Refugee Women’s Health –
Special Focus on Infectious Disease

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Founder & Director, Refugee Women’s Health Clinic,
Obstetrics & Gynecology, Maricopa Integrated Health System

Assistant Research Professor,
Southwest Interdisciplinary Research Center (SIRC)
Arizona State University

Research Assistant Professor,
University of Arizona
College of Medicine - Phoenix
Objectives

• Overview of refugee women’s health
• Health disparities in infectious disease care for refugee women
  ✓ Sexually Transmitted Infections (STIs)
  ✓ Gender-based Violence
  ✓ Female Genital Cutting (FGC)
• Best Practices strategies to advance health equity
Who is a Refugee?

The Refugee Act of 1980

A refugee is a person who is outside their home country and unable or unwilling to return due to persecution or a well-founded fear of persecution based on their:

- Race
- Religion
- Nationality
- Membership in a social group
- Political opinion
10,549,670 Refugees Worldwide

**UNHCR Global Appeal 2012-2013**

- **Americas & the Caribbean**: 803,990
- **Europe**: 1,606,630
- **Middle East**: 1,811,320
- **Africa**: 2,313,580
- **South-West & Central Asia**: 2,990,790
- **South-East Asia and the Pacific**: 1,159,030
Refugee Health Disparities
Factors Related to the Health of Resettling Refugee Women

- Women’s Health
- Infant Health
- Biopsychosocial Factors
- Migration Factors

Conditions Affecting Refugee Women’s Health & Well-Being

- Sexually Transmitted Infections (STIs)
- Gender-Based Violence
- Female Genital Cutting (FGC)
Evaluation 25,779 refugees resettled in MN between 2003-2010

N=18,516 (72%) refugees tested for at least one STI

- 1.1% (183/17,235) seropositive for syphilis
- 0.6% (15/2,512) positive for Chlamydia
- 0.2% (5/2,403) positive for gonorrhea
- 2.0% (136/6,765) positive for HIV
- 0.1% (6/5,873) positive for multiple STIs

## STI Screening

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### HIV

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Co-infection (*HIV* and *Syphilis*)

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HIV-AIDS among Conflict-affected and Displaced Populations

Conflict is directly associated with an increase in HIV/AIDS transmission, human rights abuses, and sexual violence.
Refugee Women and HIV

- Uprooted/displaced due to war, civil unrest
- Suffer family separation/loss
- Survivors of rape, torture, gender-based violence
- Less education and economic opportunity
- Gender inequality
- Legal/human rights protections
Refugee Women and HIV

• Bear the burden of caring for ill male partners, children, parents
• Less access to community social support networks
• Girls are at greater risk of exposure to HIV
  • More vulnerable to sexual advances
  • More likely to be taken out of school than boys
• Stigma/Discrimination as refugees and misconception of HIV infection
Policies to Protect Women and Children in Conflict-Affected Settings

1. No denial of access to asylum based on HIV status
2. No mandatory HIV testing of displaced persons
3. HIV testing according to established standards (i.e. pre and post-test surveillance, support, services)
4. Procedures in place to maintain confidentiality of HIV status
5. Informed consent for disclosure of HIV status
6. Policies, laws, programs in place to combat stigma and discrimination against people living with HIV/AIDS
7. No laws prohibiting displaced persons access to public sector HIV/AIDS programs

STOP VIOLENCE AGAINST WOMEN
Violence Against Women

- Women who are victims of sexual violence are at higher risk of exposure to HIV
  - Rape
  - Lack of condom use
  - Power imbalance in relationships
    - Women may not insist on condom use because they fear their partner will physically abuse them or leave them
Violence Against Women

- Gender-Based Violence (GBV)
  - Highly prevalent among refugee populations
  - Occurs within context of immigration, acculturation, rapid changes in family/social structure
  - Arises against the backdrop of historic trauma from war and migration

Violence Against Women

- Countries with armed conflict, rape is used as a ‘weapon of war’
  - Women intentionally infected with HIV
  - Torture, sexual exploitation in refugee camps
  - Women and girls forced to exchange sex for food, money, protection

- Discrimination/abandonment
  - Study in India, 90% of HIV + women infected by their husbands were blamed for their husbands’ illness
Violence Against Women

- Iraqi women (n=55)
  - Controlling (93%), threatening (76%), physical violence (80%)
  - Significant association between GBV and poor physical health (40%), and psychosomatic symptoms (90%)

- Somali women (n=62)
  - Women with greater English proficiency experienced more psychological abuse and physical aggression from partners

- Nepali women (n=45)
  - Verbally insulted (75.6%), seek permission from partners to visit friends/relatives (62.2%)

Female Genital Cutting (FGC)
Female Genital Cutting

Tradition

- Cultural ideals femininity and modesty
- Wife/Motherhood is livelihood
- Marriageable
- Frame of reference is other women within the community
• Affects 140 million women worldwide
• Africa—(28 countries), Middle East, Asia
• Each year, 3 million girls at risk for procedure
• In the U.S. more than 228,000 females have either undergone or are at risk for procedure

A Global Perspective

Female Genital Mutilation
- Practice widespread
- Common within some groups
- Common only within some immigrant groups
- Not known to be practiced
WHO CLASSIFICATION of FGC

- Any procedure that involves partial or total removal of external female genitalia or other injury to female genital organs whether for cultural or nontherapeutic reasons”
Female Genital Cutting (FGC)

Type I – Excision of prepuce with/without excision of part or all of clitoris
Female Genital Cutting (FGC)

Type II – Excision of prepuce and clitoris together with partial or total excision of labia minora.

ACOG. Female Circumcision/Female Genital Mutilation, Clinical Management of Circumcised Women. RAINBO 1999
Female Genital Cutting (FGC)

Type III - Infibulation

ACOG. Female Circumcision/Female Genital Mutilation, Clinical Management of Circumcised Women. RAINBO 1999
FGC and HIV Transmission

Theoretical Risks:

• Use of nonsterile/soiled equipment
• Need for blood transfusion
• Genital trauma
• Increased risk of STIs in cut women
• Sexual practices

Diouf, K, Nour N. Amer J Reprod Immunol 2013; 45-50
To provide culturally grounded and linguistically appropriate health services to the growing refugee and immigrant communities in the Phoenix Metropolitan area while seeking to reduce/eliminate health disparities and cultural barriers to care.
Refugee Resettlement Trends in Arizona 1999 - 2012

Number of Refugee Arrivals in AZ

Arizona Refugee Resettlement Program (Sept 2012)
Key Values

• Locally Accessible
• Globally Minded
• Overcoming Barriers
• Empowering Women
LOCALLY ACCESSIBLE. GLOBALLY MINDED.

Helping refugee women navigate the healthcare system and increase health seeking behavior
Locally Accessible. Globally Minded.
Refugee Women’s Health Clinic

• Priorities are community-driven
• Hired staff are from the refugee community
• Culturally/linguistically appropriate interpreters
• In-service cultural sensitivity training for medical staff
LOCALLY ACCESSIBLE. GLOBALLY MINDED.
Helping refugee women navigate the healthcare system and increase health seeking behavior.

39 Countries Served

[Flag icons and country names]

Burma (Myanmar)
Somalia
Burundi
Ethiopia
Iraq
Bhutan
Liberia
India
Nigeria
Democratic Republic of Congo
Egypt
S. Sudan
Central African Rep
Cuba
Libya
Palestine
Sierra Leone
N.Korea
Togo
Vietnam
Iran
Kenya
Russia
Cameroon
Ghana
Albania
Afghanistan
Eritrea
Ivory Coast
Morocco
Guinea
Syria
Rwanda
Pakistan
Lebanon
Uzbekistan
Chad
Angola

Live, In-Person Interpretation in More Than 13 Languages:

- Burmese
- Somali
- Swahili
- French
- Kirundi
- Kinyarwanda
- Arabic
- Chin
- Maay Maay
- Oromo
- Amharic
- Nepali
- Farsi

MAIN CLINIC
Refugee Women’s Health Clinic
Comprehensive Health Center
Women’s Care Center, 2nd Floor
2525 E. Roosevelt Street
Phoenix, Arizona 85008

Mondays 12:30 – 6:00pm
Wednesdays 1:00 – 5:00pm
Thursdays 8:00 – 5:00pm

MARYVALE CLINIC
4011 N 51st Ave
Phoenix, AZ 85031

Tuesdays 8:00 – 12:00pm

Clinic Locations & Hours of Operation:
Crista Johnson-Agbakwu, MD, MSc, FACOG
Director, RWHC

Jennifer Baumbach MD, FACOG

Lynn Kennedy, DNP, CNM

Lisa Stahr, CNM, MPH

Jeanne Nizigiyimana, MA, MSW
Program Manager, RWHC

Daisy Cone
Owliya Abdallah
Nahida Abdul-Razzaq
Massa Fanbulleh
Venant Vyamungu

Cultural Health Navigators

Medical Assistant
Asheraka Boru

RWHC PROVIDERS

RWHC OB/GYN Providers
Crista Johnson-Agbakwu MD, MSc, FACOG
Jennifer Baumbach MD, FACOG

RWHC Certified Nurse Midwives
Lynn Kennedy, DNP, CNM
Lisa Stahr, CNM, MPH

RWHC SUPPORT STAFF

Jeanne Nizigiyimana, MA, MSW
Program Manager, RWHC

Daisy Cone
Owliya Abdallah
Nahida Abdul-Razzaq
Massa Fanbulleh
Venant Vyamungu

Medical Assistant
Asheraka Boru
Pediatric Refugee Clinic
Advocacy, Care Coordination, Patient Navigation

- Developmental delay
- Medically complex cases
- Breastfeeding support
- Immunization
- Well Child care
- Connection with community resources
OVERCOMING BARRIERS.

Providing culturally sensitive healthcare to a growing refugee & immigrant community
Intensive Care Coordination

- Home visits as needed
- Patients reminders of appointments
- Coordination of transportation services
- Accompanying patients to various services on MIHS campus (i.e. radiology, pharmacy, lab, ER, L&D, etc)
- Insurance coverage assistance
- Advocacy to various social services as needed
- Alternative child care plans for inpatient moms
- Live, in-person interpretation whenever feasible
- Cross referrals from Family Health Centers
- Care coordination with health plans’ case managers
EMPOWERING WOMEN.

Eliminating myths surrounding labor & delivery and preventative health services
I am receiving care at Maricopa Medical Center
Please, take me there!

2601 E. Roosevelt St.
Phoenix, AZ 85008

Labor and Delivery: 602-344-5451
Refugee Women’s Health Clinic: 602-540-6469

Refugee Women’s Health Clinic

Program Manager: Jeanne Nizigiyimana, MA, MSW
Medical Assistant: Halima Abdirazak

OB/GYN Providers:
◊ Crista Johnson, MD, MSc
◊ Jennifer Baumbach, MD
◊ Susan Yount, PhD, CNM, WHCPN, RN
◊ Lynn Kennedy, CNM

Days of operation: Mondays, Wednesdays and Thursdays

Comprehensive Health Center-Women's Care Center
2525E. Roosevelt, 2nd floor-Phoenix, AZ 85008
The Refugee Women’s Health Community Advisory Coalition (RWHCAC) is comprised of community stakeholders who are co-equal partners with the RWHC in empowering, mentoring, connecting, and reshaping the lives of refugee women towards improved health and well-being.
Empowering Women Community Partnerships

Refugee Women’s Health Clinic

- Primary Care Providers
- Grassroots Ethnic Organizations (MAAs)
- Academic Institutions
- State Refugee Resettlement Program (DES)
- Refugee Resettlement Agencies (VOLAGs)
- Public Health Department
- Faith-based Community Organizations
- Community/Social Services
- Cultural Health Navigators
The Refugee Women’s Health Clinic
A Patient-Centered Medical Home

This is achieved through:

• Enhanced access to care
• Intensive Care Coordination and Case management
• Continuity of Care
• Integrated team-based approach to health care delivery
• Cultural Sensitivity
• Partnered Community Engagement
• Patient Empowerment and Trust
Integration
Clinical Care, Community, and Research

- Clinical Care
- Community Engagement
- Community-Based Participatory Research
Engaging Refugee Communities
Infectious Disease Initiative

- Ryan White Part A HIV/AIDS Program provides Cultural Patient Navigators to enhance health care services for HIV+ refugee patients
At RWHC, We Care About Our Patients

Hands-On Patient-Centered Approach

- Provide Culturally Sensitive Care in a safe, accessible environment
- Meet the Language Needs

Improved Reproductive Health Outcomes

- Build trust by engaging patients & their community
- Empower Women & Improve Health Literacy
Promoting Cultural Competency
Strategies to reduce/eliminate health disparities must reflect the importance of culture

Cultural beliefs influence:
- How patients perceive their bodies, convey reactions to illness, and communicate symptoms regarding their health
- What they deem as desirable vs. undesirable treatment options
- When they decide to seek medical care

Knowledge of how cultural issues play a role in health behavior can enhance the patient-provider relationship and affect patient outcomes

Culturally Sensitive Care

- Engender **Trust**
- Continuity of care
- Female Providers
- Structural barriers to health care access
  - Transportation
  - Lapses in Health insurance coverage
  - Long wait-times, rushed through visit
- Involvement of partner/spouse
- Cultural Health Navigators
Culturally Sensitive Care

• Effective use of interpreters
• Respect for modesty
• Understand cultural/traditional practices
• Religious observances  
  – i.e. Ramadan during pregnancy
• Anticipatory guidance
• Coordination of care
• Case management
Encourage Asset-Based Approach to Health & Wellness

- Supportive family/social interactions
- Community-centered values
- Sharing within the cultural unit
- Resiliency
- Maintaining strong cultural beliefs

O'Mahony J, Donnelly T. J Psych Mental Health Nursing 2010
Advocacy for the Health and Human Rights of Refugee Women

- Promote and Protect Women’s Human Rights
- Empower women to take control of their own lives
- Promote gender equality
- Involve men in behavior change that puts their partners at risk for STIs
- End all forms of gender-based violence
- Build awareness of increasing global impact of HIV/AIDS on women and girls
Thank You!