



# Refugees and HIV Prevention



## Key Questions

Are refugees at greater risk for HIV and how effective are HIV prevention interventions for refugees?

## Key Take-Home Messages

- The health needs of refugees are often overshadowed by research about ‘immigrants’(3;7;11). Further research on refugee health is required (2;11-13).
- To improve healthcare for refugees, health care providers must continue to work with community groups to develop policies and programs for refugees (1;4;14;15).

## The Issue and Why It's Important

Refugees, a sub category of immigrants, are people who have fled their countries of origin, with a well founded fear of being persecuted because of their race, religion, nationality, political opinion or membership in a particular social group. Canada admits conventional refugees, who are selected overseas through the United Nations High Commission for Refugee resettlement program, and successful asylum seekers (1;2). Generally immigrants in Canada report comparable and in some cases better health than Canadian born residents and have an increased risk of infectious diseases as compared to immigrants (2-4). This paper focuses on both groups of refugees.

Federal and provincial HIV prevention initiatives include immigrant focused policies, programs and services which have been developed and implemented by AIDS Service Organizations (ASOs) and other organizations (1;2;5;6) . However, existing gaps in policy and service provision prevent inclusive and accessible HIV/AIDS prevention for refugees (1). There is limited research on the health needs of refugees (7). Evaluation of existing programs for refugees is lacking in most cases (8). To provide comprehensive HIV prevention intervention programs and policies to refugees, further research on the health status and health service use of refugees is necessary (9;10).

## EVIDENCE INTO ACTION

The OHTN Rapid Response Service offers HIV/AIDS programs and services in Ontario quick access to research evidence to help inform decision making, service delivery and advocacy.

In response to a question from the field, the Rapid Response Team reviews the scientific and grey literature, consults with experts, and prepares a brief fact sheet summarizing the current evidence and its implications for policy and practice.

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## What We Found

### Are Refugees at Greater Risk?

Canada admits 220,000 to 240,000 immigrants each year with about 10% representing refugees (3). Refugees may be at a greater risk of HIV infection due to past or ongoing complex resettlement challenges including pre and post migration trauma, unemployment, poverty and lack of access to services, stigma, discrimination and cultural barriers (5;10;14). Immigration and resettlement increase the likelihood of experiencing these stresses (3;16). Stress may lead to high risk behavior such as drug and alcohol use and reduce the utilization of prevention and health care services (7;17). Complications related to childbearing, rape, domestic violence, female genital mutilation or circumcision and other sexual health related issues place female refugees at a higher risk of HIV infection (2;5;10). Children may also be at high risk of HIV infection because of sexual abuse and post migration depression and poverty (2;10;18). Increased risk does not guarantee increased HIV incidence (19).

### Traumatic pre and post migration experiences

Refugees are a vulnerable population (1;4). Pre-migration traumatic experiences for refugees may include torture which sometimes results in depression, the loss of a home and possessions, rape, and the deaths of children, friends and family (3;5). Pre-migration trauma can contribute to HIV risk behavior such as substance use and depression (3;10). The immigration process is considered a major source of stress for refugees (12). Immigration status determines access to the basic determinants of health including adequate housing and employment (1;3).

### Barriers to accessing health care

Research indicates that refugees often encounter several difficulties in obtaining the basic determinants of health including appropriate and affordable housing, income and food (1). Obstacles to accessing health care include cross cultural differences regarding restrictions on sex, communication styles, gender relations, different understanding of health, and stigma and discrimination associated with HIV/AIDS (1;5). Refugees are sometimes so preoccupied with their daily survival that they overlook their health needs (1).

Suggested interventions include the following:

- Female refugees often act as healthcare providers to other family members. Evidence based interventions are needed to support them to develop effective parenting skills for children (5).
- Further research on refugees should focus on the following; health behavior, health promotion and how refugees cope with the challenges of resettlement (2;12;13).

### Effectiveness of HIV prevention for refugees

Research indicates that in general, Canada has been 'moderately responsive' to the health needs of newcomers including refugees (2). Existing research focuses largely on the general health of refugees, particularly the mental health impact of the pre and post immigration experience and barriers to accessing health. However, relatively few studies assess the effectiveness of HIV prevention interventions among refugees in Canada (2;5;9). In order to determine the effectiveness of policies and services, there is a need for more

research to evaluate existing projects to determine the types of services accessed by refugees, services that are effective and how to improve accessibility to health care services for refugees (12).

## Factors that May Affect Local Applicability

Nineteen articles, reports, and policies were reviewed for this rapid response. These include 11 Canadian articles and reports (1-7;9;12;13;18), one from New Zealand (15), two from Sweden (10;16), one from Switzerland (8) and one from the United States (17). Two articles have a global perspective (11;19). Although available research indicates that refugees are at high risk of HIV infection, there is little evidence in Canada to determine the effectiveness of existing programs.

## What We Did

To identify any systematic reviews we first conducted hand searches of the reviews and protocols from the HIV/AIDS Cochrane Review Group and searched [www.health-evidence.ca](http://www.health-evidence.ca) using the text search term 'refugee'. To locate additional reviews and primary literature we then searched Medline, Embase, CINAHL, The Cochrane Library and DARE using combinations of relevant MeSH and text terms. For Medline, Embase we used the following MeSH and text terms: HIV [text term] AND Refugees [MeSH term] AND prevention [text term]. For CINAHL we used the following search terms: HIV AND Refugees AND prevention. For The Cochrane Library and DARE we searched using the terms Refugee and HIV.

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