Familial Costs of Chemical Warfare

Batool Rashidi, M.D.

Reproductive Health Research Center, Tehran University of Medical Sciences, Iran

amily is the closest point of contact to society for each patient and it is also the first group that is affected by problems due to chronic illnesses. In a family with a chronic illness, familial roles often undergo drastic changes, as the marital relationship between spouses is likely to resemble a caregiver and a patient relationship. This change in turn may result in other problems. It is known that a strong marital relationship may improve patients' health status (1). There are support groups for many chronic illnesses for spouses aiming to improve marital relationships (2). At present time there are more than 100,000 patients which are victims of chemical warfare (3). Many of them have a family and also maintain an active presence in the society. Unfortunately however there has been a lack of attention from both the government and other relevant organizations and research institutions to the social and familial costs of chemical warfare.

During the imposed Iraq-Iran war (1980-1988) chemical warfare at large scale was used against Iranian soldiers and civilians (4,5). Many were killed as the result and still more were affected with various health issues (3). Morbidity in victims who survived has acute and chronic phases (6). Chronic problems due to chemical exposure affects eye (such as itching, photophobia, tearing, conjunctival and limbic problems and corneal abnormality) (7), lung (such as asthma, chronic bronchitis, bronchiectasis and pulmonary fibrosis) (8) and skin (such as itching, dry skin, hyper and hypo pigmentation) (9). It also causes various psychological problems (10). These chronic illnesses have long term implications for the victim as a long term morbid individual.

Until now researchers have mainly focused on symptoms and treatments for the physiological problems of chemical victims with some taking a closer look at the psychological aspects of the problem as well. However the social aspects of the victims' problems as they interact with others are often neglected. Disabilities due to exposure with chemical warfare like other chronic illnesses can cause various problems in relationship with other parties involved. In the victim's family chronic illnesses may result in tension (11) and marital dissatisfaction (12).

This issue of the Journal of Family and Reproductive Health publishes an interesting article that discusses factors related to the marital relationships of chemical warfare veterans. We hope that this article serves as a starting point in studying familial problems due to chemical warfare exposure. Future marriage related research that focuses on the victims' problems including sexual issues is encouraged.

We look forward for future collaborations on studies about the familial cost of chemical warfare.

References

- 1. Sherbourne CD, Hays RD. Marital status, social support, and health transitions in chronic disease patients. J Health Soc Behav 1990; 31: 328-43.
- 2. Ell K. Social networks, social support and coping with serious illness: The family connection. Soc Sci Med, 1996; 42: 173-183.
- 3. Zargar M, Araghizadeh H, Soroush MR, Khaji A. Iranian casualties during the eight years of Iraq-Iran conflict. Rev Saude Publica 2007; 41: 1065-6.
- 4. United Nations Security Council. Report of the mission dispatched by the Secretary General to investigate allegations of the use of chemical weapons in the conflict between the Islamic Republic of Iran and Iraq. April 25, 1988. S/19823 and S/19823/Addendum 1. 1988, New York, USA, United Nations.
- 5. Saadat M. Change in sex ratio at birth in Sardasht (north west of Iran) after chemical bombardment. J Epidemiol Community Health. 2006; 60: 183.
- 6. Balali-Mood M, Hefazi M. Comparison of early and late toxic effects of sulfur mustard in Iranian veterans. Basic Clin Pharmacol Toxicol 2006; 99: 273-82.

Rashidi

- Etezad-Razavi M, Mahmoudi M, Hefazi M, Balali-Mood M. Delayed ocular complications of mustard gas poisoning and the relationship with respiratory and cutaneous complications. Clin Experiment Ophthalmol 2006; 34: 342-6.
- 8. Ghanei M, Harandi AA. Long term consequences from exposure to sulfur mustard: a review. Inhal Toxicol 2007; 19: 451-6.
- 9. Panahi Y, Davoudi SM, Sadr SB, Naghizadeh MM, Mohammadi-Mofrad M. Impact of pruritus on quality of life in sulfur mustard-exposed Iranian veterans. Int J Dermatol 2008; 47: 557-61.
- Hashemian F, Khoshnood K, Desai MM, Falahati F, Kasl S, Southwick S. Anxiety, depression, and posttraumatic stress in Iranian survivors of chemical warfare. JAMA 2006; 296: 560-6.
- 11. Mosaku KS, Erhabor GE, Morakinyo O. Implications of psychosocial factors as precipitant of asthma attack among a sample of asthmatics. J Asthma 2006; 43: 601-5.
- 12. Ashmore JA, Emery CF, Hauck ER, MacIntyre NR. Marital adjustment among patients with chronic obstructive pulmonary disease who are participating in pulmonary rehabilitation. Heart Lung 2005; 34: 270-8.