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Türkiye'de Göçmen Sađlığı Hizmetlerinin Desteklenmesi Projesi
Supporting Migrant Health Services in Turkey



SIHHAT/2021/SER/INT/04

SERVICE FOR SURVEY
AND RESEARCH

MIGRANT
HEALTH
SURVEY



RESEARCH
REPORT

FEBRUARY 2023





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Supporting Migrant Health Services in Turkey

Migrant Health Survey Report

SIHHAT II – Supporting Migrant Health Services
in Turkey

Service for Survey and Research

SIHHAT/2021/SER/INT/04

February 2023

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E-77082166-604.01.02-453904

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ABBREVIATIONS

BMI	: Body Mass Index
CAPİ	: Computer-Aided Personal Interview System
CAWRH	: Child and Adolescent Women's Reproductive Health Center
CI	: Confidence interval
CMHC	: Community Mental Health Center
COPD	: Chronic Obstructive Pulmonary Disease
E/MHC	: Extended Migrant Health Center
FGD	: Focus Group Discussion
FHC	: Family Health Center
GSA	: General Health Survey
HLC	: Healthy Living Center
LRTI	: Lower Respiratory Tract Infection
MCHFP	: Maternal Child Health and Family Planning Center
MHC	: Migrant Health Center
NGO	: Non-Governmental Organization
SIHHAT	: Improving the Health Status of Syrian Population under Temporary Protection and Related Services Provided by the Republic of Turkey
SIHHAT II	: Supporting Migrant Health Services in Turkey
TD	: Tuberculosis Dispensary
UID	: Intrauterine Device
URTI	: Upper Respiratory Tract Infection



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Service for Survey and Research (SIHHAT/2021/SER/INT/04)

EXECUTIVE SUMMARY

The research has been designed for the main objective of improving the health conditions of migrant people with a comprehensive assessment of status, ideas, and views of the targeted population by providing insight to stakeholders. Thus, the survey was conducted to gain information of the migrants in the targeted research areas on the topics of their demographics/household, health status (including general health status, chronic and communicable disease status, mental health status, reproductive health status, maternal-child health status), health literacy, and their satisfaction with healthcare services.

Throughout the research, it was planned to conduct an analysis that considers factors such as age and gender, through disaggregated questions targeting to gain information from/about females, males and children. Findings of the survey is summarized below:

The number of households visited in the study was 4,460, and the number of people living in these households was 19,406. The average number of people living in the household was 4.4 ± 2.2 (min:1-max:10). 65.8% of people living in households were between the ages of 15-64, 53.7% were women, and 49.4% were married. 91% of 19,406 people were Syrian nationals. 75.1% of the participants live in an apartment. The number of people living in households whose income was less than their expenses was 66.3%. Almost all of them have access to the kitchen and toilet in the house they live in, and they have mains water in their houses.

For the aim of determining the health status and related issues of the participants, questionnaires were applied in three parts.

Part A of the questionnaire includes information on the issues such as health status, receiving health services, satisfaction with health services, chronic diseases -some risk factors-, cancer screenings, health literacy and health education. It was applied to 5,325 people aged 18 and over. 74.5% of the participants responded to good or very good regarding their own health status.

Considering the risk factors affecting health, the frequency of occasional and regular daily consumption of tobacco and tobacco products was stated as 29.5%, and the frequency of physical activity was revealed in very low levels. According to the Body Mass Index (BMI) calculated from the data based on the statements of the participants, it was revealed that half of them was overweight or obese. 18.4% have a chronic disease diagnosed by a physician. Looking into the frequency of these chronic diseases in the participants, it was observed that the most common diseases were hypertension and diabetes. The frequency of these chronic diseases in the participants was determined as follows: Diabetes 14.7%; Hypertension 15.9%; Heart Disease 6.9%; COPD 6.6%; Cancer 2.0%. The frequency of cancer screening was revealed between 8-13%.

According to the research results, only 35.1% of the participants have perfect-sufficient health literacy levels on health protection and health promotion, and health services. Though health personnel were primarily pointed out as the source of health information, and more than half of the participants stated that in general they get health-related information from internet and telephone applications. Between 20% and 44% of the participants have received training on some health issues. More than half of these trainings had received from E/MHC (Extended/Migrant Health Center) and/or E/MHC personnel. In general, one fourth of them stated that they had received training on health issues in the last six months. More than half of them evaluated their level of knowledge on chronic diseases as insufficient.



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Participants stated that they mostly preferred E/MHC to receive healthcare services. The main reason for their preference was that they did not have language problems and they could reach at the centers on foot. However, the level of trust in service personnel at E/MHC was revealed in low levels. 82.8% of those who applied to E/MHC in the last one year stated that they were satisfied with the services they received from E/MHC, and 81.1% of them stated that in general they were satisfied with the services they received in Türkiye.

Part B of the questionnaire contains information on communicable diseases and mental health, and was administered to 5,358 people aged 18 and over. In addition, 2,538 male aged 18 and over were asked questions about reproductive health in men. About three-quarters of the 5,358 people interviewed for the research were married and had children. 40% of the married respondents had consanguineous marriage with their spouses. The first thing that comes to mind for about half of the participants, regarding the communicable diseases was COVID-19 infection. About one-third of the participants stated that they had heard of measles, while one-fourth had heard acute diarrhea and one-fourth of them had heard of polio. After having Covid-19 period, it is already expected to hear COVID-19 as the first disease that comes to mind after. 72.3% of the participants think that vaccination is necessary / very necessary. 60.8% of them knew that vaccination was administered at E/MHCs. This data draws attention to the importance of that people should be more informed that E/MHCs, which are primary healthcare facilities providing preventive services-oriented services. 47% of the participants stated that they had received no vaccine before. Of the participants who received this vaccine, 30.2% received the flu vaccine (Influenza-IIA), and 29.4% received the hepatitis B vaccine. Nearly half of them had the COVID-19 vaccine, and 58.5% of those who have had the COVID-19 vaccine stated that they had Biontech and 28.7% Sinovac vaccines.

Seven out of every ten research participants witnessed the war in their country, and nearly half lost a relative during the war. More than a quarter of the participants experienced violence during the war in their country. More than half of the participants applied to E/MHC for mental illnesses. In addition, 97.4% of them stated that they did not have information about Community Mental Health Centers (CMHC). Accordingly, the mental health of individuals who have witnessed the war, lost their relatives and experienced violence should be supported. 98.9% of the participants stated that they did not receive psychological support. 2.9% of the 5,358 participants stated that they had been subjected to violence by their spouses/relatives/surroundings throughout their lives, and this was mostly physical violence. Looking at the mental illnesses they have been diagnosed with anxiety, depression and obsessive-compulsive disorder diseases were observed in the first three ranks in males and females. Most of the people diagnosed did not use medication. According to the General Health Questionnaire scoring, 26.1% of the participants were pre-diagnosed as having poor general health status in terms of mental health.

According to the data obtained from the questions about family planning directed to male participants, the frequency of using contraceptives with their partners was revealed in low levels, and the methods used were with limited effectiveness. It was observed that more than half did not know how to protect themselves from sexually transmitted diseases.

Part C of the questionnaire contains information on maternal and child health and communicable diseases in children. It was administered to 5,247 women aged between 15-49 years. Considering the age at first marriage, 64% of the participants declared that they were under the age of 19 in their first marriages, approximately 40% of them had first-degree and second-degree kinship with their spouses, and about half of them did their marriage willingly and in a planned manner. This reveals the need for



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further dissemination of “premarital training and counseling” services, and their implementation with effective methods. In addition, these programs should be given to the families of the young people who will get married as well. Regarding the first gestational age, the fact that nearly half of the respondents got married before the age of 19, and very high fertility rate (11.5%) and miscarriage rate (17.9%) indicate the necessity of strengthening the "pre-pregnancy training and counseling" activities.

According to another remarkable finding, the rate of using family planning method before having abortion was 14% in females who had abortion/involuntary miscarriage (this indicates that they did not want pregnancy), and half of which were limited method. These numbers were the same for post-abortion as well. Moreover, 79.3% of the participants did not use any family planning method, and even for the ones who used the methods have chosen methods with limited effect. Accordingly, quite high (17.4%) unmet need for family planning demonstrate women who do not use any contraceptive method even though they want to interrupt their deliveries or terminate their fertility. It is also seen that men and families are more effective in deciding on these processes.

Looking into the number and quality of follow-up checks in antenatal care were examined, it was revealed that 4 out of 10 pregnant women went to follow-up for routine control purposes. Rather, they preferred to go the follow-up checks when they had a problem. Looking into follow-up reasons, the fact that the ultrasound control was mentioned first demonstrates that the importance attributed to the follow-ups was quite low. It is also remarkable that the same pregnant women were found in the frequency of follow-up visits, and that the percentage of tetanus vaccination during pregnancy is low. Approximately 30% of deliveries were cesarean section, and 74.9% of those who gave birth stated that they received immediate postnatal care. In postpartum care (as the births occurred in the hospital), it was observed that services were mostly received in state hospitals. Although the first follow-ups were made in the hospital, the frequency of going to the next routine follow-ups was found low. Approximately 30% of births were cesarean section.

Looking at the child health findings, it was revealed that the rate of stunting and thinness, one of the indicators showing nutrition in children aged 0-6, was high. According to Z scores, stunting was found as 6.6%, overweight as 7.1%, and underweight as 3.0% in 0–59-month-old children. Almost all mothers start to breastfeed their child. However, the percentage of exclusive breastfeeding and breastfeeding within the first hour was low. According to the mothers' statements, the median value of the total breastfeeding period of children aged 0-2 was 12 months, the duration of breastfeeding with only breast milk was two months, and the month of starting solid food was determined as the fourth month.

The rate of children aged between 0-18 years having any chronic disease diagnosed by a doctor was found 3.1%. Among these diseases, those that were easy to be noticed by the mother, such as asthma and disability, were found more in frequency, and this frequency may be just the tip of the iceberg. URTI was mostly mentioned in the reasons for applying to a healthcare facility for children. This indicates that the awareness of child follow-ups is low. Application in vaccination services in child health was found in high levels. Among the reasons stated by the mothers who did not have their children vaccinated regularly, the reasons such as the spouses' unwillingness, not knowing where to do it, and not being able to take the child alone were listed as the most common reasons.

The percentage of newborn screening tests calculated according to the statements of the interviewed mothers (between 87-92%) and the number of infant follow-ups were found in high levels. However, the infant mortality rate calculated based on the declarations is higher than the figures in Türkiye (15%).



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INTRODUCTION

The number of people forcibly displaced due to conflict, violence and persecution has been increasing globally, and Türkiye continues to be the country hosting the largest number of refugees in the world. While there are currently more than 5.5 million foreign nationals living in Türkiye, a large part of this figure (around 3.7 million) consists of Syrians who have fled their country forcibly since 2011.¹ The biggest portion of the Syrian refugee influx was towards the neighboring countries with Türkiye being the biggest recipient of Syrians.

Through the "Improving the Health Status of Syrians under Temporary Protection and Related Services Provided by the Republic of Turkey" (SIHHAT) Project financed by the European Union and carried out by the Ministry of Health, the health needs of Syrians under Temporary Protection in Türkiye were addressed in their language enabling them to benefit from primary and secondary healthcare services. The scope of healthcare services has, accordingly, been expanded through increased capacity and quality of the provision of healthcare services in 29 provinces with a high Syrian population and facilitating access to these services by Syrians under Temporary Protection.

"Supporting Migrant Health Services in Turkey" (SIHHAT II) Project, which is implemented as a continuation of SIHHAT I, aims to improve the health status of Syrians under Temporary Protection, migrants, and persons eligible for secondary protection in Türkiye by contributing to the access of all migrants to quality treatment under the roof of the Turkish health system, especially in the targeted provinces. SIHHAT II envisaged increasing the number of E/MHCs and expanding the scope of the services offered. It ensures the continuation of the current service delivery by promoting behavioral changes in health issues as well as focusing on specialized services.

Moreover, it is aimed to increase the availability and accessibility of quality healthcare services in the provinces with migrant health centers, to increase the health literacy of migrants, and improve their access to healthcare services by strengthening social support and healthcare services in these provinces. In addition to the above, strengthening the capacity of the Ministry of Health in the production and management of evidence and information to support the development of migrant health policies is among the objectives of the project. Evidence-based migrant health policy is important both to see the risks to the health of migrants in the country in the future and is a tool to respond to the public health needs of Syrians under Temporary Protection. Collecting data on different vulnerable groups and assessing their needs contribute to prioritization based on evidence and data.

Within the scope of this research, a general and comprehensive assessment of migrants in the target group was made concerning protective and preventive health indicators through studies under three main components.

¹ UNHCR Türkiye, The United Nations Refugee Agency, Regional Refugee & Resilience Plan, Türkiye Country Chapter 2021 -2022 https://www.unhcr.org/tr/wp-content/uploads/sites/14/2021/03/3RP-Turkey-Country-Chapter-2021-2022_EN-opt.pdf



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MATERIALS AND METHODS

Research components

SIHHAT II Project is composed of three components. Relevant SIHHAT II indicators are covered/questioned within the study as per each component.

- Component I Migrant Health Surveys (pre- and post-survey)
- Component II Patient Satisfaction Survey
- Component III Qualitative Studies (Focus Group Discussions and In-Depth Interviews)

Component I – Migrant Health Surveys

A pre-survey on migrant health was conducted by visiting households in 12 provinces with a high migrant population. The survey aims to assess the baseline values for the indicators which will later be compared with the post-survey results to assess the effectiveness (or measure changes) achieved as a result of SIHHAT II and guide the implementation of SIHHAT II.

In general, with pre- and post-survey questionnaires, the following were aimed to achieve objectives and indicators for target groups:

- to obtain demographic information such as age, educational background, marital status, number of children, economic status, and employment status among the target group
- to determine the health status of women and children with respect to reproductive health
- to assess the self-reporting health status
- to assess health-seeking behavior
- to determine the status of health literacy
- to assess the extent to which health awareness messages are received
- to determine the status of chronic diseases
- to determine the status of satisfaction with healthcare services
- to determine the status of communicable diseases
- to determine the status of mental health

Component II – Patient Satisfaction Survey

A satisfaction survey was conducted at E/MHCs at the end of examinations in 16 provinces. It was aimed to achieve the following through a patient satisfaction survey:

- to define determinants of satisfaction and experience among the target group who applied to E/MHCs
- to evaluate patient satisfaction and experience with the services provided at E/MHCs in Türkiye



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Component III – Qualitative Works

A. Focus Group Discussions

A qualitative was conducted to identify migrants' perception of the circumstances surrounding them.

It was aimed to measure the following through focus group meetings held in five provinces:

- Migrants' use of healthcare services, access-related limitations and perception of services
- Chronic and communicable diseases among migrants
- Smoking and drug addiction among migrants
- Domestic violence against women and children among migrants
- Reproductive health behaviors among adolescents; adolescents' sexual health and access to services

Each focus group interview (FGD) was conducted with 8-12 participants (an average of 10 participants per group). Each FGD lasted 60 to 90 minutes depending on group dynamics. Before the FGDs started, the purpose of the discussion was explained to the participants and their written consent was obtained. FGDs were made in Arabic with the support of a trained translator. Video or audio recordings of the discussions were taken with the consent of the participants. After these records were analyzed, each FGD was reported separately. Five reports were prepared with the analysis of five provinces for each of the subjects.

B. In-Depth Interviews

A qualitative study was conducted to demonstrate the relationship between primary and secondary healthcare services within the scope of migrant health. Within the scope of the research carried out in 12 provinces, in-depth interviews were conducted with physicians and administrators working in primary and secondary healthcare services. In-depth interviews were conducted face-to-face or online. Video or audio recordings were taken during the interviews with the consent of the interviewees. The report was prepared after these records were analyzed.

Ethics Committee Permission dated 14.09.2022 and numbered E-77082166-604.01.02-453904 was obtained from Gazi University for the research (Research Code: 2022-1015).



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MIGRANT HEALTH SURVEY

This report contains the results and evaluation of the migrant health survey conducted within the scope of Component I. A migrant health survey was carried out using questionnaires with CAPI-supported tablets between 7 November – 25 December 2022 in 12 provinces of dense migrant settlement (İstanbul, Şanlıurfa, Gaziantep, Hatay, Adana, Mersin, Kilis, Bursa, İzmir, Kahramanmaraş, Konya and Ankara).

Interviews were applied using three different questionnaire forms:

Table 1. Migrant Health Survey

Questionnaire Form	Section	Number of questions per section	Total number of questions per questionnaire	Number of people surveyed	Sample	Duration per interview
Form A	Information on Housing/Household*	7	117	5.325 Syrians under Temporary Protection + Other Nationalities	above the age of 18 Female & Male	30-35 minutes
	Demographics*	19				
	Health Status	11				
	Satisfaction from Healthcare Services	16				
	Chronic Disease Status	32				
	Health Literacy	32				
Form B	Information on Housing/Household*	7	82	5.358 Syrians under Temporary Protection + Other Nationalities	above the age of 18 Female & Male	23-28 minutes
	Demographics*	19				
	Communicable Disease Status	16				
	Mental Health Status and General State of Health	33				
	Reproductive Health Status (male)	7				
Form C	Information on Housing/Household*	7	92	5.247 Syrians under Temporary Protection + Other Nationalities	Between the ages 15-49 Female	25-30 minutes
	Demographics*	19				
	Maternal-Child Health Status	57				
	Communicable Disease Status (child)	9				
Total number of questions*		239	Total number of people surveyed	15.930		

(*) Information on Housing/Household and Demographics questions are same for each questionnaire group.



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Questionnaires

Three separate questionnaires were prepared: Survey Form A (containing questions on relevant descriptive characteristics, general health status, satisfaction with health services, chronic diseases and health literacy), Survey Form B (containing questions on relevant descriptive characteristics, communicable diseases, mental health, and reproductive health for men) and Survey Form C (containing questions on relevant descriptive characteristics, reproductive health, mother-child health and communicable disease questions for their children). After the questions were translated into Arabic by a professional translator, scripts were prepared on the application specifically coded for the project.

Training of Trainers of Surveyors

A 2-day training of trainers was held in Ankara on 23-24 September 2022, and field Coordinators and supervisors attended the training. Handbooks for Interviewers prepared prior to the training were distributed in printed form, and they were informed before the training. It was ensured that the trainers provided surveyor training in line with this training and the Handbook for Interviewers.

Recruitment and Orientation of Surveyors for Field Work

The training of the surveyors who were planned to work in 12 provinces between 24 September 2022 and 13 October 2022 was carried out by trainers who had previously received a comprehensive training, with the same training content and practices.

After the training, a pilot survey implementation was started by ensuring that each surveyor practiced in the context of different scenarios.

Particularly female surveyors or translators were preferred as they would positively contribute to participation of interviewees and receive feedback on questions about reproductive health. Training of surveyors was provided in accordance with the ethical principles of scientific research (Declaration of Helsinki). To eliminate the risk of not reaching sufficient number of personnel after the evaluation meetings held as a result of the application, training sessions were provided to 10% more surveyors than were recruited.

Documents Developed for Continuity of the Training and Field Implementation

For the surveyors to communicate effectively during the training and field work and to provide quick and convincing answers to the questions to be asked, a Question & Answer Brochure was prepared for possible questions, and they were provided these brochures with them during the field work.

In addition, the "Interviewer Training Guide" including all the details of the training was distributed to all surveyors after the training, and they were allowed to review the issues in which they find themselves inadequate. A "Brochure for Common Concerns About Participation" was prepared and distributed to the surveyors on how they should respond to the common concerns about participating in the survey during the field implementation. Each personnel were required to sign a confidentiality agreement to keep all information obtained within the scope of the research under the framework of confidentiality conditions.



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Data Collection Tools

100 Samsung Galaxy Tab A devices with WIFI 802.11 b/g/n WiFi connection and 4.5G cellular network communication were used for the research. The software prepared for the research was used on these tablets with GPS and A-GPS location services.

To ensure data security, personal login information was defined on all the tablets of surveyors. In addition, for each entry made into the surveys, the date, time and location information were also recorded on the servers. All the tablets were equipped to work online and offline.

Pilot Application

Following the training of the surveyors, a pilot work was conducted in the cities of Adana, Ankara, Bursa, Gaziantep, Hatay, Istanbul, Izmir and Şanlıurfa between 17-21 October 2022. The details controlled after the pilot work are listed below:

- Controls for completely transferring survey questions to the script
- Survey progress and conditions
- Positioning feature
- Accuracy of Turkish – Arabic wording
- Controls for complete and accurate transfer of data to our cloud database

Field Work

The field work was carried out face-to-face with CAPI-supported tablets in 12 provinces with dense migrant population (Istanbul, Şanlıurfa, Gaziantep, Hatay, Adana, Mersin, Kilis, Bursa, İzmir, Kahramanmaraş, Konya, Ankara) between 7 November and 25 December 2022.

Data Quality Control, Data Processing and Analysis

A five-stage audit and control process were carried out for the quality control of the data collected within the scope of the research. Within the scope of these processes, 281 surveys were cancelled and repeated.

Supervisor Accompaniment and Back Controls

Supervisors accompanied each surveyor on approximately 5% of the surveys.

Location Controls

The location records obtained from all surveys were 100% checked by quality control personnel.

Survey Application Time Control

Records of the starting and ending times of all surveys were automatically kept by the mobile application. These records were examined in proportion to the minimum survey duration (accepted as 100%).



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Phone Controls

For the aim of the confirming the accuracy of the interviewee and content, our quality control staff carried out a 29% telephone back-check (on a surveyor basis) for all surveys conducted.

Academic Team Controls and Their Observations

The academic team went on field inspections at 12 different Migrant Health Centers in 12 provinces and accompanied the surveyors.

Data Processing, Editing and Data Analysis

The data processing started by monitoring the distributions of the ratios of the variables determined in quality control practices. During the quality control process, editing and coding processes were carried out on the completed data and the data was made ready for analysis.

Data analysis was carried out through SPSS 22 scripts prepared prior to the analysis. Descriptive statistics, frequency distributions and cross-tabulations were created to analyze the data.



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FINDINGS

CERTAIN CHARACTERISTICS OF THE HOUSEHOLD AND HOUSE

The number of houses visited is 4,460, and the number of people living in these houses is 19,406.

The average number of people living in the households is 4.4 ± 2.2 (min:1-max:10). Table 1.1 presents some descriptive characteristics of people living in the households.

Table 1.1. Some Descriptive Characteristics of the People Living in the Households, 2022

Descriptive Characteristics (n = 19,406)		Number	%
Age Groups of the Household			
	0-4	2,249	11.6
	5-9	2,351	12.1
	10-14	1,762	9.1
	15-24	3,709	19.1
	25-44	7,026	36.2
	45-64	2,035	10.5
	65 years and over	274	1.4
Gender			
	Female	10,417	53,7
	Male	8,989	46,3
Marital Status			
	Married	9,581	49.4
	Never Married	8,741	45.0
	Widow	821	4.2
	Divorced	263	1.4
Nationality			
	Syrian	17,659	91.0
	Other	1,747	9.0

%. Column percentage

The average age of the household is 25.3 ± 16.5 (min:0-Max:94). Of household members, 32.8% are under the age of 15, and 11.6% are under the age of 5. Among the household members, 65.8% are between the ages of 15-64, while 1.4% are 65 years and over. 53.7% of the households are women. 49.4% of the households are married. 91% of 19,406 people are of Syrian nationality.



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Figure 1.1 presents the population pyramid of household members.

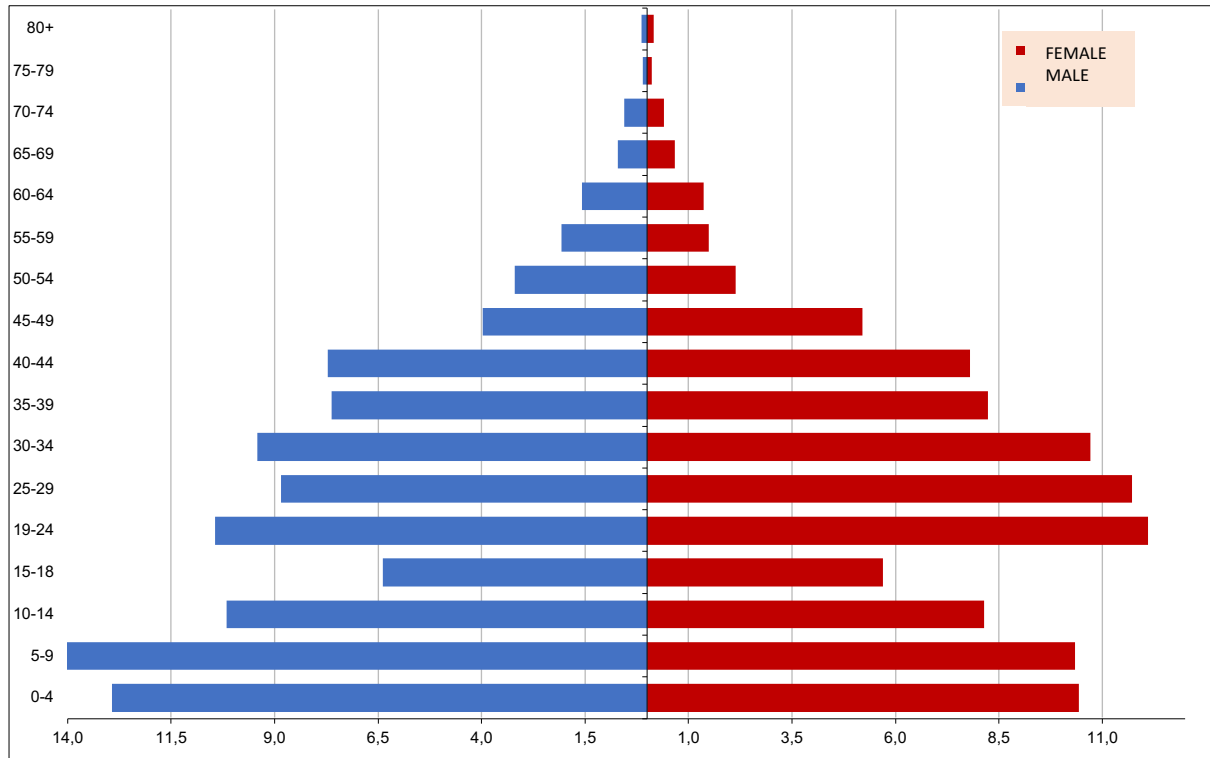


Figure 1. Population Pyramid of Interviewed Households, 2022

Table 1.2 presents the disability and chronic disease status of people living in the households.

Table 1.2. Disability and Chronic Disease Status of Households, 2022

Disability and Chronic Disease Status	Total		Female		Male	
	Number	% (95% CI)^	Number	%	Number	%
Disability (n = 19,406)						
None	18,960	97,7 (96,6-98,9)	10,233	98.2	8,727	97.1
Yes	446	2,3 (0-9,6)	184	1.8	262	2.9
Types of Disability (n = 446)*						
Physical disability	227	50,9 (43,6-58,2)	81	44.0	146	55.7
Visually impaired	51	11,4 (4,1-18,7)	23	12.5	28	10.7
Hearing Impaired	49	11 (3,7-18,3)	22	12.0	27	10.3
Mentally disabled	47	10,5 (3,2-17,8)	24	13.0	23	8.8
Speech and Language Disabilities	13	2,9 (0-10,2)	7	3.8	6	2.3
Did not answer/don't know	22	4,9 (0-12,2)	9	4.9	13	5.0
Presence of Chronic Disease (n = 19,406)						
No	17,981	92,7 (91,6-93,8)	9,608	92.2	8,373	93.1
Yes	1425	7,3 (6,2-8,4)	809	7.8	616	6.9

#: Column percentage

* There is more than one answer

^ Since probabilistic sampling technique was not used, the given **confidence intervals** were calculated assuming probabilistic sampling.



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Table 1.2 presents the disability and chronic disease status of the households. Disability is captured for 2.3% of the people living in the households. Regarding the distribution of disabilities, 50.9% of 446 people are physically disabled, 11.4% are visually impaired, and 11% are hearing impaired. 7.3% of people living in households have a chronic disease.

Table 1.3 presents the income status of the households.

Table 1.3. Income Status of the Household, 2022

Income Status of the Household (n = 4,460)*		Number	%
Household Monthly Total Income			
	Under TRY 1,000	103	2.3
	TRY 1,001-3,000	798	17.9
	TRY 3,001-5,500	1,297	29.2
	TRY 5,501 and over	1,635	36.7
	Not stated	627	14.1
Assessment of Household Income Status			
	Our income is less than our expenses	2,096	47.0
	Our income is slightly less than our expenses	861	19.3
	Our income and expenses are even	781	17.5
	Our income is more than our expense	375	8.4
	Our income is slightly more than our expenses	347	7.8

%; Column percentage

*: At the time of the survey, the minimum wage in Türkiye was TRY 5,500, and EUR 1: TRY 19.52.

Table 1.3 presents household income status. Accordingly, the average monthly household income is TRY 6,725.9 ±6,716.1 (min:600-max:60,000 TRY). At the time of the survey, the minimum wage in Türkiye was TRY 5,500, and EUR 1= TRY 19,52. Accordingly, 36.7% of households have a monthly income of minimum wage and above. 33.7% of households' income is equal to and/or more than their expenses. The rate of those whose income is less than their expenses is 66.3%.



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Table 1.4 presents some of the characteristics of the housings.

Table 1.4. Some Characteristics of the Housings, 2022

Housing Characteristics (n = 4,460)		Number	%
Housing Type			
	Apartment	3,349	75.1
	Slum	749	16.8
	Detached House	209	4.7
	Shelter	99	2.2
	Dormitory	27	0.6
	Garage/Store	14	0.3
	Container/Tent	8	0.2
	Does not have a usual place/ Homeless	4	0.1
Kitchen Existence in the Housing			
	Yes	3,652	81.9
	No	808	18.1
The Place of the Restroom in Residence			
	Inside the house	4,036	90.5
	Outside of the house	316	7.1
	No toilet/shrubbery/land/public restroom	108	2.4
Characteristics of Water Used in Residence			
	Municipal Water	4,365	97.9
	Well Water	85	1.9
	Tank/Water Station	5	0.1
	Surface Water (River/Stream/Lake/Canal etc.), rainwater	5	0.1

#: Column percentage

Table 1.4 presents some characteristics of the houses. Accordingly, 75.1% of the participants live in an apartment, while 21.5% live in a slum or detached house. People with no usual place or homeless persons represent 0.1% of the participants. 81.9% of the participants stated that there is a kitchen in their residences.

90.5% of the participants stated that the toilet is located inside the residence, while 7.1% stated that it is outside the residence. Those who do not have a toilet in their residence constitute 2.4% of the participants.

97.9% of the participants reported using mains water, 1.9% using well water, 0.1% using water supplied by a tanker or water station, and 0.1% using surface water or rainwater in their settlements.



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FORM A

These sections of the survey include information on some descriptive characteristics, health status, healthcare utilization, satisfaction with healthcare services, chronic diseases - some risk factors - cancer screenings, healthcare literacy and healthcare training. It was applied to 5,325 people aged 18 and over.

A1. HEALTH STATUS AND HEALTHCARE UTILIZATION

Descriptive Information

The average age of the 5,325 participants for this section is 35.6±13.2 (min:18-max:90).

Table A1.1 presents some descriptive characteristics of the participants.

Table A1.1. Some Descriptive Characteristics of Participants, 2022

Characteristics	Number	%
Age Groups (n = 5,325)		
18-24	1,239	23.3
25-34	1,687	31.7
35-44	1,149	21.6
45-54	690	13.0
55-59	222	4.2
60 years and over	338	6.3
Gender (n = 5,325)		
Female	2,757	51.8
Male	2,568	48.2
Type of Settlement (n = 5,325)		
Central District	5,025	94.4
Non-Central District	254	4.8
Temporary Accommodation Areas (camps)	35	0.7
Seasonal Worker Tent	11	0.2
Educational Status (n = 5,325)		
Illiterate	763	14.3
Literate but not graduated of a school	483	9.1
Primary school graduate	1,575	29.6
Middle school graduate	1,468	27.6
High school graduate	657	12.3
University graduate and higher	379	7.1



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Employment status (n = 5,210)		
Housewife	2,305	44.2
Blue-collar, Service and Sales Worker	1,504	28.9
Not working	693	13.3
Self-employment (Trade), Tradesmen	418	8.0
Student	133	2.6
White-collar, Professional Occupation	88	1.6
Farming, Agriculture, Animal Husbandry	51	1.0
Other	18	0.4
Marital Status (n = 5,325)		
Married	3,976	74.7
Never Married	990	18.6
Widow	274	5.1
Divorced	85	1.6
Family Type (n = 5,325)		
Nuclear Family*	3,271	61.4
Extended Family**	1,636	30.7
Fragmented Family***	262	4.9
Single Person Household****	156	2.9

% Column percentage

* Nuclear family: Family type in which mother, father and unmarried child/children live together

** Extended family: A family type in which the married children of the nuclear family and their own families live together

*** Fragmented family: Family type in which a divorced, separated, never married or widowed man or woman is together with the child/children

**** Single person household: A household in which an adult who has never been married, divorced or widowed lives alone.

Some descriptive characteristics of the participants are presented in Table A1.1. Accordingly, 31.7% of the participants were between the ages of 25-34, and 23.3% were between the ages of 18-24. Of the 5325 participants 51.8% are women. While 94.4% of the participants live in central districts, 4.8% live in non-central districts, 0.7% live in temporary shelters such as camps and 0.2% live in seasonal worker tents.

Looking into the educational status of the participants, it was determined that 29.6% of the participants were primary school graduates, 27.6% were middle school graduates, and 7.1% had a bachelor's degree or higher. 14.3% of the participants were illiterate.

Looking into the employment status by occupation, 44.2% of the 5210 participants were housewives, 28.9% of the participants were employed as blue-collar workers, and 13.3% were not employed.

74.7% of the participants are married, 5.1% are widowed and 1.6% are divorced. Looking into the family type, it was revealed that 61.4% of the participants lived in nuclear families, and 30.7% lived in extended families.



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Table A1.2. presents the participants' consanguineous marriage status with their spouses and the status of having children.

Table A1.2. Participants' Consanguineous Marriage Status with Their Spouse and Having Children, 2022

	Number	%
Consanguineous marriage status with spouse (n = 4,335)		
No	2,482	57.3
Yes (close relative)	991	22.9
Yes (distant relative)	770	17.8
Don't know	92	2.1
Having Child (n = 4,335)		
Yes	3,268	75.4
No	1,067	24.6
Number of Children (n = 3,268)		
1	578	17.7
2-3	1,351	41.3
4-5	884	27.1
6-9	407	12.5
10 and over	48	1.5

?: Column percentage * This question is not asked to people who have never been married.

Married, widowed or divorced participants' consanguineous marriage status with their spouses and the status of having children are assessed in the Table A1.2. Accordingly, 40.7% of the participants who are married, widowed or divorced have a consanguineous relationship with their spouses. Among the participants who are married, widowed or divorced, 75.4% have children. The average number of children is 3.4±2.1 (min:1-max:17). 41.3% of the participants have 2-3 children, 27.1% have 4-5 children, and 1.5% have 10 or more children.



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Table A1.3 presents the country of origin, years lived in Türkiye and mother tongue of the participants.

Table A1.3. Distribution of Country of Origin, Years Lived in Türkiye, and Mother Tongue of the Participants, 2022

	Number	%
Country of Origin (n = 5,325)		
Syria	4,909	92.2
Afghanistan	218	4.1
Iraq	125	2.3
Iran	14	0.3
Other	40	0.8
Not stated	19	0.4
Year Lived in Türkiye (n = 5,325)		
1-3 year	275	5.2
4-6 years	1,123	21.1
7-9 years	2,476	46.5
10 years and over	1,451	27.2
Mother tongue (n = 5,325)		
Arabic	4,975	93.4
Turkish	234	4.4
Kurdish	40	0.8
Persian	34	0.6
Pashto	28	0.5
Urdu	2	0.04
English	1	0.02
Other	11	0.2
Enough to Meet Daily Needs Knowledge of Turkish (n = 5.325)		
Yes, I know	1,910	35.9
I Partially Know	1,812	34.0
Don't know	1,603	30.1

?: Column percentage

In Table A1.3, the country of origin, years of residence in Türkiye and mother tongue of the participants were questioned. Accordingly, 92.2% of the participants' country of origin is Syria, while 4.1% is Afghanistan.

The participants' average living years in Türkiye is 8,1±3,4 (min:1-max:63). It was determined that 46.5% of the participants have been living in Türkiye for 7-9 years, 27.2% for more than 10 years and 5.2% for 1-3 years. The native language of 93.4% of the participants is Arabic, while 4.4% are native Turkish speakers. 35.9% of the participants stated that they know enough Turkish to meet their daily needs, 34% partially know Turkish and 30.1% do not know Turkish.



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Tobacco and Alcohol Addiction

Table A1.4. presents the status and frequency of using tobacco products by gender of participants.

Table A1.4. Frequency of Using Tobacco Products by Gender of Participants, 2022

Frequency of Using Cigarette, Hookah or Other Tobacco Products (n = 5,306)		Total		Female		Male	
		Number	%	Number	%	Number	%
Cigarette	Never	4,028	75.6	2,497	90.5	1,531	59.6
	Sometimes	752	14.1	178	6.5	574	22.4
	Daily	516	9.7	77	2.8	439	17.1
	Quit	29	0.6	5	0.2	24	0.9
Hookah	Never	4,565	85.7	2,537	92.0	2,028	79.0
	Sometimes	721	13.5	208	7.6	513	20.0
	Daily	25	0.5	8	0.3	17	0.7
	Quit	14	0.3	4	0.1	10	0.3
Other Tobacco Products	Never	5,047	94.8	2,673	97.0	2,374	92.4
	Sometimes	257	4.8	75	2.7	182	7.1
	Daily	13	0.2	6	0.2	7	0.3
	Quit	8	0.2	3	0.1	5	0.2
Average Number of Cigarettes per Day (n = 516)		18.6±9.8 (min:1-max:60)		17.2±13.4 (min:1-max:60)		18.8±9.1 (min:1-max:60)	
Average Number of Hookahs per Day (n = 25)		1.5±0.8 (min:1-max:4)		1.8±1 (min:1-max:4)		1.4±0.7 (min:1-max:4)	
Average Number of Other Tobacco Products per Day (n = 13)		19.3±16.3 (min:2-max:60)		12.3±13.8 (min:2-max:30)		25.3±16.8 (min:10-max:60)	
Alcohol Drinking Status (n=5,325)							
	Never	5,234	98.3	2,730	99.0	2,504	97.5
	Sometimes	89	1.7	26	0.9	63	2.5
	I consume alcohol at regular intervals	2	0.04	1	0.0	1	0.0

%. Column percentage

Table A1.4 shows the status and frequency of using tobacco and tobacco product by the participants. Accordingly, 70.4% of the participants stated that they have never used cigarettes, hookah, or other tobacco products. 9.7% (95% CI: 7.6-11.8) of the participants, 2.8% (95% CI:0-5.8) of women and 17.1% (95%CI:14-20.2) of men consume cigarettes on a daily basis. 19.4% of the participants stated that they use cigarettes, hookah or other tobacco products occasionally, and 10.1% stated that they use them daily. 98.3% of the participants stated that they had never used alcohol. Over 90 percent of females do not use tobacco and tobacco products, while males more frequently use them.



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Training of Healthcare

Table A1.5 presents the percentage of participants receiving healthcare training topics, and the place of the received training.

Table A1.5. Percentage of Participants Receiving Healthcare Training on Some Healthcare Issues and Where They Received Training, 2022

Healthcare Training Topics	Fields	Place of Healthcare Training*					
		E/MHC	E/MHC personnel**	Family Health Centre	Hospital	NGO	Other
Chronic Diseases	33.0	51.7	40.4	12.8	36.0	5.1	1.7
COVID-19 and Other Communicable Diseases	44.0	57.8	40.6	17.6	39.0	11.2	1.7
Women's Health and Family Planning	26.6	44.6	44.8	27.7	23.7	7.2	2.1
Child Health and Development	27.3	45.0	43.8	27.0	22.1	6.7	2.2
Vaccines	36.5	34.7	34.7	21.5	26.7	5.3	1.4
Mental Health	30.9	37.0	46.2	16.4	22.7	6.2	2.8
General Hygiene	30.2	29.1	61.9	12.8	15.3	4.9	2.2
Healthy Nutrition	27.7	24.4	64.7	14.3	14.2	4.7	2.7
Physical Activity	23.8	23.8	64.5	10.9	13.0	4.8	2.6
Occupational Health and Safety	22.7	24.0	58.1	15.5	13.4	10.3	2.7
Addiction	20.1	24.7	51.3	13.3	29.7	11.0	2.8
Reproductive Health	23.4	34.1	46.1	19.8	30.0	9.4	2.3

MHC: Migrant Health Centre, FHC: Family Health Centre, NGO: Non-Governmental Organization

* Multiple answers were accepted. Each line corresponds to the percentage of the respondents.

** Providing training in places such as home/school/street/shopping mall etc. by the personnel coming from E/MHC.

In Table A1.5, receiving healthcare training by participants, and the place of the received training were assessed. Accordingly, 33% of the participants received health training on chronic diseases. Of the participants who received health training on chronic diseases, 51.7% received this training at MHCs and 36% at hospitals. 44% of participants reported receiving healthcare training about COVID-19 and other communicable diseases. Among the participants who reported receiving training on COVID-19 and other communicable diseases, 57.8% received training at MHCs, and 39% at hospitals. Among the participants, 26.6% stated that they received health education on women's health and family planning. Among the participants who indicated that they received healthcare training on women's health and family planning, 44.6% received training at MHCs and 23.7% at hospitals. Among the participants, 27.3% stated that they received health training on child health and development, and 45% of these participants received the training in MHCs, while 22.1% in hospitals. Among the participants, 36.5% received health training on vaccinations. Among these participants, 34.7% received training in MHCs,



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and 26.7% in hospitals.

Perceived Health and Access to Healthcare Services

Table A1.6. presents the participants' assessment of their general health status.

Table A1.6. Assessment of Participants on Their General Health Status, 2022

Assessment of General Health Status Perceived by the Participants (n = 5,325)	Health Status Before Coming to Türkiye		Current Health Status	
	Number	%	Number	%
Very good	2,185	41.0	1,495	28.1
Good	2,165	40.7	2,470	46.4
Acceptable	647	12.2	736	13.8
Poor	208	3.9	417	7.8
Very poor	67	1.2	161	3.0
No opinion	53	1.0	46	0.9

?: Column percentage

Table A1.6 presents the participants' assessment of their general health status. In this respect, 41% of the participants rated their health status for their situation before coming to Türkiye as very good, while 28.1% of the participants rated their current health status as very good. Among the participants, 40.7% rated their health status before coming to Türkiye as good, while 46.4% rated their current health status as good. Among the participants, 1.2% rated their health status before coming to Türkiye as very poor, while 3% rated their current health status as very poor.

Table A1.6a. and Table A1.6b. present the assessments of general health status by male and female participants.

Table A1.6a. Female Participants' Assessment of Their General Health Status, 2022

Female Participants' Assessment of Their General Health Status (n = 2,757)	Health Status Before Coming to Türkiye		Current Health Status	
	Number	%	Number	%
Very good	1,142	41.4	755	27.4
Good	1,126	40.8	1,295	47.0
Acceptable	306	11.1	375	13.6
Poor	117	4.2	233	8.5
Very poor	39	1.5	80	2.9
No opinion	27	1.0	19	0.6

?: Column percentage



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Table A1.6b. Assessment of Their General Health Status by Male Participants, 2022

Assessment of General Health Status by Male Participants (n = 2568)	Health Status Before Coming to Türkiye		Current Health Status	
	Number	%	Number	%
Very good	1043	40.6	740	28.8
Good	1039	40.5	1175	45.8
Acceptable	341	13.3	361	14.1
Poor	91	3.5	184	7.1
Very poor	28	1.1	81	3.1
No opinion	26	1.0	27	1.1

?: Column percentage

Female and male participants rated their health status at similar frequencies to the overall total. While 41.4% of the female participants rated their health status before coming to Türkiye as very good, 27.4% rated their current health status as very good. Among male participants, 40.6% rated their health status before coming to Türkiye as very good, while 28.8% rated their current health status as very good.

Table A1.7. presents the status of participants' application to a healthcare facility in Türkiye due to a health problem they had in the last one year, and the facilities they applied to.

Table A1.7. Participants' Status of Application to a Healthcare Facility in Türkiye Due to a Health Problem They Had in the Last One Year, and the Facilities They Applied to, 2022.

Application Status (n = 5,084) *		Number	%*	%**
Yes		2,308	45.4	
No		2,776	54.6	
Facilities Applied to (n = 2,308)				
	E/MHC, Mobile Health Services	1,298	41.4	56.2
	State Hospital	1,190	38.0	51.6
	FHC, HLC, TD**	402	12.8	17.4
	Private Hospital/Policlinic	107	3.4	4.6
	Healthcare Policlinic for Foreigners	97	3.1	4.2
	112 Healthcare and Emergency Services	35	1.3	1.5

*241 persons who do not remember are not included in the table.

**FHC: Family Health Centre, HLC: Healthy Living Centre, TD: Tuberculosis Dispensary

%*: Column Percentage over 3,129 responses

%**: Column Percentage based on the number of 5,084 people who stated they received services

Table A1.7 presents the application status and the facilities in Türkiye applied to by participants due to a health problem in the last one year. Accordingly, 241 out of 5325 participants were not included in the table as they could not remember whether they had applied to a healthcare facility in the last year. 45.4% of the 5084 participants have applied to a healthcare facility in Türkiye in the last year due to a



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health problem. Among these participants, 41.4% stated that they applied to their MHCs or mobile healthcare services, and 51.6% to public hospitals.



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Table A1.8. presents some characteristics of the services received in the healthcare facilities in Türkiye by the participants due to a health problem they had in the last one year.

Table A1.8. Some Characteristics of the Services Received According to the Healthcare Facility Consulted in the Last One Year, 2022

	E/MHC, Mobile Health Services (n = 1,298)	FHC, HLC, TD (n = 399)	State Hospital (n = 1,190)	112 Healthcare and Emergency Services (n = 34)	Private Hospital/ Polyclinic (n = 107)	Foreigners' Health Center (n = 97)
Number of visits (Avr±SD)	5.4±6.60	4.26±5.35	5.8±7.52	4.76±10.47	3.8±4.44	5.5±6.6
Utilized Services						
--Protective services	168(13.0)	69(17.1)	164(13.8)			
--Examination, Prescription, Test, X-ray, etc.	1,273(98.1)	347(86.3)	1,153(96.9)			
--Surgery	44(3.4)	14(3.5)	174(14.6)			
--Hospitalization	77(5.9)	11(2.8)	172(14.5)			
Payment status	12(0.9)	12(2.9)	45(3.8)	2(5.7)	74(69.2)	3(3.1)
Place of payment						
--Facility cash point	4(33.3)	6(50.0)	21(46.7)	1(50.0)	28(37.8)	2(66.7)
--Someone else from the facility	0(0)	1(8.3)	1(2.2)	0(0)	0(0)	0(0)
Payment for the medication	88(6.8)	29(7.2)	93(7.8)	4(11.4)	61(57.0)	10(10.3)
Money paid (Avr±SD,Min-Max)	64.5±133.99 (10-1,000)	260.9±584.98 (20-3,000)	551.3±1887.921 (5-15,000)	146.7±176.16 (40-350)	2,280.1±5,913.6 (30-40,000)	138.7±165.483 (30-450)
Receiving interpretation service	575(44.3)	72(17.9)	493(41.4)	11(31.4)	40(37.4)	37(38.1)
Satisfaction with the service						
Not at all satisfied/Not satisfied	113(8.8)	25(6.2)	94(7.9)	1(2.9)	18(16.8)	11(11.3)
Undecided	59(4.5)	39(9.7)	54(4.5)	2(5.7)	6(5.6)	6(6.2)
Satisfied/ Very satisfied	1,126(86.7)	338(84.1)	1,042(87.6)	32(91.4)	83(77.6)	80(82.5)



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Table A1.8 presents some characteristics of the services received breakdown by the healthcare facilities applied to in the last one year. Of the 1,298 participants who applied to E/MHC and mobile health services, 98.1% benefited from services such as examination, prescriptions, tests, X-rays, etc., while 13% benefited from preventive services. Among the participants who applied to Migrant Health Centers or mobile health services, 6.8% paid for medication and 44.3% received interpretation services. Among the participants who applied to Migrant Health Centers or mobile health services, 8.8% stated that they were not satisfied with the services they received, while 86.7% stated that they were satisfied with the service they received.

Among the 1,190 participants who applied to public hospitals, 96.9% utilized services such as examinations, prescriptions, tests, X-rays, etc., and 13.8% utilized preventive services. Among the participants who applied to public hospitals, 7.8% paid for medication and 41.4% received interpretation services. Among the participants who received services from public hospitals, 87.6% stated that they were satisfied with the services they received, while 7.9% stated that they were not satisfied.

Among 402 participants who applied to FHC, HLC, and TDs, 86.3% utilized services such as examinations, prescriptions, tests, X-rays, etc., while 17.1% utilized preventive services. Among the participants who applied to FHCs, HLCs and TDs, 7.2% paid for medication and 17.9% received interpretation services. Among the participants who received services from FHCs, HLCs and TDs, 84.1% stated that they were satisfied with the services they received, while 6.2% stated that they were not satisfied with the services they received.



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A2. SATISFACTION WITH HEALTHCARE SERVICES

Table A2.1 presents the participants' service utilization and satisfaction with E/MHCs in the last one year.

Table A2.1. Receiving Services from E/MHCs in the Last One Year and Their Satisfaction with E/MHC Services, 2022

	Number	%* (95% CI)^	%**
Status of referral to E/MHC (n = 5,325)			
Yes	1,596	30 (27,9-32,1)	
No	3,729	70 (67,9-72,1)	
Level of satisfaction with the services provided (n = 1,596)			
Not at all satisfied	73	4,6 (0,7-8,5)	
Not satisfied	94	5,9 (2-9,8)	
Undecided	108	6,8 (2,9-10,7)	
Satisfied	969	60,7 (56,8-64,6)	
Very satisfied	352	22,1 (18,2-26,0)	
Positive aspects of receiving services from physicians working in E/MHC (n = 5,325) *			
Easiness of communication	3,741	70.3	51.0
Good service (Good Treatment / Examination / Diagnosis), paying attention	1,896	35.6	25.8
Qualified/experienced staff	887	16.7	12.1
Having trust	644	12.1	8.8
Other**	163	3.1	2.2
Negative aspects of receiving services from Syrian physicians (n = 5,325) *			
Insufficient attention	1,613	30.3	27.3
Bad examination and treatment	1,347	25.3	22.8
Irregularities in the system and appointment dates set too far in advance	1,063	20.0	18.0
Lack of competence of staff	858	16.1	14.5
No negative aspects	650	12.2	10.9
Unknown	370	6.9	6.2
Lack of interpreter/Insufficient interpreter	14	0.3	0.2
Lack of women health workers and physicians	6	0.1	0.1

%* : Percentage of columns based on the number of participants who responded. Total is more than 100.0.

%** : Column percentage over the number of answers.

^ : Since probabilistic sampling technique was not used, the given **confidence intervals** were calculated assuming probabilistic sampling.



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Table A2.1. presents the participants' satisfaction with and use of services from E/MHC for any reason in the last one year. 30% of the 5,325 participants applied to the E/MHC. Among the participants who applied to E/MHC, 82.8% stated that they were satisfied with the services provided. The positive aspects of receiving services from physicians working in the E/MHC were assessed. Among the participants, 70.3% stated that the positive aspect of receiving services from physicians working at the E/MHC was the easiness of communication, while 35.6% stated that the service was good (good treatment/examination/diagnosis) and attention was paid. Considering the negative aspects of receiving services from Syrian physicians, 30.3% of the participants stated that they were not sufficiently taken care of, and 25.3% stated that the examination and treatment were not good.

Table A2.2 presents the participants' opinions regarding the distance to the nearest healthcare facility to receive services.

Table A2.2. Opinions of Participants Regarding the Distance to the Nearest Healthcare Facility to Receive Services, 2022

Distance to the nearest healthcare facility (n = 5,325)	Number	%
10-15 minutes by walking	2,439	45.8
30 minutes by walking	1,300	24.4
One hour and more by walking	300	5.6
10-15 minutes by car	714	13.4
30 minutes by car	339	6.4
More than one hour by car	233	4.4

?: Column percentage

Table A2.2 presents the participants' opinions regarding the distance to the nearest healthcare facility to receive services. 45.8% of the participants stated that arriving at the nearest healthcare facility takes 10-15 minutes away by walking, and 24.4% stated that it is 30 minutes away by walking. Among the participants, 4.4% stated that arriving at the nearest healthcare facility takes more than one hour away by car.

Table A2.3 presents the participants' opinions on the level of difficulty in utilizing health services in Türkiye.

Table A2.3. Participants' Opinions on the Level of Difficulty in Utilizing Health Services in Türkiye, 2022

Level of difficulty in utilizing health services in Türkiye (n = 5,325)	Number	%
Very difficult	375	7.0
Difficult	560	10.5
Undecided	736	13.8
Easy	2,687	50.5
Very easy	967	18.2

?: Column percentage



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Table A2.3 presents the participants' opinions on the level of difficulty in utilizing health services in Türkiye. Accordingly, 50.5% of the participants described the level of difficulty in utilizing health services in Türkiye as easy, while 7% described it as very difficult.

Table A2.4 presents the distribution of the most recent health facilities applied by the participants.

Table A2.4. Distribution of Most Recent Healthcare Facilities Visited by the Participants, 2022

Healthcare Facility (n = 5,238)	Number	%
E/MHC (Extended/Migrant Health Center)	2,566	48.9
State Hospital	2,115	40.5
FHC (Family Health Centre)	404	7.8
University Hospital	78	1.4
Private Hospital/Policlinic	75	1.4

%; Column percentage

* The 87 participants who could not remember or said they did not apply are not included in the table.

Table A2.4 presents the distribution of the healthcare facilities applied by the participants recently. Among the participants, 48.9% stated that they had most recently applied to an E/MHC, while 40.5% stated that they had most recently applied to a public hospital.



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Table A2.5 presents assessments of the participants in terms of the healthcare facilities they most recently applied to.

Table A2.5. Percentage of the Participants' Assessments Based on the Healthcare facilities They Last Visited, 2022

	E/MHC (n=2,563*)	Family Health Centre (n=404)	State and University Hospital (n=2,193)	Private Hospital/ Polyclinic (n=75)
The way they tell physicians about their health problems				
I explain in Turkish	24.9	60.9	32.1	48.0
There are interpreters at the hospital, and they help	20.2	6.9	22.8	17.3
We go with an acquaintance who speaks Turkish	10.2	14.6	27.2	26.7
We go to centers where Syrian physicians are present	31.6	3.2	3.0	4.0
I cannot explain my health-related problems	13.1	14.4	14.9	4.0
Mode of transportation to the healthcare facility				
Public transportation	53.1	25.7	69.0	45.3
By walking	38.4	64.1	14.9	9.3
Private car	3.2	7.2	7.8	30.7
Taxi	2.8	2.5	6.4	14.7
Motor / Motorcycle	2.5	0.5	2.0	0
Presence of clear directions in the healthcare facility	57.1	40.1	47.4	62.7
These signs did not help	93.8	87.6	95.0	97.3
Difficulty in reaching a physician	11.3	11.2	12.7	14.1
Difficulty in getting tests done	15.2	14.4	19.6	16.7
Presence of assistant interpreters, patient direction staff, etc.	54.4	27.9	43.8	32.8
Prefers to go to the same facility again	80.7	75.3	71.7	73.9
Overall satisfied-very satisfied	83.5	77.5	80.0	70.7

* Three participants who do not remember or have no opinion are not included in the table

Table A2.5 presents the assessments of the participants based on the healthcare facility they most recently applied to. Looking into the way they told physicians about their health problems, 31.6% of the 2,563 participants who most recently applied to an E/MHC stated that they went to centers where Syrian physicians were present.

Among the 404 participants who last visited a family health center, 60.9% stated that they told their



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health problems to the physicians in Turkish, while 14.6% stated that they went to the family health center with someone who spoke Turkish. Among the participants who most recently applied to the family health centers, 14.4% of them stated that they are unable to tell their health-related problems to physicians.

Among the 2,193 participants who most recently applied to state and university hospitals, 32.1% stated that they explained their health problems in Turkish, while 27.2% stated that they went to state and university hospitals with someone who spoke Turkish. 22.8% of the 2193 participants stated that there was an interpreter in the hospital, and that they explained their health problems with the help of interpreters.

Among the 75 participants who most recently applied to a private hospital or private polyclinic, 48% stated that they explained their health problems in Turkish.

Looking into the mode of transportation to the healthcare facility, 53.1% of the 2543 participants who most recently applied to the MHCs arrived these centers by public transportation, while 38.4% reached these centers by walking. Among the 2,193 participants who most recently applied to state and university hospitals, 69% of them arrived these centers by public transportation and 14.9% by walking. Among the 404 participants who most recently applied to the family health centers, 25.7% used public transportation and while 64.1% walked. Among the participants who last went to a private hospital or private polyclinic, 45.3% reached these centers by public transportation and 30.7% by private car.

The availability of clear directions for the most recently visited healthcare facilities was assessed, and among the 2,563 participants who stated that they had last applied to an E/MHC, 57.1% stated that there were clear directions in these facilities, and 93.8% stated that these directions were helpful to them. Among the participants who visited E/MHCs last time, 11.3% stated that it was difficult to reach a physician, and 15.2% stated that it was difficult to get tests done. 54.4% of the 2,563 participants stated that there were interpreters, patient direction staff, etc. available at the E/MHCs, and 80.7% stated that they would prefer to go to the same facility again. Among the participants who most recently applied to E/MHCs, 83.5% were generally satisfied with E/MHCs.

Among the 2,193 participants who most recently applied to state and university hospitals, 47.4% stated that there were clear directions in these facilities and 95% stated that these directions were helpful. Among the participants who most recently applied to state and university hospitals, 12.7% said that it was difficult to find a physician, and 19.6% said that it was difficult to get tests done. Among the participants who applied to these facilities, 43.8% stated that there was an assistant interpreter, patient direction staff, etc., and 71.7% stated that they would prefer to go to the same facility again. Among the participants who most recently applied to state and university hospitals, 80% were generally satisfied with these facilities.

Among the 404 participants who most recently applied to family health centers, 40.1% stated that there were clear signs in these facilities and 87.6% stated that these signs were helpful. 11.2% of 404 participants stated that it was difficult to reach a physician, while 14.4% stated that it was difficult to get tests done. Among the participants who most recently applied to a family health center, 27.9% stated that there was an assistant interpreter, patient direction staff, etc., and 75.3% stated that they would prefer to go to the same facility again. 77.5% of the 404 participants who stated that they most recently applied to a family health center were generally satisfied with family health centers.



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Among the 75 participants who most recently applied to a private hospital or private polyclinic, 62.7% stated that there were clear directions in these facilities, and 97.3% stated that the signs were helpful. 14.1% of the 75 participants stated that reaching a physician was difficult, while 16.7% stated that it was difficult to get tests done. Among the participants who most recently applied to private hospitals or private polyclinics, 32.8% stated that there were helpful interpreters, patient direction staff, etc., and 73.9% stated that they would prefer to go to the same facility again. 70.7% of the 75 participants were generally satisfied with these facilities.



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A3. CHRONIC DISEASES - SOME RISK FACTORS - CANCER SCREENING

Table A3.1 presents the percentage of hearing of some chronic diseases by participants and their assessment of their level of knowledge.

Table A3.1. Hearing Some Chronic Diseases by Participants and the Assessment of Their Level of Knowledge, 2022

Diseases	Hearing Status Those who are aware (%*)	Assessment of their level of knowledge (%)				
		Very Satisfactory	Adequate	Somewhat Satisfactory	Inadequate	Very Unsatisfactory
Diabetes	66.9	15.3	19.0	29.9	26.4	9.3
Hypertension	65.1	12.3	21.4	30.1	27.0	9.2
Obesity	53.9	9.2	20.6	31.9	27.2	11.1
Asthma/COPD	56.8	10.7	19.1	30.7	28.3	11.3
Cancer	60.5	8.3	19.1	29.3	28.6	14.7
Allergy	53.1	10.9	17.3	29.6	30.2	12.0

%%*: Percentage of all participants who said they have heard of each disease.

%%**: Line percentage which demonstrates the self-assessment level of those who heard of each disease.

Among the participants, 66.9% stated that they have heard of diabetes, 65.1% of hypertension, 60.5% of cancer, 56.8% of asthma or COPD, 53.9% of obesity, and 53.1% of allergies. Regarding the level of knowledge of the participants on these diseases, the results demonstrates that for diabetes, 15.3% had a very satisfactory level of knowledge, 19% had a satisfactory level of knowledge, 29.9% had a somewhat satisfactory level of knowledge, 26.4% had an unsatisfactory level of knowledge, and 9.3% had a very unsatisfactory level of knowledge. Looking into the level of knowledge for hypertension, the results demonstrates that 12.3% had a very satisfactory level of knowledge, 21.4% had a satisfactory level of knowledge, 30.1% had a somewhat satisfactory level of knowledge, 27% had an unsatisfactory level of knowledge, and 9.2% had a very unsatisfactory level of knowledge. Looking into the level of knowledge for cancer, the results demonstrates that 8.3% had a very satisfactory level of knowledge, 19.1% had a satisfactory level of knowledge, 29.3% had a somewhat satisfactory level of knowledge, 28.6% had an unsatisfactory level of knowledge, and 14.7% had a very unsatisfactory level of knowledge.

Looking into the level of knowledge for asthma/COPD, the results demonstrates that 10.7% had a very satisfactory level of knowledge, 19.1% had a satisfactory level of knowledge, 30.7% had a somewhat satisfactory level of knowledge, 28.3% had an unsatisfactory level of knowledge, and 11.3% had a very unsatisfactory level of knowledge. Looking into the level of knowledge on obesity, the results demonstrates that 9.2% had a very satisfactory level of knowledge, 20.6% had a satisfactory level of knowledge, 31.9% had a somewhat satisfactory level of knowledge, 27.2% had an unsatisfactory level of knowledge, and 11.1% had a very unsatisfactory level of knowledge. Looking into the level of knowledge on allergy, the results demonstrates that 10.9% had a very satisfactory level of knowledge,



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17.3% had a satisfactory level of knowledge, 29.6% had a somewhat satisfactory level of knowledge, 30.2% had an unsatisfactory level of knowledge, and 12% had a very unsatisfactory level of knowledge.

Self-Reported Body Mass Indexes, Having a Chronic Disease and Adherence to Treatment

Table A3.2 presents the distribution of Body Mass Index (BMI) of participants based on the self-reported height and body weight.

Table A3.2. Distribution of Body Mass Index (BMI) of Participants Based on the Self-Reported Height and Body Weight, 2022

Body Mass Index (BMI)*	Total (n = 5,325)		Female (n = 2,757)		Male (n = 2,568)	
	Number	%	Number	%	Number	%
Underweight (<18,5)	215	4.0	127	4.6	88	3.4
Normal (18.5-24.9)	2,490	46.8	1317	47.8	1173	45.7
Overweight (25.0-29.9)	1,797	33.7	829	30.1	968	37.7
Obesity (>=30)	823	15.5	484	17.6	339	13.2

%; Column percentage

* BMI= (weight in kilograms) / (square of height in meters) is calculated for participants who reported their height and weight.

Table A3.2 presents the body mass index (BMI) of participants based on self-reported height and body weight. The body mass index of 46.8% of the participants was in the normal range, 33.7% were overweight, 15.5% were obese, and 4% were underweight. Among the women participants, 47.8% had a body mass index in the normal range, 30.1% were overweight, 17.6% had a body mass index within the limits of obesity and 4.6% were underweight. Among the male participants, 45.7% had a body mass index in the normal range, 37.7% had a body mass index in the overweight range, and 13.2% had a body mass index in the obesity range.



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Table A3.3 presents the participants' diagnosis of chronic disease by a physician and regular follow-ups.

Table A3.3. Having a Chronic Disease Diagnosed by a Physician and Regular Follow-up Status, 2022

Disease Diagnosis (n = 5,325)	Number	%
No	4,346	88.6
Yes	979	18.4
Regular Follow-up Status (n = 979)		
Yes	812	82.9
No	167	17.1
Reasons for Not Being Followed Up Regularly (n = 167)		
Don't know/ Didn't answer	61	36.5
Regular follow-up is not necessary/not preferred	56	33.5
The physician does not follow up regularly, appointments are not given	27	16.2
Having No Time	9	5.4
Financial means are not available	9	5.4
Other	5	3.0

?: Column percentage

Table A3.3 presents some characteristics of the participants in terms of being diagnosed with a chronic disease by a physician and being followed up regularly. Among the participants, 88.6% stated that they did not have a diagnosis of any disease, while 18.4% stated that they had a diagnosed disease. Among the participants diagnosed with the disease, 82.9% said they were followed up regularly, while 17.1% said they were not followed up regularly. Among the reasons for not being followed up regularly, 33.5% stated that they did not consider follow-ups necessary or not prefer, 16.2% stated that they were not followed up by the physician or were not given an appointment, 5.4% stated that they did not have time, and 5.4% stated that their financial means were not available.



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Table A3.4 presents some characteristics of chronic diseases of participants, and disease management processes.

Table A3.4. Presence of Chronic Disease and Some Characteristics of Disease Management Processes of Participants, 2022

Diseases	Those who have		Disease Management Processes		
	Number	% (95% CI)^	Diagnosed after arriving in Türkiye*	On regular medication, Prescribed* Yes	Accesses to medication*
Diabetes	786	14,7 (12,6-16,8)	58.6	66.7	95.5
Hypertension	851	15,9 (13,8-18)	60.3	44.7	92.7
Heart Diseases	372	6,9 (4,8-9)	65.7	54.3	94.3
COPD	351	6,6 (4,8- 8,7)	60.0	80.0	70.0
Cancers	108	2,0 (0,1-7,0)	52.6	57.9	84.2
Endocrine diseases (except diabetes)	510	9,5 (7,4-11,6)	61.3	60.0	92.3
Mental illnesses	325	6,1 (4-8,2)	68.2	31.8	95.5
Blood and immune system diseases	607	11,3 (9,2-13,4)	68.3	55.6	88.9
Genitourinary diseases	203	3,8 (1,7-5,9)	73.9	43.5	87.0

#: Based on 5,325 people.

* Percentage of the number of people with the disease.

^ Since probabilistic sampling technique was not used, the given **confidence intervals** were calculated assuming probabilistic sampling.

Table A3.4 analyzes the presence of chronic diseases among the participants and the characteristics of their management processes. Accordingly, among the participants, 15.9% had hypertension, 14.7% had diabetes, 11.3% had blood and immune system diseases, 9.5% had endocrine diseases, 6.9% had heart disease, 6.6% had COPD, 6.1% had mental illness, 2% had cancer, and 3.8% had genitourinary diseases.

Looking into the diagnosis status of the participants occurred after their arrival in Türkiye, it was revealed that 58.6% of the participants were diagnosed with diabetes, 60.3% with hypertension, 65.7% with heart disease, 60% with COPD, and 52.6% with cancer.

Looking into whether the participants with diagnosed diseases were on regular medication and whether they are prescribed, it was observed that 66.7% of the participants with diabetes, 44.7% of the participants with hypertension, 54.3% of the participants with heart disease, and 80% of the participants with COPD were on regular medication and the medications were prescribed.

Regarding access to medication for participants diagnosed with a particular disease, 95.5% of participants diagnosed with diabetes, 92.7% of participants diagnosed with hypertension, 94.3% of participants diagnosed with heart disease, and 70% of participants diagnosed with COPD were observed to be able to access their medication.



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Table A3.4a presents the presence of any chronic disease among participants breakdown by gender.

Table A3.4a. Presence of Any Chronic Disease among Participants by Gender, 2022

Diseases	Female Number (%x)	Male Number (%x)	Total Number (%xx)
Diabetes	463 (58.9)	323 (41.1)	786(14.7)
Hypertension	570 (67.0)	281 (33.0)	851(15.9)
Heart Diseases	155 (41.6)	217 (58.4)	372(6.9)
COPD	141 (40.1)	210 (59.9)	351(6.6)
Cancers	73 (67.6)	35 (32.4)	108(2.0)
Endocrine diseases (except diabetes)	321 (61.9)	189 (38.1)	510(9.5)
Mental illnesses	206 (63.4)	119 (36.6)	325(6.1)
Blood and immune system diseases	358 (58.9)	249 (41.1)	607(11.3)
Genitourinary diseases	122 (60.1)	81 (39.9)	203(3.8)

%x: Line percentage, %xx: Column percentage

Many diseases such as diabetes, hypertension, endocrine diseases except diabetes, cancers, mental illnesses, blood and immune system diseases and genitourinary diseases are reported to be more prevalent among women.

Table A3.5 presents the assessment of treatment adaptation habits of participants with chronic diseases based on the MORINSKY Scale.

Table A3.5. Assessment of Treatment Adaptation Habits of Participants with Chronic Diseases Based on the MORINSKY Scale, 2022.

MORINSKY Scale items (n = 606)	Yes (%)			No (%)	
Do you sometimes forget to take your medication?	30.7			69.3	
Thinking over the past two weeks, were there any day(s) when you did not take your medication?	24.8			75.2	
Have you ever cut back or stopped taking your medication without telling your physician because you felt worse when you took it? (n =)	22.3			77.7	
When you travel or leave home, do you sometimes forget to bring along your medications?	23.9			76.1	
Did you take all your medications yesterday?	48.3			51.7	
When you feel like your symptoms are under control, do you sometimes stop taking your medication?	24.4			75.6	
Do you ever feel hassled about sticking to your treatment plan?	25.5			74.8	
How often do you have difficulty remembering to take all your medications?	Never (%)	Once in a While (%)	Sometimes (%)	Usually (%)	All the Time (%)
	50.7	23.4	19.0	4.5	2.5



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In Table A3.5, within the scope of the research Morinsky Scale was applied to the participants. Participants were asked to respond "Yes" or "No" to the scale questions. 69.3% of the participants responded to "No" with the statement "Do you sometimes forget to take your medication?", 75.2% of the participants responded to "No" with the statement "Thinking over the past two weeks, were there any day(s) when you didn't take your medication?".

77.7% of the participants responded to "No with the statement "Have you ever cut back or stopped taking your medication without telling your physician because you felt worse when you took it?". 76.1% of the participants responded to "No with the statement "When you travel or leave home, do you sometimes forget to bring along your medications. 51.7% of the participants responded to "No" with the statement "Did you take all your medications yesterday?". 75.6% of the participants responded to "No" with the statement "When you feel like your symptoms are under control, do you sometimes stop taking your medication?". 74.8% of the participants responded to "No" with the statement "Do you ever feel hassled about sticking to your treatment plan?". 50.7% of the participants responded to "Never", 23.4% "Once in a while", 19% "Sometimes", 4.5% "Usually", 2.5% "All the time" with the statement "How often do you have difficulty remembering to take all your medications?".

Physical Activity

Table A3.6 presents the distribution of doing physical activity by participants, and number of days and duration of these activities.

Table A3.6. Distribution of Doing Physical Activity by Participants, and Number of Days and Duration of These Activities, 2022

Level of Physical Activity	Those who do	Number of Days and Duration (minutes)	
	Number (%)	Number of days per week Avg±SD (Min-Max)	Minutes per day Avg±SD (Min-Max)
Regular Walking for at Least 10 Minutes at one time in the Last 7 Days at Work, at Home, for Transportation from One Place to Another, or Just for Sports, Exercise, or Hobby Purposes	1,697 (31.9)	4.8±2.16 (1-7)	57.1± 88.85 (10-715)
Performing Moderate Physical Activity Such as Jogging, Cycling, Carrying Light Loads, Milking, Hoeing, Painting, Gardening, Volleyball, Folk Dances, Dancing, etc. for at Least Regular 10 Minutes at one time in the Last 7 Days	439 (8.2)	3.6±2.23 (1-7)	52.8± 94.67 (10-720)
Doing Heavy Physical Activities which makes you feel your heart rate/respiratory rate increase (you sweat) such as Heavy Lifting, Running, Fast Cycling, Swimming, Spading, Football, Basketball, Aerobics, Tennis, etc. for at least regular 10 minutes at one time in the Last 7 Days.	226 (4.2)	3.4±2.25 (1-7)	56.2± 94.78 (10-720)

?: Based on 5,325 people.



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Table A3.6 presents the distribution of doing physical activity by participants, and number of days and duration of these activities. Regarding the participants' walking for at least regular 10 minutes in the last 7 days at work, at home, for transportation from one place to another, or just for sports, exercise, or hobby purposes; 31.9% of them stated that they had a physical activity, the average number of days per week was identified 4.8 days, and the average number of minutes per day was identified 57.1 minutes. Regarding the participants' moderate level of physical activity such as jogging, cycling, carrying light loads, milking, hoeing, painting, gardening, volleyball, folk dances, or dancing for at least 10 minutes at a time in the last 7 days, 8.2% of the participants performed **moderate** level physical activity, the average number of days per week was identified 3.6 days, and the average number of minutes per day was identified 52.8 minutes. Regarding the participants' level of heavy physical activity in the last 7 days for at least regular 10 minutes which they felt increased their heart rate/respiratory rate (they sweat) such as heavy lifting, running, fast cycling, swimming, spading, football, basketball, aerobics, and tennis, it was revealed that 4.2% of the participants performed **heavy** physical activity, the average number of days in a week was identified 3.4 days, and the average number of minutes in a day was identified 56.2 minutes.

Table A3.6a presents the distribution of doing physical activity by participants, and number of days and duration of these activities by gender.

Table A3.6a. Distribution of Doing Physical Activity by Participants, and Number of Days and Duration of These Activities by Gender, 2022

Level of Physical Activity	Female			Male		
	Those who do (n=1,017)	Number of Days and Duration (minutes)		Those who do (n=1,345)	Number of Days and Duration (minutes)	
	Number (%)	Number of days per week Avg±SD (Min-Max)	Minutes per day Avg±SD (Min-Max)	Number (%)	Number of days per week Avg±SD (Min-Max)	Minutes per day Avg±SD (Min-Max)
Low level*	782 (76.9)	4.3±2.17 (1-7)	50.6±76.13 (10-540)	915 (68.0)	5.2±2.06 (1-7)	62.7±98.11 (10-715)
Moderate level**	165 (16.2)	3.3±2.15 (1-7)	36.7±72.01 (10-600)	274 (20.4)	3.8±2.28 (1-7)	62.6±105.03 (10-720)
Heavy level***	70 (6.9)	3.1±2.16 (1-7)	20.7±19.04 (10-120)	156 (11.6)	3.5±2.28 (1-7)	72.1±109.79 (10-720)

#: The percentage is based on the number of 1,017 female and 1,345 male participants enrolled in the survey.

*Light level: Regular Walking for at Least 10 Minutes in The Last 7 Days at Work, at Home, for The Purpose of Transportation from One Place to Another, or Just for Sports, Exercise or Hobby Purposes

Moderate level: Performing **Moderate Physical Activity Such as Jogging, Cycling, Carrying Light Loads, Milking, Hoeing, Painting, Gardening, Volleyball, Folk Dances, Dancing, etc. for at Least Regular 10 Minutes in The Last 7 Days

***Heavy level: Doing **Heavy Physical Activity** for at least regular 10 minutes in the Last 7 Days which they felt increased their heart rate/respiratory rate (you sweat) such as Heavy Lifting, Running, Fast Cycling, Swimming, Spading, Football, Basketball, Aerobics, Tennis, etc.



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1,017 (36.9%) females and 1345 (52.4%) males reported various levels of physical activity. The percentages of females and males who engaged in low level of physical activity is 76.9% and 68%, respectively.

Participation in Cancer Screenings

Table A3.7 presents the percentage which last time the participants had cancer screenings. Only females were asked regarding participation in cancer screenings.

Table A3.7. The Last Time Participants Had Cancer Screenings, 2022

Method of Cancer Screening	Doing/Having Done (%)		The Last Time Done/Having Been Done (%)			
	Has Never Done/Has Never Had It Done	Did/Had Done	In The Last 1 Month	In the Last 1-3 Months	>3 Months	
Breast Self-Examination (n=2,757)	87.2	12.8	6.4	2.3	4.1	
			In the Last 1 Year	In the Last 1-2 Years	>2 Years	
Breast Examination in a Healthcare facility (n=2,757)	87.0	13.0	6.8	2.4	3.8	
Mammogram (n=2,757)	89.4	10.6	6.0	2.2	2.4	
Fecal Occult Blood Test (n=2,757)	91.3	8.7	5.5	1.7	1.6	
			In the Last 1 Year	In the Last 1-5 Years	>5 Years	
Smear Test (n=2,757)	89.0	11.0	6.2	3.2	1.7	
			In the Last 1 Year	In the Last 1-5 Years	In the Last 5-10 Years	>10 Years
Colonoscopy (n=2,757)	92.3	7.4	4.8	1.3	0.8	0.5

Table A3.7 presents the distribution of the participants for the last time they had or had undergone cancer screenings. The participants were asked whether they had ever performed breast self-examination, and 87.2% stated that they have never performed breast self-examination, while 12.8% stated they had. Among the participants who performed breast self-examination, 6.4% stated that they had performed it within the last month. Looking into the percentages of breast examinations at a healthcare facility, 87% stated that they had never had an examination, while 12.8% stated they had. Among the participants, 6.8% of those who had breast examinations at a healthcare facility were identified to have had undergone an examination within the last one year. The participants were asked



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whether they had ever had a mammography, 89.4% stated that they had never had one, while 10.6% stated that they had. Among the participants who had a mammogram, 6% stated that they had a mammogram within the last one year. Looking into the status whether they have ever had a fecal occult blood test, 91.3% stated that they had never had one, while 8.7% stated they had. Among the participants who had undergone fecal occult blood test, 5.5% had undergone the test within the last one year. Looking into whether they have ever had a smear test, 89% stated that they have never had one, while 11% stated that they had. Among those who had a smear test, 6.2% stated that they had one within the last one year. Among the participants, 92.3% stated that they have never had a colonoscopy, while 7.4% stated that they had. Among the participants who had colonoscopy, it was revealed that 4.8% had one within the last one year.



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A4. HEALTH LITERACY AND HEALTHCARE TRAINING

Table A4.1 presents the percentages of the responses of the participants to the HLS-EU-Q16 Scale questions.

Table A4.1. Responses of the Participants to the HLS-EU-Q16 Scale Questions (%), 2022

HLS-EU-Q16 Scale Questions	Very difficult	Fairly Difficult	Don't Know/ Refusal	Fairly Easy	Very Easy
Do You Have Difficulty in finding information on Treatments of Illnesses that Concern you?	6.1	15.1	27.9	41.3	9.6
When You Feel Sick Do You Have Any Difficulty in Reaching the Healthcare Services (Physician, Pharmacy, etc.)?	6.1	24.9	27.7	29.5	11.8
In Your Consultation Do You Have Any Difficulty in Understanding What Your Physician Says to You?	7.4	22.0	30.3	31.2	9.0
Do You Have Any Difficulty in Understanding Your Physician or Pharmacist's instruction on how to take a prescribed medicine?	6.3	27.9	27.1	28.6	10.0
Do You Have Difficulty in Judging When You Need to Get a Second Opinion from Another Physician?	5.0	20.8	33.2	29.7	11.4
Do You Have Difficulty in Using the Information Your Physician Gives You to Make Decisions About Your Illness?	4.8	27.3	25.8	27.9	14.2
Do You Have Difficulty in Following the Instructions from Your Physician?	4.6	18.1	36.0	27.9	13.3
Do You Have Difficulty in Accessing Information on How to Manage Mental Health Problems Like Stress or Depression?	5.0	28.4	27.7	25.8	13.1
Do You Have Difficulties in Understanding Health Warnings About Behaviors That Have Negative Health Effects (e.g. Smoking, Low Physical Activity)?	3.9	20.7	36.5	26.9	12.0
Do You Have Difficulties in Understanding Why You Need Health Screenings (Blood Sugar, Blood Pressure, Mammogram, etc.)?	4.4	26.9	29.3	28.6	10.9
Do You Have Difficulties in Judging If the Information on Health Risks in Media is Reliable (TV or Internet)?	4.4	21.2	38.4	24.8	11.1
Do You Have Difficulties in Deciding How You Can Protect Yourself from Illness Based on Information in the Media (TV, Internet, Newspapers, etc.)?	4.4	28.4	27.7	27.1	12.5
Do You Have Difficulties in Finding Out About Activities That Are Good for Your Mental Well Being?	3.7	24.2	33.8	27.9	10.3
Do You Have Difficulties in Understanding Advice on Health from Family Members or Friends?	4.2	25.3	34.3	23.4	12.9
Do You Have Difficulties in Understanding Information in the Media on How to Get Healthier (Internet or Weekly, Daily Magazine, etc.)?	4.4	22.3	34.3	28.6	10.5
Do You Have Difficulties in Judging Which Everyday Behavior Is Related to Your Health?	5.0	27.1	30.1	22.5	15.3

?: Line percentage



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Table A4.1 presents the percentage of participants' responses to the HLS-EU-Q16 Scale questions. 41.3% of the participants responded to "Fairly Easy" and 27.9% responded to "Don't Know/Refusal" with the statement "Do You Have Difficulty in finding information on Treatments of Illnesses that Concern you?".

29.5% of the participants responded to "Fairly Easy" and 27.7% responded to "Don't Know/Refusal". with the statement "When You Feel Sick Do You Have Any Difficulty in Reaching the Healthcare Services (Physician, Pharmacy, etc.)?".

31.2% of the participants responded to "Fairly Easy" and 30.3% responded to "Don't Know/Refusal" with the statement " In Your Consultation Do You Have Any Difficulty in Understanding What Your Physician Says to You?"

28.6% of the participants responded to "Fairly Easy" and 27.9% responded to "Fairly difficult" with the statement " Do You Have Any Difficulty in Understanding Your Physician or Pharmacist's instruction on how to take a prescribed medicine?"

33.2% of the participants responded to "Don't Know/Refusal" and 29.7% responded to "Fairly Easy". with the statement Do You Have Difficulty in Judging When You Need to Get a Second Opinion from Another Physician?

27.9% of the participants responded to "Fairly Easy" and 27.3% responded to "Fairly difficult" with the statement Do You Have Difficulty in Using the Information Your Physician Gives You to Make Decisions About Your Illness?

36% of the participants responded to "Don't Know/Refusal" and 27.9% responded to "Fairly Easy" with the statement "Do You Have Difficulty in Following the Instructions from Your Physician or pharmacist?"

28.4% of the participants as "Fairly difficult" and 27.7% responded to "Don't Know/Refusal" with the statement " Do You Have Difficulty in Accessing Information on How to Manage Mental Health Problems Like Stress or Depression?"

36.5% of the participants responded to "Don't Know/Refusal" and 26.9% responded to "Fairly Easy". with the statement "Do You Have Difficulties in Understanding Health Warnings About Behaviors That Have Negative Health Effects (e.g. Smoking, Low Physical Activity)?"

29.3% of the participants responded to "Don't Know/Refusal" and 28.6% responded to "Fairly Easy" with the statement " Do You Have Difficulties in Understanding Why You Need Health Screenings (Blood Sugar, Blood Pressure, Mammogram, etc.)?"

38.4% of the participants responded to "Don't Know/Refusal" and 24.8% responded to "Fairly Easy" with the statement " Do You Have Difficulties in Judging If the Information on Health Risks in Media is Reliable (TV or Internet)?"

28.4% of the participants responded to "Fairly difficult" and 27.7% responded to "Don't Know/Refusal" with the statement "Do You Have Difficulties in Deciding How You Can Protect Yourself from Illness Based on Information in the Media (TV, Internet, Newspapers, etc.)?"

33.8% of the participants responded to "Don't Know/Refusal" and 27.9% responded to "Fairly Easy" with the statement "Do You Have Difficulties in Finding Out About Activities That Are Good for Your Mental Well Being?"



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34.3% of the participants responded to "Don't Know/Refusal" and 25.3% responded to "Fairly difficult" with the statement "Do You Have Difficulties in Understanding Advice on Health from Family Members or Friends?"

34.3% of the participants responded to "Don't Know/Refusal" and 28.6% responded to "Fairly Easy" with the statement "Do You Have Difficulties in Understanding Information in the Media on How to Get Healthier (Internet or Weekly, Daily Magazine, etc.)?"

30.1% of the participants responded to "Don't Know/Refusal" and 27.1% responded to "Fairly difficult" with the statement "Do You Have Difficulties in Judging Which Everyday Behavior Is Related to Your Health?"

Table A4.2 presents the health literacy level (%) of the participants by total and subgroups of the HLS-EU-Q16 Scale.

Table A4.2. Health Literacy Level of Participants (%) by Total and Subgroups according to HLS-EU-Q16 Scale, 2022

	HL Level (%)			
	Excellent	Adequate	Problematic	Inadequate
Healthcare Service	7.6	32.0	20.3	40.1
Protection from Diseases	8.5	35.1	11.3	45.2
Improvement of Health	8.5	37.4	9.7	44.4
Total	6.7	28.0	20.2	45.1

?: Line percentage

Table A4.2 presents the percentage distribution of health literacy responses (in total and subgroups) of participants given to the HLS-EU-Q16 Scale questions.

For 45.1% of the participants, health literacy level was found as inadequate, while for 28.0% adequate, for 20.2% problematic and for 6.7% excellent.

For 40.1% of the participants, the level of health literacy by the healthcare service subgroup was found as inadequate, while for 20.3% problematic.

For 45.2% of the participants, the level of health literacy based on the disease prevention subgroup was found as inadequate, while for 11.3% problematic.

For 44.4% of the participants, the health literacy level by the health promotion subgroup was found as inadequate, while for 9.7% problematic.



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Table A4.2a presents the health literacy level (%) by gender of the participants (in total and subgroups) according to HLS-EU-Q16 Scale.

Table A4.2a. Health Literacy Level by Total and Subgroups According to HLS-EU-Q16 Scale by Gender of Participants (%), 2022

		HL Level (%)			
		Excellent	Adequate	Problematic	Inadequate
Females	Healthcare Service	8.5	32.1	21.0	38.4
	Protection from Diseases	8.6	35.7	12.2	43.4
	Improvement of Health	10.1	35.8	8.7	45.4
	Total	7.9	27.2	22.4	42.5
Males	Healthcare Service	6.7	31.9	19.5	41.9
	Protection from Diseases	8.3	34.3	10.3	47.1
	Improvement of Health	6.8	39.0	10.7	43.4
	Total	5.5	28.9	17.9	47.7
All participants	Healthcare Service	7.6	32.0	20.3	40.1
	Protection from Diseases	8.5	35.1	11.3	45.2
	Improvement of Health	8.5	37.4	9.7	44.4
	Total	6.7	28.0	20.2	45.1

?: Line percentage

Among all participants, for 65.3% of the participants, total health literacy level was found as inadequate-problematic, while for 34.7% excellent-adequate. Among the female participants, for 64.9% of participants, total health literacy was found as inadequate-problematic, while for 35.1% excellent-adequate. Among male participants, for 65.6% of participants total health literacy was found as inadequate-problematic, while 34.4% excellent-adequate.



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Figure A4.1 presents the health literacy level (%) of the participants based on the total and subgroups of the HLS-EU-Q16 Scale.

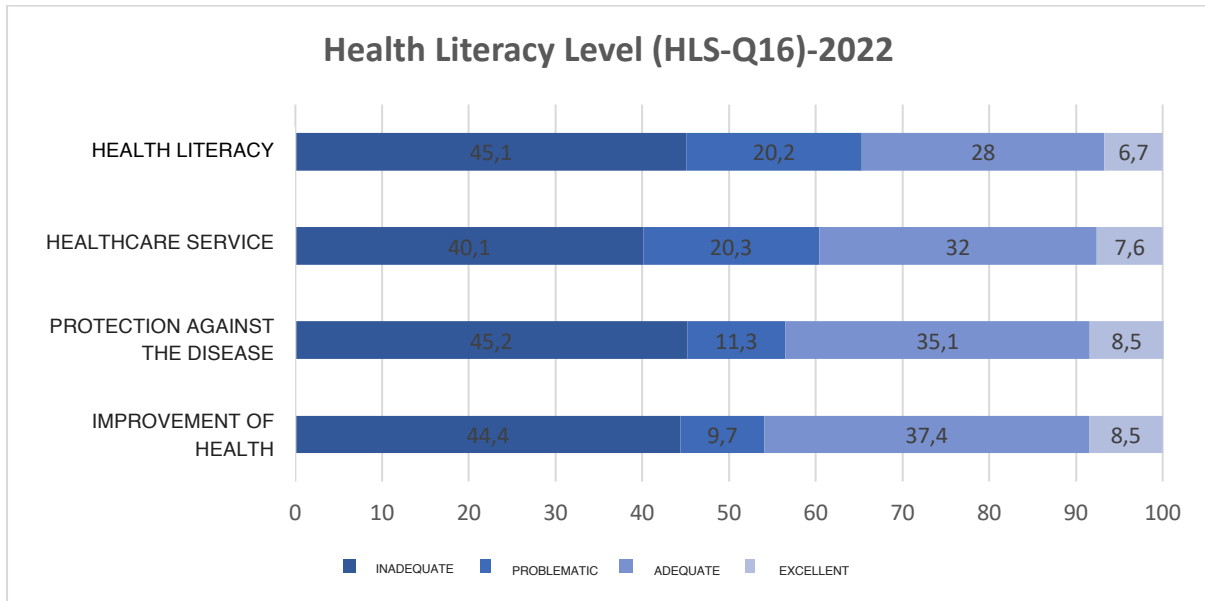


Figure A4.1. The Level of Health Literacy of the Participants by Total and Subgroups According to the HLS-EU-Q16 Scale (%), 2022



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Table A4.3 presents the characteristics of health information sources for participants.

Table A4.3. Some Characteristics of Health Information Sources for Participants (%), 2022

	Number	%*
The Persons from whom Health Information is Generally Received (n = 5,325)		
Migrant Health Centre Physician	3,487	65.5
Physicians Outside the Migrant Health Centre	1,055	19.8
Pharmacists	788	14.8
Dietitian-Nutrition Consultant	137	2.6
Midwife-Nurse	245	4.6
Psychologist	67	1.3
Family/Friends/Neighbors	760	14.3
Don't Receive Information from Anyone	688	12.5
Other	8	0.2
Communication Source for Health Information in General (n= 5,325)		
Newspaper	322	6.0
Magazine	109	2.8
Book	157	2.9
TV	1,342	25.2
Radio	144	2.7
İnternet	2,867	53.8
Poster	123	2.3
Brochure	216	4.1
Billboard/Announcement	192	3.6
Cell Phones or Smartphone Apps	1,622	30.5
Don't Receive Information from Anywhere	706	13.3
The Language for Receiving Information on Health-Related Issues (n = 5,325)		
Arabic	4,852	91.1
Turkish	1,631	30.6
Kurdish	48	0.9
Pashto	40	0.8
Urdu	8	0.2
Persian	31	0.6
English	122	2.3
Other	36	0.7

N: Number, % Column percentage. %*: Column percentage over the number of responses.

Total percentage is more than 100.0



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Table A4.3 presents the percentage of health information sources for participants in terms of some of their characteristics. Of the 5,325 respondents, 65.5% indicated E/MHC physicians, 19.8% indicated physicians other than E/MHC physicians, and 14.8% indicated pharmacists as the people from whom they have received health information in general. In general, among 5,325 participants, 53.8% stated that they use internet, while 30.5% use cell phone or smartphone applications, and 25.2% use television as a source of communication from which health-related information is obtained. Among the 5,325 participants, 91% declared that they use Arabic, while 30.6% Turkish and 2.3% English as the language of information on health-related issues.

Table A4.4 presents the status and characteristics of the participants in terms of receiving health-related briefing/training in the last 6 months.

Table A4.4. Status and Characteristics Receiving a Health-Related Briefing/Training by Participants in the Last Six Months, 2022

	Number	%
Status of Health-Related Briefing/Training Provided to You in the Last 6 Months (n = 5,325)		
No	4,131	77.6
Yes	1,194	22.4
Type of the Briefing/Training (n = 1,194)		
Personal Information given by Health Personnel	652	54.6
Providing Brochures/Booklets	209	17.5
Phone Call/Message	118	9.9
Providing Collective Training	215	18.0
Finding Information Given in Your Own Language and Provided by Health Workers Understandable (n = 1,194)		
Yes, I Found It Completely Understandable	825	69.1
I Found It Partially Understandable	314	26.3
No, I Didn't Find It Understandable at all	55	4.6

N: Number, % Column percentage

Table A4.4 presents status of providing health briefing/training for the participants in the last six months, and its characteristics. Participants were assessed whether they had received any health-related briefing/training in the last six months. Accordingly, among the 5,325 participants, 22.4% stated that they received health-related briefing/training in the last 6 months, while 77.6% did not. Regarding the characteristics of the briefing/training provided, 54.6% of the 1,194 participants stated that they were personally informed by health personnel, and 17.5% stated that they were informed by brochures/booklets provision. Looking into the status of finding information provided by health workers in one's own language understandable, 69.1% of 194 participants found the briefings fully understandable, while 26.3% found the information partially understandable, and 4.6% did not find the information understandable at all.



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Table A4.5 presents the Distribution of Health-Seeking Behaviors of Participants (%) When Faced with a Health Problem.

Table A4.5. Distribution of Health-Seeking Behaviors of Participants When Faced with a Health Problem (%), 2022

Health-Seeking Behaviors (n = 5,325)	Always	Often	Sometimes	Rarely	Never
I Wait for the Problem to Go Away on Its Own	7.7	21.9	28.2	19.9	22.3
I Take Suggestions from My Relatives or People Around Me	6.3	18.1	30.5	20.4	24.7
I Use Medications Used by People Who Have Previously Experienced Similar Problems	4.3	15.7	26.2	19.9	33.8
I Apply to People Who Are Known to Find Solutions to This Problem and Who Are Not Health Personnel	4.7	17.0	25.4	19.2	33.7
I Apply to Health Information Sources such as Newspapers, Magazines, Internet	6.0	17.6	27.9	18.2	30.3
I Start Using One of the Medications Available at Home	6.1	18.2	28.4	17.7	29.7
I Use Therapeutic Herbal Products	12.8	23.8	29.4	14.5	19.4
I Go to the Pharmacy and Use the Medication Recommended by the Pharmacist	13.8	22.6	24.5	16.5	22.6
I Apply to a Healthcare Facilities	38.7	21.1	21.3	10.4	8.5

?: Percentages are line percentages of participants who answered each behavior question.

Table A4.5 presents the percentage of health-seeking behaviors of the participants when faced with a health problem. Among 5325 participants, 28.2% responded to "Sometimes" and 22.3% responded to "Never" with the statement "I wait for the problem to go away on its own". 30.5% responded to "Sometimes" and 24.7% responded to "Never" with the statement "I take suggestions from my relatives or people around me." 33.8% responded to "Never" and 26.2% responded to "Sometimes" with the statement "I use medication used by people who have previously experienced similar problems. 33.7% responded to "Never" and 25.4% responded to "Sometimes" with the statement "I apply to people who are known to find solutions to this problem and who are not health personnel. 30.3% responded to "Never" and 27.9% responded to "Sometimes" with the statement "I consult health information sources such as newspapers, magazines and the internet." Among the participants, 29.7% responded to "Never" and 28.4% responded to "Sometimes" with the statement "I start using one of the medications available at home". 29.4% of the participants responded to "Sometimes" and 23.8% responded to "Often" with the statement "I use therapeutic herbal products". 24.5% responded to "Sometimes", 22.6% responded to "Never", and 22.6% responded to "Often" with the statement "I go to the pharmacy and use the medication recommended by the pharmacist". 38.7% responded to "Always" and 21.3% responded to "Sometimes" with the statement "I apply to a healthcare facility".



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CONCLUSION

House/Residence and Household Characteristics

The number of houses visited was 4,460, and the number of people living in these houses was 19,406. The average number of people living in the house was 4.4 ± 2.2 (min:1-max:10). The average age of the household was 25.3 ± 16.5 (min:0-Max:94). Among those in the household, 32.8% were under the age of 15, 11.6% were under the age of 5, 65.8% were between the ages of 15-64, and 1.4% are 65 years and over. Among the people living in households, 53.7% were female and 49.4% are married. 91% of 19,406 people are of Syrian nationality. 2.3% of the people living in the households were found to have a disability. Looking at the distribution by disability, 50.9% were physically disabled, 11.4% were visually impaired, and 11% were hearing impaired. The average monthly household income was identified as TRY 6725 ± 6716.1 (min:600-max:60000). (At the time of the survey, the minimum wage in Türkiye is TRY 5,500 and EUR 1= TRY 19,52). Accordingly, 36.7% of households had a monthly income of minimum wage and above. 33.7% of income of the households is equal to and/or exceeds their expenses. The rate of those whose income is less than their expenses is 66.3%. Among the participants, 75.1% live in an apartment, while 21.5% live in a slum. People with no regular place or who were homeless compose 0.1% of the participants. Among the survey participants, 81.9% stated that there was a kitchen in their residence, 90.5% stated that the toilet is located inside the house, 97.9% stated that they use mains water in their residence, and 1.9% stated that they use well water.

Health Status and Receiving Health Services

33% of the participants stated that they received health training on chronic diseases. Among the participants who received healthcare training on chronic diseases, 51.7% received this training at MHCs. 44% stated that they received health training on COVID-19 and other communicable diseases, 26.6% on women's health and family planning, and 27.3% on child health and development. Among the participants, 70.4% stated that they have never used cigarettes, hookah or other tobacco products. 19.4% of the participants stated that they have used cigarettes, hookah or other tobacco products occasionally, and 10.1% stated that they have used them on the daily bases. 98.3% stated that they never used alcohol. Over 90% of females do not use tobacco and tobacco products, while males use them more frequently.

Among the participants, 28.1% described their current health status as very good and 46.4% described it as good. Female and male participants rated their health status at similar frequencies to overall total.

Among the participants, 45.4% had visited a healthcare facility in Türkiye within one year due to a recent health problem. Among these participants, 41.4% stated that they applied to their E/MHCs or mobile health services and 51.6% to public hospitals. Among the participants who applied to Migrant Health Centers and mobile health services, the average number of visits to these facilities was declared 5.4 ± 6.60 times.

98.1% utilized services such as examination, prescription, test, x-ray, etc., while 13% utilized preventive services.



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Satisfaction with Healthcare Services

30% of the participants have received services from MHCs in the last one year. Among the participants, 82.8% stated that they were satisfied with the services they received from E/MHC. Looking into the positive aspects of receiving services from physicians in these facilities, it is revealed that 70.3% were satisfied with the easiness of communication, 35.6% with good and high-quality services, 16.7% with qualified personnel, and 12.1% with having trust. Regarding the distance of the E/MHC to their houses, 45.8% stated that it takes 10-15 minutes by walking, 24.4% stated that it takes 30 minutes by walking, and 5.6% stated that it takes one hour by walking. Among the 5,325 participants surveyed, 81.1% stated that they were generally satisfied with the services they received in Türkiye.

Regarding the way how participants explain the physicians about their health problems based on the healthcare facility they last visited, 31.6% of the participants who went to E/MHC stated that they last visited centers where Syrian physicians were present. Among those who went to a family health center, 60.9% stated that they explained their problems in Turkish and 14.6% stated that they went to a family health center with someone who knew Turkish. Among those who went to state and university hospitals, 32.1% stated that they explained their problems in Turkish, while 27.2% stated that they went to the hospital with someone who know Turkish, and 22.8% stated that there was an interpreter in the hospital and that they explained their health problems with the help of interpreters.

Regarding the presence of clear directions for the most recently visited healthcare facilities, 57.1% of those who most recently visited E/MHCs stated that these facilities had clear directions, and 93.8% stated that these directions helped them. Among the participants who last consulted MHC, 11.3% stated that it was difficult to reach a physician, while 15.2% stated that it was difficult to get tests done. Among 2563 participants, 54.4% stated that E/MHCs had interpreters, bilingual patient guide, etc., and 80.7% stated that they would prefer to go to the same facility again.

Chronic Diseases - Some Risk Factors - Cancer Screenings

Regarding the knowledge of participants on some chronic diseases, 66.9% of heard of diabetes, 65.1% of hypertension, 60.5% of cancer, 56.8% of asthma or COPD, 53.9% of obesity, and 53.1% of allergies. Regarding their level of knowledge on these diseases, 34.3% were adequate/very adequate on diabetes, 33.7% were adequate/very adequate on hypertension, and 29.8% were adequate/very adequate on asthma/COPD. In the scope of the study, body mass indexes were calculated based on statements of the participants. Accordingly, the prevalence of overweight and obesity among the participants examined in the research was identified 33.7% and 15.5%, respectively. The prevalence of overweight and obesity among female participants was identified 47.7% compared to 50.9% among male participants.

Among the participants, 18.4% had a chronic disease diagnosed by a physician. Among those with the disease, 82.9% stated that they were under regular follow-up. The frequency of these chronic diseases among the participants is as follows: Diabetes 14.7%; Hypertension 15.9%; Heart Disease 6.9%; COPD 6.6%; Cancer 2.0%; Endocrine diseases except diabetes 9.5%; Mental problems 6.1%; Blood and Immune system diseases 11.3%; Genitourinary system diseases 3.8%. Many diseases such as diabetes, hypertension, endocrine diseases excluding diabetes, cancers, mental illnesses, blood and immune system diseases and genitourinary diseases are reported to be more prevalent among women.

The frequency of physical activity was 31.9% at the low level, 8.2% at the moderate level and 4.2% at



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the heavy level. 1017 (36.9%) females and 1345 (52.4%) males reported physical activity. The percentage of females and 68% of males who engage in physical activity was 76.9% and 68%, respectively, who engaged in low level physical activity. The frequency of cancer screening was very low. The rate of not performing any screening at all or not having some screenings was 87.2% for breast self-examination among women, 87% for breast examination at a healthcare facility, 89.4% for a mammogram, 89.0% for a smear test. In females and males, the rate of a fecal occult blood test was, while 92.3% for colonoscopy.

Health Literacy and Healthcare Education

For 45.1% of participants total health literacy level was identified as inadequate, for 28.0% adequate, for 20.2% problematic, and for 6.7% excellent. For 40.1% the health service sub-group is determined as inadequate and for 20.2% as problematic. For 45.2% disease prevention subgroup was identified as inadequate, and for 11.3% problematic. For 44.4% the health improvement subgroup was identified as inadequate, and for 9.7% problematic. Among all participants, for 65.3% of the participants the total health literacy level was identified inadequate-problematic, and for 34.7% excellent-adequate. Among the female participants, for 64.9% of participants health literacy was identified as inadequate-problematic, while for 35.1% excellent-adequate. Among male participants, for 65.6% health literacy was identified as inadequate-problematic, while for 34.4% excellent-adequate.

Among the participants, 65.5% indicated E/MHC physicians, 19.8% indicated physicians outside E/MHC, and 14.8% indicated pharmacists as health information sources. Overall, among the participants, 53.8% stated that they used the internet, 30.5% used cell phones or smartphone applications, and 25.2% used television as a source of communication for obtaining health-related information. Among the participants, 91% stated that they used Arabic, 30.6% Turkish, and 2.3% English as the language for obtaining information on the health-related issues.

Looking into the levels of receiving any health-related briefing/training in the last six months, 22.4% of 5325 participants stated that they have received health-related briefings/training in the last six months, while 77.6% stated that they have not. Regarding the type of the briefing/training provided, 54.6% of the 1194 participants stated that they were informed by a personal briefing by health personnel, while 17.5% stated that they were informed by brochures/booklets distributed.

Looking into the health-seeking behaviors of the participants who applied to a healthcare facility when faced with a health problem, 38.7% responded to "Always", and 21.3% responded to "Sometimes".



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RECOMMENDATIONS

Most of the households interviewed in the study were children and young people. Half of those with disabilities are physically disabled. Approximately one third of the households have a total household income above and/or equal to the minimum wage. Two third of them live in an apartment building and more than 80% have a toilet and kitchen inside the house and 98% use mains water. They received training on some basic health topics between the ages of 20-44. Over half of this training was received at the E/MHC and/or from E/MHC staff. Generally, one fourth of them stated that they received training on health in the last six months. More effective health training needs to be planned for the health problems of these groups, as there are more children and young people in households.

The health status perception of the participants was good-very good with 74.5%. However, considering the risk factors affecting health, the frequency of occasional and regular daily consumption of tobacco and tobacco products was 29.5% and the frequency of physical activity was very low. Approximately half of the participants were overweight and obese based on BMI calculated from self-reported data. Cancer screenings rates were 8-13%, which was very low. Levels of health literacy in health protection, health promotion and health services were less than 50%. Intervention programs were needed to increase participants' health literacy levels on all topics, especially health protection and promotion. Given that participants identified health personnel, particularly E/MHC staff, as a source of information, the inclusion of the health personnel from whom they receive services in these intervention programs would be useful. Moreover, healthcare personnel should gain the ability to develop approach strategies according to the health literacy of the individuals they serve.

Participants stated that the main reason for preferring E/MHC in service procurement processes was that they receive services from health personnel with whom they do not have language problems. However, trust in E/MHC staff in terms of service was low. Strengthening the skills of E/MHC staff in service delivery and finding more comprehensive solutions to the language problem in other facilities were also noteworthy.

Approximately half of the participants were overweight and obese based on BMI calculated from self-reported data. Among the participants, 18.4% have a chronic disease diagnosed by a physician. Hence, strengthening service provision, especially in E/MHC, and raising the awareness of health personnel and service users on prevention and early diagnosis of chronic diseases was necessary. Participants considering always applying to a healthcare facility whenever they had a health problem was observed low (38.7%). Intervention programs were also needed to change health-seeking behaviors into positive ones and to strengthen them.



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FORM B

These sections of the survey include some descriptive characteristics, communicable diseases, and information on mental health. It was applied to 5,358 people aged 18 and over. Furthermore, 2,538 men aged 18 and over were asked questions on male reproductive health.

B1. CHARACTERISTICS OF PARTICIPANTS

Some descriptive characteristics of the 5,358 interviewees are presented in Table B1.1.

Table B1.1. Some Descriptive Characteristics of Participants, 2022

Characteristics (n = 5,358)	Number	%
Age Groups		
18-24	1,242	23.2
25-34	1,714	32.0
35-44	1,157	21.6
45-54	686	12.8
55-59	221	4.1
60 years and over	338	6.3
Gender		
Female	2,820	52.6
Male	2,538	47.4
Education Status		
Literate but not a graduate of any school	498	9.3
Primary school	1,578	29.5
Middle school	1,473	27.5
Illiterate	781	14.6
High school	653	12.2
University graduate and higher	375	7.0
Marital Status		
Married	4,030	75.2
Never Married	967	18.0
Widow	282	5.3
Divorced	79	1.5
Family Type		
Nuclear Family*	3,317	61.9
Extended Family **	1,632	30.5
Fragmented Family***	256	4.8
Single Person Household****	153	2.9

#: Percentage of columns * Nuclear family: Families where mother, father and unmarried child/children live together; ** Extended family: Families, where married children of the nuclear family and their own families live together; *** Fragmented family: Families composed of a female/male divorced, separated, never married or widowed lives with the child/children; **** Single person household: Families in which a never-married, divorced or widowed adult lives alone.



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Among the participants, 23.2% were 18-24 years old, 32% were 25-34 years old, and 6.3% were 60 years old or over. 52.6% of the participants were female. Among the participants, 14.6% are illiterate, and 9.3% were literate yet have not graduated from a school. Among the participants, 29.5% were primary school graduates, 27.5% were graduates of secondary school, and 7% were university or higher education graduates. Among the participants, 75.2% were married, 18% have never been married, 5.3% were widowed and 1.5% were divorced. 61.9% of the participants live in nuclear families, 30.5% in extended families, 4.8% in fragmented families and 2.9% in single person households.

Table B1.2 presents the employment status of the participants and the sectors they work.

Table B1.2. Employment Status of Participants, 2022

Employment status (n = 5,230*)	Number	%
Housewife	2,354	45.0
Blue-collar, Service and Sales Worker	1,506	28.8
Not working	683	13.0
Self-employment (Trade), Tradesmen	417	8.0
Student	131	2.5
White-collar, Professional Occupation	88	1.7
Farming, Agriculture, Animal Husbandry	51	1.0

* Based on 5,230 participants who responded to this question. %: Percentage of column

45% of the 5,230 participants who provided information regarding their employment status were housewives, 28.8% are blue-collar workers, and 13% were not working, as can be seen in the table below.



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Table B1.3 presents the consanguineous marriage and parental status of the spouses among the married, widowed or divorced participants.

Table B1.3. Consanguineous Marriage and Parental Status of Spouses Among the Married/Widowed/Divorced Participants, 2022

Consanguineous and Parental Status of Their Spouses	Number	%
Consanguineous status of the spouses (n=4,391)		
None	2,535	57.7
Yes (first degree)	997	22.7
Yes (distant relative)	771	17.6
Unknown	88	2.0
Have Children (n = 4,391)		
Yes	3,267	74.4
No	1,124	25.6
Number of Children (n = 3,267)		
1	586	17.9
2-3	1,346	41.2
4-5	888	27.2
6-9	399	12.2
10 and over	48	1.5

* This question was not asked to participants that have never been married.

4391 married, widowed and divorced participants were asked this question. %: Column percentage

Among 4,391 participants, while 57.7% were not blood relatives of their spouses, 40.7% had a blood relative relationship. 74.4% of the participants had children. Among 3,267 participants while 41.2% of the participants had 2-3 children, 27.2% had 4-5 children.



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Table B1.4 presents the percentages regarding participants' country of origin, duration of living in Türkiye, and their mother tongue.

Table B1.4. Country of Origin, Duration of Living in Türkiye and the Mother Tongue of the Participants, 2022

Country of Origin, Duration of Living in Türkiye and Mother Tongue of the Participants	Number	%
Country of Origin (n = 5,358)		
Syria	4,946	92.3
Afghanistan	219	4.1
Iraq	125	2.3
Iran	16	0.3
Not stated	15	0.3
Other	37	0.7
Years Lived in Türkiye (n = 5,358)		
1-3 year	287	5.4
4-6 years	1,158	21.6
7-9 years	2,494	46.5
10 years and over	1,419	26.5
Mother tongue (n = 5,358)		
Arabic	5,005	93.4
Turkish	242	4.5
Kurdish	35	0.7
Pashto	32	0.6
Urdu	2	0.04
Persian	30	0.6
English	1	0.02
Other	11	0.2
Level of Turkish Language to Meet Their Daily Needs (n = 5,358)		
Yes, I know	1,886	35.2
I partially know	1,823	34.0
I don't know	1,649	30.8

?: Column percentage

Among 5,358 participants, 92.3% stated that they came from Syria, while 4.1% from Afghanistan. 46.5% of the 5,358 participants stated that they have been living in Türkiye for 7-9 years, while 26.5% stated that they have been living in Türkiye for 10 years or more. The average number of years lived in Türkiye is 8,13,4± (min:1-max:63). Looking at the status of mother tongue, 93.4% stated Arabic, and



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4.5% stated Turkish as their mother tongue. 35.2% of the participants responded to "Yes, I know", 34% responded to "I partially know", and 30.8% responded to "I don't know" for the question regarding their status of their ability to speak Turkish for their daily needs.

Table B1.5 presents the types of settlements where the participants live.

Table B1.5. Distribution of Participants by Type of Settlement, 2022

Type of Settled Place (n = 5,358)	Number	%
Central District	5,056	94.4
Non-Central District	256	4.8
Temporary Accommodation Areas (camps)	36	0.6
Seasonal Worker Tent	10	0.2

?: Column percentage

According to the table above, among the participants, 94.4% have been living in central districts, while 4.8% have been living in non-central districts. Approximately 0.8% of the 5,358 participants stated that they have been living in temporary shelters and seasonal worker tents.



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B2. COMMUNICABLE DISEASES

Table B2.1 presents the very first diseases that had come to mind on communicable diseases among 5,358 interviewees.

Table B2.1. Distribution of Communicable Diseases that Participants Think of, 2022

The very first Communicable Diseases that had Come to Mind		Number	%*	%**
Communicable Diseases (n = 5,358)				
	COVID -19 infection	2,684	50.1	52
	Scabies	766	14.3	14.8
	Polio	369	6.9	7.1
	Measles	342	6.4	6.6
	Malaria	249	4.6	4.8
	Upper Respiratory Tract Infection (URTI)	203	3.8	3.9
	Communicable Hepatitis	138	2.6	2.7
	Acute Diarrhea	129	2.4	2.5
	Lower Respiratory Tract Infection (LRTI)/Pneumonia	110	2.1	2.1
	Tuberculosis (Tb)	102	1.9	1.9
	Leishmania	64	1.2	1.2
	Other	15	0.3	0.3
Other Communicable Diseases That Come to Mind (n = 5,358)				
	Scabies	1,660	31.0	16.9
	COVID -19 Infection	1,241	23.2	12.6
	Measles	1,075	20.1	10.9
	Malaria	978	18.3	9.9
	Communicable Hepatitis	848	15.8	8.6
	Upper Respiratory Tract Infection (URTI)	836	15.6	8.5
	Acute Diarrhea	794	14.8	8.1
	Tuberculosis (Tb)	782	14.6	7.9
	Lower Respiratory Tract Infection (LRTI)/Pneumonia	669	12.5	6.8
	Leishmania	467	8.7	4.7
	Polio	430	8.0	4.4
	Other	31	0.6	0.3

%* : Percentage of the column for 5358 participants

%** : More than one answer was given. Percentage of columns over 9811 diseases reported.

According to Table B2.1, 50.1% of the participants stated that COVID-19 infection was the first disease that came to the interviewees' minds on communicable diseases, scabies follows as the first disease (with 14.3%) that comes to mind. Looking at the other communicable diseases that come to the interviewees' mind are scabies (with 31%) and COVID-19 (with 23.2%) respectively.

Table B2.2 presents the participants' familiarity with some communicable diseases.



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Table B2.2. Familiarity with Some Communicable Diseases, 2022

Communicable Diseases (n= 5,358)		Familiar	
		Number	%
	COVID -19 infection	3209	59.9
	Measles	1.555	29.0
	Acute Diarrhea	1,279	23.9
	Malaria	1,262	23.6
	Polio	1,244	23.2
	Communicable Hepatitis	1,189	22.2
	Scabies	1,167	21.8
	Tuberculosis (Tb)	1,115	20.8
	Upper Respiratory Tract Infection (URTI)	903	16.9
	Lower Respiratory Tract Infection (LRTI)/Pneumonia	840	15.7
	Leishmania	795	14.8
	No idea/Not familiar with any of them	54	0.1

#: Column percentage over the number of 5,358 participants surveyed

The diseases listed in the table above were read by the surveyors to the interviewees, and 29% of the participants stated that they had heard about measles, while 23.9% about acute diarrhea, 23.6% about malaria, and 23% about polio.

Table B2.3 presents the frequency of the having communicable disease(s) among 1,073 (20.0%) participants who reported that they had at least one communicable disease in the previous year.

Table B2.3. Distribution of Communicable Diseases that Participants Have Had in the Last 1 Year, 2022

Communicable Diseases	Those who had communicable diseases in the last 1 year (n = 1,073)		
	Number	%(95% CI)^	%**
COVID -19 Infection	582	54,2 (49,5-58,9)	10.8
Upper Respiratory Tract Infection (URTI)	375	34,9 (30,2-39,6)	6.9
Lower Respiratory Tract Infection (LRTI)/Pneumonia	228	21,2 (16,5-25,9)	4.2
Acute Diarrhea	334	31,1 (26,4-35,8)	6.2
Scabies	131	12,2 (7,5-16,9)	2.4
Malaria	27	2,6 (0,1-7,3)	0.5
Communicable Hepatitis	25	2,3 (0,2-7,0)	0.4
Leishmania	148	13,8 (9,1-18,5)	2.8
Tuberculosis (Tb)	6	0,6 (0-5,3)	0.1

#: Column percentage over the number of 1,073 people who had a communicable disease in the last 1 year

#: Column percentage over the number of 5,358 participants surveyed

^ : Since probabilistic sampling technique was not used, the given **confidence intervals** were calculated assuming probabilistic sampling.



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Among the participants asked regarding having communicable diseases in the last one year, 10.8% of the participants reported they had COVID-19 infection, while 6.9% had upper respiratory tract infection (URTI), and 0.1% had tuberculosis (TB) infection.

Table B2.3a. presents the distribution of communicable diseases in the last one year by gender.

Table B2.3a. Distribution of Communicable Diseases in the Last One Year by Gender, 2022

Communicable Diseases	Gender Distribution		
	Male N (%*)	Female N (%*)	Total N (%**)
COVID -19 Infection	287 (49.3)	295 (50.7)	582 (54.2)
Upper Respiratory Tract Infection (URTI)	120 (32.0)	255 (68.0)	375 (34.9)
Lower Respiratory Tract Infection (LRTI)/Pneumonia	109 (47.8)	119 (52.2)	228 (21.2)
Acute Diarrhea	148 (44.3)	186 (55.7)	334 (31.1)
Scabies	43 (32.8)	88 (67.2)	131 (12.2)
Malaria	6 (22.2)	21 (77.8)	27 (2.6)
Communicable Hepatitis	6 (24.0)	19 (76.0)	25 (2.3)
Leishmania	49 (33.1)	99 (66.9)	148 (13.8)
Tuberculosis (Tb)	6 (100.0)	0 (0)	6 (0.6)

*% : Line percentage

**% : Column percentage over the number of 1,073 people who had a communicable disease in the last 1 year

COVID-19 infection was the most common disease occurred in the last one year among the participants, with approximate values between the genders. However, URTI, LRTI and acute diarrhea are more common among females.



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Table B2.4 presents the level of knowledge among the participants about the necessity of vaccination, the recommendation of vaccination to others, and vaccination centers.

Table B2.4. Level of Knowledge Among Participants About the Necessity of Vaccination, Recommendation of Vaccination to Others, and Vaccination Centers, 2022

Level of Knowledge bout Vaccine Related Issues		Number	%
Believing that Vaccination is Necessary (n = 5,358)			
	Very Necessary	2,143	40.0
	Necessary	1,728	32.3
	Undecided	1,045	19.5
	Not necessary	289	5.3
	Not necessary at all	153	2.9
Recommending Vaccination to Others (n = 5,358)			
	Recommends	3,222	60.1
	Does not Recommend	1,446	27.0
	No idea	690	12.9
Place Known for Vaccination (n = 5,358)			
	E/MHC (Extended/Migrant Health Center)	3,255	60.8
	State Hospital	2,660	49.6
	FHC (Family Health Centre)	1,012	18.8
	University Hospital	487	9.1
	Unknown	274	5.1
	Private Hospital	269	5.0
	Private Polyclinic	86	1.5
	Other	6	0.1

?: Column percentage

Looking into the opinions regarding the necessity of vaccination, 40% of the participants have considered that vaccination was very necessary, while 32.3% have considered necessary, and 2.9% have considered not necessary at all.

Looking into the recommendation of vaccination in their circle, 60% stated that they would recommend vaccination to others in their circle, while 27% stated that they would not recommend vaccination.

Looking into the familiarity of participants with vaccination administration sites, 60.8% of the participants responded to E/MHC (Extended/Migrant Health Center), 49.6% responded to state hospital, and 5.1% responded to having no idea about the vaccine administration sites.



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Table B2.5 presents the vaccination status of the participants.

Table B2.5. Vaccination Status of Participants, 2022

Status of Vaccination (n = 5,358)		Total		Female		Male	
		Number	%	Number	%	Number	%
	Yes	2,517	47.0	1350	47.9	1167	46.0
	No	2,440	45.5	1265	44.9	1175	46.3
	Does not Remember	401	7.5	205	7.3	196	7.7

?: Column percentage

47% of the participants responded to “yes”, while 45.5% responded to “no” with the statement "Have you ever been vaccinated?", as can be seen in the table above.

Table B2.6 presents the distribution of the vaccinations received by the participants.

Table B2.6. Distribution of Vaccinations Received by Participants, 2022

Vaccines (n = 2,517)		Number	%*	%**
	Influenza (Flu) Vaccine (Influenza-IIA)	761	30.2	14.2
	Hepatitis B Vaccine	742	29.5	13.8
	TB Vaccine (BCG)	669	26.6	12.5
	Adult Type Diphtheria-Tetanus Vaccine (Td)	668	26.5	12.5
	Meningitis Vaccine (Meningococcus- KMA4)	589	23.4	11.0
	PCV (Conjugated Pneumococcal Vaccine)	411	16.3	7.7

?: Percentage among those who stated they received a vaccination

?: Percentage of 5,358 interviewees

Looking into the date of the vaccination by the participants, 30.2% of the participants reported that they have received the influenza vaccine (Influenza-IIA), while 29.4% have received the Hepatitis B vaccine. It is revealed that females and males most frequently received the Influenza-IIA and Hepatitis B vaccines.



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Table B2.6a presents the distribution of the vaccination received by the participants based on their gender.

Table B2.6a. Distribution of Vaccinated Participants by Gender, 2022

Vaccines		Male (n = 1,167) N(%)	Female (n = 1,350) N(%)
	Influenza (Flu) Vaccine (Influenza-IIA)	375 (32,1)	386 (28,6)
	Hepatitis B Vaccine	328 (28,1)	414 (30,7)
	TB Vaccine (BCG)	302 (25,9)	367 (27,2)
	Adult Type Diphtheria-Tetanus Vaccine (Td)	288 (24,7)	380 (28,1)
	Meningitis Vaccine (Meningococcus- KMA4)	255 (21,9)	334 (24,7)
	PCV (Conjugated Pneumococcal Vaccine)	185 (15,9)	226 (16,7)

#: Percentage based on the number of men and women who reported having been vaccinated.

Table B2.7 presents the COVID-19 vaccination status of participants.

Table B2.7. Participants' COVID -19 Infection and Vaccination Status, 2022

COVID -19 Infection and Vaccination Status		Number	%
COVID -19 Infection and Vaccination Status (n = 5,358)			
	No	4,379	81.7
	Yes	979	18.3
COVID -19 Vaccination Status (n = 5,358)			
	No	2,692	50.2
	Yes	2,666	49,8
Type of Vaccine Received by COVID-19 Vaccine Recipients (n = 2,666)			
	Biontech	1,559	58.5
	Sinovac	764	2,7
	Does not remember/Does not know	379	14.2
	Turkovac	111	4.2
Number of Vaccine Doses Received by COVID-19 Vaccine Recipients (n = 2,639)			
	1	357	13.6
	2	1,929	73.0
	3	323	12.3
	4	25	0.9
	5	4	0.2
	6	1	0.03

#: Column percentage



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Regarding the COVID-19 infection status of the participants, 81.7% reported that they did not have COVID-19 infection, while 18.3% had COVID-19 infection. With the statement "Have you had COVID-19?", 50.2% of the participants responded "No", while 49.8% responded to "Yes". Among the participants who received the COVID-19 vaccine, 58.5% reported that they received the Biontech vaccine, and 28.7% received the Sinovac vaccine. Looking into the most frequent vaccine doses of the participants who received the COVID-19 vaccine, 73% received two doses of vaccine, 13.6% received one dose of vaccine, and 13.4% received three or more doses of vaccine.



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B3. COMMUNITY MENTAL HEALTH

Table B3.1 presents information obtained from 5358 interviewees on witnessing the war, having lost a close relative/relative during the war, and having a family member remained in the war-prone country or living in another country.

Table B3.1. Witnessing the War, Loss of Relatives, and Status of Family Members, 2022

Witnessing War, Loss of Relatives and Family Members Living Far Away		Number	%
Status of Witnessing the War in their Country (n = 5,358)			
Yes		3,751	70.0
No		1,607	30.0
Loss of a Relative(s) during the War (n = 5,358)			
Yes		2,539	47.4
No		2,819	52.6
Status of Family Member Remained in the War Prone Country/Living in Another Country (n = 5,358)			
Yes, there are family members remained in the country		3,052	57.0
Yes, there are family members living elsewhere		444	8.2
No		1,862	34.8

?: Column percentage

Among the 5358 participants, 70% stated that they had witnessed the war in their country, while 30% had not. Regarding the situation of losing a close friend or relative during the war, 47.4% of the participants stated that they had lost a close friend or relative during the war, while 52.6% had not. Among the participants, 57% stated that they had a family member remained in their country, 8.2% stated that they had a family member living elsewhere, and 34.8% stated that they did not have any family member staying in their country or living elsewhere.



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Table B3.2 presents the violence exposure in the war by interviewees and the types of violence by gender.

Table B3.2. Exposure to Violence During War by Gender of Participants and Types of Violence, 2022

Exposure to Violence During War and Types of Violence		Total		Female		Male	
Exposure to Violence During War in their Country (n = 5,358)		Number	% (95% CI)^	Number	% (95% CI)^	Number	% (95% CI)^
Yes	1.409	26,3 (24,2-28,4)	687	24,4 (21,5-27,3)	722	28,4 (25,3-31,5)	
No	3.949	73,7 (71,6-75,8)	2133	75,6 (72,7-78,5)	1816	71,6 (68,5-74,7)	
The Type of Violence Experienced During War in Their Country (n = 1,409)*							
Psychological/Verbal Violence	1,082	76.8	540	78.6	542	75.1	
Physical Violence	736	52.2	311	45.3	425	58.9	
Sexual Violence	20	1.4	13	1.9	7	1.0	
Other	12	0.9	7	1.0	5	0.7	

=: Column percentage.

* Multiple responses were received to the question on the type of violence in the war in their country.

^ Since probabilistic sampling technique was not used, the given **confidence intervals** were calculated assuming probabilistic sampling.

Among the participants, 26.3% stated that they were exposed to violence during the war in their country. Regarding the distribution of the type of violence experienced, 76.6% of the 1409 participants stated that they experienced psychological or verbal violence, 52.2% physical violence, 1.4% sexual violence and 0.9% other types of violence. Though the prevalence of violence in the war is similar regardless of gender, psychological/verbal violence is more prevalent among females, and physical violence is more prevalent among males.



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Table B3.3 presents the participants' diagnosis of mental illness and medication use.

Table B3.3. Participants' Diagnosis of Mental Illness and Medication Use, 2022

Diseases	Diagnosed		Medication status		
	Number	%* (95% CI)^	Yes, on prescription (%**)	Yes, without prescription (%**)	No (%**)
Anxiety	879	16,4 (14,3-18,5)	29 (3.3)	120 (13.7)	730 (83.0)
Depression	701	13,1 (11,0-15,2)	28 (4.0)	76 (10.8)	597 (85.2)
Obsessive Compulsive Disorder	256	4,8 (2,7-6,9)	17 (6.6)	27 (10.5)	212 (82.8)
Panic Disorder	223	4,2 (2,1-6,3)	12 (5.4)	32 (14.3)	179 (80.3)
Social Phobia	216	4 (1,9-6,1)	18 (8.3)	37 (17.1)	161 (74.5)
Post Traumatic Stress Disorder	171	3,2 (1,1-5,3)	20 (11.7)	33 (19.3)	118 (69.0)
Bipolar Disorder	154	2,9 (0,8-5,0)	18 (11.7)	23 (14.9)	113 (73.4)
Schizophrenia	120	2,2 (0,1-4,3)	9 (7.5)	12 (10.0)	99 (82.5)
Other	153	2,9 (0,8-5,0)	0 (0)	24 (15.7)	129 (84.3)

%* : Percentage of 5,358 participants

%** : Percentage lines based on the number of people diagnosed with the relevant disease in each line.

^ : Since probabilistic sampling technique was not used, the given **confidence intervals** were calculated assuming probabilistic sampling.

Participants were most frequently diagnosed with anxiety with 16.4%. as the most common mental illness. Among the participants diagnosed with anxiety, 3.3% use medication on prescription, while 13.7% use medication without a prescription, and 83% do not use any medication.

The second most common diagnosis was identified as depression with 13.1%. Regarding the using of medication by the participants diagnosed with depression, 4% of them use medication on prescription, 10.8% use medication without a prescription and 85.2% do not use medication.

Among the participants, 4.8% were diagnosed with obsessive-compulsive disorder, and of them 6.6% use medication on prescription, while 10.5% use medication without a prescription and 82.8% do not use medication.

Among the participants, 4.2% were diagnosed with panic disorder, and of them 5.4% use medication on prescription, 14.3% use medication without a prescription and 80.3% do not use medication.

4% of the participants were diagnosed with social phobia, and of them 8.3% use medication on prescription, 17.1% use medication without a prescription, and 74.5% do not use medication.

Among the participants, Among the participants, 3.2% were diagnosed with post-traumatic stress disorder, and of them 11.7% use medication on prescription, 19.3% use medication without a prescription and 69% do not use medication.

Among the participants, 2.9% were diagnosed with bipolar disorder, 2.2% with schizophrenia and 2.9% with other mental illnesses.



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Table B3.3a presents the list of diagnosed mental illnesses for female participants, and their use of medication.

Table B3.3a. Diagnosed Mental Illnesses for Female Participants, and Medication Use, 2022

Female (n = 2,820)	Diagnosed		Medication status		
	Number	%*	Yes, on prescription (**%)	Yes, without prescription (**%)	No (**%)
Anxiety	450	16.0	14 (3.1)	61 (13.6)	375 (83.3)
Depression	378	13.4	16 (4.2)	41 (10.8)	321 (84.9)
Obsessive Compulsive Disorder	129	4.6	10 (7.8)	13 (10.1)	106 (82.2)
Panic Disorder	107	3.8	6 (5.6)	12 (11.2)	89 (83.2)
Social Phobia	121	4.3	10 (8.3)	20 (16.5)	91 (75.2)
Post Traumatic Stress Disorder	90	3.2	10 (11.1)	20 (22.2)	60 (66.7)
Bipolar Disorder	78	2.8	10 (12.8)	10 (12.8)	58 (74.4)
Schizophrenia	63	2.2	6 (9.5)	5 (7.9)	52 (82.5)
Other	76	2.7	0 (0)	13 (17.1)	63 (82.9)

%* : Percentage based on 2,820 females interviewed.

**% : Percentage lines based on the number of people diagnosed with the relevant disease in each line.



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Table B3.3b presents the list of diagnosed of mental illnesses for male participants, and their use of medication.

Table B3.3b. Diagnosed Mental Illnesses for Male Participants, and Medication Use, 2022

Male (n = 2,538)	Diagnosed		Medication status		
	Number	%*	Yes, on prescription (%**)	Yes, without prescription (%**)	No (%**)
Anxiety	429	16.9	15 (3.5)	59 (13.8)	355 (82.8)
Depression	323	12.7	12 (3.7)	35 (10.8)	276 (85.4)
Obsessive Compulsive Disorder	127	5.0	7 (5.5)	14 (11.0)	106 (83.5)
Panic Disorder	116	4.6	6 (5.2)	20 (17.2)	90 (77.6)
Social Phobia	95	3.7	8 (8.4)	17 (17.9)	70 (73.7)
Post Traumatic Stress Disorder	81	3.2	10 (12.3)	13 (16.0)	58 (71.6)
Bipolar Disorder	76	3.0	8 (10.5)	13 (17.1)	55 (72.4)
Schizophrenia	57	2.2	3 (5.3)	7 (12.3)	47 (82.5)
Other	77	3.0	0 (0)	11 (14.3)	66 (85.7)

%* : Percentage based on 2,538 males interviewed.

%** : Percentage lines based on the number of people diagnosed with the relevant disease in each line

Among both males and females, anxiety, depression and obsessive-compulsive disorder are the most frequently mentioned mental illnesses.



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Table B3.4 presents the sites where the participants applied for mental illnesses, and their familiarity with the community mental health centers.

Table B3.4. Participants' Familiarity with Places to Apply for Mental Illnesses and Community Mental Health Centers (CMHC), 2022

Sites of Application for Mental Illnesses, and Knowledge About Community Mental Health Centers (CMHCs)	Number	%
Sites to Apply for Mental Illnesses (n = 5,358)		
E/MHC (Extended/Migrant Health Center)	2.899	54.1
State Hospital	2,304	43.0
FHC (Family Health Centre)	581	10.8
Healthy Life Center (Psychological Support Unit)	427	8.0
University Hospital	312	5.8
Private Hospitals	294	5.5
Private Polyclinics	249	4.6
People other than Health Professionals	72	1.3
Other	34	0.6
Knowledge About Community Mental Health Center (CMHC) (n = 5,358)		
Yes	138	2.6
No	5,220	97.4
Services Provided at CMHCs (n = 138)		
Psychological Support and Treatment	64	46.4
Don't Know/No Idea	47	34.1
Health Services	16	11.6
Other	11	8

=: Column percentage

54.1% of the participants applied to the E/MHC and 43% to the state hospitals, as demonstrated in the table above. Regarding the knowledge of participants about the community mental health centers, it was revealed that 97.4% of them had no information about the community mental health centers. Among the 138 respondents who declared that they knew CMHCs, 46.4% stated that 46.4% of the services were provided for Psychological Support and Treatment Services, 11.6% were for Healthcare Services, 8% were other services, and 34.1% stated that they had no opinion. Therefore, only 91 people (1.6%) had an opinion regarding the services provided at CMHCs.

Table B3.5 presents the drug use status of participants.



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Table B3.5. Drug Use Status of Participants, 2022

Substance Used (n = 24)	People who used in the last one month		If using, those trying to quit	
	Number	%	Number	%
Marijuana	8	33.3	5	62.5
Methamphetamine	7	29.2	2	28.6
Opium	3	12.5	2	66.7
Hemp	3	12.5	2	66.7
Synthetic Marijuana/Synthetic	2	8.3	1	50
Heroin	2	8.3	0	0
Cocaine	2	8.3	2	100
Other	1	4.2	0	0

#: Column percentage

Among 5,358 participants, 0.4% (24 people) stated that they had used drugs at least once in their lifetime. Of these 24 people, 33.3% had used marijuana, 29.2% had used methamphetamine, 12.5% had used opium, and 12.5% had used hemp in the last month. 66.7% of opium users, 66.7% of hemp users and 62.5% of marijuana users stated that they tried to quit in the last month.

Being Exposed to Violence Status

Table B3.6 presents the status of being exposed to violence among participants throughout their lifetime and in the last one year.

Table B3.6. Distribution of Being Exposed to Violence Throughout Their Lifetime and in the Last One Year, 2022

Being Exposed to Violence, and the Type of Violence	Those Who Have Been Exposed to Violence by Their Spouse/Close Relatives/Close Circle	Those Who Have Been Exposed to Violence by Their Spouse/Close Relatives/Close Circle in the Last One Year
	N [%* (95% CI)^]	N (%**)
Violence victims (n = 155)	155 [2,9 (0,8-5,0)]	51 (32.9)
Type of violence	N (%**)	N (%***)
Physical violence	132 (85.2)	36 (70.6)
Emotional (including verbal) violence	86 (55.5)	36 (70.6)
Economic violence	32 (20.6)	9 (17.6)
Sexual violence	12 (7.7)	5 (9.8)

%* : Percentage among 5,358 people

%** : Percentage of 155 people who reported being exposed to violence at least once throughout their lives

%*** : Percentage of 51 people who expressed being exposed to violence in the last year

^ : Since probabilistic sampling technique was not used, the given **confidence intervals** were calculated assuming probabilistic sampling.



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Among the 5,358 participants, 2.9% stated that they had been exposed to violence by their spouses/relatives/close circle throughout their lives. Among the 155 participants who stated that they were exposed to violence by their spouses/relatives/close circle throughout their lives, 85.2% experienced a form of physical violence, and 55.5% experienced emotional (including verbal) violence.

Among the 155 participants who stated that they were exposed to violence by their spouses/relatives/close circle throughout their lives, 32.9% of them experienced this violence within the last one year. Among the 51 participants who were exposed to violence by their spouses/relatives/circle in the last year, 70.6% experienced physical violence and 70.6% experienced emotional (including verbal) violence.

Table B3.6a presents the status of female participants in terms of experiencing violence throughout their lives and in the last year.

Table B3.6.a. Distribution of Female Participants Exposed to Violence in Their Lifetime and in the Last Year, and the Type of Violence, 2022

Females Exposed to Violence, and the Type of Violence	Those Who Have Been Exposed to Violence by Their Spouse/Close Relatives/Close Circle	Those Who Have Been Exposed to Violence by Their Spouse/Close Relatives/Close Circle in the Last One Year
	N (%*)	N (%**)
Victims of Violence (n = 101)	101 (3.6)	41 (40.6)
Type of violence	N (%**)	N (%***)
Physical violence	84 (83.2)	30 (73.2)
Emotional (including verbal) violence	64 (63.4)	31 (75.6)
Economic violence	19 (18.8)	8 (19.5)
Sexual violence	12 (11.9)	3 (7.3)

%* : Percentage among 2,820 participants

%** : Percentage of 101 people who reported being exposed to violence at least once throughout their lives

%*** : Percentage of 41 people who reported being exposed to violence in the last year

Among the female participants, 3.6% (101 individuals) stated that they had experienced violence from their spouses/relatives/close circle throughout their lives. Among these 101 participants, 83.2% were exposed to physical violence, and 63.4% were exposed to emotional (including verbal) violence. 40.6% of these 101 participants reported that they had experienced this violence within the last year.

Table B3.6b presents experiences of violence by male participants throughout their lives and in the last year.



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Table B3.6b. Distribution of Male Participants Exposed to Violence in Their Lifetime and in the Last Year and the Type of Violence, 2022

Males Being Exposed to Violence, and the Type of Violence	Those Who Have Been Exposed to Violence by Their Spouse/Close Relatives/Close Circle	Those Who Have Been Exposed to Violence by Their Spouse/Close Relatives/Close circle in the Last One Year
	N (%*)	N (**)
Victims of Violence (n = 54)	54 (2.1)	10 (18.5)
Type of violence	N (***)	N (***)
Physical violence	48 (88.9)	6 (60.0)
Emotional (including verbal) violence	22 (40.7)	5 (50.0)
Economic violence	13 (24.1)	1 (10.0)
Sexual violence	0 (0)	2 (20.0)

*% : Percentage among 2,538 participants

**% : Percentage of 54 people who reported being exposed to violence at least once throughout their lives

***% : Percentage of 10 people who reported being exposed to violence in the last year

Among the male participants, 2.1% (54 individuals) stated that they were exposed to violence by their spouses/relatives/close circle throughout their lives. Among these 54 participants, 88.9% experienced physical violence, and 40.7% experienced emotional (including verbal) violence. 18.5% of these 54 respondents reported that they were exposed to the violence within the last year.

Table B3.7 presents status of receiving any psychological support by participants.

Table B3.7. Distribution of Psychological Support Received by Participants and the Sites Where the Support is Received, 2022

Receiving Psychological Support and the Sites Where the Support is Received		Number	%
Status of Receiving Support (psychosocial, etc.) (n = 5,358)			
Yes		58	1.1
No		5,300	98.9
Sites Where the Support (psychosocial, etc.) is Received (n = 58)			
	Hospital/Special Counseling Center/Family Health Center	17	29.3
	Does not remember/Did not answer	10	17.2
	E/MHC	8	13.8
	Family, Friend, Close Circle	7	12.1
	Other	6	10.3
	International Blue Crescent Relief and Development Foundation	4	6.9
	From Syria (before coming to Türkiye)	2	3.4
	Red Crescent	2	3.4
	Association for Solidarity with Asylum Seekers and Migrants	2	3.4

%; Column percentage



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98.9% of the participants stated that they do not receive psychological support, as can be seen in the table above. 29.3% of the participants responded to "at the hospital/private counseling center/family health center", 13.8% responded to "at the E/Migrant Health Center", and 17.9% responded to "Does not remember" with the statement "If you received any support (psychosocial, etc.), if so where did you get it from?"

Findings of General Health Status Scale

Table B3.8 presents the responses of participants to General Health Survey (GSA-12) questionnaire, and their general mental health status.

Table B3.8. Distribution of Responses Given for General Health Survey (GSA-12) Questions, 2022

Insomnia Caused by Anxiety (n = 5,358)			
		N	%
	Very frequently	295	5.5
	More Frequent than Usual	919	17.2
	As Usual	2,301	42.9
	Never	1,843	34.4
Feeling Constantly Under Pressure (n = 5,358)			
	Very frequently	216	4.0
	More Frequent than Usual	860	16.1
	As Usual	2,338	43.6
	Never	1,944	36.3
Ability to Pay Attention to the Work (n = 5,358)			
	Better Than Usual	2,046	38.2
	As Usual	2,314	43.2
	Less Than Usual	812	15.2
	Never	186	3.5
Perceived Usefulness (n = 5,358)			
	More Than Usual	2,169	40.5
	As Usual	2,224	41.5
	Less Than Usual	798	14.9
	Never	167	3.1
Ability to Cope with Problems (n = 5,358)			
	More Than Usual	2,147	40.1
	As Usual	2,231	41.6
	Less Than Usual	793	14.8
	Never	187	3.5
Difficulty Making Decisions (n = 5,358)			
	Very frequently	134	2.5
	More Frequent than Usual	802	15.0
	As Usual	1,857	34.7
	Never	2,565	47.9



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Feeling Unable to Cope with Difficulties (n = 5,358)			
	Very frequently	293	5.5
	More Frequent than Usual	751	14.0
	As Usual	2,052	38.3
	Never	2,262	42.2
Feeling Happy About Oneself Looking from Different Angles (n = 5,358)			
	More Than Usual	2,218	39.5
	As Usual	2,201	41.1
	Less Than Usual	841	15.7
	Never	198	3.7
The Ability to Enjoy Daily Tasks (n = 5,358)			
	More Than Usual	1,983	37.0
	As Usual	2,296	42.9
	Less Than Usual	882	16.5
	Never	197	3.7
Feeling Down and Gloomy (n = 5,358)			
	Very frequently	221	4.1
	More Frequent than Usual	777	14.5
	As Usual	1,956	36.5
	Never	2,404	44.9
Loss of Self-Confidence (n = 5,358)			
	Too Much	105	1.9
	More Than Usual	717	13.4
	As Usual	1,709	31.9
	Never	2,827	52.8
A Feeling of Worthlessness (n = 5,358)			
	Very frequently	118	2.2
	More Frequent than Usual	653	12.2
	As Usual	1,493	27.9
	Never	3,094	57.7

?: Column percentage

42.9% of the participants stated that they suffered from insomnia due to of their worries, while 34.4% stated that they never suffered from insomnia stemming from of their worries, as can be seen in the table above. Looking into the extent to which they constantly feel under duress, among the participants, 43.6% stated that they feel under pressure as much as usual, while 36.3% stated that they never feel under duress. Regarding their ability to pay attention to their tasks, 43.2% of the participants stated that it was as good as usual, and 38.2% stated that it was better than usual. Among the participants, 41.5% reported that they felt useful as well as ever, and 40.5% reported they felt useful more than ever. Looking into their ability to deal with their problems, 41.6% stated that they could deal with their problems as much as usual, and 40.1% stated that they could deal with their problems more than usual. Regarding the difficulty in making decisions, 47.9% stated that they had no difficulty



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at all, while 34.7% had as much difficulty as usual. Regarding the feeling of not being able to cope with difficulties, 42.2% of the participants stated that they did not feel being able cope with difficulties at all, while 38.3% stated that they felt as much as usual. 41.1% stated that they felt as happy as usual about themselves, and 39.5% stated that they felt happier than usual about themselves looking from different angle. Regarding their ability to enjoy their daily tasks, among the participants, 42.9% stated that they enjoyed it as much as usual and 37% stated that they enjoyed it more than usual. Among the participants, 44.9% stated that they never felt depressed and gloomy, while 36.5% stated that they felt as depressed and gloomy as usual. Regarding losing of self-confidence, 52.8% of the participants responded to "never", while 31.9% responded to "as usual". Regarding the participants' feelings of worthlessness, 57.7% stated that they did not feel worthless at all, while 27.9% stated that they feel as worthless as usual.

The Turkish validity and reliability studies of the General Health Survey have been conducted. (1) The response scale for the 12 questions in the General Health Survey is "a) No, not at all, b) As often as usual, c) More often than usual, d) Very often". Scoring is based on a total score of 0-12 points, where options a and b are scored with 0 points, and options c and d are scored with 1 point. (2) Although there is no universally accepted "threshold", scores on the General Health Questionnaire are usually categorized into three groups. Participants with a total score of 0 are considered to have "no evidence of possible mental disorder", participants with a total score of 1-3 are considered to have "less than optimal mental health", and participants with a total score of 4 or more are considered to have "possible deterioration in mental health". (3) Looking into the scores, the mean score of the participants was 2.2 ± 3.2 , and the median was 0 (min:0-max:12). 51.9% of the participants had a total score of 0 on the General Health Survey. GSA total scores of 22% of the participants were in the 1-3 range. Those who have a General Health Questionnaire total score of 4 and above are 26.1% of the participants. The score of 4 and above indicates a preliminary diagnosis of poor mental health (Figure B3.1). (KILIÇ, C. (1996)., Fernandes, A. C. (2013). Morris, S. (2016)).

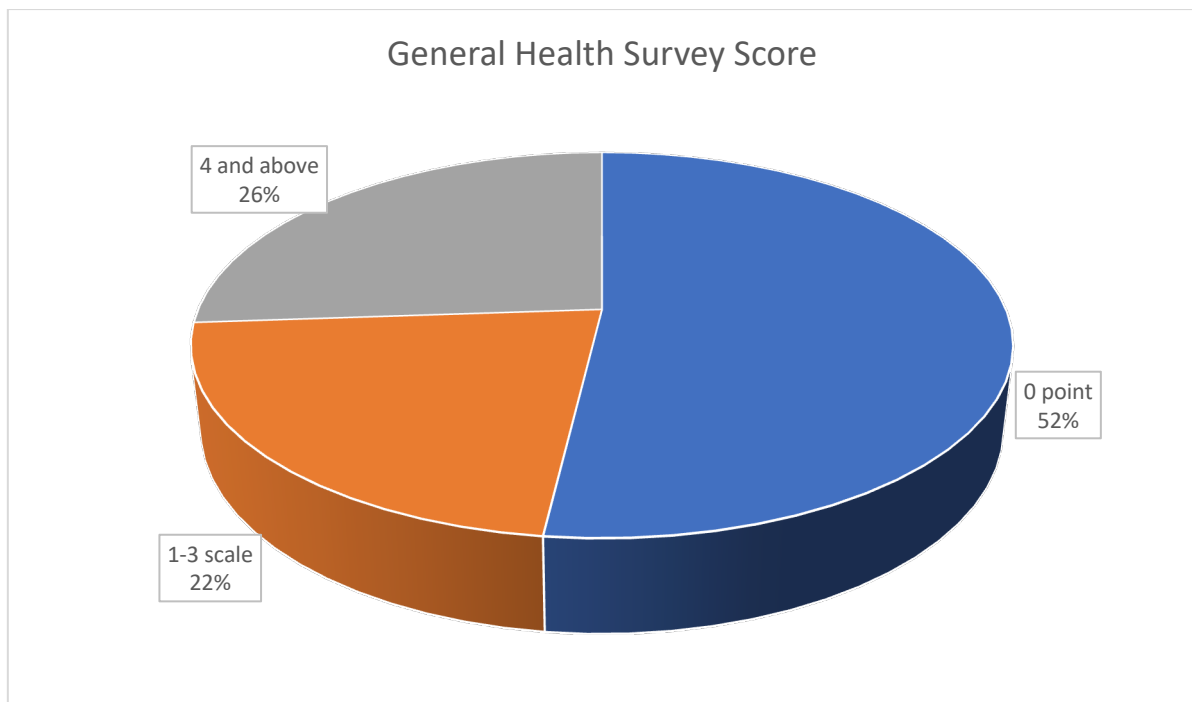


Figure B3.1. General Health Survey (GSA-12) Score, 2022



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B4. REPRODUCTIVE HEALTH (MALE)

In this section of the survey, the questions of "reproductive health in males" were directed to 2,538 males aged 18 and over. Table B4.1 presents the use of contraceptives by male participants with their spouses.

Table B4.1. The Use of Contraceptive Methods by Male Participants with Their Spouses, 2022

Contraceptive methods (n = 2,538)	Used in Any Period (n = 520)		Still using		Duration (average)
	N	%*	N	%**	
Not using any method	2,018	79.5			
Methods with limited impact	288	44.6			
Natural methods (calendar, sexual abstinence on fertile days), Vaginal douching	191	36,7	131	68.4	20.6 months
Withdrawal	85	16.3	74	87.1	24,2 months
Breastfeeding	12	2.3	8	66.7	7.8 months
Effective methods	357	68.6			
Condom	129	24.8	97	75.2	18.8 months
Intrauterine Device (Spiral), IUD	89	17.1	77	86.5	22.9 months
Contraceptive Pill	58	11.1	31	53.4	13 months
Norplant/Monthly or quarterly birth control shot	31	5.9	10	30.0	11.9 months
Female condom/Cervical cap	24	4.6	10	37.5	8,3 months
Diaphragm, spermicide foam, gel, cream, cream, suppository, spermicidal tablet	12	2.3	7	42.9	6.9 months
Ligation of sperm ducts/Vasectomy	8	1.5	6	85.7	8.1 months
Sterilization (Tubal Ligation)	6	1.1	5	83.3	24.7 months

* Percentage of 520 participants who stated they had used a method at any period

** Percentage of users in any period

Among 520 participants who used contraceptives at any period in their lives, 44.6% reported that they used methods with limited impact, and among these, using natural methods (calendar, sexual abstinence on fertile days) is prevailed the most. Among the 520 participants who used contraceptive methods, 68.6% used effective methods, with condoms, IUDs and pills being the most used methods, respectively. 2018 participants stated that they did not use any contraceptive method.



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Table B4.2 presents the sites where male participants obtained the method that they currently use.

Table B4.2. Distribution of Places Where Male Participants and Their Spouses Obtain Effective Methods That They Currently Use, 2022

Place Where the Effective Method Currently Used is Obtained (n = 357)			
		Number	%
	E/MHC	105	29.4
	Family Health Centre	29	8.1
	Mother and Child Health and Family Planning Centre (AÇSAP) / CAWRH (Child, Adolescent and Women Reproductive Health Center)	46	12.8
	Private clinic/Private hospital	74	20.7
	State Hospital/Maternity hospital	177	49.5
	Pharmacy	131	36.6
	Family, Friends, Environment, Market	47	13.1

#: Column percentage

Accordingly, regarding the place of procurement of the effective method they currently use, 29.4% of the participants responded to E/MHC, while 49.5% state hospital/maternity home, and 36.6% pharmacy.

Table B4.3 presents the methods of male participants to protect themselves from sexually transmitted diseases.

Table B4.3. Distribution of Precautions Taken by Male Participants to Protect Themselves from Sexually Transmitted Diseases, 2022

Precautions Taken to Prevent Sexually Transmitted Diseases (n = 2,538)			
		Number	%
	Don't know	1,502	59.2
	Monogamy	481	19.0
	Not having intercourse	320	12.6
	Using condom	252	9.9
	Not having sexual intercourse with risky people who may transmit the disease	165	6.5
	Vaccination	101	4.0
	None	34	1.3

#: Column percentage

59.2% responded to "I do not know", 19% responded to "monogamy" and 12.6% responded to "not having intercourse" with the statement "What do you do to protect yourself from sexually transmitted



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diseases?".

Table B4.4 presents the current complaints of male participants regarding a genital wound, discharge, itching, and swelling.

Table B4.4. Current Situation of Male Participants Having a Genital Wound, Discharge, Itching, Swelling Complaint, 2022

Current Complaint of a Genital Wound, Discharge, Itching, Swelling (n = 2,538)			
		Number	%
	Yes	10	0.4
	No	2,528	99.6

Among the participants, 99.6% stated that they had no complaints regarding a current genital wound, discharge, itching, or swelling.



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CONCLUSION

Characteristics of Participants

The majority of the 5,358 people interviewed for the study were between the ages of 18-34. Slightly more than half of the interviewees are female. Among the participants, about three-quarters were married and had children. Among married participants, 40% were had consanguineous marriage with their spouses. The average number of years the participants had lived in Türkiye is 8,13,4² (min:1-max:63). One in every four participants has been living in Türkiye for 10 years or more. 93.4% of the 5358 respondents speak Arabic as their mother tongue, while 35.2% know enough Turkish to meet their daily needs. Among the participants, 94.4% live in central districts, 4.8% in non-central districts, and 0.8% in temporary shelters and seasonal worker tents.

Communicable Diseases

COVID-19 infection was the first disease that 50.1% of the participants were the most familiar among communicable diseases, while 14.3% were most familiar with scabies. Within the last one year, among the participants, 10.8% had COVID-19 infection, 6.9% had upper respiratory tract infection (URTI), and 0.1% had tuberculosis (TB) infection. COVID-19 infection was the most frequently experienced disease by all participants in the last one year, with approximate incidence among females and males. URTI, LRTI, and acute diarrhea were more common among females.

Among the participants, 72.3% stated that vaccination was very necessary and essential. However, 60% of participants stated that they would recommend vaccination to others. E/MHC (Extended/Migrant Health Center) was the most common site of vaccination administration with 60.8%. Since primary administration of vaccination was also carried out in hospitals during the COVID-19 pandemic, 49.6% reported that the public hospital was the site of vaccination. Among the participants, 47% were vaccinated before, 30.2% were vaccinated against influenza (Influenza-IIA) and 29.4% were vaccinated against Hepatitis B. Females and males most frequently received the Influenza-IIA and Hepatitis B vaccines.

Among the participants, 49.8% were vaccinated against COVID-19, and 58.5% of those vaccinated against COVID-19 said they received the Biontech vaccine, while 28.7% received the Sinovac vaccine. Among the participants, 73% received 2 doses the most, while 13.6% received 1 dose, and 13.4% received 3 or more doses of COVID-19 vaccine.

Community Mental Health

Among the 5,358 respondents, 70% witnessed the war in their country. 47.4% lost someone close to or a relative during the war. Among the participants, 57% stated that they had a family member remained in their country, 8.2% stated that they had a family member living in elsewhere, and 26.3% stated that they had been exposed to violence during the war in their country. Among those who experienced violence, 76.6% reported psychological or verbal violence, 52.2% reported physical violence, and 1.4% reported sexual violence.

Anxiety was the most frequently reported diagnosis with 16.4% of the participants. Anxiety, depression and obsessive-compulsive disorder were listed in the top three regardless of gender. Of them, 83% stated that they did not use medication. The second most common diagnosis was



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depression with 13.1% and 85.2% didn't use medication. Among the participants, 54.1% applied to the E/MHC, and 43% to the state hospital for mental illnesses. 97.4% stated they did not have information about Community Mental Health Centers.

Among 24 (0.4%) interviewees who used drugs at least once in their lives, 33.3% reported using marijuana, 29.2% methamphetamine, 12.5% opium, and 12.5% hemp in the last month. Among these participants, 66.7% of opium users, 66.7% of hemp users and 62.5% of marijuana users tried to quit.

Out of 5358 participants, 2.9% have been exposed to violence by their spouses/relatives/close circle throughout their lives. Among these, 85.2% experienced physical violence, and 55.5% emotional (including verbal) violence. Among the 155 participants who stated that they were exposed to violence, 32.9% were exposed to this violence within the last year. Among those who were exposed to violence within the last year, 70.6% experienced physical violence, and 70.6% emotional (including verbal) violence. Although the prevalence of violence in the war was approximate among females and males, psychological/verbal violence was more prevalent among females, and physical violence was more prevalent among males. Among the participants, 98.9% stated that they did not receive psychological support.

Among the female participants, 3.6% stated that they had experienced violence from their spouses/relatives/close circle throughout their lives. Among 101 participants who stated that they were exposed to violence by their spouses/relatives/close circle throughout their lives, 83.2% were exposed to physical violence, and 63.4% were exposed to emotional (including verbal) violence. Among 101 participants who stated that they were exposed to violence by their spouses/relatives/close circle environment throughout their lives, 40.6% had experienced such violence within the last year.

Among the male participants, 2.1% (54 individuals) stated that they were exposed to violence by their spouses/relatives/close circle throughout their lives. Among the 54 participants, 88.9% experienced physical violence, and 40.7% experienced emotional (including verbal) violence. Among 54 respondents who stated that they were exposed to violence by their spouses/relatives/close circle throughout their lives, 18.5% reported they were exposed to violence within the last year.

The mean score on the General Health Survey was 2.2 ± 3.2 , and the median was 0 (min:0-max:12). Among the participants, 26.1% had a total score of 4 and above. A score of 4 and above indicates a preliminary diagnosis of poor general health in terms of mental health.

Reproductive Health (Males)

In this part of the research, there were 2,538 male participants aged 18 years and over. 79.5% stated that they did not use any contraceptive method with their partner. Among the 520 participants who stated that they had used contraception at some point in their lives, 55.4% used a method with limited impact. Among these, participants reported using natural methods (calendar, sexual abstinence on fertile days) the most. Among the 520 participants who used contraceptive methods, 68.6% used effective methods, and the most common methods used were condoms, IUDs and pills, respectively. Among the 520 participants who used contraceptive methods, 29.4% obtained the effective method they currently use from E/MHC, 49.5% from state hospitals/maternity homes, and 36.6% from pharmacies. Among the participants, 59.2% did not know how to protect themselves from sexually transmitted diseases. Among the participants, 99.6% stated that they did not have any complaints of genital wounds, discharge, itching or swelling at the time of survey.



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RECOMMENDATIONS

Approximately three-quarters of the 5,358 participants interviewed for the research were married and had children. Among married participants, 40% were consanguineous marriage to their spouses. Training and service delivery on the effects of consanguineous marriages on health is suggested for the community. The average number of years the participants have lived in Türkiye was 8,13,4 (min:1-max:63). One in four participants has been living in Türkiye for 10 years or more.

Nearly half of the participants stated COVID-19 infection for the most common communicable diseases. Around one-third of participants heard of measles, around one-quarter heard of acute diarrhea and around one-quarter heard of polio. Following the COVID-19 pandemic, it was expected that COVID-19 would be the first disease that comes to mind. Around three-quarters of the participants were married and had children, and the low rate of awareness about measles and polio, both important diseases for children and included in the vaccination program, suggests that they have little knowledge about childhood diseases. Trainings should be planned for participants, especially on childhood infectious diseases.

Among the participants, 60.8% knew that vaccination is provided at the E/MHC (Extended/Migrant Health Center). They should be more informed about the fact that E/MHCs, primary healthcare facilities, provide services focused on preventive services. Among the participants, 2.9% thought that vaccination is unnecessary, and 27% stated that they would not recommend vaccination to others. Also, about half of the participants stated that they were not vaccinated against COVID-19. Given the importance of community immunity for infectious diseases, intervention programs should be planned to increase vaccine acceptance, as vaccine refusal or hesitation is a threat to the health of the whole community.

Among the participants, seven out of every ten participants witnessed the war in their country and nearly half of them lost someone close or relative during the war. More than a quarter of participants experienced violence during the war in their country. More than half of the participants applied to the E/MHC for mental illnesses. 97.4% of them did not have information about Community Mental Health Centers (CMHC). It is necessary to support the mental health of individuals who have witnessed war, lost loved ones, and experienced violence. Among the participants, 98.9% stated that they did not receive psychological support. Barriers preventing psychological support should be identified and approaches should be developed to address them. Keeping participants informed about the services provided in community mental health centers is very important in terms of ensuring their access to services. Trainings should be planned for individuals who have been exposed to violence on the official institutions and legal grounds they can apply to.

Among the participants, 26.1% had a total score of 4 and above 4 on the General Health Survey. A score of 4 and above indicates a preliminary diagnosis of poor general health in terms of mental health.

Similarly, it is seen that the participants were diagnosed with anxiety and depression the most among mental illness diagnoses. The majority of participants diagnosed do not take medication. This indicates that individuals do not care about the treatment process despite being diagnosed with mental illness. Therefore, in accordance with separate and comprehensive studies regarding mental problems, there is a need for comprehensive intervention programs on prevention and treatment processes.

Among the 24 (0.4%) participants who used drugs at least once in their lifetime, the majority of them tried to quit drugs. Trainings on drugs and their effects should be planned and people should be



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informed about the institutions where they can receive support.

Based on the data obtained from the questions asked to male participants on family planning, the prevalence of using contraceptive methods with their partners is low and the methods used are of limited effectiveness. More than half do not know how to protect themselves from sexually transmitted diseases. The reasons for these results should be analyzed and studies should be carried out for related factors. As the role of men in reproductive health is important, awareness and information activities on these issues should be intensified for men.

In trainings aimed at increasing the health literacy of society on all these issues, the health personnel providing services will strengthen these intervention programs if they take the time to inform individuals and approach them with an effective and efficient communication strategy.



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FORM C

These sections of the survey include some descriptive characteristics, and information on mother and child health and communicable diseases in children. Administered to 5,247 females aged 15-49 years.

C1. CHARACTERISTICS OF PARTICIPANTS

Table C1.1 presents some descriptive characteristics of 5,247 interviewed females aged 15-49.

Table C1.1. Descriptive Characteristics of Female Participants, 2022

Characteristics	Number	%
Age Groups (n = 5,247)		
15-17	30	0.6
18-24	1,224	23.3
25-34	2,007	38.3
35-44	1,482	28.2
45-49	504	9.6
Educational Status (n = 5,247)		
Illiterate	649	12.4
Literate, yet not a graduate of any school	578	11.0
Primary school graduate	1,745	33.3
Middle school graduate	1,450	27.6
High school graduate	561	10.7
University graduate and higher	264	5.0
Marital Status (n = 5,247)		
Married	4,541	86.5
Widow	505	9.6
Divorced	201	3.8
Family Type (n = 5,247)		
Nuclear Family*	3,072	58.5
Extended Family**	1,834	35.0
Fragmented Family***	282	5.4
Single Person Household****	59	1.1

% Column percentage

* Nuclear family: Family type in which mother, father and unmarried child/children live together

** Extended family: A family type in which the married children of the nuclear family and their own families live together

*** Fragmented family: Family type in which a divorced, separated, never married or widowed man or woman is together with the child/children

**** Single person household: A household in which an adult who has never been married, divorced or widowed lives alone.



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Regarding the age groups of the participants, 38.3% of the participants were in the 25-34 age group, and 28.2% were in the 35-44 age group. Regarding their educational levels, 33.3% were primary school graduates, while 27.6% were secondary school graduates, and 12.4% were illiterate. Looking into the marital status of the participants, 86.5% stated that they were married, while 9.6% were widowed and 3.8% were divorced. Among the participants, 58.5% lived in nuclear families, and 35% lived in extended families.

Table C1.2 presents the employment status of the participants and the sectors they work.

Table C1.2. Employment Status of Participants, 2022

	Number	%
Employment status (n = 5,195*)		
Housewife	4,449	85.6
Blue-collar, Service and Sales Worker	512	9.9
Self-employment (Trade), Tradesmen	124	2.4
White-collar, Professional Occupation	49	0.9
Student	36	0.7
Farming, Agriculture, Animal Husbandry	19	0.4
Other**	6	0.1

* Based on 5230 participants who responded to this question.

** Participants who responded to "other" to their employment status specified their positions as volunteer and support staff.

?: Column percentage

Among the 5,195 participants who provided information about their employment status, 85.6% were housewives and 9.9% were blue-collar employees, as can be seen in the table above.



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Table C1.3 presents the consanguineous marriage and parental status of the married, widowed or divorced participants.

Table C1.3. Consanguineous Marriage and Parental Status of Married/Widowed/Divorced Participants, 2022

	Number	%
Consanguineous Marriage Status Between the Spouses (n=5,247)		
No	3,101	59.1
Yes (first degree - uncle, aunt's child)	1,005	19.2
Yes (distant relative)	1,022	19.4
Don't know	119	2.3
Have Children (n = 5,247)		
Yes	3,478	66.3
No	1,769	33.7
Number of Children (n = 5,247)		
1	922	26.5
2-3	1,571	45.2
4-5	748	21.5
6-9	226	6.5
10 and over	11	0.3

#: Column percentage

Regarding the participants' blood kinship relationship status with their spouses, 59.1% stated that they did not have blood kinship relationship with their spouses, 19.4% stated that they were distant relative with their spouses, and 19.2% stated that they were first-degree relatives (uncle, aunt, aunt, uncle's child) with their spouses. Among the participants, 66.3% stated that they had children, and of them 26.5% had one child, while 45.2% had 2-3 children, and 21.5% had 4-5 children. The average number of children was 3.4 ± 2.1 (min:1-max:17).



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Table C1.4 presents the participants' country of origin, years of residence in Türkiye and mother tongue.

Table C1.4. Participants' Country of Origin, Duration of Living in Türkiye and Their Mother Tongue, 2022

	Number	%
Country of Origin (n = 5,247)		
Syria	4,823	91.9
Afghanistan	228	4.3
Iraq	135	2.6
Iran	31	0.6
Other	40	0.6
Years Lived in Türkiye (n = 5,247)		
1-3 year	367	7.0
4-6 years	1,301	24.8
7-9 years	2,379	45.3
10 years and over	1,200	22.9
Mother tongue (n = 5,247)		
Arabic	4904	93.5
Turkish	233	4.4
Kurdish	30	0.6
Persian	33	0.6
Pashto	33	0.6
Other	14	0.3
Level of Turkish Knowledge to Meet Their Daily Needs (n = 5,247)		
Yes, I know	1,607	30.6
I Partially Know	1,934	36.9
I don't know	1,706	32.5

?: Column percentage

According to the table above, it was revealed that 91.9% of the participants came from Syria, and 4.3% from Afghanistan. Among the participants, 45.3% indicated that they have been living in Türkiye for 7-9 years, while 24.8% for 4-6 years. The average number of years the participants have lived in Türkiye is $8,2 \pm 3.5$ (min:1-max:63). Regarding the mother tongues of the participants, 93.5% of the participants' mother tongue was Arabic, and 4.4% of the participants' mother tongue was Turkish. Looking into the level of Turkish language to meet their daily needs, 30.6% of the participants responded to "Yes, I know", 36.9% responded to "I partially know", and 32.5% responded to "I don't know".



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Table C1.5 presents the types of locations where the participants live.

Table C1.5. Distribution of Participants by Type of Location, 2022

	Number	%
Type of Dwelling Place (n = 5,247)		
Central District	4,953	94.4
Non-Central District	260	5.0
Temporary Accommodation Areas (camps)	31	0.5
Seasonal Worker Tent	3	0.1

?: Column percentage

Among the 5247 participants, 94.4% stated that live in central districts, while 5% in non-central districts, and 0.7% in temporary shelters (camps) or seasonal worker tents, as can be seen in the table above.



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C2. MOTHER AND CHILD HEALTH STATUS

C.2.1. MARRIAGE

Table C2.1.1 presents the age of first marriage, ages of their spouses, their first pregnancy ages, and their first birth ages.

Table C2.1.1. First Marriage Age, Age of Spouses, First Pregnancy Age, and First Birth Age of Female Participants, 2022

	First Marriage Age (n = 5,247)		Current age of spouse (n = 4,541)		Age at First Pregnancy (n = 3,530)		Age at First Birth (n = 3,478)	
	N	(%)	N	(%)	N	(%)	N	(%)
12-14	214	4.1			61	1.7	53	1.5
15-19	3,144	59.9	66	1.45	1,561	44.2	1,514	43.6
20-24	1,541	29.4	460	10.1	1,260	35.7	1,256	36.1
25-29	272	5.2	985	21.7	401	11.4	404	11.6
30-34	62	1.2	963	21.2	187	5.3	191	5.5
35-39	11	0.2	613	13.5	60	1.7	60	1.7
40-44	3	0.0	735	16.1				
45-49			330	7.3				
50-54			227	5				
55-59			94	2.1				
60 and over			68	1.5				

Among the 5,247 participants, first marriage age for 59.9% of the participants were between 15-19 years, while for 4.1% between 12-14 years, and for 29.4% between 20-24 years. Among 4,541 participants, current age of their spouses for 21.7% of the participants was between the 25-29, while for 21.2% between 30-34. Among the 3,530 participants who had at least one pregnancy, first pregnancy age of 44.2% was between 15-19, and of 35.7% was between 20-24. Among the 3,478 participants who at least gave one birth, the first birth age was between 15-19 years for 43.6%, and between 20-24 years for 36.1%.



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Table C2.1.1a presents the first marriage age for women who married before the age of 19.

Table C2.1.1a. The First Marriage Age for Women Married at 19 and Under Years Old , 2022

Age at First Marriage of Women Before 19 Years of Age	Number	%*	%**
12 years old	19	0.6	0.4
13 years old	35	1.0	0.7
14 years old	160	4.8	3.0
15 years old	325	9.7	6.2
16 years old	458	13.6	8.7
17 years old	626	18.6	11.9
18 years old	1147	34.1	21.9
19 years old	374	11.1	7.1

* Percentage of 3,358 women married before and at the age of 19.

** Percentage among a total of 5,247 women

Regarding the first marriage age of women who married before or at the age of 19, 34.1% married at the age of 18, 18.6% at the age of 17, and 13.6% at the age of 16.

Table C2.1.2 presents the mean±sd, median (Min-Max) values of age at first marriage, age at first pregnancy and age at first birth.

Table C2.1.2. Mean±SD, Median (Min-Max) Values of Age at First Marriage, Age at First Pregnancy and Age at First Birth, 2022

	Mean±SD	Median(Min-Max)
First Marriage Age (n = 5,247)	19.0±3.3	18 (12-44)
First Pregnancy Age (n = 3,530)	20.8±4.6	20 (14-36)
First Birth Age (n = 3,478)	20.9±4.6	20 (14-36)

Among 5,247 participants, the mean age at first marriage was 19±3.3 and the median was 18 (12-44). Among 4,541 participants, the mean age of their spouses is 34.8±9.6; the median value was 33 (16-75). Among 3530 participants, the mean age at first pregnancy was 20.8±4.6, and the median value was 20 (14-36). Among 3478 participants, the mean age at first birth was 20.9±4.6, and the median value was 20 (14-36).



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Table C2.1.3 presents the methods of marriage for women's current marriages.

Table C2.1.3. The Methods of Marriage for Women's Current Marriages, 2022

Method of marriage (n = 5,223*)			
		N	%
	Willing and Planned Marriage	2,879	55.1
	Demand of Family, Yet I Gave My Consent	2,133	40.8
	Family Pressure and Demand	185	3.5
	For Reasons Such as Exchange Marriage, Bride Wealth	21	0.5
	Other	5	0.1

* Percentage of columns based on the number of participants who responded.

Among the 5,223 participants, 55.1% (95% CI: 53,0; 57,2) of them stated that their marriage was voluntary and planned, 40.8% stated that their marriage was a family demand, yet they gave their consent, 3.5% stated that their marriage occurred due to family pressure and demand, and 0.5% stated that they have been married due to reasons such as exchange marriage or bride wealth.



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C2.2. FERTILITY CHARACTERISTICS OF WOMEN

Table C2.2.1. presents information on some fertility characteristics of women participants.

Table C2.2.1. Mean±SD, Median (Min-Max) Values of Some Fertility Characteristics of Women, 2022

	Mean±SD	Median(Min-Max)
Total number of pregnancies (n = 3,530)	3.1±1.9	3 (1-15)
Total number of live births (n = 2,573)	2.8±1.8	3 (0-14)
Number of births in Türkiye (n = 3,478)	1.4±1.3	1 (0-13)
Ideal number of children (n = 5,247)	3.3±1.8	3 (0-15)
Miscarriage rate (per 100 women)	17.9	
Fertility rate:	%11.5	

Among the participants, the number of women who had at least one pregnancy is 3,530. The mean number of pregnancies was 3.1±1.936, and the median value is 3 (Min:1- Max:15). The number of live births was 3530, the mean number of live births was 2.8±1.761 and the median value was 3 (Min:0- Max:14). The number of births in Türkiye was 3,478, and the mean number of births in Türkiye was 1.4±1.246 with a median value of 1 (Min:0 -Max:13). The mean value for the ideal number of children was 3.3±1.799 and the median value was 3 (min-max: 0-15). The miscarriage rate was 17.9 per 100 women, and the fertility rate was 11.5%.



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Table C2.2.2 presents information on miscarriage and the use of family planning methods before and after the miscarriage among women who had a pregnancy.

Table C2.2.2. Status of Miscarriage and Use of Family Planning Methods Before and After the Miscarriage, 2022

Miscarriage Status (n = 3,530*)			
		N	% (95% CI)^
	No, I didn't have a miscarriage	2,926	82,9 (80,3-85,5)
	Spontaneous abortion	557	15,8 (13,2-18,4)
	Voluntary miscarriage (criminal miscarriage)	21	0,6 (0,1-3,2)
	I had an abortion	54	1,5 (0,2-4,1)
Contraceptive Used Before Abortion/Voluntary Miscarriage (n = 71)			
		N	%
	Yes	10	14.1
	No	61	85.9
Contraceptive Methods Used Before Abortion/Voluntary Miscarriage (n = 10)			
	Condom	2	20.0
	Intrauterine Device (Spiral)	2	20.0
	Traditional Methods	5	50.0
	Contraceptive Pill	1	10.0
Contraceptive Method Used After Abortion/Voluntary Miscarriage (n = 71)			
	Yes	15	21.1
	No	56	78.9
Contraceptives Used After an Abortion/Voluntary Miscarriage (n = 15)			
	Condom	1	6.7
	Intrauterine Device (Spiral)	4	26.6
	Traditional Methods	6	40.0
	Contraceptive Pill	3	20.0
	No Answer	1	6.7

* Multiple answers

^ Since probabilistic sampling technique was not used, the given **confidence intervals** were calculated assuming probabilistic sampling.



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Among 3,530 participants, who had at least one pregnancy, 82.9% did not have a miscarriage. Among the participants, 15.8% stated that they had spontaneous abortions, and 0.6% stated that they had self-induced miscarriages. 1.5% of the participants stated that they had an abortion.

Looking into the using contraceptive before abortion or self-induced miscarriage, among 71 participants, 14.1% used contraceptives, while 85.9% did not. Among the 10 participants, 20% used condoms, 20% used intrauterine devices, 50% used natural methods, and 10% used contraceptives.

Looking into the using contraceptive methods after abortion or self-induced miscarriage, among 71 participants, 21.1% used a contraceptive method, and 78.9% did not use a contraceptive method.

Among the 15 participants who used contraceptives after abortion or induced miscarriage, 6.7% used condoms, 26.6% used intrauterine devices, 40.0% used traditional methods, and 20% used pills.

Table C2.2.3 presents information on fertility status of female participants and their pregnancy plans.

Table C2.2.3. Fertility Status and Pregnancy Plans, 2022

	Number	%
Currently Pregnant (n = 5,247)	383	(7.2)
Currently in the Puerperium (n = 5,247)	147	(2.8)
Wants Pregnancy in 2 Years or Later (n = 5,247)	742	(14.1)
Wants Pregnancy Now (n = 5,247)	742	(14.1)
Wants Pregnancy Later (n = 5,247)	1,240	(23.6)
Does Not Want Pregnancy Anymore (n = 5,247)	1,011	(19.3)
Pregnancy Desire Status of Those Who Are Currently Pregnant (n = 383)	310	(80.9)
Status of Willingness for Pregnancies Experienced in the Last 2 Years (n = 3,530) *	1.039	(37.8)

* Those who did not have a pregnancy in the last 2 years are not included in the table.

Among the participants, 7.2% are currently pregnant. 2.8% of the participants are in the puerperium period. Among the participants who experienced pregnancy, 37.8% wanted pregnancies experienced within the last 2 years. Among the 383 women who were pregnant and 80.9% wanted this pregnancy at the time of survey.

Among the 5247 participants, 14.1% wanted pregnancy in 2 years or more, 14.1% wanted to become pregnant at the time of survey., and 23.6% stated they wanted to become pregnant later. 19.3% of the participants stated that no longer they want to become pregnant.



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C2.3. FAMILY PLANNING

Table C2.3.1 presents the breakdown of using contraceptive method by participants.

Table C2.3.1. Using Contraceptive Method by Participants, 2022

		Number	% (95% CI)^
Currently Using Contraceptive (n = 5,247)			
	No	4,160	79,3 (77,2-81,4)
	Yes	1,087	20,7 (18,6-22,8)
Location Providing the Currently Used Method (n = 1,087) *			
		Number	%
	State Hospital/Maternity Hospital	388	35.7
	E/MHC	287	26.4
	Pharmacy	202	18.6
	Private Hospital/Private Clinic	178	16.4
	Other	113	10.4
	Mother and Child Health and Family Planning (AÇSAP)/ CAWRH /Family Health Centre	99	9.1

* Participants provided more than one answer.

^ Since probabilistic sampling technique was not used, the given **confidence intervals** were calculated assuming probabilistic sampling.

79.3% of the participants responded to “no” with the statement 'Do you currently/still use a method to prevent pregnancy?'. Looking into the location providing the contraception method at the time of the survey, 35.7% of the 1,087 participants stated that they get the method from a state hospital/maternity center, while 26.4% stated that they get from E/MHC.



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Table C2.3.2 presents the breakdown of contraceptive methods used by the participants.

Table C2.3.2. Breakdown of Contraceptive Methods Used by the Participants, 2022

Contraceptive Methods (n = 5,247)	Current Use Status		
	N	%*	%**
Those who do not use any method	4,160		79.3
Methods used (n = 1,087)			
Methods with limited impact	487	44.8	9.2
Natural methods (menstrual calendar, sexual abstinence on fertile days), vaginal douching	345	31.7	6.5
Withdrawal	103	9.4	10.5
Breastfeeding	39	3.5	1.9
Effective methods	810	74.5	15.4
Intrauterine Device (IUD)	316	29.0	6.0
Contraceptive Pill	202	18.5	3.8
Condom	140	12.8	2.6
Norplant/Monthly or quarterly birth control shot	38	3.4	0.7
Tubal ligation	46	4.2	0.8
Ligation of sperm ducts/Vasectomy	14	1.2	0.2
Female condom/Cervical cap	33	3.0	0.6
Diaphragm, spermicide foam, gel, cream, suppository, spermicidal tablet	21	1.9	0.4

* : Percentage of women currently using the methods (1,087)

** : Percentage of all women interviewed (5,247)

Accordingly, 79.3% of the participants do not use any method. Among those who use methods, 44.8% use methods with limited impact. The most used effective methods were reported as IUD, contraceptive pill and condom. Women who want to space out their births or terminate their fertility yet are not using any contraceptive method are important in-the provision of services. The unmet need for family planning calculated as 17.4% highlights the importance.



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Figure C2.1. presents the unmet need for family planning.

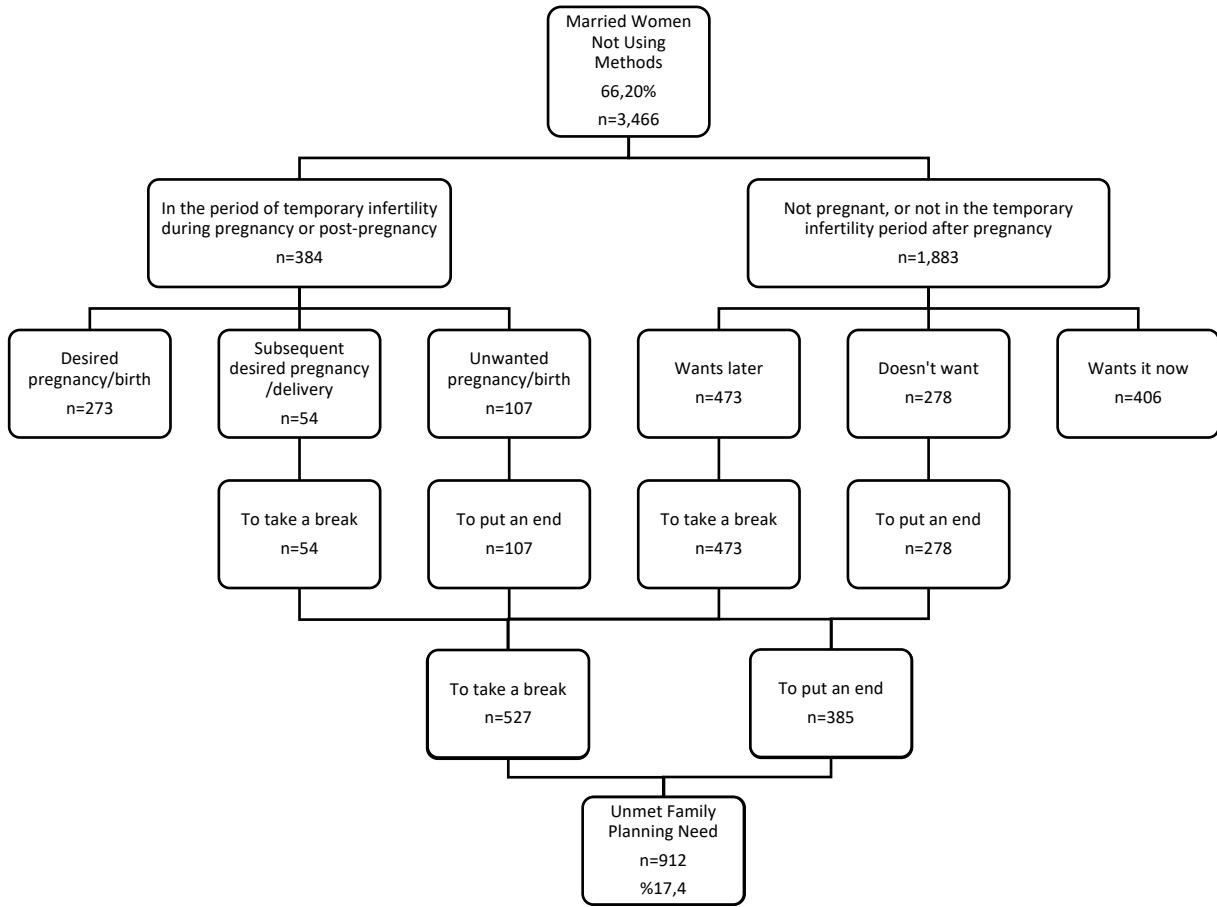


Figure C2.1. Unmet Need for Family Planning, 2022

The following algorithm has been used to calculate the "Unmet need for Family Planning" as shown in Figure C2.1. Based on this algorithm, the unmet need group includes all women, married or cohabiting, not using contraceptives, who no longer want to have children or want to postpone their next birth for at least two years.



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Table C2.3.3 presents the breakdown of genital complaints of participants, and the methods they use to protect themselves from sexually transmitted diseases.

Table C2.3.3. The Breakdown of the Presence of Genital Complaints of Participants and Precautions Against Sexually Transmitted Diseases, 2022

Complaints of a Genital Wound, Discharge, Itching, Swelling (n = 5,247)				
		Number	%	
	No	5,136	97.9	
	Yes	111	2.1	
Precautions Taken to Prevent Sexually Transmitted Diseases (n = 5,247)				
		N	%*	%**
	I don't know	2,809	53.5	
	Using condom	751	14.3	22.6
	Not having sexual intercourse with risky people who may transmit the disease	483	9.2	14.6
	Not having intercourse	628	12.0	18,9
	Vaccination	304	5.8	9.1
	Monogamy	1,150	21.9	34.7
	Other	2	0.0	0.0

%* : Percentage of columns over 5,247 participants.

%** : Percentage of columns over 3,318 reported protective behaviors.

Looking into whether the participants have complaints regarding any genital wound, discharge, itching, and swelling, 2.1% of the 5,247 participants stated that they had at least one of these complaints. Among the participants, 53.5% did not know what to do to protect themselves from sexually transmitted diseases. Looking into protection methods from sexually transmitted diseases, 21.9% responded to “monogamy”, and 14.3% responded to “using condom”. Excluding the statement of "I don't know" from the analysis, 34.7% responded to “monogamy”, 22.6% responded to “using condom”, and 18.9% responded to “not having intercourse”.



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C2.4. SAFE MATERNITY

Among the 5,247 women who participated in the research, 72.9% of the 3,530 women who experienced pregnancy had their last birth in Türkiye. Table C2.4.1 presents information on follow-up processes during pregnancy and puerperium in the last pregnancy. of participant women by healthcare personnel.

Table C2.4.1. Information on Follow-up by Healthcare Personnel in the Pregnancy and Post-Pregnancy Periods in Their Last Pregnancy, 2022

Follow-up by healthcare personnel (n = 3,530)	Pregnancy period		Puerperium	
	N (%)	Mean±SD	N (%)	Mean±SD
For routine control purposes	1,375 (39.0)	5.1±3.372	731 (21.0)	3.2 (±2,947)
Due to a health problem related to pregnancy/birth	98 (2.8)	4.5±5,190	85 (2.4)	4.5 (±3,407)
Due to pregnancy/non-pregnancy health problems	102 (2.9)	3.7±4,171	149 (4.3)	3.9 (±3,982)

#: Calculated based on 3,530 women with at least one pregnancy.

Among participant women, 39% had routine follow-ups during pregnancy, while 2.8% had follow-ups due to health problems associated with pregnancy/birth, and 2.9% had follow-ups due to problems other than pregnancy/birth, as can be seen in the table above. The average number of routine follow-up visits performed by healthcare personnel during pregnancy was 5.1±3.372. Among those who went for routine pregnancy follow-ups, 90.1% applied for ultrasound/examination, 4.3% for follow-up/birth, and 1.3% for tests/vaccines.

Regarding the follow-up information during the puerperium, 21% of the participants went for routine follow-up, 2.4% for health problems related to pregnancy/birth, and 4.3% for problems other than pregnancy/birth. The average number of routine follow-up visits performed by healthcare personnel during the puerperium is 3.2±2.95. Among those who underwent puerperium follow-up for routine control purposes, 78.9% applied for general control examination, 7.3% for the first check-ups of babies, and 5.7% for tests/vaccination.



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Table C2.4.2 presents the breakdown of the healthcare facilities visited for routine check-ups during the last pregnancy.

Table C2.4.2. Breakdown of Healthcare Facilities Visited for Routine Check-ups in the Last Pregnancy, 2022

Places Visited for Routine Check-ups in the Last Pregnancy (n = 1,375) *		
	N	%
State Hospital/Training Research/University	925	67.2
E/MHC	724	52.6
Private Hospital/Private Clinic	126	9.1
Other	6	0.4

* : Participants provided multiple answers.

% : Based on 1,375 women who went for routine pregnancy follow-ups.

Considering the healthcare facilities that the participants visited for routine check-ups during their last pregnancy, 67.2% applied to state hospitals, training research or university hospitals, and 52.6% applied to E/MHCs.



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Table C2.4.3 presents some information on the follow-ups for mothers and babies during pregnancy and puerperium periods in the last pregnancy of participant women.

Table C2.4.3. Some Follow-up Information of Mother and Baby During Pregnancy and Puerperium in the Last Pregnancy Periods, 2022

Characteristics	N (%)
Consultation to Healthcare Personnel for Routine Control in the Last Pregnancy (n = 3,530)	
Number of prenatal follow-ups	
0	2,155 (61.0)
1	86 (2.5)
2	182 (5.1)
3	275 (7.8)
4 and over	832 (23.6)
Applying to Healthcare Personnel for Routine Controls During the Puerperium Period (n = 3,478)	
Number of puerperium follow-ups	
0	2,799 (79.2)
1	264 (7.3)
2	175 (5.2)
3	87 (2.5)
4 and over	205 (5.8)
With whom women gave birth (n = 3,530)	
At home by herself, with the neighborhood midwife	278 (7.9)
At home with healthcare personnel	154 (4.4)
In hospital/nursing home	3,083 (87.3)
Other	15 (0.4)
Cesarean Section Status (n = 3,530)	1,055 (29.9)
Receiving Immediate Postpartum Care (n = 3,478*)	2,605 (74.9)
Having Newborn Blood Spot Test after the Birth (n = 3,478*)	2,605 (74.9)
Tetanus Vaccination in the Last Pregnancy (n = 3,530)	918 (26.0)
Number of doses of tetanus vaccine (n = 918)	
1	316 (34.4)
2 and over	602 (65.6)

#: Column percentage

* Number of Women Applying to Healthcare Personnel for Routine Control During Puerperium Period

61% of the 3,530 participants did not receive any prenatal follow-ups, 2.5% received prenatal follow-up once, 5.1% received prenatal follow-up twice, and 31.4% received three or more prenatal follow-ups, as can be seen in the table above. Regarding the number of postpartum follow-ups, among 3,478



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participants, 79.2% did not receive any follow-up, 7.3% received one follow-up, 5.2% received two follow-ups, and 8.3% received three or more follow-ups.

Looking into with whom women gave birth among 3,530 participants, it was revealed that 7.9% gave birth at home on their own, 4.4% gave birth with health personnel at home, and 87.3% gave birth in a hospital/maternity hospital. The mean age of those who gave birth at home was 36.5 ± 8.7 years, and the median was 38 (18-49). Among the participants, 29.9% had a cesarean section for their last delivery. Among 3,478 participants, 74.9% stated that they received healthcare immediately after delivery. Among 3,478 participants, 74.9% stated that the newborn blood spot test was done after giving birth. Among 3,530 participants, 26% received tetanus vaccine in the last pregnancy, 34.4% received one dose, and 65.6% received two or more doses of tetanus vaccine. Among 3,478 participants, 68.4% stated that their babies were vaccinated against Hepatitis-B after giving birth. Among 3,530 participants, 54.2% take iron, and 55% take vitamin D.



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C3. CHILD HEALTH

Table C3.1 presents status of having children between the 0-6 and 0-18 age groups by participant women.

Table C3.1. Status of Having a Child and Number of Children between the 0-6 and 0-18 Age Groups by Women Participants, 2022

		Number
	Women with children aged between 0-18 years	2,852
	Women with children aged between 0-6 years (0-59 months)	1,752
	Children aged between 0 - 18 years old	6,885
	Children aged between 0-6 years (0-59 months)	2,786

Of the women interviewed, 6,885 women had children aged between 0-18 years, while 2786 women had children aged between 0-6 years, and 4,099 women had children aged 6-18 years.

Table C3.2 presents school attendance status of children.

Table C3.2. School Attendance of Children Aged 6-18, 2022

School Attendance Status by Children			
		Number	%
	Primary school	2,156	31.1
	Secondary school	1,062	25.9
	High school	385	9.3
	Illiterate	259	6.3
	Literate yet not received formal education	220	5.3
	University	17	0.4

* Column percentage over 4,099 children.

Women had 4,099 children aged between 6-18 years. Among these children, %57 was in primary and secondary school, 9.7% were in high school and university, 5.3% were literate yet not received formal education, and 6.3% were illiterate and not attended school.

Table C3.3 presents three nutritional anthropometric indicators for children: height-for-age, weight-for-height and weight-for-age percentages for children under 5 years old.



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Tablo C3.3. Height-for-age, Weight-for-height, and Weight-for-age Breakdowns of Children 0-59 Months, 2022

Basic characteristic	Height-for-age			Weight-for-height				Weight-for-age			
	Percentage below -3 SD	Percentage below -2 SD	Mean Z value	Percentage below -3 SD	Percentage below -2 SD	Percentage above +2 SD	Mean Z value	Percentage below -3 SD	Percentage below -2 SD	Percentage above +2 SD	Mean Z value
Age (Months)											
<6 months	3.3	3.9	-0.1	2.8	5.0	9.9	0.2	0.5	1.2	2.7	0
6-8	0.2	2.9	-0.1	3.0	4.3	3.5	0.4	3.2	1.8	4.4	0.1
9-11	0.6	2.3	-0.6	0.2	2.1	6.6	0.6	2.4	1.9	2.9	0
12-17	2.0	2.2	-0.2	0.4	0.6	6.2	0.5	1.5	0.9	4.4	0.5
18-23	1.9	4.6	-0.2	0.2	0.3	9.2	0.8	1.0	1.2	5.9	0.7
24-35	1.2	5.1	-0.3	0.1	0.3	11.8	0.7	0.9	1.3	7.6	0.6
36-47	1.8	6.0	-0.3	0.3	0.5	7.0	0.6	0.5	1.3	4.6	0.4
48-59	0.9	5.4	-0.3	0.7	0.6	15.1	0.6	0.9	2.0	6.2	0.4
TOTAL (0-59 months)	1.2	6.6		0.9	3.0	7.1		0.7	3.0	5.2	

Accordingly, stunting cases were identified in the 6.6% of children under 5 years, and overweight cases were identified in the 7.1% of children under 5 years. The rate of underweighted children was 3%.



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Among all the children (6,885 children between 0-18 age) of participant women, 219 children (3.1%) were reported to have a chronic disease. Table C3.4 presents the distribution of the most common physician-diagnosed diseases among children.

Table C3.4. Distribution of the Most Prevalent Physician-Diagnosed Diseases among the Children of the Participant Women, 2022

Diseases	N	%* (95% CI)^	%o 95% CI^
Asthma	31	14,2 (3,7-24,7)	4,5 (2,6- 6,4)
Visual Disorder/Eye Disease	27	12,3 (1,8-22,8)	3,9 (2,0-5,8)
Physical Disability/Impairment	25	11,4 (0,9-21,9)	3,6 (1,7-5,5)
Speech Impairment	17	7,8 (0,1-18,3)	2,4 (0,5-4,3)
Anemia/Disturbance of Blood Values	16	7,3 (0,2-17,8)	2,3 (0,4-4,2)
Heart disease	13	5,9 (0,4-16,4)	1,8 (0-3,7)
Hearing impairment	10	4,5 (0-15)	1,4 (0-3,3)
Kidney disease/diabetes	7	3,1 (0-13,6)	1 (0-2,9)

*%: Percentage of children with the disease (219)

%o: Percentage in all children (6,885)

^ : Since probabilistic sampling technique was not used, the given **confidence intervals** were calculated assuming probabilistic sampling.

Among the 219 children with physician-diagnosed diseases, 14.2% had asthma, 12.3% had visual impairment/eye disease, and 11.4% had physical disabilities.

Table C3.5 presents the distribution of participants' children exposed to physical, psychological or sexual violence.

Table C3.5. Distribution of Participants' Children Exposed to Physical, Psychological or Sexual Violence, 2022

Children's Exposure of Physical, Psychological or Sexual Violence (n = 2,852) *			
		Number	% (95% CI)^
	None**	2,721	95.4
	Psychological violence	212	7,4 (4,5-10,3)
	Physical violence	111	3,9 (1,0- 6,8)
	Sexual violence	4	0,1 (0-3,0)

* Question of "Have any of your children been exposed to violence?" was asked to 2852 women with children aged between 0-18 years.

^ : Since probabilistic sampling technique was not used, the given **confidence intervals** were calculated assuming probabilistic sampling.

Among the women's children between 0-18 years, 95.4% have never been exposed to physical, psychological or sexual violence, while 7.4% were exposed to psychological violence, and 0.1% to sexual violence.



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Table C3.6 presents the distribution of health service use of the children in the last 15 days, and the reasons for health service uses.

Table C3.6. Distribution of the Status of Healthcare Service Applications for the Children in the Last 15 Days, and the Reasons for Health Service Applications, 2022

		Number	%
Healthcare Service Application for the Children in the Last 15 Days (n = 2,852)			
	No	2,422	84.9
	Yes	430	15.1
Reasons for Healthcare Referral of the Children in the Last 15 Days (n = 430)			
	Colds/Flu/Influenza	208	48.4
	Routine Control/Test/Vaccine/X-ray	103	24.0
	No Answer	34	7.9
	Cough/Sore Throat	15	3.5
	Other	13	3.0
	Fever	7	1.6
	Receiving Serum	7	1.6
	Infection/Inflammation	7	1.6
	Prescription	6	1.4
	Heart Disease/Control	6	1.4
	Visual Impairment/Eye Disorder	5	1.2
	Preoperative or Postoperative Control	4	0.9
	Dizziness	4	0.9
	Dental Treatment	4	0.9
	Sinusitis	4	0.9
	Asthma	3	0.7

?: Column percentage

Among the 2,852 women participants, 84.9% did not apply for healthcare services for any of their children in the last 15 days, while 15.1% applied. Regarding the reasons for the health service applications in the last 15 days by participants, 48.4% of the applications were made due to cold, influenza or flu, while 24% were due to routine check-ups, tests, vaccinations or x-rays, and 0.7% were due to asthma.



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Table C3.7 presents the status of being underweight (in weight) as diagnosed by a physician for any of the participants' children and the status of being previously reported as normal weight.

Table C3.7. The Status of Being Underweight (in Weight) Diagnosed by a Physician for Any of the Children of Participants, and the Status of Previously Being Reported in Normal Weight, 2022

		Number	%
Underweight Status Diagnosed by a Physician for Any of the Children (In weight) (n = 2,852)			
	No	2,168	76.0
	Don't know	498	17.5
	Yes	186	6.5
The Status of Previously Being Reported in Normal Weight (n = 186)			
	Yes	125	67.2
	No	55	29.6
	Don't know	6	3.2

Accordingly, looking into the underweight status (in weight) diagnosed by the physician for any of the children of the participants, among the 2,852 participants, 76% responded to “no”, 17.5% responded to “unknown”, and 6.5% responded to “yes”. Among these people, 67.2% stated that their children’s weight was previously evaluated in the normal ranges.

In research, number of women with children aged between 0-59 months was identified 1,752. Table C3.8 presents the vaccination and monitoring status of their children.

Table C3.8. Vaccination and Monitoring Status of Participants Women’s Children, 2022

Vaccination Status of Children Administered After Arriving in Türkiye (n = 1,752)		Number	%
	Yes	1,275	72.8
	No	352	20.1
	Don't Remember	125	7.1
Opinion on Vaccination of Children (n = 1,752)			
	I do not vaccinate my children	134	7.6
	I want to vaccinate my children, yet I do not know how to do it	93	5.3
	I have vaccinated, or I am vaccinating my children regularly at the health center	1,302	74.3
	I have no idea	223	12.7
Status of 0-6 Years (0-59 months) Child's Vaccination Card (n = 1,752)			
	Yes	952	54.3
	No	800	45.7
Monitoring Status of 1-6 Year Old Children (n = 2,274 children*)			
	Yes	983	43.2
	No	1291	56.8



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Regarding the vaccination status of the children administered after arriving in Türkiye, 72.8% of the 1,752 participants stated that their children were vaccinated, while 20.1% stated that their children were not vaccinated. Looking into their opinions on vaccinating their children, 74.3% of them responded to "I have vaccinated, or I am vaccinating my children regularly at the health center" and 12.7% responded to "I have no idea". Among the participants, 54.3% stated that their children aged between 0-6 years (0-59 months) had a vaccination card, while 45.7% stated that their children aged between 0-6 years (0-59 months) did not have a vaccination card. Among the participants, 56.8% stated that they did not carry out monitoring of their children aged between 1-6 years, while 43.2% stated that they did.

Table C3.9 presents the distribution of the reasons for not administering regular vaccination of their children.

Table C3.9. Distribution of Reasons for not Administering Regular Vaccination, 2022

Reason for not Having the Child Vaccinated Regularly (n = 450*)			
	My spouse does not want	94	20.9
	I do not know where it is made	70	15.6
	I cannot go alone	69	15.3
	I find vaccination unnecessary	67	14.9
	I am afraid of side effects	58	12.9
	I Don't Trust Vaccines	57	12.7
	I think it will harm my child	52	11.6
	I do not have time for that	50	11.1
	Other	2	0.4

* Multiple responses (includes responses for each child).

Among the participants, 20.9% stated that their spouses did not want them to have their children's vaccinations regularly, 15.6% stated that they did not know where it was done, and 15.3% stated that they could not take them alone.



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Table C3.10 presents the distribution of some of the diseases observed in participants' children aged between 0-6 years in the last 1 year.

Table C3.10. Distribution of Some Diseases Observed in Participants' Children Aged between 0-6-Years in the Last 1 Year, 2022

Diseases	number	%*	%**	How many times Avg(SD)	Healed in a short time N(%)
URTI	135	52.7	4.8	2.5 (2.18)	93.3
LRTI	68	26.6	2.4	2.6 (2.18)	95.6
Acute diarrhea	62	24.2	2.2	2.2 (1.80)	95.2
COVID-19	35	13.6	1.3	1.1 (0.23)	97.1
Scabies	8	3.1	0.4	1 (0)	100
Lesmania	2	0.7	0.07	1.5 (0.70)	100

%* : Percentage of children with illness (256 children)

%** : Percentage in all children (2,786 children)

Among the women participants whose children had illnesses in the last one year, 52.7% responded to "URTI", and 26.6% responded to "LRTI" with the statement "In the last one year did any of your children between the ages of 0-6 years have one of the illnesses I will read to you now?". The percentage of children who had URTI disease in the last one year is 4.8% among all the children, while the percentage of children who had LRTI disease in the last one year is 2.4% among all the children.

The participants who responded to "LRTI" with the statement "In the last one year did any of your children between the ages of 0-6 years have one of the illnesses I will read to you now?" stated that it was observed an average of $2,6 \pm 2.18$ times and 95.6% of them recovered, while the participants who responded to "URTI" stated that it was observed an average of $2,5 \pm 2.18$ times and 93.3% of them recovered in a short time.



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Table C3.11 presents the feeding status of women to their children aged Between 0-2 years.

Table C3.11. Feeding Status of Women to Their Children Aged Between 0-2 Years, 2022

Duration of Breastfeeding (months) (n = 949)			
	0	20	2.1
	1-6 months	423	44.6
	7-12 months	287	30.2
	13-18 months	178	18.8
	19-25 months	41	4.3
Feeding Pattern of the Infant in the First 6 Months (n = 949)			
	I didn't breastfeed	20	2.1
	Only breast milk	53	5.6
	Only breast milk and water	631	66.5
	Breast milk and other non-milk liquids (broth, fruit juice, soup broth and other liquids)	83	8.7
	Breast milk and other milks	74	7.8
	Breast milk and supplementary foods	88	9.3
Initiation of Breastfeeding After the Baby was Born (n = 949)			
	Within the first hour	554	59.6
	After the first hour	375	40.4
The First Month of Giving Supplementary Food (n = 949)			
	1-3	50	5.3
	4-6	642	67.7
	7-12	228	24.0
	13-24	29	3.1
Medications Given to the Infant by the Healthcare Facility (n = 949*)			
	Vitamin D	641	67.5
	Iron	515	54.3
	Don't know	176	18.5
	Any of Them was not Given	86	9.1

Among 949 women with children aged between 0-2 years, 2.1% could not breastfeed their babies at all, thus 97.9% could breastfeed. Regarding the baby's nutrition in the first 6 months, among the participants, 5.6% stated that their baby was fed with breast milk, while 66.5% stated that their baby was fed with milk and water, and 9.3% with breast milk and supplementary foods. Among the participants with children aged between 0-2 years, 59.6% stated that they initiated breastfeeding within the first 1 hour after the baby was born, while 40.4% stated that they started breastfeeding in the first 1 hour after the baby was born. Regarding the first month in which the baby received food, 67.7% of the participants responded to 4-6 months, and 24% responded to 7-12 months. Regarding the medication given to the baby by the health facility, 67.5% of the participants responded to vitamin D, and 54.3% iron.



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Table C3.12 presents the descriptive characteristics of the nutritional status of children of women with children aged 0-2 years.

Table C3.12. Descriptive Characteristics of Feeding Status of Women with Children Aged Between 0-2 Years, 2022

	Median (min-max)
Total duration of breastfeeding	12 (0-25)
Duration of exclusive breastfeeding	2 (2-24)
The first month to start supplementary food	4 (1-24)

Among women with children aged between 0-2 years, the median value for the total duration of breastfeeding was 12 (min:0-max:25) months, the median value for the duration of exclusive breastfeeding was 2 (min:2-max:24) months, and the median value for the duration of starting supplementary food was 4 (min:1-max:24) months.

Table C3.13 presents the distribution of live births in the last one year, and newborn screenings and infant monitoring performed within 0-28 days at the health facility.

Table C3.13. Distribution of Live Births in the Last One Year, Newborn Screenings and Infant Monitoring within 0-28 Days in a Health Facility, 2022

Number of Live Births in the Last One Year	598
Number of Babies Born Alive and Died in the Last One Year	9
Infant Mortality Rate (%)	15
Babies Who Underwent Newborn Screening in Any Health Facility within 0-28 Days (%)	78.3
Heel Blood Collection from Infants (%)	90.5
Hearing Test Performed on Infants (%)	92.3
Infants Examined for Hip Dislocation (n=)	87.0
Baby's Height, Weight, Head Measurements Recorded (%)	88.1
Those Who Had Nine Times Monitoring (complete monitoring) for their 0-1 Year-Old Infants (%)	84.8

Based on the statements of mother participants, the number of live births in the last one year was 598, nine of these babies died before completing their 365th day. The infant mortality rate was calculated as 15%. Among the participants, 78.3% stated that their babies underwent newborn screening in a healthcare facility within 0-28 days, of these mothers 90.5% stated that heel prick blood was taken from their baby, 92.3% stated that their baby had test for hearing, 87% stated that their baby was examined for hip dislocation, and 88.1% stated that the baby's height, weight and head measurements were recorded. Those who had 9 monitoring (complete monitoring) for their infants aged between 0-1 year were composed of 84.8% of the mother participants.

Looking into the distribution of the healthcare facilities to which the participants most frequently applied for infant monitoring, 36.1% stated that they applied to the E/MHC, 20.8% to a hospital, and 25.4% stated that they could not remember the facilities which they most frequently applied for monitoring.



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CONCLUSION

Characteristics of Participants

Among the 5,247 women aged between 15-49 years and above interviewed for the research, the majority was aged between 25-44 years. The average number of years the participants lived in Türkiye was 8.2 ± 3.5 (min:1-max:63). One in every five participants has been living in Türkiye for 10 years or more. 93.5% of the 5247 participants stated that they speak Arabic as their mother tongue, and 30.6% of them speak enough Turkish to meet their daily needs. Among the participants, 94.4% live in central districts, while 5% in non-central districts, and 0.6% in temporary shelters and seasonal worker tents. Over half of the participants were married and had children. The average number of children was 3.4 ± 2.1 (min:1-max:17).

Approximately 40% of the participants had consanguineous marriage with their spouses.

Maternal-Child Health Status

Among 5,247 respondents, 4.1% were under the age of 15, and 59.9% were between the ages of 15-19. The average value of the age at the first marriage was 19 ± 3.3 , and the median value was 18 (12-44). Among women married before 19 years of age, 34.1% were married at the age of 18, 18.6% at the age of 17, and 13.6% at the age of 16.

Among women who had at least one pregnancy, 44.2% had their first pregnancy at the age between 15-19 years, while 43.6% of women who had at least one birth had their first birth at the age between 15-19 years. In other words, around half of the women become pregnant and give birth between the ages of 15-19. 55.1% of women had planned and voluntary marriages, while around 4% were married against their will. The average number of pregnancies experienced by women was 3.1 ± 1.936 , and the median value was 3 (Min:1- Max:15). The average live birth was 2.8 ± 1.761 , and the median value was 3 (Min:0- Max:14). The number of births in Türkiye was 3,478, and the mean number of births in Türkiye was 1.4 ± 1.246 with a median value of 1 (Min:0 -Max:13).

Fertility rate of women was identified as 11.5%. This rate indicates a high level of fertility among women aged 15-49 in reproductive age. The miscarriage rate was 17.9% (per 100 women). Among the participants who had at least a pregnancy, 82.9% did not have a miscarriage. Among the participants, 15.8% stated that they had a spontaneous miscarriage, while 0.6% stated that they had a self-induced miscarriage, and 1.5% stated that they had an abortion. Among women who had abortions/self-induced miscarriages, 14.1% had previously used contraceptives, and half of them had used traditional methods. Among those who had an abortion/self-induced miscarriage, 21.1% used contraceptives, and among the ones who used contraceptives approximately half of them used traditional methods.

Among the participants, 7.2% were currently pregnant, and 2.8% were in the puerperium. 14.1% wanted a pregnancy at the period of survey, and 14.1% wanted a pregnancy in the next 2 years or more. 19.3% stated that they did not want to get pregnant anymore. However, only 20.7% stated that they were using family planning methods at the time of the survey. Among the participants who experienced a pregnancy, 37.8% stated that they wanted the pregnancy they experienced within the last 2 years. Among the 383 women who were pregnant at the period of survey, 80.9% stated that they wanted this pregnancy.

Among the participants, 79.3% stated that they did not use any family planning method. Among the



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users of family planning methods, public hospitals and E/MHCs were stated as the most common places where family planning methods were received (62.1%). Among those who uses these methods, 44.8% said that they used methods with a limited impact (traditional methods). Among the effective methods, they used the IUD, the pill and condoms, respectively. The unmet need for family planning was identified as 17.4%.

More than half of the participants stated that they did not know what to do to protect themselves from sexually transmitted diseases. The most common recommendations for protection were "monogamy, condom use, not having sex with risky people".

In their most recent pregnancy, 39% of women had monitoring for routine control purposes. The average number of monitoring visits for routine control purposes was quite high (5.1 ± 3.372). This indicates that the same pregnant woman was monitored more frequently. In fact, among those who went for monitoring, 90.1% stated that they went for an ultrasound/examination. During the puerperium, 21% had routine monitoring for control purposes. The average number of monitoring visits for routine control purposes was 3.2 ± 2.947 . Regarding the places of visit, the first places were stated as the public hospital (67.2%) and the E/MHC (52.6%).

Among the women, 87.3% had their most recent birth in a hospital/natal center. 29.9% had a cesarean section. 74.9% stated that they received healthcare immediately after delivery. 26% stated that they received tetanus vaccination in their last pregnancy, and 68.4% stated that their baby was vaccinated against Hepatitis-B after giving birth. 54.2% said that they used iron, and 55% used vitamin D.

Child Health

Among the participants, 82% had children in the 0-18 age group, while 61.4% had children in the 0-6 age group. Women had 4,099 children aged between 6-18 years. Among these children, 57% were in primary and secondary school, 9.7% were in high school and university, 5.3% were literate yet not attending school, and 6.3% were illiterate and not attended school.

Regarding Z scores indicating nutritional status in children aged 0-6 years, stunting cases were found in 6.6%, overweight in 7.1% and underweight in 3.0% of children aged between 0-59 months.

Among 949 women with children aged between 0-2 years, 2.1% could not breastfeed their babies at all, thus 97.9% could breastfeed. Among the children, 5.6% were fed with breast milk, 66.5% were fed with breast milk and water, and 9.3% were fed with breast milk and supplementary foods. 59.6% stated that they started breastfeeding within the first 1 hour after the baby was born, while 40.4% after the first 1 hour after the baby was born. The average total duration of breastfeeding for children aged 0-2 years was 12 (min:0-max:25) months, exclusive breastfeeding was 2 (min:2-max:24) months, and initiation of supplementary food was 4 (min:1-max:24) months.

Among children aged between 0-18 years (6,885), 219 (3.1%) were reported to have a chronic disease by their mothers. Accordingly, the number of children with physician-diagnosed illnesses was 219, 14.2% of children with illnesses were diagnosed with asthma, 12.3% had visual impairment/eye disease, and 11.4% had physical disabilities. While children of 95.4% of women had never been exposed to physical, psychological, or sexual violence, 7.4% to psychological violence, and 0.1% to sexual violence.

Among women, 84.9% did not apply for healthcare services for any of their children in the last 15 days,



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while 15.1% applied. Among the admissions, 48.4% were identified for colds, influenza, or flu, while 24% for routine check-ups, tests, vaccinations, or x-rays, and 0.7% were for asthma. Among women, 6.5% stated that their children were diagnosed as underweight.

Among women with children aged between 0-59 months, 72.8% of them vaccinated their children after arriving in Türkiye. Regarding vaccination, 74.3% of the participants responded to "I have vaccinated, or I am vaccinating my children regularly at the health center". Regarding the reasons for not regularly vaccinating their children, 20.9% of the participants stated that their spouses did not want them to be vaccinated, and about 30% stated that they did not know where it was administered and that they could not go alone. The most common communicable diseases observed in these children in the last year were URTI, LRTI, acute diarrhea and COVID-19 due to pandemic.

Based on the mothers' statements, the number of live births in the last one year was 598. Nine of these babies died before completing 365 days. The infant mortality rate was calculated as 15%. A newborn screening was performed on 78.3% of the babies in a healthcare facility within 0-28 days. Heel blood was taken from 90.5% of the babies, a hearing test was performed to 92.3% of the babies, a hip dislocation examination was performed to 87% of the babies, and measurements of height, weight, and head were recorded for the 88.1% of the babies. The participants who had 9 follow-ups (complete follow-ups) for their babies aged between 0-1 year were composed 84.8% of the participants.



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RECOMMENDATIONS

Considering the first marriage age of 5,247 participants, 64% of them were under the age of 19, approximately 40% of them had a first-degree and second-degree kinship with their spouses, and approximately half of them willingly planned their marriages, there is a need for "premarital training and counseling" services, and further dissemination and implementation with effective methods. In addition, these programs should be provided to the families of young people getting married as well as to their families. Again, considering the age at first pregnancy, it is fact that nearly half of the participants were married before the age of 19 and that the fertility rate (115%) and miscarriage rate (17.9%) were quite high. This result suggests that "pre-pregnancy training and counseling" activities need to be strengthened.

Another striking finding is that the rate of women who had an abortion/self-induced miscarriage (indicating that they did not want a pregnancy) using family planning methods before the abortion is 14%, half of which are methods with limited impact. These numbers are the same for the post-abortion period. In addition, 79.3% of the participants do not use any family planning method. Half of those who use family planning management use limited methods. The unmet family planning need is quite high (17.4%), which indicates that there are women who want to leave time between births or terminate their fertility but do not use any contraceptive method. It is observed that males and families are more efficient in taking decisions in such processes. Thus, the "training and service provision" for these groups in family planning should be improved.

Prenatal care processes are very important in maternal and child healthcare. Looking into the number and quality of the monitoring prenatal care, 4 out of the 10 pregnant women stated that they received monitoring for routine control purposes. Instead, they prefer receiving monitoring when they encounter a problem. Looking into the reasons for receiving monitoring, they primarily responded to ultrasound control, and this demonstrates that they are not aware of the importance of the monitoring. Similarly, the fact that the same pregnant women receive more frequent monitoring and the fact of low levels of the percentage of tetanus vaccination during pregnancy indicate the necessity of intervention programs for these individuals, pregnant women, families and service providers. In postnatal care (as the births take place in hospitals), it was observed that services were mostly received in public hospitals. Although the first monitoring of the puerperium was carried out in the hospital, the frequency of receiving subsequent routine monitoring was low. Although 3 out of 10 women had a cesarean section, which was lower than the data for Türkiye, and this is higher than the expected scientific value. Regarding the services provided during the birth and postnatal period and their necessity, there is a need for intervention programs that include training and counseling, and integration of the institutions/facilities consulted.

Looking into the findings on child health, stunting and underweight cases, which are indicators of nutrition, were high in children aged 0-6 years. Almost all mothers initiated breastfeeding their children, yet the percentage of exclusively breastfeeding and breastfeeding within the first hour is low. Thus, existing programs on child nutrition, especially breastfeeding practices, should be disseminated and be more effective, considering that these behaviors are influenced by cultural and social-environmental factors.

Among children aged between 0-18 years, the rate of children with any chronic disease diagnosed by a physician was 3.1%. Among these diseases, mothers mostly mentioned asthma and disability, which



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are easy to be recognized by the mother. Thus, this frequency may only be the tip of the iceberg. The health monitoring in children, and awareness activities in young people would help with early diagnosis. URTI was the most common reason reported for visits of children to health facilities. This demonstrates that the awareness on child monitoring is low. Participation in immunization services in child health was found high. The most common reasons stated by mothers who did not have their children vaccinated regularly were that their spouses did not want their children to be vaccinated, they did not know where to go, and they could not go alone. Similarly, it is also crucial to have access to other members of the family other than the mother, without disregarding social factors in the use of these services.

According to the statements of the mothers interviewed, the percentage of infant screening tests and the number of infant monitoring were in very positive levels. However, the infant mortality rate was higher than the rates in Türkiye. The presence of high rates of consanguineous marriages and indicators of malnutrition indicate the need to strengthen programs for migrants to reduce the causes of infant mortality in general.



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MIGRANT HEALTH SURVEY QUESTIONNAIRE FORMS

HOUSEHOLD

(TO BE ASKED ONCE IN EVERY HOUSEHOLD)

PROVINCE:

DISTRICT:

The information collected through this questionnaire will be used for research purposes, and your personal information will not be shared with any institution. Participation in the research is completely voluntary.

- Refused the interview
- Has a severe speech impediment
- Has severe hearing impairment
- Has mental disability
- Accepted the interview

Interview Language

1. Arabic
2. Turkish
3. Urdu
4. Pashto
5. Persian



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Household List

Name Surname	Date of Birth	Gender Female Male	Marital Status 1. Married 2. Single 3. Widow 4. Divorced	Surveys by Age and Gender Population Pyramid	Do you have a disability? Please specify, if any. 1.Yes 2.No	<u>Do you have any chronic disease diagnosed by a physician?</u> (Diabetes, Hypertension, Obesity, Asthma, COPD (Chronic Obstructive Pulmonary Disease), Cancer, Allergic Diseases (rhinitis -hay fever, food allergy, drug allergy) 1. Yes 2. No 3. Don't know
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						



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INFORMATION ON HOUSING/HOUSEHOLD

H1. How many people in total live in this household/flat, including you?

_____ person(s)

H2. How would you best describe the house you live in?

1. Apartment
2. Villa
3. Slum
4. Container
5. Dormitory
6. Shelter
7. Tent
8. Garage/Shop
9. No specific place
10. Homeless
11. Other (Please specify)

H3. Is there a separate kitchen in the place you stay?

1. Yes
2. No

H4. Is the toilet inside the place you live/stay or outside?

1. No toilet/thicket/land/public toilet
2. In the house
3. Outside the house
4. Inside and outside the house
5. Other (Please specify)

H5. What type of water you use at home?

1. Tap water
2. Well water
3. Rain water
4. Tanker/Water station
5. Surface water (River/Stream/Lake/Pond/Dam/Direct/Channel)
6. Other (Please specify)

H6. What is your total monthly household income? Please indicate the TL valueTL

Note to interviewer: Trying to get an answer, if it is not stated at all, 99 should be written.

H7. Does your monthly household income cover your expenses?

1. My income is more than my expenses
2. My income slightly exceeds my expenses
3. My income is equal to my expenses
4. My income is slightly less than my expenses
5. My income is less than my expenses



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Now I would like to conduct a survey of eligible persons living in your household.

Is currently available in the household?

YES..... 1 → **ASK FOR SURVEY PARTICIPATION**

NO 2 → **ASK IF THE PERSON WILL BE PRESENT IN THE HOUSE AT THE DATE OF SURVEY**

Will be present in the household at the date of the survey?

YES..... 1 → **WRITE DOWN THE NEXT DATE OF APPOINTMENT**

NO 2 → **ASK IF THERE IS ANOTHER PERSON FOR SURVEY PARTICIPATION**

Write down the next date of appointment:

The person,, agree to participate in the survey?

YES..... 1 → **CONTINUE TO INTERVIEW**

NO 2 → **WRITE DOWN THE REASON FOR REJECTION**

Reason for rejection:

I ensure that I have conducted this interview with a person whom I don't know, in accordance with the training given and ESOMAR rules, and I accept that the interview will be controlled by the supervisor.

NEIGHBOURHOOD:

STREET:

BUILDING NO:

DOOR NUMBER:

HOME PHONE: (____)

MOBILE PHONE: (____)

NAME AND SURNAME OF THE INTERVIEWER:



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DEMOGRAPHIC INFORMATION

D1. What is your age?

.....

D2. What is your gender?

1. Female
2. Male

D3. What is your education status?

1. Illiterate
2. Literate, yet not graduated from any school
3. Primary school graduate
4. Secondary school graduate
5. High school graduate
6. University graduate and above

D4. What is your marital status?

1. Married
2. Single
3. Widow
4. Divorced

D5. Is your spouse a blood relative?

(DO NOT ASK THOSE WHO ANSWERED "SINGLE" TO THE QUESTION D4!)

1. Yes (first degree relative (uncle, aunt, uncle child))
2. Yes (a distant relative)
3. No
4. I don't know

D6. Do you have children?

(DO NOT ASK THOSE WHO ANSWERED "SINGLE" TO THE QUESTION D4!)

1. Yes
2. No

D7. How many children you have?

(ASK THOSE WHO ANSWERED "YES" TO THE QUESTION D6!)

.....

D8. What is your family type?

1. Extended family (It consists of a mother, father, children, and one or more people from parents' relatives)
2. Nuclear family (consists of a mother, father and children)
3. Broken family (It consists of one of the parents and children. One of the parents is absent due to variety of reasons such as divorce, death, living apart etc.)
4. Single family (The situation where the individual lives alone)



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D9. What is the location of your settlement?

1. Central District
2. Non-Central District
3. Temporary Accommodation Areas (Camp)
4. Seasonal Worker Tent

D10. If you are currently working in Türkiye, what is your occupation?

.....

D11. For how many years have you been living in Türkiye?

..... year(s)

D12. Which country are you from?

.....

D13. What is your mother tongue?

1. Arabic
2. Turkish
3. Kurdish
4. Pashto
5. Urdu
6. Persian
7. English
8. Other

D14. Do you know enough Turkish to meet your needs in your daily life?

1. Yes, I know
2. I know partially
3. Don't know

Please indicate your use of tobacco and tobacco products, and your frequency of use.

	Never	Sometimes	... pieces per day	I quit	Other (Please specify)
D15. Cigarette					
D16. Hookah					
D17. Other Tobacco Products					

D18. Do you drink alcohol?

1. Never
2. Sometimes
3. I regularly consume alcohol



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D19. Do you have a physical disability?

1. No physical disability
2. Congenital physical disabled
3. Congenital hearing impaired
4. Congenital blindness
5. Congenital speech impaired
6. Acquired physical disability
7. Acquired hearing impaired
8. Acquired blindness
9. Acquired speech disorder

FA. Have you ever received healthcare training, information etc. on?	Yes	No	No Idea	Who provided the training?
FA.1. Chronic diseases	1	2	99	
FA.2. COVID 19 and other communicable diseases	1	2	99	
FA.3. Women's health and family planning	1	2	99	
FA.4. Child health and pediatric development	1	2	99	
FA.5. Vaccines				
FA.6. Mental Health	1	2	99	
FA.7. Hygiene				
FA.8. Healthy nutrition				
FA.9. Physical activity				
FA.10. Occupational health and safety				
FA.11. Addiction				
FA.12. Reproductive health				
FA.13. Other	1	2	99	

Codes for Trainers:

1. MHC (Migrant Health Center)
 2. FHC (Family Health Center)
 3. NGO (Non-governmental organization)
 4. Hospital
 5. MHC personnel gave at home/school/street/ shopping mall etc.
- Other

Interviewer Name Surname:

MOBILE PHONE: (____)



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FORM – A

(FEMALE AND MALE INDIVIDUALS – AGES 18 AND OVER)

HEALTH STATUS

SD1. How would you describe your health status before you arrive in Türkiye?

1. Very good
2. Good
3. Acceptable
4. Poor
5. Very poor
6. Don't know

SD2. How would you describe your current health status?

1. Very good
2. Good
3. Acceptable
4. Poor
5. Very poor
6. Don't know

SD3. Have you applied to any healthcare facility in Türkiye in the last year?

1. Yes
2. No
3. I don't remember

SD4. In the last ONE YEAR, from which healthcare facility(s) did you receive service when you have any health problem? (MULTIPLE ANSWERS ALLOWED)

(ASK THOSE WHO ANSWERED “YES” TO THE SD3)

If you have received service from a healthcare facility in the last ONE YEAR when you have any health problem;

ASK THE FOLLOWING QUESTIONS SEPARATELY FOR EACH OF THE APPLIED HEALTHCARE FACILITY! (PLEASE TICK ALL APPLIED HEALTHCARE FACILITIES!)

SD5. How many times have you been to

SD6. What services did you benefit in the facility of

SD7. Did you pay a fee when you went to

(Note to interviewer: It will be reminded that they do not pay any fees)

SD7_1. Where did you make the payment?

SD8. Did you pay for the medicines prescribed for you at the end of this application?

(Note to interviewer: It will be reminded that they do not pay any fees)



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SD9. Did you benefit from the translation service in the facility?

SD10. If so, how much did you pay?

SD11. How satisfied were you with the healthcare service you received?

Healthcare Facilities	SD4	SD5	SD6	SD7	SD8	SD9	SD10	SD11				
								very satisfied	satisfied	undecided	not satisfied	not satisfied at all
Family Health Center	1	..... times			..... TL			5	4	3	2	1
Tuberculosis Dispensary	2				..... TL			5	4	3	2	1
Public Hospital	5	..... times			..... TL			5	4	3	2	1
Private Hospital/ Polyclinic	6				..... TL			5	4	3	2	1
Migrant Health Center	9	..... times			..... TL			5	4	3	2	1
112 Emergency Service	10				..... TL			5	4	3	2	1
Emergency Service	11	..... times			..... TL			5	4	3	2	1
Mobile Health Service	12	..... times			..... TL			5	4	3	2	1
Healthy Living Center	13			 TL			5	4	3	2	1
Foreigners' Health Center	14 times		 TL			5	4	3	2	1



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Status codes of: Application Fee payment Interpreter Service Fee payment for interpreter	Received Service Codes
1= Yes 2= No	1= Preventive services (vaccination, family planning, pregnancy follow-up, etc.) 2= Test (blood, urine, throat analysis etc.) 3= Examination 4= Surgery 5= Hospitalized 6= Prescribed 7= X-ray, Ultrasound, Tomography, MRI 8=Other (Specify)

SATISFACTION FROM HEALTHCARE SERVICES

SHM1_1. Have you applied to any MHC in the last one year?

1. Yes
2. No

SHM1. If you have applied to any MHC in the last one year, how satisfied were you with the service offered?

- 5- Very satisfied
- 4- Satisfied
- 3- Undecided
- 2- Not satisfied
- 1- Not satisfied at all

SHM2. What are the positive aspects of receiving services from physicians working at E/MHC?

1. Ease of communication
2. Good services (Good Treatment / Examination / Diagnosis), enough attention
3. Qualified/experienced personnel
4. Feeling of confidence
5. Other.....



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SHM3. What are the negative aspects of receiving services from Syrian physicians?

1. Poor examination and treatment
2. Incompetence of staff
3. Irregularities in the system, and appointment dates too far away
4. Insufficient attention
5. Other (specify.....)

SHM4. What is the distance of the nearest health facility to you?

1. 10-15 minutes on foot
2. 30 minutes on foot
3. One hour or more on foot
4. 10-15 minutes by vehicle
5. 30 minutes by vehicle
6. More than one hour by vehicle

SHM5. What do you think about benefiting from healthcare services in Türkiye?

1. So difficult
2. Difficult
3. Undecided
4. Easy
5. Very easy

SHM6. What was the last healthcare facility you went to?

1. MHC (Migrant health center)
2. FHC (Family Health Center)
3. State Hospital
4. University Hospital
5. Private Hospital
6. Other (specify.....)

SHM7. How did you tell the physicians about your health problems in the last health facility you went to?

1. I can't explain
2. I'm telling in Turkish
3. I accompany a person who knows Turkish
4. Interpreters in the hospitals are helping
5. We go to centers where there are Syrian physicians
6. Other (Specify)

SHM8. How did you arrive to the last healthcare facility you visited?

1. Public transportation
2. Private car
3. Taxi
4. On foot
5. Motorcycle



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	Yes	No	I don't remember / I have no idea
SHM9. In the last healthcare facility you visited, were there guiding directions that clearly point the way?	1	2	99
SHM10. Were these signs helpful for you in terms of directions? (ASK THOSE WHO ANSWERED "YES" TO THE SHM9 QUESTION)	1	2	99
SHM11. Was it difficult to reach a physician in the last healthcare facility you visited?	1	2	99
SHM12. Did you have an examination at the last healthcare facility you visited?	1	2	99
SHM13. Was it difficult to get an examination at the last healthcare facility you visited? (IT WILL BE ASKED TO THOSE WHO SAY YES TO SH12)	1	2	99
SHM14. Was there anyone who helped you (interpreter, bilingual patient guide, etc.) in the last healthcare facility you visited?	1	2	99
SHM15. Would you go to the same healthcare facility again?	1	2	99

SHM16. In general, to what extent were you satisfied with the health services you received in Türkiye?

- 5- Very satisfied
- 4- Satisfied
- 3- Undecided
- 2- Not satisfied
- 1- Not satisfied at all



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CHRONIC DISEASE STATUS

I'm going to read you some chronic diseases and ask some questions about them.

Note: Those who answer "Yes" to KH1 should answer KH2!

	KH1. Have you ever heard of this disease?		KH2. To what extent do you think you know about this disease?				
	Yes	No	Very sufficient	Sufficient	Moderately	Slightly	Insufficient
Diabetes	1	2	5	4	3	2	1
Hypertension	1	2	5	4	3	2	1
Obesity	1	2	5	4	3	2	1
Asthma, COPD (Chronic Obstructive Pulmonary Disease)	1	2	5	4	3	2	1
Cancer	1	2	5	4	3	2	1
An allergic disease (rhinitis - hay fever, food allergy, drug allergy)	1	2	5	4	3	2	1

KH3. May I know your height? Write down in cm.

_____cm

KH4. May I know your weight in the last month?

_____kg

KH5. Did you measure your blood pressure in the last month?

1. Yes
2. No (**GO TO KH7**)

KH6. What was your blood pressure the last time you had it measured?

1. I remember (Ask for systolic and diastolic blood pressure)
Systolic mmHg
Diastolic mmHg
2. I don't remember (**GO TO KH7**)

KH7. Do you have any chronic disease diagnosed by a physician? (SINGLE ANSWER)

Interviewer Note: Examine if the interviewee has a disease for which the person is constantly taking medication. (Diabetes, hypertension, COPD, asthma etc.)

1. Yes
2. No
3. Don't know



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ASK THOSE WHO ANSWER “YES” TO KH7.

KH8. Have you been following up regularly by a healthcare provider regarding your chronic disease?

1. Yes
2. No. (Why?)

Now I want to ask you questions about your chronic diseases.

KH9. What chronic diseases do you have?

(The diseases that the interviewee list will be marked without reading the diseases)

KH10. When was your disease diagnosed? (SINGLE ANSWER)

KH11. How many years have you had this disease? PLEASE ANSWER THE YEAR.

Note to interviewer: If less than one year, for example 6 months, write it down 0.5.

KH12. Have you ever been unable to take (access) your medicines during your residence in Türkiye?

KH13. What is your reason for not being able to access your medicines?

ASK THOSE WHO ANSWERED “YES” TO KH12.

KH10 DIAGNOSIS TIME CODES	KH13 CODES	KH12 CODES
1= After coming to Türkiye 2= Before coming to Türkiye	1= Yes, I have a report 2= Yes, I don't have a report, but I am on regular medication 3= No	1=Yes 2= No

DISEASES	KH9. Which chronic disease do you have?	KH10. Diagnosis Time		KH11. How Many Years (Duration)	KH13. Do you take regular medication for this disease?			KH12. Access to Medicine		KH13. Reason for Being Unable to Access Medicine
Infective or parasitic disease	1	1	2		1	2	3	1	2	.....
Cancers	2	1	2		1	2	3	1	2	.....
Anemias	3	1	2		1	2	3	1	2	.....
Blood and other blood related diseases (except anemia)	4	1	2		1	2	3	1	2	.....
Immune system diseases	5	1	2		1	2	3	1	2	.....
Diabetes	6	1	2		1	2	3	1	2	.....
Thyroid and related diseases	7	1	2		1	2	3	1	2	.....
Obesity	8	1	2		1	2	3	1	2	.....
Other endocrine diseases (except diabetes and thyroid)	9	1	2		1	2	3	1	2
Mental illnesses	10	1	2		1	2	3	1	2
Sleeping disorders	11	1	2		1	2	3	1	2



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Nervous system diseases	12	1	2		1	2	3	1	2
Visual impairments	13	1	2		1	2	3	1	2
Auditory disorders	14	1	2		1	2	3	1	2
Hypertension	15	1	2		1	2	3	1	2	.....
Ischemic heart diseases, coronary heart diseases, heart failure	16	1	2		1	2	3	1	2	.....
Other heart-related disorders (except hypertension, heart failure, coronary heart diseases)	17	1	2		1	2	3	1	2	.....
COPD	18	1	2		1	2	3	1	2	.....
Asthma	19	1	2		1	2	3	1	2	.....
Respiratory diseases (excluding COPD, Asthma)	20	1	2		1	2	3	1	2	.....
Digestive system diseases	21	1	2		1	2	3	1	2	.....
Dermatologic diseases	22	1	2		1	2	3	1	2	.....
Musculoskeletal diseases	23	1	2		1	2	3	1	2	.....
Genitourinary system diseases	24	1	2		1	2	3	1	2	.....
Sexual dysfunction and related diseases	25	1	2		1	2	3	1	2	.....
Pregnancy-related diseases	26	1	2		1	2	3	1	2	.....
Other		1	2		1	2	3	1	2	.....

Now I'm going to ask you a question about the medications you take for your chronic diseases.

KH14. MORINSKY SCALE

	Yes	No
1. Sometimes do you forget to take your medicine?	0	1
2. People sometimes skip taking their medication for reasons other than forgetting. Thinking about the past two weeks, is there a day (s) you didn't take your medicine?	0	1
3. Have you ever interrupted or stopped taking your medicine without telling your physician because you felt bad when you took it?	0	1
4. Do you sometimes forget to carry your medicine with you when you travel or leave home?	0	1
5. Did you take all your medicines yesterday?	1	0
6. Do you sometimes stop taking your medication when you feel like your symptoms are under control?	0	1
7. Taking medication every day is a real hassle for some people. Have you ever had trouble sticking to a treatment plan?	0	1



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	never/ rarely	Once in a while	Sometimes	Usually	Always
8. How often do you have difficulty remembering to take all your medications?	1	0	0	0	0

Now I'm going to ask you a question about the physical activities you do.

KH15. In the last 7 days, have you regularly walked for at least 10 minutes at one time at workplace / at home / for transportation from one place to another or for hobby / sport / exercise?

1.Yes

2.No

1.Yes, I did.....days (average single number)

2.Yes, I did.....minutes (average single number)

KH16. In the last 7 days, at least 10 minutes at one time, have you regularly performed moderate physical activity such as brisk walking, cycling, carrying light loads, milking, hoeing, whitewashing, gardening, volleyball, folk dances, dancing?

1.Yes

2.No

1.Yes, I did.....days (average single number)

2.Yes, I did.....minutes (average single number)

KH17. At least 10 minutes at a time in the last 7 days, have you regularly performed heavy physical activity where you felt your heart rate/respiration rate increase (you sweat) such as heavy lifting, running, fast cycling, swimming, soil drilling, football, basketball, aerobics, tennis?

1.Yes

2.No

1.Yes, I did.....days (average single number)

2.Yes, I did.....minutes (average single number)

Now I'm going to ask you questions about cancer screenings.

(KH18, KH19, KH20, KH21 AND KH22 WILL BE ASKED TO FEMALES ONLY)

KH18. When was the last time you did a breast self-exam?

1. In the last one month
2. In the last 1-3 months
3. More than 3 months ago
4. Never

KH19. When was the last time you had a breast examination at a healthcare facility?

1. In the last one year
2. In the last 1-2 years
3. More than 2 years ago
4. Never



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KH20. When was the last time you had a mammogram at a healthcare facility?

1. In the last 1 year
2. In the last 1-2 years
3. More than 2 years ago
4. Never

KH21. When was the last time you had a smear test (uterus swab test) for cervical cancer screening?

1. In the last 1 year
2. In the last 1-5 years
3. More than 5 years ago
4. Never

KH23. When was the last time you had a fecal colon occult blood test for colon cancer screening?

1. In the last 1 year
2. In the last 1-2 years
3. More than 2 years ago
4. Never

KH24. When was the last time you had a colonoscopy for colon cancer?

1. In the last 1 year
2. In the last 1-5 years
3. In the last 5-10 years
4. More than 10 years ago
5. Never



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HEALTH LITERACY

In the questions I will now ask you, please evaluate the difficulty for you in accessing, understanding, and using information about health, illness and medical care.

SOY1. HLS-EU-Q16 Scale	Very easy	Easy	No Idea	Difficult	Very difficult
1. Do you have any difficulty in accessing information about the treatment of your diseases?					
2. When you are sick, do you find it difficult to reach the place where you apply for health services (physician, psychologist, pharmacy, etc.)?					
3. Do you have trouble understanding what your physician is telling when you apply to the physician?					
4. Do you find it difficult to understand when your physician or pharmacist tells you how to use your prescribed medication?					
5. Do you have difficulty to decide whether you need another physician's opinion?					
6. Do you find it difficult to use an information your physician gives you when making a decision about your illness?					
7. Do you have difficulty in complying with the information given to you by your physician or pharmacist?					
8. Do you find it difficult to find information on how to overcome mental problems such as stress and depression?					
9. Do you have trouble understanding the warnings about behaviors that have negative health effects? (such as smoking, low physical activity)					
10. Do you find it difficult to understand why you need health screenings (blood sugar, blood pressure, mammography, etc.)?					
11. Do you find it difficult to decide whether the information received from the media (TV or internet) on health risks is correct?					
12. Do you find it difficult to decide how to protect yourself from the disease with the information obtained from media (TV, internet, newspaper, etc.)?					
13. Do you find it difficult to learn about activities that are good for your mental health?					
14. Do you have trouble understanding health advice from family members or friends?					
15. Do you find it difficult to understand the information in the media about how to be healthier (internet or weekly, daily magazine, etc.)?					
16. Do you find it difficult to decide which of the daily behaviors are relevant to your health?					



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SOY2. From whom do you get information about health in general?

(MULTIPLE ANSWERS ALLOWED)

1. Physicians of migrant health center physician
2. Physicians outside the migrant health center
3. Pharmacists
4. Dietitian-nutritional consultant
5. Midwife-nurse
6. Psychologist
7. Family/friend/neighbor
8. I do not receive information from anyone
9. Other.....

SOY3. In general, from which communication tools do you get information about health?

(MULTIPLE ANSWERS ALLOWED)

1. Newspaper
2. Magazine
3. Book
4. TV
5. Radio
6. Internet
7. Banner
8. Brochure
9. Billboard
10. Cell phones or smartphone apps
11. I am not getting any information from anywhere.
12. Other.....

SOY4. In which language(s) do you receive information on health-related issues?

(MULTIPLE ANSWERS ALLOWED)

1. Arabic
2. Turkish
3. Kurdish
4. Pashto
5. Urdu
6. Persian
7. English
8. Other.....

SOY5. Have you received any health information/training in the last 6 months?

1. Yes
2. No



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ASK THOSE WHO SAY YES TO SOY5

SOY6. If you have received information/training in the last 6 months, what kind of a training/information was it? Note to interviewer: Examine the subject of the training.

1. Health personnel informed me privately
2. Brochure/booklet provided
3. Called/received message through the phone
4. Provided collective training on any subject
5. Other

SOY7. Did you find the information given by health professionals in your own language understandable? (SINGLE ANSWER)

1. Yes, I found it completely understandable
2. I found it partially understandable
3. No, I did not find it understandable at all

In this section, I will ask you some questions about your behavior when you have a health problem and you applied to a healthcare facility.

How often do you do the behaviors I will read to you when you encounter a health problem?

	Always	Often	Sometimes	Rarely	Never
SOY8. I expect the problem to go away by itself					
SOY9. I take suggestions from my relatives or people around me.					
SOY10. I use drugs used by people who have experienced similar problems before					
SOY11. I consult to people who are not health personnel yet known to have found a solution to this problem					
SOY12. I apply to health information sources such as newspapers, magazines, and the internet					
SOY13. I start using one of the drugs available at home					
SOY14. I use therapeutic herbal products					
SOY15. I go to pharmacy and use the medicine recommended by the pharmacist					
SOY16. I apply to a health facility					



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FORM – B

(FEMALE AND MALE INDIVIDUALS – AGES 18 AND OVER)

COMMUNICABLE DISEASE STATUS

BH1. What is the first thing that comes to your mind when you think of communicable diseases?

(THE FIRST DISEASE SAID BY THE INTERVIEWEE WILL BE MARKED) (SINGLE ANSWER)

BH2. What other diseases come to mind when you think of communicable diseases?

(MORE THAN ONE DISEASES CAN BE SAID)

BH3. Which diseases have you heard of?

(THE DISEASES IN THE TABLE WILL BE READ ONE BY ONE. IF THE DISEASES WRITTEN DOWN UNDER THE TABLE ARE MENTIONED, THEY WILL BE WRITTEN IN THE “OTHER” PART.)

Diseases	BH1	BH2	BH3
Polio	1	1	1
Communicable Hepatitis	2	2	2
Measles	4	4	4
Malaria	6	6	6
Scabies	7	7	7
Leishmaniasis	8	8	8
Tuberculosis (TB)	9	9	9
Acute Diarrhea	10	10	10
Covid-19	11	11	11
Upper Respiratory Tract Infection (URTI)	12	12	12
Lower Respiratory Tract Infection (LRTI) / Pneumonia	13	13	13
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			

Interviewer Note: (For other options: AIDS, whooping cough, brucella, diphtheria, dysentery (bloody diarrhea), influenza, gastroenteritis, hepatitis A, hepatitis B, hepatitis C, kala-azar, conjunctivitis, meningitis, rotavirus infection, syphilis, chickenpox, anthrax, tetanus, typhoid, toxoplasmosis, tularemia, pneumonia)

BH4. Have you had a communicable disease in the last one year?

1.Yes

2.No **(THEY WILL NOT ANSWER BH6)**

BH5. What communicable diseases have you had in the last one year?

(MORE THAN ONE OPTION CAN BE TICKED)



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**BH6. Do you currently have a communicable disease (including being infective)?
(MORE THAN ONE OPTION CAN BE TICKED)**

Diseases	BH5		BH6	
	Yes 1	No 2	Yes 1	No 2
Communicable Hepatitis	Yes 1	No 2	Yes 1	No 2
Malaria	Yes 1	No 2	Yes 1	No 2
Scabies	Yes 1	No 2	Yes 1	No 2
Leishmaniasis	Yes 1	No 2	Yes 1	No 2
Tuberculosis (TB)	Yes 1	No 2	Yes 1	No 2
Acute Diarrhea	Yes 1	No 2	Yes 1	No 2
Covid-19	Yes 1	No 2	Yes 1	No 2
Upper Respiratory Tract Infection (URTI)	Yes 1	No 2	Yes 1	No 2
Lower Respiratory Tract Infection (LRTI)/Pneumonia	Yes 1	No 2	Yes 1	No 2
Other (specify)	Yes 1	No 2	Yes 1	No 2
Other (specify)	Yes 1	No 2	Yes 1	No 2

NOTE to Interviewer: (For other options: AIDS, pertussis, brucella, diphtheria, dysentery (bloody diarrhea), influenza, gastroenteritis, Hepatitis A, Hepatitis B, Hepatitis C, Kala-azar, conjunctivitis, meningitis, rota infection, syphilis (syphilis), chickenpox, anthrax, tetanus, typhoid, toxoplasmosis, tularemia, pneumonia)

BH7. You stated that you had communicable hepatitis. Do you know the type of this hepatitis?

(THIS QUESTION WILL BE ASKED TO THOSE WHO RESPONDED TO "YES" TO THE COMMUNICABLE HEPATITIS OPTION IN BH6 QUESTION)

1. Hepatitis A
2. Hepatitis B
3. Hepatitis C
4. Don't know

BH8. To what extent do you find it necessary to get vaccinated in general?

(SINGLE ANSWER)

1. Very necessary
2. Necessary
3. Undecided
4. Unnecessary
5. Very unnecessary

BH9. Do you usually recommend vaccination those around you? (SINGLE ANSWER)

1. Yes
2. No
3. I have no idea



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BH10. Where can vaccines be injected? (MORE THAN ONE OPTION CAN BE TICKED)

1. MHC (Migrant Health Center)
2. FHC (Family Health Center)
3. State Hospital
4. University hospital
5. Private Hospital
6. Private polyclinic
7. Other (specify)
8. Don't know

BH11. Have you ever been vaccinated? (SINGLE ANSWER)

1. Yes
2. No (**THEY WILL NOT ANSWER BH12**)
3. I do not remember

BH12. Now I will list the names of vaccines. Which of the vaccines have you had? (MORE THAN ONE OPTION CAN BE TICKED)

1. Hepatitis B vaccine (Hep-B)
2. TB vaccine (BCG)
3. PCV (Conjugated Pneumococcal Vaccine)
4. Meningitis Vaccine (Meningococcus - KMA4)
5. Adult Type Diphtheria-Tetanus Vaccine (Td)
6. Influenza Vaccine (Influenza - FNA)
7. Rabies vaccine
8. Other (Please specify) (**COVID -19 QUESTIONS ARE ASKED SEPARATELY**)
9. I had it done but I don't know which vaccine it was

BH13. Have you had Covid-19? (SINGLE ANSWER)

1. Yes
2. No

BH14. Have you had the Covid-19 vaccine? (SINGLE ANSWER)

1. Yes
2. No

BH15. Which Covid-19 vaccine(s) have you had? (MULTIPLE ANSWERS ALLOWED)

1. Sinovac
2. Biotech
3. Turkovac
4. Other (specify.....)
5. I don't remember/don't know

BH16. How many doses of Covid-19 vaccine have you had? (OPEN ENDED)



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MENTAL HEALTH STATUS

RS1. Have you witnessed the war in your country? (SINGLE ANSWER)

1. Yes
2. No

RS2. Did you experience violence in the war occurred in your country? (SINGLE ANSWER)

1. Yes
2. No

RS3. What kind of violence did you experience in the war in your country?

(MULTIPLE ANSWERS ALLOWED) (TO BE ASKED IF RS2 IS YES)

1. Physical violence
2. Psychological/verbal violence
3. Sexual violence
4. Other specify

RS4. Did you lose a relative during the war? (SINGLE ANSWER)

1. Yes
2. No

RS5. Do you have family members staying in your country/living in another country? (SINGLE ANSWER)

1. Yes, there are some left in my country
2. Yes, there are some who live in another country
- 3.No

I will read you names of some diseases.

RS6. Which of these diseases you have been diagnosed with? (MULTIPLE ANSWERS ALLOWED)

RS7. Do you regularly use medication for this disease? (SINGLE ANSWER)

Codes for RS7

- 1= Yes, I have the report
2= Yes, I don't have a report, yet I'm on regular medication
3= No

Diseases	RS6		RS7
Depression	yes 1	No 2	
Anxiety	yes 1	No 2	
Bipolar Disorder	yes 1	No 2	
Schizophrenia	yes 1	No 2	
Post-Traumatic Stress Disorder	yes 1	No 2	
Social Phobia	yes 1	No 2	
Panic Disorder	yes 1	No 2	
Obsessive Compulsive Disorder	yes 1	No 2	
Other (Please specify)	yes 1	No 2	



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RS8. Where can I apply for mental illnesses? (More than one option can be ticked.)

1. MHC (Migrant Health Center)
2. FHC (Family Health Center)
3. Healthy Living Center (Psychological Support Unit)
4. State Hospital
5. University Hospital
6. Private Hospitals
7. Private Polyclinics
8. Persons other than healthcare professionals
9. Other (specify)

RS9. Do you know about CMHC (Community Mental Health Center)?

1. Yes
2. No

RS10. What services are provided in CMHCs? (OPEN ENDED) (WILL BE ASKED IF RS9 IS YES)

RS11. Have you ever used drugs in your life? (SINGLE ANSWER)

1. Yes (ASK THE QUESTIONS IN THE TABLE)
2. No

RS12. Have you used drugs in the last one month? (SINGLE ANSWER)

RS13. If you are using drugs, have you tried to quit before? (SINGLE ANSWER)

RS14. How long have you been using? (OPEN-ENDED, TO BE FILLED IN MONTH)

Drugs	RS11		RS12		RS13		RS14
	1-Yes	2- No	1-Yes	2- No	1-Yes	2- No	
Opium	1-Yes	2- No	1-Yes	2- No	1-Yes	2- No	
Bonsai / synthetic	1-Yes	2- No	1-Yes	2- No	1-Yes	2- No	
Heroin	1-Yes	2- No	1-Yes	2- No	1-Yes	2- No	
Marijuana	1-Yes	2- No	1-Yes	2- No	1-Yes	2- No	
Poppy	1-Yes	2- No	1-Yes	2- No	1-Yes	2- No	
Cocaine	1-Yes	2- No	1-Yes	2- No	1-Yes	2- No	
Methamphetamine	1-Yes	2- No	1-Yes	2- No	1-Yes	2- No	
Other (specify...)	1-Yes	2- No	1-Yes	2- No	1-Yes	2- No	

RS15. Have you ever been informed about drug addiction by healthcare professionals or organizations in Türkiye? (SINGLE ANSWER)

1. Yes
2. No

RS16. Have you ever experienced violence from your spouse/relative/social circle in your life? (SINGLE ANSWER)

**RS17. What kind of violence have you experienced?
(MORE THAN ONE OPTION CAN BE TICKED)**



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RS18. Have you experienced violence from your spouse/ relative/social circle in the last one year? (SINGLE ANSWER)

**RS19. What kind of violence have you experienced?
(MORE THAN ONE OPTION CAN BE TICKED)**

RS20. Did you receive any support (psychosocial, etc.)? (SINGLE ANSWER)

**RS21. If you received any support (psychosocial, etc.), where did you get it?
(IT WILL BE ASKED TO THOSE WHO SAY YES TO RS20) (OPEN-ENDED)**

RS16	RS17	RS18	RS19	RS20	RS21
Codes for RS16-RS19-RS20: 1= Yes 2= No			Codes for RS17-RS19 1. Physical violence 2. Emotional (including verbal) violence 3. Sexual violence 4. Economic violence 5. Other (specify....)		

The interviewer's evaluation:

What is your observation as an interviewer?

1. The interviewee can answer easily
2. The interviewee can respond relatively easily
3. The interviewee is not able to respond easily

We would like to know if you have had any medical complaints in the last few weeks, and how your health has been in general. Answer all the questions by giving the most appropriate answer for you. Note that we only ask about your recent and current complaints, not including your past complaints. **(General Health Status)**

	4	3	2	1
RS22. Do you suffer from insomnia due to your worries?	no, I don't	as always	more often than ever	very often
RS23. Do you always feel under pressure?	no, I don't feel	as always	more often than ever	very often
RS24. Can you concentrate on your work?	better than ever	as always	less than usual	much less than usual
RS25. Do you think you are useful in your life?	more than ever	as always	less than usual	much less than usual
RS26. Can you deal with your problems?	more than ever	as always	less than usual	much less than usual



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	4	3	2	1
RS27. Do you have trouble in making a decision?	no, I'm not	as always	more often than ever	very often
RS28. Do you feel like you can't handle difficulties?	no, I don't feel at all	as always	more often than ever	I feel very often
RS29. Looking at yourself from different angles do you feel happy?	more than ever	as always	less than usual	much less than usual
RS30. Do you enjoy your daily work?	more than ever	as always	less than usual	much less than usual
RS31. Do you feel down and sluggish?	no, I don't feel at all	as always	more often than ever	I feel very often
RS32. Are you losing your self-confidence?	no, I never lose	as always	more than ever	too much
RS33. Do you see yourself worthless?	no, I don't see myself as worthless at all	as always	more often than ever	very often



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REPRODUCTIVE HEALTH STATUS

(MALE)

FAMILY PLANNING

EUS1. Do you use any method to prevent your partner from getting pregnant?

(SINGLE ANSWER)

1. Yes
2. No

EUS2. Please specify which of the contraceptive methods I will tell you, have you used?

(MULTIPLE ANSWERS ALLOWED)

EUS4. How long did you use these methods?

(OPEN-ENDED, FOR ALL METHODS SPECIFIED IN EUS2, IT WILL BE ASKED IN MONTH)

EUS3. Do you still use these methods?

(IT WILL BE ASKED FOR ALL METHODS SPECIFIED IN EUS2)

	EUS2	EUS3	EUS4
Natural methods (Fertility Awareness-Rhythm Method, Abstinence and Outercourse)	1		..... months
Monthly or Quarterly Birth Control Shot	2		..... months
Intrauterine Device (Spiral), IUD	3		..... months
Diaphragm; Spermicide foam, gel, cream or suppository	4		..... months
Female Condom (Internal Condom)	5		..... months
Sterilization (Tubal Ligation)	6		..... months
Subdermal Contraceptive Implant (Norplant)	7		..... months
Cervical Cap	8		..... months
Spermicide Tablet	9		..... months
Contraceptive Pill	10		..... months
Breastfeeding	11		..... months
Vaginal Douche	12		..... months
Withdrawal (Pull Out Method)	13		..... months
Condom	14		..... months
Binding of sperm ducts	15		..... months
Vasectomy	16		..... months
Other _____ (Please Specify) months
Not using any method	0	

EUS4. Codes for still using method

1=Yes

2=No



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EUS5. Where did you get the method you are using now?

(IT WILL BE ASKED TO THOSE WHO RESPONDED TO 1 FOR EUS2 QUESTION, MULTIPLE ANSWERS ALLOWED)

1. Public Hospital
2. Private Hospital
3. Private Clinic
4. Maternity Hospital
5. Maternal Child Health and Family Planning Center (MCHFP) / CAWRH (Child and Adolescent Women's Reproductive Health Center)
6. Family Health Center
7. Migrant Health Center
8. Pharmacy
9. Other (please specify)

SEXUALLY TRANSMITTED DISEASES AND SEXUAL HEALTH

EUS6. What do you do to protect yourself from sexually transmitted diseases?

(MULTIPLE ANSWERS ALLOWED)

1. Using condom
2. Not to have intercourse with risky people who are likely to transmit the disease
3. Not to have intercourse with anyone
4. Getting vaccinated
5. Monogamy
6. Other
7. Don't know

EUS7. Do you currently have a genital wound, discharge, itching, swelling?

1. Yes**(ANY COMPLAINT WILL BE WRITTEN DOWN)**
2. No



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FORM – C

(FEMALE INDIVIDUALS - BETWEEN 15-49 YEARS OLD)

MATERNAL-CHILD HEALTH STATUS

MARRIAGE

ACS1. What was your age at your first marriage?

ACS2. Have you ever been pregnant?

1. Yes
2. No

ACS3. What was your age at your first pregnancy?

ACS4. How old were you at your first birth?

ACS5. How old is your spouse?

ACS6. How did you do your current marriage?

1. Willingly and planned
2. Family request, yet my consent was taken
3. With family pressure and desire
4. For reasons such as berdel, bride price
5. Other.....

FERTILITY CHARACTERISTICS

ACS7. In all, how many pregnancies have you had so far?

(ASK TO THOSE WHO HAVE HAD A PREGNANCY)

ACS8. In all, how many live births have you had?

(WILL BE ASKED TO THOSE WHO HAVE EXPERIENCED PREGNANCY)

ACS9. How many of these births took place in Türkiye?

(WILL BE ASKED TO THOSE WHO HAVE GIVEN BIRTH)

ACS10. Have you ever had a pregnancy that ended in a miscarriage? **(WILL BE ASKED TO THOSE WHO HAVE EXPERIENCED PREGNANCY, MULTIPLE ANSWERS ALLOWED.)**

1. No, I did not.
2. The fell on its own (spontaneous abortion)
3. I miscarried the fetus on purpose (intentional miscarriage)
4. I had an abortion
5. Other (Please Specify) _____

ACS11. Were you using a contraceptive method before having an abortion/intentional miscarriage? **(TO BE ASKED TO THOSE WHO ANSWERED 3 OR 4 TO ACS10)**

1. Yes..... (what was she using)
2. No



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ACS12. Did you use a contraceptive method after having an abortion/intentional miscarriage? (TO BE ASKED TO THOSE WHO ANSWERED 3 OR 4 TO ACS10)

1. Yes..... (what was she using)
2. No

ACS13. What do you think is the ideal number of children? (Please write down in number)

.....

ACS14. Regarding fertility which of the following is appropriate for your current situation?

	Yes	No
Currently pregnant		
In the postpartum period (the first 42 days of giving birth)		
Wants to get pregnant in 2 years or more		
Wants to get pregnant right now		
Wants to get pregnant later		
Doesn't want to be pregnant anymore		

ACS15. Was this a wanted pregnancy? (TO THOSE WHO ARE CURRENTLY PREGNANT)

1. Yes
2. No

ACS16. Did you want any pregnancy you had in the last 2 years?

0. No pregnancy in the last 2 years
1. Yes
2. No

FAMILY PLANNING

ACS17. Do you currently use any method for contraception?

1. Yes
2. No

ACS18. Where did you get the method you are using now?

(IT WILL BE ASKED TO THOSE WHO ANSWER 1 TO ACS17, MULTIPLE ANSWERS ALLOWED)

1. Public hospital
2. Private hospital
3. Private practice
4. Maternity hospital
5. Maternal Child Health and Family Planning Center (MCHFP) / CAWRH (Child and Adolescent Women's Reproductive Health Center)
6. Family health center
7. Migrant health center
8. Pharmacy
9. Other specify



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ACS19. Which contraceptive methods have you used?

(MULTIPLE ANSWERS ALLOWED)

1. Natural methods (Fertility Awareness-Rhythm Method, Abstinence and Outercourse)
2. Monthly or Quarterly Birth Control Shot
3. Intrauterine Device (Spiral), IUD
4. Diaphragm, Spermicide foam, Gel, Cream or Suppository
5. Female Condom (Internal Condom)
6. Sterilization (Tubal Ligation)
7. Subdermal Contraceptive Implant (Norplant)
8. Cervical Cap
9. Spermicide Tablet
10. Contraceptive Pill
11. Breastfeeding
12. Vaginal Douche
13. Withdrawal (Pull Out Method)
14. Condom
15. Binding of sperm ducts
16. Vasectomy
17. Other (Please Specify) _____
18. Not using any method

ACS20. Are you still using these methods?

(TO BE ASKED FOR ALL METHODS CHOOSSED IN ACS19)

ACS21. How long have you used these methods?

(OPEN-ENDED, WILL BE ASKED IN MONTH FOR ALL METHODS CHOOSSED IN ACS19)

	ACS20	ACS21
Natural methods (Fertility Awareness-Rhythm Method, Abstinence and Outercourse)	1	..... months
Monthly or Quarterly Birth Control Shot	2	..... months
Intrauterine Device (Spiral), IUD	3	..... months
Diaphragm; Spermicide foam, gel, cream or suppository	4	..... months
Female Condom (Internal Condom)	5	..... months
Sterilization (Tubal Ligation)	6	..... months
Subdermal Contraceptive Implant (Norplant)	7	..... months
Cervical Cap	8	..... months
Spermicide Tablet	9	..... months
Contraceptive Pill	10	..... months
Breastfeeding	11	..... months
Vaginal Douche	12	..... months
Withdrawal (Pull Out Method)	13 months
Condom	14 months
Binding of sperm ducts	15 months



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Vasectomy	16 months
Other (Please Specify) _____ months
Not using any method	0
ACS20. Codes for the status of still using method 1=Yes 2=No		

SEXUALLY TRANSMITTED DISEASES AND SEXUAL HEALTH

ACS35. What do you do to protect yourself from sexually transmitted diseases?

(MULTIPLE ANSWERS ALLOWED)

1. Using condom
2. Not to have intercourse with risky people who are likely to transmit the disease
3. Not to have intercourse with anyone
4. To get vaccinated
5. Monogamy
6. Other
7. Don't know

ACS36. Do you currently have a genital wound, discharge, itching, swelling?

1. Yes **(ANY COMPLAINT WILL BE WRITTEN DOWN)**
2. No

SAFE MOTHERHOOD

This section will not be completed if she has never been pregnant. The **last pregnancies of the pregnant women will** be questioned.

ACS21. Did you give your last birth in Türkiye?

1. Yes
2. No

ACS22. Did you get tetanus vaccine during your last pregnancy? If yes, please specify how many times.

1. Yes..... **(PLEASE WRITE DOWN THE NUMBER OF VACCINATIONS)**
2. No
3. Don't know

ACS23. Did you apply to any healthcare personnel during your last pregnancy? For what reason and how many times? (LOOKING AT THE REASONS THE NUMBERS WILL BE INDICATED IN THE TABLE)

ACS24. Did you apply to any healthcare personnel in two months after your last birth? For what reason and how many times? (LOOKING AT THE REASONS THE NUMBERS WILL BE INDICATED IN THE TABLE)



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	During pregnancy		Post-natal	
	ACS23		ACS24	
For routine control purposes		... times		... times
Due to pregnancy/birth related health problem		... times		... times
Due to non-pregnancy/non-birth health problem		... times		... times

ACS23. Physician referral codes	ACS24. Physician referral codes
1= Yes	1= Yes
2= No	2= No

ACS25. Where were you going for routine checkups?

(THE QUESTION WILL BE ASKED TO THOSE WHO ANSWERED 1 TO ACS23 OR ACS24, MULTIPLE ANSWERS ALLOWED)

1. MHC
2. Public Hospital
3. Private hospital / Private polyclinic
4. Training and Research / University Hospital
5. Other.....

ACS26. During your pregnancy, did you use any of the drugs that I am going to list for you now? (MULTIPLE ANSWERS ALLOWED)

1. Iron/Ferrum
2. Vitamin D
3. No, I didn't use
4. Don't know

ACS27. Where did you give your last birth? (SINGLE ANSWER) PLEASE READ THE ANSWERS!

1. At home by myself / with the neighborhood midwife
2. At home with healthcare personnel
3. Hospital/Maternity Hospital
4. Other (Please Specify) _____
5. I have never given birth

ACS28. How did you give your last birth in Türkiye?

Note to Interviewer: Examine whether a cesarean or normal birth was performed by asking questions such as: Was this childbirth using incision through abdomen and uterus during delivery?

1. Cesarean section
2. Natural birth

ACS29. Did you receive immediate care after birth? (Follow-up, inspection, care and consultancy)

1. Yes
2. No



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ACS29_2. After your baby was born, was heel blood taken from your baby?

1. Yes
2. No

ACS29_3. Has your baby been vaccinated against hepatitis B after birth?

1. Yes
2. No

CHILD HEALTH STATUS

THIS SECTION WILL BE ASKED TO WOMEN WITH CHILDREN AGED 0-18.

ACS37. Do you have children between 0-18 age range?

1. Yes **(THOSE WHO ANSWER YES WILL CONTINUE THROUGHOUT THE SECTION)**
2. No **(SURVEY ENDS)!**

ACS37_1. Do you have children between 0-6 age (0-59 months)? (SINGLE ANSWER)

1. Yes
2. No

PLEASE MARK THE APPROPRIATE OPTION FROM A AND B OPTIONS BELOW, DEPENDING ON WHETHER THE CHILD IS OLDER OR YOUNGER THAN 6 YEARS OLD (0-59 MONTHS).

ACS38a. How old (in month) is your child?

(IT WILL BE ASKED FOR CHILDREN UP TO 6 YEARS -INCLUDING 59 MONTHS-)

ACS38b. How old (in years) is your child?

(IT WILL BE ASKED FOR CHILDREN OVER THE AGE OF 6 -WILL BE ASKED FOR THE AGE COMPLETED-)

ACS39. How tall is your child?

ACS40. What is your child's weight? (..... kg)

ACS41. What is your child's school attendance status?

(NOT REQUIRED FOR CHILDREN UP TO 6 YEARS -INCLUDING 59 MONTHS-)

ACS42. Does your child has a permanent illness diagnosed by a physician?

ACS43. What is your child's illness?..... (WRITTEN AS SHE SAYS)

ACS44. Was your child exposed to any physical, psychological or sexual violence?

(MULTIPLE ANSWERS ALLOWED)

	ACS38 a	ACS38 b	ACS39	ACS40	ACS41	ACS42	ACS43	ACS44
1. Child	
2. Child	
3. Child	



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4. Child	
5. Child	
6. Child	
7. Child	
8. Child	
9. Child	
10. Child	

ACS41. School Attendance Status Codes	ACS42. Disease Status Codes	ACS44. Violence Codes
1= Not literate 2= Literate, yet not formally educated 3= Primary school 4= Secondary School 5= High School 6= University 7= Master's degree	1= Yes 2= No	1= Physical violence 2= Psychological violence 3= Sexual violence 4= None

ACS45. In the last 15 days, have you applied for healthcare services for any of your children?

1. Yes
2. No

ACS46. What is the reason for your application to healthcare services in the last 15 days? (reason for the last physician visit will be written down) (WILL BE ASKED TO THOSE WHO GIVE ANSWER 1 TO ACS45)

ACS47. Did any of your children was diagnosed as underweight by physician?

1. Yes
2. No
3. Don't know

ACS48. Was your child previously reported to be of normal weight? (IT WILL BE ASKED TO THOSE WHO RESPONDED TO 1 TO ACS47)

1. Yes
2. No
3. Don't know



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COMMUNICABLE DISEASES STATUS (CHILDREN)

(WILL BE ASKED TO WOMEN WITH 0-6 YEARS OLD CHILDREN IN THE HOUSE)

BHC1. Do you have 0-6 years old (0-59 months) children? (SINGLE ANSWER)

1. Yes
2. No

BHC2. Did your children get vaccinated after coming to Türkiye? (SINGLE ANSWER)

1. Yes
2. No
3. I don't remember

BHC3. What do you think about vaccinating your children? (SINGLE ANSWER)

1. I do not vaccinate my children
2. I want to vaccinate my children, but I don't know how to do it
3. I have been vaccinated or have been regularly vaccinated at the healthcare facility
4. Don't have any idea

BHC4. Does your child aged between 0-6 years old (0-59 months) have a vaccination card? (SINGLE ANSWER)

1. Yes

(FOR THOSE WHO SAY YES, ASK FOR THEIR VACCINATION CARD AND FILL IN THE TABLE BELOW ACCORDING TO THE VACCINATION CARD)

2. No

(FILL IN THE TABLE ACCORDING TO THE STATEMENTS OF THOSE WHO SAID NO. ASK ABOUT VACCINATIONS ONE BY ONE.)

	Child's age (months)	Hep-B	BCG	KPA	DaBT -ipa- Hib	OPA	Varicella	MMR	Hep-A	DaBT -ipa
1. Child										
2. Child										
3. Child										
4. Child										
5. Child										
6. Child										

0 = Not done

1= Single Dose

2 = Two Doses

3= Three Doses

4 = Four Doses

99= Don't know/ Don't remember



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BHC5. If you do not get your child vaccinated regularly, why?

THE OPTIONS WILL NOT BE READ. MULTIPLE ANSWERS ALLOWED)

1. My wife does not want
2. I can't go alone
3. I find it unnecessary
4. I don't have time
5. I am afraid of side effects
6. I don't know where to get vaccinated
7. I don't trust vaccines
8. I think it will harm my child
9. Other.... (specify)

BHC6. In the last one year, did your child aged 0–6 have any of the diseases I will read? (IT WILL BE ASKED FOR EACH CHILD) (SIMILAR TO BHC4 QUESTION)

BHC7. How many times did your child have this disease in the past year?

BHC8. What treatment was given?

BHC9. What was the result of the treatment?

BHC8. Codes for the Treatment Method	BHC9. Treatment Result Codes
1= We went to a physician, the physician prescribed medicine	1= Currently sick
2= We went to a physician, the child was hospitalized	2= Fully recovered
3= It passed spontaneously without visiting a physician	3= Other (specify)
4= We gave medicines at home	

Diseases	BHC6		BHC7	BHC8	BHC9
Whooping cough	Yes 1	No 2	..... times		
Mumps	Yes 1	No 2	..... times		
Measles	Yes 1	No 2	..... times		
Rubella	Yes 1	No 2	..... times		
Polio	Yes 1	No 2	..... times		
Scabies	Yes 1	No 2	..... times		
Leishmaniasis	Yes 1	No 2	..... times		
Tuberculosis (TB)	Yes 1	No 2	..... times		
Acute Diarrhea	Yes 1	No 2	..... times		
Covid-19	Yes 1	No 2	..... times		
Rotavirus infection	Yes 1	No 2	..... times		
Varicella	Yes 1	No 2	..... times		
Upper Respiratory Tract Infection (URTI)	Yes 1	No 2	..... times		
Lower Respiratory Tract Infection (LRTI)	Yes 1	No 2 times		
Other (specify...)	Yes 1	No 2 times		



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Other (specify...)	Yes 1	No 2 times		
Other (specify...)	Yes 1	No 2 times		
My child didn't have any communicable disease	99				

Note to Interviewer: (Diseases that may be included in the other option: Hepatitis-A, Hepatitis-B, Hepatitis-C, AIDS, Diphtheria, Influenza, Kala-azar, Cholera, Conjunctivitis, Meningitis, Malaria, Syphilis, Anthrax, Tetanus, Typhoid, Brucella, Toxoplasmosis, Tularemia, Pneumonia.)

PEOPLE WITH 0-2 YEARS OLD CHILDREN WILL BE QUESTIONED.

ACS. Do you have a child between 0–2-year-old range?

(FOR THOSE WHO RESPONDED TO YES, ASK ACS30, ACS31, ACS32, ACS33 AND ACS34)

1. Yes
2. No

ACS30. For how many months have you breastfeed your baby?

ACS31. How did you feed your baby for the first 6 months?

1. I didn't breastfeed
2. Breast milk only
3. Only breast milk and water
4. Breast milk and liquids other than breast milk (broth, juice, soup and other liquids)
5. Breast milk and milk other than breast milk
6. Breast milk and complementary foods

ACS32. In how many hours after you gave birth did you start breastfeeding for your baby?

1. Within the first hour
2. After the first hour

ACS33. From which month did you first start to feed your baby with solid food?

(OPEN ENDED)

ACS34. Which medicines are given to your baby by healthcare personnel?

(MULTIPLE ANSWERS ALLOWED)

1. Iron/Ferrum
2. Vitamin D
3. None
4. Don't know

FOLLOWING QUESTIONS WILL BE EXAMINED FOR BABIES BORN WITHIN THE LAST ONE YEAR.

ACS49. Have you given a live birth in the last one year?

(ACS50, ACS51, ACS52, ACS53, ACS54, ACS55 & ACS56 WILL BE ASKED TO THOSE WHO RESPONDED TO YES.)

1. Yes (how many?)
2. No



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ACS. Do you have follow ups for your child between the ages of 1-6?

1. Yes times
2. No

ACS50. In the last one year, have you given a birth to a baby who was born alive yet died later?

1. Yes (how many?)
2. No

ACS51. Has your baby had any newborn screening (an examination or/test for screening purposes, heel blood sampling, hearing test, etc.) in any healthcare facility within 0-28 days?

ACS52. Was heel blood taken from your baby?

ACS53. Did your baby have a hearing test?

ACS54. Was your baby examined for hip dislocation?

ACS55. Were your baby's height, weight and head measurements recorded?

ACS51	ACS52	ACS53	ACS54	ACS55

Codes for ACS 51-52-53-54-55

1. Yes
2. No
3. Don't know

ACS56. Have you had follow-ups for your baby aged between 0-1?

1. Yes times
2. No

ACS56a. Do you have children between the ages of 1-6?

(THOSE WHO RESPONDED TO YES TO THIS QUESTION WILL ANSWER ACS57)

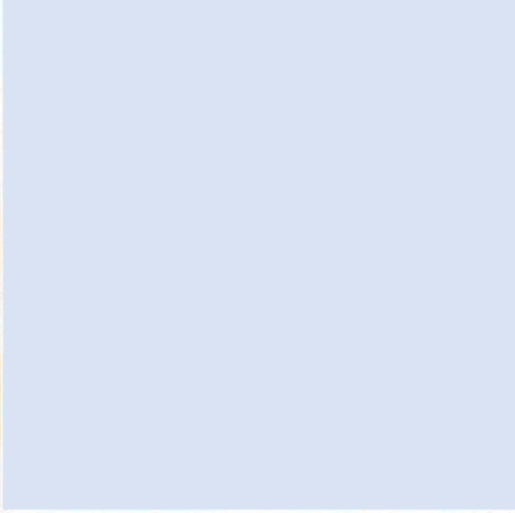
1. Yes
2. No

ACS57. Do you have follow-up monitoring for your child aged between 1-6 years?

1. Yes times
2. No

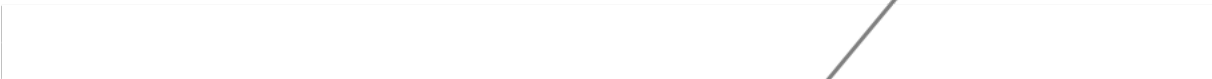
ACS58. If yes, which healthcare facility do you apply the most for the follow-ups?

(ASK THIS QUESTION TO THOSE WHO RESPONDED TO YES TO ANY OF ACS56 OR ACS57 QUESTIONS)



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