



# The Sexual and Reproductive Health Needs of Adolescent Female Bhutanese Refugees

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# Disclosures

- ▶ I have nothing to disclose.

# Background

- ▶ Over 40,000 adolescent refugees resettled in the U.S. in the past 5 years
- ▶ AAP: health care providers to address the needs of immigrant youth facing a new culture, language, and health system.
- ▶ Few studies on reproductive health

# Aim

- ▶ To understand the sexual and reproductive health (SRH) needs of resettled refugee teenagers and young adults in the Bhutanese community

# Methods

- ▶ Community Engagement
- ▶ Semi-structured interviews
- ▶ Inclusion criteria: female, 16-20 years old, self-identified as a Bhutanese refugee, never married, and never pregnant



# Methods

- ▶ Interview guide to elicit attitudes, experiences, and knowledge pertaining to sexual and reproductive health
- ▶ Analysis by primary investigator, pediatrician, and interpreter/community expert
- ▶ The study was approved by the Institutional Review Board of The Children's Hospital of Philadelphia.

# Results- Table 1

Age (average)	17.4 years (SD 1.6)
Avg length of resettlement in U.S.	2.6 years (SD 1.0)
English proficiency of mother (mode)	poor
English proficiency of father (mode)	poor

# Theme 1

Adolescents' received little SRH education upon resettlement and were unaware of local law surrounding confidential access to SRH

- ▶ *“I have not learned anything because after coming to the United States, I have a low ESL level in school. So I’m getting simple subjects. So I don’t have those things in my curriculum.”*



# Theme 1

- ▶ *“...when I am above 18, I can go and talk [to the doctor] by myself. But if I am below 18, under age, I definitely have to take my guardian with me.”*
- ▶ *“Both the partners have to sign the paperwork, and then we can have an abortion. That’s what I have heard.”*

# Theme 2

## Cultural norms influence adolescent female refugees' attitudes and preferences pertaining to SRH

- ▶ *“When people come to know that she is taking pills, the community people, they will just talk about her, and they will just laugh at her”*
- ▶ *“People feel shy when they are not married, and then they don't want to talk about birth control...”*

# Theme 2

- ▶ *“In our culture, we believe that abortion is not allowed. You have to give birth to the baby... Culturally, what I have heard from other people is it's illegal to kill the innocent baby. It's your mistake and your partner's mistake to be pregnant when you are not really ready.”*
- ▶ *“...in terms of family members talking about when the girl is pregnant, when the family thinks about their prestige in the community, some of the parents, they definitely encourage her to go and have an abortion.”*

# Theme 3

## Dating is stigmatized

- ▶ *“Culturally we are not allowed to date.”*
- ▶ *“Like if our daughter gets pregnant before she gets married, sometimes... they think that my prestige has gone... And some of the family, they will kick the daughter out from the family..”*

# Theme 4

## Coercion and emotional abuse is a concern for young women

- ▶ *“But what I have heard is he will blackmail her, saying that ‘I have a relationship with her’ and ‘She’s my girlfriend’ and stuff like that, and ‘I have a relationship, physical relationship, with you, so I’m gonna blackmail you in that way’. So he won her in that way. So she was forced to get married with him.”*

# Theme 4

- ▶ *“...what I have seen is sometimes the girl - there is a huge difference in age, like the girl is really a teenager and the boy is older, so the girl has to follow what the boy is saying. And then the girls cannot decide what is right or what is wrong. So it’s just like dragging a girl by a boy.”*
- ▶ *“Actually, we have to learn that boys and girls are equal. We can do anything, what the boys can do.”*

# Implications

- ▶ Time should be taken to explain that confidential and free family planning services are available and that adolescents can consent to these services

# Implications

- ▶ Clarify “dating”
- ▶ Normalize and remove shame from discussions regarding SRH
- ▶ Screen for emotional abuse



# Limitations

- ▶ Study sample is small (N=14)
- ▶ Female, not pregnant, not married, recruited from community events
- ▶ Interviewer bias
- ▶ Strengths/assets

# Conclusion

- ▶ Practitioners should be aware of the cultural norms that influence how Bhutanese adolescents view sexuality and access SRH



CHOP; the people in this photograph were not participants in the study

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# Future Directions

- ▶ Male perspective
- ▶ HCP role in supporting refugees
- ▶ Understanding better the male-female dynamic