

# Voices of 500 Women

What Women's Experiences Reveal About  
the Future of Digital Health in West Africa



Over the past few months, DODO's research team engaged 500 women across 8 West African countries: Nigeria, Ghana, Togo, Benin, Senegal, Sierra Leone, Liberia, and Côte d'Ivoire. Our findings revealed women's digital adoption decisions, patterns and behaviours, and shed light on the drivers of the same.

Some of these findings and insights are shared here to provide you with recommendations to inform thought processes, strategic decisions and ultimately your business growth.

Insights emerged across the healthtech, e-commerce, edtech and fintech industries that highlight market opportunities, and innovation pathways that will inform business strategy and investment decisions across these sectors.

In the health sector across many West African communities, women still navigate crowded clinics, paper record piles, and high out-of-pocket fees that make accessing health services, and wellness guidance slow and arduous, costly, and at times inaccessible.

At the same time, mobile phones and digital tools are reshaping what optimal healthcare access could look like, from messaging a nurse on WhatsApp for advice on symptoms, to following online for nutrition, maternal health, or self-care tutorials, and even learning new skills that support their life goals.

All of this creates both urgency and opportunity that can be leveraged through digital. It leads one to ask: How do we design healthtech to be affordable, efficient, and supportive of women's lifestyles; including their learning, productivity, and earning, in the way that helps transform women from passive patients to empowered decision-makers in their own health journeys? And we expand access to timely, reliable, and affordable healthcare services without overburdening fragile health systems, while creating solutions that women trust and find genuinely valuable? To answer this, a deep knowledge of these women is imperative.



Two young women wearing hijabs are laughing together. The woman on the left is wearing glasses and has a yellow hijab. The woman on the right is wearing a white hijab. They are both smiling broadly. The background is a plain, light-colored wall.

PRIVACY  
POWERED

58

% Among peri-urban women in Nigeria prioritized privacy and security.

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46% of women surveyed in Ghana also expressed similar privacy concerns.

This emphasizes the significance of safeguarding digital data to maintain trust in health apps and ensuring that user experiences on digital platforms are not only secure but also communicate security to users throughout their engagement.

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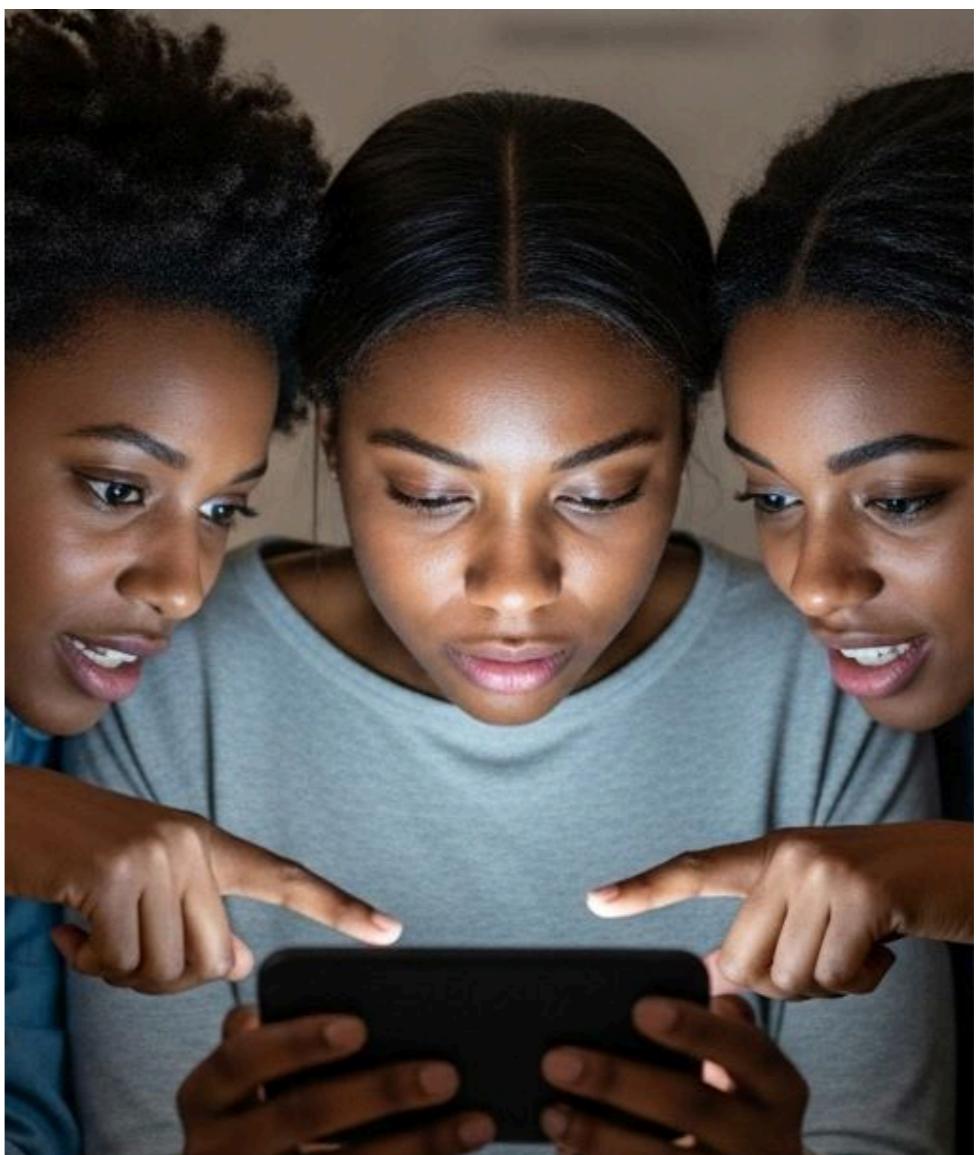
**Source:** DODO's survey of women in West Africa

**Sample sizes:** n=295 (Nigeria) and n=33 (Ghana).

**Base:** Women in West Africa aged 18+, who mostly reside in urban areas and have access to mobile phones. Percentages indicate the proportion of respondents who selected "it respects my privacy" as the top 3 top three (3) things that matter most to them when choosing an app or website?

Trust and security are paramount, particularly for health-related applications\*. The growing maturity of the tech ecosystem in West Africa, with a rising emphasis on User Experience (UX) research and human-centered design, reflects an understanding that building user trust is essential for sustainable growth.

In Nigeria, studies on mHealth adoption<sup>1</sup> reveal that shared phone usage is common. For many women, digital privacy concerns in this case are tied not only to cybersecurity, but to intra-household and community visibility, the risk that personal health information (e.g., contraceptive use, pregnancy status, or doctor communications) could be exposed to others, especially male household heads. This necessitates a context-aware approach to privacy by design.



<sup>1</sup>Understanding gender dynamics in mHealth interventions can enhance the sustainability of benefits of digital technology for maternal healthcare in rural Nigeria, *Frontiers in Global Women's Health*, 2022

\*While the survey was not centered on digital health but digital platforms in general, respondents' privacy concerns signal critical trust barriers for healthtech adoption, where data is far more personal and sensitive.

**1 How might digital health solutions be built to better protect user privacy, even in shared-device environments?**

**2 Could healthtechs explore context-sensitive notifications and neutral app interfaces that protect user identity, especially around reproductive or mental health services.**

# PATIENTS TO POWERHOUSES

# 45%

of respondents in Ghana  
use digital platforms for  
learning or studying

Our survey results indicate that healthtech solutions may scale faster when framed not just as direct healthcare solutions, but also offering the added value of educating users in a variety of matters that interest them in the context of healthcare. Coupled with the finding that women typically gravitate towards the use of digital tools for learning, Integrating learning elements can enhance engagement, particularly among women already familiar with using digital tools for learning.

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**Source:** DODO's survey of women in West Africa

**Sample size:** n=33 (Ghana)

**Base:** Women in West Africa aged 18+, who mostly reside in urban areas and have access to mobile phones. Percentages indicate the proportion of respondents who selected "learning and studying" among the top three things they usually use your phone or computer for.

While there is a gravitation towards learning with digital tools, there exists a gender gap in device access<sup>1</sup>, with most men (about 72%) having one device, compared to 60% of women. In addition to the gender gap in ownership of digital devices, affordability, literacy, and digital skills are top barriers preventing women from using mobile internet<sup>2</sup>.

This indicates that while there is a growing engagement of women on digital platforms for learning, challenges remain particularly in the area of affordability and access.<sup>1</sup> High rates of smartphone ownership and internet usage among women posit that healthtech platforms with integrated learning components may be welcome. Solutions that build on existing digital behaviour provide opportunities to strengthen user engagement, trust, and sustained adoption.

*12% gender gap in digital device ownership in Nigeria*

Men who have more than one device

Women who have more than one device



<sup>1</sup>TechCabal, "Gender Inequality Is Obstructing Ghana's Path to a Larger Digital Economy," August 3, 2023

<sup>2</sup>GSMA, "Breaking Barriers," State of Mobile Internet Connectivity Report, June 23, 2025

**1**

**How can healthtech empower women digitally to drive social and economic inclusion by integrating learning into care?**

**2**

**How might healthtech platforms blend digital learning with existing community health programs to help users understand both digital and health concepts more easily?**

**3**

**What if healthtech platforms doubled as a learning & empowerment tool, by embedding educational content that reflect how women use digital tools to improve their livelihoods?**

# PRODUCT BOOSTERS

38

% of respondents are unemployed or self-employed, and 64% of them identify high data costs as a major barrier to sustained use of digital platforms.

Our survey data shows that income security is a key driver in women's adoption of health solutions. These findings reveal a strong opportunity to design solutions that prioritize affordability, efficiency, and even support for education and skills-building, empowering women not only as patients but also as informed decision-makers around matters of health.

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**Source:** DODO's survey of women in West Africa

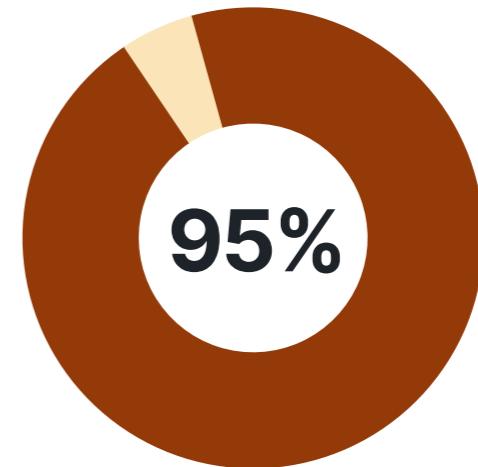
**Sample size:** n=295 (Nigeria).

**Base:** Women in West Africa aged 18+, who mostly reside in urban areas and have access to mobile phones. Percentages indicate the proportion of respondents who selected "unemployed or self employed" and "it uses too much data", as their current employment status and top 3 challenges they face when using apps and websites respectfully.

In truth, mobile and data costs can consume up to 95% of monthly income for the poorest quintile in Sub-Saharan Africa, as highlighted by a Brookings article. This finding underscores how digital participation directly depends on financial security. When a large portion of income goes toward essential expenses like food and shelter, digital access becomes unaffordable. Moreover, Brookings<sup>1</sup> notes that employment instability and informality, both being conditions that disproportionately affect women, further limit their ability to sustain digital use over time. This further buttresses our findings, that women with unstable or no income are less likely to consistently engage with digital health tools.

In low- and middle-income countries, even entry-level internet-enabled handsets can cost around 24% of a woman's monthly income, compared to 12% for men.

*% of monthly income for the poorest quintile in Sub-Saharan Africa*



This affordability gap reflects how income inequality and financial dependence can make it difficult for women to own or replace devices, limiting their participation in digital health ecosystems. GSMA<sup>2</sup> also notes that affordability often overlaps with other barriers like literacy and digital skills, making adoption even harder for low-income women. Together, these findings reinforce that income and affordability are core determinants of digital health inclusion.

<sup>1</sup>The Mobile Gender Gap Report, GSMA, 2024

<sup>2</sup>Accelerating digital inclusion in Africa, Brookings Institution, April 2025

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**How might we target income-sensitive segments more effectively by linking digital health offerings with micro-finance, cash transfer, or employment programs to sustain engagement and adoption?**

## LOOKING FOR DEEPER INSIGHTS?

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We welcome the opportunity to partner with your strategy and product team to uncover the needs of new markets, validate existing assumptions or refine opportunity areas for your current customers.

Data reflects survey responses with unequal sample sizes by country. Results from Nigeria, Bénin, and Ghana represent more robust samples, while findings from Liberia and Côte d'Ivoire should be viewed as exploratory signals.

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