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Evaluating the feasibility of a group psychosocial intervention for migrant and host community women in Ecuador and Panamá: A multi-site feasibility cluster trial

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Research Question: What was the feasibility, appropriateness, and impact of this intervention for women based on different demographics such as migratory status?

BACKGROUND

By 2022, over 100 million people were forcibly displaced.[1] Displaced populations face an increased risk of mental health and psychosocial problems but there is a lack of evidence on effective and scalable MHPSS programs in humanitarian settings.[2] This research took place in the context of the evaluation of an innovative, community-based psychosocial program for migrant and host community women, Entre Nosotras, vs. Entre Nosotras + stress management which was implemented with the INGO HIAS in Ecuador in Panama in 2021.

PRELIMINARY QUALITATIVE RESULTS

Barriers to attendance: childcare, responsibilities in the home, problems with the schedule, and lack of interest

Impacts of the program: self-improvement, feeling more connected and supported, and knowing more about resources in the community

TABLES

Table 1. Baseline correlates of attrition (completion = 4+ sessions)

	Intervention completion OR (95% CI)
Demographic Characteristics	
Age (in years)	1.05 (1.02, 1.07)
Site	
Guayaquil	REF
Panama	2.33 (1.22, 4.46)
Tulcan	1.53 (0.79, 2.97)
Education	
Less than primary	REF
Completed primary school	1.08 (0.28, 4.13)
Completed secondary school	1.17 (0.37, 3.69)
College degree	0.97 (0.29, 3.27)
Other	2.92 (0.59, 14.33)
Employment	
Unemployed or Housewife	REF
Informal work	0.55 (0.30, 1.01)
Part-time formal work	0.53 (0.18, 1.57)
Full-time formal work	0.79 (0.31, 2.04)
Nationality	
Colombian	REF
Ecuadorian	2.35 (0.81, 6.84)
Venezuelan	0.79 (0.37, 1.68)
Other (Cuban, Dominican, Honduran, Nicaraguan, Salvadoran, Mixed)	0.82 (0.24, 2.80)
Community	
Migrant	REF
Host	2.85 (1.20 6.79)
How long have you lived in your current community	
Less than one year	REF
1-3 years	1.08 (0.54, 2.14)
More than 3 years	2.32 (1.14, 4.69)
Enhanced study condition (REF = standard)	0.38 (0.22, 0.65)

Table 2. Trajectories in wellbeing by migratory status

	Migrant (REF)	Host community member	
	Mean change (95% CI)	Mean change (95% CI)	Interaction z(p)
Overall wellbeing	0.37 (0.21, 0.53)	-0.01 (-0.42, 0.39)	-1.70 (0.088)
Life satisfaction	0.09 (0.05, 0.12)	0.02 (-0.08, 0.11)	-1.30 (0.193)
Standard of living	0.08 (0.04, 0.12)	0.08 (-0.01, 0.18)	0.08 (0.934)
Health	0.07 (0.04, 0.11)	0.00 (-0.10, 0.09)	-1.52 (0.128)
Life achievements	0.05 (0.01, 0.08)	0.00 (-0.09, 0.08)	-1.16 (0.246)
Personal relationships	0.03 (-0.01, 0.07)	0.00 (-0.09, 0.09)	-0.61 (0.540)
Personal safety	0.06 (0.02, 0.10)	-0.05 (-0.14, 0.04)	-2.21 (0.027)
Community connectedness	0.05 (0.01, 0.09)	0.00 (-0.09, 0.09)	-0.99 (0.323)
Future security	0.02 (-0.01, 0.06)	-0.01 (-0.09, 0.07)	-0.76 (0.450)
Spirituality/religion	0.00 (-0.03, 0.02)	-0.02 (-0.09, 0.05)	-0.30 (0.767)

METHODS & QUANTITATIVE RESULTS

Demographic data was collected from HIAS, data on psychosocial well-being was collected via pre/post surveys, and qualitative interviews were conducted with a subset of participants and facilitators. We compared the odds of intervention completion by demographic and migration-related characteristics using logistic regression. We evaluated whether migration status moderated trajectories in psychosocial outcomes using mixed-effects regression models. All quantitative analysis was conducted in STATA

Qualitative analysis was done via an open coding process with a subset of 12 interviews. A codebook was developed by 3 members of the research team who then piloted the codebook with 2 new interviews. The codebook was further revised until percent agreement was 98%. All coding was done in NVivo.

Attendance was higher for host community members (OR 95% CI 1.20, 6.79) than migrants, and for those who had lived in their community longer than 3 years (OR 95% CI 1.14, 4.69). No other demographic variables significantly impacted attendance. Migrants saw greater improvements in well-being than host community members.

DISCUSSION

These results underscore how the migratory context influences the implementation of MHPSS programs. As humanitarian guidelines continue to emphasize the integration of host community members and displaced persons, it is critical to account for barriers that disproportionately affect migrants such as lack of resources and stable employment. As the assessment of well-being shows, community-based interventions can have a positive impact on migrants' well-being, thus it is critical to understand how to create programs that are accessible by this population.

REFERENCES

1. UN News. "UNHCR: A record 100 million people forcibly displaced worldwide." 23 May 2022. https://news.un.org/en/story/2022/05/1118772
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