RESEARCH

Mental health states of the refugee women in the 10-year visiting process: an assessment in context of the sociocultural adaptation

Veysel Kaplan[1*] and Mehmet Emin Düken[1]

Abstract

Background In this study, it is aimed to determine the relationship between the sociocultural adaptation levels and the mental states of women who fled their countries due to the war and settled in Turkey. In this context, the study was carried out with descriptive, cross-sectional, and relational design. In the study, 948 refugee women living in Turkey were interviewed. Personal information form, Brief Symptom Inventory, and Sociocultural Adaptation Scale were used in the interviews. In the analysis of the data, SPSS package program was used, and descriptive statistics were made with linear regression.

Results As a result of the study, it was determined that 47% of refugee women were illiterate, 70% had poor Turkish speaking level, and 51% could not establish good relations with Turkish people. The mean age of the women was 28.78 ± 7.01, the mean anxiety score was 24.33 ± 7.86, the mean depression score was 23.95 ± 8.1, the mean negative self-concept score was 23.85 ± 8.05, the mean somatization score was 14.99 ± 5.77, the mean hostility score was 13.63 ± 4.29, and the mean sociocultural adaptation score was 53.15 ± 16.94.

Conclusion It was determined that the sociocultural adaptation level of refugee women is low. In addition, it has been determined that women experience psychological symptoms such as anxiety, depression, somatization, negative self-perception, and hostility intensely, and these symptoms are more common in refugee women with low sociocultural adaptation level.

Keywords Refugee women, Mental health states, Migration, Sociocultural adaptation

Introduction

Migration due to increasing war and terrorist incidents all over the world has become a serious problem that concerns all countries on the international platform [42]. The Syrian crisis, which has been on the world agenda for the last 10 years, is the most recent instance of this. Due to the conflicts that started in 2011 and still continue, millions of people have had to leave their countries. In the UN Refugee Organization report, it was stated that approximately 4.5 million Syrians migrated to only Turkey [53]. The most striking point about this migration wave is that almost half of the migrating group is women [54]. Various studies indicate that the dramatic increase in the number of women who migrate is related to the fact of "feminization of war and migration" and point out that women are the group most affected by these traumatic situations [1, 51, 54].

Migration not only is the change of place but also is a complex phenomenon that affects the individual socially, culturally, and psychologically [40]. With this relocation movement that started from Syria to Turkey, women left behind all their social support directly related to their social existence, the language they have spoken for

*Correspondence:
Veysel Kaplan
vyslkpln@hotmail.com
[1] Faculty of Health Sciences, Nursing Department, Harran University, Şanlıurfa 63300, Turkey

years, and the culture they live in [10]. In the new life that started with immigration and continued in another country to be saved of the crisis and tension they experienced, only the shape of the chaos experienced for women has changed. Women who are exposed to people they do not meet, a language they do not know, and a lifestyle they are not accustomed to by settling in Turkey experience serious sociocultural adaptation problems [17]. In this change of place, which is considered as a short-term stay, living in camps for a long time, then settling in an unfamiliar city climate, and not being able to return to their country have further deepened the sociocultural adaptation problem experienced by women [19, 24, 39]. The main reason for the deepening of this problem is that the movement took place on an international level [29].

It is an obvious fact that international migration, which causes a culturally radical change, is a traumatic event that can cause great destruction in the individual with what happened before and after it. However, in many studies, it is noteworthy that the mental problems experienced by migrant women are generally explained by war-related traumas [4, 20, 25, 26, 37]. However, migration may cause serious emotional burdens and strains with what happened afterwards [51]. If social cohesion is not achieved for a long time like 10 years, it will cause a huge gap between the immigrant women and the society immigrant women participate in. This gap will manifest itself in the form of the alienation of women refugees from both herself and society over time. As a result of the this situation, mental problems such as anxiety, depression, somatization, and negative self-perception will arise in refugee women who are generally excluded by the society and do not feel safe in the place where they live [14, 19, 51]. For this reason, it is extremely important to determine the sociocultural adaptation levels of refugee women, which is a threat to their mental health. This study aims to determine the stage of sociocultural adaptation of Syrian migrant women at the end of the 10-year period in their lives in Turkey, which started as guests and evolved towards permanence, and how this adaptation process affects their mental health.

Methods and materials
Purpose and design of the research
In this descriptive cross-sectional study, it was aimed to determine the relationship between the sociocultural adaptation levels of Syrian refugee women living in Turkey and their mental health states.

Place and date of the research
The research was conducted with refugee women living in the Southeastern Anatolia Region which is the place where Syrian immigrants live heavily (because of its closeness to the Syrian border), outside of Turkey's metropolises. The data of the study were collected between 15 September and 15 November 2022.

Procedure and participants
All refugee women who lived in the region within the specified period, met the inclusion criteria, and volunteered to participate in the study were included in the study without using any sampling method.

Inclusion criterias of the study are being a woman over the age of 18, not having any physical or mental disability (speaking, understanding) that would prevent the meeting, having migrated to Turkey due to the war, living in Turkey for at least 5 years, and living in any city center in the Southeastern Anatolia Region of Turkey (not living in container or tent city).

Each interview with women lasted for approximately 20–30 min, and a total of 1123 women were reached on the specified dates. A total of 175 women were not included in the research sample, because 169 women from this group did not want to be included in the study and 6 women could not communicate well. Therefore, there are 948 women in the sample. In the research, data collection tools were applied together with the "professional sworn translator." Turkish and Arabic versions of the measurement tools were used according to the needs.

Data collection tools
Personal information form
In the personal information form created by the researcher, it was aimed to determine some personal characteristics of the participants. The form consists of questions such as age, education level, level of speaking Turkish, with whom women lives in Turkey, women's relationship with people in Turkey, people who are frequently contacted/spent time, with the time women has lived in Turkey, and women's desire to return to their country.

Sociocultural Adaptation Scale (SAS)
Sociocultural adaptation, which was evaluated as dependent variable in the study, was evaluated by Ward and Kennedy's [56] Sociocultural Adaptation Scale. The scale is scored as a 5-point Likert type, and it is stated that the cultural adaptation increases as the total score increases. With the scale mentioned, it is aimed to show how difficult it is for the participants to carry out their activities related to social life. Participants reported their difficulty through a five scales (1: very difficult, 5: very easy). Ward and Kennedy [56] rated the scale's alpha reliability ranged from 0.75 to 0.91. The Arabic language equivalence, validity, and reliability study of the scale was

conducted by Yalçın [57], and the Turkish language version was conducted by Şeker ve Akman [49].

Brief Symptom Inventory (BSI)

The BSI was developed by Derogatis [18] to identify the psychological symptoms. This 4-point Likert-type inventory has 53 items with five subscales: anxiety, depression, negative self-concept, somatization, and hostility [18, 48]. The inventory items are scored as follows: 0 (not at all), 1 (slightly), 2 (moderately), 3 (very), and 4 (extremely). Higher total scores indicate higher frequencies of symptoms. Şahin and Durak [48] have conducted a validity study of its Turkish version, and the Arabic version have been conducted by Al-Dweik and AbuRuz [2].

Data analysis

In the study, reliability analysis and multicollinearity analysis were performed with the SPSS 25 (Statistical Program in Social Sciences) program. By using the linear regression model and the enter-stepwise method, the relationship between the mental states of refugee women and the sociocultural adaptation levels of some demographic characteristics was provided. In addition, descriptive statistics were used to analyze the sociodemographic characteristics of the participants. The significance level was 0.05.

Results

It was determined that 47% of the women participating in the study were illiterate, and 70% had a bad Turkish-speaking level. It was determined that 51% of refugee women could not establish good relations with Turks, 68% lived in the same house with more than one migrant family, 51% wanted to return to their country, and all of them met with another refugee family, the most in Turkey (Table 1).

It was determined that the mean age of refugee women participating in the study was 28.78 ± 7.01 years, and the average time living in Turkey was 6.29 ± 1.62 years. The mean scores of the Brief Symptom Inventory subdimensions of refugee women were respectively 24.33 ± 7.86 for anxiety, 23.95 ± 8.1 for depression, 23.85 ± 8.05 for negative self-perception, 14.99 ± 5.77 for somatization, and 13.63 ± 4.29 for aggression. It was found the mean score of the women's Sociocultural Adaptation Scale was 53.15 ± 16.94 (Table 2).

The regression model created for the sociocultural adaptation of refugee women was found to be statistically significant ($F = 333.182$; $p < 0.001$). It has been revealed that the age of refugee women, the duration of their stay in Turkey, their desire to return to their country, their educational status, their level of speaking Turkish, and their relations with Turks explain 67.9% of

Table 1 Demographic characteristics of refugee women

Demographic Characteristics	*n*	%
Educational status		
Illiterate	449	47
Primary education	311	33
High school	188	20
Turkish speaking status		
Moderate	285	30
Bad	663	70
Relationship with Turkish people		
Good	178	19
Moderate	287	30
Bad	483	51
People living with in Turkey		
In a home which include more than one refugee family	648	68
With own family	300	32
People who are frequently spent time in Turkey		
Refugee family met in Turkey	401	42
Refugee family already know from own country	547	58
Request to return to own country		
No	462	49
Yes	486	51
Total	948	100

Table 2 Some demographic characteristics of refugee women and mean scores of Brief Symptom Inventory and Sociocultural Adaptation Scale

	Mean ± SD	Median (min–max)
Age	28.78 ± 7.01	27 (18–42)
Average time living in Turkey	6.29 ± 1.62	6.5 (1–10)
Anxiety	24.33 ± 7.86	25 (7–41)
Depression	23.95 ± 8.1	27 (4–37)
Negative self-concept	23.85 ± 8.05	27 (6–36)
Somatization	14.99 ± 5.77	14 (3–28)
Hostility	13.63 ± 4.29	15 (3–21)
Sociocultural Adaptation Scale	53.15 ± 16.94	56 (12–90)

their sociocultural adaptation status. While a one-unit increase in the age of refugee women causes a 0.643-point decrease in their sociocultural adaptation status, a one-unit increase in the length of stay in Turkey leads to a − 1.12-point decrease ($p < 0.001$, $p < 0.001$). In addition, a one-unit increase in women's desire to return to their country causes a 13,496-point decrease in their sociocultural adaptation ($p < 0.001$) (Table 3).

The regression model created for the mental states of refugee women was found to be statistically significant ($F = 4101.771$; $p < 0.001$). It has been revealed that the sociocultural adaptation levels of refugee women explain

Table 3 Regression model for refugee women's sociocultural adaptation status (enter)

Demographic characteristics	B (95 CL)	Beta	t	p	Zero order	Partial
Constant	59,937 (53,688–66,186)		18,822	**< 0.001**		
Age	− 0.643 (− 0.771 to − 0.515)	− 0.266	− 9856	**< 0.001**	0.380	− 0.306
Average time living in Turkey	− 1.12 (− 1609 to − 0.631)	− 0.107	− 4491	**< 0.001**	0.338	− 0.145
Request to return to own country (yes)	− 13,496 (11,572–15.42)	− 0.398	− 13,766	**< 0.001**	0.664	0.409
Educational status (illiterate)	− 2,504 (− 4462 to − 0.545)	− 0.074	− 2509	**0.012**	0.363	− 0.082
Turkish-speaking status (bad)	− 12,776 (− 14,775 to − 10,778)	− 0.346	− 12,545	**< 0.001**	0.217	− 0.379
Relationship with people in Turkey (bad)	− 20,461 (18,869–22,053)	− 0.931	− 25,223	**< 0.001**	0.704	0.635

B, non-standardized coefficient; beta, standardized coefficient; *Adj.R*^{2}, 0.679; *F*, 333.182; *p* < 0.001; *SE*, 9.593

81.2% of their mental problems. A 1-unit increase in deterioration in their sociocultural adaptation causes a 1.714-fold increase in their psychological symptoms ($p < 0.001$) (Table 4).

Discussion

In the study, it was tried to determine the mental health state and sociocultural adaptation levels of refugee women living in the Southeastern Anatolia Region of Turkey. Besides, the relationship between the mental health state and sociocultural adaptation of refugee women was investigated. In the study, we assumed that sociocultural adaptation would be associated with mental health state.

Refugees face challenging life events in many ways, from conflicts in their own countries to traveling to refugee camps and from the stress of living in camps to adapting to the country/culture they settled in [23]. These difficulties can bring along many mental problems, and women are generally more disadvantaged in this sense [19]. As a matter of fact, when the literature is examined, it has been determined that refugee women are more affected by negative situations such as war and migration than men, and they experience serious mental problems [7, 16, 36]. Parallel to these results, our study results show that refugee women intensely experience psychological symptoms such as anxiety, depression, negative self-perception, somatization, and hostility. This result points to an important point that needs to be examined and reveals the devastating effect of the war and migration process on refugee women. So, as a result of our study, it was

determined that the average scores of refugee women in BSI are much higher than the scores obtained in studies conducted with non-immigrant women under the influence of various negative situations [6, 15, 22, 38, 59]. This situation reveals the seriousness of the traumatic effects of war and migration on women.

In many studies in the literature, mental problems experienced by refugee women are associated with reasons such as not feeling safe due to conflicts, difficulty in living conditions, inability to meet basic needs, and having to leave their home/land [9, 11, 12, 28]. However, the fact that the participating women exhibit such high levels of psychological symptoms despite living in a "safe" place for a long time, away from the direct effects of the war, shows another important point that needs to be examined. This point may be an indication that their new life or some dynamics in their new lives affect women negatively.

In this context, as a result of the analyses made for the first question of the study, it has been determined that the sociocultural adaptation level of refugee women to life in Turkey is low. This result is in parallel with the studies in the literature. In studies conducted with refugee women in Turkey, it has been determined that the sociocultural adaptation levels of women are low [13, 33, 47]. Difficulties in adapting to a new culture can bring along many problems. As a matter of fact, in the analyses made about the second question of the research, it was determined that there is a direct relationship between the sociocultural adaptation levels of refugee women and the mental problems they experience. So much so that, according to the results of the analysis, the sociocultural

Table 4 Regression model for the mental states of refugee women (stepwise)

Demographic characteristics	B (95 CL)	Beta	t	p	Zero order	Partial
Constant	9671 (6742–12.6)		6480	0.000		
Sociocultural Adaptation Scale	1714 (1661–1766)	0.901	64,045	0.000	0.901	0.901

B, non-standardized coefficient; beta, standardized coefficient; *Adj.R*^{2}, 0.812; *F*, 4101.771; *p* < 0.001; *SE*, 13.946

adaptation levels of refugee women explain 81.2% of the mental symptoms experienced.

Studies in the literature support our results and indicate that the sociocultural adaptation problems of refugee women can cause many mental problems [5, 43, 45, 52]. When the reasons for this result are examined, it is noteworthy that the refugee women in our study group are generally illiterate (47%) and individuals who do not/cannot learn Turkish (70%). Dynamics such as being literate and learning the language in the migrated country are very important factors, especially in terms of adapting to a new culture for a migrant group [34, 45]. As a matter of fact, it is stated in many studies that illiteracy and language barrier are the most important obstacles to the sociocultural adaptation of immigrants [8, 27]. On the other hand, age also has a decisive role in sociocultural adaptation. It is stated that international migration, especially at older ages, is an important factor that negatively affects sociocultural adaptation [21]. In the results of the study, in parallel with this wisdom, it has been determined that the sociocultural adaptation decreases as the age of refugee women increases. This result may be associated with the fact that older individuals show more commitment to their own culture and are more resistant to change, or that young individuals have a stronger adaptive capacity.

Services offered for the development of refugees in host countries are generally built around providing education for children and a job for men [35, 45]. These services also do not contribute to the formal participation of women in life [50]. The fact that refugee women remain in the background in this sense naturally causes women to live only at home and experience various problems by being unaware of the sociocultural climate [35, 45]. In relation to this situation, it was determined that more than half (51%) of the women in our study group wanted to return to their countries. In addition, it was determined that this group had lower sociocultural adaptation levels and had more mental problems. This situation draws attention as the most important indicator of the inability of refugee women to adapt to their new lives.

Although Turkey and Syria are two bordering countries, they have many cultural differences [31, 44, 46]. In particular, the differences in situations such as neighborhood relations, use of social areas, life expectations, and cultural rituals can directly affect the existence of refugee women in social life [31, 32, 46, 58]. This existential limitation can naturally cause women to feel insecure, deteriorate their life comfort, decrease their living standards, and thus experience negative feelings such as depression, anxiety, somatization, negative self-perception, and hostility [3, 30, 41, 55]. As a matter of fact, this limitation experienced by refugees also manifests itself in their relations with the local people in Turkey. According to the results of the study, 51% of refugee women could not develop positive relations with Turks. In addition, almost all of the women state that the other people they frequently meet are refugees. This situation shows that refugee women live in their new place of residence by creating their own subculture dynamics.

Limitations

This study is thought to have several limitations. Syrian refugees have settled in all 7 different geographical regions in Turkey over time. However, the inclusion of only the Southeastern Anatolia Region in the scope of the study may be a limitation for the research. Besides, the results obtained from the participants were limited to the values measured by the scales.

Conclusion and recommendations

As a result of the analyses made in this study, it was determined that the sociocultural adaptation levels of refugee women living in Turkey are low. It has been determined that this situation is directly related to the fact that refugee women have a low education level and cannot speak Turkish. In addition, it has been determined that the level of sociocultural adaptation of refugee women decreases as the age increases, and the majority of women want to return to their countries.

In the analysis of the mental states of refugee women, it was determined that psychiatric symptoms such as anxiety, depression, somatization, negative self-perception, and hostility were intensely experienced. In addition, it has been determined that these symptoms and naturally their mental health are directly related to the sociocultural adaptation of women, and that refugee women with low sociocultural adaptation experience more mental problems.

In line with these data, it is thought that it is important to periodically evaluate refugee women psychologically. Especially in these evaluations, it is necessary to examine the effects of the current active social life as well as the effects of the war and migration process. In addition, projects should be increased in order to ensure the sociocultural adaptation of refugee women. In these projects, especially, education and language skills are among the first subjects to be studied. In addition to these, information should be given on issues such as the social order, rituals, and social life habits in the countries they live in.

Declarations

Ethics approval and consent to participate
Before the study, approval was obtained from Social and Humanity Studies Ethics Committee of a university (date/no: 2022/155). To protect the rights of participant women in the study, all of them were informed of the purpose, duration, and procedures of the study procedures. After that, written and verbal permission was obtained from the participants.
Informed consent was obtained from all individual participants included in the study.

Competing interests
The authors declare that they have no competing interests.

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