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# DISPARITIES IN ACCESS TO HEALTHCARE AMONG IMMIGRANTS IN TÜRKİYE

Serra Sevde HATİPOĞLU[1]

## *Abstract*

Türkiye is hosting 5.1 million foreign people with 3.8 million seeking international protection. The categorization of the legal status of the migrants as refugees, conditional refugees, and subsidiary protections has been made by the Law of Foreigners and International Protection, and defined as international protection status. According to the Turkish Presidency of Migration Management, most of the immigrants in Türkiye are Syrians who have been granted temporary protection status. In Türkiye, the rate of inequalities in access to health and healthcare is high and evident among immigrants who are already in a disadvantageous position. The aim of this study is, initially, to identify structural and political factors that lead to immigrants having different immigration statuses in accessing health services. Secondly, even if immigrants have access to health services according to their immigration status, the obstacles they face in accessing health services may occur due to SES differences. Therefore, the fundamental cause theory has been used to explain disparities in access to healthcare for the immigrants in Türkiye. In addition to potential policy changes regarding the regulation of the legal statuses, the importance of social determinants of health practices has been highlighted and further practices have been suggested in this regard.

**Key Words:** *Health disparities, migration policies, immigrant health policies, social determinants of health, fundamental cause theory*

[1] Asst. Prof., Ankara Hacı Bayram Veli University, Faculty of Letters, Department of Sociology, E-posta:serra.hatipoglu@hbv.edu.tr, ORCID: 0000-0002-1344-3244.

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# TÜRKİYE'DE GÖÇMENLER ARASINDA SAĞLIK HİZMETLERİNE ERİŞİMDE EŞİTSİZLİKLER


## Öz

Türkiye, 3,8 milyonu uluslararası koruma statüsüne sahip 5,1 milyon yabancıya ev sahipliği yapmaktadır. Yabancılar ve Uluslararası Koruma Kanunu ile göçmenlerin hukuki statüleri mülteci, şartlı mülteci ve ikincil koruma olarak sınıflandırılmış ve uluslararası koruma statüsü olarak tanımlanmıştır. Türkiye Göç İdaresi Başkanlığı'na göre Türkiye'deki göçmenlerin çoğunluğunu geçici koruma statüsü verilen Suriyeliler oluşturmaktadır. Türkiye'de sağlık ve sağlık hizmetlerine erişimde eşitsizlik oranı diğer göçmen nüfusunun yuksek olduğu bütün ülkelerde olduğu gibi yüksektir ve zaten dezavantajlı konumda olan göçmenler arasında oldukça belirgindir. Bu çalışmanın amacı, ilk olarak, farklı göçmenlik statülerine sahip göçmenlerin sağlık hizmetlerine erişiminde yeralan yapısal ve politik faktörleri tespit etmektir. İkinci olarak, göçmenlerin göçmenlik statülerine göre sağlık hizmetlerine erişimleri olsa bile, sağlık hizmetlerine erişimde karşılaştıkları engeller SES farklılıklarından kaynaklanıyor olabilir. Bu nedenle, Türkiye'deki göçmenlerin sağlık hizmetlerine erişimindeki eşitsizlikleri açıklamak için Temel Neden Teorisi (Fundamental Cause Theory) kullanılmıştır. Yasal statülerin düzenlenmesine ilişkin potansiyel politika değişikliklerine ek olarak, sağlığın sosyal belirleyicileri uygulamalarının önemi vurgulanmış ve bu konuya ilişkin daha fazla politika uygulamaları önerilmiştir.


**Anahtar Kelimeler:** *Sağlık eşitsizlikleri, göç politikaları, göçmen sağlığı politikaları, sağlığın sosyal belirleyicileri, temel neden teorisi*

## INTRODUCTION

For a long time, social science has been identifying and describing the processes that lead to health inequalities, and there is a growing body of knowledge on the subject. The Fundamental Cause Theory (FCT) is one of the most widely recognized and accepted theoretical and practical frameworks used to study health disparities by social scientists. According to Link and Phelon, pioneers of the FCT, the relationship between socioeconomic status (SES) and mortality has persisted despite significant changes in risk factors and disease-related variables that were previously thought to explain health outcomes (B. G. Link and Phelan, 1995). The authors of FCT define SES as a "person's available resources used to help avoid diseases and their negative consequences through a variety of mechanisms, which include social connections, prestige, power, occupation, income, and education" (B. G. Link and Phelan, 1995, p. 81). However, there is a large gap in theoretical perspective in the literature, especially when discussing health inequalities in Türkiye as it has rarely discussed how these sources come together to produce SES. For this reason, the findings must be considered from a theoretical perspective to better understand health inequalities in Türkiye. Two issues are underlined in this study. The first is structural and political factors due to immigrants having different immigration statuses in accessing health services. Secondly, even if immigrants have access to health services according to their immigration status, the obstacles they face in accessing health services may be due to SES differences, that is, SES health inequalities are emphasized despite policies designed to reduce inequalities beyond policies. This has important implications for health policy research addressing health inequalities because we must consider the multiple and complex mechanisms involved in accessing health care, independent of general health insurance. For this purpose, the study is divided into different subsections. These include immigrants in Türkiye, current immigrant health policies, social determinants of health and FCT, the health inequalities that immigrants face in Türkiye and political and social factors in health inequality in light of FCT.

## Immigrants in Türkiye

Migration is the term used to describe population movements in which individuals or groups of people relocate, regardless of the reason, character, or length of the move (Örgütü, 2009). Since there is no specific definition for migration under international law, it is beneficial to mention a couple of more migration definitions. The International Organisation for Migration states that migration represents the "general understanding of a person who relocates from their usual residence, either temporarily or permanently, and for various reasons, whether within a nation or across an international border" (IOM, 2019, p. 1). The term encompasses various legally defined categories of individuals, including migrant workers; individuals whose specific movements are legally defined, like smuggled migrants; and individuals whose status or mode of movement is not specifically defined by international law such as international students (IOM, 2019). The terms "migrant" and "refugee," while frequently used synonymously by the general public, have important differences that need to be addressed. According to the 1951 Refugee Convention, refugees difined as "persons who are outside their country of origin for reasons of feared persecution, conflict, generalized violence, or other circumstances that have seriously disturbed public order and, as a result, require international protection" (UNHCR, 2016, p. 1), and international migrants are "someone who changes his or her country of usual residence, irrespective of the reason for migration or legal status. Generally, a distinction is made between a short-term or temporary migration, covering movements with a duration between three and 12 months, and long-term or permanent migration, referring to a change of country of residence for one year or more" (IOM 2023a, p. 8). While there is no formal legal definition of an international migrant, according to the Republic of Türkiye Ministry of the Interior Presidency of Migration Management, "the term, migrant is considered to cover situations where the person concerned decides to migrate of their own free will, for "personal comfort" and without any external coercion. The term, therefore, covers individuals and their family members who migrate to another country or region to improve their material and social situation and to improve their or their family's prospects for the future" (T.C. İçişleri Bakanlığı, 2013).

Migration has always had an impact on nearly every nation because of its unique geographic, strategic, political, economic, social, and cultural traits. The 20th century in particular saw large-scale population shifts. Approximately, 1 billion people migrate globally today, with 258 million of whom are foreign migrants (IOM, 2023a). Before discussing the health rights of migrants in Türkiye, it is necessary to take a closer look at the categorization of the legal status of migrants. In April 2013, the Law 6458 on the Foreigners and International Protection (LFIP) was approved by the President. According to the LFIP Articles 61 (refugees), 62 (conditional refugees), and 63 (subsidiary protection) are defined as international protection statuses. Besides these statuses, LFIP Article 91 defines temporary protection (T.C. İçişleri Bakanlığı, 2013).

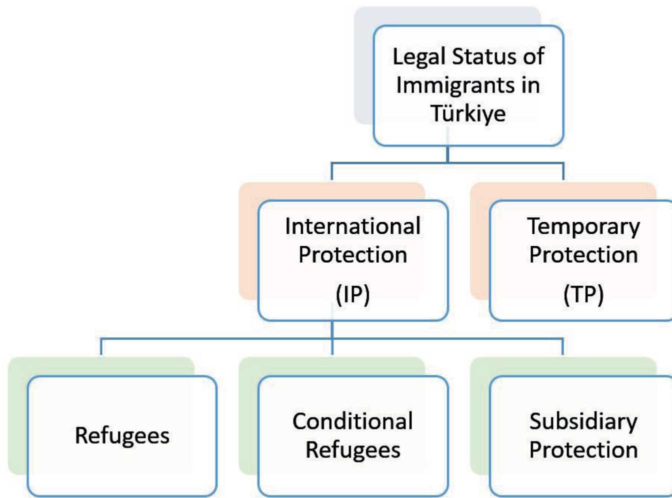


**Figure 1. Legal Status of Immigrants in Türkiye**

Refugee status is given only to immigrants coming from Europe. It should be noted that "refugees are people who have been forced to flee their home country in search of safety in another country and are unable to return and asylum seekers who seek international protection from dangers in his or her home country but whose claim for refugee status has not been legally determined" (Akca ve Ayaz-Alkaya, 2023, p. 124). However, refugee and

asylum seekers are used interchangeable terms in Turkish. Conditional refugee status is given to immigrants who come from a country outside of Europe and are allowed to stay in Türkiye until they are resettled in a third country. The subsidiary protection status has been granted to immigrants who cannot be considered refugees or conditional refugees, but who would be sentenced to the death penalty or subjected to torture if sent back to their country of residence (T.C. İçişleri Bakanlığı, 2013). On February 24, 2022, following the war between Russia and Ukraine, a new wave of migration from Ukraine to Türkiye and Europe began and as of September 30, 2022, there were 145,000 Ukrainian refugees in Türkiye (UNHCR, 2022). According to the Directorate of Migration Management, by the end of 2022, a total of 7,131 Ukrainian have applied for international protection status in Türkiye (T.C. İçişleri Bakanlığı Göç İdaresi Başkanlığı, 2023) and they are recognized as refugees under the 1951 Geneva Refugee Convention (Bakır, 2022).

The conditional refugee status might be explained as migrants from non-European countries are allowed to stay in Türkiye under conditional refugee status until they are resettled in a third country unless they have left their home country for fear of persecution and do not wish to return to their country of citizenship (T.C. İçişleri Bakanlığı, 2013).

LFPI defines subsidiary protection status as

> "Those who do not qualify as refugees or conditional refugees, but are returned to their country of origin or country of residence; a) He will be sentenced to death penalty or the death penalty will be executed, b) He will be subjected to torture, inhuman or degrading punishment or treatment, c) He will face serious threats to his person due to indiscriminate acts of violence in situations of international or domestic armed conflict, A foreigner or stateless person who cannot benefit from the protection of his country of origin or residence due to this threat, or who does not want to benefit from it due to the threat in question, is given secondary protection status after the status determination procedures."

However, getting subsidiary protection status itself is a very challenging process therefore it needs to be explained in detail. While most immigrants from Iran, Iraq, and Afghanistan are generally considered for subsidiary protection status, the 2022 irregular immigration statistics from the Presidency of Migration Management reveal that Afghan migrants rank first when the distribution of migrants by nationality is examined.(T.C. İçişleri Bakanlığı Göç İdaresi Başkanlığı, 2023). One of the reasons behind the higher irregular migration among individuals of Afghan origin is the complicated process of asylum application and the discrimination that they face during the application. Previous studies show that Afghan nationals who came to Türkiye faced significant difficulties in obtaining status when making official applications within the country (Güler, 2020). It has been revealed that Afghan nationals, particularly those who have recently entered the country and applied for asylum, face significant difficulties in registering with the Provincial Directorate of Immigration Management and obtaining an identity card (Çallı, 2016; Leghtas and Thea, 2018). The first requirement for foreign nationals to receive health services in Türkiye is to have a valid identity document, but field studies have revealed that Afghan nationals face discrimination in the application process based on their married or single status in the relevant institutions (Leghtas and Thea, 2018). According to the LFPI, an asylum application interview must be completed within 30 days, and if successful, the applicant's average waiting time to receive his/her International Protection Status Holder Identity Document is approximately 6 months and the international Protection Status Holder Identity Document is valid for three years (T.C. Cumhuriyeti İç İşleri Bakanlığı Göç İdaresi Başkanlığı). However, it takes longer than expected to receive the International Protection Applicant Identity Document for one year after their application. During this time, immigrants require a place to stay and continue their lives until the decision is made (Güler, 2020). For this reason, 62 satellite cities were established. These satellite cities were established in provinces outside metropolitan cities such as Izmir, Ankara, and Istanbul. Individuals who apply for asylum do not have the right to settle wherever they wantand are hosted in these cities until their applications are finalized. At the same time, they must report their location to local authorities regularly and are not permitted to travel outside the city to which they have been referred

without special permission (Çallı, 2016). According to Article 71 of the LFIP, if the province in which the application is made is not on the satellite city list, each international protection status applicant is directed to a city where he/she will find accommodation within his/her means and where he/she will reside after receiving international protection status (T.C. İçişleri Bakanlığı, 2013). Immigrants under international protection or even those who have just applied for international protection have the right to apply for a work permit if they have at least six months of history in the process. Immigrant children's education is another fundamental issue in Türkiye. "The Turkish law guarantees all children the right to education", however because of the asylum-seeking process, many non-Syrian children can not get an education. Keeping children out of school leads to an increase in the child labor rate. Even though the Turkish Ministry of Education, allows children to attend classes as guests if they are in the process of obtaining status (MEB, 2014). However, the majority of the asylum seekers do not know about it.

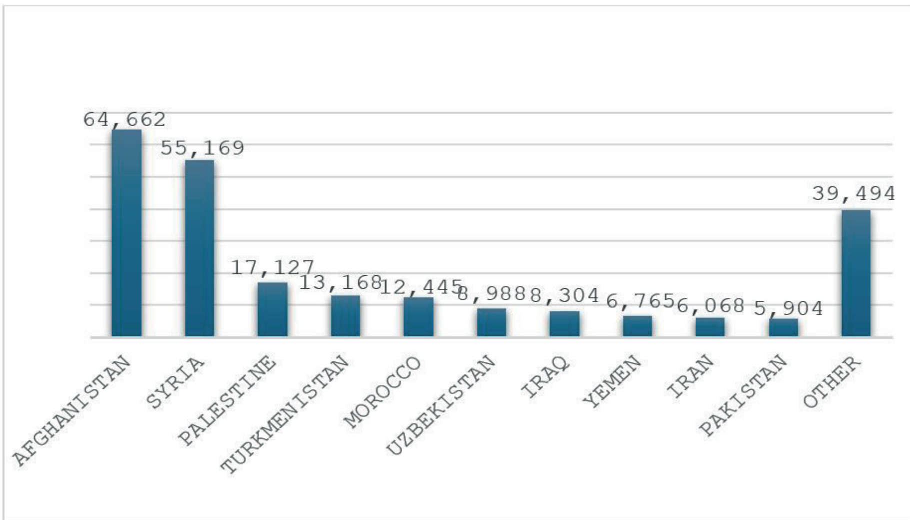


**Figure 2. Irregular Immigrants in July 2023 in Türkiye**

Source: Presidency of Migration Management, Irregular Migration Statistics

Besides all these categories, after the Syrian crisis in 2011, Türkiye has applied an "Open Door" policy regarding Syrian refugees which grants Syrian

migrants “temporary protection status” (TPS) and temporary protection identity documents. Temporary protection status, under the terms of states’ non-refunded obligations, is granted to “foreign nationals who are compelled to flee their country, are unable to return, and arrive in large numbers in search of immediate, temporary protection” (T.C. Cumhuriyeti Sağlık Bakanlığı, 2011). The goal of temporary protection is to quickly address large-scale migration movements. Türkiye’s position has forced it to develop urgent policies for employment, housing, education, and health. After more than 12 years of crisis in Syria, the number of forced displaced persons has reached 6.8 million, mostly fleeing to Türkiye, Jordan, and Lebanon (UNHCR, 2023). Türkiye is the country that takes in the greatest number of Syrian refugees (T.C. İçişleri Bakanlığı Göç İdaresi Başkanlığı, 2023).

Over 5.1 million foreign nationals are presently residing in Türkiye, with 3.8 million of them seeking international protection (refers to refugee, conditional refugee, or subsidiary protection status). The most recent data from the Turkish Presidency of Migration Management (PMM) indicates that the majority, 3,435,298 people, are Syrians who have been granted temporary protection status. Additionally, there are approximately 33.3 thousand international protection applications, primarily from individuals originating from Afghanistan, Ukraine, and Iraq.(T.C. İçişleri Bakanlığı Göç İdaresi Başkanlığı, 2023). As of mid-2022, around 319 thousand of refugees and asylum-seekers are in Türkiye, most of whom are from Iraq, Afghanistan and the Islamic Republic of Iran, (IOM, 2023b). In addition to that, there are nearly 33 thousand irregular migrants, and around 1.3 million foreign nationals holding residence permits in Türkiye (T.C. İçişleri Bakanlığı Göç İdaresi Başkanlığı, 2023). It should be noted that since there are numerous distinct immigrant statuses in Türkiye the term “immigrant” will frequently be used in this study to refer to all foreign nationals rather than in a legal sense.

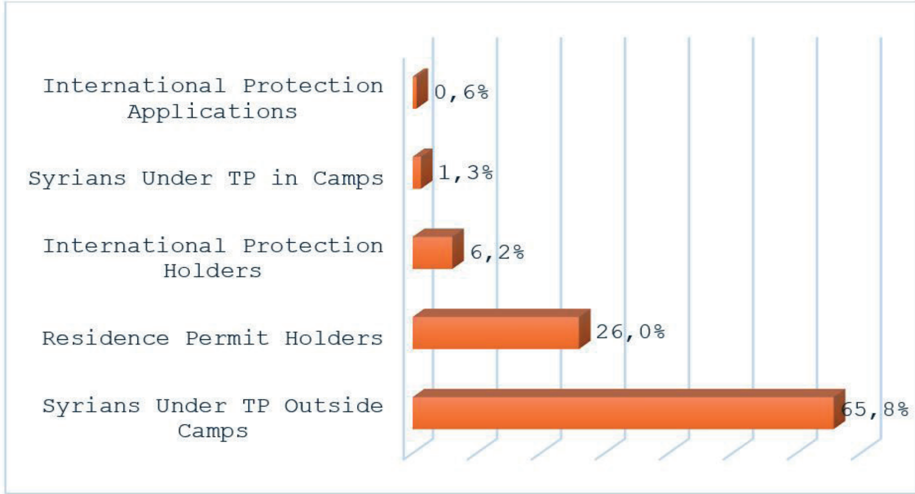


**Figure 3. Overview of Immigrant Presence in Türkiye**

Source: IOM 2023, Türkiye-Migrant Presence Monitoring-Situation Report

## Immigrant Health Policies in Türkiye

The impact of migration on health varies according to the reasons and type of migration, living conditions in the country of migration, and the duration of residence. Therefore, migration is recognized as an important social determinant of health (Office of Disease Prevention and Health Promotion, 2023). In addition, the impact of migration on migrants is closely related to the migration and migrant health policies of countries (Keleşmehmet, 2018; Landrine and Klonoff, 2004). The fundamental right of every individual to health is emphasized in both Article 25 of the Universal Declaration of Human Rights and Article 12 of the International Covenant on Economic, Social, and Cultural Rights. It states that every individual has the right to live a life in which his or her basic health needs, such as food, clothing, housing, medical care, and social services, are met, as well as the right to enjoy the highest attainable standard of health and access to all necessary health care in the event of illness (OHCHR, 1966).

International conventions define migrants' health rights apart from their legal status and rights (IOM, 2023a). However, worldwide, it is evident that various health policies are implemented for migrants, with differences based on whether they are registered or unregistered in a given country While registered migrants are those who have legal status, unregistered migrants are those who do not have legal status due to illegal entry or the expiration of a visa. Furthermore, unregistered migrants are referred to as hidden/ illegal/ irregular/ undocumented migrants in the literature (Hacker, Anies, Folb, and Zallman, 2015; Keleşmehmet, 2018). Due to their legal status, registered migrants have more comprehensive rights than undocumented migrants, who have limited access to health services globally. In addition to being documented/undocumented, immigrants' legal status as refugees/conditional refugees/subsidiary protection/temporary protection is also an important issue in terms of their legal rights.

The LFIP Article 60 defines the right to medical services for refugees as "stateless people, refugees, asylum seekers, and applicants for asylum status were deemed to be individual holders of general health insurance" (T.C. İçişleri Bakanlığı, 2013). At the same time, the range of free health services available to international protection applicants includes treatment for mental health problems caused by previous persecution. In any case, the scope of free health services provided by public health institutions is included in the general health insurance program (European Council on Refugees and Exiles, 2022). Immigrants who have subsidiary protection status are eligible to access free health care. However, due to bureaucratic obstacles during the application process, the number of subsidiary protection status holders is way less than it really should be. Thus, it leads to an increase in undocumented people who do not have access to free health care in Türkiye.

Türkiye offers the same healthcare services to its population under temporary protection as it does to its citizens. The literature uses a service delivery model as an example of universal health coverage (T.C. Cumhuriyeti Sağlık Bakanlığı, 2019). As Syrians in Türkiye have a different immigration status, their health rights are determined separately. Health service provision for Syrian migrants is determined by the "Temporary Protection Regulation"

and basic and emergency health services, secondary/tertiary health services provided to migrants with a temporary protection identity document are under the control of the Republic of Türkiye Ministry of Health and paid by the Republic of Türkiye Directorate General of Migration Management, not exceeding the cost determined by the Republic of Türkiye Social Security Institution for those with insurance (T.C. Cumhuriyeti Sağlık Bakanlığı, 2023). Undocumented migrants have access to emergency health services as well as health services for the prevention and control of infectious and epidemic diseases. In addition, the "Principles on Health Services to be Provided to Those Under Temporary Protection" defines the provision of primary health care services for migrants by migrant health centers in densely populated areas and family health centers in areas where the migrant population is not dense. In 2015, the Ministry of Health started to establish Migrant Health Centers (MHCs), which provide free primary health care services to unregistered migrants and non-Syrian migrants without temporary protection identity documents.

Since 2016, the Republic of Türkiye Ministry of Health, in collaboration with the EU, has been running the "SIHHAT" project for "Improving the Health Status of Syrians Under Temporary Protection and Related Services Provided by the Republic of Türkiye," which should be highlighted within the framework of health services provided in Türkiye for migrants. The project, which is funded by the EU through the EU Facility for Refugees in Türkiye/FRIT, aims to support and improve primary and secondary healthcare services for Syrian refugees. Syrian health workers are employed in the centers as part of the project, and the number and capacity of MHCs have increased (T.C. Cumhuriyeti Sağlık Bakanlığı, 2023).

In addition, new centers called "The Empowered Migrant Health Centers" are being established, which are staffed by specialists in branches such as internal medicine, pediatrics, gynecology, dentists, and psychologists, as well as imaging services. Some of these centers also serve as "Migrant Health Training Centers" where training is organized for Syrian health workers to be employed in MHCs (T.C. Cumhuriyeti Sağlık Bakanlığı, 2023).

SIHHAT endorses:

- the availability and accessibility of high-quality health services in targeted provinces.
- the improvements in health literacy and health-seeking behaviors among migrants by strengthening social assistance and health services in targeted provinces
- more capacity within the Ministry of Health to generate and manage evidence and knowledge to support the development of migrant health policies.

In this context, nearly 4,000 experienced and dedicated healthcare professionals work in 190 Migrant Health Centers, 10 Community Mental Health Centers, and over 100 hospitals to provide solutions to migrants' health needs in their language, an unprecedented practice. As a health service delivery model, "migrant health workers serving their citizens within our country's health system" eliminates communication challenges caused by language and cultural differences.

SIHHAT prioritizes reproductive health services, mental health and psychosocial support services, immunization services, mobile health services, cancer screening services, and health literacy training for migrants (T.C. Cumhuriyeti Sağlık Bakanlığı, 2023). When it comes to health inequalities, the SIHHAT project has made a major contribution to minimizing inequalities and has set an example for health policies around the world. However, from a sociological standpoint, some buried spaces need to be explored and addressed to reduce health inequalities among migrants. Therefore, the social determinants of health are extensively discussed in this study to provide a broader perspective on the reasons for immigrant health disparities. This study aims to investigate the health rights of immigrants in Türkiye and the health inequalities they are exposed to in light of FCT.

## BACKGROUND

### Social Determinants of Health

To be able to understand health disparities in Türkiye, first of all, concepts of health disparities and health equity should be explained. In 1990s, "Margaret Whitehead articulated the most concise and accessible definition of health disparities/inequalities/ equity as differences in health that "are not only unnecessary and avoidable but are also considered unfair and unjust" (Braveman, 2006; Whitehead, 1990, p. 168). According to her definition of equity in health, "ideally, everyone should have a fair opportunity to achieve their full health potential and, more pragmatically, no one should be disadvantaged from achieving this potential if it is avoidable" (Whitehead, 1990, p. 106). The concept of "health inequalities is almost universally understood to refer to differences in health between people with different positions in a socioeconomic hierarchy" (Braveman, 2006; Whitehead, 1990, p. 107).

It could be said that Durkheim's idea that social conditions are central to the substance of life itself showed that the discipline of sociology could be used in medical contexts, and was the basis of medical sociology (Durkheim, 2005). Durkheim stated that social factors were not only the contributors to patterns of suicide, but a central and irreducible determinant of those patterns (Phelan, Link, Diez-Roux, Kawachi, and Levin, 2004)and Levin, 2004. According to the Centers for Disease Control and Prevention (CDC), social determinants of health (SDOH) are non-medical elements that influence health outcomes. They are the conditions under "which people are born, grow, work, live, and age, as well as the larger collection of forces and processes that shape the conditions of daily life" (CDC, 2023). The U.S. Department of Health and Human Services groups SDOHs into five categories: "Economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community contex" (Office of Disease Prevention and Health Promotion, 2023). "How do social factors influence health and well-being?" is the fundamental question. SDOH (social determinants of health) have a significant impact on people's health, well-being, and quality of life. SDOH examples include the following: Safe housing, transportation, and community;

Education, employment, and income; Opportunities for physical activity and access to nutritional meals; Water and air pollution; Literacy and language abilities(Office of Disease Prevention and Health Promotion, 2023).

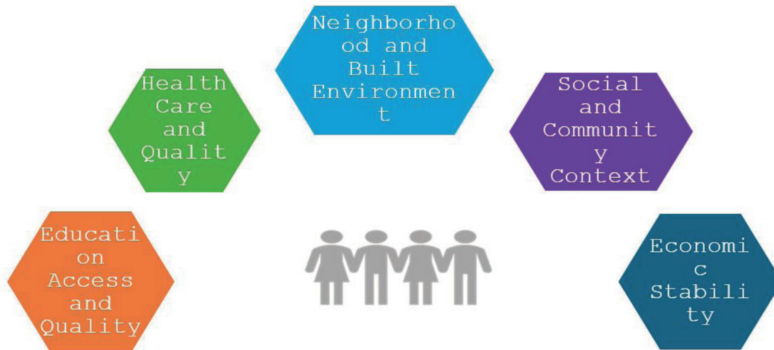


**Figure 4. Social Determinants of Healt**

Source: CDS Social Determinants of Health

## Fundamental Cause Theory

Many social determinants of health (SDH) theories claim that "the distribution of social goods such as income, education, occupation, prestige, power, and income has a greater impact on health outcomes than health care" (Weinstock, 2015, p. 438). This study aims to better understand immigrant health disparities in Türkiye from the perspective of FCT. The reason behind the theory choice is the nature of the immigrants in Türkiye. In the previous sections, it was explained that immigrants in Türkiye have different statuses and accordingly, there are differences in their rights to health services, as well as differences in their rights to housing, work, and education. Due to the structure and position of migrants in Türkiye, FCT is considered to be more explanatory and is discussed in detail in the following paragraphs.

The idea was that those with higher socioeconomic status were better able to "use flexible resources—knowledge, money, power, prestige,

and advantageous social connections—to avoid risks and adopt protective strategies" (Clouston and Link, 2021). FCT answers "why SES might be related to many diseases and why such an association might be reproduced in multiple contexts and at different times" (B. Link and Phelan, 2010, p. 14). According to the FCT, social conditions are a fundamental cause of health inequalities. Because social conditions and health connections are reproduced under circumstances. This persistence under changing circumstances shows us it is not possible to reduce rick-factor mechanisms. For this reason, social conditions fundamentally cause health inequalities (B. Link and Phelan, 2010). FCT`s central point is flexible resources operated by both individual and contextual levels. "At the individual level it can be conceptualized as "cause of cause" or "risk of risk" that shape individual health behaviors" (B. Link and Phelan, 2010, p. 30)". At the contextual level, it is related to risk profiles and protective factors. Such as a person who can afford to live in a high SES neighborhood has protective factors to avoid crime, noise, violence, and population. In this circumstance, this person's health not only depends on his or her attention to constructing a health situation but also on a contextual level (Link and Phelan, 2010). Components of socioeconomic status (SES) such as income, occupation, and education are linked to a wide range of health problems. According to FCT, SES is considered an "actual determinant" of health disparities and it is believed that SES is a key underlying factor and has three determinations of health: health care, environmental exposure, and health behavior. It is difficult to say which factor influences health more and what kind of policy might help to reduce health disparities (Adler and Newman, 2002). It is not possible to address this problem with a single policy.

To summarize, FCT emphasizes that as new information about influential risk or protective factors becomes available, people with high SES act both individually and collectively, leveraging the flexible resources at their disposal to capitalize on this new information. Relationships between risks/protections and diseases emerge as a result of SES-related flexible resources (Clouston and Link, 2021). Individuals in higher SES have more practical resources "such as money, knowledge, prestige, power, and beneficial social connections that can be used for one's health advantage. These resources

directly influence people's health behaviors" (Phelan et al., 2004, p. 270). According to Phelan et al. 2004 (p.275), "SES influences multiple health outcomes through multiple risks and protective mechanisms. In addition, because of the flexible nature of these resources, they are adaptable to changing health-related conditions and can be used to protect health regardless of the current risk, treatments, or disease". Even though there are some policies to decrease inequalities in health, advocates have recommended there should be more to consider SES disparities in exposure (Adler and Newman, 2002).

It is important to note that like every single theory, FCT has its limits. Non-medical elements that influence health outcomes other than the SES such as migration status, age, race, and gender should be considered as well. First of all, FCT challenges when it comes to the immigrant health paradox. Literature shows that "despite a relative socioeconomic and cultural (such as English language proficiency) disadvantage, many immigrants have better health than their US-born counterparts" (Dubowitz, Bates, and Acevedo-Gracia, 2010). This phenomenon has been named as an "immigrant health paradox." Some studies (Mood, Jonsson, and Låftman, 2017) reveal the reason behind the Latinx health paradox is cultural orientation because "the health advantage that Hispanics/Latinx have might be rooted in their cultural orientation and strong social networks". Cultural and social factors such as social support, familism, religion, and norms might be protective factors as they are related to the aspect of health such as diet and substance use (Mood et al., 2017).

## Immigrants in Türkiye and Health Disparities Among Them

Identifying risk factors, according to Link and Phelan's FCT, might increase inequalities. As we gain control over disease and death, the benefits are not evenly distributed across the population but rather benefit "individuals and groups who are less likely to face discrimination and have greater access to knowledge, money, power, prestige, and useful social connections" (Phelan et al., 2004, p. 277). As a result, whatever health disparities "existed between advantaged and disadvantaged groups before a health-improving discovery, the uneven distribution of new knowledge and technology results in a powerful social shaping of health disparities" (Phelan et al., 2004).

Until this section migration policies, health policies (whether health services are accessible to all, free of charge, multilingual and human rights-based or not), legal status, migrants' accommodation, and work permits are explained (Göç Araştırmaları Derneği, 2020). Disparities in access to health care among immigrants will be discussed in two main headings: legal barriers (documentation status and policies on health care, work, and accommodation) and structural barriers (beyond the policies, SES as social determinants of health).

## Legal Barriers

### 1.Documentation Status

Immigrants who have applied for international protection status and whose application is being processed are legally entitled to free medical services for one year, but the evaluation procedure can take years, and health care becomes a "service" provided for a fee rather than a right (European Council on Refugees and Exiles, 2022). After 2014 with the Temporary Protection Regulation, immigrants with the necessary documents (who have International Protection Status or Temporary Protection Status) were considered insured by the General Health Insurance (GHI) and gained access to health services. Thus, Türkiye has provided a health service delivery package that will set an example for the world. However, the legal status application process is very complicated, takes longer than expected, and contains its limits. To summarize, to be able to benefit from GSS, applicants must be registered with PDMM and must have received an International Protection Applicant Identification Document, which is assigned to each applicant by the General Directorate of Population and Citizenship Affairs and includes the Foreigner Identification Number. Due to this identification number, hospitals and other healthcare providers can accept the refugees and perform medical procedures. For this reason, existing obstacles in the registration system have a great impact on asylum seekers' access to health services (European Council on Refugees and Exiles, 2022).

For undocumented immigrants, the cost of health care services is determined by the "Regulation on International Health Tourism and Health

of Tourists", also known as the "Health Tourism Regulation." According to this regulation, health services are three to four times more expensive than the normal fees for citizens and/or registered migrants. However, emergency services and infectious disease treatment are provided as part of universal health care. Previous research has shown, however, that patients are charged even in emergencies, and those who cannot afford hospitalization are reported. Access to emergency services is also unregistered in such cases. It becomes a financial burden for migrants as well as a security risk. As a result, undocumented immigrants in Türkiye frequently have limited access to public health services (Göç Araştırmaları Derneği, 2020).

Those who do not comply with international protection status obligations, such as not staying in a "satellite city," or whose applications are rejected, have their GHI guarantees disabled, according to LFIP, even if the decision to make about them has not been finalized. Furthermore, even if people can reactivate their GHI coverage in some provinces, they cannot access health care unless they pay their unpaid premium debts from the time their GSS was deactivated (European Council on Refugees and Exiles, 2022).

Immigrants who have an International Protection Applicant Identity Document have a one-year permit to work, get health care access, and have educational attainment. When their application is approved they receive an International Protection Identity Document which gives them three years of access to work, education, and health care services. On the other hand, if because of all the hardships of the process, fear of deportation, or lack of knowledge they are undocumented, they do not have any right to work, education, or receive healthcare other than the emergency and infectious diseases situations like Covid-19 (T.C. İçişleri Bakanlığı, 2013).

## Structural Barriers

From the FCT perspective, even though immigrants in Türkiye have an International Protection Applicant Identity Document, International Protection Identity Document, or Temporary Protection Status, which gives them all the rights for education, work, and health, they face barriers in front of accessing health care. In this section, those social barriers that lead them to

have a lack of access to health care besides and beyond the migration policies in Türkiye are explained.

### 1. Fear of Deportation

When an unregistered immigrant applies to a public institution, including a hospital, the institution is required to notify the appropriate law enforcement authorities. As a result, although the majority of refugees have health problems, they avoid going to hospitals due to the fear of being deported, and as their right to access health services, which is a fundamental human right, is violated (Göç Araştırmaları Derneği, 2020). Another option for unregistered refugees is to seek treatment at private hospitals. Undocumented immigrants must also be reported to law enforcement by private hospitals. It is necessary, and they feel the same fear there as well.

### 2. Income/Occupation/Prestige/Power

It has been observed that immigrants living in Türkiye generally work as workers in low-skilled jobs for low wages (Yılmaz, Günay, ve Parslıoğlu, 2022). It has been observed that if individuals under temporary protection are working in lower-qualified jobs in their home countries, they continue to do so in Türkiye, but if they are working in professions that can be considered qualified in their home countries, they can no longer practice their professions (Yılmaz, Günay, ve Parslıoğlu, 2022). For this reason, it is argued that Syrians constitute the precariat class in the labor force. According to a 2019 study, when measured in terms of monthly income, refugees had a wide but limited range of income but were mostly below the minimum wage (Yılmaz et al., 2022). At the same time, when the number of people in their families is considered, the amount of disposable income per person remains significantly low.

People with higher incomes are more likely to access health care and can provide better nutrition, housing, schooling, and recreation. Even though the health effects of relative SES occurs across the whole range of SES levels, the burden is immense among low level. Literature shows that beyond the documentation status, immigrants work in low-skilled jobs and low wages. Creating policies about increasing the income of the poor might have the

biggest positive impact on health (Adler and Newman, 2002).

Occupational status is hard to measure and depends on the complex variable. Depending on the "employed, occupation status differs in their prestige, qualifications, rewards, and job characteristics, and each of these indicators of occupational status is linked to mortality risk" (Adler and Rehkopf, 2008). "Lower-status jobs workers are mostly under both high physical and psychosocial risk. Policies should increase profits and improved profits could result from increased productivity and reductions in medical costs" (Adler and Newman, 2002). Even though income, education, and occupation have a powerful effect on SES, they are not likely to have a direct effect. Instead of this, they are operating some other embedded systems such as "biological determinants, environmental exposure, and behavior and lifestyle" (Adler and Newman, 2002).

### 3. Education

As an SDH, first of all, asylum seekers should be informed about their right that if they are in the application process, their children have the right to attend classes as guests. No child should be deprived of the right to receive an education and therefore be forced to work in unfavorable conditions at a very young age. Therefore, all the social networks and NGOs place an important position in circulating information about immigrants' rights. Education shapes future occupational opportunities and earning potential. Otherwise, like links in a chain, all being child labor, having a lack of education, lack of occupational opportunities, and low wages create a lack of health care access and many health problems (B. Link and Phelan, 2010). In addition, literature shows that vocational training is necessary in Türkiye alongside language education and the schooling rate of children in families should be increased (Yılmaz et al., 2022).

### 4. Race/Ethnicity/Gender

Previous studies show that certain race ethnicity and gender categories face discrimination and therefore have considerably low levels of access to health care access. Female immigrants face gender discrimination in combination with anti-immigrant sentiment and racism. While women's

health has been reduced to reproductive health, it has become an area of discrimination that operates racism through birth rates, particularly among Syrian women. To make changes in this understanding, awareness training needs to be provided (Duran, 2018).

## 5. Lack of multilingualism in healthcare

The main barrier that refugees face in accessing health services remains the language barrier. Hospitals in Türkiye use a telephone appointment system, and because call centers do not provide service to prospective patients in languages other than Turkish, foreign nationals have difficulty making an appointment. The SIHHAT project provides interpreter support for Syrian temporary protection beneficiaries, but international protection applicants are unaware of and cannot use the Ministry of Health's Telephone Line that provides Interpretation Service for Calls in Foreign Languages, which they can also use. Doctors in some provinces, such as Hatay, only accept sworn translators, whereas hospitals in other provinces, such as Ankara, have their translators (T.C. Cumhuriyeti Sağlık Bakanlığı, 2023).

## 6. Social Connections

Networks that especially help immigrants access information about health services can be summarized as "immigrant networks, neighborhood networks, social media, NGOs, and civil initiatives" (Göç Araştırmaları Derneği, 2020). The working and living conditions of immigrant communities directly affect their health conditions. The intensity of their work, where they work, working hours, and workplace safety directly affect their health. The health of immigrants who work very long hours, for very low wages, without insurance, and in health-threatening work environments is in direct danger for their health (Şahin, Dağlı, Acartürk, ve Şahin Dağlı, 2021).

Social networks are vital in overcoming or minimizing the barriers migrants face in accessing and using health services. In particular, access to health care, reimbursement of health care costs, and help with translation starts in their social networks. The tendency to live in neighborhoods where immigrant communities are densely populated is also observed in Türkiye, as

in the rest of the world. This has three major contributions in terms of access to health services: first, it provides the opportunity to access information on health services and socialize through neighborhood networks; second, there are Migrant Health Centers and Family Health Centers serving migrants in neighborhoods where migrants live densely. Finally, "Turkish-speaking or non-migrant neighbors accompany non-Turkish-speaking migrants on hospital visits and help them communicate with doctors and hospital staff" (Göç Araştırmaları Derneği, 2020). In addition, the NGO also plays an important role in terms of education and informing immigrant people in terms of access to health care and health literacy. During the COVID-19 period, it was observed that migrants often did not apply to health institutions due to a lack of information, stigmatization about the spread of epidemics, and socio-economic disadvantage.

## CONCLUSION

This study aims to explain the structural and political factors due to immigrants having different immigration statuses in accessing health services as well as the SES differences in increasing health services.

### Structural Factors

Documentation status in Türkiye is applied based on geographical location such as only people coming from Europe getting and migration status or only people from Syria getting a temporary protection status and it is hard to read these applications from the race and ethnicity perspective. However, from the literature, we know that Türkish people are more welcoming to the people from Turkish republics (such as Kazakhstan, Turkmenistan, and Uzbekistan), on the other hand, there is a great deal of prejudice and stigmatization towards particular groups especially Afghans and Syrian people (Çüm and Kan, 2023). Because of this reason, the discrimination that is buried in society should not be fueled by the documentation status as well. Given the disparities among migrants, their legal status could be classified in a more general and broader manner to include all migrants and thus reduce the barriers they face. When the practices of other countries are examined, the U.S. has a green card, and European Union countries give a blue card in Europe (even though it

is not a migration document, it is a work permit card for four years it gives standardization) (EU Migration Portal).

There is no doubt that countries must come up with quick, effective, and feasible policies in times of crisis, and Türkiye has tried to manage this crisis in the most smooth, safe, and controlled way for Türkiye with the temporary protection status after the crisis in Syria in 2011, and has set an example to the entire world by hosting approximately 3.5 million Syrians at high standards while adhering all basic human rights. After 12 years, the social, institutional, and structural issues arising from the status of migrants in Türkiye have been sufficiently observed, and the necessary knowledge has been accumulated for new policies. Therefore, it is time to think again about broader immigrant legal statuses. Also, the theory generates predictions about the displacement of mechanisms and outcomes that cannot be tested by following individual systems of relationships and outcomes. In light of the fundamental cause theory immigrant health disparities in Türkiye might be understood better and possible policy implications might be suggested. As a result, a more comprehensive documentation status for migrants is required. While migrants are grouped together, it is crucial to recognize that they may undergo distinct procedures to attain legal status. In essence, refugees and individuals with temporary protection status might follow different processes, but both could ultimately attain the same legal status and have equal rights. If the current practice of distinguishing based on geographical origin persists, migrants from various countries might undergo varied procedures, yet share the same legal status. This approach aims to minimize obstacles to service access and eradicate discrimination among them. There are more than ten ways to obtain a green card, each with its own set of requirements, but when they all receive a green card, they all have the same rights (U.S. Department of Homeland Security, 2016). Such a new immigrant legal status categorization will play a major role in eliminating the disparities experienced by immigrants at the structural level. However, from the FCT perspective, we know that this is not enough to eliminate the disparities that immigrants face, however, changes to be made on all SES components such as income, education, occupation, prestige, power, and social connection will be effective in reducing these

negativities experienced by the host communities.

This study especially investigated the immigrants' healthcare access through their legal statuses. The previous studies and LFPI show immigrants have the right to free health care access when they have International Protection Status (which has to be renewed every three years) or even when they apply for International Protection Status (valid for one year) or temporary protection (especially Syrian immigrants). However, due to the very complicated application process, language barrier, the necessity to stay in satellite cities (temporary protection status holders exempt from this), having access to all their rights in the city where they registered, and discrimination against certain groups (as Afghans) in public institutions and organizations, and fear of deportation, most of the immigrants prefers to stay undocumented despite all its drawbacks and limitations. Therefore, first standardization of migrants' legal standing has to be made, and the application process has to be straightforward, employees in public institutions and organizations should be regularly trained and informed about multilingualism and multiculturalism. Then they will be more likely to access their health care services in addition to their right to education, and occupation.

## Social Determinants of Health

With the idea of SES's multidimensional components second aim of this study was addressed. Although Türkiye's health services for immigrants are on paper at a level that sets an example for many countries, the fact that access is so limited indicates that some issues must be addressed. In other words, even though immigrants have the same documentation status why do some of them access the health care system but others do not? Explanation of these questions requires beyond the policy implications social determinants of health need to be addressed with the FCT. Affordability and accessibility of health care have received lots of policies but it is never enough to solve the lack of access to health care therefore specifically income, education, occupation, prestige, power, and social conditions are underlined.

- Education provides knowledge and life skills that help immigrants to access information for better health (Adler and Newman, 2002).

Extending education policies is important to reduce health inequalities since it encourages people for more years of schooling and supports early childhood education.

- Migrant children are not included in the education system, work in inappropriate conditions at an early age, are abused, and their health is negatively affected their both physical and mental health (Şahin et al., 2021). They should be reached and informed about their right and should not be left alone without legal protection.
- Discrimination not only happens at health care services, but also the public institutions. Education on multiculturalism, multilingualism, and integration should be provided in all public institutions and organizations.
- The social environment may be more important than the physical environment. Isolation and lack of engagement in social networks are reliable predictors of health. In the literature, it is not well explained why neighborhoods with similar demographics differ in social cohesion and trust, or why social capital is stable. However, the relation between social trust and health is explanatory to address health issues along with raising income or educational attainment. As a result, neighborhood headmen, municipalities, and NGOs bear significant responsibilities, particularly in neighborhoods populated by illegal immigrants, but these must be carried out collaboratively and within a framework.
- In health, there is a lack of a human rights-based understanding. When providing healthcare to immigrant communities, healthcare professionals and physicians must be aware that this is a fundamental right, and as a result, they must be trained in rights and values. According to the literature midwives' xenophobia levels towards immigrants and refugees living in Türkiye were quite high (Aker and Aydin Kartal, 2023).
- The Turkish health system was not designed to be multilingual and multicultural. Hospital employees, healthcare professionals, and physicians were no evaluated on their ability to speak more than one language. Aside from the fact that immigrants face a significant language barrier, hospital bureaucracy and referral procedures exacerbate the situation. The Turkish healthcare system should be restructured to provide multilingual care.
- Migrant Health Centers should provide primary health care not only

to people with TPS but also to all immigrants regardless of their legal status. One of the major barriers to undocumented migrant access to healthcare is the Health Tourism Regulation, which should be revised and restructured.

- The legal status of migrants creates a situation that is open to abuse by employers and to the detriment of migrants. It is known from the literature that migrants whose document applications have not yet been finalized or who are undocumented are denounced and threatened with deportation, seen as cheap labor, and employed for much less than they deserve. Even asylum seekers who have international protection status or TPS, are exposed to hidden discriminatory attitudes embedded in institutions and organizations and are more likely to face negative treatment than citizens. 3.5 million Syrian will not leave the country and their number will increase gradually with birth rates and population growth and Türkish citizens have to learn how to live, work, study together. Thus, acceptance, adaptation, and integration studies should not target only the immigrant population but also have to cover Turkish citizens to be able to reduce as much as possible the embedded discrimination and stigmatization attitudes towards immigrants (TÜRK-İŞ, 2019).
- Behavioral factors cause half of the premature mortality, and almost all of them vary by SES. Less educated, and fewer-income people are more likely to smoke, drink, and less likely to eat fresh fruit and vegetables and get information about risk behaviors. Also, stress can affect health both directly and indirectly through health behaviors. Lower-level SES persons' lives and work environments are more stressful. There are many interventions to manage and control stress. However, some health policy is required in this area (Adler and Newman, 2002).

In conclusion, an in-depth investigation of inequalities in access to healthcare among migrants in Türkiye suggests, first of all, an urgent imperative lies in the necessity for policy reforms to alleviate structural barriers faced by individuals of foreign origin. After that in light of the FCT, it became clear that SES components have a direct impact on migrants' health and healthcare access, therefore beyond the policies, SES should be addressed as the main concern to reduce health disparities among migrants in Türkiye.

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