Podcast: Afghan Women's Health

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Transcript

Introduction

Jessie Griggs: Welcome to the Switchboard Podcast. Switchboard is a one-stop resource hub for refugee service providers in the United States, funded by the Office of Refugee Resettlement. Today's podcast is made possible through a partnership between Switchboard and the Society of Refugee Healthcare Providers. The Society of Refugee Healthcare Providers is a nonprofit organization dedicated to improving the health care of refugees and asylum seekers, as well as addressing equity in health care. My name is Jessie Griggs, and I am your host today.

Today's Speaker

JG: We are fortunate to interview Naheed Samadi Bahram, the Country Director for Women for Afghan Women and a technical advisor for the Society of Refugee Healthcare Providers. Naheed, thank you for joining us today. Can you give us a quick introduction to your background and your lived experiences that have led you to where you are in your career today?

Naheed Samadi Bahram: Thank you so much, Jessie, for having me on this podcast. I am a former refugee myself. I lived in Pakistan for 15 years and then moved to the United States. I left Afghanistan because of the war and after I lost my mom in a bomb explosion in Afghanistan when I was very young. When I moved to the United States, being a refugee myself, I always wanted to work for the immigrant community here.

NSB: I left a big family back in Pakistan and moved here with my husband, which I felt very lonely and alone, especially being homesick and away from everyone in a country where everything was very different from where I came. I looked into a place where I would find the community, and I found Women for Afghan Women as the only organization working on the East Coast with the Afghan immigrant community. I started volunteering with them and saw the amazing work the organization was doing with the immigrants, and that's how I started and stuck with the organization for over 17 years now. I started as a volunteer, and currently I'm the U.S. Country Director and oversee all our programs in the U.S.

JG: That's amazing, Naheed. Every time I hear from you and hear the amount of time you've spent working for Women for Afghan Women, I'm amazed. Thank you for taking time out of your busy schedule to record this with us.

Q&A

JG: As we know, Women for Afghan Women is leading efforts to serve and advocate for women in Afghanistan and the U.S. Since the Taliban takeover, Women for Afghan Women has seen a 300 percent increase in service requests.

Can you tell us about what services women are seeking overall and then explain the unique health needs of Afghan women during and post-resettlement?

NSB: Sure. After the fall of Kabul in August of 2021, we have seen an increase all of a sudden in the matter of a week from receiving like 10 to 15 calls a day to 200 to 300 calls a day from the community, because not only the community was distressed here because of what was happening in Afghanistan, majority of the immigrant families who were here, including myself, we still had families in Afghanistan stuck there and people who work with NGOs, people who work with the U.S. Army, people who work in health care all of a sudden had to be at home and scared for their life not knowing what the next day would look like for them, because all of us had families and relatives and friends still in Afghanistan. There was not only requests for people—"How can I get my family out of Afghanistan?"—but also there were Afghan clients who were citizens and green card holders who were stuck in Afghanistan and they didn't know how to get out. Because when it just happened, the next few days the airport situation was horrible, as I'm sure you all witnessed and saw, and people seeing those footage brought a lot of anxiety and sadness to the people who were here and witnessing that far away.

NSB: It also brought a lot of guilt knowing that my family is suffering in Afghanistan and I'm here, or knowing that an organization like Women for Afghan Women that our staff are at home not able to work and not being paid for the first few weeks because of the transfer of money and all of it, and us being here and being able to have food on our table and work and go to the office as usual. I think it brought a lot of guilt to us also, and that affected a lot of us mentally, obviously. With the programs that we had an organization like us really did not give us time to think about our health. We had to just equip ourselves to be saving people. So as the situation was happening in Afghanistan and people feeling very anxious and depressed, and here outside of Afghanistan and any other countries, including United States, for us there was no time to think about our health or about ourselves. We had to just shift and adapt and change the program so that we could meet the growing need of the community.

NSB: As I mentioned, being the only Afghan women agency in East Coast at the time really made us think quickly and shift. We had our educational programs, social services, and immigration legal services, but then we also had to adopt resettlement and we had to immediately find pro bono attorneys or new attorneys and paralegals to make sure that you were meeting the need of the community. So that also made us start our mental health services. A few weeks after that, when things got a little bit calmed down, we realized how much the situation in Afghanistan affected the mental health of people outside of Afghanistan as well, but also people who got out of Afghanistan, the trauma that they went through.

JG: So in 2021, you all had to just pivot and begin brand new programs as a response to what was happening at that time.

If I understand correctly, you all were the only agency on the East Coast serving everyone that was already living in the U.S. from the Afghan community and then all of the newcomers as well, correct?

NSB: Yes, the services we provided for the community, we were the only one doing that on the East Coast at the time. With the crisis in Afghanistan, a lot of other agencies were formed because people saw the need. There was a lot of volunteer groups and smaller agencies that started working after August of 2021.

Okay, and also what I heard you say is that all of the people working within the agency, the majority of them are Afghan women, and they were here living their lives and suddenly their lives were just

turned upside down with so much work, and there was no time for you to care for your own health or mental health. Is that what the majority of people were experiencing?

NSB: As the Afghans who work within the organization here in the U.S., it really was difficult to think of ourselves and do that because we were really looking into how can we help someone at the time that they had all these issues going on, helping the community, getting a person to safety, knowing that a client's family member was able to be at a safe place, they were able to manage to get out, or the client has in a better place. I think that itself gave us the peace of what we were looking at. So that was something really difficult for us to get professional help. I think it took us a few months until we were able to get professional help.

NSB: And the other thing which helped us through that time was being together and having communal lunchtime at the office to talk to each other to discuss it and to see how each one of us were feeling. But it took a long time for us. Even now, people are not at the state where they were before August of 2021. And there was a lot of losses during that time in the trauma that people for us unfold on TV or hearing it from the people who we served, and the people who just came, the trauma that they have been through in getting out of Afghanistan.

JG: Yeah, and I heard you [mention] this community piece of it, which I see regularly as a theme recurring in the health care and mental health space for Afghan women often, so very early on you all found that to be really important. And then I see today as we both work in the field, this theme unfolding in so many spaces.

NSB: The World Health Organization defines "health" as a state of physical, social, and mental well-being. With what happened in Afghanistan, Afghans lost all three: their physical health, their mental health, and their social well-being.

JG: That's right.

NSB: For communities like Afghans, we are very family oriented. We live in big families. We do not leave our homes until we are married, so whether you're 30, 40 years old, you still will be living with your mom and dad. When you get separated and lose that community of support that you had back home, it affects you really badly. I experience it personally, and I have seen it with people that we serve.

JG: So that social piece cannot be left out no matter what when it comes to health care in the Afghan community.

JG: You all not only serve refugees from the Afghan community, you serve other communities as well. Is that correct?

NSB: That's correct.

Yes, do you mind to chat briefly about what health needs you see in the Afghan women's community that are unique to them and that differ from other communities?

NSB: The health need we see in the Afghan community is not much different from other communities, but it's a little bit unique in some parts. I just mentioned earlier that that the social part of your life has a huge role to play in a woman's life and health. A simple example of that is the issue of postpartum in Afghanistan and here is very different. In Afghanistan, I would hardly see people having postpartum depression, then seeing an

increase obviously here. Because in Afghanistan, when a woman gave birth, they have their own family who come stay with her, their in-laws are there. Till 40 days, majority of the women do not touch water even. Like they don't wash the dishes, they don't cook, they don't clean. Their child has been taken care by family members. So she has been very pampered and she has all that social support. So literally there is a village to help her at the beginning of becoming a mother.

NSB: For a mother who gave birth here, who is away from family, she's not only going through a very painful path of giving birth to a child without family, but also taking care of that child. I gave birth to my son and it was a C-section. My sister-in-law flew from Europe to be with me for the first week to take care of the child. After one week, I was the one doing everything. If I was in Afghanistan with my in-laws, with my own family, that would have never been that way. Especially if you have a C-section, then forget about it. You're not touching anything for six months. It's different. That is the social part of our life, plays a huge role in our mental and physical health.

NSB: The other thing that is unique to the Afghan community, many Afghans never receive vaccination. When they come here, that's a unique part. I think also Afghanistan… there is no insurance policies for people, health insurance policies, and that system doesn't exist. People go to the doctor only when they are sick. There is no annual checkup, no preventative. That's why we need a lot of education around doctor visits. The importance of seeing a doctor regularly is important.

NSB: The other thing which is difficult for women, especially here in United States, is going to a hospital or a clinic with a family member for interpretation. They are too shy to be discussing what's happening with them. That's why it's important for clinics and hospitals to have that service. If a woman is coming, they should provide a woman interpreter.

JG: To protect that privacy and agency, is this the privacy of the woman?

NSB: Even if the families do not care about privacy here—so I'm going to the hospital with my husband and I want to talk about something, but my husband is interpreting for me, how much of the issues I have [am I] able to communicate and how much of that really goes to the doctor?

Do you find that some topics are harder than other topics to discuss for women in the health care space? If so, do you mind to give just a few examples of what that might be? What kind of things health care providers need to be more aware of during these appointments so that they can navigate them for the women's well-being?

NSB: It's definitely the women's issues. A woman going to a gynecologist and taking advice of reproductive issues and rights and all of it, she may not be comfortable having a family member interpret for her. She may not be open enough to discuss that or issues of mental health. It's a very taboo topic. People do not feel comfortable to discuss that in front of a family member because they are scared to be judged.

JG: It has to be difficult when you are sitting next to someone you love as your interpreter trying to discuss your mental health needs. For sure, service providers need to make use of language lines and/or have the interpreter services in their offices is what you are saying, right? Thank you so much, Naheed.

Can you detail the public health methods that you believe are needed to better serve newcomer Afghan women in the United States?

NSB: I think that in order to better serve the community here right now is really needs assessment and data collection. Those can really help figure out how to better serve the community. A simple example of that—we were in Houston last week, and we had a man who has diabetes and high cholesterol. And he has three kids, and his family had Medicaid because they are one of the families… Afghans who came through Special Immigrant Visa. And he just got a job that is hardly making $35,000 a year for a family of five and lost his Medicaid. When we met him at the Afghan support center, he explained how he has been without medication for the past one month that he has started working.

JG: And because he took his job, was his income too high at that point?

NSB: $35,000 a year for a family of five.

JG: That disqualified him for Medicaid services?

NSB: Yes. [That's] why I think there isn't really proper assessment and data of the families that are having these issues. There is a line that when you cross this income, we have to cut it, but we do not see what is the family setting and all of it. So we worked with him, got him to connect with someone and apply for him again, but meaning a person with those two very serious diagnoses will be without medication for a month is huge.

NSB: And the other thing is, I think translated health care material in Dari and Pashto is needed accessible for people who cannot read English. I think health education and promotion of maternal and child health for Afghan women especially, because Afghan women often have specific needs related to maternal and child health, and access to prenatal and postnatal care is important.

NSB: Our culturally sensitive education about prevention, including vaccination, cancer screening that includes mammogram and Paps and all of that, because people were not going regularly for checkups to doctors in Afghanistan. I think there is a need into educating people around that.

NSB: And the other important part is community outreach. Engaging Afghans should be the people who will be doing this outreach to the community, so people who can be trained on the medical side of it but have the language and culture understanding. And I think it's also important for the health care providers to be trained on the cultural practices, beliefs, and experiences of the Afghan woman. A lot of things that we feel is normal for Afghans feel disrespectful or thinking that "How can she tell me I have to do this? I was doing this in a certain way in Afghanistan. How can she dictate me or educate me here?" I think that's important that we need to keep in mind.

Do you have any suggestions as to how the health care system or individual clinics—if you are speaking to someone that is serving the Afghan community regularly and they themselves are not from the Afghan community, they just received funds for this, whether it's a clinic or a resettlement provider—do you have any suggestions as to how these service providers can be more culturally sensitive to the health care needs of Afghan women?

NSB: I think in the past two, three years there has been a lot that's been done around cultural sensitivity trainings to service providers in the medical field or any other field that can be provided. And we all know there's a lot of Afghan doctors right now here who are not practicing and who will be available for advice, who will be available to work with, because there are also certain common diseases in Afghanistan that are not very common in this part of the world. And an example of that, we had a client who had scabies and came to the

office, and our case manager talked to her and said, “Why you haven’t been taking care?” She said, “I’m going to the doctor for the past six months. He cannot figure out.” She sent her to an Afghan American doctor. The doctor said, “I just looked at her six feet away and I understood what it was.” So people have to take advantage of Afghan doctors who are currently here with them that are not practicing. They don’t need to be practicing in their clinic but can be providing some advice and information on these issues.

JG: Partnering with the Afghan community is the most important and probably the fastest and easiest way to incorporate cultural sensitivity into your daily practice.

NSB: Yes.

JG: Okay, thank you so much. And I think as we are moving toward the end of our conversation,

Do you see any gaps in the health care system that we haven’t covered yet that you believe are very important to be filled, whether that’s physical health, mental health, the social support piece that you’ve talked about already? What would you say, what gaps exist in the health care system and how do you suggest those be filled?

NSB: As an organization, Women for Afghan Women has been trying to fill some of those gaps. For example, we hold women circles with our community members to bring awareness about health issues and how to seek care in breaking the stereotype around going to the doctor, to a mental health specialist.

NSB: And we explain the insurance system, how it works here for people who do not know and how there is a lot of things that you have access to. So we talk a lot about resources here in the United States, because a lot of the time for many people, the resources exist, but they do not know how to access it. Navigating the system itself is very difficult for many who came from Afghanistan recently.

NSB: We are recreating communities for these women who left families back in Afghanistan. So whether it’s our education programs, our classrooms, that’s not only a class [where] they are learning ESL, but this is a place where they build friendship, where they build sisterhood. And because I mentioned that social part of the Afghan life is very important to their mental and physical health, our senior program, it’s a socializing group. So we have about between 25 to 30 women every year in that program that come once a week and have a full-day program at the center that includes art and crafts, that includes chair yoga classes, that includes field trips, communal lunches. So we order food for them. They eat it together, share it together, talk about different recipes of food that they [like]. And I think the most important part is the interpretation and translation of the material for the literature and the language that’s easy for the community to read.

JG: Okay, thank you, Naheed, so much for that.

Is there anything before we go that you would like to add or bring to the public’s attention that we didn’t ask you about today or you didn’t have the opportunity to discuss?

NSB: I think the one thing which is important that the audience has to know is that maternal mortality and other health care issues are at all-time high in Afghanistan right now. And so when they come to United States, they still face a lot of challenges because they’re new here. And I just also want to mention that majority of the women reported decline in their physical and mental health status. And that’s 71 percent of the women reported in their physical health decline. And that is from survey of 160 women. And 81 percent of the women

reported decline in their mental health. And that's again from 160 women surveyed. And we also have seen a decline in access to health care in Afghanistan, 62 percent. Because majority of the women's, the doctors are out of Afghanistan. The most educated people left Afghanistan—

JG: That's right.

NSB: During the last two years in Afghanistan. We have to keep that in mind when we see people who just come from Afghanistan.

JG: And with every wave of new arrivals, as soon as you think you've conquered one need, there will be a new need, right? This is the most recent need that you're seeing because there's a drastic decline in overall health, it sounds.

NSB: Yes.

JG: So the new wave of newcomers from Afghanistan, they're experiencing help neglect while they're still in the country, because all of the medical professionals are now somewhere else in the world.

Conclusion

JG: Thank you so very much for taking the time to discuss this with us. Thank you, Naheed, for everything you do for the world around you. I hope that folks look you up and understand what incredible work you're doing every day after they hear this podcast, because you are amazing.

JG: Before we go, I'd like to quickly mention the Afghan wellness helpline. It's a 24/7 crisis hotline. It is available nationally. And the phone number is 1-800-615-6514. Again, that number is 1-800-615-6514. Counseling is available in English, Dari, and Pashto for Afghans.

JG: If you are looking for more opportunities to learn and exchange knowledge on health care for newcomers, consider joining one of our upcoming community of practice calls. You can find that information on Switchboard's website. If you're a resettlement service provider and are looking for more ways to improve the work you do in the area of health, check out the latest resources on Switchboard's website. Thank you for tuning in. We will see you next time on the Switchboard podcast.

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