



Reflections on Women's Health and Status in the Kurdistan Region of Iraq

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Abstract

This letter to the editor addresses some of the shortcomings and limitations of a recently published article entitled "Women's Health and Status in Kurdistan Region of Iraq: A Review" by Shabila and Al-Hadithi in the *Crescent Journal of Medical and Biological Sciences*. The present review failed to highlight the developments that have been made in the Kurdistan Region of Iraq in the last decades. In addition, little is reported about mental health in the article while accessing effective and culturally appropriate mental health services is considered as one of the biggest challenges that Kurdish women face in the Kurdistan Region of Iraq. Therefore, systematic documentation of the women's status was agreed to be important for improving the health of women in this region. Such reports and reviews should conscientiously and deliberately seek for capturing the depth and scope of the women's health status in order to help public health, along with medical and political leaders to make progress towards achieving the intended goal.

Keywords: Women health, Female genital mutilation/cutting, Mental health

Dear Editor,

Unfortunately, the recently published review by Shabila and Al-Hadithi entitled "Women's Health and Status in the Kurdistan Region of Iraq: A Review" involves many speculations and generalization by very thin evidence (1). In its abstract section, the authors reminded that many of these problems are deeply rooted in the culture. This statement is believed to be an erroneous assumption by the authors perhaps due to analyzing only a limited number of English references while most local researchers publish their work in Kurdish. In addition, different university researchers and non-governmental organizations (NGOs) produce reports specific to Kurdistan Region of Iraq (KRI). The authors cannot make a systematic effort to distinguish between the facts and issues that are relevant to Iraq, in general, and those which are specific to the KRI. Truly, in the midst of decades-long conflicts, women's health and status in the KRI underwent noticeable improvement and made considerable progress in contrast with the other regions of Iraq. Although the intended article addresses Kurdish women's health, not much of the presented data are related to the KRI, instead, they are from outside the region, except for the cesarean section rate. The only table on data and statistics regarding women's health and status lacks citation and sources. The reproductive health section contains some data about Kurdish women while the reference is not identified, but only mentioned that the data were obtained from different reviewed studies.

In fact, some of the reported data such as low rates of stillbirth (1.8%) and birth defects (0.25%) are not even the signs of poor health. As regards the female genital mutilation/cutting (FGM/C), the shared data are obtained from a study conducted in one village in Kurdistan, the generalization of which is not reasonable. Further, a comparison was made with Nigeria, but not with regional countries (e.g., Egypt and Sudan) where women have high rates of FGM/C (2,3). It is noteworthy that problems such as honor killing, domestic violence, as well as divorce and separation importantly became the topics for public discussion, which emerged from the silence that prevailed prior to the rise of autonomy during the 1990s.

Furthermore, the KRI made considerable progress in the health sector in contrast with other regions of Iraq. The health system witnessed a great improvement in terms of strong political with better access to care and adequate number of equipped and staffed health facilities after 2003 (4). According to Cetorelli and Shabila, KRI has developed more compared to other central and southern Iraqi governorates in expanding the number of health facilities since 2003 (5). For instance, the number of small primary health care centers ranged from 0.1 to 5.9 per 100 000 populations in central and southern governorates and from 6.7 to 20.2 in KRI while that of the large centers varied from 2.6 to 4.3 in central and southern governorates and from 5.4 to 6.8 in the KRI.

Some of the achievements in the last decade concerning

Received 6 July 2018, Accepted 6 November 2018, Available online 1 December 2018

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increasing the participation of Kurdish women in politics and decision-making encompass passing a domestic violence law, prohibiting polygamy without a woman's consent, and increasing the number of local NGOs including more than 50 women's NGOs which advocate for women's rights. These achievements have not been mentioned, which misinforms the readers who are not familiar with the KRI context (6-9). The authors investigated a study about "Intimate partner violence against women in the Erbil of Kurdistan, Iraq" and used data from one location (Erbil) in the KRI in order to draw conclusions for the entire region (10). by Malik, Shabila, and Al-Hadithi, evaluating the women's knowledge of the domestic violence legislation in Erbil, Iraq and their response to spousal violence, suggested that 76.8% of Kurdish women had knowledge about the presence of legislation and law enforcement structure in Iraqi Kurdistan region to combat violence against women (11). In addition to the relative stability in the KRI, women had more rights than those in the other parts of Iraq. In terms of political participation, the Kurdistan Region has had higher rates of gender quotas at the parliamentary, legislative, provincial, and governorate levels at the Iraqi national level since 2009 (12).

From our experience and work in the region, accessing effective and culturally appropriate mental health services is regarded as one of the significant challenges that Kurdish women encounter in the KRI, though there was a little reference to mental health in the review, suicide, whether or not stemming from domestic violence, are, indeed, as the problems of concern. Unfortunately, the authors failed to mention the 2008 establishment of a sanitarium in Sulaimaniyah for women with mental illness.

Therefore, to enhance the health of women in the Kurdish region is important to systematically document their status. Moreover, reports and reviews must conscientiously and deliberately attempt to capture the depth and scope of women's health status so that to help the public health, as well as medical and political leaders attempt to achieve that goal.

Conflict of Interests

The authors declare that they have no conflict of interests.

Ethical Issues

Not applicable.

Financial Support

None.

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