

Refuge women's resettlement in western countries

Global movement has become a fashionable phenomenon. While some decide to migrate voluntarily, others cross borders in haste to settle down in safe countries. Recent worldwide conflicts including war, political conflicts, and economic crisis speeded up the forced movement. More than 60 million refugees were being settled down throughout the world in 2013. Women and children comprised about half of them. This extensive number encouraged us to do a review on literature to explore common resettlement difficulties and their health-threatening impacts on refugee women in host countries.

Migration in any approaches creates resettlement issues for immigrants; however, refugees were more likely to face complicated pre and post-migration problems leading to problematic socio-cultural status in host countries. Refugees usually leave their countries in haste with no time to say "Goodbyes" and with a hope to be able to return to their native countries. As a result, they are more likely to be vulnerable towards post-migration barriers and complications. As wives and/or mothers, women bear extra burdens in order to protect and uphold their family values, culture, and beliefs in the process of resettlement in a new environment. This extra burden is seemingly contributing to a neglect towards their own health.

This study reveals the issues refugee women are commonly confronted with during their resettlement period worldwide. The issues are categorised in three main factors including cultural, social and material, and personal factors. Lack of proficiency in dominant language as well as culture shock in facing a novel and strange culture in host countries were allocated in cultural factors in this study. Culture shock was interpreted as "dropping from the moon to the earth" by some refugee women. Unemployment and under employment, inability to afford housing, and loss of social support were placed in personal and material factors. Difficulty in obtaining housing was generated from realtors' and owners' perception that refugee women may not be able to pay the rent or their large families may damage properties. Separation from family and concern about exploitation of their young girls, moreover, were personal factors that refugee women encounter in host societies. Respecting refugee women's financial limitation and their young daughters who request luxuries to "look smart", some women undertake extra work or engage themselves in sex work to protect their young daughters from being involved in sex work.

Collectively, these factors increase the risk of physical and mental health disorders among refugee women. However, this study reveals some strategies that refugee women apply to maintain their health and reduce the burden of stress during resettlement period in host countries.

These strategies grouped under resilience factors in this study. Spirituality is commonly used strategy to increase refugee women resilience towards post-migration losses and problems. Belief in a higher power leads to "purpose in life", "a sense of meaning", and "wellbeing" among refugee women. "Standing on our legs" is conceptualised by refugee women as a strategy that gives them a sense of pride, hope, and empowerment. Engaging in ethnic communities,

furthermore, contributes to wellbeing and smooth integration into host societies. Ethnic communities not only provide refugee women an opportunity to share their experiences and cultural values but also provide them with a support in the form of linking them to health services.

This study supports the idea that providing opportunities for refugee women to increase their resiliency towards post-migration difficulties may maintain their health wellbeing.

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