Listening to Women about their Health in Disadvantaged Beirut Neighborhoods

Background

Research on women’s health in the Arab region has begun to rectify the neglect of women’s own priorities. For more than a decade, the Reproductive Health Working Group, a regional research network established in Cairo in 1988 and currently housed at the Center for Research on Population and Health (CRPH), has conducted multidisciplinary studies on women’s reproductive and gynecological health.

The first issue of “Highlights” uses the work of Zurayk et al, 2007 and underlines the issues beyond reproductive health by seeking to understand what women themselves are concerned about, and how the social context in which they live enhances or constrains their health and health-care decision-making.

Study Design and Sample

A team of researchers from the Faculty of Health Sciences at the American University of Beirut, used data from the Urban Health Study (UHS) conducted in 2002-2003 in three impoverished communities in the Beirut suburbs. In the UHS, questionnaires were administered as face-to-face interviews, conducted in Lebanese colloquial Arabic to 1,869 ever-married women aged 15-59, from a stratified random sample of households.

To explore women’s own concerns, women were asked first about problems of daily living. They were then asked to self-rate their overall health, and to report problems of general health and gynecological health that they were experiencing. Responding to open-ended questions, women described these problems in their own words.

Main Findings

- Living problems were numerous with 82% of women reporting at least one problem in response to questions on everyday living. Three quarters of such living problems reported were economic, expressed as lack of financial resources, unemployment of husband or grown-up male children, and unaffordable expenses often related to food, schooling of children, medical care and housing. Women’s descriptions of these everyday problems provided a poignant commentary on the conditions of poverty and economic deprivation they face. Health problems were included as living problems but only marginally.
General health problems were reported by half of the respondents in response to a question on general health experienced in the past two months. These women reported an average of 1.8 problems. The most frequent complaint (31%) was musculoskeletal, especially back pain, joint pain, and limb pain. A majority of complaining women considered their reported health problem to be serious or very serious.

Gynecological health problems were reported by 1 in 4 women but only when asked directly whether they experienced any in the past two months. Most complaining women did not report these gynecological problems when asked about general health problems. The most frequently reported (54%) gynecological problem was Reproductive Tract Infections (RTIs), and RTIs were ranked as the most important gynecological problem by a majority of complaining women (55%). They were followed in frequency and importance by menstrual problems and ovarian/uterine problems. A majority of complaining women indicated their problem to be serious or very serious and a substantial proportion reported it to be chronic and not new.

Self-rating of overall health revealed that a fourth of women assessed their health as “bad” or “very bad” and a third assessed their health as “fair”, while only 44% assessed it as “good” or “very good”. Significant positive correlations were noted between self-rated overall health, on the one hand, and reporting of general health problems and reporting of gynecological problems, on the other.

Connecting the social and the biological was possible through the qualitative information gathered from women’s responses to open-ended questions on the problems of daily life, and general and gynecological health, offering important insights on their health. Women’s evocative words underline the connection between emotion and bodily health. They cite the physical fatigue and psychological stresses of living in poverty as direct causes of their ill health. They reveal the anxiety caused by not being able to satisfy the basic needs of their children for food, medicine, and schooling, and their shame in not living up to minimum social expectations, such as dressing their children in new clothes for an important religious holiday.

Conclusions and Policy Recommendations

- Reproductive tract infections and other gynecological problems as reported by women are prevalent and are perceived to be severe, indicating that reproductive morbidity is a key health issue for women in the three study communities
- Despite the significance of gynecological problems, women in the sample reported other problems of general health, showing competing health priorities. Women have many health concerns on their mind, not just those connected to reproduction.
- Women’s words describing their health problems and the causes of these problems reveal how interconnected women’s health and life concerns are. Their responses suggest an all-encompassing definition of health where environmental, economic, social, psychological, and physical determinants come together in their bodies.
- Both ethically and strategically then, health programs for women should consider how to address these broader life and health issues, while seeking to include gynecological problems more comprehensively in reproductive health. There is a need to address the social determinants of health in addition to biomedical dimensions of health and reproductive health.

Utilization of Findings

Women’s health priorities would look different if we listened to women more carefully. Their concerns offer a useful counter–balance to internationally determined program priorities based largely on “expert” knowledge and experience. Our findings from women suggest strongly that researchers, practitioners and policy makers should collaborate together in learning how to address the social context of women’s health in addition to the biomedical dimensions. Asking the right questions will result in insights into the kinds of interventions that might improve women’s lives and health in disadvantaged communities in the developing world.

This “Research and Policy Highlight” is based on the following article:

“Research and Policy Highlights” is produced by the Center for Research and Population Health (CRPH) at the Faculty of Health Sciences (FHS), American University of Beirut (AUB).