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

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### 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.

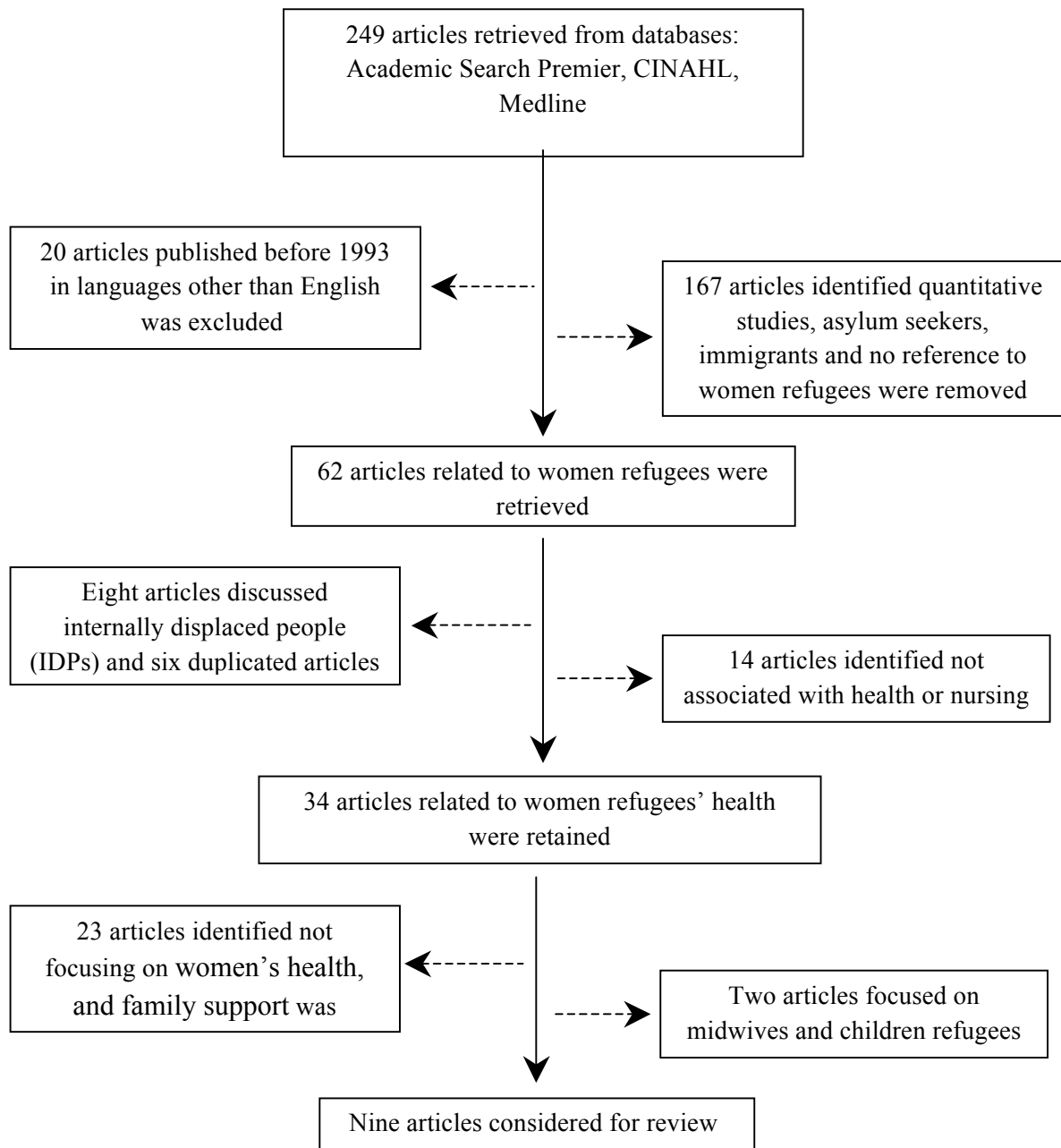
## 2. Objective

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.



**Figure 1.** Flow diagram of the literature search and review process

## 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'.

**Table 1.** Health issues encountered by women in the refugee setting

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

## 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

studied 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 fit 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.

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**Table 2.** Family support issues encountered by women refugees

Theme	Categories	Country of Resettlement	Authors
Family reunion	<ul style="list-style-type: none"> <li>Families having a member with special needs do not want to emigrate</li> <li>Changes in families' connections</li> </ul>	United States United States	Weine <i>et al.</i> [10]
Changing family roles	<ul style="list-style-type: none"> <li>Family fights hard to build up a new existence</li> <li>Wives having multiple roles (supporting entire family and husband)</li> <li>The difference in parts played in the home country versus a new living environment</li> <li>Leaving home country without telling one's intention to family members</li> <li>Multiple tasks to keep the home functioning</li> <li>Freedom to develop personally and make decisions</li> <li>Lack of knowledge and skill to manage one's health and the health of family</li> </ul>	Sweden  United States	Baird <i>et al</i> [11]; Bjorn <i>et al</i> [12]; Bui <i>et al</i> [13]; Samarasinghe & Arvidsson [14]; Weine <i>et al</i> [10]
Unsatisfactory family life	<ul style="list-style-type: none"> <li>Distressed family under prolonged tension</li> <li>A frustrated family who cannot lead an entirely satisfactory life</li> <li>Depressed families</li> </ul>	Sweden	Samarasinghe & Arvidsson [14]
Discrimination	<ul style="list-style-type: none"> <li>Discrimination by healthcare providers</li> <li>Negative stigma associated with a mental health problem</li> <li>Ostracized and contempt by the community</li> </ul>	United States	Baird <i>et al.</i> [11]
Child health problems	<ul style="list-style-type: none"> <li>New life accompanied by health aspects linked to cultural differences and traumatic experiences</li> <li>Ordinary health problems in children</li> </ul>	Sweden	Bjorn <i>et al.</i> [12]
Mental health in family	<ul style="list-style-type: none"> <li>Traumatic memories and nightmares</li> <li>Sleeping problems and depressive symptoms</li> <li>Hearing disorders</li> </ul>	Sweden	Bjorn <i>et al.</i> [12]; Frye <i>et al.</i> [15]



**Table 2. Family support issues encountered by women refugees**

Theme	Categories	Country of Resettlement	Authors
	<ul style="list-style-type: none"> <li>• Suicidal was obliquely yet</li> <li>• frequently mentioned</li> <li>• Alcohol and drug use identified as cultural taboos</li> <li>• Alcohol and sleeping pills used to relieve the problem</li> </ul>	United States	Bjorn <i>et al.</i> [12]; Frye <i>et al.</i> [15]
Adaptation of life	<ul style="list-style-type: none"> <li>• A single mother in a new country</li> </ul>	United States	Bjorn <i>et al</i> [12]; Bui <i>et al</i> [13]; Samarasinghe & Arvidsson [14]; Weine <i>et al</i> [10]
	<ul style="list-style-type: none"> <li>• Loss of happiness, creativity, motivation, and hope for the future</li> </ul>	Sweden	
	<ul style="list-style-type: none"> <li>• Adjustment to a new country</li> <li>• Temporarily split up and extreme despair and hope.</li> </ul>		
	<ul style="list-style-type: none"> <li>• Same perspectives on their experiences adapting to a new country</li> </ul>	United States	
Family togetherness	<ul style="list-style-type: none"> <li>• Less family time and family togetherness</li> </ul>	United States	Weine <i>et al.</i> [10]
Forgetting homeland	<ul style="list-style-type: none"> <li>• The families consider it impossible to return to the home country</li> </ul>	The United States and Sweden	Samarasinghe & Arvidsson [14]; Weine <i>et al</i> [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 <i>et al.</i> [7]; Upvall <i>et al.</i> [8]
	• Habits	United States	
	• Cultural beliefs		
	• Spiritual values		
	• The perspective of women refugees in the context of resettlement		
	• Development of culturally competent healthcare providers		
Antenatal care (ANC) and counseling	• Training of a specialist antenatal clinic for women • Evaluation of a specialist antenatal clinic for women • Maternity care	Australia	Stapleton <i>et al.</i> [7]
Communication skill	• Maternity care service	Australia	Catolico [9]; Stapleton <i>et al</i> [7]; Upvall <i>et al</i> [8]
	• Identify the health perceptions of women refugees	United States	
	• Provide explanations for routine clinic procedures		
	• Explain a western treatment		
Health education promotion	• Reproductive health education and promotion	Australia	Catolico [9]; Stapleton <i>et al.</i> [7]; Upvall <i>et al.</i> [8]
	• Understanding of western treatment	United States	
	• Explanation of antibiotics		
	• Understanding of traditional medicine		
Family assessment	• Identify the salient variables	United States	Bjorn <i>et al.</i> [12]; Bui <i>et al.</i> [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	<ul style="list-style-type: none"> <li>• Parent-child relationship</li> <li>• Share memories and build trust</li> </ul>	Chicago	Weine <i>et al.</i> [10]
Preventive care	<ul style="list-style-type: none"> <li>• Primary, secondary, and tertiary prevention as intervention</li> <li>• The context of the immediate environment</li> </ul>	Sweden	Samarasinghe & Arvidsson [14]
Transnational families support	<ul style="list-style-type: none"> <li>• Family-focused interventions could be 'transnational families' in support of their overall goal</li> </ul>	Chicago	Weine <i>et al.</i> [10]
Construction of family strengths	<ul style="list-style-type: none"> <li>• Assist refugee families in the adaptation process to a new homeland</li> </ul>	Sweden	Bui <i>et al</i> [13]; Samarasinghe & Arvidsson [14]
	<ul style="list-style-type: none"> <li>• Practicing in multiple global communities</li> <li>• Build on family strengths</li> </ul>	United States	
Health and safety	<ul style="list-style-type: none"> <li>• Provide valuable information for the women</li> <li>• A safe environment in resettlement</li> <li>• Management of family violence 'talking softly' and 'talking sweetly.'</li> </ul>	United States	Baird <i>et al.</i> [11]; Frye <i>et al.</i> [15]
Togetherness	<ul style="list-style-type: none"> <li>• Promoting family togetherness</li> </ul>	Chicago	Bjorn <i>et al.</i> [12]; Weine <i>et al.</i> [10]
	<ul style="list-style-type: none"> <li>• Understand the complexity of the family system and tie together the family narrative</li> </ul>	Sweden	
	<ul style="list-style-type: none"> <li>• Family-oriented knowledge</li> </ul>		