

## Chapter One

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# AFGHAN REFUGEES IN PAKISTAN

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### **Why Are the Refugees There?**

In 1979, the Soviet Union invaded Afghanistan to support the Communist regime which had come to power two years earlier. Some five million Afghans fled to either Pakistan or Iran as war raged between the Soviets and the Afghan resistance fighters, or *mujahedeen*. In 1992, the Soviets ceded power, and an estimated one million people repatriated from Pakistan back to Afghanistan. However, continued conflict between various political and ethnic factions within Afghanistan has stymied the repatriation and continued to ravage the country's infrastructure.

According to UNHCR, there were 1.2 million Afghan refugees in Pakistan at the time of the RHR Consortium visit; but the actual number is probably much higher when unregistered refugees are included. Some have lived as refugees for as long as 17 years; others arrived more recently after the Muslim fundamentalist Taliban took control of their home areas.

### **Which Agencies are Assisting the Refugees?**

UNHCR and the United States Bureau of Population, Refugees, and Migration are two of the primary donor and support organizations for the NGOs providing

health and other services to Afghan refugees in Pakistan. International Rescue Committee (IRC), Save the Children Fund US (SCF), Church World Services, Project Director Health of the Commissionerate for Afghan Refugees, and Frontier Primary Health Care are some of the organizations providing both primary health and reproductive health care to the refugees. Since the RHR Consortium visit, Marie Stopes International (MSI) has opened a clinic in Peshawar which provides reproductive health services to both Afghan refugees and the host population.

### **General Camp Conditions**

Some refugees are integrated into the Pakistani community and have created successful lives as merchants and business people. But the majority still live in camps segregated from the local community. The availability of water varies from camp to camp; and since rations ended in September 1995, people struggle to find work to feed their families.

Many women complain they have less freedom of movement than they did in Afghanistan, particularly those women who used to work in the fields. In most camps, women must be accompanied by a male family member or a mother-in-law if they want to leave the family compound. However, since the Taliban

captured Kabul, many women from Kabul have fled Afghanistan to escape the Taliban's repressive gender policies. Many of these women had successful careers or were studying in universities when their lives were disrupted by the Taliban. Although they have more freedom in Pakistan than they would in Taliban-controlled areas of Afghanistan, they have much less freedom than they previously enjoyed. Unlike many Taliban-controlled areas of Afghanistan, some refugee camps have primary schools for girls; but it is difficult for older girls to obtain or continue an education. Both men and women with professional training have trouble finding work in their chosen fields.

### **General Health Conditions**

In the early 1980s, diseases such as malaria, measles, whooping cough and tuberculosis were constant threats to the refugees' health, as were chest and skin infections, malnutrition and diarrhea. Today the incidence of EPI-target diseases has been greatly reduced,<sup>1</sup> tuberculosis is within international control levels, and rates of diarrheal disease, mortality, and malnutrition are low.

Afghan refugees living in rural areas of Pakistan are served by NGOs and Pakistan government staff working in Basic Health Units (BHU); in urban areas Afghan refugees are expected to use Pakistani services. Approximately ten percent of the refugee population has been categorized by UNHCR as extremely vulnerable (i.e., households which lack an able-bodied male to support the family) which entitles them to free health services and medicines.

Because of cultural constraints, women can only receive clinical care and health education from other



Menwether Beauty

*An Afghan dai (traditional midwife) holding a baby she delivered at a refugee village outside of Hangu, Pakistan.*

women; and it is not acceptable for women health workers to visit households outside the immediate vicinity of their homes.

### **Reproductive Health Conditions**

Two recent needs assessment surveys confirmed the demand for RH services among Afghan refugees. In 1996, IRC gathered information from BHU staff members, BHU clinical records and from more than 2,000 pregnant women who made use of prenatal care at BHUs. The primary concern among the participating women and BHU staff members was high-risk pregnancies. Poverty, malnutrition (in many cases, leading to anemia), lack of education and under-use of existing prenatal and emergency obstetric services all contribute to high-risk pregnancies.

<sup>1</sup> Expanded Program on Immunization: tuberculosis, diphtheria, pertussis, measles, polio, and tetanus.

In 1997, Save the Children launched a comprehensive assessment using participatory rapid assessment methodology to determine RH needs of Afghan refugees living in the Haripur/Ghazi camps. Group discussions and individual interviews were conducted with more than 1,300 refugee men and women. The results were generally consistent with IRC's conclusions; and the data gathered revealed even greater details of cultural norms and desired services. Early marriage, for example, was identified as pervasive in the culture and was associated with childbearing soon after puberty and incidents of domestic violence.

### Safe Motherhood/Emergency Obstetrics

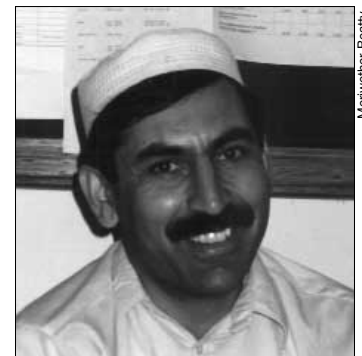
*"I did not have anybody to help me in my delivery and it was time to deliver. I did not tell my problem to anyone. From 7:00 p.m. I had labor pains until 2:00 a.m. I woke up my husband and told him that I am delivering and go call [the female health supervisor]. My husband went to the door and returned. He told me that we should not make trouble for the neighbors because it is midnight. I was wandering around the room holding my waist until the sack of my womb burst and water poured down. I endured more pain...and with difficulty I tried to tear up the sack of water to let the baby out. Later I felt the head of the child and then the baby came out. The child was quiet and did not cry...I noticed the cord was around his neck and the baby was unable to breathe. Slowly I removed the cord from his neck and he cried. I called my husband to wake up my daughter to help me...later I changed my clothes and collected other stuff stained with blood and slept in a clean bed."<sup>2</sup>*

All NGOs providing health services to the refugees offer safe motherhood programs (including prenatal care), train TBAs, encourage assisted deliveries, and make referrals if there are complications.

Most women deliver at home; but heavy work during pregnancy, excess use of self-prescribed medicines, untreated infections, and high numbers of pregnancies do lead to emergency obstetric complications.

According to IRC, although 80 percent of pregnant women attend between one and three prenatal appointments at camps clinics, only 50 percent of births are attended by

trained personnel. In emergency cases, there is no around-the-clock affordable transportation; and Afghan refugee women are not free to seek care outside of their immediate vicinity without an escort by a male relative. As a result, emergency treatment is often delayed. However, a number of agencies plan to replicate IRC's Minor Operating Theater (MOT) which offers 24-hour services for normal deliveries and management of basic obstetric emergencies. Dilation and curettage is used to treat incomplete abortions, infertility and certain other gynecological problems. Cases requiring blood transfusions or Caesarian sections (34 out of 568 deliveries in 1997 at the MOT) are referred to the local hospital.



Refugee health personnel, such as Dr. Tila Khan (IRC's Medical Director in Pakistan), are leading the way in the integration of RH into existing health services.

<sup>2,3</sup>Pashtun woman: *Participatory Rapid Appraisal of the Reproductive Health Needs of Afghan Refugees*, Save the Children USA, Pakistan/Afghanistan Field Office, 1997.

### Family Planning

*"Show me a way that I do not become pregnant. I am bearing a child every year and I do not have any breast milk. I cannot afford to buy milk from the bazaar. We are poor. What should I do with a child who does not have food?"<sup>3</sup>*

Though there is interest in family planning among the refugees, health workers debate how best to approach family planning service delivery, given the religious conservatism of the community.

IRC provides individual or small-group counselling sessions, to women only, on available methods of family planning. Male health educators and doctors have agreed to include family planning in their health messages to refugee men. Church World Services (CWS) requires a "no objection certificate" from the head of the family before a woman can obtain contraceptives at a CWS BHU.

During the first nine months of 1997, IRC gave contraceptives (pills, injections or IUDs) to nearly 1,000 women. The number of users, both new and continuing, increased three-fold in one year and five-fold since 1995.

Since women's mobility is severely restricted, it is especially important to have a variety of contraceptives in stock at the time when RH counseling and education is provided. Community-based distribution for resupply of contraceptives should be explored so



Afghan doctors outside of IRC's Minor Operating Theater in Hangu, Pakistan.

that women can get supplies and discuss questions in their own home.

### Infertility

*"My husband has always taunted me that even a cat can bear a child and you are worse than a cat."<sup>4</sup>*

It is difficult to estimate the prevalence of infertility, but in each group discussion at least one woman mentioned sub-fertility as a problem. In this culture, the respect shown to a woman is predicated on the number of children, especially sons, she has. Those women unable to conceive face the possibility that their husbands will either return them to their families, causing great shame, or take another wife. Women are usually blamed for an inability to bear children, so it would be helpful to develop culturally-

<sup>3</sup>Pashtun woman: *Participatory Rapid Appraisal of the Reproductive Health Needs of Afghan Refugees*, Save the Children USA, Pakistan/Afghanistan Field Office, 1997.

<sup>4</sup>30-year-old Pashtun woman: *Participatory Rapid Appraisal of the Reproductive Health Needs of Afghan Refugees*, Save the Children USA, Pakistan/Afghanistan Field Office, 1997.

sensitive educational materials and media messages that raise awareness of male infertility.

## STDs

*"We do not have TV and do not go to the hospital or anyplace so how can we have information about STDs?"<sup>5</sup>*

Health workers say that reproductive tract infections are extremely common, but basic health units lack the facilities and resources for laboratory testing, so the prevalence of STDs is unknown. Though some health workers and community leaders say there is a risk associated with refugee men who travel to Karachi or the Middle East for short-term work and return to the camps to visit their wives, others say this movement has no effect on STD rates. "The guest workers go to Islamic countries so they would not be at increased risk for contracting STDs," one health worker said. In addition, an undetermined number of refugee women have been forced to earn a living through commercial sex work. SCF US is planning a clinical prevalence study of Afghan refugees living in the Haripur region to discover the magnitude of the problem.

Needs assessment surveys by IRC and SCF found that knowledge of STDs and HIV is low. Most women and men were unable to identify symptoms of STDs and stated that they did not know anything about AIDS. There is some awareness that sex outside marriage could cause transmission of illness; but some refugees also believe that masturbation, having sex when a woman is menstruating, and sharing food with someone who has AIDS can also make one vul-

## TIPS FOR WORKING IN CONSERVATIVE SETTINGS

### Assessing Needs

- challenge assumptions about the population by speaking directly with refugee women and men;
- work with groups of similar participants (i.e., only women or only men). These groups yield more detailed responses to questions;
- avoid asking direct questions about personal experiences;
- tailor questions for men around their roles as father, husband and/or decision-maker in the family; avoid asking them about "women's issues" of which they will claim little direct knowledge.

### Providing Services

- offer sex-segregated services;
- employ both male and female service providers and outreach workers.

### Raising Awareness

- train outreach workers to disseminate health information;
- provide one-to-one or small, same-sex group health education on sensitive topics;
- develop radio spots addressing family life issues as they are popular with both men and women.

<sup>5</sup> 22-year-old Pashtun woman: *Participatory Rapid Appraisal of the Reproductive Health Needs of Afghan Refugees*, Save the Children USA, Pakistan/Afghanistan Field Office, 1997.

nerable to HIV infection. Few respondents identified condoms as a means of preventing transmission. Men who travel outside the camps for work and may have multiple sexual partners are at greatest risk of exposure to HIV/AIDS. Several NGOs have incorporated information on STDs and HIV/AIDS into existing health education programs. It is essential that such information be designed and presented in a way that does not offend religious and community leaders.

### Sexual and Gender Violence

*"...I got engaged and then married...but I was not aware that God had granted a wolf in the form of a husband. [she prayed] 'God may forbid that from all Muslims'...my husband traveled and I thought I got rid of the beatings...[but] the wolf came back...After two children I haven't conceived and my husband took a second wife. Until now I haven't seen my good day. I am sick of my husband's hitting..."<sup>6</sup>*

Domestic violence among Afghan refugees is widespread. Women accept beatings by their husbands almost as their duty, and blame themselves for the violence inflicted on them. During one group discussion a woman said her husband recently beat her; but she believed he was justified because she had complained to him that their children didn't have enough to eat. More than 100 victims of domestic



Menwether Beatty

Refugee women receive health education before seeing a doctor or nurse at a Save the Children run BHU in Haripur, Pakistan.

violence came to IRC clinics in 1996, most explaining away their injuries as the result of accidents.

Women have no informal networks or support structures in which they can share and freely discuss these problems. The Social Services Officer at UNHCR in Peshawar works with formal men's and women's committees in the camps to identify what the refugees consider to be their most pressing problems, and to help find solutions. It is important, she explains, that men give approval for the women's committees to meet. When they do so, they feel less threatened by the notion of a women's gathering. It may thus be possible to introduce discussions about domestic violence and women's rights in these women's committees once the men have agreed to allow the meetings to be held.

<sup>6</sup> 30-year-old Pashtun woman married at age 14: *Participatory Rapid Appraisal of the Reproductive Health Needs of Afghan Refugees*, Save the Children USA, Pakistan/Afghanistan Field Office, 1997.

## **The Next Step**

An RH Coordinator, based at UNHCR or at an NGO, could capitalize on the initial interest generated among NGOs serving Afghan refugees. This Coordinator could oversee efforts to develop and establish training programs, set service standards and be a liaison to encourage cooperation among the NGOs and inspire other NGOs to assess and address the RH needs in their communities.

Health worker training is desperately needed. Staff are particularly interested in family planning, STD/HIV diagnosis and treatment, and new technologies for treating obstetrical complications. Pakistan has modern family planning training facilities in the North West Frontier Province which have not yet been tapped; and Marie Stopes International has received funding from the European Union to set up training programs and provide clinic services.

Funding for education and health programs for refugees in Pakistan is drying up. Donors are increasingly interested in funding programs in Afghanistan to encourage repatriation. But for those who may return to Taliban-controlled areas of Afghanistan, the general and health education offered in Pakistan may be the only formal education an entire generation of Afghan women receive. Health services in Taliban-controlled areas of Afghanistan are denied to women in clinics where there are no female providers. In 1997, a woman with burns covering most of her body died within a few hours of arrival at a hospital in Kabul, because the attending male physician did not dare remove her scorched clothing.<sup>7</sup> Since women have been forced out of medical schools, there will come a time when there will be no more female

health care workers. This should give us greater impetus to create a solid base of RH knowledge among the refugees in Pakistan so they can take that awareness and understanding back with them when they repatriate.

Repatriation from Pakistan has been virtually stagnant since 1993. For most refugees, the prospects upon their return to Afghanistan are not bright. In fact, since the Taliban took control of the capital, there has been a new exodus from Kabul to Pakistan. Both rural and urban Afghan women living in Pakistan camps complain bitterly about their loss of rights under the Taliban. They argue that the Koran does not require women to stay home, or cover their faces in public; nor does it deny them the right to work or attend school. It is possible, even likely, that some portion of the Afghan population will remain in Pakistan indefinitely. But most Afghan refugees say they want to return when the land is made available and cleared of mines, when the infrastructure is repaired so they can cultivate their land and get their produce to market, and when political stability is restored. For women, mobility, access to education for girls, and freedom to work outside the home are essential prerequisites for return, especially for widows. In the end, however, the decision to return will be made by their husbands.

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<sup>7</sup> *New York Times*, November 5, 1997.

