

# Health Promotion and Education Among Refugee Women: A Literature Review

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The aims of this literature review were to (1) identify a comprehensive range of issues surrounding female refugee physical health and (2) identify strategies addressing most of the critical physical health issues surrounding female refugee health through dynamic and community-based approaches. Articles published from 1996 through 2011 were located online using United Nations High Commissioner for Refugees, World Health Organization, EBSCOhost, PubMed, CINAHL, and OVID MEDLINE. Keywords used for searching included “refugee health,” “refugees’ health promotion,” and “refugees.” Inclusion criteria were female refugees and studies involving extensive exploration of refugee population. Exclusion criteria were studies that involve mental psychological issues of refugees and men and children refugees. Forty two articles were identified and evaluated; 21 articles were included in the final review. The physical health issues that affect refugee women identified were reproductive health, sexually transmitted infections, HIV/AIDS, nutrition, condom use, family planning, antenatal care, referrals, and contraceptives. Health promotion and education activities occur through interpersonal communication, peer education, group activities, drama, music, and traditional dances. Applying these findings could contribute to positive social change because public health practitioners have an opportunity to address issues surrounding female refugee health through dynamic and community-based approaches. Implications for healthcare include better strategies to educating and promoting health among female refugees.

**Keywords:** *refugees, displaced people, refugee health, female refugees, health education, health promotion, reproductive health, HIV/AIDS, health communication, maternal health*

## Introduction

According to United Nations High Commissioner for Refugees (UNHCR, 2010), there has been a significant increase in the number of displaced people since the early 1990s. By the end of 2010, the number of displaced people was 43.7 million, the highest number in 15 years; there were an estimated 15.4 million refugees globally by the end of 2010 (UNHCR, 2010). Refugee camps have grown tremendously with the average refugee stay recorded as 17 years (FilmAid International, n.d.). Women constitute about 48% of the global refugee population (UNHCR, 2010). This literature review identifies the most pressing physical health issues among female refugees and the health promotion and education strategies utilized.

## Background

Refugee camps are meant to be temporary homes (Bariagaber, 1999). However, due to continuing conflicts, many camps have become permanent homes to a majority of the refugee community

(Bariagaber, 1999). Many of the complex humanitarian emergencies impact populations that have been displaced for long periods of time (Spiegel, Sheik, Gotway-Crawford, & Salama, 2002). During any stay in these camps, erosion of cultural norms and community involvement are known to exacerbate health problems (Spiegel et al., 2002). Populations affected by political conflicts and refugee status face severe public health deficiencies due to poor sanitation and lack of clean water, which are the primary causes of morbidity and mortality, especially in women (Spiegel et al., 2002). Humanitarian organizations continue to provide healthcare services, food, basic commodities, and education for female refugees (Spiegel et al., 2002). More deaths result from preventable diseases that are mostly exacerbated by malnutrition, such as diarrheal diseases, respiratory diseases, measles, and malaria (Spiegel et al, 2002). For female refugees, morbidity from communicable diseases is common (Banatvala & Zwi, 2000; Fox & Kumchum, 1996). For the purpose of this study, refugee women's physical health issues were the focus.

## Purpose of the Study

The purpose of the literature review of the case studies is to (a) identify the most pressing physical health issues among female refugees and (b) explore strategies used to address these issues. I identified the most effective strategies for changing health behavior among female refugees. The literature review explored the strategies used to promote health and to promote interventions and community responses that allow female refugees to improve their health. The following research questions guided the research project:

- What types of health issues are witnessed among women in the refugee camps?
- What is the effectiveness of health promotion interventions with refugee female populations?

## Methods

### Data Collection

To address the research questions, I reviewed online sources starting with the most recent articles and moving backward to 1996. I used multiple websites as data sources, including UNHCR and FilmAid International. Database searches of EBSCOhost; PubMed; Cumulative Index for Nursing and Allied Health Literature, orCINAHL; and OVID MEDLINE were also utilized. I also conducted searches for refugee health studies via the Internet search engine Google. Searches initially took place at the first week of November 2011 and ended the last week of December 2011. I used specific keywords to locate the health studies; these keywords included "refugee health," "health communication and refugees," "refugees and teaching material," "refugees' health promotion," "refugees," and "displaced people." Specific criteria for considering studies for the review were as follows:

- Type of study subjects: Female refugees.
- Type of study design: Studies involving extensive exploration of refugee population were used in this study. The case studies utilized were either qualitative, quantitative, or mixed methods.
- Exclusion criteria: Studies that involve psychological issues of refugees and men and children refugees.

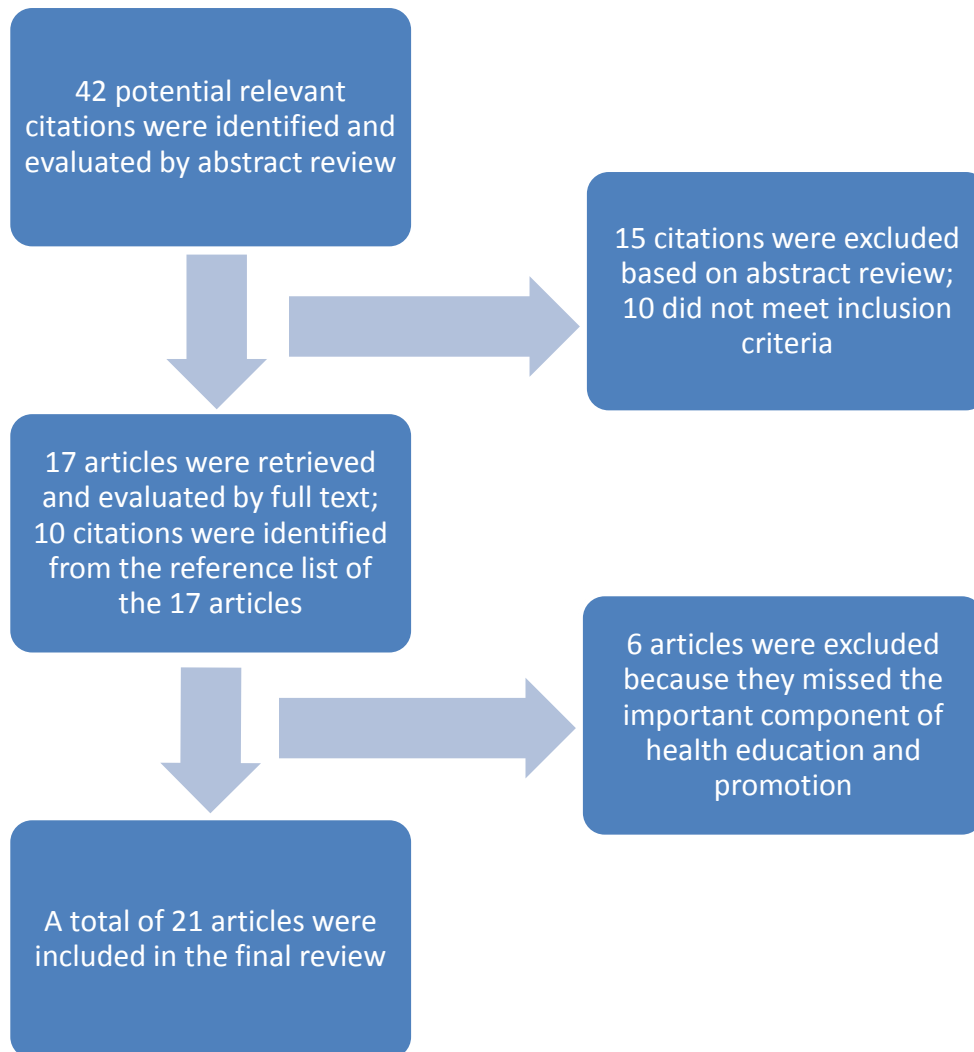
The retrieved studies were screened for inclusion by using titles and abstracts. The full texts of selected articles were thoroughly read for a final determination regarding eligibility of each study for inclusion, and the main study characteristics and findings were summarized in Table 1.

**Table 1: Studies on Refugee Health: Main Characteristics and Findings**

<b>Author, Year</b>	<b>Country/Setting(s)</b>	<b>Data Collection Method</b>	<b>Key Findings</b>
Casey et al., 2006	Sierra Leone	Postintervention survey	Despite challenges faced by a nation that has gone through conflicts, good quality AIDS prevention programs can be successful.
Drummond, Mizan, Brocx, & Wright, 2011	Australia	Questionnaire	Peer education approach is an effective health promotion and education tool among refugees in Australia, especially for topics surrounding sexually transmitted infections.
Howard et al., 2011	Guinea	Questionnaire	Refugee-led programs appear to increase women's utilization of reproductive health services.
von Roenne et al., 2010	Guinea	Program evaluation	Refugee-led organization can effectively plan and implement reproductive health programs.
Kim, Torbay, & Lawry, 2007	Sudan/internally displaced persons camp	Interviews	Women's health needs remain largely unmet.
Fox & Kumchum, 1996	Myanmar (Burma)	Review of literature	Nurses play a big role in helping combat the major causes of mortality in refugee camps.
Zwi et al., 2006	Nepal and northern Uganda	Review of literature	Women's and children's health are compromised by conflict, complex political emergencies, and forced migration.
Banatvala, 2000	Rwanda	Review of literature	Humanitarian interventions are increasingly complex, difficult, and costly.
Carter, 2005	Uganda and Ghana	Program evaluation	The use of printed health information is an effective sharing method because it can be widely distributed and used over the long term.
Rutherford & Roux, 2002	Rural El Salvador	Participants' observation, audiotaped interviews, demographic information, and field notes	Findings indicate that healthcare providers should provide culturally specific care, including acknowledgement of Salvadoran herbal remedies, strength of spirit, and a belief that a Supreme Being controls their lives.

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P. Spiegel, Sheik, Gotway-Crawford, & Salama, 2002	Azerbaijan, Ethiopia, Myanmar, Nepal, Tanzania, Thailand, and Uganda.	3 months retrospective mortality data from 51 refugee camps	Findings indicate that there was higher mortality rate in camps that were close to the border or region of conflict, camps with longer travel times to referral hospital, and camps with less water per person.
P. B. Spiegel, 2004	Sub-Sahara Africa	Examination of epidemiologic data	Populations that are affected by conflicts, displacement, food insecurities, and poverty are a greater vulnerability to HIV infection.
Worth, Denholm, & Bannister, 2003	New Zealand	Interviews	Collaboration and commitment from HIV/AIDS community educators has resulted in deeper understanding and involvement by African refugee communities in New Zealand, thus helping to alleviate stigma towards the disease.
Zotti, 1999	Liberia	Questionnaire	The program laid the foundation for prevention and self-care among Liberians in one district, enabling healthcare providers to focus on structuring healthcare and teaching more advanced skills to selected healthcare workers.
Tanaka, Kunii, Okumura, & Wakai, 2004	Tanzania	Questionnaire	Findings indicated that refugees who participated in the health information team regained the sense that they could contribute to solving their peer's health problems by using their own knowledge and service and by working as a team.
Cropley, 2004	Belize	Postintervention survey	Findings indicated that some health education interventions, especially interpersonal communication, appeared to have a positive impact on fever and malaria beliefs and attitudes and on positive treatment-seeking behaviors.
Palinkas et al., 2003	United States	Program evaluation	Mobilization involves a series of steps designed to facilitate refugee confidence, comprehension, and compliance with prevention efforts through community-provider partnerships and negotiation between refugees and organization. Includes explanatory model of disease causation and prevention

A narrative literature review was the preferred method because the heterogeneous nature of these studies could not allow the data to be combined in a meta-analysis. Online searches revealed 21 citations (Figure 1).



**Figure 1:** *Flow Diagram of Literature Search Results: Female Refugee Health*

The data that was referenced in the articles had been collected through interviews, questionnaires and surveys, participants' observations, examinations of epidemiologic data, retrospective mortality data, literature reviews that included other studies on refugee women's health, case study analyses, and program evaluations. The researchers and authors of the articles completed the studies in different nations, including Azerbaijan, Belize, Cambodia, El Salvador, Ethiopia, Ghana, Liberia, Myanmar, Nepal, New Zealand, Rwanda, Sierra Leone, Sudan, Sweden, Tanzania, Thailand, Uganda, and the United States.

## Measures

The background to the development and creation of health promotion interventions, as well as education strategies and methods, was identified. The effectiveness of the health promotion and education strategies was analyzed, with the focus being women's health. The criterion used to measure the effectiveness of the strategies was program outcome evaluation (Cropley, 2004).

## Analysis

International Review Board review was not required because the study involved searches of existing literature. Case studies were retrieved from the literature review to elucidate the best tools for educating and promoting health in the refugee community. The rationale for using case studies was to illustrate how different health promotion and education tools were implemented in different countries and to compare how one strategy might be effective in one country but not effective in another country. This study was deemed exempt and was approved by an ethics review committee of the sponsoring institution.

## Findings

The most pressing health issues identified included reproductive health, sexual transmitted infections, HIV/AIDS, nutrition, condom use, family planning, antenatal care, referrals, and contraceptives (McGinn & Allen, 2006; Casey et al., 2006; Drummond et al., 2011; Howard et al., 2011). Health indicators for women's health are alarming in the refugee camps. Issues that affect women include high pregnancy rates; minimal prenatal services and family planning; high rates of traditional birth attendants at delivery and unattended deliveries; limited sexual and reproductive rights, including consensual marriages, spacing of children, and sexual intercourse (Kim et al., 2007).

Solutions to the problems women face require an integrated management by humanitarian agencies (Palinkas et al., 2003). Integrated management can be facilitated, first, by seeking to understand the women's perspectives and, second, by seeking to identify and understand issues that affect female refugees (Zwi et al., 2006). A major women's health issue is HIV/AIDS. A positive diagnosis of HIV can be devastating on already compromised refugees. HIV-positive female refugees may suffer from shame, social stigma, and discrimination due to beliefs about the causes of HIV/AIDS (Spiegel, 2004; Worth et al., 2003).

## Case Studies

The following case studies illustrate how different health promotion and education tools were implemented in different countries. The case studies are a comparison of how one strategy might be effective in one country but ineffective in another country. The case studies included in this review met the criteria used to measure the effectiveness of the strategies, which is that program outcome evaluation was conducted and found to be satisfactory (Cropley, 2004). Summaries of case studies are presented in Table 2.

**Table 2: Summary of Case Studies**

<b>Author, Year</b>	<b>Most Pressing Issues</b>	<b>Health Promotion and Education Strategy Utilized</b>
McGinn & Allen, 2006	Reproductive health, sexual transmitted infections, HIV/AIDS, and nutrition	Group activities
Casey et al., 2006	HIV/AIDS and condom use	Interpersonal communication and group activities
Drummond et al., 2011	Sexually transmitted infections	Peer education
Howard et al., 2011	Reproductive health, family planning, antenatal care, referrals, and contraceptives	Drama, music, and traditional dances

### **Case 1: Improving Refugee's Reproductive Health Through Literacy**

The Reproductive Health Literacy (RHL) project was carried out to examine the benefits of an adult literacy program among refugee women in Guinea to assess how well the women had grasped the information provided to them throughout the program (McGinn & Allen, 2006). The students in the RHL classes were semiliterate and illiterate Sierra Leonean and Liberian women. The program objectives included improving literacy skills primarily to further increase knowledge of reproductive health and increasing the utilization of reproductive services in the camp (McGinn & Allen, 2006). The classes met for 6 months, and the evaluation instruments used were closed-ended interviews and literacy skills written test. The researchers found that the students developed higher knowledge levels of reproductive health and increased literacy skills after the RHL classes. The findings suggested increased contraceptive use after RHL participation, which translated into less sexually transmitted infections cases and fewer babies, thus lessening the burden of the family and improving the health outcomes of the refugee women. Basic awareness of sexually transmitted infections, HIV/AIDS, nutrition, and female anatomy was higher (80% and above) among the respondents after the RHL classes than prior to participating (McGinn & Allen, 2006). The participants of the RHL program also reported increased confidence after attending the class. The limitations of this approach included shortcomings in the recall methods used to gather information, self-selection into the program, and lack of preprogram measures to compare the literacy test results (McGinn & Allen, 2006).

This case study is related to a most pressing issue—improving literacy skills among women helps to improve the health of refugee women. The case study is also related to effective strategies used to promote health and educate refugees, and in this study, group activities were the strategy utilized to increase knowledge and literacy among women in areas of sexual transmitted infections, HIV/AIDS, nutrition, and female anatomy.

### **Case 2: Changing HIV/AIDS/Sexually Transmitted Infection Knowledge, Attitudes, and Behavior**

Sierra Leone is a nation that had undergone conflict for more than 11 years, which resulted in women being vulnerable to sexual violence and exploitation by fellow refugees, peacekeepers, and camp employees (Casey et al., 2006). Casey et al. (2006) conducted a baseline survey to assess knowledge, attitude, and behaviors around HIV/AIDS and other sexually transmitted infections among female refugees in Sierra Leone. The researchers then implemented 2-year HIV prevention

activities. Then the researchers conducted a postintervention survey to assess if HIV knowledge had increased after the program. HIV/AIDS knowledge had increased from 4% to 34%, and there was an increase from 16% to 46% on condom use. The study concluded that despite challenges faced by a nation that has gone through conflicts, good quality AIDS prevention programs can be successful.

The study limitation includes bias, which could have been introduced because the study participants were not randomly selected. Further, this study was limited by the fact that there was no control group; thus, a direct link cannot be drawn between the survey results and the interventions of the program alone.

This case study is related to a most pressing issue—HIV/AIDS among refugee women. The case study is also related to effective strategies used to promote health and educate refugees. Interpersonal communication and group activities were the strategy utilized to bring changes in HIV/AIDS/sexually transmitted infection knowledge, attitudes, and behaviors among female refugees in Sierra Leone.

### **Case 3: Using Peer Education to Increase Sexual Health Knowledge**

Ten bilingual peer educators in Australia conducted a 3-hour workshop on reproductive health for a small group of refugees from West Africa who had resettled in Australia (Drummond et al., 2011). The researchers administered a questionnaire for the participants to complete prior to and a few weeks after the workshop. After the workshop, participants reported increased knowledge of sexually transmitted infection including HIV/AIDS, how these infections are spread, and how they can protect themselves from being infected (Drummond et al., 2011). Further, participants' knowledge about the benefits and limitations of condom use had increased significantly (Drummond et al., 2011). The study concluded that the peer education approach is an effective health promotion and education tool among refugees in Australia, especially when it comes to topics surrounding sexually transmitted infections (Drummond et al., 2011). The study limitations include the fact that a convenient sample was used in this study; thus, there is a possibility that the participants were more receptive to peer education. Further, the study design used did not permit the researchers to determine whether the new awareness of sexually transmitted infection translated into safe sexual practices or reduction of prevalence of sexually transmitted infections (Drummond et al., 2011).

This case study is related to a most pressing issue—sexually transmitted infections among refugee women. The case study also related to effective strategies used to promote health and educate refugees, and peer education was the strategy utilized to increase knowledge of sexually transmitted infections among West African refugees in Australia.

### **Case 4: Reproductive Health for Refugees**

A group of refugee midwives and laywomen established a program that aimed to improve services for fellow refugees from Guinea. The primary goal of the program was to assess whether exposure to the program's health education was associated with differences in maternal knowledge, attitude, or practices and to assess whether age, parity, or education were associated with differences in maternal knowledge, attitude, or practice (Howard et al., 2011). The program provided reproductive health education, family planning, antenatal care, referrals, and contraceptives for their communities (von Roenne et al., 2010). The study was evaluated using surveys and found that about 68% of the participants had obstetric needs including maternal support and access to care. Safety (98%) and distance to facility (94%) remained the main reasons for a facility or home delivery, respectively (Howard et al., 2011). The study concluded that there is a need to include female refugees in their own reproductive health decision making. The limitation of the study is that the



quality of health education was not included in the assessment completed by the researchers of this study.

This case study is related to a most pressing issue—reproductive health among refugee women. The case study is also related to effective strategies used to promote health and educate refugees, and drama, music, and traditional dances were the strategies utilized to spread the reproductive health message to audiences of several hundreds of refugees (von Roenne et al., 2010).

## Discussion

The case studies showed the effectiveness of different programs and shared several common strategies. The limitations were mentioned and were different for each study. In the future, diverse methods of implementing programs should be examined, and numerous factors must be considered to maximize utilization.

According to Solheim (2005), commitment to community involvement by humanitarian agencies is not only necessary, but also morally right. Communities need to be involved in healthcare decision making, especially in order to improve women's health (Palinkas et al., 2003). This can be achieved by forming partnerships with community members and, specifically, by hiring the locals to work together with humanitarian agencies to improve the health of the community (Solheim, 2005). There are refugees who were professionals in their home countries. These professionals included nurses, doctors, teachers, and health educators (Tanaka et al., 2004). Once identified and hired, this group of professional individuals can encourage the community to utilize health services in the camp by involving the communities in decision making. These professionals and refugees can communicate more effectively with their fellow refugees, as they come from the same cultural backgrounds.

The women's involvement approach highlighted in this literature-based case study review includes utilization of respected community members, as agents of the community, to provide health information to the rest of the community, especially in outreach services. These individuals, especially when they held healthcare professional roles in their home communities, could actively identify health needs, assume responsibility, and make decisions to meet the needs for improving health in the community (Tanaka et al., 2004).

Health promotion and education is crucial in improving the physical health of female refugees. For female refugee populations, a collaborative, multidisciplinary approach is necessary to achieve optimal health. The most pressing health issues identified through the literature review included reproductive health, sexual transmitted infections, HIV/AIDS, condom use, family planning, antenatal care, referrals, and contraceptives (McGinn & Allen, 2006; Casey et al., 2006; Drummond et al., 2011; Howard et al., 2011). Community-based participatory approaches to improving the health of refugees by utilizing the learning tools and techniques familiar to the community are the most effective (Laverentz, Cox, & Jordan, 1999; Rutherford & Roux, 2002). These include interpersonal communication, peer education, group sessions, drama, music, and traditional dances as highlighted by the aforementioned four case studies (McGinn & Allen, 2006; Casey et al., 2006; Drummond et al., 2011; Howard et al., 2011). Effectiveness of strategies varies between communities because of cultural differences and needs of the refugees. Assessment of the concerns or needs of the community should always be carried out prior to implementing health programs (Carter, 2005). Factors to be taken into consideration prior to implementing learning programs include culture and attitudes, perceptions, health beliefs and practices, and knowledge of the refugees, because these factors determine acceptability and utilization of the interventions by the community (Zotti, 1999). Program effectiveness can be evaluated by conducting a program outcome evaluation using

postintervention questionnaires, measuring increased numbers of participants, and monitoring behavioral changes.

### **New Contribution to the Literature**

This study was conducted to evaluate and determine examples of effective methods of health promotion and education among female refugees. This study is important to public health for addressing physical health issues among female refugees. Implications for healthcare include better strategies for educating and promoting health among female refugees. Nurse and public health practitioners have an opportunity to address issues surrounding refugee women's health by creating policies that support evidence-based interventions to promote health of refugee women.

### **Study Limitations**

The articles considered for this review were retrieved from online searches, thus raising the possibility that the search terms used may have missed some relevant articles. A second limitation is that some of the studies included had methodological weaknesses. A third limitation is that, even though the included studies came from different countries, the study findings may be limited in terms of generalizing the findings of countries not represented in the articles chosen for this review.

### **Conclusion**

This literature review draws the attention of public health practitioners to the most pressing health issues among refugee women, which are reproductive health, sexual transmitted infections, HIV/AIDS, nutrition, condom use, family planning, antenatal care, referrals, and contraceptives. The review findings support that health promotion and education activities in refugee camps appear to do best through interpersonal communication, peer education, group sessions, drama, music, and traditional dances. These strategies address most of the critical health issues through dynamic and community-based approaches, including consideration of the cultural norms of the community. Additionally, these strategies promote health and interventions and community responses that facilitate improved health for female refugees.

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