



REFUGEE **WOMEN'S**  
HEALTH CLINIC

Locally Accessible.  
Globally Minded.  
Overcoming Barriers.  
Empowering Women.

# **“Women for Women: How Resilience and Self-discovery Impact the Health of Underserved Women Survivors of War”.**

Jeanne F. Nizigiyimana, MSW, MA

Jenelle R. Walker, Ph.D, M.S.

Crista Johnson-Agbakwu, MD, MSc, FACOG



**Global Center for  
Applied Health Research**

# Overall Goal

The long term goal is to reduce health disparities through culturally specific health interventions that are sustainable in the urban and rural communities of Burundi, Africa.

Identify and establish culturally and gender specific interventions that focus on several culturally sensitive dimensions of wellness (ex. spiritual, mental, and physical) that are important for health behavior.



# Overall Aims

**Aim 1:** Determine the needs within the community through focus groups and interviews.

**Aim 2:** Create a culturally tailored program based on the needs of the community.

**Aim 3:** Implement the program and determine the utilization of the culturally specific program.

**Aim 4:** Evaluate program for sustainability within the community.

**Aim 5:** Determine the effectiveness of the program long term through outcome measures.



## Country Updates

- ❖ Population Increase: 10.16 Million (2014) to 10.52 (2016)
- ❖ Area: 10,745 sq. miles
- ❖ 9th Poorest Country in the world (8<sup>th</sup> – 2014)



# Background - War History

- ❖ Mass killings in 1993 after the Death of President Melchior Ndadaye, the first democratically elected President
  - ❖ This civil war killed > 300,000
- ❖ In April of 2015, President Pierre Nkurunziza's bid for a third term were violently repressed by pro-government forces.
  - ❖ This led to >20.000 lives lost
- ❖ Displacements and escape of people followed by other tragic events.
- ❖ Association with armed groups, rape, penury of food,
- ❖ Pandemic diseases, fistula diseases, HIV, mental illness, tuberculosis
- ❖ Behavior changes: Substance abuse, prostitution, lack of trust, increase in sexual predators, sexual slavery
- ❖ Forced Transactional Sex
- ❖ Women became more vulnerable and their health at stake in general.

OCHA, 2013.

GlobalPost, March 28, 2016. 4:15PM EDT by Anna Dubuis

## A NEW WAR IN APRIL 2015: A FAILED COUP!

By May 28, 2015 over 132,000 Burundian refugees had sought refuge in the Nyarugusu refugee camp in Tanzania



Credit: Sala Lewis/PLAN INTERNATIONAL/Handout via Reuters

> 250,000 Burundians have fled to neighboring Rwanda, Tanzania and the Democratic Republic of the Congo





# Relevant Terms Pertaining To Forced Migration

**Internally Displaced Persons (IDPs):** persons, who, as a result of persecution, armed conflict or violence, have been forced to abandon their homes and leave their usual place of residence, and who remain within the borders of their own country (UNHCR, 1997, retrieved from Castles, 2003)

**Refugees:** outside their home country and unable to return due a well founded fear of persecution

**Returnees** are a result of **Voluntary Repatriation:** Return of refugees to their country of origin, based upon a free and informed decision, in and to conditions of safety and dignity, and with the full restoration of national protections

**A former combatant** who has genuinely and permanently renounced all activities that can be attributed to combatants (UNHCR, 2006).

Differences in roles of female combatants: Women-at-risk associated with armed groups



# Trends in Involuntary Displacement According to UNHCR

## From 2013-2014 :

- 10.7 million newly displaced persons due to conflict or persecution
- >30,000 persons were forcibly displaced both internally and externally per day for
- A total of 33 million IDPs

## By the end of 2016,

- 10.3 million newly displaced persons due to conflict or persecution
- 65.6 Million forcibly displaced persons worldwide
- A total of 40.3 million IDPs
- 552,200 refugees returned to their countries of origin, often in less than ideal conditions.





# CEDAC

Center for Education, Development and Assistance for Ex-Combatants



CEDAC has developed efforts to rebuild more peaceful world with no arms, to improve livelihood of conflict-affected population, and to pave the way to sustainable development in Burundi.

Vision: to eliminate conflict and sustain peace by creating means of reintegration for ex-combatants and others indirectly affected by conflict.

[Cedac.org.bi](http://Cedac.org.bi)

## **First Phase: Burundian Female Survivors of War (SOW): Views of Health Before, During and Post Conflict**

**Purpose:** To determine the health status of women before, during, and after the war, and to explore women's perceived health needs and current access to healthcare.

**Aim 1:** Determine the needs within the community through focus groups and interviews.



# Methodology

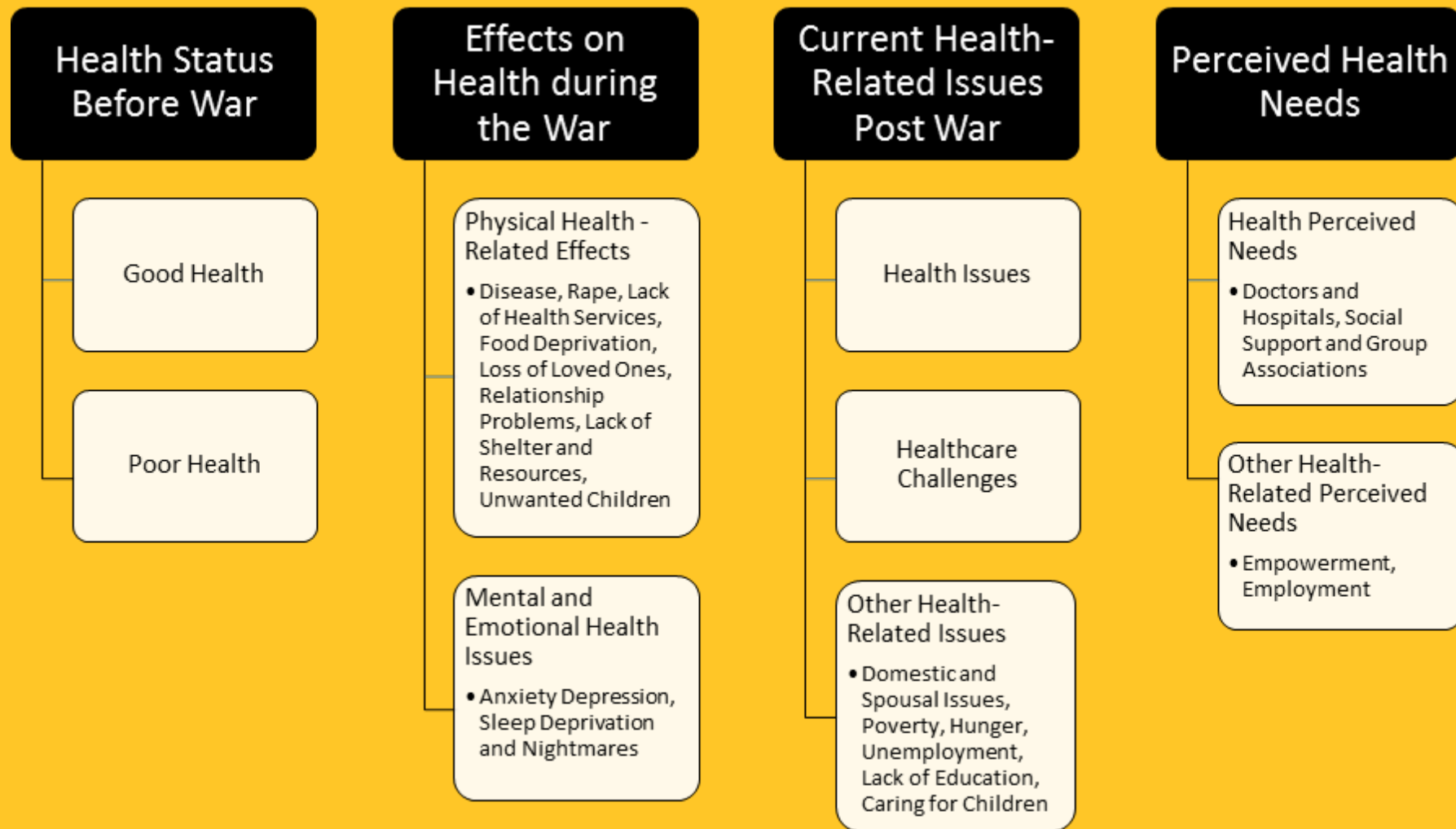
- ❖ N =52, Individual Interviews n=12, Focus Groups n=40
- ❖ Women >18 age
- ❖ Live in the area where the research is conducted
- ❖ SOW: Internally Displaced, and/or be a leader in community
- ❖ Returnees, Ex-combatant
- ❖ Warnecke Model for Disparate Health Outcomes

## Phase 1: Descriptive Statistics of Survivors of War (SOW)

		N
Age		37±12 (Range 21-72)
SOW Status	IDP	38
	Ex-Combatant	5
	Returnee	7
	Returnee/IDP	1
	Returnee/Ex-combatant	1
Country of Emigration	Democratic Republic of Congo	3
	Rwanda	2
	Tanzania	6
Religion	Catholic	41
	Protestant	9
	Anglican	1
	Islam	1
Education	High School Diploma	10
	Some High School	10
	Primary	9
	Never Attended	23
Marital Status	Married	31
	Single	6
	Widowed	6
	Divorced	6
	Separated	3
Employment	Full Time	6
	Part Time	15
	Business Owner	5
	Unemployed	9



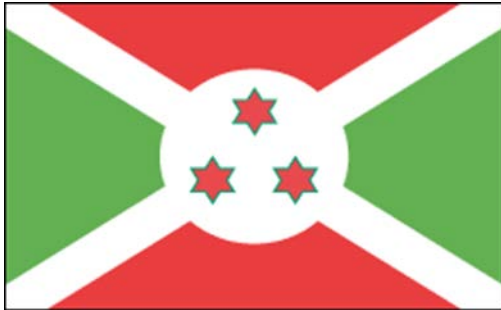
# Principle Themes and Sub-themes from Interviews and Focus Groups





**Don't  
Forget Us!!!**

**July, 2014**





## Accomplished Tasks

- ☐ Transcription of recorded data, Analysis to clearly and concisely identify needs and themes
- ☐ Manuscript approved for publication
- ☐ Continued communication with CEDAC and peer navigators for contact with the women
- ✓ Quarterly conference calls with peer navigators
- ✓ Quarterly talks between peer navigators and women
- ☐ Another trip to disseminate the data and get narrowed their health priorities.

# ARRIVING HOME, July 2017

© : akeza.net



KEZA Creative Studio/2018

BUJUMBURA-BURUNDI AIRPORT

## **Aim 2: Create a culturally tailored program based on the needs of the community.**

### **Objective(s):**

- 1. Conduct secondary focus groups to identify women's primary focuses of health based on previous feedback**
2. Determine and evaluate secondary focus group outcomes for intervention development
3. Develop Burundian women's empowerment and health intervention



# Methodology

- IRB Continuation
  - Informed Consent
    - Verbal Consent Approved and Recorded
  - Individual Interview and Survey Questions
    - Health related follow up questions based on results of Phase One
- Translation/Back Translation Verifications
- Local government approvals
- Incentives: Equivalent to \$15 USD
- Focus groups were recorded
  - Peer Navigator and Research Team Notes



# Recruitment

- Focus Groups N = 44
- Women >18 age
- Four Sites: Live in the area where the research is conducted (2 Urban settings and 2 rural settings).
- SOW: Internally Displaced, and/or be a leader in community
- Returnees, Ex-combatant



## Partnership with CEDAC/local partners



**CEDAC Research Team**



**Meeting with CEDAC local partners**



# Train the Trainer-Peer Navigators



# Urban Sites: Buterere and Kinama





# Rural Sites - Nguguro and Rwandagararo



# Perceived Health Needs Questions

## Doctors and Hospitals

- ❖ What health diseases would you like to focus on?  
i.e. STD, Physical Diseases, Mental Health
- ❖ What kind of doctors or health specialists are most needed?  
i.e. OB/GYN, General Physician
- ❖ What are the main areas that need a clinic or hospital? Amount of facilities?  
i.e. Rural, Urban
- ❖ How can access to care be improved?  
i.e. Transportation

## Women's Empowerment

- ❖ What issues would you like to focus on for women's empowerment?  
i.e. Employment

## Social support groups or associations

- ❖ What types of activities would you like to do?  
How often would you like to meet for social support?

# METHODOLOGY – QUALITATIVE ANALYSIS

## THEMATIC ANALYSIS TO ASSESS:

- ❖ Frequency (themes with the largest number of mentions were considered important)
- ❖ Universality (predominance of the same theme across participants)
- ❖ Differentiation (relative importance of themes in different groups) and emphasis (Baxter & Eyles, 1997).

## QUOTES WERE INDUCTIVELY AND DEDUCTIVELY IDENTIFIED FROM THE WOMEN

Label codes were assigned to sites as strategies to draw themes by sites and by experiences of women:

- ❖ B for Buterere
- ❖ K for Kinama
- ❖ N for Ngugo
- ❖ R for Rwandagaro

Source: Baxter, J., Eyles, J., 1997. Evaluating qualitative research in social geography: establishing 'rigour' in interview analysis. Trans. Inst. Br. Geogr. 505e525.

Bernard HR, Wutich A, Ryan GW. 2016. Analyzing qualitative data: Systematic approaches. SAGE publications, 576 pages.



# Results-Thematic Views



# Demographics

		N
Age		40 (Range 27-75)
SOW Status	IDP Returnee/IDP	40 4
Country of Emigration	Democratic Republic of Congo Tanzania	1 3
Religion	Catholic Protestant Pentecost Islam	36 6 1 1
Education	High School Diploma Some High School Primary Never Attended	6 9 24 5
Marital Status	Married Single Widowed Divorced Separated	29 5 2 4 4
Employment	Full Time Part Time Business Owner Unemployed Volunteer Unable to work/Disabled Homemaker Farmer/Worker	5 2 6 9 3 2 2 13

# MAIN THEMES from the focus groups

## 1. Health priorities

### **a. The main health concerns were around mental health/lack of trauma treatment and malaria**

- *co-morbidities as a result of poverty*

“Cancer of the uterus and breasts”

“you get traumatized, and after having a lot of issues in your head, you just look like a fool in your head... sometimes you do things which are not well ordered.”

“Head sicknesses”

“I am sometimes attacked by a deep trauma disease. I didn't get anyone to help me calm it down”

# Health priorities cont'd

## b. Women's health

- *The women also requested more OB doctors and gynecologists who are specialized in women's health complications, such as cancer and pregnancy.*
  - “Those diseases attacking from the reproductive parts are many. You can also be attacked by diseases in the reproductive parts and you scrape yourself severely.”
  - “As women, we are mostly being attacked by diseases that pass through our reproductive organs.”
  - Doctors to cure “breast and uterus cancer diseases”

## 2. Access to Care

### a. Lack of access to care

- “get deeply sick... because the person lacks transportation means to be able to reach the hospitals where there are able doctors”
- “specialized doctors are not nearby”
- “you are charged a lot of money for transportation... then you become more and more sick, and you can die”
- “We need an ambulance. The one which was in this medical sector...is no longer functional.”

## Access to Care (cont'd)

**b. Self-sufficiency and empowerment activities** will enable them to afford health care and transportation costs.

- “many of the people are not getting themselves treated due to the distance and they lack means to reach where the hospitals are.”
- “One thing which pushes a lot of people to die instead of leaving is the same poverty... transport, or money to reach a hospital” “I also support that idea of breeding pigs.
- “Let us pray that we can be assisted and granted with that pigs investment so as to help us quit this poverty situation.”

# How do they become self-sufficient?

“We first of all have to fight against poverty; that is the assistance we first request, we need to make sure how we can overcome it, to reach a given higher level with regard to our current level of life.”



**Create  
organizations/  
associations  
to provide  
financial and  
social  
support**



**“It would be very good if we have in this association a cooperative...(or) go for professional activities.”**

**“We are also in need of recreation activities so that our hearts get released from the trauma that we have been through.”**

# Benefits of association-Social benefits

- “One of us having an issue does not have to bear it herself.”
- “Help us getting solutions for issues that we face as women.”
- “A woman for example who has problems we support each other; if she has a sick person, we support her, when the person is in a far hospital, we help her.”
- “and get together... trainings and capacity building.”
- “They do give us skills, they help us, and we thank them for that.”
- “What I have gained from an organization is one thing: love. They love each other, respect each other and, know each other.”

# Benefits of association-Financial benefits

- “Since I became a member, I have been able to buy soap for washing clothes, I have taken a child to school, I have bought a goat.”
- “When I have a sick family member, I came and ask for a loan and I take the person to the healthcare center, and the person gets cured”
- “My husband may find that what he earns will not help, I then come and get a loan here, buy the needed note books for the children and they can go to school. I even can buy uniform for them... I have for now sorghum that I have cultivated thanks to the loan I received.”
- “I have already bought a plot where my family will live...after I asked for a loan from what we have put together for credits. And there is even a domestic animal that I already bought.”

# How do they become self-sufficient? Cont'd...



# Breeding



What “You should help us with is to give us pigs to breed”

“The greatest thing we wish to do, and that we most emphasizing on is the breeding of pigs. This is the great aim that we have; if we get those pigs there is no doubt in one year we will be developed. Others activities will come through this breeding activity. After that, we will add business activities and some of us will get jobs but all in all, we want to start by breeding pigs.”

“After they (the pigs) reproduce, we can have from them more other business and activities, such as farming: we can use the fertilizer from them we can cultivate like rice...and you know that rice here gives a lot of profit.”



# Benefits of Breeding: Financial Gain

- “Pigs are beneficial; they can give birth twice a year”
- “Even goats are able to give birth to many kids, yes, but the only difference is that a pig gives birth twice a year while goat gives birth once a year.”
- “Because when it gives birth, it can give you 15 or 12, which means that each one of us can easily benefit when the pigs give birth.”
- “After they reproduce, we can have from them more other business and activities, such as farming: we can use the fertilizer from them we can cultivate like rice...and you know that rice here gives a lot of profit.”

“I also support that idea of breeding pigs. Let us pray that we can be assisted and granted with that pigs investment so as to help us quit this poverty situation.”

## **General wishes for the future:**

“Now that we are getting this chance of having you around, we would want to request you to assist us in forming organizations...help us to have a business so as to have an earning which can facilitate us to have some means to help us do something for our families.”



# **The Way Ahead**

**INTERVENTIONAL  
PROGRAMS & FUNDING TO  
SUPPORT WOMEN'S  
DISCUSSED IMPACTFUL  
INITIATIVES**

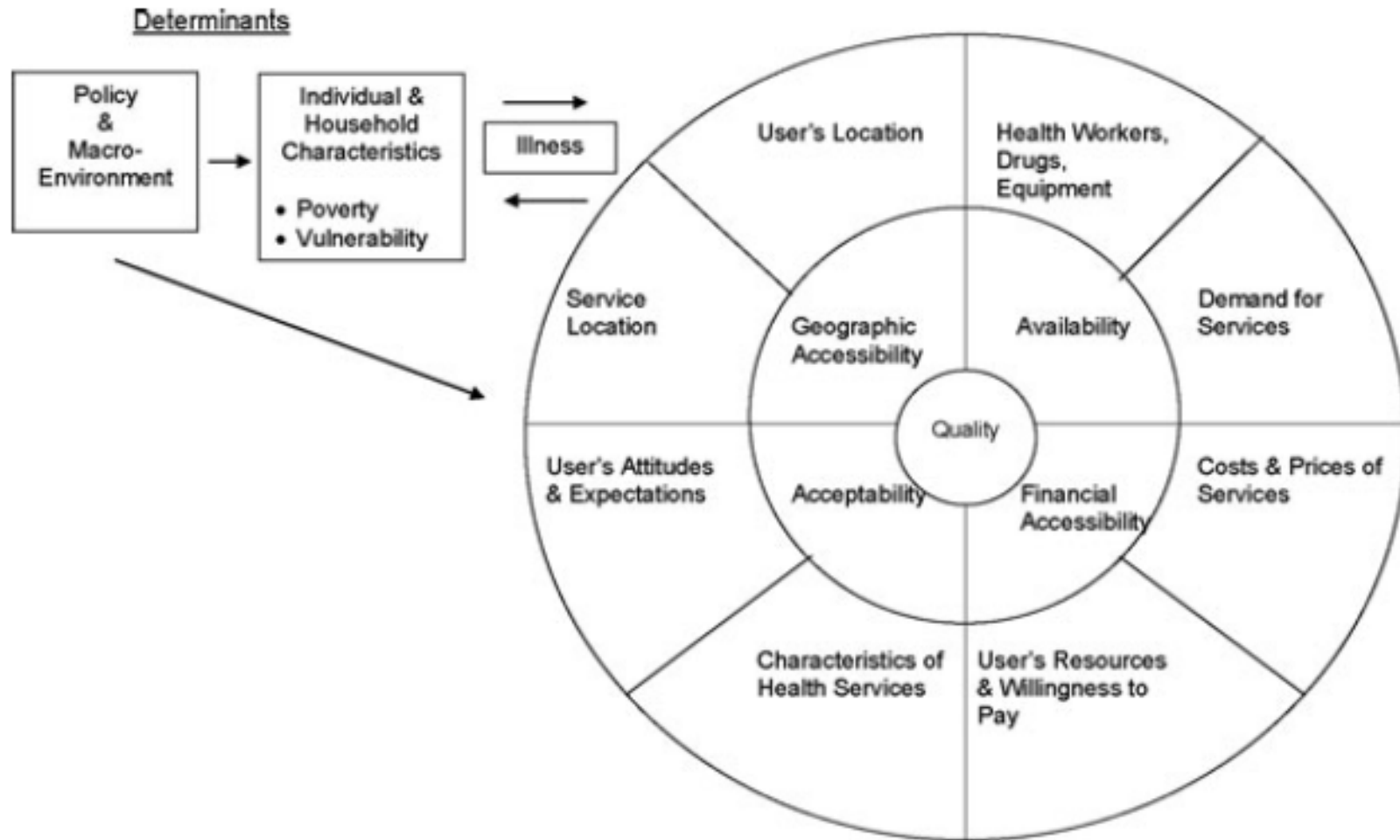


# Conceptual Framework for Assessing Access to Health Services

Poverty is a determinant of illness and health needs

- ***Geographic Accessibility*** – physical distance and/or the travel time to get to service delivery point
- ***Availability*** – having the right type of care available to those who need it (i.e. hours of operation, wait times, appropriate service providers, correct materials, etc.)
- ***Financial Accessibility*** – price of services and/or the willingness and ability of users to pay for said services
- ***Acceptability*** – cultural competency of service providers, how responsive providers are to the social/cultural expectations of users and their communities

# Conceptual Framework for Assessing Access to Health Services



Source: Annals of the New York Academy of Sciences, *Poverty and Access to Health Care in Developing Countries*, Johns Hopkins Bloomberg School of Public Health and Institute of Development Studies, 2008, figure 1.



# **Other Recommended Interventions for Utilizing Microfinance and Economic Empowerment Initiatives to Improve Health Outcomes and Access to Healthcare**

# Recommended Interventions

“Success depends in part on **gaining a local understanding of the dimensions and determinants of access to health services**, along with **determined attempts to improve [health] services for the poor**. . . ensure that **vulnerable populations have a say in how strategies are developed, implemented, and accounted for** and ensure that **information and incentives are aligned in ways that can demonstrate improvements in [health] access by the poor.**” (Peters et al. 2008)

## Examples of Successful Microfinance and Economic Empowerment Initiatives:

- **Mexico** - implementation of an incentive-based welfare program where low-income families received cash transfers (provided that they attend preventative health services) resulted in significant improvements in the uptake of healthcare services as well as in their health outcomes. (Peters et al. 2008)

## **Examples of Successful Microfinance and Economic Empowerment Initiatives:**

- **Burundi** – Discussion sessions coupled with microfinancing significantly increased the authority women had in the household.
  - This study was compared to another similar initiative in South Africa, Microfinance for Gender Equality. Discussions in this study were purposefully targeted at women with the intention of reducing domestic violence in the household.
  - Both studies resulted in decreases in domestic violence. (Iyengar and Ferrari 2010)





# Future Goals in 2019-Back to Burundi

- ❑ Facilitate engagement in economic empowerment activities
- ❑ Promote women's health education
- ❑ **Psychosocial Education**
- ❑ **Micro-loan program**
- ❑ **Capacity building**
- ❑ **Resource mapping**



- **Connect them with local NGO's**
- **USAID Proposal-US Embassy**
- **Dr. Nancy Glass Pigs for Peace Microfinance in DRC**

# Acknowledgments

**“This research study was made possible through an international research award by the Global Center for Applied Health Research at Arizona State University (ASU). Research assistance for data analysis and presentation format were supported by Dr. Flavio Marsiglia and Anaïd Gonzalez. The content of this article is solely the responsibility of the authors and does not necessarily represent the official views of the Global Center or ASU.”**

**“The content of this article is solely the responsibility of the authors and does not represent the official views of the National Institutes of Health.”**



# Acknowledgments



ASU GCAHR Team  
CEDAC-Burundi  
Women of Burundi

Thank you  
Video-Questions?

# Works Cited

- Baxter, J., Eyles, J., 1997. Evaluating qualitative research in social geography: establishing 'rigour' in interview analysis. *Trans. Inst. Br. Geogr.* 505e525.
- Bernard HR, Wutich A, Ryan GW. 2016. *Analyzing qualitative data: Systematic approaches*. SAGE publications, 576 pages.
- OCHA United Nations Annual. 2013.
- Peters, David H. *et al.* 2008. Poverty and Access to Health Care in Developing Countries. *Annals of the New York Academy of Sciences* **1136**: 161-171.
- Iyengar, Radha and Ferrari, Giulia. 2010. Discussion Sessions Coupled with Microfinancing may Enhance the Role of Women in Household Decision-Making in Burundi. Centre for Economic Performance.
- Walker, J.R., Nizigiyimana, J., Banke-Thomas, O., Niragira, E., & Johnson-Agbakwu, C. (2017). Burundian Female Survivors of War (SOW): Views of health before, during and post conflict. *Research in the Sociology of Health Care*, 36.