

Sexual and Reproductive Health (SRH)-related Knowledge, Attitude and Behavior of Afghan Refugee Women in Tehran, Iran

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Abstract

Reproductive health is a concept that encompasses various social, psychological and physical aspects of childbearing and sexual relations. According to the World Health Organization (WHO), reproductive health means a healthy, satisfying and committed life, sex relation, ability to reproduce, freedom to make decisions about a childbearing, and the possibility of having a healthy child. The "WHO" has defined reproductive health as a state of complete physical, psychological and social well-being, not merely the absence of disease or weakness in all aspects of sex and reproduction system. The living conditions of immigrants greatly provide the potential for the spread of high-risk behaviors, such as alcohol use and extramarital sex. Unwanted pregnancies, unsafe abortions, pregnancy-related complications, and sexually transmitted infections (STI) including HIV/AIDS are more common among migrants. This study investigates sexual and reproductive health (SRH)-related knowledge, attitude, and behavior of Afghan women migrants residing in Tehran province, Iran. The data is drawn from a survey of 400 unmarried and married women aged 15-54 conducted in the province of Tehran (the capital of Iran) in 2019. The results indicated poor knowledge of Afghan women on SRH and STDs. Only one-fourth of Afghan married women use a method of contraception. Also, results showed that almost half of the sample has experienced STDs, unwanted pregnancy (48%) and abortion (43 %). In conclusion, SRH-related knowledge, attitude, and behavior of Afghan women refugees are under the poor condition and need to implement SRH interventions.

Keywords: SRH related- behaviors, STDs experience, abortion, Refugees, Afghanistan, Iran.

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Introduction: Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes (1). The goal of the 1994 UN International Conference on Population and Development (ICPD) Program of Action (signed by 179 countries) is to achieve a universal accessibility for the general population towards Reproductive Health (RH) care services. Migrants, especially female migrants, are usually poorly educated, lack SRH-related information, and know little about self-protection. Migrants are one of the most vulnerable groups for poor sexual and reproductive health (SRH) (Wang et al. 2013). The living arrangements of migrants have significantly affected the prevalence of risk-taking behaviors (Giri et al. 2011). Unwanted pregnancies, unsafe abortions, pregnancy-related complications, and sexually transmitted infections (STI) including HIV/AIDS are more common among migrants.

Methods: A sample of 400 unmarried and married women aged 15-54 migrant female was selected in the province of Tehran (the capital of Iran) in 2019. Demographic data, sexual knowledge, attitudes and behaviors were assessed by self-administered questionnaires.

Result:

Table1: Characteristics of population

	Single	Married	Total
Total Population	200	200	400
Age			
Mean	22.94	33.66	28/28
Minimum	15	18	15
Maximum	39	54	54
Literacy Status (%)			
Illiterate	0.00	34.50	17.25
Literate	100	65.50	82.75
Contraception Knowledge (%)			
yes	13.20	5.50	9.32
no	86.80	94.50	90.68
STDs Knowledge (%)			
yes	15.50	4.50	10.00
No	84.50	95.50	90.00
Internet Usage (%)			
Yes	92.00	50.50	71.25
No	6.50	49.50	28.00

Table2: Sexual and reproductive health characteristic of married females

Contraceptive Use (%)	
Yes	44.44
No	55.56
STDs Experience (%)	
Yes	44.32

No	55.68
SRH Need (%)	
Yes	53.13
No	46.87
Abortion (%)	
Yes	43.39
No	56.61
Unwanted Pregnancy (%)	
Yes	48.39
No	51.61

References

- Edwards WM, Coleman E. (2004), Defining sexual health: a descriptive overview. *Arch Sex Behave* 2004; 33:189–95.
- Åkerman, Eva; Östergren, Per-Olof; Essén, Birgitta; Fernbrant, Cecilia and Westerling, Ragnar (2016), Knowledge and utilization of sexual and reproductive healthcare services among Thai immigrant women in Sweden, *BMC International Health and Human Rights* (2016) 16:25 DOI 10.1186/s12914-016-0100-4.
- Andersen, R. M. 1995. “Revisiting the Behavioral Model and Access to Medical Care: Does it Matter?” *Journal of Health and Social Behavior* 36 (1): 1–10.
- Bourhis, Richard Y. & L & others (1997), “Towards an Interactive Acculturation Model: A Social Psychological Approach”, *International Journal of Psychology*, Vol. 32, No. 6, pp. 369-386.
- Cristancho S, Peters K, Garces M, Health information performance among Hispanic/Latin immigrants in the US rural Midwest, *Global Health Promotion* 2014; 21(1): 40-49.
- Edwards WM, Coleman E. (2004), Defining sexual health: a descriptive overview. *Arch Sex Behave* 2004; 33:189–95.
- Eva Åkerman, Birgitta Essén, Ragnar Westerling & Elin Larsson (2017) Healthcare-seeking behaviour in relation to sexual and reproductive health among Thai-born women in Sweden: a qualitative study, *Culture, Health & Sexuality*, 19:2, 194-207, DOI: 10.1080/13691058.2016.1214746.
- Ferreira, M.a; Ferreira, S.b; Ferreira, N.c; Andrade, J.c; Chaves, C.a & Duarte, J (2016) Lifestyles and surveillance of sexual and reproductive women’s health, *Procedia - Social and Behavioral Sciences* 217 (2016) 1019 – 1027.
- Fisher K and, “et al”, Information behavior of migrant Hispanic from workers and their families in the Pacific Northeast, *Information Research* 2004; 10(1): paper 199.
- Glanz, K., Lewis, F. M., & Rimer, B. K. (eds.). (1990). *Health Behavior and Health Education: Theory, Research, and Practice*. San Francisco, CA: Jossey-Bass.
- Hugo, G., Abbasi-Shavazi, M. J., and Sadeghi, R. 2012, Refugee Movement and Development: Afghan Refugees in Iran, *Migration and Development*, 1 (2): 261–279.
- Kanu Y, Educational needs and barriers for African Refugee students in Manitoba, *Canadian Journal of Education*, 2008; 31(4): 915-940.
- Keynaert I, Guieu A, Ooms G, Vettenburg N, Temmerman M, Roelens K: Sexual and reproductive health of migrants: does the EU care? *Health Policy* 2014, 114:215–225.
- Kim S & Yoon, The use of an online forum for health information by married Korean women in the USA, *Information Research* 2011; 17(2): 514.
- Krause S, Rachel R, Purdin S, Programmatic responses to refugees' reproductive health needs, *International Family Planning Perspectives* 2000; 26(4): 181-187.
- Lai D, Chau S, Predictors of health services barriers for older Chinese immigrants in Canada, *Health and Social Work* 2007; 21(1): 57-65.
- Mengesha ZB, Perz J, Dune T, Ussher J (2017) Refugee and migrant women's engagement with sexual and reproductive health care in Australia: A socio-ecological analysis of health care professional perspectives. *PLoS ONE* 12(7): e0181421. <https://doi.org/10.1371/journal.pone.0181421>.
- Tang et al.: Sexual Knowledge, attitudes and behaviors among unmarried migrant female workers in China: a comparative analysis. *BMC Public Health* 2011 11:917.
- World Health Organization, *The world health report 2010*, WHO, 2010.
- Zanchetta M, Poureslami I, Health literacy within the reality of immigrants' culture and language, *Canadian Journal of Public Health*, 2006; 97(2): 526-530.
- Zhang J, Lian W, Jia G, Shi S, Duan J, Huang J, Guo Y: Investigation of the sexual health situation of unmarried non-resident young women in Guangzhou city. *Maternal and Child Health Care of China* 2007, 32:85-87.