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# A Comparative Study of Women's Health Care: Non-Syrian Refugee Women Living in Amman and Syrian Refugee Women Living in Refugee Camps

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**A Comparative Study of Women’s Health Care: Non-Syrian Refugee Women  
Living in Amman and Syrian Refugee Women Living in Refugee Camps**

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## **Abstract**

The purpose of this study is to compare access and quality of women's health care in Amman for non-Syrian refugee women and women's health care in Syrian refugee camps. I also sought to understand how women's health care could be improved in both Amman and in Syrian refugee camps. I hypothesized that Syrian refugee women in camps will have less access and lower quality women's health care since refugee camps' funding is limited, making medical equipment and women's health care providers short. Since women in Amman often have more stable family situations and jobs, I thought they would have more access to high quality women's health care. I started by researching the most pressing women's health care issues in Jordan, such as lack of postpartum care for new mothers. I interviewed women's health care providers and patients in Amman, as well as women's health care providers and patients in Zaatari and Azraq Camp. I also interviewed a staff member at the National Women's Health Care Center in Amman to obtain an overview women's health care in Jordan as a whole. I found that there are many aspects of women's health care, such as newborn education and access to contraceptives, that Amman excels in more so than in the refugee camps. However, there are other areas of women's health where women in refugee camps are actually roughly the same or slightly better off than some groups of women in Amman, such as breastfeeding education. Thus my findings were different from my hypothesis, since women's health care was not always more limited in Syrian refugee camps than in Amman. Women's health care is incredibly important to a woman's physical, mental, and emotional wellbeing, and when women's health care is inadequate, it disempowers women. Thus, I wanted to understand the state of women's health care in two different Jordanian settings to see what can be done in terms of improvement, which would better the lives of women living in both settings.

**Keywords:** Obstetrics and Gynecology (incl. midwifery), Regional Studies: Middle East,

Medicine and Surgery

## **Introduction:**

### *Background:*

Women's health care around the world is often disparity-ridden, with women unable to access established health care systems due to financial, transportation, or time-related constraints or unable to receive quality, timely care due to a lack of providers or medical equipment. Women's health is an umbrella term describing both reproductive health specific to women, as well as the effect of gender on all other aspects of physical and mental health (e.g. cardiovascular health, neurological health, etc.)(Pamela Kamey, 2000).

My advisor, Dr. Mohammad Al-Shrouf, provided me with some background information about women's health care in Jordan. There are three health care sectors in Jordan: 1) government-run for all people 2) military hospitals for military personnel and sometimes their families 3) private hospitals, which are costly. The Ministry of Health runs around 150 Maternal Child Health Centers in Jordan, and these are funded by the government and provide free prenatal, delivery, and postnatal care to Jordanian women. The government also runs programs, such as a breast cancer screening program that gives free mammograms and teaches breast self-examination. I would later learn even more about women's health in Jordan overall during an interview with someone from the National Women's Health Care Center, and through other interviews and research, I would learn about what triumphs and problems Jordan's women's health care system faces, particularly pertaining to women in Amman versus Syrian refugee women.

*Personal Interest and Relevance:*

I have been interested in women's health care for a long time. I wish to attend medical school after my undergraduate years, and I have been considering women's health as a specialty to work in. A few summers ago, I interned at a women's health clinic in Chicago for uninsured women, where I learned about barriers to access of women's health care. Inability to access women's health care leads to many female reproductive disorders that could otherwise be prevented, high infant mortality rates, as well as a general lack of autonomy over a woman's body, so answering these research questions will be one step in the right direction of improving access and quality of women's health care. Lack of access to women's health care is a problem around the world, including in Jordan, and I want to study this lack of access and how it differs between two particular Jordanian settings (Syrian refugee camps and the city of Amman). As a person with experience working in the women's health field in the United States, I can also better understand how women's health services compare in Jordan. I am a Global Health and the Environment major in the United States, so I really enjoy studying comparative health care systems, so choosing this topic strongly weaves into my field of interest.

Refugee women often face a substantial lack of access to quality women's health care, which disempowers them even more. Since Jordan hosts approximately 622,000 Syrian refugees (European University Institute, 2015), it is important to study access to quality women's health care. Comparing the access and quality of women's health care to

that of non-Syrian refugee women in Amman better allows people to see what can be done to improve women's health for refugees and women in Amman alike.

*Theories:*

Many social and cultural pressures affect women's health. Gender equality is positively associated with better women's and children's health as well as lower fertility (Moss, 2002). Women with degraded social networks and income disparities (like a refugee would have) often suffer from more health problems and have less access to health care resources than someone with higher income and intact social networks (Moss, 2002). Thus it is more likely that someone living in Amman with established social networks and a consistent job would have a better health outlook and better access to health care (including women's health care). It is also important to understand that lack of access to women's health care has severe consequences. With lack of preventive care, women are subject to many diseases (such as sexually transmitted infections and breast cancer) that can take a psychological as well as physical toll on the individual. This can trickle down to children in the household and create an unsafe environment to raise children in (Moss, 2002). Thus improving gender equality and other societal and cultural conditions vastly improves the lives of women and families.

*Parameters/Research Questions:*

In order to do a comparative study of women's health care, I will be interviewing both women's health care providers and female patients in Syrian refugee camps as well as women's health care providers and female patients in Amman. Since I had four weeks to complete the project, I have to be practical in my research approach and cannot

interview several health care providers and several patients, as time constraints limit my ability to do so. Thus, I will interview one health care provider from a Syrian refugee camp and one from Amman as well as patients from a Syrian refugee camp and one from Amman. I will also interview individuals familiar with women's health care in Jordan as a whole. I will make these interviews as in-depth as possible to compensate for the limited number of interviewees. Altogether, I will be able to effectively evaluate the women's health care systems in either location and be able to make a clear comparison. Because Syrian refugee camps have limited funding, I would expect that access to women's health care would be less than that in Amman, as Amman likely has many more health care providers and women who are more established and can more easily access women's health care. I would also expect the health care quality to be slightly compromised in the Syrian refugee camp, since medical equipment is likely scarce, and there are likely fewer health care providers to care for many women.

### **Literature Review:**

In the book *Refugee Health: An Essential Medical Guide* (Annamalai, 2014), there is a section specifically covering women's health. The book explains pre-migratory and post-migratory stressors that may affect women's health and other challenges to women's health care access for refugee women. Some of these challenges include lack of health insurance, availability of transportation, and unfamiliarity with preventative health procedures and exams (Annamalai, 2014). The book then chronicles the most pressing issues in women's health, which I will follow up on by specifying what the biggest challenges are for Syrian refugee women in particular. The book provides a great general

context, which I will add to by studying how women's health care for Syrian refugees in camps compares to women's health care in Amman. I appreciate how the book makes it clear that sweeping generalizations can be made about women's health for refugees, but the author urges the reader to better understand the Jordanian context of refugees to avoid making these generalizations (Annamalai, 2014). Making generalizations will not help Syrian refugee women, especially when these generalizations discard valuable information specific to Syrian refugees. Thus, I firmly agree with the author's reiteration of the importance of culture and context when studying refugees. This is something I will keep in mind when continuing my research.

“Assessment of reproductive health and violence against women among displaced Syrians in Lebanon” (Masterson, 2014) discusses Syrian refugee women's health for those living in Lebanon. It highlights the most pertinent women's health issues for this population, including “menstrual irregularity, severe pelvic pain, and reproductive tract infections” (Masterson, 2014). The article continues by describing the relationship between conflict violence and women's health outcomes. The majority of women who observed or were directly involved in conflict violence (e.g. sexual violence or fighting/terror in the Syrian Civil War) did not get medical care (Masterson, 2014). This is a problematic trend that needs to be eliminated in order to improve women's health care for refugees. Through interviews and continued research, I will be able to find some of the same information (identify most pertinent women's health issues, see what needs improvement, etc.) but for Syrian refugees living in Jordan.

In “Women's health problems in the Arab World: a holistic policy perspective” (H. Zurayk, 1997), it discusses trends in women's health in the Arab world, including

declining fertility. There is a lot of variability in contraceptive usage. The study also discusses preventative women's health care. This paper will help me better understand the context of women's health care in the Arab world, but my research will narrow the Arab world specifically to Jordan. I like how this article explains socio-cultural factors leading to poor outcomes in women's health, such as high illiteracy rates in many Arab nations (except Jordan, Lebanon, and the Gulf nations) and women's economic dependence on men (Zurayk, 1997). Medicine has to do with a lot more than just biological factors. Socio-cultural factors play a major role in medicine, so I must understand these socio-cultural factors in order to effectively study women's health in Jordan.

I also found a research study on family health in Jordan from 2012, produced in a joint collaboration between Jordan's Department of Statistics and ICF International (Jordan Population and Family Health Survey, 2012). The study features health and demographic information divided by location in Jordan (urban versus rural, governate, region, etc.). I pored through this research study for data relevant to my topic, including contraceptive usage, maternal and child health, nutrition, and mortality. This study featured a very large sample size of over 15,000 Jordanians, and data was taken 6 different years, starting in 1990. Since the most recent study took place in 2012 and the Syrian refugee crisis started in 2011 (IAGW, 2013), the data is not recent enough to give me enough information about women's health of Syrian refugees. However, it does help with understanding women's health among women in Amman.

I also found an article published in 2013 called "Reproductive Health Services for Syrian Refugees in Zaatri Refugee Camp and Irbid City, Jordan" that provides an

introduction to the Syrian refugee crisis and then explains the state of different areas of women's health in Zaatari Refugee Camp and how to improve women's health in these areas. The document covers the "Minimum Initial Service Package," which is a "standard of care in humanitarian emergencies" (IAWG, 2013), which prioritizes different women's health issues, such as infant mortality, to treat and screen for. The document goes on to describe barriers to applying these standards of care. It is noteworthy, however, to know that the data from this study only extends to 2013, so it is not the most recent data. My interviews will thus help corroborate this data and will also give me a more recent angle on the women's health issues currently facing Zaatari Refugee Camp.

Another similar document, "Al Za'atari Camp Health Assessment," from 2014 provides statistical data on women's health in the camp. The data contained in this document is immensely helpful, as it allows me to compare statistical women's health data in Zaatari Refugee Camp to statistical data in Amman. I then combine this statistical data with my qualitative interview data and am able to critique and commend women's health care in both locations.

Overall, the literature I used in my research project agrees that women's health is strongly affected by socio-cultural factors, as well as biological factors. When doing my research I must, however, understand the limitations in the literature I read to gain background knowledge on my subject. Since women's health is so dependent on socio-cultural factors, I must have a comprehensive understanding of these factors specifically relevant to Jordan. This way I avoid making major generalizations that may actually be irrelevant to women's health care in Jordan.

## **Methodology:**

Overall, my research started out rather slowly but in due time went very smoothly. Initially it was difficult to find contacts and plan meeting times and locations, but with patience and continued effort, I was able to schedule interviews and meetings. Meeting individuals in Amman was easier to coordinate than my visit to Zaatari, though it was still sometimes difficult to reach certain locations in Amman. For instance, finding the National Women's Health Care Center was difficult but incredibly worthwhile, as my interviewee there was extremely knowledgeable about my topic. I did not end up being able to visit Zaatari or other refugee camps, but I did get to visit Women's and Children's Hospital in Mafraq, where many Syrian refugee women are transported from the camps. While at first difficult to coordinate, this visit to the hospital in Mafraq was invaluable, as I was able to speak with two Syrian refugee patients and a health provider with the Jordan Health Aid Society that secures funding and ensures that Syrian refugee women have access to health care.

Since I am studying comparative women's health care, I knew I needed a variety of perspectives to study (health care provider versus patient, Syrian refugee patient versus non-Syrian refugee patient, etc.) so I could make a clear comparison. I approached SIT program staff, including Dema and Rima, as well as my ISP advisor, Dr. Shrouf, to find contacts to interview. I decided not to distribute a survey since my study involves so many very different individuals, so there would be no way to standardize a survey to be given to health care providers and patients alike. Thus, I decided that several interviews would be better at collecting information relevant to my project. Since I was doing a comparative study of women's health care in Amman and Syrian refugee camps, it made

sense for me to visit various sites in both Amman and in or near the Syrian refugee camps. I used Google and my advisor to find relevant women's health organizations and clinics in Amman. Dr. Ashraf and I were able to find the National Women's Health Care Center through a Google search. My advisor, Dr. Shrouf, used to work at the Prince Hamzah Hospital in Amman, so he ended up taking me there for a visit. Dr. Shrouf also knew of other women's health care providers at the hospital for me to interview. Rima knew of a friend in Amman with a rare women's health condition, so I set up a meeting with her. Dema has many contacts at Zaatari Camp, so she was able to put me in contact with women's health care providers there. I eventually ended up visiting the Women's and Children's Hospital in Mafraq, where a very helpful health care provider and health care coordinator for the Jordan Health Aid Society introduced me to patients I could interview.

While planning my strategy to get research data, I paid close attention to research ethics. I made sure to create both interview questionnaires and informed consent forms in English and Arabic (and in some cases presented both to interviewees) to ensure nothing was lost in translation and to make sure they were voluntarily participating in my research. I was very careful about paying close attention to any forms with interviewees' names on them, so as to keep their personal information confidential. I was also very organized while doing my research, so as to avoid mixing up data or losing interview transcriptions. When analyzing data, I knew I had to consider my personal biases that may affect data interpretation and effectively address these biases so they do not cloud the results I find. I also knew I had to get a large enough sample size of individuals to interview so my results are not biased as a result of speaking with too few individuals. I

also have to consider the backgrounds of each of my interviewees so I can understand what their own biases are.

It was difficult to schedule a visit to Zaatari Camp due to security permissions, so it took a while before I was able to visit the area near the camp. This put a lot of pressure on me during the last week of the ISP period, which was stressful but still manageable. I also had some problems contacting interviewees. One prospective interviewee, for example, had me call her back four times until I reached her at a good time when she could talk. After trying to call her a couple more times, I determined I would not be able to find a suitable meeting time with her during the allotted time for ISP. While interviewing research participants, I sometimes received very literal, surface level answers to questions. Perhaps this was because of the way some of my interview questions were phrased. I also had trouble finding supplemental data and statistics about women's health in Azraq Camp, so many of my direct statistical comparisons in my findings section are between Amman and Zaatari, as this was the data I had.

I originally planned to give out a survey but realized that this would not be feasible due to time constraints and the nature of my study. Since my study is essentially a comparison of women's health in Amman and Syrian refugee camps from many different perspectives, one standardized survey would not suffice. I would need to make four or five different surveys asking very different questions, and in turn it would be difficult to find a large enough sample size for each of these different surveys. By not distributing a survey, I heard from fewer study participants, reducing my research sample size. However, I believe by sticking to only interviews, I received more relevant, in-depth

information from each of my interviewees and was able to ask follow-up questions. Thus, I had fewer information sources but received more valuable data.

### **Findings/Results:**

Through my research of literature and other studies and interviews, I was able to make a comparison between women's health in Amman and in Syrian refugee camps. I found that my hypothesis was partially correct in that some aspects of women's health fared worse in Zaatari Refugee Camp and Azraq Camp than in Amman, whereas some aspects of women's health actually were better in Syrian refugee camps than in Amman. Some problems of access to and high quality women's health care were roughly the same in each location. I will go through each interview and relevant research studies to show how I reached these conclusions.

### **Interview 1:**

My first interview was with a staff member from the National Women's Health Care Center in Amman. She presented a general overview of women's health care in Amman, summarizing the most pertinent women's health issues in Jordan, explaining where women's health in Jordan really succeeds, and where it needs improvement. The National Women's Health Care Center was opened in March 2012 working to achieve access to high quality, comprehensive evidence-based women's health care. The staff member explained that in terms of women's health issues, anemia, urinary tract infections, and osteoporosis are major issues in Jordan.

The staff member optimistically explained the merits of women's health care in Jordan. Prenatal care is very good in Jordan. Family planning programs are well-

established, and nearly all modern methods of family planning, such as condoms, intrauterine devices (IUDs), and implants, are used in Jordan. She also said breast cancer screenings are widely available to women in Jordan.

She went on to describe problems with women's health care in Jordan. Premarriage counseling for women about reproductive health is limited but much needed. Pap smears to screen for cervical cancer are not always very regular, and this needs to become a more common practice. Postpartum (care for the mother after delivering a baby) care is lacking. There are also no established programs for postmenopausal care of women. Finally the staff member mentioned that home women's health visits need to be a more common practice in Jordan, as many women are very busy with work and family responsibilities and do not always have the time or money to go to a doctor's appointment. She moved on to systematic women's health problems in Jordan, such as high costs of medical care and the confusing nature of health insurance in Jordan, with many different providers and many women lacking insurance. She stated a need for uniform quality control of women's health care, as quality differs greatly from hospital to hospital. She also stated that more women's health practitioners are needed, especially female practitioners, since many women wish to see a female physician or other health professional. Resources, such as mammogram equipment and bone density scanners (to determine osteoporosis) are also high in demand and short in supply. Finally, the staff member stated that women need to be more educated so they can claim their women's health rights. With these systematic problems addressed, the staff member believed gender gaps would close and there would be more productive, happier families in Jordan.

The National Women's Health Center interview was not specific to Amman or Zaatari Camp. However, it provided good background knowledge going forward in my research about Jordanian women's health. In later interviews, I would see many of these same women's health successes and problems come up, so this first interview was important in familiarizing me with these issues.

**Interview 2:**

My advisor took me to Prince Hamzeh Hospital, a public hospital in Amman, for a tour and to interview a physician who directs the gynecologic oncology department (specializes in cancers of the female reproductive system) at the hospital. He explained that women's health care in Amman is a lot better than where it was 10 years ago. There are better instruments, more skilled health care providers, and better labs. He believed women's health care in Amman had really improved, as screenings for various women's health diseases were widespread, there was easy access to delivering babies, and contraceptives are free in public hospitals. Breast cancer screenings are free, though other programs screening for other women's health disorders (such as cervical and uterine cancer) are needed. He also stated public hospitals are widespread in Amman, so it is not very cumbersome for women to get to these hospitals. One problem is that these public hospitals have high wait times.

The interview with this physician and department head led me to believe that access to women's health care was in fact better in Amman, due to large number of hospitals and health care centers for women to choose from that are free. Preventative care was also a big focus of these hospitals, and preventative care is important in eliminating debilitating women's health diseases like breast cancer. The widespread

availability of contraceptives is also incredibly important to women, so they can delay or prevent pregnancies, giving them the choice of when they want to start or expand their families. This allows them to be productive workers and mothers. The hospitals in Amman also have modern technologies and equipment that have really improved women's health in the urban setting. I will compare this interview to my interview with the health care provider at the Syrian refugee camps to see how each health care setting succeeds and how each needs improvement.

### **Interview 3:**

My third interview was with a female patient in Amman and her sister. The patient suffers from a rare women's health condition that causes major problems during pregnancy and can lead to many miscarriages. The patient kept going back to the doctor at a private Amman hospital and trying different treatment options. She said she was able to be persistent because she had money. Eventually her doctor called a meeting with several other doctors (some from abroad), and they were able to solve her reproductive issue, and she was able to have two children.

I continued the conversation with the patient's sister who was very knowledgeable about women's health in Amman. Her sister presented a very unique viewpoint about women's health care in Amman. She started off by explaining how many doctors in Jordan train abroad but then come back to Jordan and lack the cultural awareness to effectively practice medicine. For instance, the interviewee's mother was diagnosed with tongue cancer, and the doctor came into the room and directly delivered the news and acted unsympathetic. The interviewee explained that this is not culturally-sensitive to Arab women, as it comes with much shock value and the doctor did not

attempt to comfort the patient. The doctor was also very pessimistic about the condition and made it sound like treatment would be an arduous, uphill battle. Her mother ended up spending the money to go to the United Kingdom to get treated, where she found much more optimistic, culturally-aware doctors who were able to rapidly treat the cancer and send her into remission. The interviewee reiterated what her sister had said earlier that women in Amman can get excellent health care only if they have money. Had the interviewee's mother or sister been treated in a public hospital in Amman (like many Jordanian women end up going to), their prognoses may not have been very good.

The interviewee continued to identify problems with women's health care in Amman. She said preventative women's health care is only good for women with money. She told me that many women do not end up getting breast cancer screenings, for example, and then end up getting diagnosed with advanced stages of breast cancer that are not nearly as treatable as early stages. The interviewee mentioned that a major problem for lower income women is that they have so many responsibilities (work, family, etc.) and often times their own health is their lowest priority, so they do not end up receiving the preventative care that is critical for all women. The interviewee went on to mention that mental health care for women in Amman is severely lacking. Many women face familial problems or major work-life balance stress, which sometimes contributes to the development of different mental health conditions. Many of these women also do not wish to see a mental health provider, as this is stigmatized. Instead, women will often turn to friends or family for help, but often times these individuals simply do not have the training to be able to fully help. Women's mental health is a major part of women's overall health, so this is very problematic.

Lastly, the interviewee spoke about women's health in relation to Syrian refugees. She said there are very wealthy Syrian refugees in Amman that can afford great health care and do not suffer from the barriers to access women's health care that lower-income Jordanian women do. She also said that there are some lower-income Jordanian women that have expressed a wish to receive the same health care that women in the Syrian refugee camps receive. In Syrian refugee camps, international aid funds health care centers and hospitals, so sometimes Syrian refugee women have more access to women's health care in refugee camps than underprivileged women in Amman. She used the example of menstrual pads. The interviewee had met low-income women in Amman who could not afford pads so used anything they could find, sometimes even their babies' diapers. In the Syrian refugee camps, women typically have a means of getting menstrual pads and do not have to resort to these measures that some women in Amman do.

This interview provided a great side-by-side comparison of women's health in Amman versus in Syrian refugee camps. It made me realize that perhaps the answers to my research questions were not so simple. There is not a black-and-white answer to where access and quality of women's health care is better, as my interviewee suggested that well-off women in Amman have it the best, but then in some respects Syrian refugee women in camps may fare better than lower-class women in Amman. I thus began to shift gears and try to pinpoint more specifically what aspects of women's health are better in each location and also try to better understand how to improve each of these aspects in both locations. From this interview, I grasped that preventative women's health care is very weak for low-income women in Amman, whereas it may be better for Syrian refugees in camps and for richer women in Amman. There is also a stark need to improve

public hospitals in Amman. The patient's sister I spoke extensively with stated that in some Amman public hospitals, there is blood on the floor, beds without sheets, and patients sitting on the floor since the hospital is so crowded. I wish to directly compare this interview with the interviews from Zaatari female patients and health providers to better understand women's health care between the two locations.

**Interview 4:**

While visiting the Women's and Children's Hospital in Mafraq, I interviewed a Syrian refugee woman who had lived in Zaatari Camp for a brief period of time. She had a cesarean section to deliver her baby recently at this hospital. She said during her time in Zaatari Camp a few years back, women's health care was very poor. The waiting times were very long, and many women would wait for Zaatari staff to transport them to surrounding hospitals, such as the one in Mafraq, where more hospital beds were available for the women. When she was in Zaatari Camp, she said she actually wished she could pay for health care services (which are provided free to refugees), as she felt this would allow her to preserve her dignity. She stated that she felt women's health care had recently improved for Syrian refugees, but still cited problems with wait times.

My interview with this patient largely supported my hypothesis that access to quality women's health care is compromised for Syrian refugee women, though the woman did say women's health care was in the process of improving. However, it is important to note that she spent little time in Zaatari Camp and did not have major women's health issues during her time at Zaatari. I interviewed another patient later to add another perspective from a refugee woman.

### **Interview 5:**

I interviewed a health care provider and representative from the Jordan Health Aid Society. She believed access to women's health care for Syrian refugees had greatly improved over the last couple years. The organization takes in refugee women (who live in camps) who visit health care facilities outside the camps, such as the Women's and Children's Hospital in Mafraq. She stated that most women come to this hospital with pregnancy-related complications that cannot be best handled within the camps, such as women who require cesarean sections to deliver babies. Women from the refugee camps also visit the hospital for advanced blood and other tests that may not always be available in the refugee camps. Refugee women visiting the outside health care facilities will also have their services paid for by the various aid organizations, such as the United Nations Higher Commissioner for Refugees. The interviewee stated that women's health care within the hospital for Syrian refugees is very good. Postnatal care for women who recently delivered babies is excellent. There is a new transportation service that transports women from the refugee camps to outside hospitals for free, which greatly increases access to women's health care. In terms of improvements to access to high quality women's health care for Syrian refugees, she stated that Syrian refugee women need more health education. The hospital regularly sees women who deliver babies every year, and they are trying to teach women more about family planning methods.

My interview with the health provider did not fully support my hypothesis. She explained how outside health facilities and free transportation services greatly enhanced access to women's health care for Syrian refugees, and now they are readily able to receive high quality women's health care. The same cannot be said about Amman, where

many women still grapple with transportation problems and often cannot easily find women's health care. Women's health care for Syrian refugees seems to be rapidly improving, while my interviews in Amman suggested the same thing was not happening for lower-income women.

**Interview 6:**

I interviewed a Syrian refugee patient who lives in Azraq Camp. She had just gone through the painful experience of losing a baby mid-pregnancy. She was very open to sharing her experiences with me. She stated how appreciative she is of the health care services offered to her, despite her recent experience. She explained that in Azraq Camp, non-emergency women's health services are only available three days a week, unlike in Zaatari, where they are available every day, 24 hours a day. She had a very high-risk pregnancy and had trouble receiving care in Azraq, since access to women's health care was limited. Thus she traveled alone to the Women's and Children's Hospital in Mafraq and the Jordan Health Aid Society received her and paid for her hospital stay. She came without any money or any form of identification, but the organization made sure she would get the best care possible. The patient said there were too few doctors in Azraq Camp, but she was grateful that refugee women have several outside options for women's health care if resources are limited within their own camp. She wished to see more health care centers open in Azraq Camp so women would not always have to go outside the camp to receive quality women's health care.

This interview conveyed to me that even among refugee camps, women's health care services greatly vary. The interviewee made it clear that women's health services were more accessible and better in Zaatari Camp than in Azraq Camp and made

suggestions to improve Azraq Camp. I also did not realize how many outside health resources Syrian refugee women have in case they cannot get the care they need in their camp. This interview partially supported my hypothesis since women in Azraq Camp have less access to women's health care within the camp, but it also refuted my hypothesis in the sense that women's health care options extend beyond the camp to ensure they always have access to women's health care services.

### **Other Research:**

I also researched women's health data and statistics at Zaatari and found various reports produced by different organizations, including the Interagency Working Group on Reproductive Health in Humanitarian Crises (IAWG) and the United Nation's Children's Emergency Fund (UNICEF). Jordan's Department of Statistics also produced a report of women's health in Jordan and broke it down by geographical location, so I was able to directly compare some women's health statistics between Amman and Zaatari Refugee Camp.

The fertility rate, which is the average number of children born per woman (Central Intelligence Agency, 2016), in Amman was 3.2 in 2012 (Jordan Department of Statistics, 2012), whereas the fertility rate in Zaatari Camp was 3.5 (United Nations Population Fund, 2013). This can be compared to the world average fertility rate of 2.33 (Central Intelligence Agency, 2016). Contraceptive usage in Amman is 61% (Jordan Department of Statistics, 2012), whereas contraceptive usage in Zaatari is 20.4% (UNICEF, 2014). This is a significant difference between the two locations. I did more research to understand why there is such a great difference in contraceptive usage rates. In Zaatari Camp, many women reported high levels of education about

contraceptives but limited availability of condoms within the camp. Stocks often were running low, and many women did not want to ask for them due to the cultural sensitivity of family planning (IAWG, 2013). This is in comparison to Amman, where there are very active family planning programs in place, so contraceptives are often free and readily available (Jordan Department of Statistics, 2012). Contraceptives are also widely available in Amman pharmacies, so there are always contraceptives in stock, unlike in Zaatari.

Maternal health is another important aspect of women's health to examine. When it comes to prenatal health, only 39.9% of women surveyed in Zaatari reported visiting a doctor specifically for their pregnancy (IAGW, 2013). In Amman, however, 99% of women surveyed saw a women's health provider for their pregnancy (Jordan Department of Statistics, 2012). This is a major discrepancy that supports my hypothesis that access to women's health in Amman will be better than in Zaatari Refugee Camp. Many women in Zaatari also reported that information about newborn care is very vague (IAGW, 2013), unlike in Amman. In Zaatari, exclusively breastfeeding rates hover around 88% (UNICEF, 2014), which is comparable to Amman's rate of 93% (Almasarweh, 2002). These comparable rates are important to note, as this means maternal education excels in both Amman and Zaatari, which does not fit my hypothesis, but is a pleasant surprise.

Women in Zaatari reported major barriers to access women's health care within the camp. Transportation costs and logistics, long wait times, and disrespectful health providers were cited as some of these barriers (IAGW, 2013). Unfortunately, many of these same barriers to access were brought up in my third interview, so these issues

persist in both Amman and Zaatari, once again defying my hypothesis, but shedding a light on how women's health care in Jordan can be overall improved.

It is noteworthy to mention that in Zaatari Camp, health care services are free to refugees (IAGW, 2013), unlike all health care facilities in Amman (private hospitals, for example, are not free). Also in Zaatari, no health facility staff member reported health practitioner shortages (IAGW, 2013). In my first interview with the staff member from the National Women's Health Care Center, she stated health provider shortages are a consistent problem in Amman hospitals. This also challenges my hypothesis, since staff shortages are a barrier to accessing women's health care, and in this case, it is more of a problem in Amman than in Zaatari Camp. However, in terms of access to women's health facilities for disabled persons, women surveyed in Zaatari reported that there was no handicapped entrance to the health facilities (IAGW, 2013). There are many different instances where one location succeeds in access to quality women's health care, and the other needs improvement, and these are some examples of these situations.

### **Conclusion:**

I hypothesized that access to and quality of women's health would be more limited in Syrian refugee camps due to funding constraints and fewer health care professionals. This is not entirely correct. Access to and quality of women's health care is not always more limited in Zaatari and Azraq Camps than in Amman, though this is the case for some of the aforementioned aspects of women's health care. Overall, both Amman and Zaatari and Azraq Camps struggle in some aspects with access to quality women's health care. For instance, both have particular barriers to access, including transportation costs and long wait times. Azraq Camp only provides women's health care

services three times a week. Amman struggles with providing high quality care for low-income women. Zaatari does not educate women on newborn care as much as it should. However, both Amman and Zaatari Camp have areas in which they really excel at providing high quality women's health care. Amman and Zaatari both educate women very well on contraceptive usage, although usage rates still remain low in Zaatari due to other reasons. Zaatari staff also did not report a health provider shortage, which is something that I hypothesized and found to be not completely true.

Through interviews and other research, I was able to see what areas needed improvement and how these areas could be improved. Postpartum care and postmenopausal care need to be improved in both locations, with programs established to better educate women about each of these. More health care providers, especially females, need to specialize in women's health, and these providers must be culturally aware of the patients they are treating, so as to avoid being disrespectful to patients. In Amman, public hospitals must be improved to provide more high quality care. This can be done by better training health care providers and securing more funding for medical equipment and preventative women's health programs. Public hospitals may also need to be expanded (or more built) to cut down on wait times. Home visits for women's health are also an important strategy in both Amman and the Syrian refugee camps, as this reduces the hassle and cost of transportation for women, and also may better fit the schedule of women with a lot of responsibilities in the home who can not easily leave the house for doctor's appointments. Finally, educating females on various women's health issues is critical. From breast self-exams to postpartum care tips, women will be much healthier if they know about how to preserve and better their health.

**Study Limitations:**

My study was effective in comparing women's health in Amman for non-Syrian refugee women and in Syrian refugee camps. However, my sample size was rather small. I interviewed six individuals. The data and statistics about women's health in Amman and Zaatari surveyed thousands of women. Due to time constraints, a study of this size would never have been possible. It is important to note that my small sample size may have affected my data. This is because a small sample size magnifies every individual's thoughts, and if I interviewed biased individuals, this would have been reflected in my data, giving skewed results. For instance, my third interview was with two women who had a lot of trouble with the Jordanian health care system, so their answers may have been slightly biased against the current health system. I also wish I was able to find more data about women's health in Azraq Camp, as this would have also been valuable in making a comparison. As an outsider student coming in to Jordan to do research, I also had few contacts, so I relied on SIT staff and my advisor to help give me names of individuals to interview. They knew of a lot of people in Amman I could interview but few in Zaatari I could interview. I would like to have heard from more people from the Syrian refugee camps, but with few contacts and the difficulty of getting in to Zaatari, this was not possible during the allotted four weeks of ISP period, which is a short amount of time for a very in-depth research project.

**Recommendations Further/Future Studies:**

Distributing surveys to several female patients in Amman and Syrian refugee camps, asking about specific aspects of women's health, like family planning method usage and education level on postpartum care, for example, could expand upon my study.

These results could then supplement the interviews with women's health care providers and patients in both locations. My study could have also been expanded upon by trying to understand how the Jordanian government and private health care system have already been trying to improve women's health and what the most recent improvements have been. A future ISP project could do a comparative women's health study in both of these locations but have a more narrow focus on a certain area of women's health (family planning usage, for example). Another ISP project could focus on access and quality of women's health care in one of the two locations, rather than doing a comparative study.

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### **Questionnaire for Health Care Providers in Syrian Refugee Camp:**

- 1) How would you rate the access to women's health care in Syrian refugee camp? (1 being least available 5 being medium 10 being most available)
- 2) How do you believe access to women's health care can be improved for women in Syrian refugee camp?
- 3) What are the biggest challenges facing you as a health care provider in Syrian refugee camp?
- 4) How would you rate the quality of women's health care in Syrian refugee camp? (1 being worst quality 5 being medium 10 being best quality) Why?
- 5) How do you believe quality of women's health care can be improved in Syrian refugee camp?
- 6) What are the most pertinent medical conditions or other issues in women's health care in Syrian refugee camps (i.e. lack of preventative care, postpartum care, family planning, etc.)?
- 7) How can each of these types of women's health care be improved?
  - a. preventative (routine check-up)
  - b. obstetrics (prenatal, delivery of baby, and/or postnatal care)
  - c. treatment of women's health condition (i.e. infertility, etc.)
  - d. family planning
- 8) How do you believe better access and quality to women's health care will benefit women in Jordan?
- 9) Any additional information you would like to add

### **Questionnaire for Health Care Providers in Amman:**

- 1) How would you rate the access to women's health care in Amman (1 being least available 5 being medium 10 being most available)
- 2) How do you believe access to women's health care can be improved for women in Amman?
- 3) What are the biggest challenges facing you as a health care provider in Amman?
- 4) How would you rate the quality of women's health care in Amman? (1 being worst quality 5 being medium 10 being best quality) Why?
- 5) How do you believe quality of women's health care can be improved in Amman?
- 6) What are the most pertinent medical conditions or other issues in women's health care in Amman (i.e. lack of preventative care, postpartum care, family planning, etc.)?
- 7) How can each of these types of women's health care be improved?
  - a. preventative (routine check-up)
  - b. obstetrics (prenatal, delivery of baby, and/or postnatal care)
  - c. treatment of women's health condition (i.e. infertility, etc.)
  - d. family planning
- 8) How do you believe better access and quality to women's health care will benefit women in Jordan?
- 9) Any additional information you would like to add

### **Questionnaire for Women in Amman:**

- 1) How would you rate the access to women's health care in Amman? (1 being least available 5 being medium 10 being most available)

- 2) How do you believe access to women's health care can be improved for women in Amman?
- 3) How would you rate the quality of women's health care in Amman? (1 being worst quality 5 being medium 10 being best quality) Why?
- 4) How to you believe quality of women's health care can be improved in Amman?
- 5) What type of care have you received from women's health care providers in Amman?

Circle all that apply.

- a. preventative (routine check-up)
  - b. obstetrics (prenatal, delivery of baby, and/or postnatal care)
  - c. treatment of women's health condition (i.e. infertility, etc.)
  - d. family planning
  - e. other: \_\_\_\_\_
- 6) Have you faced any challenges with receiving women's health care (i.e. could not find women's health care provider, did not receive high quality care, etc.)? If so, please explain.
- 7) How will increased access and quality to women's health care benefit you as a female?

**Questionnaire for Women in Syrian refugee camp:**

- 1) How would you rate the access to women's health care in Syrian refugee camp? (1 being least available 5 being medium 10 being most available)
- 2) How do you believe access to women's health care can be improved for women in Syrian refugee camp?

- 3) How would you rate the quality of women's health care in Syrian refugee camp? (1 being worst quality 5 being medium 10 being best quality) Why?
- 4) How do you believe quality of women's health care can be improved in Syrian refugee camp?
- 5) What type of care have you received from women's health care providers in Syrian refugee camp? Circle all that apply.
- a. preventative (routine check-up)
  - b. obstetrics (prenatal, delivery of baby, and/or postnatal care)
  - c. treatment of women's health condition (i.e. infertility, etc.)
  - d. family planning
  - e. other: \_\_\_\_\_
- 6) Have you faced any challenges with receiving women's health care (i.e. could not find women's health care provider, did not receive high quality care, etc.)? If so, please explain.
- 7) How will increased access and quality to women's health care benefit you as a female?

**Questionnaire for Women's Health Professor/NGO worker:**

- 1) What are the most pertinent medical conditions or other issues in women's health care in Amman/Syrian refugee camps (i.e. lack of preventative care, postpartum care, STIs, etc.)?
- 2) What are the biggest challenges in Jordan to accessing and receiving high quality women's health care in Jordan?
- 3) How can access to women's health care be improved in Jordan?

4) How can quality of women's health care be improved in Jordan?

5) How do you believe better access and quality to women's health care will benefit women in Jordan?

# SIT Study Abroad

a program of World Learning



## CONSENT FORM

### 1. Brief description of the purpose of this study

The purpose of this study is to compare access and quality of women's health care in Amman for non-Syrian refugee women and in Syrian refugee camps. I will be interviewing both women's health providers and female patients in both settings. Evaluating women's health care in both Amman and Syrian refugee camps can help improve any health care inequalities in both locations.

### 2. Rights Notice

In an endeavor to uphold the ethical standards of all SIT ISP proposals, this study has been reviewed and approved by a Local Review Board or SIT Institutional Review Board. If at any time, you feel that you are at risk or exposed to unreasonable harm, you may terminate and stop the interview. Please take some time to carefully read the statements provided below.

- a. **Privacy** - all information you present in this interview may be recorded and safeguarded. If you do not want the information recorded, you need to let the interviewer know.
- b. **Anonymity** - all names in this study will be kept anonymous unless the participant chooses otherwise.
- c. **Confidentiality** - all names will remain completely confidential and fully protected by the interviewer. By signing below, you give the interviewer full responsibility to uphold this contract and its contents. The interviewer will also sign a copy of this contract and give it to the participant.

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Participant's name printed

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Participant's signature and date

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Interviewer's name printed

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Interviewer's signature and date