THE REPRODUCTIVE HEALTH ISSUES & PRACTICES AMONG THE AFGHAN REFUGEE WOMEN (WITH THE ESPECIAL REFERENCE TO AFGHAN BASTI IN KARACHI AND QUETTA)

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Abstract:

One of the largest refugee populations in the world was comprised of Afghans, the large bulk of whom settled in bordering Pakistan. In the 1980s, three million Afghans moved to Pakistan and settled in populous areas like Karachi and Quetta. They are known as Afghan refugees. Due to the lack of reproductive health facilities for Afghan refugee women is expected to increase their risk of morbidity and mortality. The reality of the situation compels a return to the traditional classifications of Afghans as "refugees" or "migrants," and an evaluation of the importance of efforts to achieve full expulsion. It mentioned the important issues which are directly related to the health of Afghan refugee women. These women might be more health-conscious than other women, and many of them might have had more money to pay for care. The current study's objectives were to examine the issue of reproductive health for Afghan refugee women, gain knowledge of their sociocultural lives, look into the processes of health facilities among Afghan refugee women, and ascertain their level of knowledge regarding the best practises for reproductive health in Karachi and Quetta. Recommendations were made for operational research and policy framework on the provision of effective reproductive health services.

The findings and conclusions mentioned in detail.

The purpose of the current investigation was "Exploratory." Afghan Basti, Karachi, and Quetta were the Universe. The Population was comprised of the age of 15 - 49 years (Refugee Women). The data collected by Simple Random Sampling Techniques. The research instruments like questionnaire, and observation was used for data collection.

Keywords: Reproductive Health, Issues, Practices and Afghan Refugee Women

Introduction:

It is the responsibility of the state for making policy, and directly takes actions on effected individuals' day to day lives. There are numerous different social ties between the government and its population, all of which influence how public policy is created and how it affects individuals. It is emphasised how ineffective women's involvement in the development process. The importance of women's participation in development is becoming more widely acknowledged. The favourable response of government and non-government groups to gender policy is another indicator of this. New institutional arrangements are being established to elevate women's status in order to better reflect the realities of modern living. Studies of women's empowerment in Pakistan have become a crucial area of study from this new perspective of development. Women's storage capacity has recently attracted increased attention.

In all matters pertaining to the reproductive system and its operations and practices, it refers to a condition of total physical, mental, and social welfare, not only the absence of sickness or infirmity. If a person is in good reproductive health, they are able to have a fulfilling and safe sex life, as well as the knowledge and agency to repeat if and when they so want.

In order to assist the Afghan refugee community in the Afghan Basti and other Provinces of Pakistan, the "Save the Children" branch in Pakistan and Afghanistan joined the "Safe Maternity Initiative" in 1991. Since there was little available information in 1998 on the incidence of diseases associated with problems with reproductive health among Afghan immigrants, a clinical study was conducted to find out more about the range of morbidity and potential in conjunction with behavioural variables. However, previous research on the health of Afghan refugee women has focused solely on issues related to pregnancy and childbirth, with a particular focus on the high rate of maternal mortality in this population. For instance, infections of the reproductive system can have a significant impact on women's health, yet the maternal death rate does not adequately reflect this. Reproductive tract infections can increase a woman's and her community's risk of acquiring and transmitting HIV and have serious, long-term effects, such as a "pelvic inflammatory disease, infertility, topic pregnancy, low birth weight of descendants, and fontal loss," whether they arise naturally or are improperly treated (Grosskurth, H, 1995).

It is increasingly clear that Afghans in Pakistan arrived for several reasons, most likely a combination of them. They have also frequently travelled back and forth between the two countries. The so-called "protracted refugee crisis" requires different strategies from both sides of the border (UNHCR, 2003). Moreover three million Afghan refugees are still living in Pakistan, according to the 2005 Census, while 2.4 million have left the country since the fall of the Taliban in 2001, when the United States led an international coalition to their defeat. The Afghan refugees who are willingly back to Afghanistan from Pakistan have been registered as part of the multilateral agreement between the UNHCR and both countries. A significant number of Afghan refugees in Pakistan have undoubtedly been motivated by this to return to Afghanistan. We will have a better understanding of this segment of the population if we can get answers to questions on why they opted to stay, how they chose to live, how they are related to Afghanistan, and why they wish to leave (UNHCR, 2004).

As a result, people were suspicious of medical procedures that involved using mud or water for cleansing after elimination. Since the anus is so near to the vagina, it's likely that muck might get in there and cause infection. The defendants' usage of washing water, however, contributes to the problem. The refugee settlements' lack of access to piped water is supplemented by boreholes. These boreholes frequently get contaminated when it rains because the nearby lake fills up. The custom of cleaning up after a chat might contribute to the emergence of sperm or egg issues (Sullam & Mahfouz, 2001).

Afghan refugee women may be missing out on early detection and treatment options for reproductive health problems because of a lack of education about these concerns. Most women chalked off their sexual discomfort to a normal part of the experience, while others turned to traditional medicine. Lack of knowledge was found to increase the challenges Afghan women have with their reproductive health. The effectiveness of reproductive health education as a solution is called into doubt by the fact that more than one-third of women who reported suffering dyspareunia or prolapse also reported feeling financially unable to seek treatment. The majority of Afghan women blamed their husbands' or in-laws' resistance for not seeking medical care. Another observation of Afghan women in Pakistani refugee camps was the fact that the majority of married women resided with their husband's family, where the in-laws frequently made the crucial decisions (Hyder, Noor & Tsui, 2007).

Despite this, the Afghan experience of exile, migration, and settlement in neighbouring countries has altered patterns within these linkages, such as family and ethnicity, economic ties, religious views, and political politics. In addition, they have sustained massive populations, including those in refugee camps, for long time frames; in many cases, they are cosmopolitan include that people aid Afghans across territorial frontiers and construct networks predicated on shared ethnic background, social ties, commercial ties, and political ties between Afghans and Pakistanis. Quantitative field study was conducted and well accepted by Afghans in a variety of communities in and around the cities of Quetta and Karachi. The main groups were reasons for concentrating on Quetta and Karachi, issues with women's reproductive health in the refugee community, difficulties finding stable sources of income, and links to and impressions of Afghanistan. Due to poor personal cleanliness habits, women

who are refugees may be more likely to develop reproductive infections.

The moment has come for Pakistan and Afghanistan to work together, with the aid of donors and other aid organisations, to address the fundamental human needs of Afghan refugees in Pakistan. Doing so might positively impact both countries' future ambitions and endeavours.

Review of the Literature:

The second-largest refugee population in the world and the longest-running refugee crisis under UNHCR management both reside in Afghanistan. They still make up over 20% of the world's refugees and 40% of the longest-running cases, 35 years after the campaign started. With the aim of classifying and implementing comprehensive explanations for Afghan refugees, the Islamic Republics of Afghanistan, Iran, and Pakistan have developed a plan to provide regional explanations for Afghan refugees in the province with the help of "the United Nations High Commissioner for Refugees (UNHCR)". The selection of planned projects as part of this ongoing effort was coordinated by the three regional governments, the United Nations, the regional intergovernmental organisation, and the international and national non-governmental organisations (NGOs).To meet the requirements of Afghan refugees and to develop better solutions, the proposal collections featured a one-of-a-kind structure for international collaboration and coordination (UNHCR, 2012).

Over 32.9 million individuals are internally displaced worldwide, and just because they have been forced to move may not eliminate their need for reproductive health treatments. But humanitarian assistance has traditionally focused on essential aspects of life, like HIV prevention and basic emergency obstetric care. Improving access to reproductive health care is crucial to humankind's long-term survival, and this field requires further research and development. This is especially true with contraceptive facilities, which depend on customers' confidence in the reliability of the service and the availability of supplies in order to function. In multi-camp settings, fertility rates, incidents of gender-based violence, and maternal and new born mortality all increase. In the meantime, service providers are starting to understand how important it is to give access to contraception options. But despite improvements made to the facility, barriers to contact and acceptance still exist (Ogata, 1995). Refugees were registered at their point of entry into Pakistan and distributed to various non-governmental organisation. Non-governmental organisations primarily offered housing, food, and employment assistance. In actuality, several NGOs did not manage their own in-house medical facilities, so they advised the refugees under their care to access the free and low-cost medical care provided by the facility maintained by the other NGOs.

Afghanistan has a relatively high rate of maternal death, according to population action international. In some countries, teens give birth to more than one in five babies, mothers typically have seven children, prenatal care is in short supply, and abortion is only permitted in the most extreme circumstances (Dillner, 1995).

The "Reproductive Health Group" (RHG) was founded in 1995 by a group of immigrant midwives and concerned women to improve the local facilities accessible to their family. An NGO dedicated to enhancing the health of refugees provided financing for the organisation. It was based on the ground-breaking notion of utilising the expertise and assets already present in refugee communities to better serve their members' needs in terms of sexual and reproductive health. By recruiting and assisting refugee nurses and midwives to work in local health facilities, and by teaching untrained refugee women to do the same, the organisation was able to utilise refugee knowledge to provide the refugee population with reproductive health information, advice, and contraception. Due to a shortage of male or elderly group facilitators, drama workshops were used to engage young people who were less inclined to seek medical attention or take part in reproductive health groups (Msuya, 1999).

Social and cultural norms occasionally make open discussion about sex and sexual challenges. Consequently, the health facilitators may not be addressed with family members and healthcare benefactors. In addition, women may lack access to and understanding of contraception, as well as feel unprepared to discuss their sexual rights, which could expose them to STIs and unwanted pregnancies (Martinez, A, 2008).

In terms of family planning and birth rates, opinions vary on how refugees contribute. They argued that refugees' desire to repopulate after being uprooted by force led them to have more children in the hope that better health care and nutrition would save their children's lives. It has also been claimed that the prevalence of birth control information and access affect fertility rates. "Sexually transmitted diseases (STIs)", particularly "human immunodeficiency virus (HIV)", appear to be more common among refugee women than among other women for a number of reasons. Numerous people are displaced from war-torn areas and relocating to safer ones, and studies have connected military actions to an increase in sexually transmitted illnesses among those people. Refugee women may engage in sexually explicit behaviour in order to provide for their families during times of economic instability. The psychological difficulties of being in the camps, such as the desire to protect oneself from troops or males who live nearby, may also lead to the acceptance of sexual favours (McGinn, 2000).

Globalization is not a diverse phenomenon; rather, it is ingrained in the way of life, the economic systems, and the social networks that Afghans have created over the years. A new policy framework and supplemental arrangements have been projected based on an assessment of the Afghan population to take into account these realities as well as the provincial context, with consideration given to those who want to return home at favourable times, those who need international safety and assistance, those looking for temporary work or who have both of these genuine rights to cross the border, and those who came as refugees initially but have since become citizens..

Objectives:

1. To explore the reproductive health issue of Afghan refugee women.
2. To be aware of the socio-cultural life of Afghan refugee women.
3. To investigate the practices of health facilities among the Afghan refugee women.
4. To know the knowledge of Afghan refugee women regarding the method to use for reproductive health.

Statement of the Problems:

Numerous foreign organisations contributed to the settling of Afghan refugees in the cities of Karachi and Quetta during the 1980s, when there was a peak in migration, and continued to do so until some of the refugees began earning a living after 30 years. However, the governmental infrastructures became speechless; the healthcare needs of the refugees in selected areas were booked by several local nongovernmental organizations (NGOs) in both cities, each with its own viewpoint and method of setup.

Due to the lack of relevant research in this area, the current study focuses on relatively unexplored districts of Quetta and Karachi. The range of reproductive health concerns and behaviours among Afghan refugee women will be widened by the results of this study. Refugees, though, claimed that Western organisations weren't doing enough to protect Afghan women from intimidation and coercion by government officials. Due to policy misgivings and budgetary constraints, the Pakistani government and the global organisations are now only responding modestly to these requests, focusing instead on the policy of compassionate expulsion and the eventual arrival of full Afghan refugees.

It is necessary to create programmes that provide in-depth knowledge and instruction as well as packages that alert refugee women to the warning signs, symptoms, and cries of reproductive health-related disorders. Both women returning from Pakistan to Afghanistan and those living in refugee camps in Pakistan should be the focus of educational messaging.

Research Methodology:

Researcher adopted a Simple Random sampling technique. Sampling size was drawn 120 respondents, Afghan refugee women, 60 respondents selected each of both cities, and age limitation 15-49 years old. Self-Administered Questionnaire, the observation was selected for Data Collection. Data was presented in simple frequency distribution tables.
The universe of the present study was the following two Cities of the Provinces, Sindh and Baluchistan such as Karachi and Quetta.

Results:

✓ ***Personal Profile:***

Age		**F**		**%**
15-30		79		66%
Above 31		41		34%
Total	**120**		**100%**	
Qualification		**F**		**%**
Primary		29		25%
Secondary		17		14%
Higher Education		03		2%
Madrasa		46		39%
Illiterate		25		20%
Total	**120**		**100%**	
Nature of Family		**F**		**%**
Joint		77		65%
Nuclear		43		35%
Total	**120**		**100%**	
Marital Status		**F**		**%**
Married		43		36%
Separated /Divorced		11		9%
Single		27		23%
Widowed		18		15%
Unmarried but in Relationship		21		17%
Total	**120**		**100%**	
Number of Children		**F**		**%**
1-4		16		22%
5-10		35		49%
Above 11		03		4%
No Children		18		25%
Total	**72**		**100%**	
Husband Monthly Income		**F**		**%**
10000-19000		27		63%
Above 20000		16		37%
Total	**43**		**100%**	

The above table indicates that 66% of the respondents were 15-30 years old. 39% of the respondents studied in Madrasa, 65% of respondents belonged to the joint family. Mostly (36%) of the respondents got marriage, 49% of them have 5-10 children, and 63% of the respondents' husband's monthly income was 10000-19000.

✓ ***Daily Lifestyle and Social Customs:***

Clothes Wear		**F**	**%**
Cotton and Wool Dress		21	17%
Velvet Round Dress		29	25%
Firaq Partug and Burqa		38	32%
Kochi Dress		25	21%
Round Beads Dress		07	5%
Total	**120**	**100%**	
Like other Cultural Dress		**F**	**%**
Yes		63	53%
No		57	47%
Total	**120**	**100%**	
Using Naswar		**F**	**%**
Yes		54	45%
No		66	55%
Total	**120**	**100%**	

The above table indicates that 32% of the respondents worn Firaq Partug and Burqa. Mostly (53%) of the respondents liked other cultural dress, 55% of them used Naswar.

✓ ***Knowledge about Reproductive Health and Practices:***

Marriage Age		**F**	**%**
15-19		29	41%
20-24		18	25%
25-29		14	19%
Above 30		11	15%
Total	**72**	**100%**	
Age of First Delivery		**F**	**%**
15-19		25	35%
20-24		21	30%
25-29		14	19%
Above 30		12	16%
Total	**72**	**100%**	
Used Contraceptive Method		**F**	**%**
Yes		37	39%
No		56	61%
Total	**93**	**100%**	
Have any Health Issues		**F**	**%**
Yes		49	41%
No		33	27%

Don't know		38	32%
Total	**120**	**100%**	
Pregnancy Gap		**F**	**%**
1 year		39	55%
2 years		21	29%
Above 3 years		12	16%
Total	**72**	**100%**	
Ever Abortion		**F**	**%**
Yes		38	40%
No		55	60%
Total	**93**	**100%**	
Reason for Using Contracepti		**F**	**%**
Wants gap		11	30%
Wants no Children		19	52%
Have Health Issues		07	18%
Total	**37**	**100%**	
Know about Family Planning		**F**	**%**
Yes		41	34%
No		52	44%
Don't know		27	22%
Total	**120**	**100%**	

The above table indicates that 41% of the respondents got marriage at the age of 15-19 years old, 35% of the respondents got first delivery at the age of 15-19 years old, and 61% of respondents didn't use a contraceptive method. Mostly (41%) of the respondents have health issues, 55% of the respondents given 1-year pregnancy gap, while 60% of the respondents never got an abortion. However, 52% of the respondents using contraceptive reasons for unwanted children, 44% of the respondents didn't know about family planning.

Conclusions:

Afghans are subject to a variety of difficult circumstances despite having legal contracts with property owners that allow them to stay in their communities. The least secure occupants and those with the fewest public amenities are the Afghan refugees who have been made to build mud houses (Kacha-Makan) on undeveloped property. Diseases including as typhoid, TB, and malaria constitute a threat to the Afghan refugees living in Karachi and Quetta. Additionally, it was found that many of the women who were experiencing difficulties with their reproductive health also had other health issues, such as diarrhoea, gastritis, anaemia, respiratory infections, "weakness," renal problems, and skin illnesses. These issues persisted because of poor sanitation and the absence of a functional sewage system in the neighbourhood. The Afghan women refugees claim to have mental health problems as

well, but they claim they have not been able to access therapists or psychiatrists for assistance. According to several mothers, their kids were reportedly uninterested in going back.

Afghan refugee women are more likely to use birth control as a result of greater access to healthcare. It is vital to provide healthcare assistance to Afghan refugee women living elsewhere in Pakistan since their reproductive health indicators may improve after addressing a concentrated fertility issue. The authors of the report implore other organisations who offer refugees in underdeveloped areas comparable assistance to do impact studies.

The results have shown that 66% of the respondents were 15-30 years old, 39% of the respondents studied in Madrasa, 65% of respondents belonged to the joint family. Mostly (36%) of the respondents got marriage, 49% of them have 5-10 children, and 63% of the respondents' husband's monthly income was 10000-19000. However, 32% of the respondents worn Firaq Partug and Burqa, 53% of the respondents liked other cultural dress, and 55% of the respondents' used Naswar. Apart from this 41% of the respondents got marriage at the age of 15-19 years old, 35% of the respondents got first delivery at the age of 15-19 years old, and 61% of respondents didn't use contraceptive method, while 41% of the respondents have health issues, and 55% of them given 1-year pregnancy gap, 60% of the respondents never got abortion. Finally, 52% of the respondents using contraceptive reasons for unwanted children, and 44% of the respondents didn't know about family planning.

Recommendations:

The present study researchers measured various criteria of reproductive health issues and recommend the following reasons. That will be helpful for the government, non-profit organization as well as the social scientist for the long term planning and also help the students for further informative knowledge as well.

- The majority of women expressed dissatisfaction with the public health facilities that were accessible, and the government should work to win Afghan women's trust in order to deliver health services. In this context, it is necessary to improve the accessibility, the calibre, and the utilisation of the health facilities for the refugees.
- Lake of awareness among Afghan refugee women the health issues increased, there should be a regular campaign, and their awareness regarding reproductive health can be improved.
- Since their successful involvements are the acknowledgement of fewer delivery of health facilities, the community should be involved in the provision of health services. Researchers found that the community had a generally positive attitude regarding the conclusion of the health difficulties.
- The cultural awareness sessions are the recognition of immediate conversation with effective Afghan refugee women.
- The recognition of major problems among Afghan refugee women seems pain and heavy bleeding due to menstrual problems, so there should be following women wing or consult network in Afghan refugee camps.

- There should be introduced awareness program for young women may have poor knowledge of the link between menstruation and fertility, while may have consequences for unexpected pregnancy and contraception.
- The encouraging schools should be engaged with parents in developing programs of education about menstruation and its impact.
- The cultural language should be appropriate informative knowledge and education about multiple methods of contraception.
- The husband should be involved in the proper discussions of available methods of contraception, while the using term 'women's health' instead of 'family planning' can maybe be added culturally reasonable, and must concern with community and religious leaders to receive their support on contraception education.
- Giving information to women at pregnancy classes and the following childbirth while they are engaged with health facilitators.

Finally, it is important that the media, NGOs, and mobile teams regularly visit this subject. While doing so, it is necessary to organise and inspire people around counselling principles and to address misconceptions about contraceptive techniques head-on during conversations. The social and cultural awareness campaign may be crucial in encouraging Afghan refugee women to take contraception and to reject patient knowledge. However, it may be challenging for single and married women who wish to use contraception before having their first child to get the information and help they need. Male educators should introduce the family planning and contraception education to men.

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