

Derleme Makale

Health after Migration: Vulnerable Groups and Challenges among Syrian Migrants in Türkiye¹

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Abstract

Forced migration profoundly affects human health. This study proposes solution-oriented approaches by examining the health of Syrian immigrant women and children through a public health lens. A literature review was conducted covering the period between January 2011 and August 2023, focusing on the health of vulnerable immigrant groups in Türkiye. The sources included reports from organizations and communities that focused on migrant health and studies undertaken in Türkiye related to this issue. The review highlights that refugee women's health is affected by both the challenges of migration and gender inequality. Child labor and child marriages are critical factors that restrict their educational opportunities. Additionally, the severe conditions faced by refugees severely affect their physical and psychosocial health. This review indicates a need for epidemiological studies to thoroughly evaluate the accessibility of health services for vulnerable groups among Syrian migrants.

Keywords: Refugee, migrant health, migration, access to healthcare, vulnerable groups.

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Compilation Article

Göçün Ardından Sağlık: Türkiye'deki Suriyeli Göçmenler Arasındaki Hassas Gruplar ve Zorluklar

Öz

Zorunlu göç dalgaları sağlığı derinden etkilemektedir. Bu çalışma Suriyeli göçmen kadın ve çocuk sağlığına, halk sağlığı perspektifinden bakarak, çözüm odaklı yaklaşımlar sunmayı amaçlamaktadır. Türkiye'deki göçmenler arasında hassas grupların sağlığı üzerine Ocak 2011 ile Ağustos 2023 arası süreyi kapsayan bir literatür taraması yapılmıştır. Göçmen sağlığı alanında çalışmalar yürüten uluslararası/ulusal kuruluşlar/toplulukların yayımlanan raporları ve Türkiye'de göçmen sağlığıyla ilgili yapılan çalışmalar kaynakları oluşturmuştur. Mülteci kadınların sağlığı, hem göç etme hem de toplumsal cinsiyet eşitsizliği etkisi altındadır. Göçmen çocuklarının eğitim katılımları düşüktür; çocuk işçiliği ve çocuk evlilikler, eğitim katılımlarını etkilemektedir. Mültecilerin karşılaştığı zorlu koşullar, fiziksel ve psikososyal iyiliklerini olumsuz etkilemektedir. Mevcut literatür incelemesine göre, Suriyeli göçmenlere yönelik sağlık hizmetlerinin erişilebilirliği konusunda epidemiyolojik araştırmalar yapılması önerilmiştir.

Anahtar kelimeler: Mülteci, göçmen sağlığı, göç, sağlık hizmetlerine erişim, hassas gruplar.

Introduction

Global migration waves usher in an intricately woven process that transcends mere population mobility; it extends its reach into the realm of health considerations. The issue of access to healthcare services among migrant populations and the health problems of two vulnerable groups—migrant women and migrant children—particularly in countries with high rates of immigration like Türkiye, warrant a comprehensive investigation in the field of health (Aydoğın & Metintas, 2017, p.38). Within this context, this literature review sets out to delve into the health status and requirements of the refugee populace in Türkiye. By offering an encompassing view of the global migration crisis's implications on health service accessibility and the health challenges confronting women and children—two particularly vulnerable segments—this study operates within the framework of public health.

The spectrum of migrant health has been approached from different perspectives, engaging with pivotal concerns such as the immigrant population's access to health services in Türkiye, health education, and the fortification of healthcare infrastructure. Within this scope, attention is directed towards the hurdles encountered by immigrants in obtaining health services, underscored by proposed strategies to surmount these obstacles. Delicate topics, such as women's and children's health, stand accentuated as focal points necessitating heightened attention among migrant communities. This review delves into the distinct health requisites of these groups, meticulously analyzing their challenges.

In summary, this literature review constructs a conceptual framework, unravelling the multifaceted interplay between migration and health. While catering to the health exigencies of migrant populations, the objective lies in fostering a healthier future. The focus extends beyond present predicaments, incorporating solutions for issues encompassing health service accessibility, education, and psychosocial support.

Method

This study is a literature review focusing on the health of women and children migrants as a vulnerable group.

Study Group

Within the scope of this study, a comprehensive literature review has been conducted on the topics of women's and children's health related to the immigrant population in Türkiye from January 2011 to August 2023.

Data Collection Tools

The process of data collection hinges on utilizing the resources provided by international and national

organizations actively engaged in the domain of migrant health. This encompasses the scrutiny of their published reports, internationally ratified documents, and a compilation of research materials pertaining to migrant health in Türkiye. These sources of data are leveraged to ensure the dissemination of dependable and current information encompassing immigrants' health conditions, health service accessibility, health policies, and a myriad of health-related predicaments.

Process

This study undertakes an exploration into the challenges encountered in migrant health within Türkiye, simultaneously offering practical recommendations aimed at addressing these issues.

Findings and Discussion

This section delves into the realms of migrant health policies, migrant health services, and health challenges faced by vulnerable groups within the migrant population.

Immigrant Health Policies in Türkiye

Before conducting evaluations regarding migrant health in Türkiye, there was a need to define the concepts of migrant, refugee, and asylum seeker. A migrant is defined as “someone who relocates from their usual place of residence within international borders or the state” (IOM, 2019). A refugee is a “person who has fled their country due to a fear of persecution” (UN, 2021). An asylum seeker is an “individual who has applied for refugee status and is awaiting a decision” (*Göç İdaresi Başkanlığı- GIB*, 2022). In this study, an assessment was conducted regarding the overarching concept of the “health of refugees.”

Every individual has the right to meet their basic health needs (UN Human Rights Office, 1966; UNICEF, 1948). States are required to provide holistic healthcare to immigrants (Parliamentary Assembly, 2006). The health rights of immigrants are guaranteed by various international documents. Some of the asylum seeker and refugee legal documents to which Türkiye is a party include the following (UNHCR, 2023):

1. Convention Relating to the Status of Refugees and its 1967 Protocol
2. European Convention on Human Rights (1950)
3. 1954 Convention Relating to the Status of Stateless Persons
4. International Covenant on Civil and Political Rights, 1966
5. Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 1984
6. Convention on the Rights of the Child
7. Foreigners and International Protection Law

Türkiye established the asylum system with the adoption of the Law on Foreigners and International Protection. Simultaneously, it established the Directorate of Migration Management and undertook the responsibility of formulating policies and supervising all foreign transactions in Türkiye (UNHCR, 2023). According to official data from the Migration Administration, the number of Syrians under temporary protection has been increasing since 2011 due to the impact of the Syrian civil war. The number of Syrians under temporary protection exceeded three and a half million in 2018, with fluctuations between the years 2018-2023. As of July 2023, this number stands at 3 million 329 thousand (*Göç İdaresi Başkanlığı-GİB, 2023*). According to the Migration Administration's data, by the end of 2022, more than 30 thousand applications for international protection were reported (*Göç İdaresi Başkanlığı-GİB, 2023*). The primary nationalities in these applications are Afghanistan, Ukraine, and Iraq (*Göç İdaresi Başkanlığı-GİB, 2023*). Türkiye has been hosting immigrants from different regions for a considerable time. These waves of migration have brought about public health challenges, including access to health services.

Türkiye's migrant health policies aim to facilitate access to health services and provide quality healthcare to migrants (Karaca & Doğan, 2014). Health infrastructure in Türkiye has been reshaped due to the rapidly increasing immigrant population since 2011. Türkiye provides emergency health services free of charge to both registered and unregistered immigrants. In emergencies, immigrants can seek treatment at public hospitals. Additionally, there is a general health insurance system for registered immigrants in Türkiye.

In Türkiye, the "Health Services Fundamental Law" and the "Regulation on Benefiting from Health Services for Foreigners" regulate immigrants' access to healthcare services. These laws aim to ensure that immigrants have equal access to health services. The "Health Services Basic Law" states that free access to public hospitals is provided in emergencies. The "Regulation on Benefiting from Health Services for Foreigners" indicates that registered immigrants living in Türkiye can access certain services within the scope of general health insurance. These laws ensure immigrants' access to and equality of healthcare services (Resmi Gazete, 1987, 2016).

Türkiye aimed to provide health services to Syrian refugees under temporary protection by establishing private health centers (Avaner & Ocaklı, 2021, pp.4-5). These centers are referred to as Migrant Health Centers. Migrant Health Centers were established in 2015 by the Ministry of Health of the Republic of Türkiye⁵. In addition to curative health services, these centers offer preventive health services such as vaccinations, pregnancy follow-ups, and treatments for chronic diseases. The program known as the "Sihhat Project" was launched in 2016 (T.C. Sağlık Bakanlığı, 2016).

⁵ For detail see: http://www.sihhatproject.org/saglik_hizmetleri.html

Access to migrant health services is crucial for migrants to benefit from preventive, curative, and rehabilitative healthcare services. In a study conducted in Şanlıurfa in 2023 on the utilization rates of immigrant health services provided in Türkiye, it was revealed that 60% of immigrants stated they could not access health services when needed, 86.11% were unable to reach family physicians when necessary, and 88.5% reported being unable to access specialist physicians (Altıparmak & Akman, 2023, p.152). This situation indicates that while strides have been made in providing migrant health services in Türkiye, there might still be challenges in migrants' access to these services. This review evaluates the access of immigrants, particularly vulnerable groups like women and children, to health services in Türkiye.

Health of Migrant Women in Türkiye

Within the multifaceted landscape that shapes women's health, social factors occupy a pivotal role, particularly concerning the well-being of migrant women. The determinants steering the health trajectory of migrant women are depicted in Figure 1, presented below:

Challenges Caused by Migration	Physiological and Genetic Characteristics	Social Factors	Sexual and Reproductive Health	Health System
<ul style="list-style-type: none"> Ethnic origin-based discrimination Challenges in adaptation Conditions of housing and hygiene Language barrier 	<ul style="list-style-type: none"> Individual-Specific Biological Characteristics 	<ul style="list-style-type: none"> Gender Poverty Education Labor force participation 	<ul style="list-style-type: none"> Pregnancy and fertility Access to contraception Sexually transmitted disease 	<ul style="list-style-type: none"> Quality of healthcare services Accessibility of healthcare services Healthcare services received in the country of origin before migration

Figure 1. Factors Determining the Health of Migrant Women

Source: (Çaman & Özvarış, 2010, s.8; Soysal et al., 2022, pp.8-9)

Considering the gender factor, a crucial determinant of women's health, it proves beneficial to analyze the education and labor force participation data of immigrant women in Türkiye. As Türkiye is the nation hosting the largest number of refugees globally, with Syrians forming a significant portion, this analysis encompasses the education levels and labor force participation rates of Syrian women. According to the Türkiye Demographic and Health Survey- 2018, a mere one-fifth of Syrian migrant women have completed secondary school. Approximately half of Syrian women are graduates of primary schools. A striking revelation is that one out of every five Syrian women has never attended school (HNEE, 2018a). Equally striking is the fact that 82% of Syrian women are not

engaged in the workforce. Syrian women with limited education are at risk of struggling to access healthcare services. This lack of workforce participation adversely affects women's healthcare accessibility, as it leads to economic dependence on their spouses. In the context of sexual and reproductive health indicators, one in every five married women currently faces an unmet family planning need. Modern methods cater to only 38% of the total demand for family planning (HNEE, 2018a).

When inspecting the available data regarding the mental health status of immigrant women, it becomes evident that issues like depression and psychosomatic complaints are more pronounced among immigrant women. Migrant women confront not only gender discrimination but also grapple with challenges such as language barriers, psychosocial adjustment difficulties, and discrimination rooted in ethnic origin (Akdeniz & Öz, 2009, pp.30-31). A study showing the psychosocial impact of migration on both women and men stated that women who migrated from rural areas to urban areas in Wuhan, China, experienced higher levels of migration-related stress compared to men (Solgun & Durat, 2017, p.140). A Turkish study discovered that migrant women face economic hardships, lack familiarity with their environment, and are hesitant to leave their residences due to concerns (Kurtuldu & Şahin, 2018, pp.40-41). During periods of conflict and war, traumatic events like exposure to violence, the loss of family members or relatives, injuries, and torture are prevalent. A study conducted by The Disaster and Emergency Management Presidency (AFAD) in 2014 focusing on Syrian women revealed that 35% of these women lost at least one family member due to the civil war, while 28% had at least one family member injured (Başterzi, 2017, p.381). Numerous studies emphasize that psychosocial factors linked to migration significantly affect migrant women.

Health of Migrant Children in Türkiye

According to a report published by UNICEF in 2016, there are approximately 50 million "uprooted" children in the world, meaning that children constitute about half of the entire immigrant population (UNICEF, 2016). Similarly, in Türkiye, the number of registered Syrians under temporary protection status has reached 3,351,582 people as of June 15, 2023, with 1,618,940 of them being children (Mülteciler Derneği, 2023). Those who change their places of residence due to migration, particularly children, experience adverse effects. Children stand as one of the most vulnerable groups within migrating communities due to their inherent susceptibility, dependence on caregivers, and impact on their growth and developmental processes. Apart from children's reliance on their caregivers, child health is also influenced by the health status of women during pregnancy, childbirth, and the postpartum period; hence, women's health profoundly determines children's well-being. The determinants of migrant child health are depicted in the following figure (Figure 2).

Challenges Caused by Migration	Physiological and Genetic Characteristics	Social Factors	Women's Sexual and Reproductive Health	Health System
<ul style="list-style-type: none"> • Ethnic origin-based discrimination • Challenges in adaptation • Conditions of housing and hygiene • Inability to Attend Education Due to Language Barrier 	<ul style="list-style-type: none"> • Individual-Specific Biological Characteristics 	<ul style="list-style-type: none"> • Gender • Poverty • Child marriages • Child labor • Child abuse • Status of women in society 	<ul style="list-style-type: none"> • Mother's Pregnancy and Fertility Characteristics • Prenatal Care • Postnatal Care • Access to Contraception • Sexually Transmitted Infections 	<ul style="list-style-type: none"> • Quality of healthcare services • Accessibility of healthcare services • Healthcare services received in the country of origin before migration

Figure 2. Factors Determining the Health of Migrant Children

Source: (Güler & Akın, 2012; Kara & Nazik, 2018, pp.65-66)

Education has been recognized as a fundamental human right in the 1989 Convention on the Rights of the Child (UNICEF, 1989). Education contributes to the development of children’s social skills and the establishment of healthy relationships while simultaneously ensuring their active participation in society. Moreover, it serves as a deterrent against child labor and exploitative work, provides protection from sexual abuse and child marriage, and enhances children’s psychological resilience (Demir et al., 2022, pp.53-54). According to UNICEF’s final report on the documentation of educational efforts for Syrian children under temporary protection in Türkiye, as of November 2021 data, 3 out of 10 Syrian children are not attending school (UNICEF, 2022). The factors contributing to the delayed enrollment of Syrian children in education are depicted in Figure 3 below:

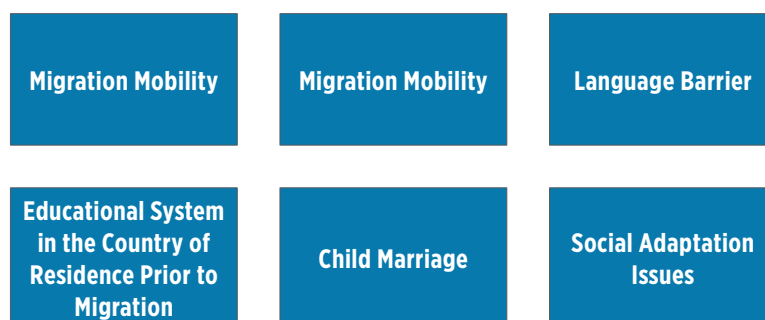


Figure 3. Reasons for Delay in Enrollment of Immigrant Children in Education

Source: (Lordoğlu & Aslan, 2018, p.723; UNICEF, 2022)

During migration mobility, the adaptation of children to society is impaired, and the motivation of families to send their children to school may be adversely affected due to migration mobility. Due to economic difficulties, families often direct their boys to child labor as cheap labor. Since many children only know Arabic, they have language problems in schools, which negatively affects their participation in education. The education system of the country of residence and the value given to education also have an impact on participating in education in the country of immigration. Families who migrated from a country where education is not valued can maintain the same traditional attitude in the country they migrated to. Child marriages, which negatively affect the health of immigrant women, also have a negative impact on girls' participation in education (Lordođlu & Aslan, 2018, p.730; UNICEF, 2022).

Türkiye has been making educational interventions for Syrian children since 2016. Policies were implemented with the aim of integrating Syrian children into the Turkish national education system. Syrian children under temporary protection have gradually transitioned to Turkish public schools since 2016. With integration into public schools, language has become the most significant barrier for Syrian children in schools. The Ministry of National Education-MoNE- (*Milli Eđitim Bakanlıđı*- MEB) strengthened integration courses and Turkish language courses in Turkish Public Schools for Syrian students. Additionally, support programs such as Compensation, Support, and non-formal education programs have been developed. Special measures have been taken to increase the number of Syrian girls and boys in secondary education. MoNE, with the support of UNICEF, has organized teacher and administrator training programs to support an inclusive education system in Türkiye. During the COVID-19 pandemic, the "Educational Informatics Network platform" (*Eđitim Biliřim Ađı*-EBA) has been effectively used in the education of Syrian students (UNICEF, 2022). Considering the school attendance data in the "2018 Turkey Demographic and Health survey-TDHS" (Turkish: Türkiye Nüfus ve Sađlık Arařtırması 2018) Syrian sample in Türkiye, 78% of Syrian girls aged 6-13 attend primary or secondary school, while 74% of Syrian boys aged 6-13 attend primary or secondary school. At the high school level, the net enrollment rate drops to 17% for girls aged 14-17 and to 12% for boys (HNEE, 2018a).

The most important factor affecting boys' participation in education is child labor. According to the definition provided by the International Labor Organization (ILO), child labor is any kind of work that hinders a child's health, education, physical and mental development, obstructs the development of their abilities, and deprives them of their potential and dignity. In the definition of child labor, the ILO sets the age limit at 15, and individuals in the 15-24 age group are considered young workers (ILO, 2023). The increasing number of child workers worldwide, especially in countries receiving immigrants, is a significant issue. Refugee children are often compelled to work at an early age due to reasons such as the loss or illness of parents, being the eldest male in

the household, financial difficulties, and crowded households. The refugee status tends to make labor cheaper. Refugee children, deprived of many rights such as education and play, are forced to work in harsh conditions as cheap and uninsured labor. As a result, their rights are often abused by employers, and children are exposed to accidents, violence, and various health problems. Child labor is believed to increase in Turkish provinces where Syrians are widely settled. Syrian child laborers in border provinces such as Antep, Kilis, Urfa, and Antakya may be employed in various sectors, including knitwear workshops, textile factories, dried fruit processing plants, shoe manufacturing workshops, car repair shops, agricultural labor, street vending (Akpınar, 2017, p.23). In a study, it is noted that the incidence of paid work is higher among boys compared to girls, with almost half of the boys aged 15–17 being employed in a paid job (Dayıoğlu et al., 2023, p.11).

When evaluating the social problems of migrant children in Türkiye, it becomes essential to assess the “health of migrant children”, which plays a crucial role as a determinant. To assess the health status of Syrian children in Türkiye and align with the comprehensive approach to reproductive health, it is necessary to first examine available data on the sexual and reproductive health status of women. Reviewing indicators related to sexual and reproductive health reveals that the average age at first marriage for women aged 25-49 is 19, the total fertility rate is 5 children, and approximately 40% of marriages are consanguineous. Furthermore, 69% of Syrian infants receive postnatal care services within the first 2 days after birth (HNEE, 2018a). Early age at first marriage, high average number of children among women of childbearing age, and women’s education and health indicators have implications for child health. Additionally, consanguineous marriages are known to contribute to genetic and rare diseases (HASUDER, 2023).

Genetic and rare diseases impact the lives of children and their families significantly, requiring challenging processes for diagnosis and access to treatment (HASUDER, 2023). The fact that 3 out of 10 Syrian babies do not receive care in the first days after birth indicates a disruption in newborn follow-ups. Failing to adequately follow up on infants means a lack of critical health services such as comprehensive baby examinations, screenings, vaccinations, and maternal breastfeeding counselling.

Examining children’s health indicators, low birth weight is noteworthy due to its predictive value for potential neonatal death and, for surviving children, malnutrition (HNEE, 2018a). Based on available data, the rate of low birth weight among immigrant children is 20%, compared to 12% in the Turkish sample. Combatting vaccine-preventable diseases is paramount for child health. According to the Türkiye Demographic and Health Survey-2018, evaluating vaccination rates based on the administration of all essential vaccines to children aged 24-35 months, the rates stand at about 64% for Syrian migrant children and 72% for Turkish children (HNEE, 2018a, 2018b).

For immigrant children, proper nutrition is a fundamental requirement for healthy growth and development, particularly during infancy and early childhood. However, migration poses the risk of inadequate and unbalanced nutrition, leading to issues such as anaemia, vitamin deficiencies, malnutrition, and even fatal outcomes. According to the Türkiye Demographic and Health Survey- 2018, the rate of stunting among Syrian migrant children aged five or six is 17%, while it is 6% in the Turkish sample. Stunting is indicative of chronic malnutrition in children and is more prevalent among Syrian children under the age of five compared to Turkish children (HNEE, 2018a, 2018b).

Conclusion and Recommendations:

The number of refugees and asylum seekers in Türkiye has increased since 2011. The significant number of immigrants in Türkiye shows that immigrant health is an area of public health that will continue to be important in the future.

Language barrier is one of the biggest obstacles for Syrian refugees in accessing health services, participating in education and social cohesion in Türkiye. In 2016, steps were taken in Türkiye to teach Turkish to Syrian children and to introduce integration lessons. According to official statistics in Türkiye, it is known that current refugees are often Syrians. However, in recent years, the presence of refugees from Afghanistan, Ukraine and Iraq will further complicate the formidable language barrier in accessing health care. Migrant health policies have been developed in Türkiye, and studies have been carried out with various international organizations on access to migrant health services. Primary care migrant health services in Türkiye are in Migrant Health Centers; however, free health services are provided in state hospitals, which are secondary health institutions within the scope of general health insurance for registered immigrants. Despite this, immigrants' access to health services is limited due to various social barriers, such as refugees and asylum seekers not knowing Turkish and differences in their educational and socio-cultural levels. This situation shows that although steps have been taken in the provision of migrant health services in Türkiye, there may be problems with migrants' access to the service.

In provinces or regions heavily populated by immigrants, preventive health services such as vaccination of children, child health screenings, and women's health services are provided by primary health care institutions through "mobile health services." However, as indicated by health level indicators in the literature review, there are inadequacies in meeting the health needs of women and child refugees. Epidemiological studies on the accessibility of provided health services are recommended.

The low level of education and labor force participation of migrant women in Türkiye causes them to be at risk in terms of their access to health services.

Interventions should be made in terms of sexual and reproductive health in immigrant women, both to expand the use of the service and to provide sexual and reproductive health education.

Migrant women are affected psychosocially by migration. Migrant women with mental health problems should be handled without being overlooked in the delivery of health services.

Participation of immigrant children in primary, secondary and especially high school education is low. It has been shown that the main barriers to participation in education are child labor and child marriages. In addition to preventing child labor, solutions need to be provided for the underlying cause of child labor, which is "poverty." To overcome child marriages, efforts should be directed towards combating both poverty and gender discrimination.

Disruptions in infant and child follow-ups in immigrant children adversely affect child health. Also, low vaccination rates and chronic malnutrition are other health problems of migrant children. The reasons behind the health indicators of immigrant children need to be investigated, and the evaluation of health service delivery is necessary.

Being a woman or a child among the "immigrants" who are among the vulnerable groups increases the "sensitivity". The difficult living conditions of migrant women and migrant children in Türkiye affect their health. This study highlights the need for an epidemiological study on public health services for Syrian refugee women and children in Türkiye.

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