

Journey to Women's Health with The Traces of Migration: Struggle and Hope

Göçün İzleri ile Kadın Sağlığına Yolculuk: Mücadele ve Umut

Abdurrahim UYANIK¹, Özlem SEYMEN²

¹Öğr. Gör. Tokat Gaziosmanpaşa Üniversitesi, Erbaa Sağlık Hizmetleri MYO, Sağlık Bakım Hizmetleri Bölümü, TOKAT, 0000-0001-6033-1440

²Öğr. Gör. Tokat Gaziosmanpaşa Üniversitesi, Erbaa Sağlık Bilimleri Fakültesi, Hemşirelik Bölümü, TOKAT, 0000- 0002- 9788- 2200

ÖZET

Göçün, özellikle kadın sağlığı üzerindeki etkilerini anlatmak ve bu karmaşık süreç içinde yaşanan mücadeleleri, toplumsal cinsiyet eşitsizliğini ve göçün en fazla mağduru olan kadınların sağlığına etkilerini derlemek bu çalışmanın temel amacını oluşturmaktadır. Göç, kadınların sağlığına yönelik çeşitli zorlukları beraberinde getirirken, aynı zamanda mücadele için verilen savaşı da gözler önüne sermektedir. Kadınlar, göç sırasında şiddet, istismar, travma ve sağlık hizmetlerine ulaşma konusundaki engellerle başa çıkmak zorunda kalmaktadır. Ayrıca, göçün kadınların toplumsal rolleri, cinsel ve üreme sağlığı üzerindeki etkileri de unutulmamalıdır. Bu derleme, göçmen kadınların sağlık sistemleriyle olan etkileşimlerini, bu süreçte karşılaştıkları zorlukları ve sağlık çalışanlarının rollerini anlatarak göçmen kadınların sağlık sorunlarına yönelik farkındalığı artırmayı hedeflemekte ve çözüm yollarını önermektedir.

Anahtar Kelimeler: Göç, Göçmen, Hemşirelik, Kadın Sağlığı

ABSTRACT

The main purpose of this study is to explain the effects of migration, especially on women's health, and to compile the struggles experienced in this complex process, gender inequality and the effects of migration on health of women, who are the most victims of migration. Migration brings with it a variety of challenges to women's health, but it also reveals the battle for survival. During migration, women have to cope with violence, abuse, trauma and barriers to accessing health services. In addition, the impact of migration on women's social roles and sexual and reproductive health should not be forgotten. This review aims to raise awareness of migrant women's health problems and proposes solutions by describing migrant women's interactions with health systems, the challenges they face in this process and the roles of health professionals.

Key Words: Migration, Migrant, Nursing, Women's Health

Sorumlu yazar/Corresponding author:

Abdurrahim UYANIK, Tokat Gaziosmanpaşa Üniversitesi, Erbaa Sağlık Hizmetleri Meslek Yüksekokulu, Sağlık Bakım Hizmetleri Bölümü, TOKAT_ abdurrahim.uyanik@gop.edu.tr

Başvuru/Submitted: 15.01.2024 **Kabul/Accepted:** 26.02.2024

Cite this article as: Uyanık A. Seymen Ö. Journey to Women's Health with The Traces of Migration: Struggle and Hope. *J TOGU Heal Sci.* 2024;4(1:Özel Sayı):45-54.

INTRODUCTION

According to the Turkish Language Association, migration is defined as "the movement of individuals or communities from one country to another country, from one settlement to another settlement for economic, social and political reasons; moving, hijra" (1). Migration is divided into two main categories depending on its source: internal migration (movement between local settlements) and international migration (relocation outside the borders of the country) (2). According to the definition of the International Organization for Migration (IOM), migrants are defined as "individuals and family members who migrate to another country or region in order to improve their material and social situation and to increase their or their family's future prospects" (3).

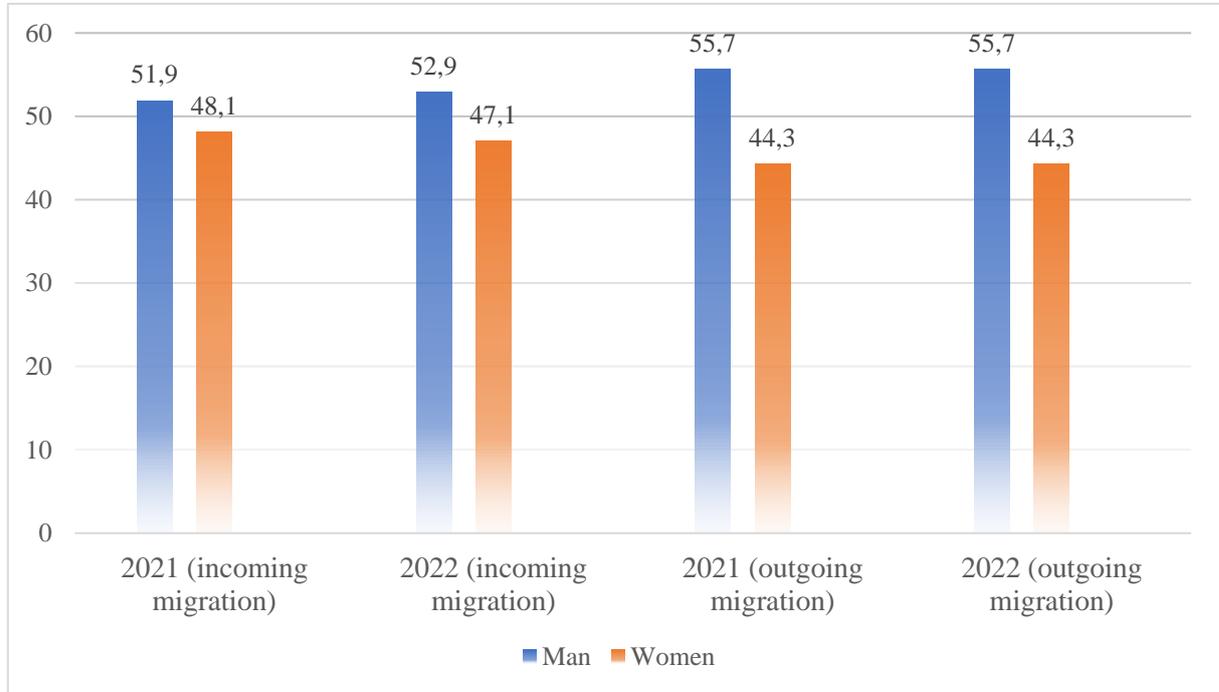
Today, there are various factors that cause people to migrate. These factors include economic crises, civil unrest, exile, ethnic conflicts, income inequalities, inability to reach the desired level of welfare, labor shortages in developed countries, unemployment and employment problems, increased mobility with education, climatic conditions, terrorism, blood feuds, the desire to provide better living and educational conditions for the next generation, oppressive policies (4,5). IOM has reported a rapid increase in the number of migrants over the last three decades, from 153 million to 281 million from 1990 to 2020 (3). By 2050, approximately 25 million to 1 billion people are expected to migrate within and across borders (6).

IOM plays a central role in providing effective, timely and coordinated support to Member States across the United Nations system to enhance cooperation on international migration and maximize its contribution to sustainable development. Fulfilling the migration promise will enable the achievement of the "Sustainable Development Goals", which include; Reducing inequality within and between countries and contributing to sustainable, inclusive and sustainable economic growth through safe pathways of labour migration, sustainable livelihoods and decent work, ensuring that migration is always an option by creating a more peaceful world and facilitating safe and orderly migration in the context of climate action, facilitating agreements between states to ensure coherence of migration policies, and including migrants in social and health policies and protection programs (7).

According to the data of Turkish Statistical Institute, the number of people who migrated abroad from Turkey increased by 62.3% in 2022 compared to the previous year and reached 466 thousand 914 people. Of these migrants, 55.7% were men and 44.3% were women. The number of people migrating to Turkey from abroad shows a downward trend compared to

previous years. While Istanbul ranked first in the ranking based on the provinces receiving and giving migration, citizens of the Russian Federation (25%) were the first to migrate to Turkey in 2022 (Figure 1) (8).

Figure 1. Distribution of migration to and from Turkey by gender (2021-2022)



Migration is a process that negatively affects the social, cultural and economic lives of women. This review is written to provide a perspective on the factors affecting the health status of migrant women by addressing the barriers and cultural effects of the migration process on women's access to health services, especially in the areas of sexuality and reproductive health according to women's life stages. It also aims to contribute to the literature in this field by analysing the effects of changes in gender roles and migration experiences on women's health.

Migration and Health

One of the important factors affecting health is migration. The impact of migration on health varies depending on the reasons for migration, migration style, living conditions in the country of migration and duration of residence. These effects are also closely related to the migration and migrant health policies of countries (9). The interaction between health and migration is a complex and dynamic relationship that is influenced by the socio-economic and cultural factors of migrants, their previous health history, and the nature and quality of the health services they had access to before migration. In addition, the conditions surrounding the migration itself and the social and health characteristics of subsequent resettlement are also

involved in this interaction (10). Today, migration and health has become a global public health priority. Complex flows of economic, forced and irregular migration continue to increase. There are 244 million international migrants and more internal migrants worldwide. However, the measures taken in relation to migration and health are very limited. This is because these measures may adversely affect not only those who migrate, but also the sending, receiving and 'left behind' communities (11). In addition to emergency health services for undocumented migrants, states should provide comprehensive health services to meet the health needs of children, pregnant women, disabled and elderly individuals in the vulnerable group (9). At this stage, the majority of displaced people are women and children. Therefore, migration is a very important factor to be taken into consideration in contemporary women's health issues (12). In order to improve the health status and service provision of migrants and asylum seekers screening for diseases important for public health (anemia, malnutrition, etc.) and providing access to free treatment, free and accessible immunisation and reproductive health services, provision of mental health services, treatment worthy of human rights and dignity, prevention of stigmatisation and discrimination, training of health workers on the special needs of these people and appropriate approach, prioritising risky groups, providing solutions to language problems, keeping health indicators including births and deaths, continuous monitoring and evaluation and making services sustainable (13,14).

Migration and Women's Health

Women, who are among vulnerable groups, can be affected positively or negatively by migration. The direction in which it will be affected is determined by the conditions under which migration takes place, the material and social opportunities of the country of migration, the adaptation of migrants to the society and the current health status markers (12). The thought of migration brings stress due to cultural differences. Poor conditions can lead to mental problems and differences in the destination country can also increase the impact of trauma. When focusing on the health problems of migrant women, it is important to recognise that stress plays an important role in this process (15). While migrant women face significant health risks, they also face situations that require attention, especially in terms of mental health. Factors such as occupational stress, family responsibilities and sexual violence may lead to mental problems such as postnatal depression and post-traumatic stress disorder. In coping with these problems, they may encounter some obstacles brought about by migration in terms of seeking help (16,17). Migrant women can be subjected to sexual abuse, physical and psychological violence both because of their migrant status and their gender. They are used by their families as bargaining

chips to get a seat on boats, forced to sell their bodies to buy a seat for their dependents, or used as barter goods for torture, prostitution and other illegal services (12,18,19). The use of small, rickety and old boats makes the journey particularly unsafe for women and children, who often have to take the worst and most dangerous seats (20).

Effects of Migration on Women's Life Stages

Women's life stages consist of different phases: childhood, adolescence, sexual maturity, menopause and old age. National and international migrations can affect each period of women's life positively and negatively due to their sex and gender roles. In addition, women face twice as many difficulties due to their fertility characteristics (21-23).

Migrant adolescents may experience inequitable access to sexual and reproductive health. In addition, reduced rates of antenatal care open the door to more postnatal complications such as recurrent and unsafe abortions, perinatal death and stillbirth. It also leads to negative outcomes such as sexual abuse in refugee camps, and these outcomes push adolescents among vulnerable groups against sexually transmitted infections and sexual violence (24-26).

Although it is important that prenatal care supports a healthy pregnancy and reduces adverse outcomes, it is observed that many migrant women either do not benefit from prenatal health services sufficiently or receive lower quality care in the country of destination (27). Migrants may be exposed to a higher risk of physical and mental illness than the host population due to stress factors before, during and after migration. Migrant women in pregnancy or postpartum period may constitute a particularly vulnerable group in terms of special health and social needs (28). Participation in antenatal care can be hampered by low health literacy, limited financial resources, cost of services, lack of transportation, and long and difficult journeys to reach facilities. Limited language proficiency for migrant women is another possible reason. In addition, health services may not be culturally appropriate or may cause differences between women's previous experiences and cultural beliefs (29). Migrant women often face loneliness caused by being away from their family ties and roots, have difficulty in communicating with the society in the country they are in, and especially cannot receive support from their peers, and may be in a disadvantaged position due to these reasons (30,31). Pregnancy under conditions where adequate health care and treatment are not provided brings along serious risks for the expectant mother and the baby (32). It may cause a series of problems in the expectant mother, including protein and vitamin deficiency, malnutrition, obesity, and an increase in chronic diseases; and in the infant, low birth weight, threat of preterm birth, limited cognitive

development, and neural tube defects (33). In addition, factors such as economic, psychosocial, obstetric, migration and health systems may predispose migrant women to chronic depression and suicide; they may also threaten their relationships with their partners by negatively affecting their ability to work and care (28).

Considering that migrants have unfavorable pregnancy outcomes, it is concluded that environmental migration has an impact on maternal morbidity. With increasing environmental migration, health professionals working in women's health around the world are likely to encounter more local and international environmental migrants in the future. Therefore, it is crucial to focus on environmental migration, particularly in the context of pregnancy, and to understand the unique adverse risk profiles for this vulnerable group. This will help obstetricians, nurses, midwives and health care providers to identify individualized obstetric care needs and reduce risks to optimize pregnancy outcomes, especially for pregnant women. It will also contribute to maternity health care providers adopting a global and holistic approach to their work, working within the framework of the United Nations' Sustainable Development Goals (34,35).

The menopausal transition is a normal life stage that women usually experience between the ages of 45 and 55. During this period, various physical and psychological symptoms may occur, such as vasomotor and urogenital symptoms and mood changes. Menopausal transition and life after menopause is important in terms of reducing the risk of non-communicable chronic diseases by adopting a healthy lifestyle and taking measures such as regular exercise and a balanced diet (36). Many factors can influence a woman's menopausal transition. The complexity of the menopausal transition increases with the addition of the migration transition, as migration adds another level of complexity consisting of cultural, traditional, economic, societal and social changes. Recently, there has been a large influx of migrants worldwide. Many of these migrants are middle-aged women and are experiencing menopausal transitions concurrently with their migration transitions (37). It is thought that psychological and typical cultural stress may influence the age of menopause and have an impact on climacteric symptomatology. In particular, there is a vulnerable group among middle-aged and older immigrant women who tend to have high levels of psychological distress (38). According to a 2018 comprehensive study, compared to non-migrant women, migrant women have worse mental health and more vasomotor and other symptoms (39). In a study conducted with women with migration experience, menopause was associated with the end of femininity due to reduced fertility, and was also concluded to be an experience that is not talked about much due to cultural taboos related to menstruation and sexuality

(40). According to a scoping review on menopausal symptoms, sexual dysfunction and pelvic floor disorders in refugee and asylum-seeking women, it is emphasized that these neglected gender-specific health problems should be better understood in terms of prevalence and risk factors, considering the insufficiency of data on women's health; 80% of refugees in the world are women and children and many of them are exposed to violence and sexual abuse (41). Awareness of culturally informed health beliefs and practices, limited knowledge about menopause and low health literacy skills are important factors to consider when providing care for migrant women. Challenges such as health care providers' lack of knowledge and limited resources should also be addressed when formulating strategies to improve menopause care for migrant women. In this context, it is important to increase the capacity of healthcare providers and enable them to provide more effective menopause care by increasing cultural awareness (36). Education and health information may facilitate affirmative aspects of menopause for migrant and refugee women (42). In addition, more research is needed on migrant and refugee women's perceptions of sexuality, including menopause, and how they balance cultural constraints to understand subjectivity and facilitate sexual and reproductive health. Menopause and migration are important periods in women's lives, with major implications for public health and individual well-being. A conscious and intercultural nursing approach, supportive policies and education in these areas should aim to ensure that these processes contribute positively to the overall health of women and society.

Improving the Health of Women Migrants

There may be difficulties related to the health system in the countries of migration, such as language and cultural barriers, immigration policies, health insurance and health service provider preference. Given that inequalities in migrant women's reproductive health are more sensitive, it is crucial that health professionals are equipped with the knowledge and tools to meet these needs and that health systems adapt. In addition, it is necessary to identify protective factors for various migrant groups and provide health-promoting interventions (43,44). Interventions that reduce disease, unintended pregnancies and fatal reproductive health outcomes include providing sustainable cities for access to reproductive health services, financial support, and establishing or strengthening health services for undocumented migrant women and women refugees where they live (45). In addition, language support and cultural adaptation should be provided to increase access to health services, and health education and information programmes should be organised. These programmes should focus on improving

health behaviours by raising awareness on reproductive health, sexual health, contraception and hygiene (46). Policies that respect the rights of migrants and support gender equality should be developed and implemented. While migrants are in refugee camps, governments should provide appropriate health services that address all aspects of women's health, especially reproductive health and sexual health, within the framework of human rights and ethical principles (12).

CONCLUSION

In conclusion, this review offers a journey to understand the impact of migration on women's health and explore the struggles in this area. Migration is not only a geographical change but also affects women who face many cultural, social and health challenges. When the effects of migration on women's psychological, sexual, reproductive and general health are examined in depth, issues such as mental health problems, problems accessing health services, adverse hygiene conditions, limited access to contraception and reproductive health services come to the fore. At this stage, especially healthcare professionals have important roles and responsibilities. At this stage, psychosocial support should be provided to help them cope with the stress, loss and uncertainty of the migration process, and local health systems should be developed to facilitate migrant women's access to health services. Language barriers and cultural differences can make it difficult to access health services, so caregivers should act individually and not ignore cultural characteristics. Training programs should be developed to raise awareness of migrant women on health issues. In particular, trainings covering all periods of women's lives should be organized according to need. Specific topics such as sexual health, pregnancy, childbirth, family planning and menopause should be selected within these trainings. Community-based programs should be developed and implemented to ensure the adaptation of migrant women.

Acknowledgements; Thank you to all the women who inspire us and carry life on their shoulders.

Financial Support; There is no supporting financial institution and/or organization.

Conflict of Interest; There is no conflict of interest between the authors.

Ethical Approval; Ethics committee permission was not obtained as it was a review article.

Author Contributions; Subject selection: AU, ÖS; Review writing: AU, ÖS; Literature review: AU, ÖS; Final Reading: AU, ÖS.

REFERENCES

1. Turkish Language Association. [Internet]. 2024 [Accessed January 2, 2024]. Available from: <https://sozluk.gov.tr/>.
2. Özkan R. Migration Case and its Effect on social structure. *Erciyes Üniversitesi Sos Bilim Enstitüsü Derg.* 2019;33(47):127–45.
3. International Organization for Migration (IOM). [Internet]. 2024 [Accessed January 4, 2024]. Available from: <https://www.iom.int/>.
4. Kurtuldu K, Şahin E. The Effects of immigration on women life and health. *Ordu Univ J Nurs Stud.* 2018;1(1):37–46.
5. Tamer M. A Conceptual analysis on migration, causes and international migration. *Journal Of Social And Humanities Sciences Research.* 2020;7(60):2808-2818.
6. Van Daalen KR, Dada S, Issa R, Chowdhury M, Jung L, Singh L, et al. A Scoping review to assess sexual and reproductive health outcomes, challenges and recommendations in the context of climate migration. *Front Glob Women's Heal.* 2021;2.
7. International Organization for Migration (IOM). *IOM Strategic Plan.* 2024;1–29.
8. Turkish Statistical Institute. [Internet]. 2023 [Accessed 12 January 2024] Available from: <https://data.tuik.gov.tr/Bulten/Index?p=Uluslararası-Goc-Istatistikleri-2022-49457>.
9. Keleşmehmet H. Immigrant health in the world and in Turkey. *The Journal Of Turkish Family Physician.* 2018;9(4).
10. Carballo M, Mboup M. International migration and health. *Global Commission On International Migration (GCIM).* 2005.
11. Wickramage K, Vearey J, Zwi AB, Robinson C, Knipper M. Migration and health: A global public health research priority. *BMC Public Health.* 2018;18(1):1–9.
12. Adanu RMK, Johnson TRB. Migration and women's health. *Int J Gynecol Obstet.* 2009;106(2):179–81.
13. Karadağ Çaman Ö, Bahar Özvarış Ş. International migration and women's health. *Health And Society.* 2010;20(4).
14. Beşer A, Tekkaş Kerman K. Barriers To immigrants access to health services and priority health problems. *Türkiye Klinikleri J Public Health Nurs-Special Topics.* 2017;3(3):143-8.
15. Atalay E, Dinç A. The effects of war and migration on women's health. *Int Humanit Soc Sci Rev.* 2020;4:72–82.
16. Rogers HJ, Hogan L, Coates D, Homer CSE, Henry A. Responding to the health needs of women from migrant and refugee backgrounds-models of maternity and postpartum care in high-income countries: A systematic scoping review. *Health Soc Care Community.* 2020;28(5):1343-1365.c
17. Çuhadar D. Mental health and psychiatric nursing in its different aspects. In: Tanrıverdi D, Editor. *Migration and Mental Health.* 1st Ed. Antalya: Cukurova Nobel Medicine Bookstore; 2021. p285-294.
18. Miller E, Decker MR, Silverman JG, Raj A, Silverman JG. Violence Against women and women ' s health a case report from a community. 2007;486–97.
19. La Cascia C, Cossu G, Lindert J, Holzinger A, Zreik T, Ventriglio A, et al. Migrant Women-experiences from the Mediterranean Region. *Clin Pract Epidemiol Ment Heal [Internet].* 2020 Jul 30;16(1):101–8.
20. Amnesty. *Lives adrift.* Amnesty Int Ltd Peter Benenson House East Str London. 2014.
21. Topak E, Çamur G. Effects of migration on women and social work. *J Samsun Heal Sci.* 2022;7(1):75-88.
22. Yağmur Y, Aytekin S. Mülteci kadınların üreme sağlığı sorunları ve çözüm önerileri. *Dokuz Eylül Üniversitesi Hemşirelik Fakültesi Elektronik Derg.* 2018;11(1):56–60.
23. Ertekin Pınar Ş, Yıldırım G, Duran Ö, Cesur B. A problem peculiar to women: Mental health in menopause. *Int J Hum Sci.* 2015;12(2):787.
24. Castañeda X, Ruelas MR, Felt E, Schenker M. Health of migrants: Working towards a better future. *Infect Dis Clin North Am.* 2011 Jun;25(2):421–33.

25. Bouaddi O, Zbiri S, Belrhiti Z. Interventions to improve migrants' access to sexual and reproductive health services: a scoping review. *BMJ Glob Heal.* 2023 Jun 13;8(6).
26. Soeiro RE, de Siqueira Guida JP, da-Costa-Santos J, Costa ML. Sexual and reproductive health (SRH) needs for forcibly displaced adolescent girls and young women (10–24 years old) in humanitarian settings: a mixed-methods systematic review. *Reprod Health.* 2023;20(1):1–25.
27. Merry L, Kim YN, Urquia ML, Goulet J, Villadsen SF, Gagnon A. Transnational prenatal care among migrant women from low-and-middle-income countries who gave birth in Montreal, Canada. *BMC Pregnancy Childbirth.* 2023;23(1):1–18.
28. Fellmeth G, Fazel M, Plugge E. Migration and perinatal mental health in women from low- and middle-income countries: a systematic review and meta-analysis. *BJOG An Int J Obstet Gynaecol.* 2017;124(5):742–52.
29. Phanwichatkul T, Schmied V, Liamputtong P, Burns E. The perceptions and practices of Thai health professionals providing maternity care for migrant Burmese women: An ethnographic study. *Women and Birth.* 2022;35(4):e356–68.
30. McMurray A. Culturally sensitive evidence-based practice. *Collegian.* 2004;11(4):14–8.
31. Cotton C. Migration and young women's access to maternal healthcare in sub-Saharan Africa. *Health Place.* 2019 Jan;55:136–44.
32. Schutte JM, Steegers EAP, Schuitemaker NWE, Santema JG, De Boer K, Pel M, et al. Rise in maternal mortality in the Netherlands. *BJOG An Int J Obstet Gynaecol.* 2010;117(4):399–406.
33. T.C. General Directorate of Public Health. Nutrition during Pregnancy [Internet]. 2023 [Accessed January 10, 2024]. Available from: <https://hsgm.saglik.gov.tr/tr/component/content/article/gebelik-doneminde-beslenme.html?catid=199&Itemid=432>.
34. United Nation. Department of economic and social affairs sustainable development. 2015.
35. Lee SA, Corbett GA, McAuliffe FM. Obstetric care for environmental migrants. *Ir J Med Sci.* 2023.
36. Stanzel DKA, Hammarberg DK, Fisher PJ. Challenges in menopausal care of immigrant women. *Maturitas.* 2021; Aug;150:49–60.
37. Zou P, Waliwitiya T, Luo Y, Sun W, Shao J, Zhang H, et al. Factors influencing healthy menopause among immigrant women: a scoping review. *BMC Womens Health.* 2021;21(1):1–11.
38. Kilaf ES. Menopause between nature and culture: menopausal age and climacteric symptoms among Turkish immigrant women in Vienna, Austria. *Acta Medica Litu* 2008. 2008;15(1):2-8.
39. Stanzel KA, Hammarberg K, Fisher J. Experiences of menopause, self-management strategies for menopausal symptoms and perceptions of health care among immigrant women: a systematic review. *Climacteric.* 2018;21(2):101–10.
40. Im EO, Meleis AI. Meanings of Menopause to Korean immigrant women. *West J Nurs Res.* 2000;22(1):84–102.
41. Jahangirifar M, Fooladi E, Davis SR, Islam RM. Menopause symptoms, sexual dysfunctions and pelvic floor disorders in refugee and asylum seeker women: a scoping review. *Climacteric.* 2023;26(4):373–80.
42. Ussher JM, Hawkey AJ, Perz J. 'Age of despair', or 'when life starts': migrant and refugee women negotiate constructions of menopause. *Cult Heal Sex.* 2019;21(7):741–56.
43. Gümüş Y, Bilgili N. Effect of the immigration on health. *Anadolu Journal Of Nursing and Health Sciences.* 2015;18(1).
44. Redden K, Safarian J, Schoenborn C, Shortall C, Gagnon AJ. Interventions to support international migrant women's reproductive health in western-receiving countries: A systematic review and meta-analysis. *Health Equity.* 2021;25;5(1):356-372.
45. Larrea-Schiavon S, Vázquez-Quesada LM, Bartlett LR, Lam-Cervantes N, Sripad P, Vicitez I, Coutiño-Escamilla L. Interventions to improve the reproductive health of undocumented female migrants and refugees in protracted situations: A systematic review. *Glob Health Sci Pract.* 2022;21;10(6).
46. Arslan N. A general evaluation on the health problems of migrant women. *Journal Of Biga Economics and Administrative Sciences Faculty.* 2023;4(2).