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FAMILY PLANNING AND THE AFGHAN COMMUNITY IN AUSTRALIA: NEW OPPORTUNITIES, NEW CHALLENGES

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Statement of the Problem: Afghanistan has been a leading country of origin for refugees arriving in Australia, and this community are recognised as having unmet family planning needs. Understanding the issues of individual migrant populations appropriate, evidence-informed strategies. Therefore, this study aimed to explore the family planning experiences, practices, and outcomes of Afghan women and men in Australia, and describe the sociocultural context surrounding family planning in this community.

Methodology & Theoretical Orientation: In alignment with community-based participatory research principles, bicultural researchers were employed, and contributed to each stage of this research. A total of 58 Afghan women and men participated in focus groups and interviews. A thematic analysis framework guided data analysis. This study drew on Intersectionality, the Socioecological Model of Health, and Cultural Studies. These theoretical and Cultural Studies provided a framework to identify family planning concerns and influences, and furthermore, to consider how these change and evolve in new cultural contexts, and impact the health and wellbeing women, men, families, and communities.

Findings: Participants experienced a range of family planning challenges, including: unintended pregnancy, difficulty negotiating contraception use, and a lack of opportunity to voice sexual health needs. Living in Australia presented valuable family planning opportunities for women, such as increased access to modern contraception. However, broadly held liberal societal views within Australia created new tensions within marital relationships. This study highlights how the impact of migration on family planning can be double-edged. Whilst many aspects of health improve; new issues simultaneously emerge. Shifting social and cultural environments impact even the most private and intimate spaces. Findings offer valuable learning's for conducting sensitive, cross-cultural research; demonstrate the importance of meaningful, interdisciplinary collaboration between academia, health, and marginalised communities; and provide practice recommendations to address the family planning needs of migrant communities.

GENDER DISPARITY IN HEALTH STATUS IN INDIA- AN INTER STATE ANALYSIS

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Health is an important human right. Health deprivation has serious consequences for any section of society, more so for females. Government policies are focusing on improving health status of women and meeting their special requirements of reproductive and maternal health care. Despite concerted efforts in this direction, it is a fact that there is gender disparity in various indicators of health. Worst form of gender disparity is reflected in what is commonly called 'Missing Women'. In general the gender disparity in health care is manifested in high IMR, high death rate of female children in 0-5 age group, adverse sex ratio especially child sex ratio, high Maternal Mortality Rate and high Adolescent Fertility Rate. This paper attempts to measure gender disparity in health status by developing composite indices for states and India as a whole at various points of time. Gender Health Disparity Index (GHDI) has been constructed at four points of time i.e. 1981 to 2011 census years respectively. GHDI is based on four indicators of health i.e. sex ratio, child sex ratio, infant mortality rate and under five mortality rates of males and females. The Gender Inequality Index(Health) has been developed by adapting the methodology of GII in UNDP Human Development Report, 2010 and 2011 report. In addition to four indicators used in GHDI, the GII(Health) includes two more indicators of women health, i.e. Maternal Mortality Rate and Adolescent Fertility Rate. Due to lack of interstate comparable data, Gender Inequality Index GII (Health) on health has been constructed only for the census years 2001 and 2011.