



Hafifa Siddiq Shabaik, PhD-C, MSN, RN & Eunice Lee, PhD, RN
School of Nursing, University of California, Los Angeles

Purpose

The purpose of this study is to synthesize literature for facilitating and inhibiting factors of transition conditions regarding utilization of health care that Afghan refugees experience upon resettlement.

Background

- Refugees often resettle in the host country with a substantial health burden: high rates of psychological distress and trauma, high rates of infection and parasitic disease from the country of origin, and the increased susceptibility to chronic diseases of the developed world.
- Health-illness transitions include the process of illness and recovery and access to healthcare services.
- Health promotion and disease prevention in this population requires an understanding of factors that facilitate healthy transitions for refugees resettling into developed countries.
- Meleis's Theory of Transition is used to frame the findings of this study. The Transitions Theory was developed in order to conceptualize transitions that reveal a holistic understanding of the conditions that influence the transition experience.

Methods

- A systematic review was conducted, aimed at synthesizing peer reviewed literature pertaining to health issues and health experiences among Afghans resettled in industrialized nations.
- Three databases (PubMed, PsychInfo, CINAHL) were used to identify studies published between 1979 and 2015 that provided post resettlement experiences pertaining to health or illness.

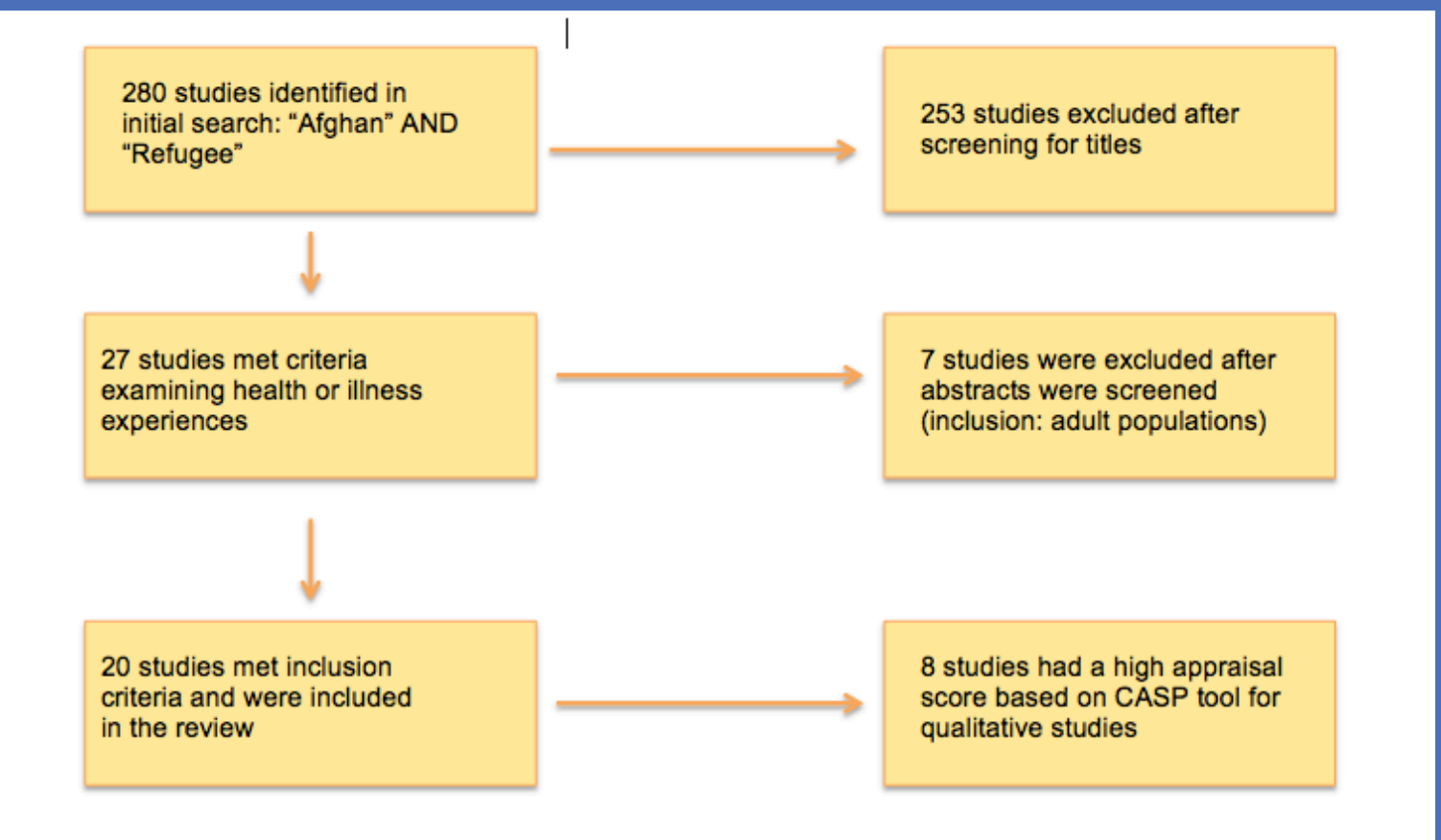
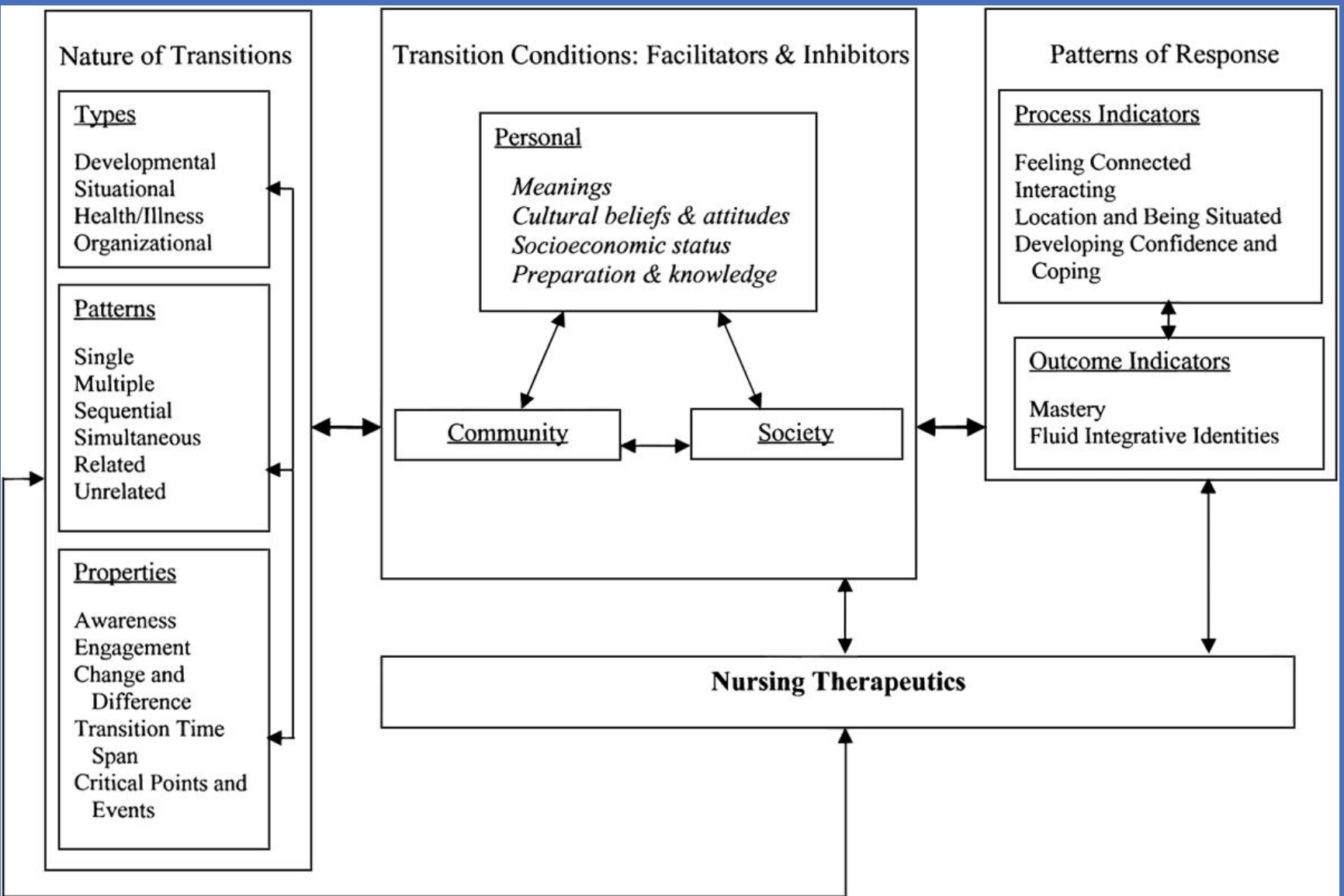


Figure 1. Meleis Theory of Transitions



Results

- In this study, data was examined according to three components of transition conditions of the Transitions Theory: personal, community and societal level factors that influence positive or negative adjustment were analyzed.
- Themes from qualitative synthesis described gender roles, family and kinship, adjustment, intergenerational conflict and aging as factors which shape the outcome response of fluid, integrative identities, as described by the transitions theory.
- Quantitative findings indicated prevalence of psychological distress, elevated cholesterol levels and increased risk for developing cancer.

STUDY	PURPOSE	SETTING	N	METHODS	RESULTS	CASP SCORE
Alami et al. (2013)	To synthesize peer-reviewed articles regarding mental health.	Multiple	23 studies	Mixed-methods systematic review	<i>Social factors:</i> Antecedents for distress rooted in cultural conflicts and loss. Moderate to high prevalence of depressive and posttraumatic symptomatology (negative adjustment).	10/10
Welsh & Brodsky (2010).	To contextualize coping skills and situational mediators that affect adaptive mental health.	US	N=8 women	Qualitative interviews	<i>Social factors:</i> Coping strategies include helping others and seeking social support through family. <i>Personal factors:</i> maintaining hope, shifting present difficulties to future, expressing gratitude for current situation, engaging in religious activities searching in meaning in adversity (positive adjustment).	8/10
Morioka-Douglas, Sacks & Yeo (2004).	To increase information available to care for elders from Afghan backgrounds	US	N= 9 women	Qualitative Focus group	<i>Social factors:</i> importance of same-sex providers. Medical coverage and approval of western medicine and hospitalization. Interpreters were often utilized, even if they spoke English (positive adjustment).	6/10
Lindgren & Lipson (2004).	To explore Afghan women's experience with community participation.	US	N=5 women	Qualitative interviews	<i>Social factors:</i> Becoming active in the community was important to them to unite their communities; creating new roles and new spaces for themselves in their community after struggling into a new country and culture with employment and language barriers (positive adjustment).	7/10
Lipson & Omidian (1997).	To describe perceptions of interactions with US health and social service providers.	US	Not reported	Ethnographic study: interviews, and focus groups.	<i>Social factors:</i> acculturative stress related to economic and occupational problems, lack of health care access, family and children's issues (negative adjustment).	7/10
Lipson et al. (1995).	To explore influences on women's access to health care and health issues.	US	N=200 women and 196 families	Qualitative-interviews	<i>Social factors:</i> cultural characteristics that influence women's access to health care, women's approach toward preventive care, control of information regarding sexuality, and spouse abuse.	7/10
Shirazi et al. (2013)	CBPR to understand how Afghan women view breast health.	US	N= 53 women	Qualitative: CBPR, semi-structured interviews	Social factors: Gender roles and conservative patriarchal tribal practices / men had influence on women's screening decisions. Access barriers were limited English, low health literacy, transportation and communication (negative adjustment).	8/10
Riggs et al. (2015).	To explore challenges Afghan men face in accessing health services.	US	N=30 women and men	Qualitative: interviews	<i>Social factors:</i> issues with navigating maternity services while dealing with the challenges of settlement (negative adjustment).	8/10
Otokesh et al. (2015).	Profile of cancer diseases among Afghan refugees.	Iran	N=3083 cancer cases	Quantitative: cross-sectional retrospective	<i>Social factors:</i> high prevalence of GI, respiratory and breast cancers.	8/10
Cheng et al. (2015)	To analyze factors influencing access to care.	Australia	N=17	Qualitative: semi-structured interviews	<i>Social factors:</i> language barriers from making appointments to navigating services.	8/10

Discussion

- This study suggests that there is a paucity in research regarding the health and illness experiences of Afghan refugees and little is known about the post-resettlement health trajectory of Afghans.
- Findings from qualitative and quantitative studies among Afghan refugees suggest that Afghan refugees may be less likely to utilize health services, particularly preventive screening services.
- Social and community level factors that may influence help-seeking among this population and should be considered. It would also be important for providers to facilitate or assist in navigating health services, address language barriers and accommodate preference for female providers.
- Research among Afghan refugees indicate that family ties and kinship are central to the cultural values of this population and provides a basis to further explore social level influences on health promotion and disease prevention.
- Limitations of published incidence and prevalence reports among Afghans are limited due to the inaccurate racial categorization of Afghans in public health data.
- This review is preliminary work needed for developing a framework for health promotion and hypothesis-driven quantitative study among Afghan refugees, informed and guided by the Theory of Transitions.