

Obstetric Care in Afghanistan and How to Provide Obstetric Care for Afghan Refugee Patients in the U.S.

Lisa Li
June 2017

Introduction

Lack of ante- and perinatal care has been known as a major issue in Afghanistan with high maternal mortality.¹ To provide quality obstetric care for Afghan refugee patients in the United States, it is important to understand what kind of care was available in their home country and what their experiences have been. It is also important to recognize new difficulties the Afghan refugee may encounter that may impact maternal health after coming to the U.S. With more knowledge and better understanding of this background and experiences of the Afghan refugee patients, we can develop strategies to improve obstetric care for this population group in the U.S.

History and Statistics

Afghanistan is one of the poorest countries in the world.¹ The life expectancy at birth is estimated to be 42.7 and 44.5 years for men and women, respectively. The adult literacy rates of males and females are reported to be 47.2% and 15%, respectively. Gender oppression severely limited education in women.⁸ Long-standing war and Taliban restrictions on women's human rights have further limited their access to health care. In 2003, the Ministry of Health and Reproductive Health Task Force of Afghanistan published guidelines with the intention to increase skilled attendance at birth by recommending four antenatal visits, which are free of charge at public clinics.² Maternal mortality has decreased from around 1,000 per 100,000 live births in the 1990s to 460 per 100,000 live births between 2000 and 2010. However, only 34% of births in Afghanistan occurred in the presence of skilled health personnel and only 16% of pregnant women attend the recommended four antenatal visits, whereas 60% attend at least one visit as noted in the WHO report in 2012.¹ The physician density and nursing/midwifery personnel density are 2.1 and 5.0 per 10,000 inhabitants, respectively with a strong urban-rural differential, making the guidelines difficult to implement.²

Obstacles to Obstetric Care in Afghanistan

Understanding the obstacles pregnant women may have encountered in Afghanistan is important for providers in the U.S. to manage patients in a culturally sensitive manner.

Reasons for underuse of available antenatal care in Afghanistan include lack of knowledge, low motivation, family decision, lack of money, or transportation problems.² Low motivation is frequently a direct result of limited insight regarding the importance of regular antenatal care and a low level of knowledge regarding pregnancy and childbirth. The decision to seek medical care for pregnancy is typically made by the husband, another male family member, or mother-in-law. In one survey conducted in Herat Province which included 34 urban and rural villages, 4117 out of 4703 (87%) women had to obtain permission from their husband or male relative to seek health care.⁹ The women are expected to be strong and enduring and traditional remedies are used first for medical complications. Women are taken to the hospital only after traditional remedies fail. Financial hardship and transportation difficulties are also important reasons for health care underuse or treatment nonadherence and delay.²

Dissatisfaction with attitudes and behaviors of health personnel and the need for personal contacts to secure good treatment in Afghanistan are also commonly seen. There are reports of lack of ethical standards in Afghanistan, instances of verbal and physical abuse, and necessity of payment or bribery to receive care that was intended to be free by the government. Poor working conditions, long hours, low salary, and lack of infrastructure of the Afghanistan health system are factors that contribute to these behaviors and problems.²

Obstacles to Obstetric Care in the U.S.

Refugee patients are unfamiliar with the American health care system and may not understand what to expect from maternity care and the role of the various providers. Evidence suggests Afghan refugee face considerable challenges in utilizing primary care services. Women of refugee background are less likely to attend the recommended number of antenatal check-ups and have higher rates of stillbirth, fetal death in utero, and perinatal mortality.³

Furthermore, there is limited capacity and cultural awareness of public maternity services to identify families of refugee background and provide tailored service responses, especially when patients have no primary care providers and seek care from emergency departments only. Many health care professionals have limited understanding of the refugee experience and how best to respond to social and emotional health and issues in such contexts.⁴

Mental health is also a significant issue for many Afghan women. Mothers from culturally and linguistically diverse backgrounds frequently experience isolation throughout the perinatal period due to separation from their support networks of other women. The lack of social support causes more emotional difficulties in early motherhood. Pre-migration exposure to mental health problems, compounded by cultural dislocation will profoundly impact mental health throughout pregnancy and into the early stages of motherhood. Women with preexisting mental health issues are at increased risk of emotional disturbance following birth.⁵

Additionally, many women of refugee background are reluctant to discuss psychosocial problems with health professionals due to concerns regarding confidentiality, stigma associated with mental illness, or thinking that it is inappropriate to discuss their psychosocial wellbeing with health professionals.⁵ Short appointment times, likelihood of seeing different providers at each visit, limited capacity to ensure access to female providers, and difficulties in accessing interpretation services also pose additional challenges for providers to inquire about psychosocial health issues during and after pregnancy.⁴

During the postpartum period, women may not be able to carry out their traditional practices in the U.S., which include clearly defined 10-40 day resting period, the assistance of female kin or traditional birth attendant, ritual celebrations at the end of rest period and traditional food. Other traditional Afghan practices include applying kohl around infants' eye, shaving the infants' head, traditional prayers, and restrictions with hot and cold foods and water. It is important for Afghan patients for the traditional practices to be recognized by health care providers as being legitimate and culturally significant.

How to Improve Antenatal Care for Afghan Refugees

See Appendix A for a sample questionnaire that can be given to Afghan female refugee of reproductive age to address some of the questions that would be helpful for providing obstetric care immediately or later on.

Cultural Awareness

Interactive training opportunities can help providers build an understanding of the refugee experience, what providers need to be mindful of in providing care, and knowledge of services and resources for assistance. Importantly, providers should be aware of the low literacy rate, history of gender oppression, and lack of human rights among many Afghan women. Providers should know that the Afghan female refugee may need permission from her husband or male family members to

obtain care and often rely on them for language interpretation. They may also decline obstetric care provided by male providers.

Health professionals should consistently use interpretation services, translated health information, and culturally acceptable treatments with the goal of being more responsive to differences in patient language, culture, and behavior.⁴

Importance of Community Engagement

The International Rescue Committee in Pakistan had success in reducing maternal mortality among Afghan refugees through a combination of emergency obstetric care services, community education, health staff coordination, and improved health information systems. A unique aspect of their program is the utilization of volunteer community health workers (CHWs) who mainly work on health education in the refugee community. The community health workers focus on raising awareness regarding primary health care, including reproductive health. Regular trainings on safe motherhood are provided to key community representatives which include CHW, women of reproductive age, men, health committee members, teachers, religious leaders, and private practitioners. These trainings, in addition to health education in health facilities, helped to increase the demand for prenatal care, delivery by skilled staff, as well as postnatal care among Afghan refugee in Pakistan.⁶

Similar programs can be implemented in the U.S. Education on danger signs related to pregnancy can increase awareness and recognition of complications, and motivate women to seek timely support by skilled providers. Community engagement involves a strong working partnership between the health sector and the community. Afghan individuals with existing interest, knowledge or skills in health, such as respected elders, traditional health experts, health professionals and students, can act as health knowledge-brokers and bi-cultural bridges between the community and health care providers. Such community engagement can bridge the gap between the Afghan community and U.S. primary care services and improve the delivery of obstetric care to Afghan refugees.⁷

Care for Emotional Wellbeing

Recognizing prenatal and postpartum psychosocial stress is a crucial aspect of obstetric care for Afghan women. Their refugee experience and cultural isolation increase the risk of postpartum depression, but the women often do not address such issues with health professionals. Providers should encourage patients to increase social activity and engagement, form new

friendships, enroll in classes, and link into community group programs where they can obtain support from other women. Participatory and empowering approaches to community development opportunities including developing skills and capacities among Afghan women are particularly important so that initiatives are driven by community members themselves. Providers should also encourage and support continued religious practice since prayer is a coping strategy for emotional well-being among Afghan people. Knowledge of the experiences, practices, and beliefs of Afghan refugees, as well as understanding other 'high-risk' cultural groups can enable a more informed and customized approach to caring for and supporting these patients both within and outside of the formal health care setting.⁵

Conclusion

Afghanistan is known to be one of the countries with the highest maternal mortality rates in the world. It is

References:

1. World Health Organization: World Health Statistics; 2012. http://apps.who.int/iris/bitstream/10665/44844/1/9789241564441_eng.pdf
2. Rahmani Z, Brekke M. Antenatal and obstetric care in Afghanistan – a qualitative study among health care receivers and health care providers. *BMC Health Services Research*. 2013;13(166).
3. Henderson J, Gao H, Redshaw M: Experiencing maternity care: the care received and perceptions of women from different ethnic groups. *BMC Pregnancy Childbirth* 2013, 13(1):196.
4. Yelland J, Riggs E, Sayed W, Fouladi F, Casey S, Szwarc J, et al.: How do Australian maternity and early childhood health services identify and respond to the settlement experience and social context of refugee background families? *BMC Pregnancy and Childbirth* 2014; 14:348.
5. Russo A, Lewis B, Joyce A, Crockett B, Luchters S. A qualitative exploration of the emotional wellbeing and support needs of new mothers from Afghanistan living in Melbourne, Australia. *BMC Pregnancy and Childbirth*. 2015;15:197. doi:10.1186/s12884-015-0631-z.
6. Purdin S, Khan T, Saucier R. Reducing maternal mortality among Afghan refugees in Pakistan. *Int J Gynecol Obstet*. 2009;105 (1):82–85.
7. Cheng I-H, Wahidi S, Vasi S, Samuel S (2014) Importance of community engagement in primary health care: the case of Afghan refugees. *Australian Journal of Primary Health* 2014;21, 262-267.
8. Kaartinen L, Diwan V. Mother and child health care in Kabul, Afghanistan with focus on the mother: Women's own perspective. *Acta Obstet Gynecol Scand*. 2002;81(6):491-501.
9. Amowitz L, Reis C, Iacopino V. Maternal mortality in Herat province, Afghanistan, in 2002 An indicator of women's human rights. *JAMA*. 2002;288(10):1284.

important for health care providers to understand some of the factors that contributed to poor or lack of obstetric care in Afghanistan and other factors that may continue to impede obstetric care for Afghan refugee in the U.S. A questionnaire can be given to patients at their initial visit to better understand their obstetric history, psychosocial status, and experiences and expectations of obstetric care.

Insight and awareness of the Afghan culture is the first step to delivering quality care tailored to this population. Community engagement plays an important role to bridge the gap between Afghan communities and primary care and reproductive care services in the U.S. Lastly, caring for Afghan women's emotional wellbeing is also a fundamental part of their obstetric care.

Appendix A

Initial Visit Questionnaire for Reproductive-aged Afghan Female Refugees:

- Age
- Which city in Afghanistan are you from?
- Years of education
- Do you make your own decisions about your medical care?
- Do you have any financial worries? Housing problems? Legal problems?
- What kind of social support do you have from extended family members or the communities?
- How many previous pregnancies and births have you had in Afghanistan?
- Where did you deliver your children in Afghanistan?
- Did you receive any ante- and perinatal care for your pregnancy? If yes, by what kind of providers (physician, mid-wife, or traditional birth attendants)?
- Did you have regular prenatal check-ups (at least 4 visits) in previous pregnancies in Afghanistan?
- Were there any complications with your previous pregnancies and births?
- What kind of obstacles or problems did you have in Afghanistan to obtain obstetric care?
- Should you become pregnant, are you and your husband comfortable with a male provider as part of your care team?
- Do you expect any problems for you to attend regular prenatal and postpartum visits?
- Do you have any special requests or traditional practices and customs we should know about for your obstetric care (prenatal, delivery, postpartum)?