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Migration and its influence on the knowledge and usage of birth control methods among Afghan women who stay behind

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ABSTRACT

Objective: The objective of this article is to investigate the link between migration and knowledge and use of birth control methods among female household members (of migrants) who stay behind in Afghanistan. Migrants can remit birth control information received in the destination country to non-migrants staying in the origin country, who may as a consequence adjust their health behaviour accordingly. The consequences of this interaction for knowledge and use are what we aim to test.

Study design: Population-based secondary analysis of cross-sectional data.

Methods: This study used cross-sectional data from the Afghan Mortality Survey (2010). Using ordinary least squares regression and propensity score matching, this research studies to what extent having a migrant in the household influences the knowledge and use of birth control among non-migrant Afghan women. Women who stay behind are defined in this research as those with a migrant household member who moved between 2005 and 2010.

Results: Results indicated that non-Pashtun women with a migrant household member showed greater knowledge of contraceptive methods using injectables, birth control pill and lactational amenorrhea method compared to those women without a migrant household member. Less knowledge of male sterilisation and emergency contraception is observed for all women (both Pashtun and non-Pashtun) with a migrant in their household on male sterilisation and emergency contraception compared to the women without a migrant in the household. In addition, we show that Pashtun women with a migrant in the household had lower levels of overall knowledge and were less likely to use birth control methods than women without a migrant household member.

Conclusion: In Afghanistan, given the proximity, religious similarity and sociocultural customs mainly men migrate either to Pakistan or Iran. The findings suggest that migrants in different destination countries transfer different information (or fail to successfully transfer information) about birth control methods to members of their transnational networks, compounding disparities in knowledge and use of birth control methods among women staying in the origin country. Migrants have the potential to be health-related development agents, but the health information migrants receive

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while abroad and remit back to their home countries varies by destination country context.

Introduction

Health is one of the key components of development, which is also clearly represented in the Sustainable Development Goals.[1,2] In developing countries, the main mortality causes for women are maternal-related complications due to sub-optimal health systems, gender inequalities and poor access to necessary information and education.[3] The majority of maternal-related deaths can be prevented inter alia by using modern birth control. It can be assumed that the low knowledge and use of birth control hinder developing countries' progress.[1,4]

When studying how migrants can contribute to the development of their countries of origin and their kin who remain behind, the bulk of research focuses on the influence of monetary transfers (financial remittances). However, the influence of the transfer of human and social capital (social remittances) on the development of individuals who stay behind continues to be understudied in current research. Social remittances can be defined as informal, circular and continuous exchange of information, skills, social norms and practices, which occurs within a transnational network between migrants and their kin who remain behind.[5–7] Recognising the potential of migrants as development agents, social remittances even have the ability to reach a broader public and have a greater impact on a long-term development than money. Therefore, social remittances are considered to be more sustainable for development than economic remittances. Migrants often hold a more prominent position within the household and community. Further, they may (unconsciously) tailor the health-related information that they diffuse to those who stay behind. In this way, migrants could positively contribute to changes in health behaviours and health outcomes in their origin.[6–9]

When remitting birth control–related information obtained in the destination country to those household members who stay behind, migrants have the potential to play a role in influencing the birth control knowledge of their kin who remain behind, consequently potentially stimulating birth control usage.[6–9] In line with the expectation that social remittances can improve health outcomes among recipients, this study analyses the link between migration and knowledge as well as use of birth control methods among female household members who stay behind in Afghanistan. The majority of previous literature focuses on financial remittances or the influence of the absence of a migrant household member on the (sexual and reproductive) health of those left behind. In addition, the majority of the studies that research the link between health and migration focus on migration links and influences in Latin-American countries (especially Mexico) and their migratory movements to the US. This study not only adds to the existing literature by focussing on the role of social remittances on sexual and reproductive health outcomes of women who stay behind but also opens the scope of geographical reference, by focussing on an understudied population and migratory patterns, namely Afghan women who stay behind in Afghanistan and the influence of their migrant household member(s) who migrated either to Iran or Pakistan on their birth control knowledge and use. It is done by using a large-scale quantitative data set based on the Afghan Mortality Survey (AMS) (2010). The analysis is done using a combination of ordinary least squares (OLS) regressions and propensity score matching (PSM). In this study, the influences of migration on birth control knowledge and usage are compared for Pashtun and non-Pashtun women separately. The split in Pashtun and non-Pashtun women also serves as an indication of the main destination countries of their migrant household members, assuming Pashtuns are mainly associated with migration to Pakistan, while non-Pashtuns primarily migrate to Iran. Among the women in the non-Pashtun sample, having a migrant in the household corresponds to mostly positive outcomes on the knowledge of birth control methods, with a few specific exceptions. For Pashtun women, migration corresponds to negative outcomes relating to knowledge and usage of contraceptives.

Background

Afghanistan is a country characterised by decades of political struggles. In the last century, three main political conflicts can be classified within Afghanistan: the Soviet Invasion (1979–1992), the Taliban regime (1992–2001) and the end of the Taliban regime (after 2001).[10,11] Afghanistan is yet to recover after decades of war and remains one of the poorest and least developed countries in the world, with a high dependency on foreign aid.[11,12] The continuous political conflicts have created an instable socio-economic framework which is unable to support the detrimental living circumstances of the Afghan citizens.[10,11] Numerous socio-economic indicators evidence the lack of a poor socio-economic framework. Afghanistan ranks at 169 out of 187 on the human development index (HDI) (2015: 0.479) and on the inequality adjusted HDI (2015: 0.327).[9] Of the Afghan population, 39.1% live below the national poverty line, and 22.6% are unemployed.[13] The country is also characterised by diverse ethnic populations, made up mainly of Pashtuns (40%), Tajiks (30%), Hazaras (15%), Uzbeks and Turkmen (10%).[14]

Afghanistan faces one of the highest gender inequalities in the world, ranking 154 out of 159 on the gender inequality

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