

Refugee Women

All refugees are affected by war and armed conflict. However, women's experiences of wars and civil unrest make them vulnerable in particular ways.

In 2016, women and girls made up 49% of refugees globally (UNHCR 2016). In 2015-2016, Australia resettled over 15,500 refugees from offshore. These refugees were mainly from Iraq and Syria, with smaller numbers from Myanmar, Afghanistan, Congo (DRC), Bhutan, Somalia, Iran, Ethiopia and Eritrea. There were 1277 that came under the 'Woman at Risk' category visa as they had lost husbands or other adult males in their families, and were likely to be subjected to persecution and abuse due to their gender.

Experience of violence

Wars and armed conflict cause more deaths and injuries among males since combatants are predominantly male. However, there is increasing evidence that women and girls often bear the worst brunt of war's indirect consequences (Mazurana & Proctor). One of these consequences is sexual violence.

While sexual violence against boys and men is widespread during times of conflict, women and young girls account for the majority of survivors of conflict-related sexual and gender-based violence (Shteir). This violence includes rape, forced abortion, trafficking, sexual slavery and the intentional spread of HIV and other sexually transmitted infections (STIs); it is one of the defining characteristics of contemporary armed conflict (UNHCR 2008).

Many refugee women and girls have lived in camps or in urban areas in their first country of refuge prior to resettlement in Australia. Refugee camps are managed predominantly by men and may be overcrowded and unsafe with women and girls at risk of being sexually assaulted.

Young women refugees living in urban areas may be forced into domestic work or may have to resort to sexually exploitative relationships for protection and food when they do not have relatives to care for them. Forced and early marriages have reportedly increased among young Syrian women due to the six-year old conflict as families try to ensure their daughters' safety and financial security (IRC).

Multiple losses and women's health

Refugee women and girls suffer enormous losses including loss or separation from one or more family members. Widowhood often changes the social and economic roles of women in their households and in the community.

Globally, many refugee women experience poverty, financial insecurity, deprivation, malnutrition, lack of access to educational opportunities and to adequate health care. During flight or in refugee camps, women and young girls

are often unable to access adequate sexual and reproductive health care which may lead to higher mortality rates, unsafe abortions, increased rates of STIs and increased disabilities related to high fertility and poor birth spacing (WRC).

Challenges in resettlement

Resettlement is often very stressful for most refugees. Lack of fluency in the language of the host country is one of the sources of this stress.

A recent study found that female humanitarian entrants who have lived in Australia between 5 and 10 years have relatively low levels of English proficiency and educational attainment compared to female entrants on family visas. (De Maio). Low English proficiency may result in a lot of restrictions on women's lives (e.g. in finding a job, making new friends, and engaging with services).

Other challenges to resettling in Australia include:

- loneliness and isolation due to lack of social support
- seeking employment when they may have never worked before, or have had only limited education
- financial hardship due to un/under employment, and/or the need to support family left in refugee camps or in countries of origin
- raising children within a different 'cultural context'
- finding appropriate and affordable housing
- adjusting to Australian culture, systems and way of life
- gender role conflicts and family pressure that may result in family breakdown or domestic violence.

Health issues of refugee women

The physical and mental health issues of refugees are well documented (See [RHS Overview Factsheet](#)). Women have particular issues that need additional consideration:

- nutritional deficiencies (e.g. iron, vitamin D, folate)
- physical and mental consequences of sexual abuse
- previous pregnancy complications
- minimal preventative screening for bowel, breast and cervical cancers

Recommended reading for further information:
[ASID publication](#) chapters on
 "Women's Health" and "Sexually Transmissible Infections"

Sexual and reproductive health in resettlement

Women refugees consulted by RHS and its partner agencies expressed a high need for information on female anatomy, menstruation, pregnancy, infertility, contraception, STIs and menopause. Many refugee women and girls may lack adequate knowledge of sexual and reproductive health services that are available to them.

Some women and girls resettled in Australia come from regions where FGM (female genital mutilation) is practised. The practice is illegal in Australia.

In a study of refugee and migrant women in Australia and Canada, many women reported not knowing about menstruation prior to having it, held beliefs about contraception which were not medically sound and viewed sex as geared towards male pleasure and childbearing. Although there is strong taboo against discussing abortion, some women disclosed having done it before and after migration (Usher).

Maternal and child health

Refugee women may be particularly vulnerable to poorer maternal health and also be at greater risk of experiencing post-natal depression due to their past experiences.

Identifying refugee status can assist health care providers in tailoring their services to the needs of women refugees and their families.

Good practice in maternal health care consists of providing for their social and mental health needs, addressing practical needs such as transportation and care of other children, considering traditional gender norms, and encouraging healthy traditional practices (breastfeeding newborns).

Assisting refugee women and young girls

The following difficulties should be considered (especially for newly arrived refugees) in attending medical appointments or health programs:

- low literacy
- lack of transport and reliance on family to get to services (especially for older refugee women)
- lack of support with young children
- family pressure to stay home

Some helpful pointers for consideration include:

Inform each female patient of her right to an interpreter at the start of a consultation.
Women refugees may prefer to be assisted by a female interpreter and a female health care provider when seeking help for women's health related conditions.
Be aware of the general circumstances in which she came to Australia (she may be a single head of family, an asylum seeker, unaccompanied minor, etc.).
Show sensitivity and empathy when discussing experiences of loss, trauma or violence.
Women and girls who had been sexually assaulted may refuse or be extremely anxious of medical procedures that could remind them of their past assault(s).

Investigate support programs and women's health services for refugee and/or migrant women in the local area for possible referrals.

Relevant services and organisations

NSW Refugee Health Service	8778 0770
STARTTS	9794 1900
Family Planning NSW	9754 1322
NSW Education Program on FGM	9840 4182
Education Centre Against Violence	9840 3737

References

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