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EXPLORING HEALTH-SEEKING BEHAVIORS AMONG AFGHAN REFUGEE WOMEN IN SUB-URBAN ISLAMABAD: A QUALITATIVE APPROACH

Dr. Mahvish Fahim[*1], Dr. Shaheer Ellahi Khan[2], Iqra Ghazanfar[3]

[*1]*MS Scholar, Health Services Academy, Islamabad.*
[2]*Associate professor Health Services Academy, Islamabad. Government of Pakistan.*
[3]*Research Associate, PHC Global, Islamabad.*

[*1]faheemmahvish01@gmail.com, [2]shaheer@hsa.edu.pk, [3]driqranaqvi447@gmail.com

[*1]https://orcid.org/0000-0002-7215-5541, 3https://orcid.org/0009-0005-2459-9817

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Corresponding Author: *
Dr. Mahvish Fahim

Abstract

Background: *In the instance of illness, there are various difficulties that Afghan refugee women have to encounter them to get the necessary treatment. There is cultural stigma, economic factors, and most importantly, the distressing factor of being in displacement, which are a few of the challenges women grapple with. This study examines the health-seeking behaviors of Afghan women in the suburbs of Islamabad, with a particular focus on the H-11 community. This helps to draw attention to specific challenges in the given locality.*

Objectives:

1. *To evaluate the healthcare services available to Afghan refugee women in suburban Islamabad.*
2. *To identify the cultural, social, and economic barriers that prevent access to healthcare.*
3. *To recommend policy interventions to improve healthcare access for Afghan refugee women.*

Methods: *Semi-structured interviews involving open-ended questions were utilized with each of the twelve Afghan refugee women. These women were categorized depending on their life cycle stages: girl child, adolescent girls, reproductive age, and post-reproductive age, also referred to as menopausal. Consequently, a thematic analysis was conducted for the purpose of identifying the main aspects that shape the decisions regarding healthcare.*

Results: *Based on the interpretation of the results, it was learned that people's way of seeking care was influenced by their sociocultural norms, especially those pertaining to gender and their traditional medicine practices. Many of the young unmarried women, as well as others, would often turn to traditional healers when they could not pay for formal treatment. Language barriers in Islamabad H-11 were especially significant.*

Conclusion: *Both groups have challenges in getting overcome by healthcare systems, mainly due to a relationship with culture as well as economic factors.*

Instead, culturally suitable healthcare solutions and an increase in the coverage of healthcare services for refugees should be the driving force of reform among policymakers.

INTRODUCTION

Afghanistan has been facing war for most of the 3 and a half decades, meaning that many individuals and families have been displaced. That is so because millions of Afghan refugees have moved to proximal countries, that is, countries neighboring Afghanistan, due to conflict(1). According to the United Nations Refugee Agency, by the year 2023, Pakistan will have one of the largest concentrations of Afghan refugees in the entire global population. As of now, there are about 1.4 million Afghan refugees who have reported their situation, and they are temporarily occupying different parts of the nation(2). Often, these migrants have to face rather unfavorable socioeconomic conditions and, as a rule, have limited possibilities for receiving any medical treatment. Afghan refugee women, for instance, have special challenges when it comes to accessing healthcare products(3). These impediments are due to cultural, financial, and social restrictions that include cultural, financial, and Patriarchal norms among Afghan refugees. Truly speaking, it could not be worse for Afghan women who are now living the life of refugees(4).

It is demonstrated that culture, sociology, and economics are the primary drivers of health-seeking behavior. Health seeking could be described as the process by which people access health care if they feel they require care so as to be healthy. Like any other refugee women, Afghan women face limitations in their attempt to access and move through the health systems of the countries they find themselves in(5). From the cultures that are dominant in Afghan culture, it is expected that women are to put the health of their families first before they put themselves into consideration. Therefore, women will require the consent of male relatives to access some of the medical procedures(6). The above picture is made worse by the fact that financial challenges limit the ability of a significant populace of Afghan women from accessing crucial healthcare services that could go a long way towards treating ailments such a country would require(7).

Numerous studies conducted on the Afghan refugee women have noted similar findings regarding lack of healthcare services, poverty, and reliance on traditional healing practices, which are also discussed in the present study(8). Such hardships have already been proven to be present in the lives of Afghan refugee individuals. Whether it is in their homeland or the countries that shelter them, confronting such struggles is usually more difficult due to extra elements such as policies, insurance, and discrimination(9). Legal title and physical incapacity are not the only limits experienced by Afghan refugee women in Islamabad, since healthcare facilities are difficult to access(10).

The goal of this study is to find out how Afghan women who have left their homes and are now living in some parts of Islamabad get medical care. This will add to the work that was already done. A qualitative method was used in this study, which allowed the researchers to learn a great deal about the lives of Afghan women. The main thing that people talk about then is how hard it is for Afghan women to get medical care because of their culture, society, and family.

Research Objectives

- To evaluate the healthcare services available to Afghan refugee women in suburban Islamabad.
- To identify the cultural, social, and economic barriers that prevent access to healthcare.
- To recommend policy interventions to improve healthcare access for Afghan refugee women.

1. Methodology

Study Design

Therefore, the current study employed a qualitative approach in an attempt to decipher the pattern of health care seeking by the Afghan refugee women residing in the outskirts of Islamabad. In-depth interviews were conducted with 12 women aged between 18 and 65, divided into four categories: adolescents and post-menarche girls (8-17 years), women of reproductive age/ marital status, and menopausal women. This approach enabled a discussion of a range of healthcare experiences,

particularly through the different phases of the life cycle.

Study Area

The research was carried out among Afghan refugees in refugee camps near Islamabad. These camps are currently host to a large number of Afghanistan refugees, many of whom suffer from related health problems because of geographical location and traditional barriers.

Sampling Technique

In this study, the purposive sampling technique was used to ensure that participants who had adequate information about the healthcare behaviors were selected. The number of participants selected was 12, thus ensuring variability in the experiences of each participant while at the same time ensuring an in-depth probe into their narratives.

Data Collection

Information was obtained from face-to-face, semi-structured interviews in the participants' language, which include the Dari and Pashto languages. Symbolically, the focus of question-and-answer sessions was on participants' health care, cultural beliefs, and other factors that kept them away from professional health care systems. These interviews were also done in the area language, and the responses were self-translated into English for analysis.

2. Result

Health Status and Practices

The conditions that participants mentioned included factors such as undernutrition, long-standing ailments, concerns regarding reproductive health, and emotional health. Treatment delays were experienced by almost all the women, and they resorted to other healthcare services, as there were few formal healthcare services available to them. Over-the-counter drugs and consultations from perfumed males (Hakeems) as well as herbs and other home cures were the most dominantly practiced and used, mostly because they were cheaper and more useful than the current health care systems.

One participant elaborated

"Hum jari-bootiyan istemal karte hain aur hakeemon ke paas jaate hain kyunke woh hamari problems ko samajhte hain aur hum hospital afford nahi kar sakte."

Translation: "We use herbs and go to hakeems because they understand our problems, and we cannot afford the hospital."

Under this context, it is difficult to ignore the influence of culture on health-seeking behaviors, where old women and those who lived in rural areas were accustomed to traditional practices of both illness and medical treatment. As such, traditional practices formed an important component of their health care.

Cultural Barriers to Healthcare Access

The healthcare-seeking behaviors demonstrated by the participants were greatly influenced by cultural practices. All the women expressed worry about seeking medical checkups from male expert practitioners, particularly in issues of reproductive health.

One of the participants explained

"Mujhe male doctor nahi chahiye. Meri family ijazat nahi deti."

Translation: "I don't want a male doctor. My family doesn't allow it."

Another participant highlighted that.

"Jo sabse qareebi hospital hai woh yahan se kaafi door hai; hum aas paas ke clinics par hi rely karte hain jo limited had tak specialized care dete hain."

Translation: "The nearest hospital is far from here; we rely on the clinics around that provide specialized care in limited quantities."

A cultural dictate of relying on female healthcare workers and the hesitance to seek formal healthcare services has been reported in earlier research conducted among Afghan refugees. Afghan women residing in Islamabad encountered encumbrances of additional cultures which met their allocation in the society, codes of dressing, and the requirement to seek permission from their spouses or male relatives before getting medical attention. This custom, however, commonly resulted in treatment being postponed or even avoided.

There is indeed a significant cultural barrier, particularly concerning language, which is especially true for Afghan refugee women who have spent decades in Pakistan but primarily speak Pashto or Dari. This situation is further complicated by the fact that most of these women are illiterate and therefore cannot communicate effectively in the local language of Urdu. Due to the double disadvantage of language and culture, these women are often denied access to health services and instead rely on traditional medicine, which does not involve primary health care.

Financial Constraints

Economic constraints remained a major barrier to the availability of health care services to the participants. Many women reported that they seldom utilized health care services and only did so in extreme circumstances due to the prohibitive costs of treatment.

This barrier was articulated by Participant 8

"Hum hospital afford nahi kar sakte jab tak koi emergency na ho, aur us waqt bhi yeh mehnga hota hai."

Translation: 'We cannot afford the hospital unless it is an emergency, even if it is expensive. '

Financial constraints rendered it nearly impossible for Afghan refugee women living in the UK to access primary health care. The exorbitant health care services compelled most of these women to postpone their treatment and rely on less effective, traditional medicine. In Islamabad, these constraints significantly influenced the health-seeking behavior of Afghan refugee women, highlighting the necessity for low-cost, accessible health care services for this group.

Coping Strategies

In spite of the many constraints in accessing healthcare, the participants came up with the following coping strategies to deal with their health challenges. These were such as seeking support from friends and relatives, practicing customary healings, and seeking treatment only when sick to the dizzying point. One of the participants used an example of how women in the community support each other to look after children so that they can go seek medical assistance. Now, regarding child care, participants said,

"Hum bachon ke mamle mein ek dosre ki madad karte hain; is liye agar koi bimar ho jaye to woh hospital ja sakta hai bina bachon ki fikr kiye, kyunke doosre log unka khayal rakh lete hain."

Translation: "We assist each other with the children; therefore, if somebody falls ill, they can go to the hospital without having to worry about the children, as there will be other caregivers who will look after the kids".

Informal forms of support are important for Afghan refugee women in terms of health, especially where practicing western-style medical care is inconceivable due to a lack of access or money. The same coping mechanisms have been used in other refugee samples of populations, where involvement of community health support is very significant in handling health complications. But these informal structures are usually ineffective in providing comprehensive health care services to the refugee women, especially when it comes to conditions such as chronic illnesses or referring to reproductive health.

3. Discussion

The health conditions of Afghan refugee women and girls, particularly the younger population, are marked by significant neglect, sociocultural discrimination, and limited access to adequate healthcare. Young Afghan females are often denied equal rights and opportunities compared to their male counterparts. Their early years are burdened with household responsibilities and caregiving roles for younger siblings, leading to a loss of childhood. Malnutrition is widespread among these girls due to preferential food distribution favoring male members of the family. Running barefoot in unsanitary neighborhoods contributes to health issues such as hookworm infestation, anemia, and other dietary deficiencies.

Hygiene and sanitation are critically compromised. Families often travel long distances to fetch water, which is neither boiled nor filtered, contributing to waterborne illnesses such as Hepatitis, typhoid, cholera, and dysentery. The presence of stagnant water further leads to mosquito breeding, resulting in vector-borne diseases like malaria and dengue (11).

Pregnant women face intense pressure from male family members to give birth to male heirs. Despite physical exhaustion from managing households, childcare, and livestock, their nutritional needs are

overlooked. Very few are linked to formal prenatal care systems; instead, many rely on unqualified quacks presenting themselves as doctors. This results in high rates of maternal and neonatal complications, including mortality and morbidity (12). Moreover, the psychological burden on women is significant. Anxiety, chronic stress, and feelings of helplessness are prevalent due to social constraints, lack of autonomy, and poor healthcare access.

Research on menstrual health revealed inadequate access to sanitary products, exacerbating health and hygiene issues for girls. Cultural taboos and resource limitations compound the problem, making menstrual management difficult in these low-resource settings (13). In older women, traditional approaches such as herbal teas and visits to hakeems are commonly used for managing menopause. While culturally embedded, these practices often stem from a lack of access to proper healthcare services (14).

Cultural dietary practices and financial limitations significantly shape nutrition outcomes. While local food has cultural value, it often lacks dietary diversity and necessary micronutrients. Financial constraints prevent many from purchasing nutritious food, making socioeconomic status a crucial determinant of health in these communities (15). Refugee populations are thus highly vulnerable to chronic undernutrition and its associated health outcomes.

Access to healthcare is severely hampered by logistical and financial constraints. The healthcare facilities are often located far from refugee settlements, and specialized services are limited. The cost of medical services deters many from seeking timely treatment unless it is an emergency. This aligns with global trends in low-income populations, where cost becomes a major barrier to adequate healthcare access (16). Complex appointment systems and administrative challenges further limit healthcare utilization, highlighting the urgent need for low-cost, accessible healthcare models (17).

The study also explored dietary habits and hygiene practices, revealing widespread food insecurity and poor sanitation. Limited financial resources result in inadequate grocery purchases, leading to micronutrient deficiencies. Hygiene behaviors are equally compromised due to a lack of access to hygiene products and clean water, increasing the risk of infectious diseases. The findings stress the necessity for targeted public health programs focusing on food diversity, hygiene education, and disease prevention (18).

Despite the challenges, Afghan refugee women have shown remarkable adaptability and resilience. They rely on coping mechanisms such as social support, traditional healing, and self-care. Cultural competence in healthcare delivery and community cohesion plays a critical role in enhancing resilience (19). Women prefer female healthcare providers, especially for reproductive health concerns, and frequently integrate traditional remedies with modern treatments. These adaptations underscore a dynamic response to environmental and cultural challenges and highlight the importance of incorporating traditional beliefs into formal health services to ensure effective care delivery (20).

4. Conclusion

In conclusion, this study provides a thorough insight into how cultural beliefs, socioeconomic challenges, gender discrimination, and healthcare access affect the health of Afghan refugee women. These elements lead to poor physical and mental health outcomes. The findings highlight the pressing need for healthcare solutions that honor cultural values while enhancing access, affordability, and education. Customized interventions, community involvement, and policy-level initiatives are essential to improving the health and well-being of this at-risk population.

This research delivers a qualitative perspective on the healthcare experiences of Afghan refugee women residing in selected suburbs of Islamabad. It reveals that cultural beliefs pose the most significant barrier to Afghan women's medical needs, followed by insufficient financial resources for services and limited access to healthcare facilities. To improve the healthcare conditions for this group, it's essential to implement culturally sensitive care and increase female representation within the healthcare system.

Recommendations:

To improve the health outcomes of Afghan refugee women, it is essential to raise awareness about the healthcare services that are available to them. Many women remain unaware of existing facilities and the benefits they offer, which leads to delayed or inadequate health-seeking behaviour. Introducing

and adopting a primary healthcare approach tailored to the unique cultural and social needs of Afghan refugees can play a significant role in bridging this gap. This approach should emphasize the integration of traditional and modern medical practices, creating a more culturally sensitive and acceptable healthcare environment. Additionally, promoting financial assistance programs is crucial to help Afghan refugees overcome the economic barriers that prevent them from accessing timely and adequate medical care. Financial support initiatives, whether through government aid, NGOs, or international agencies, can significantly improve healthcare utilization and contribute to better overall health outcomes for this vulnerable population.

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