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Social and Psychiatric Results of Migration Among Women in a Western City in Turkey

Türkiye'de Bir Batı İlinde Göçün Kadınlar Üzerindeki Sosyal ve Psikiyatrik Sonuçları

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Abstract

Objective: The aim of this study was to assess the mental health of women who have been subjected to forced migration and the reasons of migration, in a western city sample of Turkey.

Materials and Methods: This cross-sectional study was conducted between 1st September-31st October 2012 in city Aydın. Systematic sampling method was used in the selection of the sample from the records of neighbourhoods. The number of people to be included in the study was calculated as 270. Data were collected via face to face interview by using an information form including demographics and Brief symptom inventory (BSI). BSI was developed by Derogatis and it is a short form of the symptom check list. The distribution of the continuous data was controlled by the Kolmogorov-Smirnov test. Mann-Whitney U Test for continuous data, chi-square test for discontinuous data were used. Type-1 error was accepted as 0.05.

Results: Migrant women stated the basic reason for migration as "employment purposes". The median value of anxiety variable in the migrant group was 0.38 (0.15-0.63) while median value was 0.30 (0.08-0.38) in the non-migrants (p=0.016). The median value of somatization score in migrants was calculated as 0.66 (0.22-1.11) and this value was found as higher than the median value of the same in non-migrants, which was 0.33 (0.11-0.55) (p=0.003). There was no significant difference in other BSI subscales' scores between migrant and non-migrant groups, apart from anxiety and somatization. Considering the use of health services, migrant women use primary health care services more than non-migrants.

Conclusion: The results of this study show that; forced migration negatively impacts women's mental health; that the migrants are prone to anxiety and that the migration increases the somatization.

Öz

Amaç: Bu araştırmanın amacı; Türkiye'nin bir batı ili örneğinde, göçün nedenlerini ve zoraki göç eden kadınların akıl sağlığını değerlendirmektir.

Gereç ve Yöntemler: Araştırma, kesitsel türde olup, 1 Eylül-31 Ekim 2012 tarihleri arasında Aydın ilinde yapılmıştır. Örnek seçimi için mahalle kayıtlarından sistematik örnekleme yöntemi kullanılmıştır. Örneklem büyüklüğü, Aydın'da toplam 270 kişi olarak olarak hesaplanmıştır. Araştırma verileri, demografik bilgiler ve kısa semptom envanteri (KSE) içeren bir bilgi formu ile yüz yüze görüşülerek toplanmıştır. KSE,

Derogatis tarafından geliştirilmiş olup, belirti tarama listesinin kısaltılmış halidir. Sürekli verilerin dağılımı, Kolmogorov-Smirnov testi ile kontrol edilmiştir. Sürekli değişkenler için Mann-Whitney U Testi, nitel değişkenler için ki-kare testi kullanılmıştır. Tip-1 hata, 0,05 olarak kabul edilmiştir.

Bulgular: Göç etmiş olan kadınlar, göçün temel sebebi olarak "iş sebebiyle" olarak belirtmiştir. Göç etmiş olan kadınlarda anksiyete skoru ortanca değeri 0,38 (0,15-0,63), göç etmemiş olan kadınlarda ise 0,30 (0,08-0,38) olarak daha düşük bulunmuştur (p=0,016). Somatizasyon skoru, göç etmiş kadınlarda 0,66 (0,22-1,11) ve göç etmemiş kadınlarda 0,33 (0,11-0,55) olarak hesaplandı ve aradaki fark istatistiksel olarak anlamlı bulundu (p=0,003). Göç etmiş ve etmemiş kadınlar arasında KSE skorlarında anksiyete ve somatizasyon alt grubu haricinde anlamlı bir fark saptanmamıştır. Sağlık hizmeti kullanımında, göçebe kadınlar göç etmeyen kadınlara göre birinci basamak sağlık merkezlerini daha çok kullanmaktadır.

Sonuç: Bu araştırmanın sonucunda zoraki göçün, kadın akıl sağlığını olumsuz olarak etkilediği görüldü. Göçmenler, anksiyeteye daha yatkın olmakta ve göç somatizasyonu artırmaktadır.

Introduction

Immigration which can be seen as a social movement, is one of the fundamental ways for a change that affects every aspect of life from economy to health (1). People, especially as groups, move to another region by leaving their habitual residences due to a variety of reasons (2). In the past, the issue of immigration was addressed as internal and external migration. In the last twenty years, the concept of forced migration has started to be considered. Forced migration is a kind of immigration that arises when people move to another region involuntarily caused by natural or man-made disasters (3).

United Nations defines "internally displaced people" in a document named "guiding principles on internal displacement" as follows: "internally displaced people are people or groups of people who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border" (4).

Forced migration has led to a variety of negative issues; in terms of demographic and environmental aspects and political, social and economic perspectives. On the other hand, in terms of health related outcomes, psychological problems created by the immigration process are at an incomparable rate as against other problems caused by migration (5). Forced migration, traumatic events, resettlement of unfamiliar environments increase the risk of psychiatric morbidity among immigrants (6). The prevalence of main psychiatric problems including posttraumatic stress disorders, depression or, anxiety disorders, vary among different migrant groups according to cultural differences, different instruments used or the opportunities given by the host population. In a systematic review prevalence rates for depression or anxiety were stated as approximately 20% in labour migrants whereas 44% among refugees (7). In the literature, there are studies on mental problems among people who have migrated to other countries from Turkey but there is no study on mental problems of people who have been exposed to forced migration within the country (8,9).

In Turkey, high rates of migration had been seen after 1980s from eastern and south eastern parts of Turkey to the western regions. In this period, the conflictual events that occurred in the eastern regions, caused people to be displaced involuntarily, falling within the forced migration group. These people were forced to create new residential areas in the metropolis. And they had to struggle with many problems in the new settlements.

In this study, selected research area had got greater number of immigrants from the eastern regions to Aydin.

The aim of the study is to determine the reasons of forced migration and its psychological consequences among women in Aydın, Turkey.

Materials and Methods

This cross-sectional study was conducted between 1st September-31st October 2012 in Aydın, a city in western Turkey with a population of 1.006.541 people during the research period (10). There are high immigration rates from Eastern regions to Aydın, because of economic reasons or conflictive events. Net migration rates were as following according to year periods; 2.8 ‰ 2012, 2.3 ‰ in 2013, 13% in 2014

(11). The total number of study population is 27 000, 85% of which were Kurdish origins. It was reported that the population migrated from eastern provinces to the research area after 1980. The prevalence of the migration among the women in the district was 84.9%. This information was learned from local government via personal communication.

Study Sample

Common mental disorders such as depression, anxiety and somatic complaints affect approximately one third of people in the community worldwide (12). Turkey Mental Health Profile study (1998) showed that the prevalence of mental health problems was 17.2% (13). There are some studies at regional level but there is no new generalized data in Turkey, currently. As mentioned above, assuming a prevalence rate of 20% (for depression/anxiety levels of labour migrants); the number of people to be included in the sample was calculated as 246 according to the following formula: $n=t^2pq/d^2$ (p=0.20; q=0.80; d=0.05). The sample size was calculated with the Epi Info-StatCalc program used in prevalence studies. Because beta type error was not considered in this program, it was not included in sample size calculation (14).

Assuming a missing of 10%, the goal was to reach 270 individuals in the population. According to the records, 4 000 people are the inhabitants of the district whereas 23 000 people migrated to the district. By the records of mukhtar (head of the neighbourhoods), a list of the women at the age of 18 and above was reached and then, the address information of the target population was taken via systematic sampling method. In total, 35 inhabitant women and 235 forced migrated women were selected according to the proportion in the population and they participated to the study. One questionnaire form of migrants had insufficient data, so that it was omitted in analysis.

Trained interviewers applied the questionnaire to the women by using the face-to-face interview technique in participants' houses.

Questionnaire

A questionnaire was applied to all women above 18 years living in houses where the sample was taken. Possible language problems were overcome by the help of their children who were able to speak Turkish. The questionnaire form consists three sections: socio-demographic, reasons for migration and frequency of health service usage and Brief symptom inventory (BSI). Reasons for migration classified according to a national study named "Survey on migration and displaced population, Turkey" (15).

BSI is a short form of the Symptom check list (SCL) formed as a result of works conducted by SCL-90-R (16). BSI was developed by Derogatis in order to perform a general psychopathological assessment both in a quick, reliable and valid way (17). BSI is a sample for individuals enabling them to identify themselves. It consists of 53 items that detect and measure various psychological symptoms. BSI was adapted into Turkish by Şahin and Durak in 1994 (18). Subscales of the scale is; anxiety, depression, negative personality, somatization and hostility.

The Sub-Scales Used Are Defined As Following

Anxiety; includes symptoms and behaviours like anxiousness, tension, worry, fear, nervousness, panicking, the feeling of nausea, diarrhoea, frequent urination, a feeling of asphyxiation, excessively breathing. Depression; Includes symptoms and behaviours like pessimism, moodiness, feeling of unhappiness, indecisiveness, loneliness, generally being indifferent to life and suicidality. Negative personality; Includes symptoms like finding oneself inadequate, feelings oneself ineffective, worthless and guilty by feeling lowly and inferiority complex. Somatization; includes some somatic complaints ongoing for years recurrently not associated with physical reasons. Symptoms such as chest pain, abdominal pain, dyspnoea, nausea, fainting, and numbness in the body are defined under the somatization scale. Hostility; includes symptoms like incidence of shivering, nervousness, temper, anger, insecurity, perpetrating violence against others, fighting, beating, intending to harm others and to cause damage to property.

Three index scores which are the general determinants of mental health can be obtained from BSI (severity of illness index, Total symptom index (TSI) and Illness symptom index (ISI). For the calculation of the scores, for each question, the person responds to the scale is asked to mark the one of the following options as an answer: "None" (0 points), "A little" (1 point), "Moderate" (2 points), "Quite" (3 points), "Too many" (4 points).

The total score obtained for each subscale is calculated by dividing it by the number of items in the subscale. Higher scores suggest higher levels of

psychological symptoms:

Severity of index (SOI) level showing the level of stress, are calculated by dividing the total of the subscales by 53; it ranges from 0 to 4.

TSI is the total score obtained as a result of the assumption of all positive values as 1 apart from the items marked as 0; it ranges from 0 to 53.

ISI, is obtained by dividing the sum of the subscales by TSI.

The study protocol has been designed in conformity with Declaration of Helsinki (Seoul, October 2008) and necessary permission was obtained from the Ethics Committee of Aydın Adnan Menderes University, with the protocol number 2012/114.

Statistical Analysis

The data was analysed with software of SPSS 17.0 version. Normality distribution of continuous data was analysed with histogram and the Kolmogorov-Smirnov test. Descriptive statistics were defined by using median values and 25 and 75 percentile values for not normally distributed variables and defined using the mean ± standard deviation for normally distributed variables. Chi-square test was used to compare categorical data and Mann-Whitney U test was used to compare continuous data. Type-1 error (α) level was assumed as "0.05".

Results

Total of 269 women (234 migrant women and 35 non-migrant women) were included and they accepted to fill the questionnaire. The mean age of the migrant group was 38.8±12.6 years, and the mean age of the non-migrant group was 31.9±11.2.

Reasons for migration were stated as, personal reasons (28.8%), familial reasons (28.2%) and spousal reasons (27.2%). Sub-group interrogations of the stated reasons have been reported as the "employment purposes" as the basic reason for migration.

11.3% of migrated women affected from migration socially declared themselves as having "homesickness".

Table 1. Characteristics of migrants and non-migrants

	Migrantsϕ		Non-migrantsϕ			
	n	%	n	%	χ^2	p
Education (n=269)*						
Primary education, or less	223	95.3	25	71.4		<0.001∀
Above primary education	11	4.7	10	28.6		
Total monthly income per house (₺) (n=267)*						
1000 Turkish liras and below	173	74.2	19	55.9	11.704	0.003
1001-1500 Turkish liras	51	21.9	9	26.5		
1501 Turkish liras and above	9	3.9	6	17.6		
Marital status (n=269)*						
Married	205	87.6	25	71.4	6.428	0.011
Single (widow or living seperate)	29	12.4	10	28.6		
Number of people living in the house (n=269)*						
4 People and below	72	30.8	20	57.1	9.411	0.002
5 People and above	162	69.2	15	42.9		
Primary health care service use (n=267)*						
Prefer	142	61.2	17	48.6	2.016	0.156
Do not prefer	90	38.8	18	51.4		

*Statistical tests were done according to the people answered the question, ϕColumn percentages are shown in table-1, ∀Fisher-Exact test was used

Table 2. The effects of forced migration on mental health symptoms of women

Median		Migrants		Non-migrants		U	p
		Median	25–75 p*	Median	25–75 p*		
Brief symptom inventory Scores	Anxiety	0.38	0.15-0.63	0.30	0.08-0.38	3063.50	0.016
	Depression	0.66	0.33-1.08	0.66	0.25-1.00	3799.00	0.565
	Negative personality	0.33	0.17-0.66	0.33	0.08-0.75	4074.00	0.993
	Somatization	0.66	0.22-1.11	0.33	0.11-0.55	2823.50	0.003
	Hostility	0.57	0.28-0.89	0.71	0.14-1.28	3827.00	0.530
	Severity of illness index	0.49	0.32-0.81	0.49	0.13-0.74	3699.50	0.357
	Total symptom index	18.00	12.00-25.00	17.00	7.00-25.00	3834.50	0.544
	Illness symptom index	1.45	1.21-2.00	1.32	1.00-1.83	3301.00	0.064

*25 and 75 percentiles

Although they migrated for employment purposes, 26.7% of migrant women indicated that migration affected them economically, 58.8% of them stated that they did not have good economic situation and 10.6% of migrated women stated that they wanted to leave the place where they lived currently.

In migrant group, only 4.7% of participants continued education after primary education, whereas this ratio was 28.6% in non-migrant group and the difference was statistically significant (p<0.001). 74.2% of migrants had income monthly lower than 1000 Turkish Liras, this ratio was 55.9% in non-migrants (p=0.003). Migrants lived in more crowded houses than non-migrants (p=0.002). 87.6% of migrants and 71.4% of non-migrants were married, and this difference was not significant (p=0.011) (Table 1).

Considering the use of health services, more than half of the migrant women (61.2%) were preferring primary health care services whereas this ratio was 48.6% in non-migrant women. Primary care services were more used by migrant populations but the difference was not significant (p=0.156).

It was found that forced migration had adverse effects on the mental health of women in terms of anxiety and somatization (p<0.005) (Table 2). Migrants were found more prone to anxiety than those who did not migrate. The median value of anxiety score in the migrants was 0.38 (0.15-0.63) and it was 0.30 (0.08-0.38) in the non-immigrants (p=0.016). Also median value of somatization score was also higher than the median value of the non-migrants such as 0.66 (0.22-1.11) to 0.33 (0.11-0.55) (p=0.003).

In migrants, median values of Severity of illness index, TSI and ISI were respectively 0.49 (0.32-0.81), 18.00 (12.00-15.00), 1.45 (1.21-2.00) and in non-migrants these values were respectively 0.49 (0.13-0.74), 17.00 (7.00-25.00), 1.32 (1.00-1.83) (p=0.357 (SOI), p=0.544 (TSI), p=0.064 (ISI). There was no significant difference in BSI subscales' scores between migrant and non-migrant groups.

Discussion

The ratio of those who completed primary education in the sampling group was very low in migrants. In Aydın province, according to the Turkey National Education Statistics database, the ratio of women older than 15 years and those graduated from primary education or not completed was 72% in 2012 and this rate was similar to the non-immigrant group (19). Migrants might not have the opportunity to go to school enough or they might have a lower educational level and cultural character in the place where they had migrated from. A study conducted by Borjas in 1995 supports the low level of education in migrants (20).

In the study group, 25% of migrants had a monthly income of more than 1000 TL per month (the minimum wage in 2012 was about 740 TL) (21). In a refugee study in 2009, conducted in Van province, 10% of those surveyed had a monthly income of more than 500 TL per month (minimum wage was

about 550 TL) (22). In contrast, in a survey on Russian migrant women in Antalya province in 2013, 84% of women had a monthly income of more than 1000 TL per month (the minimum wage was about 800 TL) (23). In a study, it was stated that economic problems could be transferred from generation to generation in migrants. Many factors, mainly migration reasons, might affect the monthly income of migrants. As mentioned at the beginning, economic problems are one of the reasons of migration and migrations could be prevented via improving economic status and job opportunities It is important to create income generating opportunities in the areas people live in. Nowadays, in Turkey, immigration from the city to the city has increased a lot and that causes urban poverty. Those who migrate live mostly in the suburbs and in bad conditions, so that, this affects their health status, negatively. Enough current data couldn't be found to compare, so that new studies about this subject are required.

In migrants, the marriage status ratio was higher (69.2% vs 42.9%), because the most important reasons for migrating were their familial and spousal reasons. However, it seemed that migrants were living more crowded in their houses. In literature, there was not enough evidence to explain this relation. However, there might be many reasons such as migration of migrants to near relatives, migration from a high birth rate region, cultural features.

The use of primary health care services was higher in migrants (61.2% vs 48.6%). There were some studies which showed that migrants had difficulty in using health services. For this reason, the preference ratio of primary health care services might be higher in terms of easy accessibility. For migrants, obligation to pay extra to expensive secondary or tertiary health care services might cause migrants to prefer free primary health services. However, further research is needed on why migrants prefer primary health care services.

The cause of migration is one of the most important factors affecting mental state. While in voluntary migrations mental problems are occurred less, those problems increase in forced migration (24). Our study findings also support that view.

In the study of Aker et al. (25) (2002), 80% of women stated that they have lost their social environment while staying away from the family and relatives; 65% of them (especially middle-aged women and above) complained that they could not adapt to the urban environment because of language barrier. Most of them did not have any communication with anyone other than people in their household. Almost all of the women (90%) stated that their psychological problems increased after migration to a new environment and especially middle aged women would like to return to their old settlements. In our study 10.6% of the migrant women stated that they wanted to leave their current settlement. Migration itself can be a stress source due to its characteristics. Stress is the factor that triggers the depression and thus migrant women are at risk of depression. It is a known fact that women are exposed to more biological and psychosocial stress factors than men as they lack employment opportunities and have low levels of education in Turkey (26). They can face with social problems such as gender inequality, poverty, role conflicts at home, low participation to decision making mechanisms (27).

In the study of Türkleş et al. (28) (2013), it is noted that migrant women living in a southern city of Turkey experienced problems in intrafamily communications, in showing appropriate emotional responses, paying the necessary attention and general functions of the family. In another study aiming to evaluate the behaviours of migrant and non-migrant women living in a western city of Turkey, it is determined that women who migrated was found to have lower health related scale scores while coping with the stress (29). All of those can lead to the occurrence of mental health problems in women.

Sir et al. (30) (1998) assessed the mental health of a group forced migrated individuals by using SCL-90-R and Beck Depression Inventory (BDI). The results of the migrant group were compared with the non-migrant group living in the same area. When comparing the scores of SCL-90-R, significant differences were detected in all subgroups except anger. According to these results it is interpreted that all of the psychological characteristics of the migrant group were affected. General symptom index (GSI), was found as higher in migrant women having low level of education (30).

In our study, the mental health of women was assessed by BSI. As a result of our study, it was found that anxiety and somatization were high in the

migrant group in comparison to non-migrant group. Immigration status leads to the increase in inclination for anxiety and affects somatization in accordance with to the results of other studies in the literature. The high incidence of somatization between migrants has been demonstrated in various studies (8,31)

This was suggested to be associated more with anxiety and depression. In the study of Sir et al. (30) (1998) somatization was found significantly higher in the group of migrants. In the study of Westermeyer et al. (8) (1989) it was suggested that somatization was related with education. While the somatic complaints are sometimes the symptoms of depression and those also can be a projection method be used to draw the other people's attention. As a result of the studies of Sir and Bayram (30) (1998) it is noted that forced migration had adverse effects on mental health and women migrants experienced more emotional distress than man.

Regardless of under which circumstances migration took place, men and women do not experience it in the same way. Women experience the effects of migration in a different way than men, due to gender inequality. Migration, itself is the cause of trauma, feeling of statelessness and alienation, and in case of a forced migration it is observed that women may become more introverted and isolated. They experience problems about daily life (shopping, using the health services, childcare related work, etc.) and have to live isolated without any integration in the social life (24,25). Language barrier is one of the biggest problems of most women especially for middle-aged women. Men might have chances to learn Turkish by leaving their habitual residences for employment or military service purposes, whereas women do not have such a chance since they live isolated in their houses (26).

As mentioned above, there are lots of difficulties (such as insufficient income, worries about health, education etc.) for migrants to cope with. Inequalities can also cause social and psychological problems. Migrants have less facilities and that could cause psychological problems, too (32).

The most important limitation of this study was that we just asked the symptoms of diseases to the participants instead of detailed psychiatric interview. Therefore, it didn't reflect a psychiatric diagnosis. Another difficulty was language problem. We dealt with this problem via the use of translators who were participants' children. Although transportation seems to be a problem for this study, we had no problem. Since, participants were living in the near neighbourhoods to our institution, mostly.

Conclusion

The factors including the problems of adaptation to a new culture, language barriers, lacking adequate social support, low socio-economic level, low employment opportunities and low standards of working conditions faced by migrants cause a variety of mental health problems. These problems are more frequently seen in women than men. Using a combination of various psychological practices together would be beneficial in order to determine in detail the health and mental health problems of victims of migration. For example, we apply BSI inventory in line with our own means in this study. In the new researches to be conducted using BSI alongside with the beck depression inventory, multidimensional anger scale or social comparison scale will allow the identification of the problems in detail.

The problem of internal displacement and forced migration should be considered as public health issue at the national level. The social integration projects for victims of migration need to be put into practice. There should be projects for solutions to be designed and implemented firstly regarding the problems of language, education and culture, then regarding maternal and child health problems, psychological counselling and rehabilitation centres. In health care institutions, public health and mental rehabilitation services should be expanded and the access to these services should be facilitated. In order to provide such services, the language barrier should be overcome and there should be solutions for the language problem. The health care staff that will provide the care should be trained about the specific problems of victims of migration. In addition, a variety of job opportunities should be created to strengthen migrants' socio-economic levels.

It should be noted that the victims of migration that are supported socially and psychologically can deal more effectively with existing problems, and they can adapt more quickly and easily into psychosocial society in which they live.

Ethics

Ethics Committee Approval: Aydin Adnan Menderes University, School of Medicine Non-Interventional Clinical Research Ethics Committee (Protocol Number: 2012/114)

Informed Consent: It was not taken.

Peer-review: Externally and internally peer-reviewed.

Authorship Contributions

Concept: F.A., O.O., E.D.E.K., Design: F.A., O.O., P.O., E.B., Data Collection or Processing: O.O., F.Y., Analysis or Interpretation: F.A., F.Y., P.O., E.D.E.K., Literature Search: O.O., F.Y., Writing: F.A., O.O., F.Y.

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References

1. Özdemir M. Türkiye'de iç göç olgusu, nedenleri ve Çorlu örneği. 2008.
2. Sağlam S. Türkiye'de İç Göç Olgusu ve Kentleşme. Hacettepe Üniversitesi Türkiyat Araştırmaları Enstitüsü 2006; (5): 33-44.
3. Robinson C. Risks and Rights: The Causes, Consequences, and Challenges of Development-Induced Displacement. SAIS Proj Intern Displac 2003; 1-102.
4. Birleşmiş Milletler. Ülke İçinde Yerinden Olma Konusunda Yol Gösterici İlkeler. Washington, DC Brook Enstitüsü Yerinden Olma Projesi. 2005.
5. Kaya A. Türkiye'de iç göçler: bütünleşme mi, geri dönüş mü?: İstanbul, Diyarbakır ve Mersin örnekleri. Vol 246. İstanbul Bilgi Üniversitesi 2009.
6. Hollifield M, Warner T, Lian N, Krakow B, Jenkins J, Kesler J, et al. Measuring trauma and health status in refugees: a critical review. JAMA 2002; 288: 611-21.
7. Lindert J, Von Ehrenstein O, Priebe S, Mielck A, Brähler E. Depression and anxiety in labor migrants and refugees–a systematic review and meta-analysis. Soc Sci Med 2009; 69: 246-57.
8. Westermeyer J, Bouafuely M, Neider J, Callies A. Somatization among refugees: an epidemiologie study. Psychosomatics 1989; 30: 34-43.
9. Müller M, Koch E. Gender Differences in Stressors Related to Migration and Acculturation in Patients with Psychiatric Disorders and Turkish Migration Background. J Immigr Minor Heal 2016; 1-8.
10. Türkiye İstatistik Kurumu (TÜİK). Aydın ili nüfus verisi - 2012 yılı [Internet]. [cited 2017 May 23]. Available from: https://biruni.tuik.gov.tr/medas/?kn=95&locale=tr
11. Türkiye İstatistik Kurumu (TÜİK), 2012, 2013 ve 2014 yılları, Aydın ili net göç verisi [Internet]. [cited 2017 May 23]. Available from: https://biruni.tuik.gov.tr/medas/?kn=95&locale=tr
12. Örgütü DS. Gender and women's mental health [Internet]. [cited 2017 May 30]. Available from: http://www.who.int/mental_health/prevention/genderwomen/en/
13. Erol N, Kılıç C, Ulusoy M. Türkiye Ruh Sağlığı Profili Raporu. Ankara. TC Sağlık Bakanl 1998.
14. Centers for Disease Control and Prevention (CDC). [Internet]. [cited 2017 Dec 18]. Available from: https://www.cdc.gov/epiinfo/index.html
15. Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü. Türkiye Göç ve Yerinden Olmuş Nüfus Araştırması. Ankara. 2006.
16. Derogatis LR. SCL-90-R: administration, scoring and procedures manual for the R(evised) version. Baltimore: John Hopkins University School Medicine. In 1977.
17. Derogatis LR. The Brief Symptom Inventory (BSI): administration, scoring, and procedures manual. Minneapolis. Natl Comput Serv 1993; 3.
18. Şahin N, Durak A. Kısa semptom envanteri (Brief Symptom Inventory – BSI): Türk gençleri için uyarlanması. Türk Psikol Derg 1994; 9: 44-56.
19. TUIK. No Title [Internet]. [cited 2017 Dec 18]. Available from: http://www.tuik.gov.tr/PreTablo.do?alt_id=1018
20. Borjas GJ. The Economic Benefits From Immigration. J Econ Perspect 1995; 9: 3-22.
21. Bakanlığı Ç ve SG. Yıllar İtibarıyla Net ve Brüt Asgari Ücretler [Internet]. [cited 2017 Dec 18]. Available from: https://www.csgb.gov.tr/media/4169/net_bruet_asgari_uecret.pdf
22. Deniz O. Mülteci Hareketleri Açısından Van Kentinin Durumu ve Kentteki Mültecilerin Demoğrafik Profili. Doğu Coğrafya Derg 2009; 187-204.
23. Deniz A, Özgür EM. Antalya'daki Rus Gelinler : Göçten Evliliğe, Evlilikten Göç. Sosyol Derg 27:151-75.
24. Pernice P, Brook J. Relationship of migrant status (refugee or immigrant) to mental health. Int J Soc Psychiatry 1994; 40: 177-88.
25. Aker T, Ayata B, Özeren M, Buran B, Bay A. Zorunlu iç göç: Ruhsal ve toplumsal sonuçları. Anadolu Psikiyatr Derg 2002; 3: 97-103.
26. SES-ÇIK. Sorun Etme Sahip Çık Projesi Sonuç Raporu. İstanbul; 2004.
27. Fleischer N, Fernald L, Hubbard A. Depressive symptoms in low-income women in rural Mexico. Epidemiology 2007; 18: 678-85.
28. Türkleş S, Yılmaz M, Özcan A, Öncü E, Karataş B. Kadınlarda Ruh Sağlığını ve Aile İşlevlerini Etkileyen Etmenler. J Anatolia Nurs Heal Sci 2013; 16: 154-62.
29. Topçu S. Göç Eden ve Göç Etmeyen Kadınların Sağlığı Geliştirme Davranışlarının Değerlendirilmesi Tezi. İzmir Dokuz Eylül Üniversitesi, Sağlık Bilimleri Enstitüsü; 2006.
30. Sir A, Bayram Y. Zoraki İç Göçün Ruh Sağlığına Etkileri Üzerine Bir Ön Çalışma. 1998; 2: 83-8.
31. Aragona M, Pucci D, Carrer S, Catino E, Tomaselli A, Colosimo F, et al. The role of post-migration living difficulties on somatization among first-generation immigrants visited in a primary care service. Ann Ist Super Sanita 2011; 47: 207-13.
32. Emirhan PN. Göreli Yoksunluk ve Bölgeler Arası Göçler : Türkiye Örneği. Bus Econ Res J 2015; 6: 79-89.