



# Researching Gender and Health Inequalities between Formal and Informal Neighbourhoods in Aleppo, Syria: A Mixed Method Study

Balsam Ahmad, Vicky Ryan, Fouad Fouad, Wasim Maziak, Tanja Pless-Mulloli, Shahaduz Zaman, Martin White

**Presenting author:**

**Balsam Ahmad**  
Research Associate, RESCAP-MED  
Institute of Health and Society  
Newcastle University, UK



**Newcastle**  
University

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# Background evidence

- Large number of studies, mainly multilevel studies.
- Systematic reviews (e.g. depressive symptoms (Mair et al., 2008); mortality, self-rated health, cardiovascular morbidity and risk factors (Pickett & Pearl, 2005; Riva et al, 2007) and child and adolescent health and wellbeing (Sellström and Bremberg, 2006)).
- Majority reported associations between neighbourhood socioeconomic status (SES) and health outcomes, after controlling for individual SES characteristics.

# Aims of study

- Explore the role of neighbourhood socioeconomic status (SES) and informality status on self-rated health (SRH) in adult men and women living in urban neighbourhoods in Aleppo, Syria.



# Setting-Aleppo



# Study design and methods

- An explanatory, mixed method, sequential design.
- 1st stage, multilevel analyses were used to analyse data from the Aleppo Household Survey (2004), a cross-sectional survey of 2038 adult household representatives nested in 45 neighbourhoods.
- 2nd stage a qualitative study including in-depth interviews with 27 married women and 10 key informants.

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## RESEARCH ARTICLE

## Open Access

# The influence of neighbourhood formality status and socio-economic position on self-rated health among adult men and women: a multilevel, cross sectional, population study from Aleppo, Syria

Balsam Ahmad<sup>1,2\*</sup>, Vicky Ryan<sup>1</sup>, Wasim Maziak<sup>3,4</sup>, Tanja Pless-Mulloli<sup>1,2</sup> and Martin White<sup>1,5</sup>

# Key findings from the 1<sup>st</sup> stage

- Neighbourhood socioeconomic status (as measured by the number of household items owned) and formality were associated with the SRH of women but not men.
- After controlling for individual and neighbourhood SES measures, women living in informal neighbourhoods were less likely to report poor SRH than women living in formal neighbourhoods (OR= 0.4; 95% CI (0.2- 0.8) (versus poor SRH) and OR=0.5; 95%; CI (0.3-0.9) (versus normal SRH).



# Aims of the qualitative study



- What are the mechanisms by which neighborhood SES and informality influence health?
- What are the possible explanations for the counterintuitive finding?
  - Explore meanings of SRH
  - Explore social support

# Qualitative study

- April-May 2011
- 27 married women: 17 in formal (10 in low socioeconomic status formal neighbourhoods) and 10 living in the informal.
- In-depth interviews & unstructured direct observations.
- Thematic analysis
- Ethical approval from Newcastle University and the *Syrian Society against Cancer* Ethics committees.

# Self-rated health

- Difference between women from higher or lower socioeconomic status households in their outlook when describing their health.
- Anxiety in the narratives of socioeconomically deprived women
- For the latter, good health was both a resource and a determinant needed for their livelihood. Poor health in the form of disease represented a huge cost for these women

# SRH-A narrative of high SES woman

- *“I feel I have better health after being diagnosed with cancer .... I read a lot about my condition, especially on spirituality, healing and homeopathy and feel now more in control of my life. .... I feel that an educated patient is important. My health is better now as I know myself better...”. (Amal, high SES working mother, 57 years old)*

# SRH-A narrative of a low SES woman

- *“Last week I had an operation to remove my uterus and had to work a few days after the operation. I need to work to repay money I borrowed”*. (Najwá, 32 years old, lives in an informal neighbourhood)



# Social support

- Many women interviewed in the informal neighbourhoods reported good relationships with their neighbours and a few, especially those from ethnic minorities, described one or two of their neighbours as real friends.
- Many women in formal neighbourhoods reporting limited, or in many cases strained relationships with their neighbours

# Social support-informal

- *“My neighbours are like my family”* (Ilinaur, 35-year-old, lives in an informal neighbourhood).
- *“She comes every other day. She may not visit her parents for a week but not me. Two days ago she came and found me really tired, and she cleaned the house for me. She washed all the dishes. She even tidied up the whole house for me”.* (Khadījah, 29 years old, informal neighbourhood).
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# Relationship with neighbours-A narrative of a high SES woman

- *“I do not see that I belong. I am very modern ‘compared to them as all are very conservative and less educated. Also I feel like I am limiting my mind when I talk to them as there is a very big intellectual and educational gap” (Amal, 57 years old, high SES formal neighbourhood).*

# Relationship with neighbours-a narrative of a high SES woman

Lamá explained “*very limited*” social relationships with her neighbours & ascribed them to change in the social composition of the neighbourhood:

*“The people who used to live in the old city and very conservative neighbourhoods moved here when they became rich. Previously there were many open-minded middleclass people like us who lived here, but, with the increase of prices in the area, they gradually sold [their houses] and moved out to other areas”* (Lamá, 46 years, high SES neighbourhood)

# Conclusions

- A central role of household socioeconomic circumstances.
- Many similarities between low SES women in low SES formal neighbourhoods as well as those in informal neighbourhoods.
- Complexity!



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# Thank you Questions

