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Developing Educational Resources for Youth Refugees in New Hampshire

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Abstract

The purpose of this project is to educate young Congolese refugees who are located in Manchester, NH about the importance of personal hygiene and the reasons why it is so important to practice hygiene. This project is called Developing Educational Resources for Youth Refugees in New Hampshire. The project is focused on educating youth refugee females about the many health benefits of good hygiene and supplying the tools/materials needed to stay healthy.

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Introduction

Aim of the project:

The aim of this project is to educate young Congolese refugees who are located in Manchester, NH about the importance of personal hygiene and the reasons why it is so important to practice hygiene. We are living in an environment that is full of germs and bacteria that can cause diseases if we do not take care of our hygiene habits. These germs are spread through touching things or people with unclean hands. The Center for Disease Control (CDC) provides healthcare infection control guidelines. These guidelines are in place to help healthcare professionals reduce the spread of germs and bacteria spreading from patient to patient. Some of these guidelines are also practiced among educated persons (CDC, 2022).

The aim of this project is to educate Congolese refugees in hopes to increase infection control within the refugees' communities. Washing your hands with soap and water before eating is an example of a hygiene practice that is so simple and easy, but so beneficial for our health because washing hands before eating can help reduce the number of bacteria on our hands that could make us ill. During this project, I will be educating Congolese youth females the many health benefits of good personal hygiene and supplying the tools/materials needed to stay healthy.

This educational program I am creating can be reproduced for future refugees. Keeping a clean environment around us is important for our health and well-being. Congolese refugees come from the refugee camps of Uganda. The Congolese had to flee their home countries for safety due to violence and conflicts (United Nations High Commissioner for Refugees). The refugee camps are set up to provide a temporary safe space for these refugees to live and the main focus

is to provide shelter and nutrition. Some Congolese families have spent generations in refugee camps before being placed in a permanent country. This means that many Congolese have been born and raised in the refugee camps before being placed outside of the camps which means they many times did not have access to the education and resources used for keeping their bodies clean and healthy and this projects aim is to fill in that gap (McMorrow, 2017).

Background

The Congolese people are originally from the Democratic Republic of the Congo. Democratic Republic of Congo is a country located in sub-Saharan Africa. One of the reasons that the Congolese people became threatened is that there was a Rwandan genocide in the early 90's. Rwandan refugees fled to DRC for safety (UNHCR, 2023). The DRC, Rwandan, and Uganda's armed forces invaded East Democratic Republic of the Congo trying to locate the remaining people responsible for the Rwandan genocide (CDC, 2021).

Uganda, Rwandan and Congolese joined forces to get rid of the dictator Mobutu Sese Seko along with his armed forces which led to a new president Laurent Kabila. The new president Laurent Kabila feared that DRC would be taken over and their resource rich area would be invaded. President Kabila ordered Rwandan and Ugandan armed military to leave the DRC which in return started Africa's World War which is the deadliest global conflict since World War II (CDC, 2021).

The second Congo war ended in 2003. Still today there are different rebel groups in DRC that commit serious crimes against the people located in DRC. The ongoing conflicts in DRC result in thousands of displaced people seeking refuge in other countries (CDC, 2021). "DRC

has been described by the United Nations as one of the world's worst humanitarian crises (CDC, 2021 para, 3)".

The Resettlement of Congolese refugees began in 2000. From 2003-2013 11,000 Congolese refugees were resettles in the United States and the ages of these Congolese refugees were young adults between the ages of 15-44. 40% of the Congolese refugees were also children under 15 years old (CDC, 2021).

Congolese Refugees are open to western healthcare but it is limited depending on where the refugees are and the amount of poverty that they are experiencing. Most healthcare infrastructure are limited to urban areas and except only cash payments in advance before treatment. Those who live in rural areas have less access to western medicine and rely heavily on traditional medicine (CDC, 2021). Culturally Congolese refugees do not feel as comfortable talking about their sexual health and gynecological health with those who are not their family members and they especially do not discuss this with male doctors (CDC, 2021).

Here in Manchester, NH there is a program offered to new Americans which includes Congolese refugees. This program is named Southern New Hampshire University Center for New Americans where they help refugees with many different areas with one being an afterschool program for youth refugees to come after school and receive food, help with homework, healthy activities and where they can build trusted relationships within their community.

I reached out to SNHU Center for New Americans to inquire about doing my capstone project there. I met with the program director where we brainstormed ideas that could help strengthen their programs they have in place. She expressed that the middle-aged Congolese youth may need some education on hygiene and that SNHU Center for New Americans does not

have a health/hygiene program at this time (C. Perron, personal communication, February 2, 2023). It was brought to my attention that both genders could use the extra hygiene education but it is not really acceptable in Congolese culture for myself as a female to discuss hygiene care with the males in the program. She expressed that they could use a female to come in and educate the youth female Congolese refugees about hygiene standards here in the United States with a focus on menstruation health education.

The importance of health hygiene focusing of menstruation health is to help relieve the anxiety that this natural change can have on youth Congolese females and to break the stigma/taboo menstruation has on many cultures. "Menstrual health and hygiene management involves a number of interventions that go beyond interventions in schools, but include providing adolescent girls with knowledge, sanitary products, and facilities to understand and manage their menstruation. These interventions are tied to adequate sexual and reproductive health education for adolescents, particularly programming around puberty". (Myra Murad Khan, 2022m para. 5)

Framework:

The framework I am using to organize my project is "PDCA" Plan, Do/implement, Check/gather data, Act and make necessary changes. This framework works for my project because this is a brand-new project that has to be planned and implemented to see it is helpful and change what did not work and keep what did work. Currently I have planned the project by identifying the need for the project and mapping out learning plans to present to the stakeholders. I am implementing the program by introducing the project to the director of SNHU Center for New Americans and presenting it to the stakeholders. Next, I will check and take feedback and see what needs adjusting. I will make necessary changes if needed and continue to critique this project that can be reproduced for future stakeholders.

Significance of the project:

It is well-established that hand hygiene can considerably decrease some communicable diseases, and there is also great evidence that hand hygiene will also decrease respiratory illnesses (CDC, 2022). Most societies could realize the value and strength of hand hygiene for reducing/preventing infections and could be with the idea of practicing hand hygiene. Depending on the population, training campaigns are needed in some communities (CDC, 2022).

Review of relevant evidence:

"Teaching people about handwashing helps them and their communities stay healthy. Handwashing education in the community:

Reduces the number of people who get sick with diarrhea by 23-40% Reduces diarrheal illness in people with weakened immune systems by 58% Reduces respiratory illnesses, like colds, in the general population by 16-21% Reduces absenteeism due to gastrointestinal illness in school children by 29-57% (CDC, 2022, para.2)."

Methods:

The methods used to complete the project are Instructor-Led Training (ILT) (Home 2023). This project is presented in a classroom setting. The focus of this project is hands on learning. I have put together 20 hygiene kits, each kit includes shampoo, conditioner, body lotion, mouthwash, toothpaste, floss, deodorant, and sanitary napkins. Having these hygiene kits will help draw focus into the materials we are learning about blended along with academic style

discussions surrounding the products presented, what are the products? How do we use the products? Why are the products necessary for our health and well-being?

The project name is Developing Educational Resources for Youth Refugees in New Hampshire. The purpose of this program is to educate and provide resources for hygiene & feminine health for youth refugee females in New Hampshire. This project is a hygiene class that can be reproduced and adjusted based on its effectiveness.

This project starts with an introduction of who I am and why I am teaching the hygiene class, next I will have my students introduce themselves. I will hand out a hygiene checklist packet along with their health hygiene kits to each student. As a group, we will go through each product in the hygiene kit and its associated page. The groups will be introduced to hygiene products that they may or may not have experience with.

I, as the instructor will provide a description of said product, demonstrate how it is used, educate why it's necessary for its use and educate what can happen if we fail to use these products, for example, we brush our teeth to have good oral hygiene and if we do not brush our teeth then eventually, we will experience gum disease and tooth decay and loss. At the end of the class will be open for questions from the students. A pre and post class survey will be provided for feedback so we can tweak the program to make it the most effective. The project deliverables are to educate youth refugee students and to have the students interested and participating in good hygiene habits.

Project Results

Project findings:

The project findings were that the youth refugees needed education on hygiene standards. During my project and teaching of the class I found that there was a lack of awareness about hygiene and sanitation which is why it is important to have an effective program in place. The students were given a chance to ask questions about hygiene and sanitation issues they may have experienced which helped personalize the class to fit the student's needs. Giving the students time to ask questions was a great opportunity to get them involved with this project as well as gain a better understanding of how they can improve their own health and hygiene practices. The director of SNHU Center for New Americans was present during the class and was able to provide valuable feedback on the effectiveness thus far from the teaching of the class.

Implications

If this project is reproduced for future youth refugees it is likely that the students who attend this class on hygiene will have better hygiene practices with positive results. It is also possible if these lessons on hygiene that are taught to the youth refugees that when they become adults, they will implement their knowledge to their children which in return will help keep this population healthy long term.

Challenges and accomplishments

The main challenge was to find a way to provide the necessary materials that would enable the students to learn and grow. There were 20 students and each hygiene kit cost around \$11.00 to put together, times 20, a rough estimate would be that the hygiene kits for 20 students would cost \$220.00. I was lucky that a local hotel donated products for the students hygiene kits. This

helped the students become more interested and gave them a more hands on experience where they were able to physically have the products being taught and they can in return practice using the products in their own homes. This is where the idea of creating an educational resource came into play, the project started with a simple goal: To create an educational resource that would help the students learn about the importance of hygiene, how it affects health and development as well as how to use the products being presented.

The main accomplishment was that the students were engaged and interested in learning about hygiene and how to use the products which in return made this project successful by making the student aware of the importance of hygiene and how to effectively use the products provided. Lastly, this project also helped develop a community of youth refugee girls who are willing to share their knowledge and skills with each other.

Recommendations

The positive feedback I received from SNHU Center for New Americans director leaves me with the recommendation that course materials stay the same. Hygiene kits be reproduced to match the information packet.

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