

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 Palestinian 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

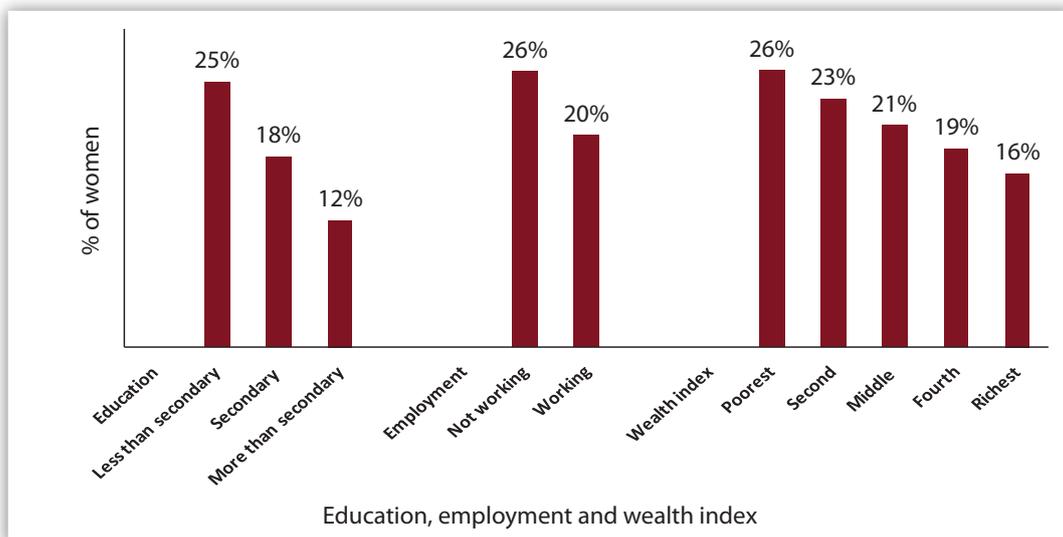
Twenty one percent of women rated their health status as moderate to bad, 22% of women reported health problems in the last 2 weeks, 7% reported being anemic, and 11% reported having at least one chronic illness.

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).

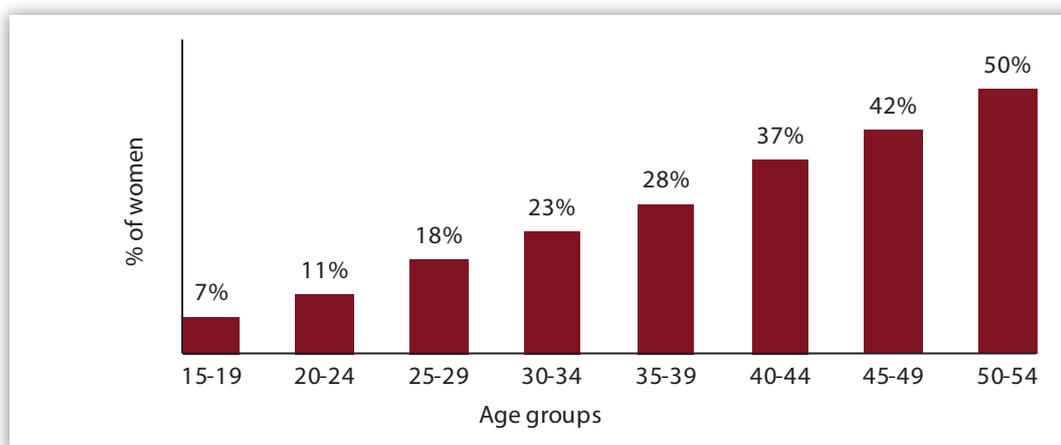
Women with low education, the unemployed, and poorer women were more likely to report moderate to bad self-rated health

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

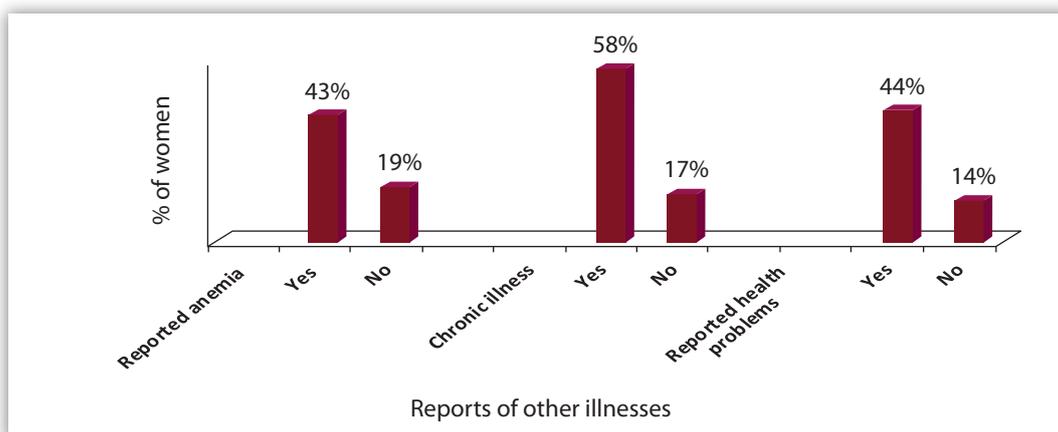
literature also indicates that when income inequalities are high, people tend to report worse health, as they are comparing with others around them (6). In the Gaza Strip, income inequalities are less pronounced than on the West bank, which may also explain why Gaza Strip women report better self-health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