# PHYSICAL HEALTH CONDITION AND ECONOMIC CONDITION FACED BY REFUGEE IN BAZAR, LAWNGTLAI, COMMUNITY

# MIZORAM

Submitted in partial fulfillment of Bachelor of Social Work V semester


Submitted by:

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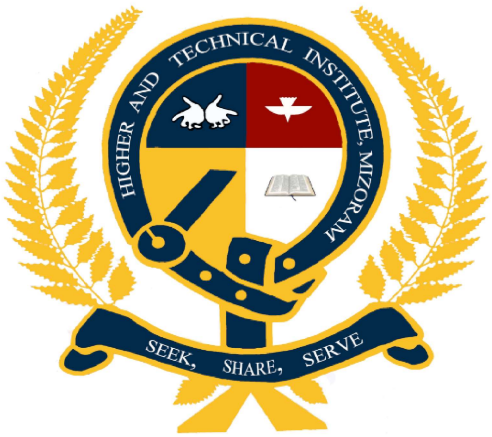



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## CERTIFICATE

This is to certify that the project title '*Social and Economic Challenges Faced by Refugees at Lawngtlai, Bazar Veng Community*' submitted by Duatlai Ramnunpuia, Department of Social Work, Higher and Technical Institute, Mizoram for the award of Bachelor of Social Work is carried out under my guidance and incorporates the student's bonafide research and this has not been submitted for the award of any degree in this or any other Universities or Institute of learning.

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**DUATLAI RAMNUNPUIA**

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# SEMI-STRUCTURE INTERVIEW SCHEDULE

Physical Health condition and economic challenges faced by Myanmar Refugees in Bazar Community , Lawngtlai

Research: Duatlai Ramnunpuia

V Sem BSW, HATIM

Profile of respondents

| Sl.no | | |
|---|---|---|
| 1. | Age | |
| 2. | Origin locality | |
| 3. | Sex | a)Male b)Female c)Others |
| 4. | Occupation | a)Employed b)Unemployed |
| 5. | Types of family | a)Nuclear b)Join family |
| 6. | Religion | a)Christian b)Muslim 3)Others |
| 7. | Denomination | a)Baptist b)UPC c)Others |
| 8. | Size of family | a)1-2 b)1-4 c)1-5 d)5 above |
| 9. | Marital status | a)Married b)Unmarried |
| 10. | Home stay | a)Refugee camp b)Rent c)Own house |

**Physical Health conditions of the refugees**

1. Do you have chronic diseases? 1.NO 2.YES
   If yes Specify_____
2. Do you have inherited diseases? 1.NO 2.YES
   If yes Specify_____
3. Do you have more health issue after staying in Mizoram? 1.NO 2.YES
   If yes Specify_____
4. Do you have communicable diseases after staying in Mizoram? 1.NO 2.YES
   If yes Specify_____
5. What are the common diseases in your place?_____
6. Do you lose ,hope because of your health problem? 1.NO 2.YES
7. Do you face problem in communication? 1.NO 2.YES

**Economic challenges of the refugees**

1. Do you get a proper shelter? 1.NO 2.YES
2. Do you get a proper food? 1.NO 2.YES
3. Does the community people treat you well? 1.NO 2.YES
4. Do you get a proper water supply? 1.NO 2.YES
5. Does the community people employed you for work? 1.NO 2.YES
6. Do you face problem in transportation? 1.NO 2.YES
7. Do you receive welfare from the Indian Government? 1.NO 2.YES

# CHAPTER – 1

## INTRODUCTION

Refugees are the people who fled from war, violence, conflict or persecution and have crossed an international boarder to find safety in another country. Refugees are defined and protected in international law. A refugee has a well founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Most likely, the cannot return home or are afraid to do so. War and ethnic, tribal and religious violence are leading causes of refugees fleeing their countries.

Physical and emotional wellness, as well as access to health care, are foundation for successful resettlement. Without feeling healthy, it is difficult to have a sound life. Refugees face a wide variety of acute or chronic health issue due to geographic origin and refugee camp conditions. Therefore the studies aim to probe in measures to promote the health condition of the refugees in general.

The UN Refugee Convention is an important document that defines refugees and related matters. India has not yet signed the convention nor its 1967 protocol. According to the UN convention on refugee 1951," person who is outside his or her country of nationality or habitual residence; has a well-founded fear of being persecuted because of his or her race, religion, nationality, membership of a particular social group or political opinion; and is unable or unwilling to avail him or herself of the protection of that country, or to return there, for fear of persecution". In spite of not being a party to the 1951 Refugee Convention and its 1967 Protocol, India has been one of the largest recipients of refugees in the world. However, if India had domestic legislation regarding refugees, it could have deterred any oppressive government in the neighborhood to persecute their population and make them flee to India.

There were 79.5 million people forcibility displaced world-wide at the end of 2019. Among those were 26 million refugees, half under the age of 18 (20.4 million refugees under UNHCR

mandate, and 5.6 million Palestine refugees under UNRWA mandate). There were also 45.7 million internally displaced people , 4.2 million asylum seekers, and 3.6 million Venezuelans displaced abroad. There are also millions of stateless people, who have been denied a nationality and access to basic rights such as education, healthcare, employment and freedom of movement.

In 1992, India was seen to be hosting 400,000 refugees from eight countries. According to records with the Union Ministry of Home Affairs, as on January 1,2021, there were 58,843 Sri Lankan refugees staying in 108 refugee camps in Tamil Nadu and 54 in Odisha and 72,312 Tibetan refugees have been living in India. India does not have a national refugee law, but it has always accepted refugees from neighbour countries using the principles enunciated by Jawaharlal Nehru in 1959: refugees will be accorded a humane welcome, the refugee issue is a bilateral issue and the refugees should return to their homeland when normalcy returns. Despite the lack of a formal law, the Supreme Court of India has used the Article 14 of the Universal Declaration of Human Rights and the Article 13 of the International Covenant on Civil and Political Rights to uphold the obligation of refugee protection by the government.

India is not a State Party to the 1951 Refugee Convention and its 1967 Protocol, nor has it enacted national legislation to deal comprehensively with refugees. Instead it deals with refugees largely at political and administrative levels, and has only ad hoc systems in place to deal with their status and needs. The legal status of refugees is, therefore, no different from those of ordinary aliens whose presence is regulated by the Foreigners Act of 1946

As we all know that the Government of India is alarmed over the unchecked infiltration of Myanmar's nationals, particularly Chins and Burmese Mizos , into Mizoram in search of jobs and to escape the junta. The Centre has relaxed the norms for the movement for Myanmar's nationals up to a point in a radius of 16km from the international border with Mizoram to enable the people of both countries to trade in local produce, particularly food and eatables. If any Myanmar's national intends to travel beyond the limit of 16km radius, he or she will have to obtain permission from New Delhi. In this task, the Superintendent of Police, CID, Govt. of Mizoram is appointed to act as the 'Foreigners' Registration Officer' to check the travel permits obtained by the nationals from the eastern neighbour. The influx of the Myanmar's people across the 404-km borders it shares with India is indeed an uphill

task. It is also paradoxical that the Government of Mizoram is concerned that these illegal migrants were usually involved in drug peddling and prostitution and other criminal activities.

## 1.2 OBJECTIVE

1) To study the health conditions of the refugees

2) To identify the economic condition of the refugees

**1.3 Statement Of the problem**: During the journey out of their country, refugees may face harsh or dangerous conditions that have severe consequence for their physical and psychological wellbeing. Therefore, it is very crucial to study what are the essential problems faced by the refugees in the realm of health in order to help the refugees with their actual conditions. Furthermore, on arriving their new host country, refugees often do not have access to affordable health services. They may not be able to visit health providers, get medicines and medical supplies, laboratory test and other life-sustaining health services due to distance, safety, language, and policy or finance barriers. Therefore, the study aims to probe in the possibility of possible assistance in order to promote the health condition of refugees in general.

**1.4 Chapter scheme**:

The present study is organized into five chapter:

Chapter I : Introduction

Chapter II : Review of Literature

Chapter III : Methodology and Field setting

Chapter IV : Result and Discussion

`Chapter V : Conclusion and Suggestion

## CHAPTER – 2

## REVIEW OF LITERATURE

**JM O'mahony ,TT Donnell (2013)** The number of migrants arriving in Canada from non-European countries has grown significantly over the past three decades. How best to assist these escalating numbers of immigrant and refugee women to adapt to their new environment and to cope with postpartum depression (PPD) is a pressing issue for healthcare providers. Evidence has shown that immigrant and refugee women experience difficulties in accessing care and treatment for PPD. This qualitative study was conducted with 30 immigrant and refugee women using in-depth interviews to obtain information about the women's PPD experiences. The primary aim was to explore how cultural, social, political, historical and economic factors intersect with race, gender and class to influence the ways in which immigrant and refugee women seek help to manage PPD. Results reveal that immigrant and refugee women experience many complex gender-related challenges and facilitators in seeking equitable help for PPD treatment and prevention. We will demonstrate that (a) structural barriers and gender roles hinder women's ability to access necessary mental healthcare services and (b) insecure immigration status coupled with emotional and economic dependence may leave women vulnerable and disadvantaged in protecting themselves against

**Helena D Dow (2011)** This article addresses the stressors immigrants and refugees face upon coming to the United States. The importance of an in-depth assessment of the reasons for leaving their homelands and immigrating to a new country, pre-migration, and migration histories, as well as post-migration losses and psychological distress, have been emphasized. The article also highlights the concept that not all immigrants have the same migration experience or face the same degree of obstacles and challenges upon arrival.

**Siew-Ean Khoo (2010)** Refugees and immigrants being resettled in Australia on humanitarian grounds are known to have poorer health than other immigrants. Using data from the Longitudinal Surveys of Immigrants to Australia, the paper examines the influence of three measures of health—self-reported health status, the presence of a long-term health condition and

mental health status—on the economic participation of humanitarian migrants. Multivariate logistic regression is used to control for other factors known to affect immigrants' economic participation, such as age, skills and English language proficiency, to see if health has an independent effect. The results show that migrants with poor physical health are less likely than migrants with good health to be in the work force. Mental health status affects the economic participation of male but not female migrants. The findings provide important empirical evidence of the significant role of health in the economic integration of migrants of refugee background.

**Poppy James, Aarti lyer, Thomas L Webb (2019)** Refugees often experience poor physical and mental health outcomes following resettlement. These outcomes have been linked to the conditions that are experienced by refugees in the post-migration context, but little is known about the mechanisms by which these conditions influence health. We therefore conducted secondary analyses of the Survey of New Refugees, a large longitudinal study commissioned by the UK Home Office with data collected at four time points spanning 21 months. Refugees' experience of emotional distress such as feeling stressed, worried, and depressed fully mediated the relationship between post-migration stressors and longitudinal general health. There was no evidence that perceived social support influenced this relationship. These findings suggest that emotional distress contributes to poor health outcomes among refugees and thus that interventions might target emotional distress.

**Nikolai Kiselev, Monoque Pfaltz, Matthis Schick, Martha Bird, Hansen Pernille, Marit Sijbrandij, Anne M de Graaff , Schnyder, Naser Morina(2020)** Refugees and asylum seekers are susceptible to developing common mental disorders due to their exposure to stressful experiences before, during and after their flight. The Syrian Civil War, which started in 2011, has led to a massive number of Syrians seeking refuge and asylum in European countries, including Switzerland. Currently, Syrians are the second-largest refugee and asylum-seeking population in Switzerland. However, very little is known about the problems faced by this new population in Switzerland and their needs relating to mental health services. Identifying the problems faced by this community is crucial to providing adapted and tailored mental health services to Syrian refugees in Switzerland.

**Yigit Duzkoylu**, **Salim Ilksen Basceken, Emrullah Cem Kesilmez(2017)** Hundreds of thousands of people have fled to Turkey since the civil war started in Syria in 2011. Refugees

and local residents have been facing various challenges such as socio cultural and economic ones and access to health services. Trauma exposure is one of the most important and underestimated health problems of refugees settling in camps. We aimed to evaluate refugee admissions to emergency department because of trauma in means of demographics of patients and mechanism of trauma and compare the results with the local population. Retrospective evaluation of results and comparison with the results of local population. We determined that the ratio of emergency admission of refugee patients because of trauma was significantly higher than the local population for most types of trauma..Further studies with more refugee participants are needed to fully understand the underlying reasons for this high ratio to protect refugees as well as for planning to take caution to attenuate the burden on healthcare systems.

**Hongsheng Chen, Zhenjun Zhu, Dongqi Sun, Xingping Wang(2016)** This study analyzed the health of migrants in 4 types of neighborhood in the city of Guangzhou in China. The research shows that the health of internal migrants in urban villages and private housing neighborhoods is much better than those living in older inner city neighborhoods .The reasons behind this are the facts that the migrants in urban villages tend to be relatively young and there tend to be better social and economic conditions in the private housing neighborhood. Moreover, among the 4 kinds of neighborhood, the gap between psychological health and physical health is the largest in urban villages. In addition, migrants who are younger, have better working conditions, and have higher levels of education have better health scores, and they tend to have more friends in the city, larger houses, better insurance, and more satisfaction with their neighborhood relationships, and they tend to be better adapted to urban life. As for the determinants of health, individual characteristics, community factors, and insurance are the most important factors. Specifically, individual age and age of housing have negative influences on physical health while insurance has a positive effect. This study shows that the type of neighborhood that migrants live in has a great impact on their psychological health, which can be improved by promoting neighborhood environments. Last, we propose that it is necessary to implement different strategies in different communities.

**PK Dalal, Deblina Roy, Prashat Choudhary, Sujita Kumar, Adarsh Tripathi(2020)** The current global health crisis, the COVID-19 pandemic, has posed an unprecedented challenge to our health systems, economy, socio-political organizations, and the infrastructure of most countries and the world. This pandemic has affected physical health as well as mental health adversely. Several recent evidence suggests that health systems across the world have to improve their preparedness in context to infectious pandemics. The research on mental health aspects of COVID-19 and other related pandemics is lacking due to obvious reasons. This narrative review article, along with our personal views, is on various current and future mental health issues in the context of the COVID-19 pandemic focusing on various challenges and suggested solutions. The aim is also to update mental health strategies in the context of such rapidly spreading contagious illness, which can act as a resource for such a situation, currently and in future. We recommend that there is a need to facilitate mental health research to understand the psychiatric aspects of the COVID-19 pandemic, include psychiatrists in the task force, and make available psychotropic and other medications with special attention to the deprived sector of the society.

## CHAPTER III

## METHODOLOGY AND FIELD SETTINGS

**3. Methodology :** In this chapter, the description of the methodology of the study is presented. The success of the study completely depends on the methods and technique in the present study.

**3.2Sampling :** The population of the study comprises all the Myanmar Refugees in Bazar Veng, Lawngtlai. The unit of the study was selected to bazar community as one of the largest congregation of Burmese refugees resided Mizoram. Stratified Sampling method was employed and YLA was used as a strata, from which 5 samples each were collected from 4 YLA sections

**3.3Research design** : Descriptive research design was applied to quantitatively describe the main features of the data collected of social condition and economic condition of the refugees.

**3.4Tools of data collection :** A quantitative research methodology was adopted to study the social condition and economic condition of Burmese refugees in bazar community ,Lawngtlai through systematic arranged questionnaire and telephonic interview.

**3.5Data processing and analysis :** The collected quantitative data are processed with MS Excel, SPSS and analyzed with simple percentages and averages.

**3.6Field setting:** Name of the community: Bazar

| | |
|---|---|
| Total no. of population: | 4562 |
| No. of Household: | 2478 |
| No. of Educational Institute: | 7 |
| No. of Government Office: | 1 |
| No. of Denomination: | 4 |
| No. of NGOs: | 5 |
| No. of Hospital: | 0 |
| No. of Anganwadi: | 2 |
| No. of Sub-Center: | 1 |
| No. of clinic: | 3 |

Bazar community is located in the integral part of Lawngtlai Area which is surrounded by different locality such as Chanmari, L-III, Council Veng, and Vengpui. It is an urban community which is famous for its commercial area as it is a commercial centre for Lawngtlai town. It conscious of a various important Governmental institute as well as educational institute. It is one of the populated area in Lawngtlai district as there are various people who come to the community in performing important works in regards to Government works as well as institution for various students

## CHAPTER – IV

## RESULTS AND DISCUSSIONS

**4.1Profile of Respondents:** To understand the structural base of the respondent, the study is about the respondent living condition present and past it is studied by analyzing the profile of the respondents

**4.1.1 Age**: The age of the respondents in the present study is classified into three main groups i.e.,20-40,41-60 and 60 and above. Among the respondents 20-40 (65%) comprises the highest and followed 60 above (25%) and the third 41-60 (10%).

**4.1.2 Origin place**: Their origin place is Myanmar (Burma). And locality name is Matupui(30%),

**4.1.3 Sex**: The gender of the respondents in the present study is categorized into two i.e., male and female. It is observed a male (35%) comprises higher than female (65%). The interaction and questionnaire given was at refugees camp and where male are usually the head of the family (main source) and they are not respondent.

**4.1.4 Occupation:** From the answered of the respondent there are three categories i.e., Daily labour, Business and Agriculture. From those Agriculture is the highest (65%) followed by Daily labour (30%) and Business (5%).

**4.1.5 Types of family**: The types of family observed in the present study is classified into two i.e., Joint family and Nuclear family. Joint family is higher and is (85%) followed by Nuclear family (15%).

**4.1.6 Religion**: In order to know religion in which the best people are belonging as different people are living with different perception. But , in the present study all of the respondents are belong to Christianity (80%).

**4.1.7 Denomination**: All the respondents are Christian. The religious denomination of the respondents observed in the present study is classified into two categories Baptist and UPC. Among the denomination (65%) were constitutes of Baptist followed by UPC (35%).

**4.1.8 Size of family**: As collecting the profile of respondent, the size of the family is collected in detail such as (1-2)(1-4)(1-5)(5above) .The size of 5 above(30%) is the highest which is followed by the size of 1-5 (25%) ,1-4 (20%) and 1-2 (15%).

**4.1.9 Marital status**: The respondent's marital status is classified into two categories such as Married and Single. Almost all the respondents are married (70%) while (30%) are single.

**4.1.10 Home stay**: They do not have a proper house they are stay in refugees camp (100%) (See table no. 4.1)

| sl no. | Profile of respondents | Frequency | Percentage |
|---|---|---|---|
| 1 | Age | 13 | 65 |
| | | 2 | 10 |
| | | 5 | 25 |
| 2 | Origin Place | 6 | 30 |
| | | 2 | 10 |
| | | 1 | 5 |
| | | 11 | 55 |
| 3 | Sex | 7 | 35 |
| | | 13 | 65 |
| 4 | Occupation | 6 | 65 |
| | | 1 | 5 |
| | | 13 | 30 |
| 5 | Types of family | 3 | 15 |

| | | | |
|---|---|---|---|
| | | 17 | 85 |
| 6 | Religion | 16 | 80 |
| | | 4 | 20 |
| 7 | Denomination | 13 | 65 |
| | | 7 | 35 |
| 8 | Size of family | 3 | 15 |
| | | 4 | 20 |
| | | 7 | 25 |
| | | 6 | 30 |
| 9 | Marital status | 14 | 70 |
| | | 6 | 30 |
| 10 | Home stay | 20 | 100 |
| | | | |

**(Source : Computed)**

**4.2 Health Condition :** The respondents health conditions such as Do you have Chronic disease, Inherited disease etc were analyzed below:

**4.2.1 Chronic disease**: They do not have such diseases and these are the percentage: No (80%) and Yes (20%)

**4.2.2 Inherited disease:** Majority of the respondent stated that they do not have inherited diseases and these are the percentage: No (95%) Yes (5%)

**4.2.3 Do you have more health issue after staying in Mizoram**: After staying in Mizoram they do not have any issue about their health as the community takes a good care of them.

**4.2.4 Do you have communicable diseases after staying in Mizoram**: In this case 80% of the respondent are not having communicable diseases after staying in Mizoram besides 15% of the respondent are having such diseases.

**4.2.5 What are the common diseases in your place**: In this case cough is the highest about(60%),fever(25%),diarrhea(10%) and the lowest is Malaria(5%).

**4.2.6 Do you lose hope because of your health problem**: Majority of the respondent (70%) does not lose hope because of their health problem and (30%) of the respondent have mental issue due to their health problem.

**4.2.7 Do you face problem in community**: Most of the respondent (70%) does not faced problem in community, (30%) faced problem in the community due to their inadaptability in the new environment. ( See table no.4.2)

**4.2 Health Condition**

| Sl. No | Particular | Frequency | Percentage |
|---|---|---|---|
| 1 | Chronic diseases | 16 | 80 |
| | | 4 | 20 |
| 2 | Inherited diseases | 19 | 95 |
| | | 1 | 5 |
| 3 | More health issue staying in Mizoram | 20 | 100 |
| 4 | Communicable disease after staying in Mizoram | 17 | 85 |

| | | | |
|---|---|---|---|
| | | 3 | 15 |
| 5 | Common disease in your place | 5 | 25 |
| | | 12 | 60 |
| | | 2 | 10 |
| | | 1 | 5 |
| 6 | Lose hope because of your health problem | 14 | 70 |
| | | 6 | 30 |
| 7 | Problem faced in community | 3 | 15 |
| | | 17 | 85 |

(Source : Computed)

**4.3 Economic Condition:**

**4.3.1 Do you get a proper shelter**: The majority of the respondent (75%) stated that they get a proper shelter and (25%) does not get a proper shelter.

**4.3.2 Do you get a proper food**: From the result 90% of the respondent mentioned that they get a proper food and 10% does not get a proper food.

**4.3.3 Does your daily earn of living can cover your basic necessities**: 55% of the respondent stated that their earnings cannot cover their basic necessities and 45% says that their earnings can cover their basic necessities.

**4.3.4 Do you get a proper water supply:** 80% of the respondent does not get a proper water supply and 20% stated that they get proper water supply.

**4.3.5 Does the community people employed for work**: As a result from the research 80% of the respondent got employed while 20% of the respondent emerged as unemployed.

**4.3.6 Do you have finance to access hospital**: While 60% of the respondent were able to access hospital, 40% of the respondent were not able to access hospital due to financial problem.

**4.3.7 Do you receive welfare from the Indian Government**: As we see from the data, 55% of the respondent received a good care from the Government, 45% of the respondent stated that they do not get welfare from the Government.

**4.3.8 Do you get finance support from your relatives from outside Mizoram**: 50% of the respondent received a financial support from their relatives while 50% of the respondent does not get a financial support from their relatives. (See table no.4.3)

| Sl.No | Particular | Frequency | Percentage |
|---|---|---|---|
| 1 | Proper shelter | 5 | 25 |
| | | 15 | 75 |
| 2 | Proper food | 2 | 10 |
| | | 18 | 90 |
| 3 | Daily earn of living can cover your basic needs | 11 | 55 |
| | | 9 | 45 |
| 4 | Proper water supply | 16 | 80 |
| | | 4 | 20 |
| 5 | Community people employed you for work | 4 | 20 |

| | | | |
|---|---|---|---|
| | | 16 | 80 |
| 6 | Do you have money to access hospital | 8 | 40 |
| | | 12 | 60 |
| 7 | Do you receive welfare from the Indian government | 11 | 55 |
| | | 9 | 45 |
| 8 | Do you get finance support from your relatives from outside Mizoram | 10 | 50 |
| | | 10 | 50 |

(Source : Computed)

# CHAPTER-V

# CONCLUSION

## 5.1 Major Findings :

The present highlighted the heath condition and economic condition of the Myanmar Refugees. The highest age group of the refugees were between 20-40 years old. They come from a different places the highest place is Matupui with 30%. The average of the respondents 35% are male and 65% of the respondents are female. In term of occupation the respondent the highest occupation is 65% is daily labor. The average respondent of the religion is Christian 80% and all of the respondents are belonging to Christianity and majority of them are from Baptist 65%.Almost all of the respondents are married and majority of the respondent are from joint family. The respondents came from Myanmar they do not have home, all of them are staying at refugee camp.

Majority of the respondent 80% do not have chronic diseases and 90% do not having inherited diseases. After staying in Mizoram they do not have any issue about their health as the community takes a good care of them. In this case 80% of the respondent are not having communicable diseases after staying in Mizoram besides 15% of the respondent are having such diseases, the common diseases in their place is fever 60% and majority of the respondent 70% does not have health problem. Most of the respondents 70% do no not faced problem in community and 30% are faced problem in community due to their inadaptability in the community.

According to their personal concern the majority of the respondents 75% stated that they get a proper shelter and 25% does not get a proper shelter. The result 90% of the respondent mentioned that they get a proper food and 10% does not get a proper food. 55% of the respondent stated that earning cannot cover their basic necessities and 45% says that earning can cover their basic necessities. The water supply does not get properly 80% of the respondent does not get a proper water supply and 20% says that they get proper water supply. As a result from

the research 80% of the respondent got employed while 20% of the respondent emerged as unemployed. The highest percentage to access the hospital is 60% of the respondent and 40% cannot access the hospital, As we see from the data, 55%of the respondent receive a good care from the Government and 45% did not get, from the result 50% of the respondent receive a financial support from their relative and 50% does not get from the relative.

## 5.2 Conclusion +

The study is all about the Physical Health condition and Economic Condition of refugees with a special reference to Myanmar refugees who are residing in the village of Bazar community, Lawngtlai. They have many troubles in their life as being a refugees, refugees are a person who are outside their country of origin for reasons of feared persecution and conflict. This study is conducted to understand the health condition and economic condition of the refugees. The present study provides a summary of the current state of knowledge regarding the health condition and economic condition of refugees and of the extent to which they are being met. Despite the greatly increased number of condition in refugees worldwide in recent years, insufficient attention has been paid to addressing their health needs. A lots of refugees are tired or exhausted and something distressed when they arrive. They may also be due to unhealthy condition experienced during their journey.

Suggestion;

i. The refugees are suggested to have a person who would listen to their real problems and basic needs in terms of access to basic service and assistance in health, nutrition, food, shelter, energy, education, as well as domestic items and specialized services for people with specific needs.

ii. At the community level, majority of the respondent suggested a group work could be accessible and suggest to have more hygienic water to improve their health condition.