



Recognizing the Unique healthcare
Needs of Pregnant Female Afghan
Refugees:
A Systematic Review

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Introduction: Why This Topic was Chosen

- Recent influx of Afghan refugees into the United States
- Lack of cultural awareness among healthcare providers in America
- Desire to spread awareness about how Muslim culture influences healthcare

Question

“How does Muslim culture impact medical care given to pregnant Afghan refugees in the United States?”

Methods

- A systematic literature review was performed using the Jerry Falwell Library using the key words *Afghan women, pregnancy, refugee, culture, maternity care, prenatal care, childbirth, postpartum care, education, Taliban rule, health-seeking behavior*
- Background information was collected on the situation Afghan women are escaping from as well as current maternal healthcare in Afghanistan
- The information obtained was applied to the United States healthcare system

Background: History of Taliban Rule

- Between 1996-2001, the Taliban ruled Afghanistan, enforcing oppressive regulations
- In 2021, the United States began its final withdrawal out of Afghanistan
- The Taliban swiftly conquered Afghanistan and has instilled a culture of fear in the country

Background: Women's Health Literacy

- Health literacy is low among women due to Taliban restrictions on education of women
- A patriarchal society negatively affects women's access to healthcare
- Lack of trust combined with lack of education leads to high maternal and infant mortality

Background: Islamic Food Regulations

- Muslims believe that all things are halal unless Allah has forbidden them
- Adherence to the halal lifestyle contribute to a Muslim's afterlife
- Any halal food processed with haram food contaminates it and makes it inedible

Background: Forbidden Foods

- Haram foods are forbidden so the unborn child does not desire certain foods in the future
- Pregnancy is considered a “hot condition”
- Only “cold foods” are allowed to be eaten during pregnancy, including vegetables, fish, dairy, and fruit

Background: Medication Requirements

- Medications must be halal as clarified in the hadith and sunnah
- Medical treatment is allowed in Islam, but only what Allah has not prohibited
- There is very little content instructing pharmacists on what qualifies as halal

Background: Ramadan

- Ramadan begins and ends with the appearance of the crescent moon
- Ramadan fasting includes food, drink, sexual intercourse, and certain medications
- Pregnant women are exempt from fasting requirements, but may choose to fast regardless

Background: Islamic Dress Code

- Strict regulations require every part of a woman's body to be covered, except for the hands and face, depending on the region
- Most Islamic women value modesty in the healthcare setting
- Dress code significantly impacts maternal care

Background: Islamic Dress Code



([Refugee Camp in Pakistan], 2010)



(Andrabi, 2020)

Background: Male Influence on Maternal Care

- Men cannot be in the room with woman giving birth
- Male relatives dictate the location of childbirth and who can be present during the birth
- Paternal influence limits access to healthcare

Background: Language Barrier

- Lack of communication due to language barriers can be detrimental to the quality of healthcare provided
- Use of interpreters is mandatory and vital for providing maternal care
- Miscommunication leads to lack of trust

Prenatal Care: Summary

- Prenatal care is often not valued by Afghan families, despite having a significant impact on maternal and infant health
- Modesty concerns present a barrier for providers when caring for Afghan women due to strict dress code requirements

Reasons for not Seeking Prenatal Care in Afghanistan

- Lack of familial support is a main reason Afghan women don't seek prenatal care
- Lack of resources includes financial difficulties
- Lack of access includes transportation

Childbirth: Summary

- Infant mortality in Afghanistan is significantly higher than the rest of the world
- Education for midwives is limited by the Taliban
- A large percentage of women in Afghanistan still give birth without medical staff present

Childbirth: Location of Birth

- Abuse from healthcare workers deters women from giving birth in a hospital
- Transportation from rural areas leads to more home births
- War, conflict, and weather presents challenges
- Education level influences the likelihood that women seek medical assistance during birth

Post-Partum Care: Cultural Customs

- Burying the placenta and umbilical cord are Muslim traditions
- The Quran is placed by the mother and child
- Ritualistic washing of the baby is done after birth
- Prayer plays a major role in the minutes immediately following delivery

Adverse Pregnancy Outcomes

- Lack of attentiveness leads to detrimental outcomes in Afghan hospitals
- Lack of health education and illiteracy contributes to undesirable results
- Intimate partner violence, food insecurity and poor mental health decrease outcomes
- Stillbirth in Afghanistan often involves insensitive communication, frustration, and regret

Application: Food Restrictions and Ramadan

- Hospital systems should offer halal foods
- Food preparations should be separate for halal and haram foods
- “Cold foods” and halal medications should be provided during maternal care
- Providers should consider Ramadan restrictions and ask clarifying questions when prescribing medications to promote adherence

Application: Modesty and Language Barriers

- Providing excellent care while preserving the modesty of Afghan women may require creativity, but is vital for providing culturally competent care
- Ensuring a woman does not encounter a male while providing maternal examinations is necessary for most Muslim women
- Assuming refugees understand without a translator can be detrimental

Application: Male Influence on Childbirth

-Male proximity to the woman during childbirth can influence how much they express pain

-Signs of a pregnancy complication could be missed if women do not express pain or emotions during childbirth

Application: Education

- Afghan refugees should be informed of how to access, apply for, and use public health insurance
- Assisting women with finding adequate transportation will potentially increase prenatal care visits
- If an Afghan women has a higher education, she is more likely to use institutional delivery and skilled attendance at birth
- Education can increase patient satisfaction and decrease adverse pregnancy outcomes

Application: Adverse Pregnancy Outcomes

- healthcare workers should understand the previous experiences of these women regarding adverse pregnancy outcomes
- Being vigilant to spot adverse pregnancy outcomes in Afghan women can save lives
- Communicating directly and compassionately with women will increase patient satisfaction and improve outcomes

Application: Maternal Care Expectations

- Staff should treat patients in a caring, patient, and kind manner
- Listening to patients and providing explanations was highly valued
- Organized care and environment increases patient satisfaction
- Adequate resources and staffing further contribute to quality care and patient satisfaction

Discussion: Implications for Further Research

- This literature review only discussed maternal care
- Therefore, more research should be done regarding other areas of women's health to paint a comprehensive picture
- Research should be done on enacting change in the American healthcare system through education of healthcare workers on how to provide culturally competent care

Conclusion

- Many pregnant Afghan women come from challenging situations, lack education, and have had bad experiences with healthcare
- Islamic culture presents many barriers to overcome and navigate when providing care to Afghan women
- Understanding the background and culture of pregnant Afghan refugees will help healthcare workers provide culturally informed care to their patients

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Questions?



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