



The effects of internal migration on women's health in Turkey*

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Abstract

Internal migration in Turkey has been doubled within the last 25 years. According to the Turkey Migration and Displaced Population Survey (2006); total population was found 67.8 million, nearly 4.1 million people migrated and 10.7% of the population aged between 18-69 have the intention of migrating at some time in the future.

Some of the impacts of the migration process in Turkey has had on women are: frequent pregnancies and having many children; not being able to receive adequate antenatal care; a high rate of perinatal mortality; and undergoing labour. Nurses should be aware of the biological, social and cultural variables which may affect migrant women's health, as well as other important issues such as their health traditions, beliefs and life styles.

Keywords: Internal migration, migration process, women's health.

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Introduction

Since few studies have been conducted on the effects of internal migration on women's health in our country, the aim of this study is to provide a base for further studies in the area of health development by diagnosing how the health of migrant women is affected by internal migration.

Internal migration in Turkey has been doubled within the last 25 years. According to the Turkey Migration and Displaced Population Survey (Türkiye Göç ve Yerinden Olmuş Nüfus Araştırması) (TGOYA) (2006); total population of Turkey was found 67.8 million, nearly 4.1 million people migrated and 10.7% of the population aged between 18-69 have the intention of migrating at some time in the future.

Migration is the geographical relocation of individuals or groups in a certain social structure from one place (city, town, or village) to another temporarily or permanently for social, psychological, political, or cultural reasons, or because of natural disasters. Migration may either be internal (within a country) or external (between countries). Different types include: voluntary migration, involuntary (forced) migration, permanent or temporary migration, multiphase migration, seasonal migration (movements of migrant farm laborers etc.), transit migration, and illegal migration (Apan, 2006; Carballo, Divino & Zeric, 1998; Celik, 2007; Ciftci, 1992; De Jong 1994).

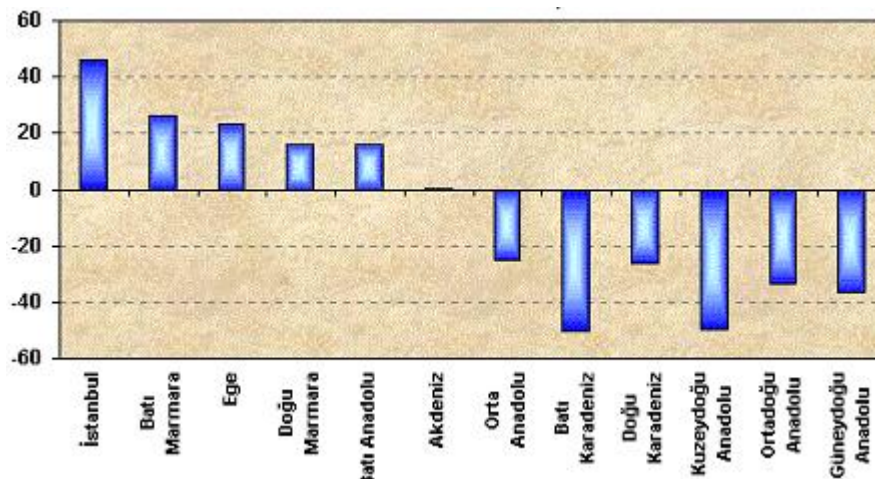
The number of migrants has been gradually increasing due to direct or indirect impacts of globalization in the world, regional conflicts, poverty, technology and the consequent development of transportation and communication opportunities. The direction of the migration movement is generally from the East to the West and from the North to the South (Apan, 2006). According to the 2005 statistics prepared by the International Organization for Migration-IOM, there are 192 million migrants in the world, 24.5 million of whom have been involved in internal migration.

As for Turkey, significant developments in the socio-economic structure caused by industrialization and the mechanization of agriculture resulted in internal migration starting from the 1950s and external migration from the mid-1960s (SIS Migration Statistics, 2004). Internal migration in Turkey has doubled over the last 25 years. According to the Survey on Migration and Displaced Population (2006); total population of Turkey was found 67.8 million and nearly 4.1 million people migrated. This migration rate has had a serious impact on big cities, primarily

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Istanbul, Izmir and Ankara. According to research conducted by the State Institute of Statistics (SIS), Istanbul has received the highest level of migration with 46% and the Western Black Sea and Northeast Anatolia Regions have experienced the highest level of emigration with 50% of the total internal migration occurring between 1995-2000 in Turkey. In terms of provenance and destination of migrants in Turkey, 57.8% of the migrant population moved from one city to another city while 20% went from a city to a village, with 4.68% moving from one village to another village and 17.46% from a village to a city (SIS Migration Statistics, 2004). According to the Survey on Migration and Displaced Population (2006), 10.7 % of the population aged between 18-69 have the intention of migrating at some time in the future.

Graphic-1: Regional Net Migration Rate (%)



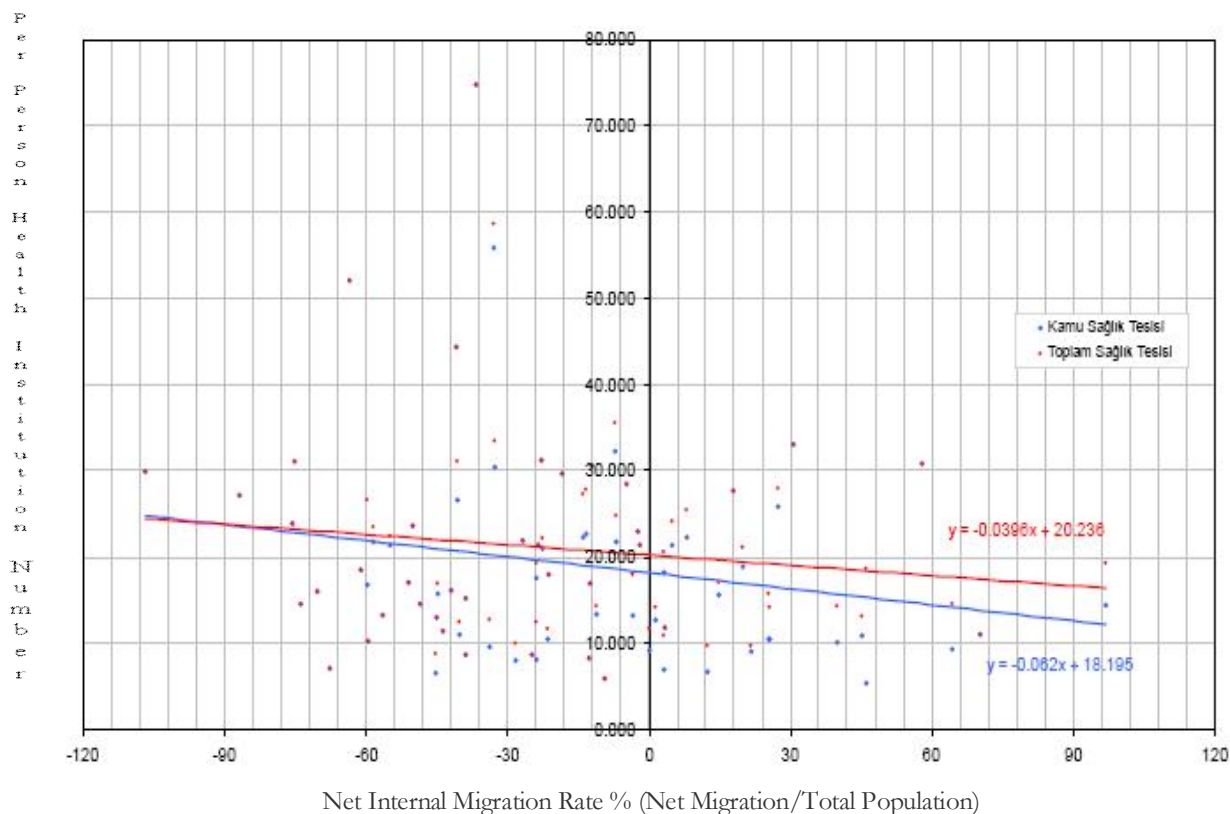
Devlet İstatistik Enstitüsü Göç İstatistikleri (Turkish Statistical Institute Migration Statistics) (2004). 2000 Genel Nüfus Sayımı Göç İstatistikleri (General Population Census Migration Statistics), 52:1-5.

According to the general census (2000), some of the reasons for internal migration in Turkey are: one of the members of households as dependent (26%); looking for employment opportunities or finding employment (20%); other (17%); to be commissioned (13.2%); education (11.6%); marriage (7%); earthquake (3%); and security (1%) (SIS Migration Statistics, 2004). The forms of migration specific to women are: associational migration, which is the relocation of the female members of the family based on their position (spouse, mother, daughter) when they follow the male members of the family who migrate for reasons such as employment opportunities or being assigned to work in a new region; migration for marriage, or migrating after marriage or in order to get married; migration for economic reasons due to positions only open to women, such as maids; and the movement of women independent of the

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male members of the family within the framework of political migration or refugee migration caused by cultural (educational etc.) or security reasons (De Jong,1994; Gulcur, 1999).

Graphic-2: Internal Migration Rate In Turkey And Per Person Health Institution Number People Relationship (2000)



Cubukcu, M. (2006). Türkiye'de iç göçün sağlık hizmet sunumu kalitesine etkisi (Effect to health service presentation quality of internal migration in Turkey), City and Health Semposium. June 7-9, Bursa. Retrieved from: <http://kisi.deu.edu.tr/mert.cubukcu>. (16 October 2009).

There are various forms and causes of migration movements. The general definition explains migration as resulting from push and pulls factors. The factors which push the population to cities are as follows: psychological pressure of increasing rural population to move to cities; insufficient and unfairly distributed lands; low productivity; natural disasters; family feuds; fragmentation of lands through inheritance; migration of the unemployed to cities as a result of the mechanization of agriculture and security. As for the pull factors, they can be explained by the differences in income levels between villages and cities; better education opportunities; the lure of the city; hopes of employment; higher living standards; better

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transportation facilities; and the wish to benefit from social and cultural opportunities offered by cities (Hilder, 1993; Turkey Migration and Refugee Population Review, 2006).

Migration especially affects women. Since migrant women frequently lack sufficient education, skills and environmental (cultural and job) opportunities, they are more vulnerable to toxication related to pesticide, depression, neurological deficiency and cases of miscarriage related to carry heavy loads, primarily those who work in agriculture. A further problem for migrant women is a feeling of estrangement from male family members who, unlike them, have the opportunity to meet new people, which causes problems between spouses the during the adaptation process of the family to the new environment increasing divorce rates. As a result, couples who divorce and who lack social support as well as couples who find themselves unable to adapt to city culture but whose children have managed to, frequently suffer from a fear of losing their children coupled with loneliness, anxiety, depression, schizophrenia, a decrease in self-confidence, sleep disorders, cardialgia and headaches, and stress-related stomach ulcers, all of which can lead to alcohol and drug addiction, cirrhosis and suicide (Holmes & Warelow, 1997).

The fact that also migrant women from all over the world are unable to find the support given by experienced women in their families. Their culture has resulted in a decrease in breastfeeding especially amongst Bangladeshi women by destroying the preservative function of lactational amenorrhea which causes an increase in unwanted pregnancies in women who do not use some means of birth control (Ilkcaracan & Ilkcaracan, 1998). Some cancer types are also observed more frequently in migrant women. Although breast, uterus, ovary and gastrointestinal system cancer are seen less amongst Italian migrant women compared to Europeans as a whole, stomach cancer is seen more frequently in Italian migrant women (IOM, 2008).

In Turkey, the major problems experienced due to migration are related to unemployment, infrastructure, transportation, education, public order and health. According to the statistics of migration and health institutions collected by the Turkish Statistical Institute by province in 2000, the quality of health services has decreased while the number of people served by health institutions and health staff has increased in places that are subject to internal migration whereas in areas that have experienced emigration the number of health institutions exceeds the required level for the given population. The fact that the migrants have low income, lack adequate nutrition, experience language barriers related to not learning the mother language of the country and health personnel couldn't speak their language, lack health insurance, and

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continue their traditional lifestyles which is not fit to the city life (giving birth at home, etc.) in addition to their loss of social support and status, loneliness, crowded accommodation, low levels of education, social and psychological stress, insufficient mechanisms for coping with stress, as well as deficiencies in city infrastructure and poor hygiene negatively affect their health (Carballo, Divino & Zeric, 1998; Celik, 2007).

Among the most common health problems are acute diarrhea, respiratory system infections, tuberculosis, typhoid, and hepatitis. In addition to physical problems, post-traumatic stress disorder, culture clash, change in family roles, irregular menstruation due to violence in the family and spontaneous abortions are frequently observed (Carballo, Divino & Zeric, 1998; Celik, 2007; Kocaman & Beyazit, 1993).

It has been determined that, for women, the migration process in Turkey results in sexually transmitted diseases, frequent child birth, high levels of prenatal and postnatal deaths and giving birth at home without the support of health staff due to the lack of mother-child health and family planning services as well as a lack of access to pre-natal healthcare services. Furthermore, migrant women tend to be limited to the role of "homemaker" since their freedom to move in the new foreign environment is more restricted and their participation in the labour market is lower than that of men, with only between 5 and 10 % of them in employment (Melih Sah, 1999). The "Family Planning Based On Society; Health Education Project" involved a study which was carried out by the Migrant Social Support and Culture Foundation (2004) in six neighborhoods of Istanbul which are subject to migration and involved 598 participants. This research established the following findings: the majority of births to migrant women are normal, but they occur at home without sanitary conditions; migrant women in these areas experience frequent and a high number of pregnancies; 19.4% of these women lose their children "one month"; 16.4% of them lose their children after "one year age"; 46.7% of them do not use birth control, and among those who do use some form of protection, 23.7% of them use intrauterine devices, 23.6% of them use condoms, 5.4% of them use contraceptive pills, and 0.7% of them use injection; 15.7% of them have had an abortion; 34.8% of them have had a miscarriages; and 84.1% of them do not want to have children (Mutluer, 2003).

Another problem that accompanies migration is violence. Women are widely exposed to violence and abuse in the process of migration, which involves a loss of their power and self-respect. According to Gülcur's (1999) study which is about on violence in the family migrated to Ankara from other provinces, 60% of the women who participated in the questionnaire of the

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study in Ankara and it was determined that 89 % of this women were subject to psychological violence, 39 % to physical violence and 15.7 % to sexual abuse.

In their study concerning internal migration in East and Southeast Anatolia, Ilkcaracan and Ilkcaracan (1998) state that 48.8% of migrant women have poor health no matter what the reason of their migration is. Migration generally causes changes in the relationships within a family and these changes affect women more than men. Associational migration which is specific only to women brings about negative perceptions of migration since it does not involve women's own decisions. One third of the women state that they are not pleased with the places they settled in due to their longing and needs to their leave behind families and relatives (Tuzer & Goka, 2007).

Conclusion

In conclusion, migration and associated factors pose great health risks to women. Throughout the post-migration period, people may suffer from problems related with meeting the basic needs stated by Maslow: physiological (shelter), safety, social (children, spouse), self-actualization and aesthetic (esteem) (Green, 2000). For this, nurses especially those employed in primary health institutions should take into consideration biological, social and cultural variables as well as the health behaviors, beliefs and lifestyles of migrant women which are influential to their health. Educational programs should be organized which take into account the cultural differences related to the fields determined to be insufficient (Holmes & Warelou, 1997). Moreover, the prejudices that migrant individuals encounter should be avoided and these individuals should be encouraged to communicate with others through providing a supportive environment. For their environment and health, municipalities should attach the importance to sanitation. And also health services should be made more economical and accessible by organizing house visits and offering practical solutions (Meliksah, 1999; Topcu, 2006).

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