

Research Paper

A Qualitative Study on the Sexual Needs of People in Evacuation Centers After Disasters



Wawan Febri Ramdani^{1,2*}, Endah Tri Wulandari², Adhi Fajarputranto³

1. Center Studies for Women, Family and Disaster, Aisyiyah University of Yogyakarta, Yogyakarta, Indonesia.
2. Department of Nursing, Faculty of Health Science, Aisyiyah University of Yogyakarta, Yogyakarta, Indonesia.
3. Department of Applied Anesthesiology Nursing, Faculty of Health Science, Aisyiyah University of Yogyakarta, Yogyakarta, Indonesia.



Citation Ramdani WF, Wulandari ET, Fajarputranto A. A Qualitative Study on the Sexual Needs of People in Evacuation Centers After Disasters. *Health in Emergencies and Disasters Quarterly*. 2025; 10(2):123-130. <http://dx.doi.org/10.32598/hdq.10.2.554.1>

doi <http://dx.doi.org/10.32598/hdq.10.2.554.1>

Article info:

Received: 16 Jul 2024

Accepted: 16 Oct 2024

Available Online: 01 Jan 2025

ABSTRACT

Background: Volcanic eruptions pose a threat to communities and often sideline their basic needs. This study investigates the experience of evacuees and their perception of sexual needs after evacuation due to the eruption of Mount Merapi in Indonesia.

Materials and Methods: In this qualitative study, in-depth interviews were conducted with 24 evacuees from Central Java and the Special Region of Yogyakarta provinces affected by Mount Merapi's eruptions. Thematic content analysis was used to analyze the data and extract the themes related to sexual needs and well-being in evacuation centers.

Results: We identified four themes of "sexual needs", "privacy/well-being", "psychosocial well-being", and "role of government and associations". The results revealed that evacuees' sexual needs persist after volcanic eruptions but face challenges such as lack of privacy, inadequate facilities, and a non-conducive environment. The participants were aware of the role of these needs in psychosocial health but were influenced by individual and situational factors.

Conclusion: The results highlight the persistence of sexual needs among evacuees after volcanic eruptions and the need for paying attention to these needs in evacuation planning to enhance their psychosocial health.

Keywords:

Volcanic eruption, Sexual behavior, Disasters, Mount Merapi

* Corresponding Author:

Wawan Febri Ramdani

Address: Center Studies for Women, Family and Disaster, Aisyiyah University of Yogyakarta, Yogyakarta, Indonesia.

E-mail: wawanramdani@unisayogya.ac.id



Copyright © 2025 The Author(s). This is an open access article distributed under the terms of the Creative Commons Attribution License (CC-BY-NC: <https://creativecommons.org/licenses/by-nc/4.0/legalcode.en>), which permits use, distribution, and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.

Introduction

Volcanic eruptions include the release of volcanic materials, including lava, ash, gas, and rocks, from active volcanoes [1]. Volcanic eruptions can cause environmental damage and economic losses and be a threat to human safety and health [2-4].

The volcanic lava flow can damage human settlements, forests, and agricultural lands. Volcanic ash can disrupt transportation by causing visibility degradation and engine damage. Exposure to the toxic gases or fine particles emitted from volcanic ash can cause health risks to humans and irritate the respiratory tract [2, 3, 5, 6]. During natural disasters or large-scale events, the evacuation centers can become a shelter for affected people. Basic needs such as food, shelter, and healthcare services are often the primary needs during disasters [7-9]. The primary focus on physical and health needs sometimes neglects the emotional and psychological needs, such as the need for intimacy and sexual relationships [10, 11]. Over the years, the experiences of evacuees have shown that sexual needs are often overlooked in evacuation centers [12-14].

Mount Merapi, a volcanic mountain located in the Special Region of Yogyakarta Province and Central Java, Indonesia, has experienced a significant eruption [15], posing a direct threat to the safety of people in the surrounding area [16]. The damages caused by Mount Merapi eruptions has led to the evacuation of residential areas in the years 1930, 1954, 1961, 1994, 1998, 2001, 2006, and 2021 [17, 18] and the aim of this paper is to synthesize information from the mid-1700s to the present. A descriptive chronology is given, with an abbreviated chronology in a table that summarizes events by year, assigns preliminary volcanic explosivity index (VEI). Its volcanic activity occurs periodically and affects nearby areas with large radii. The duration of eruption and the changes in the type of volcanic activity, such as the release of pyroclastic flows, volcanic ash, and lahars, affect the scale of evacuation and the level of alertness [19].

In addition to economic losses, volcanic eruptions affect psychosocial aspects and human needs, which should be met in the evacuation centers. In some cases, governments and humanitarian organizations have considered these needs, specifically sexual needs, by providing special facilities for married couples in evacuation centers [20-22]. However, implementing these plans often faces challenges, such as lack of privacy or unavailability of adequate facilities. The awareness of these needs should

be increased in humanitarian service providers and in the evacuees [23-25]. Education and training on sexual and psychosocial health issues in evacuation centers can help reduce stigma and increase support for married couples while protecting their autonomy [26, 27]. Furthermore, a holistic approach is needed to respond to these needs by considering physical, psychosocial, and cultural aspects [28]. This includes providing comprehensive reproductive healthcare services, integrated psychosocial support, and taking into account the local and cultural values and norms. Collaboration between governments, non-governmental organizations, and local communities is needed to create a supportive environment for married couples in evacuation centers, which in turn can enhance their well-being and resilience during a crisis [29-33]. Given the complexity and sensitivity of this issue, it is important to delve deeper into the views and experiences of people in evacuation centers and the efforts made to meet the sexual needs of married people amid disasters. Thus, this study aims to explore the experiences of Indonesian people regarding their challenges in meeting their sexual needs in evacuation centers after the eruption of Mount Merapi.

Material and Methods

Study design and participants

This is a qualitative study with a phenomenological approach. This approach allows researchers to explore participants' perspectives and direct experiences, providing rich and profound insights into the phenomenon [34]. Participants were 24 laypeople from the communities in Central Java and the Special Region of Yogyakarta who were directly affected by the Mount Merapi eruption and had different demographic characteristics, such as age, gender, social status, and evacuation experience. The study was conducted from December 2023 to January 2024 (after the volcanic eruption and during the recovery phase). The sampling was carried out systematically and based on the inclusion and exclusion criteria. For recruitment, we contacted the humanitarian organizations, evacuation centers, and local communities in the two provinces. After providing the information about the study to the volunteers, those who met the inclusion criteria were selected.

Data collection

Data was collected using in-depth interviews with the participants, conducted face-to-face at the research site or over the telephone, according to the participants' preferences. Interviews focused on participants' experiences

Table 1. Themes, categories, and subcategories related to the study

Theme	Category	Subcategory	Quotes from Participants
Sexual needs	Sexual needs	Sexual needs in evacuation centers	“Previously, sexual needs in evacuation centers were not a priority.” (Participants No. 3 [P3])
		Sexual needs in older adults	“This is more important in older adults who may no longer have strong sexual needs.” (P.3)
		Sexual needs in young couples	“Young couples have sexual needs, but in evacuation centers, difficulties in having adequate privacy often become problematic.” (P.1)
Privacy/Well-being	Environment	Privacy challenges	“Although there are efforts to enhance privacy by providing separate rooms, the plan often remains suboptimal.” (P.1)
		Inadequate partitioning	“Although rooms with partitions have been built in evacuation centers to provide privacy for families, there are still doubts about their adequacy for meeting psychological needs.” (P.10)
		Adjustments in case of long-term evacuation	“There are concerns that if the evacuation process lasts for a long time, further adjustments are needed to ensure the comfort and adequate privacy of the evacuees.” (P.7)
Psychosocial well-being	Psychosocial well-being	Emotional and psychological needs	“People have emotional needs; married couples need to be together! These problems still exist.” (P.3)
		Impact of individual and situational factors	“However, the importance of these [sexual] needs may vary depending on individual and situational factors.” (P.7)
		Need for adequate psychological services	“Further planning and effort are needed to provide adequate facilities and services to improve the emotional and psychological well-being of evacuees, especially married couples.” (P.20)
Role of government and associations	Community roles	Roles of organizations and government	“Further considerations are needed from the government and local organizations to find better solutions to meet these [sexual] needs.” (P.19)
		Challenges in providing psychological services	“In my opinion, there is still no ideal plan for providing adequate services to meet psychological needs in evacuation centers.” (P.20)

and perceptions of sexual needs, privacy, psychosocial well-being, and the roles of organizations and governments in supporting them during the evacuation process. To ensure the validity and reliability of the data, the triangulation technique was used, which included using multiple data sources (interviews, observations, and document analysis) and multiple researchers to examine the consistency and convergence of the results.

Data analysis

The collected data were analyzed thematically, where the main findings that emerged from the interviews were grouped into relevant themes. Analysis was conducted using an inductive approach, where data were interpreted without imposing a specific conceptual framework [35, 36]. This analysis involved identifying patterns, differences, and similarities, as well as deep reflection to understand the implications of the findings.

Results

We identified several key themes related to the sexual needs, privacy, and psychosocial well-being of evacuees. Table 1 presents the identified themes, categories, and subcategories.

Discussion

In this study, an in-depth study of the experiences of Indonesian people regarding their challenges in meeting their sexual needs in evacuation centers after the Mount Merapi eruption was conducted. People from different groups of gender, age, marital status, education, and occupation groups participated in this study. We identified four themes of “sexual needs”, “privacy/well-being”, “psychosocial well-being”, and “role of government and associations”.

Sexual needs

The sexual needs of evacuees are important and are often overlooked in the planning and implementation

of humanitarian programs. The findings in this study showed that sexual needs often did not become a top priority for evacuees, especially in the early stages of evacuation. This is consistent with previous studies that have shown that during crises and evacuation, basic needs such as food, shelter, and housing often receive more attention resources [37-39] significant unmet needs remain. In Ethiopia, there are more than 2 million IDPs, an estimated 40% of whom have unmet need for modern contraceptives. To address this, EngenderHealth implemented a model of SRHR programming in Ethiopia's Somali region. We share the lessons learned from this project to improve access to SRH services among IDPs.

In 2021, an independent research team implemented a qualitative process evaluation among 13 key informant interviews (KIIs). Considering the importance of understanding the differences in sexual needs of different age groups, there is a need to pay attention to the sexual needs of evacuees in developing humanitarian programs that are more sensitive to individual differences [37, 39, 40].

The research findings indicated that the conditions of evacuation often cause significant barriers to meeting sexual needs, especially in young couples. Difficulty in having adequate privacy in crowded evacuation centers and lack of personal space are among the main challenges young Indonesian couples face. Other studies have also indicated that privacy and intimacy are important factors in sexual satisfaction and couple relationships [41-43]. Therefore, strategies should be developed to address these challenges and help maintain intimacy among married couples in evacuation centers. Furthermore, efforts are needed to increase the perceptions and awareness of sexual needs in evacuees using sexual or reproductive health education programs as well as specific psychosocial support [44]. However, a holistic and culturally sensitive approach is needed to ensure the success of these efforts [24]. Collaboration between governments, non-governmental organizations, and local communities in providing appropriate support to the evacuees to meet their sexual needs is also crucial. This includes providing adequate healthcare and psychosocial services, developing policies sensitive to sexual needs issues, and actively engaging local communities in supporting these efforts. Such collaboration can ensure a comprehensive and sustainable response to the sexual needs of evacuees, which in turn can improve their well-being and dignity [45].

Privacy/Well-Being

Privacy and well-being are other crucial aspects that should be considered in evacuation centers. The findings

in this study highlight that Indonesian evacuees faced challenges in maintaining privacy in evacuation centers after the Mount Merapi eruption. Although efforts had been made to enhance their privacy by providing separate rooms, the plan remained suboptimal. This indicates a gap between the efforts made and the actual needs of the evacuees. Another challenge was the adequacy of existing facilities to meet their psychological needs. The provided facilities should not only meet the physical needs of the evacuees but also support their emotional and psychological well-being. Moreover, there were concerns that the evacuation may last for a long period, and thus, further adjustments were needed to ensure the comfort and privacy of evacuees. This highlights the need for long-term planning that comprehensively considers the privacy and well-being of evacuees.

This study also highlighted the importance of privacy in supporting evacuees' emotional and psychological well-being. Privacy is an important factor in maintaining intimacy and healthy interpersonal relationships, especially during displacement which is associated with stress and uncertainty [46, 47]. Therefore, efforts are needed to improve the privacy of evacuees by not only providing separate physical spaces but also by considering the psychosocial aspects related to privacy.

Psychological well-being

Emotional and psychological well-being are also very important in the context of displacement, since the experience of crisis, loss, and uncertainty can negatively affect the mental and emotional health of the displaced people [46, 47]. In this study, the participants indicated the importance of emotional needs in evacuees, including the need to be together in married couples. The importance of these needs may vary depending on individual and situational factors. A study also indicated that emotional and psychological well-being are important factors in adaptation and resilience to displacement [48]. Further planning and effort in Indonesia are still needed to provide adequate facilities and services to support the emotional and psychological well-being of evacuees, especially married couples. These efforts can include providing affordable mental health services, psychosocial support programs, and developing mechanisms to address stigma related to mental health issues among the evacuees.

Role of organizations and government

The organizations and government also have a significant impact on the well-being and resilience of displaced

people [48]. The participants in this study highlight the need for the active involvement of organizations and the government in providing adequate support to evacuees to meet their sexual needs, privacy, and emotional and psychological well-being. The role of associations in advocating for the needs of evacuees and mobilizing necessary resources is critical for responding to these challenges. Associations can play a key role in providing psychosocial services, mental support programs, and facilities to improve the psychological well-being of evacuees [48]. On the other hand, the government is responsible for making policies and developing regulations that support the efforts to protect and fulfill the basic rights of evacuees, including sexual and reproductive needs as well as emotional and psychological well-being needs [48].

Conclusion

This research highlights the importance of paying attention to the sexual needs of evacuees after volcanic eruptions, particularly in the provinces of Yogyakarta Special Region and Central Java in Indonesia, affected by the eruption of Mount Merapi mountain. The sexual needs in evacuation centers are often overlooked or not fully met due to constraints such as lack of privacy and adequate facilities. Awareness of the importance of sexual needs in maintaining the psychosocial health of evacuees is important and needs to be considered in planning and implementation of humanitarian programs during crises. There is need for a more holistic response to the psychosocial well-being of evacuees, by taking into account their sexual needs and privacy, and the provision of evacuation facilities. The results of this study can provide guidance for health and humanitarian providers in designing interventions in response to the needs that are often neglected for evacuees after volcanic eruptions.

Ethical Considerations

Compliance with ethical guidelines

In this research, all ethics principles, including anonymity and confidentiality, were considered, and written informed consent was obtained from the participants. Participants were provided with clear information about the study objectives and their rights to leave their participation. This research obtained ethical approval from the Ethics Committee of [Aisyiyah University of Yogyakarta](#), Yogyakarta, Indonesia. (Code: 3284/KEP-UNISA/XII/2023).

Funding

This research was funded by the Center for Women and Family Studies, [Aisyiyah University of Yogyakarta](#), Yogyakarta, Indonesia.

Authors' contributions

Conceptualization, study design and analysis: Wawan Febri Ramdani; Data collection and methodology: Endah Tri Wulandari; Writing the initial draft: Wawan Febri Ramdani and Wawan Febri Ramdani; Review and editing: Endah Tri Wulandari and Adhi Fajar Putranto; Supervision: Adhi Fajar Putranto.

Conflict of interest

The authors declared no conflict of interest.

Acknowledgments

The authors would like to thank the participants for sharing their experiences, as well as the institutions, organizations, and individuals who have supported and facilitated the research process and provided technical, logistical, and moral support.

References

- [1] Schwartz-Marin E, Merli C, Rachmawati L, Horwell CJ, Nugroho F. Merapi multiple: Protection around Yogyakarta's celebrity volcano through masks, dreams, and seismographs. *History and Anthropology*. 2022; 33(5):588-610. [DOI:10.1080/02757206.2020.1799788]
- [2] Wilson TM, Stewart C, Sword-Daniels V, Leonard GS, Johnston DM, Cole JW, et al. Volcanic ash impacts on critical infrastructure. *Physics and Chemistry of the Earth, Parts A/B/C*. 2012; 45-46:5-23. [DOI:10.1016/j.pce.2011.06.006]
- [3] Wilson G, Wilson TM, Deligne NI, Cole JW. Volcanic hazard impacts to critical infrastructure: A review. *Journal of Volcanology and Geothermal Research*. 2014; 286:148-82. [DOI:10.1016/j.jvolgeores.2014.08.030]
- [4] Brown SK, Jenkins SF, Sparks RSJ, Odberth H, Auken MR. Volcanic fatalities database: Analysis of volcanic threat with distance and victim classification. *Journal of Applied Volcanology*. 2017; 6(15):1-20. [DOI:10.1186/s13617-017-0067-4]
- [5] Malawani MN, Lavigne F, Gomez C, Mutaqin BW, Hadmoko DS. Review of local and global impacts of volcanic eruptions and disaster management practices: The Indonesian example. *Geosciences*. 2021; 11(3):109. [DOI:10.3390/geosciences11030109]
- [6] Rahim FR, Fauzi A, Syafriani. Fostering creative problem solving skills through integrated learning of volcanic eruption disasters. *ASEAN Natural Disaster Mitigation and*

- Education Journal. 2023; 1(1):31-42. [DOI:10.61511/andmej.v1i1.2023.176]
- [7] Mavrouli M, Mavroulis S, Lekkas E, Tsakris A. The impact of earthquakes on public health: A narrative review of infectious diseases in the post-disaster period aiming to disaster risk reduction. *Microorganisms*. 2023; 11(2):419. [DOI:10.3390/microorganisms11020419] [PMID]
- [8] Kitano H, Kako M, Tsuga K, Nikawa H, Mikami Y, Yamashita H, et al. Developing new information sheets for evacuees and evacuation centers to be used during all natural disaster phases. *Prehosp Disaster Med*. 2020; 35(6):683-7. [DOI:10.1017/S1049023X20001156] [PMID]
- [9] Ochiai T, Enomoto T. Multi-hazard evaluation using cluster analysis-for designated evacuation centers of Yokohama. *Journal of Geographic Information System*. 2021; 13(2):243-59. [DOI:10.4236/jgis.2021.132013]
- [10] Mitchell KR, Lewis R, O'Sullivan LF, Fortenberry JD. What is sexual wellbeing and why does it matter for public health?," *The Lancet. Public Health*. 2021; 6(8):e608-13. [DOI:10.1016/S2468-2667(21)00099-2] [PMID]
- [11] Vansteenkiste M, Ryan RM, Soenens B. Basic psychological need theory: Advancements, critical themes, and future directions. *Motivation and Emotion*. 2020; 44(1):1-31. [DOI:10.1007/s11031-019-09818-1]
- [12] Krause SK, R. Jones RK, Purdin S. Programmatic responses to refugees' reproductive health needs. *International Family Planning Perspectives*. 2000; 26(4):181-7. [DOI:10.2307/2648256]
- [13] Sajdi J, Essaid A, Vila CM, Abu Taleb H, Abu Azzam M, Malachowska A. IDream Of Going Home': Gendered experiences of adolescent Syrian Refugees in Jordan's Azraq Camp. *The European Journal of Development Research*. 2021; 33(5):1189-208. [DOI:10.1057/s41287-021-00450-9]
- [14] Westhoff WW, Lopez GE, Zapata LB, Corvin JA, Allen P, McDermott RJ. Reproductive health education and services needs of internally displaced persons and refugees following disaster. *American Journal of Health Education*. 2008; 39(2):95-103. [DOI:10.1080/19325037.2008.10599021]
- [15] Utami I, Sakti AD, Yusuf FI, Husna F, Susanto D. Development of Secondary Forest Succession Based on Estimation of Forest Carbon Stocks Ten Years Post-Merapi Volcano Eruption. *HAYATI Journal of Biosciences*. 2023; 30(5):834-42. [DOI:10.4308/hjb.30.5.834-842]
- [16] Doocy S, Daniels A, Dooling S, Gorokhovich Y. The human impact of volcanoes: A historical review of events 1900-2009 and systematic literature review. *PLoS Currents*. 2013; 5:ecurrents. [PMID]
- [17] No author. Central Java provincial government, Merapi massive eruption, Ganjar: Most of the community has evacuated [internet]. 2021 [Updated 2024 December 12]. Available from: [Link]
- [18] Voight B, Constantine EK, Siswamidjono S, Torley R. "Historical eruptions of Merapi Volcano, Central Java, Indonesia, 1768-1998. *Journal of Volcanology and Geothermal Research*. 2000; 100(1-4):69-138. [DOI:10.1016/S0377-0273(00)00134-7]
- [19] Surono. Volcanic disaster mitigation for living in harmony with active volcanoes. Paper presented at: The 9th International Graduate Students and Scholars Conference in Indonesia (IGSSCI) Sustaining The Planet: A call for Interdisciplinary Approaches and Engagement. 9-10 August 2017; Universitas Gajah Mada, Yogyakarta. [Link]
- [20] Vaux T, Seiple C, Nakano G, Van Brabant K. Humanitarian action and private security companies: Opening the debate. London: International Alert Policy and Advocacy Department; 2001. [Link]
- [21] Research Team Pujiono Centre, Prasetyo AB, Septikasari Z, Silviana M, Syahroeddin H. Inclusive humanitarian system and landscape in Indonesia. Pujiono Centre: Yogyakarta; 2021.
- [22] Dönmez Z, Kara BY, Karsu Ö, Saldanha-da-Gama F. Humanitarian facility location under uncertainty: Critical review and future prospects. *Omega*. 2021; 102:102393. [DOI:10.1016/j.omega.2021.102393]
- [23] Mechili EA, Angelaki A, Petelos E, Sifaki-Pistolla D, Chatzea VE, Dowrick C, et al. Compassionate care provision: An immense need during the refugee crisis: Lessons learned from a European capacity-building project. *Journal of Compassionate Health Care*. 2018; 5(2):1-8. [DOI:10.1186/s40639-018-0045-7]
- [24] Lau LS, Rodgers G. Cultural competence in refugee service settings: A scoping review. *Health Equity*. 2021; 5(1):124-34. [DOI:10.1089/heap.2020.0094] [PMID]
- [25] P Iqbal M, Walpola R, Harris-Roxas B, Li J, Mears S, Hall J, et al. Improving primary health care quality for refugees and asylum seekers: A systematic review of interventional approaches. *Health Expectations*. 2022; 25(5):2065-94. [DOI:10.1111/hex.13365] [PMID]
- [26] Musindo O, Jafry S, Nyamiobo J, Becker KD, Gellatly R, Maloy C, et al., Mental health and psychosocial interventions integrating sexual and reproductive rights and health, and HIV care and prevention for adolescents and young people (10-24 years) in sub-Saharan Africa: A systematic scoping review. *EclinicalMedicine*. 2023; 57:101835. [DOI:10.1016/j.eclim.2023.101835] [PMID]
- [27] Murphy N, Rarama T, Atama A, Kauyaca I, Batibasaga K, Azzopardi P, et al. Changing climates, compounding challenges: A participatory study on how disasters affect the sexual and reproductive health and rights of young people in Fiji. *BMJ Global Health*. 2023; 8(Suppl 3):e013299. [DOI:10.1136/bmjgh-2023-013299] [PMID]
- [28] Ventegodt S, Kandel I, Ervin D, Merrick J. Concepts of holistic care. In: Rubin IL, Merrick J, Greydanus DE, Patel DR, editors. *Health care for people with intellectual and developmental disabilities across the lifespan*. Cham: Springer; 2016. [DOI:10.1007/978-3-319-18096-0_148]
- [29] UN Women. Promoting gender equality in sexual, reproductive, maternal, newborn, child and adolescent health. New York: UN Women; 2009. [Link]
- [30] Pratiwi A, Jaetuloh A, Puri Handayani A, Rosidha Tamyis A, Wulandari AS, Pandu Primadata A, et al. Gender equality, disability and social inclusion in practice: Research and advocacy experience of knowledge sector initiative partners. Jakarta: Knowledge Sector Initiative; 2022. [Link]
- [31] Hadna AH, Nasrulhaq N. Collaborating local government agencies to prevention adolescent reproductive health in Makassar, Indonesia. *Otoritas: Jurnal Ilmu Pemerintahan*. 2019; 9(1):12-27. [DOI:10.26618/ojip.v9i1.2025]

- [32] Raniti M, Aston R, Bennett K, de Nicolás Izquierdo C, Fridgant M, Cehun E, et al. Global standards and indicators for health promoting schools. Parkville: Murdoch Children's Research Institute: 2020. [\[Link\]](#)
- [33] Weisman MH. Reproductive Health. *Rheumatic Disease Clinics of North America*. 2017; 43(2):xi-xii. [\[DOI:10.1016/j.rdc.2017.02.002\]](#)
- [34] Grosseohme DH. Overview of qualitative research. *Journal of Health Care Chaplaincy*. 2014; 20(3):109-22. [\[DOI:10.1080/08854726.2014.925660\]](#) [\[PMID\]](#)
- [35] Azungah T. Qualitative research: Deductive and inductive approaches to data analysis. *Qualitative Research Journal*. 2018; 18(4):383-400. [\[DOI:10.1108/QRJ-D-18-00035\]](#)
- [36] Naeem M, Ozuem W, Howell K, Ranfagni S. A step-by-step process of thematic analysis to develop a conceptual model in qualitative research. *International Journal of Qualitative Methods*. 2023; 22. [\[DOI:10.1177/16094069231205789\]](#)
- [37] O'Connell KA, Hailegebriel TS, Garfinkel D, Durham J, Yakob B, Kassaw J, et al. Meeting the sexual and reproductive health needs of internally displaced persons in Ethiopia's Somali Region: A qualitative process evaluation. *Global Health, Science and Practice*. 2022; 10(5):e2100818. [\[DOI:10.9745/GHSP-D-21-00818\]](#) [\[PMID\]](#)
- [38] Gupta GR, Grown C, Fewer S, Gupta R, Nowrojee S. Beyond gender mainstreaming: Transforming humanitarian action, organizations and culture. *Journal of International Humanitarian Action*. 2023; 8(1):5. [\[DOI:10.1186/s41018-023-00138-1\]](#) [\[PMID\]](#)
- [39] Soeiro RE, de Siqueira Guida JP, da-Costa-Santos J, Costa ML. Sexual and reproductive health (SRH) needs for forcibly displaced adolescent girls and young women (10-24 years old) in humanitarian settings: A mixed-methods systematic review. *Reproductive Health*. 2023; ;20(1):174. [\[DOI:10.1186/s12978-023-01715-8\]](#) [\[PMID\]](#)
- [40] Mazurana D, Marshak A, Spears K. Sex and age matter: Improving humanitarian response in emergencies. *Feinstein International Center, Humanitarian Response in Emergencies*. Tufts: Feinstein International Center; 2011. [\[Link\]](#)
- [41] Collado ZC, Arpon AT. Sexual intimacies in displaced environment. *Sexual and Relationship Therapy*. 2020; 35(4):478-94. [\[DOI:10.1080/14681994.2020.1778166\]](#)
- [42] Rayburn RL, Corzine J. Your Shelter or mine? Romantic relationships among the homeless. *Deviant Behavior*. 2010; 31(8):756-74. [\[DOI:10.1080/01639621003748803\]](#)
- [43] Bhadra S. Exploring dimensions of sexual issues in disasters and conflicts: Need to bridge the gaps between policy and practice. *Sexologies*. 2022; 3(31):277-90. [\[Link\]](#)
- [44] Meyer K, Abimpaye M, Harerimana JD, Williams C, Gallagher MC. Understanding the sexual and reproductive health experiences of refugee and host community adolescents and youth in Rwanda During COVID-19: Needs, barriers, and opportunities. *Frontiers in Reproductive Health*. 2022; 4:799699. [\[DOI:10.3389/frph.2022.799699\]](#) [\[PMID\]](#)
- [45] Matlin SA, Depoux A, Schütte S, Flahault A, Saso L. Migrants' and refugees' health: Towards an agenda of solutions. *Public Health Reviews*. 2018; 39:1-55. [\[DOI:10.1186/s40985-018-0104-9\]](#) [\[PMCID\]](#)
- [46] Georgieva L, Burazeri G. Health determinants in the scope of new public health, a handbook for teachers, researchers and health professionals. Heesch: Hans Jacobs Publishing Company: 2005. [\[Link\]](#)
- [47] Pietromonaco PR, Collins NL. Interpersonal mechanisms linking close relationships to health. *The American Psychologist*. 2017; 72(6):531-42. [\[DOI:10.1037/amp000129\]](#) [\[PMID\]](#)
- [48] Siriwardhana C, Ali SS, Roberts B, Stewart R. A systematic review of resilience and mental health outcomes of conflict-driven adult forced migrants. *Conflict and Health*. 2014; 8:13. [\[DOI:10.1186/1752-1505-8-13\]](#) [\[PMID\]](#)

