Connected health: Outsourcing social media for refugee health integration

IMAGE: MASHABLE COMPOSITE; REFAID/TRELLYZ

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ABSTRACT

In the last couple of years, Europe has witnessed one of the biggest refugee crises since World War II, a phenomenon that has fostered important debates amongst politicians, journalists and ordinary citizens. Since 2015, thousands of people, prominently originating from Syria, have been seeking asylum in Europe, which posed important questions and worries concerning the integration of these new populations. Such mass exodus has particularly brought numerous challenges in the healthcare sector, which has simultaneously affected the displaced individuals and the host countries as they struggle to provide healthcare services to support refugees' specific needs. Although often disregarded as a factor of integration, health constitutes a crucial marker for supporting newcomers' assimilation processes. Moreover, due to the specific mental stressors associated with the process of migration and resettlement, there is a serious need to provide refugees with cultural sensitive and adequate healthcare support.

In recent years, technology has been increasingly considered to provide solutions to several obstacles affecting refugees' lives. The current European refugee crisis brought about a new paradigm of migration where internet technologies have proven to be vital and transformative tools. The use of digital technologies for health has been increasingly adopted by health providers and patients, a phenomenon which is generally referred to as connected health. However, there is an overall lack of information about the potential of social media to support health integration among refugees. While the rapid development and adoption of ICTs tools have triggered the development of research on new communication uses and implications, there has been limited examination of the use of Internet based platforms by populations in extreme circumstances.

By means of in-depth qualitative interviews and explorative methods of research, the present study aims at investigating how social media can positively impact refugees' health integration in the Netherlands. The qualitative method of conducting in-depth interviews was considered the most appropriate and effective to address the research questions as it provided an insight as to participants' opinions and experiences by means of comprehensive speech interaction. The research data will be drawn from 10 in-depth interviews of asylum seekers in the Netherlands.

KEYWORDS: ***refugee crisis, refugee experience, integration, health integration, social media***

Table of Contents

I. Introduction

1.1. The impact of refugee traumatic experiences on their process of integration.

Since 2015, the headlines of news outlets around the world brought attention to the rising number of asylum seekers coming to Europe. Displacement and migration flux have long defined European history, yet, it has been reported that the region is currently experiencing the greatest mass movement of people since the Second World War (Dragostinova, 2016; European Commission, 2016). Thousands of refugees, prominently originating from Syria, have been constrained to flee their home country in the midst of major civil conflicts, in search of safety (Al Jazeera, 2016). The 1951 United Nations Convention Relating to the Status of Refugees, defined asylum seekers as individuals residing outside his or her country of nationality and are unable or unwilling to return due to a "well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion (UN General Assembly, 1951). The current massive exodus of people is indeed the result of complex political as well socioeconomic issues in the Middle East, North Africa and the Islamic Republic of Afghanistan (Dragostinova, 2016)**.** Although the ongoing civil war in Syria remains the main driver of undocumented immigration, violent conflicts in Afghanistan and Iraq, and economic scarcity in Eritrea, have equally participated in the current influx of asylum seekers within European territories (BBC News, 2016). As it increasingly came to public attention that refugees are exposed to a variety of distressing factors, a growing body of research has emphasized the long-lasting traumatic implications caused by the many challenges faced by refugees during the flight, transit and resettlement (Penner, 2012). Before the flight, refugees may experience many forms of violence that are either directed at them or inflicted on members of their families. Many refugees were subject to imprisonment, physical assaults, loss of livelihood or might have witnessed the death of loved ones (Wessels, 2014).

During transit, refugees are faced with dangerous and destabilizing conditions such as being separated from family members or being victim of harsh treatments from smugglers (Wessels, 2014). These negative experiences ultimately induce a sense of distrust among refugees, thus affecting both their health and ability to develop interpersonal relations, which are fundamental to resettlement (Refugee Health Technical Assistance Center, 2011).

Furthermore, the host country's environment is attached to a plethora of new instabilities and obstacles for refugees. The stage of resettlement is greatly marked by materials and economic constraints as refugees struggle to find safe housing and secure employment (Garrett, 2006).

Employment and housing difficulties contribute to the social exclusion of refugees and decrease their sense of belonging, resulting in serious problems for their adjustment into their new society (Garrett, 2006). The growing body of research concerning refugee integration explains that the main challenge attached to current mass influx of refugees concerns their processes of adaptation (Da Lomba, 2010). Refugees have to familiarize themselves with the host culture, customs and language, which constitute additional obstacles that they must surpass. The process of re-creating a new home and identity are attached to several stress factors, including language difficulties, cultural shock, social alienation and discrimination (Penner, 2012). The aforementioned components of refugee experiences have serious psychological impacts that can jeopardized their integration in the host country (Wessels, 2014). As a result, the psychological pressures experienced by refugees can be expressed through a sense of vulnerability and low self-esteem (Mazzetti, 2008). In many aspects, social vulnerability experienced by refugees hinders their process of assimilation. Recent studies have shown that post-migration stress heavily contributes to refugee's poor mental health (Kirmayer et al., 2010). Despite the fact that refugees constitute a population in need of strong health assistance, in most cases, they only have access to emergency services, which are often costly (The European Parliament, 2016). Furthermore, refugees generally have a restricted knowledge of their host country's national healthcare system and are thus unable to receive adequate support (Aubert, 2017).

In recent years, technology has been increasingly considered to be a potential support and provide solutions to several obstacles affecting refugees' lives. Due to the specific mental stressors associated with the process of migration and resettlement, there is serious need to provide refugees with cultural sensitive and adequate healthcare support. An important number of "digital healthcare projects specifically designed to deal with the needs of refugees have been developed in the past years" (Gillespie et al., 2016).

Another recent study further indicated that digital platforms are utilized by refugees themselves for information dissemination concerning health services provided in camps and the host country (Jenssen, Mitra, Shar, Wan, & Grande, 2016).

1.2. The role of ICTs and social media in supporting refugee health integration

The European refugee crisis has shed a new light on the central role of communication technologies to address the pressing needs of displaced individuals (Potts, 2016). Today, tasks such as registering and providing aid regarding food, education, and healthcare for refugees have increasingly relied on information and communication technologies (Jenssen et al., 2016). The mass exodus of people through physical networks such as roads and sea routes have brought about a new paradigm of migration where internet technologies have proven to be vital and transformative tools (Cogan, 2016). Acculturation research has acknowledged the importance of new technologies and social media platforms in facilitating migrant integration processes (McGregor & Siegel, 2013). For example, social networking sites are utilized among refugees to find employment and establish social connections in their host or home countries (Alencar & Deuze, 2017). Humanitarians, engineers and scientists are joining efforts globally to help refugee navigate the legal process of seeking asylum and to be integrated within host countries' communities (Mesmar et al., 2016).

In their seminal work on refugee integration, Strang and Ager (2004) have demonstrated that health constitutes a marker, which fosters successful integration and a means to support newcomers' assimilation processes. Indeed, good health has been found to positively impact individuals' abilities to create social bonds and enhanced their will to participate in the host society (VicHealth, 2005; Bakker, Chung, & Phillimore, 2016). As defined by the World Health Organization (2008), health integration refers to processes that focus on providing "the right care in the right place". Integrated health system relies on "the organization and management" of health services which ensure that individuals get "the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money" (WHO, 2008, p.6).

The use of web services and mobile applications for health has been increasingly adopted by health providers and patients, a phenomenon which is generally referred to as connected health or e-health (Deloitte Center for Health Solutions, 2015; Ventola, 2014). Connected health has been reported to be beneficial for health providers by minimizing avoidable service use and enabling doctors to focus on prevention, thus resulting in an improvement in health provision (Deloitte Center for Health Solutions, 2015; Wang, Mahmud, Fang, & Wang, 2017).

For patients, evidences of health technology benefits have been identified regarding access to information on symptoms, medical conditions and better treatment compliance resulting in an increased confidence in the health system among patients (Deloitte Center for Health Solutions, 2015; Ventola, 2014, Whitley, Kirmayer, & Groleau, 2011).

In recent years, there has been an increasing number of digital interfaces developments in order to enable refugees to navigate through their host medical systems, which confirms that ICTs and social media interfaces can significantly support refugees' health integration (Gillespie et al., 2016; Mesmar et al., 2016). However, there is an overall lack of information about the potential of social media to support health integration among refugees. Yet, a research conducted by Australian migration scholar O'Mara (2012) has put forward the significant role of online participatory platforms in promoting health and wellbeing among refugees. Similarly, Jenssen et al. (2016) have argued that digital technologies have been effectively used by practitioners to assess emergency disease risks in camps and monitor the health status of registered refugees.

While the rapid development and adoption of ICTs tools have triggered the development of research on new communication uses and implications, there has been limited examination of the use of Internet based platforms by populations in extreme circumstances (Jenssen et al., 2016). This study therefore aims to contribute to the expanding of the scope of knowledge concerning refugees' health integration through social media. Aside from the fact that there are very few academic studies concerned with refugee health integration, even more scarce are the studies focusing on refugees' perspectives. In addition, previous works mainly emphasize the roles of governments and official institutions within the integration of refugees (Alencar, 2017). The present research will address the issue by inquiring refugees' experiences, expectations and perspectives of asylum seekers regarding the use of social media for health integration. Thus, by going beyond an analysis of the Dutch asylum seekers system, the subject matter will be addressed through the perspective of the social actors at stake, namely, refugees.
By focusing on refugees' own perspectives, as primary social actors, this paper seeks to advance the understanding of marginal accounts within integration processes in view of dominant discourses across Europe.

1.3. Research question and societal relevance

The present research aims to examine the potential of social media for promoting health integration among refugees and their access to health care. More specifically, this research addresses the following questions:

RQ1: What roles do social media play in the integration process of refugees in the Netherlands?

RQ2: How are social media and internet-based platforms used amongst refugees for local health support and services?

RQ3: What are refugees' perception of social media for health promotion and integration?

This study understands social media as Internet applications that are based on the interactive approaches by enabling users to create content, share information and allow them to interact with other users (Gillespie et al., 2016). Furthermore, "internet-based platforms" and "online platforms" are used to refer to the diversity of social media platforms such as blogs, Facebook and YouTube as well as official websites. As the terms 'refugee' and 'asylum seekers' present will be considerably used throughout the present study it is important to indicate their respective meanings. Refugees are individuals who fled their home country as they fear for their lives and are officially granted asylum (Amnesty International, 2016). Asylum seekers refers to fleeing populations seeking international protection but who have yet to be granted protection as refugee outside of their country of origin (Amnesty International, 2016). In that sense, at the early stages of the process of resettlement all refugees were initially asylum seekers. The present study will particularly use the term "asylum seekers" when referring to procedures for obtaining legal status in the host country. "Refugees" will be used as a general term to refer to individuals migrating due to "well-founded fear of being persecuted on account of race, religion and nationality (UN General Assembly, 1951) in the context of the current European crisis.

This research will predominantly focus on asylum seekers and refugees originating from Syria currently residing in the Netherlands. Nationals from Syria represent the largest refugee population in Europe since 2015.

Consequently, Syrian refugees possess a larger network in the Netherlands, which explains the predominance of Syrian respondents in the sample of participants of the present study. Nevertheless, there are distinct socioeconomic and cultural backgrounds within Syrian refugees' population, which provides the opportunity to investigate and expand on their individual traits and experiences. Moreover, due to the decision to adopt a mix method of purposive and snowball data collection, the research was equally open to include the experiences of other citizenships which make up for the most important ration of refugees in the Netherlands (i.e. Afghans, Eritreans, and Iraqis). The refugee crisis has become one of the country's main concerns since the Netherlands, along with other E.U member states, recently agreed to receive more refugees (Government of the Netherlands, 2016). In 2015, the Dutch government announced that "the Netherlands will receive around 7,000 of these 120,000 asylum seekers" (Government of the Netherlands, 2016). In the present day, Syrian and Afghan refugees are among the most important ratio of migrants in the Netherlands (Eurostat, 2016). The subject matter of this master thesis is socially relevant as it aims to inform policy makers, official agents and NGOs about the functionality, advantages and limitations of social networking platforms for refugees' health integration/wellbeing and for the implementation of policies concerning refugees' health integration.

Europe will continue to experience a mass influx of refugees due to ongoing unrests that persist around the world. It has therefore become inevitable for European public health authorities to address the challenges posed by migrants' individual health problems and traumas (The European Parliament, 2016). The accumulation of traumatic events faced by refugees' worldwide calls for new intervention strategies which foster positive and healthy environments for migrants (Mazzetti 2008, p. 299). Furthermore, integrating refugees within host countries national healthcare system will ultimately result in a fluid adjustment for refugees and can strengthen host countries' health services (Aubert, 2017).

For example, UNHCR has reported that Middle Eastern countries such as Lebanon have been able "to integrate a range of much-needed services within primary healthcare centers (PHCs)" for incoming refugees (UNHCR, 2016, par. 5). The tailoring of such targeted health services has enabled both Syrians refugees and low-income Lebanese civilians to access adequate assistance (UNHCR, 2016). Following this rationale, refugees' health integration can only be achieved through inclusive strategies and efficient interaction that can be facilitated through digital technologies (O'Mara, 2012)**.**

In terms of asylum seekers' integration procedures, the case of the Netherlands is particularly interesting as they encompass both anti-integrative and inclusive approaches which are also observable within the country's healthcare policies and provision for refugees (Bakker et al., 2016; Grit, Den Otter, & Spreij, 2012).

1.4. The Dutch Context

Alike many European countries, the Netherlands offers a rhetoric that portrays their nation as having a long history of welcoming diverse groups of migrants and refugees, which is in part reflected in their "innovative approaches to integration at the city level (...)" (Alencar, 2017, p.7; Dragostinova, 2016). However, in recent years, the Netherlands has increasingly adopted assimilatory policies and culturalist notions of integration, which aim to protect national identity, social cohesion and give a great responsibility to refugees to integrate by adopting Dutch values (Alencar, 2017). Yet, the Netherlands has also placed importance on the idea of making refugees full members within society by establishing policies that grant them equal access to education, work and health care (Bakker et al., 2016). Such paradox is the result of dual policy goals, which on the one hand are exclusive and deterrent, and on the other hand inclusive integration goals are implemented "for those granted leave to remain" (Bakker et al., 2016, p.119).

At their arrival in the Netherlands, it is required from asylum seekers that they report themselves at the central reception center in Ter Apel (IND; Bakker et al., 2016). Subsequently, they are given legal and medical advice and the Immigration and Naturalization Office then assesses the need for further investigation such as background checks) (Bakker et al., 2016). If cases require further investigations, asylum seekers are sent to asylum centers (AZC) where they await for up to six months (Bakker et al., 2014).

Furthermore, asylum seekers are required to pass an integration exam assessing their "language abilities and institutional knowledge such as social rights and Dutch history" (Bakker et al., 2016, p.121). The provision of Dutch integration courses has been proven to "enhance the health outcomes of refugees" and their abilities to develop social networks within the Dutch society (Bakker et al., 2016, p.121). However, restrictions are to be found in the fact that procedures for seeking asylum rely on a payment for services system and that refugees are denied the right to apply for permanent residency if they fail to pass the exam (Grit et al., 2012).

Procedures of asylum application generally foster feelings of anxiety and uncertainty amongst refugees “which may also impact upon access to wider integration domains” (Bakker et al., 2014).

The perceived exclusiveness and complex organization of such system undeniably plays an important role for the mental health state of refugees during their resettlement (Bakker et al., 2016). Despite the fact that refugees are given medical checkups at an early stage of their resettlement in the Netherlands, on the long term, access to adequate healthcare services remain difficult (Grit et al., 2012). Ultimately, the structural design of the Dutch asylum system is endowed with the power to either promote or preclude opportunities for refugees’ socioeconomic integration and wellbeing (Bakker et al., 2016). The results of this current thesis aims to provide insightful information to strengthen health interventions and assistance processes amongst refugees residing in the Netherlands.

1.5. Thesis outline

This study aims to investigate the intersection between refugees’ health integration and online social networking platforms by means of qualitative methods of research and analysis. The second chapter of this paper will discuss and clarify previous and relevant research that has been established in the field of study at stake. ***Chapter II*** therefore aims to establish the theoretical foundation embedded in the research question which will lead up to further data analysis and research inquiries. Subsequently, ***Chapter III*** of this paper will present the methodology in detail as well as justifications for the chosen qualitative approach and specifically the decision to conduct in-depth interviews. A description of the sampling, the inclusive criteria for the selection of participants and methods of analysis will be provided. ***Chapter IV*** will present the results derived from a thematic analysis of the interviews conducted. Finally, ***Chapter V*** will conclude this research by providing adequate answers to the research questions posed by this thesis and will present an overview of the main research findings. The last chapter will equally present a critical reflection of the implications of the findings for existent theories and studies as well as the shortcomings of the study and suggestions for further research.

II. Theory and Previous Research

Introduction

The aim of this chapter is to discuss relevant previous research and theories established concerning the topic at stake. This theoretical framework relies on extensive bodies of studies in the field of refugees' trauma, health integration and social media. The chapter begins by elaborating on how migrants and refugees' experience has been theorized by scholars as a traumatic experience, which requires special attention and interventions for both practitioners and social workers. The second sub-chapter will deal with theories of migrants' integration and social media and aims to provide a clear understanding of the central role of online technologies for refugees. Finally, the paper will take a step further by looking at how social media can constitute strategic tools for accessing health care services. The final section of this chapter will emphasize on the importance of health in the process of refugees' integration. It will provide a general conceptual ground to investigate how social media can be utilized for health support by asylum seekers. The latter section will firstly discuss how health constitutes an important factor of integration before discussing the intersection between health integration and social media.

2.1. Conceptualizing migrant's trauma

The phenomenon involving massive migration of human groups across nations has always been present. In fact, migration constitutes a main component of our societies and will continue to be so for centuries to come. However, it has been recognized that the last two decades have witnessed unprecedented migratory patterns and influx (Dragostinova, 2016; Foster, 2001). Today, refugees make up the most important ratio of migrants' groups and most of these individuals are susceptible to "live in poor conditions, economic exploitations and prejudicial treatment from their host institutions" (Foster, 2001, p.154). The long lasting psychological implications of refugees' experiences have been a central focus within refugee studies.

The relocation of massive group of people from their country of origin to a new environment has consistently been theorized as causing emotional stress. At the beginning of the 2000s, researchers such as Foster (2001) acknowledged the physical and emotional burden attached to the journey of refugees.

The author identified a second generation of scholars concerned with migrant mental health who participated in refining the phenomenology of immigrant trauma (Foster, 2001).

The conceptual reconsideration of trauma and migrants were mainly undertaken through processes determining the criteria, which caused traumatic stress among refugees. For example, Jong (2006, p. 6) established a concise list of factors that can affect the psychological sanity of refugees. These factors, which are embedded in social and cultural identity, include "socioeconomic hardship", "traumatic events related to death, loss, and fear" (Jong, 2006, p.6). Studies have demonstrated that the sequels of the violence experienced, combined with the struggle within the adjustment process lead to significant psychological disorders (Penner, 2012). Refugee theories and literature generally categorize the migrants' journey in three categories: the pre-migration, transit, and the post-migration stages (Bhugra & Jones, 2001). In addition, scholars have indicated that the plight of the refugees is not restricted to the pre-migration phase "but extends to their transitional phase as well as after seeking asylum in a new country" (Khawaja, White, Schweitzer, & Greenslade, 2008, p. 494). As a matter of fact, the refugee experience is one that carries important implications and evolves "over the period of threat in the home country, the time of flight and asylum and final resettlement or repatriation "(Khawaja et al., 2008, p.494).

2.2 Pre-migration exposure to traumatic stress

The first stage of the journey of refugees is commonly referred to as pre-migration and invokes any circumstances and events prior to the relocation process. As this stage generally involves significant physical and psychological distress caused by traumatic events including the death of family member and the "denial of basic necessities" (Wessels, 2014, p.11). As Mazzetti (2008) states, these traumatic occurrences permanently mark refugees' memories and alternate their psychic health**.** It appears that prior to the migration journey, the occurrence of traumatic events is often commonplaces for refugees. This constitutes what Foster (2001, p.155) refers to as "pre-migration trauma" which involves any form of abuse and disaster faced before migration. These violent events and contextual circumstances experienced prior to the process of migration represents "chief determinant of the relocation" of refugees (Foster, 2011, 156).

As a matter of fact, refugees might have faced physical assaults, malnutrition, loss of property, discrimination and political persecution, forcing them to leave their native country in an attempt to find safety (Refugee Health Technical Assistance Center, 2011). Due to these forms of

vulnerabilities, mental, and psychological disorders appear to be prevalent among refugee communities (Rousseau & Drapeau, 2004).
Scholars have therefore recognized that refugees formed a “unique risk profile due to their exposure to political violence in their homeland” (Rousseau & Drapeau, 2004, p.852). In most cases, the psychological distress experienced before immigration is further enhanced during the migratory transition process, which encompasses several stress factors (Wessels, 2014).

2.3. Trauma during transit

When civilians flee for their lives they are highly susceptible of becoming targets to exploitation and face additional destabilizing events during the transitory journey. The transit constitutes the second stage of refugees’ relocation process and refers to the physical journey from the home countries to a supposedly safer region (Gillespie et al., 2016). The transition from one country to another generally involves perilous travels by sea during which refugees are at high risk of drowning or dying due to precarious conditions (Gillespie et al., 2016). The transit stage might result in physical and mental exhaustion among the fleeing refugees due to frequent traveling. Despite the fact that transit often refers to movement, especially in the context of migration, this particular stage might also refer to life in camps where refugees generally spend several weeks/months awaiting action (Khaja et al., 2008; Bakker et al., 2016). Life in refugee’s camps can present numerous complications and hardships, as refugees are often unable to meet their basic daily needs and access healthcare (Khaja et al., 2008). Although access to healthcare greatly varies depending on the country of asylum and the location of the refugee camp, it has been reported that the main reasons for seeking primary care were due to communicable diseases, injuries and mental illness (Centers for Disease Control and Prevention, 2017). Moreover, as refugees are given protection for a temporary amount of time, life in camps is often associated with anxiety and the fear induced by refugees' status. Indeed, refugees feel unsafe as they fear that they will be sent back to their home country or be killed during their travels and attempt to migrate. As a result, anxiety, depression, and post-traumatic behaviors are commonly observed among refugees (Khaja et al., 2008). The aforementioned elements related to difficulties encountered by refugee populations while in transit highlight both their physical and mental vulnerability hence the importance of adapted health interventions.

2.4. The complex process of refugees' resettlement and the need to provide adequate health support

Researchers often attribute the long-lasting effects of refugees' trauma to previous exposure to traumatic events. However, it has been increasingly recognized that the resettlement processes equally carry important stress factors for refugees, which can be manifested both mentally and physically (Khaja et al., 2008). Despite the general idea that refugees ultimately seek safety, their arrival in the host country does not lead to a reduction in stress (Penner, 2012). To leave everything behind in one life and begin another in a different country with unfamiliar languages, culture, education, and health systems requires a period of adjustment. Therefore, it has been recognized that the third stage of refugees' relocation journey, known as post-immigration or resettlement equally generates stress. As refugees attempt to adjust to a new environment, problems linked to a traumatic past might arise (Wessels, 2012). It has been observed that refugees often find themselves worrying about the situation of their home country and the family that they have left behind (Ontario Center of Excellence, 2016).

In addition to coping with the loss of homeland and family members, refugees are compelled "to learn to navigate an entirely new community, language and cultural system" (Murray, Davidson, & Schweitzer, 2010). As most refugees flee their home countries with no fixed migratory plans, they are more susceptible of struggling with transcultural stress and accumulation of stress (Mazzetti, 2008). In that sense, they are often victims of acculturative stress, which can be observed in the difficulty of communicating with the host community and maintaining their cultural and/or religious identity (Mazzetti, 2008). Refugees equally experience significant distress, which are caused by structural inequalities they might encounter on a daily basis in the host societies. Difficulties to find employment leading to financial difficulties and impossibilities to access safe housing are common hardships amongst refugees settling in Europe (Allan, 2014). Furthermore, the period of asylum application particularly represents a tense phase of the process and it can lead to significant amount of distress amongst refugees (Bakker et al., 2016). Asylum procedures generally reinforce refugees' exclusion, as they are mainly placed in rural asylum centers and accommodations thus isolated from "people wherein social network formation might be possible" (Bakker et al., 2016, p.122). In fact, problems of marginalization, communication, and discrimination greatly destabilize refugees' mental health (Ager & Strang, 2004).

It appears that the increasing media coverage of refugees arriving in Europe has simultaneously enhanced awareness of the plight of asylum seekers and fostered "negative popular attitudes towards them (Bakker et al., 2016, p.118). A recent Pew Research Center poll revealed “among a total of 10 000 European citizens, almost 60 % expressed concerns that refugees increased the likelihood of terrorism” (Aubert, 2017; Wike, Stokes, & Simmons, 2016). Furthermore, half of the respondents claimed that “refugees imposed an economic burden by taking jobs and social benefits” (Aubert, 2017, par.7; Wike et al., 2016). Hostilities and discrimination directed towards asylum seekers constitute major constraining elements of their integration and equally hinder their mental sanity (Mazzetti, 2008). It is therefore important to acknowledge how the “interrelationship between psychological well-being and structural inequalities” greatly impact refugees’ wellbeing in order to potentially push back the negative outcomes of refugees’ resettlement processes (Allan, 2014, p.1699).

Although there has been a strong emphasis on the symptoms and diagnostic elements of refugees’ traumatic stress, theories on immigration have considerably evolved to include interventions guidelines to sustain “psycho social integration” (Mazzetti, 2008). Psychosocial types of interventions are particularly directed at supporting individual’s social integration by focusing on acculturative stress, the re-building of social networks within the host community and access to social and health services (Scholte, 2013). It is important to emphasis on the role of social support and social bonds at the level of the individual refugee, as these factors have been proven to promote wellbeing among refugee populations in general (Ager & Strang, 2008, Bakker et al., 2016).

Additionally, social networks are determinant elements for promoting and facilitating access to health services (Bakker et al., 2016). Over the years, the increasing numbers of migrants has resulted in a reconsideration of the implications of refugee experiences among scholars (Ager & Strang, 2008; Murray, Davidson, & Schweitzer, 2010). Civilians subjected to enforced migration, who left their home country in urgency, represent the most vulnerable migrant group, which implies that they need to receive rapid and effective health assistance (Mazzetti, 2008). Nowadays, migration and refugee studies increasingly present paradigms emphasizing the specific mental conditions and health needs of refugees. As reported by Ager and Strang (2004), health is amongst the core social factors of integration. By emphasizing on the multidimensionality of integration, the authors offer a relevant conceptual framework that can be applied to the context of refugees’ migration. This integration framework has further fostered investigations concerned with the necessity to establish adequate social services and health systems to aid refugees’ integration.

Scholars such as Mazzetti (2008) have presented guidelines which aims to assess immigrants' mental health issues as well as protective interventions with the potential of reinforcing refugees' resilience. The author focuses on the idea that refugees fundamentally need to be surrounded by" healthy social structures to help them heal their destructive, socially induced script elements" (p.294). The aim of establishing targeted preventive and curative interventions for refugees is to provide services which are not disjointed from asylum seekers and which they can easily navigate (Aubert, 2017). Inevitably, this leads to managing change in the way health services are currently being delivered which requires the involvement of political, technical and administrative action (WHO, 2008). Specific interventions strategies must therefore be established by social workers and practitioners in order to foster positive social interventions and healthy environment for migrants (Mazetti, 2008). In fact, the complexity of asylum seekers' needs call for the implementation of adequate forms of interventions and tailored types of counseling. Due to the important impact of ICTs and social media platforms, it appears that creative technologies and social media have grown to gain a central role in tackling the specific needs of refugees concerning their process of integration (Mesmar et al., 2016).

2.5. Refugee integration processes in the digital era

For long, the resettlement of refugees has been conceptualized as an assimilatory process. Such outlook holds that newcomers have to adopt the norms and culture of the natives in order to live in harmony within the host country (Da Lomba, 2010). However, numerous studies have acknowledged the fact that the process of integration involves a two-way pattern (Kirkwood, 2015). Kirkwood particularly challenges the conception that ultimately places responsibilities of integration solely on refugees (Kirkwood, 2015). These opposing perspectives provide an overview of how of migrant's integration is commonly theorized, however, it is important to consider that the concept of integration cannot be defined through fixed ideas and concepts.

In order to investigate processes of integration it is primordial to acknowledge its variability and the pathways and forms it can take. This is also true for the means and mediums that can be adopted in order to foster integration among culturally and ethnically diverse population (Ager & Strang, 2004). Therefore, the notion of refugees' integration cannot be conceptualized as a non-linear process as many interruptions and obstacles might occur throughout such complex journey (Bakker et al., 2016).

As described by Bakker et al. (2016), many interruptions might arise as a consequence of asylum or refugee systems and may impede aspects of integration. According to Berry's (2006) theory of acculturation, integration is essentially achieved through a process that intersects heritage-culture retention and newcomers' acquisition of the receiving society's culture (Berry, 2006; Shwartz et al., 2010). Integration can thus be conceived as a spectrum that depends on personal factors as much as it relies on cultural socioeconomic and political contexts (Alencar, 2017). Although the multidimensionality of refugee experiences makes the development of a comprehensive refugee theory difficult, it is necessary to take into account information about macrostructures in order to analyze refugee integration processes (Schwartz et al., 2010). Therefore, it is important to first consider the individual characteristics of refugees such as their education level, age, gender, and other socio-economic status.

At the individual level, newcomers inevitably oscillate between cultural maintenance and contact and participation within the host society (Berry, 2006). Such intersection, implies that newcomers have to consider to "what extent they should become involved in other cultural groups remain primarily among themselves" (Berry, 1997, p.9). Therefore, refugees' perception of integration greatly influences the way they will adapt to the host cultural norms (Alencar, 2017; Berry, 2008). Refugees might decide to integrate by seeking cultural interactions with local citizens or maintaining contact with likeminded asylum seekers individuals instead. However, integration within the host society is hardly possible if refugees' perceptions of their resettlement are not partly rooted in assimilatory ideals (Alencar, 2017; Berry 2008). On a broader scale, the rhetoric of immigration and migrants' assimilation adopted by the host country can also influence the process of refugees' integration (Alencar, 2017). The general attitude of the host country towards refugees also plays an important role in their process of adaptation. Policies which frame refugees as a threat to social cohesion might hinder their ability and desire to fully integrate to their new environment (Alencar, 2017; Portes & Rumbault, 2014). In order to enhance greater and better possibilities for refugees' integration within their host country, it is therefore, necessary to establish a common ground where both dominant groups and minorities are able to negotiate their respective cultural differences (Alencar, 2017; Berry, 2008).

With the advances in technologies and the emergence of ICTs, various scholars have been particularly optimistic as to their transformative potential in order to tackle the current refugee crisis (Mesmar et al., 2016; Benton & Glennie, 2016). In recent years, refugee research has increasingly discussed social media as a tool that can facilitate integration within different public spheres of the host society (Mesmar et al., 2016).

Social media encompass a multitude of online platforms such as social networking websites, microblogging, and mobile apps (Gillespie et al., 2012).

Studies have indicated that the primary use of social media among migrants and refugees is to communicate with friends and family. Komito (2011) finds that new communication technologies reinforce an internal sense of community and help migrants cope with family separation. The author further recognizes the implication of migrants' use of social media for their own mental health as he argues that online technologies often function as "emotional buffer" (Komito, 2011). Komito also explains that, since social media reinforce connections with refugees' homelands, it might prevent them to connect with the host country (Komito, 2011). However, McGregor and Siegel (2013) have certain reservations regarding Komito's perspective, as they affirm that "integration and transnational engagement are not mutually exclusive" (p. 11). On the contrary, the lack of strong social networks amongst refugees might ultimately result "in anomie, alienation, and poor social support" (Jong, 2002, p. 6). In that sense, allowing refugees to remain in contact with their past cultural ties, social media can significantly alleviate feeling of isolation during the process of refugee resettlement.

Nonetheless, online social networks sites do not solely enable refugees to reconnect with their own culture but can also help them build social ties with their new environment (Elias & Lemish, 2009). In fact, facilitating the exchange of information creates a sort of cross-cultural bridge between refugees and the local population (Elias & Lemish, 2009; Sawyer & Chen, 2009). As supported by McGregor and Siegel (2013), the act of purposely seeking official information online concerning the host country governmental system can support immigrants' integration. Several European and international organizations have relied on social network sites in order to help refugees in the first steps of their adaptation process. As an example, the Swedish application "Reading Coach" helps refugees to learn the national language through tweets (Kozyra, 2016). Similarly, in Canada and the Netherlands, the "Refugee Buddy App" provides relevant information and aid refugees in their first weeks of settlement.

Several researchers have observed that smartphones and internet-based platforms enable refugees to have access to "important news and information resources that they depend on for their survival" (Gillespie et al., 2016, p. 3). In that sense, the physical infrastructures of sea crossing, roads, and borders constitute as much as a vital role as digital infrastructures for refugees arriving in Europe. In fact, refugee studies generally present ICTs and social media as being essential tools to alleviate the many issues faced by refugees thus providing a fluid adjustment for these newcomers. However, relevant scholarship has underlined the fact that technologies can equally be problematic for refugees (Zijlstra & Van Liempt, 2017).

There has been a growing awareness of the fact that online technologies equally facilitate the establishment of human traffickers taking advantage of refugees' vulnerable position. In a recent study, Zijlstra and Van Liempt (2017) acknowledged that refugees now depend on new communication technologies as much as they rely on smugglers. Approximately two-thirds of refugees have reached European borders with the help of smugglers (Zijlstra & Van Liempt, 2017). This phenomenon is the result of the increasing use of social media and global positioning apps among smugglers, which allow them to "fulfil many of the functions traditionally served by social networks" (Ziljlstra & Van Liempt, 2017, p.2). Such criminal use of online technologies can however be effectively countered by official authorities and law enforcements (McGregor & Siegel, 2013). The aforementioned studies highlight the complicated and ambiguous relationship between ICTs and refugee experiences, which needs to be considered in order to avoid simplistic and overtly techno-optimistic conceptualizations. It is therefore important to understand that the beneficial outcomes of online technologies for integration essentially depend on the manner it is used and monitored (McGregor & Siegel, 2013). In that sense, the use of social media for refugees' integration equally depends on the abilities and knowledge of technical experts and practitioners who can establish favorable conditions (Mesmar et al., 2016). There is a particular need to develop culturally appropriate mental and physical health services "for socially under-included and marginalized populations" (Murray, Davidson, & Schweitzer, 2010, p.576. Studies have shown that social media offer many opportunities to establish dialogues between healthcare providers and culturally diverse population such as refugees (O'mara, 2012; Mesmar et al., 2016). It is then imperative to consider how governments seize and implement these communication technologies for health integration among refugees. There is an urgent the for host governments to support the development of digital media services "based on collaboration between civil actors and refugees" (Alencar, 2017, p. 20). If implemented and sustained adequately, social networks technologies can significantly increase the efficiency of many public health campaigns (Chou, Prestin, Lyons, & Wen, 2013).

Yet, there has been an important lack of research concerning the relationship between the use of social media and health integration. This research aims to provide rich insights into research on the intersection between internet-based approaches and refugee health integration by analyzing refugees' emerging mental and physical needs and their use of digital technologies.

2.6. Health integration of refugees in the host country

Ager and Strang (2004) identify four key domains of integration, which are attached to a variety of social dimensions. Alongside with employment, housing, and education, health is categorized as pertaining to the structural areas that foster the complex process of migrant integration (Ager and Strang, 2004). To begin with, health is strongly aligned with the ability to access work and several studies have indicated that poor mental or physical health can negatively affect professional performance and increases the risk of unemployment (Ager & Strang, 2008; Bakker et al., 2016). Evidences show that the inability to access and secure a job lead to degrading wellbeing outcomes which can take the forms of chronic diseases, a loss of self-esteem and feelings of isolation (Bakker et al., 2016; Pharr, Moonie, & Bungum, 2012). Secondly, health is a key influencer of refugees' ability to create social bonds and effectively adjust to the local community of their host country. Providing refugees with opportunities to participate and engage with the host community "has been shown to enhance access to other indicators of integration such as employment, education and local cultural awareness" (Bakker et al., 2016, p.119). Third, health among refugees' population certainly plays a significant role in reinforcing barriers, which prevent full participation to society and social exclusion. Social exclusion is a process, which "shuts down" an individual "from the social, economic, political and cultural systems into the community (Cappo 2002; Vichealth, 2005). Occurrences of social exclusion within a given community can effectively be countered by providing social support, "opportunities for social engagement, meaningful social roles as well as access to resources and intimate one-on-one contact" (VicHealth, 2005, p. 1). Despite being often disregarded as an indicator of inclusion, health constitutes a key factor for successful integration (Ager & Strang, 2008; Bakker et al., 2016). According to Ager and Strang (2008), refugees need to have access to mental health services at higher rate than the general population as they are at higher risks of mental health problems. What is therefore meant by 'refugees' health integration' is a process enabling refugees to get detailed information about the host society healthcare system as well as the adequate health support (Aubert, 2017; WHO, 2008). As mentioned above, most refugees have endured and witness traumatic occurrences. This implies that host countries need to integrated alternatives and new forms of assistance in order to effectively tackle refugees' health specificities, which generally differ from most native patients (Aubert, 2017).

Furthermore, it is imperative that refugees are informed about the way the host country's health care function and their rights to be treated (Aubert, 2017). This can be achieved through the production and dissemination of brochures which provides precise information "to ensure that each refugee would receive a tailored treatment" (Aubert, 2017) as it has been done in Germany, Sweden. Undeniably, the provision of health services and support will positively influence general process of refugees' resettlement in their host country (Bakker et al., 2016).

Yet, several barriers and obstacles have been identified concerning the access and provision of healthcare for refugees. Factors such as linguistic, sociocultural, and economic obstacles might deter refugees from seeking and receiving adequate health support (Whitley, et al., 2011). In this regard, Anderson (2008) has observed severe disparities in healthcare access and use between migrants groups and host population in both industrialized and developing countries. The author affirms that migrants are less likely to benefit from healthcare services as opposed to native-born civilians (Anderson, 2008). By means of an ethnographic research, Anderson (2008) noted that in New-Zeeland, Asian migrants generally lack information concerning the host country healthcare system. Several migrants were confused by New-Zeeland's referral systems where "patients must be referred by primary care practitioners for hospital or (…) treatment" (Anderson, 2008, p.296). Similarly, Whitley et al. (2011) have reported that the treatment of refugees' health problems can be problematic due to important divergence within patterns for seeking healthcare. The authors observed that refugees settling in Canada commonly originate from cultural backgrounds in which health issues are private and intimate matters.

Most refugees tend to consult family members and friends who also accompany the patients to consultations (Whitley et al., 2011). Anderson equally recognizes the need to acknowledge common habits of refugees while seeking health support, which heavily rely on social and family relations (Anderson, 2008). Furthermore, clinical assessments and treatments of refugees' health problems should be supported by working professional interpreters, and culture brokers (Whitley et al., 2011). O'Mara (2012) particularly agrees with such perspective as he argues that current health promotion programs generally fail to engage with culturally diverse communities such as refugees. In fact, it is essentially through open communication that cultural differences can cease to be barriers in regard to healthcare access and provision.

Recent research has put forward that the promotion of health among refugees' population should focus on establishing a meaningful communication to achieve mutual understanding (McMurray & Clendon, 2015; O'Mara, 2012).

Conversations between refugees and healthcare practitioners are indeed encouraged to "increase trust in the health system" and provide a better knowledge of the host medical system (McMurray & Clendon, 2015, p. 84). In the same vein, O'Mara (2012) suggests that participatory techniques and tools constitute effective means to successfully engage with ethnically and culturally diverse individuals. According to the author, the peer-led approach, which is central to most social networking sites, ultimately fosters information exchange and participation among diverse communities. The author therefore argues that health integration can be carried out through digital social media platforms (O'Mara, 2012). In fact, social networking sites are interactive spaces endowed with a great potential to convey health information for refugees. Furthermore, these digital platforms, which encourage participatory processes give the opportunity to create coordinated and progressive approach to improving health support for refugees.

2.7. Using social media as strategic tools for refugee health integration.

The use of internet-based platforms is far from being a foreign practice for health organization and practitioners. Nowadays, hospitals and pharmaceutical companies commonly make use of social media for diverse purposes. Uses range from "enhancing organizational visibility" to "providing a channel for patient resources and " providing customer service and support (Ventola, 2014, p.494). While there has for long been a general reluctance from health professionals to utilize social media for patient care, it has nowadays become an increasing practice (Ventola, 2014). In fact, as primary care continues to grow towards "a system of population health management" it is necessary for health providers to "engage patients outside traditional office-based interactions" (Jenssen et al., 2016). When used in novel ways, electronic health tools can offer unique opportunities to improve patient–provider communication and facilitate patient engagement" (Jenssen et al., 2016). A study revealed that 57% of consumers affirmed that the presence of a hospital on social media "would strongly influence their choice regarding where to go for services" (Ventola, 2014). In fact, consumers and/or patients often perceive strong social media presence with cutting-edge services. Overall, it appears that such prevalent adoption of social media by health providers is generally positively perceived by patients.

Furthermore, doctors commonly join online communities in order to stay informed and research medical developments. Ventola (2014, p.491) noted that physicians equally use online platforms to "consult colleagues regarding patient issues and networks" as well as to "engage in health advocacy". This view is particularly exemplified by the emergence of online networking applications such as *MedShr*, founded in 2013 by Dr. Asif Qasim, *MeShr* is a free medical app which allows doctors to discuss complex medical cases and share their knowledge within their professional network (Munford, 2015). Cardiologist and clinical director Dr. Asif Qasim expressed the idea that “sharing knowledge and skills can lead to better health care which ultimately saves life” (Juneja, 2016, para.2). Such view aligns with the idea of integrated health care which equally involves high levels of communication and collaboration and communication amongst health professional (Ventola, 2014). By sharing information related to patients’ care, health practitioners participate in the expansion of “a comprehensive treatment plan to address the biological, psychological and social needs of the patient.” (American Psychological Association, n.d, para.1). Inter-professional healthcare is therefore quite unique and can provide complete treatment to patients, improve their well-being across the lifespan.

Given the risk of both communicable and non-communicable diseases among refugees’ populations and the host communities, humanitarian actors and the European host governments are currently facing important challenges in addressing such health issues (The European Parliament, 2016). As the refugee crisis deepens, social network interfaces provide an extensive range of data for healthcare providers and foster a better response to refugees’ health needs (Mesmar et al., 2016). Digital technologies have indeed been increasingly used in humanitarian action and are endowed with the potential to improve “the health and social well-being of populations affected by both acute and protracted crises” (Mesmar et al., 2016, p. 167). The promises of digital technologies “to support the health and social well-being of populations affected by humanitarian crises lies in their use to better understand complex situations and the needs of the affected communities” (Talhouk et al., 2016). Digital technologies and internet-based platforms have particularly been helpful in delivering training for health care providers during periods of crises (Mesmar et al., 2016). In India, for example, social media have played a central role in providing humanitarian organizations working with refugees through the dissemination of information via SMS’s and Facebook posts which aim “to train healthcare providers and public health practitioners on care provision.” (Mesmar et al., 2016, p.179). Furthermore, the geolocalization technology embedded in most social media and internet-based platforms have proven to be effective tools for humanitarian and health personnel in order to establish evacuation and emergency response models (Mesmar et al., 2016).

Recent studies have emphasized the effectiveness of using social media to overcome language and cultural barriers and to familiarize with refugees cultural values and health seeking behavior (O'Mara, 2012). Additionally, social media can be critical spaces where patients can share their experiences and feedbacks on the host health procedures and assistance (Ventola, 2014). The involvement of refugees in discussions concerning health care can foster greater awareness of their health issues and the host culture. In that sense, social media can constitute valuable tools to establish intersectional collaboration and inclusiveness to support refugees' access to health resources (O'Mara, 2012). It seems therefore necessary to approach digital technologies through a dynamic and community-specific approach in other to allow opportunities for health provision both online and offline.

As proposed by O'Mara (2012, p. 474), health and wellbeing among refugees can be effectively achieved by 1) establishing structured participation-based online discussions and workshops which might result in face-to-face sessions; 2) creating personalized programs to foster digital literacy across diverse demographics of refugees; 3) allowing participants' feedbacks through social media and face-to-face meetings; 4) creating content according to "the differences in social contexts of health for refugees" made available across diverse online platforms; 5) supporting the engagement of "bilingual educators/facilitators and community engagement in the design and promotion of hybrid mode of production";
and 6) continuously evaluating the data gathered online and offline in order to determine the quality, preferences and limitations of social media functions (see table 1 for a summary of these strategies).

Table 1: *Strategies for the implementation of innovative solutions to support health promotion and integration.*

Main strategies for refugees' health promotion	**Structured participation -based discussions**	**Targeted training programs**	**Fostering participants feedbacks**	**Designing inclusive content based on socio-cultural differences**	**Employing bilingual educators & cultural brokers**	**Continuous evaluation of quality of participation**
Modes of implementation	workshops, script discussions production planning Online face-to-face sessions	Include tailored programs for hard to reach communities	Online interaction between doctors & patients	Create content according to cultural contexts Insure availability and reachability across the Internet	Involving translators in the design of participatory online interfaces	Evaluating offline and online data gathered Assessing the quality of participation and limitations

O'Mara's suggestions for the establishment of inclusive forms of health promotion among refugees, reflect the variety of innovative opportunities fostered by digital technologies. By using social media in such strategic manner, refugees can be integrated into their host country health system, which is crucial for their adjustment process.

Considering the extent of O'Mara recommendations, it is safe to assume that current social media tools are not entirely suitable for promoting the health integration of refugee populations. In the present day, there is no sufficient literature to claim that the existing internet-based platforms are providing asylum seekers with appropriate information or that they enable a connection with the host country's healthcare services.

Yet, in the context of the contemporary crisis, these tools can provide significant aid for integration processes, especially within the field of health. By combining both an exploratory, intervention-like approach with in-depth interviews, this study seeks to contribute to the growing area of research concerned with social media use for refugees' health integration in order to assess the suitability of current social media tools and provide a range of considerations for their improvement.

III. Research design and rationale

Introduction

The purpose of this qualitative research project is to investigate the potential of social media to facilitate refugees' access to health services and thus support their health integration in the Netherlands. The qualitative method of conducting in-depth interviews was considered the most appropriate and effective to address the research questions as it provided an insight as to participants' opinions and experiences by means of comprehensive speech interaction. The research data will be drawn from 10 in-depth interviews of asylum seekers in the Netherlands. The present methodological framework will provide details on the different stages of the sampling design, interview procedure and methods of data analysis. As the research focuses on a vulnerable population, ethical issues and consideration will be addressed in the final section of the methodology chapter.

3.1 Research Methodology

The qualitative methods of in-depth interviews will enable to distinguish the different and varied experiences of refugees regarding their processes of resettlement in the Netherlands. As explained by Alencar and Deuze (2017), the failure to identify the social and cultural diversity of refugees while discussing their integration can be problematic. This research paper will consider the distinct socioeconomic and cultural backgrounds of refugees. For instance, differences in educational and language skills might significantly affect how refugees make use of social media and information technologies for health integration.

The journey of refugees is one embedded in narration due to the varied phases it encompasses, therefore, in-depth interviews constitutes an insightful approach to examine the subject at stake. In-depth interviews "provide a way of generating an empirical data about the social world by asking people talk about their lives" (Holstein & Gubrium, 2014, p.140).

In-depth interviews are an effective research tool for the investigation of human actions and experiences through comprehensive speech interaction (Alshequeenti, 2014).
As opposed to positive factual interview, in-depth interview constitutes a meaning making process which implies that meaning is not only constructed but also negotiated.

Indeed, the process of interviewing enables the interviewees to express their own views and gives the interviewer the possibility to “build a holistic snapshot and analyses of words (Alshequeenti, 2014, p.39). The interactive aspect of interviews can effectively provide a broader, yet, concise understanding of the new technologies' potential for promoting health integration among refugees.

3.2 Sampling Design

The sample is composed of 10 refugee respondents from Syria and Afghanistan who have been residing in the Netherlands between 6 and 18 months and therefore at the early stage of their integration process in the host country. Asylum seekers constitute a target population who are relatively difficult to reach and might be hesitant to be involved in research for obvious reasons related to their traumatic experiences and complex legal situation (Haene et al., 2010). Participants were therefore selected by means of a snowball approach, which allowed to gather a wide range of people who fit the pre-selected criteria while also avoiding selection bias.

As this study is concerned with assessing social media uses and the suitability of these tools for supporting refugees in their process of health integration, the criteria used in order to recruit might exclude certain groups of refugees. In fact, respondents will need to be familiar with social media and actively use ICT technologies. In other terms, they should be digitally literate. Considering that the interviewer did not possess knowledge of the respondents’ native language, it was necessary that participants possessed sufficient knowledge and understanding of the English language in order for the interviews and transcription process to be both efficient and accurate. A final requirement would be that refugees are at an early stage of integration which equals to a period of time that does not exceed 18 months. More specifically, this study includes the following criteria:

- Refugees have to be familiar with Internet based social networking platforms.
- They had to be able to communicate in English.
- They had to be willing to speak about of their experience as refugees.
- They had to be refugees originating from the Arab world and who have been residing in the Netherlands for maximum 2 years.

3.3. List of respondents

Most of the respondents were males (9 men and 1 woman) and the age of participants ranged from 17 to 42 years old. The education level of respondents was rather high with low variations and it was observed that in general, Syrian participants possessed a higher education, better linguistic and internet-based skills. The majority of participants expressed their preference in remaining anonymous, therefore their names as well as current places of residence are not revealed and pseudonyms will be used as alternatives. However, in order to provide a clear assessment and analysis of the information provided by participants, the following respondents' index was established (see table 2):

Table 2: *Key demographics of participants.*

Respondent	**Age**	**Sex**	**Origin**	**Occupation**
Respondent 1	42	Female	Aleppo, Syria	Graduate student
Respondent 2	31	Male	Aleppo, Syria	Former Pharmacist
Respondent 3	27	Male	Damascus, Syria	Studying languages
Respondent 4	35	Male	Damascus, Syria	Studying languages
Respondent 5	18	Male	Kaboul, Afghanistan	High School Student
Respondent 6	29	Male	Deir Ez Zoar, Syria	Former medical student
Respondent 7	20	Male	Edlib, Syria	Engineering Student
Respondent 8	37	Male	Damascus, Syria	Former architect
Respondent 9	24	Male	Damascus, Syria	Prospect student

Respondent 10	17	Male	Ghazni, Afghanistan	High School student

3.4. Procedure

In order to recruit participants, organizations and associations dedicated to aid refugees in the stage of settlement across diverse cities in the Netherlands were contacted by phone and email. During the process of recruitment, a total number of 7 organizations were contacted. Among the non-profit organizations which played a central role in recruiting participants were: “Crossing Borders”, a student-led association located in Rotterdam, “Refugee Project Maastricht” which aims at building social relationships between locals and refugees.
The recruitment of respondents equally involved the participation of a linguistic specialist and a “cultural broker” with a refugee background who helped with the enrolling of the research subjects.

A detailed study information-sheet and consent form which insured confidentiality and anonymity were provided to all potential participants prior to the interviews. The interviews were carried out face-to-face and audio-taped by the researcher and lasted approximatively 1h30. The semi-structured interviews were conducted between April 11 and May 15, 2017. While determining the setting of the interviews, it was important to consider locations that would contribute in inducing a sense of ease and trust among the willing participants (Gill, Stewart, Treasure, & Chadwick, 2008).

In order to ensure that the participants were at ease, the interviews took place in locations that were in proximity to participants’ homes or in familiar settings. The locations and conditions of the interviews were varied as a result of participants’ availability, time constraints and accessibility to certain facilities. Most of the interviews took place either in the public facilities in Maastricht (Limburg) or at the Erasmus University in Rotterdam.

The interviews consisted of two phases. The first phase aimed at providing a relevant and realistic insight as to the potential of new media technologies regarding refugees’ health integration by means of a simulation. The experiment consisted of exposing respondents to 4 to 5 fictive health scenarios (Appendix C), which highlighted common physical and mental problems among refugee populations.

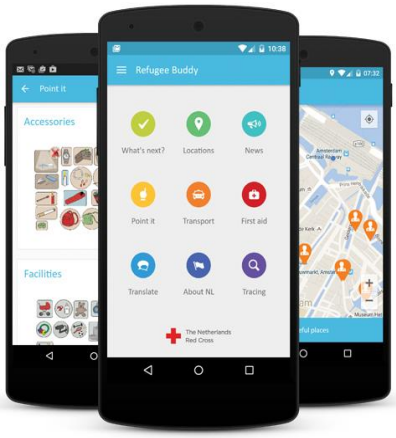
The fictive health scenarios in question presented situations in which newly arrived asylum seekers were unable to find a specific medicine to alleviate their symptom or were suffering from accidental injuries and hypertension, which are common health issues amongst refugees according to the World Health Organisation (WHO, 2015). The health scenarios equally included conditions oriented towards mental health issues such as feeling of isolation, difficulties to cope with cultural and language barriers which often leads to anxiety and depression. Recent studies have put forward the idea that the use of scenario method in the context of healthcare has proven to be of value and particularly helpful for public healthcare policy making (Batnburg, 2013; Vollmar, Ostermann, & Redaèlli, 2015). Moreover, it has been reported that between the mid-80 and mid-90s the Dutch government conducted several scenario-based projects, which led to the implementation of current national health programs (Vollmar et al., 2015). Finally, it has been observed that an increasing number of scientific journals have published research conducted based on a scenario methodological approach.

It is important to place emphasis on the fact that health scenario methods do not aim to forecast the future as “each step entails subjective assessments and evaluation” (Vollmar et al., 2015, p.8). However, such methodological approach provides a strategic approach that can significantly inform health policy research (Vollmar et al., 2015).

Respondents were asked to choose the scenarios that appeared to be the most relatable and familiar to them. Subsequently, participants were asked to browse two specific online platforms, namely, the 'Red Cross Refugee Buddy App' (fig.2) and a Facebook page called 'Syriërs Gezond' (fig.1) with the intent to seek information and health support to alleviate the fictive health condition/s previously chosen. During this stage of the experiment, the interviewer asked questions which aimed at providing a better understanding about the steps taken by participants while navigating both internet-based platforms:

Figure 1. Screenshot of the Facebook page "صحتك بهولندا *Syriërs Gezond".*

Figure 2. Screenshot of the Red Cross *Refugee Buddy App*.



Both the Refugee Buddy App and the Facebook page “Syriërs Gezond” were designed to provide important information about the host country. The Refugee Buddy app was created by the Red Cross and provides up-to-dated information, ranging from where to find the closest church/mosque to what steps to take in case of accidents. “Syriërs Gezond” is a Facebook page created by a Dutch medical company based in Utrecht as part of an initiative launched by Pharos (Dutch Centre of Expertise on Health Disparities) and the GDD (Community Health Service). As described by the administrators of the page, on “Syriërs Gezond”, Syrians asylum seekers can ask healthcare related questions and be assisted by a team formed of Syrian and Dutch health professionals. It was decided that a Facebook page would be of use for the qualitative experiment as it was observed that such social platform was preferred among asylum seekers in the Netherlands (Kozlowska, 2015). The selection criteria of the specific online platforms chosen were equally based on the fact that they distinguished themselves by their accessibility and popularity as indicated by the important number of good reviews, ratings, likes and membership. The second phase of the interview was focused on assessing the role of social media for health integration through a series of branched questions oriented towards participants’ general use of social media, perceptions of integration and experience of the Dutch health system as well as health care habits.

3.5. Interview Design

In-depth interview is a common method for researchers concerned with health care and can be used in order to investigate the motivations and experiences of participants (Gill, Stewart, Treasure, & Chadwick, 2008). The interviews of this research paper followed a semi-structured design, which enabled the interviewer to direct the process of the interviews while simultaneously providing enough space for participants to articulate their own perspectives (Gill et al., 2008). The choices that led to the design of the semi-structure interviews resulted in the elaboration of fixed themes which were formulated through questions that enabled flexible and nuanced answers.

The interview contained 5 categories (see Appendix A). To begin with, the interviews introduced questions, which aimed at examining participants’ opinions and views of the applications “Refugee Buddy App” and the Facebook page “Syriërs Gezong”. Participants were asked to assess the effectiveness of these two distinct internet-based platforms in order to find health assistance and information for the fictive scenarios chosen.

The following section of the interview concerned participants' general use of social media and Internet and aimed at identifying participants' degree of familiarity with internet-based platforms and the role they attributed to the latter ones. The third and fourth categories were established in close relation to one and another.

The third section of the interview dealt with respondents' perception of the integration process as well as their general attitude towards the diverse dimensions and/or aspects involved in such process. The fourth category was built on the previous section and aimed at assessing the health dimension of the process of refugees' integration by asking questions related to respondents' experiences and assessment of the Dutch health system. This section also contained questions which examined the differences within respondents' health seeking behaviors both pre and post flight. The final section of this study's interview guide dealt with respondents' perception of digital technologies and social media features for accessing information about the Dutch health system and health services. Furthermore, this last section contained questions which discussed respondents' opinions concerning social media use for health promotion and integration and examined what the interviewees identified as being the pro and cons of such endeavor.

3.6. Data analysis

The analysis of the data collected consisted of a transcription of the audio recordings followed by a thematic analysis of the transcripts of the in-depth interviews. The thematic analysis greatly relied on a five-step model of analytic process of in-depth and semi-structured interviews proposed by the author Piercy (2004). During this first stage of reading and transcribing the interviews, preliminary notations were added in an attempt to capture what has been discussed by the respondents. Secondly, initial observations were further developed and interpreted based on the data presented in the transcripts and the study's conceptual framework. The third stage of analysis consisted of identifying patterns or themes and observing how they related to the research question. In the following stage of the analytical framework, the themes and meaning which "runs through all or most of the pertinent data" (Piercy, 2004, p.6) were defined. This third phase particularly paid attention to the broader themes and identified how the latter ones supported the overarching theoretical perspective presented by this study.

The final stage of the thematic analysis was to examine the predominant themes contained in the data of the 10 interviews conducted to delineate predominant themes.

The final themes that would later be discussed in the result section of this paper were refined and defined with more precision in this stage. The final fifth stage consisted of transforming the analysis of the data content into an interpretable chapter in order to answer the research questions posed by this research thesis. An analytical conclusion was then drawn in order to answer the research questions posed by this research thesis.

Furthermore, at times, the paper made use of comparative methods of analysis in order to observe how socioeconomic and cultural differences amongst the research sample might have affected the participants approach towards ICT technologies and health integration. The overarching goal of is to conduct an analysis grounded in data, which relies on thematic analysis and allows to identify relevant connections between the patterns that emerged from the data and the established theoretical framework.

3.6. Ethical considerations

The meaning making process and the use of narrative methods in research related to refugees' healthcare poses important ethical reservations (Haene et al., 2010). Indeed, due to the traumatic nature of their experiences, refugees' respondents form a social vulnerable research population. In order to avoid emotional distress from the participants, certain ethical considerations were taken into account while conducting the interviews. As suggested by the European ethical guide for research involving refugees, the participants were treated with care and sensitivity (European Commission, 2015). This paper relied on the European Commission guidelines to ensure that such ethical precautions are respected. This was achieved by showing consideration for the refugees' ethnicity, religious, cultural values and sexual orientations (European Commission, 2015). The interviews had been conducted in a manner that allows refugees to formulate their own answers, experiences, opinions on the subject of health integration in the Netherlands and social media uses. Participants received an information sheet which included details about the purpose of the study as well as how the information will be collected and used. The study information sheet equally clarified that their participation in the research was anonymous and that participants could withdraw from the study at any time during and after the interview. Furthermore, a consent form was given to the respondents which functioned as a contract between the researcher and the participants. The consent form provided information about the participant's rights and insured their willingness to be interviewed and involved with the study at stake. Furthermore, a mandatory written consent was requested for minor respondents with unaccompanied adults.

IV. Results and analysis

Introduction

The overarching goal of this research is to examine the potential of social media for health information and access amongst asylum seekers residing in the Netherlands. The paper equally places great emphasis in investigating what role do refugees assign to social media for their general process of integration and particularly for health integration. This section of the paper will present the main themes and sub-themes that were extracted during the thematic analysis by establishing links with the theoretical framework presented. A thematic analysis of the interviews was conducted and the extracted themes were grouped under general common denominators. The findings on which the main themes and sub-themes were presented in the form of quotations and paraphrasing originating from the transcriptions of the interviews conducted.

4.1. General patterns of social media use

RQ1: "What roles do social media play in the integration process of refugees in the Netherlands?"

In order to answer the first research question, it is first necessary to address the social media usage patterns observed amongst the refugees interviewed. In fact, analyzing respondents' social media usage will provide a way to highlight and better understand how the observed patterns are reflected in their use of social media for integration.

As a result of the use of "purposive sampling" methods of data collection, respondents who partake in this study were digitally literate. Furthermore, it became clear that interviewees have been actively using social media since their expansion in the early 2000's. When asked if they had preferences for particular social networking platforms, the majority of the interviewees revealed that they preferred to use Facebook and /or WhatsApp.

The reasons given were that on one hand, Facebook was a good channel for getting information/news but also allowed them to be updated about social events occurring near them. On the other hand, respondents 8 and 10, for instance, explained that their preference for WhatsApp was due to the fact that it allows a more instantaneous, yet, private way of interacting with acquaintances and family members without being overwhelmed by other types of content, as it is often the case on Facebook.

Interestingly enough, most respondents described themselves as passive social media users but only to a certain extent as they understood that participation was required for social interaction and to access information. There was a unanimity among respondents as to the fact that social networking sites have gained a higher value and importance in their daily lives in the host country. This was reflected by greater usage of internet-based platforms as well as larger adoption of social media platforms among respondents. As observed by respondent 7, digital technologies are prominently used in the Netherlands to assist refugees in numerous aspects of the daily life:

> *"Here, in the Netherlands, the Internet is not just about Facebook and WhatsApp, it's also about doing your administration, buying stuff, arranging your trips if you're going somewhere, to reserve hotels" (Respondent 7).*

As a result, some respondents expressed the feeling that they needed to integrate and internalize similar behavior in their approach to social media:

> *"According to the need now I use it (Facebook) but in Syria, I was so busy with my job and I did not use Facebook at all. I could contact and socialize directly without using social media. I used WhatsApp there (in Syria), I did not have the time to use Facebook" (Respondent 4).*

Along with the increasing adoption and use of diverse social media, respondents revealed that there were certain changes concerning the reasons and the ways they utilized social networking sites. Refugee studies generally advance that, newly arrived asylum seekers greatly perceived the Internet as their sole link to their home country and family and friends left behind (O'Mara, 2012; Gillespie et al, 2012).

While, interviewees affirmed that they continued to use social media for socializing and maintaining contact with friends and family back in their home country, they also reported that "*the target audience has changed" (Respondent 1)*.
As expressed by Respondent 1, it was observed that respondents were now reaching out to Dutch citizens rather than fellow Syrians for the purpose of creating social bonds. Yet, respondents equally admitted that due to their status of newcomers, novel factors were now at the source of their motivations for using such digital platforms:

> *"When we were in Syria, it was caring about "funny", it was caring about politics but now there is a lot groups and pages who care about everything: About IND (Immigration and Naturalisation Services) about selling and buying, changing households" (Respondent 2).*

The above statement reflects the fact that the role of social media has significantly evolved to become tools, which facilitate the process of resettlement. As anticipated from the theoretical framework, most refugees pointed out that they mainly used social media to get information about the many aspects related to the host country (Elias & Lemish, 2009; Sawyer & Chen, 2009):

> *"Before I will never have to check posts about the Netherlands but now the (I do it) all (the) time and yeah, it is very rarely that I check something more social based or groups from Syria because it's not relevant to me so far" (Respondent 1).*

Access to information about services and resources are central aspects of asylum seekers' resettlement as it can enhance their familiarity and understanding of the host country and therefore positively impact their efforts to integrate (WHO, 2008; Bakker et al., 2016). Ultimately, a greater use for professional networking and social arrangements were observed among the respondents.

4.1.1. Professional networking and social arrangements

As argued by the literature discussed in the theoretical framework of this study, both the ability to access jobs and establish social bonds can positively impact the process of refugee integration (Ager & Strang, 2004; Bakker et al., 2016). Social media platforms have been increasingly recognized to help refugees integrate economically and socially into their host societies (Benton & Glennie, 2016).

Great emphasis was placed on the central role that social media sites (e.g., LinkedIn) has played in accessing information that could help refugees expand their professional as well as social network in the Netherlands:

> *"It's here essential in the Netherlands, to have a network through LinkedIn because the first thing they do is to search your name on LinkedIn and to see who are you" (Respondent 1).*

> *"LinkedIn and the Facebook are the most important applications to find jobs especially for a country like the Netherlands (...) it's a must and I need to adapt. I have to adapt in the Netherlands because I need to find a job so I need to be in line with the changes otherwise I will not find a job and I'll be apart of the society" (Respondent 4).*

While Respondent 1 realized the necessity to adopt social networking sites for the purpose of enhancing their chances of finding professional opportunities, Respondent 4, emphasized on the need to modify prior attitude towards job searching which required becoming familiar with a new social media platform for economic integration. The view expressed by Respondent 4 aligns with the idea that social media can be an effective tool to help refugees integrate within the host society (Murray et al., 2010). In fact, aside from enabling economic integration, social media was used by respondents to organize and attend social events with fellow asylum seekers and local citizens. Such prominent use among the respondents essentially places social media platforms as enabling socio-cultural integration. The interviewees reported that they were in fact, part of several online communities and Facebook groups (e.g., *Refugee Start Force, Refugee project Maastricht*), which aimed to provide guidance to asylum seekers and allow discussions with locals:

“Yeah actually I'm in many groups, many organizations here. So many I can't not list them all now but there is Refugee Start Force for example, which I really like” (Respondent 1).

“There is a program from Erasmus University called Restart. I've joined their Facebook page so I was also helping them”
(Respondent 9).

Respondents 4, 6 and 10, firmly believed that social contacts and interaction enables them to truly understand the Dutch culture, to get more familiar with the ways it differs from their original culture and therefore decrease sentiments of cultural shock and isolation:

“We (refugees) might live an isolated life, social media help socializing, yes.
The direct contact is difficult, in the first months of residency in the Netherlands or in a new country, you will find it so difficult to socialize with people, with the native people at least” (Respondent 4).

As a volunteer in a non-profit student organization (*Refugee Project Maastricht*) whose aim is to build relationships between refugees and local individuals through social activities, Respondent 7 explained that:

“The Facebook page creates a space where they (locals and refugees) can come together, with these social events they can get more information about each other, this I s the place where they can get integrated with each other” (Respondent 10).

As a matter of fact, weak social bonds have been reported to result in isolation and reinforce severe marginalization (Jong, 2002, p.7). The building of social networks aligns with the widespread use of social media for socializing and professional networking observed among the participants. Respondents' main use of social media was indeed driven by a desire to foster their process of integration in a favorable manner by establishing social and professional contacts with the local community. The observed social media uses equally indicate important elements concerning the ways respondents are experiencing integration in the Netherlands.

Therefore, it is necessary to further discuss interviewees' perception of integration, as their views will ultimately influence their attitudes and behaviors towards their process of resettlement (Alencar, 2017).

4.2 Asylum seekers' perception of integration

When it comes to the views and opinions of integration, many respondents place great importance on specific elements that are not necessarily emphasized within refugee studies (Alencar, 2017, Bakeer et al., 2016). Indeed, they perceived the values of respect and tolerance as inherent attributes of successful processes of integration. Respondent 4 expressed the idea that the concept of integration relies on three specific pillars: respect, acceptance and tolerance.

> *"Because when I have the acceptance I can be flexible easily and I can integrate. When I have the acceptance, for example, when I find something (that is) new to me, I need to respect and accept it. I don't have to oppose this change or this new thing (just) because it's contradictory to my original culture. If I accept it, if I adapt to the changes to the new changes here, I think it's a part of the integration. And the tolerance, because you know that, especially in the Netherlands there are so many cultures and religions backgrounds so I need to accept the differences as (they are)" (Respondent 4).*

This view resonates with a dynamic exchange that requires both parties to treat one and another based on humanistic ideals, such as consideration and respect. The statement made by Respondent 4 mirrored other interviewees' perspectives on their process of integration in the Netherlands. In line with Berry's (2006) acculturation theory, respondents believed that successful forms of integration are achieved by means of joint efforts, which promote stronger social connections and familiarization between locals and refugees in order to avoid mutual feelings of alienation.

4.2.1. Integration as a negotiation process

The analysis revealed that all respondents' conception of integration aligned with Berry's (2008) framework of acculturation process, which partly requires newcomers to embrace the diverse culture of the host society.

When Respondent 4 was asked about how he conceptualized integration, the latter one explained that it was essentially a process which requires individuals to "give" to the host society and therefore deserving of "receiving'" assistance in return.

In other words, on one hand, it is necessary for refugees to contribute to their host society by being proactive and productive member of society. On the other hand, Respondent 4 deems necessary that by being a productive member of the host society, refugees have the right to receive governmental support and guidance.

Much like emphasized by Berry (2008) and Da Lomba (2010), respondents perceived integration as a process that places responsibility on both the host country and the newcomers. Respondent 8 further argued that integration is only possible when the contact between refugees' culture and the local culture are successfully negotiated:

> *"Integration for me, does mean (to) study the language, culture and everything but it also means to be a part of the community. It's not about just integrate the people who's coming but integrate the Dutch people. Integration has to be made together! I don't want to be just part of a community of newcomers, I don't want to be another part of the community, I want to be a part of the community!" (Respondent 8).*

While all respondents recognized their role as newcomers to find ways to adapt to Dutch values and lifestyle, they equally emphasized the responsibility and role of the host government and communities to enable opportunities for a better integration. Respondent 7 particularly expressed the idea that there was a need to re-conceptualize the notion of refugees' integration in the Dutch society:

> *"It's something that really needs to be redefined because integration for Dutch people is different. The definition for me, it means that I have a job I have a house, I do my duties to the society and receive my rights without affecting my culture or religious background" (Respondent 7).*

Integration was, thus, not perceived as something that was strictly given or taken but rather resides in a middle ground which combined both opportunities fostered by the host country and asylum seekers efforts/pro-activeness (Berry, 2008; Da Lomba, 2010; Strang & Ager, 2004).
In general, all respondents showed a great drive to participate within Dutch society, which was reflected in their efforts to learn the Dutch language, getting education as well as obtaining a job and doing volunteering work.

4.2.2. Perspectives on factors and means of integration in the Netherlands

The multidimensionality of migrants and refugees' experiences has been extensively addressed by acculturation studies, thus emphasizing the multilateral dynamic involved in the process of resettlement (Berry, 2008; Bakker et al., 2016). Respondents identified various elements as central drivers of integration in the host society.
Among them, learning of the host country language appeared to be a crucial factor of integration as confirmed by the following statement:

> ***"****Language is everything here because the people might not speak English. You must to speak their language!" (Respondent 2).*

Education was another recurrent element mentioned by participants when asked about what they believed to be the main aspects of the resettlement process. For instance, five interviewees mentioned about their efforts to acquire recognized certificates enabling them to find jobs in the Netherlands and that are related to the respective field of studies they accomplished in their home country. Doing voluntary work, participating in activities and being employed were of equal importance for respondents concerning their process of integration.
A total number of seven respondents particularly showed significant experiences in volunteering within diverse organization and public establishments the Netherlands:

> *"As a volunteer for Refugee Project Maastricht I am a sort of translator, I act as the bridge between the refugees and local people in Maastricht because they (refugees) can't speak English, they can speak a bit of Dutch but students of the Maastricht*

University cannot speak Dutch, most of them are international students so there is a problem for them to communicate" (Respondent 6).

"One day I went to the pharmacy to get antibiotics, I couldn't get it and started discussing with the owner. As I told her that I was a former pharmacist from Syria, after sometimes she asked me to come with my diplomas and offered an unpaid "stage" (Dutch word for internship) at a local pharmacy where I live" (Respondent 2).

These statements reflect a pro-active and engaged approach regarding their resettlement in the Netherlands. However, respondents admitted that the endeavor of seeking and finding long-term and remunerated job positions was an important challenge for asylum seekers.
The main difficulties to find jobs among respondents' answers were linked to a lack of guidance by Dutch immigration officials, which in turn deepened cultural barriers and misunderstandings (Bakker et al., 2016).

Respondent 4, for instance, found that although the Dutch government attempted to give relevant information, they failed to approach refugee integration through a lens that would allow individualistic elements to be considered in order to provide more targeted forms of assistance (Ager & Strang, 2008). As an example, Respondent 4 explained that prior to their flight, most Syrian refugees, especially those with technical professional backgrounds, were unfamiliar with certain elements that are ubiquitous to jobs seeking behavior in the West, such as writing a CV or motivation letters:

"In Syria 50% of people don't know the CV (...) for example the butchers (...) they don't use the CV, they just go to the restaurant and tell them "I'm a butcher and that's it" (Respondent 4).

Another respondent made an interesting remark about the fact that he was given jobs that did not align with his wish to connect with the host society as the work did not provide opportunities to be in contact with clients, hence, Dutch people*:*

"*I just wanted a job with people to practice my Dutch and they find (me) a job for me to cut the grass (…) Most of the jobs now for refugees it's in contact with a machine, not humans so it's not helpful actually" (Respondent 5).*

The above quote highlights the importance given to economic integration, language learning and culture within asylum seekers' policies in the Netherlands, which may explain the perceived disregard of wider integration domains such as social bonds or health (Bakker et al., 2016).
In fact, although respondents did not instinctively mention health as main factor of integration, they did recognize the importance of healthcare in relation to their resettlement experiences. This particularly aligns with the claim made by Bakker et al. (2016) concerning the fact that health is often disregarded as an indicator of integration but plays a crucial role for the inclusion of refugees within the host society.

Throughout the analysis of the interviews, important and nuanced opinions were observed about health integration, which allowed for a better understanding of the needs of refugees in terms of health.
Interviewees particularly expressed the fact that they realize the importance of health through hassles related to other aspects of their processes of resettlement. Three interviewees reported having important difficulties related to both access to health services and receiving information concerning health insurance:

> "*There were some mistakes in the system of the IND and they discovered that I don't have a residence permit, according to the system (…) so the insurance companies, they thought that I did not have a residence permit so I couldn't get a (health) insurance" (Respondent 4).*

> "*(...) when I got a room to live in and then like, nobody contacts me, and they told me that I have to have (a) health insurance and I had a kind of a problem with the housing in the Netherlands because of that" (Respondent 3)*

Respondent 1 also mentioned the fact that the lack of precise information prevented her from effectively seeking health aid and therefore alleviating her pain in times of emergencies:

> "*For example, once I had an excruciating pain in my kidney so I though like ok, you know the pain of kidney is very heavy. It was the evening so I didn't know where to go, it was not clear to me where to go. So, I just went to the hospital and asked for the emergency and they said, "no if we admit you here you will have to pay extra so you have to call this number, you have to go to this place" (Respondent 1).*

There was unanimity among respondents concerning the fact that illness constitutes an issue that needed to be treated during its early stages. Yet, most respondents revealed that the Dutch healthcare system too often failed to provide refugees with effective and immediate treatments when they most needed it.

As emphasized by the theoretical literature of this paper, several elements might constitute barriers and complicate refugees' attempts to access health services (Whitley et al., 2011). Yet, to be a full member of society is to receive adequate aid and support from the government as exchange of personal commitment (Aubert, 2017; WHO, 2008).

Providing refugees with the adequate health support can indeed impact the resettlement process in a significantly positive manner and ultimately allow them to be and feel integrated in their host society (Bakker et al., 2016).

Respondent 7 particularly emphasized on the idea that difficulties to get adequate health support might result in a feeling of alienation and confusion and therefore prevent refugees to truly feel integrated:

> *"The people (Syrian refugees) they think (that) the doctor doesn't care about them so they stop going and because you're not healthy you cannot go and see people, do things with them so yeah heath is very important for better integration" (Respondent 7).*

Interviewees revealed that most contacts with doctors were often crippled with misunderstandings and difficulties to get the help they expected to receive despite being able to communicate in both English and Dutch:

> *"I think it's difficult, it creates misunderstanding. I feel that if the Dutch people are surviving here so it means that it's a good way to treat but they have been treated this way since they were kids. But if you talking about people who have always used certain type of medicine to fight and now you stop this so I'm not sure if the bodies can develop in a way to heal by itself. That's what I'm afraid of" (Respondent 3).*

A statement by respondent 3 confirms the idea that special attention must be given to refugees' respective cultural background, as it is a key indicator of the types of immunizations, exposure to specific endemic diseases and overall health care experiences (Whitley et al., 2011).

Asylum seekers' past habits to seeking and receiving health care might be completely unfamiliar to health practitioners of the host country and thus reinforce cultural barriers (Whitley et al., 2011). As reported by Respondent 7 when asked about his expectations of health provision:

> *" When I go to the doctor it is because I will really need help and I would like more professional advice from a doctor, not just taking painkillers or drinking water or these kinds"(Respondent 7).*

Undeniably, respondents' general perception of integration and their respective health seeking behavior/habits are reflected in their approach and expectations of the Dutch healthcare system.

4.3. Refugees' experiences of the Dutch healthcare system

Introduction

As discussed in the introduction and theoretical framework, refugees are normally granted protection, which includes access to health services from the moment they apply for asylum. However, as reflected by respondents' previous statements, these rights and assistance are in practice routinely difficult to access (Bradby, Humphris, Newall, & Phillimore, 2015). This aligns with the experiences of Respondent 5 who recalls having to contact four different doctors in a day in order to schedule an appointment for an urgent health matter:

> "*One time I was really sick. I went for three doctors and none of them were available. I said "just check me for maybe 5 minutes"*, *they said "no". Finally, I found another one, far away, the fourth doctor, he agreed to see me but after 5 pm*" (Respondent 5).

Along with a lack of information concerning the health system, respondents reported to be unfamiliar to deal with the organizations and procedures, which constitute the Dutch healthcare system. In fact, important divergences seem to exist between the general health seeking behavior of the local and asylum population.

In general, difficulties to access health care for asylum seekers go beyond problems of acute provision at the initial stage of reception (Gerritsen et al., 2004)**.** In fact, they continue to struggle to receive primary care and assistance throughout their resettlement process. Respondents 1 revealed that they were unable to get a second medical opinion regarding a kidney related issues as nearby clinics registrations were not possible.

In brief, a general sentiment of dissatisfaction in relation to the healthcare received in the Netherlands was therefore widespread among respondents. Various respondents commented that they did not feel properly attended by doctors and that their pain was often minimized if not disregarded which in turn make them highly reluctant to seek health.
When asked about their last contact with a health practitioner or family doctor, most respondents answered that they tried to avoid going *"unless the symptoms become impossible to bear" (Respondent 7)*.

A remark made by Respondent 1, particularly indicated such reluctance to seeking aid for health, was a result of both negative past experiences and cultural misunderstanding as she confessed to purposely look for *"non-Dutch doctor"* before emphasizing that it was *"not about the language"* as she could *"(...) communicate in English and Dutch"* (Respondent 1).
It has indeed been observed that refugees are most likely to doubt the competency of general practitioners as a result of important misunderstanding of the host health system (Victorian Refugee Network, 2010).

The mass-migration of refugees within European territories inevitably involves close contact between individuals who possess very different cultural backgrounds and thus different health seeking behaviors (Morris et al., 2009). Therefore, it is important to recognize and acknowledge the cultural dimensions of illness experiences among refugee populations (Whitley et al., 2011; Victorian Refugee Network, 2010).

4.4. Cultural differences as main obstacles for receiving desired health support in the host country

As previously mentioned, the sample of respondents was majorly made up of Syrian individuals, however, the study also includes the experiences of two Afghan respondents. Therefore, it is important to keep in mind that Syrian and Afghan refugees might present different views regarding healthcare and past experiences with health institutions/ professionals.

This was indeed reflected in the fact that, amongst all respondents, Afghan interviewees were distinctively positive as to their experiences with the Dutch health system:

> *Interviewer: So, you are overall, very satisfied with the health services you've received so far.*
> *Respondent 6: Yes, they (doctors and health organizations) helped us a lot with very open ways with open faces yeah with smiles (laughs). They guide us, told us how to do this, where to go, from which place we could access health and how could they help us, so, I'm happy.*

The respondents' satisfaction regarding Dutch health provision significantly contrasted with his past experiences with the Afghan health system which the interviewees described as less efficient due to the non-regulation of antibiotics and patients disregarding doctor's' instructions. In contrast, most Syrian refugees perceived the health system of their country of origin as better equipped to foster civilians' wellbeing.
Although slight oppositions in opinions were observed between Syrians and Afghans respondents, important similarities as to the cultural dimension of the interviewees' health seeking behavior emerged from the analysis of the result.

Culture is in fact a factor which can significantly impact several aspects of illness and adaptation, including interpretations of and reactions to symptoms, explanations of illness and "patterns of coping" (Whitley et al., 2011; Anderson, 2008). To begin with, language was widely identified as an important barrier as it was observed that most respondents were compelled to endorse the role of translators for acquaintances or family members, in order to facilitate communication with GPs:

> "*When I was living, as I said in the camps, I was helping because I speak English so I was going with my friend to the doctor to translate and even afterwards (...) many times I get phone calls from my friends telling me "I'm at the doctor, please, can you tell me that I have this and this" (Respondent 3).*

Respondent 2 particularly emphasized on the importance for refugees-patients to be able to explain their symptoms and be understood by health practitioners to receive the adequate care:

> "*They (refugees-patients) need to know the "sick person language" and because you (doctors) are serving them you have to understand everything clearly" (Respondent 2).*

Language affects all stages of health care access (i.e. making appointment, describing symptoms, and filling out prescriptions). Therefore, refugees' "navigation" through the Dutch health system will be complicated without the adequate linguistics knowledge (Murray, et al., 2010; Morris et al., 2009). Furthermore, respondents prominently expressed the fact that the process of accessing health care in the Netherlands was complicated due to organizational structures that extensively relied on bureaucracy. It appears that most interviewees were used to health systems, which made it easy for patients to access and most importantly provided immediate and effective support:

> "*If I was there (in Syria) they'll go straight away to the problem, give me strong pain killers but they try to get to the source of the pain. Maybe for other stuff, if you're having the flu or more simple stuff, you can be patient about it but if you're having a real pain you need help immediately" (Respondent 9).*

> "*Everything here is routine. The bureaucracy is heavy, it's really disturbing but as I told you it's not a problem of difficulties it's a problem of mutual understanding! We need to understand the way how things work here or we won't receive proper help" (Respondent 4).*

It was observed that the main source of cultural misunderstanding concerning health care services and access amongst interviewees was linked to the Dutch referral systems which required patients to first visit a family doctor who would then refer them to a hospital or specialist if further treatment is deemed necessary.

This was mainly reflected through Syrian's respondents' accounts and insights on the subject matter:

> "*There (in Syria) as I told you most of the people go first of all to the pharmacy then to the specialist. We don't really have general physicians, nobody will use it" (Respondent 2).*

> "*There (in Syria), we don't have healthcare insurance but you if you don't want to go to the family doctor you can go all the way to the specialist and usually they give you the appointment like in maybe 3 or 4 days, one week if he (the doctor) is still busy." (Respondent 5).*

Referral systems essentially aims at providing the "best possible care closest to home" (Tabish, 2010) by means of a collaborative framework which connects all levels of the health system. Yet, as exemplified by respondents' testimonies, it remains a critical source of confusion amongst culturally diverse migrants and refugees settling in Western societies (Anderson, 2008; Victorian Refugee Network, 2010). GPs are therefore required to acknowledge refugees' previous experience with diverse healthcare system, which are prominently "characterized by a lack of GPs and direct access to hospital-based specialist" (O'Donnell et al., 2008). Additionally, respondents revealed experiencing difficulties with medication provision and access.

As a former pharmacist, Respondent 2 has indeed observed an important misunderstanding of both the referral system and their unfamiliarity with over-the-counter-drug which are prominent in the Netherlands:

> "*People ask me about so simple things and they don't know that we have here in the Netherlands, OTC drugs you know? It's limited, kind of ok for easy, simple things or disease(s) so you can buy it by yourself. Now they understand better but before no, they will go to the pharmacy to ask for subscriptions or the doctor." (Respondent 2)*

The above statement highlights the importance of providing refugees with thorough and precise information concerning the many elements, which are embedded common Dutch health seeking behaviors (WHO, 2008).

Such understanding and knowledge can foster the adoption of health habits, which will enable asylum seekers to alleviate health issues in an effective and successfully fashion (Aubert, 2017; Whitley et al., 2011). Similarly, healthcare professionals need to be aware of the cultural backgrounds of refugees as it occupies a central role in their individual expectations of GP-led system (O'Donnell et al., 2008). Addressing such cultural dimensions might enhance confidence and trust in health practitioners amongst refugees-patients, increase adherence to treatments and therefore foster the effectiveness of clinical consultations (O'Donnell et al., 2008). In fact, individuals typically approach treatments to health issues according to habits and traditions of their own cultural background or geographic region of origin (Whitley et al., 2011). Respondents unanimously revealed that it was a common habit in their home country (Afghanistan and Syria) to make use of complementary treatments that relies on nutrition and medicinal herbs:

> *"In Syria, it's much different, if I go to the doctor he will say "buy paracetamol, by vitamins" or such things (…). If you really don't need a medicine but came for me twice or three times, in Syria, doctors would say "Ok I will give you vitamin C, you will find that here" then it's (a) sign that they care about me you know?*
>
> *Here, people, (Syrians refugees) they cannot believe in this doctor if he will only give just paracetamol."*
>
> *(Respondent 2)*

Respondent 7 recalls a time when he had lungs related health problems back in his home country and was given a specific diet to follow alongside the prescribed medication which was proven to be effective. Undeniably, such experience and forms of medical advices has impacted his expectation of the health system:

> *"I want that they (Dutch GPs) don't give directly medicine like, at least, define the problem, define what I have. I think the oriental culture believes more in herbs and not treating people only with medicine, we're also having these medicinal herbs, food…"*
> *(Respondent 7)*

Similarly, Respondent 10 revealed that he was coming from an Afghan community which prominently rely on holistic and herbal type of self-medication:

> "*When I'm sick I do my own type of medication like, using natural things to recover health. Here, when you sick they give you directly paracetamol, in my country it's not like this" (Respondent 10).*

Indeed, it has been reported that the Afghan healthcare attaches considerable importance to the use of the medicinal herbs to alleviate health symptoms and discomfort. For example, it is not uncommon for Afghan citizens to consult the "Tabi", an herbal specialist before consulting a medical doctor (Feldmann et al., 2007).

Therefore, while assessing refugees' health needs and issues, it is necessary to include relevant aspects of their cultural backgrounds, identity and expectations of patient-physician relationships (Whitley et al., 2011). Overall, the majority of the respondents expressed a strong dissatisfaction regarding health provision and access of targeted forms of health support for asylum seekers in the Netherlands. The observed assessments and understandings of the Dutch healthcare highlight the necessity to integrate health treatments based on contextual and culture-sensitive approaches (Drozdek, 2014).

For health integration to be successful among asylum seekers populations, it is imperative to ensure that the specificities of their health habits and needs are thoroughly included within the Dutch health system. Strategies to achieve effective health integration include focusing on empowering and engaging marginalized populations (O'Mara, 2012). Such approach is essential "to inform policy and decision-makers on the way access to quality health services can be ameliorated for vulnerable populations (Whitley et al., 2011). This view echoes with Respondent 4's take on how his experience with Dutch health provision could be positively improved through culturally tailored approaches:

> "*It (the Dutch health system) needs to be flexible. Sometimes when you set a plan, maybe this plan would be appropriate for one person but not appropriate for others like refugees. It's not tailored, there are so many backgrounds" (Respondent 4).*

Respondents' testimonies further encompassed a specific set of considerations, which they estimate would benefit their host country health system in providing better assistance to refugees. These suggestions and considerations essentially recognized the efficiency of using internet-based and social media in helping with the many barriers encountered in accessing health information and services. As an example, Respondent 2, whose background as pharmacist allowed him to more easily navigate through the health system in the Netherlands, decided to create a Facebook page to guide fellow Syrian refugees. It appeared that, what primarily motivated Respondent 2, was a result of personal struggle to access medication at a time when the respondent's pregnant wife was in need of health assistance. A sense of responsibility towards his fellow refugees, from all backgrounds, to share his knowledge in terms of health was equally strongly expressed:

> *"I created this page because as a pharmacist and asylum seeker, it is my duty to help my people. It is for free, anyone can join, and it is accessible and ask questions. I'm also on YouTube (…) I make videos about all this."*
> *(Respondent 2).*

As reported, Respondent 2 equally relied on visual social media such as YouTube in order to provide detailed information about many aspects of the functioning of the Dutch health system. Such initiatives are reflective of an important shift within health communication strategies, which have evolved to extensively rely on digital and internet-based (Chou et al., 2013; O'Mara 2012).

4.5. The role of social media for accessing health information and services

This section deals with the specific types of social media uses that emerged in relation to respondent's process of health integration in the Netherlands. Therefore, this section aims to answer the second main research question posed by this paper, namely:

RQ2: How are social media and internet-based platforms used amongst refugees for local health support and services?

To begin with, the scenario-based experiment conducted in this study ultimately revealed the areas, which required the most attention concerning respondent's health discomforts.

Among the five fictive health situations presented, the most chosen scenarios were firstly related to the inability to find a specific medication used by refugees back in their home country. The mental health scenario was the second most chosen amongst respondents.

When asked about the reasons why the first scenario particularly appealed to them most interviewees revealed that it was often difficult for them to find the equivalence of medicine they have been using before the flight:

> *"Many people they ask about medical things that we have back home (Syria) and they can't find here (the Netherlands), antibiotics and such" (Respondent 2).*

Furthermore, as explained by Respondent 4, the mental health scenario presented during the small-scale experiment was highly relatable as "most refugees suffer of this because they live a time of stress and anxiety. As expressed by Respondent 1, the application for asylum, is "the most tensed period for us refugees". This insight particularly confirms the fact that the resettlement process encompasses many stress factors, which culminate during the lengthy procedure of applying for asylum (Bakker et al., 2016). Although, all respondents were browsing both the mobile application and Facebook page for the very first time, the idea of using internet-based platforms for health was not foreign to them.

However, it was observed that although all interviewees had at some point made use of platforms such as Facebook and YouTube to search information about their host country's health system, none of them actually used mobile applications:

> "*No one…. I think nobody, uses an app to get something medical. We (asylum seekers) use apps for maps, for taxes, for many other things but not for that" (Respondent 1).*

This was further confirmed by the unanimous negative answers of respondents when asked if they had previously made used of the Red Cross' "Refugee Buddy app" before being exposed to it during the scenario experiment. However, other respondents affirmed that they knew about mobile applications, which enabled refugee-patients to indicate their symptoms and receive a reliable online diagnosis. These internet-based platforms were often mentioned by respondents as unpopular or even inexistent in the Netherlands comparing to other Occidental countries and the "Arab world":

"Actually, I'm surprised that there's an app. I've heard about something like that but in Germany but if I would have known, of course I would have use it. It's easier for us (asylum seekers) to use it" (Respondent 8)

"*In Arab countries now, like in Saudi Arabia they made a hotline for the ministry of health, there is a number, you can WhatsApp them, call them at any time, there is a specialist to answer you direct(ly) about anything that you want in medicine and if it's a bit dangerous they tell you which doctor you have to go to, which cities. So, this one it's amazing and I don't think they have it here in Europe, yet" (Respondent 5).*

The statement made by Respondent 5 reflects a major theme concerned with the need to promote and develop tailored internet-platforms in order to respond to refugees' health needs (in the Netherlands) which will be discussed in a subsequent section of this paper. It is important to mention that all respondents approached the small-scale experiment with great ease, which confirmed their familiarity with the use of digital tools for accessing health information.

4.5.1. Gathering and sharing practical health information through social media

Unless refugees are fully aware of the functioning of their host country's health system, any efforts to access health assistance will constitute a burden for both patients and health practitioners (Aubert, 2017). The majority of the interviewees often found themselves in situations where medical consultations were saturated with misunderstanding and dissatisfaction.

In order to diminish feelings of discontent and ensure that they will receive the proper health support, most interviewees reported that they purposely searched and gathered practical health information online. A few respondents reported that they frequently look up doctors' contact details and nearby hospitals/clinics via internet-based platforms. Therefore, it was revealed that browsing the Internet and social media platforms such as Facebook constituted the first step in seeking health information amongst respondents. Throughout the interviews, participants frequently mentioned that geolocalization options which feature in most social media platforms and mobile applications were particularly convenient as it enabled them to immediately identify the closest when needed:

"*I will use Google maps on my phone sometimes for when I want to find any medication places, see what time it opens or closes, it helps a lot" (Respondent 10).*

"*It has helped in different ways when I started to have my family doctor, I searched on the internet which one is closer to me, I looked at some of the ratings of the doctors. It's like sometimes, you know what you want to search for but you don't know what or where, it's a little bit problematic" (Respondent 7).*

Respondent 7 highlights an important element, which in general, refugees do not have a precise idea of how and where to get detailed information despite having specific requests or needs. According to respondents 4 and 7, this is mainly due to the fact that asylum seekers are often given abundant, yet general, information, all at once:

"*We are now guided by the municipalities, they give us support, (they have) given to us some sort of assessment in order to involve us. But it's too much and also too theoretical" (Respondent 4).*

"*The government helps you they say "If you want to go to the doctor you do this" and give you a map of the city where you are living in. They indicate where you can buy food, even some show you where you can buy Halal food here, for the Muslim but it's too much information in short time. We (Syrians) are known for not reading" (Respondent 7).*

At times, social media platforms, such as Facebook are used by respondents as a starting point to investigate their health symptoms as revealed by respondent 9 when asked about his expectations of social media use for health:

"I don't expect to see something from a doctor, maybe I can see someone who is in the same position as me so I can read the symptoms and see if I'm close to it and how did they get to solve on his own or what did the doctor say" (Respondent 9).

"What's help actually, was getting information about my symptoms or giving information about what I might have if I need to go to the doctor or no" (Respondent 7).

Much like emphasized by Aubrey (2017) and O'Mara (2012), it is fundamental that refugees are equipped with suitable knowledge concerning the host country healthcare in order to access adequate support. Gaining such knowledge can positively prepare asylum seekers to medical consultations and foster the adoption of the health behavior that will enable them to receive tailored health services (Whitley et al., 20110. In fact, respondents acknowledged the effectiveness of social media and other types of online platforms (i.e. mobile apps, websites, forums) for gathering important information about common procedures to access and receive health assistance in the Netherlands. By gaining information on social media and internet-based platforms it appears that respondents have changed they approach to Dutch health practitioner in a way that enable them to receive the immediate and specific care they expect:

> "*I have my background of pharmacist but also, I have a Facebook page and website so a lot of details about medication, symptoms I have now. Look, when I go to the doctor I say "I did my research, it might be this so I might need you to check this part of my body" and it goes (well)" (Respondent 1).*

Based on participants' responses, it became clear that social media and internet-based platforms were used by respondents as a means to be more prepared to navigate the Dutch health system which ultimately enhances refugees' confidence in GPs (O'Donnell, 2008).

Social media were also identified as platforms used in order to disseminate and share health information as it was particularly observed with Respondent 2.

Throughout the interview, Respondent 2 provided extensive details about the reasons and motivations that led him to create a Facebook page, a YouTube account and a website dedicated to provide information about the Dutch health system. As a former pharmacist, the interviewee was offered the opportunity to intern as a volunteer in a pharmacy of his neighborhood which he reported, provided him with significant insights into the Dutch medical system and compelled him to share his knowledge. Social media appeared to be effective means to reach and bring awareness concerning health issues, procedures and organizations in the Netherlands as he revealed:

> *"On YouTube, I made a video for insurance who has no income and how you can make it and how you to choose it because they are different companies and "packages" that people need to know about. On Facebook, I help explaining OCT drugs, how it works so*

many people ask about it (…) if it wasn't effective, I would have look I wouldn't receive all this messages from people all the time" (Respondent 2).

The above statements reflect the widespread attitude amongst respondents that they frequently relied on the interactive features offered by social media platforms to discuss and engage about matters concerning their health and wellbeing.

4.5.2. Interacting with health professionals via social media

Contact with doctors/health professionals through social media emerged as the third widespread social media use for health amongst respondents which correlated with O'Mara's (2012) main suggestions to foster refugees' wellbeing and health integration in an effective fashion. According to the author, refugees' wellbeing can be effectively supported by social media through the establishment of face-to-face discussions between health practitioners and patients (O'Mara, 2012). It appeared that respondents were most likely to rely on social media for matters regarding their health when a relation of confidence and trust was established. In fact, all respondents reported their common habits of having discussed their health issues via internet-based platforms with family members who happened to have medical backgrounds:

"*My parents are doctors so it helps, I will Skype with them sometimes to ask them advices about how to deal with health symptoms" (Respondent 1).*

Social media interactions between doctors and patients for health monitoring are increasingly becoming a common practice (Ventola, 2014). Pott (2016) suggests that basic health needs and issues could be catered through skype-session with doctor or even via "a symptom checking app". Ventola (2014) further argued that electronic communication with patients "can improve their care and health outcomes", a view shared by Respondent 7. Respondent 7 seemed particularly enthusiastic as to the idea of discussing treatment options and providing preliminary diagnosis via social media as he recalls how an exchange, which occurred online helped him overcome a health issue:

"*Once I had urinal problems, the doctors here (in the Netherlands) they did several tests told me to wait and see if it goes away. It didn't, so I called a friend of mine, who asked*

me a bunch of questions about my medication use, diet and so on. I told him I started drinking milk here and he told me to try and remove that from (my) diet.
I got rid of the problem ever since and he didn't have to even be physically near me, it was all via phone, WhatsApp etc.!" (Respondent 7)

To conclude, respondents' widespread attitudes that were observed regarding their use of social media for health matters, confirm the idea that internet-based platforms can play a key role for better understanding the diverse aspects of their host country's health system.

Social media was identified as being one of the early and initial step towards access to health information and assistance amongst respondents. Facebook, particularly emerged as the preferred online platform for disseminating health messages and receiving information about the Dutch health system. Interviewees, such as Respondent 2, revealed that often suggested that the somewhat closed nature of Facebook induced a sense of trust for refugees as they felt that they could discuss health matters privately:

"*If you have any diseases you cannot say "yeah, I have a disease you need to help me" (publicly), this is why I made a page because the page you can have private messages but not in a group and it's a big problem. The first basic thing I have learned in University, any person has secrets you cannot say to anybody" (Respondent 2).*

As expressed by Respondent 2, to a certain extent, social media platforms can convey similar sense confidentiality and privacy that is traditionally present between patient-doctor relationships.

However, respondents equally emphasized the risks and pitfalls of relying social media for health information/communication. Social networking sites such as Facebook might in fact lead to negative experiences, as the spreading of unreliable information is a common phenomenon on such internet-based platforms (McGregor & Siegel, 2013).

The reliability of online information related to health has posed many concerns about the way such information can be utilized by both caregivers and patients (Dalmer, 2017). The reliability of health-related information found on the Internet and how this information is used "by patients, their caregivers, and other lay health consumers" (Dalmer, 2017) has been reported to be problematic.

While discussing their views on the opportunities that social media can provide regarding refugees' health integration, respondents greatly acknowledge the "risk of health-related information retrieved from online sources" (Dalmer, 2017).

4.6. Towards the development of credible and tailored internet based platforms for refugee health integration

This sub-section will aim at answering the third main research question of the present study, namely:

RQ3: What are the refugees' perception of social media for health promotion and integration?

Social media was perceived as tools for raising awareness on health matters in the host country, especially about existing cultural discrepancies between refugee populations and local health seeking attitudes:

> "*We need this kind of awareness, for example, the Syrian people, have made a Facebook page, for Syrians to discuss something about immigration procedures family reunions, medical issues but they are not that many Dutch people who create these pages" (Respondent 4).*

> "*It is more raising awareness of it. For example, on Facebook, many people ask "we got this letter in the mailbox, what does it mean?" most of the time it's a bill for something that they don't understand. Social media, they are playing, of course, a crucial role but apps not really, not yet" (Respondent 1).*

As emphasized by the above comments there is a need for local communities and government to be more involved in the establishment of health communication strategies which rely on social media (Alencar, 2017; Chou et al., 2013). The small-scale experiment conducted by this study enabled a better examination and understanding of refugees' strategic decision-making while using internet-based platforms for health matters (Vollmar et al., 2015).

Most respondents, positively approached the “Refugee App” and Facebook page and recognize similarities with other online platforms designed to provide refugees with general health information. Furthermore, when asked to assess the functionalities of both the “Refugee Buddy App” and the “Syriërs Gezond” Facebook page, respondents generally provided positive feedbacks:

> “*I find this page very informative, they have a post about mental health and give you suggestions about how to prevent feeling depressed: you can do sport for example, do something you like, go to the library. I think, when you hang out a lot you tend to forget about your worries a bit and to talk. Socializing it helps with the stress” (Respondent 8).*

Respondents embraced the interactivity of both platforms and therefore recognize social media's potential to tackle refugees' health demands and issues. It was often indicated that the information provided by the application and Facebook page (i.e. contact details, opening hours, and patients’ feedback) were of great importance for respondents:

> “*Actually, it's so easy to find information (on the platforms), if it works perfectly in the Netherlands it's so nice. If people, refugees, and here they don't know anything about medication or I see that there's also a transportation (category). It's so effective for them and they don't know where to go” (Respondent 6)*

Throughout the health scenario experiments, three main aspects emerged as needing improvements in regard to the use of social media or refugees’ health integration. These domains were related to the necessity to ensure that the information provided was trustworthy, the importance of addressing refugees’ specific health needs and finally the need to render online platforms designed for health communication more visible to refugee’s population in the Netherlands. These three elements were indeed seen as inevitable for respondents in order to enhance the social media potential to support health integration for refugees settling in the Netherlands.

4.6.1 Enhancing professional credibility of health information shared via social media

To begin with, throughout the interviews conducted, respondents emphasized on the importance of ensuring credibility on internet based platforms:

> "*The lack of professionalism, it's a huge (disadvantage) actually at the same time, that's why (I) want it to be more official because anyone it can create a page or a Facebook and give you wrong facts" (Respondent 5)*

Alike Respondent 6, most respondents found that current design and functionalities of social media platforms posed many challenges for achieving authenticity:

> "*I think social media it is for general information, (I) don't think it's effective, still physical encounter is more reliable, sometimes a person doesn't know really what to say. I will trust it more. If they give professional information, it would be more reliable for me" (Respondent 9).*

Trustworthiness was indeed seen as one of the main areas which required improvement to ensure the effectiveness of social media use for refugees' health integration. Respondent 4 mentioned that information about health shared on social media and the internet are not necessarily to be trusted as it often relied on a 'he said/ she said' type of content:

> *"People will say I heard of something and someone told me (...) it's not based on professionalism. It's mainly transferring the information without credibility" (Respondent 4).*

Respondent 7 and 6 equally perceived the lack of professionalism and discontinuity of content shared on social media as problematic for dealing with matters related to health issues:

> "*Yeah because anybody can do a Facebook page, you have a lot of pages now sometimes the information not going together so I prefer to go to the official website or a professional person" (Respondent 7)*

"*The doctor what they can do on social media is saying, "Ok you can use this get this prescription or you can do these things if you have such problem" stuff like that, it's also good but not in all situation, not in all circumstances" (Respondent 6).*

The pitfalls identified by the interviewees concerning the use of social media have long been discussed by academic (Ventola, 2012; McGregor & Siegel, 2013). Ventola (2012) has written about the many risks posed by social media for health care which can affect patient's safety, consent and physician credentialing among other ethical issues. Subsequently, respondents shared their views on how they believed authenticity and credibility could be achieved by reinforcing the presence of health practitioner on social media platforms:

"*I'm not a doctor but they (Syrian refugees) trust me more than family doctor here in Holland! Yeah, because here they go to them and it's " take paracetamol, it will be ok". I share the same background, as (a) Syrian, as (a) refugee and I know about medicine s so after receiving so many questions I decided to help as many people as possible" (Respondent 2).*

Such statement reinforces the importance of trust, familiarity and the necessity to overcome remaining cultural barriers, which might prevent refugees-patients to seek health support in their host countries (Whitley et al., 2011). Participants expressed the idea that more traditional forms of online platforms such as a health organization's official website ultimately induce more trust and credibility:

"*I think Facebook pages are most likely to be the first step, maybe if they post a link which leads me to professional opinion, I would be more trusting of the (Facebook) page. If I have this page which is having basic information about the allergies or diseases, so I I'll say, "ok (according to) what they're saying, I have these symptoms, I have the solution" but they could also link me to a website that can be even more information" (Respondent 7).*

Respondent 7 further suggested that such sense of reliability can be partly reinforced by providing specific signs of accreditation such as the Twitter and Facebook blue checkmark badge which indicate that an account of public interest is authentic:

> *"Now it has become a sign of authenticity, reliability to see a little blue icon next to official social media accounts. It means that is has been verified, maybe same could be done with official social media created by doctors" (Respondent 7).*

It was indeed important for respondents that social media platforms designed to provide health information were administered and promoted by locals and individuals with a refugee background who were actually knowledgeable about the Dutch health sector in order to ensure reliability. In the same vein, Ventola (2012) observed that patients are most likely to perceive the strong presence of hospitals and health practitioners on social media as a sign of cutting-edge health services. While this view was shared by a few respondents, other interviewees equally expressed the idea that "cutting edge health support" would be reflected by online content which addressed their specific health needs as refugees.

4.6.2. Developing tailored information and content for refugees' health

During experiment, respondents often mentioned that both the mobile application and the Facebook page provided helpful but generic health information:

> "*This page I find (that) it it's more about general information you know so it's more medical information, general things (…) On the application, I don't know if it's possible but at least, give the main countries (from which asylum seekers in the Netherlands originate) so you would have something specifically for the Syrians" (Respondent 3).*

Respondent 7 also believed that the Facebook page 'Syriërs Gezong" provided general information which may not be effective in case of urgent health issues and according to specific cases:

> "*Through Facebook or something, I would be having this information that is more advice information or general information than a professional information. It might work for me personally but maybe not for other people" (Respondent 7).*

In fact, an important element mentioned by respondents was that the need to design inclusive online content based on sociocultural differences and barriers appears to be crucial in order to reach refugee populations and promote awareness concerning their host country health care system:

> "*Try to put the medication used by Syrian back in Syria so when I enter the name of the medicine there, at least the ingredients will appear. So when I show it to the doctor here, he gonna know at least the ingredients and knows what is similar in the Dutch market*" *(Respondent 3)*

O'Mara (2012) particularly advances the efficiency of providing targeted training programs for the use of social media based on refugees' individual characteristics (i.e. culture, education, and literacy). The author further advances that an effective social media use for health awareness can only be achieved by ensuring that the content designed is available across diverse range of technologies and visual based interfaces (O'Mara, 2012).

In fact, respondents unanimously agreed that it is necessary to harness social media's interactive aspects in order to provide tailored content that will tackle refugees' health needs:

> "*Maybe by hosting kind of doctors' discussions on Facebook live and giving questions online that maybe can help with visibility, but I'm not sure then how many questions the people can ask. When it's live, every second, how many people can ask you know? But I think it's an option" (Respondent 3).*

4.6.3. Ensuring effective visibility and reachability of online platforms designed for health communication for refugees

As suggested by Respondent 3 many important questions remain as to the efficiency of using the functionalities of social media platforms for health. Yet, due to the emergence participatory forms of communication, which rely on internet-based platforms, health practitioners have begun undertaking internet-based platforms to interact with patients (Chou, et al., 2013). The main issue concerning such novel forms of communication is that a certain "inequalities in access to and use of technologies" have been identified (Chou et al., 2013). It appears that lower socioeconomic status, racial/ethnic minorities as well as people with poorer health, or who are geographically isolated "are less likely to have adequate access" to health (Chou et al., 2013). Respondent 7 affirmed that "it's hard when the refugees are living in special housing, isolated because they are less reachable". The issue of reachability was, in fact, discussed by respondents as they indicated the lack of visibility and awareness of online health initiatives directed at refugees (i.e the Facebook page "Syriërs Gezong"):

> "*It's a matter of promoting, for example, this Facebook page, they are made for the specific population but how do you reach them? There's a big issue of promoting and 'marketing' for everything that concerns health care and asylum seekers" (Respondent 7).*

> "*According to the stakeholders, according to the people who created these Facebook pages and how it will be introduced to the people, and what is the expectations for this kind of page. What are the objectives and how it could connect with the refugees (...) it's a kind of promotion. The reachability is important. Maybe there is a Facebook page which is created that could help me, but I don't know it!" (Respondent 1).*

Many interviewees suggested that this perceived lack of awareness and visibility could be effectively countered through strategies, which relied on the dissemination of health information by means of visual content:

> *"Posting visual, short videos. Texts, but really short texts because we (Syrians) also don't like to read a lot. A picture with a text, that's also helpful because it will make sure*

that people get the general idea of what is being said about health. I think those are the main things if you are talking about online ways to reach people" (Respondent 3).

"*I think it would have a more important role if they were a more active communication, I maybe I would sit in front of my computer screen and I would have someone who would talk to me via Skype or something like that.*

I could describe the symptoms I have to him (the doctor), it's more like a regular medical session but you have this screen between you. If he asks me, what's my blood pressure I could measure and my temperature also? It will help more, but not as me just getting information.

They are doing this in the teaching field which is proving to be successful, a lot of people are now studying online through skype any other social media" (Respondent 7).

Moreover, most of O'Mara's strategic recommendations for the promotion of health integration health amongst refugees rely on the implementation of doctor and patients face-to-face online sessions. A view shared by Respondent 3 and 5 as he proposes:

"*I think the Facebook page will help. If you give the information in nice videos that's gonna show me that it's normal here. Like they make it in Al Jazeera, in the beginning, they start with a "strange" image or something like that "Do you know what happened to this person" and then they explain it. So, they give you the results in the beginning then they explain, better than someone just talking" (Respondent 5).*

Overall, it appeared that, although, respondents extensively relied on social media and online platforms for seeking information about health they still approached these interfaces with great caution due to the perceived pitfalls discussed. However, based on the set of recommendations and suggestions for improving the risks posed by using social media for health, it was observed that the interviewees still believed that digital technologies could positively sustain refugee health integration in the Netherlands.

IV. Conclusion and discussion

This thesis aimed at determining the role of social media and digital technologies within refugees' experiences of integration and further examined the suitability of internet-based platforms for promoting and sustaining asylum seekers' health integration. In order to clearly identify social media use for health communication and integration within refugees' process of resettlement, the study draws a connection with respondents' perception of integration. Investigating respondents' views on integration was essential and provided better understanding of the identified social media use patterns. Participants described the process of integration through assimilatory ideals, which placed emphasis on the acquisition of language, education and professional/social connections as key influencers. Consequently, it was revealed that respondents' uses of social media platforms strongly resonated with their willingness to belong to the Dutch society. An answer to the first main research question of the study was therefore sought, namely: What roles do social media play in the integration process of refugees in the Netherlands?

The study found that respondents partly used social media for professional networking development with the aim of finding jobs opportunities in the Netherlands.

Interviewees equally make use of social networking sites to foster intercultural exchanges with Dutch natives mainly through Facebook and occasionally via WhatsApp. Likewise, the study revealed strong evidences of civic engagement within the host communities amongst respondents. The participants of this study unanimously engaged in volunteering, internship, and academic programs within their host societies. Respondents prominently came across these activities and opportunities through social media by joining online social events as well as educational and professional networking workshops. It became evident that social media played a decisive role in establishing social ties between respondents and the local community, enabling the latter ones to facilitate the resettlement process in a strategic manner. The aforementioned initiatives from respondents particularly raise important questions concerning the extent to which refugees are required to maintain these efforts in order to be officially recognized as full members of the Dutch society. It appears that acculturation studies equally fail to provide a clear answer as to this question.

Therefore, there is a need to establish a theoretical distinction as to when processes of integration have reached their “saturation point” aside from bureaucratic aspects. In fact, asylum seekers are asked to assimilate Dutch values and although they are informed about the bureaucratic procedure to acquire asylum, indications of long-term means of integration are rather scarce within current Dutch immigration policies (Bakker et al., 2016). This may result in a widespread unwillingness to connect with the host country and reinforce alienation between refugee populations and the local communities (Bakker et al., 2016).

The introductory chapter of the present study briefly tackled the role played by Dutch integration policies in shaping both the experiences and views of asylum seekers concerning their resettlement processes. However, it seems necessary and relevant to further investigate how refugees’ context of reception influences their social media use for integration needs. Many respondents expressed their frustration as to the lack of governmental guidance for aiding refugees’ adaptation and resettlement within the Dutch society. The participants of this study unanimously perceived the concept of integration as a negotiating process much like put forward by the literature discussed in the theoretical framework. Acculturation studies greatly emphasizes on the responsibility of both refugees and the host society to achieve successful integration (Berry, 2008; Da Lomba, 2012; Alencar, 2017). However, it is important to take into account that even though respondents were generally satisfied with the social bonds established with local citizens, they did not consider themselves as being fully integrated as misunderstandings with the Dutch government remained. Theoretically speaking, it is therefore necessary to identify the different degrees of integration as it can occur at an individual level but not on a wider societal level (Bakker et al., 2016).

An overarching theme that could be identified throughout the findings of this study was the host country’s responsibility to acquire better knowledge of refugee populations in order to provide tailored forms of assistance. This particular theme dominated discussions concerning respondents’ experiences with the Dutch healthcare system. The fact that most participants of the study revealed that the central role of health within resettlement processes emerged through other domains of integration (e.g., housing, jobs) confirmed the intersectional and multidimensional nature of the process of integration (Berry, 2008; Da Lomba, 2010).

Although, health was not necessarily on top of interviewees’ list of key influencers of integration, its importance was greatly acknowledged. Difficulties to communicate their specific needs and expectations to health practitioners were omnipresent within participants’ answers concerning their experiences with the Dutch healthcare system.

Important cultural misunderstandings were observed in terms of refugees' healthcare seeking behaviors in the host country. Respondents reported being unfamiliar with many aspects of the Dutch health procedures such as the referral system and the fact that health provision greatly relied on antibiotics delivery systems. Such discrepancies and misunderstanding inevitably complicated contact and communication with Dutch health practitioners and refugees-patients. Yet, quality health care essentially depends on successful communication between health professionals and patients (Santana et al., 2010). As pushed forward by the theoretical framework of this study, traditional strategies to establish dialogue with refugee patients might no longer be suitable or efficient (O'Mara, 2012; Mesmar et al., 2016). By means of a thorough analysis of the interviews conducted, an answer to the second main research question of this paper was therefore answered, namely: How are social media and internet-based platforms used amongst refugees for local health support and services?

The present study observed that in order to avoid misunderstandings and ensure that they will receive the proper health support, utilized social media and internet-based platforms to gather/share practical information concerning health matters. Purposely searching for information about doctors' contacts in their area or health symptoms emerged as being the first step within respondents' health seeking behavior in their host country. Through the insight of Respondent 2, who had a pharmacist background, it was also possible to observe how the multi-functionality of social media sites were equally adopted and used by refugees to share their knowledge of the Dutch health systems. Participants equally revealed that they commonly made use of internet-based platforms in order to interact with doctors and health professionals through instant messaging and video call social media platforms (i.e. Skype, WhatsApp, Facebook messenger apps). The findings presented in this thesis essentially confirm that there is a need to conceptualize refugee integration by taking into consideration digital technologies' suitability to answers their specific health needs (Jenssen et al., 2016; Mesmar et al., 2016).

Finally, the third main question posed by the present study was answered, namely: What are refugees' perception of social media for health promotion and integration?
The small-scale fictive health scenario experiment conducted was central to providing insightful answers as to this final research question. There was a general adherence and positive outlook as to social media and internet-based platforms' potential for health promotion and communication amongst refugees residing in the Netherlands. The analysis of respondents' answers revealed that the latter ones believed in the idea of outsourcing novel forms of communication technologies to provide stronger awareness and knowledge of the Dutch health system amongst refugee populations.

Social media were especially perceived as interfaces, which could significantly alleviate existing cultural discrepancies between asylum seekers and local health seeking attitudes.

Participants equally identified the areas that required improvements for social media use for refugees' health integration in the Netherlands to be effective. The study revealed that the professional credibility of the health content and information shared via internet-based platforms was a main concern amongst refugees. Subsequently, interviewees perceived current social media platforms for health as providing generic information that called for the need of designing more tailored online interfaces for asylum seekers' health integration. Respondents equally affirmed that they should embrace the participatory and user-generated features that are intrinsic to most social media platforms. Finally, participants of this study emphasized the idea of reachability of such online initiatives and argued that this could be effectively achieved through promotional/marketing strategies, which rely on visual content.

5.1 Implications for practice

The results presented in this study confirm the idea advanced by previous studies concerning internet-based interfaces' suitability to promote health integration amongst culturally and ethnically diverse populations (O'Mara, 2012). In fact, it was proven that social media can help identifying refugees' health needs and health seeking behaviors by allowing a novel form of interaction between patients and doctors which can in turn improve the quality of health provision for these populations. It can be assumed that the common practice of relying on social networking sites for health matters, as observed amongst respondents, will continue to increase in coming years. Therefore, the finding of this thesis can provide policy makers with important insights into the feasibility, usability and effectiveness of social media for creating health-related information and positively affect refugee's health seeking behavior in their host country.

The issues of reachability and visibility, which was discussed by refugees during the qualitative interviews conducted by this study, highlights an important lack of coordination between civic practices of digital humanitarianism and governmental efforts in the context of the current European refugee crisis. Thus, the present study poses significant practical implications leading to a reconsideration of a more effective synchronization between stakeholders, NGOs and governments agencies actors for the implementation of suitable digital technologies for health provision among refugees.

Additionally, this thesis identified distinct uses of online/social-media platforms for health among respondents. It is therefore important to consider the context of refugee resettlement processes to determine the viability of social media to foster their health integration. The study equally presents practical implications at both social and individual level as it addresses marginal accounts in view of dominant discourses to examine a complicated aspect of refugee integration. The findings presented here reinforce the necessity to design more tailored digital platforms for health integration, which are specifically targeted at refugees' populations. Indeed, the intervention-like methodological approach adopted by this thesis, enabled refugees to report on their experiences and led to significant insights into the health aspect of their process of integration thus providing valuable knowledge to health practitioners. Finally, although the focus of the present study was on the Netherlands, the findings achieved by this study could be valid for other European contexts provided that more research are conducted on this particular aspect of refugees' integration.

5.2. Strengths and Limitations

The key strength of this paper lies in the mixed methodological approaches adopted throughout the study. In-depth interviews generally lead to insightful empirical data as it aims to examine the subject at stake by allowing the social actors being studied to describe their experiences in their own terms (2004, p.114). The qualitative methods of in-depth interviews will enable to distinguish the different and varied experiences of refugees' respondents. Furthermore, the use of fictive health scenarios enabled a concise understanding of the potential of internet-based technologies for promote health integration amongst refugees by means of an interactive approach. Combining both in-depth interviews and intervention-like methods offered an insightful account of the use of social media for refugee health integration. Evidently, this thesis equally encompasses certain limitations, mainly related to the validity and application of the model of the fictive health scenario interventions**.** In the context of healthcare, scenario methods essentially rely on "the imagination (...) and competency (...)" (Vollmar et al., 2015, p.7) of the researchers. Therefore, there is a risk of generating biased scenarios, which might reject what is deems as unorthodox in favor of "well-known developments" and established beliefs (Vollmar et al., 2015, p.7). It is also important to consider that the study did not specifically focused on refugees-respondents who presented immediate health issues, which can result in a lack of precision as to urgent health needs of refugees-patients. Finally, this thesis was also limited by its focus one singular domain of integration that is, health.

Taking into considerations how social media can aid other areas of resettlement (i.e. housing, jobs, socializing, and language) might contribute to reinforce the argument placing social media as key facilitators of refugees' integration as advanced by the study.

5.3. Future Research

The introduction and theoretical framework of this paper emphasizes the lack of theoretical and empirical research on the potential of social media to promote and sustain refugee integration. In that sense, this paper contributes to the expansion of existing literature in significant ways. However, based on the outlined limitations of this study, a suggestion for future research would first be to gather larger-scale and more diverse sample of participants.

Ensuring a certain degree of exactness and objectiveness of the small-scale scenario through quantitative methods would equally participate in enhancing the validity and credibility of future research. It could also be interesting to further investigate how social networking sites such as Facebook and LinkedIn can be utilized as instruments to collect important data from refugees, which in turn might alleviate cultural barriers.

Future research concerned with social media suitability for refugees' health integration could also benefit from adopting methodological approaches which rely on diary reports which will require participants to assess the effectiveness of social media for health for a period of 6 months. Such approach could surely result in a rich and precise data set and provide additional insights as to the topic at stake. Finally, while this study made use of a "cultural broker" for the design of the interview questionnaire, it might be helpful to make use of a translator while conducting the interviews in order to provide a more precise understanding of the role of social media for refugees' health integration.

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VII. Appendices

Appendix A

INTERVIEW GUIDE

INTRODUCTION

1. Informing participants of the time frame of the interviews: 1h30.
2. Re-establishing the aim of the research by referring to the information sheet distributed.
3. Participants sign consent form or give oral permission.
4. Emphasis on the informed consent and anonymity form and ask if they agree to be recorded.
5. Explain the first step of the interview which requires the participants to complete a real-life situation task before interviewing the participants.
6. About the real-life task: Broader approach but give insight into their general use of social media and Internet as well as participants experience.

Gender: Male-Female-Other

Age_____

Nationality_____

1. Questions assessing participants experience of the application and real life situation task.

1. Have you ever used the Refugee Buddy App or similar applications before?
2. Did you find that the applications were easy to use and navigate?
3. In your opinion, which aspects of the applications were most effective for the real-life situation task given?
4. What aspects do you think need improvements?
5. Did you have a preference for one of the applications presented to you? Can you explain why?

2. General use of social media and internet

1. How often do you use social media or internet-based platforms?
2. Probe: How do you access these platforms?
3. What is your most frequent use of the internet? (i.e. seeking information, socializing, entertainment)
4. What online social networks do you use the most?
5. Probe: Can you tell me why? What aspects of this/these particular platform/s attract you?
6. How long have you been using online social networking?
7. Are you part of any online communities (i.e. Facebook group, Instagram)?
8. Probe: How did you come across these online communities?
9. How would you describe the kind of relationship/exchange you have with the members of the online community you joined/are part of?
10. Do you frequently encourage friends and acquaintances to use social media or groups of social media?
11. Do you think that online social networking affects your daily and social life?
12. What were your motivations and interests for using the internet before your arrival in the Netherlands? Are they the same interests or are there changes according to past occurrences and current situation?

3. Perception of integration

1. What does the concept of integration mean to you?
2. What were your initial expectations of living life in the Netherlands?
3. Since your arrival in the host country, what sort of activities did you engage in that made you to feel closer to the local community?
4. In your opinion, what aspects of your daily life in the Netherlands could be improved/changed to help you become a full member of the society in terms of integration?

5. Probe: Have you been able to easily communicate with local civilians?
6. Did you have access to any form of assistance to help you settle and access certain types of local services at your arrival in the Netherlands?
7. Were you satisfied with the assistance received?
8. What type of support and services did you find particularly useful to you? (i.e housing, language, healthcare)

4. Healthcare habits

1. Can you tell us about your experience with healthcare provision in the Netherlands so far?
2. How your experience in seeking healthcare services does compares to that of your home country?
3. What is your understanding of the Dutch health system? (i.e. insurance, doctor's' appointment, emergency services, etc.).
4. Probe: What do you expect from it?
5. What is your evaluation of the Dutch medical system? What are the differences from personal perspective?
6. How frequently have you been in contact with a general practitioner/medical specialist in the last 4 months?
7. Did you have any difficulties in accessing hospitals, doctors or applying for health benefits in the Netherlands?

Perception of digital technology and social media features for health integration.

I'd like to discuss the role of digital technology media in accessing health information and assistance.

1. Did digital technologies play a role in gaining more information about how you could access health care, contact a doctor or know what medicine to take?
2. Have you ever look up for information related to health online since your arrival?
3. Do you think that social media or other internet-based applications can help you overcome health care issues?

4. What are your expectations of social media use (positive and negative) for health promotion and integration?
5. Would you rely on applications such as the Refugee Buddy App and the Facebook page application for health-related issues?
6. Have you ever had to communicate online with a doctor or health practitioner?
7. Probe: Can you describe your experience in this area?
8. Did you experience any disadvantages of social media and ICTs in relation to health communication, do you think there is any disadvantages?

5. Conclusive questions

13. Could you summarize for me what social media and digital technologies have helped you gain information concerning health care?
14. How would you think your experience with the Dutch system would look like if you had no access what so ever to internet based platforms and social networking sites?
15. You think that in the future social media can play a crucial role in aiding/fostering health integration among asylum seekers in the Netherlands?

Appendix B

CONSENT REQUEST FOR PARTICIPATING IN RESEARCH

FOR QUESTIONS ABOUT THE STUDY, CONTACT:

Researcher: Bettina Guigui
Email: Bettina-cg@hotmail.com
Address: Meent 31B, Rotterdam - 3011 JC
Telephone number: +31639109506

DESCRIPTION

You are invited to participate in a research about social media and Health Integration among refugees. The purpose of the study is to examine social media's potential for promoting health integration among refugees and provide a better understanding as to how refugees perceive the use of social media for health promotion and integration.

Your acceptance to participate in this study means that you accept to participate in a small scale simulation and be interviewed.

In general terms,

- The questions the interview will be related to participant's general utilization of social media to access healthcare services

- The observations of the interviewer will aim to draw an analytical conclusion as to how social networking platforms can aid health integration among refugees from Syria and Eritrea in the Netherlands

Unless you prefer that no recordings are made, I will use a tape / video recorder for the interview / focus group.

You are always free not to answer any particular question, and/or stop participating at any point. If participant observation is involved: Every time I want to accompany you in any activity (such as browsing an application designed to aid refugees), I will ask you your permission again.

RISKS AND BENEFITS

As far as I can tell, there are no risks associated with participating in this research. Yet, you are free to decide whether I should use your name or other identifying information or not in the study. If you prefer, I will make sure that you cannot be identified, by using pseudonym, general identification only mentioning age and gender, etc.

I am aware that the possibility of identifying the people who participate in this study may might not be desirable for the participants who might be in the process of asking for asylum in the Netherlands. For that reason—unless you prefer to be identified fully (first name, last name, occupation, etc.)—I will not keep any information that may lead to the identification of those involved in the study. I will only pseudonyms to identify participants.
I will use the material from the interviews and my observation exclusively for academic work, such as further research, academic meetings and publications.

TIME INVOLVEMENT

Your participation in this study will take 1h to 1h30. You may interrupt your participation at any time.

PAYMENTS

There will be no monetary compensation for your participation.

PARTICIPANTS' RIGHTS

If you have decided to accept to participate in this project, please understand your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty. You have the right to refuse to answer particular questions. If you prefer, your identity will be made known in all written data resulting from the study. Otherwise, your individual privacy will be maintained in all published and written data resulting from the study.

CONTACTS AND QUESTIONS

If you have questions about your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact –anonymously, if you wish— Dr. Amanda Paz Alencar - Erasmus School of History, Culture & Communication**,** email: pazalencar@eshcc.eur.nl

SIGNING THE CONSENT FORM

If you sign this consent form, your signature will be the only documentation of your identity. Thus, you DO NOT NEED to sign this form. In order to minimize risks and protect your identity, you may prefer to consent orally. Your oral consent is sufficient.

I give consent to be audiotaped during this study:

Name Signature Date

I prefer my identity to be revealed in all written data resulting from this study

Name Signature Date

This copy of the consent form is for you to keep.

Appendix C

Fictive health scenarios

Description of experiment

Participants will engage in a small experiment prior to answering more specific questions about their use of social media and health seeking behaviors. The experiment will consist of exposing respondents to 4 to 5 fictive health scenarios which highlight common mental and physical problems among refugee population. The fictive health scenarios in question will, for example, presents situations in which newly arrived asylum seekers are suffering from cardiovascular conditions, accidental injuries and nutritional disorders, which are common health problems amongst refugees according to the World Health Organisation (WHO, 2015). The health scenarios will also include conditions oriented towards mental health issues such as feeling of isolation, difficulties to cope with cultural and language barriers which often leads to anxiety and depression. Respondents will then be asked to choose the scenarios which appear to be the most relatable and familiar to them and browse both the Refugee Buddy app and the Facebook page presented.

During this stage of the experiment, the interviewer will ask questions which should provide a better understanding about the steps taken by participants while navigating the applications.

Physical Health

Scenario 1: You have been residing in the Netherlands for quite a while now. However, this winter you started experiencing sinus infections and similar cold symptoms.
As you notice that the medicine you were used to take in your home country does not seem to be available in the Netherlands you wonder what alternative are available to you and decide to seek information online.

***Scenario 2*:** You cut yourself a few days ago and notice that the wound has re-opened. It is now evening and the weekend therefore you are not sure about what to do and since you worry that the wound might get infected overnight you decide to seek information online.

Mental Health

Scenario 3: You have currently applied for asylum at the Dutch Immigration and Naturalization Service (IND). The steps involved in the application process and the waiting time has caused you to be stressed and anxious. At night, you have difficulties to sleep as you can't take your mind off the fear of having your application denied. Your feeling of anxiety is accompanied with periodic headaches and dizziness which resulted in a growing urge to contact a health professional. You start your research by seeking information online.

Scenario 4: After being in the Netherlands for a few years now, you have a better understanding of the Dutch culture and language. However, cultural barriers still remain which complicate your communication with health practitioners which and often gives you the feeling of being misunderstood. In the past months, it has become clear that that you have slowly started to isolate yourself in in your "personal space". Worried that it might become a permanent state, you attempt to find a health practitioner to confide to. You start your research by looking at information online.

Appendix D

Overarching theme	Sub-themes	Sample of coded text
Social Media Use Patterns	Professional networking and social arrangements	""It is here essential in the Netherlands, to have a network through LinkedIn(...)" (Respondent 2) ""We (refugees) might live an isolated life, social media help socializing, yes. The direct contact is difficult, in the first months of residency in the Netherlands" (Respondent 4)
Asylum seeker's Perception of Integration	Integration as a negotiation process Importance of economic and cultural integration	"Integration has to be made together! I don't want to be just part of a community of newcomers...I want to be a part of the community!" (Respondent 8)
Refugee experiences of the Dutch Healthcare system	Dissatisfaction related to effectiveness of health support	"One time I was really sick. I went for three doctors and none of them were available." (Respondent 4)

Cultural differences in health behavior	Language barriers Confusion regarding Referral system Confusion regarding prescription of antibiotics	""They (refugees-patients) need to know the "sick person language" (Respondent 2) "There (in Syria) as I told you most of the people go first of all to the pharmacy then to the specialist."
Role of social media for health	Gathering/sharing practical health information through social media Interacting with health professionals via social media	"I will use Google maps on my phone sometimes for when I want to find any medication places, see what time it opens or closes, it helps a lot" (Respondent 10). "I got rid of the problem ever since and he didn't have to even be physically near me, it was all via phone, WhatsApp etc.!" (Respondent 7)
Designing credible and targeted online platforms for refugee health integration	Enhancing professional credibility of health information Developing tailored information and content for refugees' health	"I think Facebook pages are most likely to be the first step, maybe if they post a link which leads me to professional opinion, I would be more trusting of the (Facebook) page." (Respondent 7) "Try to put the medication used by Syrian back in Syria so when I enter the name of the medicine there, at least the ingredients will appear…" (Respondent 3)