

Clinical Screening and Resources for Addressing Afghan Reproductive Care

March 18, 2025

Minnesota Center of Excellence in Newcomer Health



Acknowledgment

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Today's Learning Objectives

- Describe how newly arrived versus more established Afghans may differ in clinical and psychosocial needs
- Understand how to use the *OB-GYN Care for Afghans: A Toolkit for Clinicians* resource when caring for Afghans
- Identify at least three key cultural considerations for providing reproductive health care to Afghan newcomers
- Identify at least three medical screening considerations for caring for the reproductive health needs of Afghans



Agenda

- Introductions
- Background on Afghanistan
- Afghan Newcomer Needs
- Reproductive Health Clinical Considerations
- Case Studies
- Q&A



Want to Learn More?

- Today's presentation is a follow up to our webinar training that took place on October 12, 2022: "Afghan Arrivals: Pre- and Post-Natal Care"

Afghan Arrivals: Pre- and Post-Natal Care

Soma Yousofi, RN, MD
Shoshana Aleinikoff, MD

Moderator:
Lily Rubenstein, RN, PHN

October 12, 2022



[Afghan Arrivals: Pre- and post-natal care](https://youtu.be/aQKXoBcSbaM)
(<https://youtu.be/aQKXoBcSbaM>)

OB-GYN Care for Afghans: A Toolkit for Clinicians

This toolkit is a resource for health care providers who provide obstetrics and gynecology (OB-GYN) care to Afghan newcomers. The toolkit includes information regarding Afghanistan, health care and health outcomes in Afghanistan, traditional practices and cultural norms for pregnant and postpartum Afghan women, recommendations for providing OB-GYN care and general health care to new Afghan arrivals, and tools for providers and patients.



OB-GYN Care for Afghans: A Toolkit for Clinicians

PDF for print:

[Key Takeaways: OB-GYN Care for Afghans \(PDF\)](#)

Background

Context

Demographics

Health Care and Birth Outcomes in Afghanistan

General Afghanistan health system information

Prenatal care in Afghanistan

Labor, delivery, and postpartum care in Afghanistan

Infant and maternal outcomes in Afghanistan

Traditional Practices and Cultural Norms

Traditional practices

Cultural norms regarding women's health issues

Providing OB-GYN Care to Afghans in the U.S.

Strengths-based approaches

Cultural considerations

Health care navigation

Medical history

Family planning

Prenatal care

Labor and delivery

Postpartum and infant care

General Health Care Recommendations

Mental health

Lead toxicity

Connecting to other resources

Family planning

It is important for providers to initiate conversations about family planning and contraception early on and provide opportunities to ask questions, as not all patients feel comfortable or know how to introduce the topic. Patients may already be familiar with IUDs, pills, injections, and implants as they may be available in Afghanistan, especially in urban areas.³ However, their feelings or thoughts towards contraception may be influenced by their home health system and culture, as well as family members' or friends' prior experiences with contraception. Preferences for family planning methods may also change upon arrival to the U.S.¹²

To dispel any misconceptions and assist the patient in choosing a family planning method that fits her needs, consider reviewing the following information:

- Available options and resources
- Efficacy and reversibility of methods
- Duration of long-acting contraceptives
- Common side effects and how they may or may not align with the patient's goals
- Appropriate methods for using contraceptives to maximize efficacy

Tools: Family planning ^

For providers

- [National Resource Center for Refugees, Immigrants, and Migrants: Motivational Interviewing](#)
- [National Resource Center for Refugees, Immigrants, and Migrants: Sexual and Reproductive Health for Afghans](#)
- [Switchboard: Providing Culturally Sensitive Sexual and Reproductive Health Information for Newcomer Youth](#)

For patients

- [University of California, Irvine: ReproNet Digital Library](#)

We will spotlight various sections of the Minnesota Center of Excellence resource, **“OB-GYN Care for Afghans: A Toolkit for Clinicians”** in this training. We will show you a preview of the narrative and tools offered for each section.



[OB-GYN Care for Afghans: A Toolkit for Clinicians](http://www.health.state.mn.us/communities/rih/coe/clinical/obafghan/index.html)
(www.health.state.mn.us/communities/rih/coe/clinical/obafghan/index.html)



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Traditional Practices and Cultural Norms

Traditional practices

Cultural norms regarding women's health issues

Mental health

Lead toxicity

Connecting to other resources

What resources will you find in the toolkit?

- A repository of links for both providers and patients
 - ReproNet is featured as a primary contributor of patient resources, which will be highlighted in this training
- We also offer clinical checklists to help guide clinicians during patient appointments

Complete tool directory

[Expand All](#)

Tools: Background ▲

[Afghan Refugee and Humanitarian Parolee Health Profile](#)

History, cultural beliefs, health concerns and priorities, health care and access, and more to consider when caring for or assisting Afghan refugees and humanitarian parolees.

- [Switchboard: Cultural and Practical Considerations for Working with Afghan Clients, Afghan History - Module 1](#)
- [Switchboard: Cultural Backgrounder: Afghan](#)
- [Switchboard: Who are the Afghan Newcomers Part I: Key Events in Recent Afghan History](#)
- [Switchboard: Who Are The Afghan Newcomers Part II: Social And Cultural Characteristics](#)
- [Switchboard: Who Are The Afghan Newcomers Part III: Transitioning To A U.S. Culture](#)
- [Switchboard: Who are the Afghan Newcomers? Understanding the Background and Socio-Cultural Strengths and Needs of Afghan Evacuees to the U.S.](#)

Tools: Providing OB-GYN Care to Afghans in the U.S. ▼

Tools: General health care ▼

Tools: Clinical checklists ▲

- [Family Planning Checklist \(PDF\)](#)
- [Prenatal Care Planning Checklist \(PDF\)](#)
- [Labor and Delivery Planning Checklist \(PDF\)](#)
- [Postpartum Care Planning Checklist \(PDF\)](#)



For those with less time

If you want to skim key takeaways for each topic, a printable PDF is available at the top of the toolkit

OB-GYN Care for Afghans: A Toolkit for Clinicians

This toolkit is a resource for health care providers who provide obstetrics and gynecology (OB-GYN) care to Afghan newcomers. The toolkit includes information regarding Afghanistan, health care and health outcomes in Afghanistan, traditional practices and cultural norms for pregnant and postpartum Afghan women, recommendations for providing OB-GYN care and general health care to new Afghan arrivals, and tools for providers and patients.

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PDF for print:
[Key Takeaways: OB-GYN Care for Afghans \(PDF\)](#)

Toolkit contents

- [Background](#)
- [Providing OB-GYN Care to Afghans in the U.S.](#)

Key Takeaways: OB-GYN Care for Afghans

A TOOLKIT FOR CLINICIANS



For full context, tools, and references, visit [OB-GYN Care for Afghans: A Toolkit for Clinicians \(www.health.state.mn.us/communities/rih/coe/clinical/obafghan/index.html\)](http://www.health.state.mn.us/communities/rih/coe/clinical/obafghan/index.html).

Background

- On August 30, 2021, the final contingent of U.S. troops rapidly departed Afghanistan. The Taliban quickly overtook the country, leading to chaotic evacuations of thousands of Afghan families.
- People from Afghanistan are referred to as Afghans.
- Islam is the official religion of Afghanistan, with 99% of Afghans identifying as Muslim.
- Dari and Pashto are the official languages.
- As of 2018, 52% of adult men and 23% of adult women were considered literate.

Health care and outcomes in Afghanistan

- Most Afghans don't have access to primary or preventive care in Afghanistan due to the instability of the health system after decades of conflict.
- Afghanistan has very high rates of infant mortality (43 deaths per 1,000 live births in 2021)¹ and maternal mortality (620 maternal deaths per 100,000 live births in 2020).²
- One study reported 35% of female respondents had no prenatal visits, 14% had one prenatal visit, and 21% had four or more prenatal visits. 41% of women reported giving birth at home. Over half reported receiving no postpartum care.

Traditional practices and cultural norms for pregnant and postpartum Afghan women

- There are many traditional practices that Afghans may follow during pregnancy. These traditions vary among the diverse Afghan population and may be disrupted or altered with changes in family systems and culture in the U.S.
- Black antimony, or surma, may be applied to the baby's eyes, eyebrows, and/or umbilical cord. Surma may contain lead, so it is recommended to educate the family about the risks and suggest safe alternatives.
- In general, children are highly desired in Afghanistan, and women may feel pressure to have as many children as possible. This, coupled with fear of side effects, may lead to reluctance towards using contraception or spacing pregnancies.
- Intrauterine devices (IUDs), injectable contraceptives, oral contraception, implants, and condoms may be available to women in Afghanistan, especially if they are married, educated, affluent, and/or reside in urban areas.

Today's Speakers



Asiya Yama, BS

Refugee Reproductive
Health Network (ReproNet)



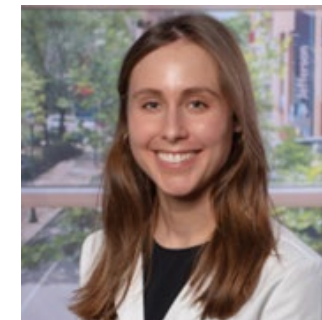
Ahmad Fahim Pirzada, MD, MPH

Refugee Reproductive Health
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University of California - Davis



Samantha Pace, MD

Hennepin Healthcare –
Minneapolis



Jessica Deffler, MD

Thomas Jefferson University
Hansjorg Wyss Wellness
Center
(Moderator)

Background and Needs

Afghanistan Background

Population:

- 41.5 million

Literacy Rate:

- General- **37.3%**
- Women- **22.6%**
- Men- **52.1%**

Languages:

- Dari and Pashto

Nationality:

- Afghan

Ethnic Group:

- Pashtun, Tajik, Hazara, Uzbek, Turkman, Baluch, Pachaie, Nuristani, Aymaq, Arab, Qirghiz, Qizilbash, Gujur, Brahwui

Life Expectancy:

- Total (**59 Y**)
- Male (**57 Y**)
- Female (**61 Y**)

Leading Cause of Death:

- One of the highest maternal mortality rates in the world: 638/100,000 births
- Preterm birth complications:
 - Male Infants (56/100,000) – 4th
 - Female Infants (47/100,000) – 5th



[Map of Afghanistan](#)

Afghanistan Background



[Afghanistan Evacuation – Public Domain](#)

August 2021 – U.S. Military Withdrawal: The Taliban took power; a significant political and humanitarian crisis began.

Over 200,000 Afghan refugees have arrived in the U.S, with another 40,000 waiting around the world to resettle in the U.S.

California, Virginia, Texas, New York, and Washington are the top five states of residence for Afghans

Main Challenges: separation from family members, limited literacy (primary language and English), limited understanding of U.S. systems, including employment and health care

(NPR, 2025)

Afghans' Needs

- Diversity in Backgrounds and Experiences
 - Every Afghan family and individual is unique.
 - There is a **wide spectrum** of needs and experiences.
 - Health care access and understanding differ based on many factors, including when they arrived.
- Key Takeaway
 - Recognizing **cultural and individual diversity** is crucial for providing effective and inclusive health care.

Clinical Care and Considerations



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Cultural considerations

Gender preferences

When interacting with Afghan patients, respect for provider gender preferences is vital. All-female healthcare teams are typically preferred for female patients.⁶ Providers should discuss healthcare team gender preferences with patients, including in the event of an emergency if female providers are not available.⁷ Male interpreters may be accepted if they are virtual and cannot see the patient. While it is preferable to see the patient alone, she may request to be accompanied by a family member. If it is not possible to see the patient alone or it is not the patient's preference, it may be helpful to ask to do a portion of the exam alone and use that time to ask sensitive questions (such as about contraception or personal safety at home).

Communication preferences

It is common in Afghan culture to consult with family members regarding medical decisions, so some patients may desire time to discuss with family prior to making decisions.⁸ Some Afghan women may avoid eye contact as a form of modesty, especially if their husband is present during appointments, and may defer to their husband when asked questions. However, Afghan women are often curious and eager to learn.⁹ It is important for providers to build trust with and create space for patients, especially for those not empowered to advocate for themselves, to ask questions and express their preferences and needs.

Religious considerations

Muslim patients may dress modestly and may also fast (abstain from food and water) from sunrise to sunset during the month of Ramadan. People who are chronically ill, pregnant, breastfeeding, or menstruating may be exempt from fasting practices. However, some people may still opt to fast. The dates of Ramadan shift every year according to the lunar calendar. Discuss a plan for Ramadan with patients prior to the start date, including if they plan to fast, medication adjustments, nutrition advice for the pre-dawn and evening meals, and increased rest during daytime hours.² Muslim patients may require alternative meals during hospital stays, as they may avoid alcohol, pork and its byproducts (including gelatin), and any animal that wasn't slaughtered according to Islamic guidelines (*halal* is permissible and *haram* is forbidden).⁹ Consider discussing dietary preferences while completing the birth plan and ensure there are appropriate options for the patient and/or discuss a plan to bring in outside food. Further, certain medications may contain gelatin derived from pork products. Islamic scholars have endorsed the use of such medical products, but alternatives may be preferred by some patients.¹⁰ No exhaustive list exists of pork-containing medications, so it may be necessary to review active or inactive ingredients from the manufacturer and/or discuss with a pharmacist.

Cultural Considerations

- **Always:** Practice cultural humility & curb assumptions
 - More time spent with the patient in the beginning pays off big in the end
- Gender dynamics
 - Not universal
- General literacy
 - Ask about both letters and numbers
 - Health literacy

Tools: Cultural considerations ^

For providers

[Afghan Refugee and Humanitarian Parolee Health Profile](#)

History, cultural beliefs, health concerns and priorities, health care and access, and more to consider when caring for or assisting Afghan refugees and humanitarian parolees



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Health care navigation

Review the various members of their healthcare team, consent, confidentiality, and limits to confidentiality with all patients at the beginning of the first visit. It is essential to ensure the presence of a certified medical interpreter during clinic visits.

Tools: Health care navigation ^

For providers

- [American College of Emergency Physicians: Quick Communication Guide for Afghan Patients](#)
- [Minnesota Center of Excellence in Newcomer Health: Key Clinical and Cultural Considerations for the Domestic Medical Screening](#)
- [National Resource Center for Refugees, Immigrants, and Migrants: Afghan Men Supporting Women's Wellness](#)
- [National Resource Center for Refugees, Immigrants, and Migrants: Healthy Spaces Toolkit](#)
- [National Resource Center for Refugees, Immigrants, and Migrants: Providing Culturally Sensitive Sexual and Reproductive Health Education for Newcomer Youth](#)
- [National Resource Center for Refugees, Immigrants, and Migrants: Sexual and Reproductive Health for Afghans](#)
- [National Resource Center for Refugees, Immigrants, and Migrants: Women's Wellness](#)
- [Switchboard: Assisting Newcomers with Navigating the U.S. HealthCare System: An Introduction for Direct Service Providers](#)
- [Switchboard: Cultural and Practical Considerations for Working with Afghan Clients, Language & Working with Interpreters - Module 2](#)
- [Switchboard: Who are the Afghan Newcomers Part III: Transitioning to a U.S. Culture](#)
- [Switchboard: Problem-Solving Health Care Access Issues: Supporting Clients In Overcoming Common Obstacles](#)

For patients

- [Immunize.org: VIS Translations \(Dari, Pashto\)](#)
- [National Resource Center for Refugees, Immigrants, and Migrants: Healthcare Navigation Toolkit](#)
 - [How to Get a Prescription \(Dari, Pashto\)](#)
 - [Know Your Rights: For Dari Speakers \(Dari\)](#)
 - [Know Your Rights: For Pashto Speakers \(Pashto\)](#)
 - [Prescription Refills and Safety: For Dari Speakers \(Dari\)](#)
 - [Prescription Refills and Safety: For Pashto Speakers \(Pashto\)](#)
 - [Requesting an Interpreter: For Dari Speakers \(Dari\)](#)
 - [Requesting an Interpreter: For Pashto Speakers \(Pashto\)](#)
 - [Video Training for Newcomers](#)

Health Systems Orientation

- Orientation to a new medical system / prenatal care framework
 - Only a minority of Afghan women in Afghanistan attend 4+ prenatal visits
 - Physical location of the pharmacy, Labor and Delivery (L&D), clinic, etc...



Taking a Comprehensive Medical History

Medical history

Sensitive questions, including those regarding personal safety or menstruation, are best to ask without the presence of other family members or male staff. Use clinical judgment to determine the most appropriate way to privately discuss topics with patients; strategies may include noting that it is clinic protocol to discuss certain topics with patients one-on-one, asking sensitive questions when visitors leave the room during physical exams, or walking with the patient to the restroom during urine sample collection. It may be challenging to determine an expected date of delivery in the early days of a pregnancy, as some Afghan women, especially those who have had limited access to education, may not track their menstrual period or may not use the Gregorian calendar. Patients' responses will be influenced by the systems of care they previously experienced. Therefore, certain routine questions or concepts in the U.S. healthcare system (e.g., developing a birth plan) may not be familiar. Additionally, be aware that indications for C-sections in Afghanistan may be different and that access may have been limited.¹¹

Tools: Medical history ^

- [National Resource Center for Refugees, Immigrants, and Migrants: Motivational Interviewing](#)
- [New York Health Department - Medical Providers' Guide to Managing the Care of Domestic Violence Patients Within a Cultural Context \(PDF\)](#)
 - Page 25 includes tips for why, when, and how to have sensitive conversations with patients alone

- Past Medical History/Past Social History/Family Medicine/Allergies
 - Ask routine questions but ensure simple language
 - Don't forget to screen for Intimate Partner Violence (IPV), complementary medications
- Focused & Specific OB History
 - Ask about number of prior pregnancies, pregnancy outcomes, PLACE of delivery (i.e., home, hospital, clinic) as well as attendants present
 - Ask about specific complications (i.e., big baby, bad tear, heavy bleeding, need for blood transfusion, problems with hypertension or diabetes)
 - If history of a C-section, ask why
- Specific Gynecological History
 - Might not know age of menarche
 - Different forms of birth control are available in Afghanistan



Prenatal Course, L&D, Postpartum

- Explain the number of visits and the rationale for so many
 - Ask about transportation / child care barriers
- Explain process of admission to L&D
 - Who will be present, whether any men might be present (typically male anesthesiologists are OK)
 - Ask whether the father of the baby wants to be present in the delivery room; offer screen if available
 - Availability of anesthesia options
 - IV, nitrous, epidural
 - Explain length of stay after C-Section vs Normal Spontaneous Vaginal Delivery
 - Review child care and transportation plan at time of delivery

Labor and delivery

Discussing the birth plan with patients in advance will allow them to consult with their families, as desired. As part of the birth plan conversation, consider discussing and documenting in the medical record:

- **Plan for emergencies and the onset of labor.** Many newly-arrived Afghans have barriers to communication, technology, transportation, and/or childcare. It is important to review the signs and symptoms of labor and emergencies like preeclampsia, how to contact the care team, and when and how to present to the

Prenatal care

Patients may not be aware of the importance of preventive care. As such, consider educating patients about the value of regular prenatal care, and encourage them to attend all appointments. During initial visits, it may also be beneficial to review expectations for the prenatal care schedule, as well as medication safety, vaccines, labs, home safety, and dietary recommendations. Use the initial visit as an opportunity to screen for elevated blood lead levels and need for mental health services. More information on lead toxicity screening and mental health is available on [General Health Care Recommendations](#). Considering consanguineous marriage, such as that between first or second cousins, is not uncommon in Afghanistan, arrange private consultations to address potential genetic implications, as appropriate.⁸

Tools: Prenatal care ^

For providers

- [Minnesota Center of Excellence in Newcomer Health: Afghan Arrivals Pre- and Postnatal Care \(YouTube\)](#)
- [National Resource Center for Refugees, Immigrants, and Migrants: Orienting Afghan Newcomers to Prenatal Care and Delivery in the United States](#)

For patients

- [Immunize.org: VIS Translations \(Dari, Pashto\)](#)
- [Southeast Clinical Networks, NHS: Maternity information translations](#)
 - [Your Antenatal Care \(PDF\) \(Dari, Pashto\)](#)
- [Switchboard: Afghan Nutrition Guide](#)

ing a plan in case an all-female care team is not nited English proficiency, it may be helpful to provide a the patient's name, date of birth, language, and provider that she may provide to emergency nergency transport.

es that the patient would like to incorporate.

ery room. Consider sharing that it is common and hers to be present in the delivery room, though not option of a privacy screen to separate the father from as this may be more comfortable.

n the U.S. Experiences in the U.S. will be different from an. Consider reviewing members of the care team, pain management options, C-section indications, e, what is offered while the patient is admitted (e.g., es, etc.), common lengths of stay, and visitor protocols.

born screening, bathing, rooming in or newborn y would prefer to bathe the baby themselves.

common practice among Afghans. When discussing ion prior to delivery, include that it is an elective nd potential insurance coverage, and when and how it

asking if the family would like to bring a note to the e written in English to provide for the birth certificate. uggle to spell their child's name in English and may ask munity volunteer to assist them in advance.

s, NHS: Maternity information translations

or Refugees, Immigrants, and Migrants: Orienting rghan newcomers to Prenatal Care and Delivery in the United States

For patients

- [Centers for Disease Control and Prevention: Urgent Maternal Warning Signs Educational Materials \(Dari, Pashto\)](#)
- [National Resource Center for Refugees, Immigrants, and Migrants: I Speak Cards \(Dari, Pashto\)](#)

Lead toxicity

Lead exposure and elevated blood lead levels are of concern for Afghan newcomers, particularly infants, children, and females of reproductive age (specifically those who are pregnant, breastfeeding, or trying to become pregnant). The CDC recommends that all pregnant and lactating Afghan women be screened for lead toxicity, as described in their [Guidelines and Recommendations | Childhood Lead Poisoning Prevention](#).²

Lead can cross the placenta and elevated blood lead levels may cause gestational hypertension, spontaneous abortion, low birth weight, and impaired neurodevelopment. When screening for potential sources of lead exposure, ask patients about home remedies, including herbal remedies, given that some may contain lead or other substances that could cause drug interactions or adverse effects.⁴

If a patient has an elevated blood lead level, attempt to identify and mitigate lead sources and discuss non-lead-containing alternatives. State health programs and community health workers also may be able to assist. Cookware, pressure cookers, and surma (eye makeup used on children) are common sources of lead. Iron, vitamin D, and calcium supplements are important to take during pregnancy and may reduce lead poisoning and iron deficiency anemia. Even if a woman has elevated blood lead levels, she should be encouraged to continue breastfeeding as long as her levels are below 40 mcg/dL.⁴

Tools: Lead toxicity ▼

Connecting to other resources

Newly arrived Afghans may not be aware of all the resources and services available to them in the U.S. Ask about what resources and support patients may need to help care for themselves, their family, and their new baby. Some examples include the [Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\)](#) or [Supplemental Nutrition Assistance Program \(SNAP\)](#), other food-assistance programs, transportation services, car seats, household supplies, Early Childhood Family Education programs, English and other educational classes, and other community resources such as cultural centers. Connect patients with a public health nurse or social worker, if possible, as they may be especially equipped to have these conversations and make community connections.

Tools: Connecting to other resources ▼

During a Visit

- Physical exam
 - Do not assume they have had a pelvic exam before, especially with a speculum
 - Always explain and obtain permission before performing sensitive exams (i.e., breast, speculum, or cervical exam)
- New & Routine OB labs
 - Toolkit can be utilized to help
 - Screen for lead
 - Consider screening for TB, parasites
 - Routine OB labs
 - If risk factors (i.e., obesity, history of gestational diabetes, family history of diabetes), consider early Glucose Challenge Test
 - Explain genetic screening, routine immunizations offered during pregnancy
 - Offer dental referral
 - Explain the testing that occurs during prenatal visits
- Ask about fasting during Ramadan
- Connect patient with social worker and/or case manager if needed



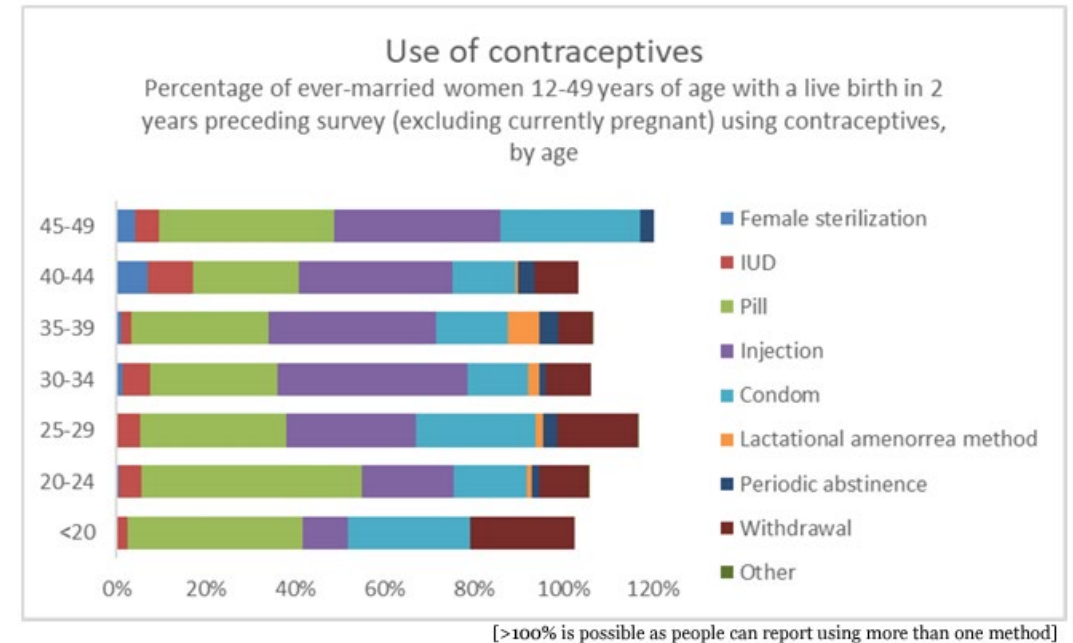
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Gynecology Clinical Considerations

- Might not know age of menarche
- Different forms of birth control are available in more urban areas of Afghanistan
 - Side effect of irregular bleeding is important to discuss, as it may impact religious practices, including fasting or praying
- Sexual activity before marriage is often considered taboo
 - Might not want to discuss even in front of interpreter
 - Screen for sexual assault as well
- Sexual dysfunction is also not a typically discussed topic
- Educate on importance of cervical cancer & mammogram screening
- Ensure HPV vaccine status is up to date



[KIT Royal Tropical Institute: Afghanistan Health Survey 2018](http://www.kit.nl/wp-content/uploads/2019/07/AHS-2018-report-FINAL-15-4-2019.pdf)
(www.kit.nl/wp-content/uploads/2019/07/AHS-2018-report-FINAL-15-4-2019.pdf)



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Case Study I: Empowering Afghan Immigrant Women in Decision-Making and Enhancing Postpartum Care

Addressing Challenges in Labor, Delivery, and Postpartum Recovery

Layla's Story

Who is Layla?

- 30-year-old Afghan immigrant
- Recently moved to the U.S. with her husband and two children, expecting her third child
- Limited knowledge of the U.S. health care system
- Speaks Pashto with minimal English proficiency



Layla's Labor and Delivery Experience

Traditional Practices:

- Previous births occurred naturally at home or in a small clinic without epidurals
- Associates childbirth with endurance

Concerns About Epidural Use:

- Receives conflicting advice from friends and neighbors and hesitant about epidural use
- Fears potential harm to baby and self
- Hesitant to discuss concerns with her doctor due to cultural and language barriers

Challenges During the Postpartum Period

Emotional and Physical Struggles:

- Feels anxious and nervous when her husband isn't around
- Fatigue, anxiety, and unfamiliarity with postpartum depression
- Unaware of postpartum care resources and follow-up needs
- Lacks access to proper nutrition, childcare, and mental health services

Lack of Support System:

- Previously relied on extended family for postpartum care
- Limited community connections in the U.S.

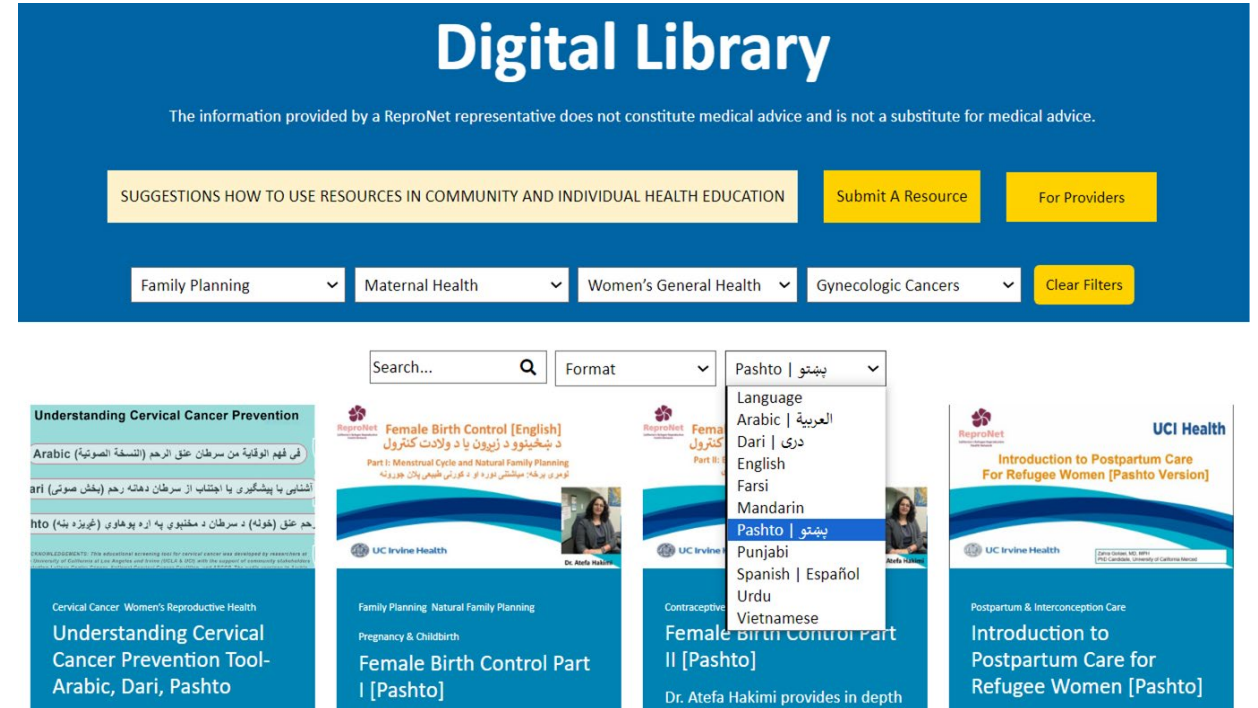
Interventions for Empowering Layla: Decision-Making Tools

FAQs and decision-making worksheets for epidural considerations

- To be reviewed with spouse and other family members



[ReproNet: Digital Library](https://reponet.org/digital-library/)
(<https://reponet.org/digital-library/>)



The screenshot displays the 'Digital Library' interface. At the top, a blue header contains the title 'Digital Library' and a disclaimer: 'The information provided by a ReproNet representative does not constitute medical advice and is not a substitute for medical advice.' Below this, there are two yellow buttons: 'Submit A Resource' and 'For Providers'. A navigation bar features dropdown menus for 'Family Planning', 'Maternal Health', 'Women's General Health', and 'Gynecologic Cancers', along with a 'Clear Filters' button. The main content area shows a search bar, a 'Format' dropdown, and a language selection dropdown currently set to 'Pashto | پښتو'. Below these are several resource cards, including 'Understanding Cervical Cancer Prevention' (Arabic, Dari, Pashto), 'Female Birth Control [English]' (Pashto), 'Female Birth Control Part I [Pashto]', 'Female Birth Control Part II [Pashto]', and 'Introduction to Postpartum Care For Refugee Women [Pashto Version]'. Each card includes the UC Irvine Health logo and a brief description of the resource.

Interventions for Empowering Layla: Reproductive Health Literacy

- Postpartum care guides in native language covering:
 - Nutrition, rest, and mental health awareness
 - Signs of complications and importance of follow-ups

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California's Refugee Reproductive Health Network

د زیږون وروسته دوره:

- د زیږون وروسته دوره د ماشوم د زیږون څخه وروسته لومړني ۶ اونی ده
- د زیږون وروسته پاملرنې د ماشوم او مور د هوساینې لپاره تدابیر دی
- د زیږون څخه وروسته پاملرنه:
 - ډیر آرام وکړی
 - مرسته وغواړی
 - سالمه خواړه وخورئ
 - تمرین او یا ورزش وکړی



<https://theconversation.com/islamophobia-and-media-stigma-is-having-real-effects-on-muslim-mothers-in-maternity-services-101768>

UCI Health

ReproNet
California's Refugee Reproductive Health Network


Postpartum Period:

Postpartum period usually defined as the first 6 weeks after childbirth

Postpartum care ensures well-being of the mother and the baby

During Postnatal:

- Get plenty of rest**
- Seek help.**
- Eat healthy meals**
- Exercise**



<https://theconversation.com/islamophobia-and-media-stigma-is-having-real-effects-on-muslim-mothers-in-maternity-services-101768>

UC Irvine Health

OB-GYN Care for Afghans: A Toolkit for Clinicians

This toolkit is a resource for health care providers who provide obstetrics and gynecology (OB-GYN) care to Afghan newcomers. The toolkit includes information regarding Afghanistan, health care and health outcomes in Afghanistan, traditional practices and cultural norms for pregnant and postpartum Afghan women, recommendations for providing OB-GYN care and general health care to new Afghan arrivals, and tools for providers and patients.



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PDF for print:

[Key Takeaways: OB-GYN Care for Afghans \(PDF\)](#)

Background

Context

Demographics

Health Care and Birth Outcomes in Afghanistan

General Afghanistan health system information

Prenatal care in Afghanistan

Labor, delivery, and postpartum care in Afghanistan

Infant and maternal outcomes in Afghanistan

Traditional Practices and Cultural Norms

Traditional practices

Cultural norms regarding women's health issues

Providing OB-GYN Care to Afghans in the U.S.

Strengths-based approaches

Cultural considerations

Health care navigation

Medical history

Family planning

Prenatal care

Labor and delivery

Postpartum and infant care

General Health Care Recommendations

Mental health

Lead toxicity

Connecting to other resources

Cultural Sensitivity in Health Care

Cultural considerations

Gender preferences

When interacting with Afghan patients, respect for provider gender preferences is vital. All-female healthcare teams are typically preferred for female patients.⁶ Providers should discuss healthcare team gender preferences with patients, including in the event of an emergency if female providers are not available.⁷ Male interpreters may be accepted if they are virtual and cannot see the patient. While it is preferable to see the patient alone, she may request to be accompanied by a family member. If it is not possible to see the patient alone or it is not the patient's preference, it may be helpful to ask to do a portion of the exam alone and use that time to ask sensitive questions (such as about contraception or personal safety at home).

Communication preferences

It is common in Afghan culture to consult with family members regarding medical decisions, so some patients may desire time to discuss with family prior to making decisions.⁸ Some Afghan women may avoid eye contact as a form of modesty, especially if their husband is present during appointments, and may defer to their husband when asked questions. However, Afghan women are often curious and eager to learn.⁹ It is important for providers to build trust with and create space for patients, especially for those not empowered to advocate for themselves, to ask questions and express their preferences and needs.

Religious considerations

Muslim patients may dress modestly and may also fast (abstain from food and water) from sunrise to sunset during the month of Ramadan. People who are chronically ill, pregnant, breastfeeding, or menstruating may be exempt from fasting practices. However, some people may still opt to fast. The dates of Ramadan shift every year according to the lunar calendar. Discuss a plan for Ramadan with patients prior to the start date, including if they plan to fast, medication adjustments, nutrition advice for the pre-dawn and evening meals, and increased rest during daytime hours.² Muslim patients may require alternative meals during hospital stays, as they may avoid alcohol, pork and its byproducts (including gelatin), and any animal that wasn't slaughtered according to Islamic guidelines (*halal* is permissible and *haram* is forbidden).⁹ Consider discussing dietary preferences while completing the birth plan and ensure there are appropriate options for the patient and/or discuss a plan to bring in outside food. Further, certain medications may contain gelatin derived from pork products. Islamic scholars have endorsed the use of such medical products, but alternatives may be preferred by some patients.¹⁰ No exhaustive list exists of pork-containing medications, so it may be necessary to review active or inactive ingredients from the manufacturer and/or discuss with a pharmacist.

Tools: Cultural considerations ^

For providers

[Afghan Refugee and Humanitarian Parolee Health Profile](#)

History, cultural beliefs, health concerns and priorities, health care and access, and more to consider when caring for or assisting Afghan refugees and humanitarian parolees.

- **Language Access:** Ensure interpreters are available during visits
- **Educational Resources:** Visual aids/videos for non-literate patients
- **Patient Engagement:** Allocating sufficient time for patient questions and discussion.



OB-GYN Care for Afghans: A Toolkit for Clinicians

www.health.state.mn.us/communities/rih/coe/clinical/obafghan/index.html

UCI Health



ReproNet
California's Refugee Reproductive
Health Network



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Expected Outcomes

- **Informed Decision-Making:** Layla gains confidence in labor and postpartum choices
- **Physical & Emotional Recovery:** Adequate support for health and well-being
- **Trust in Health Care System:** Improved access to culturally sensitive care
- **Reduced Isolation:** Community engagement fosters integration and support

Key Takeaway

- Health care providers play a vital role in empowering immigrant and refugee women
- By integrating culturally appropriate education and community support, Layla's postpartum experience can be significantly improved.



Case Study II: Sexually Transmitted Infections Screening Discussion With Afghan Patients

Navigating Sensitive Discussions

Introduction and Background:

Screening for Sexually Transmitted Infections in Afghanistan

- Sexually Transmitted Infection (STI) screening is uncommon in Afghanistan unless a person is symptomatic
- STI discussion is a sensitive topic
- Resistance to testing common in men
- For Marriage: Women's virginity is highly valued, except for widows and divorced
- Afghan patients consent to collective screening; however, STI and sexual history are private

Fatima and Ali's Story

- STIs Screening - refugee health screening, Sacramento Refugee Clinic
- Newly married couple, no children
- **Symptomatic Wife:**
 - Fatima, a 22-year-old conservative woman in Hijab, elementary school only, from central Afghanistan.
- **Asymptomatic Husband:**
 - Ali, a 24-year-old man with a high school education, was a USG military construction worker in central Afghanistan.

First Appointment

- Based on the consent for joint screening
 - Discuss STIs results with the couple jointly
 - Explain the cause, mode of transmission, and treatment options
- **Potential Impact**
 - Misjudgment about wife
 - Breaking trust
 - Breaking marriage

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 - Context
 - Demographics
- Health Care and Birth Outcomes in Afghanistan
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 - Labor, delivery, and postpartum care in Afghanistan
 - Infant and maternal outcomes in Afghanistan
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 - Traditional practices
 - Cultural norms regarding women's health issues

Health Care and Birth Outcomes in Afghanistan

OB-GYN CARE FOR AFGHANS: A TOOLKIT FOR CLINICIANS

- On this page:
- [General Afghanistan health system information](#)
 - [Prenatal care in Afghanistan](#)
 - [Labor, delivery, and postpartum care in Afghanistan](#)
 - [Infant and maternal outcomes in Afghanistan](#)
 - [References](#)



- Most Afghans don't have access to primary or preventive care in Afghanistan due to the instability of the health system after decades of conflict.^{1,2}
- Afghanistan has very high rates of infant mortality (43 deaths per 1,000 live births in 2021)³ and maternal mortality (620 maternal deaths per 100,000 live births in 2020).⁴
- The 2018 Afghanistan Health Survey reported 35% of female respondents had no prenatal visits, 14% had one prenatal visit, and 21% had four or more prenatal visits. 41% of women reported giving birth at home. Over half reported receiving no postpartum care.⁵

General Afghanistan health system information

Afghanistan's healthcare system is unstable, having only 2.5 healthcare workers per 10,000 people in 2020.^{1,6} Accessing care can be difficult and time-intensive, and most Afghans, especially women, lack access to primary or preventive care. The health system consists of public and private hospitals.^{1,2} However, around 90% of Afghans live below the poverty line, and many cannot afford private hospitals.⁷ Public hospitals are free but busy and generally have limited resources and staff. Private hospitals are expensive but provide high-quality care and are preferred for Cesarean sections (C-sections).

Prenatal care in Afghanistan

Women in Afghanistan are encouraged to have eight prenatal visits (recently increased from four visits).⁵ However, the 2018 Afghanistan Health Survey showed that approximately 35% of survey respondents⁸ had no prenatal visits, 14% had one prenatal visit, and 21% had four or more prenatal visits (Figure 1).

Figure 1: Number of prenatal visits attended by ever-married women 12 – 49 years of age who were pregnant at the time of the survey or had a live birth in the two years preceding the survey⁵

40%

Interventions to Support a Positive Interaction

- Medical Interpreter – Advocate role
- Provide clinician with information regarding Afghanistan and cultural practices:
 - Lack of education and taboo nature of STIs and sexual education in Afghanistan
 - Social perception of virginity:
 - Required for women
 - Not required for men
 - Unprotected sex based on limited access to condoms (especially in rural areas)
 - No routine STI screening in Afghanistan except if prompted by symptoms
 - Most husbands or partners decline STI screening and treatment if asymptomatic

Strategies for Sensitive Conversations

- **Approach:** Meet privately with the husband and obtain further sexual history
- **Communication:** Speak to the husband in his primary language in the presence of the provider
- **Building trust:** Encourage the husband to share his sexual history by assuring confidentiality
- **Result:** Ali confirmed frequent unprotected sex before marriage

Informing of a **Positive** STI Screening

- Both Ali and Fatima were informed by the provider of Fatima's positive STI result
- **Education:** Tailored explanations to both Ali and Fatima that unprotected sex may have caused the infection, in addition to general information and education regarding STIs

Outcomes

- **For the Clinician**

- Better understanding of the health background and topic sensitivity in the Afghan community
- Improved approach and culturally tailored communication

- **For Fatima and Ali**

- After the discussion, Ali accepted accountability and agreed to treatment

- Trust between patients and provider
- Saved lives and kept family together

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OB-GYN Care for Afghans Toolkit

This toolkit is both informational and action oriented, to empower health care providers to give culturally informed reproductive health care to newly arrived Afghans.



Access the toolkit:

[OB-GYN Care for Afghans: A Toolkit for Clinicians](http://www.health.state.mn.us/communities/rih/coe/clinical/obafghan/index.html)
(www.health.state.mn.us/communities/rih/coe/clinical/obafghan/index.html)

Each section is equipped with a combination of supplemental trainings and resources for providers and translated educational handouts in Dari and Pashto.

Family planning

It is important for providers to initiate conversations about family planning and contraception early on and provide opportunities to ask questions, as not all patients feel comfortable or know how to introduce the topic. Patients may already be familiar with IUDs, pills, injections, and implants as they may be available in Afghanistan, especially in urban areas.³ However, their feelings or thoughts towards contraception may be influenced by their home health system and culture, as well as family members' or friends' prior experiences with contraception. Preferences for family planning methods may also change upon arrival to the U.S.¹²

To dispel any misconceptions and assist the patient in choosing a family planning method that fits her needs, consider reviewing the following information:

- Available options and resources
- Efficacy and reversibility of methods
- Duration of long-acting contraceptives
- Common side effects and how they may or may not align with the patient's goals
- Appropriate methods for using contraceptives to maximize efficacy

Tools: Family planning ^

For providers

- [National Resource Center for Refugees, Immigrants, and Migrants: Motivational Interviewing](#)
- [National Resource Center for Refugees, Immigrants, and Migrants: Sexual and Reproductive Health for Afghans](#)
- [Switchboard: Providing Culturally Sensitive Sexual and Reproductive Health Information for Newcomer Youth](#)

For patients

- [University of California, Irvine: ReproNet Digital Library](#)

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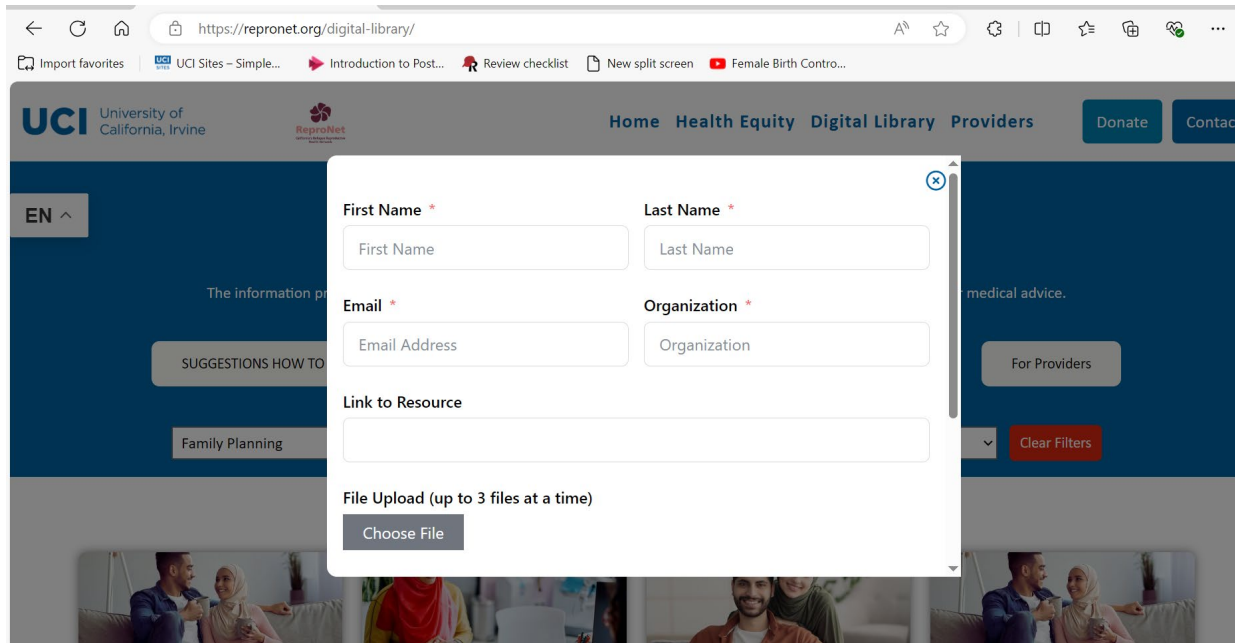
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ReproNet Digital Library



This resources has a repository of translated educational videos, great for patient education!

You can also submit additional resources to add to our library from our website



[ReproNet: Digital Library](https://repronet.org/digital-library/)
(<https://repronet.org/digital-library/>)

ReproNet Panel of Researchers and Services Survey:

We want to hear from you! Take our survey to connect with us:

A screenshot of the 'ReproNet Panel of Researchers and Services Survey' form. The form is titled 'ReproNet Panel of Researchers and Services Survey' and includes a 'Thank you!' message. The survey questions are listed below:

- 1) Title
- 2) First Name
- 3) Last Name
- 4) Degree(s)
- 5) What is your current role or job title?
- 6) What is your primary affiliation or organization?
- 7) Please list any other affiliations.

The form includes input fields for each question and a 'Clear Filters' button.

[ReproNet Panel of Researchers and Services Survey](https://ci-redcap.hs.uci.edu/surveys/?s=L49TD9F9E8)
(<https://ci-redcap.hs.uci.edu/surveys/?s=L49TD9F9E8>)

References

- Afghanistan (2023). [Health data overview for the Islamic Republic of Afghanistan \(https://data.who.int/countries/004\)](https://data.who.int/countries/004). Retrieved on February 15, 2025.
- [Community-based Literacy and Complementary Learning Possibilities \(www.unesco.org/en/fieldoffice/kabul/expertise/education/literacy-learning-possibilities\)](http://www.unesco.org/en/fieldoffice/kabul/expertise/education/literacy-learning-possibilities)(2022). UNESCO. Retrieved on February 15, 2025.
- Hadid, D., and Juliana, K. (2025). [Afghans who helped the U.S. are in dangerous limbo after Trump's order on refugees \(www.npr.org/2025/01/27/nx-s1-5273521/trump-executive-order-refugee-afghanistan-veterans\)](http://www.npr.org/2025/01/27/nx-s1-5273521/trump-executive-order-refugee-afghanistan-veterans). NPR, January 27, 2025.
- [UNHCR Afghanistan Health Factsheet - October 2024 \(https://data.unhcr.org/en/documents/details/112994\)](https://data.unhcr.org/en/documents/details/112994). Operational Data Portal. UNHCR.



Key Takeaways

- The Afghan newcomer community is not a monolith. It is important to treat each patient as a unique individual – complete full evaluations for everyone, while curbing your assumptions and biases
- The *OB-GYN Care for Afghans: A Toolkit for Clinicians* is a great resource for clinicians caring for Afghans and with a repository of resources for both clinicians and patients
- The *ReproNet Digital Library* has many translated resources and videos, great for patient education



Thank you!



Questions?



Center of Excellence Reminders!

- **Subscribe to Center of Excellence in Newcomer Health Updates**
(https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_463) for training announcements and other guidance and resources.
- Upcoming trainings at
Trainings: Minnesota Center of Excellence in Newcomer Health
(www.health.state.mn.us/communities/rih/coe/webinars.html)



Thank You!

Please remember to
complete your
evaluation



CareRef

- CareRef is a tool that guides clinicians through conducting a routine post-arrival medical screening of a newly arrived refugee to the U.S.
- Output is based on the current CDC Domestic Refugee Screening Guidance.
- CareRef recommends screening tests and other preventive care based on the demographic and geographic factors that contribute to risk.

[CareRef \(https://careref.web.health.state.mn.us\)](https://careref.web.health.state.mn.us)

