

## War, Migration and Health: The Importance of Social Work for Refugees' Children

### Savaş, Göç ve Sağlık: Mülteci Çocukları İçin Sosyal Hizmetin Önemi

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#### ABSTRACT

**Objective:** The conflicts in the Middle East during the last decade displaced millions of people and led to a serious population movement. Many Syrians have had to leave their country and became a refugee in Turkey. Over the last decade, migration has become one of the most important social, political and public health issues in Turkey. In this study, we aimed to review pediatric refugee cases who were consulted to the Social Service at a Tertiary Hospital.

**Methods:** A retrospective study was performed with refugees admitted to our hospital between January 2012 and December 2018. The socio-demographic data (age, sex, birthplace), medical diagnosis, the reason for the social work consultation and the classification of the social problems were recorded.

**Results:** The number of refugee children that were detected from the medical records was 88; the median age was 10 months (IQR 60.5), and nearly half of them were female. The most frequent diagnosis of the cases obtained from the medical charts was acute respiratory system disorders. The main reason for a social work consultation was poverty.

**Conclusion:** We concluded that professionals working with immigrant children and families should be able to access social and psychological support services. Pediatricians and pediatric societies should work to improve the sensitivity of their respective populations towards migrants and refugees.

**Keywords:** Child health, migration, refugee, social service, war

#### ÖZ

**Amaç:** Son on yılda devam eden Asya ve Orta Doğu'daki gruplar arasındaki savaş milyonlarca insanı göçe zorladı ve ciddi bir nüfus hareketine yol açtı. Birçok Suriyeli ülkelerinden uzaklaşarak Türkiye'ye geçiş yaptı. Bu nedenle göç Türkiye'nin en önemli sosyal, politik ve halk sağlığı sorunlarından biri haline geldi. Bu çalışmada bir üniversiteye bağlı devlet eğitim ve araştırma hastanesinde sosyal hizmet uzmanlarına refere edilen sığınmacı ailelerin çocuklarını ve yapılan sosyal çalışmalarını incelemek amaçlandı.

**Yöntem:** Ocak 2012-Aralık 2018 tarihleri arasında hastanemize başvuran sığınmacı ailelerin çocuklarına ait veriler retrospektif olarak gözden geçirildi. Çalışmaya alınan olguların sosyodemografik verileri (yaş, cinsiyet, doğum yeri), tıbbi tanılar, sosyal servis konsültasyon nedenleri ve saptanan sosyal sorunlar kaydedildi ve değerlendirildi.

**Bulgular:** Tıbbi kayıtlarda tespit edilen sığınmacı çocuk sayısı 88, ortanca yaş 10 aydı (çeyrekler arası aralık 60,5) ve yaklaşık yarısını kız çocukları oluşturmaktaydı. Olguların en sık tıbbi tanısı solunum sistemi hastalıklarıydı. Sosyal Hizmet Birimi'ne yapılan konsültasyonların başlıca nedenleri sosyal ve ekonomik sorunlar idi.

**Sonuç:** Göçmen çocuklarla ve ailelerle çalışan profesyonel çalışanların sosyal çalışma ve duygusal destek hizmetlerine erişimi olması gerektiği sonucuna vardık. Çocuk doktorları ve pediatri toplulukları, göçmenlere, sığınmacılara ve mültecilere karşı duyarlılığını artırmak için çalışmalıdır.

**Anahtar kelimeler:** Çocuk sağlığı, göç, mülteci, sosyal hizmet, savaş

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## INTRODUCTION

In the last decade, the armed conflicts in the countries around us have forced many people to leave their countries, and become refugees. Since February 2019, there were nearly 3.6 million Syrian refugees and, since September 2018; 370.400 non-Syrian refugees including 172.000 Afghans, 142.000 Iraqis, 39.000 Iranians, 5.700 Somalis, and 11.700 “others” amounting to a total of slightly more than four million refugees had immigrated to Turkey. In addition, the number of nonregistered refugees in Turkey is estimated to be several hundred thousand including Syrian and non-Syrian citizens. The arrival of Syrian refugees is changing Turkish population demographics, and now constitute almost five percent of Turkey’s population <sup>(1)</sup>.

Displacement as a result of armed conflict is beyond doubt is the worst form of migration. The “health” of people whose lives have been completely upset, had to leave all their valuables back, and suffered from poor treatment and losses during their long trip. Unfortunately better-health-related quality of life cannot be expected where minimum standards of living conditions are not fulfilled.

These prevailing unfavorable conditions affected the oriented approach through first-level health facilities. As a result, existing health system failed to meet the requirements in the face of an unexpected influx of refugees. Most of the social services for Syrians are provided by national and international non-governmental organizations <sup>(2-4)</sup>.

Over the last ten years, migration has been one of the most important socioeconomic and public health issues in our country. Here, we aimed to review the pediatric refugee cases that were consulted to the Social Service at a University affiliated Tertiary Government Teaching Hospital. We hope that this study would give an additional data to bring solutions to the problems of refugees who live under poor conditions.

## MATERIAL and METHOD

A retrospective study was designed with refugees who admitted to our pediatric emergency room

between January 2012 and December 2018. The design of the study was approved by the Local Ethics Committee (2019/18-13). Medical records of the hospital were used.

The sociodemographic data (age, sex, birthplace), medical diagnosis, the reason for the social work consultation and the classification of the social problems were recorded and evaluated. The staff included 65 pediatricians- 50% of them had an academic degree-75 pediatric residents and 80 pediatric nurses. A total of 160.000 patients were admitted to our pediatric emergency service per year, and about 25% of annual admissions consist of immigrants.

## RESULTS

Eighty-eight refugee children (43 male, and 45 female infants) with a median age of 10 months (IQR 60.5) were admitted to our hospital, Most of the cases were born in Turkey; the other birthplaces were Syria (n=37;42%), Iraq (2;2,3%) and Afghanistan (1;1.1%), respectively. One child who had lost parents, during the migration through the Aegean Sea around Lesbos Island in 2015, and two children who had lost one of their parents in road traffic accident while going to the Aegean Coast were also admitted to our hospital.

**Table 1. Diagnostic classification of diseases.**

	N=88	% (100)
Pneumonia/bronchiolitis	29	32
Prematurity and low birth weight	23	26
Neurometabolic diseases	10	12
Injuries	8	9
Surgical emergencies (acute abdomen, etc.)	6	7
Gastrointestinal problems	5	6
Congenital heart defects	5	6
Urinary system disorders (UTIs, etc)	2	2

*UTI: Urinary Tract Infection*

The diagnoses of the cases obtained from the medical charts based on ICD-10 codes were listed in Table 2. The main reason for a social service consultation was poverty (Table 3). Interventions made by social workers were listed in Table 4.

**Table 2. Problems that required the social work.**

	N	%
Poverty, lack of a social insurance (unregistered) and homelessness	52	59.1
Language and compliance problems with medication(s) and/or with the hospital	17	19.3
Peer or family related problems	8	9.1
Other legal problems	8	9.1
Child neglect	3	3.4

**Table 3. Tasks performed by social workers.**

	N	%
Provision of personal needs (child care, hygiene)	30	35
Psychosocial interview	21	24
Referral to the Refugee Association (MUSAM)	20	23
Counseling and guidance	10	11
Notification to the provincial social services	3	3
Provision of interpretation service	3	3
Referral to the child protection agency	1	1

## DISCUSSION

Most of the refugees have a social insurance in our health system. The main reasons for referral for social service consultation were social and economic problems. In addition, a few cases needed child protection for child neglect. Total number of 146.112 (3.3% of the population in Izmir) Syrian refugees were registered in Civil Registry of Izmir Metropolitan City. Syrian children have the same rights as their local peers in the health system. Since 2014, 17.500 refugees officially listed as deceased<sup>(1-3)</sup>. In particular, child neglect and death during migration through the sea must be prevented which requires joint work by security, social services, and health services.

The majority of the refugee children were born in Turkey. The Syrian population in our country is growing naturally in percentage of the Turkish population. While the number of number of refugees has tapered off, the population of the Syrians is growing through unchecked birth rates. In 2018, Interior Minister of Turkey announced that 385.431 Syrian babies registered in Turkey since 2011<sup>(5)</sup>. Moreover, the birth rate seems to be increasing, based on the reports of the well-regarded experts. In November 2017, academician Murat Erdoğan

**Table 4. Implementations by social workers.**

	N	%
Supply for personal needs (child care, hygiene)	30	35
Psychosocial interview	21	24
Referral to the Refugee Association (MUSAM)	20	23
Counseling and guidance	10	11
Notification to the provincial social services	3	3
Provide interpretation service	3	3
Referral to the child protection agency	1	1

reported that 306 Syrian babies were born per day<sup>(6)</sup>. Nearly a year later, in October 2018, academician Şebnem Köşer Akcapar has estimated an average of 350 Syrian births per day in our country<sup>(7)</sup>. Given the Syrian community's disproportionately younger population, it seems that the birth rate remain to increase. Meanwhile, Turkish population's fertility rate has been decreasing for years and is nowadays at a rate of 2.1 children per woman (its lowest level since World War I)<sup>(8)</sup>.

In our study, the main reason for a social work consultation was poverty, and the social workers provided medical supplies when needed. Some patients need interpretation for particular conditions such as consent for a major surgery or in some forensic problems. Lacking of health information and cultural differences are the major barriers to receive appropriate health care<sup>(2)</sup>. Unlike the high prevalence in Turkish adolescents, no immigrant was admitted to medical services with a suicide attempt.

The social workers made several interventions in order to solve problems encountered by the refugees. The main topic was the personal needs, such as provision of infant formula following discharge or personal hygiene materials. Particularly the mother and some adolescents needed psychosocial and motivational support for different reasons, such as issues of social isolation. Social isolation is the major determinant for refugees that compounds other health problems even after settlement in their new country. Despite the challenges they face, refugee children demonstrate resilience that can be nurtured to promote good psychosocial health. The general health of refugee children is related to their general health before they leave their homeland, the conditions during their long journey and at their new

home, and also the psychosocial health of their primary caregivers. Migrant children may have experienced several forms of trauma including armed conflict, violence, and exploitation. They may suffer from malnutrition and physical diseases including vaccine- preventable ones <sup>(9)</sup>.

There were some limitations in our study. First, forced child marriages are associated with an increased rate of early pregnancy, maternal mortality and other obstetric complications. There is no obstetric department at our hospital for the investigation of these issues. This might be another target for our further studies. Second, due to retrospective methodology of the survey, limited data could be obtained from medical records. On the other hand, this is one of the few studies that examine the problems of refugee children in our region.

We concluded that professionals working with migrant children and families should have access to social and psychological support services. Pediatricians and pediatric societies should work hard to improve the social sensitivity of their respective populations towards migrants, asylum seekers, and refugees. Ultimately, we might have been born in different countries, but we must fight to foster humanitarian conditions for all.

**Ethics Committee Approval:** Ethical approval was obtained from the Non-Invasive Ethics Committee of İzmir Tepecik Health Application-Research Center (approval number: 2019/18-13, approval date: 26.12.2019)

**Conflict of Interest:** The authors have no conflicts of interest to declare.

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