Refugee and Asylum Seekers’ Health Problems: The Nursing Approach

Ayşe Çiçek Korkmaz

Abstract
This compilation dwells on refugee and asylum seekers’ health problems, discussing the role of nursing services in terms of refugee and asylum seekers’ health. The movement to seek asylum in Turkey for people who have left their country due to war or internal disturbances first started in 1979 with the Iran-Iraq War. Today, due to the increased violence in Syria, Syrian citizens’ seeking refuge in Turkey by leaving their own country has brought this to a new agenda. This situation, an important one for Turkey, causes many problems that include health concerns. For this reason, nurses must accept these people as priority groups, provide them with a healthier environment to promote and protect their health, and make their health services more easily accessible and less costly.

Keywords
Refugees’ health • Asylum seekers’ health • Nursing services • Health • Health services

Ayşe Çiçek Korkmaz, Department of Nursing, Yusuf Şerefoğlu Vocational Health High School, Kilis 7 Aralık University, Karataş Kampüsü Kilis 79000 Turkey. Email: aysecicek@kilis.edu.tr
The movement of refugees and asylum seekers, an important problem for Turkey, came to the agenda beginning first with the 1988 Halabja massacre, and then with the influx of Iraqi refugees and asylum seekers after the Gulf War in the 1990s. In this process, around 50,000 Iraqis moved to the border of Turkey in 1988, together with 500-600 thousand people in the 1990-1991 war. Later in 1992, those fleeing the civil war in former Yugoslavia also came to Turkey from Bosnia. In 1999, more than 17,000 Kosovars fled the events in Kosovo and took refuge in Turkey, only to return back to their countries shortly after. When examining 2010 statistics related to refugee and asylum seekers in Turkey, over 50 countries occur, the most being from Iraq, Iran, Afghanistan, and Somalia. As a result of the civil war that began in Syria in 2011, 1.7 million Syrian refugees have sought asylum in Turkey. This activity marks the beginning of a new period of asylum in Turkey (Çiçek Korkmaz, 2014).

As a result of the terms refugee and asylum seeker expressing the same goal, they are generally used interchangeably due to the lack of nuance between them (Korkut, 2010). According to the 1951 United Nations Convention on the Status of Refugees, a refugee is: a person who bears a just fear of persecution due to race, religion, nationality, membership in a particular social group, or political opinion and who has left their country, unable or not wanting to return out of fear.

The concepts of refugee and asylum seeker, both people who have been forced to leave their country, are different on only one point. The most important difference between them is that asylum seekers are people who have not yet officially been decided as having refugee status. At the same time, refugees are people who do not yet have a refugee application or whose application has yet to be examined (Çiçekli, 2009; Jastram, 2001; Peker & Sancar 2002, p. 7). In short, asylum seekers are people who have requested asylum.

As a result of these definitions, the difference between asylum seekers and refugee is that the asylum seeker has “temporary protected status” (Çiçek Korkmaz, 2014). For example, Turkey’s Disaster and Emergency Management Presidency (AFAD) reported that Syrians who have taken refuge in Turkey since the Syrian war are guests in shelter centers with the status of asylum seeker through the “principle of temporary protection” (AFAD, 2013).

A great fear, as is in the example of Syria and Syrian asylum seekers who fled to Turkey, bring together issues related to social life, as well as problems in the direction of health service applications (Çiçek Korkmaz, 2014). Therefore, the health of these people, who are essentially migrants, is a priority for the International Organization for Migration (IOM) and the World Health Organization (IOM, 2004); nurses have been proposed as the basic human force in protecting and enhancing refugees’ health (Topçu & Beşer, 2006).
There are a limited number of studies in Turkey related to migration and human health. With the acceleration of the activities of asylum seekers in Turkey, nurses feel the ever growing need for more knowledge and skills in the preservation and development of refugee/asylum-seekers’ health. Therefore, this study discusses clarification over the health problems experienced by refugees and asylum seekers, and the role of nursing services on refugee/asylum-seekers’ health.

Refugee and Asylum Seekers’ Health Issues
Refugees and asylum seekers, whose living conditions have changed through forced migration, are faced with many questions. Their common problems are adequate housing, health issues, not having nutritive opportunities, and being unable to continue their children’s education. Therefore, refugees and asylum seekers who have to live in quite poor conditions experience more health hazards and bring what they are experiencing to the community. According to the literature, these are refugees and asylum seekers’ most commonly encountered health problems:

**Increased problems with infectious diseases.** Poor economic conditions, nutritional problems, inability to benefit from health organizations, and inadequate facility infrastructures make it easier for refugees and asylum seekers to come down with infectious diseases and lead to mortalities by causing epidemics in these individuals (Ertem, 1999). The result of not being able to benefit from immunization services because these people abandoned their country can lead to vaccine-preventable diseases like measles, pneumonia, diphtheria, and polio becoming more entrenched. Additionally, living winter months in enclosed and crowded areas leads to an increase in tuberculosis, influenza, and acute respiratory diseases. Diseases transmitted through water and food like diarrhea, dysentery, and cholera can also increase because of weakened sanitation and food hygiene (Karaca & Doğan 2014). For example, 349 cases of measles were seen in Turkey in 2012, and this increase was suggested to be caused by Syrian asylum seekers fleeing to Turkey from the civil war in Syria. The Turkish Medical Association (TTB) also indicated that Syrian asylum seekers were a factor in the spread of contagious diseases like measles. WHO observed infectious diseases like measles, tuberculosis, and skin diseases in Syrian refugees who had stayed at camps in Lebanon, Jordan, Iraq, and Turkey. According to Çiçek Korkmaz (2014), children aged 0-5 began receiving vaccinations to eliminate the risk of polio in Kilis, one of Turkey’s border provinces.

**Malnutrition.** When evaluating refugee and asylum seekers’ in terms of their eating habits, they are determined unable to eat adequate or balanced diets due to economic conditions and habits, getting most of their nutrition from fats and carbohydrates (Choudry, 1998). Studies that have been performed reveal that asylum seekers experience problems on the topic of food supply and nutrition (Kamer Vakfi & Hasna
In Union des Industries de la Communauté européenne’s (UNICEF, 2015) study on Syrian children in Turkey, 45% of children were determined to be undernourished and undergoing treatment. It is a serious health problem because malnutrition in children comes as a result of being undernourished and may result in death (Ertem, 1999).

**Mother/child health and the inability to benefit from family-planning services.** According to the literature, women refugee and asylum seekers do not benefit enough from mother/child health and family planning services; among the health problems seen are sexually transmitted diseases including HIV/AIDS, physical and sexual violence, high-risk pregnancies, unwanted pregnancies, abortions, and birth complications (Refugee Council 2005, p. 15). In addition to women failing to adequately benefit from prenatal and postnatal health care services, other women’s health problems are also often seen, like irregular menstruation and vaginal infections (McCan, Poot, & Sanderson, 2010). A study of Syrian women determined most Syrian female asylum seekers do not know Turkish. In this same study, asylum-seeking women were generally unable to go outside because of being in a foreign country, and therefore they were both unable to learn the country’s language and could not recognize their surroundings (Mazlum-Der, 2005, p. 60).

**Psychological problems.** Due to refugees and asylum seekers seeking refuge from the variety of problems that have taken place, they are at risk for many mental issues. Depression, anxiety, and post-traumatic stress disorder are the prominent psychological problems among these people’s health problems (Karadağ & Altıntaş, 2010, p. 56). The most commonly encountered psychological problem is stress disorder. Stress directly affects these people’s strategies for handling things, their physical and psychological well-being, and the process of adjusting to the environment (Şeker, Sirkeci, & Yüçeşahin, 2015, p. 19). One study determining the status of depression and anxiety of Syrian asylum seekers staying in camps found their levels were high and emphasized that this was related to their psychosocial reflections of the war (Önen, Güneş, Türeme, & Ağaç, 2014).

**Problems experienced in accessing health services.** The facilities in the area where refugees and asylum seekers begin their new life, whether or not there is regular work, whether or not they can benefit from health care, and whether or not they have enough time all affect their health (Ertem 1999). Many studies have determined that refugee and asylum seekers face many obstacles in accessing health care for diagnosis and treatment of their health problems; these obstacles were determined to be economic and cultural (Williams & Hampton, 2005). Reasons such as education level, socio-economic status, health-care costs, unknown process, language and cultural differences, constantly relocating, values related to health and illness,
and the absence of temporary identity documents or being unable to prove one’s identity make it difficult for refugees and asylum seekers to benefit adequately from health care services (Çiçek Korkmaz, 2014; Ertem, 1999; Scheppers, Van Dongen, Dekker, Geertzen, & Dekker, 2006). In the research, the problem of language has been identified as the most important factor affecting refugees and asylum seekers’ ability to benefit from health services and receiving health care services (Fassaert, Hesselink, & Verhoeff, 2009). In a study investigating the language barrier between nurses and asylum seekers in the process of nurses giving care, questions were asked to asylum seekers on the topic of health problems and what physical and psychological symptoms did they experience; as a result, language difference was found to be an obstacle in determining symptoms. This same study emphasized that language differences adversely affect the quality of care, and for this reason it is necessary to get help from a professional interpreter (Kelaher & Manderson, 2000). Thus interpreters are referred in health care in many countries (Akhavan & Lundgren, 2012) in order to avoid the negative results of language differences in health care (Leininger & McFarland, 2002).

In a study comparing the situations of asylum seekers from Syria benefitting from health services, refugees living in camps were found to benefit the most from health services while those outside of camps benefitted the least. Additionally, female asylum seekers were determined to utilize health services at a higher rate. The reason health services were little used among Syrian refugees living outside of camps was related to them not having temporary identity documents, which is required to be able to use hospitals in Turkey (AFAD, 2013, pp. 38–39). Syrian asylum seekers were able to benefit from health services only in provinces with domestically established camps. However, despite the removal of restrictions on the topic of Syrian guests’ access to health services through Circular No. 2013/8 (AFAD, 2013), having to provide money for medicine raised a different problem. Consequently, access to health services has become more difficult for Syrians with chronic illnesses that require regular medication and periodic follow-ups (Mazlum-Der, 2005, p. 28).

The Nursing Approach to Refugees and Asylum Seekers’ Health Issues
Refugees and asylum seekers experience serious problems regarding their health needs in the world and in Turkey, such as language, communication, basic health services, preventative health services, access to diagnosis and treatment facilities, and access to medicine. Therefore as health requirements, refugees and asylum seekers’ perceptions of infectious disease control, how to meet emergency needs, mental and physical health, chronic illness, cultural beliefs, health beliefs, and how to eliminate factors that affect health carry great importance (IOM, 2004). In order for refugees and asylum seekers’ health to be protected and improved, variables,
lifestyles, and health behaviors that have an effect on health should be evaluated by nurses, an important part of these services (Ertem, 1999). Furthermore, protecting these people’s health and the educational role of nurses in broadening and developing this has gained importance. In this context, nurses should regularly organize planned training programs on proper methods and techniques appropriate to the needs and characteristics of the refugees (Özpulat, 2010). They should also provide measures that need to be taken to stop the spread of infectious diseases. When necessary, nurses should learn how to care for and appropriately treat infectious diseases that are often encountered.

On the topic of refugee and asylum seekers, women’s psycho-social needs should be known and there should be initiatives for them. Nurses should be aware of their important role in solving female refugee and asylum seekers’ problems related to mother/child health, in using contraceptives, and in reducing infant-mortality rates; nurses should ensure refugee and asylum seekers’ accessibility to mother/child care and family planning services (Topçu & Beşer, 2006). In particular, they should know about the health problems of unregistered female asylum seekers (Schoevers, Muijsenberg, & Largo-Janssen 2009).

Nurses should guide and give psychological support to refugees and asylum seekers who have been affected by the bitter conditions of the process of change. Consultation services should provide these people with increased awareness related to their depression and other psychosocial issues, as well as how to develop appropriate coping skills.

Based on ethical principles, nurses should guide refugees and asylum seekers on how to protect their rights, be able to access health services, and benefit from the services; they should provide care by taking into account the refugees’ cultural differences and beliefs (Ergül, 2005). If sufficient care is not provided, the health status of vulnerable groups, especially those like little children, will deteriorate rapidly. Furthermore, health workers should be prepared on how to communicate with refugees and asylum seekers who speak different languages and have different cultural backgrounds; if necessary, they should receive training in this regard.

**Conclusion and Proposals**

The issue of refugees and asylum seekers, who are predicted to gradually increase in Turkey and the world and lead to bigger problems, has come to a more severe state. When considering previous studies, one can say that refugees and asylum seekers experience more health problems in terms of their living conditions. Factors like their potential for being undernourished, language differences, lack of health insurance, and social and psychological stress adversely affect their health. Infectious
diseases come at the head of health problems that negatively affect the health of refugees and asylum seekers. Psychological problems like depression and anxiety are another major health problem they experience. Poor housing conditions and difficulty in adapting to their environment trigger psychological problems. Also, problems such as paying for health care, difficulties in accessing health care (affording travel costs, being in a remote location, etc.), inability to comply with and not knowing the function of health services, language and cultural differences, lacking temporary identity documents, and not being able to prove one’s identity prevent refugees and asylum seekers from benefitting from health services.

In line with these results, taking the necessary precautions against diseases by ensuring appropriate and adequate shelter, access to clean food and water, proper sanitation, and providing mental health services in order to protect the health of refugees and asylum seekers carries vital importance. On this point, nurses should accept these people as a priority group. To improve refugees and asylum seekers’ health, nurses should provide them with a healthier environment and more comfortable, less costly access to health care. It is recommended that more importance should be given to nurse training, applications, and research that preserve and develop the health of refugees and asylum seekers, as well as revealing their health problems through qualitative and quantitative research.

Kaynakça/References


