

## Policy Brief 9

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# Women's health in the occupied Palestinian territory:

## Health problems reported by 15-54 years old women two weeks preceding the Family Health Survey 2010

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### Summary

This policy brief highlighted the link between reported health problems by Palestinian women in the past 2 weeks and the social determinants of health including: poverty, employment, marital status, age, and region of residence.

The results from residents of the Gaza Strip were puzzling, with these women reporting the least health problems during the past two weeks. The results are puzzling because we had expected that Gaza women would report more health problems than women from the West Bank, given the dire living conditions there. We speculate that Gaza women might under-report their health problems because their needs are overshadowed by the context, the result of successive

Israeli military assaults and the continued siege of the Gaza Strip; and where they may be likely to under-report less serious health problems in the face of the generally severe health problems faced by Gazans in general.

However, the type of data available and the nature of questions being asked for different women's subgroups had limited the in-depth analysis for all women. More questions asked to all women are needed to provide a better understanding for women's health status situation from a wider perspective.

### Background

The Palestinian Ministry of Health (MoH) services for women focus on

prenatal care and family planning, with much less attention paid to women's health needs over the life course. Reasons for this neglect include: gender insensitive decision making focusing on childbirth and neglecting other women's health needs; international aid priorities focusing on family planning; and, relative lack of data on women outside of the childbearing years.

## Palestinian Women

There were over 2 million females in the Palestinian population in 2010 (2.27 million), accounting for 49% of the total population. More than half (56%) of the Palestinian women aged 15 years and above were currently married and more than a third (34%) were never-married.

The total fertility rate was 4.4 births per women aged 15-49 years (2008-2009), a considerable decline over previous decades.

One in every 5 women was reported as married before the age of 18 (21% in the West Bank, 29% in Gaza Strip). High literacy rates among women were reported (94.4%). [1]

Palestine suffers from high levels of poverty, poor nutrition and overburdened public health system, in addition to the ongoing Israeli military occupation of Palestinian land, and chronic exposure to political violence.

Palestinians suffer from a stunted economy associated with Israeli occupation of Palestinian land, and restrictions in the movement of people and goods, negatively affecting life in general, and impeding access to basic services, including health. [2]

In addition, Palestinian women are the primary caregivers, taking care of the family (husband, children, in-laws, the sick, the disabled and the elderly), with little or no social protection and support.[3]

## The objective of this policy brief is

To describe women's self-reported health problems and understand how women's characteristics are related to their reports.

## Methods

Secondary data analysis was conducted for 15,735 women aged 15 to 54 years old using the family health survey (FHS) 2010.[1] Different reported health indicators were identified from the data set to reflect on women's health status. Reported health problems in the past 2 weeks preceding the survey and its associated factors were studied in this policy brief.

## General Results

The mean age of the women 15-54 years old who participated in the survey was 29 years old; 56% of them were less than 30 years old. 60% of all women had less than secondary education, 73% were living in urban areas, 17% in rural areas and 10% in camps. 64% were living in the West

Bank and 34% in the Gaza Strip. Only 9% of all women were employed at the time of the survey, 24% were students and 67% were unemployed. 64% were currently married, 33% were never married, and 3% were widowed, separated or divorced. 22% of women had reported health problems in the last 2 weeks, 7% reported being anemic, 11% reported having at least one chronic illness, and, 21% rated their health status as moderate to bad.

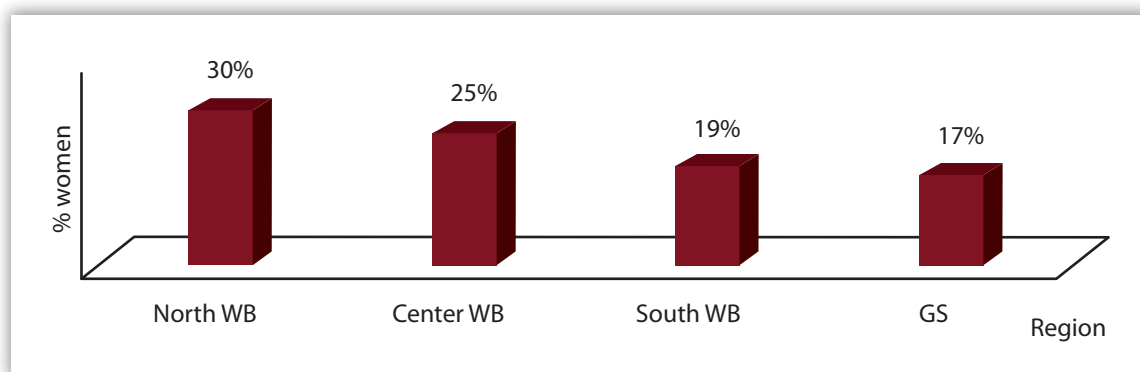
## Women with diagnosed health problems two weeks preceding the FHS

Over a fifth of women (22%) had reported health problems in the last 2 weeks. There were geographic differences in reporting health problems (Figure 1).

Palestinian women who were poorer, married, less educated or unemployed reported higher levels of health problems in the past 2 weeks preceding the survey. Reported health problems tended to increase with increasing age. (Figure 2).

Women from the Gaza Strip reported fewer health problem, and women from the north more health problems compared to women from the center of the West Bank.

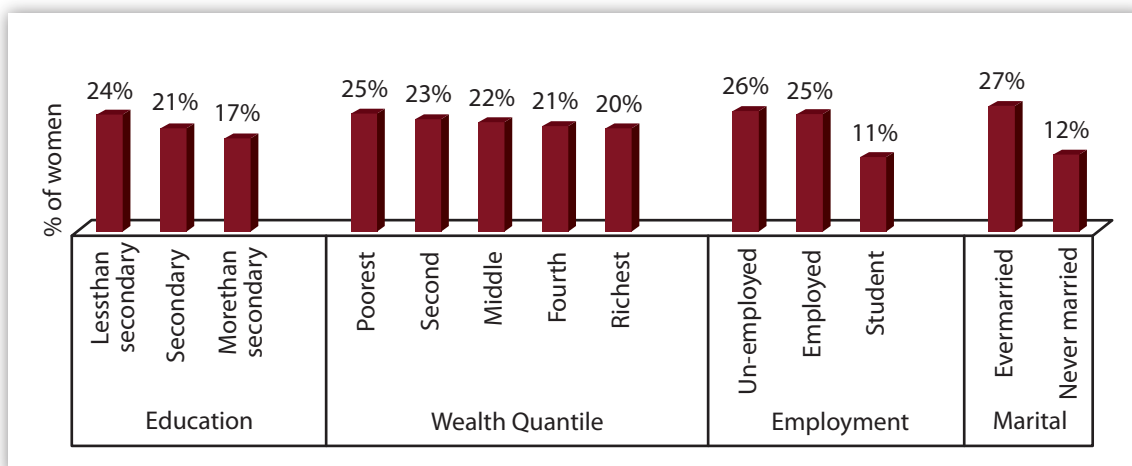
**Figure 1: Reported health problems in the last 2 weeks among women 15-54 years old in the oPt by region-2010**



WB: West Bank GS: Gaza strip

Reported health problems were consistent with the social determinants of health literature where poverty, education, employment and region shaped the distribution of such problems among women.

**Figure 2: Reported health problems by education, wealth, employment and marital status**



Reported health problems, having been diagnosed with one or more illnesses and self-rated health

Women who reported having had health problems during the past 2 weeks preceding the survey were two times as likely to report anemia and chronic illness and were 3 times as likely to report bad self-rated health compared to women who did not report any health problems.

Health problems and the receipt of care

Nearly three quarters (73%) of the women who reported having health problems during the past two weeks preceding the survey also reported having consulted someone to deal with problems, with the large

majority having consulted a health professional.

The highest proportion of women who did not consult anyone to deal with their health problems came from the north of the West Bank (35%) and the lowest came from the Gaza Strip (21%). Levels of non-consultation were higher for never married women (34%) compared to ever-married women (26%).

27% of women with health problems did not consult anybody for their health problems in the last 2 weeks. Much higher among never married women (34%)



Women were asked about the reasons for not seeking health care, and the main reason given (56%) was that they did not think that the condition needed any medical or health care attention.

## Recommendations

### PCBS and other data collectors

- Health surveys need to ask the same question to women of all ages, instead of focusing on reproductive ages only. Current data collection, which largely excludes never-married women and women aged over 50, should be extended to include women of all ages and characteristics (marital status, etc.)
- More detailed data on reported health problems is important to collect, with differentiation in terms of severity and whether acute or chronic. Current, routine data collection does not permit disaggregated analyses by severity of reported health problems.

## Health system

- There are strong geographic variations in the reporting of health problems. The absence of reporting (eg: from the Gaza Strip) should not be interpreted as an absence of problems, but rather as a function of chronic poor living conditions there and exposure to political violence. Poorer women and women with less education report more health problems, and this demands greater health system focus, given their lower ability to access and negotiate healthcare.
- The health needs of never-married women demand more attention. Singlehood does not mean the absence of health problems. Women's health is not merely about pregnancy and child birth. Women's health is also affected by their economic, social, cultural and political context. Rising age at first marriage, and increasing levels of never marriage mean that there is increased demand for health care for women, irrespective of their marital status.

## Academia

- Palestinian women's health, especially outside of the reproductive years, is poorly understood and under-researched. There is a need for:
  - Improved quantitative understanding of women's health (including improved survey question design and sampling).
  - Qualitative research to understand women's views and perceptions of their health and health-care seeking behavior.

## Useful References

1. Palestinian Central Bureau of Statistics, Final Report of the Palestinian Family Survey 2010. 2013: Ramallah – State of Palestine.
2. Giacaman, R., et al., Health status and health services in the occupied Palestinian territory. *The Lancet*, 2009. 373(9666): p. 837-849.
3. Fact sheet: the state of Palestine's women under occupation 2015 [cited 2016 Jan 11]; Available from: <http://palestineun.org/fact-sheet-the-state-of-palestines-women-under-occupation/>.

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