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| Effectiveness of health promotion services for minority refugee women resettled in New Zealand |
| **Background/Objectives**A significant number of people become refugees, mostly due to armed conflicts, political violence and human rights abuse. It is important to acknowledge that refugees are resilient and they generally have a high level of motivation to rebuild their lives as well as to make a meaningful contribution to the receiving society. However, effective and appropriate resettlement support services are required in order to re-build their confidence to take control over their health and health care needs. The philosophy underpinning the Ottawa Charter for Health Promotion have been incorporated in many health services at a global level with positive health outcomes. New Zealand health policies have also adopted the health promotion philosophy focusing towards preventing illness and sustaining wellness, with the goal of reducing health inequalities between groups. This study aimed to examine the effectiveness of health promotion services in meeting health needs of Bhutanese refugee women resettled in New Zealand. **Methods**This qualitative exploratory study consisted of two phases; focus group discussions with Bhutanese women and men flowed by individual interviews with health service providers including doctors, nurses and midwives. The conceptual framework of this study was guided by the philosophy underpinning the Ottawa Charter for Health Promotion. **Results**The findings of this study show that there is a lack of culturally and linguistically appropriate health promotion services and resources for the minority Bhutanese refugee population. Time constraints, lack of staff, lack of appropriate resources and service providers’ lack of familiarity with Bhutanese women’s socio-cultural background were reported to be restricting the undertaking of health promotion activities. **Discussion**The findings of this study revealed that there have been inadequacies and constraints in the provision of culturally and linguistically appropriate health promotion services to Bhutanese refugee women. This study provides evidence for recommendations to address these inadequacies. While this study was undertaken with one specific group of people, the results are likely to be applicable to other minority refugee populations. It is hoped that the results of this study will contribute to planning and implementing future strategies to better address the health needs of minority refugee populations in New Zealand.**Keywords**Health promotion, health equity, refugee health |