



RESEARCH ARTICLE

Public Policies on the Socioeconomic Effects of Migration*

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ABSTRACT

To develop a public policy, it is important to understand the experiences of forced migrants. This study reveals the effects of forced migration on public finances in countries hosting displaced people. In this context, public policy support for access to basic humanitarian needs such as education and health, which are semi-public goods, will be evaluated through a quantitative analysis. Interviews with refugees within the scope of this research draw a picture of the current situation. Thus, evaluating the effectiveness and shortcomings of existing policies and determining the policy support needed are among the unique values of this research. Since migration is a dynamic process, it is also aimed to provide a basis for future studies in this field and to reveal the current situation.

Keywords: Health policy, Education policy, Concept of migration, Theories of migration, Socioeconomic effects of migration

JEL Classification: H3, I18, I28, O15



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1. Introduction

Migration is a human story that is both an outcome and a beginning. The reasons that push people to decide to migrate may stem from the characteristics of the place where they currently live, as well as the attractive features of the countries they plan to migrate. The movement in question can be voluntary and based on an individual decision, or it can be based on a state of necessity such as a climate crisis or war. Due to its dynamics, migration has inevitable economic, social, and cultural impacts. Factors such as how the decision to migrate is taken, whether it is an individual or collective movement, social and economic differences between the country of origin and the country of destination, and whether people are skilled or not affect the form and magnitude of the social and economic effects of this movement on the destination country.

The migration process is not a one-way relationship. This process affects not only the immigrants but also the destinations and society living in these places economically, socially, and culturally. Refugees, especially those who came to their destination country within the scope of forced migration, need basic needs such as shelter, health, and education. Public policies to be implemented for these needs are an important part of the integration process. If policies for this process are not developed, a series of economic and social problems will arise at both personal and social levels. The dynamic nature of the integration process necessitates monitoring of the process at intervals, and the necessary policy support for integration can only be achieved by gaining awareness of the problems experienced.

This study provides information about the effects experienced by countries hosting forced migration in the field of public finance. In this context, public support for the access of displaced people to basic humanitarian needs such as education and health, which are quasi-public goods, will be evaluated through a quantitative analysis.

2. Concept and Classification of Migration

Various disciplines and focal points differ in the conceptual explanation of migration. According to the International Organisation of Migration, migration is defined as the movement of people from their usual place of residence, either domestically or internationally (International Organisation of Migration, 2020). Jessica Hagen-Zanker defines migration as the temporary or permanent movement of individuals or groups of people from one geographical location to another for various reasons, ranging from better employment opportunities to persecution (Hagen-Zanker, 2008, p. 4). According to Lee, migration is a permanent or semi-permanent change of residence (Lee, 1966, p. 49). In this very broad definition, there is no restriction on distinction points such as distance, necessity, and internationalisation of migration.

According to the Directorate General of Migration Management of Türkiye, migration is defined as follows (Directorate General of Migration Management, 2017, p. 20): “Regular migration, which refers to the entry of foreigners into, stay in, and exit from Türkiye through legal means; irregular migration, which refers to the entry of foreigners into, stay in, and exit from Türkiye through illegal means and unauthorised work in Türkiye; and international protection.”

It is seen that migration movement has many aspects in terms of both theoretical and actual reasons why it occurs. The history of migration is related to economic history and cultural history because of the contact of cultures (Yavan, 2022, p. 514). This complex structure of migration makes it difficult to create a single theory of migration accepted by all fields and to classify a single type of migration. The common point of migration definitions is that migration movement has two basic starting points: space and time. These points are also the basic classification categories used to subdivide migration. However, the classification of migration does not consist only of time and space constraints. Apart from these, migration has several dimensions such as voluntary or involuntary migration, legality, continuity, geographical conditions, politics, and economy. In this study, the multidimensionality of migration types is analysed under four categories: distance, duration, reason for occurrence, and legality.

We divide the classification of migration in terms of distance into two categories: internal and external migration. Internal migration refers to movement from one city to another or from one region to another within the borders of a country (Bartram, Poros, and Monforte, 2019, p. 191). The fact that the population in all countries is on the move for social, economic, and educational purposes makes this type of migration quite common. Since internal migration occurs within the borders of the country, there is no change in the total population of the country, whereas changes are observed in the population density of cities or regions. Because this type of migration is generally from rural to urban areas, it causes local governments to increase their expenditures (Şahin, 2020, p. 359). The development and implementation of public policies for cohesion within the scope of internal migration is relatively easier than external migration because it takes place within the same country and migrants and hosts are from similar cultures (Güreşçi, 2016, p. 1062).

External migration is a type of flow that occurs across national borders. Internal migration generally stems from inequalities in income and living conditions, especially between developed and developing countries, domestic political unrest and development, employment opportunities, escape from domestic political unrest and development, employment opportunities. Labour migration with the desire to be employed (Bartram et al, 2019, p. 191) or brain drain, which is defined as the migration of highly qualified individuals, especially in underdeveloped countries, is an example of external migration.

When thinking about migration, the main distinction is made in terms of duration. The time criterion was first mentioned at the Geneva Congress in 1932. According to this criterion, migration movements lasting 1 year or more are categorised as "permanent migration", while migration movements lasting less than 1 year are classified as "temporary migration" (Özdal and Vardar Tutan, 2018, p. 35).

Another distinction, which is also used as legal and illegal migration, is more commonly referred to as regular and irregular migration. The concept of irregular

migration includes migrants who enter a country without documents or with false documents and those who enter legally but continue to stay after their visas or work permits expire (Koser, 2007, p. 17). Mass migration, which is the large-scale relocation of a population within a country or from one country to another for economic, political, natural, etc. reasons, is an example of irregular migration (Smith, 2007, p. 622). Regular migration, on the other hand, is migration from one country to another by completing the necessary official documents and permits for purposes such as employment and education (İçduygu and Aksel, 2012, p. 20).

Another criterion in migration classification is the reason for movement. While migration is sometimes performed as voluntary action, it may become compulsory according to the situations and actions experienced. Voluntary migration occurs when individuals decide to migrate not because of external pressure but because they want to do so. The main incentive here is the individual desire to achieve better living standards in another region or country (Yılmaz, 2014, p. 1687). Forced migration, on the other hand, is a type of migration caused by various reasons such as war, economic difficulties, natural disasters, or as a result of the open/closed coercion of policymakers, the difficulty of individuals to maintain their lives in their places, or the pressure on their happiness (Özdal and Vardar Tutan, 2018, p. 35; Bartram et al, 2019, p. 151). The classification of forced and voluntary migration creates differences in the legal characterisation of the people who constitute this mobility. People who migrate for a compulsory reason are referred to as political refugees, exiles, asylum seekers; while people who migrate voluntarily are usually referred to as economic migrants (Sert, 2018, p. 30).

Forced migration has a quite different structure from economic migration. Although most migration decisions are ultimately based on choice, forced displacement is based on less choice and less voluntariness than economic migration. This is because forced displacement is a decision taken quickly after a sudden shock, unlike economic migration, which is a carefully planned movement. As a result, while forced migrants carry some small savings with them, economic migrants have the opportunity to carry all their savings and assets or to transfer these assets before departure. Economic migrants tend to

rely on extensive networks in their countries of origin and destination and plan their movements accordingly. Forced migrants, on the other hand, move to destinations based on proximity and security criteria, although social networks sometimes play a role in their decisions. Moreover, while economic migration is a regular and individual element with increasing and decreasing trends, forced migration occurs in masse in the form of sudden and unexpected population explosions (Verme, 2017; Ceriani and Verme, 2018). As a result, forced displacement requires a separate assessment because it is a phenomenon different from economic migration.

3. Public Nature of Forced Migration

It is important to understand the responsibilities of countries in the aftermath of large-scale refugee movements, such as those that emerged from the Syrian conflict. Because of international migration flows, countries' policies to protect refugees produce benefits that cannot be excluded and divided at the local, regional, and global levels. Therefore, refugee policies are public.

Suhrke (1998), the first to study the relationship between refugee protection and the public good, argues that the reception of displaced persons is an international public good from which all states benefit. This is explained by the fact that the outcomes of refugee protection are characterised by externalities (Jayarama and Kanbur, 1999, p. 419). One of these outcomes is security. When states allow forced migrants to enter and stay in their territory through refugee protection, they lay the groundwork for future stability and security. The protection offered to forced migrants in their country of destination reduces their incentives for a second migration, thus preventing the instability that new movements may bring. Conversely, a state's refusal to protect refugees or its efforts to divert refugee flows to other countries can be expected to lead to border tensions, irregular migration, and thus increased instability and insecurity. What makes refugee protection a public good is, therefore, the fact that the enhanced stability and security provided by a country's refugee protection efforts will not only accrue to the country providing the protection, but the

resulting benefits will spread to all countries in the region, whether they bear the financial cost of the protection effort. The stability and security benefits generated by refugee protection efforts are therefore indivisible and non-excludable (Thielemann, 2020, p. 170-171).

An increase in the number of refugees can create negative externalities such as traffic congestion in urban areas, an increase in informal settlements, and a decrease in the perception of security (Zetter, 2012, p. 52). On the other hand, the fact that the motivation of people arriving in destination countries to return to their country of origin is generally low (Fakhoury and Özkul, 2019, p. 28; Erdoğan, 2020, p. 14; Ghabash et al., 2020, p. 5) requires that the long-term effects of public services provided to these people should not be ignored. In this context, education and health services provided to people arriving through forced migration will not only provide individual benefits to these individuals but also create social benefits for the destination country.

Health and education, which are also the subjects of this study, constitute both fundamental rights and are considered to be among the main elements of human capital. It is a generally accepted view that individuals should benefit from health and education services, which are defined as semi-public goods, regardless of their innate differences in language, religion, race, gender, or acquired income, wealth, prestige, and status (Bulutoglu, 2004, p. 252-263).

An important element in terms of social benefit is the provision of education services. For refugees, learning the local language and having knowledge about the history of the country of origin is one of the main factors of adaptation to the country of destination, but it is also an investment in society in terms of contribution to human capital. Education can prevent child labour, child marriage, exploitative and dangerous work, and crime. The fact that education is a human capital investment in the future will contribute positively to both integration (Erdoğdu and Akar 2018, p. 34) and society (See Table 1).

Table 1: Education Externalities at the Individual and Societal Levels

	Economics	NON-ECONOMIC
INDIVIDUAL	High Employment High Income Less Unemployment Higher Economic Mobility	High Level of Consumer Awareness Better Personal and Family Health Child Health Recovery and Talent Development
SOCIETY	High Tax Revenue Low Public Monetary Assistance	Decrease in the Crime Rate Reduced Level of Spread of Epidemic Diseases Better Social Cohesion Higher Level of Voting Participation

Source: Uzun, F. (2022). Eğitimin dışsallıkları ve toplumsal sistemlere etkisi. *Electronic Turkish Studies*, 17(6).

Education is one of the most important factors affecting the economic, social, and political development of countries. An increase in the level of education throughout the country means an increase in the qualified labour force, and acceleration of scientific and technological development and thus affects the level of national income. As the number of educated individuals in society increases, development and growth in the country accelerates (Öztürk, 2016, p. 15). Education can affect growth in three ways. The first of these, as briefly mentioned above, is that education positively affects labour productivity, i.e., it contributes to human capital, which leads to a higher level of production and an increase in growth. Second, education can stimulate growth by enabling the development of new technologies. Finally, education facilitates the transfer of knowledge among individuals necessary for new technologies that promote economic growth (Hanushek and Wößmann, 2010, p. 245; Mankiw, Romer and Weil, 1992; Lucas, 1988; Romer, 1990; Nelson and Phelps, 1966).

One of the external benefits of education is the increase in political participation and effective democratic functioning in societies consisting of informed individuals. In addition, as the level of education in a society increases, crime rates decrease, decreasing expenditures on both security and justice services. On the other hand, life expectancy increases, public health improves as individuals become more conscious about their health, and public health

expenditures decrease. Moreover, as the level of education of individuals increases, their incomes also increase, thereby reducing transfer expenditures on low-income groups and increasing their capacity to pay taxes (McMahon, 1987, p. 134; Öztürk, 2005, p. 35; Lochner, 2011, p. 66).

The second element of social benefit is health services. Providing effective and accessible health services prevents inequality and protects public health while contributing to the integration process of refugees. Therefore, access to health services is as important as housing and education (Al-Fahoum et al., 2015, p. 2). If refugees are in poor health, it may negatively affect their ability to find a job, learn a language, interact with public institutions, and succeed in school, which in turn affects their integration processes in their countries of destination (Crawford, 2016; İçduygu & Şimşek, 2016, p. 65-66). This negative situation is not only limited to the individual level but also affects society in general. This is because health is a semi-public good with externalities like education. By providing preventive and curative health services to those who cannot purchase these services from the market, the state creates equality of opportunity and protects the public interest due to external benefits. In addition to personal health, the treatment methods offered and the R&D research conducted are also aimed at improving public health, such as in the case of epidemics. Thus, social and economic problems can be prevented. At the same time, since it is an investment in human capital, it ensures the continuity of individuals' contributions to employment and the national economy. As a result, it is an important tool both in the development of the country and in the fight against poverty (Yılmaz and Yaraşır, 2011, p. 10; Sağbaş, Saruç and Yorulmaz, 2017, p. 230; Altay, 2007, p. 36). Therefore, while access to health services is a personal need, it creates benefits that spread throughout society.

Especially when migration is mass and forced, the steps taken by the state for basic needs such as education and health, which are difficult to meet through social relations, become even more important. Forced migration increases the demand for public services for basic human needs such as security, education, health, and shelter in the destination country. Because the provision of these

public services is planned according to the population, the increasing number of refugees may create qualitative and quantitative problems in access to public services. However, the long-term outputs of these services are not only basic human rights but also create social benefits as they affect the economic development, growth, income distribution, and public health of the destination country. When the motivation of arrivals to return is generally low, it is in the interest of not only refugees but also the society that these people benefit from these services effectively. In this context, the following section of the study presents research on the access of Syrian refugees living in Türkiye to selected public services.

4. Refugees' Access to Education and Health Services in the Country of Destination and Public Policies: Field Research on Syrian Refugees Living in Türkiye

Regardless of the cause, migration impacts the public finances of the destination country. As mentioned in the previous section, this impact can be positive or negative depending on the assumptions used. While the fiscal impact in the destination country provides a fiscal framework for the public policy to be implemented in the relevant area, revealing the experiences of the arrivals with public services is crucial for the content of the public policies to be determined. The reason behind this is both the personal vitality of basic humanitarian services received by migrants and the positive externalities they can create, regardless of the size of the impact created in the country of origin. In this section of the study, the access of internationally displaced people to education and health services will be evaluated through a quantitative analysis.

4.1. The Subject and Problematics of Research: Purpose and Importance

This study investigates the adaptation process by examining the relationship between public policies implemented for education and health services and the adaptation processes of refugees. In this direction, it is aimed to develop suggestions for planning forced migration management.

When the purpose of the research is considered, the difficulty of creating a universal reality independent of individuals emerges because of the human, time, and cultural relations that migration has. The aim of the proposed study is not to generalise by creating a situation with universal validity, but to have in-depth insight into a situation that is being experienced and to develop suggestions by putting forward interpretations.

The study is important in terms of national literature as it plans to approach studies on migration management from the perspective of refugees and in terms of international literature as it plans to reveal the current situation in Türkiye in the causal relationship between the adaptation processes of refugees and public policies towards health and education services. In addition to revealing the current situation since migration is a dynamic process, this study aims to create a basis for future studies in this field.

While the dynamic nature of the integration process makes it necessary to follow the process at intervals, the policy support necessary to ensure integration can only be possible with the awareness of the problems being experienced. The interviews to be conducted with refugees within the scope of the research will provide a picture of the current situation and provide an opportunity to compare with previous studies. Thus, evaluating the effectiveness and shortcomings of existing policies and determining the policy support needed are among the unique values of this research.

The research questions determined for this study are as follows:

- *Research Question 1: What public policies for education and health services should be implemented within the scope of the adaptation processes of refugees in a country receiving forced migration?*
- *Research Question 2: How are the current public policies on education and health services reflected in refugees undergoing forced migration?*
- *Research Question 3: Is there a relationship between the level of satisfaction with education services and the future intention of refugees arriving with forced migration to stay in Türkiye?*

- *Research Question 4: If refugees coming with forced migration receive aid, what is the relationship between the aid they receive and their satisfaction with education services?*
- *Research Question 5: What is the relationship between the preferred health institution and satisfaction with health services?*
- *Research Question 6: Is there a relationship between the degree of satisfaction with the health services received in Türkiye and the decision to stay in Türkiye?*
- *Research Question 7: Is there a relationship between the Turkish language skills of refugees who came with forced migration and their satisfaction with the health services they received in Türkiye?*

As in any study, there were some limitations in this study. One of these limitations is language. While interviewing Syrians, who are the main subjects of the study, Syrians who speak Turkish were preferred because it was not desired to lose information during the translation phase. This situation made it difficult to represent women and older people especially, because of their poor knowledge of Turkish. Another limitation of the study is its geographical scope. Considering the limited financial means, the study was conducted only in Istanbul, Türkiye. Therefore, the study can only reflect the opportunities in the big city; local policies in small cities are not included.

4.2. Methodology and Data Analysis

Within the scope of the study, the questionnaire method, a quantitative research method, was used. The scopes of the survey questions were created by making use of the domains and indicators (See Table 2) prepared by Ager and Strang to be used in the analysis of integration processes (Ager & Strang, 2004). This is because Ager and Strang's domains and indicators have become a common focal point for research, policy, and practise on migrant integration. In the scope of this study, it was deemed appropriate to narrow down these areas and indicators to education and health services, which are structural areas of integration.

Table 2: Adaptation Fields and Indicators

Adaptation Fields	Adaptation Indicators
Structural Alignment (Markers and Tools)	Employment, housing, education, and health
Interaction-based Adaptation (Social Connexions)	Social bridges, social ties, and social connexions
Cultural Adaptation (Facilitators)	Language and cultural knowledge, trust, and stability
Identity-Based Alignment (Basic)	Rights and citizenship

Resource: Ager, A., & Strang, A. (2004). Indicators of integration: Final, London: Home Office. *Home Office Development and Practise Report 28.*; Topçu, E., & Büyükeşe, T., (2020). Göç bağlamında toplumsal uyum göstergeleri. *Aksaray Üniversitesi İktisadi ve İdari Bilimler Dergisi*, 12(1), 23-34.

While determining the questions for the survey method used in the study, both domestic and foreign literature were reviewed in the relevant field. Because of the literature review, closed-ended questions with both single and multiple options and open-ended questions were determined to reveal the special situations of the interviewees. These questions were divided into two main groups as personal and household questions: to gather information about the unique experiences of the interviewees in both individual and household situations. Each of these main groups consisted of questions on demographic characteristics, education, and health services. In addition, in the personal questions group, future-oriented questions were asked to predict the interviewees' long-term plans. Before starting the interviews within the scope of the study, the ethics committee approval certificate was obtained by submitting it to the Ethics Committee of Istanbul University Social Sciences and Humanities Research.

4.2.1. Main Population and Sample Selection

The main focus of this study is Istanbul, which hosts the largest number of people under temporary protection in Türkiye. To determine the size of the population, the statistics on the website of the Republic of Türkiye Ministry of Interior Directorate of Migration Management were analysed and the data under the Temporary Protection heading was used. According to the figures for February 2022, the number of Syrians under temporary protection living in Türkiye is 3,739,859. Of these, 531,816 live in Istanbul. Therefore, the number of people constituting the main mass of the research is 531,816.

The sample size of the study consisted of Turkish-speaking Syrians over the age of 18 who were selected from the main mass by purposive sampling. The sample size was calculated as approximately 384 individuals with a margin of error of $\pm 5\%$ at a 95% confidence interval. Although this value is the smallest sample size required for the study, 510 people were interviewed within the scope of the study. Interviews with these 510 people cover 24 districts of Istanbul¹.

Because the study targets people who speak Turkish and are over the age of 18, convenience sampling was applied in these regions based on purposive sampling and selected for the study. Thus, demographic characteristics such as age, education, and socioeconomic status are thought to reflect the targeted population.

4.2.2. Data Collection

Within the scope of the study, a survey was applied as a measurement method to determine the current situation, access to public services, wishes, and needs of Turkish-speaking Syrians aged 18 and over living in Istanbul. Face-to-face interviews of approximately 20 minutes were conducted with 510 people in districts where Syrians live in Istanbul.

A pilot test was conducted in February 2022 to test the comprehensibility of the questions in the questionnaire and to make the necessary corrections. The questions were reviewed and revised in line with the inferences made from the pilot test. Following the necessary revisions, fieldwork was conducted in March-April 2022.

Microsoft Excel programme was used for coding and organising the data obtained from the questionnaires filled out as a result of the research; the IBM SPSS V28 package programme was used for making comparisons and cross-tabular analyses by taking frequencies and measuring their statistical significance.

¹ These districts are Arnavutköy, Avcılar, Bağcılar, Bahçelievler, Başakşehir, Bayrampaşa, Eyüpsultan, Esenler, Esenyurt, Fatih, Gaziosmanpaşa, Güngören, Kağıthane, Küçükçekmece, Sultangazi, Zeytinburnu, Ataşehir, Çekmeköy, Kartal, Pendik, Sancaktepe, Sultanbeyli, Tuzla, and Ümraniye.

4.2.3. Findings

At this stage of the study, descriptive statistics and cross-tabulations are presented.

4.2.3.1. Descriptive Statistics for the Demographic Characteristics

In this section, the frequency distribution was analysed over the data obtained in the survey. The frequency distribution shows the data obtained to see the distribution characteristics of the values or scores of one or more variables as numbers and percentages (Büyükoztürk, 2014, p. 21). Table 3 shows the frequency distributions of the participants' gender, age, education level, and duration of living in Türkiye. As shown in the table, 63.1% of the participants were male and 36.9% were female. In terms of age distribution, the 25-34 age group was the most common age group with 42.4%, followed by the 18-24 age group with 30.8%. The representation rate decreases as the age group increases. The number of Turkish-speaking Syrian refugees decreases at older ages because the study consists of Turkish-speaking Syrian refugees. When we look at the education level of the interviewees, the first three are high school graduates, middle school graduates, and primary school graduates.

Table 3: Information on Descriptive Statistics

		Number	Percentage (%)
Gender	Female	188	36.9
	Male	322	63.1
Age	18-24	157	30.8
	25-34	216	42.4
	35-44	97	19
	45-54	28	5.5
	55-65	11	2.2
	65 and over	1	0.2
Education Status	I never went to school	14	2.7
	Primary school dropout rate	25	4.9
	Primary School	89	17.5
	Secondary school dropout rate	42	8.2
	Secondary School	91	17.8
	High school dropout rate	36	7.1
	High School	111	21.8
	University dropout	17	3.3
	University	80	15.7
	Graduate dropout	-	-
Postgraduate	5	1.0	

Table 3: Continued

Life expectancy in Türkiye	Less than 1 year	3	0.6
	1-5 years	104	20.4
	5-10 years	374	73.3
	More than 10 years	29	5.7
Thoughts on Living in Türkiye in the Future	I am thinking of living in Türkiye.	373	73.1
	I am thinking of living in a third country.	52	10.2
	I want to return to my country.	84	16.5
	Undecided	1	0.2

When asked how long they have been living in Türkiye, 73.3% of the respondents stated that they have been living in Türkiye between 5 and 10 years, while 20.4% stated that they have been living between 1 and 5 years. Those who came from Syria through forced migration were also asked about their thoughts on living in Türkiye in the future. As seen in Table 3, it is concluded that a significant portion of the respondents, approximately 73%, intend to stay in Türkiye in the future. The rate of those who want to return to Syria is 16.5% and that of those who want to live in a third country is 10%. Those who have not decided where they will live in the future constitute a very small portion of the sample (0.2%).

4.2.3.2. Descriptive Statistics on Education Services

This section of the study focuses on the data obtained from the participants in terms of health services.

Table 4: The type of Institution where the Child Living in the Household and Attending School Receives Education

	Frequency	Percentage
Public School	381	95%
Private School	17	4.2%
Unofficial Religious Institutions	3	0.7%
Total	401	100 %

In the interviews related to the general household, participants who stated that there were children going to school in the household were asked which type of school these children attended. Accordingly, 95% of the total 401 children attending school in the household go to public school (See Table 4).

Table 5: Problems Experienced by Children in School

		Responses	
		N	Percentage
Problems children experience at school	Inability to understand lessons due to language difficulties	56	16.0%
	Facing discrimination	64	18.3%
	Experiencing problems due to cultural differences	57	16.3%
	Difficulty making friends	55	15.7%
	The education system in Türkiye is different from that in your country of origin	37	10.6%
	No problem	81	23.1%
Total		350	100.0%

Individuals with school-going children in the household were asked about the problems their children face at school. Accordingly, while 23.1% of the respondents stated that their children did not have any problems, it is noticeable that the most common problem is discrimination. After discrimination, cultural differences, and not being able to understand the lessons due to insufficient comprehension of the Turkish language (See Table 5).

Table 6: Reasons for Not Attending School

		Responses	
		N	Percentage
Reasons for not attending school	Must work	12	4.5%
	Wants to work	11	4.1%
	Couldn't enrol in school	11	4.1%
	Insufficient information about educational opportunities	4	1.5%
	Here temporarily	2	0.7%
	Could not afford the school fees.	6	2.2%
	Have difficulty with the lessons given at school	4	1.5%
	Due to transportation difficulties	4	1.5%
	Not of school age	196	72.9%
	No ID	13	4.8%
	Due to health problems	2	0.7%
	Due to residence address	1	0.4%
	Other	3	1.1%
Total		269	100.0%

Table 6 shows the reasons for children not attending school. Accordingly, approximately 73% of the respondents stated that their children did not attend school because they were not of school age. It is seen that the two most important reasons for the remaining participants are the lack of identity cards for their children and the need for children living in the household to work (See Table 6).

Table 7: Level of Satisfaction with Education Received in Türkiye

		Frequency	Percentage	Valid percentage
Valid	I am very satisfied.	28	5.5	44.4
	I am satisfied	29	5.7	46.0
	Neither satisfied nor dissatisfied	5	1.0	7.9
	Not satisfied	1	0.2	1.6
	Total	63	12.4	100.0
Missing	System	447	87.6	
Total		510	100.0	

In Türkiye, 63 respondents who directly benefited from education services were asked whether they were satisfied with the services they received. Of these 63 respondents, 46% were satisfied and 44.4% were very satisfied. Those who were not satisfied with the education service they received in Türkiye constituted 1.6% of the 63 respondents (See Table 7).

Table 8: Educational Support in Türkiye

		Responses	
		N	Percentage
Has your education been supported in Türkiye?	I do not/have not received support	43	68.3%
	Public/government scholarship	11	17.5%
	International institution scholarship	1	1.6%
	University scholarship	1	1.6%
	NGO support	4	6.3%
	Private institution	3	4.8%
Total		63	100.0%

In Türkiye, 63 school-going individuals were asked whether they received any educational support, and 68.3% stated that they did not. Among those who stated that they received support, 17.5% received support from public institutions (See Table 8).

Table 9: Problems Experienced Personally in Education

		Responses	
		N	Percentage
Problems encountered in education received in Türkiye	Inability to understand lessons due to language difficulties	18	23.1%
	Facing discrimination	11	14.1%
	Experiencing problems due to cultural differences	4	5.1%
	Difficulty making friends	10	12.8%
	The education system in Türkiye is different from the country we come from.	11	14.1%
	Having to work	1	1.3%
	I had no problems	22	28.2%
	All of them	1	1.3%
Total		78	100.0%

Considering the problems experienced by people in their education processes in Türkiye during their education process, they mostly stated that they could not understand the lessons due to insufficient knowledge of the language. Other problems other than Turkish language skills were discrimination and a different education system compared to their home country (See Table 9).

4.2.3.3. Descriptive Statistics on Health Services

This section of the study focuses on the data obtained from the participants in terms of health services.

Table 10: Frequency of Use of Health Institutions

		Frequency	Percentage	Valid percentage
Valid	1-3 months apart	166	32.5	32.5
	Every 6 months	143	28.0	28.0
	Once a year	138	27.1	27.1
	Never	63	12.4	12.4
	Total	510	100.0	100.0

Table 10 provides information on how often the respondents utilised health services in Türkiye. As can be seen from the table, 12.4% of the respondents have never visited a health institution in Türkiye, while among those who have, no specific time interval stands out according to the responses.

Table 11: Access to Health Services in Cases of Need

		Frequency	Percentage	Valid percentage
Valid	Yes	414	81.2	81.2
	No.	37	7.3	7.3
	I didn't need it	59	11.6	11.6
	Total	510	100.0	100.0

Participants were also asked whether they had access to health services when they needed them. Accordingly, approximately 81% of the participants stated that they could access health services in case of need (See Table 11). This rate indicates that a significant portion of people who came to Türkiye through forced migration can access health services in case of an emergency.

Table 12: Individually Most Frequently Consulted Health Institution

		Frequency	Percentage	Valid percentage
Valid	Health centre/Family doctor	71	13.9	13.9
	State hospital	338	66.3	66.3
	Private polyclinic	6	1.2	1.2
	Private hospital	32	6.3	6.3
	Private doctor	4	0.8	0.8
	Migrant health centre	5	1.0	1.0
	Syrian private doctor	3	0.6	0.6
	I've never been—none of them	51	10.0	10.0
	Total	510	100.0	100.0

When we look at which health institutions Syrians who came with forced migration prefer the most, it is seen that public hospitals come first with 66.3%. Public hospitals are followed by health centres (13.9%) and private hospitals (6.3%). Although the rate is very low, it is seen that Syrian private doctors are also preferred (See Table 12). Considering that this study was conducted with Turkish-speaking Syrians, people whose Turkish language skills are not sufficient may be more likely to prefer Syrian doctors to whom they can explain their problems.

Table 13: Level of Satisfaction with Individually Preferred Health Institutions

		Frequency	Percentage	Valid percentage
Valid	I am very satisfied.	155	30.4	30.4
	I am satisfied	256	50.2	50.2
	Neither satisfied nor dissatisfied	30	5.9	5.9
	Not satisfied	16	3.1	3.1
	I am very dissatisfied	5	1.0	1.0
	I didn't go—I don't know	48	9.4	9.4
	Total	510	100.0	100.0

The respondents were also asked about their level of satisfaction with their preferred health institution. Accordingly, 50% were satisfied with their preferred health institution, 30% were very satisfied, and 1% were not satisfied at all (See Table 13).

Table 14: Coverage of Health Services by Health Insurance

		Frequency	Percentage	Valid percentage
Valid	Yes, I receive support from the state institutions	163	32.0	32.0
	Yes, I receive support from private institutions	13	2.5	2.5
	No, I do not have health insurance	311	61.0	61.0
	I didn't go—I don't know	23	4.5	4.5
	Total	510	100.0	100.0

Participants were also asked whether they had any health insurance and, if so, where they obtained their health insurance. According to the data obtained, 61% of the participants did not have any health insurance. A significant proportion of those with health insurance stated that they were covered by general health insurance (See Table 14).

Table 15: Problems Experienced in Health Services

		Responses	
		N	Percentage
Problems Experienced in Health Services	I do not have easy access to health services	11	1.5%
	I do not know how to use health services	52	7.1%
	Health care institutions are crowded, and the queues are long.	151	20.7%
	Because I was not taken care of in the health institutions, I applied to	43	5.9%
	I cannot easily explain my illness/ complaints because of language difficulties	150	20.6%
	I cannot pay my share of expenses (co-payment) for medicines and treatment	45	6.2%
	I have problems accessing health services because I do not have an identity card or a foreign ID number	39	5.3%
	Discrimination	3	0.4%
	I had no problems	181	24.8%
	I did not use health services	54	7.4%
Total		729	100.0%

Table 15 shows whether the participants had any problems in terms of health services and, if so, what these problems were. According to the information obtained, approximately 25% of the participants stated that they had no problems. For those who responded positively, the most prominent problems were crowded health institutions, waiting in long queues, and not being able to convey complaints to the desired extent due to insufficient knowledge of Turkish (See Table 15). Considering that overcrowding in health institutions is not a problem specific to those who came to Türkiye through forced migration, insufficient language skills are the most prominent problem.

4.2.4. Cross Table Analyses

In this part of the study, the data obtained during the survey process were analysed using cross-tabulation and chi-square analyses. The crosstabulation table shows the frequency and percentage distributions of the participants in the survey according to two or more variables. Chi-square analysis examines the significance of the difference between the observed and expected values for

each category of variables. In the analysis, it is expected that the number of categories with an expected value less than five should not exceed 20% of the total number of categories and that this value should be greater than one in all categories. Otherwise, if appropriate, categories can be combined (Büyüköztürk, 2014, p. 27; 155). Thus, we aimed to reveal whether the different responses provided by the participants have a relationship among themselves. Because it did not meet the normal distribution conditions according to the independent variables, the chi-square test, a nonparametric test, was used, and if the p-value was less than 0.05, the difference was considered to be statistically significant. In the process of cross-tabulation analysis in the SPSS programme, the relevant field for chi-square analysis was selected, and then the Pearson chi-square value was obtained with the cross-tabulation results given by the programme. If this value is less than 0.05 ($p < 0.05$), it is interpreted that there is a significant relationship between the variables; otherwise, there is no significant difference between the two variables.

4.2.4.1. Cross Table Analyses of Education Services

In this section, a comparison is made between the relevant data obtained from the participants and their statements about educational services.

Table 16: Comparison of Level of Satisfaction with Education Services Received in Türkiye and Future Intention to Stay in Türkiye

	I am very satisfied.	I am satisfied	Neither satisfied nor dissatisfied	Not satisfied
I am thinking of living in Türkiye.	85.7%	75.9%	80.0%	0.0%
I am thinking of living in a third country.	7.1%	10.3%	20.0%	100.0%
I want to return to my country.	7.1%	10.3%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%

In Table 16, the relationship between the satisfaction levels of the participants who benefited from educational services and their decision to stay in Türkiye in the future is analysed. In the cross-tabular analysis, $p > 0.05$, and therefore, no

significant difference was found between satisfaction with the educational services received in Türkiye and the decision to live in Türkiye in the future. On the other hand, when we look at the distributions, 85.7% of those who stated that they were very satisfied with the services they received in Türkiye also stated that they would like to stay in Türkiye in the future. All the respondents who stated that they were not satisfied with the education services in Türkiye expressed that they would like to live in a third country.

4.2.4.2. Cross Table Analyses of Health Services

In this part of the study, comparisons were made based on the data obtained from the participants regarding health services.

Table 17: Comparison of the Preferred Health Institution and Level of Satisfaction with the Service Received

	I am very satisfied.	I am satisfied	Neither satisfied nor dissatisfied	Not satisfied	I am very dissatisfied	I haven't been—I don't know	Total
Health centre/Family doctor	46.5%	49.3%	2.8%	1.4%	0.0%	0.0%	100.0%
State hospital	31.4%	57.1%	6.2%	4.1%	1.2%	0.0%	100.0%
Private polyclinic	50.0%	33.3%	0.0%	0.0%	16.7%	0.0%	100.0%
Private hospital	31.3%	56.3%	12.5%	0.0%	0.0%	0.0%	100.0%
Private doctor	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Migrant Health Centre	0.0%	80.0%	0.0%	20.0%	0.0%	0.0%	100.0%
Syrian private doctor	0.0%	33.3%	66.7%	0.0%	0.0%	0.0%	100.0%
I've never been—none of them	2.0%	2.0%	2.0%	0.0%	0.0%	94.1%	100.0%

Health institutions preferred by the participants and their satisfaction with the services they received from these institutions were compared. Because of the chi-square analysis, $p < .05$, and significance was found between the variables. Refugees who mostly prefer public hospitals and health centres when they need health services have high levels of satisfaction with these institutions (See Table 17).

Table 18: Comparison of Satisfaction with Health Services and Intention to Stay in Türkiye in the Future

	I am very satisfied.	I am satisfied	Neither satisfied nor dissatisfied	Not satisfied	I am very dissatisfied	I haven't been—I don't know
I am thinking of living in Türkiye.	82.6%	71.5%	66.7%	68.8%	20.0%	62.5%
I am thinking of living in a third country.	5.8%	9.0%	13.3%	31.3%	60.0%	16.7%
I want to return to my country.	11.6%	19.1%	20.0%	0.0%	20.0%	20.8%
Undecided	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Another comparison made in terms of health services is the degree of satisfaction with the services and the intention to stay in Türkiye in the future. In this comparison, $p < .05$, and a significant difference was found. Accordingly, while the rate of those who would like to stay in Türkiye is high among those who are satisfied with health services, the rate of those who would like to live in a third country is high among those who are not satisfied with health services at all (See Table 18).

5. Conclusion and Assessment

Migration, which is a state of mobility in terms of space and time, can occur for a wide variety of reasons. One of these reasons is whether migration is voluntary or not. Individuals may migrate voluntarily for economic reasons. On the other hand, environmental, political, etc. reasons may result in migration becoming a necessity when it becomes impossible for people to sustain their lives in the countries where they live.

While host countries can select individual migrants on the basis of their age, education, skills, etc., this is not the case for those who migrate because of a compulsory situation. Considering that forced migration is a mass displacement

movement compared with voluntary migration, it is necessary to meet the basic humanitarian needs of the arrivals. Because of international migration movements, countries' policies to protect refugees produce benefits that cannot be excluded and divided at the local, regional, and global levels. Considering that people who migrate as refugees generally want to stay in the host country, meeting their basic humanitarian needs also creates long-term social benefits for destination countries, so basic humanitarian services to be provided are public. At this point, state intervention is required for needs that cannot be met by market conditions.

Two of these basic human rights, which are also the subject of this study, are education and health services. It is a basic human right for all individuals to benefit from these two services regardless of their personal, cultural, or economic status. On the other hand, these services benefit society as a whole because of the positive externalities they entail. Especially because of forced and mass migration, problems may arise in terms of both the quantity and quality of access to education and health services. Considering the low likelihood of return for a significant portion of people arriving through forced migration and the long-term social benefits of these services in terms of economic development, growth, income distribution, security, and public health, the effectiveness of public policies to be implemented in these areas will benefit all segments of society.

In this context, this study examines the access of Syrian refugees living in Türkiye to education and health services. It is seen that a significant portion of the participants interviewed within the scope of the study have been living in Türkiye for more than 5 years, and more than 70% of them want to live in Türkiye in the future. The results regarding low willingness to return support the literature. When considered in this context, the importance of policy-making that considers the long-term impact of education and health services offered to refugees becomes more evident.

In terms of both education and health services, the participants received a significant level of services from public institutions. The high number of people benefiting from public services indicates that these services may be negatively

affected in terms of both quantity and quality. For example, although a significant portion of the beneficiaries of both services stated that they were satisfied with the services they received when asked about the problems they experienced while benefiting from health services, they stated that they had to wait in long queues due to the crowding in these institutions. This overcrowding is a common problem for both refugees and citizens of the country and shows the necessity of human and capital investments by revealing the lack of personnel and physical elements.

One of the common problems regarding the two services addressed in the study is the lack of Turkish language skills. Considering that a significant number of the participants have been living in Türkiye for a long time, the fact that they did not even have enough knowledge of Turkish to effectively utilise their fundamental rights until the time of the study shows that the policies implemented for language learning are not sufficient. In this context, it is recommended that the effectiveness and inclusiveness of the courses for teaching language knowledge should be monitored, and resources should be allocated to this field. Another reason why the participants were predominantly men was the language barrier. The women refugees who were asked to be interviewed could not participate in the research because they did not know the Turkish language or could communicate at a very basic level. Therefore, considering the role of women in the education and health of future generations, it is essential to develop public policies for women in this field.

This study has two important limitations. One of them is the language problem mentioned above. The second constraint stems from geographical scope. The study was conducted only in Istanbul, Türkiye within the framework of financial means. In future studies, investigating the access of refugees to education and health services across the country will provide much more inclusive results. Another suggestion for future studies is to examine the resources allocated from the budget for these two semi-public goods. In this way, both the inclusiveness of resource allocation can be seen, and comments can be developed on whether equal opportunities are provided for disadvantaged groups.

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