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Women's Health and Status in the Kurdistan Region of Iraq: A Review

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Abstract

Women in the Kurdistan region of Iraq suffer from various health, social and cultural problems. The poor reproductive health of many women is primarily related to inadequate access and utilization of health services. The maternal mortality rate in Iraq has remained high, and its attributes such as early marriage and childbearing, inadequate birth spacing and high cesarean section rates are constant problems in the region. Women also suffer from different aspects of gender discrimination and women's rights abuse such as domestic violence, female genital mutilation, self-mutilation, and honor killing. Many of these problems are deeply rooted in the culture, and the efforts against them face many challenges. Improvement of women's health in the Kurdistan region of Iraq needs an integrated approach that takes into consideration the physical and mental health of women, their families and societies in a holistic way. Interventions should address the cultural and traditional issues sensitively. The strategies to ban harmful behavior, including female genital mutilation and violence against women, need active engagement of the community and educating its members.

Keywords: Women's health, Traditions, Violence, Female genital mutilation, Kurdistan region of Iraq

Introduction

The principles of women's health involve an integrated strategy for the physical, mental and emotional well-being of women and their families. The health of women should be assessed in the broader psychosocial and cultural context. Women in the Kurdistan region of Iraq face different problems related to health, social and cultural aspects of their lives. Adequate access and utilization of healthcare services are important concerns for many women in Iraq. Women also face different problems associated with gender discrimination and women's rights abuse, including domestic violence, female genital mutilation, self-mutilation and honor killing. In this review, we provide the details of the main problems that specifically affect the lives of women in the Kurdistan region of Iraq.

Methods

A search was conducted using the major electronic databases. The search was restricted to literature in the English language, and literature published up to July 2017. All articles and reports related to women's health and status in the Kurdistan region of Iraq were identified and reviewed. Besides, Google Scholar and the websites and databases of the local and regional medical journals were searched to identify the relevant literature. A strategy of hand-checking the references of initially identified studies was adopted to identify further studies that might have been missed by the primary search.

Reproductive Health

A significant indicator of the efficiency of the reproductive health services is the antenatal care, which provides a valuable opportunity for health education including clarifying topics related to pregnancy. It is also a chance for health workers to inform women of the risky symptoms and signs and advise them when to seek the assistance of a health care provider (1,2). Antenatal care should be routinely available for the pregnant women at a primary care center. It involves a variety of services ranging from routine check and screening to more intensive medical care (3).

Research on antenatal care in the Kurdistan region of Iraq has shown a pattern of late attendance of women with only 38% of the interviewed women reported obtaining the service during the first trimester of pregnancy, while 61% started antenatal care visits in the second trimester. There is also a lack of adequate information provision, education, and communication during these visits (4). There is a need for information, education, and communication to reach a wider audience. Mass media might be used to provide such information and awareness.

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A consistent message can be delivered to the non-pregnant women to be better informed. Such communications can even reach the male partners to contribute positively to achieving a safer pregnancy.

Pregnant women lack awareness of danger symptoms and signs of pregnancy. Moreover, meeting the healthcare provider in privacy and spending a short time with the antenatal care provider are critical concerns. A study from the Kurdistan region of Iraq showed that only 53% of pregnant women were informed about the progress of their pregnancy, 60% had the opportunity to ask questions, and 63% were requested to return for another visit (4). Another study from the region revealed a high rate of unfavorable pregnancy outcomes including low birth weight (5.9%), stillbirth (1.8%), preterm delivery (8.8%), birth defects (0.25%) and neonatal intensive care unit admission (14.8%) (5). Table 1 shows the data and statistics about the reproductive health and other aspects of women's health and status in the Kurdistan region of Iraq that were obtained from different reviewed studies.

Iraq faces significant maternal and child health problems, and there is an urgent need for improving the reproductive health services. Although antenatal education can provide a partial solution, it is not the answer by itself. Pregnant women would be at higher risk of developing complications if they lack adequate information about pregnancy and childbirth. Moreover, pregnant women cannot optimally use the information they receive, if the availability and the high quality of services are lacking.

Table 1. Data and Statistics About Different Aspects of Women's Health and Status in the Kurdistan Region of Iraq

Variables	Prevalence (%)
Reproductive health	
Antenatal care	
Women started the visit in the 1st trimester of pregnancy	38
Women started the visit in the 2nd trimester of pregnancy	61
Women were told of the progress of pregnancy	53
Women had a chance to ask questions	60
Women were asked to come back for another visit	63
Unfavorable pregnancy outcomes	
Low birth weight	5.9
Stillbirth	1.8
Preterm delivery	8.8
Birth defects	0.25
Neonatal care unit admission	14.8
Maternal mortality	
Neonatal mortality rate in Iraq in 2010	23/1000
Maternal mortality rate in Iraq in 2010	84/100 000
Early marriage	
Girls married before the age of 18 years	20
Girls married by the age of 15 years	5
Birth spacing	
Women prefer a birth interval of <3 years	25
Cesarean section	
Cesarean section rate in Iraq	22.2-24.4
Violence against women	
Past year spousal violence against women	45.3
Lifetime spousal violence against women	58.6
Lifetime physical violence	38.9
Lifetime emotional violence	52.6
Lifetime sexual violence	21.1
Female genital mutilation	
Prevalence in Duhok	4
Prevalence in Erbil	58
Prevalence in the rural areas of Sulaimania	70
Prevalence among females under 20 years old	23
Reason for practicing female genital mutilation	
Social and cultural traditions	40.7-46.7
Religious requirement	38.8-50.3
Women support continuation of female genital mutilation	28-37

Maternal Mortality

Maternal and neonatal mortalities are very high in Iraq. In 2010, the neonatal mortality rate was 23 per 1000 live births, and the maternal mortality ratio was 84 per 100 000 live births (6). These rates are considerably higher than that of developed countries that have better antenatal care standards (7, 8). These rates in Iraq are even higher than neighboring Iran that had a neonatal mortality rate of 12.5 per 1000 live births and a maternal mortality ratio of 30 per 100 000 live births (6). Iraq is one of the 68 countries contributing to 97% of the global maternal and child deaths. Iran has been successful in reducing the maternal death rate between 2000 and 2010 by 220%. However, Iraq was only able to drop the maternal mortality rate by a tenth as much during this period. In fact, Iraq was unable to meet its maternal mortality reduction target by 2015 (20 deaths per 100 000 live births) (9).

Early Marriage

The legal age of marriage in Iraq and Kurdistan region of Iraq is 18 years for both girls and boys, but marriage can take place at the age of 15 with parental consent. Limited knowledge is available about child marriage in Iraq. However, approximately 20% of girls marry before reaching 18 years old. The primary drivers for early marriage in Iraq are poverty, the ongoing conflict and the strict religious and cultural traditions. The increased financial hardship in Iraq resulted in increasing the number of child brides. In 1997, 15% of the marriages involved women under 18. This rate increased to more than 20% in 2012, with almost 5% married by the age of 15 years. Limited knowledge is available about the efforts of civil society to end child marriage at the society level (10).

Birth Spacing

Adequate birth spacing is a decisive determinant of the health of mothers and children. There is a lack of sufficient data about birth interval in the Kurdistan region of Iraq, and limited knowledge is available regarding the perception of women on the optimum birth spacing. Data is also poorly available about women's awareness

of the advantages and disadvantages of long and short birth intervals. A study from the region showed that around 25% of women prefer a birth interval of <3 years. Around half of the women lacked awareness of the benefit of the appropriate birth interval on lowering the risk of infant and perinatal mortality and morbidity and also on decreasing the risk of maternal mortality and morbidity (11).

Cesarean Section Rate

Cesarean section, a widely performed procedure for women, is associated with a significantly high maternal and infant morbidity and mortality, especially in low-income countries (12, 13). The cesarean section rate in Iraq (22.2% to 24.4%) (14, 15) is much higher than the recommended level (10%) (16) and is higher than the rate reported in neighboring countries (18.5%) (17). The frequency of cesarean section increased remarkably in Iraq in the recent years, particularly in the Kurdistan region of Iraq (15). A substantial evidence of the effect of the private healthcare on the increased rates of cesarean section exists, which is commonly attributed to provider-induced demand (18). Such an effect of the private sector is particularly evident in Iraq as the governorates containing more private hospitals have higher rates of cesarean section (15). The marked rise in the cesarean rates in the Kurdistan region of Iraq could be explained by this factor as the region has experienced a speedy development of the private healthcare sector (19). Kurdistan region of Iraq is potentially liable to the problem of provider-induced demand related to lack of patients' rights groups and consumers' organizations to protect patients' interests. There is also a lack of health insurance to monitor providers and limit abusing the services. The Kurdistan region of Iraq primarily depends on the fee-for-service or out-of-pocket payment for private services that makes provider-induced demand more likely (20, 21).

Women's Empowerment and Access to Health Services

Women's lack of empowerment in the Kurdistan region of Iraq is an important public health concern which can adversely affect the women's health. It can also have an adverse effect on the broader social and economic development. Efficient empowerment of women is needed to address different areas related to improving health, nutrition, and education. This empowerment should target the general population, but the gender aspect should also be directly considered. The main obstacle to health care in Iraq is insecurity, which is particularly related to the associated social and psychological consequences, displacement of population, geographical and economic restrictions, cultural factors and degradation and low standards of health care services (22). Improving access to quality health care requires having affordable health services and safe physical access of all the people to the healthcare facilities. Healthcare facilities should be accessible to all without discrimination (23).

Violence Against Women

Violence against women is a worldwide concern that constitutes an important public health issue and a serious violation of human rights. It can happen to women from any social, economic and religious groups. Violence against women has many adverse health outcomes, and might even result in death (24,25). Intimate partner violence is one of the most prevalent types of violence against women (26). It is frequently associated with a wide range of adverse physical and mental health problems (27,28). It might even result in the death of a woman, whether from suicide or homicide. Women's homicides may be labeled as suicides in many cultures. On the other hand, actual suicide might result from the violence consequences such as mental instability (29,30).

Violence against women, particularly spousal and domestic violence, is widespread in the Kurdistan region of Iraq. A study in the Kurdistan region of Iraq, revealed a high prevalence of the overall past year and lifetime spousal violence against women (45% and 59%, respectively). The study showed that the prevalence of lifetime physical, emotional and spousal sexual violence was 38.9%, 52.6% and 21.1%, respectively (31). Media reports on a widespread violence against women in the Kurdistan region of Iraq in 2007 resulted in the initiation of awareness campaigns by some civil society advocates and women's rights groups (32). These efforts helped in outlawing different forms of violence against women through domestic violence law that was issued in June 2011 (33). The regional government established the High Commission for Women's Affairs, which is mandated to combat violence against women. A particular police department with women staff and a court dealing with domestic violence cases were also established. Civil society organizations were actively engaged in these efforts to reduce and respond to the incidents of violence against women.

Violence against women is particularly prevalent among vulnerable communities, particularly among the internally displaced persons (IDPs) and refugees who do not live in organized camps. There is under-reporting of this problem everywhere, especially in the Kurdish society. Women often choose not to unveil the real story of violence to the health or social workers. This reluctance could be related to different reasons such as fear, lack of trust or stigmatization. In fact, the women who reveal the violence might experience unfavorable consequences such as divorce, stigmatization and even more violence. Violence against women continues in spite of the tremendous efforts of the regional government to combat it. Many women are not aware of the legislation and law enforcement structures that fight violence against women and the social protection entities that could protect the victims (34).

Female Genital Mutilation

Female genital mutilation is a clear violation of girls and women's human rights which is associated with several health risks and consequences (35-37). It is a principal manifestation of gender discrimination and inequality (38). Female genital mutilation is commonly practiced in some 28 African countries and several countries in the Middle East and Asia (39). Female genital mutilation is deeply rooted in the culture and traditions. Abandoning female genital mutilation is extremely difficult. The primary motives for practicing female genital mutilation are the prevailing social norms, suppression of sexuality, some aesthetic preferences, and religion (40).

Female genital mutilation is widely prevalent in the Kurdistan region of Iraq as around 40% of girls and women are mutilated. The rate varies in the different geographical areas, and it ranges from 4% in Duhok governorate to 58% in Erbil governorate and 70% in some particular rural areas of Sulaimania governorate (14, 32, 41). The prevalence is lower among females under 20 years old (23%), which is possibly related to a decreasing trend in its practice. However, this rate is still very high and of significant health concern (41).

The origin of female genital mutilation in the Kurdistan region of Iraq is unclear. While female genital mutilation is a common practice in Iraqi and Iranian Kurdistan (40,42), it is less commonly practiced in the rest of Iraq or the Kurdish region of Turkey. The practice is remarkably common in the rural areas of the Kurdistan region of Iraq. The agrarian nature of the Kurdish society with having a large part of the population living in rural areas and the high levels illiteracy and poverty in addition to the religious misbeliefs might have an influential role in this high prevalence (43, 44).

Some women might consider practicing female genital mutilation to avoid social embarrassment or have a good position in the community. Unlike other settings such as Nigeria, where under-reporting of female genital mutilation is very common (37,45), over-reporting is more common among women in the Kurdistan region of Iraq (32). Social pressure and the resulting social ostracism might make the women claim that they are mutilated even if they are not. Cultural and social traditions along with religious requirement are significant reasons for practicing female genital mutilation in many settings (46, 47). In the Kurdistan region of Iraq, the available research has identified social norms and cultural traditions (40.7% to 46.7%) and religious requirement (38.8% to 50.3%) as the primary causes for the female genital mutilation practice (32, 41, 48). Research has also reported a comparatively large number of women, particularly the mutilated ones, supporting the continuation of female genital mutilation (28% to 37%). It has been suggested that the primary motivating factor for continuation of female genital mutilation is tradition and norms transmitted from mothers to daughters in the family (32). A study from Iran also revealed that female genital mutilation is often performed at the request of the mother. Having parents letting others perform female genital mutilation to their daughters means that female genital mutilation is primarily rooted in the traditions of the society. Therefore, reducing or banning female genital mutilation is challenging (40).

The active and public opposition to female genital mutilation in Kurdistan region of Iraq started in 2007-2008. People and women, in particular, nowadays actively oppose the practice, which might be attributed to the increased awareness about the consequences of female genital mutilation (49).

The role of law in prohibiting female genital mutilation is well noticed (50). There is a need to have strict legislation that should be enforced to prevent people from subjecting their daughters to the practice. Such laws should particularly emphasize the significance of prosecuting female genital mutilation performers and parents who subject their daughters to female genital mutilation. The law has banned female genital mutilation in several settings where female genital mutilation is prevalent (48). However, effective enforcement of these laws remains a real challenge (51). The role of domestic laws in reducing female genital mutilation remains understudied, and it needs closer monitoring (52).

A domestic violence legislation was issued in the Kurdistan region of Iraq in June 2011. The legislation includes a number of provisions related to banning female genital mutilation in Kurdistan region of Iraq. The bill listed female genital mutilation among 13 items of domestic violence. The legislation sets penalties for encouraging or performing female genital mutilation with a fine, imprisonment and banning health professionals from practice (33). There have been some efforts to pass a separate law for combating female genital mutilation in the Kurdistan region of Iraq or strengthen the provisions in the already existing bill. However, these efforts have faced resistance from different actors and have not witnessed any success so far.

Conclusions

Women in the Kurdistan region of Iraq are affected by different health, social and cultural problems. Improvement of women's health and status in the Kurdistan region of Iraq needs an integrated strategy that takes into account the physical, mental and social aspects of women's health in a holistic way that also involves the broader society. Interventions should address the cultural and traditional issues sensitively. The strategies to ban harmful behavior like female genital mutilation and violence against women need active engagement of the community and educating its members, particularly the elders, the religious leaders, and the civil society organizations.

Conflicts Interests

Authors declare that they have no conflict of interests.

Ethical Issues

The Research Ethics Committee of Hawler Medical University reviewed and approved the study protocol.

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