

Sexual and Reproductive Health (SRH) of Afghan's women in Iran



Abbas Ostadtaghizadeh, Farin Fatemi, Kiyoumars Allahbakhshi

Introduction

- Migration crisis as one of the most pressing global challenges.
- Iran as the third largest refugee hosting country in the world
- Complex health needs of refugees
- SRH as a Sustainable Development Goal by 2030.
- Political and economic situations of the host countries for providing good SRH services and access to SRH care for refugees women

Objectives

General objective

- To analyze the SRH situation of Afghan refugee women living in Iran

Specific objectives

- To identify the SRH services provided to Afghan refugee women living in Iran
- To identify the challenges of SRH services provided to Afghan refugee women living in Iran
- To identify the implications of SRH services to Afghan refugee women living in Iran for next decision-making and policies

Methods

- A mixed method study:
 - Scoping review study
 - Quantitative study
- Target group:
 - Afghan women refugees living in Iran
- Time study: May-September 2022





Tehran; Pakdasht



Qom



Alborz; Chaharbagh



Semnan; Damghan



Khorasan Razavi; Mashhad

Key results

<i>Categorization</i>	<i>Sub-categorization</i>	<i>Code</i>
Reproductive health needs	<i>Routine care of the pregnant women</i>	Educating before, during and after pregnancy; Checkup examinations; Free iron tablets, multivitamins; Quick access to services for pregnant women during emergencies; Referral to gynecologist in case of problem; Vaccination and measuring the height and weight of children under 5 years of age.
	<i>Child care services</i>	Free powdered milk for children under 2 and free multivitamins and nutritional supplementary for children under 5 years old; Referral to pediatrician in case of problem; Educating prevention methods to prevent common accidents in children under 5 years old.
	<i>Family planning program</i>	Providing free contraceptive services; The right to voluntary choice of contraceptive methods; Free IUD; preventing Unwanted pregnancies.

Key results

<i>Categorization</i>	<i>Sub-categorization</i>	<i>Code</i>
Challenges	<i>Poverty</i>	Increase in sexually transmitted infections; High cost of receiving SRH services; Not affording to buy powdered milk or contraceptives devices; Children sale; Abortion; Increasing sex workers.
	<i>Discrimination</i>	Afghan nationality; Inappropriate treatment with Afghan women; Long hours of waiting for receiving service; Difficulty communicating due to cultural differences and accent; Not access to marriage consultations.
	<i>Mental health difficulties</i>	Discrimination; Low self-esteem; Humiliation and disrespect; Hopeless, insecure or fear.
	<i>Not receiving appropriate SRH services</i>	Not allocating the proper time to provide services for Afghan women; Complex and difficult processes to receive services; Inappropriate referral system
	<i>Lack of education and awareness</i>	Lack of educational need assessment; Lack of education related to sexual health; Not receiving practical education.

Key results

<i>Categorization</i>	<i>Sub-categorization</i>	<i>Code</i>
Challenges	<i>Lack of resources and facilities</i>	Lack of gynecologists, pediatricians or precise information; Referral to receive supplements and powdered milk; A large number of Afghan women; New immigrations of Afghanis; Few personnel and health workers; lack of access to specialized SRH services in health centers
Improvement Strategies	<i>Strengthening health centers</i>	Adaption of health centers to the region needs; Presence of (Afghan) doctors including gynecologist, pediatrics and internal medicine in health centers; Establishing pharmacy in health centers; Use of supplementary insurances; Training of midwives for the Afghans neighborhoods; Providing counseling sessions; Activating international NGOs and receiving national supports
	<i>SRH Health literacy</i>	Need assessment for sexual educational programs; Empowering Afghan women, Involvement and participation of Afghan women in decision-making about their community; reproductive health classes.

Conclusion

Main efforts should be concentrated on:

- Poverty as one of the main social determinants of health
- Discrimination as a social and institutional concern
- Gender- based violence such as IPV, Sexual harassment and abuse
- Mental health related to SRH
- SRH education, empowerment and capacity building in Afghan women refugees
- SRH care services, facilities and resources
- Local, national, and international humanitarian supports and aids (legal, financial, institutional, etc.)

Suggestions and recommendations

- Deploying of mobile health facilities in remote regions
- Using Afghan health providers in the health centers
- Using different mechanisms for supplementary health insurances
- Providing psycho- social services for Afghan refugees
- Facilitating and establishing Afghan women's associations (CBOs and NGOs)
- Improving legal and financial international humanitarian supports

Thank you

