

SPATIAL ANALYSIS OF THE GENDER GAP OF THE HEALTH REALITY IN DHI QAR GOVERNORATE

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Abstract

The gender difference for doctors in Dhi Qar Governorate has reached (153) doctors, and for dentists, the gender difference has reached (6) female dentists, and the gender difference for pharmacists has reached (57) female pharmacists, and for health professionals, the gender difference has reached (149) for males.

Keywords: Doctors, dentists, gender difference, pharmacists, males

1. Introduction

Health workers constitute a large percentage of the workforce and provide health services that contribute to maintaining the health, well-being and well-being of individuals and society. Health services are of great importance to the various aspects of population life because of their role in the health of the individual and their development is an indicator of the progress of societies in the field of social human development. Those interested in human studies always give priority to health services over other services, even educational ones, in the order of importance, because health services achieve safety for the individual, and thus it is reflected in all his activities and on the process of economic and social development, and it has positive repercussions, whether in terms of humanity or in terms of productivity. Health services Good productivity leads to an increase in the productivity of working individuals, due to their continued attendance at all times without obstacles related to diseases and lack of activity. negatively on the national economy of the country. If the development of any country can be measured by the level of health of the individual among its children resulting from the development of health services available from cadres, institutions and other health capabilities. Therefore, the countries of the world limit the care of health services, which is clearly translated by international organizations specialized in this field.

(2) - Research problem:

- Is there a spatial variation of the gender difference in the reality of health in Dhi Qar Governorate?

(3) – Research Hypothesis:

- Yes, there is a spatial variation of the gender difference in the reality of health in Dhi Qar Governorate.

(5)- Research objectives:

The research aims to know the spatial variation of the gender difference of the human side in the health sector and the extent of the participation of both sexes in the progress of this sector and the equality between them in providing opportunities to provide health services.

(6) - The importance of research:

The importance of the research comes from the importance of the researched topic, which sheds light on the issues of women and men and the roles played by both sexes and the extent of equality between them, and benefit from this research in strengthening the female component and taking its role effectively in the health sector and when developing strategic health plans and programs that will achieve justice And equality and equal opportunities between the sexes, and the importance of the research comes from the scarcity of studies that dealt with the issue of gender in Iraq in general and in Dhi Qar governorate in particular, which makes it a source that can contribute to increasing the resources in Iraqi libraries, and a database on gender in the governorate.

(7)- Spatial and temporal boundaries

(1-7)- Spatial boundaries: The research boundaries were represented by Dhi Qar Governorate, which is located in the southern part of Iraq, between latitudes (30.33° .32°) north and longitudes (37.45° .47.12°) east. Where it is bordered by Wasit Governorate from the north, and from the east by Maysan Governorate, while it is bordered by Basra Governorate from the south, and from the west it is bordered by Al-Muthanna and Al-Qadisiyah Governorates. A district and (5) sub-districts (Al-Ziyadi, 2016, p. 297), as the total area of the governorate reached (1,273,874) square kilometers, as shown in Map (1).

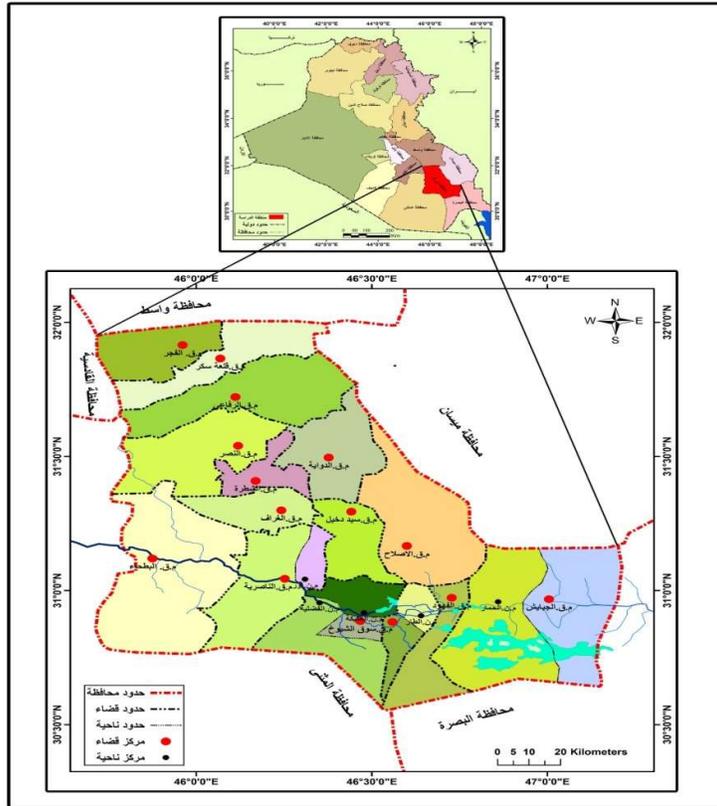
(7-2) Temporal boundaries: The temporal boundaries of this research are the reality of the state of Dhi Qar Governorate, represented by the year (2021 AD).

Table (1) The area and percentage of administrative units in Dhi Qar Governorate for the year 2021.

Percentage of area %	Area (km ²)	Administrative units	No.
5,0	687,20	M . s.* Nasiriyah	1
0,8	116,71	n*. Ur	2
10,0	1382,33	M . s. Al-Rifai	3
0,5	80,30	M . s. Shouokh Market	4
2,1	300,26	n. Akikha	5
4,1	572,63	n. Fadhlia	6
2,2	307,77	M . s. Karma Bani Said	7
1,0	143,84	n. Altar	8
8,0	1107,66	M . s. Chibayish	9
5,5	763,80	n. Al-Ass (Al-Manar)	10
2,9	403,07	M . s. Shatrah	11
5,6	779,82	M . s. Al-Dawayhah	12
9,0	1241,48	M . s. Alaa Salah	13
3,8	525,36	M . s. Suhid Dakhil	14
5,3	728,50	M . s. Kahla Sucre	15
4,0	558,38	M . s. Alfhood	16
4,8	666,15	M . s. Garraf	17
6,9	950,85	M . s. Al-Nahsr	18

3,3	460,39	M . s. Al-Fajr	19
14,2	1962,48	M . s. Batha	20
%100	13738,74	Governorate total	

Map (1) The geographical location of Dhi Qar Governorate in Iraq



Health index:

The health reality is of great importance to the various aspects of the life of the population because of its role, which is related to the health of the individual, and its development represents an indicator to measure the progress of societies in the field of social human development. Health services achieve safety for the individual, and this is reflected in all its activities, and the development process in general (Al-Ziyadi and Saeed, 2021, p. 436)

Health is defined as:

It is the complete social, mental and natural state and not the absence of disease or weakness. The concept of this method is the integration of global health with all the mental and natural influences concerned with disease and the broad social causes that cause health events. The improvement of global health includes advanced treatment and immunity against disease (Al-Dulaimi, 2008, p. 30). Through the efforts and programs aimed at raising the health level of citizens, and these efforts include the provision of maternal and child care services, and vaccination against various diseases, which are the material and human capabilities of health

structures, apparatuses, specialized doctors and health practitioners harnessed to the old health services that are in line with the needs of the individual and society for health in its physical aspects And the psychological (Muhammad, 2010, p. 14).

Health is a basic right for every human being, and it is the right of all human beings without regard to race, religion, political beliefs, social status, or economic status. Or disease, (Badah et al., 2015, p. 9) and this is what makes health the final outcome and the sure measure that reflects the practical reality of the level of life that a person lives in with all its cultural, social, economic, civilized, psychological and political dimensions. It has complete physical, mental and social safety, and for this reason clinics and hospitals are no longer the only institutions that are concerned and able to create and define the parameters of human health, and to repair the deviation, defect or wear that afflicts them, (Shreim, 2012, p. 5).

Health is also defined as preventing disease, prolonging life, and promoting physical and psychological health by improving environmental health, combating communicable diseases, health education, early diagnosis and preventive treatment of diseases, and developing a social system that guarantees everyone in society a life suitable for preserving health (Al-Najm, 2016, p. 94). Health is one of the basic requirements for any society because the development of health services reflects the ability of the state to reach social and economic development, and for society to perform its functions efficiently, this requires that the distribution of health services be in a manner that is commensurate with the number of the population, because the continuous increase in the size of the population generates great pressure on the overall services. health care and reduces the efficiency of its performance (Al-Wazzan, 2003, p. 2), the national health system is based on three main levels to provide health care services, which are (primary, secondary and tertiary) and the orientation towards the family health model in providing health care services and each level includes preventive and diagnostic health care services And therapeutic and rehabilitative for beneficiaries of patients and people with special needs, according to its package of services, and that the health system is integrated from Through the application of a discreet referral system between these levels, with the exception of emergency cases (Iraqi Ministry of Health, 2014, p. 18).

For this research, we will discuss the reality of health, the extent and gender difference in this sector, and whether the woman took her role in an equitable manner with the man to provide health services in Dhi Qar Governorate, which contains (8) hospitals and (15) health sectors, as the research represents the health reality of the numbers of doctors, pharmacists and physicians Dentistry, health professions, and administrative professions, male and female.

(1)- Doctors:

He is the person who performs the diagnosis, treatment and hospitalization, or he is the person who has been trained in medical sciences and his job is to treat the sick and the wounded (Sebai, 1993, p50), the doctor is that he is the person who collects his human experiences in caring for the human being and what afflicts him from illness and disease that affects his body, psyche or The surroundings or the environment in which he lives and tries to find the appropriate medicine and treatment for it, both pharmacological and surgical, and administer it to the patient or the injured (P66, 2000, World Health Organization), as the doctor is the person who practices the profession of medicine, and medicine is the treatment of the body and the soul, and the doctor who deals with the science of medicine (Al-Yafei, 2019, p. 12).

And the doctor is the person who has been trained in medical science and his job is to treat the sick and the injured. We contact him to help us with our most important needs, to treat our aches and pains, until we regain our health. For that, the doctor is allowed to access the various parts of our body, including the private parts, and that is because we believe that the doctor is doing this for the benefit of The patient and his interest (Ben Ammar, 2005, p. 10) and the doctor is the one who interprets the cause of a person's illnesses and diseases, he has prior knowledge of the effect of the medicine he uses before using it in treatment (Girges et al., 2004, p. 28), that medical science is one of the sciences that It is accompanied by many scientific developments, so the doctor must continue to seek knowledge even after obtaining the highest academic degrees, and that his practice of medicine is based on scientific evidence. Constant scientific conferences and seminars, and the doctor must respect his patient and take care of him and preserve his rights and maintain the patient's treatment plan and explain the patient's condition in an understandable and simplified manner so that there is no room for anxiety or misunderstanding M for the required examinations or treatment methods within the health protocols (Al-Turki, 2012, p. 11).

Table (2) and map (2) indicate that the number of doctors in Dhi Qar governorate for administrative units reached (1595) distributed among (874) doctors, and (721) female doctors, and the gender difference amounted to (153) doctors, and the highest gender difference was in the Nasiriyah district center The amount is (139) doctors and the least gender difference in the center of Al-Rifai district, the center of Karma Bani Said district, and the center of Sayed Dakhil district, and the adult is (1) doctor for each district. government, which are Al-Hussein Teaching Hospital, Al-Haboubi Hospital, Bint Al-Huda Hospital, Muhammad Al-Musawi Hospital, and a number of public sectors and the Dhi Qar Health Department's office with its departments, and what requires a large number of medical cadres of doctors due to the high population density, to provide health services to the population. Males compared to females is due to the admission of students to the College of Medicine, which accepts high rates that qualify them to enter medical colleges.

Table (2) The number of doctors by sex, gender difference and administrative units in Dhi Qar Governorate for the year 2021 AD

Gender difference	Total	Female	Male	Doctor	No.
139	1055	458	597	M . s. Nasriyah	1
1	109	54	55	M . s. Al-Rifai	2
9	123	66	57	M . s. Shouokh Market	3
4	10	3	7	M . s. Alaa Salah	4
5	19	7	12	M . s. Alfohood	5
4	176	90	86	M . s. Shatrah	6
4	10	7	3	M . s. Garraf	7
5	5	0	5	M . s. Daybreak	8

1	15	7	8	M. s. Kahramah Bani Sied	9
3	13	5	8	M . s. Al-Nahsr	10
1	9	4	5	M . s. Mr. Dakhil	11
3	9	6	3	M . s. Sukher kahlah	12
14	42	14	28	M . s. Chibayish	13
153	1595	721	874	Total	

(2)- Dentists:

Dentistry is one of the branches of human medicine, although many people underestimate this type of specialization, because the teeth are not an important organ in the body compared to the heart or the brain, for example. Rather, he takes care of the mouth and teeth in general. This is what made the dental profession an official profession and a specialty of the faculties of human medicine (Zadik, and Others, 2010, p31). The patient and the doctor, which is a human relationship by nature and legally, requires the doctor to take care of the patient, do everything necessary to treat him, and give the care required by the medical profession (Hawamdeh, 2017, p. Iraqi Kurdistan: Everyone who has obtained a bachelor's degree in dentistry from a university recognized by the Iraqi Ministry of Higher Education and Scientific Research or from a recognized foreign university (Republic of Iraq, 2004, p. 2).

From table (3) and map (3), the total number of dentists reached (587) male and female doctors, with (290) doctors, and (296) female doctors, and the gender difference amounted to (6) female doctors. (25) doctors, and the lowest gender difference recorded in the Al-Islah district center was (1) female doctor.

Table (3) The number of dentists by gender, gender difference, and administrative units in Dhi Qar Governorate for the year 2021 AD

Gender difference	Total	Female	Male	أطباء الاسنان	ت
25	427	201	226	M . s. Nasriyah	1
1	5	3	2	M . s. Al-Rifai	2
5	7	1	6	M . s. Shouokh Market	3
6	14	10	4	M . s. Alaa Salah	4
8	34	21	13	M . s. Alfohood	5
3	9	3	6	M . s. Shatrah	6
4	4	4	0	M . s. Garraf	7
5	5	5	0	M . s. Daybreak	8
2	10	6	4	M. s. Kahramah Bani Sied	9
9	37	23	14	M . s. Al-Nahsr	10
2	14	6	8	M . s. Mr. Dakhil	11
6	20	13	7	M . s. Sukher kahlah	12

6	587	296	290	M . s. Chibayish	
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(3)- Pharmacists:

A pharmacist is anyone who has obtained a Bachelor's degree in Pharmaceutical Sciences or a Doctor of Pharmacy degree from one of the colleges of pharmacy or its equivalent (Al-Rabiah, 2018, p. 1). Achieving better health outcomes for them, by ensuring safety and efficacy when using the drug. The World Health Organization and the International Federation of Pharmaceuticals add the concept of the "seven roles" in addition to the role assigned to the pharmacist, so that he performs the roles he plays: the caregiver, the decision-maker, the information promoter, the mentor, the student of lifelong knowledge, the leader and the manager (Qusous, and Al-Hamouri, 2015, p. 8).

From Table (4) and Map (4), the total number of pharmacists in Dhi Qar Governorate has reached (1079) distributed among (511) male and (568) female pharmacists, and the difference is (57) female pharmacists, the highest gender difference recorded in the district center Al-Shatra, as it reached (55) female pharmacists, and the lowest gender difference was recorded in both Al-Fuhud district and Al-Chibayish district, as it reached (1) pharmacist for each district.

Table (4) Pharmacist counter by gender, gender difference, and administrative units in Dhi Qar Governorate for the year 2021 AD

Gender difference	Total	Female	Male	Pharmacists	ت
14	596	291	305	M . s. Nasriyah	1
4	6	1	5	M . s. Al-Rifai	2
1	7	3	4	M . s. Shouokh Market	3
9	127	68	59	M . s. Alaa Salah	4
55	159	107	52	M . s. Alfhood	5
10	40	25	15	M . s. Shatrah	6
4	6	1	5	M . s. Garraf	7
4	10	7	3	M . s. Daybreak	8
3	13	5	8	M. s. Kahramah Bani Sied	9
20	56	38	18	M . s. Al-Nahr	10
8	24	8	16	M . s. Mr. Dakhil	11
6	22	8	14	M . s. Sukher kahlah	12
1	13	6	7	M . s. Chibayish	13
57	1079	568	511	Total	

(4) Health professionals:

They are the people who represent the middle staff in the health sector, and this staff includes nurses, health assistants, laboratory assistants, radiographers, physiotherapists, and anesthesiologists (Al-Najm, 2016, p. 118), and they are graduates of nursing colleges, medical and health technologies, technical medical institutes, and recognized Iraqi or non-Iraqi nursing settings It (Republic of Iraq, 2000, p. 1).

From table (5) and map (5), the total number of people with health professions in Dhi Qar governorate amounted to (18271) distributed among (9210) males and (9061) females, and the gender difference reached (149) for males, the highest gender difference recorded in the center Nasriyah district, which reached (375) females, and the lowest gender difference was recorded in the center of Al-Rifai district, which amounted to (2) males.

Table (5) The number of people with health professions by gender, gender difference, and administrative units in Dhi Qar Governorate for the year 2021 AD

Gender difference	Total	Female	Male	Health professionals	NO.
375	8611	4493	4118	M . s. Nasriyah	1
80	148	34	114	M . s. Al-Rifai	2
128	490	181	309	M . s. Shouokh Market	3
2	1374	686	688	M . s. Alaa Salah	4
47	2665	1356	1309	M . s. Alfohood	5
122	586	232	354	M . s. Shatrah	6
92	328	118	210	M . s. Garraf	7
167	379	106	273	M . s. Daybreak	8
92	562	235	327	M. s. Kahramah Bani Sied	9
141	2341	1100	1241	M . s. Al-Nahsr	10
69	157	44	113	M . s. Mr. Dakhil	11
304	376	340	36	M . s. Sukher kallah	12
18	254	136	118	M . s. Chibayish	13
149	18271	9061	9210	Total	

Conclusions

1- The gender difference for doctors in Dhi Qar Governorate has reached (153) doctors, and for dentists, the gender difference has reached (6) female dentists, and the gender difference for pharmacists has reached (57) female pharmacists, and for health professionals, the gender difference has reached (149).) for males.

Proposals

1- Expanding health institutions and distributing them in a homogeneous manner, and increasing the number of medical workers, physicians, pharmacists, and health professionals based on equality on the basis of gender.

2- Expanding the provision of health services and extending them to rural and urban areas and making them not confined to the centers of administrative units, so that they can be obtained easily and effortlessly and equally for both sexes.

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