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A pilot survey to explore the health needs, and concerns of Afghan communities in Southeast London (borough of Southwark).

The main aim of this study was to explore health priorities, needs, and concerns of Afghan communities residing in Southwark borough of London. Preliminary literature reviews indicated that there is a significant absence of research to explore the health issues, concerns and needs among Afghan communities residing in the UK.

Access to health care is the right and needs of individuals however a large proportion of Afghans escape their country of origin, where their specific health needs may not be identified, particularly, the issues surrounding sexual and reproductive health are culturally sensitive. This sensitivity, combined with protracted warfare, the low socio-economic status of Afghans, poor knowledge of culture and language of the host country, and inadequate information about their rights to health services could impact directly and /or indirectly on their health. Therefore, Afghan communities are situated in a vulnerable state of complex health issues and uptake of inadequate health services.

Afghans who had to escape their homeland due to the conflict, they faced a range of health related issues including trauma, torture, and other challenging situations before coming to the UK. While Afghan refugee communities can benefit from free access to the health services, welfare benefits, and rights to work.

Data Collections Methods:

In this qualitative study, potential Afghan participants, who have been settled in the UK, were recruited through snowballing method in Southwark borough of London. Through this pilot study we conducted semi-structured interviews and group discussion with 60 participants (including 35 males and 25 females).

The age range of participants varied between 25-60 years old. A vast majority of them were from Pashtun and Tajik ethnic background. Each interview took a maximum of one hour and our three focus group discussion took 1 hour and thirty minutes. Participants

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were provided with information about the aim and objectives of our study, prior to the start of the interviews. We also sought their consent and explained the benefit or any potential harm to the participants.

Data was collected during three weeks of April and first week of May 2022.

During interviews and group discussions, we ask participants about their experience of up taking health services in the UK. What were the main barriers, if they had difficulties accessing health services?

Findings:

Collecting information about Afghans' experience of health service uptake in the UK, helped us understanding their health priorities, needs, and concerns, around their health issues. From the many factors and themes identified within our data analysis, I distilled Three high-interconnected themes:

1. Language barriers and lack of communication:

Some of the struggles and challenges found by health service users were around language barriers. For instance, 15 participants mentioned that they cannot express their health issues while communicating their health concerns. As a consequence, these patients during 10 minutes of their GP visit, cannot obtain an opportunity to explain their health issues to the HSPs and often lose out on the benefits.

The language barrier exacerbates the chain of communication gaps between patients, health service providers (HSPs) because their messages are not understood or not conveyed to HSPs properly and HSPs messages are not accurately understood by patients.

Several participants mentioned that they had difficulties filling forms for appointments or other health needs. The participants mentioned that there are names of diseases and terminologies that are difficult for them to understand. For instance, one male participant

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shared his concerns of skin issues and he said I received a link to fill the form and request an appointment, but it was complicated to complete it.

He said, “I am not very good at technology, I had to fill the form, but I did not understand how to answer questions and left the form incomplete.”
Another male participant added, *“I Cannot speak proper English or understand the guidance on the website”*

It is recommended that reducing language barriers and misunderstandings between HSPs and patients through professional communication training will create a trustable environment.
The above quotes and information would link us to our second theme, which is lack of access to the health services.

2. Lack of Knowledge and Access to Health Services:
Our data demonstrates that digitalisation of the appointments and lack of knowledge for requesting online appointment or accessing to the test reports would make it cumbersome to Afghan communities to uptake health services.

These incidents reveal that not only language barriers but also lack of knowledge about process of accessing health services often provoke additional impediments and creates a lack of trust to the health system.

Many participants indicated that fact that they call for an urgent appointment, however, they are not offered an appointment even an urgent telephonic conversation. They find it hard to get in touch with their GPs.

While a number of participants have poor knowledge of the health services and online appointment request, others complain that due to the Covid, they cannot have face to face meeting with their GPs and it has become even harder to get in-touch with their GPs due to the Covid. One participant said “*we became un-privileged to access health services*

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during this Covid restrictions. Even now that Covid is finished we cannot easily meet our GPs".

Another female participant during a group discussion mentioned that if they do not get any GPs appointments they have to go to the A&E, but they have to wait for hours.
She added, *"no matter if you have a child or you are an elderly person, you have to wait for hours. No one cares if you die or need urgent health care support".*

Other participants mentioned, *"Some of us need to have operation but we wait for months in the waiting list. The private and NHS both should consider patients' needs".*

Similarly, another participant mentioned that she had severe pain in her hand and neck. She added, *"I got medicine from my GP but that was pain killer and did not have any effects, I told my GP that this pain is not tolerable, she referred me to the musculoskeletal department. I got a letter 6 weeks ago that they will inform me of my appointment date but I have not heard anything. I am thinking to take some Chinese massage if I get rid of this severe pain. This affects my daily chores, and I even cannot sleep in this side".*
Another participant was nodding and adding, "When we go to the doctors, they give us Paracetamol or Codeine and say if you do not feel better come back in 4-6 weeks but getting another appointment is very difficult".

Some other participants highlighted their concerns that in in case of toothache or any oral problem they cannot get an appointment easily. They said, "we *are asked to do the treatment privately if you need urgent support".*
Another participant added,
"I had toothache and contacted my dentist. The receptionist told me to gargle antiseptic mouthwash and take Paracetamol. They did not have any appointment in four coming weeks. We went to another dentist clinic, and they offered (inspection or cleaning) but not filling or giving any prescriptions. I told them I can use mouthwash, but I need my tooth to filled, I need antibiotics and strong painkillers to help me ease from swelling and pain".

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With all these above concerns, a vast majority of participants during group discussions agreed that their GPs behaviour is good towards them and provide services without discrimination. They were happy for it.

Our group discussion and interview data suggest that many participants are afraid to seek health services for themselves and children due to the fear of being persecuted.
During an interview, a participants said,
"One of my friend's children had burned himself but the parent didn't take him to the hospital to a point the wound got infected so bad they didn't have a choice to take him to the Doctor, when the Doctor has checked the wounds, he involved the police and social services".

Similar to this another participant give an example of an Afghan family,
"*a family in Croydon, if you are aware, who lost all his children to foster care, but he run away with two of them and other two was taken to foster care, there was a massive police search for him, but he managed to get out of the country".*

Such examples create a fear among parents to bring their children for treatment in a case of injury. This is considered negligence however parents do not want to indulge in any police case or social services.

A survey of school-aged children by Panter-Brick (2009) identified a two-fold greater risk of psychiatric disorder and depression amongst girls than boys due to their exposure to traumatic events and violence (severe beatings) in the Afghan household. It is also noted in the Afghan context that acts of violence against children go unnoticed and are considered an acceptable form of punishment and control (Panter-Brick 2011).

While violence is considered as a form of control, many Afghan community members suffer from mental health issues. Being away from their homeland and hearing about conflict on daily basis, have never allow Afghan communities to feel happy or tension free. A vast majority of them mentioned that they need some sort of support. During a group discussion we heard that some of them are taking antidepressant medication. A female participant said, *" my doctor prescribed me this {Prozac (fluoxetine)} but I feel dizzy and*

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sleepy all day. My body ached but I must look after my children and husband. If I could have alternative way of treatment would be good".

We realised that along mental health issues, many of participants suffer from associated health issues e.g., heart disease, high cholesterol, Diabetes and Obesity.

A participant during group discussion shared her concern, she said, "Some of us who are obese, having heart problem or diabetes. We need proper consultation with doctor of nutritionist".

The above quotes clearly indicate that lack of knowledge hinders Afghan communities' access and uptake health services. There is a need to identify the root causes of issues and provide comprehensive knowledge to increase their awareness of the health system and processes.

3. Socio-Cultural barriers:

Socio-cultural beliefs play a major role in terms of health seeking behaviour. Our data shows how culture affects Afghan communities' perception of what they can and should do.

Several female participants highlighted that fact that they do not want to have a male doctor's visit. One of them said,

" I do not want to share my health problems especially anything about infection (STIs) or pregnancy with a male doctor. If the male doctor would like to do a physical health check-up, I would not want him to touch me. I many times wanted to request for a female doctor but then I thought they might not accept."

Afghan culture, family relationships and people's beliefs have created a condition where women do not possess the power or courage to discuss their sexual and reproductive health (SRH) including STDs and mental illness.

In Afghanistan there is an ingrained mindset that Afghans including men and women should not complain about health issues particularly sexual and reproductive health and mental health issues.

This culture of silence around sexuality and mental illnesses leads poor levels of communication between men and women within the household, unawareness and poor

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health seeking behaviour. We have noticed, aggression, depression, and frustration among Afghan community members and that is because most of them suffer from PTSD. If you ask them to seek some mental health consultation they say, “do you think I am crazy? So, this is life, and I cannot cope with conditions that make me feel angry of depress”.

Such examples show how stigma surrounds mental health. To address the wider issue of men’s reluctance to accept contraception, and their desire for large families, it would be critical to understand Afghan cultural beliefs and begin integrating SRH and mental wellness programs into the Afghan culture.

It is challenging to obtain sexual health information from men in the Afghan communities. Raising SRH issues during focus group discussions, most men and women were not willing to talk about it. However, during one-to-one interviews a female participant mentioned,

“I *cannot share my SRH problems with a male doctor*”.

Another female participant mentioned that despite suffering from STD could not make her husband go with her to the clinic for the couple treatment.

Similar examples from other female participants confirm that several men did not want to support their wives’ contraceptive use or treatment of STIs.

A female participant said, “How can I ask him to use condoms? If I suffer from a disease (she meant STDs), he says it is your health issue and do the treatment”.

While asking male participants during semi-structured interviews about accompanying their partner to the clinic, they replied*, “it is women’s business”. Another male participant who was suffering from male sexual dysfunction said, “It is culturally inappropriate and a shame to discuss about these with anyone”.*

Our data suggests that Afghan men have little tendency to seek health services, unless until they suffer from a severe health issue. One of the male participants gave the reason why they tend not to seek health services:

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"We have many financial responsibilities both here and in Afghanistan, we are too busy to think about health and wellbeing".

The reason for resistance could be that in the Afghan community groups, there is no specific institution to set up to provide a longer-term comprehensive health education aligned with the Afghans faith, culture, and social beliefs. Therefore, it is difficult for people, to access such programs, even when these programs do exist.

Conclusion and Recommendation:

This study helped us understanding how social factors impact day-to-day lives of the Afghan community groups residing in London borough of Southwark. The above themes

demonstrate that common health issues and concerns were shared by most Afghans. Our fundamental goal was to contribute to highlighting their health needs, priorities and concerns. We also propose a few recommendations and share our knowledge around effective interventions in addressing those needs.

The above themes demonstrated that there is a need for comprehensive research to identify Afghan communities' social determinants of health, which could impact their well-being and health seeking behaviours. This would also help this community group to improve their health and well-being.

An integrated health program could priorities health awareness programs, health seeking process advocacy programs, better understanding of the Afghans cultural practices and beliefs. It can be argued that community health promotion programs could be effective, especially with an emphasis on male SRH and increasing men's support for family planning.

To help Afghan community groups with PTSD / mental health issues, there is a need for their social involvement, leisure activities such as swimming class/ gym access and / or cooking groups.

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Considering the asset-based approach we can identify educated and knowledgeable members of the community and make them engaged with the community because they are well aware of the Afghans' culture and health seeking behaviour. Such approach will not only promote health-seeking behaviour among Afghan community groups but also empowers the community members.

We are confident that you will find this report to your standard. It would please us greatly to be given the opportunity to bring our unique skills and attributes to your department in our future projects. In a long run, we would be grateful for the opportunity to extend our study and implement relevant Public Health policy and take the lead to fulfil the requirement of the

proposed future projects in a wider community of Afghans in other parts of London and England.

Reference:

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