Health Challenges of Women of Martyr Families in Erbil City

Hamdia Mirkhan Ahmed, College of Health Sciences, Hawler Medical University
Email address: hamdia.mirkhan@nur.hmu.edu.krd

Abstract

Background and objective: During the last 100 years ago Iraq generally and Kurdistan region particularly underwent wars which led to the loss of men from families. Nowadays in Kurdistan region, there are 20000 martyrs families. This study aimed to identify women's satisfaction and expectations about health services provided in Medical Center of Martyr families in Erbil city.

Methods: A qualitative design, based on a thematic analysis approach was conducted on 34 women who met the inclusion criteria of the study which was either mother, daughter, wife or sister of martyr and attended Medical Center of Martyr Families in Erbil city during Jan to Aug 2018. Non-probability, convenient sampling was used for selecting them and they were interviewed in four focus groups.

Results: Four main categories could be extracted as a result of the conducted analysis: 1) Unsatisfied with services, 2) Economical factors, 3) Being forgotten by government and society and 4) Respectful health care providers' behavior.

Conclusions: The women of martyr families were not satisfied with the health services of the center and they had expected more from government to respect them and provide their emotional, social, economic and physical needs.

Keywords: Women; Health; Martyr families; Satisfaction; Expectation.

Introduction

Women, who are key in maintaining healthy families, access the health system more than men, both for themselves and on behalf of their children. Many become pregnant and give birth, a significant health event, then typically become their child’s primary caregiver, a role that greatly influences household health overall. Elder and long-term care issues affect women more often because they live longer; have higher rates of disability and chronic health problems; and lower incomes than men on average, which puts them at greater need for state and community resources, such as Medicaid. Women's experience of health and disease differ from those of men, due to unique biological, social and behavioral conditions. Biological differences vary all the way from phenotype to the cellular, and manifest unique risks for the development of ill health. The World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Women's health is an example of population health, the health of a specifically defined population. Women's health has been described as "a patchwork quilt with gaps". Although many of the issues around women's health related to their reproductive health, including maternal and child health, genital health and breast health, and endocrine (hormonal) health, including menstruation, birth control and menopause, a broader understanding of women's health to include all aspects of the health of women has been urged, replacing "Women's Health" with "The Health of Women". The WHO considers that an undue emphasis on reproductive health has been a major barrier to ensuring access to good quality health care for all women. Conditions that affect both men and women, such as cardiovascular disease, osteoporosis, also manifest differently in women. Women's health issues also include medical situations in which women face problems not directly related to their biology, such as gender-differentiated access to medical treatment and other socioeconomic factors. During the last 100 years, Iraq generally and Kurdistan region particularly underwent wars which led to the loss of men from families. Nowadays in the Kurdistan region, there are 20000
martyrs families. In most of them, the women take responsibly of family support and even custodian family supporter. This study aimed to identify women's satisfaction and expectations about health services provided in Medical Center of Martyr families in Erbil city.

Methods
A qualitative design, based on a thematic analysis approach, was used to reach the aim of the study. Content analysis is a systematic coding approach, which can be used to identify and describe a large amount of textual information in order to determine patterns of communication. The sample includes 34 women who met the inclusion criteria of the study which was either mother, daughter, wife or sister of martyr and attended Medical Center of Martyr Families in Erbil city during Jan to Aug 2018.

Non-probability, convenient sampling was used for selecting them and they were interviewed in four focus groups (G1=7, G2=8, G3=8, G4=11). In order to collect data, semi-structured interviews conducted, tape recorded, and transcribed verbatim. The researcher started each interview by asking sociodemographic data and three open-ended questions: "1- which health services you satisfied and not satisfied within the center? 2- what are your expectations from the government to improve the services for martyr families? 3- what are the barriers to health services for martyr families? ". Subsequent questions posed based on the respondents' descriptions of their experiences. All interviews conducted in the center and the subjects' native language (Kurdish). The interviews continued until data saturation occurred. Medical Center of Martyr Families is the only center which provides health services for all martyr families in Erbil Governorate which belongs to the Ministry of Martyrs and Anfal. The Ethics Committee of Hawler Medical University /College of nursing approved the study proposal and corroborated its ethical considerations. All participants have informed about the purposes and the methods of study. The permission to tape record the interviews obtained from the participants. Their participation in the study was voluntary with verbal consent of them. The proposal of the study was approved by the Scientific Committee of the College of Nursing, Hawler Medical University.

Results
Thirty four women with a mean age of 45.85 ± 13.11 years included in the present study. Relationship with martyr were as following: wife (12, 35.3%), mother (4, 11.8%), sister (12, 35.3%), daughter (6, 17.6%). Mean years of martyr person was 23.52 ± 9.1. The majority (67.6%, 85.3%) of women were illiterate and housewife, respectively. According to the results of the present study, the researchers could extract four main categories as a result of the conducted analysis: 1) Unsatisfied with services, 2) Economical factors, 3) Being forgotten by government and society, 4) Respectful health care providers' behavior.

Unsatisfied with services
Almost most of the women in the groups were not satisfied with all services provided by the center because of deficiencies in providing their health needs. Although they mentioned that in general the presence of the center is a good opportunity for martyr families and we use their facilities as much as possible, but specifically they were not satisfied with those needed services which obligate to seek them from private clinic or hospital. Therefore this category includes subcategories like “insufficient health care resources and facilities,” "no availability of all specialists," and "inattention of government to their health needs." The following are examples of women's expression:

G1P3: "In general we are satisfied, but we want that the time of working of the center be longer and all medical services be available like sonar, x-ray, other specialists, operation room, senior doctors like nephrologist."

G1P7: "We need a center to have all specialists in orthopedic and neurology, like a big hospital, because our financial status does not allow us to use medical services by other
private hospital or clinic. When I go to a private clinic, the physicians ask me to take sonography or x-ray and do many lab tests in addition description of drugs which are very expensive for us."

G2P1: "services are good here, but if other specialists be present it would be much better of course."

G2P4: "I am generally satisfied with the services in this center but always drugs are not very good in quality and I do not take benefit from them. This is good that sonography and hypertension drugs are available. X-ray and operation room is not available. One center is not enough. Each area in this city needs one center. Time of working at the center is good. This center just only gives us a simple medication. This is my attitude and I have no information regarding the problem of other people."

G4P5: "It is our right to get all treatment in this center. They refer us to other hospitals because all services are not available here, but other health settings give no attention to us as martyr family."

G4P10: Government did not do anything for us, what they do? Only they gave one piece of land and then they throw us alone. Regarding health, they also do nothing, just this small center.

Economic factors
Almost all the women complained from insufficient financial support by government and in results, they have lost the opportunity in seeking health care proficiently. They mentioned that if they had good financial resources, they would seek health care in good quality in other private clinic or hospital, even outside of the country. Sub themes of this category include "loss breadwinner of the family," "lack of job opportunity" and "inadequate financial support."

G4P9: "Staff of this center are good, but we wish to give more service to martyr families. Some drugs are not available here and we have to buy it from outside. If they help us from the financial side, it would be better. Some martyr families rent a house like me and I have no enough money to buy my medicine, so I neglect them."

G3P1: "If we would have enough salary we could to get health service in the private sector because this center has no all facilities."

G1P7: "I do not know what to say, I would like that the government supports us in such a way that we do not go to other hospitals for our health needs. Martyr families have to have their special center with all facilities."

G2P4: "When a family loss their support person who had provided the financial needs and other supports, now they are without this support person, so they need to be at attention by the government. For example, when one member of the family gets cancer or chronic disease, it has to have special health services for martyr's family."

G2P8: “All martyr families have no financial support to seek health care.”

G1P6- "Many times my mother said why you do not go to this center and I reply that this center has few things, I go there for what? My mother has many diseases like diabetes, disk and heart diseases; it is necessary that government have financial support for them to seek care for herself."

G3P3- "It is our right to have all financial support. I want from the government that if the mother and father of martyr need treatment outside of the country, they provide facilities for that. My mother can cure in Jordan, but we can not go there because we can not do that."

Being forgotten by government and society
Because of not having sufficient financial support and providing necessary health services to them, women of martyr's families had felt that the government ignored them despite sacrificing their family members. They expressed that the situation is not the same for all martyr's families as some of them were supported fully from all aspects of financial, social and health. Sub
themes of this category include: "inattention to educational needs of a family member," "inattention to spirituality position in society" and "discrimination."

G1P7: "I do not know what to say, I would like that the government supports us in such a way that we do not go to other hospitals for our health needs. Martyr families have to have their special center with all facilities."

G2P3: "I do not know what to say, I would like that the government supports us in such a way that we do not go to other hospitals for our health needs. Martyr families have to have their special center with all facilities."

G3P5: "For those who have not enough money government have to support with a good salary and establish a big hospital sometimes I feel I am a beggar."

G3P4: "Health is not the only hospital. We have no suitable home only we have two rooms."

G1P2: "Government ignored martyr families, but all are not the same. Some of them are provided with all facilities."

G1P5: "My financial status is not good and I can not support my daughter for going to college."

G2P8: "We give our dearest person for this country, but they do not respect that for full services."

G4P11: "For some martyr's family member there is money to treat outside country, but for some not, there is discrimination between martyrs' families."

**Respectful health care providers' behavior**

Almost all of the study sample satisfied with health care providers' communication and behavior. Sub themes of this category are: "warm welcoming," "well listening" and "giving advice and referring."

G2P5: "The staff of the center especially the director are good persons, they do anything they can."

G1P6: “Staff of the center always welcome us and they guide us and they advise what to do if the service is not available in the center.”

**Discussion**

Through the present study, the researcher attempted to identify women's satisfaction and expectations about health services provided in Medical Center of Martyr families and their health challenges by expressing their feeling and attitude through focus group discussion. Results indicated that they were not satisfied with health services for martyr's families because of non-availability of all necessary health care in this center. Because of losing a dear person from their families they expect more respect from the government by providing complete health services and treatment in good quality.

A review study regarding women’s health and status in Kurdistan concluded that women in the Kurdistan region of Iraq are affected by different health, social and cultural problems. Without a doubt the women's health status can be worse among families that loss their dearest person and in most cases their financial support person.

Iraqi people especially Kurdish people confronted many wars during the last 50 years. Most of the families lost their men. The wars and armed conflicts in many regions of the world and especially in the Middle East have an eloquent impact on all life's happenings most especially in areas affected. Wars destroy community infrastructure such as health, education and other social services sectors. As of present, the ongoing conflicts in the Middle East had left a significant impact on the family and the individual in the areas affected. In the family, it has led to disintegration and roles change. At the individual level, it has impacted negatively in terms of psychology, social and physical wellbeing. Women and children are the most affected by traumatic events of war and they are the most vulnerable to all types of exploitation and abuse.
Although in the present study the effect of wars and losing family member were not examined it is clear from other literature that many aspects of war affect women and girls disproportionately. According to recent studies on life expectancy among unarmed civilians caught in armed conflict, women are the primary adult victims of war. As the results of the present study showed that women’s of martyr families need serious attention by stakeholders to providing many health facilities including hospital-based care, presenting different specialist, different lab tests and treatment. Very few studies conducted on health status and challenges of women from martyr’s families. Therefore supporting the results is limited.

Conclusions
The women of martyr families were not satisfied with the health services of the center, and they had expected more from government to respect them and provide their emotional, social, economic and physical needs.

References