Literature Review of Effective Health Promotion and Education Strategies Used to Promote Health in the Refugee Community

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LITERATURE REVIEW OF EFFECTIVE HEALTH PROMOTION AND EDUCATION STRATEGIES USED TO PROMOTE HEALTH IN THE REFUGEE COMMUNITY

PROFESSIONAL REPORT

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For the Degree of Master of Public Health
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By

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An estimated 33 million people have been displaced by complex humanitarian emergencies. The most pressing issues of refugees include HIV/AIDS awareness, sexually transmitted diseases, gender issues, human rights, conflict resolution, and repatriation. Primary tasks of humanitarian agencies include health maintenance, nutritional support, community development, and training of health workers. Tools used to promote health and education in the refugee camps include film screening/videotape, pamphlet, posters, self-instructional manual, and group sessions. These strategies address most of the critical health and social issues when a dynamic and community-based approach are used and takes into consideration the cultural norms of the community. These strategies are used to promote health, alleviate psychological trauma, and promote interventions and community responses that allow members of the refugee community to improve health.
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CHAPTER 1
INTRODUCTION

According to United Nations High Commissioner for Refugees (UNHCR, 2007), there has been a significant increase in the number of displaced people. The number of the displaced people was 32.9 million by the end of 2006 (UNHCR). There were estimated 9.9 million refugees globally by the end of 2006 (UNHCR). Refugee camps have grown tremendously with the average refugee stay recorded as 17 years (Filmaid International, n.d.). A greater number of children are born in the refugee camps. These camps serve as the only home these children have ever known. Typical solutions to the refugee crisis include voluntary repatriation, seeking asylum, and settling in a third country (UNHCR).

Populations affected by political conflicts and refugee status face severe public health deficiencies due to poor sanitation and lack of clean water, which are the primary causes of morbidity and mortality, especially in children (Spiegel, Sheik, Crawford, & Salama, 2002). Refugees experience limited or restricted interaction with the outside world, leading to isolation and boredom, which further leads to unrest within the camp. Psychological trauma is not obviously visible, but many refugees have witnessed or suffer the loss of loved ones, loss of their village or community, women being raped or men assaulted, good friends or neighbors turned into enemies, torture and brutal behavior beyond imaginable capacity, and execution by state authorities. Humanitarian organizations continue to provide health care services, food, basic commodities, and
education for the refugee community (Spiegel et al., 2002). Refugee camps provide very few opportunities for both recreational and occupational economical activities.

The review of literature explored the strategies used to promote health, alleviate psychological trauma, and promote interventions and community responses that allow members of the refugee community to improve their health.

Discussion of Displaced People

An estimated 33 million people have been displaced by complex humanitarian emergencies, which arise due to wars, food shortages, and general displacement of people (Filmaid International, n.d.). The world can expect an emergency involving human displacement every 16 months and a massive emergency every 2 years (UNHCR, 2007). The reasons for this projection include reluctance in the international community to take action in diffusing conflict, funding shortfalls, insecurities in humanitarian actions, and inaccessibility of some who are in need (UNHCR).

These emergencies result in excess mortality. More deaths result from preventable diseases that are mostly exacerbated by malnutrition, such as diarrheal diseases, respiratory diseases, measles, and malaria (Spiegel et al, 2002). For displaced people, morbidity from communicable diseases and psychological distress are common, and injuries from interpersonal violence, firearms, and other causes have been documented (Banatvala & Zwi, 2000; Fox & Kumchum, 1996). Disability as a result of injury may require long term health care (Banatvala et al., 2000). Damages to infrastructure further diminish health conditions and opportunities for health (Banatvala et al., 2000).
Refugee camps are meant to be temporary homes. However, due to continuing conflicts, these camps have become permanent homes to majority of the refugee community. Many of the complex humanitarian emergencies impact populations that have been displaced for long periods of time (Spiegel et al., 2002). Intellectual, aural, and visual stimulation are often overlooked during such crises. During any stay in these camps, erosion of cultural norms and community involvement are known to further exacerbate the health problems (Spiegel et al., 2002).

Interventions to address these issues involve major logistic, administrative, and sustainable programs to provide effective emergency relief. Accountability with both the affected population and the donors, and incorporating programs like the Sphere Project which aims at establishing minimum standards for good practice in humanitarian field ought to be emphasized. For example, Sphere project has established social and psychological intervention indicators that include (Batjaie, Ommeren, & Saraceno 2006):

1. People have access to ongoing, reliable flow of credible information.
2. Normal cultural and religious events are maintained.
3. Children and adolescents have access to formal education as soon as resources permit.
4. Adults and adolescents participate in purposeful activities
5. Isolated persons are included in social networks.
6. A tracing service is established to reunite families
7. Shelter is organized to keep families and communities together
8. Communities are consulted when decision are being made
9. Individual experiencing mental distress receives psychological first aid
10. Urgent psychological complaints are cared for in primary health care setting
11. Individuals with existing psychological health indicators continue to get help
12. Plan to provide continued Psychological interventions are made if disaster continues (Pages 1855-1860).

**Epidemiology and Ethics**

Successful provision of health services to the refugee community requires a major community orientation and training of the health care providers on public health context in which people develop diseases. Simple epidemiologic methods play an important role in health planning for long term refugee camps. These methods include analyzing mortality trends and nutrition statuses, and maintaining a reportable disease system to readily identify outbreaks of new diseases.

Ethical principles that may be applied when dealing with refugees include individual and community autonomy, non-malfeasance, beneficence, and justice (Bjorn & Bjorn, 2004). Continued evaluation with an ethical approach that maximizes benefits and minimizes harm is the key element, including defining the most important ethical principle in a given situation. This requires an interdisciplinary, transparent and process-oriented approach (Banatvala et al., 2000).

**Health Promotion and Education Tools**

Tools used to promote health and education in the refugee camps include film and videotape screenings, pamphlets, posters, self-instructional manuals, and group sessions (Clabots & Dolphin, 1992; Cropley, 2004; Groisman, Bratthall, Harari, & Tapia, 1989).
These strategies address most of the critical health and social issues collaborative and community-based approaches are used, taking into consideration the cultural norms of the community (Filmaid International, 2007; Rutherford & Roux, 2002).

Positive changes that the health promotion and education strategies and methodologies can be used to achieve can be grouped in two categories:

1. Short term changes include improving physical health, establishing psychological relief, constructive knowledge and skills, and feelings of sense of purpose;
2. Long term changes, providing refugees a view of the world and a vision of the differences they can make in their community.

Purpose of the Study

The purpose of this review of the literature is to explore the strategies used to address the health issues among the refugees. The most pressing health and mental health issues for the refugees were identified. The most effective strategies for changing health behavior in the refugees were identified. Also, the background of the development of these strategies was explored to identify how much the refugees are involved in the process and to identify the cultural sensitivity of these strategies.

Research Question

The following research questions guided the research project:

1. What are the most pressing health issues for the refugee community as perceived by the members of the community?
2. What are the strategies used to address the health issues among the refugees?
3. Which methodology has been shown by literature to be most effective?
4. How much involvement do the members of the community have in the creation of the most effective strategies?

**Delimitation**

The study was delimited to data and material in available the English literature on this topic from 1997-2007.

**Limitation**

The study was limited by the findings from previous projects with similar samples from the refugee community that were used for the purpose of comparison. Also, the term used to describe refugees in the different studies.

**Assumptions**

For the purpose of the study, the following assumptions were made:

1. The findings of the research represent refugees globally
2. Refugee groups share certain common health and social problems

**Definition of Terms**

**Displaced people.** Refugees who have crossed international borders and people who have been displaced from their homes but remains within the internationally recognized borders of their countries (Spiegel et al., 2002).

**Refugees.** Legally defined as people who are outside their countries because of a well-founded fear of persecution based on their race, religion, nationality, political opinion or membership in a particular social group, and who cannot or do not want to return home (UNHCR, 2007).
Criteria to determine effective methods of health promotion and education include integrated approach, community-based approach, prepare refugees for durable solutions, address public health needs, and ensure effective use of both humanitarian and development resources (UNHCR, 2005).

The Sphere Project. Launched in 1997 by a group of humanitarian NGOs and the Red Cross and Red Crescent movement. Sphere is based on two core beliefs: first, that all possible steps should be taken to alleviate human suffering arising out of calamity and conflict, and second, that those affected by disaster have a right to life with dignity and therefore a right to assistance (Sphere Project, 2007).

United Nations High Commissioner for Refugees (UNHCR). Established in 1951, UNHCR is the branch of the United Nations charged with the international protection of Refugees. UNHCR has increasingly been asked not only to protect refugees, but also to provide assistance to them (U.S. Committee for Refugee and Immigrants, n.d.).

Voluntary repatriation. When conditions in the home countries have changed so much that refugees no longer believe their lives or liberty are threatened, they may return home voluntarily (U.S. Committee for Refugee and Immigrants, n.d.).

Importance of the Study

This study was conducted to evaluate and determine examples of effective methods of health promotion and education among the refugees. This study is important in public health because it addressed health issues like HIV/AIDS prevention, women rights, conflict resolution, and family planning critical among the refugee community and displaced people.
CHAPTER 2

METHODS

The method used to address the research questions involved finding published literature to review, using on-line sources starting with the most recent articles and moving backwards from 1997 to 2007. Multiple websites were used as data sources, including UNHCR, World Health Organization, Filmaid International, and others. Database searches of EBSCOhost, PubMed, CINAHL, and OVID MEDLINE were utilized. Searches were conducted via the Internet search engine named Google. The keywords included “refugee health,” “health communication and refugees,” “refugees and teaching material,” “refugees’ health promotion,” “refugees,” and “displaced people.”

The background of development and creation of the health promotion and education strategies/methodology were analyzed. The most pressing health issues of the refugee community were identified. Analyses of the effectiveness of the strategies were explored. The criteria used to measure the effectiveness of the strategies were:

1. Program outcome evaluation conducted using a post-intervention survey completed to assess levels of knowledge, attitudes treatment-seeking behaviors and access and exposure to health messages (Cropley, 2004).

2. Increased number of participants, for example, increase number of youth in the youth programs and increase in women’s participation (also indicates decrease in social barriers)
3. Behavioral change. For example, decrease in tension in the refugee camps as measured by continuing activities of daily living in the camp.

Case studies were drafted from the literature review to elucidate the best tools for educating and promoting health in the refugee community. The rationale for using case studies was to illustrate how different tools were implemented in different settings and compare how one strategy might be effective in one setting but not effective in another setting.
CHAPTER 3
RESULTS OF REVIEWING THE LITERATURE

The Most Pressing Issues of Refugees

The most pressing health and social issues identified through the literature review included HIV/AIDS awareness, sexually transmitted diseases, gender issues, human rights, conflict resolution, and repatriation.

Women’s and Children’s Health

Women and children account for 80% of the refugee population (Reproductive Health Response in Conflict Consortium (RHRC)). Health indicators in maternal-child and women’s health are alarming in the refugee camps.

According to Kim, Torbay, and Lawry (2007), issues that affect women include high pregnancy rates, minimal prenatal services, and family planning, high rates of traditional birth attendants at delivery and unattended deliveries, limited sexual and reproductive rights including consensual marriages, spacing of children, and sexual intercourse. Furthermore, Kim et al. reported increased incidence of neonatal tetanus as a result of the low rate of immunization using tetanus vaccine among childbearing women. It was estimated that 200,000 to 500,000 neonatal deaths in developing countries may develop as a result of septic deliveries, lack of vaccination among mothers, and improper cord handling (Kim et al., 2007). Other issues Kim et al. found relevant include increased risks to breastfeeding difficulties, which is an essential measure in the prevention of diarrheal diseases (CDC, 2000); increased risk to sexual and domestic violence; health
consequences as a result of female circumcision include hemorrhage, infection, sexual and urologic dysfunction, childbirth difficulty, and psychological complications.

Children make up a large number of the population in many countries. The highest mortality reported in refugees and displaced persons is among children under the age of 5 years old (Zwi, Grove, Kelly, et al., 2006). UNHCR has identified five main global priority issues when it comes to children 18 years and younger. These are separation from families and caregivers; sexual exploitation, abuse, and violence; military recruitment; education; and the specific concerns of adolescents. Older children and adolescents may be left with the responsibilities of taking care of their younger siblings or the entire family. Children are left to make decisions affecting their health daily, including decisions about what to eat, where to sleep, where to find safety, and what to do if a family member is sick. This group of children is at greater risk of HIV/AIDS, human trafficking, and psychological stress. Lastly, children have limited knowledge on how to access care and have inadequate resources to help them find care.

Solutions to the problems women and children face require an integrated management by humanitarian agencies. This can be facilitated by first seeking to understand the women’s and children’s perspectives, and second, seeking to identify and understand issues that affect this population. This can be done by training researchers on how to undertake child-centered research and evaluation (Zwi et al., 2006).

Mental Health

Mental health has become an important issue during complex emergencies. The magnitude of this problem has been underreported, and important issues like lack of
culturally valid assessment tools and accurate population estimates have not been tackled. Recent studies show that emotional distress, depression, post-traumatic stress disorder, and suicide continue long after the crisis has stopped (Batjaie, Ommeren, & Saraceno, 2006). Humanitarian agencies acknowledge the need to implement psychological programs that are both evidence-based and culturally competent (Mollica, Cardozo, Osofsky, et al., 2004). According to Mollica, et al. (2004), macro level forces such as political, economic, socio-cultural, and healthcare infrastructure, creating mental health impairment can be utilized for mental health recovery efforts.

Mollica, et al. (2004) advice that interventions should be focused on coordinated activities and integrated into pre-existing services provided by trained practitioners and involving the community. Local practitioners, traditional healers, and relief workers need to work together to provide mental health services. Integration of mental health services into primary care is widely promoted (Mollica, et al., 2004).

Refugee Repatriation

Repatriation is regarded as the most desirable solution to refugee situation. Refugee that chooses to repatriate may do it spontaneously or officially (when a plan is set in place). Refugee may have fears about going home as a result of political and economical uncertainties. The sense of closeness refugees may have felt during their stay in the camp can be threatened by returning home. The decision of repatriation not only affects the refugee, but it also affects the host country needing money for rehabilitating the one-time refugee camp and its environs and the origin country needing funds to build infrastructure and reintegrate the returnees (Bariagaber, 1999).
refugees to their home country must be calculated very carefully to prevent tension between the returning and host population (IRC, 2005).

**HIV/AIDS**

A positive diagnosis of HIV can be devastating on the already compromised refugee status. The positive refugee may suffer from shame, social stigma, and discrimination due to belief of the causes of HIV/AIDS. The need for secrecy is particularly hard on these individuals. This in turn leads to quite specific medical and social support needs (Worth, Denholm, & Bannister, 2003).

**Key factors**

- Area of origin HIV prevalence
- Surrounding host population HIV prevalence
- Length of time: Conflict, existence of camp

**Increase risk**

- Behavioral change
- Gender violence/transactional sex
- Reduction in resources and services (e.g., health, education, community services, protection, food)

**Decrease risk**

- Reduction in mobility
- Reduction in accessibility
- Increased in resources and services in host countries

*Figure 1. HIV risk factors for conflict and displaced persons camps (Spiegel, 2004)*

To promote health, other life skills that have to be learned include dealing with conflicts, interpersonal relationships, decision-making, dealing with stress and emotions, active listening, sharing, self esteem, among others (WHO, 1999).
Strategies Used to Educate Refugees

Different health education interventions are effective in different settings. Most learning comes from interacting with others, which in turn builds on communities’ strength and helps them to problem solve. Group experience refers to participants learning from others experience and opinion. Listening approaches can be used to learn about the refugees’ lives, concerns, and propose solutions. Participatory community-based learning is particularly effective among refugee communities especially with use of techniques that the community is familiar with, such as the use of role-plays, drama, stories.; Cultural group exercises acknowledge cultural differences. Minimizing reading and writing and letting other forms of learning the group may be familiar with (e.g. song and dance) to be predominant. Additionally, examining issues from the refugee perspective, and the global perspective (Worth et al., 2003). Involvement of the community members in the development and production of these strategies contributed to greater acceptance and usefulness in the community (Clabots & Dolphin, 1992), because individuals and communities have their own priorities for health.

Development of the health messages would include extensive review and pre-testing with the community gate keepers and community members (Cropley, 2000). Health messages should use the local language, address the local beliefs, and discuss disease concept. Tools used to educate this population should be entertaining, including uplifting the refugee’s spirit and alleviating psychological trauma. Messages should raise global awareness of the refugee’s crisis (Filmaid International, n.d.).
To measure intervention efficacy, behavior changes should be monitored closely and frequently, revisiting the concept and changing it as needed (Cropley, 2000).

Case Studies

The following case studies show the different strategies used to educate refugees in different settings and to address different health issues.

Case Study 1: Improving refugee’s reproductive health through literacy

Reproductive Health Literacy (RHL) project was carried out to examine the benefits of adult literacy program among refugee women in Guinea. The audiences of the RHL classes were semi-literate and illiterate Sierra Leonean and Liberian women. The program objectives included improving literacy skills, increase knowledge of reproductive health, increase utilization of reproductive services in the camp, and also empowering the women. Literacy class met for 6 months. The evaluation instrument used was closed-ended interviews and literacy skills written test. Results of the test indicated that higher knowledge of reproductive health and increased literacy skills after the class. The findings suggested increased contraceptive use after RHL participation. Basic awareness of STI's, HIV/AIDS, safe motherhood, nutrition, and female anatomy was higher among the respondents prior to RHL classes (80% and higher). There was an increased “sense of boldness” among the participants after RHL. Limitation of this approach included shortcomings in the recall method used to gather information, self-selection into the program, and lack of pre-program measures to compare the result. (Mcginn & Allen, 2006).

Case Study 2: Health education interventions on childhood malaria treatment
A study was done in Belize, Central-America to examine the effects of health education intervention on mothers’ treatment-seeking practices for their children’s malaria fever. This study was done as a result of increased cases of malaria among children ages 12 and younger. To tackle this problem, a series of health education interventions was developed that targeted refugees mothers of this young children. The objective of the program was that “at the end of the study, 80% of mothers with children five years old or younger would seek malaria treatment from an appropriate source within 48 hours of the first recognition of a fever indicative of a malaria infection, regardless of beliefs of causation” (Cropley, 2000, p. 450). The three types of education materials used were pamphlets, posters, and post signs (see the Appendix). Program outcome evaluation was conducted 6 months after the intervention was completed to assess attitude, knowledge, treatment-seeking behavior, and exposure to health messages. Some interventions had a positive impact on behavior and attitude. However, it was still difficult to determine effects to the interventions due to the limitation of the study design. Poster and post sign were significantly related to positive treatment-seeking behavior; however, interpersonal communication had the greatest effect with the educational material reinforcing and improving the quality of the relationship (Cropley, 2000).

Case Study 3: The impact of Filmaid programs in Kakuma, Kenya

Independent consultants with the help of faculty of Boston university school of public health and Filmaid staff carried out a study to evaluate the impact of Films screening to the refugees in Kakuma, Kenya. The researchers utilized both qualitative and quantitative research methods. The result of this study show that 99% of the respondents
knew what film aid was, and 85% had attended at least one daytime or night time film session. The results suggested increased in knowledge and behavior changes especially in areas of HIV/AIDS and family planning. Seventy five percent responded that the general impact of the films to the community was positive. Ninety one percent stated they understood the films at last sometimes. Ninety six percent stated that the films have help in conflict resolution and community building. More that 50% perceived that the films have increased women participation in the community. Fifty seven percent of the respondents say that the films help reduce stress. Sudanese respondents also stated that the films have helped them tremendously to understand repatriation process. The negative impact perceived by the members of this community included family conflict. Respondents reported family tension when wives left the family to go to film screenings without husband permission and when girls were attacked during screenings. The results suggest that the Filmaid project is beneficial to the Kakuma’s community wellbeing.

Films should meet certain requirements to be acceptable in social terms. According to Ferron (1990), the information should be precise, clear, and neutral; messages should be easily recognized and identifiable; films should be aimed to a clearly defined audience; reaction to the films should be anticipated; and films should incorporate human and social dimension including showing feeling, sensitivity, appealing, and lively. Films should empower members of the refugee community to express themselves and bring awareness of the refugee situation to the rest of the world (IRC, 2005). Films are especially effective for conflict resolution. Films can be used to
encourage peace process at the time when media attention is on the high-profile violence (IRC, 2005).

Case Study 4: Public health education for Liberian refugees

A nurse describes her experiences working with Liberian refugees living in the Cote d’ Ivoire. Zotti(1999) taught health education, including disease prevention, and self-care, to a group of refugees, lay pastors and community health workers. The one week course included a morning and an afternoon class. The morning class emphasized public health educational components guided by PHC (primary health care) model, while the afternoon class emphasized practical experiences and skills. Evaluation for morning class was formal including an open-ended question asking the participants to identify things that they would do differently as a result of the class. Answers included from garbage control, building latrines, keeping animals outside, hand washing, and remaining faithful to one sexual partner. The afternoon class evaluation was informal. The participants stated increased level of skills from the beginning to the end of class. Due to the nature of the survey, it was difficult to distinguish what new knowledge the participants had acquired from prior knowledge. (Zotti, 1999)

Other approaches include the use of idioms (Palinkas, Pickwell, Brandstein, Clark, Hill, Moser et al., 2003), the use of idioms were very important in some cultures, and can be used to improve health in communities that belief that idioms are always truthful. For example, there is Somali idiom that state that “the disease that you prevent is better that the disease you need to cure.” This idiom contains a message that is widely recognized by health practitioners.
The importance of small community groups has widely been reported. An example of guides provided to small community groups is PILLAR (Partnership in Local Language Resources) (Carter, 2005). These guides are printed materials, in local language, on issues that affect the community including HIV/AIDS, nutrition, community mobilization (Carter, 2005). The effectiveness of this guide is due to the fact that it is consolidated locally and therefore not perceived as coming from outside.

The case studies show the effectiveness of the different programs. The studies had a few things in common. There was a general emphasis on cultural sensitivity prior to setting up project programs and the importance of community involvement. The limitations were also mentioned in the studies, and were also different in each study.

Different approaches to different issues vary in different countries or communities due to different refugee policies in different regions. Diverse methods of implementing programs should be looked at, and a lot of factors taken into consideration to maximize utilization. For example, a cooking training for a group of women can be implemented by having someone go house to house and providing the training, the classes could be conducted in the local church, and a videotape could be produced with instructions on healthy cooking (Laverentz, Cox, & Jordan, 1999).

According to Butterfoss (2007), each community possesses unique characteristics to build on its future. Approaches that emphasize the strength of the community are more effective. This will prevent reinforcing stereotypes, demoralizing the community, breaking efforts to provide solution, and shifting funds toward the practitioners instead of the community. Community members should be involved in identifying the issues, and
identifying the strategies or solutions. Also, the community should be given resources to implement programs. Involving the community will increase effectiveness and reception of the strategies by the community. Also, sustainable partnership with the community in increased. Once assessment has been completed, the data can be used to assess the strength of the community, prioritize the issues of the community, allocate existing resources to desired programs, and establish objectives and evaluate project progress.

Involvement of Members of the Community in the Creation of Health Promotion Strategies

According to Solheim, 2005, commitment towards community involvement by humanitarian agencies is not only necessary, but also the morally right thing to do. Communities need to be involved in their health care decision making. This can be achieved by forming partnership with community members, specifically hiring the locals, who work together with humanitarian agencies to improve the health of the community (Solheim, 2005). There are refugees who were professionals in their home country: nurses, doctors, teachers, and health educators (Tanaka, Kunii, Okumura, & Wakai,, 2004). Once identified and hired, this group of individuals encourages the community to utilize health services in the camp, the refugees take their advice, they communicate effectively with the refugees, and because they came from the same cultural background as the refugees, they are able to suggest coping mechanisms.

Involving the community also enables the agencies to identify what is the priority issue among the community. For example, daily routine, monotony and sense of hopelessness could be of higher priority than environmental factors, such water supply
and sanitation. This will enable the agencies to identify what programs to implement and plan realistic interventions (Rutherford & Roux, 2002). The perceptions, health beliefs and practices, attitude, and knowledge of the locals need to be looked at prior to implementing programs (Cropley, 2000). The implementation of culturally competent programs in the community requires negotiation between the models of the outside providers with models of the community (Palinkas et al., 2003). This will help prevent imposing western way of life to the locals, and as the locals become independent and competent, control by the humanitarian agencies need to be relinquished (Solheim, 2005, Rutherford and Roux, 2002, and Carter, 2005). When working with refugees one must go slowly and avoid teaching too much at once, the process should be proceed at the rate that is appropriate to the refugees (Laverentz et al., 1999).

Community involvement approach highlighted in this review of literature includes utilization of respected community members, as agents of the community, to provide health information to the rest of the community, especially in outreach services (Tanaka et al., 2004). These individuals can actively identify health needs, assume responsibility, and make decisions to meet needs of improving health in the community.
CHAPTER 4
CONCLUSION AND RECOMMENDATIONS

Health promotion and education is crucial in improving health and mental health of the refugees. For a vulnerable population, a collaborative, multidisciplinary approach is necessary to achieve optimal health. The most pressing health and social issues identified in this study that are specific to this population includes women’s and children’s health, HIV/AIDS, mental health, conflict resolution and repatriation/resettlement. Community-based participatory approaches to improving health of the refugees that utilizes learning tools and techniques that are familiar to the community are the most effective. These include small groups, story telling, role-play, drama, films, printed material-posters; post signs; and pamphlets (guide), and idioms as highlighted by the above case studies. Effectiveness of the strategies varies between communities. Strategies that are effective in one community may not be effective in another community, and strategies that cover one area of concern might not be as effective with another concern. Assessment of the concerns or needs of the community should always be carried out prior to implementing health programs. Factors to be taken into consideration prior to implementing learning programs include culture and attitudes, perceptions, health beliefs and practices, and knowledge of the refugees. Program effectiveness can be evaluated by conducting program outcome evaluation using a post-intervention survey, measuring increased number of participants, and monitoring behavioral changes.
Interagency support ought to be encouraged. Humanitarian work relies very much on volunteers. Most of the professionals are young and from outside the community, thus requiring a lot of support by humanitarian agencies. Information sharing, technical support and capacity-building are helpful input when seeking to improve self-reliance and livelihood opportunities for volunteers. This can be attained by training, staffing, and updating tools to assist refugee recovery and solutions. Strategies that are specific to the population at hand should be encouraged. Involving the members of the community as early as possible and with every step of decision making will determine the success or failure of programs.
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Appendix 1

Fig. 1: Malaria post sign. Original has a yellow background. "Malaria notification post".
"If you have fever, it could be malaria. Obtain free treatment here."
Fig. 2: Malaria poster. Original is in color (red and blue) and measures 23 x 15.5 inches.

"If you have fever think of malaria. Get a blood slide taken and begin treatment. Visit the nearest Voluntary Collaborator or Health Centre."
Fig. 3: Malaria pamphlet. Original is in color (red and blue).