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REVIEW

Factors Affecting Diasporic Women's Quality of Life: A Systematic Review

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Objective: This literature review assesses the factors that influence the quality of life of migrant women in the diasporic with the goal of improving their quality of life and creating more supportive social adjustment in the public health field.

Methods: The systematic review was conducted in accordance with the preferred reporting items for systematic reviews and meta-analyses (PRISMA) guidelines. We searched the databases of Scopus, PubMed, SAGE journal, Springer, and Google Scholar for scientific articles on the quality of life of diasporic and migrant women. We screened and removed duplicates, analyzed the full text of the articles to identify potentially relevant studies, and extracted data from matched articles.

Results: The literature search yielded 34 articles. Only 10 articles that met all inclusion criteria were included in the systematic review after peer review.

Conclusion: The literature shows that the quality of life of diasporic women is influenced by four main factors: sociodemographic predictors, social adjustment predictors, health-related predictors, and psychological predictors. Identifying them is important to improve quality of life and find the right solutions to improve the quality of life of marginalized groups in society. To improve the quality of life for diasporic women, I suggest implementing government policies such as language education, vocational training, stronger protection laws, and better healthcare access. Additionally, establishing cultural exchange and networking programs is crucial for fostering cultural understanding.

Keywords: contributing factor, women, immigrant women, public health, quality of life

Introduction

Diasporic women are African American, Asian, biracial, multiracial, or a combination of these identities who have left their homeland and settled in another country. For example, Cambodia, Laos, Hmong, Pakistan, Thailand, Indonesia, Bangladesh, Sri Lanka, Malaysia, China, and Japan. There is an Asian-centric diasporic community that has even coined the terms "Hispanic" and "Asian American".[1] It is a concept of global identity and globalization by immigration. The formation of diasporic women occurred primarily in the 18th and 19th centuries, with war being the primary cause of migration. From an economic perspective, the American Industrial Revolution is an example of this, with mass immigration beginning in 1920, displacing native-born workers and making half of manufacturing workers immigrants. They ushered in an era of immigration that led to an industrial transformation of the American workforce.[2] Also, the Civil War resulted in a significant population decline, with 620,000 people killed and one in five men dying. Men were more numerous in the West and women in the East, and the gender imbalance put pressure on local women to marry. Despite these pressures, many women chose to marry, and in early colonial times it was common to marry at around 20 years of age. Widowed women faced the challenge of supporting their families and needed to secure economic resources. Their miserable economic conditions are reflected in high widowhood rates.[3] In addition, diasporic women may have been mediated by marriage brokers for marriage. Their life satisfaction continues to be a major issue. They are experiencing quality of life issues such as financial distress, loneliness, emotional distress, and sleep problems.[4] The global crisis of social inequality and identity confusion among diasporics is a long-standing issue that can be improved

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and communicated through overcoming stratified identities.[5] Diasporic women believe in the importance of a healthy mind and are affected by physical symptoms and emotional changes. Muscle and joint pain, depression, loneliness, and psycho-behavioral symptoms make it difficult to maintain a good quality of life (QoL).[6] Depression among diasporic women is often exacerbated by low social support and economic status, ethnic and linguistic minority status, and lack of social skills due to exile.[7] In addition to social discrimination and poverty, it is also a source of stress and a topic that needs to be addressed to improve their QoL.[8] When presenting QoL to immigrant women, especially emotional, distress, vitality, health status, social aspects, perceptions of discrimination, and changes in health over time are inversely related to their QoL, and measures to reduce negative impacts and improve QoL should be explored.[9]

Compared to men, diasporic women who have experienced migration are at higher risk of post-traumatic stress disorder, are exposed to a range of personal and socio-cultural challenges and hardships and are at higher risk of experiencing poverty. Mental health conditions such as depression, anxiety, and discrimination are also social problems.[10] There is an organic link between their QoL and the mental health of migrant women. Mental health is both a social and socioecological issue, and QoL is a model of health determination that allows for the interaction of the environment and the individual.[11] A high QoL becomes a strategy for dealing with psychological issues such as depression, anxiety, and stress, and is crucial for leading a healthy life with personalized treatments.[12] The World Health Organization (WHO) describes QoL as the perception of general personal well-being, with levels depending on an individual's emotions, health, and life context.[13] QoL encompasses a person's life and takes into account their mental and physical state.

The QoL of diasporic women brings together the concepts of mental and physical health. Their mental health is influenced by culture-related stressors, economic uncertainty or racial discrimination, and public health practices in their social environment.[14] Physical health factors include lifestyle changes, such as diet and physical activity,[15] and health disadvantage factors for aging, disease, and death.[16] As a result, diasporic women's QoL has emerged as an important consideration that migrant women themselves need to address. Recognizing and understanding their QoL should foster an environment that promotes life satisfaction. This can ultimately play a pivotal role for individuals who wish to contribute to living a more positive and productive life.

According to the International Organization for Migration, there were approximately 272 million migrants in the world in 2020, representing 3.5% of the world's population. More and more people are choosing to emigrate from their home countries due to poverty, flight, political situations, and more.[17,18] In recent decades, attention has been increasingly focused on diasporic populations, which are the country's ethnic minorities. Research has shown that the implementation of public health efforts that promote the QoL of migrant women can have positive social spillover effects.[19,20] Research has shown that low QoL among migrant women can have a negative impact on their quality of life. Mental conditions such as depression, anxiety, and stress, as well as physical health, are now understood to have both positive and negative effects on QoL.[21] However, the factors affecting QoL in diasporic women remain unclear. Identifying predictors of women's QoL and providing baseline data as well as evidence to plan and design life strategies to improve migrant women's QoL will ultimately provide high-quality public health interventions.[22,23]

To our knowledge, there has been no systematic review of factors affecting the QoL of migrant women, or women in diasporic. The purpose of this study is to discuss factors that may influence diasporic women's QoL, which may ultimately improve their overall well-being, personal life attitudes, and create a positive social environment. This literature review is designed to help other researchers understand how to conduct validation and to inform future research on strategies based on interventions or social interventions to improve diasporic women's QoL.

Materials and Methods

The systematic review was conducted by searching and analyzing preliminary data collected from study-related databases using a systematic literature review approach. The study was designed, conducted, and reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. Relevant articles published between 2014 and 2024 were identified using electronic databases such as Scopus, PubMed, SAGE Journal and SpringerLink, and Google Scholar. The aim of this study was to synthesize the factors affecting QoL among women in the diasporic. Diasporic women are migrant women and similar keywords and terms related to elements of their personal lives were used in the literature base. Synonyms and related words were also included. This study focused on the overall

QoL of diasporic women, ie migrant women. Keywords included were "quality of life", "QoL", "life" or "mental health", "physical health" or "diasporic women", "migrant women", "public health" or "QoL" or "migrant-related QoL". A four-step process was followed to ensure eligibility, including identification, filtering, eligibility, and inclusion.

To provide a comprehensive understanding of diasporic women's QoL, inclusion and exclusion criteria were set and organized based on the research topic. The titles, abstracts, and full text of the remaining studies were evaluated against the inclusion and exclusion criteria. Studies included in this analysis were only considered if they (1) measured factors affecting diasporic women's QoL, (2) included diasporic and migrant women, all ages, and (3) were published in English and full text was available. (4) Articles published between January 2014 and February 2024 were analyzed. (5) Only articles from qualitative studies, clinical trials, and randomized controlled trials were considered; reviews, letters, comments, and duplicates were excluded.

Publications from 2014 to 2024 were selected because of the lack of empirical studies of qualitative research and clinical trials among women in the diasporic. A sufficient number of articles related to QoL of diasporic women in the last decade were provided to report the reliability and current state of the literature. Thematic analysis was conducted by reviewing the data and reading and categorizing the titles and abstracts of the articles based on the study objectives. Papers that met the set criteria were selected for full text screening. Key aspects such as author, publication, year, country, study objectives, design, and Conclusions were analyzed to determine eligibility. Eligibility was based on author, country, year of publication, QoL measures of diasporic women, number of participants, and study design, with full-text analysis and independent data extraction by the authors. The results were categorized into sociodemographic predictors, social adjustment predictors, health-related predictors, and psychological predictors. Results were excluded if none of the four diasporic women's QoL factors were present.

Results

The systematic search initially yielded 274 articles. After review by the authors, only 10 met all inclusion criteria and were included in the final systematic review. A visual representation of the study selection process is shown in Figure 1, a flowchart. This rigorous selection process ensured that the final set of articles closely aligned with the study objectives and selection criteria, thus increasing the reliability and relevance of the systematic review. The characteristics and Results of this study can be found in Table 1.

Irrelevant and repetitive titles were discarded (n = 157). Abstracts were screened for the following inclusion criteria Reviews, internet articles, editorials, viewpoints, commentaries, position papers, reports, and language restrictions, as well as inappropriate topics and articles irrelevant to the main focus were excluded (n = 39). This resulted in 10 articles for the current scoping review. While four articles also included men in their studies,[20,23,26,28] only outcomes related to migrant women were considered for the current analysis. The authors categorized the predictors from the 10 studies into four main areas: (1) sociodemographic predictors, (2) social adjustment-related predictors, (3) health-related predictors, and (4) psychological predictors.

Socio-Demographic Related Predictors

Of the 10 articles selected for the systematic review, all 10 discussed socio-demographic factors. The most common socio-demographic factors found to influence the quality of life of diasporic women were income level and language proficiency. This was significantly associated with psychological well-being, loneliness, and anxiety, which is the mental health component of quality of life. Other influencing factors were age, gender, education, presence of children, and length of residence.

The quality of life of diasporic women is most affected by their language skills. Studies have shown that migrant women with high language proficiency have better emotional health, with lower levels of psychological well-being, acculturation stress, and anxiety, as they are less likely to feel lonely and better able to integrate into society.[24,25,29,30,32] This is because it affects acculturation stress and psychological well-being,[4] loneliness,[24] sadness and health,[28] mental health,[29] and emotions.[31] This is interpreted as empathy and interaction-based communication based on language skills. This enables emotional connection, which can improve mental health and lead to a better quality of life. The second most important socio-demographic factor, the presence or absence of children, affects the quality of life of women in the diasporic. For most women, migration by marriage is significant.[35] The higher the number of preschoolers, the more likely they were to experience economic hardship, which was associated with a lower quality of life.[29] This shows that an individual's economic level is part of what shapes the quality of life for women in the diasporic.

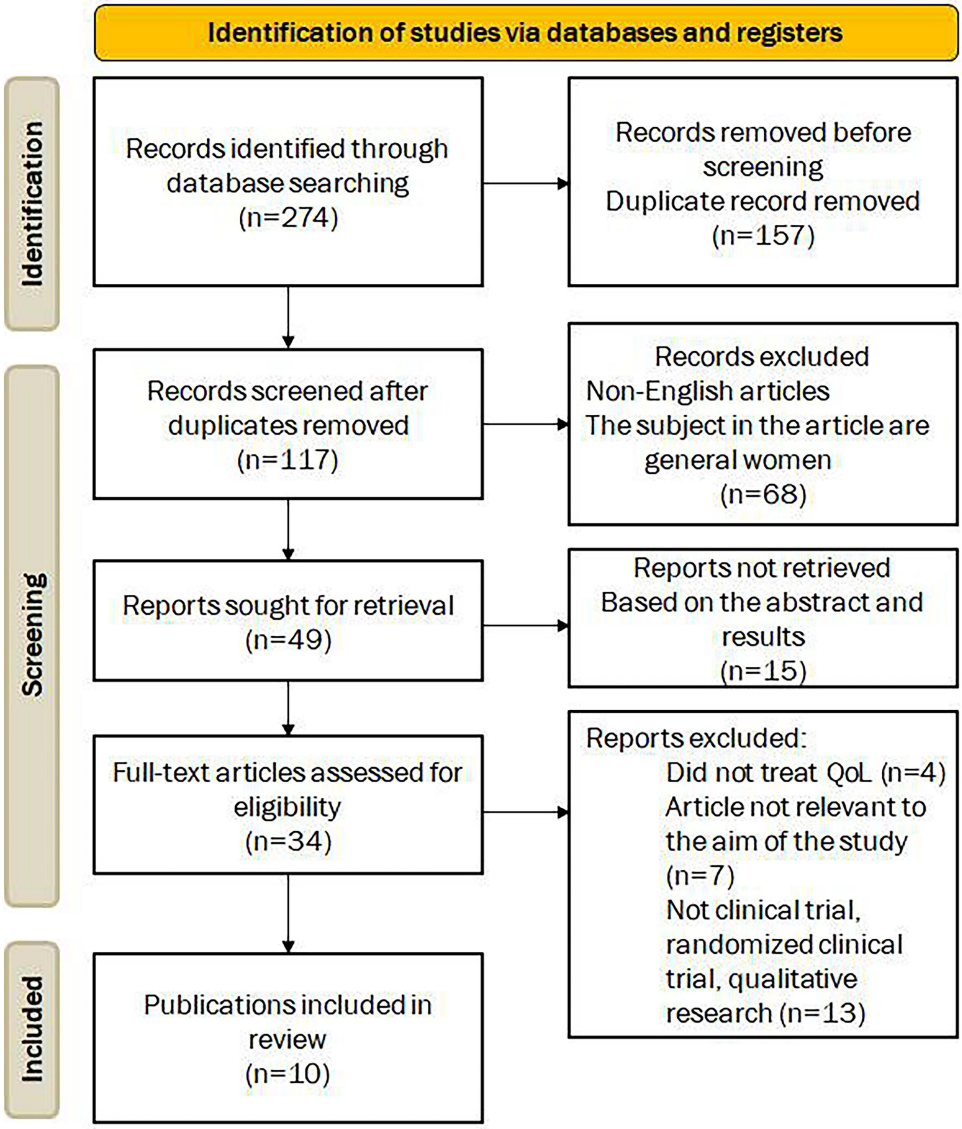

Figure 1 PRISMA flow diagram.
Notes: Adapted from Page MJ, McKenzie JE, Bossuyt PM et al. The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *The BMJ*. 2021;372. Creative Commons.[34.]

The experience of sadness and hopelessness is also related to the presence of children, indicating that the presence of children affects their psychological state. Diasporic women's quality of life is influenced by their average monthly household income.[24,29,32] Income is a combination of socioeconomic characteristics and immigrant status that shapes environmental health.[36] Age has been shown to correlate with acculturative stress and psychological well-being in diasporic women,[24] and gender has been shown to influence acculturation.[25] And it's been confirmed that race can lead to emotional problems and lower quality of life[25] and that country of origin is associated with stress, which can affect mental health.[28]

This systematic review further identified education level,[25] length of residence, and country of origin.[29] Two of the papers were qualitative studies[26,33] and used interview methods. Therefore, no correlations between sociodemographic factors were presented.

Social Acculturation Predictors

Social factors such as cultural stress, social relations, and social discrimination are important factors that affect the quality of life of women in diasporic.[24,29,31] This maladaptation in social relationships can lead to loneliness,

Table 1 Summary of Scoping Review Articles

No	Authors (Year) Country	Tools	Participants (number)	Predictors of Diasporic Woman's Quality of Life			
				Socio-demographic predictors	Social acculturation predictors	Health-related predictors	Psychological predictors
1	Kim et al (2014)[24] USA	1. Multidimen-sional acculturative stress inventory (MASI) 2. Multigroup ethnic identity measure (MEIM-R) 3. Rosenberg self-esteem scale (RSES) 4. General well-being schedule (GWB)	181 immigrants Women (n=65) Men (n=106)	1. Age 2. Marital status 3. Length of migration 4. Education 5. Household income 6. Language proficiency	1. Cultural stress	-	1. Acculturative stress 2. Ethnic identity 3. Self-esteem 4. Psychological well-being
2	Verhagen et al (2014)[25] Netherlands	1. Health-related quality of life (HRQOL): Short-Form-12(SF-12), Physical and mental health summary(PCS), Mental component(MCS) 2. Psychological acculturation scale (PAS) 3. De Jong Gierveld loneliness scale	201 People (55 years and older) Moroccan (n=98) Turkish(n=69) Moluccan (n=34)	1. Age 2. Gender 3. Marital status 4. Length of residence 5. Language proficiency 6. Ethnicity 7. Education level	1. Emotional attachment to culture 2. Culture of origin 3. Acculturation	1. Physical quality of life: physical pain, general health, and vitality	1. Loneliness 2. Mental quality of life: social functioning, emotional and mental health
3	Michaëlis et al (2015)[26] Europe	In-depth interviews	Non-Western women immigrants (n=13)	1. Socio-economic background 2. Social status 3. Treatment experience	1. Changing social relationships 2. Fulfill social roles	1. Chronic pain 2. Muscle tension 3. Physical inactivity	1. Emotional distress 2. Depression 3. Personality changes
4	Hölzel et al (2016)[27] Germany	1. Patient information materials(PIMs) 2. Focus Group Interviews 3. Stephenson multi-group acculturation scale 4. Pain assessed by the patient health(PHQ-9) 5. WHO well-being index(WHO-5)	203 women 106 men Russian (n=202) Turkish (n=52) Polish (n=30) Italian (n=25)	1. Age 2. Gender 3. Length of residence 4. Education level 5. Reading level	1. Cultural competence 2. Socialization 3. Cultural literacy	1. Chronic low back pain	1. Cognitive and emotional behavior 2. Depression
5	Anjara et al (2017)[28] Singapore	1. Health and quality of life (WHOQoL-Bréf) 2. Social connectedness (the Friendship Scale) 3. Preferred and experienced working management style (the Theory X and Theory Y Questionnaire)	182 migrant women Philippines (57.1%) Indonesia (37.4%)	1. Age 2. Marital status 3. Religion 4. Work experience 5. Country of work	1. Social connections 2. Work management style 3. Social connectedness	1. Satisfaction with health	1. Stress

(*Continued*)

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Table 1 (Continued).

No	Authors (Year) Country	Tools	Participants (number)	Predictors of Diasporic Woman's Quality of Life			
				Socio-demographic predictors	Social acculturation predictors	Health-related predictors	Psychological predictors
6	Yi, Lee (2018)[29] South Korea	Andersen's health behavior model	8142 Migrant women	1. Age 2. Marital status 3. Presence of children 4. Education 5. Country of origin 6. Length of residence 7. Type of occupation 8. Employment status 9. Region of residence 10. Language proficiency	1. Social discrimination 2. Socialization 3. Environmental Health	1. Health conditions	1. Sadness 2. Despair
7	Lindegaard et al (2021)[30] Sweden	1. Patient Health Questionnaire-9 (PHQ-9) 2. Generalized Anxiety Disorder-7 (GAD-7) 3. Insomnia Severity Index (ISI) 4. Perceived Stress Scale-14 (PSS-14) 5. Alcohol Use Disorders Identification Test (AUDIT) 6. Brunnsviken Brief Quality of Life (BBQ) 7. Events Scale Revised (IES-R)	50 Immigrants and refugees Women (58%) Men (48%)	1. Age 2. Gender 3. Education level 4, Employment status 5. Psychotherapy experience 6. Medication use	1. Environmental Health	-	1. Anxiety 2. Depression 3. Insomnia 4. Post-traumatic stress 5. Emotional regulation 6. Worry
8	Shovaz et al (2022)[31] USA	1. General health questionnaire (GHQ) 2. Quality of life of the world health organization questionnaire (WHOQ-BREF)	60 married Afghan women	1. Age 2. Education 3. Marital status 4. Self-management skills 5. Language skills	1. Social relationships 2. Social dysfunction 3. Cultural similarities 4. Religious similarities 5. Environmental Health	1. Physical symptoms	1. Anxiety 2. Insomnia 3. Depression
9	Fernández-Carrasco et al (2022)[32] Spain	1. WHOQOL-BREF quality of life assessment 2. The Beck anxiety inventory (BAI)	426 Latin American immigrants Women (96%) Men (4%)	1. Age 2. Marital status 3. Education level 4. Income 5. Number of children 6. Country of origin 7. Anniversary year 8. How long you have been working	1. Social discrimination 2. Marginalization 3. Insults	1. Risk of physical harm 2. Healthcare 3. Chronic health problems	1. Anxiety
10	Schytt et al (2022)[33] Stockholm	1. Phone interviews 2. Women's ratings of care and emotional wellbeing questionnaires	150 Immigrant women	1. Family members 2. Occupation 3. Reason for migration 4. Length of residence 5. Companion 6. Health and medication status 7. Age	-	1. Smoking status 2. High blood pressure 3. Diabetes mellitus	1. Postpartum depression

hopelessness, anxiety, and sadness.[24,29,32] In particular, the predictor of social adjustment through racism was found to have an indirect effect on diasporic women's QoL through its direct effects on stigmatization, depression, and social support.[37]

High ethnic identity in social adjustment has a negative impact on psychological well-being. This leads to the negative consequences of acculturative stress, which leads to poorer psychological well-being, which in turn leads to poorer mental health.[24] Their psychological distress can be reduced when they are successfully integrated into society.[29] Social stigma contributes to mental stress among diasporic women, but it also prevents them from utilizing the mental health services provided by the public health system.[38] Low access to services is often associated with social discrimination, which in turn leads to poorer quality of life for women in the diasporic.

These negative issues of social discrimination and social adjustment can be mitigated through language proficiency, and what diasporic women seek for social participation beyond social adjustment is independence, democratization, and vocational linkages for sustainable livelihoods. They are seeking economic and political empowerment for women through personal and socioeconomic connections.[39] Predictors of social adaptation include acculturation stress,[24] emotional attachment to culture, nostalgia for and adaptation to culture,[25] social connectedness, social roles,[26] cultural identity, socialization, cultural literacy,[27] social networks, work management style, and social connectedness.[28,31] Social discrimination, socialization, environmental health, or social relationships and dysfunction are social predictors of stress, which can lead to emotional health problems, but there is research to suggest that religion can help. It can also lead to humiliation in severe cases, which needs to be addressed.[33]

Health-Related Predictors

Physical health includes factors such as pain, muscle strain, and lack of physical activity.[25] Physical pain, such as chronic low back pain, and symptoms including muscle tension, bodily aches and pains, and physical inactivity are health factors[26,27,31] and the body has been shown to be connected to the mind as personal satisfaction has been linked to health-related predictors.[28] In addition, management situations that can lead to dangerous health conditions, chronic diseases, and conditions such as smoking, hypertension, and diabetes also determine physical quality of life, which in turn affect the quality of life of diasporic women.[32,33]

The proliferation of diasporic women is particularly evident in the United States. It refers to a group of black immigrant women. Society is providing them with health services that take into account their physical predictors. These examples show that institutions and social policies have a positive impact on them. These include hepatitis screening services, genetic testing, cardiovascular risk screening, general health services, hospitalization services, and health insurance.[40] Health-related predictors also include women's preventive health behaviors. Smoking and having a chronic disease are associated with preventive behaviors, and health-related predictors need to be adjusted to reflect immigrant health needs.[41]

Health status also includes nutrition, growth, and bone density, which are mostly non-communicable diseases. This leads to cultural competency and ensuring social participation.[42] There are differences in health-related predictors over time. First-generation workers were more exposed to strenuous and hazardous working conditions, which decreased in the second and third generations, and this transition was mainly driven by education. And as working conditions are considered for quality of life, especially for women, physical exhaustion from labor becomes more important in determining quality of life after immigration.[43]

And the association between race and health status[29] shows that racial health disparities include limited access to other healthcare. This is an example of the poor physical quality of life for African Americans due to structural racism. They are susceptible to human immunodeficiency virus infection for trichomoniasis, which is transmitted by the etiologic agent, Trichomonas vaginalis.[44] However, their limited access to high-quality healthcare is a public health threat and an argument for health equity. Therefore, public health interventions are likely to have an impact on the physical quality of life of diasporic women.

Psychological Predictors

Depression and anxiety have been shown to be the strongest mental predictors of quality of life among diasporic women.[26,27,29–33] These women are at risk for mental health problems centered around anxiety and depression, including insomnia, post-traumatic stress disorder, low self-esteem, loneliness, emotional distress, cognitive impairment, mood disorders, stress, hopelessness, sadness, decreased psychological well-being, emotion regulation problems, and post-partum depression.

The psychological well-being of diasporic women, or immigrant women, includes accumulation of stress, cultural identity, and self-esteem.[24] Their psychological well-being can lead to anxiety or depression, which is the same answer for depression and anxiety, the main psychological predictors in this study. Low psychological well-being leads to decreased happiness and mental health, which in turn leads to negative interpersonal and socio-structural factors.[45] Language proficiency, the largest factor in the demographic variables, is particularly associated with psychological well-being. The mediating effect of language proficiency was found to be about a 13% increase in life satisfaction and a 9% decrease in depressive symptoms. In addition, lower acculturation stress and more positive perceptions of the community are associated with improved language skills, suggesting that improved language skills can mitigate negative psychology.[46]

Psychologists have also found that the psychological health of diasporic women involves systemic inequalities in society and can be positively impacted through community-manipulated interventions in immigrant health research, policy, education, and training. It is about providing health equity and overcoming public health crises that can advance marginalized communities.[47] Therefore, it is important for societies to intervene on behalf of diasporics as a group in a country.

For diasporic women, the presence of children, especially preschool children, is associated with negative psychological experiences of hopelessness and sadness, suggesting that their purpose in life is to provide for their children.[33] Purpose in life is reported to be an important psychological characteristic that enhances mental health and psychological well-being and mental quality of life. Stronger life purpose has been shown to be associated with reduced depression, lower self-stress, and potential self-protective effects.[48]

In fact, the mental and physical health of diasporic women shape their quality of life: sociodemographic predictors, social participation (acculturation) predictors, health predictors, and psychological predictors. These are the variables that are necessary for a good quality of life. They are reorganized as shown in Table 1.

Discussion

This is a systematic review that discusses quality of life factors to improve the quality of life of women in the diasporic. This scoping review is based on the period from 2014 to 2024 and shows that mental and physical health, in particular, have an impact on quality of life. Predictors of these include sociodemographic predictors, social adjustment predictors, health-related predictors, and psychological predictors. All studies were analyzed through qualitative, experimental, and randomized controlled trials. Based on the results of the study, the authors found detailed factors and discussed how to improve the quality of life of diasporic women through social intervention from the perspective of the public health model.

Women in the diasporic frequently face psychological health problems such as anxiety, depression, insomnia, and stress accumulation.[24–33] They seek to protect their psychological health through social support and coping strategies. Stress management skills are necessary to maintain mental health and improve quality of life.[49] The psychosocial assessment found that effective communication, taking cultural aspects into account, public contributions and community understanding can benefit mental health, and understanding the positive impact of immigration and reaching out and communicating culturally were associated with mental health outcomes of health and well-being.[50] And migrants are especially vulnerable to depression and anxiety when they are pregnant. This is why education is important and why psychosocial support should be provided to alleviate symptoms of anxiety and depression.[51] In studies of immigrant populations, mothers in particular are at increased risk for depression, with lower levels of education and income and lack of social support reported to be associated with more negative psychological experiences.[52–54] Psychosocial health programs for migrant women have been shown to improve the quality of life for both mothers and babies, and ultimately, the provision of services to overcome loneliness, language difficulties, and lack of social support can lead to the greatest reductions in anxiety and depression levels.[55]

From a public health model perspective, lack of social support is a predictor of psychological strain and may have an additional impact on the development of anxiety, depression, and stress, which are mental health issues in diasporic women's quality of life. This is consistent with studies by Dennis et al[56] and Li et al[57] that call for social interventions to address the mental and physical health of migrant women. This study shows that there is a need for better social support and supportive care interventions. Family influences should be considered when proposing programs to support diasporic women. They experience many challenges, especially with regard to language, culture, and communication, so comprehensive and accessible services and social support should be made available to them. Examples include the provision of navigation systems that cover differences from their home country, communication and transportation.[58] And diasporic women are particularly affected by their children. Research has shown that bullying victimization by children increases the likelihood of suicidal ideation among migrant women.[59] Interventions to address the mental health consequences of bullying victimization in children of multicultural families are also needed.

Physical health requires the maintenance and operation of institutions and social policies that have a positive impact on their health care. These include infection screening services, genetic testing, cardiovascular risk screening, general health services, hospitalization services, and health insurance.[40] Adjustments should be made to health-related predictors that reflect women's preventive health behaviors, chronic diseases, and other health needs of immigrants.[41] Also, for nutrition, growth, and bone density, most of which are non-communicable diseases, this is emerging in the areas of cultural competency and social engagement,[42] and health-related predictors may need to be redefined for the times. From the first to the third generation, there have been changes in the amount of labor over time, which provides a new variable called working conditions when considering women's quality of life.[43]

It can be seen that a variety of factors shape the quality of life of diasporic women. In this study, the participants in each study are all migrant women who have migrated from another country. They experienced cultural discrimination or acculturation stress and showed that their quality of life is determined by their mental and physical health. Factors that should be included to improve their quality of life include sociodemographic variables, social adjustment variables, health-related variables, and psychological variables. This study suggests that social interventions can improve their quality of life when they are complemented by a broad range of interventions from the perspective of a public health model that considers the individual, peers, and family. It is also a reminder of the poor economic, social, and health status of women in the diasporic and the need for follow-up. We hope that the results and impact of this study will serve as a basis for future socio-cultural public health interventions. Women in diasporic may be affected by socioeconomic factors such as income, employment, and education, and may have limited access to social support networks and community activities. Quality of life is determined by physical and mental health and well-being, and psychological factors such as stress and identity confusion. For diasporic women in particular, income from employment, a socioeconomic factor, was identified as an essential factor in improving health-related life outcomes.[60] In addition, the stigma of sexism and racism experienced by women in the diasporic can be emotionally devastating and has a significant impact on their quality of life.[61] Such an enabling environment should be addressed from a socio-economic perspective or from a physical and therapeutic perspective to support the mental health and economic empowerment of women in the diasporic.[62]

Strengths and Limitations

This review has several limitations. First, there are limitations in the analytical literature due to the scarcity of studies in this review. Second, there are country limitations. In fact, despite conducting a systematic search strategy, we were only able to shortlist 10 studies, but this was complemented by a multinational sample, with one from Stockholm, one from Spain, one from Sweden, one from South Korea, one from Germany, three from the USA, one from Europe, and one from the Netherlands. Second, the characteristics of the participants were pooled with men, which may have resulted in a lack of specific female literacy. However, we were able to minimize bias in our findings. Third, the sample size is relatively small for qualitative research, and it is likely that a new, broader study with more participants is needed. Therefore, we recommend further research to increase the generalizability of the study by securing a larger sample.

Conclusions

In this study, we conducted research for a marginalized group of women in the diasporic. We identified the factors that contribute to their quality of life and provided social direction from a public health perspective to improve their quality of life. They found that mental and physical health shape quality of life, and are particularly influenced by sociodemographic variables, social adjustment and engagement variables, health-related variables, and psychological variables. The most widely applied social intervention for these individuals is language programs, which have been shown to support psychological well-being, compensating for the accumulation of anxiety, depression, and stress. They are also supported in their physical health through healthcare and insurance, suggesting that social and public support for them should continue. Most of the measures provided to them are short-term social programs or pilot tests. While qualitative research, clinical trials, and randomized controlled trials are being conducted to understand the current situation, there is a need for future research on the application of practical programs based on key variables to improve the quality of life of diasporic women. It is recommended that studies be conducted with a sufficient sample size and duration for generalization.

Furthermore, we would like to offer the following suggestions for solutions to improve the quality of life of women in the diasporic. A government-wide approach is critical to improving the quality of life for marginalized groups, such as women in the diasporic. In particular, policy measures such as language education and vocational training should be put in place to enable immigrants to settle and make a living through immigration. There is also a need to strengthen migrant protection laws for women in the diasporic, as well as medical assistance programs that improve access to health services. From a social perspective, cultural exchange programs and networking should be built to help people understand different cultural backgrounds.

Disclosure

The authors report no conflicts of interest in this work.

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