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FERTILITY RATES OF SYRIAN MIGRANTS IN TURKEY, BABY BOOM, AND POSSIBLE FACTORS RELATED TO THEM

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Abstract

Objectives: Total fertility rate (TFR) is the average number of children born per woman of childbearing age. The baby boom refers to a noticeable increase in the birth rate and is believed to occur in migrants from war-torn and economically challenged countries. During the Syrian war in 2011, nearly 5 million Syrians had to leave their country. A significant part of the migration movement has been directed toward Turkey. In this study, it was aimed to investigate the baby boom presence of Syrian migrants in Turkey and to make comparisons.

Materials and Methods: Our study is an observational, descriptive epidemiological study, and the data were reviewed and compiled retrospectively. A comparison of TFRs of Turkey and Syria according to the last 20 years of the United Nations' data and the Turkey Demographic and Health Survey of 2018 was done.

Results: According to United Nations 2018 data, Turkey's TFR was 2.07, while Syria's was 2.8. According to 2018 Turkey's data, TFR in Syrian migrants is 5.3. When these rates are compared, it can be said that there is a significant increase in the fertility rate of Syrian migrants in Turkey, and this reveals the presence of a baby boom.

Conclusion: In conclusion, when TFRs in the pre-war period and after the war are compared in literature, there was a post-war baby boom in the Syrian migrant in Turkey. The factors which may have effect on the fertility of Syrian migrants found as psychological, economic, social, cultural, religious, and socio-demographic characteristics.

Keywords: Baby boom, total fertility rate, migration, migrant health, Syrian migrants.

Introduction

Many factors, such as wars, migrations, epidemics, and economic, medical, and technological developments throughout history, affect the world population data. Total fertility rate and crude birth rate are among the important public health issues and are universal rates used to determine population changes. These rates are used both to determine the population ratio of a country and are factors that determine the population development of countries. Total Fertility Rate (TFR) is one of the universal ratios used to determine population changes and refers to the average number of children born per woman of childbearing age (15-44 years). [1]

The baby boom refers to a noticeable increase in the birth rate, and it occurs in migrants from war-torn and economically challenged countries. The well-known baby boom is in the middle of the twentieth century, during the second world war, and after, and it is expressed in the relevant literature that it started in the early 1940s and ended in the 1960s.[2]

The fertility rate varies for different reasons in different parts of the world. Migration waves experienced after wars in many parts of the world appear as an undesirable phenomenon that became the main focus of this era. Migration mobility, which started with the history of humanity, is experiencing the most intense time today, after the Second World War. According to the United Nations High Commissioner for Refugees (UNHCR) 2019 data, there are 79.5 million forcibly displaced people in the world.[3] Migration, which affects society and individuals socially, culturally, and physically, also affects physical and mental health.[4] As a result of this, the migration waves around the world affect the fertility rate and perception, and thus the population.

Migration due to war, which is a social disaster, is itself a social disaster. Therefore, disaster ethics rules also apply to migration disasters. According to the "Justice" principle of disaster ethics, the right to receive services should be accessible to all immigrants, and instead of applying similar treatment to everyone as a requirement of fair treatment, it is important to offer different treatments as needed when appropriate.[5]

With the internal turmoil beginning in Syria in March 2011, nearly 7 million Syrians had to leave their country and migrate to other countries, especially Turkey, Lebanon, and Jordan. This migration wave, during which millions of Syrians had to leave their country, caused the largest migrant crisis in the world in a period exceeding a decade. Turkey has been implementing an "open door policy" toward Syrian migrants since the beginning. Turkey hosts the largest number of refugees (migrants) in the world in terms of its civilization, culture, and geographical location, expresses that it opens its doors to its neighbors as a symbol of humanity's conscience. Thus, Turkey, as an example of humanitarian diplomacy, states that it maintains its position as a country that takes the needy and asylum seekers under protection, as it has throughout its history.[6] A significant part of the migration movement turned towards Turkey, and Turkey is currently hosting 3.75

million Syrian migrants and giving them many rights.[3,7] One of the main ones is migrant health services. While health services were provided within the scope of Migrant Health Services in temporary accommodation centers, the scope of migrant health services increased over time due to the increase in the incoming population and the fact that it was distributed throughout Turkey. Strengthened Migrant Health Centers were established in settlements of over 20 thousand migrants. In addition, Community Mental Health Centers were established in order to eliminate the migration effects on individuals' mental health. Thus, within the scope of primary health care services, 773 Migrant Health Units serve in 182 migrant health centers in 29 provinces.[8]

The aim of this study is to determine the total fertility rate of Syrian migrant women living in Turkey in the light of current data, and to investigate whether the baby boom situation exists in Syrian migrants of Turkey and research and present possible causes that will affect the fertility rate.

Materials and Methods

Our study is an observational descriptive epidemiological research and the data were analyzed retrospectively. The total fertility rate(TFR) was used to investigate the baby boom presence of Syrian migrants in Turkey and to make comparisons. The TFR values of the countries were obtained from the most up-to-date sources of the United Nations (UN) and from the annually conducted official documents and studies in Turkey. First conducted in 1993 in Turkey, "*The Turkey Demographic and Health Survey (TDHS) is designed to provide data for monitoring the population and health status and to provide reliable estimates that can be used to evaluate and improve the current situation in fertility, family planning, maternal and child health.".*[10] In 2018, conducted by the Institute of Population Studies of Hacettepe University and supported by the Turkish Presidency's Strategy and Budget Department, the 2018 TDHS Syrian Migrant Sample includes demographic and health indicators collected for the first time for the Syrian migrant population in Turkey. [11] The 2018 TDHS, an internationally comparable study, was conducted worldwide within the framework of the models and standards of the Demographic and Health Surveys (DHS Program) project. Within the scope of the research, 2,216 Syrian migrant women aged 15-49 in 1,826 Syrian migrant households were interviewed in a country-wide sample.

TFR values between 2000 and 2020, which are accepted by national and international literature, were compared in 5-year periods and descriptive statistics were applied. In the descriptive statistics evaluated using the IBM SPSS Statistics 23 statistical package program, the numeric data were mean, median, standard deviation, and range of values; categorical data were expressed by descriptive methods such as ratio and percentage. In addition, descriptive statistics are presented in tables and graphs.

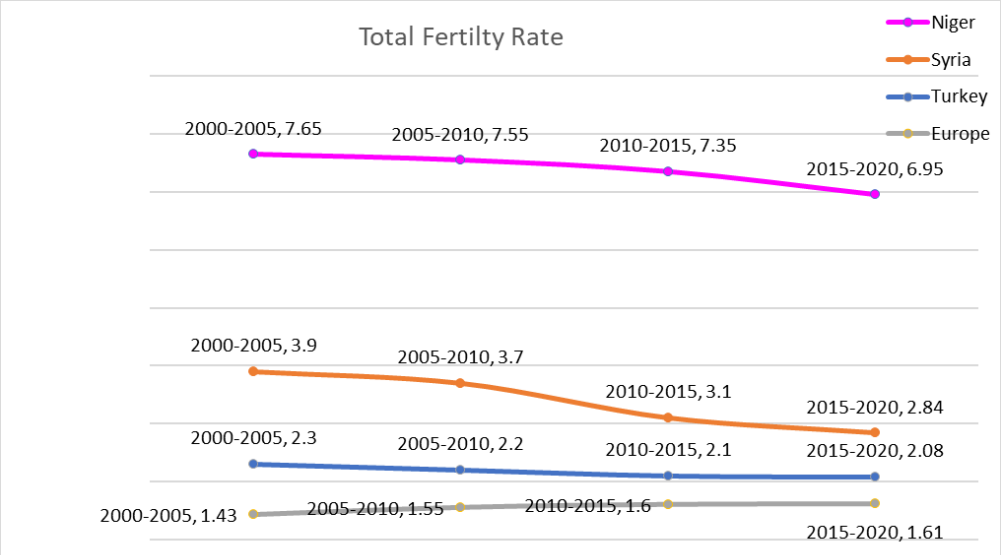
In addition to TFR, a literature review was conducted with the keywords "baby boom", "migration", "migrant health", Syrian migrants", and "total fertility rate" on the education rates of Syrian women, age at first marriage,

the total wanted fertility rate, contraception knowledge and usage rate in order to investigate the factors that may cause baby boom. The data of "The Turkey 2018 Demographic and Health Survey (TDHS) Syrian Migrant Sample", which is the most up-to-date and comprehensive study, were compared with the data in the literature.

Results

According to UN 2019 data, the total fertility rates of some countries in the last 20 years are listed in Figure 1 in 5-year periods.[9] Looking at the data, while Turkey's TFR in the last five years is 2.08, it is 2.84 for Syria and 1.61 for Europe. The majority of the countries with the highest fertility rates in the world between 2015 and 2020 are in Africa, and Niger is at the top of the list with a total fertility rate of 6.95.[9]

According to 2018 TDHS Syrian Migrant Sampling data, the TFR of Syrian migrant women living in Turkey is 5.3.[11] In comparison with the pre-civil war and post-war TFR of Turkey and Syria, which covers ten-year periods and is shown in Figure 2, a significant higher number is encountered in Syrian migrants living in Turkey. The Syrian TFR, which was 3.7 in the time period covering the years 2000-2010 before the 2011 Syrian civil war, tended to decrease between 2010-2020 after the war and was determined as 2.84.[9]



	2000-2005	2005-2010	2010-2015	2015-2020
Niger	7.65	7.55	7.35	6.95
Syria	3.9	3.7	3.1	2.84
Turkey	2.3	2.2	2.1	2.08
Europe	1.43	1.55	1.6	1.61

Figure 1. The trend of total fertility rates for some countries between 2000 and 2020, according to UN Data[9]

According to the TDHS 2018 report, the TFR of Syrian women in Turkey was found to be the highest, with 5.8 for women with no education or who did not complete primary school. This rate was found to be the lowest, at 4.1, among Syrian migrant women with a high school education or higher. The median age of first marriage for Syrian women aged 25-49 is 19.3 years. This value shows that half of the women in this age group got married before this age. The age of first marriage increased during the nearly twenty-year period following the 1990s. In the 2010s, that is, in the years when the civil war started, it is seen that the age of first marriage decreased again. The demand for family planning among married Syrian women between the ages of 15-49 is 64% in total. Of the Syrian migrant women who request family planning, 28% want to give birth after more time, and 36% want to terminate birth. Comparing the total wanted fertility rate (TWFR) with TFR is one way to determine the extent of undesirable fertility. The TWFR of Syrian migrant women with a TFR of 5.3 was found to be 4.2, which was calculated to be 21% less than the actual TFR, in other words, 1.1 children. The proportion of currently married Syrian migrant women between the ages of 15-49 who have knowledge of at least one family planning method is 99%. Despite this, the proportion of currently married Syrian women using any family planning method is only 43%. When the use of contraception methods is investigated, the withdrawal method is the most commonly used method, with 18%. The rate of using modern methods was 40% among Syrian migrant women who did not go to school or did not complete primary school and increased with education to 44% among women with high school or higher education. In the 2018 TDHS report, it was found that 9% of Syrian migrant women worked in a job, and 2% of them worked in the last year before the survey, although they were not actively working. While the highest rate of active work is 13% for Syrian women who have no children, this rate is 7% for Syrian women who have five or more children. [11]

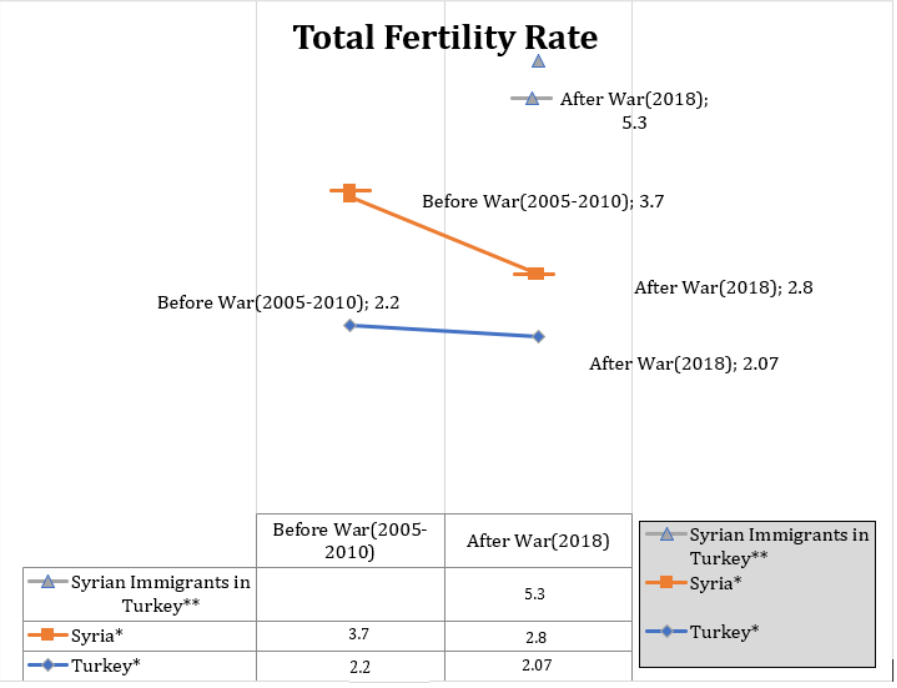


Figure 2. TFR between 2000-2005 and 2018 in Turkey and the Syria before the Syrian civil war and the total fertility rates in 2018 after the civil war

*According to UN Data, 5-year TFR between 2000-2005 in Turkey and the Syrian Arab Republic before the Syrian civil war[9] and the total fertility rates in 2018 after the Syrian civil war.[12]
** According to the 2018 TDHS data, the total fertility rate of Syrian migrants living in Turkey.[11]

Discussion

Due to the high fertility rate among migrated Syrians, similar to the "baby boom" observed in the world's population in world history, especially after the second world war, it can also apply to Syrian immigrants in Turkey since the beginning of the Syrian war.

When we investigated the causes of the baby boom in 1946-1960, it was generally associated with the increase in the welfare level by the post-war economic growth and giving postponed births in the future after the depression period. In addition to this, the underlying marital boom and marital fertility recovery also play a role. There is no consensus on the causes of the baby boom. Social scientists suggest that economic, social, and psychological factors together cause and affect this situation.[12] These include various factors such as socio-economic status, the structure of society, women's education level, age of first marriage, family planning services, accessibility of maternal and infant health services, women's age of menarche, knowledge, and use of contraception, religious beliefs, customs and traditions, society's and women's perspective on fertility, women's participation in the workforce, and government policies.[14–16]

Several hypotheses have been proposed about the relationship between migration and fertility. Among these, there are some prominent issues such as sociopathy, assimilation, adaptation, deterioration, and selectivity.[17] The effect of migration on the fertility rate may be based on the fertility behavior norms of the host countries or the fertility of the population left behind.

Social and demographic characteristics such as psychological, economic, social, cultural, and religious effects, women's education level, and age of first marriage may be effective in increasing the fertility rate of Syrian migrants in Turkey. A more detailed analysis of the possible reasons for the increase in the fertility rate of Syrian migrants living in Turkey is given below.

Education Level of Women

In some studies, there is an inverse relationship between women's education level and their fertility.[18,19] According to the TDHS 2018 report, the TFR of Syrian women in Turkey was found to be the highest with no education or who did not complete primary school. This rate was found to be the lowest among Syrian migrant women with a high school education or higher.[11] This point gives an important clue about the baby boom.

Age of First Marriage

There is a negative relationship between the age of first marriage and the total fertility rate. In addition, the "median age of first marriage" together with the "age of first marriage" of women are important indicators in

terms of risks that may be encountered during pregnancy.[19] According to the data, the age of first marriage increased during the nearly twenty-year period following the 1990s. [11] In the 2010s, that is, in the years when the civil war started, it is seen that the age of first marriage decreased again.[11] It can also be shown that the baby boom that took place after the second world war in world history caused an increase in postponed marriages and births during the war during the post-war welfare period.[2] Therefore, the young age of first marriage of Syrian migrants living in Turkey and the increase in marriage rates can be cited as a reason for the baby boom.

Access to Maternal and Child Health Services

According to the data published by the Directorate General of Migration Management of the Ministry of Interior of the Republic of Turkey, 70.8% of the Syrian migrants under temporary protection as of 25.11.2021 are women and children.[21] The accessibility and quality of maternal and child health and family planning services for this vulnerable group, of which Syrian migrants constitute the vast majority, has a positive effect on regulating the fertility of migrating women. Just as with the increasing welfare level after the second world war, this situation can sometimes pave the way for a baby boom. Although facilitating access to health services such as birthing units may be one of the factors that can cause a baby boom, access to health services cannot be restricted due to the principle of providing benefits in disaster ethics.

Along with the migration movement, which is closely related to public health, some new health policies need to be made and implemented.[22] As a matter of fact, "Women's Health Counseling Centers" specialized in maternal and child health, women's health, and psychosocial support were opened in order to increase the general quality of the health services scope for Syrian migrant women and to improve the access of women, young and disadvantaged groups to rights and services in Turkey. Within the scope of the "Project on Strengthening Access to Syrian and Other Migrant Women's Reproductive Health and Gender-Based Violence Services for Safe Spaces for Women and Girls and Women's Health Counseling Centers", a total of 30 Women's Health Counseling Centers started to work as a single center in 2015, currently serve Syrian migrant women in 17 provinces.[23]

With the Temporary Protection Regulation, which was published and entered into force by the Council of Ministers on 22.10.2014, "temporary protection status" was given to Syrian refugees registered in Turkey.[24] As defined in this regulation, the health services provided to Syrian refugees during their stay are provided free of charge at all care stages.[25]

In a speech by the president of Turkey, Recep Tayyip Erdogan, at the Global Refugee Forum held in Geneva in 2019, he stated that about 516 thousand Syrian babies were born in our country in the last eight years.[26] According to the "Syrian Women in Turkey" report in 2014, it is seen that 96% of pregnant women gave birth

in hospitals or clinics. [11] It is important for women to give birth in hospitals or clinics, both for their own health and for the health of newborn babies. The improvement in the health and living conditions of society has been effective in the baby boom in developing countries in the history of the world. Therefore, all health facilities for Syrian migrant women can be considered a positive factor that sets the stage for a baby boom.[27]

Family Planning, Knowledge and Use of Contraception

Of the Syrian migrant women who request family planning, 28% want to give birth after more time, and 36% want to terminate birth. The TWFR of Syrian migrant women was calculated to be 21% less than the actual TFR, in other words, 1.1 children.[11] As can be seen, the majority of people want to receive family planning services, and the rate of unwanted pregnancies is about one-third of it. This is important in terms of showing that the baby boom cannot be prevented at the desired level.

Another important factor affecting the fertility of women is the use of contraception. According to data from the TDHS 2018 report, the proportion of currently married Syrian migrant women between the ages of 15-49 who have knowledge of at least one family planning method is 99%. Despite this, the proportion of currently married Syrian women using any family planning method is only 43%. The rate of using modern methods increased with education among women in high school or higher education.[10] Additionally, according to 2017 data, the rate of using modern methods among women of reproductive age in the Syrian Arab Republic was over %60.[28]

Among the factors affecting the use of contraceptive methods in the world are ignorance, difficulty in accessing contraception methods, and traditional beliefs.[19] As can be seen, despite the knowledge of contraception, the lack of the desired frequency of use in Syrian migrant women stands out as an important risk factor for the baby boom compared with women in the Syrian Arab Republic. Qualitative studies with the relevant population are necessary in order to conduct an in-depth analysis of the situation(s) that caused this situation.

Religious Beliefs, Traditions and Customs, Perspective of Society and Women on Fertility

For many religions, being religious was found to be directly related to increased intention to have children.[29] This issue was also seen after the second world war. In addition, Syria is under the influence of middle eastern culture, Islamic religion, and traditional culture compared to the West, and the concept of fertility is seen as a positive phenomenon in the country.

As a result of a survey conducted with 50 Syrian migrant women in Turkey in 2015 on the factors affecting their fertility, when the reasons for giving birth are questioned, the most important of these factors are love, continuity of life, and the necessity of fertility for this. At the same time, in addition to these factors, other

factors were determined to be not getting divorced and staying with the husband, the man's reputation, the need for labor, and religious beliefs.[19] In addition, the participating women stated that not having children causes social pressure, which shows that they are also supported by them and that they continue the traditional structure. As a result, it shows that the fertility characteristics of Syrian refugee women are influenced by their close environment, community characters, traditional structure, and religious beliefs.[19] This suggests that an important component of the baby boom is also caused by cultural and existential factors.

In addition to these factors, it was observed in history that pronatalist policies regarding the need to prevent population decline during the second world war, especially in European countries, started in Germany and spread to various countries, including France and Belgium, and this situation was among the most effective causes of the baby boom.[1] It can be assumed that the Syrian migrant community adopts a pronatalist approach in order to balance their declining population during the war, and increasing the number of qualitative studies on this may be beneficial in understanding and managing this perception.

Women's Participation in the Workforce

An increase in women's participation in the workforce is associated with decreased fertility. Throughout the twentieth century, the lowest fertility rate in the world was observed in women with the highest education level, and there is a negative relationship between education level and fertility rate.[30] In the 2018 TDHS report, while the highest rate of active work is 13% for Syrian women who have no children, this rate is 7% for Syrian women who have five or more children.[11] In other words, the low numbers of women's participation in the workforce can be considered a factor in the baby boom.

The most important limitation of the study is that it is based on information from other studies. One of the limitations is that there is only one study on the demographic characteristics of Syrian immigrants in Turkey and that the sample and duration are not sufficient.

In conclusion, when the total fertility rates between 2005-2010 in the pre-war period and the total fertility rates in 2018 after the war were compared by international and national sources, this study showed that there was a post-war baby boom in the Syrian migrant population living in Turkey.

Moreover, relevant literature was reviewed on the possible causes of the baby boom, and these causes were found to be women's education level, age of first marriage, easy and free access to maternal and child health services, family planning, contraception knowledge, and use, religious beliefs, customs and traditions, society and women's perspective on fertility, and women's participation in the workforce. It is seen that the studies to be planned for the access of women, who are one of the vulnerable and risky groups in the migration process, to health services should be carried out by taking into account the significantly high total fertility rate among

Syrian migrant women and the possible factors that cause it. In light of the data found in this study, raising awareness about family planning and contraceptive methods, increasing the number and quality of Women's Health Counseling Centers for Syrian migrants living in Turkey, and providing language and educational support to Syrian refugee women are among the first steps to be taken against the baby boom.

In future studies, an in-depth and periodic investigation of the fertility perceptions of Syrian migrant women and the factors affecting them will be important in terms of improving the health services to be provided to them.

Ethical Considerations: Ethics committee approval (Document Date: 20/01/21, Document Number: E1-20-1437) was obtained from the local research ethics committee for the study.

Conflict of Interest: The authors declare no conflict of interest.

References

1. WHO. The Global Health Observatory [Internet]. 2022; https://www.who.int/data/gho/indicator-metadata-registry/imr-details/123. (Accessed: 31.12.2022).
2. van Bavel J, Reher DS. What we know and what we need to know about the baby boom. *Population and Development Review*. 2013;39(2):257-88.
3. UNHCR. UNHCR DATA [Internet]. 2019; https://www.unhcr.org/figures-at-a-glance.html. (Accessed: 17.02.2022).
4. Arabacı Z, Hasgul E, Serpen A. Türkiye'de Kadın Göçmenlik Ve Göçün Kadın Sağlığı Üzerine Etkisi. *Sosyal Politika Çalışmaları Dergisi*. 2016:129-44.
5. Yılmaz T. *Sağlıkta Afet Yönetiminde Aile Hekiminin Rolü & Ankara'daki Aile Hekimliği Asistanlarının Afet Yönetimi Farkındalığı*. Tıpta Uzmanlık Tezi. Ankara Numune Eğitim Araştırma Hastanesi, Ankara; 2015.
6. Yılmaz T. Afet yönetiminde insani diplomasi: Türkiye örneği. *Master's thesis, Ankara Hacı Bayram Veli Üniversitesi, Lisansüstü Eğitim Enstitüsü*, Ankara; 2020.
7. T.C. İçişleri Bakanlığı Göç İdaresi Başkanlığı. Yıllara göre Geçici Koruma Kapsamındaki Suriyeliler [Internet]. 2021; https://www.goc.gov.tr/gecici-koruma5638. (Accessed: 17.02.2022).
8. TBMM Tutanak Hizmetleri Başkanlığı. Türkiye Büyük Millet Meclisi Plan ve Bütçe Komisyonu Tutanak Dergisi. *Tutanak Dergisi*. [Internet]. 2019; https://www.sbb.gov.tr/wp-content/uploads/2020/02/12-Kasim-2019_PBK_Gorusmeler.pdf. (Accessed: 07.03.2022).
9. UN. UN DATA. [Internet]. 2019; Accessed February 17, 2022. http://data.un.org/Data.aspx?d=PopDiv&f=variableID%3A54#PopDiv. (Accessed: 17.02.2022).
10. Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü. 2018 Türkiye Nüfus ve Sağlık Araştırması, Temel Bulgular. *Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü, TC Cumhurbaşkanlığı Strateji ve Bütçe Başkanlığı ve TÜBİTAK, Ankara, Türkiye*. 2019.
11. Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü. Turkey Demographic and Health Survey: Syrian Migrant Sample. *Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü, TC Cumhurbaşkanlığı Strateji ve Bütçe Başkanlığı ve TÜBİTAK, Ankara, Türkiye*. 2019.
12. World Bank Group. Fertility Rate Data. [Internet]. 2022; https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=SY. (Accessed: 18.02.2022).
13. Macunovich DJ. The baby boomers. *Barnard College, Columbia University*. 2000.
14. Ucdogruk S, Selim S. Sayma Veri Modelleri İle Çocuk Sayısı Belirleyicileri: Türkiye'deki Seçilmiş İller İçin Sosyoekonomik Analizler. *DEÜİİBF Journal*. 2003.
15. Ucler G, Kizilkaya O. Kadın İstihdamının Boşanma Ve Doğurganlık Üzerine Etkileri: Türkiye Üzerine Bölgesel Panel Veri Analizi. *Journal of Academic Social Researches*. 2014.

16. Bas K. Eğitim, Kalkınma, Gelir Doğurganlık İlişkileri: Mersin Örneği. *Journal of Ankara University Faculty of Political Sciences*. 2012.
17. Desiderio R. The Impact of International Migration on Fertility: An Empirical Study. 2020.
18. Kargı N. Socio-Economics Determinants of Fertility in Turkey: A Provincial Approach in 1990. *METU, Institute of Social Sciences*. 1999.
19. Kalwij S A. The Effects of Female Employment Status on the Presence and Number of Children. *Journal of Population*. 2000.
20. Karakaya EC. Syrian Refugee Women's Fertility Characteristics And Influencing Factors: A Qualitative Study. *Journal Of International Social Research*. 2017.
21. T.C. Göç İdaresi Genel Müdürlüğü. Geçici Koruma İstatistikleri. [Internet]. 2021; https://www.goc.gov.tr/gecici-koruma5638. (Accessed: 18.02.2022).
22. Önder N. Türkiye'de geçici koruma altındaki Suriyelilere yönelik sağlık politikalarının analizi. *Göç Araştırmaları Dergisi*. 2019;5(1):110-165.
23. UNFPA Turkey Humanitarian Programme. Kadın Sağlığı Danışma Merkezleri. [Internet]. 2011; https://www.unfpahumtr.org/tr/merkezlerimiz?word=&city=0&center_type=1. (Accessed: 19.02.2022).
24. Türk Tabipleri Birliği. Savaş, göç ve sağlık. *2016*.
25. Babacan T, Yılmaz TE, Babacan MT, et al. Evaluation of immigrant health services in Turkey: a single-center study. *J Public Health (Berl)* . 2021.
26. T.C. Cumhurbaşkanlığı. Küresel Mülteci Formunda Yaptıkları Konuşma. [Internet]. 2019; https://www.tccb.gov.tr/ konusmalar/353/113993/kuresel-multeci-forumu-nda-yaptiklari-konusma. (Accessed: 19.02.2022).
27. AFAD. Türkiyedeki Suriyeli Kadınlar Raporu. [Internet]. 2014; https://www.afad.gov.tr/kurumlar/afad.gov.tr/17934/xfiles/turkiye_deki-suriyeli-kadinlar_-2014_2_.pdf. (Accessed: 19.02.2022).
28. World Health Organization Regional Office for the Eastern Mediterranean. Health and well-being profile of the Eastern Mediterranean Region: an overview of the health situation in the Region and its countries in 2019. 2020.
29. Hayford SR, Morgan SP. Religiosity and Fertility in the United States: The Role of Fertility Intentions. *Social Forces*. 2008;86(3):1163-88.
30. van Bavel J, Klesment M, Beaujouan E, others. Seeding the gender revolution: Women's education and cohort fertility among the baby boom generations. *Population Studies*. 2018;72(3):283-30.