

## Research Paper

# Identification of the Components of Health Quality of Life in Afghan Refugee's UN Camp in Fars Province, Iran: A Qualitative Study



Roghayeh Mohseni<sup>1</sup>, Leila Bazrafkan<sup>2</sup>, Nasrin Shokrpour<sup>3\*</sup>

1. Department of Medical Education, School of Medicine, Shiraz University of Medical Sciences, Shiraz, Iran.

2. Clinical Education Research Center, Shiraz University of Medical Sciences, Shiraz, Iran.

3. Department of English, School of Paramedical Sciences, Shiraz University of Medical Sciences, Shiraz, Iran.



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**ABSTRACT**

**Background and Purpose:** Quality of life (QoL) refers to social issues such as consumption, income, education, housing, health, medical care, etc. However, this concept has been investigated less in the lives of immigrants in the 21<sup>st</sup> century. This research examines the QoL from the experiences of the refugees living in a UN camp in Sarvestan City, Iran. We hope that this investigation is used for further planning.

**Materials and Methods:** This is a qualitative content analysis study. The participants were chosen using purposeful sampling with maximum diversity. In this study, in-depth and semi-structured interviews were performed with 30 residents of this Afghan camp (18 men and 12 women) aged over 18 years in 2024. Each interview was transcribed verbatim and analyzed using MAXQDA software, version 10. Finally, after reviewing the transcripts several times, the initial codes, subthemes, and main themes were extracted and developed.

**Results:** The participants in this study were Afghan refugees living in a UN camp in Iran. They were 30 men and women living in the camp. After completing the interviews and analyzing the data, 415 open codes and 3 main themes appeared. The 3 main themes included QoL, quality of services, and challenges and obstacles. Subthemes related to the QoL included health, security, economic status, social acceptance, and education. Subthemes related to service quality in various forms included comprehensive services, accessibility, usefulness, and appropriateness. Subthemes related to the third topic included financial deficits, social barriers, and cultural-ethnic problems. The immigrants' demands for improving the QoL included providing services to high-risk groups of refugees, continuing the education of the youth and adolescents, providing necessary equipment and settings for health and culture, and improving employment status.

**Conclusion:** In this study, it was found that the obstacles and problems were raised in the form of a lack of financial resources, social barriers, and cultural and ethnic issues. Lack of suitable jobs, low income, inflation in Iran (due to recent sanctions), and unavailability of necessary medicines are among the severe obstacles to improving the quality of health and treatment of immigrant diseases.

**Keywords:** Quality of life (QoL), Refugees, Economic status, Social status, Emigrants

**\* Corresponding Author:**

**Nasrin Shokrpour, Professor.**

**Address:** Department of English, School of Paramedical Sciences, Shiraz University of Medical Sciences, Shiraz, Iran.

**Tel:** +98 (917) 3162815

**E-mail:** [shokrpourn@gmail.com](mailto:shokrpourn@gmail.com)



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## Introduction

International migration is an old phenomenon carried out in various forms and for multiple purposes. Migration is not only the transfer of people from one place to another but also an essential element in societies' social, economic, and cultural life [1]. Iran is one of the countries with the highest number of refugees, receiving about 3.4 million [2]. Due to recent political developments, this figure has increased. More than three decades after the presence of Afghan immigrants and the emergence of the second and third generations of immigrants in Iran, the need for careful attention to the living conditions of this group has doubled, and a review of past policies seems necessary [3]. Also, the conditions of Afghanistan have caused Iran to be the origin of the largest population of long-term displaced people and one of the first three refugee countries in the world [4].

Quality of life (QoL) is a new topic that has been considered by researchers and academics in recent decades, especially in Iran [5]. It is a complex and multidimensional concept, including a person's perception of physical and mental status, level of independence, social relationships, personal beliefs, and relationship with the environment [6, 7]. In addition, health is a significant component of QoL. Still, the QoL concerning health has been paradoxically defined and operationalized in the immigrant scientific literature [8]. A person can assess part of the QoL. Evaluating the QoL from the perspective of refugees has been neglected in various studies [9], and few studies have been done in this area. In the meantime, studies have been conducted to determine the reason for migration and the desire or unwillingness to return [10]. In Iranian studies, the QoL issue has been discussed around urban dwellers, and less attention has been paid to rural areas, especially foreign immigrants [5].

Previous research in this field has shown that in many third-world and developing countries, foreign immigrants, even the native citizens of that country, face many problems in accessing and achieving welfare services [11]. In a handful of cases, a study on the QoL of Afghan immigrants in Robat Karim City, Iran, was conducted by Poorahmad et al. They studied the QoL from a mental point of view and concluded that the QoL of immigrants in Robat Karim was low and below the average [12].

Due to the ignorance of educational health status in the QoL in most previous studies, we attempted to find the challenges and obstacles in this area and draw the officials' attention to the importance of the issue and proper planning to provide services in education, health, and livelihood of the refugees. Sarvestan camp is one of the strategically sensitive areas for immigrants in the country, and it is in good condition in terms of having a comprehensive health center, school, and other facilities. Also, the geographical location of this camp in the south of the country and its accessibility were essential points in accurately evaluating the situation of the immigrants. We investigated the refugees' living conditions in Iran and issues such as QoL, education, health services, and their barriers and shortcomings.

Accordingly, this study aimed to examine the QoL, facilities, and limitations of the services related to the QoL, including educational, economic, and health quality in Iran for Afghan immigrants, and its consequences on their lives and the Iranian society.

## Participants and Methods

This qualitative study was conducted in 2024 using content analysis and focused analysis of qualitative interviews with MAXQDA 10, which is a qualitative analysis, and its reliability and validity have been reported as desirable by Kuckartz and Rädiker. In this method, all the qualitative data are divided into small and then larger categories based on the questions asked by the researcher. Using the following criteria, we classified the data, converted them into different themes, and confirmed them [13]:

“Create an analysis plan including a schedule taking into account the available resources,

“Analyze the key categories in more detail,

“Highlight important quotes from the interviewees for the research report,

“Reflect on integrating a case-oriented perspective (how? in what way?) and, if suitable, include it in your analysis,

“Compare selected interviews with each other (optional),

“Compare groups that have been created based on sociodemographic and background variables (optional),

“Include linguistic aspects (metaphors, certain words, phrases, etc.) in the analysis (optional),

“Use visualizations, which are suitable for the presentation of the findings, and

“Create concept maps (optional).

### Data analysis

As to data analysis, it is emphasized by Kuckartz and Rädiker (2019) that researchers should carry out certain aspects of the underlying theory in their study, such as coding, to reach a conceptual sequence to gain a basic understanding of the subject under study [13].

### Study participants

In the present study, we enrolled 30 refugees at the UNHCR Afghan Refugee Camp in Sarvestan City, Fars Province, Iran. In this study, purposive sampling with maximum diversity based on the group, age, gender, and residence history was used. The inclusion criteria were the refugees in the Sarvestan camp and the age group of 18 years and older. The participants in the camp were called. After they were gathered, we explained the study objectives and the conditions. Then, informed consent was taken from them.

### Data collection

In this study, semi-structured and in-depth interviews were performed. In total, 30 residents (12 females and 18 males) were interviewed. The interviews were all done one-on-one and face-to-face in a private room at the health center of the Afghan refugees' UN Camp in Fars Province, Iran. The participants had experienced 5-60 years of residence in Iran.

Each semi-structured interview began with the following general questions: What is your viewpoint about the QoL? How much do you think the QoL is related to physical and mental health? Do you have other items that are related to your QoL? What do you need right now? And what obstacles and problems do you have in your life? Each question was also used as a guide to design the following interview questions. Each interview lasted about 30-90 minutes. The interviews were all recorded with the permission of the interviewees and transcribed verbatim after each session.

### Data extraction

The researcher reviewed the transcripts several times and entered them into MAXQDA, software, version 10 for analysis in the first stage (content) of Glaser's clas-

sical basic theory model. In this regard, the following measures were taken.

A) Open coding, consisting of three steps: Reading the full text and identifying related texts (incident), conceptualizing and analyzing comparative data, and writing notes for subsequent transcriptions.

B) Selective coding, the same as the previous one, but instead of selecting related texts and comparing them with other related texts, we tried to compare the concepts with each other to reduce the number of concepts and summarize them in terms of themes. Because the researcher focused on a list of key or identified topics in this step, it is called selective coding [14]. In the present study, after 30 interviews, the researcher was convinced that no additional information led to a new topic.

### Rigor

Credibility was ensured through long interaction with data during and after each interview, involving correct coding and anonymous people in coding, long and continuous fieldwork, use of a multi-method strategy in data collection, and use of quotes and real expressions of the participants [15]. To confirm the reliability of the questions, we asked the questions in different ways to reduce or eliminate the possibility of receiving incorrect or repeated information. We also tried to conduct the interviews accurately and without bias so that if other researchers repeated the same method in similar situations, they would get similar answers. In addition, to ensure the reliability of our data analysis, the researcher approached the participants and asked them if the final description of the findings could reflect their experiences (member review). If the participants added or deleted the data to or from what they first expressed, relative changes were made to their final transcript. In addition, peer review was used to ensure the consistency of our data analysis. The data collected in this study were reviewed by three experts in the field of qualitative research.

### Results

The study participants included 30 people (18 men and 12 women) with an average age of 26. Their literacy level was as follows: 4 people had primary education, 10 had middle school education, 14 had diploma education, 2 had post-diploma education. Also, the duration of their residence in Iran was as follows: 8 people under 5 years, 10 people 5 to 10 years, 8 people 10 to 20 years, and 4 people over 20 years of residence.

**Table 1.** Summary of the themes, related extracted subthemes, and semantic units

Themes	Subthemes
QoL	Health Security Economic situation Social status
Quality of services	Comprehensive services Access to services Being useful Tailored to the needs
Obstacles and challenges	Social barriers Education Cultural and ethnic problems Lack of financial resources (economic issues)

From the analysis of the detailed descriptions of the participants, 32 codes were extracted. After reviewing and summarizing the data several times, the codes were classified into 12 categories based on similarity and appropriateness. The main themes included the QoL, quality of service, shortcomings and obstacles in Sarvestan camp. These categories will be explained below using the participants' statements (Table 1).

In expressing the participants' experiences, QoL was one of the most important and broad themes extracted. Most participants emphasized one or more factors affecting the QoL. QoL comprises health, security, employment and economic status, social acceptance, and education. Each category was extracted from the analysis and coding of the interviews and participants' opinions. Subthemes were formed, which will be described separately. The contents of the subthemes and the extracted codes are shown in the Table 2.

## Discussion

Data analysis resulted in 415 open codes and three main themes: QoL, quality of services, and challenges and obstacles. Subthemes related to the QoL included health, security, tranquility, economic status, social acceptance, and education. Subthemes related to service quality in various forms included comprehensive services, accessibility, usefulness, and appropriateness. Subthemes related to the third theme included financial deficiencies, social barriers, and cultural-ethnic problems. The immigrants' demands for improving the QoL included providing services to high-risk groups of refugees, continuing the education of the youth and adolescents, providing necessary equipment and settings for health and culture, and improving employment status.

This study aimed to examine and discover the experiences, perspectives, and challenges related to the QoL,

demands, and shortcomings of Afghan immigrants in the Sarvestan camp. Although Iran has taken humanitarian, valuable, essential, and relatively comprehensive programs in cooperation with international organizations on the living conditions, health, and education for the refugees [3], the experiences and challenges of these participants comprised three issues: QoL, quality of service, and barriers and shortcomings.

According to the participants, although the refugees are free of the war and the unhealthy situation in Afghanistan, they still have many problems achieving the desired QoL. One of their main goals is to achieve comprehensive health, including physical, mental, social, living, and working environments. Almost all of them considered health more critical to the quality of their life than anything else. Since most studies on the refugees' life conditions in other countries have been quantitative and qualitative research in this field is scanty, we did not find similar studies to compare the results. Concerning the health needs of immigrants, the findings of Chen et al., Boyce et al., Hyman et al., and Koo and Gross, align with the present study's results [16-19]. Participants associated their QoL with physical and mental health and, in some cases, even considered mental and social health more important than physical health.

During the interview, they expressed their satisfaction with the delivery of health services at the Camp Health Center. Still, they expressed some of their needs and shortcomings in addressing and improving the quality of services. Participants considered security and comfort essential in the national arena (including the absence of war) and the social arena related to community security. They were satisfied with having these two items in Iran. Participants considered social acceptance and respect effective in having life satisfaction. Participants expressed citizenship in Iran, and social acceptance among the cases needed to be achieved.

Table 2. Results

		QoL
Subtheme	Code	Semantic Unit
The health	Physical health	Participant No. 2: "Health is perfect, if nothing else, no matter how busy a person is in life, health is more important than anything." Participant No. 1: "Health means not having a disease, that is, not being physically ill."
	Mental health	Participant No. 7: "The meaning of not having a disease, which is related to mental health; mental health means not having worries and negative thoughts." Participant No. 6: "Health means mental health, and we do not have problems at home, and our mood is good." Participant No. 3: "Mental health means not being depressed."
	Social health	Participant No. 3: "Health has an aspect called social health; in this case, we are healthy, but living to the extent that you have a home of your own, you have a free environment where you can come and go, you have a healthy family; "I think that's enough." Participant No. 6: "Social health means not hurting our neighbors." Participant No. 7: "Social health means respecting each other and having a good social status."
	Environmental health	Participant No. 6: "Environmental health means having a clean living environment. The alleys here are not asphalt; everywhere is garbage; we have sewage problems." Participant No. 1: "Asphalt alley; put in the trash; they used to say that if they put a trash can, people will throw their garbage in the alley again." Participant No. 3: "Too many stray dogs. "There are a lot of dogs and cats, so we have a lot of animal bites."
	Occupational health	Participant No. 8: "Health means no fight with others and not having a conflict; healthy relationships in the community and at work and with people."
Security	No family-social risks	Participant No. 16: "Thank God, we are safe here. Security means that when you leave the house in the morning, at least your family will not worry about you coming back. It means they will be comfortable that you are coming; now, maybe 1 hour or 2 hours later, but it comes anyway. But in Afghanistan, for example, you leave home in the morning, you are not sure whether you will return or not; the family suffers too much." Participant No. 11: "As soon as we feel comfortable being with family and seeing each other healthy, it's good."
	The war	Participant No. 25: "There [Afghanistan] is horrible, you cannot live at all. The Taliban, which used to be ISIS, has gotten worse. We now have a number of our relatives who went to the camp there; many of them were killed in the same camp. ISIS has also infiltrated the camp. War is worse than anything." Participant No. 4: "If only [Afghanistan] is safe there, I can live there."
The economic situation	Employment and income	Participant No. 17: "When a person has a good job with a good income, in terms of comfort and living in a desirable state." Participant No. 6: "I can wear a piece of clothing for two or three years, but I have to have money to buy it so that I can wash it, but if I wash it dirty and I get sick from the same dirty clothes, then my income is significant for our health."
	Inflation and high prices	Participant No. 7: "Well, we are all like this; we live in this situation, here the dollar has become expensive, there are sanctions, everything has become expensive, the situation is tough, but well, if it is like this, I will not go there again, because there [Afghanistan], there is a war and I will be killed."

QoL		
Subtheme	Code	Semantic Unit
Comprehensive services	Age category	Participant No. 3: "This is a good health center, but it is not open at night, and we are very far from the city. Older adults who get sick in the middle of the night say it would be great to have an ambulance. Some time ago, someone died where he had fallen." Participant No. 28: "Buy small toys for children."
	Sex group	Participant No. 5: "Girls are allowed to study until the nin <sup>th</sup> grade; they are not allowed to study in high school." Participant No. 15: "Men who go to work from morning to night and don't receive training and services themselves."
	High-risk groups	Participant No. 3: "Maternity facilities are excellent, if they have them, for pregnant women who give birth at home." Participant No. 14: "My mother has heart disease and stomach pain, and my father also has trembling hands and can not speak properly;" he can not work. Well, the authorities must do something about these people."
Access to services	Proximity to urban centers and transportation	Participant No. 3: "Do you know how much our car rent is?! From here to Sarvestan, 15 km, we have no access to shops, classrooms, schools, or facilities, and we have to pay for everything every time." It affects everything."
	Access to emergency centers	Participant No. 19: "Maternity facilities; people are a little annoyed here that they must go to the hospital and the emergency room for birth. It's terrible." Participant No. 18: "Old men who get sick in the middle of the night say it would be great if we had an ambulance. Some time ago, someone died in the same place where he had fallen, and he had a cardiac arrest. If there is an ambulance or a vehicle in the camp, that's great."
	Establishment of essential centers in the camp Transportation	Participant No. 29: "Maternity facilities are great if they have them, and it's difficult to get to the city." Participant No. 9: "We do not have a bakery, and we must go to the city to buy bread." Participant No. 1: "Not everyone has medicine in the health center, and there is no pharmacy; we have to go to the city to get medicine." Participant No. 11: "Yes, one of my reasons is this: That the economic situation is bad, of course, and our facilities access is limited."
Being useful	Establishment of cultural and sports places	Participant No. 10: "There is no club for women, there is no green space to have fun, to go to work, it is not a special job, just to start a sewing workshop, several girls go there." Participant No. 30: "Maybe the others have the same wishes, girls, that I wish we had a gym." We go there twice a week, for example, to exercise."
Tailored to the needs	Vehicles and machines	Participant No. 14: "We do not have an emergency ambulance; these women receive medical training care. Thank you for them. "Let at least one ambulance take him to the city if he is sick so that he does not die. These are a few agricultural machines and trucks that are useless." Participant No. 8: "The municipality takes garbage, but one day a week. There is a scrap car there; let them fix it so our people can do their job. "
	Pediatric gynecologist and psychologist	Participant No. 20: "Many children are sick, and most women and children go to the health center." Men go to the hospital less often; if there is a problem, they must go to the city again. "If there was a hospital in the evening or a specialist came one day a week, it would be good." Participant No. 5: "Everyone here is depressed and needs a psychologist to come."
Social barriers	Impossibility of continuing post-graduate studies	Participant No. 4: "Unless one gets a higher education, one does not feel hopeful about one's future, nothing is right, that is, if our children are not literate, what can we do, the next generation will be worse than our own." Participant No. 29: "There is only one elementary school here, the rest in Shohreh, which we cannot attend because of problems." Participant No. 22: "We cannot go to university; if we want to go, we have to get a passport, which costs a lot, and finally, nothing."
	Iranian-Afghan perspective	Participant No. 13: "We must be valued and not seen as a refugee." Participant No. 9: "When I say Afghani, they think Afghani is an illiterate person or a slut." Participant No. 10: "In society, school, and everywhere, to understand that you are Afghan, they look at people differently." Participant No. 15: "Sometimes they think we want to take everything."

QoL		
Subtheme	Code	Semantic Unit
Education	Impossibility of continuing post-graduate studies	Participant No. 4: "Unless one gets a higher education, one does not feel hopeful about one's future, nothing is right, that is, if our children are not literate, what can we do, the next generation will be worse than our own." Participant No. 29: "There is only one elementary school here, the rest in the city, which we cannot attend because of problems." Participant No. 22: "We cannot go to university; if we want to go, we have to get a passport, which costs a lot, and finally nothing."
	Iranian-Afghan perspective	Participant No. 13: "We must be valued and not seen as a refugee." Participant No. 9: "When I say Afghani, they think Afghani is an illiterate person or a slut." Participant No. 10: "In society, school, and everywhere, to understand that you are Afghan, they look at people differently." Participant No. 15: "Sometimes they think we want to take everything."
Cultural-ethnical problems	Religiosity and ethnic thinking	Participant No. 2: "There are also Sunnis here who, in some respects, are very different from us; for example, they do not allow girls to express themselves." Participant No. 9: "The girl has been married for 9 years, which is very bad, and they do not study. Some have inappropriate cultural beliefs. It also changed how we think about illness and health, which is very difficult." Participant No. 9: "A 9-year-old girl is given a husband who is very ill and does not study. Some have inappropriate cultural beliefs about health and wellbeing, which are difficult to change." Participant No. 3: "Right now, these upstairs, when their daughters wanted to work in the workshop, their daughters were scared; at least some of them came."
	Lack of health culture	Participant No. 11: "Yes, we have a lot of cultural limitations; we have limitations here, too, because we already had a problem." Participant No. 9: "For example, this backward culture makes our situation continue; this is very important." Participant No. 2: "Yes, they are at a low level in culture and literacy and need a lot of training. Unfortunately, many people here are not social and do not deal much with culture."
Lack of financial resources (economic problems)	Employment	Participant No. 13: "For example, if we have more and better jobs, we can live better financially, and we can provide better living expenses." Participant No. 1: "It's not a job; it's just a worker whose salary is low and only enough to survive."
	Low income	Participant No. 12: "One of the QoL issues is related to financial issues that are very important, such as having a good income." Participant No. 21: "It's not a job; it's just a worker who has a low salary and only enough to survive." Participant No. 9: "They think our children will grow up to become workers. There is no other job than this. They cannot study to go to work."
	Inflation and high cost of health services due to sanctions	Participant No. 7: "Well, we are all like this; we live in this situation, here the dollar has become expensive, there are sanctions, everything has become expensive, the situation is tough, but well, if it is like this, I will not go there again, because there [Afghanistan] "There is a war and I will be killed." Participant No. 13: "Yes, because when we get sick, we are stuck in our treatment, and we cannot pay for the treatment, especially if the costs are high; the financial debate is important."

According to them, having citizenship in all areas of their lives, whether economic or educational, significantly impacts their QoL. Having citizenship in Iranian society leads to material and spiritual privileges that effectively improve the QoL. Immigrants consider their economic status, employment, and income among the most essential factors in achieving health and effectiveness in all areas. They say that when their financial status is low in terms of inflation, high prices, and lack of jobs, they have difficulty providing necessities of life, such as medicine for treatment and wellbeing. In this area, the refugees stated that increasing education in the field of health and various dimensions and continuing the education of young people would help to enhance the QoL. Mahmoudian, in his study, stated that in terms of socioeconomic status, most of the benefits are related to health and education [3]. According to the participants, if the services provided in the camp are comprehensive, sound, and appropriate to the needs and access item, it will affect the quality of health services and, consequently, the QoL.

Moreover, an integral part of the problems in the camp is improving the health and QoL of the migrants. Immigrants emphasized providing services to different cultural and sexual age groups and paying more attention to this area and the appropriateness of the services offered. They considered having cultural and sports places for children and girls and a library or a gym for young people essential. For participants in the first field (health), centers such as maternity facilities and pharmacies and the presence of experts, including pediatricians, gynecologists, and, most importantly, psychologists, are among the requirements.

A study entitled "immigration and mental health" by Alegría et al. [20] and other studies in different parts of the world and Iran indicate a higher prevalence of mental disorders among immigrants. The presence of required vehicles, such as an ambulance and a means of transit to Sarvestan City, are among the items mentioned by the participants regarding access to some services. Providing higher education for teenagers and young people is also one of their demands for improving their lives.

Among the items extracted from the interviews of the participants, we can mention the obstacles and problems raised in the form of lack of financial resources, social barriers, and cultural and ethnic issues. Lack of suitable jobs, low income, inflation in Iran (due to recent sanctions), and unavailability of necessary medicines are among the severe obstacles to improving

the quality of health and fighting immigrant diseases. Participants considered the lack of educational facilities to be one of the significant obstacles in terms of QoL and education as a major component of improving living conditions. Discriminatory thinking and the Iranian-Afghan perspective of Iranian society continue to widen the gap between Afghans and Iranians, resulting in psychological pressure on immigrants. This problem (which exists in all immigrant parts of the world) is solved by the participants by accepting the citizenship of Afghan people who have lived in Iran for many years. There are some ethnic and cultural problems, most of which are due to a lack of awareness; they include the existence of religions and sects, obstacles in education for girls, early marriage, and child marriage.

Analysis of interviews with the UNHCR senior planning and training officer shows that a significant portion of the funds and funding allocated are related to improving the living and health conditions of migrants. Also, in education, increasing knowledge, raising the awareness and skills of immigrants, and holding comprehensive and complete programs and measures have been neglected [21]. Given the current situation, Akbari et al. mentioned that in a situation where the total return of migrants to their country in the short term is difficult and impractical, being marginalized and not paying attention to their various health and welfare needs will have irreparable social consequences [22]. Therefore, it is suggested that authorities should understand the problems and make serious efforts to solve them through appropriate policymaking and allocation of sufficient resources; also, refugee camps in other countries should be studied. Therefore, larger communities and larger numbers may encounter fewer conflicts in the public sector or may have more in common.

One of the limitations of this study was that it only examined the experiences of refugees in this camp. Also, obtaining opinions through the interview method was problematic. Further, the present study was conducted in 2024, which may have different results at other times.

## Conclusion

According to the results, the problems of Afghan refugees in Iran include a lack of financial resources, social barriers, and cultural and ethnic problems. Lack of suitable jobs, low income, inflation in Iran (due to recent sanctions), and unavailability of necessary medicines are among serious obstacles to improving the quality of health and fighting immigrant diseases.



## Ethical Considerations

### Compliance with ethical guidelines

This study was approved by the Ethics Committee of Shiraz University of Medical Sciences (Code: IR.SUMS.REC.1398.577). Participants were provided with explanations about the purpose of the study. Informed consent was obtained. The participants were assured of the confidentiality of their information.

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### Authors contributions

Conceptualization, methodology, funding, project administration, supervision, review and editing: Nasrin Shokrpour, and Leila Bazrafkan; Data collection, analysis and initial draft preparation: Roghayeh Mohseni; Final approval: All authors.

### Conflict of interest

The authors declared no conflict of interest.

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