

The effects of migration on women's health and reproductive health in Turkey

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Migration where individuals and families go from one place to another, for any reason, go to another settlement and live there [1]. As a result of the social, economic, cultural and psychological incorporates a multi-item [2]. In the United Nations International Migration Report in 2017, it was reported that 258 million people migrated internationally and 48.4% of the migrants were women [3]. Gradually increasing in the world and Turkey on migration affects all individuals. However, their results are particularly severe for women [4]. In recent years, Turkey has become a country of immigration with increasing number of refugees who emigrated from Syria. Syrian refugees in Turkey while 44% are women [5]. Children and women form the most vulnerable groups in the war and migration movements, and negative impacts are most likely to occur on these vulnerable groups [6]. The reason for migration and the conditions at the place of immigration, the attitude of the society towards the migrants, the conditions of access to services are important criteria affecting the adaptation process of migrants. Migration, which is a factor affecting women's health, also affects physical and mental health. Women are particularly affected by this process, especially in risky groups [7]. Gender roles negatively affect many aspects of life, such as education, access to information, health status, family responsibilities, and violence / discrimination experiences [8]. The migration of the family is often one of the reasons for women specific immigration. Besides, the reasons such as war, economic reasons, and better living conditions have enabled women to take a more active role in the migration process. This situation has also made women vulnerable to many physical and spiritual effects [9]. Among the most common health problems in the immigrant women living in Turkey are infectious diseases, vaginal infections, sexually transmitted infections, physical and sexual violence, inability to benefit from family planning services; miscarriages, pregnancies occurring in multiple and short intervals [10]. Women only undergo normal physiological processes due to their gender, such as menstrual cycle, pregnancy, birth and menopause. In these periods, they are more frequently encountered with illness or death and require more qualified health care [11]. Vulnerable pregnant women, including asylum-seekers and refugee women, face obstacles to access to health care, including maternity care [12]. Migration also affects the reproductive preferences of women in reproductive age. In many women migrating, childbearing is important to maintain the characteristics of traditional culture and the continuity of their status. Therefore, it is seen that migrant women benefit less from basic health in terms of maternal and child health and family planning. When we look at reproductive health problems, migrant women tend to have more children to maintain their status. Therefore, they benefit less than family planning methods [13]. Loeber reported that the rate of contraceptive use in Turkish immigrant women living in the Netherlands was low and adolescent pregnancies were also high.

In a study conducted by Syrian women in Sanliurfa, due to the pregnancy of 26.7% of women with nowhere to contact a health care provider, after the arrival of 47.7% in Turkey or low they lose a pregnancy as stillbirth, unmet family planning. It was determined that the need was 36.4%. Again according to the results of the same study, 50% of women with iron deficiency in vitamin B12 deficiency and 45.6% were detected in 10.5% of folic acid deficiency, the lack of at least one of which is 78.4%. Gümüş et al. [13] showed in a study, more than half of women (68.4%) under 19 years of age and they experienced their first pregnancy, in another study [14] conducted for Syrian migrant women, the mean age of marriage was 18 years and the first gestational age was 19 years. The birth of women in health institutions is very important both for their babies to come into the world in a healthy way and for their own health. Prepared by AFAD, " Syrian Women in Turkey "according to the report, 96% of births occurred in hospitals or clinics [15]. Looking at the women adversely affected by migration, it is unbalanced and undernourished to live in quite unhealthy conditions. Depending on these, they have serious health problems. The lack of adequate health facilities in the migrated region, low levels of income of immigrants, persistent economic difficulties, lack of language, lack of health insurance, traditional life style, large number of families living in households, psychological development due to the extraordinary situation and violence, factors such as disorders, hygiene problems, failure to provide clean drinking water and waste disposal, stress factors, lack of someone to care for the children of working mothers, inconvenient accommodation, having to live in a collective life, low income level, etc. adversely affect the health status of migrating individuals [4]. 8% of the women who made the migration in another project in Turkey was reported to have suffered sexual abuse [16]. Studies also immigrant women in 63.6% of maternal and infant infections (HIV, toxoplasmosis, rubella and sexually transmitted infections, including seronegativity) has determined that [12]. Psychological problems caused by migration, legal uncertainties, lack of access to health services, unregistered immigration or adverse life conditions weaken the immune system of individuals. Thus, infectious diseases may be experienced, or the possibility of living is increasing. This situation constitutes a vital risk both for refugees and for the society in which they come as migrants [17]. Also in recent years, the most that migration studies conducted in Turkey in the

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country for refugee women and polygamy is widespread and shows that this situation is a major cause of STIs increase [15,18].

As a result; Migration is a big problem in our country as well as all over the world. Midwives have an important place in the solution of fertility problems of migrant women, using contraceptive methods and taking a key role in all issues related to reproductive health and protection against gynecological infections. Information and awareness studies should be conducted on migrant women in order to enable them to benefit from fertility, family planning and preventive health services by midwives. Migrant women's access to health services, eliminating language and cultural barriers established to deliver health services to immigrants 'Migrant Health Centers' should be expanded across the country. Information and awareness studies should be conducted to ensure that migrant women benefit from prenatal care, family planning services and preventive health services. Screening programs and trainings should be organized to improve the health status of migrant women, identify and prevent health problems [4].

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