



# The Life Condition of Syrian Asylum Seekers in Turkey and the Effect of These Conditions on the Desire to Migrate to Europe

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**Objective** In recent years, many Syrian asylum seekers has died while they were crossing over sea to migrate to Europe. We aimed to identify the determinants of choice of Syrian asylum seekers for emigration to Europe; therefore, we selected the sample from refugee mental health clinic in Turkey.

**Methods** Our sample consists of 100 Syrian who applied to the refugee mental health branch polyclinic. Participants filled out the (e1) sociodemographic form, WHO-5 well-being index, and WHOQL. Then their future plans assessed by the interviewer.

**Results** It was seen that people who prefer to emigrate to Europe have higher level education level, lower income status, and had worse physical conditions at home. Also, They live generally in urban area, they do not have close relatives living in Syria, have poor mental well-being and have low quality of life scores. Job duration, absence of close relatives living in Syria, having low WHOOL score and physical conditions of home were found significant in regression analysis.

**Conclusion** We found that their economic circumstances significantly predicted their preference, unlike clinical variables. We believe in that, improving their economic conditions and the life quality of Syrian asylum seekers can prevent illegal migration by dangerous routes to Europe and policy makers over the world should consider this situation.

**Psychiatry Investig 2020;17(1):55-60**

**Key Words** Asylum seekers, Europe, Migration, Syrian refugees, Trauma.

## INTRODUCTION

Many people displaced in recent years and trying to go to Europe is increasing day by day.<sup>1</sup> The armed conflict in Syria which began in 2011 has resulted in a massive forced displacement of the Syrian population. According to the UN-CHR by the end of June 2018, there were approximately 5.6 million registered Syrian asylum seekers.<sup>2</sup> The majority of Syrian asylum seekers have fled Syria for neighbouring countries. Turkey now hosts about 3.6 million Syrian asylum seekers.<sup>3</sup>

Refugees are a high-risk group for developing mental health difficulties as their exposure to adversity and trauma is associ-

ated with a range of negative psychological outcomes.<sup>4-6</sup> Many studies have shown that traumatic experiences and discrimination affect mental health of refugees<sup>7-9</sup> and predisposes them to many mental disorder.<sup>10</sup> Similar to other refugee populations, thousands of Syrians are being subjected to difficulties (or potentially traumatic experiences) on their journey to Europe.<sup>11</sup>

Syrian asylum seekers who arrived in Turkey try to go to other countries that can provide better conditions by dangerous journeys. During 2015 and 2016, an unprecedented influx of more than 750,000 Syrian asylum seekers went from Turkey to Western Europe by using Balkans route.<sup>12</sup> In 2018, The Refugee Rights Sub Commission of Turkish Grand National Assembly reported that, the number of refugees crossing the Aegean sea into Greece by the date of 18 March 2016 is around one thousand people per day.<sup>13</sup> In 2017, a total of 23,754 irregular migrants were seized by the Coast Guard Command and other law enforcement units; in the same period 22,515 irregular migrants were arrested by Greece and the majority of these immigrants were Syrian.<sup>13</sup> Organizers of human trafficking confiscate their money by cheating migrants; they put their lives in danger by putting too many im-

**Received:** December 29, 2018 **Revised:** April 28, 2019

**Accepted:** October 1, 2019

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migrants into boats with unsafe methods.<sup>13</sup> Syrian asylum seekers who are trying get into Europe can die during this journey. The Coast Guard commander reported that only 192 immigrants in 2017 lost their lives while attempting to illegally cross through Aegean Sea route.<sup>13</sup>

Since human alive, they are on the move, but it has been fuelled in recent years by increasing in conflict, climate change and the opportunities and pressures of globalisation.<sup>14</sup> Today, migration is a combination of economically capable personality, physically sound, with the perception of the world as being threatening and a sharpened sense of danger.<sup>15</sup> On the other hand, migration includes not just arrival in a host country but also preparation for departure and the journey itself. Each phase can have both short-term and long-term impact on the migrants' well-being (e.g. living in poverty; being a victim of violence, torture or rape).

In this study, we aimed to identify the psychosocial determinants of choice of Syrian asylum seekers who migrate to Europe even from illegal ways or stay in Turkey. The sample was selected from refugee mental health branch clinic. We have hypothesized that, bad economic situations, poor psychosocial conditions and poor mental health can affect the decision of emigration to Europe.

## METHODS

### Participants and procedures

Our sample consists of the Syrian volunteers who applied to the immigrant and refugee mental health special branch polyclinic of Bakırköy Mental Health and Neurological Diseases Training and Research Hospital (BRSHH) for the psychiatric complaints between 1 January and 1 April 2017. Between two dates, volunteers who applied to our clinic were informed about the study and the sample was randomly selected to follow-up work. Those who did not give consent or were unable to answer questions were not included in the study. The questionnaires were conducted by the psychiatric specialist whose native language is Arabic and has knowledge about Syrian culture.

The study took place at BRSHH, a mental health hospital with approximately 1,600 beds which is located in İstanbul, the largest city in Turkey. According to the Ministry of Interior Directorate General of Migration Management as of 24.05.2018, there are 560.959 Syrians registered in İstanbul. The refugee special branch polyclinic is located in this hospital and open on Wednesdays. It only serves the Syrian people.

The study was approved by local ethics committee of BRSHH by "632" reference number in 07.02.2017. In order to receive the health services, Syrian asylum seekers who applied for the BRSHH refugee mental health special polyclinic

were informed about the study after the health service was first provided and they were asked whether they would like to participate in the study. The volunteers who gave the consent were interviewed in a separate room and asked the questions that were included in the Sociodemographic form. After the questions, they were asked to fill out the psychological well-being scales. The Questions was read to participant who is illiterate. After this process, participants were asked where they planned their future.

### Assessment of sociodemographic features

Data collection form was created by the researchers and used to determine the physical conditions of the house, how many people live in the house and how far the house is from the city centre. Besides, the questions about age, gender, educational status, income situation, employment status, and how many public transport vehicles use to reach the hospital were asked.

### Measurement of well-being

WHO-Five well-being Index has used to assess well-being. The WHO-Five was originally designed by the World Health Organization for the assessment of well-being among diabetic patients.<sup>16</sup> Items are rated on a 6-point scale ranging from 'all of the time' (5) to 'at no time' (0), resulting in a maximum sum score of 25. The validation of Arabic version of the index was conducted by Sibai et al.<sup>17</sup>

### Measurement of life quality

WHO-Quality of Life Questionnaire was used to measure the life quality of participants. The WHOQOL-BREF is a 26-item, self-administered, and generic questionnaire that is a short version of the WHOQOL-100 scale.<sup>18</sup> The response options range from 1 (very dissatisfied/very poor) to 5 (very satisfied/very good). Assessments are made over the preceding two weeks. Ohaeri et al.<sup>19</sup> has done the reliability and validity study of the short version of the WHO Quality of Life Instrument in an Arab general population.

### Statistical analysis

Data entered into the database created in SPSS 20.0 version (IBM Corp., Armonk, NY, USA). Firstly, descriptive statistics of variables were analysed. The data were evaluated by the Kolmogorov-Smirnov test for normal distribution and normal distributions were observed. For comparing the future plan and categorical variables, chi-square test was used. Future plan and the parametric variables were analysed by independent student t-test. Logistic regression (enter model) analysis was used to determine the determinants of preference for going to Europe, a dependent variable for preferring

to go to Europe for identification, and factors that showing a significant difference between the two groups and reflecting the quality of life, economic conditions as independent variables.

## RESULTS

118 Syrians applied to our clinic between the dates specified. Six of them stated that they had no time to participate in the study. Ten people were hospitalized because of their mental illness, their symptoms get worse so they were not involved in the study. The information of two people is not entered in the database due to missing information in their scale forms. Therefore, the sample included 54 women (54%) and 46 men (46%). The average age of the participants was 33.8 years (s.d.:  $\pm 11.7$ ), the education level was 8.21 years (s.d.:  $\pm 3.84$ ), the room in the house where she/he lived/person rate average was 0.39 (s.d.:  $\pm 0.2$ ), mean score of WHO-Five Well-being index score was 12.8 (s.d.:  $\pm 6.5$ ), mean score of quality of life scale was 118.7 (s.d.:  $\pm 37.4$ ), mean duration of symptoms were 48.2 months (s.d.:  $\pm 77.9$ ) and similarly the average duration time in Turkey was 48.2 months (s.d.:  $\pm 77.9$ ) (Table 1). While 69 participants (69%) did not work anywhere, 41 (41%) were single, 46 (46%) were married and 13 (13%) per-

son were divorced or widowed (Table 1).

Comparing the participants who prefer to plan their future in Europe and those who do not, it was found that people prefer to migrate to Europe have significantly less close relatives living in Syria (t: 9.84 and  $p=0.002$ ), more highly educated (t: -3.9 and  $p=0.0001$ ), low income status (t: 8.2 and  $p=0.016$ ), less living rooms in the house/person ratio (t: 3.28 and  $p=0.018$ ), low WHO-Five Well-being index scores (t: 3.99 and  $p=0.0001$ ), higher number of transportation vehicles to go to the refugee mental health branch clinic (t: -2.18 and  $p=0.032$ ), less duration of symptoms (t: 2.26 and  $p=0.026$ ) and low quality of life (t: 5.63 and  $p=0.0001$ ). On the contrary, having experienced severe mental trauma (t: 1.02 and  $p=0.44$ ), gender (t: 1.38 and  $p=0.27$ ), marital status (t: 3.06 and  $p=0.54$ ), working status (t: 1.06 and  $p=0.41$ ), job seeking (t: 1.07 and  $p=0.36$ ), age (t: 0.8 and  $p=0.42$ ), the socioeconomic status in Syria (t: 8.28 and  $p=0.16$ ), the number of children (t: 0.80 and  $p=0.24$ ) and the period spent in Turkey (t: 2.41,  $p=0.17$ ) were not significantly different (Table 2).

To assess the factors that determine the choice of going to Europe, variables which showing significant differences between the two groups were taken as independent variables in logistic regression analysis. In the logistic regression analysis, we found that the high education level, low income status, the absence of close relatives in Syria, the low quality of life scale score and the low ratio of the room/person living in the house determined the future planning preference in Europe statistically significantly (Table 3).

**Table 1.** Sociodemographic and clinical data of participants

100 participant	N(%)
Gender	
Female	54 (54)
Male	46 (46)
Marital status	
Single	41 (41)
Married	46 (46)
Other	13 (13)
Working status	
Unemployed	69 (69)
Employed	21 (21)
100 participant	Mean $\pm$ SD
Age	33.8 $\pm$ 11.7
Education (year)	8.21 $\pm$ 3.84
Room/person ratio	0.39 $\pm$ 0.2
WHO-Five Well-being Index score	12.8 $\pm$ 6.5
Number of public transit vehicles used to come to the hospital	1.7 $\pm$ 0.75
Duration of symptom (month)	48.2 $\pm$ 77.9
Quality of life scale score	118.7 $\pm$ 37.4
Duration in Turkey (month)	48.2 $\pm$ 77.9

WHO: World Health Organization, SD: standart deviation

## DISCUSSION

In our study, we examined the factors related to the preference for structuring future experiences of patients who applied to the refugee/immigrant mental health branch polyclinic of the Bakırköy Mental Health and Neurological Diseases Training and Research Hospital. That part has revised as; "In our study we found that, in the group who prefer to go to Europe the level of education was higher, income level was low, there weren't close relatives living in Syria, the quality of life score was low, the conditions of the house were worse, WHO well-being index score was low, duration of the symptoms were shorter than other group." Moreover, we found that the number of vehicles used to go to the hospital showing the distance of the place to the centre of the city is highest in the group who prefer to go to Europe.

A limited number of asylum seekers in European countries to accept the legally determined every year and Syrians can apply for it to the UN headquarters in Turkey. However, more than the determined number of refugees want to go to these countries; therefore, these individuals resort to illegal

**Table 2.** Compare of participants who are planning and who are not planning to migrate to Europe

100 participant		Europe (-)	Europe (+)	p	Test value
Psychological trauma	Yes	52	24	0.44	1.02
	No	19	5		
Presence of close relative living in Syria	Yes	66	20	0.002	-9.84
	No	5	9		
Gender	Female	41	13	0.27	1.38
	Male	30	16		
Marital status	Single	29	12	0.54	3.06
	Married	33	13		
	Other	9	4		
Employment status	Unemployed	58	21	0.41	1.06
	Employed	13	8		
Job search status	Looking for work	24	13	0.36	1.07
	Not looking	47	16		
Age	Mean	34.4	32.3	0.42	0.8
Education (year)	Mean	7.2	10.4	0.0001	3.98
Income status in Turkey	Debt	42	25	0.016	-8.2
	Equal	29	4		
Status in Syria	Upper class	19	2	0.16	8.28
	Middle class	32	11		
	Sub class	20	16		
Room/person ratio	Mean	0.42	0.32	0.018	-3.28
WHO-Five Well-being Index score	Mean	14.4	9	0.0001	-3.99
Number of children	Mean	2.16	2.03	0.804	0.24
Number of public transit vehicles used to come to the hospital	Mean	1.6	2.03	0.032	2.18
Duration of symptom (month)	Mean	56.7	27.3	0.026	-2.26
Quality of life scale score	Mean	130.5	89.9	0.0001	-5.63
Duration in Turkey (month)	Mean	37.5	32	0.17	2.41

p<0.05 indicates statistical significance. WHO: World Health Organization

means. In the literature search, it has been seen that there is lack of studies related to the reasons of the motivation of Syrian asylum seekers to go to Europe and in this respect, our work is the first study to question it in our country.

In our study, income status, room person rate, number of public transportation vehicles changed from arrival to hospital, and quality of life were found as variables showing significant difference between the two groups. These variables can be assessed under the heading of economic difficulties. In a study conducted in Isparta, one of the city in Turkey, with asylum seekers living in economic hardship of the participants reported that they experienced significant 97%.<sup>20</sup> It is also emphasized in the article that low income level negatively affects mental health.<sup>21</sup> This finding suggests that the difficulties in the economic environment are important variables determining the preference for going to Europe. However,

Steel et al.<sup>22</sup> examined the challenges of immigration in Sweden and found that the most common difficulties were separation from family and economic difficulties. Zaazaa,<sup>23</sup> in fact recently mentioned that some Syrians asylum seekers came back to Turkey from Europe with unmet expectations towards Europe and stressed that they expressed in the form we've run chasing a dream did not come true for returning asylum seekers.<sup>23</sup> We think that this situation should be examined with further studies with the Syrians settled in Europe. In our study, we also found that patients who wanted to go to Europe had worse mental well-being. Although economic conditions are associated with low self-esteem, mental well-being and life satisfaction in healthy host population,<sup>24,25</sup> the literature suggests that the relationship between economic difficulties and mental well-being is stronger for refugees.<sup>26</sup>

In our work, we have found that the higher level of educa-

**Table 3.** Logistic regression analysis of variables that can be effect emigrate to Europe

	B	EXP (B)	95% CI for EXP (B)		p
			Lower	Upper	
Education level	0.42	1.5	1.133	2.078	0.006
Number of vehicles used to come to hospital	0.84	2.3	0.756	7.131	0.141
Income status (in Turkey)	0.092	9.112	1.488	55.791	0.017
Status in Syria (high income)	-2.28	0.12	0.007	1.478	0.094
Presence of close relatives in Syria	-3.2	0.039	0.003	0.454	0.01
WHO-Five Well-being Index score	-0.28	0.972	0.835	1.132	0.715
Quality of life scale score	-0.26	0.974	0.949	1	0.048
Room/person rate	-8.7	0	0	0.357	0.026

Omnibus tests of model:  $p=0.0001$  and  $r=0.70$ .  $p<0.05$  is indicate statistical significance. WHO: World Health Organization

tion has significantly contributed to the preference for going to Europe. We have also seen that individuals who have a short duration of symptoms, unlike those who have been ill for a long time, want to go further to Europe in a meaningful way. Pajic et al.<sup>27</sup> emphasized the importance of the self-efficacy of Syrian refugees located in the Netherlands and Greece in job seeking and reported that more self-efficacious individuals had more confidence in job search behaviour in the target country and more adapted to career conditions. In addition, in their study with Kurdish and Afghan refugees, Sulaiman-Hill and Thompson found that greater self- efficacy was associated with lower psychological distress, as well as with positive educational and employment outcomes in refugees.<sup>28,29</sup> Moreover, Cengiz et al.<sup>30</sup> has found that, high education level was associated with high psychological resilience in Syrian asylum seekers in Turkey. Education level and long-term (chronic) self-efficacy and resilience of mental illness has been associated with considering factors affecting the choice to go to Europe is likely to occur via different mechanisms.

### Conclusions and recommendations

In conclusion, when the participants who did not want to go to Europe and did want to go to Europe were compared, the clinical variables such as duration of symptoms, mental well-being and income level, room/individual ratio, variables indicating the economic difficulties such as the quality of life are significantly different. However, we found that economic variables significantly predicted this preference, unlike clinical variables. We believe in that, improving economic conditions and the life quality of asylum seekers can prevent illegal migration to Europe from dangerous routes and policy makers should consider this situation.

### Limitations

The fact that this study is at one centre and the absence of

the control group constitutes the main limitations. Furthermore, the fact that, the sample is selected from clinical condition, it is difficult to generalize to all society. Moreover, other limitations are that; the study has descriptive nature with small sample size and a short questionnaire was used to assess mental health and well-being. Finally, we did not control the sample for diagnosis.

### Acknowledgments

Special thanks to Ceren Acartürk, Şevval Başar and Melike Kızıldoğan for their contributions to this study.

### Conflicts of Interest

The author has no potential conflicts of interest to disclose.

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