Personal Hygiene: Implications for Health Service among Refugees in the USA

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Purpose of Study

This study examines the implications for care among refugees with poor personal hygiene, challenges encountered during the process of care by the healthcare providers with refugees, the most common hygienic issues encountered, and interventions to improve and maintain adequate hygienic conditions among the refugees.

Background

Refugees, like every other person desire to live with dignity in spite of their circumstances. However, refugees at times experience barriers to self-care and adequate personal hygiene leading to increased risk of the spread of infectious diseases, poor hygiene-related health behaviors.

Poor personal hygiene impacts overall health and can negatively impact interpersonal relationships or lead to social disapproval.

Method

Descriptive analyses of the pilot data from provider surveys, from persons who serve refugee groups or that work in refugee health service (RHS).

Provider surveys were conducted in Bowling Green, KY. Valid surveys (N = 47). Respondents 93.5% female

Providers were asked to indicate: whether they encountered poor hygienic conditions in the process of care; if so what were the top three issues encountered; and what would they recommend to address the issues.

Table 1. Description of Provider Survey Participants

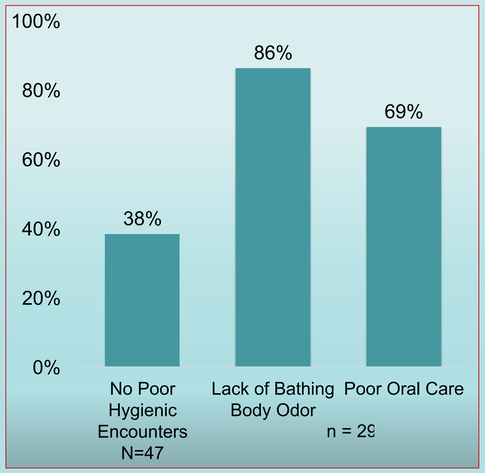
Occupations	n	%	Range of Years Providing RHS
Nurse RN/FNP/ANP	10	21.3	<1 to 26 yrs.
Medical Assistants/CNA	4	8.5	4 to 11 yrs.
Medical Doctor	3	6.4	5 to 13 yrs.
Dentist/Dental Hygienist	9	19.1	>1 to 20 yrs.
Social Worker	3	6.4	2 to 9 yrs.
Therapist	2	4.3	>1 to 6 yrs.
Other	16	34.0	<1 to 30 yrs.
Total	**47**	**100.0**	

Results

Common personal hygienic problems encountered include body odor/apparent lack of bathing; poor oral hygiene; wearing dirty clothes or the same unwashed clothes for extended periods; walking without shoes; lack of underwear and socks for children; and evidence of poor head/hair care.

Historical/cultural practices focus on survival, health behavior, mental health problems, and other priorities can contribute to reduced promotion of hygienic practices among the refugees.

Figure 1. Personal Hygiene Presentation in Clinical Setting



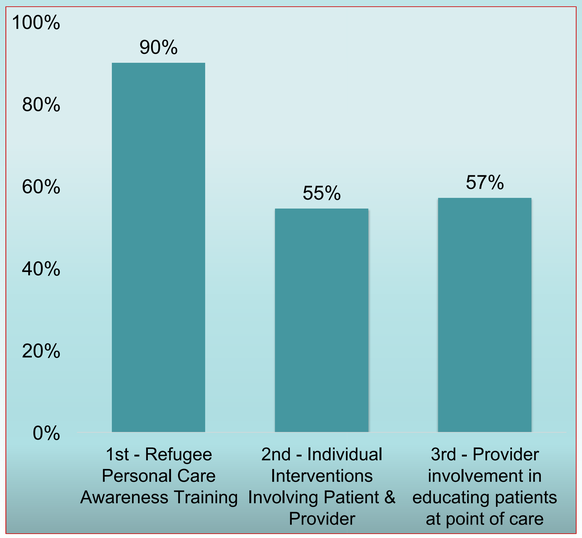
Almost 40% of providers indicated no encounters with refugee consumers with poor personal hygienic conditions.

Among those reporting this concern, body odor/lack of bathing and poor oral care were ranked the top two poor hygienic conditions reported.

Adult males experienced more personal hygienic problems; followed by children 0 - 12 yrs.

Women were least likely to present with poor personal hygiene in the clinical setting.

Figure 2. Ranking of Intervention to Address Personal Hygiene

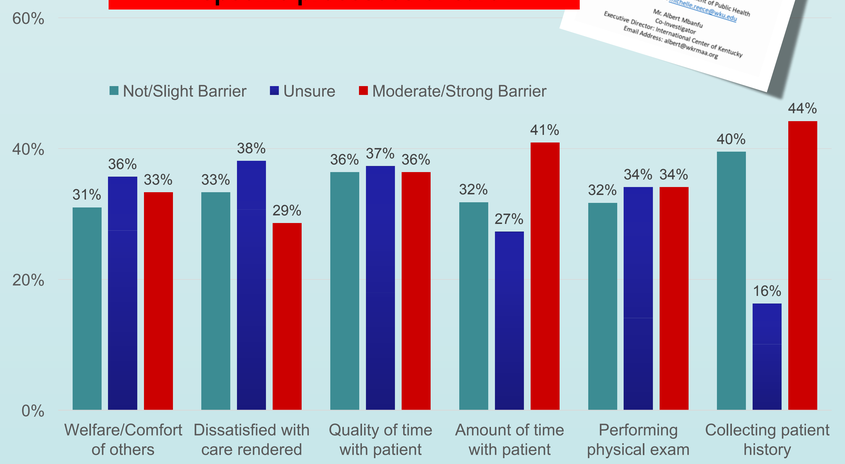


90% of providers indicated refugee personal care awareness training as the first choice to address the issue.

Respondents indicated individual interventions involving providers was the 2nd ranked option.

However, provider involvement in educating patients at the point of care was lowest ranked intervention option.

Figure 3. Is Personal Hygiene a barrier in specific processes of care?



Discussion

Poor hygienic conditions promote disease transmission with a high incidence of diarrheal disease and respiratory infections.

Some of these concerns, including misunderstanding of the importance of personal hygiene may create hindrances to proper attention in a health facility.

These conditions are avoidable if effective interventions such as refugee personal care awareness and training program, individual interventions involving the patient and provider, and provider involvement in educating patients at the various points of care are implemented.

Recommendations

- Majority of the health and social problems resulting from poor personal hygiene are preventable through proper health education and could include various service providers but not at the point of care in the clinical setting by the healthcare providers.
- Training may be done by other non-medical service providers who may be among the first contacts with the new residents.
- Help new residents be aware and reminded of the personal hygiene norms and expectations in the USA and the consequences of poor public hygiene.
- Develop internal policies within the agency to facilitate the early identification of persons with communicable diseases.
- Continue to provide resources and access to training that supports to improve personal hygiene among refugees.

Contact Information & Acknowledgements

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