

THE BIOPSYCHOSOCIAL CONDITION OF REFUGEE WOMEN IN KALIDERES WEST JAKARTA

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Abstract

Indonesia is currently home to nearly 14.000 refugees and asylum seekers. However, Indonesia is not a signatory to the 1951 Refugee Convention and 1967 Refugee Protocol. Hence, the refugee population in Indonesia is dealing with many difficulties and barriers. The biopsychosocial condition is a vital aspect for every human living. Refugee women are no exception. This research intends to take a snapshot of refugee women in Kalideres, West Jakarta, biologically, psychologically, and socially, and how the forced migrant women live in their prolonged state of limbo. This research adopted a qualitative method and used purposive sampling to select the informants. This research consisted of two primary informants and three supporting informants with specific objectives. Data collection techniques used are in-depth interviews, observation, and literature reviews. This research revealed that the biopsychosocial conditions of refugee women in Kalideres are not appropriately met and by-rights, thus affecting their social function in Kalideres, West Jakarta.

Keywords:

Women; Refugees; Biopsychosocial; Refugee Rights, Limbo

INTRODUCTION

The end of World War II in 1945 did not automatically erase the suffering of humankind on earth. Persecution, conflict, genocide, war, ethnic cleansing, and climate change have forced at least 82.4 million people to leave their habitats (UNHCR July 2021), including refugees, asylum seekers, internally displaced people, Venezuelans displaced aboard, and Palestinians. Those fled home due to persecution for race, religion, nationality, and membership of a particular social group or political opinion.

Indonesia has been a transit country for people fleeing turmoil and conflict. It is a stopping point to countries where refugees and people seeking asylum could access fundamental rights and rebuild their lives, most commonly Australia, Canada, and the United States. As of September 2021, Indonesia is home to 13,273 refugees and asylum seekers, of whom 74% are men and 26% are women. Among the refugee population, 27% are children (UNCHR Indonesia, 2021). Most of them are primarily urban refugees, scattered in several cities, such as Jakarta, Bogor, Pekanbaru, Kupang, Makassar, Medan, Tanjung Pinang, and Aceh.

Since Indonesia is not a signatory country to the 1957 Refugee Convention and the 1961 Refugee Protocol, the government doesn't feel entirely responsible for refugees' basic needs. Refugees in Indonesia face a prolonged and precarious wait to secure solutions to their plights. They cannot work, build businesses, go to formal education, and meet health facilities barriers. The 13,273 refugees and asylum seekers in Indonesia are stuck in limbo, incapable of going forward or back and prevented from being productive and sane in their prolonged state of transit.

In late 2017, United Nations for High Commissioner for Refugees (UNHCR) announced that most refugees in Indonesia would never get resettled, changing the context dramatically, as previously resettlement was the leading durable solution for the refugee population in the country (Harvey, 2018). Australia cut admissions for refugees from

Indonesia by about 50% between 2013 and 2017, down to 433, and in 2018 resettled only 84 people (UNHCR, 2018).

As the capital city of Indonesia, Jakarta, the provincial government provides a camp for refugees and asylum seekers in Kalideres, West Jakarta. The Kalideres camp was originally a building owned by the Military District Command. The camp's building is not well maintained. Sanitation facilities are limited to hundreds of individuals and families. Moreover, refugees experience public rejection and protests from locals due to the stigma and labeling that some Indonesians still reckon.

Surviving years and years in a new country with a completely different culture and language, refugees experience many difficulties and challenges — biologically, psychologically, and socially. Palmer (2007) mentioned that through the complex process of refugee handling, biological, psychological, social, and spiritual factors should be considered the primary concerns. They have lost their homes, family members, native community, and jobs and forcibly fall into poverty. Such conditions can affect their mental health and well-being during the transit period in Indonesia.

From a human rights perspective, refugees are the most vulnerable groups that require special attention and management from the elite international community. They are vulnerable because they are the object of discriminatory practices and human rights violations. They will not receive protection from any country until they voluntarily resettle them. In addition, refugees are often positioned as "second-class citizens" in almost every corner of the world.

There is possibly no group more vulnerable than the refugee women. They are the most vulnerable and minority groups among the refugee population. The term "minority" here does not refer to data in quantity. Still, it refers to a group that has been victims of discrimination and subordination, as their status is distinguished from those who hold power. They have unequal access to decision-making, resources, public services,

and somehow the personal capacities of refugee women are unheard and overlooked.

Cultural differences bring refugee women a lower social status and put them in a position as always dependent on men. They also face obstacles in accessing services, especially health and reproductive services. Furthermore, the endemic gender-based violence are the most distinguishing barrier between refugee women and men in terms of vulnerability. In 2019, four pregnant refugee women were found slumbering on the sidewalk in Kebon Sirih, Central Jakarta. It was indubitably an example of the vulnerable situation of refugee women living in a transit country. The existing system forced refugee women to become poor in Indonesia.

Refugees, just like other human beings, have to meet their basic needs. If they cannot meet their needs in the long term, it will become a social issue so that they cannot carry out their social functions (Rusmiyati, 2012). Many conditions indicate that refugee in Indonesia cannot function properly, such as napping on the side of the road, not eating for a long time, committing suicide, setting themselves on fire, and so on.

Biopsychosocial is a critical approach to understanding an individual's issues and often interchangeably as perspective, model, or theory. Because biopsychosocial is a derivative of a theory, it is better to call it a perspective. A simple definition highlights that biological, psychological, and social factors play an essential role in an individual's social functioning and social dysfunction (Fahrudin, 2018).

The biopsychosocial approach was developed at Rochester in 1977 by George L. Engle, an American psychiatrist. This approach does not separate the soul and body in a dualistic way. Still, it examines the cross-role between the soul and body to comprehensively understand individual health and well-being holistically. It systematically considers biological, psychological, and social factors and their complex interactions in understanding health, illness, and health care delivery.

This approach also assumes that individuals fulfill their needs through interpersonal relationships and social patterns woven into their social environment as biological and psychological creatures. The concept of human and biopsychosocial needs is a concept of understanding individual interactions with the physical and social environment and exploring the individual's potential (Federico, 1990).

Biopsychosocial is also closely associated with gender. According to Chrisler (2017), gender is a crucial aspect of the perspective. For instance, gender differences (genetic, hormone levels, body anatomy) affect the biological risk for certain diseases and disorders. Gender roles (feminine, masculine, and androgynous), gender identity (female, male, transgender), and gender performance are psychological factors that affect the risk of certain illnesses, disabilities, or other medical emergencies.

Gender also affects social behavior in ways that create or reduce risk. For example, women have closer friendships than men (Marshall, 2010). People who are restricted or isolated are more likely to get sick (Hartung & Renner, 2014). Strong social support networks help people stay healthy and recover faster from illness (Zwicker & DeLongis, 2010).

Therefore, this research considers picturing and describing comprehensively the biopsychosocial of refugee women in Kalideres, West Jakarta.

METHODOLOGY

This qualitative descriptive research aimed to look at and provide a systematic description of the biopsychosocial condition of refugee women in detail and in-depth. Data was collected using semi-structured interviews with two refugee women living collectively in the Kalideres camp and independently outside the Kalideres camp, locals, and a refugee-led organization leader. This research used the purposive sampling method.

Interviews and participative observations gathered the primary data. A total of 8 conducted interviews with refugee women,

locals, and a refugee-led organization leader; 5 interviews were in-depth interviews, lasting between 2 - 3 hours, and 3 were more ad hoc, generally about 30 – 45 minutes long. Follow-up questions were asked over encrypted WhatsApp messages and calls when clarification was needed. Most interviews were audio-recorded and transcribed, but some were documented using field notes. Meanwhile, observations were conducted by observing the daily activities of refugee women around the Kalideres camp.

The secondary data was obtained through literature reviews and documentation, such as capturing pictures, recording, and a detailed review of existing literature to augment and triangulate the data. Data was collected using semi-structured interviews with two refugee women living collectively in the Kalideres camp and independently outside the Kalideres camp, locals, and a refugee-led organization leader. This research used the purposive sampling method. In comparison, the data analysis technique was obtained by reducing the data, presenting the data, and drawing conclusions.

FINDINGS

Kalideres is an urban village in West Jakarta. It is home to hundreds of refugees and immigrants. Kalideres is reasonably a favorite place for those forcibly displaced persons as it is the place where the Immigration Detention Center (Rudenim) and the Kalideres camp are located. Quantitatively, the number of refugees, asylum seekers, and immigrants is tentative.

1. Background of the Research Informants

a. Refugee Women

Tabel 1. General Information of the Refugee Women

Initials	Age	Country of Origin	Year of Arrival
Hani	30	Somalia	2015
Safa	37	Afghanistan	2018

Hani is a Somali refugee who fled home in 2015. She is a single mother of a 7-year-old boy. She lives independently in a small *kost* with her son. She speaks Somali

fluently and is currently studying Indonesian and English. Threats drove the reason behind her migration and the persecution Hani experienced in her homeland. She fled her home pregnant while making a long and challenging journey until she finally arrived in Jakarta. A few months later, she gave birth to her son in South Jakarta.

Two years later, Safa fled persecution, threats, and discrimination in Afghanistan with her husband and her son in 2017. Safa is a 37-year-old Hazara refugee, the most persecuted ethnic group in Afghanistan. She is a mother of an 18-year-old son. To date, she is living collectively in the Kalideres camp, along with hundreds of Hazara families. Safa and her family speak Persian fluently. Meanwhile, his son speaks many languages, such as Indonesian, English, and French.

b. A Refugee-Led Organization Leader

One of the participants of this research is a refugee-led organization leader named Nana (an initial). She has been running and organizing a refugee women empowerment organization in Jakarta for years. She fully understands the facts on the ground regarding the challenges and factual conditions of refugee women in Jakarta.

c. Locals

Three locals were being interviewed to support the collected facts and data. They are Kalideres residents who interact directly and transact with the targeted community.

2. Biological Condition

In general, refugees in Jakarta can be divided into different categories based on their living arrangements and the level of support provided by organizations. Refugee women who live independently face other biological conditions from those living in camps or accommodations.

a. Physical and Health Condition

The two informants have different appearances, influenced by each informant's ethnicity or country of origin. The majority of Somalis have tan/dark skin and are tall. Meanwhile, Hazara women have a lighter skin tone and are shorter.

Both Hani (30) and Safa (37) have difficulty sleeping at night because of their health issues and their current state of mind and mood. Medical problems have been diagnosed before migrating to Indonesia. However, their status as refugees made their medical condition even worse. As the access to health care is exclusive and elusive, both informants only take medicines purchased from the neighbor's shop when they get sick.

b. Fulfillment of Basic Needs

From the fundamental needs for women, both Hani (30) and Safa (37) have a limited number of clothes, hijabs, and footwear due to economic reasons and size differences. Hani (30) faces a significant difference in size from the available size in Indonesia. Meanwhile, when it comes to sexual needs, Safa, who migrated with her husband, admitted that her sexual needs are not being met and added that it is not considered an essential need during their transit in Indonesia. One of the main factors is the unavailability of a safe, private, and comfortable room for refugee spouses.

One of the other essential needs is food and nutrition. Refugee women meet their daily nutrition needs by cooking independently. Most of the time, they consume exceptional food from their home country. Both Hani (30) and Safa (37) admitted that they usually only eat twice daily. To fulfill other basic daily needs, the type of place plays an important role, including providing clean water, private space, electricity supply, toilets, bathrooms, and praying rooms.

As noted previously, refugees face obstacles in accessing affordable health services. Though IOM and UNCHR provide health assistance, refugees stated that claiming medical assistance is quite long and convoluted. Safa (37), who suffers from waist dick and acute migraine, should have gotten regular medical treatment. But she only treated those diseases traditionally due to limited money and access to health facilities.

Things got worse when the COVID-19 pandemic hit Jakarta. It hit the poorest the hardest, especially the refugee population in Jakarta. Both informants agreed that the

implementation of the health protocol is not working, especially in the Kalideres camp. The informants said they would rather spend their money on food than a box of masks and a bottle of hand sanitizer. Hani (30) said that she usually suffered from diarrhea because she could not afford to buy quality water for daily drinks. In addition, refugees are left behind in the national vaccine scheme. As of January 2022, both Hani (30) and Safa (37) have not been vaccinated yet.

3. Psychological Condition

a. Past-Life Experience

Refugee women experienced many of horrible events in the past, which happened in their country of origin. Such events cause trauma, insecurity, feelings of fear, depression, stress, and social anxiety. Unfortunately, they face problems accessing professional assistance while in Jakarta.

Both Hani (30) and Safa (37) experienced traumatic events in their homeland, which they find it hard to move on. They were the victims of threats, terror, and persecution. Those events somehow haunt them during their transit time in Indonesia and affect their emotional and psychological condition.

b. Behavior

Both Hani (30) and Safa (37) behave well during their prolonged time in Jakarta. Safa (37) confirmed that she and her family always try to act reasonably in Indonesia to respect Indonesians. A single mother, Hani (30), always ensures his son behaves well when he is playing around with his local friends.

c. Emotion

Staying sane is not an easy thing to do for people fleeing persecution. Hani (30) has been struggling with emotional breakdowns. She was pregnant while having a perilous journey to Indonesia. Sometimes in the middle of the night, she can't sleep and stay up all night as she overthinks what her and his son's future will hold. Safa (37) fled home with her family and had to leave many things behind, including her parents and siblings. She gets emotional sometimes in the middle of the night because of this uncertain life and future.

d. Decision Making

Genetic, environmental, learning, and task approach skills influence the way people decide things (Munadir, 1996). Decision-making is determined by who the refugee women live around. If a refugee woman is the head of the family or the breadwinner, then the decision-making is entirely in their hands.

Hani (30), as a single mother, takes control and responsibility for her and her son's life. She said she is a mother and a father simultaneously and always tries to give the best for her son. Meanwhile, Safa (37), a wife and a mother said that her husband plays a significant role in decision-making.

e. Motivation

Refugee women's loved ones acquire motivation. Motivation grows because refugee women have hope and confidence in their loved ones to have a better life than themselves. Safa (37) motivates herself to stay strong because of her son. She stated that her son is still young and deserves to go to college someday. Hani (30) also hopes that her son can go to higher education and have a promising career one day.

f. Coping Mechanism

Beliefs can affect the way refugee women cope. In addition, the presence of significant others also involves the process of coping mechanisms. Both informants are religious ones. They stated that praying could be very helpful to face obstacles and to stay strong.

g. Thoughts

The two informants have thoughts. They are affected by past, current activities, and significant others. Hani (30) confessed that sometimes thoughts of hurting herself haunt her. She also stated that somehow she feels unwanted, hopeless, and fears the future.

4. Social Condition

In brief, refugee women in Kalideres face difficulty interacting with locals due to cultural and linguistic differences. Such a problem creates a "high fence" between locals and refugees. The lack of social integration between locals and refugees somehow makes refugees feel isolated. Furthermore, their difficulties are in terms of culture and language and access to

education, livelihood, health, and public services during the long transit period.

a. Ethnicity

Ethnicity affects the personal and interpersonal lives of refugee women in transit countries. It shows the characteristics of each. Safa (37) is a Hazara woman, and Hani (30) is a Somali woman who still upholds their ethnic features. Safa (37) is close to other Hazara women. Meanwhile, Hani (30) only has a small amount of Somali friends in Indonesia, and she loves to spend her day alone.

b. Social Support

Social support among refugee women is ingrained. The similarity of fate binds and connects them harmoniously. Both Hani (30) and Safa (37) have a strong connection with their community. However, Safa (37), who lives in the Kalideres camp, stated that she doesn't connect well with locals as the Kalideres camp is designed to isolate refugees. Meanwhile, Hani (30), who lives in *kost*, stated that she connects well with locals and makes friends with some locals.

c. Education

Refugees in Indonesia can not access formal education. Therefore, informal education and vocational training are the only way for them to stay educated and productive. Both Hani (30) and Safa (37) study at Sisterhood Community Center.

d. Gender Role

Safa (37) does domestic work, including cleaning, cooking, and washing, while her husband and son go to the traditional market to do groceries. Hani (30), as a single mother to a 7-year-old boy, does all the domestic work.

e. Livelihood Status

Livelihood is a crucial aspect for those forcibly displaced. Both Hani (30) and Safa (37) do not work. Though they want to be employed, they rely heavily on financial aid from the mandated organizations. Both receive around 1.200.000 IDR – 1.400.000 IDR per month from IOM or UNCHR. It is well below the minimum monthly wage for a full-time worker in Jakarta, about 4.641.854 IDR. Hani (30), who cares for a child independently, gets 1.400.000 IDR per month. The rent amount that

she should pay monthly is 750.000 IDR, and 100.000 IDR – 200.000 IDR goes on electricity.

Based on the interviews with locals, some consider that providing refugees access to livelihood is equivalent to ignoring the rights of locals who experience the same difficulties. According to Putnam (2007), he wrote that higher diversity in society would threaten people's trust. However, two interviewees considered that providing access to livelihood and education for refugees in Indonesia,

especially in Kalideres, is an excellent idea to help and empower them.

Based on the findings above, here are the common issues and needs that the two informants face.

Tabel 2. Common Issues and Needs of the Two Informants

Aspect	Issues	Needs
Biological	Difficult access to health care	Government intervention in involving refugees in health insurance programs
	Insufficient implementation of the Covid-19 protocol	Sanitation, vaccination, and fulfillment of PPE Covid-19
Psychological	Boredom, fear of the future, deep sorrow	Counseling, therapy, gender-based activities, such as self-help groups, and sports
Social	Lack of Indonesian skills	Provision of regular language training
	No access to education and livelihood	Government intervention in involving refugees in livelihood and education programs

DISCUSSION

In Fahrudin (2018), to understand individual health problems, it is best to look at a combination of psychological, social, and spiritual factors rather than relying solely on biological factors. Of course, the difficulties faced by refugees are not solely about their psychology due to experiencing unpleasant events in the past, but a combination of the three aspects; biological, psychological, and social. The three of them influence each other.

Some studies dealing with this subject identify upon reviewing the existing literature to determine the relationship between refugee women and their biopsychosocial condition.

1. Biological Condition

According to the hierarchy of basic human needs by Maslow (1943), physiological needs, including food and nutrition, sex, rest, clothing, shelter, and health, are the fundamental things to meet. If the displaced

women can not meet their physiological needs during their prolonged transit, they are intrinsically unable to gain security, self-esteem, a sense of belonging, and self-actualization.

The findings indicated that refugee women in Kalideres face hardship in meeting their psychological needs, such as access to health care, good food, proper shelter, and access to clean water and sanitation. Such situations are directly affected by the migration system in the country that does not provide refugees' needs and, importantly, does not allow them to rebuild their new livelihood in Indonesia. They are systematically forced to fall into poverty in Indonesia.

Poverty increases the risk for adverse health and psychological outcomes throughout the lifespan (Hackman et al., 2010). One informant supports the quote that she had a problem with her back but did not see a doctor. They can not afford medical care in Indonesia

because they have no access and resources to earn money and get treated by doctors. They would rather spend their money on food and groceries than spend their money seeing a doctor. Refugees are unfortunately frequently subject to misdiagnosis (Miyabayashi, 2011). In addition, they are excluded from national medical insurance and safety net programs.

Another issue is nutrition fulfillment. Though refugees prefer to spend money on food, the food consumed or purchased is insufficient for daily nutritional needs. The two informants said that they usually only eat twice a day. Refugee families cannot afford enough fresh food, such as fruit and vegetables. They have no additional income except the mandated organization's monthly allowance. According to Griffith et al. (2013), families with limited incomes are more concerned about hunger and are likely to choose food that is filling over high in nutrients.

The refugee leader said that actual conditions in the grassroots indicate that many women refugees do not have a safe and proper place to live. Many of them also live in unsanitary conditions. They do not have enough money to buy equipment and goods that support their personal and environmental hygiene. Access to Sexual and Reproductive Health (SRH) for married couples of refugees in Kalideres is also not fulfilled. The absence of adequate private space and access to contraceptives are the leading causes.

A refugee woman with a family plays a significant role in domestic work. She has to make sure that his family eats well, cleans the kitchen, and does laundry. In addition, single parent, and in particular single women-headed households, often have to face additional struggles. One of the informants is a single mother and confirmed that raising a kid in a transit place is a big challenge, with no sustainable social assistance. According to a UNHCR report in 2020, refugee single parents are the highest percentage of people with specific needs within the refugee population in Bangladesh. Almost all of them are women.

Things got worse as the Covid-19 outbreak ravaged the social and economic life

of almost the entire global community. Refugees already in a vulnerable state have been heavily affected by the pandemic. WHO (2020) wrote that the pandemic had had a highly negative impact on the living and working conditions of refugees and migrants. Limited access to information due to language and cultural barriers, coupled with the marginalization of the refugee community, places them amongst the hardest to reach populations when information disseminates.

One of the informants who live in the Kalideres camp described that the lack of facilities and poor camp conditions hinder refugees from carrying out health protocols to prevent Covid-19 transmission. The provision of clean water for daily living needs was considered inadequate, even before the Covid-19 pandemic hit the country.

2. Psychological Condition

Psychological needs are in the middle of Maslow's hierarchy, including esteem, belonging, and love needs (Maslow, 1943). According to Connor (2007), refugees manifest high levels of psychological distress due to the uncertainty about the outcome of their applications for refugee status. Most refugees have spent more than four years living without a durable solution in Indonesia. If long-term solutions are not implemented immediately, more refugees will experience psychological problems, leading to suicidal thoughts.

Suicide is a hugely sensitive, complex issue with a tangled multitude of causes for refugees. Suicide rates among the refugee population in Indonesia remain unknown and overlooked. There is no official data and statistics from the authorities. However, the number of refugees who committed suicide is quite high and dominated by refugee men. A combination of several factors can explain the gender difference in the suicide rate. Men choose more lethal methods, may be less likely to seek help for depression, and also express their depression differently to women (Poynton-Smith, 2018).

Refugees represent a population whose living conditions strongly impact their psychological state. More than other mental

disorders, high rates of post-traumatic stress disorder (PTSD) have been found in this group, with women having the highest incidence (Valejo-Martin, C. et al., 2021). The traumatic events experienced before and during displacement cause refugees to suffer from psychological manifestations related to loss of persons or places with grief, traumatic reactions, and even dissociative symptoms or acute stress disorders (Angora, 2016).

The two informants stated that past-life experience in their home countries plays a significant role in generating trauma and anxiety. However, the current condition in Indonesia also affects their well-being and mental health. The leading factors are the waiting period to be resettled to a third country is very long; in fact, many refugees have lived in Indonesia for more than seven years.

People claim that family support may help reduce stresses and increase protective security in children's lives (Canavan, Dolan & Pinkerton, 2000). This study is supported by finding the two informants in Kalideres, West Jakarta. Based on the findings, the two informants revealed that they find motivation from their loved ones. Though the world is unfair for them, they have a family that helps them stay strong and motivated. A study added that the support from family could help people develop positive interpersonal relationships (Edward, 2013).

3. Social Condition

Refugees' social conditions may be different from locals'. Living in a country that is not a member of the 1951 Refugee Convention and 1967 Refugee Protocol makes their situation even more difficult. Based on the findings, they face difficulties, including cultural and language barriers, access to livelihood and education, and locals' stigma.

Refugee women in Kalideres, West Jakarta, face cultural and language barriers. Most refugees in Indonesia are ethnically Central Asians and Africans who find it challenging to adapt to Indonesian culture and learn Indonesian. As a result, social integration among locals and refugees in Kalideres, West Jakarta is not high. Some previous studies

conducted in some countries explained why such things could happen. Refugees are sensitive to the negative perceptions of the majority groups because their legal status to settle is determined by the state institutions that represent the majority groups (Roblain, Malki, Azzi, & Licata, 2017). Bourhis et al. (1997) demonstrated how immigrants' acculturation orientations are influenced by the integration policies adopted by the country.

Another specific difficulty experienced by displaced women is structural problems. The structural system makes them stay behind walls and hinders them from having public activities. Two studies reported that being a wife prevents women from working. According to Kizilaykart & IFRC (2021) report in Turkey, women are willing to work, especially outside their homes, but their husbands may not allow them to work. While another report revealed that Syrian women generally felt optimistic about seeking employment, while Syrian men felt strongly against this idea (IGAM Asylum Camp Migration Center, 2019). One of the two informants is a wife, and she stated that she does not do many outdoor activities as a woman. However, she said she respects her husband and her family's values.

Besides that, the existing migration system in the country does not support livelihood access to refugees, both men, and women. However, several refugee-led organizations provide training and empowerment to Jakarta's refugee population. Both of the informants in this research do not work. They rely on the mandated organizations' allowance to survive. In addition, there is no sustainable access when it comes to education. However, one of the informants' sons is currently going to elementary school, which is good to create a sustainable education system for refugees. The other's son attends informal education run by a refugee-led learning center in South Jakarta.

Figure 1 shows the correlation and connection between the three aspects; biological, psychological, and social, of the two informants in this research.

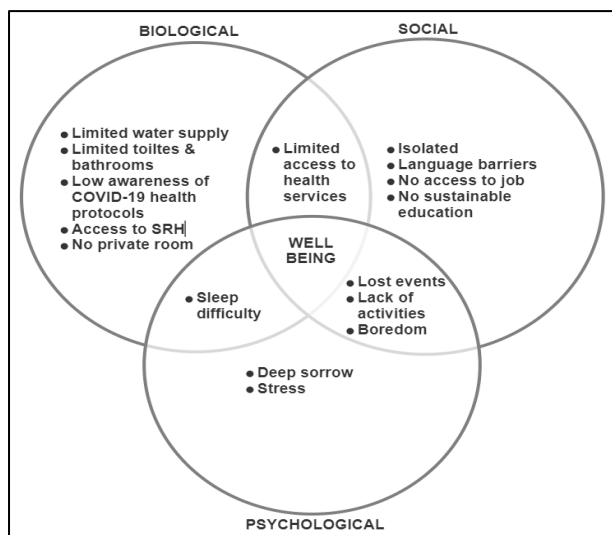


Figure 1: Results Analysis

CONCLUSION

In conclusion, this research intends to describe the biopsychosocial conditions of refugee women currently waiting for the resettlement process to a third country in Kalideres, West Jakarta. The biopsychosocial state of refugee women is considered essential to explore. This qualitative research intends to comprehensively describe the biological, psychological, and social needs of women refugees from Kalideres, West Jakarta.

The study results illustrate that the biopsychosocial conditions of the informants do not meet adequately and appropriately, affecting the fulfillment of their essential needs. The first aspect examined in this study is the biological condition of refugee women in Kalideres, West Jakarta. Based on the study results, the biological condition of the two informants experienced challenges, such as minimal access to health care. In addition, the fulfillment of basic needs for refugee women who live in the Kalideres camp is also minimal. There is a minimal clean water supply, small electricity supply, and inadequate toilets and showers in the camp.

The second aspect is the psychological aspect. Some unpleasant and traumatic events

influence the psychological element of the two informants in their past-life experiences. The migration regulation that does not allow them to work and rebuild their livelihood in Indonesia also contributes to the problem of their psychological condition.

The last aspect is the social aspect. The two informants face extraordinary obstacles, including education and livelihood access almost non-existent for most refugees in Indonesia. They are not allowed to work and carry out business activities. They also do not receive formal education at any level. They only rely on non-formal education established by the refugee community itself. In addition, the two informants also face language and cultural barriers to integrate with locals.

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