



Universal Coverage Without Universal Access: Barriers to Health Care for Marginalized Women

Background

Although Canada is frequently described as a leader in the realization of Universal Health Coverage, many Canadians face multiple institutional barriers when trying to access good quality and appropriate health services. While access to health care has been identified as a key determinant of sex workers health, research on institutional barriers that affect their access remains limited.

The Question

What institutional barriers do marginalized women face in accessing health care in a setting with universal health coverage?

The Study

The Gender & Sexual Health Initiative (GSHI) research team drew upon data from **interviews with 723 women in sex work in Vancouver, Canada between 2010 and 2013**. This project is part of AESHA (An Evaluation of Sex Workers Health Access), an ongoing study on working conditions, health and safety in the sex industry led by GSHI/BCCfE and UBC, in collaboration with a range of community partners, with ongoing outreach to street and indoor sex work venues (by experiential and non-experiential team).

The Results

Out of the 723 women interviewed, **70% reported one or more institutional barrier when trying to access health care**, including:

- Long wait times;
- Limited hours of operation; or
- Perceived disrespect by health care providers.

Some of the most marginalized women and those with the greatest health care needs were more likely to report experiencing barriers to health access.

Other factors found to be correlated with institutional barriers to care include:

- Experiencing recent violence;
- Not having a provincial health insurance card;
- Being of a sexual or gender minority; and
- Having untreated mental health needs.

The Policy Implications

- There is a need for **improved access to appropriate health services for sex workers**, and for health services that are sex worker-led and low-threshold, and that address the institutional barriers identified in this study by sex workers.
- These findings support global calls to **remove criminal sanctions against all aspects of sex work** to fulfill women sex workers health and human rights.

Socias ME, Shoveller J, Bean C, Nguyen P, Montaner JS, Shannon K. Universal coverage without universal access: Institutional barriers to health care among women sex workers in Vancouver, Canada. *PLOS One*, 2016.