

Change in health perceptions during immigration process a group of Syrian refugee women: analysis within the framework of transition theory of meleis

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ABSTRACT

Purpose: Migration is a complex situational transition that rarely occurs in isolations. Use of the transitions framework allows for recognition of the complex, longitudinal, and iterative components and processes of migration. Refugees experience a long and arduous transition. Refugees may experience significant changes in health status. The study purpose to investigate the change in health perception of refugee women within the framework of transition theory.

Materials and methods: This study is a qualitative study. Data were collected with a semi-structured interview form at in-depth interviews. Obtained data were analyzed with inductive content analysis. Analysis of interview data provided by thirty Syrian refugee women.

Results: The refugee women's changing in health perception were found to comprise the following

themes "pre-migration access to health care system and medical practise", "experiences of immigration process", "access to health care system in Turkey and medical practice," and "change in health perception" and subthemes.

Conclusions: Health perception for Syrian refugees women is status of well-being or not. Health status of refugees women got worse during immigration process and postmigration process. Because of refugee women in the face of some problems such as language barriers, lack of socio-economic situation, inadequacy of access to health care system all of these cause to be negatively change in health perceptions.

Keywords Immigration, refugees, women health, transition, theory

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INTRODUCTION

The number of people who are forced to migrate due to exposure to violence and persecution is increasing. More than 65.3 million people are fleeing war, escaping from situations which similar war such as ethnic discrimination and political disagreement and becoming refugees world wide [1].

United Nations High Commissioner for Refugees (UNHCR) defines Refugee "is assessed in the forced migration category" who are forced to leave their country to escape serious human rights violations and long-term causes of physical and emotional distress [2,3,4].

Violence and forced displacement causes die of people, getting difficult of life, increasing poverty, spread of disease all over the world [5]. The health of refugees who are forced to be displaced and have experienced immigration is adversely affected by the immigration process and problems related to settled place after migration. Refugee women are at greater risk of health problems than men [5,6].

In the past migration was male-dominated. It has been women-centred in the last century and nowadays 80% of the migrants are female in the World [7-10]. Therefore, immigrant health is quite related to women's health. Many studies have focused on mental health and reproductive health when it comes to the health of immigrant women, whereas the health perception of migrant women not been adequately studied [5,11].

The widely used health perception in determining the health status of individuals is defined as "a composite of personal feelings, thoughts, prejudices and anticipations about the individual's own health [12-14]. Individuals' health perceptions are influenced by factors such as level of education, age, income status, marital status, gender, and the presence of chronic diseases [15]. Assessment of health perception is important to be sensitive to changes in health, informing the patient of the presence of the disease before clinical evaluations are made and before the indication appears, affecting patients' approaches to health problems, their behavior and their way of understanding these problems [12,13].

The health perceptions of Arab Muslim women are greatly influenced by their culture and religion. The reason for this is that Islam has forbidden extramarital affairs, the importance of virginity in Islam, single women are not seeking for health behaviors in fear of being examined by male doctors [16].

Some studies show that Muslim immigrant women do not gain appropriate information about pregnancy and birth in terms of cultural sensitivity and language. Health care professionals ignore the religious needs of Muslim immigrant women affecting their access to health care, the slowdown in

the adaptation of women to the country in which they live and that women are starting to practice their own cultural and religious health practice [17].

Transition refers to a life phase, a transition from one state to another. Transitions constitute life changes in all individuals. The theory has three main components. These are the nature of transition, transition states, response patterns [7]. Migration is a complex situational transition that rarely leads to isolation. Migration takes place in complex personal and social contexts and affected by pre-migration preparation and post-migration levels of support that include personal meanings, motivations, expectations and information. Migration transition is affected the cultural beliefs and attitudes that are common both sending and host society. These transition conditions can be facilitating or inhibiting in the pattern of replied responses and in processes accompanying the transition [7].

Nurses are healthcare professionals who give social care, must strive for a positive change in the perceptions of the health of the refugee women who have experienced the transition. Nurses should be closely involved with the cultures of the individuals they care for.

MATERIALS AND METHODS

In this research, semi-structured interviews were conducted and analyzed descriptively in the direction of the phenomenological research design which reveals the experiences, perceptions and meanings of the individuals related to a case with Syrian refugee women living in the north of Turkey [18-20].

In this study, semi-structured interviews were selected to collect data because of the need for additional questions and a form to provide additional clarification, in order to examine the change in the immigration process of refugee women's immigration process within the framework of Meleis's transition theory. At the beginning of the research, a preliminary interview was conducted with the women and the detailed information about the purpose of the research and the research process was given (Fig. 1).

All of the Syrian refugee women are Arabs, interviews were conducted by a female researcher who speaks Arabic. Interviews were made in the form of a visit to the home in the home environment at the appropriate hours, days and times that the participants felt comfortable. Some of the interviews included husbands of the women, because of husband of women stated that if they not join to interview they wont let their wives to be take place in interview. Each interview were 60-80 min. interviews were recorded. At the end of the interviews, the participants were given a code name.

Data collected from interviews were analyzed descriptively. The data obtained in the

descriptive analysis presented considering questions or dimensions used in the interview process. In this type of analysis, the aim is to present the findings to the reader in an organized and interpreted way [20]. In this study, as a requirement of the descriptive analysis, firstly each participants interviews was documented. The conversation coding key is prepared after checking the casts. While the interview coding key was being prepared, the document of all participants was analyzed, the responses of the participants to each question were listed in categories and categorized. When directly cited, the names of the participant women are coded by giving the first letter of their name and the rank of interviews.

In this study, validity was provided according to the validity criteria of Guba and Lincoln (1982), such as keeping the sample as wide as possible, direct citation and providing suitable environments for interviews. Reliability is provided by Cohen and Crabtree (2008) using data divergence, validation of data, and description of the

research process in the assurance of qualitative research [21,22].

Before starting to study, ethics committee approval was obtained. Verbal permission was obtained from refugee women before the interviews.

In this study, researchers interviewed with 36 women and 4 women refused to participant interview. The average of participant women's age is 32 years old, 15% of refugee women are widows and 85% of them are married, Although 7% of refugee women are illiterate, 9% are university graduates and 15% are primary, 45% are secondary school and 24% high school graduates. All refugee women participated in the study are not currently have a job, all of them are housewives nowadays in Turkey. During their time in Syria, 15% of refugee women worked as tailors and 8% worked as engineers. 9% of women suffer from blood pressure and 25% suffer from persistent headaches. The average of participant women's living duration in Turkey is 2 years and 3 month.

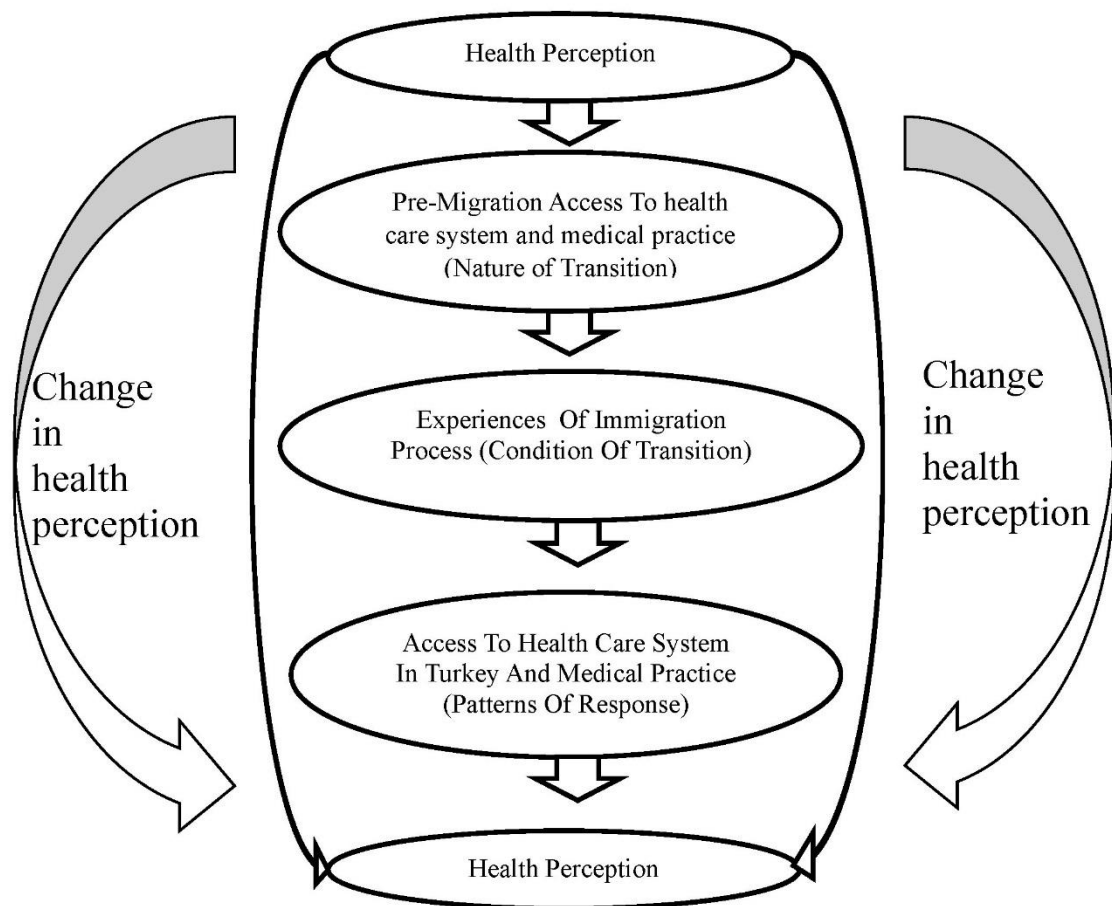


Fig. 1 The main theme of the study

RESULTS

Pre-migration Health care system and health practices in Syria (Nature of Transition)

Seventy percent of refugee women participating in the study reported that there were many negativities in health care services such as individuals who economically well-behaved have quality health care, whereas poor people wait in hospital for hours to be examined, while people waiting at the hospital bribery providers to health professionals to prioritizing ect.. before civil war in Syria. In addition, they express that they prefer traditional methods (Medical Arab) for people who can not actively use health services for un-serious health problems. If the health problem persisted after using the traditional method, the non-professional healer, midwife and nurse in the region were applying. In the health system in Syria, pharmacists can give all kinds of medicines without prescription. "H14; Hospitals in Turkey are good, hospitals are different in Syria, for example, there is something different Turkey is not like. You are going to the hospital in Syria. If you know someone at the hospital, if you are bribe, the procedure is faster, you do not wait, you get a direct examination, you get better treatment and you use better medication. But there is no such thing in Turkey. So everyone is the same. It's better this way. In Syria, you are very sick or have no relatives and acquaintances, if you do not have money then die ... "

"H3; My mother was a healer, she was preparing medicines with herbs. Headache, stomach aches, back pain ... everyone with a minor health problem came to my mother's home. "

Experiences of immigration process (Condition of Transition)

Refugee women experienced different experiences during migration, the experience of each of them influenced the health status and health perceptions of refugee women in the migration process, or in the post-migration period. Negative experiences in the immigration process have led refugee women to neglect themselves in the post-migration period and to have some mental health problems. Some of the refugee women make this negative process positive. This situation activates the coping mechanisms of women and prevents them from having problems in mental health. At the same time, the health problems faced in the migration path forced refugee women to resort to traditional methods called medical Arab.

"N12; While I was on the way to migration, ISIS attacked our car. Some of my relatives died. I can never forget that moment. "

"H3; My health was good before the war but the war went on and my two sons died in battle. During migration, my leg ache started from fear and sadness, my legs are still aching. "

"G4; I lost my husband in the war, my husband is a martyr and Thank goodness! I m martyr wife. "

"I16; We walked 6 hours from Syria. The weather was so hot that we wiped our cloths to cool down and I fell on the road and wound on the line was immediately burning the fabric and putting the wound in place to stop the bleeding, a very old Medical Arabic. "

Preparation and knowledge

All of refugee women participating in the study stated that they had difficulty living conditions in Syria during war time, and that they were going out quickly after the decision to come to Turkey. Some women have brought medicines they use for their existing illnesses, while others have brought medicines for their children who have possibility to be ill on the road.

"M8; I got my medications and my injectors, I used them until the end. Then I went to the doctor here and he wrote another medicine but those drugs did not work. The doctor wrote the same medicines, kept on what I found out of old drugs. I have not found some of the drugs here. "

"H21, I bought Ibuprofen and Paracetamol syrup because the children would be fired on the road,"

"N6; "I did not make any preparations because everywhere there were a lot of check points, if I take a lot of things, I can not get too much from it. "

Socio-economic status

Refugee women with good economic status in Syria stated that migration experiences were positive, while those with low economic status were negative. The quality of life and health perceptions of refugee women in Turkey vary according to their economic situation. While most of the women continue their lives in Turkey, they are experiencing economic difficulties due to the decrease of their incomes and the increase of expenses, and these troubles indicate that the health perceptions are adversely affected.

"H3; Transportation is more expensive here, going to the hospital is difficult, there is no car, sometimes there is not money to go to the hospital. "

"N6; When the economic situation is not good, we eat less meat. My husband is not healthy, he can not work in a permanent job, he works occasionally, so he earns less. "

Cultural belief and attitude

Although there is a similarity in Turkish culture and Arab culture stemming from having the same religious rudeness, there are many cultural differences. Some refugee women have pointed out that cultural items such as nutrition culture and habit, clothing style and woman's social life place are problems for them selves. Family is more prominent in Arab culture than the Western culture. For this reason seventy- three of the women stated that even

if they are sick, they are more important than other members of the family.

"F15; Everything was the same, but the food in Syria was more delicious. "

"G4; In Syria, most of my face was wearing a closed dress, I can not wear it here. "

"M7; I am not comfortable when I was examined by a male doctor, I would choose a female doctor if I had the choice. "

Post migration Health care system and health practices in Turkey (Response Patterns of Transition)

This theme consists of 5 sub-themes. All refugee women stated that they felt strangers in the first phase of transition, know little about Turkey and can not manage their lives. When talking about the health system in Turkey, they compared it with Syria and stated that the possibilities are better than Syria.

"K2; In Syria we were getting medicines directly from the pharmacy, even if all the health services were paid prescriptions. If you have money, you can use whatever medicine you want from your pharmacy. For example my child got sick antibiotics go to Syria is not a problem but here is the prescription. Getting antibiotics here is as difficult as picking up guns. They're paying a lot of attention here, okay, but it's a bit overdone."

Feeling of connected

Refugee women feel connected to their own culture, relatives, family, husband, Syria, neighbors in accessing health care services, in health practices and in daily life, adapting to the settled country and developing a holistic identity.

"N12; I do not know anything about health care services in Turkey, what is done, everything is organized by my husband. He has a Turkish friend who teach to him most things. "

Interactions

Refugee women experience difficulties in a healthy transition base on negative interaction with the community they are in. Thirty percent of the refugee women were satisfied with the interaction with their neighbors.

"H3; I salute some Turkish women. They do not respond it when they realize I'm Syrian."

"I23; My neighbors are well, they come and go very often and I have learned some Turkish Language in them. "

Competence

Refugee women are embodied in a new identity by combining their own experiences of health in the past. It will also show competence in terms of time interaction and roles in the family. Refugee women who are not adequately self-sufficient due to language barriers are reported to have difficulty in receiving health services.

"H3; I go to hospital with my son sometimes with a Syrian friend who speaks Turkish, going with an interpreter so expensive for me. I know there's something in them that they do not understand, but there's nothing to do. If there is no one, I try to tell by hand movements. The pharmacist tells the prescription how to use it with hung hand gestures."

"K2; I am trying to go to a doctor, nurse or pharmacist who speaks Arabic if possible."

Fluid Integrative Identities

Forty-three percent of the refugee women have stated that they are trying to protect their own culture and life style and that they are mostly interacting with their families and relatives in Turkey. Fifty-seven percent of the women have stated that they are trying to adapt to Turkish culture because they hope to live in Turkey.

"A26; I used the traditional method in Syria, but here I go directly to the family health center without using medicines, I used to wear veils in Syria but I do not wear them here "

"K2; I was using medicine arab before going to family health center when i was in Syria. beginning I didnt use medicine arab went to directly family health center. I start to use much medicine. and than i decided to use medicine Arab."

Experience with Health Professional

Seventy- four percent of refugee women stated that their experience with health professionals was positive for the interaction with the health professional, and that they were pleased with the health professionals who treated them well. Fifteen percent of the women say that the experience is disappointing, but they thought the situation is normal the health professionals who exhibit bad behavior.

"H3; I went to the hospital when I had a toothache. The doctor worked very well for me and I go to him whenever there is a problem with my health. He is very compassionate and said to me whenever I have a problem. I have been very pleased with him and I am referring to the doctor who has dental problems around me. "

"H3; "I went to the doctor, the doctor yelled at my bride, why are you conceiving that you are fleeing from the war and you are pregnant. Then he told us why we did not learn Turkish."

Changing in Health Perceptions

All refugees are meant to be a health absence of illness and think of being healthy as being physically well. They stated that they had problems in mental health, but they stated that general health status were good. Women are faced with the loss of life that the immigrant lives, the encounter with health problems and the change of the climate in the environment after the migration and the health problems caused by this change, the worsening of the economic situation, the uncomfortable

communication and the more intense exposure caused by the health problem. All women have stated that health is an important blessing, and some have found out that they understand it when they come to Turkey and then they become sick. Six percent of refugee women have stated that there is no change in general health status.

"F20; My health is bad because I do not know why. Everything was easy in Syria, but here I pray I do not feel comfortable I read the Qur'an is not comfortable why I do not know. I'm going to a doctor my doctor says you're not ill. My whole body aches. But I do not want psychology medicine because It's addictive."

"B13; The weather was very beautiful in Syria. There was money and our life was better then here. You need Money for every thing such as sendin In Turkey but here I have less money I'm getting sick here. Everything here is the problem, you are taking the children to the school, the money is working, and my husband is getting little money. "

"F20; I did not know the importance of health in Syria because I was healthy but the illness came up and when I came here I understood health is an important thing. I was keeping warm for being healthy."

DISCUSSION

In this study it was found that refugee women had good general health before migration but they were not satisfied with the Syrian health system and it was found that there was no preparation for this process. Preparations and knowledge are crucial for the positive transition of the migration process [23]. Another situation that affects the transition is the socio-economic status. Women's psychological symptom life is significantly affected by their socio-economic status. In the literature fees of health service are obstacle for refugees in the host society. But health care services are free for refugees in Turkey so that fees of health service are not obstacle for refugees, only transportation fees are inhibited for refugees [7,24,25]. Interactions between refugee women and health professionals result in satisfaction or frustration. The literature suggests that refugees who migrate to countries where the cultural characteristics are quite different are not receiving cultural sensitive care that health professionals are not satisfied with their attitudes towards them [26]. In this study, many refugee women were found to be satisfied with the attitudes of health professionals to themselves, with few negative examples.

Limitations of study

The limitation is the level of education. Almost all of the participants were lower educated, and so the results might be different If people with well levels of education had participated in this study. The husbands of some refugee women also

participated in our interview. This situation has created a limitation in terms of women's self-expression. The husbands of some refugee women did not allow us to interview their wives. This constitutes another limitation.

CONCLUSIONS

Health perception for Syrian refugees women is status of well-being or not. Health status of refugees women got worse during immigration process and post-migration process. Because of refugee women in the face of some problems such as language barriers, lack of socio-economic situation, inadequacy of access to health care system all of these cause to be negatively change in health perceptions. While refugee women regard health as a blessing, they have once again stated that understands the importance of health with the troubles experienced in Turkey.

Conflicts of interest

The authors declare no conflict of interest.

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