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A refugee mother's perspective: Healthcare satisfaction and access to health services as an immigrant in Turkiye

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ABSTRACT

OBJECTIVE: The civil war that broke out in Syria in 2011 caused 3.7 million Syrians to migrate to Turkiye. Being particularly vulnerable women refugees may experience problems with access to healthcare services. This study aimed to determine the health problems of refugees in Ankara, their access to and use of these services.

METHODS: Healthcare-related levels of refugee mothers were assessed using a questionnaire and the study was conducted with the participation of 310 refugee mothers who presented to the Refugee Health Center, between 15 September 2017 and 15 December 2018.

RESULTS: Among the participants, 28.4% were minors who were between the ages of 15 and 18 years. The mean age of the mothers was 31.18±13.84 years, while the mean age of the fathers was 32.37±10.76 years. During their residence in Ankara, the participants preferred Refugee Health Centers (94%) and State Hospitals (83%) for healthcare. Of the participants, 42.1% stated that one or more family members had health problems, which necessitated regular hospital visits. In this study, 95.2% of participants stated that they were satisfied with the healthcare services they were receiving.

CONCLUSION: Although state hospitals were frequently used, refugees were also able to find solutions to their health problems through Refugee Health Centers. Nevertheless, while using other healthcare institutions, the biggest issue for the refugees was the language barrier. The high rates of adolescent pregnancy, disabilities, and chronic diseases were found to be among the main health problems of refugees. Women refugees seemed disadvantaged in education, language, income and employment.

Keywords: Healthcare service; refugee; satisfaction; woman.

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Based on the data of 2020, approximately 3.6% of the world's population, corresponding to about 281 million people, are living as refugees and asylum seekers. According to the International Organization for Migration (IOM), in recent years, the Syrian Arab Republic has been the greatest source of migration with 6.7 million refugees, while Turkiye has been the largest destination of migration with 3.7 million [1].

The data of the Directorate General of Migration Management showed that 46% of the population of Syrian immigrants (1,727,360) consisted of women in 2021. According to the most up-to-date data, there are around 102,000 Syrian refugees in Ankara, Turkiye's capital city [2].

Due to the geographical limitation, it has retained regarding the 1951 Geneva Convention, Turkiye does not recognize Syrian immigrants as refugees. In Turkiye,

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Syrians are hosted with a "temporary protection" status. Only migrants coming from Europe and seeking international protection have refugee status in Turkiye [3]. With the arrival of such large numbers of asylum-seekers in Turkiye, some laws allowing the utilization of basic health and social service by Syrians have been enacted. One of the most significant ones among these laws is that the right of Syrian refugees to access healthcare services free of charge has been provided for making their access easier. Refugees are provided free of charge with basic healthcare services, secondary and tertiary healthcare services in case they are referred and medication. Since 2011, all Syrians in Turkiye who are registered with temporary identification numbers have been able to receive primary and secondary healthcare services on the same level as Turkish citizens [4].

In addition to the legislation mentioned above, Refugee Health Centers (RHCs) have been established by the Turkish Ministry of Health (MH). These RHCs employ Syrian doctors and nurses, which is useful given the language barrier between Syrian refugees and Turkish providers. These centers operate in collaboration with public health centers to offer primary healthcare services to Syrian refugees [5]. There are currently 183 Refugee Health Centers operational in 29 provinces, where the populations of immigrants are high [6].

Access to healthcare services is one of the main determinants of health. As refugees, especially women, are one of the most vulnerable and defenseless groups, they may experience issues in terms of access to healthcare services [7, 9]. In our country and in the countries where immigrants live, many studies have been conducted on Syrian refugees' access to and satisfaction with health services. [10–13]. One of our reasons for focusing on refugee maternal health in our study was to understand the access of Syrian refugee mothers to healthcare services, which are among the main components of human rights, their satisfaction with the healthcare services they utilize and the problems they encounter, while another purpose was to help the development of new policies that will support healthcare services provided to Syrian women and children better and understand the chronic disease load and health characteristics/needs among women and families by analyzing evidence-based findings.

In our study, we aim to evaluate the health problems of refugees in the province of Ankara, the capital of Turkiye, and their levels of satisfaction with healthcare services by identifying their access and use of these services.

Highlight key points

- One-third of the mothers are adolescent mothers who have a high risk for maternal and child health.
- One-fifth of the children of the participants are in the 0–2 age range.
- Among participants, 42.1% stated that one or more of their family members had health problems that necessitated regular visits to the hospital and 60.15% of these individuals were children.
- The vast majority of Syrian mothers stated that they were satisfied with the service they received from Turkiye.
- The most common problem they encounter in health service delivery is language problems.

MATERIALS AND METHODS

This study was a cross-sectional study, and the healthcare-related satisfaction levels of refugee mothers were assessed using a questionnaire. Mothers who presented Alemdağ Refugee Health Center in the Karapürçek District in Ankara between 15 September 2017 and 15 December 2018 were included as participants in this study.

Sample

A total of 452 mothers who presented to the clinic during the study period and met the inclusion criteria were invited, and the questionnaire was administered. The inclusion criteria were: being a Syrian refugee, having children, living in the municipal region of Ankara, receiving healthcare services or having family members receiving healthcare services outside the Refugee Health Centers, being a mother, and being able to communicate in their own language. One hundred twenty-six mothers refused to participate in the study. Sixteen out of the 326 remaining individuals did not complete the questionnaire and were excluded. Therefore, the number of participants in the study was 310. Three hundred ten out of the 452 mothers who were invited to the study agreed to participate in the study with a response rate of 68%.

Data Collection

The parents who met the inclusion criteria were given a questionnaire with 52 questions prepared by the researcher who was responsible for this task. A focus group meeting was held with 14 immigrant mothers at the Refugee Health Center. In the meeting, questions were asked in line with the objectives of the study. The questions on the questionnaire were prepared based on the data ob-

tained in this meeting and by reviewing the relevant literature. The questions were designed to understand the living conditions and health-related characteristics of the participants in Syria (before migration), at the camp (during migration) and in Ankara (after migration).

The survey was divided into six sections: (1) demographic data (10 questions), (2) living conditions of refugee women in Syria and health care received (7 questions), (3) living conditions and health status during entry into Turkiye (camps) (8 questions), living conditions and health care of refugee women in Turkiye (8) Health status and hospital visits for their families and themselves (10 questions), and care and illness of children (9 questions). After this, a pilot implementation was made with 25 mothers, and the applicability of the questionnaire was tested. The questionnaire form was finalized accordingly. The text was translated to Arabic by a translator and a quality check was carried out via back-translation by another translator. The questionnaire was completed face-to-face by one of the authors, who speaks Arabic and is a social worker, and the author in charge. The participants were asked about their own health status, the health-related complaints of their family members, the health statuses of their family members, health expenditure, the difficulties they encountered while receiving or requesting healthcare services, and their overall levels of satisfaction with healthcare services.

Table 1. Sociodemographic Characteristics of Syrian Mothers

	n (%)
Age Distribution of all mothers (n=310)	
Age (year)	
15-18	88 (28.4)
19-21	20 (6.5)
22-25	35 (11.3)
26-35	57 (18.4)
36-45	47 (15.2)
46+	63 (20.3)
Birthplace (n=310)	
Aleppo	245 (79.0)
Damascus	28 (9.0)
Idlib	25 (8.1)
Others (Raqqa, Al Qusayr, Deir ez-Zur, Dimoska, Homs, Al-Hasakah, Hosew)	12 (3.8)
Education Status (n=310)	
Illiterate	64 (20.6)
Literate with No Formal Degree	42 (13.5)
Primary School	144 (46.4)
Middle School	49 (15.8)
High School	8 (2.6)
University	3 (1.0)
Marital Status (n=310)	
Married (monogamous marriage)	220 (71.0)
Divorced	30 (9.7)
Widowed*	43 (13.8)
Polygamous marriage*	15 (4.8)
Separated (living apart)	2 (0.6)
The Duration of Camp Stay (months) (n=23)	
0-6 months	8 (34.7)
7 months or longer and	15 (65.3)
Monthly Income* (n=297)	
0-500 TL	4 (1.3)
501-1000 TL	91 (30.6)
1001-1500 TL	168 (56.6)
1501 TL or higher	34 (11.4)
Priority Areas in Spending (n=305)	
Housing	241 (79)
Food	59 (19.3)
Heating	3 (1)
Healthcare	2 (0.7)

* The minimum wage for the period of the study was 1578 TL.

Ethical Principles

Written consent was received from the individuals in the sample after they were informed about the voluntary nature of participation in the study and that their data would be used only for the scientific purposes of the study. For the study protocol, approval was received from the Clinical Research Ethics Committee of Kecioren Training and Research Hospital on 26 July 2017, with the decision number: 2012-KAEK- 15/1493. Before the study, all necessary permissions were obtained from the Public Health Agency of Turkiye, the Governorship of Ankara and the Altındağ District Mayorship.

Statistical Analysis

All statistical analyses were performed using the Statistical Package for the Social Sciences (SPSS) version 22 for Windows computer program. The normality of the distributions of the continuous variables was evaluated with the Kolmogorov-Smirnov test, histograms and Shapiro-Wilk test. Descriptive statistics are presented as mean±standard deviation for the continuous data and frequencies and percentages for the nominal data. Chi-squared tests were used to compare the distributions of

TABLE 2. Distribution of the Health Data on the Live of the Mothers in Syria and Turkiye and their Health-Related Satisfaction Statuses

	Turkiye, n (%)	Syria, n (%)
Housing Condition		
Underdeveloped area / Slums	148 (50.8)	9 (3.12)
House with stove heating	137 (47.5)	277 (95.8)
House with modern central heating or individual heater	8 (2.7)	12 (4.16)
Number of Residents		
1- 5 people	133 (44.6)	60 (20.1)
6- 10 people	154 (51.7)	170 (57.0)
11- 15 people	10 (3.4)	63 (21.2)
16 or more people	1 (0.3)	5 (1.68)
Working Status		
Yes	26 (8.6)	21 (6.9)
No	277 (91.4)	283 (93.1)
Healthcare Providers Preferred by Syrian Mothers in Ankara		
Refugee health center	294 (94.0)	0
State hospital	255 (82.3)	108 (34.8)
University hospital	68 (21.9)	0
Family health center (primary care)	10 (3.2)	97 (31.2)
Private hospitals/clinics	0	180 (58)
Drugs from pharmacy	0	37 (11.9)
With traditional methods	0	90 (29)
Presenting to health centers when there is a severe problem	0	35 (11.2)
Satisfaction with Healthcare		
Very satisfied/Satisfied	276 (95.2)	182 (60.2)
No opinion either way	1 (0.3)	89 (29.5)
Not satisfied	13 (4.5)	30 (9.9)
Not satisfied at all	0 (0.0)	1 (0.3)

the categorical variables. The level of statistical significance was accepted as a p-value smaller than 0.05.

RESULTS

While the mean age of the mothers was 31.18±13.84 years (min: 15, max: 78), 46.4% of the mothers were primary school graduates, and 71% were married. The birthplace of 79% of mothers is Aleppo. Thirty-two percent of the participants stated that they left a 1st-degree relative behind when they left Syria. It was found that the participants spent 79.5% of their monthly income for housing while only 0.7% of their income was reported to be spent on healthcare expenditures Sixty eight percent of the participants received regular donations (Table 1).

Among the participants, 6.9% stated that they were working in Syria, while 8.6% said they were currently working in Turkiye. Ten out of the 21 participants who were working in Syria (47.6%) were also currently working in Turkiye. Ninety-four of the participants preferred Refugee Health Centers for solving their health problems in Turkiye. Fifty-eight percent of the participants stated that they preferred private hospitals/clinics/medical centers for healthcare when they encountered any health problem while living in Syria When the participants were asked to assess their satisfaction with the healthcare services they received outside the Refugee Health Center, 95.2% said they were satisfied with these services (Table 2). 12.5% (39) of mothers had diabetes and 10.6% (33) had hypertension. Participants visited health centers in Ankara mainly for gynecology and obstetrics (22.8%) and second for diabetes (10.9%). Of the participants (or one of their family members), 56.7% received psychological support (psychiatrist, psychologist, social worker) (Table 3).

TABLE 3. Distribution of the data on the health status of the mothers and their assessments about healthcare services in Turkiye

	n (%)
Disease condition (n=110)	
Diabetes	39 (12.5)
Blood pressure	33 (10.6)
Rheumatism	21 (6.7)
Heart	20 (6.5)
Stomach	19 (6.1)
Psychiatric diseases	9 (2.9)
Other	36 (11.6)
Distribution of Syrian mothers' health problems in Ankara (n=92)	
Obstetric and gynecological diseases	21 (22.8)
Diabetes	10 (10.9)
Cancer	6 (6.5)
Cardiovascular system diseases	6 (6.5)
Hypertension	5 (0.4)
Mass in the chest, inflammation	4 (4.3)
Gastroenterological Diseases	4 (4.3)
Other	36 (39.1)
Institutions providing psychological support (n=238)	
SGDD-ASAM*	105/44,1
HUKSAM**	41/17,2
Hospital	39/16,4
Red crescent	34/14,3
Others	19/8,0
Number of births in Turkiye (n=310)	
1 birth	116 (68.3)
2 births	47 (28.6)
3 births	5 (3.1)
Forms of birth in Turkiye (n=244)	
Vaginal	224 (90.5)
Cesarean section	20 (9.5)

	n (%)
Forms of birth in Syria (n=416)	
Vaginal	397 (95.4)
Cesarean section	19 (4.6)
Forms of birth control in Turkiye (n=81)	
Intrauterine device	43 (52.4)
Condom	20 (24.4)
Contraceptive pill	7 (8.5)
Calendar-based contraception	3 (3.7)
Tubal ligation	2 (2.4)
Withdrawal	1 (1.2)
Other	6 (7.3)
Source of healthcare services in the camps in Turkiye (n=19)	
Hospital	12 (63.1)
Camp doctor	7 (36.9)
Satisfactory aspects of healthcare Services in Turkiye	
Free of charge	290 (93.2)
Equipped hospitals	174 (56.1)
Healthcare availability	171 (55.1)
Positive attitude of physicians and medical staff	171 (55.1)
Competence of physicians and medical staff	134 (46.2)
Other	2 (0.64)
Unsatisfactory aspects of healthcare Service in Turkiye	
Language barrier	298 (96.8)
Financial difficulties	100 (32.5)
Problems in healthcare services	54 (17.5)
Negative attitude of medical staff	39 (12.7)
Negative attitude of physicians	24 (7.8)
Other	3 (0.9)

*: SGDD-ASAM, Asylum Seekers and Migrants; **: Hacettepe University Women's Issues Application and Research Center.

Among participants, 42.1% stated that one or more of their family members had health problems that necessitated regular visits to the hospital and 60.15% of these individuals were children. 54.2% (173) of participating mothers experienced pregnancy in Turkiye and 54.1% (168) gave birth in Turkiye. Normal vaginal delivery is the mode of delivery for 90.5% of refugee women who gave birth in Turkiye and 95.4% of women who gave birth in Syria. A normal birth is present in 90.5% of refugee women who gave birth in Turkiye and in 95.4% of those who gave birth in Syria (Table 3).

Participating mothers are most satisfied with the 93.2% (290) of health services in Turkiye that are free. 96.75% (298) mentioned the language problem as the biggest problem with health care in Turkiye. While 47.4% of the participants reported that they were not

TABLE 4. Distribution of the Data on the Health Status of Children

	n (%)
Age Distribution of the Children of the Respondent Mothers (years) (n=899)	
0-2	195 (21.7)
3-6	116 (12.9)
7-12	130 (14.5)
13-18	120 (13.3)
19-29	189 (21.0)
30-39	94 (10.5)
Age 40 and above	55 (6.1)
Breastfeeding Duration of the Children (months) (n=284)	
0-6	48 (16.9)
7-12	114 (40.1)
13-18	71 (25.0)
19-24	40 (14.0)
25-30	8 (2.8)
31-36	2 (0.7)
37 or more	1 (0.4)
Feeding Status of the Children aged 0-6 months (n=284)	
Breast milk only	209 (73.6)
Breast milk, formula, supplementary food	64 (22.5)
Formula	11 (3.9)
Prophylactic Drug Use (n=310)	
No use	147 (47.4)
Anemia-related prophylaxis	148 (47.7)
Vitamin D	129 (41.6)
Distribution of Diseases of the Syrian Mothers' Children with Problems Requiring Regular Visits to the Hospital (n=80)	
Disabled	12 (15)
Eye diseases	7 (8.8)
Cardiovascular System Diseases	6 (7.5)
Cancer	6 (7.5)
Orthopedic Diseases	5 (6.3)
Cerebral Palsy	5 (6.3)
Hematological Diseases	5 (6.3)
Other	34 (42.3)
Problems in children's school life (n=70)	
Financial difficulties	24 (34.2)
Language Barrier	18 (25.7)
Peer bullying	15 (21.5)
Transportation	13 (18.6)

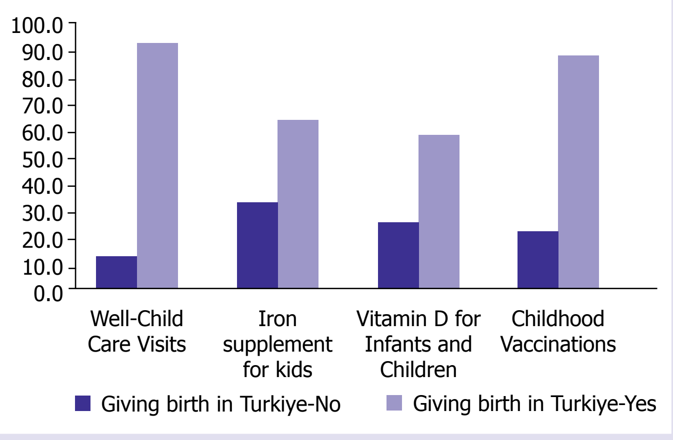

FIGURE 1. Attitudes of the mothers about preventive medicine practices based on their status of having given birth in Turkiye.

using any prophylactic medication for their children, 47.7% of the mothers who used such medication said they used blood-related medication (Table 4). When the sample was divided into two groups as the mothers who had given birth in Turkiye and those who had not, significant differences were found between the two groups based on their statuses of well chill follow-up visits, vaccination for children, and iron and vitamin D supplements ($p<0.001$) (Fig. 1).

Of the participants, 78 (25%) reported that they had a family member with disability. Among the family members who were reported to be disabled, the group with the highest rate was determined as children, whose number was 59 (75.6%).

The total number of children of all participants was 899 (X±SD, 3.04±2.13; min: 1, max: 11), and the most frequently encountered age group of the children of the participants was 0–2 years (21.7%). The children of the participants presented to health institutions most frequently due to disability at a rate of 15%. Among the participants, children of 27.4% were attending schools in Turkiye. The rate of the participants who stated that they had given birth in Turkiye was found as 68.3% (Table 4).

DISCUSSION

Our study showed the presence of housing and nutrition problems, adolescent marriages, high rates of disability, and a high chronic disease load in the Syrian mothers who were included in the sample. More than half of the participants received psychosocial support

for themselves or their family members. The family members of the participants who experienced health problems were mostly children, but they utilized free well-child follow-up services to a large extent. In our study, it was determined that the participants were generally satisfied with the healthcare services they received in Turkiye.

According to the United Nations Children's Fund (UNICEF) data, the rate of adolescents who were married in Syria between 2002-2012 was 9.7%. The rate of adolescents who gave birth under 18 years of age between 2008-2012 was 8.7% [14]. In a study published in 2019 that assessed 7,213 pregnant Syrians in the Turkish-Syrian border, 24% of pregnant women were found to be adolescents [15]. UNICEF reported that the rate of child marriage among Syrian refugees in Lebanon was 23% [16]. Studies in Turkiye have also shown the high rates of adolescent pregnancies in Syrian women [17]. In parallel with results, our study showed that not much changed during the refugees' stay in Turkiye as the proportion of the mothers who were 15–18 years old was 28.4%.

In a study conducted by the Turkish Red Crescent in 2018, the three components on which refugees spent the majority of their income were housing (78.9%), food (72.5%), and healthcare (21.1%) [10]. In our study, the participants spent their monthly income on housing (79%), nutrition (19.3%), heating (1%), and healthcare (0.7%). Since housing expenditures are so high, it was noted that several families stay in the same house within the cheapest neighborhoods, thereby reducing rental expenses [18]. This is evident where Syrian refugees in Turkiye are living in unhealthy housing conditions. Therefore, housing support is critical to reduce health-related problems in this population. It is also remarkable that the refugee mothers included in this study did not spend any money on education or clothing. Our study was conducted with individuals who presented to the RHC where the study was carried out and also preferred a free clinic. Moreover, if they are referred to secondary and tertiary health institutions, the health services received by and medication prescribed for Syrian refugees at these institutions are free. The low socioeconomic levels of the participants may explain this situation.

According to the Education Research Report on Syrian Children published in 2019, Syrian students have language problems in school, with a maximum of 32.7% [19]. According to the United Nations High Commissioner for Refugees (UNHCR) report titled "It's Next", financial problems are the main obstacle for refugee girls and boys to attend school [20]. In this study, 27.4% (81) of participants had children at school age in Turkiye. The most common problems their children faced in school life were financial difficulties (34.2%), language problems (25.7%), and peers (21.5%). They indicated that they had experienced bullying. The healthcare services provided by the state in Syria cover primary healthcare services. According to the data of 2008, Syrians spent 60% of their income on healthcare in Syria [18]. Among the participants, 58% preferred private hospitals/clinics/medical centers in Syria, and 34.8% of them preferred state hospitals. In Turkiye, the Syrian mothers mostly preferred Refugee Health Centers. None of the participants preferred private hospitals or medical centers, but state hospitals were a close second to Refugee Healthcare Centers. The adequacy of the healthcare services that are received, satisfaction in state-run institutions, and the free medication policy may be the reasons for this situation. The low socioeconomic levels of the participants, their easier access to public services and their utilization of state hospitals free of charge may have led them to prefer RHCs and state hospitals.

In a study conducted in Lebanon, 75% of Syrian women stated that they did not want pregnancy, and 52.1% stated that they did not want to maintain their current pregnancy because they had unplanned conception [21]. In the same study, 42.3% of pregnant women reported that they did not use any contraception. According to the World Bank data, 25.7% of Syrian women from 15 to 49 years of age used intrauterine methods, and 12.9% of them used oral contraceptives for contraception [22]. In our study, 33% of the 245 mothers at childbearing age used some method of family planning, and 52.4% of them were using intrauterine devices. Syrian refugee women have been shown to maintain their fertility-related characteristics similar to their lives in Syria.

In our study, 9.5% of the participants had given birth by cesarean section in Turkiye. As the reasons of the pregnant women who participated in the study for getting cesarean section births were associated with their previous births, these rates did not reflect their primary caesarian rates [23]. However, similar to the case in our study, other studies conducted in Turkiye

have shown that the vaginal birth rates of Syrian women are higher than those of Turkish women [9]. New studies to be carried out with Syrian refugees may provide more convincing data about this topic.

In this study, it was observed that 47.4% of the participants did not use prophylactic medication for their children. Among the mothers who used a prophylactic drug for their children, 47.7% of them used medications for the prophylaxis of anemia and 41.6% used vitamin supplements. In our study, it was observed that the participants who had given birth in Turkiye had higher rates of providing their children with vitamin D and iron supplements than those who had not given birth in Turkiye, but these rates were not sufficient. Different studies conducted in Turkiye have demonstrated low rates of prophylactic vitamin D and iron supplement use among Syrian refugee mothers and that these women are not aware that these supplements are provided free of charge [24–25].

The housing and nutritional conditions, inadequate physical activities, and tobacco consumption of refugees are at the basis of chronic diseases. During humanitarian crises, the diagnosis, treatment, and follow-up of chronic diseases are severely affected. In studies investigating Syrian refugees living in Lebanon, Turkiye, and Jordan, it was reported that the high frequency of chronic diseases and limited access to health services are the major problems for this population [26]. The rate of chronic diseases varies between 9-50% in refugees living in the Middle East [27]. In a survey of 9,580 participants from 1,550 homes including Syrian refugees in Jordan, it was found that the most common chronic diseases were hypertension (9.7%), arthritis (6.8%), diabetes (5.3%), cardiovascular diseases (3.7%) and chronic respiratory diseases (3.1%) [28]. In a study carried out with 10,019 Syrian refugees in Turkiye in 2019, the rate of chronic diseases in the refugees was 15.2% and hypertension (3.7%), psychiatric disorders (2.8%), diabetes (2.6%), asthma (2.6%), and cardiovascular diseases (2.5%) were the most prevalent diagnoses [29]. In our study, the evaluation made with the Syrian mothers showed that 12.5% had diabetes, 10.6% had high blood pressure, and 6.7% had rheumatologic, cardiovascular, gastrointestinal, and psychiatric diseases. Of the participants, 42.1% stated that one or more of their family members had some form of health problem necessitating regular visits to the hospital. These findings demonstrated that the monitoring of chronic diseases in Syrian refugees is important, and more studies are needed to be carried out when considering the burden on the healthcare system.

According to the World Health Survey, 15% of the world's population consists of disabled individuals. There are various limitations, as well as differences between countries, in the determination of these rates [30]. Although there are no up-to-date and comprehensive data about the disabled population in Turkiye, the Turkish Statistical Institute (TURKSTAT) reported this rate as 12.29% in 2002[31]. According to the data from the United Nations Humanitarian Aid Coordination Office (OCHA), 1 out of every 13 Syrian refugees in Jordan, and 1 out of every 30 refugees in Lebanon have disabilities [32]. In Southern Australia, the rate of disability among Syrian refugees was identified as 3.5% [26]. This rate may be even higher in individuals with low socioeconomic status due to many environmental, genetic, or cultural reasons. In our study, 25% of the participants reported that they had a family member with disability. It should be kept in mind that such a high rate of disability will bring about an additional burden on the health system of the country.

According to AFAD data for 2017, 83.2% of Syrians were very satisfied or, and satisfied with the healthcare services in Turkiye [33]. In a study carried out with the collaboration of UN Women and SGDD-ASAM, 86% of Syrian women reported that they could access free healthcare services in the cities where they lived, and they were satisfied with these services [34]. A study in which the researchers asked the participants to rate the services provided for refugees in Turkiye, the most favorably assessed area of services was found as "healthcare services" with a score of 72.8 out of 100 [10]. In a study conducted in Jordan, the biggest problem in accessing healthcare services was determined as financial problems (66%) [11]. Syrian women living in Canada also reported that the limited scope of health insurance, transportation problems, and health problems affected their access to and utilization of healthcare services, and it was easier to access specialist consultations in their home country [12]. In Jordan, 51.8% of Syrian refugees pay out of pocket, and the biggest problem in accessing health services for refugees is funding (66%) [11, 13]. Another study revealed that in Germany, while the health-related sat-

isfaction levels of Syrian refugees with low economic status increased, the satisfaction levels of those with medium or high economic status decreased [35]. In our study, 95.2% of the participants stated that they were overall satisfied with the healthcare services they received in Turkiye. Of the participants, 93% expressed their appreciation for the provision of healthcare services to Syrian refugees free of charge. The high level of satisfaction in Turkiye is directly related to free healthcare services and medication supply. This study was carried out with the participation of a group of individuals with low income, and more studies need to be conducted in different regions.

In a study including Syrian inpatients at Turkish hospitals, it was found that their primary problems were: difficulties in communication, meeting personal needs, and following treatment instructions [36]. Although refugees can access healthcare services even when they do not speak Turkish, with the support of interpreters assigned at hospitals, there are various studies in which refugees have evaluated the quality of the services they received negatively because they could not communicate adequately and properly [10]. In our study, 96.75% (n=298) of the participants highlighted the language barrier as their greatest problem of theirs in utilizing healthcare services. As a result, the language barrier remains the most important issue for healthcare provision among Syrian refugees and it is critical in the context of patient rights.

Conclusion

The finding in our study that approximately 80% of the income of the participants was spent on housing needs was identified as one of the greatest barriers to adequate nutrition and the quality of life for mothers and children. In this case, the easy access of refugees, who are in a struggle to make ends meet, to healthcare services has great significance. Our study was performed with the participation of patients who presented to a Refugee Health Center. Accordingly, we believe that it will be beneficial to conduct society-level studies to also determine individuals who do not or are not able to utilize these services and investigate potential solutions. The expenditures made by the participants for healthcare services were very low due to the free healthcare services they were receiving from public institutions.

In this study, it was determined that more than half of the family members of the participants who required healthcare services were children. It is a fact that unless they are prevented, health problems in childhood will cause greater problems in the future. This is why there is a need for screening programs for children and programs designed to raise awareness among families. With arrangements to be made within school health programs for immigrants, it may be possible to provide immigrant children, who are among disadvantaged groups, with better healthcare services and a protective approach.

Furthermore, in our sample, the rate of disabled individuals was determined to be much higher than those in the general population in Turkiye and in the world. With screening and awareness-raising studies on immigrants, the current actual situation and the causes of this situation can be determined. The finding in this study that more than half of the reported disabled individuals were children also showed the necessity to conduct further studies on this topic about children at school ages, who can be reached easily.

Strengths

Our study was conducted face to face with 310 migrant women and with a large sample group. The fact that our study was conducted in GSM, which is not foreign to the asylum seekers in terms of language and culture, strengthens this study. The participants were offered support in terms of social support and psychological needs, vaccinations and contraceptive methods.

Limitations

Registering Syrian immigrants is highly important in terms of their access to services, including healthcare services. This study was carried out with mothers who were receiving healthcare services and were officially registered. Only Syrians who were able to speak Arabic or Turkish were included. The study included immigrants living in Ankara, and thus, the results cannot be generalized for the entire country. There was a possibility of having barriers due to cultural differences despite the employment of a translator and the explanations that were provided. Although the participants provided informed consent and were given explanations about the study, as the questionnaire was applied face-to-face, they may have experienced shyness while providing answers.

Ethics Committee Approval: For the study protocol, approval was received from the Clinical Research Ethics Committee of Kecioren Training and Research Hospital on 26 July 2017, with the decision number: 2012-KAEK- 15/1493.

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