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WOMEN'S HEALTH ACCESS IN THE CONTEXT OF FORCED MIGRATION IN PORTUGAL: VULNERABILITIES AND ADAPTATION

Acesso à saúde de mulheres em contexto de migração forçada em Portugal: vulnerabilidades e adaptação

Acceso a la salud de las mujeres en el contexto de la migración forzada en Portugal: vulnerabilidades y adaptación

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Submetido: 27/03/2023
Aprovado: 15/07/2023

ABSTRACT

Introduction: This article presents, the vulnerabilities related with regarding access to health services faced by refugee women, of a research project conducted in Portugal between 2020 and 2022 as part of the Masters in Intercultural Relations program at Universidade Aberta. **Objective**: The overall goal was to gain a better understanding of the psychosocial reality of women who arrived in Portugal as a result of forced migration, focusing on the main difficulties of the migratory and adaptation journey - highlighting vulnerabilities related to health and access to health services at the present article - and the protective factors that facilitated their processes of resilience, adaptation, and social integration. **Methodology:** The meanings of the protagonists' experiences were disclosed through nine semi-structured and in-depth interviews with a woman from Iraq, seven from Syria, and one from Libya, which were conducted separately, recorded and transcribed. Following the transcription and translation of the interviews, the content analysis began with the coding and categorization of the obtained data. **Results:** The investigation uncovered a number of vulnerabilities triggered by the migratory experience and gender belonging, such as prejudice, social isolation, and cultural shock (mostly linked to religion and clothing), which validated the intersectional analysis. The findings highlight a number of obstacles in the host nation, including access to health care, the quality of institutional interactions, and knowledge of the Portuguese language. **Conclusions:** The current investigation led to the conclusion that there are flaws in Portugal in terms of ensuring full access to health care for forced migrant women, highlighting as major obstacles: a lack of information in languages other than Portuguese, a lack of offers to learn and master the Portuguese language, a lack of knowledge about how health institutions work, and a lack of sensitivity and intercultural skills in healthcare services.

Keywords: Access to health; National health service; Refugee women; Vulnerabilities; Human rights.

RESUMO

Introdução: Este artigo apresenta as vulnerabilidades relacionadas no acesso aos serviços de saúde sentidas por mulheres refugiadas, de um projeto de investigação realizado em Portugal entre 2020 e 2022 no âmbito do Mestrado em Relações Interculturais da Universidade Aberta. **Objetivo:** O objetivo geral foi conhecer melhor a realidade psicossocial das mulheres que chegaram a Portugal como resultado da migração forçada, focando as principais dificuldades do percurso migratório e de adaptação, destacando as vulnerabilidades relacionadas com a saúde e acesso aos serviços de saúde, além dos fatores de proteção que facilitaram seus processos de resiliência, adaptação e integração social. **Metodologia:** Os significados das vivências das protagonistas foram relevados por meio de nove entrevistas semiestruturadas e em profundidade, realizadas individualmente, gravadas e transcritas, com uma mulher do Iraque, sete da Síria e uma da Líbia. Após transcrição e tradução das entrevistas, a análise de conteúdo partiu da codificação e categorização da informação recolhida. **Resultados:** A investigação desvelou uma série de vulnerabilidades causadas pela experiência migratória e pertença de gênero, como a discriminação

sentida sob a forma de preconceitos, o isolamento social e o choque cultural (sobretudo relacionado com a religião e o vestuário utilizado), o que justificou a análise intersecional. Os resultados revelam um conjunto de desafios no país de acolhimento, como o acesso à saúde, a qualidade das relações institucionais e o domínio da língua portuguesa. **Conclusões:** A presente investigação permitiu concluir que existem algumas carências em Portugal no que diz respeito à garantia do pleno acesso aos cuidados de saúde sentidas pelas mulheres migrantes forçadas, destacando-se como principais obstáculos: a falta de informação numa língua que não o português, a falta de domínio da língua portuguesa, o desconhecimento sobre o funcionamento das instituições de saúde e falta de sensibilidade e de competências interculturais nos cuidados de saúde.

Palavras-Chave: Acesso à saúde; Serviço nacional de saúde; Mulheres refugiadas; Vulnerabilidades; Direitos Humanos.

RESUMEN

Introducción: Este artículo presenta, las vulnerabilidades relacionadas con en el acceso a los servicios de salud que sienten las mujeres refugiadas, de un proyecto realizado en Portugal entre 2020 y 2022 en el ámbito del Máster en Relaciones Interculturales de la Universidade Aberta. **Objetivo:** El objetivo fue comprender la realidad psicosocial de las mujeres que llegaron a Portugal como resultado de la migración forzada, centrándose en las principales dificultades del viaje de migración y adaptación, destacando vulnerabilidades relacionadas con la salud y el acceso a los servicios de salud, además de los factores de protección que facilitaron sus procesos de resiliencia, adaptación e integración social. **Metodología:** Los significados de las experiencias fueron revelados a través de nueve entrevistas semiestructuradas y en profundidad, realizadas individualmente, grabadas y transcritas, con una mujer de Irak, siete de Siria y una de Libia. Luego de la transcripción y traducción, se inició el análisis de contenido con la codificación y categorización de la información. **Resultados**: La investigación reveló vulnerabilidades provocadas por la experiencia migratoria y la pertenencia de género, como la discriminación sentida en forma de prejuicio, el aislamiento social y el choque cultural (principalmente relacionado con la religión y la vestimenta), que justificaron el análisis interseccional. Los resultados revelan desafíos en Portugal, como el acceso a la salud, la calidad de las relaciones institucionales y el dominio de la lengua portuguesa. **Conclusiones:** La presente investigación llevó a la conclusión de que existen fallas en Portugal en cuanto a garantizar el pleno acceso a la atención de la salud de las refugiadas, destacándose: falta de información en un idioma diferente al portugués, falta de dominio de la lengua portuguesa, falta de conocimiento sobre el funcionamiento de las instituciones de salud y falta de sensibilidad y habilidades interculturales en la atención de la salud.

Palabras clave: Acceso a la salud; Servicio nacional de salud; Mujeres refugiadas; Vulnerabilidades; Derechos humanos.

Introduction

Migrations, particularly forced migrations, have reached unprecedented levels in recent years. According to the United Nations (UN), the number of forced migrants increased on an annual basis between 2010 and 2017[1], and this trend is also visible in Portugal, according to the Foreigners and Borders Service. It should also be noted that, as of 2022, more than 10 million people have been displaced as a result of the armed conflict in Eastern Europe, specifically in Ukraine, with 90% of them being women and girls[2]. Currently, women make up roughly half of all migrants, and given this data, it is possible that women will play a larger role in the number of forced migrations.

The interest in studying migrations from a gender perspective is justified because, as several international organizations recognize, refugee women face greater vulnerability as a result of historical gender inequalities.

As a result, the study that inspired this article aimed to contribute to a better understanding of this phenomenon. In this sense, the research aimed to identify the main adversities and protective factors that aided the processes of resilience, adaptation, and social integration of nine women in the context of forced migration, both in Portugal and along their migration path. These adversities and protective factors are based on the meanings that the women attribute to their experiences, which were gathered through semi-structured and in-depth interviews. Health matters, specifically what concerns access to health care services in Portugal, were identified by almost all of the participants as a difficulty, revealing an insufficient answer on a matter of enormous importance and impact on the well-being and adaptation of this population.

Literature Review

If, on one hand, the migrant person must be able to manage the rupture with the elements present in the society of origin, from which he or she developed psychologically and culturally, on the other hand, he or she must rebuild himself/herself quickly by incorporating elements of the host society. The integration

process, however, is not one-sided. Aside from the individual's ability to manage the two previously mentioned poles, the host society and its various actors (host country government, institutions, and community), whose specific acceptance requirements vary from nation to nation, also play an important role in how the displaced person's acculturation process develops in that host country. However, it is a complicated process, particularly in some cases, such as forced migration. Ramos (2020)[3] warns that forced migration can be a particularly painful experience, capable of creating multiple and silent traumas, difficulties in adaptation, morbidity and psychological stress.

According to Roberto et al., (2016)[4], Ramos (2004)[5], and Luthar et al., (2000)[6], in the adaptation process, the ability of the migrant to resist the traumatic events experienced in the country of origin and the adversities that they will invariably face in the host country, by relying on protective factors and adopting, despite this conjuncture, an attitude of resilience, is critical.

The term resilience first arose in the fields of health and natural sciences, but in the 1970s and 1980s, it began to be used in psychology as well[7]. Based on a positivist approach that emphasizes the individual's power, resilience evolved to denote the resistance of people who, despite facing traumatic experiences and substantial adversity, did not develop psychiatric diseases[8].

Nevertheless, the new elements to be incorporated are numerous, as are the changes that the individual migrant will have to undergo. Ramos (2008)[9] categorizes these changes into six categories: Physical (environment, residence, habits); biological (health, food); social (interpersonal and group relationships, social norms); cultural (education, language, and religion - which can vary depending on the host country); psychological (individual identity, cultural identity, motivations); and, finally, political (elimination of autonomy). In fact, there are several factors that contribute to migrant people's positive adaptation; there are opportunities that rely on the guarantee of rights and duties and that will have influence on migrants 'physical and mental health[10].

Furthermore, Ramos (2008)[9] adds difficulties inherent to the migratory process and that influence the health of migrants, highlighting the poor conditions regarding hygiene and comfort, alongside linguistic, cultural and social problems that hinder social integration, as well as, communication with health professionals. Indeed, this is a serious problem in communities made up of minorities and migrants, especially when combined with other factors such as the devaluation of cultural, social, and linguistic differences and a lack of access to adequate health care[5]. In this regard, it is critical to respect the principles that access to health is a fundamental human right and that all citizens weather they are migrants, or nationals can not be discriminated against in any way due of their ethnic or social origin, and regardless of their legal status[9]. In this regard, Santinho (2012)[11] emphasizes that simply ensuring migrants' access to health care is insufficient; it is critical that the health institutions and the professionals who work within them develop intercultural competences in order to effectively serve this population.

To summarize, several factors influence the process of migrant women's adaptation. Almeida (2021)[12] refers that there are fundamental and preponderant axes for adaptation and integration, highlighting: housing autonomy; access to physical and mental health care; insertion on the education system; labor market integration; and portuguese language training.

In fact, when the absence of these guarantees prevails, it results in a slew of issues. Ramos (2008)[9] identifies the same variables, but adds adversities such as the unjustness of accommodation and work conditions, social exclusion and an absence of social support systems, problems in understanding and adopting socio-cultural norms of the host country, perceptions of discrimination, intolerance, and racial prejudice, all of which reinforce cultural and social isolation, decrease the likelihood of engaging in collective life, and aggravate the difficulties in adaptation.

Although all migrants face a variety of challenges when adapting to a new community, according to Fiddian-Qasmiyeh (2014)[13] and Santinho (2012)[11], refugee women face more vulnerability as a consequence of historical gender inequalities.

Methods

In the development of this investigation, an attempt was made to answer two questions: "what are the main adversities encountered by women in the context of forced migration, in the migration process in Portugal? and "what are the main protective factors that contribute to the processes of resilience, adaptation and social integration of women in the context of forced migration in Portugal?".

This article is going to focus on the findings concerning health, specifically, the reported vulnerabilities related with the access to health care services.

The qualitative paradigm was used, with semi-structured and in-depth interviews, both individual and face-to-face (Mack et al., 2005)[14] p.116). All interviews were conducted individually; however, due to the availability and location of the interviewees, as well as the pandemic situation caused by the new coronavirus SARS Cov-2, the interviews were conducted primarily via video call. Only two interviews were conducted in person, with the remaining seven conducted via the Skype digital platform. The interviews were recorded and transcribed. During the interview, an attempt was made to allow interviewees to openly express their migration and adaptation experiences.

When choosing between interviews and qualitative analysis, the content analysis technique was used, with the texts playing a key role (Flick, 2005)[15] p. 29). In the case of the interviews, the transcripts (texts) were created from the information contained in them, which was then interpreted. Interpreting data in the context of content analysis involves systematically analyzing and making sense of the textual data obtained from interviews. The interpretation process followed several steps, which included: 1) Familiarization with the interview transcripts; 2) Coding the data to identify themes; 3) Categorizing related themes into meaningful groups; 4) Interpreting the themes in the context of research objectives; and 5) Validating the interpretation through member checking and literature review.

According to Flick (2005)[15] , the primary goal of writing a text is to represent reality (or the relevant data gathered from it), which will then be analyzed and studied. The texts were also used to develop the arguments, results, and conclusions.

Finding refugee women willing to participate in this research was a time-consuming and demanding process. Despite the promise, sealed with the consent form, that their identities would be protected, namely by using fictitious names, several of the women that were approached expressed fear of reprisals and/or a reluctance to recall the events that brought them to Portugal.

It was decided not to contact organizations or institutions that work with the migrant population in this sample. This decision was made because it was recognized that having institutional bodies as mediators could influence how women described their migratory processes, such as the social and institutional support received and, as a result, the outcomes. As a result, a direct approach was chosen. To that end, the researcher attended conferences and events dedicated to forced migration and, later, others related to interculturality, as well as visiting the Porto mosque and several restaurants where an invitation to participate was extended. All of these attempts, however, were futile, and the first interview was obtained after a contact with a friend of the researcher, who introduced the first participant. Following that, a refugee who had given an interview to a newspaper was contacted. She did not express a desire to participate, but she did make contact with those who would be the second, third, and fourth interviewees.

The fifth interviewee was discovered after watching a documentary in which she had taken part. She revealed at the end of her interview that she had a friend who was interested in participating, and thus the sixth participant was obtained. Contact was made with a Syrian citizen mentioned in a blog while looking for a seventh participant. This woman declined to participate in the investigation, but she did provide the contact of another young woman, who would become the study's seventh participant. The eighth and ninth interviews were also obtained through an internet search - participants asked to remain anonymous as to the source that led to their discovery -. It should be noted that initial contacts were made in the first phase, during which various clarifications were provided, and only then were interviews with each of the participants scheduled.

The information provided by the interviewees was collected and processed using a semi-structured interview guide. They were asked to sign an informed consent form for this, and the interviews were recorded before being transcribed and translated into Portuguese. This document also sealed the confidentiality agreement, informing participants that their names would not be revealed, but would be replaced by fictitious names. The participants' names were randomly selected with the sole consideration of being of Arabic origin, based on their places of birth.

The interviewees are women from Iraq (1), Syria (7), and Libya (1), and have been in Portugal for over a year. Their ages range between 20 and 32 years old at the time of the interviews, and their education ranges from a bachelor's degree to a doctorate. They came to Portugal as a result of forced migration, arriving in the host country at different times. The interviewee who has been in Portugal the shortest time arrived in 2019, while the interviewee who has been in that country the longest arrived in 2015.

Results

Nuria

The interviewee's first encounter with the National Health Service occurred following the emergence of allergy-related symptoms. Nuria believes that access to medical care in Portugal is inadequate and could be improved:

"*Well, it's not good. They need to improve access to the family doctor*".

Despite her belief that the health-care system is inadequate and should be improved, Nuria, at the same time, expresses confidence in the National Health Service. She also mentions receiving medical reports attesting to her state of health, which recommend that she live in more decent and appropriate housing, for instance one with windows, for her medical condition.

Djamila

Djamila considers access to health in the National Health Service "*a mess*" where a person has to wait "*long hours*", stating, however, that if a person can wait "*they will treat you well*". She also expresses confusion due to lack of information,

> "*For example, when I'm sick, where should I go*?," she says, "*to the health center or hospital*?".

Djamila currently uses the private service because her employer provides health insurance. In any case, she declares that she is confident in the quality of medical care available in Portugal, whether public or private.

Safira

Safira considers that access to healthcare in Portugal, in the National Health Service, takes a long time,

> "*you need a decade to have a consultation and that is hell for me*".

In addition, she confesses that access to health in the host country is complex and that she does not understand how it works,

> "*I do not understand how the health center works here [...] you have to go to the health center, ask to see the family doctor [...] ask for a prescription to do tests and come back to see the tests. [...] What is the source of this complexity? [...] I didn't even know about the health center, nobody had told me*".

Concluding that, with the delay,

> "*if I had cancer I would be dead*" and that "*at home [in Syria] I feel pain, I go to the doctor and it's solved*".

Despite mentioning the slowness and lack of knowledge about how the health system works, Safira sees some advantages:

> "*I like that the universities here offer free psychology consultations*".

Due to depression, the interviewee needed to use public health services and was accompanied by specialists. This also allowed physical pain (in a shoulder) to be treated, which was associated with depression:

> "*I remember that I had a pain in my shoulder, the doctor told me it was because of stress, so I had to go to the psychologist, because apparently the depression was affecting my muscle, I couldn't move my shoulder for three days*".

Hana

Regarding medical care in Portugal, Hana considers that it gives her security and that access to it is, in her words:

> "*great, because it is free and accessible to everyone, as long as you have the health number anyone will be treated as a Portuguese citizen, I don't feel there is any discrimination. Certainly not, even with the [covid-19] vaccination, it was very easy and peaceful, being a foreigner or Portuguese, we were treated in the same way as Portuguese citizens*".

Raissa

Raissa has already attended the National Health Service in Portugal and is confident in it: "*yes. It's safe*". Despite her confidence in the treatment, she regrets the delay in care in the public sector:

> "*you need to have a long time to have a consultation, if it is a situation that can wait months, fine, but if it is a serious problem, you can't wait [...] I had both situations, once an emergency that couldn't wait and I had to go to private. Another time, I could wait, and they were extremely helpful and supportive, and it was almost free. So it all depends on the circumstances*."

The interviewee preferred not to disclose the nature of her medical emergency, but believes she was well cared for in both instances, praising the (almost) gratuity of the SNS.

Zaya

Zaya admits that she feels secure about medical care in Portugal,

> "*From my experience, it is good, it is cheap, and it also met my needs at the time,*"

Zaya says of medical care in Portugal, while recalling,

> *"I wanted to make analysis, so I went there and inquired. I never had a family doctor, so I never got there. I went to the health center and the hospital both times. I called the National Health Service and they took me to the hospital, where I was treated and everything was fine. I also have a lot of back problems as a result of the computer, so I went there twice because I was having really bad spasms and couldn't move my upper body. And that night, for example, I didn't know what to do because I didn't have the information, so I called a coworker, who told me to call the number. When they asked if I needed an ambulance, I declined. But I didn't have the information; perhaps if that information had been made available differently for migrants, I would have done it sooner, because I was in pain. When I realized what I needed to do, I went to the health center, where they treated me and I recovered. When I started working, I didn't use the health center much, because I started using the work insurance*".

Sandra

When she arrived to Portugal, Sandra was still dressing the same way she did in Siria, this led to uncomfortable situations that interfered with her well being and mental health,

> "*I guess I went through a scenario of social phobia, like being terrified when I went to a new area,*" she says, referring to the fact that she did not instantly shed some of the behaviors she had in Syria. *[...] I decided to read about it because I thought it was unusual, like being*

> *frightened to switch off the mobile phone [...] I experienced a circumstance like that*".

The alteration had an impact and Sandra felt it, as soon as she altered the way she dressed:

> "*now I believe it's lot easier. Each person is unique, but this was my experience*."

Despite that, Sandra says that when it comes to health care in Portugal, it works well and is safe:

> "*Yes. Yes, I feel safe, I think it works well*".

Maryam

Maryam has already attended the National Health Service in Portugal and is pleased and confident:

> "*Yes, I have a health number. Yes, I had to go to the doctor once and was able to get an appointment. The medication was prescribed by the doctor, and everything was fine*".

Nevertheless, she expresses concern if something serious occurs, such as an accident, but clarifies that this is her concern, which would be present in any country where she resides:

> "*Yes, that's it, I don't know about big things, for example, if something happens, I don't know how things can go. But this is a concern I have in any country, including Syria. For example, if there is a serious accident or something like that, how things can go, but in general I think that, for example, day-to-day things, if something like that happens, yes I think I will find support in the National Health Service* ".

Lamia

Lamia feels safe regarding medical care in Portugal and praises the National Health Service, despite identifying problems related to bureaucracy:

> "*Portuguese bureaucracy is much slower than in other countries in Europe [...] it is not a problem with the National Health Service only. It's probably just the Portuguese bureaucracy. Everything moves more slowly here. The same is true for the Foreigners and Borders Service and Social Security. Because I already had covid, I believe [the National Health Service is safe]. They called every day to see if I was okay. That's why I say they've done a great job in that area, but overall it's slow*".

Discussion

Deprivation or a lack of opportunities to learn a language in the host country is a factor that has an impact on migrants' health, namely on understanding how to access to care, and social integration[10].

Women in the context of forced migration frequently face a variety of health challenges. Health problems were reported as adversities in this study, on the one hand, and difficulties in accessing medical care on the other. Concerning the first point, Nuria's and Safira's interviews, respectively, describe health issues such as a severe allergy and a diagnosed depression with somatic consequences. In terms of health access, it was discovered that there is difficulty understanding the functioning of the Portuguese health system, which, in some cases, delayed the interviewees' use of necessary care. At this point, the names Safira, Zaya, and Djamila come to mind, though the latter two stated that they do not currently face such a problem. Access to healthcare is difficult in Portugal, according to five of the nine interviewees. The main criticisms center on the service's slowness, a lack of proper information, and a lack of understanding of how the National Health Service in Portugal works.

Some participants reported difficulties in gaining access to the national health system, particularly at an early stage of their adaptation process, citing primarily complications in understanding how to obtain this type of service. Regardless, they all stated that they had overcome this limitation and felt safe with the medical care provided in Portugal. Indeed, all interviewees had to seek medical attention at some point, with varying degrees of severity. According to Ramos (2004; 2008; 2009)[5, 9, 10] migrants' access to health care is a critical protective factor. In this regard, it is

fundamental to establish the principle of health as a universal right for all citizens, regardless of nationality or legal status.

The National Health Service in Portugal is generally regarded favorably by women. Despite accusations of care delays, all expressed trust in services and medical care. In the context of the Covid-19 pandemic, Lâmia praised the National Health Service exemplary work, and Hana mentioned Portugal's decision to vaccinate all residents against Covid-19, regardless of nationality or legal status. As a result, from the perspective of the participants in this study, access to health care is an extremely important protective factor.

Conclusion

Based on the reports, some recommendations for the National Health Service in Portugal would be that employees be able to communicate in other languages, such as English, and develop intercultural skills from the start. Furthermore, the National Health Service must optimize resources that facilitate information and access to health for the migrant population who are unfamiliar with its procedures as well as the Portuguese language.

Initially, interviewees reported difficulties understanding how the National Health Service worked, which resulted in poorer a service experience and delayed the interviewees' use of necessary care. It is also important to note that relationships with institutions, namely the National Health Service, lead us to the most obvious vulnerability, which is shared by all participants: a lack of command of the Portuguese language. All of the women identified learning the Portuguese language as the most difficult challenge they faced during the initial period, which had a negative impact on other dimensions, with a focus on access to employment and health care, resources and relationships with institutions, and social network maintenance.

Until the date of the interviews, only four of the participants had overcome this adversity, and in the meantime, they had begun to master the language.

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