

The Post-Resettlement Health Care Needs, Barriers and Facilitators of Refugee Women in Navigating a New Healthcare System: A Study among Diverse Refugee Women in Alberta, Canada

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Background

- ❖ With an increasing global migration crisis caused by conflicts and wars, refugees attempting to settle in host countries encounter challenges such as safety, finances as well as health. Women refugees consist of nearly half of the 19.6 million refugees worldwide (UN General Assembly, 2016).
- ❖ As refugee women arrive in Canada, they are challenged to adapt to a new environment and healthcare system. Refugees struggle to adapt to a new environment, a new language, a new healthcare system or new ways of doing things.
- ❖ Although some studies exist on the difficulty women refugees face in accessing and utilizing healthcare services, there is paucity of research on how women refugees navigate the Canadian healthcare system and the gaps that exist between their expectations and actual experiences. (Dastjerdi, Olson, & Ogilvie, 2012; Simich & Nerad, 2007).

Significance & Objective

- ❖ **Significance:** There is need to explore the healthcare experiences of refugee women settling in Canada and understand how the healthcare system is structured in attempt to meet the needs of refugees.
- ❖ **Objective:** This study examines the healthcare expectations and experiences of refugee women as they settle in Canada, their health needs and strategies to improve their post-resettlement challenges.

Research Design

- ❖ **Methods:** An exploratory qualitative research study guided by the intersectionality feminist framework, which helps to better understand the intersecting factors that influence how refugee women familiarize themselves with healthcare services in Southern Alberta, Canada. Participants and study locations were selected using a purposive snowball sampling technique.
- ❖ **Data Collection:** Data was collected through six (6) focus group discussions with thirty-nine (39) refugee women and seven (7) individual interviews with local leaders/ settlement workers.
- ❖ **Sample:** The inclusion criteria for selection was refugee women between the ages of 18-49 years (reproductive status) who have lived in Alberta for about six months to five years.
- ❖ **Setting:** Participants were recruited from six (6) communities in Southern Alberta (Brooks, Calgary, Claresholm, High River, Lethbridge and Medicine Hat). Participants were contacted through various faith and refugee support organizations.
- ❖ **Data Analysis:** An inductive thematic analysis approach was employed to analyze and interpret data from a social constructivist lens. It was employed to explore the collective voices of women's narrative and perspectives.
- ❖ **Ethics:** Ethical approval was granted by the Human Subject Research Committee at the University of Lethbridge.

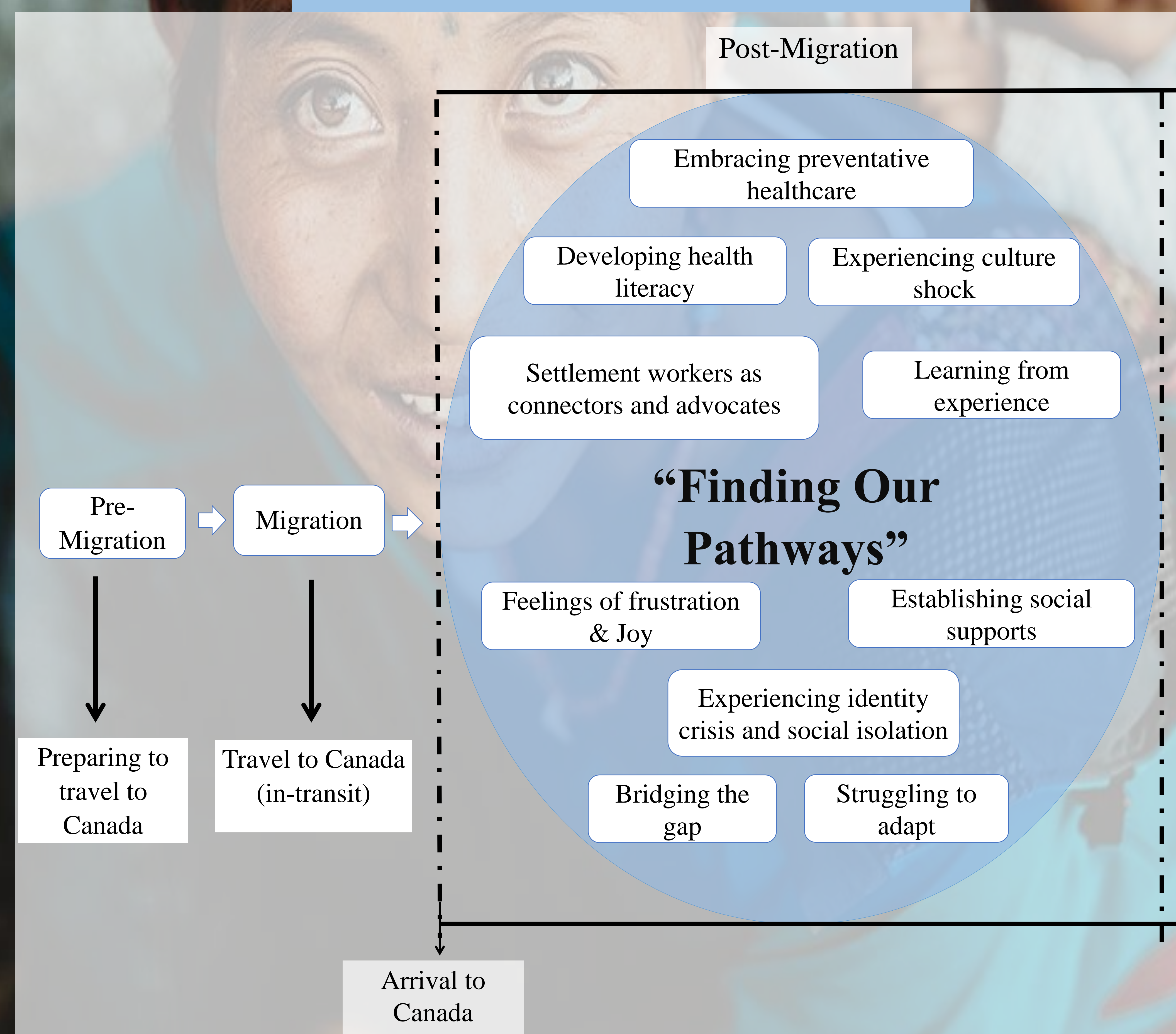
Summary of Results

- ❖ Key findings revealed that the role of gender, educational background, ongoing support, health literacy skills, complex systematic structures, wait times, expectations, mistrust, sociocultural and language differences were significant in the integration of refugee women into the Canadian health care system.
- ❖ The impact of refugee women's settlement location (i.e. rural or urban) and their mental health issues were not given much attention as they strived to adapt to the Canadian system.
- ❖ Refugee women emphasized developing resilience, coping strategies and using personal experience to meet their health needs and embrace the new health practices as they integrated into their new environment.

Discussion & Approach

- ❖ **Refugee health needs assessment and practical support:** Health care providers and settlement agencies have limited knowledge about the health care needs of refugee women. There needs to be a more formalized approach to assess the individual health care needs of refugee women in order to provide integrated care delivery during the early years of arrival to post.
- ❖ **Community acceptance and involvement:** Creating increased networking opportunities for refugee women within Canadian communities is crucial to providing them with information and support in navigating the Canadian health care system.
- ❖ **Joint networking of ideas among settlement agencies:** Increasing collaborations and partnerships between rural and urban agencies will help mobilize resources and increase organizational capacity to meet the needs of refugee women.
- ❖ **Medical outreach program for refugee women:** Intensive education sessions that educate refugee women particularly in the areas of nutrition, mental health, and how to interpret medical information will greatly assist refugee women (refer to: Brunger et al., 2014). Developing an educational program such as 'Health Care Basics for Women and their Families' might help to reduce the lack of information and misunderstandings that refugees have after migration.
- ❖ **Cultural sensitivity training for health professionals and workers:** It would be helpful to review the cultural/traditional health concepts of refugees to create awareness about the differences in beliefs, language, and values in order to meet these women's needs and help ease their integration (refer to: Matlin et al., 2018).

Findings (Themes)



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Figure 1: Refugee women's health care experience in Canada