

Biopsychosocial Determinants within Public Mental Health in Transcontinental Marginalized Communities: A Literature Review

Kathleen Rachel, Faculty of Psychology, Krida Wacana Christian University, Indonesia

✉ : kathleen.502020043@civitas.ukrida.ac.id

Abstract

Economic, social, and cultural reasons and discriminatory government policies have contributed to marginalized communities' marginalization. High mortality rates, malnutrition, and a lack of a perceived livelihood are all observed in marginalized people. Adverse social environments, biological characteristics, and mental capacity limits can contribute to severe mental health problems. The biological, psychological, and social vulnerabilities of three diverse marginalized communities worldwide are described in this summary. These ramifications exist on the level of inability to access health institutions, notwithstanding mental health services, due to microsystem conflicts. The similarities of biopsychosocial variables that address mental health problems in transcontinental marginalized populations are explored in this study. Through a literature review, Depression and multi-level trauma were found to be the mental disorders that emerged among the three continents. Though biopsychosocial determinants within marginalized communities may depend on cultural norms, geographical aspects, and other external influences, similar tensioned environments may elicit typical biomedical, psychological, and social responses.

Keywords: Biopsychosocial determinants, public mental health, transcontinental, marginalized communities

Introduction

Marginalization involves the interactions between individual vulnerabilities, economic, cultural, political, and social factors (Myhrvold, 2012). Social marginalization is when a person cannot engage in everyday leisure activities. People labeled as marginalized are more likely to face discriminatory behaviors, including human rights violations, due to gender inequalities (Rananda et al., 2020). As a result of the globalization era, geographical assets, such as separation from public institutions, clean water, and energy supply, have emerged as one of the determining factors of social exclusion. In general, marginalized communities suffer from limited access to basic human needs. This could lead to a hostile social environment. Isolation and lack of basic needs fulfillment may affect biological features malfunctions. The emotional patterns of marginalized groups tend to be more sensitive and emotional (Herawati & Febriani, 2021). The projection and manifestation of these emotions are different within groups, which depend on geographic, individual

personalities, and social differences. The shared emotional and sensitive state within marginalized communities limits the mental capacity of people in those communities to cope with mental distress. Exposure to disasters may also lead to distress. Unregulated distress may trigger mental health problems due to maladaptive coping strategies.

Public knowledge about physical diseases is widely understood, yet mental health literacy is most likely to be neglected. The barriers to mental health services include geographic isolation, the high cost of care, stigma, a lack of mental health literacy, and a lack of comprehensive mental health care policies (WHO, 2012). If an individual doesn't have an adequate understanding of mental health, they may have difficulty recognizing and addressing mental health issues. This can lead to distorted thinking and feelings of hopelessness (Lincoln et al., 2011). Understanding that mental health is not always about diagnosis and disorders is essential. Emotional and cognitive dynamics are also part of a person's life.

Therefore, it is vital to holistically understand biomedical, psychological, and social determinants to maintain public mental health. Understanding the connection between biomedical, psychological, and social factors can help explain why certain factors cause health problems, how they manifest, and their effects on a person's overall well-being. The biopsychosocial perspective helps to clarify why one community is more likely to be affected by an illness than others. Mental health is a global concern, nevertheless a recurrent social issue in Indonesia. Therefore, recognizing cross countries' mental health determinants and outcomes is the initial response for an overview of basic human needs. The comparisons of international determinants are practical to formulate a universal mental health service for marginalized communities, as it applies to Indonesia.

Sustainable Development Goals (SDGs) provide a blueprint to visualize an ideal condition for an inclusive and sustainable community. Marginalized communities face threats in gaining and maintaining decent life. Therefore, the 17 SDGs aim to manifest no poverty, zero hunger, maintainable public health, gender equality, sustainable communities, and justice institutions for all people. These goals were targeted as a foundation to execute strategies to provide peace and prosperity for world citizens. Sustainable Development Goals is the tangible visualization of the ideal community that should be achieved in real life.

On the contrary, billions still lack safe water and sanitation access. Around 71% of the world population has access to safely managed drinking water. The rest, 29% of the population, do not (Ritchie & Roser, 2021). There was a 25% increase in the prevalence of anxiety and Depression in 2020 (SDG Progress Report, 2022). Infant immunization coverage dropped to 83% in 2020. The same report estimates that 641 million women have been subjected to gender-based violence. The number of slums continues to appear, which take up 85% of the world, mainly in Africa (230 million) and Asia (665 million).

Based on these data, each country has a gap in adopting human care frameworks. This was impacted by geographic, cultural, and anthropological differences. To reduce inequality in marginalized communities, foundations, concrete actions, and coordinated efforts are necessary to meet basic needs. The biopsychosocial model helps to identify and address the underlying causes of mental health problems, which can then be used to distribute mental health services better. The first step in improving mental health on a global scale is to identify the same contributing factors between different continents. Previous studies explain biopsychosocial vulnerabilities within three different marginalized communities (Ayón et al., 2017; Sahin et al., 2021; Zibengwa & Bila, 2021). This study aims (a) to explore perspectives from transcontinental communities according to several kinds of literature; (b) to identify biomedical, psychological, and social determinant similarities within those communities; (c) as well as finding everyday needs within transcontinental marginalized communities to maintain public mental health.

Method

The study was a literature review to explore a broad paradigm of mental health barriers within marginalized communities. Firstly, the author assessed three different characteristics of marginalized communities. Understanding there are ethnic groups, disease-infected groups, and socially oppressed groups, the author seeks these groups in three different countries to represent three continents. The author uses keywords such as "racial discrimination," "biopsychosocial needs," and "well-being" to obtain a profound understanding of holistic well-being necessities. Google Scholar is the repository used to collect journals from 2011-2021. Only journals written in English will be reviewed. The inclusion criteria for the literature include biopsychosocial factors in keywords and marginalized communities as the focus of the discussion. The coding and analysis process focused on (a) Marginalized group characteristics, including a

statistical overview of the population; (b) Biopsychosocial determinants, including phenomenology and consequences of group's vulnerabilities; and (c) Treatment and settlement in resolving mental health problems within bio-medical, psychological, and social issues. Previous publications are classified as "in-depth" or "briefly mentioned" to provide a qualitative description of the biopsychosocial factors with extensive and comprehensive information.

Results

A total of 22 journals and five statistical reports were included in the final analysis. Of 12 journals, three were considered "in-depth" and nine as "briefly

mentioned." Publication dates ranged from 2006-2021. Three contingents were chosen from different communities to present an overview of marginalized communities: Asia and Pacific countries represented by Syrian refugee populations in Turkey. Latino communities represent America. Lastly, children with HIV in South Africa represent Africa. Each community experiences different marginalization practices caused by different historical backgrounds, general characteristics, and cultures. Despite the differences in biomedical and social determinants, there are similarities in the outcome of bio-medical, psychological, and social consequences. Refer to Table 1 for findings.

Aim 1: Biopsychosocial determinants of public mental health in transcontinental marginalized communities.

Table 1. Biopsychosocial determinants within transcontinental marginalized communities

Themes	Countries		
	Asia (Refugees)	America (Latino Communities)	Africa (Children with HIV)
Bio-medical determinants	<ul style="list-style-type: none"> Malnutrition Infectious diseases 	<ul style="list-style-type: none"> Substance abuse Occupational health problems 	<ul style="list-style-type: none"> Malnutrition Infectious diseases Limited access to medical treatment
Psychological determinants	<ul style="list-style-type: none"> Social trauma Parental trauma <i>PTSD and Depression</i> 	<ul style="list-style-type: none"> Fear Trauma 	<ul style="list-style-type: none"> Anxiety Disorders Depression Emotion regulation problems
Social determinants	<ul style="list-style-type: none"> Child labor Child Marriages Domestic violence 	<ul style="list-style-type: none"> Gender-based discrimination Structural discrimination Cultural imperialism 	<ul style="list-style-type: none"> Stigmatization Discrimination Non-disclosure parenting style

Asia

Asia and Pacific countries hold a substantial number of refugees. In 2020, there were 4 million refugees and 2.3 million stateless people (UNHCR, 2021). The refugee population has a low and middle income where marginalization issues create ruptures in their existence—a large refugee demographic faces uncertain contingencies in their lifespan. Limited resources present significant challenges in biological, psychological, and social development.

Significant challenges in biological determinants of health center around access to food and clean water. Children and adults in West Asia are at risk of malnutrition due to a lack of required nutrition. Children are faced with the threat of physical deficiency, including wasting and stunting. A prevalence of 5.1% of refugee children in Turkey suffers from wasting, and 14.8% are afflicted with stunting (Pernitez-Agan et al., 2019). By 2018, 17% of Syrian refugee children in Turkey suffered from stunting, and 2 % experienced

wasting (HIPS,2019). Assessment of children's characteristic features shows severe weight loss. This was predicted as a consequence of malnutrition and severe diseases. Following an impairment in height development indicates prolonged malnutrition. A stunted child may also suffer from immune system deficiency. Diseases that are high in transmission risk among refugee populations are measles, Hepatitis A, and tuberculosis (Sahin et al., 2021). These diseases are suppressed with the increase in vaccination rates among refugee populations. However, refugee communities are receptive to infectious diseases as they are more likely to live in an unsuitable environment. Some households even live in inadequate housing quality, where several people live in the same house (Sahin et al., 2021).

The highest risk of refugees' well-being is caused by psychological threats, with 51% of significance (UNHCR, 2015). Psychological vulnerabilities in West Asia Countries' refugees revolve around traumatic experiences. Refugees were exposed to an abundance of traumatic situations, such as wars. Nevertheless, traumatic parental experiences show a higher risk of mental health problems in children. A negative parenting style leads to negative attachment, a higher level of incapability of emotion regulation, and reinforces behavioral problems. Exposure to traumatic situations prompts a higher risk of mental health disorders (Fazel, Reed, Panter-Brick, Stein, 2012). Assessments explain a high association between post-traumatic stress disorder, Depression, and anxiety disorder in Asian refugees (Sahin et al., 2021).

Another contributing determinant in a refugee's well-being is social factors. Children refugees are more likely to drop out of school and experience physical, emotional, sexual, or economic abuse due to child labor or similar oppression practices. Evidence shows that child labor is a severe factor in psychosocial problems within refugee populations. Physical, emotional, or sexual abuse also appears as domestic violence. Refugee children and women are liable to experience domestic violence. Even so, there is also a high probability of men experiencing domestic

violence among Syrian refugees in Turkey. Domestic violence increases the risk factors for post-traumatic stress disorder and Depression (Timshel et al., 2017).

Furthermore, a study showed that violence between intimate partners increases violence towards children (Usta et al., 2019). Lastly, child marriages are a significant threat to female adolescents. Mainly, child marriages aimed to provide financial freedom to low-income families.

America

Latina communities are the largest non-dominant group in the United States (Humes, Jones, & Ramirez, 2011). The heterogeneous characteristics are brought by immigration and are considered culturally responsive. Even if Latinas are one of the fastest growing communities, negative social discourse such as exploitation, oppression, and marginalization still occurs in many of the population. Latinas are considered an underclass community due to poverty rates and immigrant status complications (Massey & Pren, 2012).

Structural discrimination also exists at the macro level. People of color are more likely to experience socioeconomic disadvantage due to prolonged exclusionary housing and occupational discrimination practices that lead to wage gaps (Lewis et al., 2006). Practices such as residential segregation, discriminatory policies, and biased norms disadvantaged people of color, nonetheless Latino communities. Discrimination is the main threat to Latino communities' well-being, which is caused by low social status due to disclosed identities and income disparities. Physical violence, harassment, and intimidation are commonly experienced daily. Macro-level discrimination based on gender status maintains female Latinas in a vulnerable state. Cultural imperialism is one of the sources of discrimination practices. Motherhood was considered a dominant identity in the majority of female Latina. Poverty and gender-based discrimination lead to parental shaming of Latina mothers. This occurrence risks Latina mothers experiencing higher stress levels and psychological problems (Ayón &

Becerra, 2013). Language barriers and childbearing practice judgments also restrained Latino communities in accessing public institutions and rights.

A strong positive correlation between discrimination and substance abuse in women was founded (Otiniano et al., 2014). Health problems such as headaches, heart palpitations, and fatigue were reported in Latina farmworkers (Waugh, 2010). Latinas are prone to occupational risks as they are more likely to work in unsuitable environments. Moreover, they are not supplied with protective equipment to handle fumes, extreme temperatures, and chemical exposure. They result in skin irritation, burns, slips, and falls (Eggerth et al., 2012).

In conclusion, most female Latinas experience more gender-based violence that leads to health complications, while male Latinas suffer more from occupational health problems. Exposure to collective episodes of violence is more likely to develop mental health problems. Victimization has come with mental health consequences such as fear and trauma. Even in a crucial state, Latino communities avoid seeking legal assistance caused of negative experiences with health institutions ((Ayón et al., 2017).

Africa

A statistical report showed 7.9 million South African citizens had HIV in 2018 (Statistics South Africa, 2018). By the end of 2018, 260.000 children are estimated to be living with HIV. Approximately 63% were on antiretroviral treatment (UNAIDS, 2019). Children with HIV are counted as a marginalized community whose health, psychological, and social needs remain poor.

South African children with HIV face limited access to medication. There is a 37% gap within the total of 63% in antiretroviral treatment for children with HIV, according to the UNAIDS statistic report. Poor nutritional status is also pointed out in children living with HIV (Rawat et al., 2010). This reflects inadequate access to nutrition requirements. Many children with HIV also suffer from poverty, complicating the need for a balanced diet and medical

treatment. Food insufficiency and hunger emphasize the prevalence of malnutrition in a large proportion of children with HIV. Indications of pathogens infections are included in their prognosis. Infected children are at risk of quickly contracting other infectious diseases, such as respiratory diseases (Vranda & Mothi, 2013).

Psychologically, children with HIV have experienced mental health problems due to socio-economic and biomedical problems. It shows that children with HIV experience anxiety disorders, Depression, and emotional problems (Zibengwa & Bila, 2021). Even if professionals do not diagnose them, children with HIV have always seemed burdened, sad, and distant from their peers. Inability to focus, social withdrawal, and high functioning distress appear in children with HIV. HIV-positive children have higher levels of Depression, mental disorders, and anxiety disorders than HIV-unaffected children (Kayitshonga et al., 2014).

Contributions of parental support are recognized as the primary social needs of children with HIV. The role of a positive family environment highlights a vital factor in biomedical and psychological development. Furthermore, disclosure by parents is critical. Non-disclosure by parents by keeping information about HIV diagnosis from children impacts the necessary medical treatment. Refusal of HIV disclosure by parents appears the impact stigmatization and discrimination. Isolation by communities and relatives afflicted children's socioemotional well-being, nevertheless to parents. Openness and assertive communication between parents and children is essential. This is a strategy to build contentment and trust and lower the level of resentment between parties (Bikaako-Kajura et al., 2006).

Aim 2. The similarities of mental health needs within transcontinental countries

Traumatic experiences are distinct within marginalized communities caused by a negative livelihood. This has been proven with the high cases of post-traumatic stress disorders, Depression, and anxiety disorders in all three countries. Moreover,

parental psychopathology notably impacted psychological problems in transcontinental countries. Social-based traumas and exposure to war, stigmatization, and discrimination were founded. Fear and the feeling of powerlessness inhibit the population's decision-making capability. Although strength, endurance, and willingness to fight are seen in many individuals, many feel vulnerable when exposed to injustice (Ayón C. et al., 2017). These conditions reinforce mental distress and eventually develop into mental health problems. Despite external causes of trauma, parental trauma is proven to amplify mental health problems in children and adolescents (Sahin et al., 2021). The course on warm parenting style correlates with secure attachment styles in children and better emotional regulation skills. While negative attachment styles, lack of coping abilities, and negative emotional regulation skills indicate parental rejection (Erucar et al., 2020). This also affected both ways. The negative well-being of parents has a profound effect on the entire family's state. Therefore warm parenting style, parental disclosure, and trust building between parents and children are universal mental health needs within transcontinental countries.

Discussion

Each marginalized community varies in biomedical, psychological, and social vulnerabilities. Biomedical and social determinants have been proven to construct marginal communities' psychological states (Ayón et al., 2017; Sahin et al., 2021; Zibengwa & Bila, 2021). Exposure to virus transmission, malnutrition, and limitation in health institution accessibility was like marginalized communities. Follows with discrimination, violence, and stigmatization were social realities in the populations above. Both biomedical and social determinants are factors in establishing public mental health. Psychological determinants themselves contribute to an individual's well-being. Therefore public mental health is a holistic substance that stands by biomedical, psychological, and social determinants. Despite the differences in individual

and cultural characteristics between the three continents, there are similarities in psychological outcomes. Mental health disorders such as post-traumatic stress disorder and Depression were found on all three continents. Mental health distress expressions such as fear and despair are a natural response due to a tense environment. Therefore, emotional regulation problems were found in all three continents as an outcome of mental health disorders and distress. Over time what is seen as mental health distress will develop into mental health disorders if an individual doesn't come prepared with coping abilities.

Additionally, individual coping abilities are a broad spectrum. Coping abilities can be an instinct, yet it is also retrieved from previous experiences. Social components influence an individual's elicited behavior response as it is an independent predictor of health behavior. Social norms aren't always a cultural macro-setting. It could be projected in a micro-setting within marginalized communities, for instance, families, residential institutions, or group homes.

Psychological well-being is multifaceted with the tone, subjective states, feelings, and cognitive appraisals (Hernandez, 2017). The indicators of well-being showed by the heightened experience of positively valenced emotion. Physical health and mental well-being are inextricably associated. Strong cross-effects were found between physical and mental health (Ohrnberger, 2017). The indirect effect on mental health and physical health was mediated by lifestyle choices and social interactions (Ohrnberger, 2017). Ohrnberger (2017) explains that physical conditions affect approximately 8% of the total state of mental health and vice versa. Social interaction has a positive direct effect on physical health, reaching up to 13.6%. This explanation encompasses how biopsychosocial determinants affect one's overall well-being.

Within marginalized communities, physical or biomedical determinants surround malnutrition, diseases, and substance abuse—severe prenatal micronutrient deficiency results in a moderate deficiency in growth and development (Huang, 2013).

Previous studies suggested that neurodevelopmental disorders may be caused by early life nutritional deficiency, which may alter brain development. Prenatal protein malnutrition influences the development of brain structures, such as the hippocampus, and impairs the function of neurotransmitters (Brown et al., 2000). Barriers to brain development may influence the emergence of mental health disorders. This is proven by the fact that genes and brain vulnerabilities are one of the causes of mental health disorders (Taquet, 2021). The same goes for substance abuse. A polygenic risk is significantly correlated with the influence of genetic risks on behaviors to psychiatric vulnerabilities. Associations between brain circuit disruptions encode psychological problems (Taquet, 2021). Other diseases were considered risk factors for mental disorders. The risk for mood disorders was higher in infectious diseases (Müller, 2014). Childhood and maternal infections are risk factors for schizophrenia, especially in adolescents who experience puberty stress (Müller, 2014). Limitations in accessing medical access may worsen the influence of biomedical disruption on mental health, as it is a risk factor for psychological disorders.

Psychological determinants such as trauma, mental disorders, and poor emotional regulation abilities are risk factors for overall well-being. Stress and other environmental factors contribute to the proinflammatory state of major Depression (Müller, 2014). Prolonged exposure to stress causes an activation of the hypothalamic-pituitary-adrenal axis (HPA), resulting in an elevation of cortisol secretion. Persistent high cortisol levels for an extended period may lead to metabolic changes and the central nervous system (Dziurkowska, 2021). Both deficiency and excess cortisol levels have specific consequences in mental disorders, such as Depression, bipolar disorder (B.D.), or an episode of psychosis. Moreover, mental disorders in marginalized communities such as Depression, PTSD, and Anxiety Disorders are clinical diagnoses that should be considered severe.

The multi-level psychological disruption within marginalized communities wasn't a particular problem. Thus to understand mental health in marginalized communities, acknowledgment of culture, social context and concepts, and the influence of nature in constructing public mental health is necessary. Within three marginalized communities, social issues include child labor, child marriages, discrimination, stigmatization, domestic violence, and cultural imperialism. Those social factors increased the risk of marginal communities in maintaining stable well-being. Previous studies explain a higher estimation of PTSD, Depression, and anxiety among marginalized communities (El Arab & Sagbakken, 2019; Falb et al., 2019; Habib et al., 2019; Usta et al., 2019; Wringe et al., 2019). Discrimination, stigmatization, and cultural imperialism lead to the separation of marginalized communities from social orders. Social support influences the ability to modulate responses to stressful situations damaging health. Perceived social support may either reduce the adverse emotional reaction or create resilience. The absence of social support in marginalized communities heightens stress levels and affects the community's ability to cope with mental distress.

There is a resemblance in psychological needs within all three continents to build a universal framework in public mental health services. All three continents have specific interventions for all biopsychosocial problems. Immunization to prevent children refugees in Turkey from virus transmissions (Sahin et al., 2021), advocacy campaigns to teach Latina mothers to understand their rights within all facets (Ayón et al., 2017), and social-auxiliary workers in drop-in centers to provide psychosocial support for Africa children with HIV (Zibengwa & Bila, 2021). Previous findings indicate an urgency in psychological care for parents with mental health problems to prevent the influence of negative well-being between generations. Emotional support, reinforcement of assertive communication, and reconnection with relatives and community resources are obligatory. Therefore marginalized communities

can access education, advocacy, and additional resources they need. This mental health intervention runs on the level of a microsystem. Enhancing the mental health of the family unit simultaneously maintains public mental health as it establishes a real social affiliation and support.

Relationships between groups from the first system directly impact an individual's life. Depression, fear, and trauma due to any cause can affect social relationships. It goes both ways in which social relationships affect an individual's mental state. A study by Santini et al. (2020) shows a strong relationship between social disconnection and depression or anxiety disorder severity. Isolation becomes a high predictor of depression and anxiety disorder symptoms. Instilling social skills could also help marginalized communities to form meaningful connections. Understanding that stigma and discrimination are still part of the communities' lives, social skills can be implemented within groups. Family-based interventions take part in introducing social skills in a limited scope. This practice helps marginalized populations to get acquainted with building supportive relationships. Establishing mobile community volunteer outreach is an option to support more private groups (Newman & Zainal, 2020).

Conclusions

Biopsychosocial determinants within marginalized communities may depend on several aspects, such as cultural norms, geographical aspects, and other external influences. The similar tensioned environments may elicit typical biomedical, psychological, and social responses. Biomedical aspects include malnutrition, substance abuse, diseases, and limited access to medical institutions. Psychological determinants circle around trauma and mental disorders such as PTSD, Depression, and anxiety. Social determinants follow stigmatization, discrimination, cultural imperialism, and social issues such as child labor, child marriages, and violence.

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