

# Refugee Resettlement: Case Studies of Two Syrian Women in Rhode Island

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## ABSTRACT

**BACKGROUND:** Key elements of social integration of refugees overlap with the social determinants of health. Limited research exists about Syrian refugees' resettlement in Rhode Island (RI).

**METHODS:** Case study life history method: Two Syrian women in RI were interviewed and observed longitudinally. Content analysis cycles led to emerging topics. Key informant interviews informed the question guide.

**RESULTS:** Several themes emerged: (1) Interpreters, community health workers (CHWs), and patient navigators help access healthcare; (2) Education about healthcare maintenance is important; (3) Anti-refugee bias has compromised safety and psychosocial wellness; (4) Although hard work is prioritized, high hopes for education and employment conflict with reality; and (5) Syrian women have unique experiences during resettlement.

**CONCLUSIONS:** RI leaders can address resettlement challenges through investment in CHW programs, peer-led health initiatives, English language education, interpreter services, psychosocial support, migrant rights education, social opportunities, and job training and matching.

**KEYWORDS:** refugee, Syrian, resettlement, social integration

## INTRODUCTION

The pathway to Syrian refugee resettlement in the United States (US) is circuitous. After fleeing from their home countries, refugees live in camps or temporary housing in neighboring countries for months to years while awaiting resettlement. During this time, poor living conditions, limited healthcare, and violence compound previous medical and psychosocial trauma.

During the Obama administration, the US resettled over 18,000 refugees from Syria.<sup>1</sup> Between 2016 and 2017, 168 Syrian refugees arrived in Rhode Island (RI), most settling in Providence. Many refugees arrived in RI requiring medical and psychological attention, as resettlement prioritizes the medically ill and survivors of violence.<sup>2</sup> Post-resettlement culture shock, language issues, and anti-Muslim sentiment also contributed to their health status.<sup>3</sup>

Markers of social integration of migrants overlap with social determinants of health, including safety, education, housing, employment, and social connections.<sup>4</sup> This study aimed to:

1. Use a social determinants of health framework to characterize how two Syrian women and their families experienced resettlement in RI.
2. Learn how medical, governmental, and social service leaders can create and/or improve existing services to best support the health and well-being of Syrian refugees in RI.

## METHODS

This case study used the life history qualitative interview technique and a social determinants of health framework to characterize how two Syrian refugee women and their families experienced resettlement in Providence, RI.<sup>5,6</sup> The two primary participants were interviewed once or twice monthly at their homes during the study period of January 1, 2018 to December 31, 2019. In total, approximately 50 hours were spent formally interviewing each participant. Observation of participants and their families, and interviews with key informants, contributed to in-depth qualitative data collection. The study was reviewed by the Brown University Institutional Review Board and deemed not to require regulatory oversight.

### Participant Recruitment

Purposive sampling was used to select two Syrian women (pseudonyms Amira and Bana) resettled in RI and who were willing to discuss their families' experiences. Key informants included leaders of local resettlement agencies and voluntary organizations, healthcare workers, medical-legal advocates, journalists, and other stakeholders.

Prior to this investigation, the first author (PP) had served as a patient navigator for Amira's daughter. Hence, this article presents more data from Amira's family than from Bana's family. Bana was selected from several Syrian women contacted by a primary care physician (ET) running a refugee health clinic. The informed consent document was explained verbally to each participant with the use of an interpreter, and written informed consent was obtained.

### Data Collection

Key informants were interviewed individually and semi-structurally with similar open-ended questions to gain a broad understanding of Syrian refugee resettlement in RI and inform development of the interview guide. The interview guide addressed multiple domains including education, housing, employment, healthcare access, and social connections. The content and experiences from each interview were used to generate discussion points for subsequent interviews. A member of the local Syrian refugee community (LA) served as an Arabic language interpreter, cultural advisor, and ultimately, as a co-author.

Participant observation occurred throughout the study period at the participants' homes and social gatherings. Data were collected by audio recording and note taking. Observation notes were written soon after each encounter.

### Qualitative Data Analysis

Following each data collection session, the primary interviewer (PP) and interpreter (LA) shared preliminary thoughts about emerging content analysis. The primary interviewer analyzed interview and observational data using the immersion-crystallization method.<sup>7</sup> This involved transcription of audio recordings, cycles of transcript review, note taking, and reflection. This process was repeated for each transcript and set of participant observation notes. Finally, the primary interviewer re-immersed in the data to identify within-case and cross-case patterns.

## RESULTS

Amira's and Bana's families arrived in RI in 2016, leaving behind friends and family in Syria and surrounding countries. Amira fled Syria with her husband, elderly parents, and three young children. They sought refuge in Egypt for three years before migrating to RI. Bana traveled with her husband and three children from Syria to Turkey, where they lived for three years before settling as refugees in RI.

During the time of Amira's and Bana's stay in Egypt and Turkey, respectively, the majority of Syrian refugees lived in cramped apartments in urban areas rather than refugee camps. Amira's younger children attended school in Egypt and her husband worked at a bakery. Bana's older daughters worked in a factory with their father.

### Community health workers, patient navigators, and interpreters help access the healthcare system

Healthcare was among the first American systems encountered by the women's families. Both Amira's and Bana's children, who spoke some English, often bore the responsibility for scheduling appointments and reserving interpreters, especially at subspecialty clinics. In-person interpreters must be scheduled 24 hours in advance and were often unavailable for emergency care or if the clinic was running late. Most

clinics and hospitals have phone interpreters to help mitigate this issue, but Bana described the miscommunication that sometimes occurred. "I want to talk to the physician in my own words. Once the interpreter said my throat was hurting, when I actually had chest pain. Luckily my friend corrected the interpreter."

Community health workers and patient navigators shouldered additional challenges. Amira's daughter's patient navigator accompanied her to initial medical appointments and followed up with home visits to continue the conversations regarding pediatric health maintenance initiated in the doctor's office. Amira's mother, who was struggling with diabetes, had a separate patient navigator who spoke Arabic and listened to her challenges with nutrition and stress management. Amira's technologically savvy young children used Google translate to interpret health documents. Community volunteers helped both families complete applications for governmental benefits.

### Changes in nutrition and physical activity highlight the importance of health literacy

Amira's and Bana's families continued to eat traditional Syrian meals post-resettlement. Amira enjoyed cooking lentil soup, rice and beans, hummus, and salad, curated from ingredients accessible at a local South Asian market. Amira's husband described the busy lifestyle their family adopted in the US, juggling several jobs while raising children, and the convenience of pre-packaged food and drink. "The kids snack on chips and soda while we're cooking after a long day at work. But then, they eat less Syrian food for dinner."

At health maintenance exams, Amira's children were encouraged to eat traditional Syrian food and the adults were advised to reduce the quantity of sugar in tea and to limit simple carbohydrates like white rice and sweets like baklava to avoid becoming overweight. Amira's family was able to access and afford traditional Syrian foods and took pride in their ability to have multiple plates of food and invite friends for dinner. Amira's husband reflected, "I gained so much weight after coming to America...We had never eaten like this before."

Amira was well aware of the relationship between exercise and health and stated her family has always been active. "The kids used to play soccer on a team in Egypt, and my husband coached soccer for orphans, and they were one of the best teams...I was good at sports too! I played volleyball and basketball when I was younger."

In Providence, this family had access to a gym and their children partook in a refugee soccer academy.

Amira's brother had been a medical student in Egypt and helped their mother monitor her blood sugar levels and supported her through several hospitalizations for diabetes-related complications. At the local Refugee Dream Center in Providence, people have access to peer-led health education programs that are culturally sensitive and linguistically

appropriate. Amira's brother described the need for more education specific to diabetes self-management. "My mother needs to be more proactive about her health: checking her sugars daily and learning healthy diet and exercise habits."

### **Safety and psychosocial wellness have been compromised in the setting of anti-refugee bias**

Bana emphasized that due to anti-refugee bias, she felt heightened anxiety while walking in their neighborhood, and concern for her children as they took public transportation to school. Bana's daughter reflected on the unwelcoming neighborhood where they initially lived. "Our neighbors pushed my brother, spit on him, and snapped my father's broom in half."

Bana was satisfied with their new location. "My husband's friend helped find our new house. Our landlord and neighbors are very nice. Many of them are immigrants!"

When Amira's family first arrived, her husband fretted about his timid children's relations with American peers. "They teased my boys at school and soccer camp. I'm afraid my boys won't grow up well. I want them to stand up for themselves."

He also lamented on being unable to visit his sick father in Syria before his passing due to the travel restriction to Muslim-majority countries.<sup>8</sup>

### **Although hard work is prioritized, high hopes for education and employment opportunities often conflict with reality**

Amira and Bana revealed high hopes and dreams for their children's education and future lives which oftentimes conflicted with reality. Amira expressed, "I want my children to live successful lives: to learn English and to get a good job."

Amira emphasized deficiencies in the English-as-second language courses at her children's school, and Bana's younger daughter lamented the lack of individualized attention from her teachers. This contrasted with Amira's and Bana's memories from Syria and Egypt. "In Syria they make sure you are learning," they reflected.

When Amira's navigator helped Amira's son enroll in an early college entry technology high school, he exclaimed: "At my new school there is a big gym, and they give us college classes. I'm excited to take Algebra 1!"

Transportation was also a barrier to school attendance and the children's social well-being. Amira lamented, "[The Head Start preschool program] didn't have transportation, so we had to walk a mile to school and back. So, we stopped going."

The next school year, Amira's navigator helped apply for a preschool within walking distance. Amira noted that her daughter's attendance improved thereafter, as did her English and peer interaction.

Both women's children were connected with the Brown Refugee Youth Tutoring and Empowerment (BRYTE)

program that highlighted the importance of peer support, exposure to English, and social activities with both refugee tutees and undergraduate volunteers.

Amira and Bana also had high hopes and dreams for themselves and their respective husbands. Resettlement agencies helped Amira's husband find work in a bakery, Bana's husband start as a mechanic, and connected Amira with a culinary position at Beautiful Day Granola. However, Amira and her husband felt the work was of lower status than their careers in Syria.

Amira emphasized English was a gateway to jobs in America. She and her husband take evening English classes at the Refugee Dream Center (RDC) in Providence, RI, within walking distance from their home. "I want to learn English, finish my education, and start a restaurant with my husband. Now, he also works for a ride share company. We just don't have the money to start a business."

### **Syrian women have unique experiences during resettlement**

Resettlement is especially difficult for women due to loss of the traditional social milieu, lack of occupational experience, and vulnerability to physical interpersonal and sexual violence.<sup>9</sup> During the summer, Amira described the challenge of caring for the children and making time for her own self-care. "When my children go back to school, I'll have more time to go to the YMCA. For now, I'm focusing on my diet."

Bana shared that her daughters adhered to traditional expectations and plan to marry soon after finishing grade school. She also understood that younger children and teenage girls developed interest in higher education and work after coming to the US, but she was unsure if this led to generational conflict within other families. "In Syria it's a shame on women if they work. But in America the attitude is different."

Bana's older daughter, who is in her 20s, spoke of her fiancé who lives in Germany, and the long wait she is enduring to get married and move there. She also reflected on her reasons to forgo work for family. "I want to stay home and take care of my kids. If I work, then the kids will think the babysitter is their mother!"

## **DISCUSSION**

This study explored experiences of Syrian families resettled in RI to identify services available to support refugee health. Amira's and Bana's experiences illustrate how successful resettlement necessitates collaboration between interpreters, CHWs, navigators and volunteers. It is beneficial to train healthcare staff in culturally sensitive support for Syrian refugees and increase hiring capacity for refugees who share linguistic and cultural familiarity.<sup>10</sup> Investment in CHWs can also make health visits more productive and

reduce health disparities related to communication, challenges accessing governmental benefits, and navigating the medical system.<sup>11</sup>

The post-migration dietary patterns of Amira's and Bana's families may be attributed to their busier lifestyle and children's preferences.<sup>12</sup> The prevalence of overweight and obesity for refugee children settling in Providence increased from 17.3% at initial medical visit to 35.4% at three years post-resettlement.<sup>13</sup> In healthcare settings, Syrian refugees can benefit from a dietary intake and evaluation and nutrition education incorporating both Syrian and Western diets, and connection to programs subsidizing nutritious foods. It is also important to expand peer-led health programs and ongoing discussions about chronic disease prevention and management.

Government policies such as the "Muslim Ban" and anti-refugee bias in the US undoubtedly created challenges in forging social networks and exacerbated post-resettlement trauma for both women's families.<sup>3</sup> It is beneficial to provide psychosocial support for post-migration experiences and inform Syrian refugees of their rights in the US. Support for community organizations such as Brown Refugee Youth Tutoring and Enrichment (BRYTE) is also imperative to help Syrian children excel in school and integrate into the RI community.<sup>14</sup> Employment for Syrian adults can be improved by mapping this population's skills and matching them with labor market needs, including recognition of foreign credentials, and expanding job training. Child-care services can alleviate Syrian women's traditional responsibilities.<sup>15</sup>

## CONCLUSIONS

This research has both strengths and limitations. The structure and style of interviews allowed the interviewer to develop long-term, trusting relationships with both families, which facilitated data collection. Nevertheless, findings are limited to the experiences of two Syrian refugees and their families over 1–2 years in RI. To mitigate bias as much as possible, the interviewer and interpreter attempted to maintain a reflexive stance throughout the study period by continually discussing their respective potential biases.<sup>16</sup> The participants raised multiple issues that affected their adaptation to life in RI, some of which are specific to their own personal situations and some that may shed light on the needs of other refugees. Larger studies including men, women, and children in all life cycle stages over time are needed to further investigate Syrian refugee resettlement in Rhode Island and elsewhere in the US and identify best practices for promoting successful integration of Syrian and other refugee families into their new local communities.

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## Disclaimer

The views expressed herein are those of the authors and do not necessarily reflect the views of the Warren Alpert Medical School of Brown University.

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