

Iraqi Women Integrated Social and Health Survey (IWISH2)

Summary of Key Findings

April 1, 2022

## 1. Introduction

The Central Statistical Organization (CSO) and Kurdistan Region Statistical Office (KRSO), with the financial and technical support from the UNFPA, conducted the second Iraqi Women Integrated Social and Health Survey (IWISH 2). The first survey was carried out in 2011 and this survey in 2021 . The survey intended to identify the social and health parameters for the Iraqi households, to study women's status, and to collect enough statistical data that reflect women's health and social behaviors, issues of violence against women and the cost of violence. Such parameters reflect women's status, real household role, reproductive issues, child upbringing and their cultural and cognitive qualifications. This survey also shed light on a variety of harmful behaviors against women by the society; involvement in the economic, social and political aspects. The survey shall also provide a direly needed data-base for monitoring and tracking of SDGs, particularly those related to SDG 3 and 5.

### 1.1 Purpose and Objectives of the survey

The purpose of the survey is to collect data on women of different age groups to be able to assess their conditions in relation to access to education, health care, decent work and good political representation; It provides comprehensive statistical data on women's social and health issues and violence against women; as well as to study women perception about their participation in the social and economic activities. On the other hand, the results of the survey will provide evidence concerning discrepancies among women in different governorates in order to reduce disparity.

The survey also aims to identify the impact of the COVID19 pandemic on the level of health care and health services.

The findings of the survey will avail the opportunity to compare progress made on different aspects of women's status after a decade of the previous survey which was conducted in 2011. This report includes an explanatory summary of the main findings of the Iraqi Women Integrated social and health survey 2021.

### 1.2 Methodology:

### 1.2.1 Targeted Group

The survey covers all age group in the two questionnaires administered (i.e. Household and women). The household questionnaire which is related to the demographic statue of the population. As for education section, it includes 4+ age group; disability includes 5+ age group; and the section on Covid-19 Pandemic impact on households includes 10+ age group. The section on women studies women from 15+ age group except 15-45 age group of currently or previously married women.

### 1.2.2 Implementation of the survey

Several preparatory technical meetings were held, led by CSO, in coordination with the directorate of women empowerment at the Council of Ministers Secretariat as well as the ministry of health. KRSO was closely involved at all stages of planning and implementation.

It was agreed that the sample size will be 532 households per governorate equally distributed among the urban and rural communities. Survey detailed workplan was developed with clear timeline, budgets and implementation responsibilities. The survey took 21 days to conduct (August $15^{\text {th }}$ to September $21^{\text {st }}, 2021$ including holidays).

### 1.2.3 Sample Design and Sampling Units

The survey sample was designed to acquire highly accurate and efficient indicators, to cover the entire country, to provide governorate representative indicators, and to adjust the available frameworks to have as much representative sample as possible with the absence of an updated framework. The chosen design was consistent with the conditions of the fieldwork in Iraq and the access to effective M\&E for the work.

### 1.2.3.1 Sample size

The survey covers all of the governorates of Iraq and it uses the random sampling for all regions depending on the results of the 2009 census and numbering. Since the purpose of the survey is to produce indicators for each governorate.

A sample size of 532 households for each governorate was decided. The sample was distributed in each governorate by randomly choosing 38 residential blocks in the urban areas and 38 residential blocks in the rural areas. All households in every block were updated to ensure the control over the changing happening in each block. Then, 7 households were randomly chosen from each sampled block. The overall response rate was estimated at $98 \%$.

### 1.2.4 The Questionnaire

Two versions of the questionnaire were designed, one for all household members and the other for 15+ year-old females. Household questionnaire includes 4 sections: household records, education, disability and Covid-19 Pandemic impact on households. The female questionnaire was divided into 9 sections: demographic background, pregnancy/birth-giving for the last 5 years (the last dead/aborted birth-giving), maternity care for the last alive newborn, morbidity during pregnancy in the last 5 years before the survey (Aug. 2016-Aug. 2021), Household planning, general morbidity, displaced and returned women, ownership and loans, women engagement, empowerment and equality and violence against women.

### 1.2.5 Fieldwork and data collection

An elaborate field plan was devised to conduct fieldwork, which went on for 3 weeks with the formation of the central oversight team from the staff of the relevant agencies, the local teams that were headed by the directors of statistics in each governorate, and field teams with team leaders and researchers from the female staff members for the sensitivity of the female version of the questionnaire. The total number of the teams was 73, which were deployed over the governorates by 4 teams per governorate except Saladin as it had 5 teams.

### 1.2.6 Data Analysis and Report writing

Data was processed and produced using ODK software programme. Electronic data collection was employed, using tablets for field data collection. Data was processed at the CSO jointly by the technical staff of CSO and KRSO. The descriptive tables and frequency tables were identified and produced with support from UNFPA.

### 2.0 Household Characteristics

### 2.1 Average Household Size

Household size is showing a decreasing trend over the past decade 2011 - 2021, although not a significant decrease. Household size in urban areas is smaller than in rural areas, while Kurdistan region governorates showed smaller household size 5.2 and 5 respectively.


### 2.2 Structure - Extended Households

Household structure in Iraq is characterized by prevalence of extended Household structure; an average Household may include husband and wife and children $54 \%$, their spouses $3.2 \%$, and grandchildren $6 \%$.


### 2.3 Spatial settlement of Households

Around $92 \%$ of families are settled in their original domicile; however, this percentage changes sharply in governorates of Ninawa, Anbar and Salahaddin due to prevalent circumstances in these governorates after liberation from DAISH. Salahaddin governorate has 71\% of settled families compared to Ninawa 79\% Anbar 57\%.

### 2.4 Changing original place of residence

There is a considerable population mobility between the governorates, especially the governorates that were liberated from the occupation of DAISH. In Ninawa $17 \%$ changed their original place of residence while Anbar $52.9 \%$ and Salaheddin $33.8 \%$. It was noted that $44 \%$ of the those who changed their normal residence were because 'terrorist operations', and that $22 \%$ of them were for 'security reasons', and 'accompanying the Household' accounted for about $22 \%$.



## 3. Education

### 3.1 Individual attainment of education

Women are still less educated than men. The percentage of illiterate females is $17 \%$ compared to $7.6 \%$ of the male illiterate, and the percentage of females is lower at any level of education (primary-intermediate-preparatory-university). However, the differences are not significant, which reflects a clear improvement in female education levels.


### 3.2 Enrollment:

Current enrollment ratios males and females appear to be acceptable in terms of gender parity. in the various levels of education; although there are slight differences, it appears clear that there are equal opportunities for both sexes in all levels of education. Indeed, these rates are witnessing a relative increase in female enrollment at all levels of education, including the preparatory school level. On another note it was found that an estimated $28.8 \%$ of males and $21.8 \%$ of females did not wish to continue education. It is to be noted that enrollment in government education is $95 \%$.


### 3.3 Satisfaction with e-learning

There have been major efforts made by the government to adopt the e-learning method, especially during the period of the spread of the Corona virus pandemic. Data shows little difference between those who are satisfied $47.6 \%$ and those not satisfied $50 \%$ with online education. Missan 22.1, Duhok 18.7 and Mothana 18.4 are the governorates with highest illiteracy rates.


### 4.0 Disability

Data on disability has not shown significant variations on five areas of disability investigated, such as Seeing, Hearing, walking and climbing stairs, communication with others and focusing and remembering, with the answer "no difficulty" in more than $92 \%$ cases. Among those disabilities at birth (cognitive) around $51 \%$ have issues with communication with other, $37 \%$ remembering and focusing, $31 \%$ Listening, and $15 \%$ walking while those who are disabled by a certain disease; walking has the highest percentage $37 \%$, while hearing $37 \%$, communication $31 \%$, remembering $29 \%$ and listening $28 \%$. Much of support should be directed towards disabled persons by involving them and integrating them in community work and development and innovate disability sensitive programmes.


### 5.0 Ageing and self-care

Self-dependency of those above 60 years was investigated on some basic care needs of the older persons. Interestingly, the data shows an estimated $85 \%$ and above who feel independent on four areas such as a) wearing cloth, b) Bathing, c) Eating, d) Movement.


### 6.0 Impact of COVID19 on the Household

An estimated $94 \%$ of respondents are aware about covid19 out of whom around $67 \%$ have sufficient knowledge about the pandemic. Sources of information about the virus include satellite channels $77 \%$, social media $59.1 \%$, friends and relatives 62 . And only 12.5 are health authorities. Its to be noted that health authorities used TV channels often to communicate information to the public. The vast majority $96 \%$ responded that they did not experience any form of violence due to covid19, either physical or verbal.

Women 10+ Information about COVID19


■ Fully informed - Partial information ■ No information

Sources of information on Covid19


Women 15+ - Violence during COVID19


- Subjected to violence


### 7.0 Women social status

### 7.1 Marital conditions of woman

The average age at first marriage in Iraq has shifted from 22.4 in 2011 to 20.5 in 2021 . The figure increases to (21.2 - 25.9) in Kurdistan region. The percentage of women who were married before 18 showed $25.5 \%$ and those married before 15 were $5.2 \%$. The results of the previous survey in 2011 indicated that the percentage of women who married before they reached the age of 18 and 15 years old was $21.7 \%$ and $4.9 \%$, respectively. The situation is alarming for the age group 20-24 where those married before 18 is $46 \%$; however, this percentage reduces sharply to around $8 \%$ for those married before 15 years of age. The age of husbands is higher than wife amongst married couples in $83 \%$ cases, with only $13 \%$ of couples where wives are of higher age and $4 \%$ are not known. In all, $64 \%$ of marriages occurred due to Household relationships and a sizable $25.4 \%$ were married accidentally without prior arrangements.

Decision regarding girl's marriage is an indicator of empowerment. In 67\% of respondents it's the Household that took the decision for the marriage of the girl; it goes further up to 70.8 and $68.8 \%$ in rural and urban areas respectively.


Percentage of women 15-49 by marital status

$■$ Not married ■ Married ■ Divorced ■ Separated ■ Widow

Years of marraige at divorce

$■$ Less than $1 Y ■$ Less than $2 Y ■ 2-5 Y \quad 5+Y$


### 7.2 Marital conditions of woman

The average age at first marriage in Iraq has shifted from 20.5 in 2011 to 22.4 in 2021. The figure increases to ( 21.2 - 25.9) in Kurdistan region. Decision regarding girl's marriage is an indicator of empowerment. In $67 \%$ of respondents it's the Household that took the decision for the marriage of the girl; it goes further up to 70.8 and $68.8 \%$ in rural and urban areas respectively.

Premarital medical examination is an established practice and a legal requirement for the official marriage contract in Iraq. $85.2 \%$ of the respondent married women did undergo the medical test before marriage, while 15 did not. Out of those who did the medical test about $94.6 \%$ are aware about the results of the tests and $85 \%$ discussed the results with the medical doctor.

The percentage of unmarried women witnessed a noticeable decrease in 2021 at $23.8 \%$ coupled with an increase in the percentage of married women $66.4 \%$. The percentage of widows to all women decreased from $9.3 \%$ in 2011 to $7.8 \%$ in 2021, and the divorce rates remained close to their rates in the two mentioned years; the average age at divorce among respondents was 30 years. This may indicate that the marital conditions of women have not seen any major changes in the past decade, although this inference may differ in areas affected by insecurity and violence. The major reason cited for divorce is social incompatibility i.e. about $38 \%$, wife battering $23 \%$ followed by Household interference about $19 \%$.



Reasons for no pre-marraige medical examination


- It was not reuqired by court earlier ■ Marriage not in court ■ COVID19 ■ Other ■ Don't know

Who took Decision for Divorce


### 7.3 Women's Headed Households

Women headed households constituted remained around $10.7 \%$ for the past decade. However, the percentage increases to $12.1 \%$ in urban areas and reduces to $6.9 \%$ in 2021 as compared to $12.4 \%$ to $5.9 \%$ in 2011, a decade ago.


### 8.0 Fertility and Childbearing

The total fertility rate for the women age group 15-49 has seen a decrease from 5.3 born in 2011 to 3.3 in 2021. Kurdistan region has shown further reduction in total fertility from 5.7 to 3.2 . Significantly, rural women fertility has reduced from 5.1 to 3.2 in 2021. Prenatal care of pregnant women in Iraqis remarkably high among pregnant women showing $93.5 \%$ of them were checked up by professional health personnel including medical doctor
$82.6 \%$, qualified nurse $8.7 \%$ and professional midwife $1.2 \%$. Among those who sought health care, $58.5 \%$ of health care was provided by a private health clinic, while $17.6 \%$ government hospital and $9.1 \%$ private hospital.


As for pregnancies that ended in stillbirth or abortion, $59 \%$ of women received health care from doctors in their private clinics followed by government hospitals by $18 \%$. Ironically, stillbirths or abortions occurred despite the fact that $53 \%$ of women made at least one to three visits to health facilities and $34 \%$ of them had 4 or more visits. Almost $40 \%$ of respondents who had experienced stillbirths or abortions did not seek medical care because they did not experience any health issues at the time, while $27 \%$ because of high cost, $9.6 \%$ had previous selfexperience and $7.6 \%$ because of distance to the nearest health facility. Among the married women who made their first visit to a health facility $47.9 \%$ attributed it to confirming pregnancy, and $30.4 \%$ to check fetus health while $11.4 \%$ for routine checkup.

### 8.1 Skilled birth attendance:

Births attended by health personnel has clearly increased over the past decade to $94 \%$ a remarkable increase from $78.5 \%$ in 2011. Pregnant women's awareness and health seeking behavior has improved over the past decade; the percentage of women who gave their last birth in a health facility has improved; including government from $68 \% 2011$ to $73 \%$ in 2021; private hospitals $8 \%$ in 2011 to $17 \%$ in 2021; meanwhile home births has substantially reduced from 19.2\% 2011 to $7.5 \%$ in 2021.

### 8.2 Types of delivery:

According to World Health Organization (WHO), caesarean section use continues to rise globally, now accounting for more than 1 in 5 ( $21 \%$ ) of all childbirths; similarly, the rate of caesarean sections in Iraq is currently estimated at $36 \%$ an increase from $23 \%$ for the year 2011. Deliveries by caesarean section operation constituted 23.9 compared to 7.5 in 2011, while normal deliveries 26.7 in 2021 compared to $13.6 \%$ in 2021.



### 9.0 Health seeking behavior

As for the desire to get pregnant an estimated $86.9 \%$ of women in of the age group 15-19 expressed interest in getting pregnant and the percentage slightly reduced to $72.6 \%$ for the age group $45+$.

Among the married women who made their first visit to a health facility $47.9 \%$ attributed it to confirming pregnancy, and $30.4 \%$ to check fetus health while $11.4 \%$ for routine checkup. $39 \%$ of the women who gave birth to their last child indicated that medical examinations should be conducted on the last child immediately after birth. This percentage converges for the different classifications, noting the decrease in the percentage of examination of the last child with the advancing age of the woman.

In all 82.6 women consulted a medical doctor for pregnancy examination and $8.7 \%$ a qualified nurse another $7 \%$ consulted an authorized midwife.


Women 15-49 who consulted medical personnel after delivery

$■$ Medical Doctor $\quad$ Nurse/qualified midwife $\quad$ traditional midwife $\quad$ other $\quad$ no one

Pregnancy examination by health person visited \%


■ Medical Doctor ■ Qualified Nurse ■ Proffessional midwife ■ Traditional midwife ■ No one ■ Other



### 9.1 Stillbirth and abortion

As for pregnancies that ended in stillbirth or abortion, women who received health care from doctors in their private clinics constituted $59 \%$ and then in government hospitals by $18 \%$. Ironically, stillbirths or abortions occurred despite the fact that $53 \%$ of women made at least one to three visits to health facilities and $34 \%$ of them had 4 or more visits. Almost $40 \%$ of respondents who had experienced stillbirths or abortions did not seek medical care because they did not experience any health issues at the time, while $27 \%$ because of high cost, $9.6 \%$ had previous self-experience and $7.6 \%$ because of distance to the nearest health facility.

Pregnant women Prenatal visit for stillbirth and abortion

$■ 4$ visits $\quad 1-3$ visits $\quad$ No visit $\quad$ Do not remmember


Reasons for not examining new born immediately after birth


### 10.0 Family Planning

The ever married women using modern contraceptives was estimated at $43 \%$ an increase from $28.3 \%$ in 2011. The average age of first use of modern contraceptives is 36 years. Around $75 \%$ of couples believe that decision to use modern contraceptives is a joint decision between the husband and the wife; while $13 \%$ is wife's decision, $9 \%$ husband's, $2 \%$ don't know and $1 \%$ other. This is a positive indicator that Household planning is a mutual agreement between the couples. Married women also consent to husband using contraceptives as $55.5 \%$ agree, while $15.6 \%$ do not agree and another $9.8 \%$ conditionally agree.
10.1 Use of contraceptives: Women of reproductive age who use all methods of Household planning including withdrawal and safety period $31.2 \%$, out of those using modern contraceptive commodities $32 \%$ are using pills, $16.7 \%$ IUD and only $8.1 \%$ are using male condoms.

Married women respondents cited non interest in child bearing and birth spacing as the major reason for using Household planning methods ( $67 \%$ ). On the other hand, the major reasons for stopping use of contraceptives for those ever married women ranges from $32 \%$ for the desire to have a baby, the misconception that it may cause health issues $25 \%$ and $12 \%$ for menopause.

## Use of modern contraceptives by Age group



Married women 15-49 - Decsion to use Household planning methods


75

- Mostly myself ■ Joint decsion - Mostly my husband ■ Don't know - Other


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■ Not interested in child bearing ■ Economic reasons ■ Child care ■ Child spacing ■ Preserve my health
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Married women agreement on husband using contraceptives


- Don't know - do not agree ■ Conditionally agree - Agree ■




### 11.0 Level of Information about key issues of Reproductive Health

The level of receiving information for women who gave birth to a live baby in the five years preceding the survey is relatively acceptable, such as the place of birth ( $71 \%$ ) and the importance of breast-feeding ( $75 \%$ ), during pregnancy, childbirth and postpartum (61\%), while the awareness rate about Household planning and birth spacing is relatively low (55.2). On another note, the percentage of women diagnosed with cancerous diseases is $0.5 \%$, and the average age of a woman at the time of infection is 43 years. Women who have been protected and their fetus protected from tetanus constitute about $50 \%$ of the total cases of the neonatal cycle, and $18 \%$ of women believe that they do not need protection, while $27 \%$ of them indicated that they did not receive protection from tetanus.


# Women aged 15-49 years who are currently married or previously married who gave a live birth in the five years preceding the survey, who were protected and the fetus was protected from tetanus during the neonatal cycle 


$\square$ yes, one dose $\quad$ Yes, two doses $\quad$ Don't need $\quad$ No $\quad$ do not remember

## 12. Infertility

The percentage of women with infertility is estimated at $10.3 \%$. Awareness about the reasons for not being able to get pregnant or infertility has increased during the ten years, as $57 \%$ of women are currently aware that this is related to their health problems, compared to $31 \%$ of women in 2011, while $34 \%$ of them are still ignorant of the reason, compared to only $18 \%$ in 2021, and $16 \%$ of women believe that the reason is related to problems with the husband.


## 13. Women Empowerment:

### 13.1 Economic Empowerment

The percentage of employed among the women $15+$ is only $9.2 \%$. Out of whom $10.6 \%$ are in Urban areas and $6.3 \%$ are in Rural areas. Those who are prepared to work but not getting opportunities are $21 \%$ and $7 \%$ are prepared with reservations and 72 not at all prepared to work. $37 \%$ of women attribute their lack of work to devoting themselves to housework and raising children, and to their unwillingness to work by $22 \%$; while about $12 \%$ of them devoted their time to education. The percentage of women who own their own property of residential land, homes, collectibles, etc. is $9.4 \%$, and women's agricultural holdings are declining and only $1.5 \%$. The proportions of women who have private or joint property converge between geographical divisions, as the proportion of private property for all of Iraq is $9.4 \%$, for the governorates (except for the Kurdistan region) $9 \%$ and for the Kurdistan region is $11.5 \%$. Increase her educational level. The use of the electronic bank card in transactions is still limited to less than $10 \%$, especially in the Kurdistan region, where the percentage decreased to less than $1 \%$, and women's ownership of it increases clearly with age, and it generally increases with the increase in educational attainment.

Demand for loans for women is still limited to no more than $0.8 \%$ and is mostly related to housing purposes (buying a house, apartment, plot of land, or rehabilitating a house...) where the percentage reaches $69 \%$, while women request loans for debt repayment purposes is $20 \%$, declining Requesting loans to establish a business to 1.1\% only.







### 13.2 Political Participation

Participation in general elections is an aspect of women's political empowerment. Women expressed their support for $78 \%$ of women to run for election, and $86 \%$ of her support for participating in the elections as a voter. The characteristics of the environment, age and education did not show a different effect on the opinion of women regarding participation in the elections. The level of women's involvement in civil society organizations and community work is still limited. Indicators of women's participation in civil society organizations, forums or voluntary work reflect a clear decrease in participation rates, with a slight increase with the increase in women's age and the improvement of their educational attainment.


### 13.3 Women's believe on their marginalization and discrimination

In all $35 \%$ of women indicate that they are marginalized. The ratios converge for the different characteristics, as no significant differences were recorded in the opinion of women regarding their freedom to express or respect their opinion in different fields. Attributing $67 \%$ of marginalization cases to society itself, while attributing it to men at $16 \%$, and women believe that laws and policies lead to the marginalization of women by $8 \%$. However, women have strong views about discrimination. The percentage of women who believe that they do not distinguish between males and females is close to sons and daughters in most matters. Except for the aspects related to not allowing the girl to go out on her own, where the percentage of non-discrimination drops to 64\%, while almost $90 \%$ of them do not discriminate between sons and girls in the aspects of spending on education and daily expenses.

The main reason for discriminating between boys and girls is related to keeping girls at $53 \%$, and to customs and traditions at $39 \%$. About $38 \%$ of women believe that they are equal in rights in general, $25 \%$ that they are partially equal, and $37 \%$ believe that they are not equal in rights with men. Women attribute inequality with men to their conviction that men bear greater responsibility (49\%), or that men are the guardians of women (39\%).

An indicator of knowledge is the exposure and use of internet. The percentage of Internet usage is still limited to $40 \%$, while $60 \%$ of women do not use it. With reference to the increase in the percentage of Internet use with the improvement of women's educational attainment. It starts with $18 \%$ for those without a degree to $69 \%$ for women with a university degree or higher.


Indicators of non-discrmination



| Bercieved reasons for discrimination between boys andgirl | Percieved views on equality on rights | Percieved reasons for inequality |
| :---: | :---: | :---: |
| 0.2 |  | $18.4 \quad 0.3$ |
| - To safegaurd girls |  | - Men are superior to women |
|  |  | - Men have greater responsibilities |
| - Favour boys for economic reasons | 24.7 | - Laws do not favour women |
|  |  | - Wrong interpretation of religion <br> - Culture |
|  | - Yes - Yes, Partially No | - Other |



### 14.0 Violence against women

Women's reactions to being subjected to violence by their husbands vary, $52 \%$ of the women remain silent and do not inform anyone, and $57 \%$ ignore the husband and refuse to talk to him, while they talk to his parents about this at a rate of $23 \%$. Economic violence is the most common form of violence practiced by the husband towards his wife, followed by verbal violence $12 \%$. Other types of violence are much less than that, such as physical violence $5.7 \%$ and sexual violence $2.1 \%$, and $29.5 \%$ of women in general are exposed to all forms of violence.

Jealousy is one of the most important forms of violence practiced by Household members (except for the husband), followed by interference in choosing clothes, limiting contact with others and preventing expression of opinion. There are other violent practices in many forms, but their rates are less than $0.97 \%$, such as smashing women's things, or slapping in the face. Jealousy is the dominant pattern in the nature of violence practiced by the husband towards the wife, $63 \%$; Reducing contact with others comes second with a rate of $35 \%$, followed by intervention in choosing clothes by $32 \%$.

Women's reactions to being subjected to violence by their husbands vary; $52 \%$ of the women remain silent and do not inform anyone, and $57 \%$ ignore the husband and refuse to talk to him, while they talk to his parents about this at a rate of $23 \%$. The social aspects and considerations of the practice of violence constitute the main reason from the point of view of women, as $52 \%$ of women believe that this is related to education and Household upbringing or the social system by $40 \%$, in addition to the weak awareness of men. On the other hand, a percentage of women blame the women themselves for the causes of violence on aspects of women's lack of awareness or acceptance of reality.






### 15.0 Conclusion

This summary report presents a simple presentation of key findings covering all aspects of areas covered by the survey. Viual presentations are provided with simple comments to show case various data elements and their manifestations, highlighting significant trends and comparisons between the previous survey conducted in 2011 and the current survey carried out in 2021. The survey tools and procedures were certaiinly improved and use of technology was also a major shift in data collection, processing and analysis.

