

Chapter 5.3

Refugees and Internally Displaced Populations

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Learning objectives

To understand the following key aspects of research with refugees and internally displaced persons (IDPs):

- Nature and characteristics of refugees and IDPs.
- Ethical concerns surrounding migration research and approaches to address these.
- Linguistic and cultural challenges facing refugees and the critical role of interpreters when conducting research or providing care.
- Mental health issues of refugees and IDPs in different settings and appropriate and ethical research methods to address their needs.
- Importance of evidence-based interventions to properly manage acute conditions and the challenges of conducting research among refugees or IDPs with acute conditions.

Introduction: forced migration

Forced migration is a consequence of natural, biological, technological, and societal hazards. Reasons for forced migration include:

- Armed conflict
- Financial circumstances
- Disasters caused by natural hazards
- Lack of sufficient resources

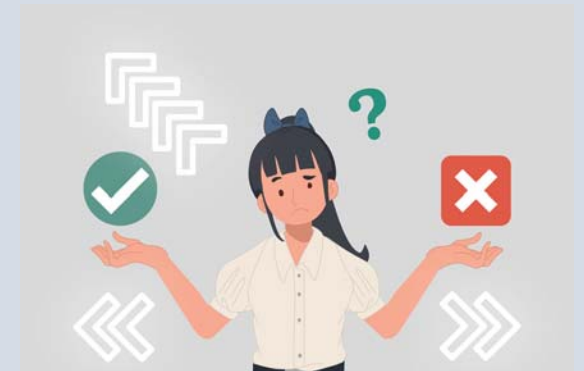
Introduction: refugees and internally displaced persons

Refugees: individuals residing outside of their country of origin due to fear of persecution based on race, religion, nationality or membership in a social group or political opinion.

Internally Displaced Persons (IDPs): individuals who are forced to leave their homes but remain inside the internationally recognized borders of their home country. IDPs are very vulnerable populations, even more so than refugees, because it may be more challenging to provide humanitarian support due to their location or circumstances.

Humanitarian ethics (1)

- Researchers must ensure that any investigation with refugees or IDPs is ethical and conducted under appropriate conditions.
- Language and cultural barriers can cause refugees to participate in research without understanding the objectives, outcomes and potential harms.
- Research can harm refugees and IDPs if population-specific considerations are not properly addressed.



Humanitarian ethics (2)

Informed consent is required for research involving direct engagement with humans. The key elements of informed consent are:

- Disclosure
- Comprehension
- Capacity
- Voluntariness
- Consent

It can be difficult to obtain informed consent from refugees due to illiteracy and limited language skills.

Humanitarian ethics (3)

- Cultural sensitivity is required to inform refugee participants appropriately about the nature of the research and to obtain informed consent.
- Confidentiality and privacy of participants must always be protected.
- Identity and demographic information should only be collected when necessary and protected with anonymization or pseudonymization.
- Data should be kept in secure areas and encrypted when on electronic files.
- Research leaders are responsible for giving cultural sensitivity training to all staff members.

Case study: *important cultural issues in a research project with Syrian refugees in Lebanon*

- A doctoral student travelled to Lebanon to conduct qualitative migration research by interviewing Syrian refugees.
- She recruited an Arabic-speaking research assistant to help with interpretation, who informed her about privacy and confidentiality concerns.
- She understood that collecting the names of participants might jeopardize their privacy and safety, and instead decided to perform sex- and gender-based analysis for her research.

Language and interpretation (1)

Refugees often face language and cultural barriers which can be challenging for themselves and for medical practitioners. These barriers can cause:

- Limited access to treatment
- Increased use of emergency services
- Reduced health-related quality of life
- Poorer treatment adherence
- Limited access to fundamental services and necessities
- Negative impact on social capital



Language and interpretation (2)

To solve these issues, interpreters are used to liaise the conversation between refugees and healthcare providers. Important characteristics of such interpreters include:

- Fluent in the refugee's native tongue
- Preferably from the same cultural background as the refugee (to maximize understanding and sensitivity)
- Trained in medical terminology
- Trained to respect the confidentiality and privacy of their clients
- Able to take a supportive, rather than central, role in the conversation

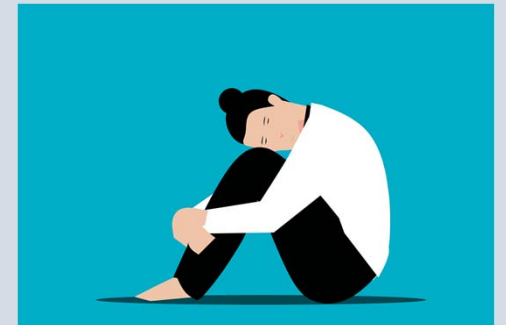
Language and interpretation (3)

Limitations of using interpreters in migration research include:

- Refugees or IDPs might mistrust locally recruited interpreters and feel uncomfortable participating in the research
- Quantity and quality of interpreters is a determinant of the quality of the research
- Accuracy of interpretation may affect the quality of the data collected and the evidence produced
- Cognitive bias of interpreters may affect the reliability of the data collected

Mental health research (1)

- Refugees and IDPs often suffer from mental health problems due to pre-existing illnesses or emergency-induced disorders.
- Refugees and IDPs may experience traumatic events and violence before fleeing, during migration or after arrival to a host country, which puts them at a higher risk of developing mental health conditions.



Mental health research (2)

Challenges to conducting mental health research among refugees and IDPs include:

- The physical environment of participants may not be conducive to conducting research
- Interpretation is often provided by family members of participants, raising ethical concerns
- Research process might take longer due to availability of participants
- Making participants relive past traumatic events may cause them harm
- Difficult to generalize findings of mental health research to the broader refugee and IDP population

Mental health research (3)

Procedures to follow when conducting mental health research among refugees and IDPs:

- Research should be conducted in a secure and private setting
- Participants should fully understand the nature of the study before being offered financial incentives to take part
- Researchers should secure sufficient funding to allow the study to be extended if necessary
- Psychologists or physicians should be present during interviews to ensure proper management of acute mental health symptoms

Case study: *systematic review to assess psychosocial services and programmes for refugees and IDPs*

A systematic review and meta-analysis were conducted to examine the effectiveness of a psychosocial intervention on refugees. This

- Aimed to assess post-traumatic and depressive symptoms
- Searched for controlled trials of the effects of psychosocial interventions on adult refugees and asylum seekers in high-income countries, compared to no such intervention
- Found that interventions such as narrative exposure therapy decreased PTSD and depressive symptoms
- Conclude that these findings are not generalizable to IDPs, migrant children, or refugees in low- and middle-income countries.

Acute care (1)

- Refugees often experience declining health due to overcrowded living spaces, contaminated water, poor sanitation and low access to health services.
- Many vaccine-preventable diseases occur in refugee camps, due to low vaccine coverage and overcrowding.
- Research among refugees and IDPs with acute conditions should address critical issues with high prevalence among the population.
- Research plan should reflect the logistical and ethical challenges of conducting research on these populations.
- Physiological and cognitive conditions of participants must be acknowledged.

Acute care (2)

- Refugees and IDPs with acute conditions may be in pain, afraid, unaware of their rights, illiterate about their health conditions or unable to explain their symptoms due to language barriers.
- Researchers are responsible for informing the participants about the nature of the research, the potential benefits and harms, and their right to refuse participation without penalty.
- Impaired cognition might mean incapacity to provide informed consent, so researchers must obtain consent through other methods.
- Participants must be protected against any discrimination from researchers, interpreters or outcome assessors.

Case study: *identifying acute health needs in refugees and IDPs (1)*

- Temporary camps are used to shelter refugees and often have sub-standard living conditions, which is a risk factor for developing acute conditions and illnesses.
- The United Nations High Commissioner for Refugees (UNHCR) is responsible for supporting the road, tent and health infrastructure of these camps.
- **Rapid needs assessment surveys** help detect the demographics of populations, cases of acute illnesses and outbreaks of communicable diseases.



Case study: *identifying acute health needs in refugees and IDPs (2)*

Online survey tools are useful for preparing questionnaires, entering data, and conducting rapid analysis. Ex: 'API Info' from the US Center for Disease Control and Prevention. For example:

- Many people were moved from their homes in New Orleans to Denver due to Hurricane Katrina
- A rapid needs assessment survey helped identify acute and contextual medical and non-medical needs of the populations
- One finding was that people needed to be educated on the high altitude of Denver, as well as on how to overcome altitude-related symptoms

Conclusions

- When conducting research on migrant populations, ethical concerns must be considered.
- It is necessary to train research staff on cultural sensitivity and how to appropriately obtain informed consent from vulnerable groups.
- Research on mental illness and acute conditions should only be undertaken when the need outweighs the harms.
- Systematic reviews and meta-analysis can help improve the precision of research, reduce bias and limit harm to local populations (see chapter 2.6).

Key messages (1)

- Researchers need to consider population-specific ethical concerns when conducting research among refugees or IDPs, such as obtaining comprehensive informed consent.
- The language barriers that refugees face require the services of interpreters when providing care or conducting research, and researchers need to acknowledge the confidentiality challenges and cognitive biases that may arise when using interpreters and work to overcome them.

Key messages (2)

- Refugees and IDPs are at a disproportionately higher risk of psychiatric disorders, but mental health research among these vulnerable populations is challenging and requires ethical research methods.
- Efficient management of acute care conditions among refugees and IDPs requires evidence-based research.
- Researchers should be transparent when planning their research and have sound communication skills to explain its nature to refugees and IDPs.

Further readings

Chan EYY, et al. Medical and health risks associated with communicable diseases of Rohingya refugee in Bangladesh 2017. *International Journal of Infectious Diseases* 2018; 68: 39-43.

Outlines the risk of communicable diseases to Rohingya refugees in Bangladesh.

European Centre for Disease Prevention and Control. *Public Health Guidance on Screening and Vaccination for Infectious Diseases in Newly Arrived Migrants within the EU/EEA*; 2018.

Provides guidance on health screening and vaccinations for newly arrived migrants in Europe.

Kirmayer LJ, et al. Common mental health problems in immigrants and refugees: general approach in primary care. *CMAJ*; 2011; 183(12): E959-67.

Details mental health problems encountered in primary care for immigrant and refugee communities.

Pottie K, et al. Evidence-based clinical guidelines for immigrants and refugees. *CMAJ*. 2011; 183(12): E824-25.

Provides clinical guidelines for treating immigrants and refugees.

Sphere. *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response* (4th edition). Geneva, Switzerland; 2018

Provides a Humanitarian Charter and standards for ethical practice and accountability in humanitarianism.

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