

# People and Health

---

## Help for women refugees

Catherine Brun Miserez

*A course has been established in Switzerland which helps women refugees to defend the health of themselves and their families. A major effort is made to meet their linguistic needs and to achieve cultural acceptability.*

The *Association Genevoise d'Entraide aux Réfugiés*, which was established in Geneva during 1982 with the support of public and private funds, carries out activities to promote the integration of refugees.

Under the auspices of this body the Camarada centre was opened in 1990 with a view to alleviating isolation among women refugees. This is a meeting place and a forum for exchanges between exiled women from various backgrounds. They attend regularly with their young children and participate in French and needlework lessons, craft workshops and an ironing and darning service for the local community. These activities offer the women opportunities to meet each other, to experience a range of cultures and to become socially integrated.

Most of the women attending the centre are from countries in conflict, are victims of physical and psychological deprivation, have lost family members and have suf-

fered culturally, socially and economically. They bear a heavy responsibility for the health of themselves and their families and are expected to be health educators, even though they are usually not trained for this role. In the host country they have an opportunity to acquire useful knowledge and, in doing so, to enhance their self-esteem.

### **A course on health care**

It was decided to develop a course for refugee women in order to impart basic notions of health care which they would be able to apply in the host country and, later, in their countries of origin, and a teachers' manual was produced (1). The course content is outlined below.

#### **Emergencies and first aid**

- Simple procedures for cleaning wounds, stopping haemorrhages, treating burns and immobilizing fractures.
- Situations requiring rapid transfer to a health care facility.
- Comparison between health care systems in the countries of origin and that of the host country.

---

The author is with the *Association Genevoise d'Entraide aux Réfugiés*, 27b route de Bardonnex, 1228 Geneva, Switzerland.

**Infectious and parasitic diseases**

- Diarrhoea, intestinal parasites, schistosomiasis, malaria, sexually transmitted diseases, AIDS, cholera, diphtheria, whooping cough, tetanus, measles, poliomyelitis and tuberculosis. Special attention is given to prevention.

**Mother and child health**

- Vaccination, pregnancy monitoring, risks of childbirth, promotion of breastfeeding, family planning techniques and growth monitoring are among the matters covered in relation to cultural practices and real-life experience.

**Nutrition**

- Nourishment and healthy eating.
- Respect for cultural and religious taboos.
- Socioeconomic changes and possible improvements in growing crops and raising animals for food.

**Hygiene**

- Water, garbage and latrines.

**How the course is used**

The course is intended to enable women to:

- understand the reasons for actions before they are performed;
- set up and use preventive measures based on an understanding of the causes and means of transmission of diseases;
- recognize the signs of diseases or their aggravation so that professional help can be sought in good time;
- question traditional practices in the interest of strengthening appropriate behaviour or adopting new types of behaviour.

The first course, attended by 22 Eritrean women for three hours weekly over a period of seven months, began in October 1992. Groups of 12–18 women, mainly from Somalia and Eritrea, subsequently attended for two hours a week over nine

***It was decided to develop a course for refugee women in order to impart basic notions of health care which they would be able to apply in the host country and, later, in their countries of origin.***

to ten months, each course thus comprising 80–90 hours of teaching. The women were required to attend regularly, and in general they were strongly motivated to do so. If the participants did not understand French it was necessary to have an interpreter so as to ensure the effectiveness of the course and strengthen the cohesion of the group. Close collaboration with the interpreter was essential in order to deal with the reactions and questions of participants and to verify that the subject matter had been understood. Similar courses were run by other organizations, in particular for Sri Lankan women in Lausanne.

The participants frequently referred to their personal and professional experiences and readily engaged in discussion. Some of them were health carers, nurses or birth attendants. The teachers' knowledge of the culture of origin and the necessity of linking it with the host country made it possible to meet the individual needs of the women.

In order to cover subjects such as family planning, childbirth and AIDS, instructors with specialist knowledge were brought in. The ability of teachers to explain subjects clearly was vitally important. The people



Evaluation of the course involves the use of drawings from the summary. After a set time for preparation, each woman introduces a subject. It is usually found that the accounts given closely reflect the written text, even though the women have never had access to it. A certificate is given to each woman who successfully completes the course.

The course is intended for women in an unfamiliar cultural environment, living between a past they cannot recapture and a future they cannot control. Exile tends to strengthen their attachment to their traditions. Some do not know if they will be able to remain in Switzerland, and in this circumstance it would seem inadvisable to discuss integration with them.

Is the course suitable for these women? Does it add to their strength? No study

has yet been made of the effects of such teaching on sociocultural attitudes and self-image among migrant women, but our impression is that they are very positive.

As well as transmitting knowledge, the course provides a space in which experience can be shared and cultural values exchanged. This dynamic, non-conflictual process motivates and stimulates, prompts questions, encourages the women to affirm their identities, and offers them a chance to turn their personal resources to good account. ■

#### Reference

1. **Brun Miserez C.** *Connaître et agir. Femmes partenaires pour la santé.* [Understanding and reacting. Women partners for health.] Geneva, Association Genevoise d'Entraide aux Réfugiés, 1996 (teachers' manual).

---

### **The mental well-being of refugee children**

*Refugee populations can help themselves if they are given the chance to do so. It often used to be thought that refugees needed only to be provided with material needs such as food, water, shelter and medical care. Now we know that refugees must also be helped to recover their emotional, cultural and spiritual strength. Work with children involves meeting both material and nonmaterial needs. Helping the whole refugee community to maintain its mental health will provide great support to children.*

- *Mental health of refugees.* Geneva, World Health Organization in collaboration with the Office of the United Nations High Commissioner for Refugees, 1996, p. 64.