

# GÖÇMEN HASTASINA YAKLAŞIM

PROF.DR.MEHMET TAHİR GÖKDEMİR

# Göç

- Göç,
- Hızla değişen çevresel, ekonomik, politik ve sosyal yapıların bir sonucu olarak insanlar farklı yerlere göç etmektedir.
- Uluslararası olarak, göç etme niyetlerine bağlı olarak bu kişilere mülteci, sığınmacı veya göçmen gibi çeşitli isimler verilmektedir.
- Gönüllü veya zorunlu olarak, yurt içi veya dışı olarak kategorize edilebilir.
- Toplamların kültürel, ekonomik ve politik yapılarıyla ilgilidir ve bu nedenle sosyal yapıyı etkileyen önemli bir faktördür.









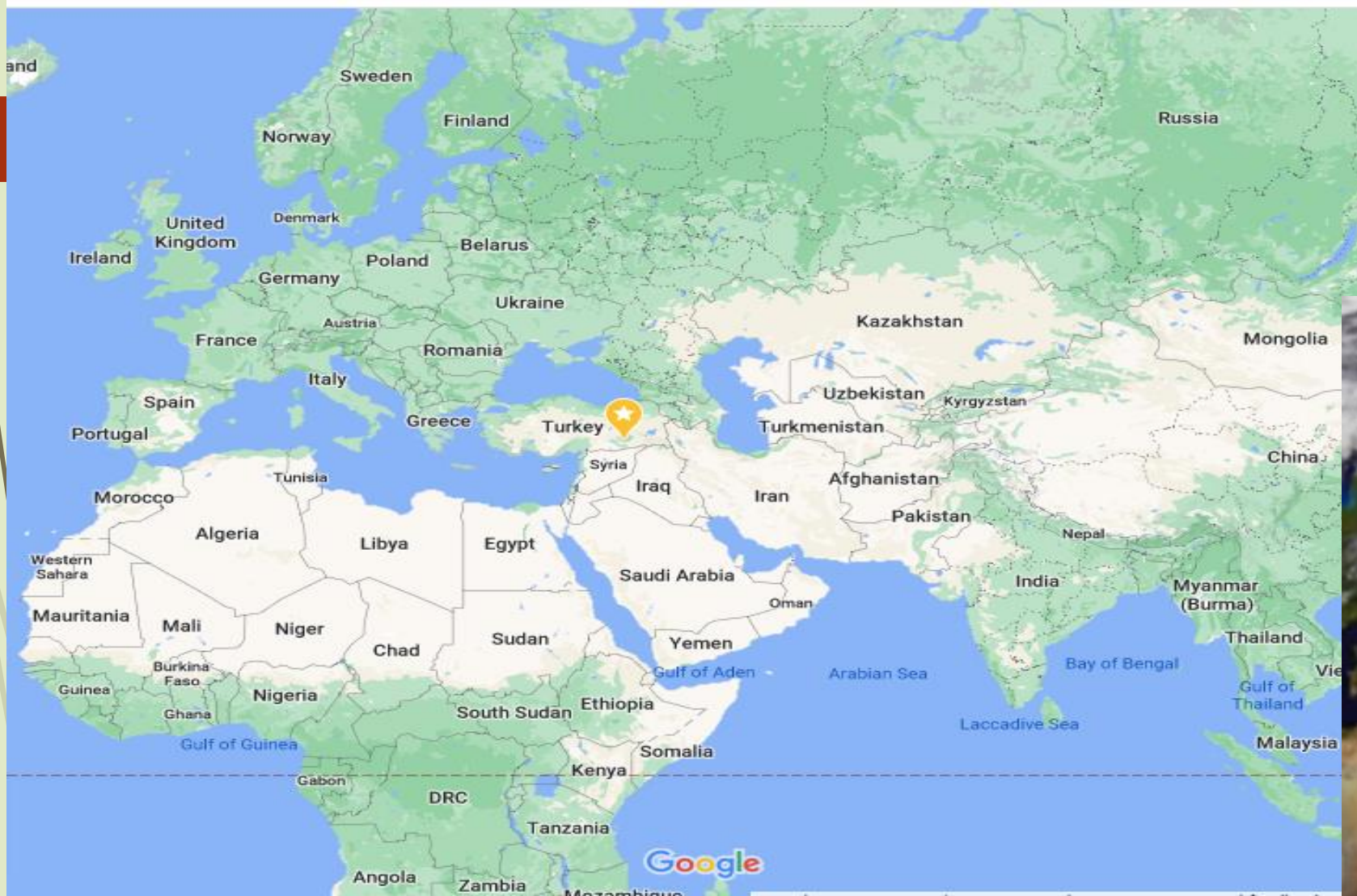


➤ Mülteci(veya sığınmacı); dini, milliyeti, belirli bir toplumsal gruba üyeliği veya siyasi düşünceleri nedeniyle zulüm gören veya göreceği korkusu ve endişesi taşıyan, bu sebeple ülkesinden ayrılan/ayrılmak zorunda bırakılan ve korkusu nedeniyle geri dönemeyen veya dönmek istemeyen, iltica ettiği ülke tarafından endişeleri haklı bulunan kişi.

➤ Göçmen (muhacir), bir ülkeden başka bir ülkeye yerleşmek amacıyla göç eden kişidir. Hukuki olarak göçmen veya göçmenler, en az iki ülkeyi ilgilendirmektedir. Biri bırakılan ülkedir, öteki yerleşilen ülkedir. Bırakılan ülke için göç bir dışa göç (emigration), yerleşilen ülke içinse bir iç göç (immigration) olayıdır. İç göçene *immigrant*, dışa göçene *emigrant* denir.









Türkiye, tarih boyunca düzenli göç için önemli bir destinasyon ve aynı zamanda düzensiz göç için bir geçiş ve nihai varış noktası olmuştur.

- Türkiye'ye olan bu göç akışı, kültürel, dini nedenlerden dolayı çoğunlukla Orta Asya'dan ,Kafkasya ve Orta Doğu'daki çeşitli nedenlerden dolayı olmaktadır.
- mültecilerin entegrasyonunu kolaylaştıran dil, din vb ortak nedenlerdir.



Country	Data date	Percentage (%)	Population (n)
Turkey	9 August 2018	63.3	3,570,352
Lebanon	31 July 2018	17.4	976,002
Jordan	29 July 2018	11.9	668,123
Iraq	31 July 2018	4.4	249,123
Egypt	31 July 2018	2.3	130,300
Other (including North Africa)	15 March 2018	0.6	33,545
UNHCR: United Nations Refugee Agency.			





Mülteci hakları,

- 1951 tarihli Cenevre Sözleşmesi
- 1967 Protokolü ile devam eden 1948 tarihli BM İnsan Hakları Bildirgesi



Province	Total population (N)	Syrian population	
		n	%
İstanbul	15,067,724	557,708	3.71
Şanlıurfa <sup>a</sup>	2,035,809	452,675	22.8
Hatay <sup>a</sup>	1,609,856	445,922	28.31
Gaziantep <sup>a</sup>	2,028,563	424,677	21.18
Adana <sup>a</sup>	2,220,125	234,315	10.57
Mersin	1,814,468	206,445	11.51
Bursa	2,994,521	165,876	5.65
İzmir	4,320,519	142,567	3.33
Kilis <sup>a</sup>	142,541	115,165	84.48
Konya	2,205,609	105,971	4.86
Mardin	829,195	89,881	11.10
Ankara	5,503,985	88,855	1.63
Osmaniye <sup>a</sup>	534,415	49,014	9.29
Malatya	797,036	29,430	3.74

<sup>a</sup> Provinces with temporary refugee centres.







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## ADVANCES IN PEDIATRICS

### Health Considerations for Immigrant and Refugee Children





Abigail L.H. Kroening, MD<sup>a,\*</sup>,  
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- Immigrant and refugee children are at increased risk for physical, developmental, and behavioral health challenges.
- Health considerations for immigrant and refugee children should be framed within an ecological context that includes considerations of family, community, and sociocultural influences.
- It is important to understand the migration history of an immigrant child (or the history of their family), which provides context for infectious disease screening and exposure risk (including trauma).
- Discussions about child development should occur within a cultural context after building rapport and establishing trust with immigrant parents.
- Immigrant families benefit from support in understanding and navigating complex social, educational, and health care systems.



Article

## Evaluating the Provision of Health Services and Barriers to Treatment for Chronic Diseases among Syrian Refugees in Turkey: A Review of Literature and Stakeholder Interviews

Jude Alawa <sup>1</sup>, Parmida Zarei <sup>2</sup> and Kaveh Khoshnood <sup>3,\*</sup>

**Abstract:** Background: While Turkey hosts the largest number of Syrian refugees, the provision of health services for chronic disease among Syrian refugees in Turkey has been inadequate and understudied. This paper explores Turkish healthcare policies surrounding Syrian refugees' access to health services for chronic diseases. Methods: We conducted a literature review and supplementary stakeholder interviews to evaluate the provision of chronic health services and the most common barriers to healthcare access among Syrian refugees in Turkey. Results: Though access to treatment for displaced Syrians has improved throughout the past five years, five primary barriers persist: registration procedure regulations, navigation of a new health system, language barriers, fear of adverse treatment, and cost. Conclusions: To drive improvements in healthcare for chronic diseases among Syrian refugees in Turkey, we recommend making registration procedures more accessible, developing more healthcare options in patients' native language, increasing human resources, and advocating for more research surrounding chronic health conditions among refugees.



## Syrian Refugees, Health and Migration Legislation in Turkey

Perihan Elif Ekmekci<sup>1</sup>

© Springer Science+Business Media New York 2016

**Abstract** This paper discusses the crucial effects of Turkish health and migration laws on Syrian refugees' access to public health services and social determinants of health. Key aspects of current Turkish laws affect the health of both refugees and Turkish citizens in many ways. The huge influx of refugees is increasing communicable disease risks, overcrowding hospitals, and more generally straining financial and health resources. Turkey's United Nations membership and its candidacy for European Union (EU) have led to increased alignment of Turkey's refugee and migration policies with international law. Major dif-

## The Social Determinants of Refugee Mental Health in the Post-Migration Context: A Critical Review

Les déterminants sociaux de la santé mentale des réfugiés dans le contexte post-migratoire: une revue critique

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Michaela Hynie, PhD<sup>1</sup>

### Abstract

With the global increase in the number of refugees and asylum seekers, mental health professionals have become more aware of the need to understand and respond to the mental health needs of forced migrants. This critical review summarizes the findings of recent systematic reviews and primary research on the impact of post-migration conditions on mental disorders and PTSD among refugees and asylum seekers. Historically, the focus of mental health research and interventions with these populations has been on the impact of pre-migration trauma. Pre-migration trauma does predict mental disorders and PTSD, but the post-migration context can be an equally powerful determinant of mental health. Moreover, post-migration factors may moderate the ability of refugees to recover from pre-migration trauma. The importance of post-migration stressors to refugee mental health suggests the need for therapeutic interventions with psychosocial elements that address the broader conditions of refugee and asylum seekers' lives. However, there are few studies of multimodal interventions with refugees, and even fewer with control conditions that allow for conclusions about their effectiveness. These findings are interpreted using a social determinants of health framework that connects the risk and protective factors in the material and social conditions of refugees' post-migration lives to broader social, economic and political factors.



## Using the Omaha System to determine health problems of urban Syrian immigrants

Aysun Ardic<sup>1</sup>  | Melek Nihal Esin<sup>1</sup>  | Serife Koc<sup>2</sup>  | Bilgenur Bayraktar<sup>3</sup>  |  
Nihal Sunal<sup>4</sup> 

### Abstract

**Objective(s):** This study assessed the health problems of Syrian immigrants living in urban areas using the Omaha System.


**Design:** A descriptive and observational study was conducted in Istanbul.

**Sample:** The sample included 51 Syrian immigrant families and 248 Syrian refugees.


**Measures:** Data were collected using the Omaha System-Problem Classification List and a sociodemographic questionnaire.

**Results:** The average household size was 6.36; 71% of those over the age of 18 were not employed. Only 8.5% of children aged 0–15 were vaccinated; 15 nursing problems and 46 signs and symptoms were diagnosed using the Problem Classification List scale. Personal care was the most frequently diagnosed problem, followed by Sanitation, Communication with community resources, Mental health, and Residence.

**Conclusions:** Health and social problems are common Syrian immigrants living in urban areas. The Omaha System-Problem Classification List can be used as a tool by public health nurses to identify health problems encountered by immigrants.



The **Omaha System** is a standardized [health care terminology](#) consisting of an assessment component (Problem Classification Scheme), a care plan/services component (Intervention Scheme), and an evaluation component (Problem Rating Scale for Outcomes). Approximately 22,000 health care practitioners, educators, and researchers use Omaha System to improve clinical practice, structure documentation, and analyze [secondary data](#). Omaha System users from [Canada](#), [China](#), [The Czech Republic](#), [Estonia](#), [Hong Kong](#), [Japan](#), [Mexico](#), [New Zealand](#), [The Netherlands](#), [Turkey](#), the [United States](#), and [Wales](#), have presented at Omaha System International Conferences.<sup>[1]</sup>







## **Domains and Problems**

### **Domain I. Environmental Problems**

- |                |                                   |
|----------------|-----------------------------------|
| 01. Income     | 04. Neighborhood/workplace safety |
| 02. Sanitation | 05. Other                         |
| 03. Residence  |                                   |

### **Domain II. Psychosocial Problems**

- |  |                            |
|--|----------------------------|
| 06. Communication with community resources | 12. Emotional stability    |
| 07. Social contact                         | 13. Human sexuality        |
| 08. Role change                            | 14. Caretaking/parenting   |
| 09. Interpersonal relationship             | 15. Neglected child/adult  |
| 10. Spiritual distress                     | 16. Abused child/adult     |
| 11. Grief                                  | 17. Growth and Development |
|  | 18. Other                  |

### **Domain III. Physiological Problems**

- |                         |                            |
|-------------------------|----------------------------|
| 19. Hearing             | 27. Neuro-musculo-skeletal |
| 20. Vision              | 28. Respiration            |
| 21. Speech and language | 29. Circulation            |
| 22. Dentition           | 30. Digestion-hydration    |
| 23. Cognition           | 31. Bowel function         |
| 24. Pain                | 32. Genitourinary function |
| 25. Consciousness       | 33. Antepartum/postpartum  |
| 26. Integument          | 34. Other                  |

### **Domain IV. Health-Related Behaviors**

- |                             |                             |
|-----------------------------|-----------------------------|
| 35. Nutrition               | 40. Family planning         |
| 36. Sleep and rest patterns | 41. Health care supervision |

## Mültecilerin en sık karşılaştıkları sağlık sorunları şunlardır:

- Beslenme bozuklukları
- Çocuklarda büyüme ve gelişme gerilikleri
- Anemi
- İshal, kızamık, sıtma, solunum yolu enfeksiyonları gibi bulaşıcı hastalıklar
- Fiziksel şiddet ve buna bağlı yaralanmalar
- Cinsel istismar
- Cinsel yolla bulaşan enfeksiyonlar
- İstenmeyen gebelikler, riskli gebelikler
- Düşükler, doğum komplikasyonları
- Kronik hastalıklar
- Depresyon, kaygı bozuklukları, uyku bozuklukları ve post-travmatik stres bozukluğu başta olmak üzere ruhsal sorunlar
- Diş sağlığı sorunları





# SONUÇ OLARAK

- Kronik hastalıklara yönelik sağlık hizmetlerinde iyileştirmeler sağlamak,
- Kayıt prosedürlerini daha erişilebilir hale getirmek,
- Hastaların ana dilinde daha fazla sağlık hizmeti seçeneği geliştirmek,
- insan kaynaklarını artırmak
- Bulaşıcı hastalıkları engellemek için toplu yaşanan yerlerde (kamp, çadır konaklama yerleri gibi) sanitasyon önlemlerini sıkı tutmak.
- Mülteciler arasında kronik sağlık koşullarıyla ilgili daha fazla araştırma yapmak





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