



# Forced migration: Health and human rights issues among refugee populations

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## ABSTRACT

Undocumented migration is a global phenomenon that is manifest in diverse contexts. In this article, we examine the situations that precipitate the movement of large numbers of people across several African countries, producing a unique type of undocumented migrant—the refugee. These refugee movements impact already fragile African health care systems and often involve human rights violations that are of particular concern, such as gender-based violence and child soldiers. We use examples from several countries in sub-Saharan Africa, including the Democratic Republic of the Congo, Rwanda, Liberia, Sierra Leone, and Mozambique. Drawing on key documents from the United Nations High Commissioner for Refugees, current research, and our personal international experiences, we provide an overview of forced migration and discuss implications and opportunities for nurses to impact research, practice, and policy related to refugee health.

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This article is a part of a symposium issue focused on undocumented migration and health; the other articles focus primarily on the situation in the United States. At the present time, U.S. communities, health care providers, and policy makers are living with and debating the inclusion or exclusion of approximately 12 to 13 million undocumented immigrants. However, undocumented migration is a global phenomenon and is manifest in different ways in various contexts. We believe it is important that the readers of *Nursing Outlook* understand aspects of the global context of undocumented migration. In this article, we examine how the health and human rights issues related to undocumented migration play out in one specific global context—sub-Saharan Africa. The first author has considerable experience in working and conducting research in sub-Saharan Africa, especially Liberia,

Ghana, and Zambia. The second author has experience in numerous international contexts and has worked and conducted research in countries during conflict situations. Our aims are to present a broad overview of forced migration and refugee movements in sub-Saharan Africa; to examine issues that have arisen as a result of the forced migration of large numbers of refugees; and to discuss ways in which nurses can take informed action in research, practice, and policies related to refugee health care on a global scale.

## Background

The record of human migration began in prehistory and continues uninterrupted today. Politically,

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socially, economically, and culturally, migration takes place everywhere on earth. Ongoing migratory patterns are broadcast into our living rooms, iPads (Apple, Cupertino, CA), and cell phones through sophisticated and creative communication networks. Migration can be a divisive issue, and we frequently fail to grasp its full effects. In the 1950s and 1960s, the complex process of decolonization, involving the breakup of African states established and controlled by European powers, involved military clashes in many of the newly formed African nations. Sixty or more years of political upheavals, wars, starvation, gross human rights violations, and genocide have had a tremendous impact on the African people and in the way the world views and responds to refugee movements.

Refugees are often confused or conflated with other types of migrants, who may leave their home country for a variety of reasons (i.e., economics, educational opportunities, or family reunification) but maintain legal rights and protections from their home country. In contrast, refugees are forced from their country of origin out of a fear of persecution (United Nations High Commissioner for Refugees [UNHCR], 2005). Persecution within their home country, often from reasons beyond the control of migrants, is most frequently the reason for fleeing. Persecution can include imprisonment, torture, harassment, civil war, human rights abuses, or threats of harm. The persecutor can be a rebel group or a person or persons connected with the governing authorities (UNHCR, 2005). Persecutors can also be military forces from a neighboring country or ethnic or religious groups in opposition to one another. For example, the current violence in the Central African Republic is caused by the religious persecution of Muslims by Christians.

According to statistics from the UNHCR (2013a), there were 45.2 million forcibly displaced persons worldwide, including 15.4 million refugees at the end of 2012. Twenty-three thousand persons per day were forced to leave their homes for internal displacement camps or camps outside their home country during the same year because of conflict or persecution. In 2013, over 7 million people were newly displaced to foreign soil including 1.1 million new refugees, the highest number since 1999; an additional 6.5 million people were newly displaced within their home country (UNHCR, 2013a).

Protecting refugees and providing for their welfare requires a coordinated, global effort. Four years after it was created in 1945, the United Nations formed the UNHCR to provide humanitarian aid and international protection to refugees (UNHCR, 2005). Over the years, this mandate has expanded to include *persons of concern*, a broad term used to describe all persons of interest to UNHCR, including but not limited to refugees, asylum seekers, internally displaced persons, and stateless persons (Table 1).

## Refugee Health

The numbers of refugees in Africa alone are staggering; sub-Saharan Africa is now home to more than 26% of the world's refugees. Close to one third of all *persons of concern* to the UNHCR reside in Africa, consuming 1.89 billion dollars of UNHCR's 2014 budget (UNHCR, 2013b). Civil wars and violent conflict have forced millions from their homes into neighboring countries, often ill prepared to provide protection.

In contrast to most economic migration flow, in which migrants move from lesser to more developed countries, developing countries are often on the receiving end, providing a safe haven for refugees. Lesser developed countries currently bear the burden, hosting 80% of the world's refugees, with over 2 million refugees currently living in the 49 least developed countries (UNHCR, 2013a). The presence of large numbers of refugees strains already fragile health systems and presents challenging situations for relief

**Table 1 – Definition of Terms**

Refugees	Any person outside his or her country of origin who is unable or unwilling to return there because of a well-founded fear of persecution for one of the reasons set out in the 1951 Convention. Additionally, if a person has received serious and indiscriminate threats to his or her life, physical integrity, or freedom resulting from generalized violence or events seriously disturbing public order.
Asylum seekers	Persons who have sought international protection for refugee status, but their claims have not yet been determined. Not every asylum seeker will ultimately be recognized as a refugee. Every refugee is initially an asylum seeker.
Internally displaced persons	Those individuals who have been forced to leave their homes as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights, or natural or manmade disasters and who have not crossed an international border.
Stateless persons	Individuals who are not considered as nationals by any state under the operation of its law. They do not possess the nationality of any state. It may also include persons with undetermined nationality, such as those persons born in a refugee camp.
Returnees	Former refugees or internally displaced persons who return to their country of origin either spontaneously or in an organized manner.
Adapted from the United Nations High Commission for Refugees (2005, 2013a,b).	

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