

Policy Brief 9

March 2016

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.

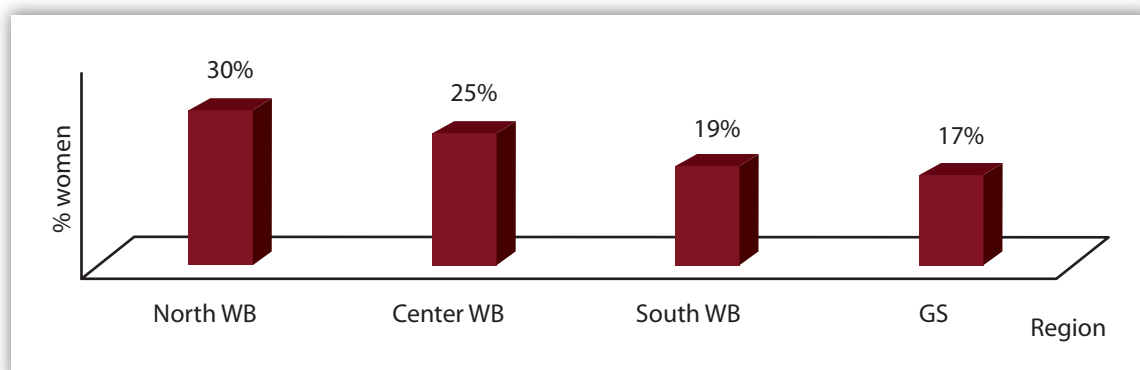
Women with diagnosed health problems two weeks preceding the FHS

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.

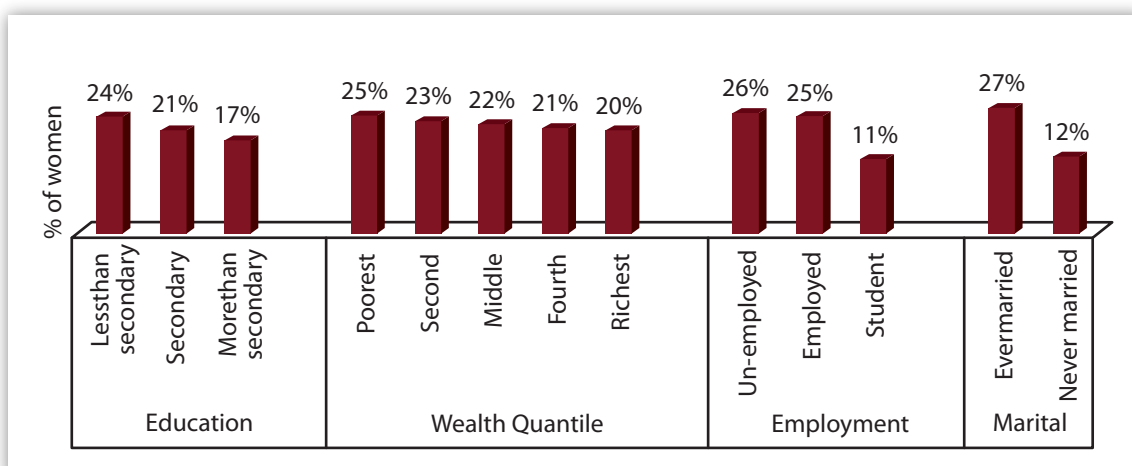
Figure 1: Reported health problems in the last 2 weeks among women 15-54 years old in the oPt by region-2010



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.

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%).

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

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

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Policy Brief 10

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Women's health in the occupied Palestinian territory: Self-rated health of 15-54 year old women

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Executive Summary

The purpose of this policy brief is to analyse the determinants of self-rated health assessments by Palestinians women aged 15-54. The findings are based on an analysis of Family Health Survey (FHS) 2010. Almost a quarter (21%) of women aged 15-54 reported moderate to bad self-rated health.

Poorer, married women with lower education and no employment reported the highest levels of moderate to bad self-rated health. Older women were more likely to report moderate to bad self-rated health compared to younger women. Having a large number of children was also associated with moderate to bad self-rated health. Women who reported having chronic illnesses, anemia and

reported health problems during the two weeks preceding the survey were almost twice to three times as likely to report moderate to bad self-rated health. Most surprising, however, were variations in self-rated health by region. Women from the Gaza Strip were less likely to report moderate to bad self-rated health compared to women from the center of the West Bank.

Background

Self-rated health (SRH), known as self-reported health, refers to a survey questionnaire in which participants assess different dimensions of their own health by responding to a single question such as "in general, would you say that your health is excellent, very good, good, fair, or poor?" It is an indicator

of health that has been widely studied in Western countries (1). Self-rated health can often predict various health problems (1), and there is an association between self-rated health and mortality (2). However, SRH studies are still lacking in developing countries including Arab societies (3).

Objective

The objective of this research aimed to answer the following questions:

- How do Palestinian women aged 15-54 report their self-rated health?
- What factors explain Palestinian women's reports of SRH?

Methods

A secondary analysis of data from the Family Health Survey (FHS) 2010 conducted by the Palestinian Central Bureau of Statistics (PCBS) (4). All women aged 15 to 54 years old were included in our analyses (n=15,735). Self-rated health outcome was based on a question asking women to evaluate their health on a six point scale from excellent to bad. We recoded the variable into binary categories of "excellent to good" and "moderate to bad".

Results

Data on 15,735 women aged 15-54 years were analyzed. The sample had a mean age of 29 years. Sample characteristics are summarized in table 1.

Table 1: Sample characteristics of women aged 15-54 (n= 15,735)

Variable	Percentage (%)
Marital status	
Currently married	64
Never married	33
Widowed, separated or divorced	3
Education	
Less than secondary	60
Secondary	17
Post-secondary	23
Locality	
Urban	73
Rural	17
Camp	10
Region	
West Bank	64
Gaza Strip	36
Working status	
Working	9
Not working	67
Student	24
Number of children	
No children	36
1-3 children	25
4-6 children	30
7-19 children	9

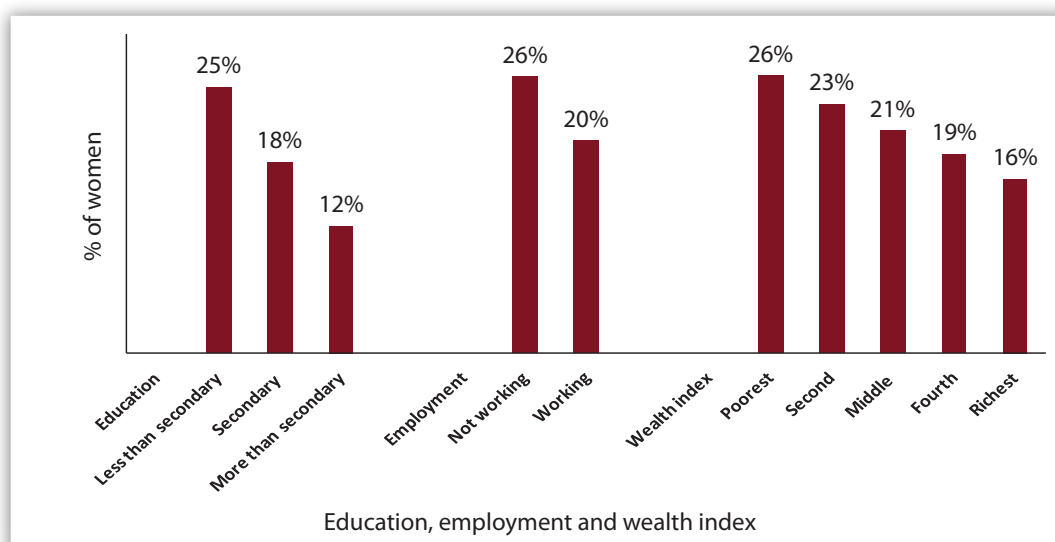
Twenty one percent of women rated their health status as moderate to bad, 22% of women reported health problems in the last 2 weeks, 7% reported being anemic, and 11% reported having at least one chronic illness.

Factors associated with women's self-rated health

Around a quarter of women (21%) had reported moderate to bad self-rated health. The socio-economic factors that were associated with self-rated health included: education, employment and family wealth status derived from an index developed by PCBS. (Figure 1).

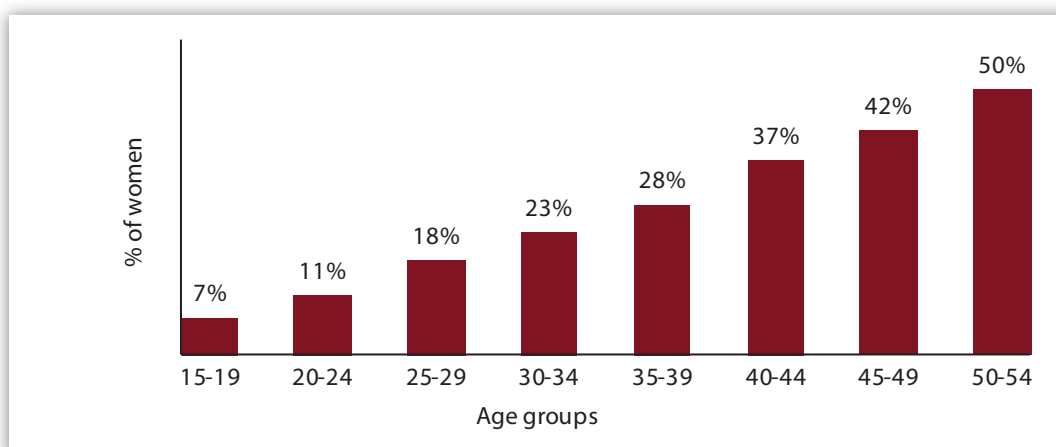
Women with low education, the unemployed, and poorer women were more likely to report moderate to bad self-rated health

Figure 1: Moderate to poor self-rated health by educational status, employment and wealth index



Older women reported moderate to bad self-rated health significantly more than younger women

Figure 2: Moderate to bad self-rated health by age groups



The results also showed that a high of 42% of divorced / separated / widowed women reported moderate to bad self-rated health, compared to 27% for married non-pregnant women, 21% for pregnant women and 9% for single women. In addition, 42% of married women who reported having 7 or more children also reported moderate to bad self-rated health compared to 12% of women who have no children.

Regional variations in self-rated health were surprising with a lower percentage of women from the Gaza Strip (GS) (17%) reporting moderate to bad self-rated health compared to 23 % of women living in the center of the West Bank. Similarly, Gaza women reported fewer health problems compared to women from the center of the West Bank, consistent with findings from another policy brief exploring women's self-reported health problems of the same dataset (5). These results may be explained by

the observation that women in the Gaza Strip may be comparing their health with other women who live in the same context, and under an Israeli army siege, with limited or no access to the outside world, as opposed to comparing their health to women elsewhere, either in the West Bank or outside oPt. The

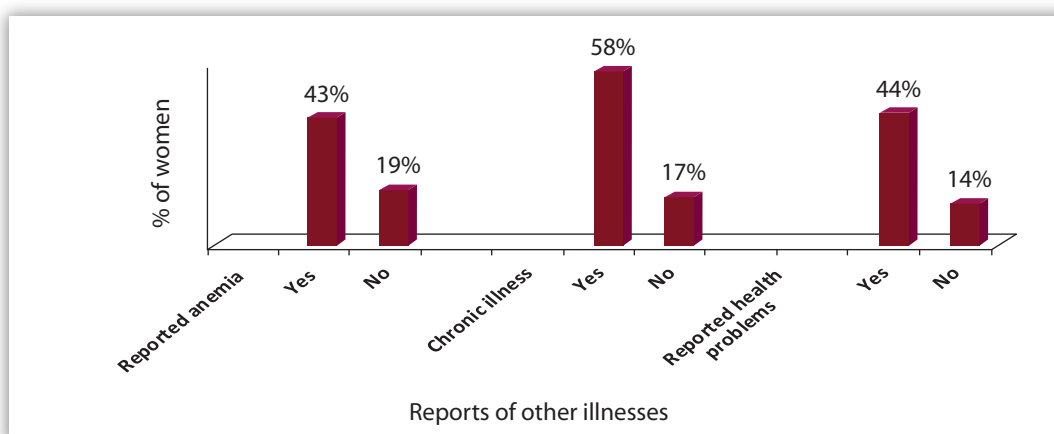
literature also indicates that when income inequalities are high, people tend to report worse health, as they are comparing with others around them (6). In the Gaza Strip, income inequalities are less pronounced than on the West bank, which may also explain why Gaza Strip women report better self-health compared to the West Bank women (7).

Self-rated health and reports of other illnesses

Women's self-rated health was strongly associated with reporting of other illnesses; chronic diseases, reported health problems and reported anemia.

Fifty eight percent of women who reported having one or more chronic diseases assessed their health as moderate to bad compared to 17% of women who did not report having any chronic illnesses. Self-rated health was also strongly associated with reports of having anemia and having reported health problems in the past two weeks preceding the survey (Figure 3).

Figure 3: Moderate to bad self-rated health by reports of other illnesses



Recommendations

- Overall, a better understanding of all women's health status and needs, irrespective of marital or childbearing status can be achieved by including questions related to all groups of women in future Palestinian Family Health Surveys.
- Older women have a higher likelihood of reporting moderate to bad self-rated health, an indication of a need for health care. Older women might be in need of psychosocial support, especially those who are divorced/widowed/separated and living alone.
- Non-pregnant married women with a large number of children are a priority for medical and health care attention.
- The geographic variation of self-rated health should be interpreted with caution since women in the Gaza Strip live under worse conditions compared to the West Bank. Better self-rated health reports by women from the Gaza Strip calls for more research to explain this discrepancy.
- Subjective health measures should be kept on being included in future health surveys along objective ones.
- There is a need to complement statistical surveys with qualitative research to be able to better understand how women rate their health and the link between such ratings and objective health measures as well as the broader contextual factors which contribute to ill health.

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Policy Brief 11

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Women's health in the occupied Palestinian territory

The prevalence of reported anemia and its determinants among 15-54 years old Palestinian women

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Summary

To assess the prevalence of reported and tested anemia among women living in occupied Palestinian territory and to explore the factors associated with reported anemia.

Main findings reveal a significant difference between women's reports of having anemia and anemia tests conducted during the survey. Fourteen percent of pregnant women reported having anemia in contrast to a high of 49% found to have anemia upon testing (haemoglobin levels < 11 g/dL). Likewise, 6% of non-pregnant women reported having anemia in contrast to 21% found anemic upon testing (haemoglobin level <12g/dL).

Analysis was based on the Palestinian Family Health Survey (2010) conducted by the Palestinian Central Bureau of Statistics (PCBS).

Results reveal that pregnancy status, age, marital status, education, residence (if living in camps, urban or rural areas), family wealth status, self-rated health and acute illness (having an illness in the two weeks preceding the survey) are factors associated with reported anemia.

Background

Anemia is one of the most common health problems that affect women especially in low-income countries [1, 2]. According to the World Health Organization (WHO), one third of women in the Mediterranean region is estimated to be anemic [3].

Anemia is usually assessed by testing haemoglobin levels in blood. Hemoglobin levels below 12g/dL among non-pregnant women, and below 11 g/dL among pregnant women are the usual cut-off points for diagnosing anemia [3].

Anemia Levels by Pregnancy Status

Category	Normal	Mild	Moderate	Severe
Non-pregnant women	≥ 12.0 g/dL	10.0-11.9 g/dL	7.0-9.9 g/dL	< 7.0 g/dL
Pregnant women	≥ 11.0 g/dL	10.0-10.9 g/dL	7.0-9.9 g/dL	< 7.0 g/dL

Several factors are associated with the prevalence of anemia and the most common is iron deficiency. Chronic fatigue, general weakness and drowsiness are the most commonly reported symptoms. Anemia is the main reason why women would visit a doctor [4].

In the Palestinian context, the long-term occupation and the economic hardship that Palestinian

families suffer from make it difficult for them to maintain balanced diets including iron-rich food. This might increase the risk of developing anemia especially among women who have been noted to prefer their children over themselves and prioritizing giving children foods high in iron and other essential nutrients [5, 6].

Methods

A sample of 15,734 women aged 15-54 years was selected from the Palestinian Family Health Survey of 2010 conducted by the Palestinian Central Bureau of Statistics (PCBS). Women were asked to answer a question on whether they had anemia or not at the time of the survey.

Three reported health indicators (self-rated health; self-reported chronic diseases; and self-reported acute illness two weeks preceding the survey), in addition to selected demographic and socio-economic variables were used in our analysis checking for factors associated with reported anemia. A sub sample of 3779 women 15-54 years old was tested during the survey to check for women's haemoglobin levels and was used in this analysis for comparison with reports of having anemia.

Results

The mean age of participating women was 29 years, with 21% reporting they were above 40 years old. Sixty one percent reported having less than secondary

education, 73% were living in urban areas, 66% were not working and 88% were not pregnant at the time of the survey.

Seven percent reported having anemia, 11% reported having at least one chronic illness, 21% reported moderate to bad health and 22% reported having health problems two weeks preceding the survey.

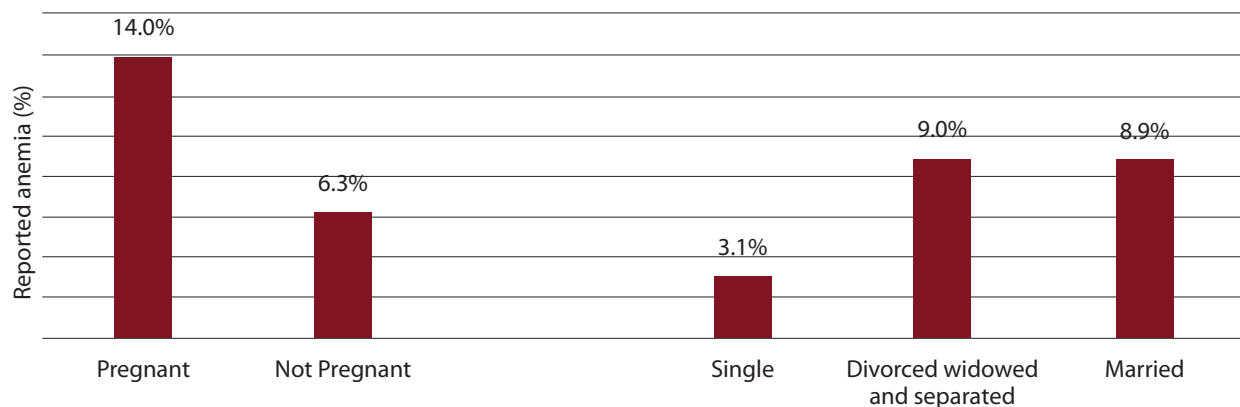
Factors associated with reported anemia

Marital status: Nine percent of divorced, widowed and separated women reported being anemic compared to 8.9% among the married and 3.1% among single women figure (1).

Pregnancy status: Fourteen percent of pregnant women reported having anemia compared to 6.3% among non-pregnant women figure (1).

Education: 8.2% of women with less than secondary schooling reported having anemia compared to 6.1% for women who have completed their secondary education and 4.8% for

Figure 1: Reported Anemia by Pregnancy and Marital Statuses

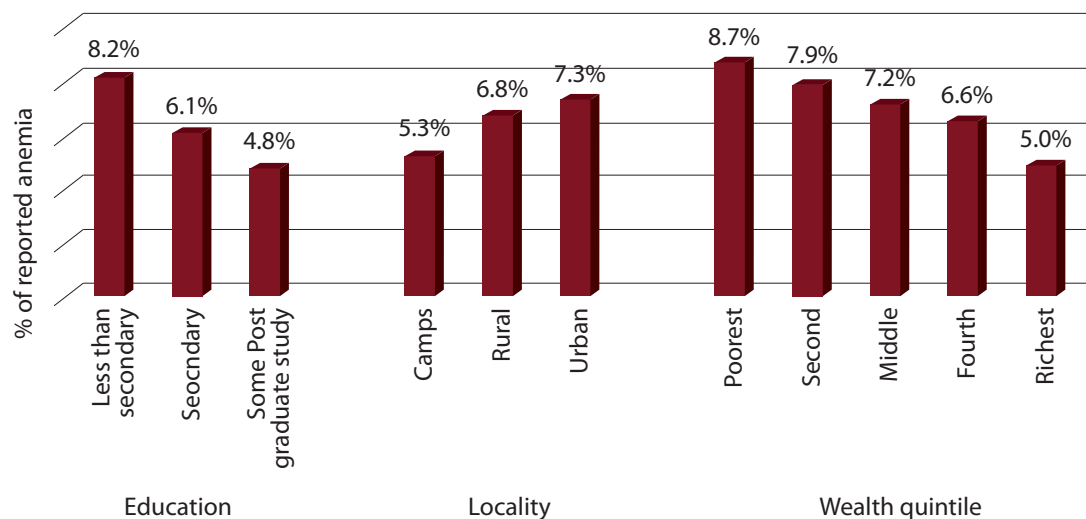


women with post-secondary schooling (Figure 2).

Locality: 5.3% of women living in Palestinian refugee camps reported having anemia in comparison with 6.8% living in rural areas and 7.3% in urban areas (Figure 2).

Wealth: 8.7% of women whose families were in the lowest wealth quintile reported having anemia at the time of the survey compared to 7.2% of women in the middle, and 5.0% of women in the well-off quintiles (Figure 2).

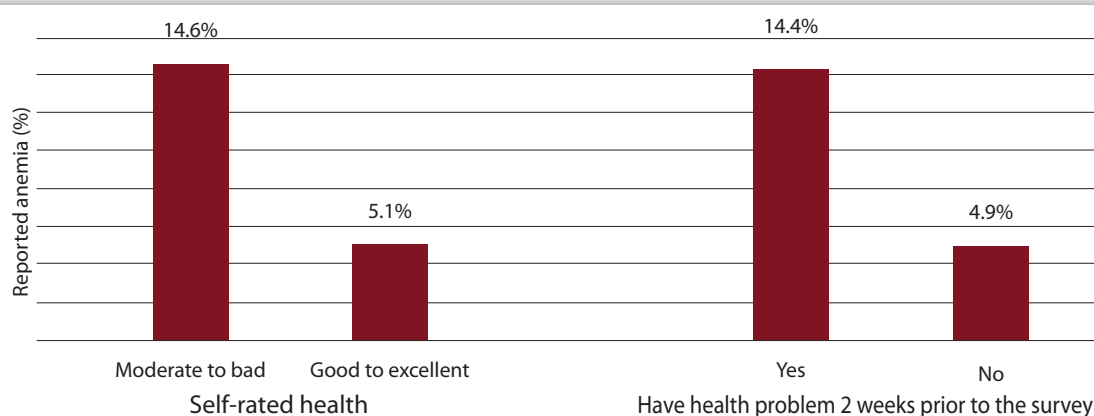
Figure 2: Reported Anemia by Education, Locale and Wealth



Self-rated health: 14.6% of women who rated their health as moderate to bad reported themselves as having anemia compared to 5.1% of women who rated their health as good to excellent figure (3).

Acute illness: 14.4% of women who reported having a health problem two weeks preceding the survey reported having anemia significantly compared to 4.9% of those who did not report having a health problem figure (3).

Figure 3: Reported Anemia by Self-rated Health and Having Health Problem Two Weeks Prior to the Survey



Overall, women above 45 years were less likely to report anemia compared to women 15-19 years old. This may be due to the cessation of the menstrual cycle and childbearing with menopause which are usually associated with anemia[7, 8]. Married women were more likely to report anemia compared to divorced or widowed and single women. Being married entails pregnancy and childbirth which can take their toll on women's bodies. In addition, it has been noted that Palestinian mothers prioritize

their children over themselves when providing iron-rich foods leaving themselves with less nutritious food, which could be a contributing factor for the presence of anemia among women.

Women with low education were more likely to report having anemia compared to those better educated. Low educational levels are linked to poverty but may also be linked the lack of sufficient information on nutrition among those with low levels of education. Women residing in Palestinian refugee camps and

rural areas were less likely to report anemia in comparison to women living in urban areas. This finding may be related to UNRWA's food supplementation programs in Palestinian refugee camps supporting better nutrition among camp women; and to kitchen gardening and eating from what is produced in rural areas compared to urban areas where food, including processed foods, must be purchased in the main. Finally, the finding that anemia reports were significantly lower than the levels of anemia found upon testing alert us to the need for testing for anemia periodically among all women, regardless of pregnancy status.

Recommendations

- The above results alert us to the need to screen women for anemia regardless of their pregnancy and marital status as our results show significant differences between tested and reported anemia percentages.
- Special attention should also be given to women from poor families as anemia is mainly linked to poor

quality diet and poor intake of iron-rich food. This raises the need to introduce nutrition education and effective supplementation programs/ interventions to target vulnerable women, especially those who are not pregnant and are in their reproductive age. Women need to be aware of anemia symptoms and their effect on their health and well-being.

- Even though women living in urban areas might have better access to information and health care, their urban way of living, which can limit land use and kitchen gardening compared to rural areas, can also have a negative effect on their nutritional status. This is why special programs targeting this group should also be initiated.
- Further research is needed to identify the factors associated with the discrepancy between reported and tested anemia levels among women.

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