

HEALTH EVALUATION OF A GROUP AFFECTED BY THE UKRAINE-RUSSIA WAR: A QUALITATIVE RESEARCH

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Abstract

Migration occurs frequently in war situations. The migration process involves many negativities such as the emergence of new health problems, economic difficulties and social problems. With the data we obtained from the participants, the health problems faced by the participants, all negative situations during the migration process and ways to cope with these situations were revealed. The aim of this qualitative study is to investigate the health status of Ukrainians living in Ukraine or those who emigrated after the war and the contextual factors affecting health. The research is a case study with a qualitative design, and data was collected from a group of participants who experienced the negative effects of the war. In the research, thematic content analysis and descriptive analysis were conducted to describe and explain experiences and reveal themes. In the content analysis conducted for this purpose, it was aimed to conceptualize the data and reveal themes that could describe the phenomenon. Five themes emerged from the thematic analysis. There are six categories under the theme of "Health outcomes", four categories under the theme of "Difficulties in the migration process", five categories under the theme of "Access to healthcare", six categories under the theme of "Adaption", and five categories under the theme of "Coping strategies". Our study reveals how war directly affects human life in a developing country, the problems individuals face in meeting their basic needs, and the extent to which social rights and freedoms are restricted.

Keywords: Ukraine-Russia War, Migration, Health, Thematic Content Analysis

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UKRAYNA-RUSYA SAVAŞI'NDAN ETKİLENEN BİR GRUBUN SAĞLIK AÇISINDAN DEĞERLENDİRİLMESİ: NİTEL BİR ARAŞTIRMA

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Öz

Göç, savaş durumlarında sıklıkla karşılaşımıza çıkmaktadır. Göç süreci yeni sağlık sorunlarının ortaya çıkması, ekonomik sıkıntılar, sosyal sorunlar gibi pek çok olumsuzluğu bünyesinde barındırmaktadır. Katılımcılardan elde ettiğimiz verilerle katılımcıların karşılaştığı sağlık sorunları, göç sürecindeki tüm olumsuz durumlar ve bu durumlarla baş etme yolları ortaya çıkarılmıştır. Bu nitel çalışmanın amacı, Ukrayna'da yaşayan veya savaş sonrası göç eden Ukraynalıların sağlık durumlarını ve sağlığa etki eden bağlamsal faktörleri araştırmaktır. Araştırma nitel desende bir durum çalışması olup, savaşın olumsuz etkilerini yaşamış bir grup katılımcıdan veriler toplanmıştır. Araştırmada deneyimleri betimlemek, açıklamak ve temaları ortaya çıkarmak amacıyla tematik içerik analizi ve betimsel analiz yapılmıştır. Bu amaçla yapılan içerik analizinde verilerin kavramsallaştırılması ve olguyu tanımlayabilecek temaların ortaya çıkarılması amaçlanmıştır. Tematik analizde beş tema ortaya çıkmıştır. "Sağlık çıktıları" temasında altı, "Göç sürecindeki zorluklar" temasında dört, "Sağlık hizmetlerine erişim" temasında beş, "Uyum" temasında altı, "Başa çıkma stratejileri" temasında ise beş kategori yer almaktadır. Çalışmamızda gelişmekte olan bir ülkede savaşın insan yaşamını doğrudan nasıl etkilediği, bireylerin temel ihtiyaçlarının karşılanmasında karşılaştıkları sorunlar, sosyal hak ve özgürlüklerin ne ölçüde kısıtlandığı ortaya konulmaktadır.

Anahtar kelimeler: Ukrayna-Rusya Savaşı, Göç, Sağlık, Tematik İçerik Analizi

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Introduction

The concept of war is as old as human history and has been defined in different ways between countries. War is an important public health problem that still maintains its seriousness today.

The quote from article 2941 of the Republic of Türkiye's Mobilization and State of War Law defines war as follows: "War is an armed struggle that necessitates the unrestricted utilization of all material and spiritual power and resources of the State, primarily military force, in order to ensure the survival of the State, safeguard national interests, and achieve national objectives." The state of war, on the other hand, is defined as the situation in which rights and freedoms are partially or completely limited by laws, from the decision to declare war to the announcement of the abolition of this state (1983, p.2).

Migration, as one of the inevitable consequences of war, is frequently encountered in war situations. Migrations made in many different reasons and ways take place in order to ensure the safety of life in war situations. Internal migration can be defined as moving within the borders of the country, and external migration can be defined as moving out of the country. Migrations can be voluntary as well as compulsory due to reasons such as war and natural disasters.

Ukraine has an important geopolitical place between Europe and Russia. Especially in meeting the energy needs of the European Union (EU), Ukraine is a transit country between Russia and the EU. Although Russia has an important role in meeting the energy needs of the EU due to its energy resources, there have been natural gas crises between Ukraine and Russia since the 2000s. The reflections of the conflict of interest between Russia and the EU, which emerged as a result of Russia's use of its energy resources as a tool to compete with the EU, can be counted among the reasons that escalated the tension between Ukraine and Russia. The Ukraine-Russia war officially started on February 24, 2022, as the size of the conflicts between Russia has increased in recent years and the tensions have risen due to the possibility of a threat on Russia's border if Ukraine joins North Atlantic Treaty Organization (Yaşot, 2022).

The war caused the death and migration of thousands of people from both sides. The United Nations High Commissioner for Human Rights (OHCHR) stated that from the beginning of Russia's attack on Ukraine (24 February 2022) to 30 October 2022, there were 6,430 deaths and 9,865 injuries. A total of 6,430 deaths occurred in 2,511 men, 1,716 women, 167 girls, 201 boys, as well as 34 children of unknown gender and 1,801 adults. 9,865 injured were reported as 2,107 men, 1,515 women, 205 girls, 292 boys, 242 children of unknown gender and 5,504 adults of unknown gender. It was stated that the civilian casualties recorded in the conflict were caused by attacks on large areas such as airstrikes and artillery fire. OHCHR

stated that the information coming from the places where the conflicts continue intensely is not confirmed and they believe that the real numbers are higher (2022).

The war in Ukraine resulted in the fastest mass migration to Europe in the last thirty years (Sacchi, 2022). There have been 14,591,518 border crossing movements in Ukraine since the war began. These movements do not reflect the people and represent border crossings. 7,751,169 Ukrainian refugees were registered in Europe. 4,426,745 Ukrainian refugees were registered in temporary protection or similar national protection programs in Europe. Ukrainian refugees preferred neighboring countries such as Poland, Hungary, Slovakia, Moldova and Romania more. In terms of numbers, it is striking that the highest number of refugees is in Poland. The actual numbers are thought to be higher due to the continuing migration and the number of unregistered refugees (UNHCR, 2022).

With the declaration of martial law in Ukraine, men aged between 18 and 60 are not allowed to leave the country (Kulhánová et al., 2024). For this reason, more disadvantaged groups such as women, children and the elderly people generally constitute the immigrants. Disadvantaged groups who migrate consist of people who are more open to health risks.

The fact that immigrants are more vulnerable groups to health risks, negative experiences during the migration process, crowded and unsuitable living conditions in the migrated place increase the risk of many diseases, especially infectious diseases. Although preventing communicable diseases and reducing their spread are priority targets, they increase the risk of epidemics due to adverse conditions (Murphy et al., 2022).

According to ECDC's (European Centre for Disease Prevention and Control) technical report, interruption of routine vaccination programs can be shown as one of the most important causes of epidemic risk. It is very important to expand the scope of vaccines, primarily measles, polio and COVID-19, to reduce the negative consequences of infectious diseases (2022, p.1).

Poliovirus was detected in the Rivne and Zakarpattia regions in Ukraine in 2021, and the Ukrainian public health services have made an intense effort regarding the surveillance system and vaccination programs. The polio vaccination campaign, which began on February 1, 2022, was adversely affected by the war that began later in the month. Considering the possibility of weakening of health services within the country and mass displacements, it is necessary to be careful about poliovirus and take the necessary precautions, as it increases the risk of spread both within the country and between countries (WHO, 2022).

An estimated 22% of people worldwide live with noncommunicable diseases such as cancer, diabetes and cardiovascular disease. Considering the 44 million population of Ukraine, approximately 9 million people live with non-communicable diseases. In situations of humani-

tarian crisis such as mass migrations after wars, it is a vital necessity to provide these people with access to medicines and health services necessary for their survival. Access to health services is of vital importance not only for people who migrate, but also for people who continue to stay in Ukraine and have chronic diseases (NCD Alliance, 2022).

Displaced persons are exposed to various traumas and stressors during their migration process. These traumas can involve many types of violence, including life-threatening situations. It is predicted that the traumas experienced during the migration process may lead to serious deterioration in the mental health status in the long term. In addition to the traumas experienced, studies have shown that the economic, political and social stress factors that displaced people encounter after migration and during the adaptation process to the new country deteriorate their psychological state and pave the way for the collapse of their mental health (Sangalang et al., 2019, p.909). Common among the strategies developed to cope with the stress-creating factors brought about by migration are interaction with spouses, friends and peers, and social support from the family, by creating a sense of trust in social networks. In order to reduce the effects of migration-related stressors on the health of displaced individuals, preventive and therapeutic interventions such as receiving professional mental health treatment or doing physical exercise gain importance (Rios Casas et al., 2020, p.943). In the study of Mak et al., strategies for coping with stressors were defined as problem solving, seeking advice, helplessness, escape, seeking support, self-soothing, social isolation, submission, and opposition. (2021, p.391).

There are many ways that people make an effort to cope with stress. Stress Management Techniques have cognitive, physical and environmental components. Time management, mindfulness, planning, cognitive therapy, yoga, art, breathing exercises, music, pets, spending time in nature, prayer and meditation can be counted (Walinga, 2019).

Amone-P'Olak and Omech reported that interventions to reduce the negative effects of war should aim to reduce the use of maladaptive coping strategies such as acceptance, catastrophizing, rethinking, and self-blame, and should encourage adaptive coping strategies such as positive reappraisal. Using maladaptive coping strategies was associated with reporting more symptoms of mental health problems, their study found. The choice of coping strategies can provide guidance for interventions that can reduce the negative consequences of conditions such as depression and post-traumatic stress disorder, which are frequently seen after war (2020, p.1858)rumination.

The aim of this qualitative study is to investigate the health status and contextual factors affecting the health of Ukrainians living in Ukraine or migrating after the war, the difficulties they experience during the migration process, and their coping strategies in these difficulties. Thus, it is aimed to determine the ways they use to cope with stress and their possible needs.

Method

The research is a case study in a qualitative design and data were collected from a group of participants who had experienced the negative effects of war.

In the study, thematic content analysis and descriptive analysis were performed to describe and explain the experiences and reveal the themes. In the content analysis conducted for this purpose, it was aimed to conceptualize the data and to reveal the themes that could describe the phenomenon. The standards of the SRQR (Standards for Reporting Qualitative Research) checklist were followed in the reporting of this qualitative research. (Tekindal et al., 2021, p.5436). It is possible to reduce complexity by dividing the large dataset into smaller and more meaningful themes. It can develop a broader understanding by examining data in detail around specific themes or topics. Excerpts from the interviews were made meaningful by relating them to the themes obtained. The interviews were conducted by the researcher, a native Ukrainian speaker, and then translated into Turkish by the same researcher. The reliability of the research was realized through triangulation and validity through participant confirmation. For the validity and reliability of the analysis, thematic coding was done by three different researchers, comparisons were made after the analysis, and common themes were decided together.

With the descriptive analysis, it was aimed to reflect the themes obtained by quotations from the opinions of the interviewed individuals by interpreting within the themes and patterns that emerged by giving place to direct quotations.

Participants	Age	Gender	Number of children	Marital status	Education status	Job	Immigration status
1. Participant	36	Female	1	Married	Bachelor's degree	Interpreter	Internal migration (in Ukraine)
2. Participant	43	Female	2	Married	Middle school	Small business	International migration (from Ukraine to Türkiye)
3. Participant	48	Female	1	Single	Bachelor's degree	Dentist	International migration (from Ukraine to Türkiye)
4. Participant	63	Male	2	Married	Secondary education	Chauffeur, retired	-
5. Participant	26	Female	-	Single	Bachelor's degree	Doctor	-
6. Participant	59	Male	2	Married	Secondary education	Retired	-
7. Participant	38	Female	4	Married	Associate degree	-	International migration (from Ukraine to Türkiye)
8. Participant	36	Female	2	Single	Bachelor's degree	Land engineer	International migration (from Ukraine to Poland)

Table 1. Sociodemographic Characteristics of the Participants

Using a purposive sampling technique, adults over 18 years old and were living in Ukraine or had emigrated from Ukraine were reached. Eight people who agreed to participate in the study, lived in Ukraine or migrated after the war, were included in the study. Six of the participants in the study were female and 2 were male. The ages of the participants ranged from 26 to 63. Looking at their marital status, 5 of the participants are married and 3 are single. (Table 1)

Verbal information was given in English or Ukrainian about the aims and subject of the study, the rights of the participant and ethical issues. In-depth interviews were held with the participants who agreed to participate in the study with a semi-structured questionnaire over Google meet. It was stated that audio recordings would be taken during the in-depth interviews, and the interview was started after permission was obtained. Seven of the in-depth interviews were conducted by Ukrainian researcher. One interview was conducted by a female participant who speaks Turkish and a Turkish researcher. The interviews lasted between 30-60 minutes and the audio recording was converted into text verbatim using Google Docs. Interviewees were informed about the main objectives of the study, interview practices, and ethical framework.

First, the interviewees were asked to respond to sociodemographic questions (age, marital status, income level, education level, place of residence, place of work), then under the heading of war and migration, how they were affected by the war, their distance from the war zone, changes in family order, war or immigration. They were asked to explain the level of impact on their health in their current situation, whether they are considering emigrating, how the immigrants decided to migrate, the problems encountered before, during and after the migration, the differences between their previous lives and their current lives, and the difficulties they encountered during the adaptation process to the country they migrated to.

Results

Five themes emerged in the thematic content analysis. It consisted of six categories under the theme of “Health outcomes”, four categories under the theme of “Difficulties in the migration process”, five categories under the theme of “Access to healthcare”, six categories under the theme of “Adaption”, and five categories under the theme of “Coping strategies” (Table 2). In addition, the contents of the categories formed under these themes are schematized in Figure 1.

Theme	Category	Sample
Health outcomes	Mood disorders	<i>"...And just as we got to the dam, the air raid alert started and the explosions started. That moment was terrifying, indescribably frightening because I personally felt like we were going to blow up. If my husband hadn't been sitting next to me, I would have turned around and left. I don't know what would happen to me, but the fear was very strong." (1. participant)</i>
	Fear*	
	Insomnia**	
	Change in appetite	<i>"We have become afraid of the sounds made when an airplane takes off, fireworks go off, or a car stops suddenly. Our children are afraid. Hearing the sounds of construction, my child even started peeing under him at night for fear that it was a war. He is afraid of all kinds of applause and explosions, and it seems to us that when the helicopters fly, the bombs will start to fall. This is fear! Our children were happy with helicopters, now they are afraid." (2. participant)</i>
Rhythm disturbances		
Parasitic infections		<p><i>"I haven't slept at all. Medicines need to be taken, but they do not help at all, even strong tranquilizers do not help us. This is such a great psychological trauma that we have no sleep." (2. participant)</i></p> <p><i>"Since the start of martial law with February 24, I have been experiencing a very strong fear. Military action, fear of bombing... Then very quickly this fear was replaced by the fear of invasion, of being a victim of the occupiers' violence. Being alone and having a retired mother, husband, that is, my parents and a child reinforced my fear." (3. participant)</i></p> <p><i>"We started getting sick: pediculosis, worms in children, childhood infections. I got sick three times a month: rotavirus infection, everything from diarrhea to snot. Everyone got sick in turn. All because of the crowd we live in. When we lived in Side, everyone had their own room, the weather was healing, there was no such crowd and it was crowded here, and it was also cold, it was spring. We were all sitting in a crowded room. So it is a disease, these are childhood infections. All these 186 people started sneezing at each other, snot, shared toys, cramped living conditions in general, unsuitable conditions for children." (3. participant)</i></p> <p><i>"...It felt like there was no sleep in the first month of the war. The torture of insomnia. Because the sirens were mostly at night. Excuse me, I slept in sweatpants for a month. It's terrible when you can't get comfortable. As you fall asleep, you become as vulnerable as possible. For example, if there is a bombing, then you are in a situation where you want to fall asleep, but in this situation something can catch you. The first month was sleepless. Later, during the evacuation, I had another episode of insomnia, not to mention the fact that on the way to the evacuation it was three days with almost no sleep." (3. participant)</i></p> <p><i>"I started to worry more about my future, about my future life. You don't know what tomorrow will or will be. It is difficult and scary." (4. participant)</i></p>

“...Here we don't want war, why was our country chosen, I saw this in movies before, we didn't know it would happen to us, it's a very scary thing, they have such fearful eyes and it's good that we left early.” (7. participant)

“We had a really big crisis, we went through all kinds of things for a week or two, and there was everything from lice in her hair, so whatever you can think of.” (7. participant)

“...In short, the war had a terrible effect on us. The first day I experienced panic and wild fear. It got to the point where my body was chained and my speech was taken away. I can say I didn't panic, but I was very scared and didn't know what to do next. What to do, where to run, because I realized that if they start bombing us, we have nowhere to hide.” (8. participant)

Difficulties in the migration process	Group evacuation	“... The bridge near us was blown up. We took a detour to Kiev, we also took a 30 km circle to get to Kiev and as we got to the dam, the air raid alert went off and the explosions started.” (1. participant)
	Traffic due to lack of gas	“We got on the dreaded buses, sat on a bench. It was very cold as there was no heating. We were given a blanket, luckily we still had jackets and blankets with us. I wrapped the child, of course I froze myself. I wrapped the child in several blankets, he slept with me dressed and with a blanket on his head. My jacket was on the children so that the children would not get sick and it was very cold.” (2. participant)
	Security problems	“...And there were very difficult conditions for the evacuees. In February, there were queues, traffic jams, theft. So there were very difficult conditions.” (3. participant)
	Life threat	“...And the evacuation began. I thought it would be better and easier. And in fact, just the evacuation was the most negative experience. Very traumatic.” (3. participant)
Access to healthcare	Lack of drugs in pharmacies	“In the first month of the war, there was no medicine, there were long queues at the pharmacies. Then yes, there were problems until it was back to normal. I don't know, maybe a few months the problem lasted. Volunteers did a great job. Thanks to the volunteers, the medicines were delivered.” (1. participant)
	Long queues in front of pharmacies	“...Nobody went anywhere because everyone was afraid. And in the end, no one thought about going to the hospital, because everyone hid in the basements.” (1. participant)
	Difficulty reaching the hospital due to the bombing	“When there was no medicine in the pharmacies, it was a mess. There was a line of 300-400 people in the pharmacy and they bought all possible drugs because they did not have new ones. We had empty pharmacies. And hospitals stopped accepting outpatients because there were so many injured. They entered our hospitals and set fire to hospitals. And for the kids too... That's why they're afraid to take the kids to the hospital, because in the first place they were afraid of
	Online doctor	

	interviews	<i>getting shot in the hospitals. The treatment was completely online, by phone, via viber. We all talked to doctors and were treated. Our recommendations were very good. Doctors gave all consultations without any problems, free of charge. There was no problem. It was even possible to find a private doctor who came to the house for 300 hryvnia to examine, listen and help."</i> (2. participant)
	Inability of hospitals to accept outpatients due to the density of injured	
Adaption	The need to learn a new language	<i>"Now school is over. We successfully completed it online, we have a private school, education started in mid-March. In the first weeks of the war, of course, no one even thought about this. Trainings have been renewed online since March 15-20. I already had online learning experience due to covid."</i> (1. participant)
	Online school	
	Change in family ties	<i>"My plans are to come home, send the youngest to kindergarten, the oldest to school, and find a job to any job so that you can feed the children. Because now it will be very difficult for us. In reality, our country will be very difficult.... I will do everything for our country to rise and be happy with my family, in my country and at home."</i> (2. participant)
	Out-of-country immigration	
	A new house	<i>"My husband began to appreciate me more, to understand that family comes first, that I need to spend more time with my family. He understands that he misses us very much, it turns out that he loves and appreciates us very much."</i> (2. participant)
	A new job	<i>"Since I am a doctor and work in the field of medicine, I am developing or wanted to develop a medical business, so to speak, I have not given up on these plans. And I want to return to the profession and improve my dental practice. I'm planning to live in my city, in my country, and I'm thinking about how else I can help the country. Maybe I'll get another child to raise, because many children have been left without parents. I don't know, it's an open question. I'm looking for something I can serve my community. Because my plans for the future are connected with Ukraine, with the city. I believe that the problem of war will be solved with victory. The development of our region will continue. I am waiting for this."</i> (3. participant)
		<i>"...We have a wonderful unity in the family, relations have become closer and better. Fortunately, there are no losses."</i> (3. participant)
		<i>"...Many people left their homes and went abroad, some have already returned. I think it's all out of fear and panic. In fact, we are not shot every day, but it is psychologically very difficult to constantly live under sirens, read news from the front, and learn about the</i>

		<p>victims." (6. participant)</p> <p>"...We had to learn the language, the children are learning now, they go to school here, but there is no desire to learn. I learned at a simple conversational level. I understand what people are saying and can express myself simply, but I have no desire to study in depth. I don't have a personal source." (8. participant)</p> <p>"I started spending more time with my children. Now we give ourselves permission to buy things that we can put off or save for later. Now we enjoy everyday more and spend more time for walks and entertainment. We procrastinate less. I'm less angry at the kids. By the way, I used to be very nervous, now I am more loyal to the children. Now we don't pay attention to things that used to be a cause for conflict." (8. participant)</p>
Coping strategies	Faith in the motherland, country	<p>"How did the Ukrainians unite now and how are they helping each other now? From the first day of the war this is an example for the whole world. How should people behave in general, how should relationships be. Such things never happened. And here's the situation where everyone is trying to help the other, I've never seen before in my life. This is our unity strength." (1. participant)</p>
	Merger	
	Helpfulness	<p>"We plan for victory, peace first. We understand that the war will not end now, but we try to live in conditions where another country has placed us. And to enjoy every day, every flower, every sun as much as possible. And yet we will make plans and hope everything will be alright." (1. participant)</p>
	Looking to the future with hope	
	Social support	<p>"Let's plan to win this war. Then we plan to continue working, to live in a free country, to build a big wall between Ukraine and Russia so that we will not see or recognize them." (4. participant)</p> <p>"...And relations with other relatives improved. We started to support each other more and worry about each other. We can say that we have become much closer not only with our relatives in Ukraine, but also abroad." (4. participant)</p>

Note: *Since the fear experienced due to the war is also prominent in the interviews, the most common fear code is emphasized in the study. The fear code appeared 95 times in 8 interviews.

**Sleep problems and insomnia are frequently encountered in individuals exposed to war and migration. In our study, we encountered the code for sleep problems 25 times in 8 participants.

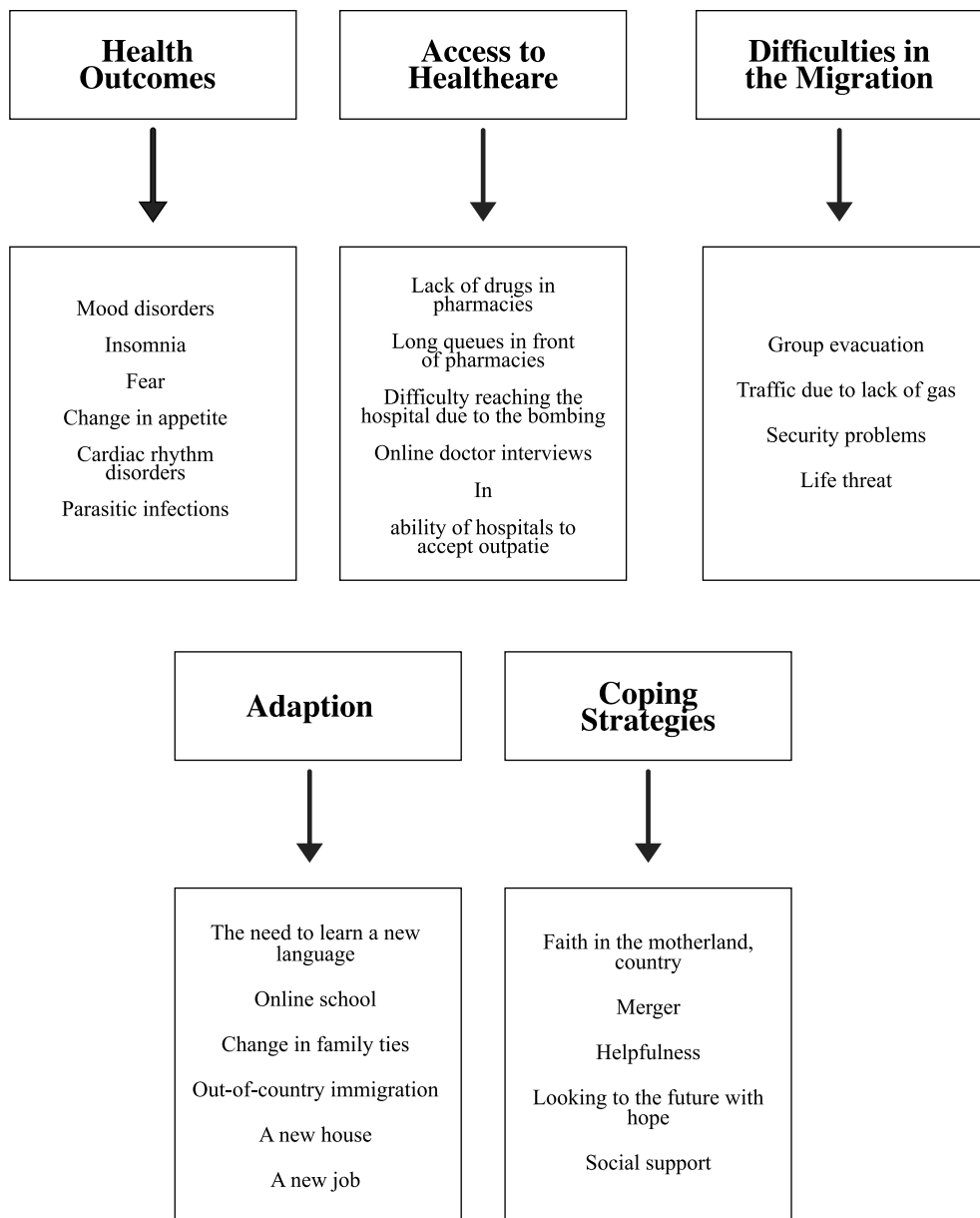


Table 2. Map of theme, category, and sample citations

Discussion and Conclusion

Many deaths and injuries occurred with the occupation of Ukraine by Russia. It is an expected situation that war will cause negative health outcomes. In a study conducted with elderly people over the age of 60, it was shown that individuals who were exposed to war and conflict at an earlier age had many bad health outcomes in the later stages of life (Zimmer et al.,

2021, p.866). However, in addition to the sad losses that occurred during the war, another point to be considered is the situation in the provision of health services. Problems experienced in the provision of health services increase the severity of deaths and injuries. WHO Director-General Tedros Adhanom Ghebreyesus confirmed in a statement in February 2023 that 802 health care facilities were attacked in Ukraine. Approximately 101 health personnel and patients lost their lives in these attacks (Anatolian Agency, 2023). Another point to be noted is that people who have health problems due to reasons such as insecurity of roads and disruption of transportation services have had difficulty in accessing health services. In our study, they stated that they were hesitant to go to the hospital because the roads were closed and they attacked hospitals.

Absence of drugs is important in the treatment of acute diseases, as well as in patients who require regular drug use due to chronic diseases. It has been clearly stated that access to medicine is a problem with the increase in medicine costs as a result of the economic crisis caused by the war, as well as the lack of medicine seen in the early days of the war. There are many Ukrainian patients who have difficulty in accessing drugs used in the treatment of chronic diseases, especially oncological drugs (Khanyk et al., 2022). According to the atlas of the International Diabetes Federation, there are 2,325,000 people with type 2 diabetes in Ukraine in 2021. Considering the prevalence, it was calculated as 7.1% (IDF Diabetes Atlas, 2021, p.112). Approximately 120 thousand people in Ukraine live with type 1 diabetes and these people need to take regular medication in order to continue their lives (Reliefweb, 2022). This situation includes the risks of critical complications that may occur due to inadequate diabetic care, such as hypoglycemia attacks due to lack of medication and diabetic ketoacidosis (Alessi & Yankiv, 2022, p.1465).

Crowded living conditions and inadequate sanitation in safe shelters during the war and post-war migrants increase the risk of contagious diseases. The third participant stated that when they migrated to Turkey, they had to live in crowded areas and as a result, they contracted many diseases, especially childhood infections. The participant fell ill three times in a month during this period. In the report prepared by the ECDC (2015), it was stated that the risk of many infectious diseases such as lice and scabies increased in poor living conditions, crowded shelters and refugee camps. For example, in the report, 27 recurrent fever cases were reported among immigrants and refugees from Somalia, Eritrea and Ethiopia in the Netherlands, Germany, Finland and Belgium (p.3).

After the start of the Ukraine-Russia war, many children were exposed to war and migration. War and migration affect children of different ages in different negative ways, starting from the baby in the womb to adolescence. Children are considered a vulnerable group during the war. The physical and mental harm to children during war should be prevented. There are

negative health outcomes in children ranging from growth and developmental retardation caused by malnutrition to traumatic experiences that child soldiers are exposed to (Bendavid et al., 2021, p.533; Mohseni et al., 2020, p.348). It is known that 7.8 million children are under threat during this conflict. During this conflict, the education of children was interrupted due to the damage to institutions such as hospitals, schools and kindergartens (UNICEF, 2023). Since the conflict that started in 2014, 740 schools have been damaged, one fifth of which is in eastern Ukraine. It is certain that the negative effects of damage to schools will continue for many years. One in four children in eastern Ukraine experiences severe trauma and fear. Behaviors such as wetting the bed, having nightmares at night, aggression, and withdrawing can be seen in children around the age of three (Theirworld, 2023).

Immigrant children face many challenging situations such as lack of shelter, education inequality, lack of health care coverage, low socioeconomic status. When all of these conditions are evaluated together, they can cause many negative health consequences. The American Academy of Pediatrics (AAP) recommended that in order to reduce the negative health outcomes of immigrant children, physicians should recognize the difficulties experienced in the process of receiving health care and provide services to eliminate these difficulties while providing health care. The AAP recommends that immigrant children undergo a comprehensive pediatric examination after the immigration process. Immigrant children's vaccination and screening programs should be carefully examined and necessary interventions should be made in cases such as vaccination deficiency (Council on Community Pediatrics et al., 2013, p.2032).

According to the results obtained in the studies, refugees experience more post-traumatic stress disorder (PTSD) and mood disorders than non-immigrants (Hynie, 2018, p.298). This situation is to be expected given the negative conditions that refugees live in before and after migration. In our study, the answers received when the participants were asked about their mood were; severe depression, very strong fear, anxiety for both themselves and their country, psychological trauma. We have participant who stated that when the war was actively going on, they went down to the basement with the children and hid in the basement when the alarm went off at midnight, and they were afraid of the sounds of a plane flying, fireworks, construction works and even all kinds of applause. All of these situations pave the way for the development of PTSD and prove that the participants suffer from PTSD. Weine et al. (1998) stated that the level of PTSD symptoms remained significant in the 12-month period following Bosnian refugees' settlement in the United States, but there were also significant decreases. (p.562). This indicates that more studies are needed to examine the different effects of individual variables on mental health.

When we look at health outcomes, in addition to mood disorders and fear, we also see in-

somnia, appetite changes, arrhythmias, and parasitic infections. Although it is important to quantify the severity of the sleep disorder, evaluating how much of the sleep time immigrants are perceived can help to get to the bottom of their sleep problems (Song et al., 2022, p.2). Participants expressed the depth of fear and anxiety with insomnia. In the interviews we conducted in our study, one of the participants stated that even strong tranquilizers do not help them to sleep, and revealed how deep the extent of insomnia is. (2. participant) Towards the end of the interview, the same participant said, “When we can sleep, we will understand that the war in our country is over.” In an interview with another participant, when asked about the state of their sleep, he said, “It felt like there was no sleep in the first month of the war. The torture of insomnia. Because the sirens were mostly at night.” (3. participant)

As a result of the interviews we conducted with the participants, it is seen that some sub-codes of our health outcomes theme are related to each other. From the subcodes we created after the interview transcripts, fear is interconnected with insomnia triggered by fear, mood disorders, and appetite changes. In the study of Elshahat et al. (2023), it was revealed that the dimension of the relationship between nutrition and mental health is multidimensional, food insecurity is associated with poor mental health, and eating foods with high nutritional value positively affects mental health (p.183). It has been predicted that there will be food shortages in the future, as individuals who are victims of war in Ukraine both experienced problems in accessing food and faced the loss of Kherson, one of the important agricultural regions. The second participant said, “There is no job in Ukraine. People have nothing to eat. There are people in Ukraine who eat what volunteers give. They took Kherson from us. All the vegetables were there.” He expressed the food shortage they experienced.

It is thought that negative processes such as conflicts and war experiences increase people's bonding with each other. There are opinions that people are more attached to social norms such as religious belief (Henrich et al., 2019, p.129). It was emphasized in the articles that social cooperation increased in individuals exposed to negative war experiences, especially in small local areas (Bauer et al., 2016, p.250). In a field study conducted in Brundi, individuals exposed to conflict were found to be more altruistic towards their neighbors (Voors et al., 2012, p.943). In our first interview, the participant said, “How did the Ukrainians unite now and how are they helping each other now? From the first day of the war this is an example for the whole world. How should people behave in general, how should relationships be. Such things never happened. And here's the situation where everyone is trying to help the other, I've never seen before in my life. This is our strength of unity," he said, referring to unity and togetherness.

In this study, it was expressed through interviews that the destruction caused by the war, the migration process and the negative environment affected the people living in Ukraine or

migrating from there. How war directly affects human life in a developing country, how the basic needs, health and social rights and freedoms of individuals are affected, to what extent they can access health services, what difficulties they experience in accessing health services, what they experience in the adaptation process when they migrate to another country and all strategies for coping with these negative experiences have been put forward. In the future, more research will be needed to determine the extent of the devastating long-term impact of the war in Ukraine on health status.

Conflict of Interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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