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SAVAŞ VE GÖÇÜN KADIN SAĞLIĞI ÜZERİNE ETKİLERİ

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ÖZ

Göç sosyal, kültürel ve fiziksel olarak toplumu ve bireylerin hayatını önemli derecede etkilerken aynı zamanda sağlık ve sağlık değişkenleri üzerine de ciddi etkileri olan bir olgudur. Yaşam ve konaklama koşullarının elverişsizliği, maddi olanaksızlıklar ve sağlık güvencelerinin olmaması, farklı bir ülkede bulunma neticesinde dil engeli gibi nedenlerle göç, mültecilerin sağlığını değişik boyutlarıyla etkilemektedir. Sağlık üzerine oluşan bu etki özellikle de kadın mültecilerin toplumsal statüleri ve geleneksel rolleri nedeni ile onları daha fazla etkilemekte ve dezavantajlı kılmaktadır. Literatürde göçmen kadınların doğumlarının düşük ve ölü doğum şeklinde sonuçlanması başta olmak üzere birçok obstetrik ve jinekolojik sorun yaşadığı ortaya koyulmuştur. Bunun yanı sıra savaş ve göç ortamında kadınlar her türlü şiddete maruz kalabilmektedirler. Aynı zamanda erken yaştaki evlilikler ve yaşanan gebeliklerle birlikte gebelikten korunma konusundaki yetersizlikler kadınların yaşadıkları istismar ve sağlık sorunlarını artırmaktadır. Mülteci kadınların, aile içindeki yerleri itibariyle sağlık hizmetinden yararlanırken kendi başına hareket edememekte ve hizmeti alacağı kuruma ulaşmada problemlerle karşılaştıkları ve hizmete ulaşmada yetersiz kaldıkları da bilinen bir gerçektir. Bu derlemenin amacı göçün kadın sağlığı üzerindeki etkilerini ortaya çıkarmaktır.

THE EFFECTS OF WAR AND MIGRATION ON WOMEN'S HEALTH

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ABSTRACT

Migration is a phenomenon that affects society and individuals socially, culturally and physically and has significant effects on health and variables of health. For reasons such as inconvenience of living and sheltering conditions, financial challenges, lack of health coverage, language barrier due to being in a different country, migration affects refugees' health from several aspects. Such effect on health is observed to be larger on refugee women and leaves them with even more disadvantages due to their social status and traditional roles. It has been found in the literature that migrant women suffer from many obstetric and gynecologic problems including miscarriages and stillbirths. Women may also be exposed to all kinds of violence in the environment of war and migration. Furthermore, marriage and pregnancy at younger ages as well as their inability to use contraceptive methods further increase the problems of abuse and health. Refugee women cannot act on their own due to their position within the family when utilizing healthcare services, and it is known that they have problem with accessing the healthcare

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institution and are incompetent in accessing the service. The purpose of this compilation is reveal the effects of immigration on women's health.

Introduction

Disaster is the sum of "natural, technological or man-made incidents which cause physical, economic and social losses for countries and communities, stop or disrupt normal life and human activities and adversely affect communities" (Akdağ, 2002). Wars are the primary man-made disasters (Kadıoğlu & Özdamar, 2008). The first victims of wars and conflicts are usually women and children. Mass migrations occur in the environment of war (Aksoy, 2012) In general, migrations occur internally and internationally. Internal migration is defined as displacement within the boundaries of a country. International migration is defined as a geographical displacement that is carried on to other countries (Tuzcu & Ilgaz, 2015). According to United Nations (UN), for a case of migration to be defined as international migration, individuals need to have been living in another country for over 12 months (Bulak, 2015). People are forced to migrate from their countries due to events such as wars, and natural and human disaster and exiles (Gümüş, Kaya, Yılmaz, Özdemir, Başıbüyük, & Coşkun, 2017). Our country has been exposed to mass migration due to the conflicts and wars in Syria since 2011. According to the 2018 data, 3.5 million people have migrated from Syria to our country (GİGM, 2018).

Women and children are even more vulnerable during forced migration periods, and about half (46%) of the refugees are under 18 years old. Women and girls constitute 48% of the refugee population around the world (Lori & Boyle, 2015). The purpose of this compilation is reveal the effects of immigration on women's health.

Wars

Wars are conflicts carried on between nations or groups of nations by using mutual force through the whole or a part of national forces to solve problems that cannot be overcome peacefully. Historically, wars have differed from conflicts between small communities to battles between powerful countries and regular armies, and world wars that had an impact millions of people around the world. As the first indicator of war in history, remnants of arrows were discovered in 7000-year-old tombs in a place near the Nile called "Site 117" (Bebiş & Özdemir, 2013).

With increased number of countries in war, there has been an increase in the number of affected people, which indicates that innocent people are more influenced than the military elements. The reason is the fact that mass destruction weapons are used more than conventional weapons and expansion of theater of war beyond the front through aerial bombing with the advanced technology. Another reason for increased deaths among innocent people in wars is the fact that wars usually appear to be civil wars (Türkay, 2014). Today, wars have transformed to become "terrorist actions" that directly target areas of social life, shopping malls, airports, crowded streets, schools, and sports fields that host great number of people and that are carried on with conventional weapons, fragmentation explosives, and chemical, biological, radioactive and nuclear agents. Changed nature of wars and how wars have transformed into being terrorist attacks cause many civilians to be killed (Bebiş & Özdemir, 2013).

Unfortunately, there have been more years of war than years of peace in Europe, Africa and Asia in the last 500 years. In the last century, civilian deaths have been notably increasing compared to military deaths. This is partly because military technology has advanced and become even more deadly. In addition, how conflicts now occur in city centers more has made civilians closer targets (Rieder & Choonara , 2012). For example, whereas civilian losses remained at 5% at World War I, this rate saw up to 67% at World War II with the use of mass destruction weapons and the atom bombs. Undoubtedly, majority of civilian losses involves children, women, and the elderly. Aside from the losses, even if the war and conflicts have come to an end, the possibility to be exposed to war and low quality of life can continue for years. 14-21 major armed conflicts on average have occurred annually in the last decade (Kılıç, Müsenna, & Özvarış, 2015).

Wars are regarded as a serious problem that results in a great number of deaths, causes thousands of people to become injured, disrupts natural living spaces and deals great damage on economy. Victims of war cannot have their basic needs such as sheltering, nutrition, security, and healthcare met (Kılıç, Müsenna, & Özvarış, 2015). Terrorist attacks and wars not only endanger lives of many people but directly target healthcare facilities and hinder healthcare services. In such an environment, first-aid and emergency health services, patient transfers and further examination and treatment services are disrupted, and professional healthcare personnel may become stuck in a difficult situation. All personnel providing healthcare services need to be prepared in case of wars and terrorist acts which are among man-made disasters and to complete their professional development for an uninterrupted and effective presentation of healthcare services (Bebiş & Özdemir, 2013).

In a study performed in 2013, it is stated that wars are among the top ten causes of death, and Syria that borders Turkey is at the top of the list (Kılıç, Müsenna, & Özvarış, 2015). The Syrian civil war that started in March 2011 has caused severe damages on country’s population and public health system. This has led to forced migration of more than half of the Syrian population. Detection and analysis of the affected population fall insufficient, and inadequate data systems present unreliability both for healthcare personnel and researchers (Levy & Sidel, 2016).

In the documentation of conflict-related deaths, parties tend to declare fewer deaths among their own forces and more deaths on other party’s side. Deliberate armed attacks on civilians are among war crimes that both parties wish to hide. Common dependence on aerial attacks and heavy bombings performed during wars make it more difficult to document civil deaths (Mowafi & Leaning, 2018). A previous study examined 143,630 deaths that occurred in Syria between March 2011 and December 2016. Accordingly, there were 101,453 (70.6%) civilian deaths while there were 42,177 (29.4%) military deaths in Syria. Ratios of children-to-civilians killed were found to be 8.9% in 2011, 19% in 2016, and 23.3% in 2016 in an increasing trend. While 7351 of 7566 deaths were civilians, 27.3% of the civilian deaths were children. Aerial attacks were the primary cause of death among women and children. Furthermore, child deaths in 2016 constituted one-four of the civilian deaths (Guha-Sapir, Schlüter, Rodriguez-Llanes, Lillywhite, & Hicks, 2018).

Migration and Refugee Problems

Turkish Language Association defines the concept of migration as "Ekonomik, toplumsal, siyasi sebeplerle bireylerin veya toplulukların bir ülkeden başka bir ülkeye, bir yerleşim yerinden başka bir yerleşim yerine gitme işi, taşınma, hicret, muhaceret" ("Act of going from one country or settlement to another country or settlement due to economic, social, political reasons, movement, hegira, mohajerat") (Ayverdi, 2018). In its widest sense, migration is the physical displacement performed by individuals or societies from their active place of residence willingly or obligatorily and permanently or temporarily (Yıldırım, 2008).

Migration refers to how people change their place of residence where they live individually or in masses. Whether permanently or temporarily, if displacement occurs within the same state, it is called internal migration; if it occurs between different states, it is defined as international migration. If migration is carried on due to certain sanctions or a natural constraint, it is forced migration; if individuals or groups do it willingly, it is called voluntary migration (Yıldırım, 2008).

Throughout the history, international and internal events of migration have impacted normal lives of individuals and societies socially, culturally, economically, politically and psychologically (Şahin, 2001). The reasons for earlier migration events in history were exploring and live in new settlements, climate changes, and wars and oppressions. Causes of migration have changed with the transforming needs of humanity and the changing times. Today, development in communication and telecommunication, needs of societies that have changed over time, major disasters and wars are among the primary causes of migration (Önal, 2015). Migration is a phenomenon that affects societies socially, culturally, economically, politically and from many other aspects and is associated with the society. Therefore, it is addressed as an investigation-worthy matter in several disciplines (Şahin, 2001).

Those who change places from one country to another for residence are called migrants (Faist, 2003). Main element of migration is migrants. Individuals who have been living in another country for 12 months are recognized as migrants (Toksöz, 2006). Migrants are individuals who leave their country willingly as they have been troubled economically or socially with the environment in their country and move to another country legally or illegally to reside there. In other words, migrants are individuals who do not find their own country to have sufficient means of living and who move to and settle in another country to have better means of living. In such cases, one should notice that a forced displacement is not in question and that migration is carried on to improve one's financial and social status and have a higher quality of life (Önal, 2015).

As for the concepts of refugee and asylum-seeker, while they are confused with each other, they refer to the same meaning. In Convention Relating to the Status of Refugees (Geneva Convention of 28 July 1951), a refugee is defined as "someone who is unable or unwilling to return to their country of origin owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion." An asylum-seeker is an individual who has met the required national and international conditions and is waiting for the result of their application as a

refugee by the country to which they have applied to seek asylum. If the application concludes negatively, such individuals must leave the country of application and may be deported like other foreigners who are not regular in that country (IOM, 2009).

The term temporary protection is defined in the glossary of International Organization for Migration as "methods rarely followed to immediately and non-permanently protect third-country nationals who cannot return to their own countries in consideration of their benefits in case of disruption to asylum organizations" (IOM, 2009).

It is estimated that there are 763 million individuals under the status of migrant in their own countries and 250 million individuals who are international migrants. It is known that there are 65 million people as victims of forced migration (WHO, 2018). Since 2011, more than 5.6 million people have fled Syria and sought security in Lebanon, Turkey, Jordan and countries beyond. As long as the war continues, millions of people keep being displaced within Syria. According to UNHCR, there are 13.1 destitute million people in Syria. 6.6 million people have been displaced within the country, and 2.98 million victims of war are still in areas that are difficult to be accessed and are besieged (UNHCR, 2018). Looking at the UNHCR statistics for Turkey, by 31 March 2018, 3.5 million people migrated from Syria; 169,000 people from Afghanistan; 142,000 people from Iraq; 36,000 people from Iran, 5000 from Somalia; and 11,000 from other countries to Turkey (a total of 3.9 million people). As for the captures in sea and on land between 2017 and 2018, it was reported that total number of incidents was 605 on the western sea borders of Turkey, number of deaths/losses was 75, and total number of captures in sea was 35,475 in the Turkish territorial waters by 31 March 2018 (UNHCR-b, 2018).

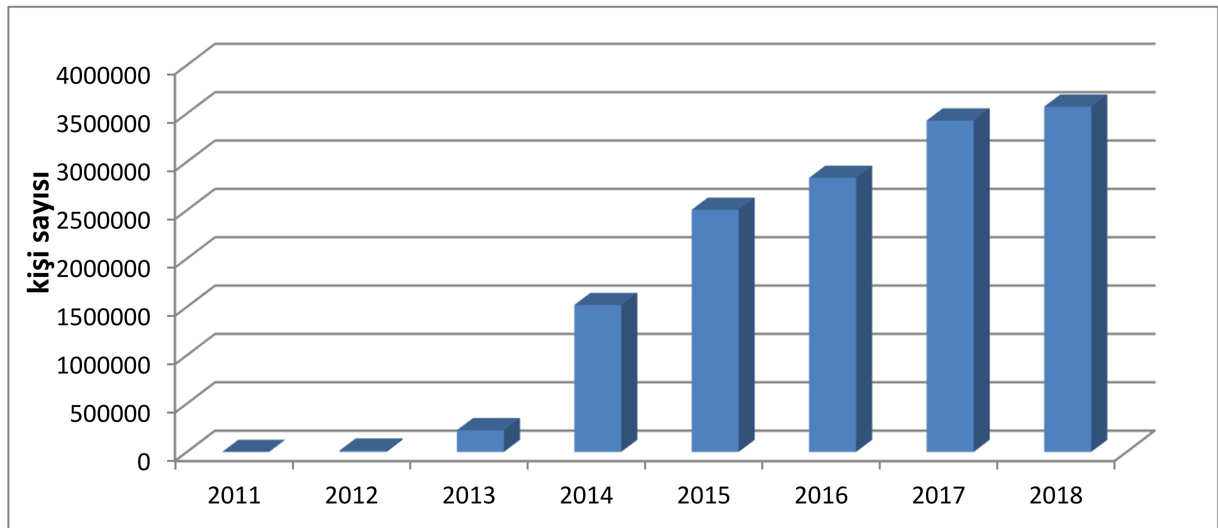

Chart 1. Distribution of Syrians under temporary protection by years

Source: GİGM (Directorate General of Migration Management, http://www.goc.gov.tr/) (by 28.06.2018)

As reported by Ministry of the Internal Affairs, Directorate General of Migration Management, the number of Syrian nationals under temporary protection was 14,237 in 2012; 224,655 in 2013; 1,519,286, in 2014; 2,503,549 in 2015; 2,834,441 in 2016; 3,426,786 in 2017; and 3,586,679 in 2018 (Chart 1).

Of the Syrian nationals, 1,945,990 men and 1.640.688 women were reported to be under temporary protection. There are 1,105,609 refugee women between 15-49 years of age under temporary protection (GİGM, 2018).

Effects of Migration on Women's Health

Migration affects society and individuals socially, culturally and physically and has significant effects on health and variables of health. For reasons such as unfavorable conditions of living and sheltering, financial challenges, language barriers, and lack of health coverage, migration impacts migrants' health from several aspects. The impact on health has its toll on refugee women in particular and leaves them with even more disadvantages (Tuzcu & Ilgaz, 2015).

Migrant women experience sexual abuse, physical and psychological violence due to their migrant status as well as gender (Adanu & Johnson, 2009). Another problem is that they are subjected to forced prostitution. Under such circumstances, migrant women face several problems such as sexually transmitted diseases and unwanted pregnancy (Miller, Decker, Silverman, & Raj, 2007).

Stress factors such as inadequacy of healthcare institutions in migration regions, financial challenges experienced by migrant women and lack of social security, lower educational levels, communicational problems, malnutrition, and poor hygiene conditions adversely affect migrants' health. Although such problems emerge, general efforts of migrant women in the country of migration seem not to be for solving health problems but for having a better economy and health (Göker & Meşe, 2011).

Once the idea to migrate comes to individual's mind, they start to get stressed, and it is observed that magnitude of cultural differences between the country of destination and the country of origin increases the impact of the trauma. Although poor conditions in their previous countries may not even change their homesickness, these conditions lead to mental problems (Eğinli, 2011). It is necessary to address the impact of stress when talking about the health problems experienced by migrant women. Stress can be described as the response of our body to the events we experience. Long-term stress affects one's health severely (Gümüş & Bilgili, 2015).

Contagious diseases that are frequently among migrants and can threaten life if not treated are among important health problems. Several reasons like inadequate health facilities and nutrition conditions, and poor hygiene conditions in the place of migration take migrants one step closer to contagious diseases including measles, tuberculosis, respiratory infections, and diseases with diarrhea. Such conditions sometimes cause them to be carriers. This keeps the risk of pandemic imminent in migration regions. Migrants are thought to have poor eating habits and observed to eat fatty and high-carbohydrate food due to their financial status. Accordingly, it is state that migrant women have high body mass indices (Gümüş & Bilgili, 2015).

It is observed that migrant women cannot utilize services such as reproductive health and family planning sufficiently. They tend to have more children. The reason is explained by the fact that they want to maintain their status. This lead them not to use family planning methods. Additionally, they cannot receive adequate pre- and post-natal care. Irregular menstrual bleeding and vaginal infections are often observed among them (Gümüş & Bilgili, 2015).

Research on Health Problems of Refugee Women

This section takes a brief look at the studies on the subject matter.

Masterson et al. (2014) conducted a study with 452 refugee women on the evaluation of reproductive health and coercion among displaced Syrian women Lebanon. It was stated that 37.8% of the women suffered from three of the conditions including menstrual irregularity, sever pelvic pain, and reproductive tract infections at the same time. 2.4% of them were found to be working, and 37.8% regarded their husbands as the primary source of income. The Syrian women reported that they were subjected to physical (27.7%), psychological (67.7%) and sexual violence (3.1%) and described the one who used violence on them as an armed individual. Of the violence victims, it was found that 64.6% did not receive medical care due to lack of financial means, lack of education and knowledge, embarrassment and other reasons, and only 9.2% accessed healthcare. A negative relationship was found between the violence experienced by the women and their reproductive health.

In their study titled “Problems of women who take refuge in Turkey: The Case of Isparta”, Oktay and Es (2015) obtained data from 49 refugee women with the face-to-face interview method. They found that 89.8% of the participant women were between 15 and 49 years of age, had low educational levels and monthly income, and only 4.1% were working. It was concluded that refugee women have trouble with accessing medication when they get sick as they do not participate in the labor and have low income levels.

In the study aiming to compare clinic characteristics and pregnancy results between Syrian refugee women and non-refugee Turkish women, Erenel et al. (2017) observed that adolescent pregnancy rates were higher and age of first pregnancy was younger among the Syrian women than the Turkish women. The abortion rate was found to be significantly different between the Syrian women and the control group. This finding of the study was associated with the ethnic structure and traditional sexist attitudes.

In their study on the reproductive health problems of Syrian refugee women with 300 participants, Gümüş et al. (2017) found that majority of the women were between 15 and 49 years of age and at the reproductive age The participants were found to be graduates of primary school (43.6%), secondary school (26.0%), high school (18.7%) and university (11.7%) while 91.3% did not work. It was observed that the participant women married at younger ages, had high rates of delivery, did not use birth control methods adequately and received preventive healthcare services at insufficient levels.

Aiming to determine reproductive characteristics and relevant factors among Syrian refugee women, Karakaya et al. (2017) conducted their study as a focus-group interview with 50 refugee women who had migrated due to war. It was found that marriage at younger age is common in their country and

they accepted polygamy if they would not have any children. It was also observed that they had high number of pregnancies due to husbands and family elders who wanted them to bear boys and that the women were satisfied with their high fertility rate. It was stated that the participants have insufficient knowledge and use of contraceptive methods and used the withdrawal method commonly.

Babacan et al. (2018) found in their study aiming to determine the domestic conditions, health status, and ability to utilize healthcare services among Syrian asylum-seekers who migrated to Hatay that the women were not working in a job with an income and had low educational levels. Furthermore, 70% of the women were found to have a diagnosed chronic disease (cardiovascular disease, urological/genital diseases, respiratory tract diseases, and neurological diseases). It was also observed that gender difference between patient and physician hindered the use of healthcare services by the women and 32% of the women did not utilize healthcare services as they did not prefer male physicians.

In their study which aimed to determine reproductive health problems among refugee women and find proposals for solutions, Yağmur and Aytekin (2018) found primary reproductive health problems among refugee women to be pregnancy and birth complications, violence and abuse, sexually transmitted infections, psychological problems, and lack of access to reproductive healthcare. It was also stated that the refugee women's reproductive health was affected by social, cultural and economic factors and sexist attitude towards refugees.

Conclusion and Recommendations

As wars and migrations which cause important public health problems continue, women are affected as the more vulnerable group. It is observed that wars and migrations have a negative impact on women's health and its largest effect is on their reproductive health.

Migration should not be considered as a short-term phenomenon, and inter-sector cooperation should be established to enhance women's adaptation to the society. Health problems of migrant women should be addressed within the context of human rights and social gender, and awareness should be improved among policymakers in health to ensure that women utilize basic healthcare services. Personnel who meet migrant women's healthcare needs need to develop maximum social gender-sensitive approaches. It is also thought that future studies on health problems of migrant women will contribute to the literature with different results.

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