

Breaking Barriers: Healthcare Access Challenges for Female Syrian Refugees in Turkey and Lebanon

Aamina Mahmood

UCL Medical School



Background

- The Syrian Civil War forcibly displaced 6.6 million people, most significantly in Turkey and Lebanon. 75% of this population are women and children [1].
- Refugees experience poorer health outcomes, in part due to demand-side (language discordance, discrimination) and supply-side (insurance coverage, organisational weakness) barriers to care access [2].
- Aim:** identify and compare access barriers for resettled female Syrian refugees, including the impacts of differing health policies, in Turkey and Lebanon.

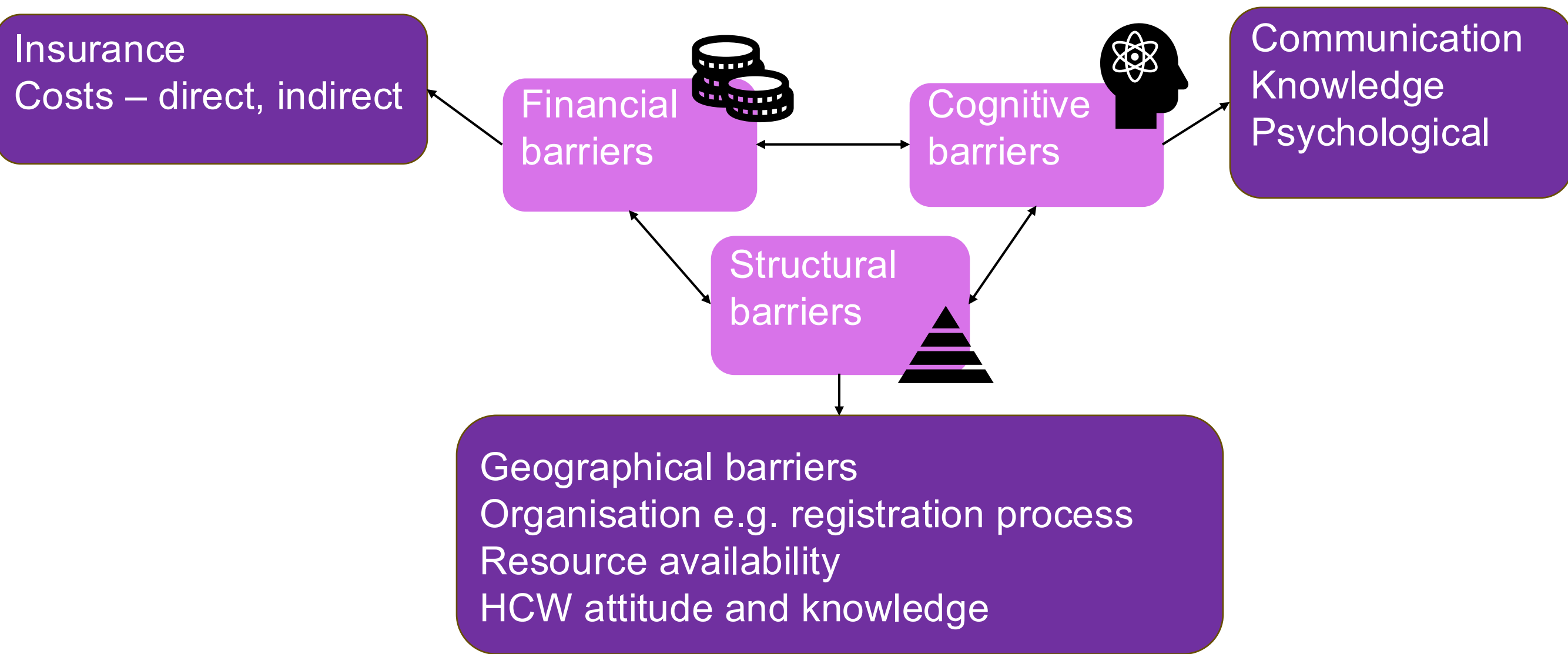
Design & Methods

 **Search:** PubMed, SCOPUS, WoS (2012-2022), grey literature from Google searches and snowballing.

Keywords: Syria* refugee* or Syria* asylum seeker*, access to health* or health barrier*, Turkey, Lebanon.

Exclusion criteria: other refugee populations, wrong outcome, non-English, no available full-text.

Analysis: thematic analysis based on **modified Health Care Access Barriers framework**.



Results

Of 103 studies, we included 21 papers.

Cognitive barriers were most critical to care access in Turkey and Lebanon. Financial barriers did not disproportionately impact female refugees [3].

Structural issues, particularly negative HCP attitudes, further compounded the effect of cognitive barriers [4].

Table 2. Sociocultural barriers to healthcare access

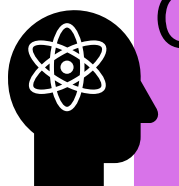
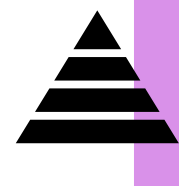
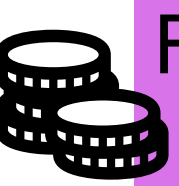
	Turkey	Lebanon
 Cognitive	Language Cultural insensitivity Limited health literacy	Cultural insensitivity Limited health literacy
 Structural	Discrimination by HCPs De-prioritization of contraceptive and antenatal services Lack of resources	Discrimination by HCPs Lack of resources
 Financial		Out-of-pocket payments Administrative insufficiencies

Table 3. Proposed solutions

	Country of operation	Barriers addressed
Migrant Health Centers [5]	Turkey	- Include Arabic resources on sensitive topics, such as domestic violence and reproductive health. - Increased knowledge and reduced perceived discrimination - Risk of two-tier health system
Informal Syrian-run clinics [6]	Turkey Lebanon	- Structurally, integrated Syrian-run healthcare into healthcare system. - Financially, reduced OOP costs - Require more peer reviewed research to assess efficacy

Limitations

- Convenience sampling potentially excludes experiences of unregistered refugees without financial support.
- Predominance of cross-sectional studies and qualitative study design – focussing on small sub-populations in one point in time and increased risk of subjective bias.
- Exclusion of non-English resources.

Discussion & Recommendations

- Healthcare access barriers interact and vary across host countries, influenced by differing health policies and infrastructure.
- Cultural barriers predominated in Turkey, whilst Lebanon's weaker refugee funding and policies exacerbated financial and administrative challenges.
- Addressing barriers requires **tailored, culturally competent** interventions **prioritising women's health**
- Further research is required to explore feasibility of **long-term integration-focused** solutions targeting upstream **social determinants of health**.

References

[1] Baker Daniel. Regional Situation Report for Syria Crisis. Geneva: United Nations Population Fund; 2014. [2] Carrillo, J.E. et al. (2011) 'Defining and targeting health care access barriers', *Journal of Health Care for the Poor and Underserved*. [3] Yasmine, R. and Moughalian, C. (2016) 'Systemic violence against Syrian refugee women and the myth of effective intrapersonal interventions', *Reproductive health matters*, 24(47), pp. 27–35. doi: 10.1016/j.rhm.2016.04.008. [4] Kabakian-Khasholian, T. et al. (2017) 'Perspectives of displaced Syrian women and service providers on fertility behaviour and available services in West Bekaa, Lebanon', *Reproductive health matters*, 25(sup1), pp. 75–86. doi: 10.1080/09688080.2017.1378532. [5] Özvarış, Ş. B. et al. (2020) 'COVID-19 barriers and response strategies for refugees and undocumented migrants in Turkey', *Journal of migration and health*, 1–2(100012), p. 100012. doi: 10.1016/j.jmh.2020.100012. [6] Ismail, S. A. et al. (2018) 'Refugees, healthcare and crises: informal Syrian health workers in Lebanon', *International Institute for Environment and Development*.