

Barriers for utilizing physical rehabilitation services by Afghan refugees with disabilities in Iran: a qualitative study with systems thinking approach

Manal Etemadi, Saeed Shahabi

Research Fellow, NIHR ARC West Health Economics, Population Health Sciences, Bristol Medical School, University of Bristol

Introduction:

Conflict and displacement can increase the risk of disability either directly, caused by war-related trauma and injuries or indirectly through the breakdown of health systems. These risks may be especially common in situations of displacement where there can be varying levels of access to health care in host countries, which causes and/or further exacerbates disability. The World Health Organization (WHO) estimates that 2.4 billion people have health conditions that would benefit from rehabilitation services. UNHCR estimates that there will be 70.8 million people forcibly displaced worldwide by the end of 2018. Accordingly, almost 7.65 million people with disabilities would face forced displacement. Immigrants and refugees with disabilities do not have equitable access to resettlement opportunities, and some countries put restrictions on the immigration of individuals with intellectual disabilities, partially due to the cost of needed educational and health services. These refugees face more marginalization and cumulative disadvantage. Consequently, people from refugee backgrounds with disabilities are likely to simultaneously encounter the dual disadvantages associated with being both a refugee and a person with a disability.

Individuals with a migrant background often underutilize physical rehabilitation services (PRS) compared to the host population. This disparity is attributed to various barriers, including limited access to information, language barriers, illiteracy, and cultural factors. Iran is host to one of the world's largest and longest standing refugee populations. There are nearly a million refugees in Iran, the vast majority of whom are from Afghanistan. Studies on healthcare access and use by Afghan refugees in Iran demonstrated poor communication with healthcare providers, difficulties with recording refugees' health data, tradition and culturally related aspects of healthcare-seeking behaviour and some language barriers. Evidence demonstrates high prevalence of both communicable and noncommunicable disorders as well as psychological problems in Afghan refugees and immigrants in Iran. To improve PRS utilization by Afghan immigrants and refugees in Iran, it is crucial to identify these barriers.

Methodology

This qualitative study was conducted in Iran between January and March 2023 with the participation of immigrants and refugees in need of rehabilitation and rehabilitation service providers. Participants were selected through convenient and snowball sampling. Individual, semi-structured interviews were carried out both in face-to face and online formats. During the interview sessions, an interview guide, including open questions prepared with the participation of all team members, was used.

The components of the Immigrant Health Service Utilization (IHSU) Framework (Fig 1), which was developed to indicate the special health utilization situation of immigrants, were considered pre-defined themes. This framework describes disparities in healthcare utilization among immigrants by need for healthcare, resources (enabling factors), predisposing factors, and macro-structural/contextual factors at both the immigrant-specific and general levels.

By using a systems thinking approach, the relationships and interactions among various components are represented by causal loop diagrams (CLDs) to create system maps. In the CLDs, positive arrows (blue arrows) demonstrate a direct causal relationship, while negative arrows (red arrows) indicate an adverse causal relationship between the two interested variables. CLDs include reinforcing loops, which are revealed with an "R," and balancing loops, which are revealed with a "B". In this study, the CLDs were made with Vensim PLE 8.1 based on the results of the qualitative stage. draft causal loop diagram has been validated through a series of consensus-building activities.

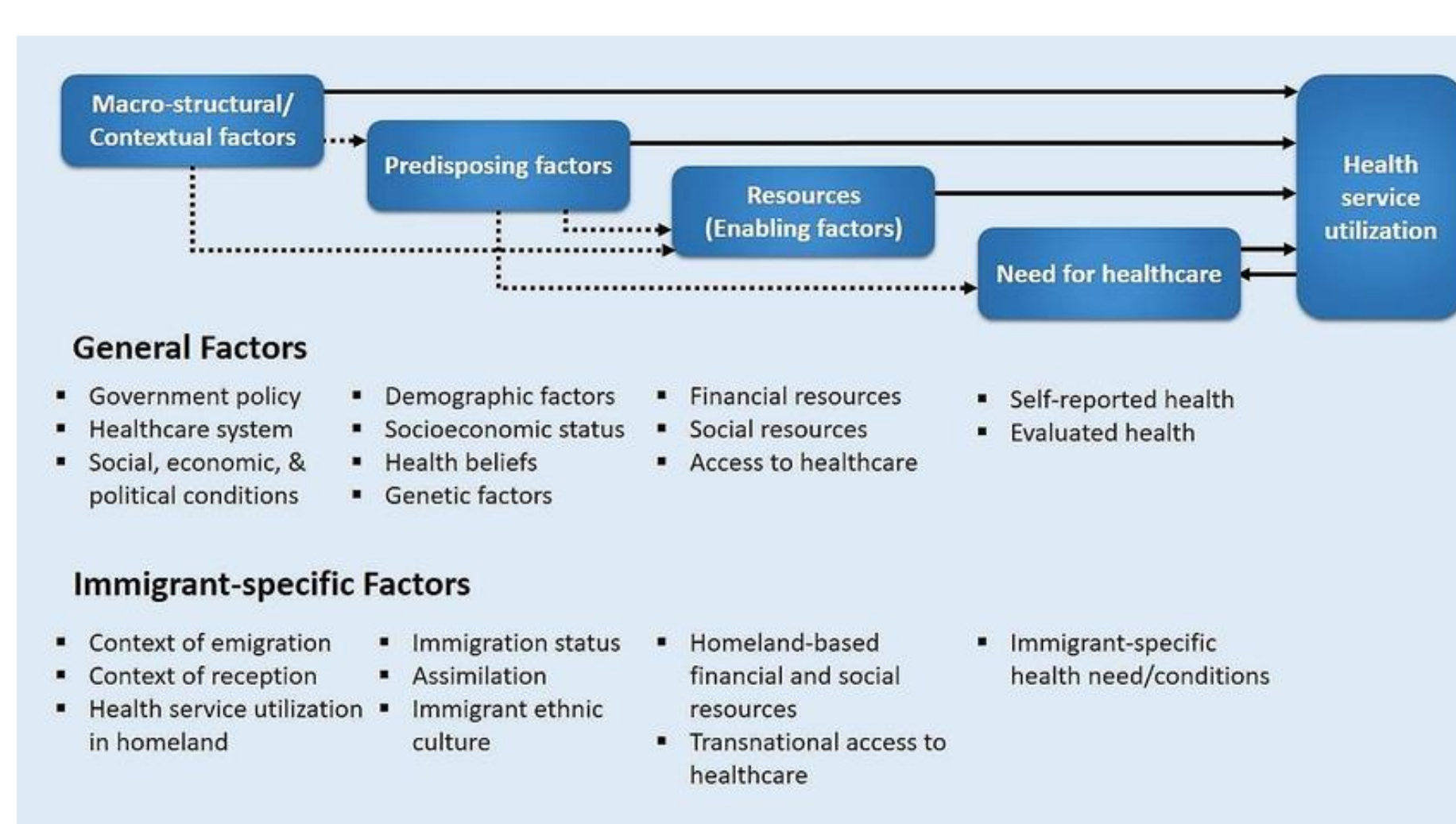


Fig. 1 Adopted from: Yang PQ, Hwang SH: Explaining immigrant health service utilization: a theoretical framework.

Result:

28 individuals, including 19 service users and nine service providers, participated in this study. Findings from our research indicate that common barriers to PRS utilization among Afghan immigrants and refugees include insufficient insurance coverage, high service costs, expensive transportation and accommodation, limited knowledge about Iran's health system, inadequate awareness of available supports, restricted access to PRS in remote areas, impatience among PRS providers, fear of arrest and deportation, a lack of trust in modern treatments, stringent immigration rules, high inflation rates limiting the ability to pay for PRS, and limited social support. Findings from interviews yielded a total of 23 barriers connected through 12 feedback loops. These relationships between variables create feedback loops that simultaneously reinforce and balance access to PRS. There are several reinforcing loops (R1–R4) and balancing loops (B1–B8) (Fig 2).

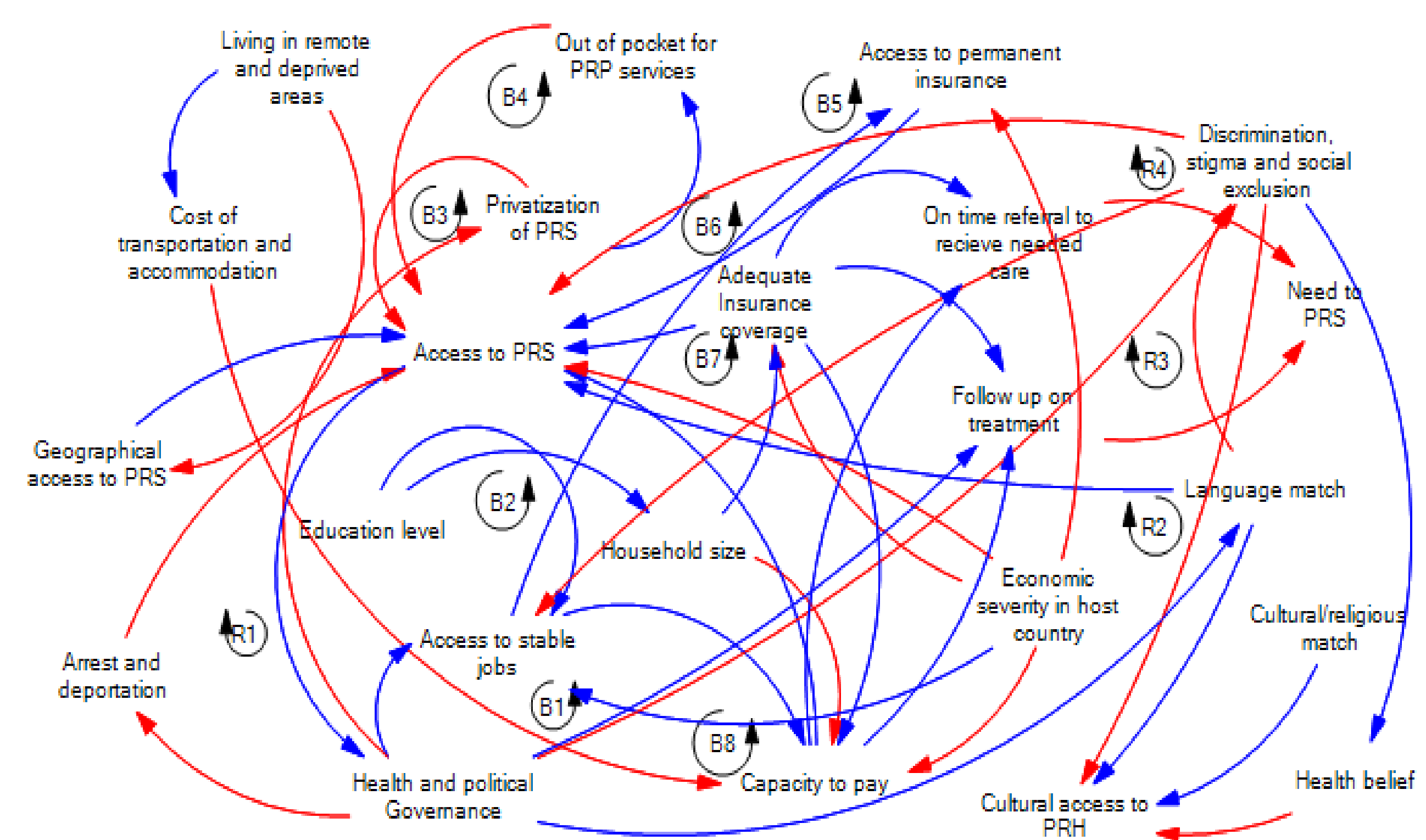


Fig. 2 Casual loop diagrams representing various variables and interactions in financial protection of refugees in Iran

This work highlights that the causal relationships between health and political governance, capacity to pay, language barrier, discrimination, stigma and social exclusion, out of pocket for access to services and access to stable job involve numerous feedback loops that drive access to PRS. Governance as a key factor driving many feedback loops was mentioned almost all participants. One central pattern or behaviour observed in our model is reinforcing growth through the reinforcing loops R1, R2, R3 and R4.

Conclusion:

Immigrants are among the most in need of rehabilitation care, yet they are often the least able to access and use culturally adapted services due to social, economic, and political barriers. Our study shed light on the barriers to utilizing needed PRS among Afghan immigrants and refugees with disabilities and showed that there are multiple cultural, financial, social, and political barriers that make this group struggle to utilize PRS including immigrants' chronic problems, a lack of financial and social resources, and inadequate insurance coverage. The international and national authorities should push access to PRS services for the refugees on the agenda to make sure, with the high rate of disability among these vulnerable people, access to high-quality, affordable PRS services is well defined and introduced to this community. Careful analysis of the model and the specific feedback loops provide valuable opportunities to assess and evaluate what is working or not working to support.

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