Empowerment of Iraqi Women and its Effect on Their Quality of Life

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Abstract

BACKGROUND: Women’s empowerment is an efforts to enhance their general condition and role of women in building of nations, along with their quality of life (QoL). The aspects of womankind empowerment are given importance such as the education of girls (social empowerment); also the employment and participation in the labor market (economic empowerment). It is expected that the most of the world’s poor are women and they are frequently in charge of providing the essential needs for their families. Therefore, they are at specific threat of poverty. Women perception of their position in life cycle in the background of culture and value organizations where they live and related to their aims, anticipations, values, and worries termed as QoL.

AIM: The aim of the study was to assess QoL and its association with economic and social empowerment of women furthermore, find out the association between QoL and some sociodemographical variables.

METHODS: A descriptive and correlational study was conducted; from the period of October 1, 2021–December 20, 2021. It is used an online questionnaire by Google form as a method of data collection on 500 women their ages (15–66 years old) from all of Iraq’s provinces. The questionnaire composed of two parts; sociodemographical characteristics of Iraqi women in addition to “RAND 36-Item Health Survey” of QoL (SF-36). Data were analyzed with SPSS (26) to meet certain objectives of current research.

RESULTS: The majority of study sample live in urban regions, most of them were diploma holder and above, approximately half of participant with sufficient income, positive significant correlation between QoL and education level, income, and inverse or negative relationship between QoL and work, age. The present study demonstrates the greatest proportion of participants with fair quality of life.

CONCLUSION: They carried out extensive social media campaigns and awareness sessions on the social and economic empowerment for women. They support and authorize autonomous women to be represented in decision creation positions in development processes. They develop a tough and gender balanced private subdivision in Iraq, providing motherhood authorization and basic sexual role friendly facilities, including safe transportation, care of children, and gender disaggregated health services. Governmental encouragement of women’s access to education, and urge enrolment of Iraqi girls in school. Introducing sessions about the health services provided by health sectors especially in rural zones to increase of awareness regarding to public health services.

Introduction

Empowerment for women means giving her the tool that allows her to choose what she would prefer. It is about giving more accountabilities to women and also its way of promoting economic and social equality to empower women, to contribute in decisions that effect on them directly. Because, women constitute almost half of Iraq total population so the development of the economy is not possible without active her participation [1], [2].

Social and economic empowerment is the need of the day; Iraq ranks 152 of 153 countries surveyed overall and last on the basis of women’s access to economic opportunities and only 11.6% of women participate in the labor market [3], furthermore 65% of young women were unemployed; the salary of workers’ women have an important influence on family income also welfare. The increase of women in the market improving the quality of life for women. Poverty and disempowerment mostly drive hand in hand, because an incapability to meet one’s basic needs [4].

Poverty estimated 9% to 13% due to challenges faced by Iraqi women mainly in the form of cultural norms which inhibit women’s employment outside the home, higher rate of illiteracy and the lack of training/ skills and opportunities for women in the formal labor market. Educated ladies are one of the chief machines of the active economy because they are pouring into the expert workforce with a profound implication of local and international organizations [2].

More than a quarter of Iraqi women whom aged 12 years and above are illiterate; so, the little
participation of women in an educational sectors has an impact on the low of women participation in the economic status. Only 39.5% of Iraqi women have reached a secondary level of education [5].

An education is consider as a first dimension of women empowerment; in Fourth United Nation Symposium on women, mentioned: Teaching for lassies has an important effect on all dimensions of development. Further education for lassies will permit more and more females to achieve management and positions at all levels of society. Education of women would alter outcomes for their children, families, and community [6].

Quality of life (QoL) illustrates individuals' perception of their own general sense of their daily life and is a significant indicator depending on the individuals' report. It is a significant aspect in efforts to rise empowerment of women. A QoL in question covers females’ economic contribution, education, and well-being accomplishments. Its multi-dimensional system containing of physical, social, and psychological functions, and well-being. QoL woman’s physical health status, effect on their QoL. It includes different aspects of health, welfare, and physical, mental, and social comfortableness undergone by women [7]. There is a shortage of studies in the Arabic regions especially in Iraq that contract with subjects related to women such as empowerment.

Materials and Methods

Study design
A descriptive and correlational research conducted was used in this study from the period of October 1, 2021–December 20, 2021.

Data collection and study instrument
Ethical approval acquired from the committee in faculty of nursing in university of Babylon on September 20 2021. All experimental protocols were approved by the Ethical Committee. The researchers used both personal interview (convenience sample) and an online questionnaire (Google form) as a method of data collection because of the quarantine result from the COVID-19 outbreak in Iraq; the online questionnaire was answered in the beginning of October of 2021 by 350 participants from governmental and private sectors also housewives with women their ages (15–66) from all Iraqi provinces. The reliability of the instruments concerning its consistency and stability, it determines through calculating Cronbach's Alpha, its value was (0.807). The study instrument composed of two parts:

Sociodemographical characteristics of Iraqi women (Age, Residency, educational attainment, work, and their income).

The “RAND 36-Item Health Survey” of QoL (SF-36); this scale was valid and reliable [8] and involves 36 items distributed in seven domains. These are rated three level of Likert scale (always, sometimes, and never) and recorded as (1, 2, and 3) respectively. Positive sub domain in current scale reversed for statistical purposes.

Statistical investigation
Data analyzed with SPSS (26) to find out the correlation coefficient between QoL and women’s sociodemographic characteristics and the descriptive statistic for sociodemographic variables.

Results
This Table 1 shows that more than half of the study sample were young females and 27 years old were the mean of females' age. The diploma and above educational attainment were the highly percent in this study and the majority of them from urban area.

| Variables                  | Range | Frequency | Percent |
|----------------------------|-------|-----------|---------|
| Age                        | ≤20   | 59        | 11.8    |
|                            | 21–30 | 333       | 66.6    |
|                            | 31–40 | 72        | 14.4    |
|                            | 41–50 | 23        | 4.6     |
|                            | 51–60 | 10        | 2.0     |
|                            | 61+   | 3         | 0.6     |
| Mean (27.35)               |       | 3         | 0.6     |
| Educational attainment     | Read and Write | 14 | 2.8 |
|                            | Primary education | 9 | 1.8 |
|                            | Secondary education | 89 | 17.8 |
|                            | Diploma and above | 388 | 77.6 |
| Residency                  | Rural | 97        | 19.4    |
|                            | Urban | 403       | 80.6    |
| Income                     | Sufficient | 231 | 46.2 |
|                            | Sufficient to some extent | 227 | 45.4 |
|                            | Insufficient | 42 | 8.4 |
| Working status             | Working | 256 | 51.2 |
|                            | Not working | 244 | 48.8 |
| Marital status             | Single | 260       | 52.0    |
|                            | Marred | 224       | 44.8    |
|                            | Divorce | 14       | 2.8     |
|                            | Widow | 2         | 0.4     |

This Table 2 shows that there is a significant positive correlation between women’s quality of life and their education attainment and income, while there is an inverse correlation between work status of women and their QoL. These results reveal that quality of life decreased among women who work and with older women, while QoL increased among females with higher educational level and higher income (Figure 1).

The Table 3 shows overall fair when assessing the quality of life.
Table 2: Correlation coefficient between QoL and women's sociodemographic characteristics

| Spearman's rho | QoL          | Age     | Work       | Marital status | Income | Residency | Educational attainment |
|----------------|--------------|---------|------------|----------------|--------|-----------|-----------------------|
| Correlation coefficient | -0.090*     | -0.001  | 0.051      | 0.135**        | 0.053  | 0.110*    | 0.014                 |
| Sig             | 0.045        | 0.989   | 0.253      | 0.003          | 0.239  | 0.014     | 0.500                 |
| N               | 500          | 500     | 500        | 500            | 500    | 500       | 500                   |

Correlation is significant at the 0.01 level**. Correlation is significant at the 0.05 level (2-tailed)*.

Discussion

When economic development the poverty will be reduced among women, the condition of women improves and that will result in gender discrimination declines as poverty declines, so the circumstance of women enhance with that development [9]. Approximately most of Iraqis live in urban areas, the majority of Iraqi females aged 15 and above are not contributing in the official labor force as recorded by Vilardo and Bittar [10]. This result goes along with the present study that finds about 80.6% live in urban regions as appear in Table 1. While 48.8% not working this congruent with Purnamawati and Sudibia [11] that revealed females were contributors to the work force of 41%, while contrary to OECD [12] that revealed only 27% of women work.

Table 3: Assessment of overall quality of life scale of Iraqi women

| QoL subscale                 | Mean   | SD     | Assessment |
|------------------------------|--------|--------|------------|
| General Health               | 2.1683 | 0.2498 | Fair       |
| Activities                   | 2.0956 | 0.5258 | Fair       |
| Physical                     | 2.0710 | 0.6354 | Fair       |
| Emotional                    | 2.0647 | 0.6221 | Fair       |
| Social                       | 1.8440 | 0.6629 | Fair       |
| Pain                         | 1.4590 | 0.6501 | Poor       |
| Energy and emotion           | 1.6009 | 0.4656 | Fair       |
| Overall QoL                   | 1.9306 | 0.3723 | Fair       |

Due to variations in the opinions and attitudes of the society about the significance of education for girls, there is an increase in the contribution of housewives who work, and additional awareness of the basic need of females to contribute in the economic development; the willingness of housewives to be autonomous in the financial field. Economic empowerment of women can be an effective mechanism for improving their quality of life. A positive correlation between women’s empowerment and economic development by Mishra [13]; that shown women empowerment increases with income and participating in labor force.

This study show positive significant relationship between QoL with income and education as presented in Table 2, consistent with the finding of Kahneman and Deaton [14]; found that economic well-being and health-related quality of life were positively correlated; that mean when the income increases the quality of life also increase and the same for educational level; which mean increase QoL with higher educational level. Another study in rural Zimbabwe by Becker [15] supports current findings that found increased women’s QoL with education and paid work.

In the light of this study and regarding to income equal numbers of participants recorded as sufficient and sufficient to some extent which appears in Table 1; this result is similar to Assefa et al. [5]; exhibited that half of sample record as satisfied to some extent. This may belong to the gratification that widely spreading among Iraqi females and it did not indicate in necessary they are with decent economic condition but it gives them feeling of satisfaction.

The right that access to education can carry about modifications in perceptive skill, that is vital to females’ capacity to request, reflect on, and act on the circumstances of their survives and gain access to facts, evidence, and new thoughts that will assist them to do so. A present study finds that the majority of participants were diploma holder and above as shown in Table 1 and that may be due to the collection of some data were electronically so the women who were illiterate were excluded from electronic form; this findings opposite to the study conducted in Nigeria by Niranjana [16], that shown the majority of women with secondary and higher education. A study carried out by Kabeer [17] in rural Bangladesh, also opposite to Beniell and Sanchez [18] concluded that the registration rate for lassies in secondary school was higher than a quarter. Educated women contribute in a wider range of judgments than illiterate ones. Teaching seems to increase females’ ability to deal with the outdoor world, counting government officials and service providers of numerous categories.

Ngelule et al. [19] outcomes postulate that a household with a girl who fruitfully finishes primary and secondary institute is more probable to have an enhanced QoL, this result goes along with the present study that revealed a positive significant correlation of QoL and educational levels of women in Iraq as demonstrated in Table 2. Education increases females’ motion and individuality in decision-making process thereby adopting their production leading to development in their QoL. Jejeebhoy [20] in Kenya; schooling increases the probability that females will take care of their own health related QoL.

Sridevi [21] study conducted to investigate...
variables which effect on the level of the empowerment of females, for example, age, educational level, and work. A study aimed to attain a scientific measure of females’ empowerment in Chennai city. The researcher found that when the age is older, the chance of empowerment is decreased as well as the present study finding that revealed inverse correlation between age and QoL.

Research by Kappelman [22] revealed that the higher level of empowerment appears lesser in the level of women’s QoL. That seem to be compatible with present results that show inverse correlation of QoL with work status that represent main aspect of women empowerment. This inverse relationship between QoL and work; in my opinion, may be due to the extra efforts that women spend in and outside home especially if no support to them.

When assessing QoL its revealed fair quality of life among Iraqi women as illustrated in Table 3; QoL correlated negatively with age, which mean quality of life decreased with advanced age, this results incongruent to Ham [23] who found low quality of life among older women.

Conclusion

Depend on the findings described, the scopes and obstacles related to females’ empowerment reveal that the main problems are lack of opportunities, yet, lack of support from the government and the society and lack of accountability for females’ authorization and backwardness. The thought is related in how to generate a strategy to empowering women in the social and economic field which result in improve women role in their families and community. The present study conclude that the majority of respondents were diploma holder and above education is one of the best weapons to fight poverty; most of them live in urban areas, half of them were work. The present study finds that quality of life increases when income and level of education increase that result in women empowerment an increase. Furthermore, QoL decreases with increase in age and among female employees (governmental and private sectors). In addition to great majority of sample showed fair assessment regarding to their QoL.

Recommendations

The women should modify their self-perception than becoming economically self-governing. Likewise, the community should recognize the competences and the contribution of the females in the process of economic development. They carried out extensive social media campaigns and awareness sessions on the social and economic empowerment for women. Governmental encouragement of women’s access to education, and urge enrolment of Iraqi girls in school. Introducing sessions about the health services that are provided by health sectors especially in rural zones to increase awareness regarding public health services, such activity will support the government to bring quality mother and children health-care services.

References

1. Taneja G. Women Empowerment for Inclusive Businesses - Learnings from Ecosystem Projects and Partnerships. Danone Ecosystem; 2015. Available from: https://www.ecosysteme.danone.com/wpcontent/uploads/2018/01/danone-ecosystem-fund-women-empowerment.pdf [Last accessed on 2022 Feb 28].
2. Younis MS, Lafta RK. The plight of women in Iraq: Gender disparity, violence, and mental health. Int J Soc Psychiatry. 2021;67(8):977-83. https://doi.org/10.1177/00207640211003602 PMid:33730910
3. Assefa N, Demissie A, Hailemeskel S. Primary dysmenorrhea magnitude, associated risk factors, and its effect on academic performance: Evidence from female university students in Ethiopia. Int J Women’s Health. 2016;8:489-96. https://doi.org/10.2147/IJWH.S112768 PMid:27695366
4. Siddaraju KS. Pros and cons of women empowerment. Shanlax Int J Educ. 2019;7(4):38-41. https://doi.org/10.34293/education.v7i4.566
5. United Nations Development Programme. Annual Gender Report. Iraq: United Nations Development Programme; 2020. Available from: https://www.arabstates.undp.org/content/dam/iraq/docs/undp_iraq_2020_gender_report.pdf [Last accessed on 2022 Feb 28].
6. Wolfensohn JD. Voice for the World’s Poor: Selected Speeches and Writings of World Bank President Wolfensohn 1995-2005. Vol. 889; 2005.
7. Abdulrasol Z, Ibrahim J. Assessment of primary dysmenorrhea and its effect on the quality of life among female students at University of Babylon. Indian J Forensic Med Toxicol. 2020;14(3):1632-6. https://www.medicopublication.com/index.php/jfjml/article/view
8. Ware JE, Snow KK, Kosinski M, Gandek B. Scoring the SF-36. SF-36 Health Survey: Manual and interpretation guide; 1993. p. 22. https://doi.org/10.1097/00007632-200001250-00008
9. ESIMS. Empowerment of Women throughout the Life Cycle as a Transformative Strategy for Poverty Eradication. Vol. 1. New Delhi, India: United Nations No. EGM/Pov/2001/EP; 2001.
10. Vilaro V, Bittar S. Gender Profile-Iraq: A Situation Analysis on Gender Equality and Women’s Empowerment in Iraq. New York: Oxfam, Un Women; 2018. https://doi.org/10.21201/2018.3460
11. Purnamawati A, Sudibya K. Social capital-Based women empowerment to improve business performance. South East Asia J Contemp Bus Econ Law. 2019;18(5):166-73.
12. Organisation for Economic Co-operation and Development. The Pursuit of Gender Equality: An Uphill Battle. Paris: Organisation for Economic Co-operation and Development Publishing; 2017.
13. Mishra P. Women Empowerment and Economic Development. Indian J Res. 2012;6(1):1-2.

14. Kahneman D, Deaton A. High income improves evaluation of life but not emotional well-being. Proc Natl Acad Sci U S A. 2010;107(38):16489-93. https://doi.org/10.1073/pnas.1011492107 PMid:20823223

15. Becker S. Incorporating Women’s Empowerment in Studies of Reproductive Health: An Example from Zimbabwe’, Paper Presented at Seminar on Female Empowerment and Demographic Processes. Sweden: University of Lund; 1997.

16. Niranjana S. Exploring gender inflections within Panchayat Raj institutions. Women’s politicisation in Andhra Pradesh. In: Kapadia K, editor. The Violence of Development. The Politics of Identity, Gender and Social Inequalities in India. New Delhi: Kali for Women; 2002.

17. Kabeer N. Conflicts over credit: Reevaluating the empowerment potential of loans to women in rural Bangladesh. World Dev. 2001;29(1):63-8.

18. Berniell M, Sanchez-Paramo C. Overview of Time Use Data Used for the Analysis of Gender Differences in Time Use Patterns, Background Paper for the WDR; 2012.

19. Ngelu M, Omwenga J, Mungatu J, Iravo M. Effect of gender empowerment programmes on improving quality of life in Kenya: Evidence from Machakos County. Microeconomics. 2018;6(1):9-19.

20. Jejeebhoy J. Women’s Education, Autonomy, and Reproductive Behavior: Experience from Developing Countries. Oxford: Oxford University Press, Catalogue; 1995.

21. Sridevi TO. Empowerment of Women—A Systematic Analysis. India Development Foundation IDF Discussion Paper; 2005. Available from: https://www.idfresearch.org/pdf/0411.pdf [Last accessed on 2022 Feb 28].

22. Kappelman E. Empowerment and Subjective and Emotional Well-being in South Africa. Missoula: Scholar Works at University of Missoula Montana; 2016.

23. Ham K. Predictors of health-related quality of life among low-income midlife women. West J Nurs Res. 2011;33(1):63-78. https://doi.org/10.1177/0193945910372776 PMid:20696845