

Quality of Life of Kurdish Women from Martyrs' Families in Kurdistan Region of Iraq as a Middle East Conflict Area

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Research article

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Abstract

Background Quality of life (QOL) research develops data and insight into issues that pertain not only to the individual but also can apply to the population as a whole. This study aimed to analyze the QOL of Kurdish women from martyr families of Kurdistan region of Iraq. Methods A cross sectional study was conducted on 380 women from martyrs' families who were patients at the Medical Center of Martyr Families in Erbil City during the period of January 2018 to April 2019. Through direct interviews data were collected and the WHOQOL-BREF scale was used for measuring the QOL. The samples were divided into four categories (quartiles) according their QOL score: 1st, 2nd, 3rd and 4th quartile. Kruskal-Wallis and Chi-Square tests were used for data Analysis. Results The QOL domains of the study sample were set in following quartiles: Overall QOL and General Health Domain (66.6%) and Physical and Psychological Health Domain (56.9%) in 1st and 2nd quartiles, Social Relationships (47.9%) in 3rd quartile, Environment Domain (85.6%) in 2nd and 3rd quartile. The total QOL of more than half (52.1%) of the studied women were in 1st and 2nd quartiles. Conclusion Women of martyr families were not satisfied with their QOL especially in Physical and Psychological Domains. International political and humanitarian actions are needed to reduce the destructive consequences of war and conflicts on these suffering women.

Background

WHO (World Health Organization) defined Quality of Life (QOL) as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment" [1].

Women suffer more severely from the damage to the health and other infrastructure and the wider economic damage as well as from displacement and dislocation during and after conflict [2].

Quality of life research increase knowledge related to the individual for clinical management, develop an epidemiological perspective to the problems, provide data to evaluate the cost-effectiveness of various permutations in the balance between the three levels of prevention, and the 'human effectiveness' of health care system restructuring. Therefore QOL data have significant implications for social and public policy [3].

During the last 100 years ago, Iraq generally, and Kurdistan region particularly underwent wars and conflicts which led to massive loss of men from families. Those people died for the principal slogans of the revolution: freedom, social and economic justice and democracy. According to documented statistics of the Erbil General Directorate of Martyrs and the Anfal Affairs, there are 20000 martyr (veteran) families and each family may have one to five martyrs in Erbil governorate. In the majority of them the women assume the responsibility of family support and even custodial family support. Wars and armed struggles pushed Kurdish women to play multiple and various roles which made changes in gender relations and social position. In results they experienced pains and problems, and according their racial, class, religious,

rural and urban status, women's multiple social identities were intertwined by activism and resistance in different parts of Kurdistan [4].

The Director of the Medical Center of Martyr Families of Erbil City stated that since establishment of the center in 2000, many of the patients are female of middle age and older. The majority, although visiting doctors for treatment of physical or mental health, clearly exhibited the need of psychological and economic support because of the loss of the family leader and breadwinner (husbands, father and brothers). As the sole adult, they are forced to assume all roles in the family structure. There are a number of females who are still in their productive age and want to remarry or change their lifestyle but cannot because of the traditional and social obstacles of single parenthood. (BQ Saleem, Personal communication, 15 February 2018).

The general purpose of the present study is to provide evidence on need assessment of Kurdish women, specifically from martyr families because of their challenges in health needs and their role in supporting family members. Therefore this study aimed to find out the QOL of Kurdish women from martyr families and find out its association with their sociodemographic characteristics.

Methods

A cross sectional study was conducted in Medical Center of Martyr Families in Erbil city during the period of January 2018 to April 2019. This center is under the direction of the Ministry of Martyrs and Anfal (Genocide), Kurdistan region, Iraq. In the entire Erbil Governorate this is the only medical center available to provide health care specifically for this group and it is only accessible to families living within the city limits. Surgeon, internist, rheumatologist, urologist, dentist, ENT and dermatologist are available in this center. Basic laboratory tests, x-ray and sonography are available; for more advanced intervention, treatment and care, the cases are referred to government hospitals. Three hundred eighty women from martyrs' families attending the center through non probability sampling were recruited for participation in the study. For calculation the sample size the Epiinfo 7 Computer Program was used. The following information had been entered in the program: population size 50,000, expected proportion of women of quality 50% (it was set as 50% because of unavailability of data, knowing that 50% will give the highest sample size), precision 5%, and confidence level 95%. Accordingly the estimated sample size was 381, so 380 were considered for convenience. Prior to data collection, permission to conduct this study was secured from Directorate of Martyrs in Erbil city and proposal of the study was approved by Scientific and Ethical Committee of College of Nursing, Hawler Medical University.

A questionnaire form was developed for the purpose of data collection which includes demographic characteristics of women. For measuring the QOL the WHOQOL-BREF scale was used. It assesses the individual's perceptions in the context of their culture and value systems, and their personal goals, standards and concerns. The WHOQOL instruments were developed collaboratively in a number of centers worldwide, and have been widely field-tested. The WHOQOL-BREF instrument comprises 26 items, which measure the following broad domains: physical health, psychological health, social relationships, and

environment. The WHOQOL-BREF is a shorter version of the original instrument (WHOQOL-100) that may be more convenient for use in large research studies or clinical trials [5].

All martyr family members can attend this center. By carefully chosen sampling methods wives, mothers, sisters and daughters of martyrs who attended the center during data collection were included in the study. Informed consent was taken from those who accepted to participate in the study after explaining the purpose and answering any questions they had. Forms were coded without asking their names or writing on the form of the questionnaire. Data were entered into and analyzed by Statistical Package for Social Sciences (version 23). Kolmogorov-Smirnov test was used to determine the normality distributions of the quantitative variables. The sample was divided into four categories (quartiles) according their QOL score: 1) the lowest 25%, the next lowest 25% of numbers (up to the median), 3) the second highest 25% of numbers (above the median), 4) the highest 25% of numbers. Frequency, percentage, Kruskal-Wallis, Mann-Whitney, and chi-square tests were used for data Analysis.

Results

Thirty hundred and eighty women from martyrs' families engaged in this study with mean age 48.6 ± 13.5 and mean years of education 3.5 ± 4.7 . More than half of the study sample (51.6%) were aged between 41-60 years old and were illiterate (53.7%). The majority were housewives (92.9%) and were married (90.5%). Most of the study sample were either a wife, sister or daughter of the martyr (Table 1).

Table 1: Sociodemographic characteristics of the study sample

Variables	Values	No	%
Age (years)	≤20	5	1.3
	21-40	111	29.2
	41-60	196	51.6
	>60	68	17.9
Education level	Illiterate	204	53.7
	Basic	137	36.1
	Secondary	8	2.1
	Institute & above	31	8.2
Occupation	Housewife	353	92.9
	Employee	4.5	4.5
	Other	2.6	2.6
Marital status	Single	36	9.5
	Married	344	90.5
Relation with martyr	Mother	50	13.2
	Wife	78	20.5
	Sister	113	29.7
	Daughter	139	36.6

The highest percentage (66.6%, 56.9%, and 69.2%) of the study samples of overall QOL and general health, physical and psychological health, were in first and second quartiles, respectively. Nearly half

(47.9%) of the women - quality of social relationships - were in third quartile. The majority (85.6%) of them - quality of environment domain - were in second and third quartile. The total QOL of more than half (52.1%) of studied women were in first and second quartiles (Table 2).

Table 2: Frequency (%) of QOL domains of the study sample based on Quartiles of WHOQOL-BREF score

Domains	Q1 (0-25%)	Q2 (25-50%)	Q3 (50-75%)	Q4 (75-100%)
Overall QOL and general health	137(36.1)	116(30.5)	118(31.1)	9(2.4)
Physical health	123(32.4)	93(24.5)	100(26.3)	64(16.8)
Psychological	131(34.5)	132(34.7)	81(21.3)	36(9.5)
Social relationship	6(1.6)	21(5.5)	182(47.9)	171(45)
Environment	27(7.1)	142(37.4)	183(48.2)	28(7.4)
Total QOL	35(9.2)	163(42.9)	142(37.4)	40(10.5)

Q: quartile; QOL: quality of life

Statistical significant association was found between the level of QOL of the study sample and their age, educational level, occupation, marital status and their relation with martyr (Table 3).

The response of the majority (99.2%) of the study sample to the question “ Do these questions show your quality of life?” was “Yes”.

Table 3: Association between total QOL of the study sample with their socio-demographic characteristics

Variables	Values	Q1(0-25%)	Q2(25-50)	Q3(50-75%)	Q4(75-100%)	P-value
Age (years)	≤20	0(0)	0(0)	1(20)	4(80)	<0.001
	21-40	5(4.5)	22(19.8)	61(55)	23(20.7)	
	41-60	15(7.7)	103(52.6)	66(33.7)	12(6.1)	
	>60	15(22.1)	38(55.9)	14(20.6)	1(1.5)	
Education level	Illiterate	23(11.3)	116(56.9)	59(28.9)	6(2.9)	<0.001
	Basic	12(8.8)	44(32.1)	67(48.9)	14(10.2)	
	Secondary	0(0)	1(12.5)	5(62.5)	2(25)	
	University	0(0)	2(6.5)	11(35.5)	18(58.1)	
Occupation	Housewife	35(9.9)	161(45.6)	132(37.4)	25(7.1)	<0.001
	Employee	0(0)	1(5.9)	8(47.1)	8(47.1)	
	Other	0(0)	1(10)	2(20)	7(70)	
Marital status	Single	0(0)	5(13.9)	16(44.4)	15(41.7)	<0.001
	Married	35(10.2)	158(45.9)	126(36.6)	25(7.3)	
Relation with martyr	Mother	11(22)	27(54)	11(22)	1(20)	<0.001
	Wife	9(11.5)	40(51.3)	28(35.9)	1(1.3)	
	Sister	8(7.1)	51(45.1)	43(38.1)	11(9.7)	
	Daughter	7(5)	45(32.4)	60(43.2)	27(19.4)	

The median of social relationship domain of the quality of life was higher than the median of other domains. Psychological domain and overall QOL and general health had the lowest median (Figure 1).

Discussion

The present study examined the QOL of 380 veterans' female relatives from martyr families of Kurdish people. They lost their male family members (husband, son, brother, or father) during 50 last years. They were called Peshmerga who defended the Kurdistan region from all threats by Iraq regimes and attacks of neighbors' countries. They were victims of genocide starting at the end of 1970's, wars, prisoners hung or killed under torture, the Kurdish exodus in 1991 and who were killed during the fight against Da'ish (Islamic State [Isis] militant group) [6,7]. The results show that the quality of life of these women is not desirable and even poor depending on age, educational level, occupation, marital status and relationship to the martyr. The quality of physical health and psychological domain of the study sample were low, which may be due to lack of governmental health organization support and the provision of health care to this group of women as well as proper financial support. In addition role of socio-demographic factors especially educational level and occupation were manifest, as the majority of women were illiterate and housewives. Results of the other studies shows that QOL deficits in both veterans and refugees have been consistently linked with war-related posttraumatic stress symptoms [8,9].

In a study done in Western Europe on Balkan residents and refugees, results show that employment and financial situation were among strong factors of dissatisfaction by participants and Social QOL (SQOL) had affected strongly by posttraumatic stress symptoms. lower SCOL were directly depended with traumatic war events and post-war environment [10].

Results of the present study also show that the quality of social relationship domain of the study sample were higher than other domains. It may be due to strong social relationship among Kurdish population specifically and Mediterranean east countries generally. Culturally the relationship between family members and relatives is strong as well as religious heritage. Close family relationships among Kurdish people are important traditional values. The usual type of family is extended family and only in uncommon situation Kurds live solitary. Families are usually large and Kurds live alone only in exceptional situations. The expended families often collect many generations affiliated to the family and in case of living far from each others, still connections are tight [11]. Kin and familial loyalty, strong marriage relationship, cooperation in works which need group working and supporting each other whether in nuclear or extended families are characteristics of Kurdish community. Large kin groups are of higher importance than ethnic, social class, and sectarian lines and family members are mutually protective of each other. Individual status within the group is determined by the family's position and the individual's position within that group [12]. As the vast majority of Kurdish people are Muslim, one of the most obvious features of them is the importance attached to the family and the family unit is regarded as the cornerstone of a healthy and balanced society [13].

Kurdistan Region Government (KRG) has supported those families who lost their family members (specially the breadwinner of the family in defense of the Kurdistan) including a monthly salary and support for health care, education, and housing [14]. Despite this, it seems those families struggle with their life needs, as the results of the present study shows that only 10.5% of the study sample situated in 4th quartile of total QOL according WHOQOL-BREF. It is worth mentioning that the poorest martyr families attend the medical center (setting mentioned in method) for seeking health care. Results of a qualitative study in same center indicated that women of martyr families were not satisfied with the health services of the center; they had expected that more assistance would be provided from the government to respect them and provide their emotional, social, economic and physical needs [15].

Many studies in different countries have measured the quality of life among specific groups of women with particular diseases such as cancer and age related illnesses and conditions such as menopause but have not addressed the issue of war affected populations. In this regard, providing enough support literature was difficult. Another limitation of the present study was examining those women who live inside Erbil City, the capital of Erbil governorate. Many martyrs' families are living in small towns and villages which are not included in this study and may be in worse health conditions and because of location are more deprived of adequate health care.

Conclusions

Women of martyr families were not satisfied with their quality of life especially from physical and psychological domains. The low sociodemographic background of the women can make the quality of life even lower which duplicate the adverse outcomes of military conflicts. Governmental auspices for providing special health care of war veterans and providing worthy financial support is necessary. International political actions are needed to eradicate the effects of war and conflicts and to reduce the suffering women from destructive consequences.

List Of Abbreviations

KRI=Kurdistan Region Iraq

Q= quartile

QOL= Quality of Life

SOQL= Social Quality of Life

WHO= World Health Organization

WHOQOL-BREF= A shorter version of the original instrument of WHOQOL-BREF

Declarations

Ethics approval and consent to participate: the proposal of the study approved by Scientific Committee of College of Nursing/Hawler Medical University. Informed verbal consent was taken from all study participants as generally this approach is preferred by people and the written consent is not mellow in our community which approved by Ethics and scientific committees.

Consent for publication: not applicable.

Availability of data and material: The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Competing interests: The authors declare that they have no competing interests.

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Authors' contributions: HMA initiated the idea, prepared the proposal, analyzed and interpreted the patient data regarding their quality of life and wrote and approved the final manuscript."

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Figures

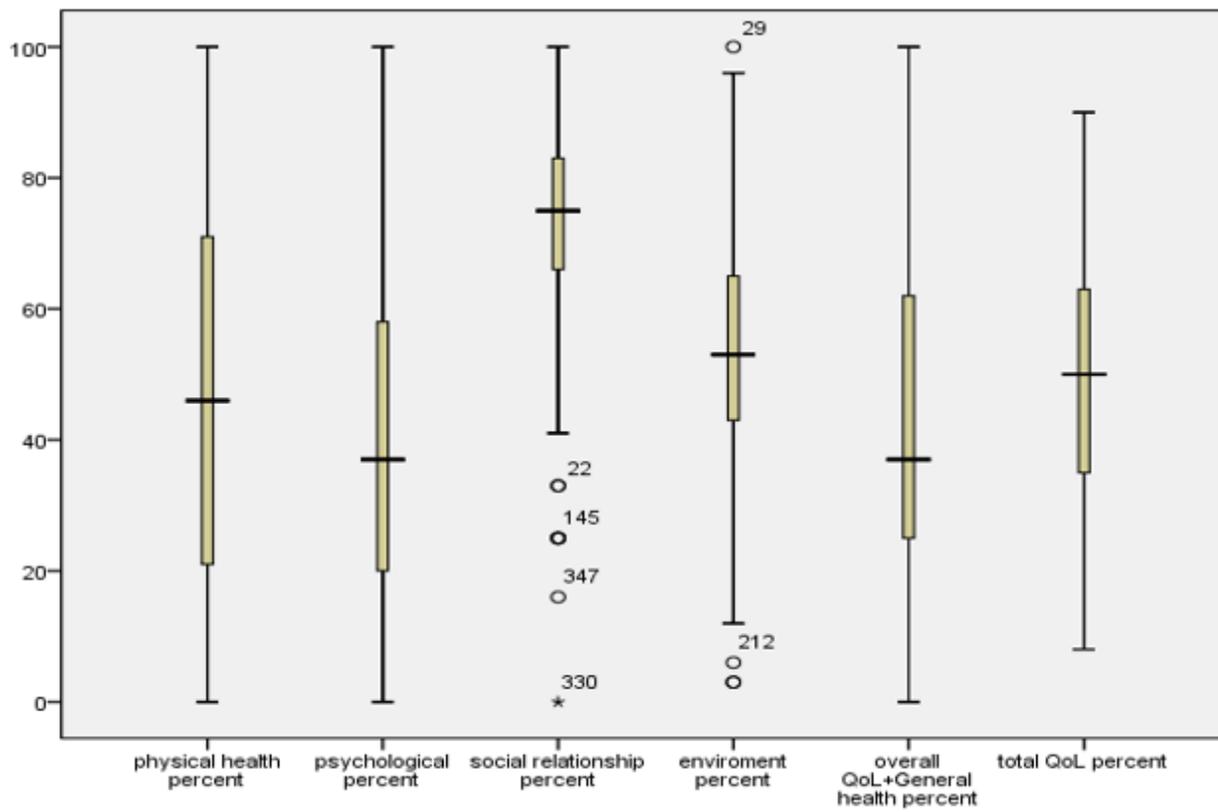


Figure 1

Box plot indicating median, quartiles and extreme values for domains of QoL