Health and Displacement:
A Comparative Analysis of Displaced Iraqis' Access to Reproductive Health Services in Iran & Jordan

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Currently, 60,000 Iraqis are forced to flee their homes every month (IRIN, 2007). And yet, very few public officials, media sources, or activists have seriously discussed issues confronting the nearly four million Iraqis that have either been displaced internally or forced to leave the country altogether. As the UN High Commissioner for Refugees, António Guterres, stated, "Iraq is the world's best-known conflict but the least well-known humanitarian crisis."[1] Furthermore, the little attention that is given in the media or in policy circles almost exclusively focuses on the plight of Iraqi refugees in Jordan and Syria, where they total nearly 1.5 million. Almost nothing is known of their status in neighboring Iran, which prior to the invasion hosted the largest Iraqi refugee population in the world.

Nearly 80 percent of the displaced Iraqis in Iran are women and girls. Like their counterparts in Syria, Jordan, Lebanon, and Egypt, they are traumatized both physically and mentally. Not only are many of them victims of the sectarian violence that forced them to fled their homes, but they are also victims of domestic abuse by husbands and other male relatives, rape, physical and emotional harassment from religious militias, and abuse by border and security personnel. Furthermore, many of the women entering Iran are pregnant, nursing, or have small children, yet have not seen a doctor or any medical professional in months or even years. The combination of these factors and the relative desperation of the displaced Iraqis create a dangerous situation for women and girls.

Unfortunately, there is a dearth of information regarding the reproductive health[2] of Iraqi women and girls now living in Iran. Very few assessments or studies have been done on the displaced Iraqi population in Iran and therefore little is known about their ability to access reproductive health services, navigate legal and bureaucratic systems, and integrate into the religious and social fabric of their host communities. In contrast, there has been much greater international attention, aid, and research on the plight of displaced Iraqis living in Jordan, the second largest country of asylum. Differences between Iran and Jordan abound; yet, on many levels, these two countries interact with the displaced Iraqi populations in similar ways regarding the provision of health services. Because more data has been collected on displaced Iraqis living in Jordan, it serves as a useful comparative model to examine the gaps and challenges

1. Statement by António Guterres United Nations High Commissioner for Refugees. Conference on Addressing the Humanitarian Needs of Refugees and Internally Displaced Persons inside Iraq and in Neighbouring Countries, April 17, 2007. page 1 http://www.unhcr.bg/iraq_operation/20070417_en.pdf

2. For more information on how reproductive health is defined by the International Conference of Population and Development visit http://www.un.org/popin/icpd2.htm

Iran is now facing as it attempts to provide reproductive health services and meet the health needs of its growing Iraqi population.

This article will provide a background on the importance of providing reproductive health services during displacement and examine the specific case of displaced Iraqi women and girls in Iran and Jordan. We will examine the Iraqi health system before and after the war to understand the expectations and level of care Iraqi women and girls were accustomed to receiving prior to their displacement. From there we will explore the level of access and availability of reproductive health services for displaced women and girls living in Iran and Jordan. For more information regarding the provision of reproductive health services for displaced populations in Iran, we will look particularly at the experience of displaced Afghans living in Iran. Ultimately, our analysis will show that the host countries must take a more active role in providing reproductive health to displaced Iraqi women and girls for their own immediate security and economic interests, and for the long-term stability of the entire region.

Reproductive Health for Displaced Women and Girls

During forced displacement, both women and men endure physical hardship and fatigue. Inadequate food and access to clean drinking water can compromise their nutritional status. In crowded camps or urban centers they face increased exposure to disease and infection, including sexually transmitted infections (STIs). They must find ways to cope with the psychological trauma of losing members of their family, their homes, their possessions, and their livelihoods. Displaced women and girls, however, face additional stresses. They are frequently victims of sexual and gender-based violence during and after their flight, and may be pressured to offer sexual favors in exchange for basic necessities. Many are burdened with the emotional and financial responsibility of becoming the sole caretaker of their own and other people's children. While significant progress has been made in recent years in advancing and raising awareness about the need for reproductive health services in conflict-affected settings, on the ground funding and implementation of reproductive health programs remain a challenge. Most displaced women and girls suffer from a lack of quality reproductive health services, which can lead to high mortality rates among women and children, an increase in the spread of sexually transmitted infections (STIs), including HIV/AIDS, an increase in unsafe abortions, and increased morbidity related to high fertility rates and poor birthing environments.

Comprehensive reproductive health services entail much more than the rudimentary maternal and child health services often provided in settings housing displaced persons. A comprehensive approach would include family planning, emergency obstetric care, post-abortion care, prevention of gender-based violence, provision of care to survivors, and prevention and management of sexually transmitted infections (STIs), including HIV.

In both Jordan and Iran, displaced Iraqi women and girls are not receiving the needed reproductive health care because they may lack the necessary legal documents and the financial means to pay for services. Moreover, they may face religious restrictions, or encounter gender and language barriers.

Healthcare in Iraq

It is essential to first explore the availability of reproductive health services in Iraq to understand the level of care Iraqi women and girls were accustomed to receiving prior to their displacement and what expectations of reproductive health services they bring with them to their host country.

Prior to 1991 Iraq had one of the most sophisticated and advanced healthcare systems in the entire region. According to a UNICEF/WHO report in 2003, 97 percent of the urban and 71 percent of the rural population had access to free primary health care (Diaz & Garfield, 2003). Child and maternal mortality were very low during this period. Female and male doctors could treat all patients regardless of gender. Women had access to quality care throughout their pregnancy. This, however, changed after the first Persian Gulf War. The imposition of sanctions after the war led the entire health system in Iraq to crumble. Infant and child mortality began to increase and maternal mortality rates more than doubled when the sanctions were put in place (Diaz & Garfield, 2003). Also during this time, the number of women receiving prenatal care in Iraq dropped by 20 percent. By 2000, only 10 percent of the population had access to contraceptives (Population Division, n.d.). By 2001, Iraq's human development ranking had dropped from 76 in 1991 to 127 (Iraq UNDP, n.d.).

Today, the health situation in Iraq is dire. While Article 30 of the Iraqi Constitution continues to guarantee free healthcare to all its citizens, people are not receiving the medical care they need. What little infrastructure was left under Saddam is now almost completely destroyed. By 2005, nearly 32,000 doctors had left Iraq (Tavernise, 2005). In the field of reproductive health, the story is similarly abysmal: male gynecologists are increasingly under attack from religious extremist groups for treating female patients, many women fear leaving their homes to deliver their babies in hospitals, and hospitals are understaffed and inundated with many patients in critical condition. As a result, pregnant women in Iraq have a high risk of dying during childbirth. Unfortunately, the Iraqi government can do little to improve the situation of reproductive health for its citizens as long as violence and insecurity continue to afflict the country. Many Iraqis have chosen to escape from the violence and destitution of Iraq to neighboring countries in search of security, economic stability, and health services.

Displaced Iraqis in Iran

Some of these Iraqis have turned to their eastern neighbor for refuge. Although Iran is predominantly Persian, Shia Iraqis in particular have had long historical ties with the Iranian people and, more recently, with the Islamic regime. Iran also is an attractive destination for many Iraqis because of the government's experience in dealing with large numbers of displaced persons.

Long before the war in Iraq forced the latest exodus of people into Iran, the Islamic Republic was host to over 2 million Afghan refugees escaping the violence, drought, and instability that has plagued Afghanistan since the Soviet invasion. Various Iranian government agencies, particularly the Bureau for Aliens and Foreign Immigrants Affairs (BAFIA) and non-governmental organizations, have worked closely with the Afghan population, providing health services, education, and humanitarian aid. For many years,

Afghan children were able to go to schools in Iran for free, with subsidies from UNCHR. Because most of the Afghans entering Iran speak Dari, a dialect of Farsi, they were able to integrate more easily into their host communities. The government also allowed Afghans to access some basic healthcare services. Iran's public health system is well-established and has often been seen as a model for the region. Therefore, regardless of their legal status, all Afghans could have their children vaccinated for free in Iran. They could also go to outpatient clinics to receive treatments. Those that could afford it and who were given formal refugee status could buy health insurance like Iranian nationals. Until very recently, the Iranian government had never threatened to expel this group, despite the tremendous strains they have put on the Iranian economy and society.

In addition to hosting a massive Afghan refugee population, Iran was also the single largest recipient country for Iraqi refugees prior to the U.S. invasion in 2003, taking in more than half of all the Iraqi refugees in the world. The 300,000 or so Iraqi refugees in Iran either lived in refugee camps similar to those occupied by Afghan refugees or in cities in Khuzestan, the oil-rich (predominantly Arab) province in western Iran. Some of the more elite Iraqis moved to Tehran. Those who were particularly religiously devout moved to Qom or Mashhad to be close to the Shi'a religious institutions. Many of the religious and political leaders in Iraq today were exiled in Iran throughout the 1990s.

Today, the situation for Iraqis in Iran is mixed at best. New Iraqi refugees are fortunate in some ways because there is an already established network of Iraqis living in Iran who have been there for more than a decade. Also, given Iran's history of taking in large numbers of refugees, it has the institutional capacity to handle the needs of large numbers of displaced peoples crossing the border. Unlike the majority of Afghan refugees, the majority of Iraqis entering Iran are educated and literate. Although they have been affected by violence, they have skill-sets and some money when they enter Iran. Also, unlike Afghans in Iran, most of the Iraqis share religious values with the population and many of them are both religiously and ideologically in line with the religious and political ideals upheld by the Islamic Republic.

However, Iraqis also face many challenges when they enter Iran. Most obviously, they do not speak the same language. Unlike the Dari-speaking Afghans, the Iraqis speak Arabic, making their navigation and integration into their host community challenging. Furthermore, their legal status in the country is ambiguous. Iran does not want to give refugee status to all of the Iraqis in fear that this will spark a massive influx of Iraqis into their country. The Iranian government has only issued official White Cards to a select few who have crossed the border. Currently, around 54,000 Iraqis have been given White Cards.[3] Officially, the Iranian government refuses to give most of the new Iraqi arrivals refugee status (Iraqi Refugees in Iran, p. 2007). Those who do hold White Cards are allowed to work legally in Iran, to send their children to schools, and to obtain health insurance booklets.

In addition to this group, there is also a very large number of Iraqis entering Iran on tourist visas. Some have estimated that there have been as many as 750,000 Iraqis who have entered Iran with tourist visas since the invasion (Barnard, 2007). Most of these Iraqis return home after the allotted three months. Many will return to Iraq only to reapply for a new visa to Iran. Others use the visa explicitly to access desperately

3. Estimates differ from source to source. Official Iranian sources say 51,000, while UNHCR claims that up to 54,000 Iraqi refugees remain in Iran.

needed healthcare services. The Iraqi Refugee Aid Council (IRAC), a charity organization that helps Iraqis in Iran, says that there is no way of knowing how many of the Iraqis entering Iran are staying beyond the length of their visas (personal communication with representative from the Iraqi Refugee Aid Council, October 18, 2007). A third group includes those Iraqis that are illegally crossing the border and trying to integrate themselves in the cities in western Iran which have sizeable native Arab populations. Again, there is almost no information available on this group.

These last two groups of Iraqis are not entitled to insurance cards and instead depend heavily on government clinics to meet their health needs. According to IRAC, a large number of the Iraqis run out of money while they are seeking medical care for their family members and opt for difficult procedures which they mistakenly expect to be free as they were in Iraq (personal communication with representative from the Iraqi Refugee Aid Council, October 18, 2007). Organizations such as IRAC provide doctors to these Iraqis free of charge; however, their resources are limited. Because few of these Iraqis are officially registered as refugees, UNHCR can do little to help (personal communication with representative from the Iraqi Refugee Aid Council, October 18, 2007).

Displaced Iraqis in Jordan

Similar to the situation in Iran, Jordan has been flooded by a large number of Iraqis fleeing violence.[4] The majority of the latest Iraqi arrivals are educated and middle class. Some are poor laborers and farmers from war-torn areas of the country. Similar to the case of Iran, the Iraqis that arrive in Jordan choose this country because of religious affinity and are thus able to more easily integrate into the cultural and religious social fabric of predominantly Sunni Jordan.[5]

Historically, Jordan has been remarkably open to receiving displaced populations from around the region, starting with the Palestinians and up until the current case of the displaced Iraqis. At the onset of the Iraq war in 2003, Jordan's borders remained open and accepting of Iraqis fleeing violence and persecution in their own country. As the war continues, however, Jordanians have increasingly come to resent Iraqis for overburdening their health and education systems and driving up prices for housing, food, and oil (Nanes, 2007). In order to maintain security, Jordan's government, which does not have an established mechanism to determine refugee status, shortened the length of tourist visas for Iraqis, deported visa overstayers, and prevented increasing numbers of Iraqis from entering. Iraqis aged 18-45 are barred from entering and fewer Iraqi Shi'as are allowed to cross the border (Human Rights Watch, 2007).

The office of UNHCR in Jordan only exceptionally recognizes Iraqis as refugees. Instead, it provides registered Iraqis with asylum seeker cards (Human Rights Watch, 2003). Only 35 percent of the Iraqis in Jordan are registered with UNHCR, due in part to the agency's lack of capacity to process the large number of people seeking its assistance. Iraqis living in Jordan are not allowed to work, access public health services (except in cases of emergency) and, until August 2007, Iraqi children were not allowed to enroll in the Jordanian school system.[6]

4. According to a recent study by FAFO (2007), conducted in collaboration with the Government of Jordan, there are an estimated 500,000 Iraqis currently residing in Jordan.

5. According to an assessment by FAFO (2007), the majority of Iraqis living in Jordan are Sunni Muslins (68 percent), only 17 percent are Shiites and 12 percent Christians.

6. Jordanian authorities consider Iraqi asylum seekers to be "guests," a legal designation implying only temporary visitor status.

Only 1 in 8 Iraqis in Jordan has valid health insurance (FAFO, 2007). Iraqis have access to emergency care, regardless of their legal status. However, to receive further care in public hospitals, they must be residents (Amnesty International, 2007).

Reproductive Health Care for Displaced Female Iraqis

In both Iran and Jordan, the legal documentation, religious background, and socioeconomic status of displaced Iraqi women and girls have a dramatic impact on the quality and accessibility of reproductive health in their host countries. Comprehensive reproductive health care addresses maternal health, gender-based violence, sexually transmitted diseases, and family planning. In this section, we will discuss how both host countries are meeting the needs of displaced female Iraqis.

Maternal Health Care

Maternal healthcare involves a woman's ability to have a safe pregnancy, healthy delivery, and access to post delivery care. Approximately 25 percent of women of reproductive age in any displaced population are pregnant. As with all women, 15 percent of them will suffer from unforeseen complications during pregnancy and childbirth. Every day, an average of 1,440 women die from these complications around the world, with 90 percent of these cases occuring in developing countries (UNFPA, 2001).

Maternal healthcare in Iran is relatively comprehensive compared to that of many of its neighbors. According to UNICEF, Iran's maternal mortality ratio is 37 per 100,000 live births. Approximately 90 percent of deliveries are by a skilled birth attendant. Government clinics are required to service all women in labor regardless of citizenship or financial status. Furthermore, 77 percent of women in Iran visit a doctor before their delivery. The maternal health statistics in Jordan are comparable. Maternal deaths are estimated to be 41 per 100,000 live births. Ninety-nine percent of pregnant women receive some antenatal care, even if it is only one check-up prior to delivery. However, only 31 percent of women who give birth in a health facility in Jordan return for post-natal care (UNICEF, 2007).

According to strict interpretations of Sharia law, women and men must be fully segregated, particularly when receiving medical services. In Iran, the Islamic government has mandated that female patients be attended to by female doctors. Therefore, pregnant Iraqi mothers are able to adhere to their religious beliefs and see female doctors, many of whom have been trained by the Iranian regime. By contrast, in the more secular society of Jordan, such state-sanctioned segregation for physicians is not mandated. As a result, many devout Iraqi women in Jordan may not seek maternal health care for fear of reprisals by their community if they were to receive care from a male gynecologist.

Within both countries, the legal documentation of the mother is strongly correlated to the level of antenatal, delivery, and post-natal care she receives. In Iran, the nearly 54,000 Iraqis who have formal refugee status can access doctors in the private sector if they have the money to buy insurance. In Jordan, 25 percent of Iraqi women between the ages of 15 and 50 have given birth during the last 5 years. Nearly all of them sought medical aid during the pregnancy and gave birth with the help and supervision of qualified birth attendants. About 3 in 4 of all births took place in private

hospitals (FAFO, 2007). Many Iraqis also appear not to be aware of the availability of free primary health care (PHC) services for children and pregnant women in Jordan. Pregnant Iraqi women tend to use the private sector for maternity care, whether prenatal or natal (UNFPA, UNHCR, UNICEF, WFP, & WHO, 2007). Despite the fact that both Iran and Jordan offer access to government clinics for pregnant women and children, regardless of legal status, many of the Iraqi women that reside in these two countries illegally are still afraid to enter these clinics in fear of deportation or detention. This can lead to high rates of maternal mortality and even higher rates of disability in the case of obstetric emergencies.

Gender-Based Violence

In Iraq, violence against women is rampant. Beyond the general sectarian violence, women are particularly targeted for rape. Also, religious militias often use violence to intimidate women that they deem to be immodest. For example, according to a report by the Women's Commission for Refugee Women and Children, during a 10 day period in November 2006, more than 150 unclaimed bodies of women were brought to the Baghdad morgue, many of whom had been beheaded, mutilated, or showed signs of extreme torture (Women's Commission for Refugee Women and Children, 2007).

Even after women and girls escape Iraq and settle in host countries, they face new challenges and burdens that often lead to increased levels of gender-based violence. Unemployment, cramped living quarters, and changing socio-cultural norms can contribute to an upsurge in domestic abuse. In Jordan, for example, where only about 30 percent of Iraqis are participating in the work force, incidences of domestic abuse against women are very high. Societal taboos in both Iran and Jordan prevent women from reporting abuse. In some cases, doctors and nurses are expected to report cases of domestic abuse to the police. Fearful of being deported or alienated from their small communities, Iraqi women remain silent. Both Iran and Jordan lack counseling for victims of domestic abuse, regardless of whether they are citizens of the country or not. As a result, even if these Iraqi women wanted to escape abusive households and report the abuse to the police, they would have no refuge and no psycho-social support.

There is also a high proportion of female-headed households among Iraqis in Iran and Jordan. Many women end up as the sole caretakers of their families, as in many cases their fathers and brothers were killed in Iraq. About 1 in 5 households in Jordan are headed by females (FAFO, 2007). Female-headed households are often found to be among the poorer households and the households where the education of the head of the family is lower. Sadly, many women and young girls are pressured into sex and prostitution to support their families. Although in Iran "temporary marriage"[7] or *mut'a* is legal, it has rarely been practiced in recent years given its negative social connotations. With the influx of illegal Iraqi women and girls, unable to support their families through legal employment, there is a marked rise in the number of temporary marriages. In Jordan, where formal *mut'a* is outlawed, "weekend marriages", which are essentially the same practice, have become increasingly prevalent. They have been dubbed "survival sex" (UN, 2007).

7. In Shi'ism, temporary marriage is allowed. In a temporary marriage a man marries a woman for a predetermined period of time, as set in a contract. Because the man pays some money to the woman as a gift, it is often seen by some as nothing more than prostitution. Proponents of ***mut'a*** disagree and argue that it allows for religiously-sanctioned relationships between men and women that actually protects the woman's rights after the termination of the marriage.

Sexually Transmitted Diseases

Due to poverty, lack of protection against violence, difficulty accessing health care, and changes in norms of behavior, displaced populations are particularly vulnerable to sexually transmitted infections (STIs), including HIV/AIDS (Spiegel, Miller & Schilperoord, 2005). Rates of HIV infection in both Iran and Jordan are comparatively low; however, knowledge of STIs and how they are spread is also low. According to UNICEF, 70 percent of Iraqis have never heard of HIV/AIDS (IRIN, 2005). Because of the religious and cultural sensitivities surrounding the transmission of STIs, these issues are rarely openly addressed in the host countries. However, the conditions for its transmission are especially favorable within the displaced Iraqi population because of several variables namely poverty, sexual exploitation, lack of awareness, and limited access to health services.

Family Planning

Family planning has tremendous benefits not only for individual families, but for the society as a whole. Women and men who have control over the size of their families and the timing of pregnancies have improved health outcomes, fewer unwanted pregnancies, and lower rates of abortion. Women specifically are able to achieve higher levels of education and economic status when they are able to control their fertility. As a result, their children are much more likely to be healthy and educated.

Iran is touted as a model of effective family planning in the developing world. Following the devastation of the Iran-Iraq war, mothers were first encouraged to have more children. However, as the population increased, the strains on the country's resources forced the religious regime to re-examine its negative views towards family planning. With the help of various international agencies, Iran set up a public awareness campaign to educate young men and women about the benefits of using contraceptives and controlling the number of children. Today, all young couples must take classes on contraceptive use before getting a marriage license (Muir, 2002). Women are also able to access oral contraceptives from their pharmacies without questions regarding their marital status, age, or reasons for seeking the pills. While the data does not exist yet on the impact of these programs on Iraqi refugees, research has shown the influence of the Iranian social movement and the edicts of Iranian clerics accepting family planning on the views of Afghan refugees (Sadeghipour Roudsar, Sherafat-Kazemzadeh, Rezaei, & Derakhshan, 2006). A study of Afghan refugee men and women in Iran found that both sexes showed some willingness not only to discuss reproductive issues, but also gradual acceptance of family planning and contraceptive use after years of living in Iran.

In Jordan, although family planning programs are not as widely publicized as in Iran, the government has made an effort in the last decade to encourage family planning. Contraceptives are now widely available without a doctor's prescription, but access is a challenge for poor or unmarried women and girls, as it has been reported that pharmacists are often unwilling to sell contraceptives to unmarried women or adolescents. In a recent study, Iraqi women in Jordan reported that they were delaying having children due to the difficult circumstances they were enduring in their host country (Women's Commission for Refugee Women and Children, 2007). It is not clear if the Iraqis are receiving any access to family planning in Jordan or in Iran.

Conclusion

The provision of comprehensive reproductive health services for displaced female Iraqis extends beyond humanitarian concerns. There are severe consequences for the long term stability of the region, economic prosperity of families, and social integration and security of communities if quality reproductive health services are not available and accessible for Iraqi women and girls in their host countries. Women that are brutalized by violence or forced into prostitution cannot protect their own children, cannot help their families escape the cycles of poverty, and ultimately cannot help their families reintegrate back into Iraq upon return. Mothers who die in childbirth leave behind a generation of orphans. Without adequate access to family planning, these displaced populations will only continue to grow at rapid rates and cause even greater strains on the resources of the host countries. It is therefore in the interest of host countries to provide culturally and religiously appropriate antenatal and postnatal care for pregnant women and their infants and education on family planning and the spread of STIs, such as HIV. Although the root causes of gender-based violence cannot be easily eradicated, more attention and resources need to be dedicated to providing counseling and care for victims. In the case of Iran, serious efforts need to be made to collect basic data about the displaced Iraqi population so that effective programs and social services can be implemented and funded to adequately meet their needs. For both Iran and Jordan, reproductive health services for the Iraqis need to move beyond simply providing emergency provisions in stand alone programs and, instead, set up more sustainable, integrated programs within the larger health systems of these host countries. However, the burden is not simply on these host countries. The international community must assist all host countries in meeting the health needs of the displaced population, and the former's commitment must endure beyond the immediate displacement to their eventual return and reintegration into Iraq.

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