Health and Family Support Issues of Women Refugees and Related Nursing Interventions: A Literature Review

Hastoro Dwinantoaji¹*, Mami Nojima¹, Nlandu Roger Ngatu²

1. PhD Student, Cooperative Doctoral Program for Disaster Nursing, Graduate School of Nursing University of Kochi, Kochi Prefecture, JAPAN
2. Graduate School of Public Health and School of Medicine, International University of Health and Welfare (IUHW), Narita, JAPAN

* Correspondence: Hastoro Dwinantoaji; hastoro27@gmail.com

Abstract
Migration has become one of the global human security issues of the twenty-first century. Women refugees face a unique set of problems, and their health is often compromised. The study aimed to describe health and family support issues encountered by women refugees in the refugee setting and related nursing interventions. A literature review was performed using Academic Search Premier, CINAHL and Medline databases, and the following keywords were used separately and in combination to retrieve related abstracts and articles: ‘women refugees’, ‘health’, ‘nursing’. Only original articles from qualitative studies published in English and focusing on women’s health and family support in the refugee setting were selected for the review. Three major themes related to women refugees’ health issues were identified: ‘Culture sensitivity’, ‘Seeking life balance’ and ‘Gender-based violence’. In addition, nine major themes related to family support were found: ‘Family reunion’, ‘Changing family roles’, ‘Unsatisfactory family life’, ‘Discrimination’, ‘Child health problems’, ‘Mental health in family’, ‘Adaptation of life’, ‘Family togetherness’ and ‘Forgetting homeland’.
On the other hand, we identified 11 major themes related to nursing interventions implemented for women refugees. Disaster nurses have an essential role in protecting and promoting human security among women refugees. Future studies should determine how disaster nurses can efficiently support human protection for women in a refugee setting.

Keywords: family support, health, nursing interventions, women refugees

1. Introduction
Migration has become one of the global human security issues of the twenty-first century [1]. The United Nations High Commission for Refugees (UNHCR) [2] reported that 45.2 million people were forcibly displaced persons worldwide, including 15.4 million refugees at the end of 2012. Those are people who have been forced to leave their home countries due to the occurrence of a catastrophe (armed conflict, natural disaster), conflict, discrimination or religious oppression and resettling in other countries in search of better living conditions, peace and security; and their number is still increasing.
Refugees face a unique set of problems. Mollica et al. (3) reported that exposure to severe traumatic events in the refugees’ home countries, and the medical and psychological effects of this exposure are known to influence the possibilities for resettlement in a new country critically. Moreover, numerous adverse health consequences have been reported in refugee populations especially when relocation is forced in the case of severe conflict in the home country associated with violence and human-made trauma [4]. These conditions make it difficult for them to adapt to their host communities. Thus, they need protection, health, and social assistance, as well as basic needs such as education, food, water, shelter, family reunion and integration in a safe environment.

In general, women refugees are one of the most vulnerable groups in the camps or relocation shelters in their host communities. The World Health Organization (WHO) [5] has reported that women refugees have a higher risk of experiencing an unwanted pregnancy, induced abortion and obstetric complications than women in the host population. Furthermore, refugee camps are often poorly lit, putting girls and women at risk at night, even on their way to the toilet [6]. This may have significant consequences as they often lack access to quality health and supportive care while facing family disintegration due to separation. They have to struggle for life in their new living environment and are often exposed to other issues such as malnutrition, reproductive health problems, human rights violation and diseases.

Disaster nurses should recognize the need to support women refugees holistically. However, there have been limited resources in the literature regarding disaster nursing studies that provide linkages to life transitions such as migration, resettlement, and health conceptualization in refugee populations.

2. Objective

The study aimed to describe health and family support issues encountered by women refugees in their resettlement settings and related nursing interventions.

3. Method

A literature review was performed using Academic Search Premier, CINAHL, and Medline databases, and the following keywords were used separately and in combination to retrieve related abstracts and articles: ‘women refugees’, ‘health’, ‘nursing’. Only original articles from qualitative studies, published in English and focusing on women refugees, were selected for the review.

Figure 1 illustrates the flow diagram of the literature search strategy conducted for the review. From this search, 249 articles and abstracts were retrieved. Once the inclusion criteria were applied, 62 articles were excluded from the review as they were either related to asylum seekers, immigrants, quantitative studies, published before 1993 in languages other than English or did not focus on women refugees. Of the 62 articles that related to women refugees, 28 were excluded, including eight that discussed on internally displaced people (IDPs), 14 that were not related to nursing and health, and six duplicate articles. Of the remaining thirty-four articles, 9 met the eligibility criteria as they focused on women’s health and family support, and were considered for the review. A thematic analysis was undertaken to identify major themes relating to women’s health and family support issues, and nursing interventions that were implemented.
4. Results

From the contents of the remaining nine articles that were reviewed, ten themes were extracted: family planning, sexual health, nursing education, family support, mental care, nursing care, social support, women’s health, community services, and gender-based violence. To better grasp issues faced by women refugees and necessary nursing interventions to be implemented, those categories and related studies are presented in the following lines.

4.1 Issues related to women refugees’ health

Table 1 shows health issues encountered by women refugees at their resettlement place. Three main themes related to those issues were found, including ‘Culture sensitivity’, ‘Seeking life balance’, and ‘Gender-based violence (GBV).’
Furthermore, from the three main themes, 8 categories were extracted: ‘Promotion of cultural competency (care system differences, beliefs)’, ‘Emerging from chaos and suffering’, ‘Ethnocentric attitudes’, ‘Pattern of knowing’, ‘Harmony and disharmony’, ‘Sustained abuse and exploitation’, ‘Female genital mutilation (FGM)’, and ‘Early or forced marriage’.

| Theme                  | Categories                                                                 | Country of Resettlement | Authors               |
|------------------------|---------------------------------------------------------------------------|-------------------------|-----------------------|
| Culture sensitivity    | • Promotion of cultural competence (care system differences, beliefs)          | United States          | Stapleton et al. [7]; Upvall et al. [8] |
|                        | • Emerging from chaos and suffering                                         |                         |                       |
|                        | • Ethnocentric attitudes                                                    | Australia               |                       |
| Seeking life balance   | • Patterns of knowing                                                       | United States          | Catolico [9]          |
|                        | • Harmony and disharmony                                                    |                         |                       |
| Gender-based violence  | • Sustained abuse and exploitation                                           | Australia and the United States | Stapleton et al. [7]; Upvall et al. [8] |
|                        | • Female genital mutilation (FGM)                                           |                         |                       |
|                        | • Early or forced marriage                                                  |                         |                       |

4.2 Family support issues encountered by women refugees

Table 2 presents problems faced by women refugees that required family support care. In total, nine themes were identified, including ‘Family reunion’, ‘Changing family roles’, ‘Unsatisfactory family life’, ‘Discrimination’, ‘Child health problems’, ‘Mental health in the family’, ‘Adaptation of life’, ‘Family togetherness’, and ‘Forgetting homeland’. From these issues, we extracted 30 categories that health care professionals should consider when providing family support care to refugee families (Table 2).

4.3 Nursing interventions for women refugees

Table 3 presents a list of health interventions implemented by nurses caring for women refugees and their families. They include ‘Culture care diversity and universality’, ‘Antenatal care (ANC) and counseling’, ‘Communication skill’, ‘Health education promotion’, ‘Family assessment’, ‘Interventions for parents and children’, ‘Preventive care’, ‘Transnational families support’, ‘Construction of family strengths’, ‘Health and safety’, and ‘Togetherness’. From these interventions, 35 categories were extracted, comprising actions that might contribute to providing adequate health and supportive care for women refugees and their families (Table 3).

5. Discussion

This review describes the primary health and family support issues encountered by women refugees in resettlement. It was found that cultural factors directly affected women refugees in terms of their expectations on preventive health services and health care, which influenced their health care choices. Women refugees
studies were from various countries, with differing sociocultural backgrounds and had varying perspectives on reproductive health care. Two studies [7, 8] reported on genital mutilation (FGM) and early or forced marriage in adult refugee populations, and this issue is also considered one of the growing health problems among refugee girls. Of the communities that practice FGM, supporters of this tradition think that FGM preserves family honor and makes a girl fits for early or forced marriage. However, it has been reported that early or forced marriage exposes girls to high risk of first pregnancy, resulting in maternal morbidity and mortality [16]. On the other hand, women refugees as well as refugee families from societies that valued traditional herbal remedies sometimes have negative perspectives on modern health care and seem reluctant when offered western medical care in their host countries [7, 8].

A study conducted by Catolico [9] illustrated the situation of Cambodian women refugees who escaped political conflicts in their home country and were separated from family members when moving to their new settlement sites in the United States. Patterns of knowing, caring for self and seeking life balance were their main health challenges, and the latter emerged as the core perspective of the study.

During resettlement, women refugees often face isolation in their new environment; and mothers have to care for family members and undertake multiple tasks to keep the household functioning. They may face marginalization in their modern society and may suffer psychological or life trauma [10, 11, 13]. Furthermore, those of women refugees living in camps may encounter security issues. In overcrowded camps, for example, discrimination, safety, and security issues are among stressors that exacerbate anxiety in refugees [11, 12, 15].

Protection and promotion of human rights, particularly women's rights, are one of the recommendation sins the 'global agreements' of the United Nations Conference of NGOs, in its Agenda 21 on Protecting and Promoting Human Health and which addresses the primary health needs of the world's populations [17]. The provision of culturally sensitive health services with a holistic approach to meet the needs is crucial for the life transitions of women refugees and their families in resettlement. This includes mother-child health care, family planning counseling, preventive health services, health education, and promotion as well as the construction of the family strengths in the adaptation process in a new environment.

6. Limitation

The main limitation of this review is that identified articles were only considering topics related to the health and family support issues encountered by women refugees and related nursing interventions implemented to promote human security. Moreover, the identified articles were limited to qualitative studies conducted and published in English. Therefore, there might be other interesting studies published in languages other than English that could provide more knowledge regarding our study topic.

7. Conclusion

This review showed that culture sensitivity was as one of the main issues faced by women refugees. When leaving their home countries, refugee families expect to have a new life in a secure environment in their resettlement places. However, they may face anxiety and disappointment. It is of utmost importance that disaster nurses and other health professionals caring for refugees and working in refugee settings understand the
cultural background (country of origin, traditions, beliefs, religion, values, etc.), and health needs of women refugees in order to implement interventions that can solve a wide range of problems and help them lead a secured life and have their human identity protected.

References

1. Castles S. International Migration at the Beginning of the Twenty-First Century: Global Trends and Issues. International Social Science Journal. 2000;52(165):269-81.

2. United Nations High Commissioner for Refugees. Displacement: The new 21st-century challenge [Internet]. 2012. Available from: https://www.unhcr.org/statistics/country/51bacb0f9/unhcr-global-trends-2012.html

3. Mollica RF, Donelan K, Tor S, Lavelle J, Elias C, Frankel M, Blendon RJ. The effect of trauma and confinement on functional health and mental health status of Cambodians living in Thailand-Cambodia border camps. Jama. 1993;270(5):581-6.

4. Palmer D, Ward K. ‘Lost’: listening to the voices and mental health needs of forced migrants in London. Medicine, Conflict, and Survival. 2007;23(3):198-212.

5. WHO U, Mathers C. Global strategy for women’s, children’s and adolescents’ health (2016-2030). Organization [Internet]. 2017;2016(9). Available from: https://www.who.int/life-course/partners/global-strategy/global-strategy-key-statistics-03-11-2017.pdf

6. Martin SF. Refugee women. Lexington books [Internet]. 2004. Available from: https://books.google.co.id/books?id=OwnVdg_mH_sC&lpg=PR7&ots=K3h7u2RS2b&lr&pg=PR7#v=onepage&q&f=false

7. Stapleton HM, Murphy R, Kildea SV. Insiders as outsiders: Bicultural research assistants describe their participation in the evaluation of an antenatal clinic for women from refugee backgrounds. Qualitative Social Work. 2015;14(2):275-92.

8. Upvall MJ, Mohammed K, Dodge PD. Perspectives of Somali Bantu refugee women living with circumcision in the United States: A focus group approach. International Journal of Nursing Studies. 2009;46(3):360-8.

9. Catolico O. Seeking life balance: The perceptions of the health of Cambodian women in resettlement. Journal of Transcultural Nursing. 2013;24(3):236-45.

10. Weine S, Muzurovic N, Kulauzovic Y, Besic S, Lezic A, Mujagic A, Muzurovic J, Spahovic D, Feetham S, Ware N, Knafl K. Family consequences of refugee trauma. Family process. 2004;43(2):147-60.

11. Baird MB, Domian EW, Mulcahy ER, Mabior R, Jemutai-Tanui G, Filippi MK. Creating a Bridge of Understanding between Two Worlds: Community-Based Collaborative-Action Research with Sudanese Refugee Women. Public Health Nursing. 2015;32(5):388-96.

12. Björn GJ, Gustafsson PA, Sydsjö G, Berterö C. Family therapy sessions with refugee families; a qualitative study. Conflict and health. 2013;7(1):7.

13. Bui HN, Morash M. Domestic violence in the Vietnamese immigrant community: An exploratory study. Violence Against Women. 1999;5(7):769-95.

14. Samarasinghe K, Arvidsson B. ‘It is a different war to fight here in Sweden’–the impact of involuntary migration on the health of refugee families in transition. Scandinavian Journal of Caring Sciences. 2002;16(3):292-301.
15. Frye BA, D’avanzo CD. Cultural themes in family stress and violence among Cambodian refugee women in the inner city. Advances in Nursing Science. 1994;16(3):64-77.

16. Bartels SA, Michael S, Roupetz S, Garbern S, Kilzar L, Bergquist H, Bakhache N, Davison C, Bunting A. Making sense of child, early and forced marriage among Syrian refugee girls: a mixed methods study in Lebanon. BMJ global health. 2018;3(1):e000509.

17. Alkire S. A Conceptual Framework for Human Security [Internet]. 2003. Available from: https://ora.ox.ac.uk/objects/oai:economics.ouls.ox.ac.uk:13003
Table 2. Family support issues encountered by women refugees

| Theme                      | Categories                                                                 | Country of Resettlement | Authors                                      |
|----------------------------|---------------------------------------------------------------------------|-------------------------|----------------------------------------------|
| Family reunion             | • Families having a member with special needs do not want to emigrate     | United States           | Weine et al. [10]                           |
|                            | • Changes in families’ connections                                        |                         |                                              |
|                            | • Family fights hard to build up a new existence                           | United States           |                                              |
|                            | • Wives having multiple roles (supporting entire family and husband)       |                         |                                              |
|                            | • The difference in parts played in the home country versus a new living environment |                         |                                              |
| Changing family roles      | • Leaving home country without telling one’s intention to family members   | Sweden                  | Baird et al [11]; Bjorn et al [12]; Bui et al [13]; Samarasinghe & Arvidsson [14]; Weine et al [10] |
|                            | • Multiple tasks to keep the home functioning                              |                         |                                              |
|                            | • Freedom to develop personally and make decisions                         |                         |                                              |
|                            | • Lack of knowledge and skill to manage one’s health and the health of family |                         |                                              |
| Unsatisfactory family life | • Distressed family under prolonged tension                                | Sweden                  | Samarasinghe & Arvidsson [14]               |
|                            | • A frustrated family who cannot lead an entirely satisfactory life         |                         |                                              |
|                            | • Depressed families                                                       |                         |                                              |
| Discrimination             | • Discrimination by healthcare providers                                   | United States           | Baird et al. [11]                           |
|                            | • Negative stigma associated with a mental health problem                  |                         |                                              |
|                            | • Ostracized and contempt by the community                                  |                         |                                              |
| Child health problems      | • New life accompanied by health aspects linked to cultural differences and traumatic experiences | Sweden                  | Bjorn et al. [12]                           |
|                            | • Ordinary health problems in children                                     |                         |                                              |
| Mental health in family    | • Traumatic memories and nightmares                                       | Sweden                  | Bjorn et al. [12]; Frye et al. [15]         |
|                            | • Sleeping problems and depressive symptoms                                 |                         |                                              |
|                            | • Hearing disorders                                                        |                         |                                              |
Table 2. Family support issues encountered by women refugees

| Theme                        | Categories                                                                 | Country of Resettlement | Authors                                      |
|------------------------------|----------------------------------------------------------------------------|-------------------------|----------------------------------------------|
| Adaptation of life           | • Suicidal was obliquely yet<br>• frequently mentioned<br>• Alcohol and drug use identified as cultural taboos<br>• Alcohol and sleeping pills used to relieve the problem | United States           | Bjorn et al. [12]; Frye et al. [15]          |
|                              | • A single mother in a new country                                                                                           | United States           | Bjorn et al [12]; Bui et al [13]; Samarasinghe & Arvidsson [14]; Weine et al [10] |
|                              | • Loss of happiness, creativity, motivation, and hope for the future                                                        | Sweden                  |                                              |
|                              | • Adjustment to a new country<br>• Temporarily split up and extreme despair and hope.                                        |                         |                                              |
|                              | • Same perspectives on their experiences adapting to a new country                                                            | United States           |                                              |
| Family togetherness          | • Less family time and family togetherness                                                                                  | United States           | Weine et al. [10]                           |
| Forgetting homeland          | • The families consider it impossible to return to the home country                                                          | The United States and Sweden | Samarasinghe & Arvidsson [14]; Weine et al [10] |
Table 3  Nursing interventions for women refugees in the refugee setting

| Theme | Categories | Country of Resettlement | Authors |
|-------|------------|-------------------------|---------|
| Culture care diversity and universality | • Cultural competency of maternity care service | Australia | Catolico [9]; Stapleton *et al.* [7]; Upvall *et al.* [8] |
| | • Habits | | |
| | • Cultural beliefs | | |
| | • Spiritual values | | |
| | • The perspective of women refugees in the context of resettlement | United States | |
| | • Development of culturally competent healthcare providers | | |
| Antenatal care (ANC) and counseling | • Training of a specialist antenatal clinic for women | Australia | Stapleton *et al.* [7] |
| | • Evaluation of a specialist antenatal clinic for women | | |
| | • Maternity care | | |
| Communication skill | • Maternity care service | Australia | Catolico [9]; Stapleton *et al.* [7]; Upvall *et al.* [8] |
| | • Identify the health perceptions of women refugees | | |
| | • Provide explanations for routine clinic procedures | United States | |
| | • Explain a western treatment | | |
| Health education promotion | • Reproductive health education and promotion | Australia | Catolico [9]; Stapleton *et al.* [7]; Upvall *et al.* [8] |
| | • Understanding of western treatment | | |
| | • Explanation of antibiotics | United States | |
| | • Understanding of traditional medicine | | |
| Family assessment | • Identify the salient variables | United States | Bjorn *et al.* [12]; Bui *et al.* [13] |
| | • Potential loss | | |
| | • Culturally appropriate intervention | | |
| | • Get an all-embracing picture of a family and listen to each person | Sweden | |
| Interventions for parents and children | Chicago | Weine et al. [10] |
|--------------------------------------|---------|------------------|
| Parent-child relationship            |         |                  |
| Share memories and build trust       |         |                  |

| Preventive care                      | Sweden  | Samarasinghe & Arvidsson [14] |
|--------------------------------------|---------|-------------------------------|
| Primary, secondary, and tertiary prevention as intervention |         |                               |
| The context of the immediate environment |       |                               |

| Transnational families support       | Chicago | Weine et al. [10] |
|--------------------------------------|---------|------------------|
| Family-focused interventions could be ‘transnational families’ in support of their overall goal |         |                  |

| Construction of family strengths     | Sweden  | Bui et al [13]; Samarasinghe & Arvidsson [14] |
|--------------------------------------|---------|-----------------------------------------------|
| Assist refugee families in the adaptation process to a new homeland |         |                                               |
| Practicing in multiple global communities |       |                                               |
| Build on family strengths            | United States |                                           |

| Health and safety                   | United States | Baird et al. [11]; Frye et al. [15] |
|-------------------------------------|---------------|-------------------------------------|
| Provide valuable information for the women |             |                                    |
| A safe environment in resettlement  |               |                                    |
| Management of family violence ’talking softly’ and ‘talking sweetly.’ |       |                                    |

| Togetherness                        | Chicago | Bjorn et al. [12]; Weine et al. [10] |
|-------------------------------------|---------|-------------------------------------|
| Promoting family togetherness       |         |                                    |
| Understand the complexity of the family system and tie together the family narrative | Sweden |                        |
| Family-oriented knowledge           |         |                                    |