



Caring for the Health of Refugees and Immigrants with Disabilities

Afghanistan

Population of Afghanistan: 34.6 million (2016 estimate)

Afghanistan is a mountainous, landlocked country bordering Iran, Pakistan, China, Tajikistan, Uzbekistan, and Turkmenistan that has suffered from political instability and military conflict for several decades. After constant political upheaval and invasion from outside forces, the Taliban came to power in 1994. The United States invaded Afghanistan after the September 11 attacks in an attempt to overthrow al-Qaeda. This war is largely the cause of the current refugee crisis. Constant conflict and political upheaval have left the economy and infrastructure in ruins. Earthquakes, droughts, and other natural disasters frequently exacerbate the existent vulnerabilities faced by communities. Additionally, violence against aid agencies has caused suspension of programs, contributing to lack of care.

Afghanistan is one of the world's poorest countries, and endemic poverty is common. Afghanistan has been in a state of conflict since the 1970's, causing many to face housing and food insecurity, as well as barriers to accessing clean drinking water, medical care, electricity, and employment. The country's health status is one of the worst in the world, with higher maternal, infant, and under-five mortality rates than neighboring countries. Among those individuals who face adverse health conditions, those with disabilities are among the most vulnerable.

The Afghan government does not provide reliable data on the true number of individuals with a disability. According to USAID, Afghanistan has one of the highest populations of persons with disabilities. International organizations have estimated that 4% of the country's population has a disability and USAID has estimated that one in five Afghan households has a person with a disability. The majority of those with disabilities have been injured in the last three decades. Three quarters of persons with disabilities live in rural and impoverished semi-urban areas. Approximately half of Afghanistan's population with disabilities have a sensory-related disability, such as blindness, deafness, and multiple sensory impairment. Many of these disabilities are preventable, such as hearing loss resulting from treatable health issues like middle ear infections.

Disability in Afghanistan

Stigma: Persons with disabilities may be viewed as incomplete or having been punished by God. Individuals who were born with a disability face a higher level of stigma and are often described using the derogatory term "mayub". Many persons with disabilities face homelessness. Employers are often reluctant to hire persons with disabilities due to a perception that they will not be productive in the workplace. Opportunities for employment are even more exacerbated for persons with severe disabilities and women with disabilities, particularly in the agricultural sector, which is a large part of Afghanistan's economy. People with disabilities report facing exclusion from community activities, feelings of disrespect, and difficulty making friends. Women with disabilities are often thought to be infertile and ineligible for marriage and mothers tend to carry the majority of the blame for their children's disabilities.

Education: Illiteracy rates are very high among adults with disabilities in Afghanistan. School enrollment rates are very low for children with disabilities. Due to a lack of proper infrastructure in the education system, many children in Afghanistan do not have the opportunity to engage in formal education. The National Disability Survey found that over 72% of persons with disabilities over the age of six received no education and only 39% of students enrolled in school are girls. People who are deaf or hard of hearing make up a large portion of the persons with disabilities in Afghanistan. Because of this, there have been improvements to use Afghan sign language in schools, and the recent creation of Afghan sign language dictionaries.

Services: There are very few services available in Afghanistan for individuals with disabilities. Some humanitarian organizations provide aid to individuals with disabilities (rehabilitation, victim assistance), however a lot of these efforts focus on people with disabilities as a result of war and do not serve individuals who were born with a disability or through other means. Most services available in Afghanistan are for individuals with physical disability and focus on medical care and physical rehabilitation. Intellectual disability is not addressed in Afghanistan's national strategy for disability and rehabilitation. Afghan national law states that 3% of jobs in the government and private sectors are to be reserved for individuals with disabilities. However, this law has not been widely implemented.

People from Afghanistan are referred to as Afghan. The predominate religion in Afghanistan is Islam which 99% of the population follow. The predominate languages spoken in Afghanistan are Dari, Farsi, Pashto, Uzbek, Turkmen.



Health Beliefs: Some Afghans may have little to no exposure to biometric medicine and may believe illness is a curse. This belief may also extend to a client's disability. Afghan refugees may believe that Western medicine is ineffective and may prefer to treat illnesses by reciting Koranic verses and praying. It is also important to note that during treatment, most Afghans will want to remain as covered as possible, as bodily exposure is seen as shameful. Furthermore, most would prefer to be placed with a physician of their same gender.

Mental Health: Many refugees witness destruction, death of family members and suffer from physical or psychological trauma due to war. Many individuals with physical disabilities were previously injured from landmine explosions and other instances of violence related to war and it is important to understand the effects of this trauma when working with individuals. Furthermore, Afghan individuals are usually more likely to describe physical symptoms rather than mental or emotional symptoms when discussing mental health.

Gender Roles: Under restrictive rule of the Taliban, many young girls could not attend school which has led to high rates of illiteracy amongst women. Afghan women typically dress very modestly and medical providers should ask for an individual's permission before touching them in order to respect their values. Under the rule of the Taliban, women could not be in public without a male relative. The contrast in gender roles in the United States may be difficult for Afghans to adjust to.

Notes for Providers when Working with Refugees and Immigrants with Disabilities

The United Nations states, "a disability is a condition or function judged to be significantly impaired relative to the usual standard of an individual of their group. The term is often used to refer to individual functioning, including physical, sensory, cognitive, and intellectual impairments, mental illness, and various types of chronic disease."

People with disabilities are more likely to experience poorer health, fewer economic opportunities, and higher poverty compared to people without disabilities. Many individuals with disabilities lack equal access to healthcare, education, and necessary disability-related services. These factors are primarily due to lack of resources including services, transportation, information, and technology. Persons with disabilities face barriers in the forms of the physical environment, legislation and policy, societal attitudes, and discrimination. Evidence has shown when those barriers are lifted, individuals are more empowered to participate in their society, which thereby benefits the entire community. Fifteen percent of the world's population has some form of a disability, with eighty percent of persons with a disability living in developing countries (UN).

According to the Women's Refugee Commission, of the 68.5 million people displaced worldwide, there are 13 million displaced persons with disabilities. Refugees are one of the most vulnerable and isolated groups of all displaced persons. Because of physical and social barriers, stigma, and attitudes, many individuals with disabilities are often excluded from mainstream assistance programs. During displacement, refugees with disabilities experience more isolation than when they were in their home communities.

Refugees and immigrants with disabilities are entering the United States with many unmet disability-related needs. There exists much disconnect between refugees and immigrants and disability service systems. These barriers are present because of mistrust between the different service entities and lack of cross-cultural nuance among disability service organizations. These findings contribute important insights to the literature on disability disparities.

The U.S. healthcare system is complex and can be difficult to understand and navigate, especially for a refugee or immigrant coming from a country with limited healthcare services. Because resettlement services are time limited, it is important for care providers to work with other professionals to coordinate care for persons with disabilities. To best serve refugees with disabilities, providers need to consider the client's history, life and experience in the country of origin or host country, and cultural perceptions of disability.

