

Health Inequalities Among Afghan Women in Hampshire: A Community-Based Participatory Study

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Abstract

This study investigates how gender inequality, cultural expectations, and socioeconomic factors contribute to health disparities among Afghan women living in Hampshire, United Kingdom. Conducted under the Community Participatory Action Research (CPAR) programme, it explores barriers that limit women's access to healthcare, education, and employment. Using a mixed-methods design, data were collected from 21 Afghan women through surveys, interviews, and focus groups. Findings reveal that limited English proficiency, financial dependency, and restrictive cultural norms significantly undermine mental health outcomes. The research concludes that culturally sensitive, language-inclusive, and gender-aware interventions are critical to improving wellbeing and promoting social inclusion.

Keywords

Afghan women; health inequalities; gender inequality; refugee health; community-based participatory research; Hampshire; language barriers; mental health; integration; empowerment.

1. Introduction

Health inequalities within migrant and refugee populations continue to pose major challenges for health systems in the United Kingdom. Afghan women, in particular, experience multiple and overlapping barriers to health and social wellbeing. Many have resettled under schemes such as the Afghan Relocations and Assistance Policy (ARAP)

following displacement and trauma associated with conflict and migration.

This study aims to examine how gender inequality—reinforced by cultural expectations, linguistic barriers, and socioeconomic dependency—affects the mental health of Afghan women in Hampshire. As members of the Afghan community, the authors provide an insider perspective to ensure that women’s lived experiences directly inform recommendations for policy and practice.

2. Research Aims and Objectives

The primary aim of this research is to investigate how social, cultural, and linguistic factors contribute to health inequalities among Afghan women in Hampshire.

Specific objectives are to:

1. Identify key barriers affecting access to health services and wellbeing.
2. Analyse how gender roles, cultural norms, and language proficiency influence women’s independence and participation.
3. Develop evidence-based recommendations for local authorities, healthcare providers, and community organisations to reduce inequalities and strengthen inclusion.

3. Methodology

A Community-Based Participatory Research (CBPR) approach was adopted to ensure that the research process was inclusive and responsive to community needs. The study used a mixed-methods design combining quantitative and qualitative data collection.

Data were gathered through structured surveys, one-to-one and telephone interviews, and focus group discussions. Twenty-one Afghan women participated in the study, representing communities across Fareham, Winchester, Andover, Portsmouth, and Southampton. Participants varied in age, educational background, and length of residence in the UK.

Ethical principles of respect, cultural sensitivity, and confidentiality guided the research process.

4. Findings

Key findings include:

□ Language Barriers:

Limited English proficiency was the most significant barrier to accessing healthcare services. Participants reported difficulties understanding GP correspondence, booking appointments, using self-check machines, NHS app, and communicating with employees and medical professionals.

□ **Employment and Financial Dependency:**

Many women expressed a strong desire for employment and financial independence but faced significant barriers due to limited English proficiency, childcare responsibilities, and a lack of suitable opportunities. One participant highlighted the practical challenges and potential benefits of workforce participation:

"I have two young daughters who are eager to work, yet they are currently facing challenges while learning English through ESOL. We believe that entering the workforce would allow them to improve their language skills naturally through daily communication, while also supporting their rapid integration into UK society and community life. We recommend that the UK government create working opportunities for all immigrants, without restrictions based on educational background, work experience, or language proficiency."

— Female participant, data collection process, survey, and research study

This quote reflects the perspectives of immigrant women in our study, emphasizing that early access to employment could serve as a practical and effective means of improving language skills, fostering social integration, and promoting independence. It further underscores the importance of policies that facilitate work opportunities for immigrants without imposing restrictions based on prior education, work experience, or current language proficiency.

□ **Cultural and Religious Expectations:**

Traditional gender roles and misinterpretations of religion reinforced male dominance, limiting women's autonomy.

□ **Mental Health and Isolation:**

Participants commonly reported stress, depression, and loneliness linked to isolation and dependency.

5. Aspirations and Community Needs

Despite challenges, Afghan women displayed resilience and ambition for education, employment, and community engagement. They requested access to ESOL classes with bilingual tutors, flexible schedules, childcare support, and vocational training such as tailoring, cooking, and hairdressing.

6. Recommendations

1. Expand ESOL provision with bilingual tutors and childcare options.
2. Develop inclusive employment pathways for women with varying literacy and language levels.
3. Ensure consistent access to interpreting services in healthcare.

4. Deliver digital literacy workshops to improve confidence in online services.
5. Provide rights and equality education on gender, domestic abuse, and UK social laws.
6. Employ Afghan community workers to build trust and improve communication with public institutions.

7. Discussion

Findings reveal that linguistic, cultural, and socioeconomic barriers are interlinked and significantly impact women's health and integration. Addressing these barriers requires coordinated, culturally competent strategies involving public health authorities, educational providers, and community organisations.

8. Conclusion

Afghan women in Hampshire experience complex, interrelated barriers affecting their mental health. Targeted, culturally informed interventions focusing on language, employment, and healthcare access are essential. Empowerment through education and inclusion strengthens not only individuals but also families and communities.

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