The Perception of Insecurity Among Migrant Women: The Case of Edirne

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Abstract

The main starting point of human mobility is people's desire to increase their security. Women from marginalized groups in various societies engage in migration due to the heightened insecurity caused by gender inequality. Immigrant women face multiple factors that increase their vulnerability in the countries they relocate to, persisting even after their migration. One of the issues among these challenges is the lack of accessibility to healthcare services. This study explores the impact of healthcare accessibility on the security perceptions of immigrant women residing in Edirne, using the cultures of migration and conflict model developed by Cohen and Sirkeci as a framework. Through the face-to-face interviews collected data analysed within thematic analysis method. Upon concluding the study, it becomes evident that immigrant women's lack of access to health services amplifies their sense of insecurity, which in turn impacts their future migration plans, including their inclination to relocate to a different country. This study contributes to migration and gender studies by presenting unique data acquired directly from the field.

Keywords: Woman, Migrant, Conflict, Insecurity, Health Services, Edirne

Göçmen Kadınların Güvensizlik Algısı: Edirne Örneği

Özet

İnsanların hareketliliklerinin temel çıkış noktası kendi güvenliklerini artırma istekleridir. Bir çok toplumda dezavantajlı gruplar içerisinde yer alan kadınlar, toplumsal cinsiyet eşitsizliği ile perçinlenmiş güvensizlik unsurları neticesinde göç hareketlerine katılmaktadırlar. Göçmen kadınlar, hareketlilik sonrasında da göç ettikleri toplumlarda çeşitli güvensizlik unsurları ile karşılaşmaktadırlar. Örneğin sağlık hizmetlerine erişememe bu sorunların başında yer almaktadır. Bu çalışma, Cohen ve Sirkeci tarafından geliştirilen göç kültürleri ve çatışma modeli çerçevesinde Edirne'de yaşayan göçmen kadınların sağlık hizmetlerine erişimlerinin, güvenlik algılarını nasıl etkilediğini incelemektedir. Araştırmada, yüz yüze gerçekleştirilen görüşmeler sonucunda elde edilen veriler tematik çözümleme yöntemi ile işlenmektedir. Bu çözümleme, göçmen kadınların sağlık hizmetlerinden faydalanamamalarının güvensizlik algılarını artırdığını ve bu durumun geldikleri ya da başka bir ülkeye göç etme yönündeki gelecek planlarını etkilediğini ortaya koymaktadır. Çalışma, alandan elde edilen özgün verilerin kullanılması suretiyle hem göç hem toplumsal cinsiyet çalışmalarına katkı sunmaktadır.

Anahtar Kelimeler: Kadın, Göçmen, Çatışma, Güvensizlik, Sağlık Hizmetleri, Edirne

Introduction[1]

      Türkiye, with its geographically significant location, has been and continues to be one of the countries with the highest levels of human mobility throughout history.[2] Aside

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[1] This study is derived from Elif Erkan's Master thesis, which was submitted to the Institute of Social Science at Trakya University in 2021. Therefore, the data and implementations that are discussed in this paper are sourced from 2021.

from those who came to settle in this country, instabilities and conflicts in the Middle East and Asia have rendered Türkiye a transit country for immigrants seeking to migrate to European Union countries due to the high welfare standard of western European nations.[3] Türkiye also has been confronted with a substantial influx of Syrian refugees since 2011.

Türkiye, a nation that has historically been profoundly impacted by migration, has been a signatory to the principal international instruments pertaining to the matter.[4] The 1951 United Nations Geneva Convention Relating to the Status of Refugees and its 1967 Protocol Relating to the Status of Refugees are of particular significance among these instruments, as they establish the fundamental principles that underpin the international protection of refugees.[5] Türkiye is a signatory to both the 1951 Refugee Convention and the 1967 Protocol, maintaining the geographical limitation to the 1951 Convention. In accordance with geographical limitation to the 1951 Convention, resettlement to a third country remains the preferred long-term solution for refugees displaced by events that occurred outside of Europe. Legislative and institutional reforms have been implemented in the country in an effort to establish a national asylum system that is effective and conforms to international standards. The Law on Foreigners and International Protection, which was Türkiye's very first law pertaining to asylum, was approved by the Parliament in April of 2013, and it went into effect on April 11 of the following year. The legislation delineates the fundamental principles that underpin the national asylum system of Türkiye and designates the Presidency of Migration Management (PMM) as the principal governing body responsible for formulating policies and conducting legal proceedings pertaining to all foreign nationals in Türkiye. On 22 October 2014, Türkiye also implemented the Temporary Protection Regulation, which delineates the rights and obligations for individuals granted temporary protection in Türkiye.[6]

As stated earlier, Türkiye, a country that receives substantial numbers of mass and individual immigrants from various regions, has implemented significant measures to govern migration. In addition to actively engaging in international cooperation, Türkiye has also enacted several reforms in its legal framework. At this juncture, this article shifts its focus to immigrants, who are the primary subject of all these regulations. This study examines the impact of accessing healthcare services on the perceptions of insecurity among immigrant women. The research was carried out in Edirne, a significant city in terms of migratory flows. The main objective of the research is to analyse the relationship between the accessibility of healthcare services for immigrant women in Edirne and their

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[2] İçduygu, Ahmet et. al. Türkiye'nin Uluslararası Göç Politikaları, 1923-2023: Ulus-devlet Oluşumundan Ulus-ötesi Dönüşümlere, MiReKoç Proje Raporları 1, Koç Üniversitesi Göç Araştırmaları Merkezi: İstanbul, 2016, p. 13; İçduygu, Ahmet and Kirişçi, Kemal. Land of Diverse Migrations: Challenges of Emigration and Immigration In Turkey, İstanbul Bilgi University Press: İstanbul. 2009, p.1; Karpat, Kemal, "Önsöz", Erdoğan M. Murat and Kaya Ayhan (edt.), Türkiye'nin Göç Tarihi 14. Yüzyıldan 21. Yüzyıla Türkiye'ye Göçler içinde, İstanbul Bilgi Üniversitesi Yayınları, İstanbul. pp.XXIII-XL, p. XXXIX; Efe, Haydar, Osmanlı İmparatorluğu ve Türkiye'de Yaşanan Göçler ve Etkileri, Sosyal Bilimler Metinleri, No 1, 2018, p. 17.

[3] T.C. İçişleri Bakanlığı Göç İdaresi Başkanlığı, Göç Tarihi, 2020, https://www.goc.gov.tr/goc-tarihi, (09.12.2020).

[4] T.C. İçişleri Bakanlığı Göç İdaresi Başkanlığı, Uluslararası Mevzuat, https://www.goc.gov.tr/ uluslararasi-mevzuat, (28.01.2020).

[5] Türk, Volker, and Frances Nicholson. "Refugee Protection in International Law: An Overall Perspective." Erika Feller, Volker Türk, and Frances Nicholson (edt), Refugee Protection in International Law: UNHCR's Global Consultations on International Protection, Cambridge: Cambridge University Press. 2003, p.6.

[6] UNHCR Türkiye, Refugees and Asylum Seekers in Turkey, https://www.unhcr.org/tr/en/refugees-and-asylum-seekers-in-turkey, (15.05.2024).

perception of insecurity. The research questions aim to explore the full migration process, starting from the decision to migrate and extending to the period after settling in Türkiye. Consequently, this research examines the phases of migration as classified by Boyd and Grieko: pre-migration, transition across state borders, and post-migration phases.[7]

This study is conducted using the Cultures of Migration and Conflict Model developed by Cohen and Sirkeci[8], which does not classify immigrants or the migration phenomena, but instead regards migration as a means of escaping insecurity. The Model highlights the potential for various variables to contribute to human insecurity. This study specifically examines how access to health services affects immigrant women's perception of (in)security. It specifically examines female immigrants, taking into account the role of gender inequality as a prominent factor in leading to feelings of insecurity. Following the established framework, this study employs the term migrant instead of refugee, asylum seekers, or persons under temporary protection. This model views terms such as undocumented migrants, asylum seekers, refugees, irregular migrants, and migrant workers as artificial classifications generated by administrative decisions, in contrast to commonly used classifications.[9]

The initial part of the research will focus on the significance of Edirne province in migrant flows, aligning with the research topics. Next, the study will introduce the "Cultures of Migration and Conflict Model" as its theoretical framework. After discussing the significance of Edirne and establishing the theoretical framework, the research methodology will be elucidated. The subsequent section will give the findings that have been analysed utilising the theme analysis method. The conclusion section will consist of the research's discussion, which will be analysed in relation to the existing literature.

Edirne: A City Situated Along The Routes of Migration

Edirne, formerly one of the capitals of the Ottoman Empire, currently serves as a frontier city in Türkiye, connecting the country to Europe. It is situated in close proximity to Bulgaria through the Kapıkule and Hamzabeyli border gates, and near Greece through the Pazarkule and İpsala border gates. This location is of great significance in terms of migration, since it provides direct road connections to European countries.[10]

The origins of the migration movements, which greatly influenced the development and structural attributes of the population in Edirne, could be traced back to the 19th century. During the 19th century, Edirne was one of the Ottoman provinces that was most affected by the collapse of the Ottoman Empire, the wars and migrations in the

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[7] Boyd, Monica and Grieco, Elizabeth . Women and Migration: Incorporating Gender into International Migration Theory, 2003. https://www.migrationpolicy.org/article/women-and-migration-incorporating-gender-international-migration-theory. (15.05.2024); see also Yüceşahin, Mustafa Murat et. al. The Role Of Gender In Different Stages Of Migratory Movements: Analysis Of Voluntary And Involuntary Migration, 6th International Conference on Gender Studies: Gender, Conflict, War and Peace (Abstract Summary), 2017.

[8] Cohen, Jeffrey. H. and Sirkeci, İbrahim. Cultures of Migration: The Global Nature of Contemporary Mobility: University of Texas Press: USA, 2011.

[9] Atilla Demir, Sevim and Yazgan, Pınar. Göç Çatışma Modeli Temelinde Hedef Ülkedeki Güvensizlik Algısına Yönelik Analitik Bir Çerçeve: Göçmen Destek Grupları, Pozitif Psikolojik ve Sosyal Sermaye, *Göç Dergisi*, Vol. 6, No. 2, 2019, p. 233.

[10] Gökalp, Aras, Ela, A Multı-Level And Multi-Sited Analysis of The European Unıon's Immıgration And Asylum Policy Concerning Irregular Migration And Its Implications For Turkey: Edirne And Izmir As Two Major Gateway Cities, Unpublished PhD Thesis, Middle East Technical University, The Degree of Doctor of Philosophy In Sociology, 2013, pp. 376-380.

Balkans.[11] The migration movement persisted subsequent to the establishment of the Republic of Türkiye and Edirne remained a significant city for newcomers, especially those from Balkan countries. As part of the 1923 Treaty of Lausanne, around 500,000 Muslim-Turks living in Greece were resettled in Türkiye.[12] With the settlement of 40,041 exchange migrants, Edirne became the city with the highest number of migrants. The main reasons for the settlement of immigrants in Edirne were the high number of Orthodox Greeks migrating and the businesses, residences, and agricultural areas they left behind, as well as the fertile agricultural lands of Edirne.[13] Edirne experienced significant waves of immigration from Bulgaria at certain periods, particularly being heavily affected by the large migration that took place in 1989.[14] The recent mass influx that had an impact on Edirne was the migration of Syrian refugees, which was a consequence of the Arab Spring's expansion to Syria. At the time this study was conducted, it was known that there were 3,671,811 Syrian migrants under temporary protection in Türkiye, and 1058 of these migrants were registered in Edirne. The percentage of Syrians under temporary protection in the total population of Edirne was 0.26%.[15]

Presently, Edirne still serves as a critical transit point for irregular migrants and refugees compelled to flee the instability of their country of origin with the intention of reaching Europe. The Pazarkule Case in 2020 demonstrated its significance for migrants of all kinds.[16] Given the on-going importance of this city, the investigation specifically examined female migrants residing in Edirne.

Theoretical Background

Although the concept of human security, particularly in relation to migrant security, is relatively recent, there is a growing body of literature on this topic.[17] The conclusion of the Cold War made it possible to incorporate numerous concepts into the field of security studies beyond the conventional understanding of security. More specifically, this expanded viewpoint started to contemplate matters of human security and underscores its significance on par with that of national security. Human security may place greater emphasis on individuals, households, and social organisations, whereas national security designates "states" as its reference object.[18] This concept is based on the

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[11] Özey, Ramazan,19. Asırda Edirne Vilayeti Coğrafyası, Marmara Coğrafya Dergisi, No. 6, pp. 1-36, p.5.

[12] Edward, Baldwin Martin, Migration between Greece and Turkey: from the "Exchange of Populations" to non-recognition of borders, : SEER: Journal for Labour and Social Affairs in Eastern Europe, 2006, p. 116.

[13] Mazlum, Güngör, "Mübadil Kent Edirne-3", Hudut Gazetesi, 2017, http://www.hudutgazetesi.com/haber/37533/mubadil-kent-edirne-3.html, (17.12.2020).

[14] Çetin, Turhan, Bulgaristan'daki Soydaşlarımızın Türkiye'ye Göç Etme Süreçlerini Etkileyen Bazı Değişkenlerin İncelenmesi, Journal of Turkish World Studies, Vol. 8 Issue. 1, 2008, pp. 55 – 75.

[15] T.C. İçişleri Bakanlığı Göç İdaresi Başkanlığı, Geçici Koruma, 2020, https://www.goc.gov.tr/gecici-koruma5638, (18.12.2020).

[16] Hüseyinoğlu, Ali and Utku, Eroğlu, Deniz Turkish-Greek Relations and Irregular Migration at the Southeasternmost Borders of the EU: The 2020 Pazarkule Case, Migration Letters, No 6, 2021, pp.659-674.

[17] see e.g. Adelman, Howard, 2001, From Refugees to Forced Migration: The UNHCR and Human Security,The International Migration Review, Vol.35, No.1, 2001, pp.7-32; Sirkeci, İbrahim, Human insecurity and streams of conflict for a re-conceptualization of international migration, Population Review, Vol.46, No.2, 2007, pp. 32-50, Sirkeci, İbrahim., et.all., Conflict, insecurity and mobility, Transnational Press London. 2016, Graham, T, David and Poku, Nana K. Migration, Globalisation and Human Security, Routledge, London and New York, 2000.

[18] Sirkeci, İbrahim, et.al. Göç Çatışma Modelinin Katılım, Kalkınma ve Kitle Açıkları Üzerinden Bir Değerlendirmesi, Journal of Economy Culture and Society, No.59, 2019, p.164; Brauch, Hans, Günter, "Concepts of security threats, challenges, vulnerabilities and risks". In Coping with global environmental

idea that human security and state security are separate, and that even states themselves can pose a threat to the security of individuals.[19] Human security is a broader concept than state security, encompassing several concerns such as economic security, food security, health security, environmental security, personal security, communal security, and political security, as defined by the United Nations Development Programme (UNDP).[20]

The Conflict Model is based on Ralf Dahrendorf's (1959) conceptualization of conflict. Consequently, dispute should not be equated with violence. Conflict is not limited to warfare; it can also arise from disagreements, rivalries, or tensions.[21] The significance of perception of insecurity is paramount within the Conflict Model. Indeed, according to Sirkeci and Cohen, the "perception of insecurity" is the most influential factor in determining migration policy.[22] At this juncture, the degree and intensity of perceived insecurity hold considerable importance, the perception of insecurity do not always lead to migration, as not all individuals are equally affected by the same circumstances.[23] Recently, some studies have embraced the Conflict Model of Migration and highlighted conflicts in the countries of origin as the primary driving force behind migratory movements.[24] However, the Conflict Model of Migration does not limit its discussion to the settlement of migrants in a host country. If new challenges occur in the host countries, the options of re-migration or searching for new hosts may arise.[25]

There are numerous reasons that can be cited for the migration of immigrants and the continuation of their insecurities in the countries they settle in. However, this study will address the issue of access to healthcare services for women fleeing from conflict in their countries. Within this particular framework, conflict, gender and health security constitute the human security topics of this study.

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change, disasters and security. H. G. Brauch, Ú. Oswald Spring, C. Mesjasz, J. Grin, P. KameriMbote, B. Chourou, P. Dunay ve J. Birkmann (ed.). Springer-Verlag Berlin Heidelberg, 2011, p. 62.

[19] Barry Buzan, People, States and Fear, The National Security Problem in International Relations, Wheatsheaf Books, 1983, p. 30, Ayoob, , Mohammed , Security in the Third World: The Worm about to Truth?, International Affairs (Royal Institute of International Affairs 1944-), Vol.60, No.1 (Winter, 1983-1984), pp.41-51.

[20] UNDP, Human Development Report, 1994 https://hdr.undp.org/system/files/documents/ hdr1994encompletenostats.pdf, (15.05.2024).

[21] Sirkeci, İbrahim, Transnasyonal Mobilite ve Çatışma, Migration Letters, Vol. 9, No. 4, 2012, pp. 356-357; Dahrendorf, Ralf, Class and class struggle in Industrial Society, Stanford University Press, Stanford, CA, 1959, p.135.

[22] Sirkeci, İbrahim and Cohen, Jeffrey, H, Hareketlilik, Göç, Güvensizlik, İdealkent Dergisi, Vol.6, No.15, 2015, p.10.

[23] Atilla Demir, Sevim. and Yazgan, Pınar, ibid, p. 233.

[24] Sirkeci, İbrahim and Martin, Philip. L. Sources of irregularity and managing migration: the case of Turkey. Border Crossing, Vol. 4, No. 1-2, 2014, 1-16.; Tuzi, Irene. From Insecurity to Secondary Migration: Bounded Mobilities of Syrian and Eritrean Refugees in Europe. Migration Letters. Vol.16, No.4, 2019, pp.551-561.; Sirkeci, Ibrahim. War in.: Environment of insecurity and international migration. International Migration, Vol. 43, No. 4, 2005, pp.197-214., Sirkeci, Ibrahim et.al, Conflict, Insecurity and Mobility.

[25] Sirkeci, İbrahim, et.al., Göç Çatışma Modelinin Katılım, Kalkınma ve Kitle Açıkları Üzerinden Bir Değerlendirmesi, Sirkeci, İbrahim, Transnational Mobility and Conflict. Migration Letters, Vol.6, No.1, 2009, pp. 3-14; Cohen, Jeffrey. H. and Sirkeci, İbrahim. Ibid; Sirkeci, İbrahim, Göçün 3 KA'sı. In Dünyaya ve Türkiye'ye sosyolojik bakış: Başkent Üniversitesi Fen Edebiyat Fakültesi Sosyoloji Bölümü Paneller Dizisi I-II. (Uğuzman T, Fırıncı Orman T, Coşkun Ç, Karan O, Özüz E). Başkent Üniversitesi Geliştirme Vakfı İktisadi İşletmesi. Ankara, 2018.

Security of Women Migrants

The increase in international migration has made the rights of migrants and their integration into host societies an important subject of study. It is evident that in recent years, there has been a growing concern about the phenomenon of migration and assigning roles to immigrants based on security concerns.[26] In fact, migrants settle in a different place in order to move away from threats and live in a safe environment. However, in the place he/she goes, he/she might still feel threatened due to the protective policies of the countries. Migrants compelled to migrate as a result of diverse conflict factors within their countries of origin might confront new sources of insecurity in the host territories. Those seeking a secure environment are, in this instance, unable to experience absolute security in the host nations.[27] While there are numerous potential threats to the integrity of human security, however, this study examines the impact of access to healthcare services on the perception of insecurity among immigrant women.

The right to health is the fundamental right of individuals regardless of their gender, race, religion, social class, or political inclination. The right to health, which ensures an individual's ability to sustain their life in a healthy manner, is an integral part of the right to life.[28] It is regulated both under international and Turkish national legislation. It is crucial to emphasise that individuals without citizenship also possess the right to access healthcare.[29] At this point, the International Organization for Migration (IOM) defines the migration health as "the state of physical, mental and social well being of migrants and mobile populations."[30] Regarding the health politics of Türkiye, the rights that migrants can enjoy may vary depending on their legal status. In Türkiye, as well as worldwide, undocumented migrants have limited rights to access healthcare services, while registered migrants have more comprehensive rights due to their legal status.

A regulation regarding access to healthcare insurance made through the Law published in the Official Gazette dated 24/12/2019 and numbered 30988, amending the third paragraph of Article 89 titled "Access to Assistance and Services" of the Law on Foreigners and International Protection numbered 6458. Accordingly, international protection applicants and status holders who do not have health coverage and payment capacity will have their general health insurance covered by the Directorate General of Migration Management for a period of one year starting from the international application registration. Individuals with special needs and foreigners whose insurance registration is deemed appropriate by the Ministry of Internal Affairs are exempt from the one-year time

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[26] Mandacı, Nazif. and Özerim, Gökay. Uluslararası Göçlerin Bir Güvenlik Konusuna Dönüşümü: Avrupa'da Radikal Sağ Partiler ve Göçün Güvenlikleştirilmesi, Uluslararası İlişkiler Dergisi, Vol.10, No.39, 2013, pp. 105-130, p. 106.

[27] Eroğlu Utku, Deniz, Eleştirel Güvenlik: "Tehdit" Eden Göçmenden "Referans Objesine" Göç ve Güvenlik İlişkisi, Uluslararası İlişkilerde Güvenlik Kuramları ve Sorunlarına Çağdaş Yaklaşımlar Sibel Turan, Nergiz Özkural Köroğlu, Transnational Press London, 2017, p.107.

[28] Beşer, Ayşe and Kerman, Tekkaş, Kader, Göç Eden Bireylerin Öncelikli Sağlık Sorunları ve Sağlık Hizmetine Ulaşımdaki Engeller, Türkiye Klinikleri J Public Health Nurs-Special Topics 2017, Vol.3, No.3, p.145.

[29] With respect to the right to health, consult Article 25 of the Universal Declaration of Human Rights, Article 12 of the The International Covenant on Economic, Social and Cultural Rights, Article 11 of the European Social Charter, and Article 35 of the Charter of Fundamental Rights of the European Union. Additionally, Turkish Constitution Article 56 from 1982 is relevant in this regard.

[30] IOM, Migration: Social Determinant of the Health of Migrants, p. 6, https://migrant-integration.ec. europa.eu/sites/default/files/2009-10/docl_9914_392596992.pdf, (31.05.2024).

limit.[31] When receiving healthcare services, it is important to have a foreign identification number beginning with the digit 99 is required. It is possible to obtain a provision from the Social Security System with this number.[32] Only free emergency medical services may be used in the absence of an International Protection Applicant Identity Document with a foreigner identification number. International protection applicants and holders who can benefit from primary healthcare facilities such as immigrant health centres, family health centres, mother and child health and family planning centres, and tuberculosis control dispensaries for initial diagnosis, treatment, and rehabilitation services, as well as from secondary healthcare facilities such as state hospitals, are not able to directly access healthcare facilities such as university health practice and research centres and private hospitals. With the exception of some emergency situations, it is not possible to benefit from healthcare services at these places without being referred and without charge. In addition, only medications prescribed by a doctor and covered by the Healthcare Implementation Communique (SUT) can be obtained free of charge from contracted pharmacies. However, in some provinces, medication co-payment and prescription co-payment may be required. If there is a price difference in cases where equivalent medication is provided, this amount can be requested from individuals with international protection status.[33]

The legal basis for the provision of temporary protection in cases of mass influx was established for the first time with Law No. 6458, which came into effect on 11.04.2014.[34] The 91st Article of the Law Regarding Temporary Protection states that "Temporary protection may be provided for foreigners who have been forced to leave their country, cannot return to the country that they have left, and have arrived at or crossed the borders of Türkiye in a mass influx situation seeking immediate and temporary protection."[35] The "Temporary Protection Regulation" numbered 6883, which was adopted in 2014, establishes the procedures and principles for the implementation of temporary protection. Individuals with temporary protection status are entitled to free access to healthcare services, provided that they are registered or have obtained a temporary protection card in the respective province. Individuals with temporary protection status, similar to those with international protection status, are also unable to directly apply to university health practice and research centres and private hospitals. [36] Regarding medication expenses, only the drugs prescribed by the doctor and covered by SUT are obtained free of charge from pharmacies that have an agreement with the The Disaster and Emergency Management Presidency (AFAD). Some pharmacies may require medication co-pay or prescription co-pay.[37] The "Project for the development of the health related

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[31] T.C. İçişleri Bakanlığı Göç İdaresi Başkanlığı, Uluslararası Koruma Kapsamındaki Yabancıların Genel Sağlık Sigortaları Hakkında, 2020, https://www.goc.gov.tr/uluslararasi-koruma-kapsamindaki-yabancilarin-genel-saglik-sigortalari-hakkinda, (09.12.2020).

[32] Mülteci Hakları Merkezi, Türkiye'de Uluslararası Koruma Arayan Kişiler İçin Sağlık Hizmetleri, pp.2-6, 2017a, https://multecihaklari.info/wp-content/uploads/2018/11/IP-HEALTH-TURKISH.pdf, (12.04.2021).

[33] Ibid, pp.2-6.

[34] Arpat, Bülent and Nurdoğan, Ali Kemal "Geçici Koruma Statüsündeki Suriyelilere Sunulan Sağlık Hizmetlerinin Değerlendirilmesi", Talas, Mustafa (edt.), Güncel Sosyoloji Araştırmaları, İKSAD, 2020, p.225.

[35] T.C. Official Gazette, Yabancılar ve Uluslararası Koruma Kanunu, 2013, https://www.resmigazete.gov.tr/eskiler/2013/04/20130411-2.htm, (12.04.2021).

[36] Arpat ve Nurdoğan, ibid, p.225.

[37] Mülteci Hakları Merkezi, Suriye'den Gelen Sığınmacılar İçin Türkiye'deki Sağlık Hizmetleri, 2017b, p. 4-7, https://www.mhd.org.tr/images/yayinlar /MHM-4.pdf, (12.04.2021).

services provided by Turkish republic to Syrians under temporary protection" (SIHHAT), implemented by the Ministry of Health of the Republic of Türkiye with the financial support of the European Union, aimed to enhance the provision of primary and secondary healthcare services for Syrians (2007-2021). In order to effectively and efficiently provide protective and basic healthcare services to Syrians, overcome challenges arising from cultural and language differences, and facilitate access to healthcare services, 165 migrant health centres and 10 community mental health centres were established and put into service, adhering to the physical and technical standards defined for primary healthcare units. SIHHAT 2, a continuation of the SIHHAT project, aims to improve the health conditions of Syrians under temporary protection, migrants, and individuals eligible for secondary protection in Türkiye by contributing to their access to quality treatment, particularly in targeted provinces, under the Turkish healthcare system.[38]

Foreigners who have international protection and temporary protection status can benefit from health services free of charge under certain conditions, thanks to regulations and projects; nevertheless, undocumented migrants do not have access to this opportunity. The access of undocumented immigrants to healthcare services, save for emergency situations, is extremely limited. Some hospitals are following the health tourism directive in emergency situations, while others are treating undocumented migrants the same as if they did not have health insurance. In addition, there is a possibility that undocumented immigrants may be reported to law enforcement authorities when they seek healthcare services.[39] International protection applicants, conditional refugees, and those with subsidiary protection status, as well as foreigners with temporary protection status, are not subject to the same healthcare policies. The legal status or lack of documentation of migrants hinders their equal access to healthcare services.

Although legal regulations play a crucial role in determining access to healthcare services, existing literature suggests that migrants face additional obstacles in receiving healthcare services for various reasons. Individual characteristics of migrants, structural factors (health system, health policies, geographical location, etc.), characteristics of health service providers, lack of information, shame, high service costs, absence of health insurance, a language barrier, and social discrimination all contribute to inadequate access to healthcare services.[40] When it comes to the question of migrant women, having access to health services, the situation is more complicated.

Women, who are already marginalised and face more disadvantaged conditions compared to men in the capitalist patriarchal system, take much greater risks while migrating. A woman who is disadvantaged in her own society or country decides to migrate in order to achieve better living conditions, but upon migrating, she becomes even more vulnerable and defenceless due to both her gender and immigrant status.[41] Despite international and national efforts to protect migrant women in the countries they migrate to, they are rarely able to escape the oppressive power structure of patriarchal systems

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[38] Sıhhat Project, 2021, http://www.sihhatproject.org/, (12.04.2021).

[39] İstanbul Tabip Odası, Pandemi Sürecinde Göçmenler ve Mültecilerle İlgili Durum, 2020, https://www.istabip.org.tr/5718-pandemi-surecinde-gocmenler-ve-multecilerle-ilgili-durum.html, (13.04.2021).

[40] Genç, Deniz, Göçmenlik, Dil Engeli ve Sağlık Hizmetleri, Sağlık Düşüncesi ve Tıp Kültürü Dergisi, 2016, Vol.40, No.3, pp.44-47; Kara, Pınar and Nazik, Evşen, Göçün Kadın ve Çocuk Sağlığına Etkisi, Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi, 2018, Vol.7, No.2, p. 60-61, Beşer, Ayşe and Kerman, Tekkaş, Kader, ibid,p. 145.

[41] Uçan Çubukçu, Sevgi, Küreselleşme, Göç ve Kadın Üzerine, Kadın Araştırmaları Dergisi, Vol.1, No.12, 2013, p.230.

within their households.[42] The process of migration, although traumatic for all individuals, leaves deeper traces on women, who are among the groups most affected by social and psychological problems stemming from gender inequality.[43] Ultimately, immigrant women are compelled to cope with numerous health issues: Depression, anxiety disorders, post-traumatic stress disorders, sleep disorders, eating disorders, physical violence and associated injuries, sexual abuse, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), which is transmitted through sexual contact, unwanted pregnancies from the one-year time limit.[44]

Considering the specific vulnerabilities faced by women migrants in host nations, this study specifically examines women migrants in Edirne. The methodology used in this analysis will be explained in detail below.

Methodology

This study sought to examine the impact of access to healthcare services on the perception of insecurity among female migrants in Edirne. To achieve this objective, a qualitative research approach was employed, aligning with the study's objectives. Qualitative research is characterised by the utilisation of qualitative data collection methods, including but not limited to observation, interviews, and document analysis. It operates according to a qualitative process that aims to uncover realistic and comprehensive understandings of perceptions and events occurring within the natural environment.[45] In qualitative research, the purpose is not to collect data for the purpose of testing pre-established hypotheses, but rather to aim at the description, interpretation, and understanding of a specific phenomenon using a small sample group.[46]

As stated previously, qualitative research endeavours to investigate perceptions and experiences. Qualitative researchers that adopt phenomenology as their approach begin by defining the phenomenon they are studying and then collect data from persons who have first-hand experience with it. In other words, data sources comprise individuals or groups who have direct experience with the phenomenon under investigation and are capable of conveying or reflecting this phenomenon.[47] Therefore, phenomenological research relies heavily on interviews as the primary method of data collection with these sources. It is crucial to emphasise that in these types of studies, conducting lengthy or repeated interviews to thoroughly analyse the phenomena results in a limited sample size. It is envisaged that the maximum number of participants in the sample will not exceed ten individuals.[48] This study used the phenomenology research approach to uncover the

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[42] Şeker, Dilara and Uçan, Gülten, Göç Sürecinde Kadın, Celal Bayar Üniversitesi Sosyal Bilimler Dergisi, 2016, Vol.14, No.1, p.210.

[43] Tuzcu, Ayla, ve Ilgaz, Ayşegül, 2015, Göçün Kadın Ruh Sağlığı Üzerinde Etkileri, Psikiyatride Güncel Yaklaşımlar, Vol.7, No.1,2015, p.56.; Berger, Roni, Immigrant Women Tell Their Stories. New York: The Haworth Press, 2004, 2004 as cited in Şeker, Dilara and Uçan, ibid., p.200.

[44] Karadağ, Özge and Altıntaş, Kerim. Hakan, Mülteciler ve Sağlık, TAF Preventive Medicine Bulletin, 2010, 9(1), p.56; Ertem, Melikşah and Keklik, Kanuni, "Türkiye'de Göç Olgusu ve Göçmenler", Yıldız Pekşen et. all. (edt.), Göç ve Sağlık, T.C. Sağlık Bakanlığı Yayın No: 1147, Ankara, 2019, p.48.

[45] Yıldırım, Ali and Şimşek, Hasan, Sosyal Bilimlerde Nitel Araştırma Yöntemleri, 11. Baskı, Seçkin Publishing, Ankara, 2018, p. 41.

[46] Tanyaş, Bahar. Nitel Araştırma Yöntemlerine Giriş: Genel İlkeler ve Psikolojideki Uygulamaları, Eleştirel Psikoloji Bülteni, No.5, 2014, pp. 26-27.

[47] Çarpar, Mehmet, Can, Sosyolojide İki Niteliksel Desen: Fenomenolojik ve Etnografik Araştırma, The Journal of Social Science, Vol.4, No.8, 2020, p.695.

[48] Yıldım and Şimşek, ibid.,p.71.

perceptions and experiences of migrants, as indicated before in this section. This investigation involved conducting interviews with ten female migrants residing in Edirne.

Phenomenology research designs typically involve the collection of data through the implementation of comprehensive interviews with participants.[49] In this study, a semi-structured interview strategy was chosen. This approach offers a balance between standardisation and flexibility, allowing for the collection of more comprehensive information from the field. An attempt was made to investigate the impact of access to health services on the security perceptions of migrant women. This was achieved by utilising the benefits of systematically documenting data using a pre-prepared questionnaire, and modifying the questions based on the progress of the interview, rather than strictly adhering to the questionnaire as in the structured interview technique. The snowball method was employed to contact the interviewees. It is crucial to emphasise that ethical principles for conducting research interviews were strictly followed throughout the research. The respondents were provided with information regarding the research question, given a comprehensive explanation of the requirements, and got their consent to participate in the research.[50] In order to protect the rights, safety, dignity and wellbeing of research participants, the questionnaire was subjected to scrutiny and approval by the Trakya University's Ethics Committee of Social Sciences and Humanities. Stringent measures were implemented to protect the confidentiality of the participants, so order to prevent any potential negative effects on their psychological, physical, or societal welfare.

The interviews were conducted in person. Prior to commencing the interview, the participants were inquired about the methodology, estimated duration, and subject matter of the research. Subsequently, they were requested for their consent about the possibility of making a voice recording. The interview was audio-recorded with the participants' consent. Then, the audio recordings were converted into written form. Detailed notes were meticulously made during interviews with individuals who expressed a preference for not having their voices recorded. All participants provided informed voluntary consent forms. Furthermore, due to the fact that the participants were foreign nationals, translation assistance was provided by their children in instances of language barriers. Given that the participants have been in Türkiye for an extended period and their children have received education in Türkiye, the youngsters have acquired a superior command of the Turkish language, rendering the requirement for an additional translator unnecessary. Consequently, the interviews were carried out in compliance with ethical guidelines.

The obtained data has been processed using the Thematic Analysis Method.[51] Braun ve Clarke describe the thematic analysis as "a method for identifying, analysing and reporting patterns (themes) within data".[52] Thematic analysis entails the systematic identification of codes and themes within qualitative data.[53] The task of researchers is to uncover the underlying patterns of meaning beneath the participants' expressions and

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[49] Creswell, John, .W. Nitel Araştırma Yöntemleri: Beş Yaklaşıma Göre Nitel Araştırma ve Araştırma Deseni, Çeviren: Mesut Bütün ve Selçuk Beşir Demir, 3. Baskıdan Çeviri, Siyasal Kitabevi, Ankara, 2016, p.81.

[50] Gillham, Bill, Case Study Research Methods, London Continuum, 2000.

[51] An example of this research method can be found in Utku, Eroğlu, Deniz, "Edirne Çevre Gönüllüleri Derneği Örneğinde Kadınların, Çevre Sorunları, Sivil Toplum ve Kent Yönetimine Katkıları", Ruşen Keleş and Esmeray Alacadağlı edt., Sivil Toplum Demokrasi ve Kent Yönetimi, 2021, pp.527-546.

[52] Braun, Virgina and Clarke, Victoria, Using Thematic Analysis in Psychology, Qualitative Research in Psychology, Vol.3, No.2, 2006, p. 79.

[53] Maguire, Moira and Delahunt, Brid, Doing a Thematic Analysis: A Practical, Step-by-Step Guide for Learning and Teaching Scholars, All Ireland Journal of Higher Education, 9(3), 2017, p.3352.

present them in thematic forms that align with the purpose of the research.[54] Additionally, it is a flexible analytical technique that permits detailed and meaningful descriptions of data.[55]

Analysis

The following are the six phases of thematic analysis, as delineated by Braun and Clarke, which were selected as the analytical approach for this research:[56]

Familiarizing Yourself with Your Data

The initial phase involves iteratively reviewing, decoding the data acquired from the interviews and noting down initial ideas.[57] Participants were questioned in person, and the interviews of the participants who consented to audio recording were recorded. The duration of the interviews ranged from 20 to 50 minutes. The data of each participant were independently read multiple times and initial notes were recorded. The privacy of the personal information of the interviewees was prioritised, and their names were anonymized and referred to as "participant".

Generating Initial Codes [SEP]

At this stage, the data is organised in a meaningful and methodical manner, and the codes are established.[58] Initial codes that capture attention are migration, women, threat, dread, conflict, security, and health. These codes are prominent in the raw data and are derived from the theory and research question. Upon analysing the data, additional codes such as war, mobility, discrimination, unemployment, violence, cost of services, health services, and health security were included in the list.

Searching for Themes

The third stage entails an analysis of the identified codes, with an emphasis on determining how to combine various codes. The objective is to acquire more comprehensive themes through the combination of codes.[59] At this juncture, thematic headings were established using the codes derived from the interviews and theory as well as the additional codes acquired from the data.

Reviewing Themes

During this stage, the themes are modified and enhanced by assessing if the codes align with the established themes.[60] The interview analyses were reassessed, and the extent to which the themes corresponded to the codes was evaluated.

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[54] Taşdemir, Nagihan, Bayrağa Yüklenen Anlamlar: Sosyal Kimlik Motivasyonlarının Rolü, Türk Psikoloji Yazıları, Vol.22, No.44, 2019, p.98.
[55] Galea, Michael, The Two Faces of Spirituality in Time of Traumatic Loss: A Thematic Analysis Study", Open Journal of Social Sciences, Vol. 6, No.8, 2018, p.52.
[56] Braun, Virgina and Clarke, Victoria, ibid.
[57] Ibid, p.87
[58] Ibid. p.88.
[59] Ibid, p.89.
[60] Ibid, p.91.

Defining and Naming Themes

At this juncture, the themes are ultimately expounded upon. As of this moment, the aim is to ascertain the intrinsic essence of every theme.[61] The following themes were selected to explore the findings of the analysis: moving from insecurity to security, the migration process determined by mobility capitals, persistence of insecurity, barriers to accessing healthcare services, the role of health security in mobility.

Producing the Report

The last phase encompasses the ultimate examination and presentation of findings. The analysis must effectively communicate a concise, coherent, cohesive, logical, non-repetitive and interesting engaging narrative that encompasses both individual themes and the overall themes, all of which should be supported by the study findings.[62] As a consequence, the findings section comprises explanations of theme headings through the use of quotations extracted from participant interviews, while also seeking responses to the research questions.

The findings will be analysed under five main themes. These are moving from insecurity to security, the migration process determined by mobility capitals, persistence of insecurity, barriers to accessing healthcare services, the role of health security in mobility.

Moving from Insecurity to Security

As delineated in the theoretical framework of the research, human insecurity is the primary catalyst for people to migrate from their countries of origin and devise alternative migration strategies in the host nations. When an individual perceives insecurity, they gravitate towards a location where they feel secure. It was discovered through the interviews that a single conflict reason might potentially lead to mobility, and multiple causes could also be a cause. During the interviews with migrant women, it was also revealed that gender plays a significant role in motivating migration.

Some participants' discourses centred on the codes of "war" and "escape". War induced the fear of death and manifested itself as the most intense form of human insecurity. This dread was compounded by gender-based inequities.

> *"How nice we were living in Syria! However, a conflict erupted in Syria, compelling us to flee. Our arrival here brought us salvation. If we didn't get out of there we would die"* (Participant 4)
> *"We fled due to the conflict in Syria. If we stayed, we would die. My husband was already missing too. We wanted to escape the war and find him."* (Participant 5)
> "When the war in Syria broke out, our whole lives changed. During the war, one of my three brothers was shot in the heart by a shooter, and another brother died. My other brother ran away to another country, and we never saw or heard from him again. My parents passed away before the war. We were living in Syria with my husband's family. When the abuse got too much to bear, we chose to run away with them. We ran away because there was a war." (Participant 6)

The statements made by Participant 5 regarding her husband's disappearance and her determination to find him, as well as Participant 6's account of losing her brothers in

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[61] Ibid, p.92.
[62] Ibid, p.93.

the war, were significant in illustrating the vulnerabilities experienced by immigrant women. Female immigrants had heightened insecurity when the male members of their family were lost due to the war.

Multiple factors influenced the mobility decisions of a subset of the participants. Once more, the discourses emphasised the "war" code. However, motivations for migration also included the wish to establish a new order, unemployment and political fears, apart from war. These insecurity codes were clearly expressed in the accounts of the interviewees.

> "......due to the on-going conflict in Afghanistan. Through an imam marriage, I got married. I never had a legal marriage. My spouse was abusing me physically. My children were being taken by my mother-in-law and father-in-law, who were not showing them to me. I spent two years not even sharing a room with my husband because of these reasons. At last, I said, "Let's take the kids and go to Türkiye if you want to be a family." My spouse concurred. I desired to begin a new life. I therefore came here to maintain order as well as because there was a war. (Participant 1)
>
> "I had problems in Morocco. We couldn't find a place to live. We had financial difficulties. Education and health were all problematic in Morocco.... Living is really hard for the poor." (Participant 7)
>
> "A war broke out in Syria. I was working as a journalist in Syria. I was also a war correspondent. I was afraid that the regime would catch me and I would go to jail. That's why I wanted to escape from Syria. There was no order there anymore. There was a war. "I shouldn't have stayed there." (Participant 10)

It is evident from the discourses provided by the participants that individuals opted to migrate to a more secure places due to one or more security-threatening factors. These discourses also indicate that gender-based violations may be one of the reasons for insecurity.

As the conversation progressed, it came to light that certain individuals determined their destination of migration for particular motives, whereas others merely migrated to flee their current location. Türkiye currently presented itself as a destination that is "easily accessible" along the migration route.

> "It is more difficult to travel to other nations; the easiest was to come to Türkiye. We came here because it was easier". (Participant 1)
>
> "Whenever I could, I would flee due to the fact that Syria was at war. Simply said, I wanted to leave Syria. I knew and saw this site first hand. There was not another option. Travelling to Türkiye was the easiest option. All I wanted was to escape the war." (Participant 4)

Certain interviewees stated that their decision to immigrate to Türkiye was influenced by the country's strategic geographical location, which rendered it an ideal transit point to Europe (Participant 3, 6, 9). Some of them claimed that having relatives in Türkiye, the availability of educational possibilities, and religious affiliations all had a role in their decision to move to Türkiye. The participant 6 further stated that she would accompany her spouse and family members whenever they go.

> "I would accompany my spouse and his family wherever they went. I was alone because I didn't have any family. The valley was extremely near to the Turkish

border, and we were fleeing the war. Furthermore, it appeared simple to go from Türkiye to Europe". (Participant 6)

The presence of conflict components, such as warfare and economic challenges, in countries of origin heightened women's vulnerability, while gender inequality had further exacerbated their perception of insecurity. Nevertheless, the theory also demonstrates that individuals deciding to migrate must meet necessity capabilities, regardless of gender. [63] The subsequent heading delineated the overarching theme comprising interviewees' accounts containing codes associated with migration capabilities.

The Migration Process Determined by Mobility Capitals

The interviews unveiled that immigrant women are highly motivated to migrate on account of their country of origin. However, in addition to motivation, the "ability to migrate" is the primary differentiating factor between those who migrate and those who do not; in reality, human mobility requires the following four types of capital: physical, financial, human, and social capital. [64] The participants' accounts of their experiences during the migration process vividly illustrated the need of possessing the requisite resources to withstand the challenges of migration, as suggested by the theory. Physical capital was particularly important for enduring the hardships of migration routes.

"Everything was extremely challenging for us. We arrived illegally. We walked a lot. We were hungry and thirsty in the cold weather. We are quite exhausted. We couldn't find anywhere to sleep. I slept in the street. It was quite challenging." (Participant 4)
"It was a very tough process. We first walked to Iran. We stayed there for a few days. After that, we walked to Türkiye. The kids were little and scared. We got on the ship in the evening on our way here from Van. We got to the spot where we planned to walk in the morning. To avoid getting caught, we stayed somewhere during the day and walked around at night. We were thirsty and hungry... We were unable to locate a lodging. We spent three days at the mosque." (Participant 8)

The majority of the participants, reported undertaking a lengthy migration journey on foot, during which they experienced severe hunger and thirst. The participants' utterances, such as "we walked" "we experienced hunger and thirst," and "it was exceedingly challenging," demonstrated their physical resilience in adverse circumstances, so substantiating their possession of physical capital. Nonetheless, based on the remaining statements of the participants, it can be deduced that this resilience was insufficient to avert adverse health consequences. The interviewees emphasised that the effects not only impacted their physical health but also had a profound impact on their psychology.

"Immigration has the most significant impact on my psychology. We were already in a lot of pain when we migrated. We walked a lot; we were hungry and thirsty. However, the psychological impact was stronger." (Participant 1)

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[63] Sirkeci, İbrahim, et.al. Göç Çatışma Modelinin Katılım, Kalkınma ve Kitle Açıkları Üzerinden Bir Değerlendirmesi, p.169.
[64] Ibid.

Some participants' usage of air travel during migration indicates their possession of financial capital. The term "comfortable" in these terms garners attention, and the smoothness of the movement process was linked to migrating by plane. The remainder of their statements indicated that their physical well-being remained unaffected due to their financial resources, which enabled them to overcome the challenges of relocation with ease.

"....After our shop burned down, we asked my father for money. We arrived via plane with that money. There were no issues while migrating... My health was unaffected. I was comfy while migrating." (Participant 2)

Evidently, immigrant women who made the decision to migrate in search of a secure environment encountered numerous challenges throughout the migration process; the extent to which their capital facilitated or hindered this process is apparent. Women who ultimately arrive at a location they perceive as secure may confront additional facets of uncertainty. The following theme depicts the immigrant experiences at destinations reached at the end of dangerous migration routes.

Persistence of Insecurity

A number of the women who were interviewed reported that they experienced a sense of security upon relocating to Türkiye, that they were greeted with warmth and hospitality in Edirne, and that they managed to sustain their lives with the assistance of numerous institutions (Participant 8 and Participant 9). However, some stated that the issue of insecurity among migrant women persisted in Türkiye, albeit with different causes.

"I haven't worked in two months and have no salary. Since I do not have a work permit, I cannot benefit from social rights. ......I'm working illegally, not legally. Some bosses refused   to pay me because I was not working legally at my previous jobs. I don't have insurance, either." (Participant 3)
"We escaped the conflict and arrived here, but the locals did not like or embrace us. They never wanted us and still don't want us. They're fighting with us. We're renting here. There are a lot of expenses. It is really tough to earn a living, and we're not welcome here. But we need to stay here. Where else should we go? We need to endure." (Participant 4)

According to the statements of some participants, insecure conditions persisted following migration. The assertion that "they did not accept us" suggests that migrant women experienced social discrimination as a new form of insecurity. Moreover, economic insecurity affected a significant number of the participants. Participant 6 pointed out that individuals who lack a work permit engaged in illegal work and were subject to exploitation by their employers. The explicit mention of economic insecurities and gender-based inequalities in the statements of certain participants served to underscore the precarious nature of the migrant woman experience. Moreover, some immigrant women reported instances of harassment within their places of employment. They chose to use the phrase "approach differently" to indicate the harassment they experienced.

"Türkiye met my expectations, but it's hard to find work here. Because we are not from here, they approach us differently. Bosses are very mean." (Participant 1)

The participants' on-going statements revealed that their perception of security in Türkiye was significantly impacted by the availability of health services. The following section outlines the barriers to accessing health care that are directly related to the health and well-being of migrants.

Barriers to Accessing Healthcare Services

Everyone must have access to health services so that the right to health, which is a component of the right to life, can be realised. Nevertheless, distinct regulations were in place with respect to the various legal statuses of migrants in Türkiye, as it was previously specified. Accordingly, the access to health services of women migrants was influenced by their legal status. The legal status of migrant women had an impact on their eligibility for free health services, potentially discouraging them from seeking treatment when it would have required payment. It also impacted the specific health department to which they apply.

> "The expenses are not covered. I don't go to the doctor when I'm sick or in pain because I'm afraid of having to pay…We visited the emergency department more frequently. Hospitals demand money" (Participant 2)

Immigrants under temporary protection status are considered to have the most favourable legal status when it comes to accessing free health services. They tended to choose outpatient clinics or emergency facilities based on the urgency of their condition (see Participant 4, Participant 9, Participant 10).

Family health centres were known by eight out of ten interviewees. Migrant women benefited from the services provided by family health centres. This demonstrates that they were well-informed regarding healthcare options. The provision of free healthcare services had proven to be influential in the selection of family health centres.

> "The health centres are free. I take the children to the health centre when they get a cold. They took care of my children without receiving payment." (Participant 1)

The participants' subsequent remarks also showed that the language barrier was another obstacle they faced while seeking medical treatment. The absence of translators in hospitals perpetuated language obstacles for migrants seeking access to healthcare treatments (Participant 8, Participant 10). A few of the immigrant women were able to overcome language barrier by gradually mastering the language.

> "Three and a half years ago, I went to see a psychiatrist. My psychology was really bad. Because I didn't know the language, I couldn't describe what was wrong. I tried speaking English, but we couldn't understand each other. I could only say I wanted to sleep using hand gestures since I couldn't sleep at night. Finally, the doctor gave me some sleep aids. That's all I could say. Because I didn't know Turkish before, it was hard. But now I can explain myself" (Participant 1)

Aside from legal and language barriers, discrimination significantly hindered migrant women's access to healthcare. Seven out of ten participants reported some form of discrimination.

"I do not want to go to the hospital. They don't behave well, it's very bad. .....
Of sure, there are wonderful doctors, but they treat us quite poorly since we are foreigners. (Participant 4)

The experiences of immigrant women demonstrated that their usage of healthcare services was significantly influenced by their level of confidence or distrust in healthcare workers. The majority of them, nine out of ten of the participants, indicated that they have faith in health service personnel; if they did not, they would not seek medical attention. One respondent stated, "I will go regardless of whether I trust it or not." "When we are ill, we must carry out our prescribed duties."

The statements provided by the female immigrants interviewed indicate that multiple factors influenced their access to health services and the specific institution from which they received these services. At this juncture, a distinct theme arises that provides a response to the primary inquiry of the investigation. This theme elucidates the influence that access to health services has on the perception of insecurity and future migration plans of female immigrants.

The Role of Health Security in Mobility

In further discussion pertaining to the theme of health security's impact on mobility, immigrant women expressed their intention to relocate if they were unable to access health services and experienced insecurity regarding their health. Health insecurity might influence individuals' decisions regarding their future migratory plans.

"...sometimes I consider going to Greece because doctors here don't care about foreigners and health care is so expensive "(Participant 1)
"…… I had a cyst in my uterus. Then my menstruation worsened instead of improving. We cannot go to the hospital right now. I need money. How can I not feel unsafe? I can't go despite being sick. I can't have my ailments treated here. My husband has a back issue. He is also unable to receive treatment due to the high cost. There is no one to help. What should I do if he falls or something happens? Should I care for a four-year-old child, my husband, or the house? I don't have the money to travel to another nation. There is no treatment here for either me or my husband. Lack of access to healthcare influences migration, but only if there is money. If I had the money, I'd travel to another nation. Because we cannot receive adequate treatment here." (Participant 2)
"There is discrimination here, and I don't feel secure. Here in the hospitals, they act very badly. I would like to go back to Syria if it were possible and the country was at peace". (Participant 4)

Participants who were content with the adequacy and quality of the health services available in Türkiye expressed that they would consider migration if this circumstance were to alter (Participant 6, Participant 9, Participant 10).

The gender stereotype that attributed greater responsibility for infant care to women also seems to be quite apparent in the experiences of female immigrants. The statements of women indicated that health security and gender stereotypes influenced their perception of insecurity in tandem. They often emphasised the importance of considering the health care access of their children.

"I have a 4-year-old daughter. I feel very insecure. There is no money. If the child gets sick, I cannot go to the hospital. I need money to go to the hospital. I

would work if there were no children. At the moment, just my husband works. It would have been easier if my husband and I were alone. With a kid, I feel so insecure because we neither have money nor can we go to the doctor." (Participant 2)

Based on these discussions, it can be deduced that the availability of healthcare services for immigrant women significantly impacted their sense of insecurity. When they encountered barriers to accessing healthcare, it served as a motivation for them to contemplate migrating to another country. Furthermore, their childcare responsibilities influenced their assessment of the health care services they were able to utilise.

Conclusion

The aim of this study was to examine the perception of insecurity among female migrants in Edirne and to analyse the impact of access to health care on their migration experience, using the Cultures of Migration and Conflict Model developed by Cohen and Sirkeci[65] as a conceptual framework. The study reported the results of data obtained from the field through the use of interviews and analysed using the theme analysis method. The study encompassed the many stages of migration among women, starting from the decision to migrate, then proceeding to the actual migration procedure, and ultimately culminating in the establishment of a new life in Edirne.

The interviews revealed a relation between participants' feelings of insecurity and their choice to migrate, supporting the Conflict Model proposed by Cohen and Sirkeci.[66] The decision to migrate was driven by the desire to flee from the ravages of war, economic hardships, and human vulnerability resulting from political oppression, with the ultimate goal of finding a secure haven.

Based on the participants' responses, it became evident that "war" emerged as the most profound manifestation of human insecurity. Gender inequality contributed to women's feelings of insecurity, in addition to other factors related to their nation of origin. This study demonstrates that women have feelings of insecurity when they lose male members of their family. Additionally, migration becomes a viable choice for women who encounter persecution due to gender inequalities. Hence, the motivations for migrating among the women surveyed in this study align with the findings of Buz's study, which emphasise the significance of gender-based violence in motivating women to flee.[67]

The participants of this study selected Türkiye as their migration destination due to its convenient accessibility because their primary objective was to escape from war and seek a secure refuge. Nevertheless, alongside the appeal of its geographic position, it was also recognised that the participants viewed Türkiye as a transit route for reaching Europe. Hence, the study's results were consistent with the existing literature, which asserts that Türkiye functions as both a destination and transit country for migrants trying to reach European nations, due to its advantageous geographical location[68].

The expressions of immigrant women who chose to relocate to Türkiye demonstrated the significance of essential capabilities as highlighted in Sirkeci et al's

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[65] Cohen, Jeffrey, H., and Sirkeci, İbrahim, ibid.

[66] Ibid.

[67] Buz, Sema. Göçte Kadınlar: Feminist Yaklaşım Çerçevesinde Bir Çalışma, Toplum ve Sosyal Hizmet, Vol.18, No.2, 2007, pp. 37-50.

[68] Tepealtı, Fahrettin, Avrupa Birliği'ne Yönelik Türkiye Geçişli (Transit) Göç Hareketleri ve Türkiye'nin Düzensiz Göçle Mücadelesi, Doğu Coğrafya Dergisi, Vol.24, No.41, 2019, pp.125-140.

research. [69] The participants' views highlighted the prominence of physical and financial capital. A noteworthy finding in this context was the variation in the health impacts experienced by immigrant women during the migration process, which was influenced by their level of financial resources. Individuals possessing financial resources experienced solely psychological consequences, with no discernible effect on their physical well-being as a result of their utilisation of aircraft during migration.

It was shown that certain immigrant women who moved in quest of a secure location reported that they still experienced insecurity after migrating, while others expressed contentment with their lives in Türkiye, which they perceived as a safer environment than their previous location. The prevalent challenges faced by immigrant women, who grappled with many hardships, can be categorised as "economic insecurity" and "discrimination". Furthermore, certain participants highlighted the vulnerability associated with being both an immigrant and a woman.

It is widely recognised that multiple factors influenced the ability to obtain healthcare services. According to the study, the legal status of immigrant women is the most significant determinant of their access to health care. It has been observed that immigrants of varying legal statuses were subject to distinct procedures. In addition to this, the interviews conducted in this context highlighted various other obstacles to accessing health services, such as language barriers, high costs and discrimination. These findings align with the study conducted by Beşer and Tekkaş Kerman which identified structural, individual, and service provider-related barriers. [70]

Despite the fact that access to health services is regarded as one of the most fundamental human rights, difficulties may occasionally arise while utilising these services, as evidenced by the participants' statements. With respect to this matter, the participants were queried regarding the extent to which their access to health services influenced their decisions regarding migration. The participants' migration to Türkiye was not solely motivated by their inability to access health services; rather, they came to Türkiye for other reasons of insecurity. Nevertheless, it has been revealed that individuals may choose to relocate to a different location if they experience health insecurity and are unable to avail themselves of health services. It is also crucial to highlight that women's childcare responsibilities, which signify gender-based family roles [71], influenced their assessment of the healthcare services they were able to obtain. All in all, it has been disclosed that immigrant women's inability to access health services heightened their perception of insecurity and exposed their propensity to seek refuge in another nation.

This research investigated the impact of health service accessibility on the perceptions of immigrant women residing in Edirne. In this particular context, future research can investigate matters such as immigrant women's utilisation of health services in different cities, the influence of various service sectors apart from healthcare on the perception of insecurity, and the effect of their children's health condition on the family's choice to migrate.

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[69] Sirkeci, İbrahim, et.al, Göç Çatışma Modelinin Katılım, Kalkınma ve Kitle Açıkları Üzerinden Bir Değerlendirmesi.
[70] Beşer, Ayşe ve Tekkaş Kerman, Kader, ibid.
[71] Traustadottır, Rannveig, Mothers Who Care: Gender, Disability, and Family Life, *Journal of Family Issues*, Vol. 12, No.2, 1991, pp.211-228.

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