



The Situation of Refugee Women and Their Children in a Camp During COVID-19

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Abstract

Objectives: This study was carried out to determine the situation of refugee women and their children during the COVID-19 period.

Methodology: This study is a descriptive cross-sectional study. The sample of the study consisted of married women with children aged 0-12 in a refugee camp. Data were collected between 01.06.2021 and 01.08.2021. In the collection of data in the research; Information form has been used. The data were determined by using frequency acquisition and chi-square from descriptive analyzes in SPSS program.

Results: It is determined that 48.8% live with 2 people in a room, 32.6% have a chronic disease, 27.9% are COVID-19 positive, 7% of their children are COVID-19 positive, 47.7% have covid-19 positive in their relatives, 29.1% lost a relative due to COVID-19 and 72.1% wanted to be vaccinated against COVID-19 of participants. In addition, the average age of the participants was 36.98 ± 12.20 , the average number of people living in a room was 3.0 ± 1.41 and the average number of children was 4.58 ± 2.01 .

Conclusions: As a result, refugee women and children are more vulnerable to diseases and epidemics due to their living conditions. Therefore, the inclusion of migrants and refugees in all aspects of the response to COVID-19 is crucial for women's and children's health and public health.

Keywords: Refugee women and children; COVID-19; Epidemic

Introduction

An important part of the fight against Covid-19 is meeting the needs of all members of the society with a focus on social justice and human rights so that they can adapt to the quarantine process. According to the 2018 report of the United Nations, nearly 272 million individuals are in the position of international migrants, including all voluntary and forced migrations. This shows that one out of every thirty individuals is an international immigrant [1]. Although there

are international protection requests from Afghanistan, Iraq, Iran and other countries in Turkey, the number of individuals under temporary protection is considerably higher than these applications. According to the data of the Ministry of Interior General Directorate of Migration Management in June 2020, the number of Syrians under temporary protection is 3,591,892, while the number of irregular migrants is 62,368. (2nd). Migration travel conditions; limited employment, having to live and work in overcrowded spaces; With its many practices such as inadequate access

to food, water, sanitation and other basic services, it creates important security gaps for both the refugee population and public health [1,2]. Syrians and conditional refugees under temporary protection can benefit from general health insurance [3]. For 62,368 irregular immigrants who are not covered by health insurance and individuals under temporary protection who do not reside in the cities specified by the Immigration Administration due to work, social networks or other reasons, personal protective materials, diagnostic tests and drug treatment are offered free of charge to anyone who applies with the suspicion of Covid-19, whether they have social security or not. access to health services was ensured by the Presidency's decision stipulating a condition [4]. However, language and/or cultural barriers, practical barriers to implementation, prejudice, stigma, concerns of deportation, separation from their families or detention of irregular migrants constitute barriers to health access. Multiple barriers to access to health services, not having adequate living standards, and living in overcrowded and unhygienic conditions greatly hinder the timely and effective delivery of testing, diagnosis and care [5]. In addition, refugees who are afraid of being deported with the disease may increase the risk of epidemics by actively hiding their diseases [6]. In addition to the negative consequences of the war on women and children, the problems experienced in the Covid-19 epidemic affect this special group more. Refugee women and children have difficulties in reaching basic needs such as shelter, food, protection, education, vaccination, and the right to health [7,8]. In this study, it is aimed to determine the situation of refugee women and their children during the Covid-19 period so that such problems can be determined by the covid-19 epidemic and the situation of these vulnerable groups can be determined and solutions can be produced for these problems.

Methods

Type of Study

It is a descriptive cross-sectional study.

The universe and sample of the study: The population of this research was composed of women in a refugee camp. The sample consisted of mothers with children between the ages of 0-12 who volunteered to participate in the study.

The sample of the research: Random sampling was used. Syrian women who were married during the covid-19 period, volunteers who used social media or smart phones and agreed to participate in the study were included and 86

people were reached.

Collection of Research Data

In the collection of data in the research; Information form has been used. Data were collected between 01.06.2021 and 01.08.2021.

Questionnaire: It is a form that includes socio-demographic data (age, number of children, age, consanguineous marriage, family type, age of marriage, number of abortions, number of dead children, etc.) and questions about Covid-19 prepared by the researcher.

Analysis of Data

Data entry and analysis were made using the SPSS for Windows 25.0 statistical package program. Data were determined using frequency acquisition and chi-square.

Ethics of Research

Ethics committee approval was obtained from the non-interventional clinical research ethics committee of a university in order to conduct the study. The purpose of the research was written on the form prepared digitally and volunteerism was taken as basis. This study was conducted in accordance with the Principles of the Declaration of Helsinki.

Findings

This study was conducted to examine the socio-demographic characteristics of married women who migrated from Syria to Turkey. It was determined that 54.7% were aged 37 and over, 46.5% had children between 4 and 6, and 52.3% were extended families of the participants. It was determined that 29.1% had a history of miscarriage, 23.3% had a deceased child and 9.3% got married between the ages of 13-15 of the participants. It was found that 20.9% were related to their spouses, 27.9% were positive for covid-19, 7% of their children were positive for covid-19 and 47.7% were positive for covid-19. It was determined that 64% had social security, 72.1% wanted to have the Covid-19 vaccine, and 48.8% had 2 people living in a room of the participants. It was found that 7% of the participants were pregnant and 59.3% lost at least 1 relative in the war of the participants. It was determined that 32.6% had a chronic disease, 26.7% lived with an elderly individual at home, and 29.1% lost a relative due to covid-19 of the participants (Table 1).

Özellikler		N	%
Age	Younger than 18	4	4,7
	19-24 age	15	17,4
	25-30 age	12	14,0
	31-36 age	8	9,3
	age 37 and over	47	54,7
Number of child	1-3 child	31	36,0
	4-6 child	40	46,5
	7 and over child	15	17,4
Family type	Nuclear family	41	47,7
	Extended family	45	52,3
State of miscarriage	Yes	25	29,1
	No	61	70,9
Do you have a dead child?	Yes	20	23,3
	No	66	76,7
Marriage age	13-15	8	9,3
	16-18	37	43,0
	18 and over	41	47,7
Relative Status with her husband	Yes	18	20,9
	No	68	79,1
The status of being positive for COVID-19	Yes	24	27,9
	No	62	72,1
The status of being positive for COVID-19 in their children	Yes	6	7,0
	No	80	93,0
The status of relatives being positive for COVID-19	Yes	41	47,7
	No	45	52,3
Status of Social Security	Yes	55	64,0
	No	31	36,0
Status of wanting to be vaccinated against COVID-19	Yes	62	72,1
	No	24	27,9
Number of people living in a room	1	4	4,7
	2	42	48,8
	3	20	23,3
	4	8	9,3
	5 and over	12	14,0
Status of being pregnant	Yes	6	7,0
	No	80	93,0
Status of Relatives who died in the war	Relative	51	59,3
	Mother-father-sister/brother	20	23,3
	Spouse	7	8,1
	Child	8	9,3

Status of having a chronic disease	Yes	28	32,6
	No	58	67,4
Status of being an elderly person living with at home	Yes	23	26,7
	No	63	73,3
Status of losing relatives due to Covid-19	Yes	25	29,1
	No	61	70,9
Total		86	100,0

Table 1: Distribution of the Socio-demographic Characteristics of the Participants.

It was determined that the average age of the participants was 36.98 ± 12.20 , the average number of people living in a

room was 3.0 ± 1.41 and the average number of children was 4.58 ± 2.01 (Table 2).

	N	Minimum	Maximum	Mean	Std.
Age	86	15,00	66,00	36,988	12,200
Number of child	86	1,00	9,00	4,558	2,015
Number of People in a Room	86	1,00	8,00	3,000	1,414

Table 2: Average age of the participants, number of children and how many people stay in a room.

Discussion

This study was conducted to determine the situation of refugee women and their children during the covid-19 period. In our study, it was found that 4.7% of Syrian women were under the age of 18 and 7% were pregnant. In the TNSA 2018 report, while the rate of women who gave birth under the age of 18 was 1% in the Turkish sample, 16% gave birth over the age of 35. In the Syrian sample, this rate was reported to be 18% [9]. Accordingly, the low rate in our study was interpreted as an increase in the age at first birth of Syrians over time. In the TNSA 2018 Syrian sample, it was stated that it was 65% for the sample of Syrian immigrants with a crowded household where six or more people live in one household [9]. In our study, the number of people living 5 or more times in a room was 14%, which is lower than the TNSA report. This situation can be explained by the presentation of the report 3 years ago. It made us think that the conditions of Syrian immigrants might have improved in this process. In the TNSA 2018 Syrian sample, it was stated that 31% of women's spouses work in jobs with social security, while in the Turkish sample, 73% of women's spouses work in jobs with social security [9]. In our study, it was determined that 36% of women did not have social security, which is compatible with the literature. Today, a Syrian migrant woman in Turkey gives birth to an average of 5.3 children. The highest age-specific fertility rate was observed in the 20-24 age group (312 per 1,000 women in the 20-24 age group). It is stated that the average household size of Syrians living in Turkey is 6 people. In our study, it was determined that 52.3% of the average households live together as an extended family and an average of 3 people

live in a room. These data were seen to be in agreement with the published report. According to TUIK 2020 data, the rate of consanguineous marriages in Turkey was given as 3.8% [10]. In our study, the rate of consanguineous marriage was found to be 20.9%, which was interpreted as the tradition of consanguineous marriage in Arab culture and that immigrants generally married with their own cars.

In Turkey, the average age at marriage for women in 2020 is 27.1 [10]. In our study, it was found that 43% of Syrian women got married between the ages of 16-18. According to TNSA (2018) data, approximately 39% of Syrian migrant women in adolescence have started to give birth to children. Among the Syrian population, those who started to give birth to their first child between the ages of 15-17 were determined as 20.5% [8]. These data have shown us that Syrian Arabs marry early. In addition, in our study, it was found that 29.3% of women had miscarriages. It is reported in the literature that adolescent pregnant women are more likely to have low-birth-weight babies, miscarriage, and stillbirth than normal-age mothers. In addition, it is known that the maternal mortality rate of women in this age group is high [11-15].

It was found that 59.3% of the participants lost at least 1 relative in the war. Wars are situations that increase death rates. The fact that more than half of the participants lost a relative in the war is a result that reveals the difficult life of refugees.

It was determined that 32.6% had a chronic disease and 26.7% of them lived with an elderly individual at home of the

participants. Having a chronic disease and being old are a big risk in terms of Covid-19 mortality and morbidity [16]. Among the participants, there were people (29.1%) who stated that they lost a relative due to covid-19.

Vaccines protect the well-being of children and adults, prevent the spread of infectious diseases; It is one of the most important and most effective protective measures in terms of economy and reliability. The aim is to prevent epidemics and reduce death and disability [17]. Vaccination is of great importance in terms of ending the COVID-19 pandemic, the transmission route of which is not clear, spreading the protection and being effective [18]. From past to present, many epidemics have been brought under control with vaccines [17]. It was determined in this study that 72.1% of the participants wanted to have the Covid-19 vaccine. This rate is very valuable. However, this ratio needs to be increased. For this reason, it is very valuable in the fight against the epidemic that health professionals provide training and information about vaccination and the establishment of mobile vaccination teams.

It was found that 27.9% of the participants were positive for Covid-19 and 47.7% of them were positive for Covid-19. Covid-19 is becoming increasingly insoluble in Turkey. The number of people who have this disease and those who die from it is increasing. Currently, the number of cases in Turkey is 6.39 million, while the number of deaths is 56,710 [19].

The number of deaths and intensive care admissions between the ages of 0-9 in the world is quite low compared to other age groups. Very few cases have been reported, especially in the neonatal period. The mortality rate in other children between the ages of 10-19 was reported as 0.2% [20]. In the light of this information, it can be said that the clinical picture in children has a milder course. However, it has been reported that new mutant viruses have a more severe course in children [21]. In the study, it was found that 7% of their children were positive for Covid-19.

Conclusion

As a result, refugee women and children are more vulnerable to diseases and epidemics due to their living conditions. However, the limitations of the Covid-19 process cause this group to be exposed to more unequal practices. Urgent global solutions are needed for women and children, who are among the most vulnerable in the Covid-19 process. Because neglecting a section during the pandemic process can affect the health of the entire population by causing the epidemic to spread further. Therefore, the inclusion of migrants and refugees in all aspects of the response to Covid-19 is crucial for women's and children's health and public health.

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