



**HEALTHCARE ACCESS  
FOR SYRIAN REFUGEES  
IN ISTANBUL:  
A GENDER-SENSITIVE  
PERSPECTIVE**

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STIFTUNG MERCATOR INITIATIVE

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**HEALTHCARE ACCESS FOR SYRIAN REFUGEES  
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WORKSHOP REPORT

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**Gabriele Cloeters** is a 2017/18 Mercator-IPC Fellow focusing on the gender aspect of Syrian migration in Turkey by exploring how non-governmental organizations take into account the specific situation of female refugees in their refugee support services.

**Souad Osseiran** is a 2017/18 Mercator-IPC Fellow examining how Syrian health professionals are being incorporated into the Turkish labor market and explores how this relates to the changing formulation of Turkish citizenship as a process.

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\* The interpretations and conclusions made in this booklet belong solely to the authors and do not reflect IPC's official position.

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## ACRONYM LIST

<b>AFAD</b>	Republic of Turkey Ministry of Interior Disaster and Emergency Management Presidency
<b>CEDAW</b>	Convention on the Elimination of all Forms of Discrimination against Women
<b>DGMM</b>	Directorate General for Migration Management
<b>EU</b>	European Union
<b>KADAV</b>	Women's Solidarity Foundation ( <i>Kadınlarla Dayanışma Vakfı</i> )
<b>LGBTTI</b>	Lesbian, Gay, Bisexual, Transsexual, Transgender and Intersexual
<b>NGO</b>	Non-Governmental Organization
<b>MoH</b>	Ministry of Health
<b>MoLFSS</b>	Ministry of Labor, Family and Social Services
<b>PDMM</b>	Provincial Directorate General for Migration Management
<b>TP</b>	Temporary Protection
<b>TPR</b>	Temporary Protection Regulation
<b>UN Women</b>	United Nations Women
<b>UNFPA</b>	United Nations Population Fund
<b>WHO</b>	World Health Organization
<b>WGSS</b>	Women and Girls Safe Spaces

## INTRODUCTION

During our research as IPC-Mercator Fellows, the issue of gender-specific barriers affecting Syrian refugee women's access to healthcare was highlighted by many civil society organizations active in refugee support in Istanbul. As an intersection of our respective research projects,<sup>1</sup> we organized the roundtable workshop "Healthcare Access for Syrian Refugees: A Gender-Sensitive Perspective" held at Istanbul Policy Center on May 4, 2018. The workshop brought together various stakeholders who are active, voluntarily or professionally, in support of refugee communities in Turkey. Most have extensive experience related to the healthcare system or in supporting refugees to reach healthcare services in Istanbul.

This report will present the results of the half-day workshop and propose concrete, policy-relevant recommendations on how to facilitate Syrian refugees' and especially refugee women's access to healthcare services in Turkey.

The workshop was designed to leverage participants' expertise to discuss the gender-specific problems and barriers facing Syrian refugee women in reaching healthcare services, continuing service gaps, and ongoing initiatives to facilitate refugees' access to healthcare. The workshop aimed to develop constructive recommendations that are based on evaluations from the field about the problems refugees face in accessing healthcare services and how to improve refugee and healthcare policy and overall accessibility. The workshop was an opportunity for participants to exchange and share

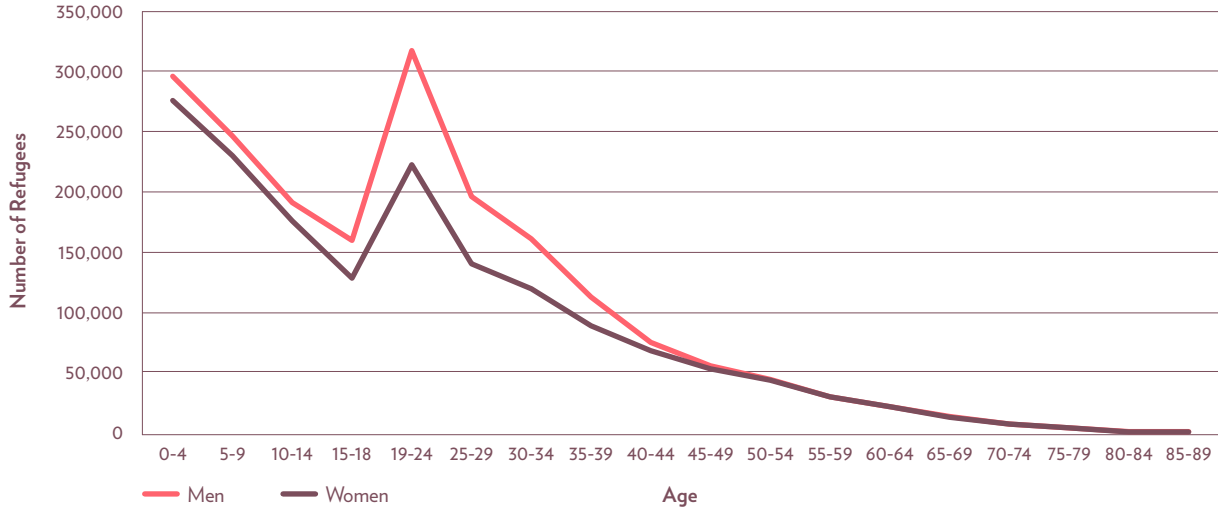
ideas as well as offering participants the chance to network.<sup>2</sup> The workshop discussions were held in Turkish, Arabic, and English with simultaneous interpretation. The simultaneous interpretation was an avenue for participants to communicate with each other and engage with the knowledge of other experts in the field, especially as this exchange is not always possible due to language barriers.

The roundtable workshop included 19 participants representing a broad variety of key stakeholder positions including Syrian and Turkish NGO members, community center representatives, independent public health experts and medical professionals working in Istanbul, and academics conducting research in the field.

<sup>1</sup> Souad Osseiran's research project in the framework of the 2017/18 Mercator IPC Fellowship is titled "Syrian Healthcare Professionals' Integration in Turkey: Altering Formulations of Turkish Citizenship." Gabriele Cloeters' research is titled "Gendered Aspects of Migration in Turkey: Approaches of Civil Society Organizations towards Female Syrian Refugees."

<sup>2</sup> The lack of networks and exchange of knowledge or experiences between different stakeholders active in refugee support was a theme repeatedly highlighted during the workshop discussions.

### Distribution of Syrian Refugees According to Age and Gender



### Syrian Refugees Under Temporary Protection According to Gender

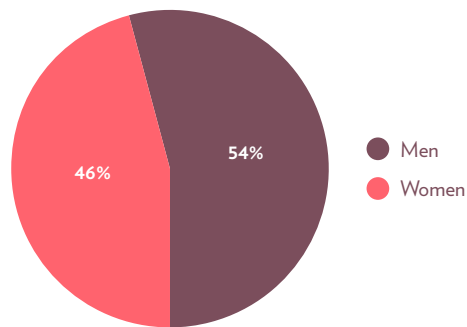


Fig. 1+2 Distribution of Syrian Refugees According to Age and Gender: Source DGMM (November 22, 2018)



## CONTEXT

### Current Legislation on Refugees' Right to Healthcare

Turkey is currently hosting over 3.6 million registered Syrian refugees. Based on statistics from the Directorate General for Migration Management (DGMM), 46% of refugees present in Turkey are female and 54% are male. Based on the distribution according to gender and age, a large number of refugees are under the age of 18.<sup>3</sup> Overall, the majority of Syrian refugees are women and children.

Women traditionally play a major role as caregivers for children and elderly family members. Due to forced migration, many women are the breadwinners or the heads of single-parent households. In addition, a large number facilitate family members' access to basic services by registering with NGOs, in schools or accompanying family members to the hospital.

An estimated 90% of Syrian refugees in Turkey live outside the camps established in southern Turkey. The majority of the 90% reside in the urban areas of Turkey. According to the DGMM, Istanbul currently hosts the largest number of urban Syrian refugees.<sup>4</sup>



Fig. 3. Distribution of Syrian Refugees in the Scope of Temporary Protection in Ten Provinces with the Largest Refugee Populations. Source: DGMM Statistical Homepage (November 22, 2018)

<sup>3</sup> Republic of Turkey, DGMM Statistical page, "Temporary Protection," accessed November 26, 2018, [http://www.goc.gov.tr/icerik6/gecici-koruma\\_363\\_378\\_4713\\_icerik](http://www.goc.gov.tr/icerik6/gecici-koruma_363_378_4713_icerik).

<sup>4</sup> Ibid.

In this urban context, it is especially important to focus on how refugees reach basic services such as healthcare or education.

Healthcare is a key issue as Syrian refugees are exposed to intersectional factors that influence their health and their ability to use the healthcare system. Some of these factors stem from the circumstances of forced migration such as unhealthy living and working conditions, decreased levels of health literacy, and social exclusion and discrimination. Other factors are direct results of the war such as war-related injuries and mental health issues. In addition, Syrian refugees coming to Turkey must receive medical care for preexisting chronic medical conditions including high blood pressure, diabetes, etc., which they may have suffered from in Syria and that may have been aggravated because of the circumstances of forced migration. All these factors have short-term and long-term implications for the healthcare system in Turkey overall.

The Law on Foreigners and Refugees released in 2014 outlines the details regarding Syrian refugees' access to healthcare. Syrian refugees under Temporary Protection (TP) or the Temporary Protection Regulation (TPR) can receive primary and emergency care for free in Migrant Health Centers, which are limited to primary care, state hospitals, and learning and research hospitals. Primary healthcare includes examinations, vaccinations, prenatal monitoring, postnatal care, and family planning methods. Syrians under TP may access secondary (state) and tertiary services (learning and research hospitals); however, the DGMM, which is responsible for covering the costs of medical care, only covers the costs of treatment and medication set out in the Health Law Budget.<sup>5</sup> Due to limitations and gaps in the Health Law Budget, state institutions will not cover certain treatments, medication, and medical aids that exceed

<sup>5</sup> Based on amendments to the TPR (March 16, 2018), the DGMM became responsible for handling the provision of healthcare, taking over this responsibility from AFAD.

the cost set by the Institution for Social Security for general health insurance beneficiaries.<sup>6</sup>

### Syrian Refugees' Gender-based Health Concerns

Gender-specific healthcare provisions within national healthcare systems are a crucial aspect of healthcare that affects women and society overall. Female refugees face particular problems and have specific needs concerning their access to reproductive healthcare, prenatal, and postnatal care. Workshop participants touched upon these issues in depth, focusing on the legal framework, practical access, and implications for refugees.

Gender-based violence is a health threat for many women worldwide who are not displaced; however, the risk of gender-based violence is exacerbated during forced migration. According to several studies and research, refugee women and girls face a high risk of experiencing gender-based violence during the whole displacement cycle.<sup>7</sup> Under the term gender-based violence, we define all forms of violence based on gender norms and gendered power hierarchies including physical, psychological, sexual, economic, and structural violence that harm women and men differently. In this report, we focus on forms of gendered violence against women that have long-term effects on refugee women's physical and mental health conditions. It includes harassment and rape during forced migration, early or forced marriage, survival sex, harassment to ensure livelihood/shelter, and domestic violence.

<sup>6</sup> See Temporary Protection Regulation, Article 27 (c). For a detailed report on the legislation and access to health services for Syrian refugees, see: Deniz F. Mardin, "Right to Health and Access to Health Services for Syrian Refugees in Turkey," *MiReKoc Policy Brief Series* 2017/01, March 2017.

<sup>7</sup> E.g., Jeanne Ward and Mendy Marsh, "Sexual Violence against Women and Girls in War and Its Aftermath: Realities, Responses, and Required Resources," prepared for the Symposium on Sexual Violence in Conflict and Beyond, June 21–23, 2006, Brussels; Inger Skjelsbæk, "Sexual Violence and War: Mapping out a Complex Relationship," *European Journal of International Relations* 7, no. 2 (2001): 211–237.

Gender-based violence is one of the most widespread women's rights violations worldwide, as reflected in several international guidelines and national response plans. Since 1985, Turkey is a signatory of the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), and in 2011 the government signed the Istanbul Convention, which outlines a comprehensive framework to prevent and combat violence against women. The Law to Protect Family and Prevent Violence against Women offers a national legal framework to protect women against gender-based violence. Nevertheless, the prevention and support for survivors of gender-based violence and the consequent prosecution of perpetrators is considered a gap within the implementation of existing national and international frameworks against gender-based violence.<sup>8</sup>

In Syria, violence against women was a societal problem before the war and has been aggravated due to the protracted armed conflict.<sup>9</sup> There are no reliable data and statistics regarding gender-based violence against refugee women in Turkey. However, a study conducted by UN Women in Jordan among Syrian refugees found that gender-based violence is a widespread public health issue that harshly affects the lives of Syrian refugee women.<sup>10</sup> While the study focused on Jordan, it is likely that gender-based violence is a significant problem facing Syrian refugee women also in

Turkey. Practitioners in the workshop supported this observation. Psychiatrist Dr. Mohammed Dandal, brought up the issue of prevalent gender-based violence in Syria, which he concluded was exacerbated in Turkey based on the cases he saw in Istanbul.

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<sup>8</sup> International Law demonstrates the underlying gender bias in the historical development of human rights. The 1951 Refugee Convention is gender neutral and inadequately addresses gender-related persecution. The definition of refugee protection is not widely applied to female-specific experiences of gendered violence (e.g., genital mutilation, forced and child marriage, domestic violence, and discriminative reproductive health practices).

<sup>9</sup> Whole of Syria Gender-Based Violence Area of Responsibility (GBV AoR), *Voices from Syria 2018: Assessment Findings of the Humanitarian Needs Overview* (New York: UNFPA, 2017).

<sup>10</sup> UN Women, *Gender-Based Violence and Child Protection Among Syrian Refugees in Jordan, With a Focus on Early Marriage* (Amman: UN, 2013).

## METHODOLOGY

During the workshop, participants identified gaps in healthcare services, obstacles to reaching basic healthcare, and best practices to facilitate healthcare services for refugees in Turkey. The discussions focused especially on refugee women with the aim to enhance communication and cooperation between stakeholders, identify key steps moving forward, and develop policy-relevant recommendations to facilitate Syrian refugee women's access to healthcare.

To gain an overview of participants' perceptions of the main challenges facing Syrian refugee women to access healthcare and their involvement in the issue, the workshop opened with a short introduction during which participants introduced themselves, explained how their work relates to the healthcare sector, and outlined what they see as the main challenges for Syrian refugee women to access healthcare services.<sup>11</sup> The introductory round was followed by presentations from five experts who were invited to give presentations related to their work in order to give input and structure to the roundtable discussions. The presenters were:

**Dr. Deniz Mardin:** Dr. Deniz Mardin is a general practitioner who is currently writing her PhD on the problems refugees face accessing the healthcare system in two cities, Istanbul and Eskişehir. She conducted research with service providers in three hospitals for her PhD. She has also worked extensively with Médecins Sans Frontières Greece in Turkey.

**Dr. Selen Örs Reyhanioglu (UNFPA):** Dr. Selen Örs Reyhanioglu is the programme coordinator with United Nations Population Fund Turkey

(UNFPA),<sup>12</sup> which is currently running the Women and Girls Safe Spaces (WGSS)<sup>13</sup> program in coordination with the Ministry of Health (MoH) and implementing partner organizations.

**Özlem Çolak (YUVA):** Özlem Çolak is the protection coordinator at YUVA Association (YUVA). YUVA<sup>14</sup> supports disadvantaged populations in Turkey and focuses on livelihood and education. They manage a community center in the Ümraniye district of Istanbul. For Syrian refugees, they provide support for reaching basic services as well as supporting access to education and skill development. YUVA conducted a needs assessment study in Ümraniye and Avcılar (Istanbul) among Syrian refugees living in these districts and presented part of their findings at the workshop.<sup>15</sup>

**Özgül Kaptan and Esin Epli (KADAV):** Özgül Kaptan is a social worker and Esin Epli is the project coordinator of KADAV's community center in Küçükçekmece. KADAV<sup>16</sup> (Women's Solidarity Foundation) has a rich history engaging in feminist politics in Turkey and works to support women's empowerment, LGBTTI individuals, and refugee and migrant

11 See Fig. 4.

12 UNFPA Homepage, accessed November 26, 2018, <https://turkey.unfpa.org/en>.

13 UNFPA, "Women & Girls Safe Spaces," accessed November 26, 2018, <https://www.unfpa.org/sites/default/files/resource-pdf/UNFPA%20UNFPA%20Women%20and%20Girls%20Safe%20Spaces%20Guidance%20%5B1%5D.pdf>.

14 YUVA Homepage, accessed November 26, 2018, <https://www.yuva.org.tr>.

15 The needs assessment was conducted in November–December 2017. YUVA members conducted visits to 265 households in both areas, interviewing 1,453 persons in total. Of the 1,453, they then asked 294 persons to participate in the needs assessment project. Özlem Çolak et al., *Yerinde Erişim Projesi Değerlendirme Raporu* (Istanbul: YUVA, March 2018).

16 KADAV Homepage, accessed November 26, 2018, <http://www.kadav.org.tr>.

communities in Turkey. KADAV runs a center in Küçükçekmece, Istanbul, providing psycho-social support, skills development programs, and offering daycare facilities for refugee women.

Dr. Mustafa Hamitoğlu: Dr. Mustafa Hamitoğlu is a gastroenterologist who previously worked as an employee of the Turkish Ministry of Health. He is the current head of the Istanbul Syrian Community Union. He was previously an advisor to the Minister of Health in the Syrian Interim Government. He is the founder of the Syrian Union and Cooperation Organization.

The five participants were invited to present a broad range of perspectives. The presentations were followed by comments and discussion from participants. Participants were encouraged to offer inputs about their projects and experiences in relation to the presentations as well as the healthcare system and refugee women's access overall.

In the first part of the workshop, participants focused on the barriers and persistent problems that Syrian refugees in general and women refugees especially face in accessing healthcare services. In the second part, participants focused on the issue of gender-based violence and discussed the general problems in Turkey in addressing and preventing gender-based violence adequately as well as the specific difficulties that refugee women face in accessing provisions.

## MAIN PROBLEMS IN ACCESSING THE HEALTHCARE SYSTEM AND SERVICES

### Barriers in the System

At the start of the workshop, the participants were asked to identify the main challenges they have found that Syrian refugee women face when trying to access healthcare services. Figure 4 shows the various challenges participants identified. The exercise highlighted the overlaps and commonality in

workshop participants' perceptions of the obstacles. The introduction round acted as an entry point for the workshop discussions. In structuring this report, we relied in part on the challenges participants had mentioned during this exercise as well as the presentations and overall discussion.

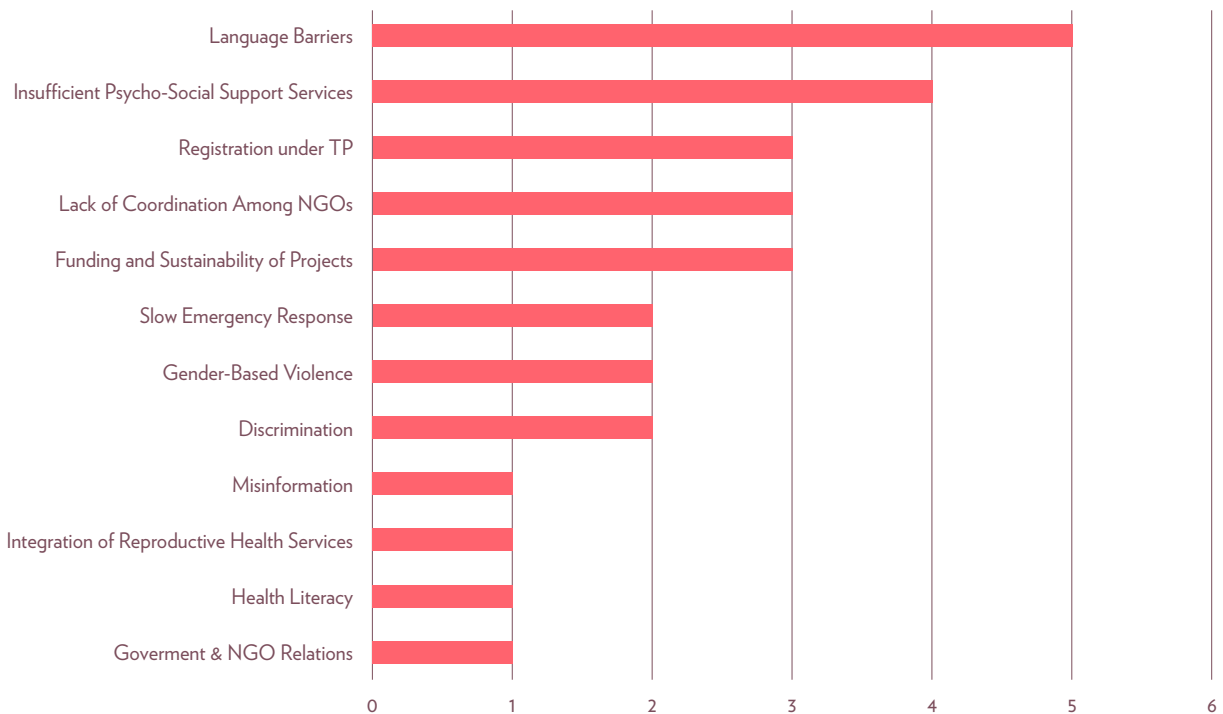


Fig. 4. Overview of the challenges that participants identified when asked to name the main challenge that Syrians face in accessing healthcare services. Some participants identified more than one challenge in their responses.

### Registration

Registration under TP is a key issue affecting refugees' access to services. Syrian refugees seeking medical assistance must have the TP Identification Document or at least the registration document proving they are in the process of applying for TP. Regarding this issue, workshop participants highlighted that both registered and unregistered refugees face problems in accessing healthcare services because of bureaucratic processes.

The DGMM and Provincial Directorates for Migration Management (PDMM) influence refugees' access to healthcare services. According to the YUVA Association, many Syrian refugees are moving from Turkey's southern border provinces to Istanbul or crossing the southern border and heading directly to Istanbul due to economic reasons and their existing social networks in Istanbul. Since late 2017, the registration of Syrian refugees has been halted in Istanbul due to the high number of refugees present (558,805),<sup>17</sup> which places pressure on service providers and capacities. Refugees registered in other provinces moving to Istanbul are not able to transfer their registration to Istanbul. In addition, refugees who applied under TP prior to the halt in registration face long waiting times between their initial registration and obtaining their TP identity documents. This period affects their ability to reach basic services.

The number of refugees who are not registered under TP is disputed, with different reports and experts offering varying figures. Members of the YUVA association reported that in their needs assessment, 13% of the refugees who participated in the assessment were not registered under TP.<sup>18</sup>

The halt in registering Syrian refugees includes some exceptions, namely pregnant women, persons with serious medical conditions, and newborn infants. Persons with medical conditions may have to provide a medical report to the DGMM or PDMM proving their condition to speed up or initiate the registration process. Since unregistered refugees do not have foreigner ID numbers starting with 99,<sup>19</sup> they cannot access the hospital online or telephone appointment system to book an appointment and receive a diagnosis from a specialist. As primary healthcare providers, Migrant Health Centers do not have the authorization to issue specialist health reports. According to Özlem Çolak from the YUVA Association, the situation turns into a "vicious cycle" as refugees who are most in need of accessing healthcare services may suffer to achieve this access.

Syrian refugees' access to healthcare is tied to the province they are registered in, whereby they can, for the most part, only access healthcare services in that province. According to the TPR, refugees registered in one province can use emergency services and Migrant Health Centers in another province; however, in practice this access is contingent, in most cases, on the hospital and staff. Due to the limitation on using healthcare services outside of the province of their registration, Dr. Deniz Mardin explained that healthcare workers then become the gatekeepers for refugees' movements and mobility.<sup>20</sup> While Syrians under TP may change the province they are registered in, they are required to submit proof of reasons for moving (e.g., educational purposes or seeking medical treatment). As mentioned before, refugees who moved to another province to join family members or for economic reasons are unable to change their registration, which poses a major obstacle to them accessing the full right to healthcare.

<sup>17</sup> Republic of Turkey, DGMM Statistical page, "Temporary Protection," accessed November 26, 2018, [http://www.goc.gov.tr/icerik6/geci-ci-koruma\\_363\\_378\\_4713\\_icerik](http://www.goc.gov.tr/icerik6/geci-ci-koruma_363_378_4713_icerik).

<sup>18</sup> Çolak et al., *Yerinde Erişim Projesi Değerlendirme*.

<sup>19</sup> Each foreigner registered with the Turkish authorities, whether under Temporary Protection, International Protection, or as a resident, is allocated an identification number starting with 99.

<sup>20</sup> Mardin, "Right to Health and Access."

Refugees under TP or International Protection<sup>21</sup> who apply to the local PDMM to transfer to another province to receive medical treatment unavailable in the province they are living also face difficulties. According to Dr. Mardin, receiving the transfer approval is difficult and involves long waiting periods. She explained that the delays may affect the efficacy of the medical treatment when it is received.

### *Slow Response*

During workshop discussions, the government's slow response to the refugee influx, in terms of adapting the system or implementing emergency mechanisms to cope with the influx, was mentioned repeatedly. In times of crisis and disaster, the healthcare sector is the primary sector where a fast response is necessary. According to Dr. Mardin, the capacities of the Turkish national healthcare system were not prepared for the protracted nature of the conflict in Syria and the large number of additional patients. Dr. Hamitoğlu added to the comment by stating that while the protracted nature of the conflict was unanticipated, the Turkish government's efforts given the size of the refugee situation must be commended.

Overall, the Turkish national healthcare system has been undergoing changes in recent years. The MoH is trying to shift the emphasis toward preventative care by developing primary level care, but overall, the system follows a disease-based approach. In the case of mass migration, this approach may lead to long-term public health issues due to pre-existing chronic medical conditions that the healthcare system must

now cope with.<sup>22</sup> In addition to war-related injuries and mental health issues, treating refugees' pre-existing medical conditions have increased pressure on the healthcare infrastructure.

Other than the slow response, general gaps in the healthcare system exist for all beneficiaries (Turkish citizens and refugees alike).<sup>23</sup> The large number of additional patients has aggravated the already existent gaps in the healthcare system. Medical professionals as frontline healthcare providers are affected both by the existent gaps and the increased pressure on the healthcare system. Healthcare providers face work-related problems that may influence their engagement with refugees, such as long working hours and work overload. These, when combined with language barriers, affect the treatment of refugee patients. Hospital staff then also influence refugees' access. While the law regulates Syrian refugees' access to healthcare, the implementation of regulations in hospitals differs based on the hospital. In this regard, discrimination against refugees, lack of knowledge about current legislation, and in some cases, hospitals charging fees for services that should be free of charge were significant problems stated during the workshop.

An additional gap that affects refugees is the decrease in the number of pharmacies cooperating with the DGMM since 2014. Pharmacies that participate in the scheme bill the DGMM for the prescribed medications. Refugees only cover a small amount of the cost of these medications. As Dr. Mardin pointed out, the decrease places a higher burden on refugees to locate pharmacies willing to fill their prescriptions.

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<sup>21</sup> International Protection is included in the Law on Foreigners and International Protection. Conditional refugees under International Protection are persons who have submitted an asylum claim and were granted conditional refugee status based on a genuine fear of persecution.

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<sup>22</sup> According to the YUVA needs assessment, chronic diseases were reported by 34% of all approached households, and half of the households with members suffering from chronic diseases cannot access medication. See Çolak et. al.

<sup>23</sup> As one example, the Ministry of Health has been trying to shift psycho-social support to mental health community centers. However, this has been happening at a limited pace, and much of the psycho-social services are limited to psychiatric care in specific hospitals.



With regard to specific gaps affecting refugee women, workshop participants highlighted that major disparities exist in provisions for mental healthcare, reproductive healthcare, and support for survivors of gender-based violence. According to participants, reproductive health especially presents an aggravated risk in forced migration, affecting maternal and infant mortality rates.<sup>24</sup> The subsequent sections will examine in more depth participants' engagement with these specific gaps.

### Language and (Mis)Information

#### *Health Literacy and Knowledge of the Healthcare System*

Refugees face significant problems using healthcare services and/or reaching information on available healthcare service opportunities due to several factors, including differences in patient culture in Turkey compared to Syria, administrative processes, and language barriers. The main obstacles include problems using the hospital appointment system to get an appointment and challenges in refugees orienting themselves in the hospital system bureaucracy. This is especially complicated in cases where refugees must get a medical report demonstrating a disability or to identify what specific surgery or treatment is necessary. Several workshop participants touched upon these issues from different angles during the discussions. This can be summed up in the words of Özlem Çolak:

We should not see it as the fact that [Syrian refugees] have no knowledge about the health-care system, but rather the fact that people do not know how to orient themselves, where to go and [how to] reach [services], when people go to the hospital. Because this person may have gone to the hospital once before. It is not that they have never tried to go to the hospital. They go there, lose their way, they do not know what

to do. They try once, try twice, and then give up on trying for the third time and give up on accessing service or treatment or examination.

Çolak highlighted a crucial issue that can have long-term effects on refugees' health. This can also have a significant long-term effect on the Turkish healthcare system overall, since the risk of chronic disease and serious illness because of non-treatment or insufficient treatment poses future challenges for the healthcare system. Obstacles to adequately receiving the required healthcare treatment furthermore increases refugee mortality rates.

Since refugees are unfamiliar with the healthcare system in Turkey, in many cases, they depend on guidance from NGOs or word of mouth to orientate themselves. In Istanbul, NGOs play a central role in supporting refugees, whereby enabling refugees to translate their rights into the provision of basic services.

In cases where refugees are able to get an appointment with the required healthcare specialist, they are not always satisfied with the diagnosis they receive. Dr. Mardin explained that due to differences in patient culture, many refugee patients complain that they were unable to understand the diagnosis properly or do not trust the diagnosis. In some cases, refugee patients do not follow up with the same doctor or follow the prescribed treatment. Differences in patient culture influence patients' health literacy, their trust in physicians as medical authorities, and their willingness to commit to prescribed medical treatment.

#### *Language*

The language barrier and lack of professional translation services in health facilities are major challenges for refugees and healthcare providers. The TPR includes clauses specifying that translation services will be made available for refugees (Article 31), but

<sup>24</sup> See also Hatice Kahyaoglu Süt, "Suriye'den Göç Eden Kadınlar ve Üreme Sağlığı Sorunları," *Sağlık ve Toplum* 21, no. 1 (2017).

this clause has not been activated.<sup>25</sup> In a bid to overcome language barriers, refugees ask friends to translate on the telephone or accompany them to medical appointments. However, many doctors refuse to accept translation on the phone, because they fear that the information will be mistranslated or translated badly. It was noted during the workshop that language is not only a problem concerning the conversations with the medical staff but also while booking an appointment using the appointment system.<sup>26</sup> Language barriers are not only an issue because of the translation of medical terms but also with regard to navigating the healthcare system bureaucracy.

As mentioned previously, the majority of Syrian refugees are women and children, and many women are responsible for facilitating their family members' access to healthcare services. According to Özgül Kaptan of KADAV, language barriers are persistent for women, because many women do not have a social life outside of their family circle. While language courses are available, it is difficult for women to join if there is no daycare support for their children. In the workshop, Kaptan stated, "on the one hand, we should not forget that the women are taking the children to the doctor. So their burden is much more in this regard. Women need special support regarding language training." She explained that as part of their work with women, KADAV tries to focus on identifying vocabulary related to health issues or other everyday situations that are necessary in an effort to help their beneficiaries navigate bureaucratic and other situations.<sup>27</sup>

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25 The MoH has trained 960 bilingual (Arabic-Turkish) system guides with the aim of deploying them to hospitals across Turkey. The guides will assist refugees to orient themselves within hospitals. So far, 511 system guides have been assigned to information desks in key hospitals across Turkey.

26 The online booking system was amended in late 2018. Arabic and Russian were added to the existent Turkish and English.

27 Recent state regulations affect civil society and NGOs' ability to offer language courses. The regulation requires civil society organizations and NGOs to obtain official permission to provide language training. The change in policy presents a major obstacle for NGOs in the field of language education.

## Intersectional Patterns of Discrimination

Workshop participants discussed structural barriers that refugees face when accessing healthcare services as intersectional patterns of discrimination against refugees. Bureaucratic obstacles in reaching healthcare services can intersect with racism towards refugees and/or specifically gender-based discrimination towards refugee women. Additionally, obstacles to access healthcare services can intersect with barriers to enter the formal labor market, because refugees may be exposed to unhealthy and insecure working conditions.

Relying on her study of healthcare access for Syrian refugees in Turkey,<sup>28</sup> Dr. Mardin explained that the healthcare system is designed for people who understand the system, live in a permanent accommodation, and are able to communicate their needs in the country's language. Living conditions, working conditions, access and right to work, and legal status all affect Syrian refugees' daily lives and access to resources. Citing the Committee on the Economic, Social, and Cultural Rights,<sup>29</sup> Dr. Mardin defined "poverty as a human condition (is) characterized by a sustained or chronic deprivation of resources, capabilities, choices, security, and power necessary for the enjoyment of an adequate standard of living and other civil, cultural, economic, political, and social rights." These structural forms of discrimination deeply affect refugee women's access to basic resources and services.

In addition to structural barriers, racism against Syrian refugees is a major problem affecting their access to basic rights. Host society members' negative perceptions of refugees, such as the view that

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28 Mardin, "Right to Health and Access."

29 The CESCR is a body of 18 independent experts that oversees the implementation of the International Covenant on Economic, Social and Cultural Rights by UN member states. UNHCR, "Committee on Economic, Social and Cultural Rights," accessed November 26, 2018, <https://www.ohchr.org/en/hrbodies/cescr/pages/cescrindex.aspx>.

refugees bring illnesses or negatively impact the health system, are widespread and contribute to discrimination against refugees. Refugees experience discrimination in hospitals if staff refuse to process their case or refuse them treatment, even if legal regulations ensure this as their basic right. According to Dr. Mardin healthcare professionals act as gatekeepers influencing how and if refugees receive the necessary medical treatments. Discrimination is especially problematic for women's reproductive health concerns, since women with pregnancy and/or birth complications may face difficulties in receiving adequate treatment. The mortality rates of mothers and infants are impacted by these practices.

In addition to the discrimination refugees may face when seeking healthcare services, the effect of the informal labor integration of Syrian refugees and refugees in general in Turkey may have negative effects on their health conditions. The barriers associated with formal employment impact refugees' access to their labor rights, especially concerning work-related injuries and sick leave. Since 2016, it is possible for Syrian refugees under TP to obtain a work permit, but the process is long and employers must apply for the permit in most cases. However, many employers are reluctant to apply for work permits for refugee employees, since the costs of hiring them informally are much lower. These structural barriers can be conceived as a form of discrimination that influences refugees' opportunities and access.<sup>30</sup>

Dr. Mardin explained that work-related injuries pose a major problem for Syrian and non-Syrian refugees, as employers fear that the injured employee will report that the injury is work-related in the hospital. If such a report was made, the employer would face charges and fines for hiring refugees informally. However, as Dr. Hamitoğlu highlighted, at a more basic level, refugees' integration into the informal labor market influences their access to health services. Refugees may delay seeking medical treatment for conditions because they fear losing their job if they take time off. This may exacerbate the health condition, increasing the burden on refugees and the healthcare system in the long term.

In addition to the obstacles that exist for all refugees to enter the formal labor market, several workshop participants highlighted that refugee women are exposed to exploitation in the labor market and face greater risk of sexual harassment in the workplace. Refugee women more often work in informal and precarious working conditions, and employers may take advantage of refugee women's need to ensure their families' livelihood. Gender-based violence is a violation of women's basic human rights and has tremendous effects for women's health.

<sup>30</sup> Based on figures from the Ministry of Labor, Family and Social Services (MoLFSS) 2016, 13,284 work permits were issued for Syrian refugees. The Ministry of Labor and Social Security was merged with the Ministry of Family and Social Policies on July 9, 2018. See Resmi Gazete, accessed November 26, 2018, <http://www.resmigazete.gov.tr/main.aspx?home=http://www.resmigazete.gov.tr/eskiler/2018/07/20180709m3.htm&main=http://www.resmigazete.gov.tr/eskiler/2018/07/20180709m3.htm>.

## ACCESS TO MENTAL HEALTHCARE

### Absence of Psycho-Social Support Service/Attention

According to the TPR, refugees have access to primary, secondary, and tertiary healthcare services; however, the regulation does not clearly outline the access to psycho-social support.<sup>31</sup> This lack of clarity is combined with the high prevalence of mental health issues among Syrian refugees and the concurrent absence of comprehensive services addressing the issue.<sup>32</sup> Regarding mental health provisions, Çolak explained that there are only three main hospitals dedicated to psychiatric care in Istanbul, and none of these hospitals have medical staff who speak Arabic nor do they provide interpretation services. NGOs that are active in refugee support depend on referring refugee beneficiaries seeking psycho-social support to other NGOs offering these services. Çolak highlighted that overall “there are very few sources that we can refer to the people who need more specific specialized treatment regarding mental health, too.” In addition, healthcare professionals in Turkey are not trained to deal with refugee populations in general and especially mental health issues relating to forced migration and gender-based traumatization. YUVA explained that while a high number of Syrian

refugees who participated in the YUVA survey said they suffer from mental health problems, very few were receiving treatment.<sup>33</sup> It is critically important to develop a rapid and efficient response to the high number of refugees with mental health issues, including trauma and depression.

Participants stated that the lack of female psychiatrists—especially female Syrian psychiatrists—in Turkey is a major gap in the healthcare system. Dr. Mohammed Dandal, a psychiatrist, spoke about the potential of integrating female Syrian mental healthcare professionals into the system and problematized the barriers for their integration into the Turkish healthcare system.

There is a large number who want to come [to Turkey]: doctors, women and men. I spoke to many about creating initiatives related to mental health. We had an idea to conduct a methodological training so that, for example, we train a number of women pediatricians and gynecologists so that they can deal with the mental health side related to children or women, especially postpartum depression, [and] especially in areas where there are no psychiatrists, which is many provinces...<sup>34</sup>

Another aspect mentioned by workshop participants is the social stigma related to mental health issues whereby seeking out mental health services is perceived as shameful. Oula Marwa, protection officer with Women Now for Development, explained that pursuing treatment for mental

31 As part of the amendments to the TPR in 2018 (March 16, 2018), psycho-social support was included under Article 27 (1,5): “Psycho-social services to be provided for persons benefiting from Temporary Protection shall be carried out [in cooperation] with support-solution partners, which are also specified in the Disaster Intervention Plan of Turkey published by the Ministry of Family and Social Policies in the Official Gazette No 28871 of 3/1/2014.”

32 See also: Gökay Alpak et al., “Post-traumatic stress disorder among Syrian refugees in Turkey: A cross-sectional study,” *International Journal of Psychiatry in Clinical Practice* 19, no. 1 (2015); S. Al-Nuaimi et al., “Psychiatric morbidity among physically injured Syrian refugees in Turkey,” *Comprehensive Psychiatry* 80 (2018); Mehmet Karadağ et al., “Our experience with Syrian refugee patients at the child and adolescent psychiatry clinic in Gaziantep, Turkey,” *International Journal of Psychiatry in Clinical Practice* 22, no. 2 (2018): 157-159.

33 Çolak et al., *Yerinde Erişim Projesi Değerlendirme*.

34 Dr. Dandal explained that he was part of a similar initiative undertaken in Syria prior to the war to train general practitioners, gynecologists, and pediatricians in rural areas to identify and deal with mild mental health issues due to the absence of psychiatrists in the areas.

health issues is not perceived as a top priority for many refugees because other basic needs including housing, income, and nutrition are more urgent or pressing. Refugees then delay seeking treatment or do not seek treatment at all.

Çolak explained that some participants in the YUVA needs assessment said they have not sought psycho-social support because it is considered culturally inappropriate. However, this was not the only issue highlighted. Many refugees do not try to access psycho-support because they are unaware of mental health problems or where to access services:

It is necessary to have knowledge [of mental health symptoms] to define a problem as a problem firstly, such as anxiety, fear, and sadness, which constantly affect everyday life. Since there is no information they [refugees] have to define what people experience. If this information is not available, it becomes a part of their lives. If they do not see this [mental health issue] as a problem, and if their condition is not so extreme that they must enter a psychiatric institution, then people do not search for a solution for the issue. Having incomplete or no information is related to this.


Similarly, Dr. Mardin emphasized that the existence of non-perceived needs must be addressed, not only perceived needs. She highlighted the strain that chronic uncertainty places on refugees' mental health. Social isolation and exploitation in the labor market may lead to anxiety and depression. To address the psychosocial issues that refugees face, it is also necessary to address the institutionalization of temporariness with which Syrian and non-Syrian refugees contend. Structural uncertainty affects refugees' economic and educational possibilities, their access to other resources, and their long-term planning for themselves and their families.

In summary, participants brought to the fore the multiple barriers Syrian refugees face to receiving adequate mental health treatment. These range from system barriers, refugees' lack of knowledge, de-prioritizing mental health issues, and the social stigmatization of psychological problems.

### **Gendered Aspects of Mental Health**

During the workshop participants emphasized that symptoms of mental health problems are prevalent and widespread among Syrian refugee women including eating disorders, changes in eating habits, isolation, fear, sadness, anger, anxiety, among other issues. Dr. Dandal highlighted the vast scale of the problem:

Through my individual work, I saw real catastrophes as women, to begin with, in our societies, face violence in Syrian society. To be honest, in rural areas, the percentage of education was low, [and there is a] lack of job opportunities. So, we are seeing a woman who moved from a small village in Syria's countryside, and she is now present in Istanbul. Sometimes she may have lost her husband, she is now responsible for her children, and she sometimes works in a factory for ten hours to support herself. So, we can imagine the size of the catastrophe, these children, a mother who is almost illiterate, who is working ten hours a day to pay her rent and food and drink for her children. (...) If we combine the initial circumstances (women's rights violated in Syria), the circumstances of the war, the absence of psycho-social support services, we can imagine the catastrophe.



Dr. Dandal also explained the social implication of mental health issues that are not adequately addressed, citing that traces of mental health issues remain for several generations:

(...) the woman who has experienced trauma and has depression or has post-traumatic stress disorder will leave catastrophic marks on the children, and this way it transfers through several generations. We know now that in America and Europe there is still suffering due to the Vietnam War and even (...) the Second [World War] that still has ramifications until this moment. This issue occurs in the absence, completely, of studies about Syrians, the treatment that Syrian children are receiving, and the dangers of this for tens of years to come.

Not only are the provisions focused on mental health issues, especially gender-specific responses, limited, but also the number of women receiving support are far fewer than those experiencing mental health problems. Developing initiatives catered towards women specifically will help many different parties, including both women suffering from mental health issues as well as Syrian and Turkish society in the long term.

## REPRODUCTIVE HEALTH AND GENDER-BASED VIOLENCE

### Gaps in Reproductive Healthcare

The TPR, while outlining refugees' access to healthcare services, does not include references to reproductive health services. NGOs and international and national non-state actors play a key role in promoting access to reproductive health and raising awareness about the need to make it part of national healthcare services. In this domain, UNFPA continues to advocate that the MoH and the Turkish government incorporate reproductive healthcare services into the national healthcare services.

Dr. Selen Örs Reyhanoğlu of UNFPA explained that in situations of war and forced migration, the need for reproductive health increases especially as the risk of sexual violence, sexually transmitted diseases, and HIV transmission may increase.

As more than 46% of all Syrian refugees in Turkey are women and girls, the need for reproductive healthcare is evident. Syrian women and girls of reproductive age are particularly at risk of experiencing sexual violence. Other than sexual violence in the form of forced or early marriages and unwanted pregnancies, Dr. Örs Reyhanoğlu mentioned that among refugee women at least 15% may experience complications during childbirth or miscarriages, as well as pre-mature births, in which newborns require medical treatment and follow-up.

The following section will outline problems Syrian refugee women face during the different stages of pregnancy.

### *Prenatal*

Prenatal care is important to identify and help prevent complications later on in the pregnancy or during delivery. As Dr. Örs Reyhanoğlu explained, in any society, 15 out of 100 pregnancies may have no problem during the pregnancy itself, but the mother may suffer complications during childbirth that will require comprehensive obstetric care. In addition, it is important to specifically target under-aged girls that are pregnant because of additional health risks in cases of early pregnancy.<sup>35</sup>

Çolak explained that among the pregnant or new mothers they interviewed, 48% of the interviewees had not undergone medical checks during their pregnancies. Of the 52% who underwent medical checks, the majority only did so in the last months of their pregnancy. A smaller number of women—of the 52%—saw a doctor at four to six months or at the start of their pregnancy.<sup>36</sup> The assessment, while limited in sample size, offers examples of major gaps in reaching sufficient prenatal care.

Not receiving medical care during pregnancy may endanger the lives of mothers and unborn infants. In this regard, it is critically important to raise awareness and ensure refugee women's access to comprehensive prenatal service.

<sup>35</sup> Çolak et al., *Yerinde Erişim Projesi Değerlendirme Raporu*.

<sup>36</sup> Ibid.

## SAFE SPACES: ONE APPROACH TO ADDRESS REFUGEE WOMEN'S HEALTH CONCERNS

“In many societies it can be difficult to see a woman in the public sphere from time to time, since there is limited space for women to come together. Especially traditionally, childcare, cooking, housework, family care, etc., are perceived as the responsibility of the woman. In crisis situations, other roles can also be added to these such as working outside, generating income, or finding help. Again, families are opting to generally keep their girls at home to protect their daughters, not to allow them to go out of the house much. In crisis environments, girls and women become more isolated at this time, becoming more dependent on the home.” (Dr. Örs Reyhanoğlu, UNFPA)

The main objective of the Women and Girls Safe Spaces (WGSS) program under the UNFPA is to ensure that women and girls have access to healthcare, particularly sexual and reproductive health services and rights, including prenatal care, safe birth, postnatal care, and family planning methods. WGSS raises awareness about sexual transmitted diseases and contraceptive methods.

The WGSS also responds to gender-based violence without stigmatizing refugee women by offering legal, psychosocial, and medical support for survivors of gender-based violence. They provide protection services and awareness raising to prevent gender-based violence. The WGSS provides spaces for women outside of their homes that they can frequent as an environment where they are emotionally and physically safe from violence and do not face censorship from their communities or discrimination from the host society. According to Dr. Örs Reyhanoğlu, the project aims to help refugee women connect with other women and create networks by providing a space to socialize.

Around 400 service providers, including doctors, nurses, midwives, psychologists, social workers, and healthcare providers, work within the WGSS. Dr. Örs Reyhanoğlu explained that in 2018, 34 healthcare counseling centers were operating in cooperation with the MoH and providing services complementary to the service of Migrant Health Centers.

Service providers work with healthcare intermediaries. In order to activate women's roles within the community, UNFPA initiated a program working with healthcare intermediaries within the Syrian community across Turkey. The intermediaries are usually women that approached the centers and received training within the centers (training in reproductive health services, gender equality, family planning, and psychosocial support). The women serve as outreach workers working as bridges between their community and the center.

The WGSS responds to refugee women's need for information on health issues, family planning, and gender-based violence, as well as a physical space for refugee women to socialize in a safe environment.



### *Childbirth & Delivery*

Many participants stated that access to childbirth services is a key issue facing Syrian refugee women in Istanbul, especially those without the TP identification card or with identification documents issued in another province. For refugee mothers, giving birth in a healthy environment depends on having identification documentation from the city they are living in, registering with the hospital, and attending appointments with an obstetrician-gynecologist to ensure they can deliver in the hospital. Women without identification documents or with documents issued in other cities have no option other than delivering in private hospitals (which is costly) or at home. Unregistered women in the late months of pregnancy pose a significant challenge for NGOs supporting refugees as there is ambiguity about which authority to call upon to register these women quickly. In the case the mother is unregistered and delivers at home, the child will have no documentation, which may result in an increase in the number of stateless persons in the future.

In addition, refugee women face problems regarding delivery as it is not included in the law on emergency medical services. As such, all pregnant women are expected to plan ahead to ensure the hospital will accept them. Some women approach the emergency rooms for giving birth because they had inadequate healthcare provisions and information during the pregnancy. In such cases the hospital staff may recommend that the pregnant woman return to the hospital just before she delivers as otherwise the family will be charged for admittance for a non-medical emergency.

The availability of data about maternal and infant mortality rates is another issue for NGOs and institutions working with refugee women. Dr. Mardin highlighted that public data exists for maternal and infant mortality rates among Turkish citizens, but

the MoH does not publicly share the same data for refugee women. In cases where a Turkish citizen gives birth at home and the infant dies, the local health directorate undertakes an investigation of the death; however, in the case of refugee women, it is unclear how and if the same process is followed. One recommendation made by Dr. İlker Kayı, Koç University, who participated in the workshop, was for NGOs to conduct an oral autopsy in this case. This method helps us to understand the frequency of occurrences and to address the issue.

### *Post-Natal*

As the registration of mothers affects the speed at which infants are registered, infants requiring medical follow-up and treatment will face problems if their mother is not registered as their access will be curtailed. In the long term, unregistered children will be unable to access formal education or other basic rights.

Participants identified another crucial gap within the healthcare system regarding the mental health of refugee women. According to Dr. Dandal it is necessary to consider the impact of postpartum depression among refugee women:

We are talking about a massive number of births. I do not have figures, but they mentioned several thousand. We know that after 10% of births, [mothers] will suffer from postpartum depression. So faced with the [probable] figures, thousands of women suffer from postpartum depression without receiving treatment (...)

As discussed above access to mental healthcare and especially gender-specific forms of psychological support for cases of postpartum depression represent a significant gap in the refugee response and in the healthcare system overall.

## Abortion

Abortion has been legal in Turkey since 1983. Nevertheless, access to abortion services is very limited. According to Mary Lou O’Neil and her co-authors (2016), even if abortion is legal in Turkey, only a small number of state, education, and research hospitals provide abortions without restrictions. Out of Turkey’s 81 provinces, 53 do not have a state hospital that provides abortions without restrictions. Many hospitals refuse to perform abortions, apply stigmatizing practices, and provide abortions only in cases of medical necessity.<sup>37</sup> Due to overall limited access, there are also difficulties having an abortion in cases of rape. With a societal and political climate that is characterized by discourses that strongly stigmatize abortions and control women’s reproductive rights, women’s self-determination is continuously violated.<sup>38</sup>

In addition to the limited access to abortion in Turkey, workshop participants highlighted that abortion is also stigmatized within Syrian communities. The feminist organization KADAV underlined this:

In fact, we saw that Syrian women want to be able to talk about birth control very easily. Sometimes we saw that they want to have an abortion because they do not want to give birth to their sixth child. Within the

community, this subject was raised when we conducted a working group with 160 people. When the subject is discussed in the community and women react and state that it is not appropriate and is forbidden by religion, women give up. There is social pressure. There is community pressure, actually. For this, it is not too much trouble, but the issue of opinion leaders needs to be strengthened a little bit. Healthcare professionals have a very important task in this regard, because healthcare professionals are automatically perceived as opinion leaders in a sense.

Other participants also raised the issue about the role of healthcare professionals as public figures in raising awareness. However, another issue raised by participants is the difficulty in reaching out to pregnant children and ensuring abortions. Early marriage is a significant issue among Syrian refugees and the health implications for pregnant girls and adolescents not only pose a challenge for the health system but also in terms of women’s and girls’ rights.<sup>39</sup>

<sup>37</sup> In their survey Mary Lou O’Neil and her co-authors (2016) found that only a small number of state hospitals provide abortion services without restrictions. The majority of hospitals only offer abortions to address medical reasons, and some hospitals with departments of obstetrics/gynecology do not offer abortion services at all. Mary Lou O’Neil et al., *Legal but not Necessarily Available: Abortion Services at State Hospitals in Turkey* (Istanbul: Kadir Has University Scientific Research Fund, 2016). See also: Katrina A. MacFarlane et al., “‘It was as if society didn’t want a woman to get an abortion’: a qualitative study in Istanbul, Turkey,” *Contraception* 95, no. 2 (2017): 154–160.

<sup>38</sup> Ünal and Cindoğlu discuss the political discourses on abortion and women’s reproductive rights. Didem Ünal and Dilek Cindoğlu, “Reproductive Citizenship in Turkey. Abortion Chronicles,” *Women’s Studies International Forum* 38 (2013): 21–31.

<sup>39</sup> UN Women, *Gender-Based Violence and Child Protection*.

## KADAV AND WOMEN'S SOLIDARITY: ONE APPROACH TO ADDRESS GENDER-BASED VIOLENCE AGAINST (REFUGEE) WOMEN

KADAV is a feminist organization founded in 1999 that works primarily with women, children, and LGBTTI individuals. The organization has also focused on refugee women in Turkey since 2011. KADAV operates a center in Küçükçekmece, Istanbul, that offers support predominantly for Syrian women.

The organization provides legal counseling support and psychosocial support as well as skill development workshops such as design, tailoring, and weaving for refugee women. KADAV supports refugee women in reaching basic rights and services, including healthcare services.

KADAV is a UNHCR implementing partner in the field of protection of refugee women and children against gender-based violence. In this regard, they conduct case management concerning gender-based violence, offer psychosocial support in such cases, and provide support to women to access forensic reports following incidents of violence. The KADAV representative explained that members of the organization accompany women, citizens or refugees, to police and other institutions in many cases when the woman wants to report violence in order to ensure that the woman's right to protection is enforced. Additionally, KADAV offers legal advice for unwanted pregnancy and health problems in case of early pregnancy and trainings on reproductive health, sexual health, and hygiene within solidarity groups.

The organization creates women's solidarity groups with a feminist approach to support survivors of gender-based violence, to advocate for women's basic right to be unharmed by all forms of violence, and to facilitate support between women in cases of gender-based violence.

During the workshop the representatives of KADAV highlighted the importance of women's solidarity to advocate for (refugee) women's basic rights and the importance of proactive and determined lobbying for the implementation of laws related to the prevention and response to gender-based violence by civil society organizations active in the field of refugee support.

Women's organizations like KADAV as well as refugee-led women's organizations like Women Now for Development have an important role in advocating for refugee women's basic rights.

### Gender-based Violence

This widespread violation of women's rights was highlighted during the workshop discussions. KADAV representatives stressed that major problems exist in the prevention and response to gender-based violence. Esin Epli of KADAV explained that although a legal framework exists to address/punish gender-based violence and to protect women, there is still a mentality across many institutions dealing with gender-based violence that is not supportive of women. Epli explained that refugees face various

problems regarding the implementation of existing laws. For example, Law No. 6284 to Protect Family and Prevent Violence against Women<sup>40</sup> is not well known among officials and NGOs according to her.

<sup>40</sup> Law 6284 to Protect Family and Prevent Violence Against Women provides protection to women regardless of marital status. Under this law, women are able to obtain a temporary restraining order against perpetrators of domestic violence. The law also provides state assistance for victims of domestic violence including a shelter, financial aid, psychological and legal guidance and counseling, and support for the victims' integration into the workforce. Resmi Gazete, accessed November 26, 2018, <http://www.resmigazete.gov.tr/eskiler/2012/03/20120320-16.htm>.

Law enforcement institutions often advocate for the reunification of women with their violent husbands, arguing that the aim is to protect the entity of the family rather than emphasis protecting women. In addition to the reunification of women with their husbands, gender-based violence-related laws are not always implemented in favor of women.<sup>41</sup> Even if marital rape is defined as a crime in the Turkish penal code, the laws are often not implemented in cases of marital rape. In general, there is a gap within the healthcare system for survivors of sexual abuse and torture. Only particular hospitals offer support and treatment, limiting access to appropriate services.

The above-mentioned structural barriers and obstacles in addressing gender-based violence are exacerbated for refugee women. Özgül Kaptan, KADAV, explained that even among Turkish women, who have access in terms of language and knowledge of which institutions to turn to, the number of women who apply for legal protection on the basis of domestic or other violence is low (11%).<sup>42</sup> In the case of Syrian women, who do not know the language and face more structural challenges to obtain information about existing institutions, the situation is even more complicated. As an example, Kaptan explained that while in theory women can file a complaint with the police without having to provide their identity card, in practice police will ask for their identity card, which constructs another barrier for Syrians.

Healthcare professionals are obliged to write a report if a patient bears signs or marks of violence.

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<sup>41</sup> For example, women's "provocative" clothing and/or behavior had been used in several cases to blame the victim in order to reduce the violator's sentence. For a comprehensive feminist analysis of stigmatizing legal practices and deficient implementation of laws to protect women, see: Cemre Baytok, "Political Vigilance in Courtrooms: Feminist Interventions in the Field of Law," MA thesis, Bogazici University, 2012; Feminist Politika, "Dosya: Tecavüz: Şiddet, ceza, cinsellik," *Feminist Politika* 14 (2012): 21–42.

<sup>42</sup> The data of the study Arat and Altınay on violence against women underline these assumptions. Yeşim Arat and Ayşe Gül Altınay, *Violence Against Women in Turkey: A Nationwide Survey* (Istanbul: Punto, 2009).

These reports are important to have on record if another violation occurs. Nevertheless, according to workshop participants, not all healthcare professionals report the cases even if they are legally required to. Kaptan explained that KADAV has faced problems getting forensic reports:

We are confronted with a general resistance against the implementation of [Law] 6284. This is not just in cases involving Syrian refugees. For example, obtaining the forensic report was actually a very easy process a few years ago, and when a woman applied to a police station, police in the police station were guiding them. Now, we have to push them. We have to accompany them. We cannot obtain the forensic report for Turkish women as well without accompanying them. There is a serious reluctance to implement the law in practice. The officers do not know the principle of non-refoulement and issue of violence in a very serious sense. In every police station, police will prefer to send the people back if there is a visa issue and if they have completed their period of stay.<sup>43</sup>

Dr. Örs Reyhanoğlu highlighted that, in addition to institutional obstacles for refugee women to access support in cases of gender-based violence, the problem (especially sexual violence) is highly stigmatized and silenced as refugee women fear being excluded by their family and community. Altuna Söylemezoğlu of UNFPA referred to the experiences within the WGSSs and explained that in cases where doctors and nurses in the Safe Space program suspected that a patient had experienced gender-based violence and broached the issue with patients, the beneficiaries often did not come back to the WGSS.

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<sup>43</sup> Kaptan is referring to women who are refugees or in Turkey with a visa or residence permit. Syrian refugee women as persons under Temporary Protection have the right to remain in Turkey for the foreseeable future.

In addition to serious shortcomings in the implementation of gender-based violence-related laws for all women in Turkey, unregistered refugees often do not want to go to the police because they fear they may be deported. Epli of KADAV explained that among officials the principle of non-refoulement according to the Istanbul Convention in cases of violence is not well known. This issue affects refugee and migrant women across nationality and legal status in Turkey.

The workshop discussion highlighted that there are critical gaps in knowledge among refugee supporting NGOs and civil society organizations concerning the existing legal framework and mechanisms to address gender-based violence. Especially for organizations working with refugee women, a support network and sufficient knowledge about the possible interventions and legal mechanisms is important to prevent gender-based violence and protect refugee women.

Both the representatives of KADAV and UNFPA spoke about the situation of women's shelters in Turkey. The General Directorate on the Status of Women, a unit of the MoLFSS, is responsible for managing women's shelters. In some larger towns across Turkey, municipalities run shelters at the community level. In different cities, a few NGOs run shelters for survivors of gender-based violence. Some of those shelters are a result of the efforts and advocacy of feminist activists who have been active in Turkey since the 1980s.<sup>44</sup>

Workshop participants explained that as the majority of shelters are run by state authorities, accessing the shelter is contingent on filing a complaint with the police. They explained that the number of shelters is insufficient, the shelters are crowded, and in some cases a shelter setting might

not be suitable for some women. Söylemezöğlü gave the example of a woman who went to a shelter with her infant child, but due to the shelter rules eventually returned to her husband as the shelter insisted she leave her infant in the children section at night. It is necessary to note that none of the shelters in Turkey have Arabic-speaking staff or interpreters, which may act as a deterrent for Syrian women.

Crucial structural problems in the prevention and response to gender-based violence result in serious shortcomings regarding the protection of refugee women. Even with the existence of laws in Turkey to protect women, implementation of the law in favor of women or awareness about the laws is lacking. Refugee women who experience gender-based violence face multiple obstacles, institutional barriers, structural-legal barriers, as well as language barriers and registration problems. In addition to these, the continued stigmatization of survivors of gender-based violence and the emphasis on preserving family unity represent serious limitations within the protection of (refugee) women against all forms of gender-based violence.

<sup>44</sup> Çağla Diner and Şule Toktaş, "Shelters for Women Survivors of Domestic Violence. A view from Turkey," *Women's Studies. An Inter-disciplinary Journal* 44, no. 5 (2015): 613.

## CIVIL SOCIETY ORGANIZATIONS' CONCERNS

### Funding and Sustainability of Projects

Several workshop participants mentioned that securing continued funding for projects is a major challenge to efforts in the field of refugee support. The long-term sustainability of projects depends on reliable funding sources.

The long-term need for sustainable projects increases in importance when we consider that many Syrian refugees will remain in Turkey. Consequently, issues such as social cohesion, economic integration, and the inclusion of Syrian healthcare and education professionals into state institutions have gradually become priorities for state and civil society actors. Civil society actors such as NGOs play a key role in assisting Syrian refugees not only in accessing their basic rights but also providing programs focused on livelihood, education, healthcare, or social cohesion. One issue highlighted by Epli was that organizations tend to focus more on providing services as a stepping stone towards advocating and arguing for refugees' rights.

Ensuring civil society organizations and NGOs have access to adequate and sustainable funding is critically important, because these organizations need support to provide different services including outreach and awareness raising for vulnerable or difficult to reach groups such as refugees. Their local insight into refugees' situation, and their knowledge and guidance based on their field experience can be beneficial in policy-making processes.

### Sharing and Coordination of Data about Refugees' Health Status and Needs

The issue of insufficient data and state institutions' unwillingness to share data was raised by several

participants. Beyond some AFAD reports<sup>45</sup> on the health status and problems of Syrian refugees, there is no comprehensive nationwide public data available on the health conditions and medical problems of Syrian refugees.

While reports from NGOs and academic institutions offer insight into the micro- and meso-levels, these reports suffer from certain limitations due to scope and the circumstances of the context (city and province) where the research was undertaken. These reports are crucial in highlighting the difficulties and barriers affecting refugees' access but insufficient to use as a base to develop nationwide policies. Nationwide aggregated data about the profile of registered Syrian refugees would assist all actors working in the field of refugee response to develop more comprehensive programs, initiatives, and tools.

Integrating informal Syrian healthcare centers would provide another source of information about prevalent medical conditions and medical needs. Syrian healthcare centers are expected to apply for licensing from the MoH to operate, but few centers have been able to obtain the licensing. The informal clinics, while serving a huge existent demand and reducing pressure on the formal healthcare system, present problems for both patients, healthcare professionals, and policy makers, as will be clarified below.

There is insufficient data on the problems facing refugee women, specifically concerning early pregnancy, health implications arising from early pregnancy, or gender-based violence. In cases when

<sup>45</sup> The reports relied on camp residents for the sample, which may not be representative of the larger Syrian population living in Turkey, especially as 90% of Syrian refugees are non-camp residents (See Figure 3 for distribution based on province).

the data exists, it is limited in scope. The lack of data relating to infant and maternal mortality rates was highlighted as a key issue of concern.

### **Coordination Among Civil Society Organizations**

The workshop discussion highlighted a lack of coordination and knowledge transfer among civil society organizations, initiatives, UN bodies, and other actors. Different stakeholders in the field of refugee support are not necessarily familiar with the projects or activities of other organizations limiting their ability to benefit from the expertise and resources of other stakeholders. In the field of gender-based violence, workshop discussions highlighted that a gap exists in the strategies to address the issue and to access the existing legal framework to prevent and respond to the problem.



### Informal Syrian Clinics

In 2015 the MoH issued a decision that Syrian doctors could provide free medical care to Syrian patients in charity-managed clinics under the supervision of a Turkish doctor. While many clinics applied for a license with the MoH, very few received one. Still, many clinics continued operating without licenses because of the large demand for healthcare services. Moreover, the license for these clinics must be renewed every six months, which creates uncertainty for healthcare professionals working in these clinics. These clinics are considered problematic by the Turkish government because of their informality and lack of oversight in medical treatment.

As there are no language barriers in the informal Syrian clinics and no need to provide identification, a large number of refugees prefer frequenting these health centers. Doctors work in their specializations, increasing the appeal of going to these centers. Thus, as Dr. Hamitoğlu pointed out, these healthcare centers actually have helped to reduce the burden on the national healthcare system.

Several workshop participants raised questions about patient care and the type of healthcare services provided in these informal centers. The rights of the medical staff and the legal implications of the clinics were also mentioned as key issues. The shortage of medical equipment, overcrowded facilities, and lack of medical standards were highlighted as factors influencing the quality of treatment patients receive.

Workshop participants stated that the need to develop further mechanisms to legalize these clinics in a manner that ensures patient care standards, provides healthcare professionals with

legal protection, and enables data collection of prevalent medical conditions is urgent. From a different perspective, Dr. Kayı highlighted that promoting independent clinics for Syrian refugees can result in discriminatory practices among healthcare providers, with Turkish healthcare providers sending Syrians to Syrian clinics rather than treating them.

As a result, legalizing Syrian clinics can support the healthcare system by taking care of Syrian patients, but if promoted, must be adopted in a manner that reduces the risks of creating stigma and a segregated healthcare system.

### Formal Migrant Health Centers

In 2016, in collaboration with the World Health Organization (WHO), the MoH established Migrant Health Centers staffed by Syrian healthcare professionals with the support of EU funding. The doctors and nurses in the Migrant Health Centers receive a training course developed by the MoH and the WHO. They join the training after Turkish healthcare professionals evaluate and assess if they have a medical background. These healthcare professionals then provide services in Migrant Health Centers across Turkey. The inclusion of these professionals is limited as the majority of doctors are hired as general practitioners in the centers although they may have trained and worked as specialists (cardiologists, pediatricians, etc.) in Syria. Despite this general limitation, 42 of the total 178 Migrant Health Centers that will open will offer more extended healthcare services and usually include a pediatrician and gynecologist who work in their specialization in the center.<sup>46</sup>

<sup>46</sup> Of the 178 Migrant Health Centers, 160 were operational as of May 2018.



The mandate of the Migrant Health Centers is limited to primary care. The centers can provide services to all migrants and refugees regardless of their nationality or status. As the Migrant Health Centers are part of the national healthcare system, practitioners can refer patients to specialists for follow-up in state hospitals. The MoH collects information about patients' medical conditions, and medication prescriptions are organized and registered within the MoH online patient system.

As mentioned previously, while these clinics offer support to the national healthcare system and facilitate access to formal healthcare, there is still the danger of creating a segregated healthcare system.

### **Syrian Healthcare Professionals**

Syrian patients often prefer to consult Syrian healthcare professionals because of language barriers and differences in patient culture and/or discriminatory practices. While the Migrant Health Centers are one initiative to integrate these professionals, further efforts are needed as highlighted by workshop participants.

As specialists are faced with continued difficulties to work formally in Turkey, some Syrian healthcare professionals prefer to migrate to the Gulf states or European countries, according to Dr. Dandal and Dr. Hamitoğlu. This migration constitutes a loss for Turkey, especially if the healthcare professional migrating has many years of experience or works in a field such as psychiatry, where there is a great need for specialized professionals.

Workshop participants also mentioned that there is a need for female Syrian psychiatrists who focus on female patients with mental health issues. Providing counselling or therapy in patients' mother tongue improves the quality of the care provided. With continued difficulties to practicing in Turkey, it is difficult to attract Syrian psychiatrists, who are few in number already.

In addition to Syrian healthcare professionals, practitioners working in mental health especially face difficulties working formally in their domain. Oula Marwa explained that many of the Syrian psychologists present in Turkey are new graduates and require supervision and training. She highlighted that there is no framework to offer such supervision and training to transfer techniques and methods. Marwa drew from her personal situation as a specialized psychologist, explaining that she cannot work formally in Turkey because there is no law to legalize her work. Without legal protection, she would be open to legal action if she provided counselling or any other services as a psychologist.

## CONCLUSION

The workshop was an opportunity for civil society organization representatives, medical professionals, and academics to discuss the primary problems for and barriers to Syrian refugee women's access to the healthcare system. The workshop proceedings highlighted the current positive experiences and initiatives to increase refugee women's access to services as well as gaps and limitations.

The main problems discussed were related to registration, refugees' reduced health literacy, or lack of knowledge of the Turkish healthcare system as well as existent gaps within the healthcare system including mental health and reproductive health provisions. A large part of the workshop was dedicated to gender-specific problems that exist within the system, with a focus on the insufficient protection for women and girls against gender-based violence. The debate resulted in concrete suggestions and recommendations on how the healthcare system overall or parts of it must be strengthened to improve reach, services, and performance.

In working to improve access and service provision, it is necessary to incorporate Syrian healthcare professionals and Syrian civil society organizations and initiatives, especially women-focused ones, as much as possible. Facilitating the incorporation of Syrian healthcare professionals into all levels of the Turkish healthcare system will have direct impacts such as improving access as well as strengthening the system. Increased integration of these professionals may also help reduce discrimination within healthcare-providing institutions.

State and non-state actors must benefit from the experiences and knowledge of NGOs and other civil society actors. For a holistic approach to increase refugee women's access to healthcare services, stakeholders need to add a gender-sensitive

perspective to initiatives focused on refugees' health concerns. Overall, the right of refugee women to equally access basic services and to be protected from all forms of violence must be placed at the heart of refugee response policies.

## RECOMMENDATIONS

### Recommendations: Barriers in the System

- Develop a concrete national action plan that draws on successful initiatives and practices from this refugee response experience and that becomes the Turkish state's official policy plan in the event of another mass migration into Turkey.
- Provide a transparent registration system to ensure fast, affordable, and non-discriminatory access to healthcare services for all refugees.
- Establish information centers to disseminate information about the services available that are accessible to refugees and migrants. Train a sufficient number of female staff to join these centers to specifically target refugee women.
- Consider medical reports from informal migrant health centers as valid for proving chronic or serious medical conditions for refugees trying to register under TP.
- Increase efforts to formalize Syrian and non-Syrian refugees' integration into the labor market to ensure that refugees are able to access full rights in cases of work-related injuries and sick leave.

### Recommendations: Healthcare Professionals

- Integrate refugee healthcare professionals into the national health system at different levels, whether through existent pathways or a fast-track system.
- Train Turkish healthcare professionals to deal with refugee populations by providing education about forced migration-related illness and mental health conditions.

- Train healthcare professionals on gender sensitivity to improve services for women patients.
- Create mechanisms to regulate work in informal Syrian clinics to ensure medical standards and patients' and medical staff's rights.

### Recommendations: Language and (Mis) Information

- Ensure sufficient professional translation services in healthcare facilities including public hospitals and education and research hospitals to ease language barriers to access healthcare services.
- Hire multi-lingual staff to work at information desks to assist patients.
- Provide more basic information on chronic diseases and treatment for refugees in different languages, including information brochures in Arabic.
- Facilitate refugee women's access to language training by providing daycare support for women with children.

### Recommendations: Access to Mental Healthcare

- Facilitate the integration of Syrian specialists in mental healthcare including their right to work legally.
- Increase efforts to integrate psycho-social support into refugee response plans and the national healthcare system.
- Offer scholarships and training for Syrian doctors or Syrian students who study medicine or psychology at Turkish universities in order to encourage them to study psychiatry and/or counselling to increase accessibility to mental healthcare services for Syrian refugees.

- Support stakeholders, including civil society organizations, that address mental health issues (trauma, consequences of gender-based violence) and take refugee women's specific migration experiences, including gender-based violence, into account.
- Address mental health issues early to reduce future social and behavioral consequences (e.g., mental health issues in children)

### **Recommendations: Reproductive Health**

- Facilitate the integration of Syrian female gynecologists into different levels of the healthcare system.
- Develop a comprehensive policy on prenatal, birth, and postnatal healthcare and include these measures in emergency regulations and policies.
- Support efforts to raise awareness among refugee women about where and how to access prenatal, birth, and postnatal healthcare services.
- Facilitate refugee women's access to information about family planning, contraceptive methods, and sexually transmitted disease.
- Ensure that the existing laws in Turkey that legalize abortion are also implemented within the healthcare system without barriers and stigmatization of women.
- NGOs must develop an approach to conduct an oral autopsy if they identify a refugee mother who delivered at home and the infant died in order to help collect data about the frequency of occurrences.

### **Recommendations: Gender-based Violence**

- Raise awareness among women and girls about the legal and practical processes if they come forward as survivors of gender-based violence including information on how to report gender-based violence and where to seek protection for themselves and their children.

- Increase advocacy efforts among officials toward refugee and migrant women's right to be protected from refoulement in cases of gender-based violence.
- Increase civil society organizations' advocacy for the implementation of gender-based violence-related laws, processes, and responses and expand advocacy among state actors on the importance of preventing gender-based violence and protecting women and girls against gender-based violence.
- Provide training for medical professionals and government officials, such as police and DGMM personnel, on sensitivity towards gender-based violence and how to identify women and girls who are at risk for gender-based violence.
- Train a sufficient number of female service providers and translators to work on gender-based violence cases in the relevant public institutions.
- Organize trainings among NGOs and public institution employees involving gender equality and awareness-raising about laws such as Law 6284.
- Give space or foster initiatives to establish women's solidarity groups that include women from both the refugee and host community to enable them to connect, organize, and address common problems and concerns.
- Provide support for women who experience or have experienced gender-based violence by increasing the availability of adequate shelter and provisions.
- Scale up activities among the refugee population to raise awareness about gender-based violence to reduce the stigmatization of women who experienced gender-based violence within their families/community.

- Include men into gender-based violence-focused programs to address the whole community for a holistic approach.
- Include community leaders, men and women, into programs or initiatives focused on gender-based violence as they are key to effecting change.

#### **Recommendations: Funding and Sustainability of Projects**

- Ensure sustainable and adequate funding for organizations and initiatives working in the field of refugee support.
- Allocate more funds to facilitate access to healthcare for refugees that are exposed to gender-based violence and support organizations that offer services for survivors of sexual abuse.
- Support civil society organizations to implement a rights-based approach rather than solely focus on service provision.

#### **Recommendations: Coordination Among NGOs and Data Sharing**

##### *Data*

- Foster ways for NGOs and state institutions to share existent data on the health status of refugees in accordance with Turkey's laws on information privacy.
- Collect and publish sufficient and accurate data on gender-based violence against refugee (and host society) women to develop holistic and consequent response and prevention policies.

##### *Coordination*

- Develop platforms and network initiatives among NGOs and other civil society organizations, UN agencies, and state actors to ease communication and coordination between stakeholders and increase knowledge about initiatives that facilitate refugee women's access to healthcare services.
- Disseminate information about state and non-state projects and initiatives focused on healthcare services among NGOs.
- Increase trainings and seminars with Syrian-led organizations and NGOs focused on women's issues within the Turkish legal framework and practical processes for cases of gender-based violence.

#### **Recommendations: Intersectional Patterns of Discrimination**

- Increase efforts to dispel racist and discriminatory prejudices against refugees, especially among hospital staff and medical professionals.
- Address stereotypes concerning refugees' health status and health implications for host communities to ensure refugees' access to non-discriminatory healthcare services.
- Collect systematic data on forms of stigmatization refugees face to develop strategies to address these prejudices.
- Advocate for legal regulations that prevent discrimination against refugees and migrants in healthcare facilities from a gendered perspective including sexual orientation.

## BIBLIOGRAPHY

- Al-Nuaimi, S., S. Aldandashi, AKS Easa, and M. Saqqr. "Psychiatric morbidity among physically injured Syrian refugees in Turkey." *Comprehensive Psychiatry* 80 (2018).
- Alpak, Gökay, Ahmet Unal, Feridun Bulbul, Eser Sagaltici, Yasin Bez, Abdurrahman Altindag, Alican Dalkilic, and Haluk A. Savas. "Post-traumatic stress disorder among Syrian refugees in Turkey: A cross-sectional study." *International Journal of Psychiatry in Clinical Practice* 19, no. 1 (2015).
- Arat, Yeşim, and Ayşe Gül Altınay. *Violence Against Women in Turkey: A Nationwide Survey*. Istanbul: Punto, 2009.
- Baytok, Cemre. "Political Vigilance in Courtrooms: Feminist Interventions in the Field of Law." MA thesis, Bogazici University, 2012.
- Çolak, Özlem et al. *Yerinde Erişim Projesi Değerlendirme Raporu*. Istanbul: YUVA, March 2018.
- Diner, Çağla, and Şule Toktaş. "Shelters for Women Survivors of Domestic Violence. A view from Turkey." *Women's Studies. An Inter-disciplinary Journal* 44, no. 5 (2015): 611–634.
- Feminist Politika. "Dosya: Tecavüz: Şiddet, ceza, 'cinsellik.'" *Feminist Politika* 14 (2012): 21–42.
- Kahyaoglu Süt, Hatice. "Suriye'den Göç Eden Kadınlar ve Üreme Sağlığı Sorunları." *Sağlık ve Toplum* 21, no. 1 (2017).
- Karadağ, Mehmet, Cem Gokcen, Funda Dandil, and Baran Caliskan. "Our experience with Syrian refugee patients at the child and adolescent psychiatry clinic in Gaziantep, Turkey." *International Journal of Psychiatry in Clinical Practice* 22, no. 2 (2018): 157–159.
- MacFarlane, Katrina A., Mary Lou O'Neil, Deniz Tekdemir, and Angel M. Foster. "'It was as if society didn't want a woman to get an abortion': a qualitative study in Istanbul, Turkey." *Contraception* 95, no. 2 (2017): 154–160.
- Mardin, Deniz F. "Right to Health and Access to Health Services for Syrian Refugees in Turkey." *MiReKoc Policy Brief Series* 2017/01, March 2017.
- O'Neil, Mary Lou, Bahar Aldanmaz, Rosa Maria Quirant Quiles, and Fatih Rusul Kilinc. *Legal but not Necessarily Available: Abortion Services at State Hospitals in Turkey*. Istanbul: Kadir Has University Scientific Research Fund, 2016.
- Skjelsboek, Inger. "Sexual Violence and War: Mapping out a Complex Relationship." *European Journal of International Relations* 7, no. 2 (2001): 211–237.
- UN Women. *Gender-Based Violence and Child Protection Among Syrian Refugees in Jordan, With a Focus on Early Marriage*. Amman: UN, 2013.
- Ünal, Didem, and Dilek Cindoğlu. "Reproductive Citizenship in Turkey. Abortion Chronicles." *Women's Studies International Forum* 38 (2013): 21–31.
- Ward, Jeanne, and Mendy Marsh. "Sexual Violence against Women and Girls in War and Its Aftermath: Realities, Responses, and Required Resources." Prepared for the Symposium on Sexual Violence in Conflict and Beyond, June 21–23, 2006.
- Whole of Syria Gender-Based Violence Area of Responsibility (GBV AoR). *Voices from Syria 2018: Assessment Findings of the Humanitarian Needs Overview*. New York: UNFPA, 2017.









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