Ethiopia." Final Report. 2015 May (2015).

[30] Seleshi, Beyene: Women Empowerment Programmes in Ethiopia-Extensive. In OSR Journal Of Humanities And Social Science (IOSR-JHSS) Vol. 24, No. 1, 2019. DOI: 10.9790/0837-2401070914 and Central Statistical Agency of Ethiopia and ICF. Ethiopia demographic and health survey, Addis Ababa, Ethiopia and Calverton, Maryland, USA. 2016.

[31] Bureau of Applied Research in Anthropology (BARA) & Innovations for Poverty Action (IPA). "Final impact evaluation of the Saving for Change program in Mali", 2009–2012, 2013.

[32] USAID: How Ethiopia is empowering women through community-based health Insurance. How Ethiopia is Empowering Women Through Community-Based Health Insurance | HFG (hfgproject.org). (2016) Accessed 14 March 2022.

[33] Health Sector Financing Reform/Health Finance and Governance (HSFR/HFG) Project. 2018. Community-Based Health Insurance: Achievements and Recommendations for Sustaining Gains in Ethiopia. Rockville, MD: Health Finance and Governance Project, Abt Associates. https://www.hfgproject.org/community-based-health-insurance-achievements-and recommendations-for-sustaining-gains-in-Ethiopia/

IV. Women's Epowerment in Community-based Health Insurance – A lesson from Ethiopia

As an international example – Kawuki's study conducted in Rwanda – stated that tailoring mass-media material and improving women's access to health facilities are vital in increasing health insurance coverage among women, as a high proportion of women have health insurance. However, it is negatively associated with women's empowerment.[34] Women's empowerment refers to the ability of women to make decisions and have control over their own lives, including their health. The negative association between health insurance coverage and women's empowerment suggests that women who have more control over their lives may be less likely to rely on health insurance to access healthcare. In order to increase coverage of health insurance for women in Rwanda, it is important to provide information about the benefits of health insurance and how to access it, as well as address any misconceptions or myths that may be preventing women from seeking coverage. Their study revealed that improving women's access to health facilities and services is key to addressing regional imbalances in coverage. This could involve increasing the number of health facilities in underserved areas and providing transportation and other resources to help access healthcare services.

Women's autonomy, measured at individual and community levels, is positively associated with maternal healthcare service utilisation in Ethiopia. The study suggests that implementing programs and policies to increase women's autonomy in Ethiopia, such as income-generating programs and education programs, can effectively improve women's health and healthcare utilisation.[35]

Among various programs and strategies initiated in Ethiopia on health programs, particularly improving the well-being of women, the CBHI is a type of social protection mechanism that aims to increase access to health services for vulnerable community members.[36] The 2015 evaluation of the pilot CBHI programs found that female-headed households were likelier to join the programs than male-headed ones. This could be due to various reasons, such as women being more concerned about their families' health or having more limited access to healthcare due to gender-based discrimination.[37] By addressing economic barriers to healthcare access, CBHI could provide an entry point for women's economic empowerment. This means that by providing affordable health insurance, women may be able to save money that they would have otherwise spent on healthcare expenses and use it for other purposes, such as education or starting a business. In addition to providing an entry point, CBHI could serve as a pathway for women's economic empowerment. Women may have access to other resources, such as financial literacy training or microfinance loans, which could help them to improve their economic status. Overall, CBHI has the potential to improve access to healthcare for vulnerable community members and contribute to women's economic empowerment.

Before the introduction of community-based health insurance, most households' lack of finances was challenging to get basic and essential health services such as reproductive,

[34] Kawuki, J. – Gatasi, G. – Sserwanja, Q.: Women empowerment and health insurance utilization in Rwanda: a nationwide cross-sectional survey. In BMC Women's Health, Vol. 22, No. 1, 2022, pp. 378.

[35]Tiruneh, Fentanesh Nibret – Chuang, Kun-Yang – Chuang, Ying-Chih: Women's autonomy and maternal healthcare service utilization in Ethiopia. In BMC Health Services Research, Vol. 17, No. 1, 2017, pp. 1-12.

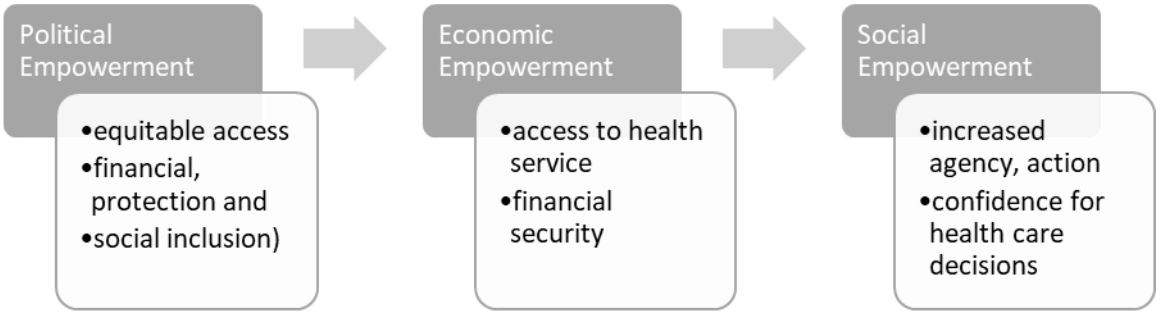
[36] Namomsa, Gutama: Enrollment of Households in Community-Based Health Insurance (CBHI) in Ethiopia: The Case of the Aleltu District. In Afrika Tanulmányok/Hungarian Journal of African Studies, Vol. 16, No. 3, 2022, pp. 47-60. and Namomsa, Gutama: Assessing the practices and challenges of community based health insurance in Ethiopia: The case of Oromia national regional state district of Gimbichu. International Journal of Advanced Research (IJAR), Vol. 7, No. 5, 2019, pp. 734-754.

[37] Ethiopian Health Insurance Agency: Evaluation of Community-Based Health Insurance Pilot Schemes in Ethiopia: Final Report. Addis Ababa, Ethiopia, 2015.

maternity, adolescent health and nutrition. Due to the absence of social security and lack of financial self-sufficiency, girls were not getting the opportunity to get health care independently. However, fortunately, this scenario is changing for women and their families in Ethiopia. Implementing the CBHI scheme in the country empowers them by solving their lack of finances to access health services.[38] Due to CBHI membership, women and other family members have a chance and the right to make decisions about their health because the financial constraints to access healthcare services are solved via government-supported health insurance.

Community-based health insurance schemes improved women's behaviours on healthcare-seeking deprived of waiting for money from their spouse. Meanwhile, the scheme provides broader protection for health protection indigent deprived of tragedy and depriving payment of direct payment at service time.[39]

CBHI and Women Economic Empowerment



Source: Messner, Lyn, Heran Abebe Tadesse, Pragati Godbole-Chaudhuri, Dustin Smith, and Diana Santillán: Women's Economic Empowerment and Community-based Health Insurance: Lessons from Ethiopia, Technical Brief. Rockville, MD: Encompass, LLC. 2019.

As indicated, as women have more access to financial protection rights and social inclusion, it leads to political empowerment. This empowerment enables them to be economically empowered via accessing health services, and financially, they will be secured because most rural women rely on their husbands to get some money, mainly for health expenses. CBHI gives provision for social well-being and protection of the family for women as well as the rest of the parents.

CBHI was crucial in improving women's health outcomes by increasing their access to healthcare services and health knowledge. Women who are CBHI members are more likely to seek healthcare when they need it, and they have a better understanding of preventative healthcare measures. It leads to better health outcomes, such as decreased maternal and child mortality rates. In addition to improving health outcomes, CBHI positively impacts women's economic empowerment by reducing out-of-pocket healthcare expenditures and increasing household income. Women who are CBHI members spend less on healthcare, allowing them

[38] Ethiopian Health Insurance Agency. Evaluation of Community-Based Health Insurance Pilot Schemes in Ethiopia: Final Report. Addis Ababa, Ethiopia, 2015.
[39] Ethiopia Performance Monitoring and Evaluation Service: Final Evaluation Report: Mid-term Evaluation of Health Sector Financing Reform/Health Finance & Governance Activity, Ethiopia. 2017.

to allocate more resources towards other household expenses or savings. Furthermore, CBHI membership is associated with increased participation in decision-making processes within households and communities, which can lead to greater economic opportunities for women.

V. Conclusion and Discussion

Ethiopia has achieved ground-breaking success in reducing maternal mortality from 972 in 2003 to 401 per 100,000 live births in 2017.[40] As part of the Health Sector Transformation Plan (HSTP), Ethiopia aspires to reduce it to 177 deaths per 100,000 in 2020. However, Ethiopia is too far from meeting the Sustainable Development Goal's target of achieving the MMR of 70% per 100,000 by 2030. Concerning accessing health care services in Ethiopia, it is challenging for many households, mainly women, because of the absence of formal health insurance provision from the government or private sectors. More than 30% of Ethiopian women do not have the opportunity to make some choices on personal and everyday affairs; instead, their spouse makes choices, including the type of birth control methods to be used and where to give birth. Despite the constitutional guarantees within the Federal Democratic Republic of Ethiopia, women's status remains significantly lower than men's, primarily due to lower income, limited access to education, and various social constraints. Due to the absence of social security and lack of financial self-sufficiency, girls were not getting the opportunity to get health care independently. However, this scenario is changing in Ethiopia. Without health insurance and financial autonomy, women often could not access care independently. However, this situation is changing for women and their families in Ethiopia. Community-based health insurance is one of the means of social security that boosts the provision of health to members of susceptible people.

The degree of endowed women is measured using the women handling and getting advantage from capital and income by managing risks and improving economic status and social well-being. Due to community-based health insurance enrolment, women and other parts of their families have the opportunity for decision-making power and freedom to make decisions about their health because of the financial constraints to access health care services being solved via government-supported health insurance. As women have more access to financial protection rights and social inclusion, it leads to political empowerment; this empowerment enables them to be economically empowered via accessing health services, and finically they will be secured because, in the majority of rural areas, women depend on their husbands in order to get some money mainly for health expense.

Both theory and evidence suggest that the traditional CBHI model – relying only on voluntary, small-scale schemes with little or no subsidisation of poor and vulnerable groups – can only play a limited role in helping countries achieve universal health coverage. CBHIs cannot be expected to provide a significant source of funding or coverage and provide only a complementary role as part of a national health financing strategy toward universal health coverage (UHC). It is partly only because people with few health needs tend not to join voluntarily, and there is usually little or no subsidisation for poor and other vulnerable groups.[41]

To further advance these goals, there is a need to increase the reach of CBHI programs and ensure that they are accessible to all women, including those in marginalised communities. By doing so, we can help to address gender disparities in healthcare access and economic opportunities, ultimately leading to a more equitable society.

[40] World Data Atlas: Maternal Mortality Rate, 2017.

[41] WHO: Community-based health insurance. https://www.who.int/news-room/fact-sheets/detail/community-based-health-insurance-2020

The following are policy recommendations for enhancing the role of CBHI in empowering women's health and economic rights:

- enlarging the coverage and accessibility of community-based health insurance to reach underserved rural areas and prioritise women's health needs;
- subsidise community-based health insurance premiums for economically marginalised women, especially pregnant women, single mothers, and vulnerable groups;
- supporting female participation in community-based health insurance governance and providing training for women to take leadership positions;
- promoting comprehensive reproductive health services in community packages, including maternal care, family planning and other reproductive cases;
- enactment of health literacy programs for women and promote education and economic empowerment;
- providing training for healthcare providers to mitigating gender-sensitive, develop specialised clinics for women, and collect gender-disaggregated data for evidence-based policy adjustments.

For discussion, we will conduct a cross-sectional survey of CBHI members and non-members in rural areas of Ethiopia to assess the impact of CBHI on women's health outcomes, economic empowerment, and decision-making power. We will also conduct focus group discussions and in-depth interviews with women, healthcare providers, and community leaders to identify CBHI uptake and sustainability barriers and facilitators.

As a final summary, Ethiopia's first three constitutions did not include specific fundamental freedoms, public healthcare, or economic rights for women. The 1987 constitution declared gender equality and provided women with special education, training, and employment support. The 1995 constitution emphasised the right to equality and allocated resources for public health, education and social services. Despite legal and policy provisions, women's rights are inadequate and remain economically dependent on men. Community-based health insurance (CBHI) can improve women's access to healthcare services and economic empowerment in Ethiopia. CBHI is an effective social security means that can address gender disparities in healthcare access and economic opportunities.

Bibliography

Assefa, Tefera: Nature of women empowerment in Ethiopia: Constitutional and policy provisions. Dilla University, 2017, pp. 1-13.

Bennett, Lynn: Using empowerment and social inclusion for pro-poor growth: a theory of social change. Working draft of background paper for the social development strategy paper. Washington DC, World Bank, 2002.

Beyene, Helina: Final report national assessment: Ethiopia gender equality and the knowledge society. Women in Global Science and Technology, 2015, pp. 1-104.

Beyene, Helina: Final report national assessment: Ethiopia gender equality and the knowledge society. In Women in Global Science and Technology, 2015, pp. 1-104.

Bonnet, Florence – Vanek, Joann – Chen, Martha: Women and men in the informal economy:

A statistical brief. International Labour Office, Geneva, 2019, pp. 20.

Bureau of Applied Research in Anthropology (BARA) & Innovations for Poverty Action (IPA). Final impact evaluation of the Saving for Change program in Mali, 2009–2012, 2013.

Central Statistical Agency of Ethiopia and ICF. Ethiopia demographic and health survey, Addis Ababa, Ethiopia and Calverton, Maryland, USA. 2016.

Constitution of Ethiopia (1931). Retrieved from https://www.worldstatesmen.org/Ethiopia_1931.txt

Constitution of Ethiopia (1955). Retrieved from https://chilot.files.wordpress.com/2011/04/1955-revised-constitution-of-ethiopia1.pdf

Constitution of Ethiopia (1987). Retrieved from https://chilot.files.wordpress.com/2011/04/1987-ethiopian-constitution1.pdf

Constitution of Ethiopia (1995). Retrieved from https://www.refworld.org/docid/3ae6b5a84.html

Ethiopia Performance Monitoring and Evaluation Service: Final Evaluation Report: Mid-term Evaluation of Health Sector Financing Reform/Health Finance & Governance Activity, Ethiopia. 2017.

Ethiopian Health Insurance Agency. Evaluation of Community-Based Health Insurance Pilot Schemes in Ethiopia: Final Report. Addis Ababa, Ethiopia, 2015.

Federal Democratic Republic of Ethiopia (FDRE): Constitution of Federal Republic of Ethiopia, proclamation No. 1, 1995, Federal Negarit Gazeta, Addis Ababa. 1995, Federal Ministry of Health, 1998.

Hall, William J. – Jones, Benjamin L.H. – Witkemper, Kristen D. – Collins, Tora L. – Rodgers, Grayson K.: State policy on school-based sex education: a content analysis focused on sexual behaviors, relationships, and identities. In American Journal of Health Behavior, Vol. 43, No. 3, 2019, pp. 506-519. DOI: 10.5993/AJHB.43.3.6

Health Sector Financing Reform/Health Finance and Governance (HSFR/HFG) Project. 2018. Community-Based Health Insurance: Achievements and Recommendations for Sustaining Gains in Ethiopia. Rockville, MD: Health Finance and Governance Project, Abt Associates. https://www.hfgproject.org/community-based-health-insurance-achievements-and recommendations-for-sustaining-gains-in-Ethiopia/

ILO: Women, Gender, and Work. International Labour Organisation. 20147 Available at https://www.ilo.org/wcmsp5/groups/public/---dgreports/--- dcomm/publ/documents/publication/wcms_488475.pdf

Kawuki, J. – Gatasi, G. – Sserwanja, Q.: Women empowerment and health insurance

utilization in Rwanda: a nationwide cross-sectional survey. In BMC Women's Health, Vol. 22, No. 1, 2022, pp. 378.

Namomsa, Gutama: Assessing the practices and challenges of community based health insurance in Ethiopia: The case of Oromia national regional state district of Gimbichu. In International Journal of Advanced Research (IJAR), Vol. 7, No. 5, 2019, pp. 734-754.

Namomsa, Gutama: Enrollment of Households in Community-Based Health Insurance (CBHI) in Ethiopia: The Case of the Aleltu District. In Afrika Tanulmányok/Hungarian Journal of African Studies, Vol. 16, No. 3, 2022, pp. 47-60.

Network, OECD-DAC Gender Equality, and G. Equality: Women's economic empowerment. Issues paper. 2011.

O'Neil, Aaron (2023): The total population of Ethiopia from 2011 to 2021 by gender. Statista (https://www.statista.com/statistics/967834/total-population-of-ethiopia-by-gender/)

Seleshi, Beyene: Women Empowerment Programmes in Ethiopia-Extensive. In OSR Journal of Humanities and Social Science (IOSR-JHSS), Vol. 24, No. 1, 2019, DOI: 10.9790/0837-2401070914

Speer, Paul W. – Jackson, Courtney B. – Peterson, N. Andrew: The relationship between social cohesion and empowerment: Support and new implications for theory. In Health Education & Behavior, Vol. 28, No. 6, 2001, pp. 716-732. DOI: https://doi.org/10.1177/109019810102800605

Taylor, Georgia – Pereznieto, Paola: Review of evaluation approaches and methods used by interventions on women and girls' economic empowerment. In Overseas Development Institute Vol. 14, 2014, pp. 1-62.

Tiruneh, Fentanesh Nibret – Chuang, Kun-Yang – Chuang, Ying-Chih: Women's autonomy and maternal healthcare service utilization in Ethiopia. In BMC Health Services Research, Vol. 17, No. 1, 2017, pp. 1-12.

UNODC: Global Report on Trafficking in Persons. 2009.

USAID: How Ethiopia is empowering women through community-based health Insurance. How Ethiopia is Empowering Women Through Community-Based Health Insurance | HFG (hfgproject.org). (2016) Accessed 14 March 2022.

WHO: Community-based health insurance. https://www.who.int/news-room/fact-sheets/detail/community-based-health-insurance-2020

Wiesmann, Doris – Jütting, Johannes: The emerging movement of community based health insurance in Sub-Saharan Africa: experiences and lessons learned. In Africa Spectrum, 2000, pp. 193-210.

Women, Business: The Law 2016: Getting to Equal. World Bank Group, 2015, pp. 22.
Women, UN.: Preliminary gender profile of Ethiopia. Addis Ababa, Ethiopia. 2014.
World Data Atlas: Maternal Mortality Rate, 2017.