REPUBLIC OF TÜRKİYE

ALTINBAŞ UNIVERSITY

Institute of Graduate Studies

Politics and International Relations

THE SYRIAN ELDERLY REFUGEES AND THE ROLE OF HUMANITARIAN AND INTERNATIONAL ORGANIZATIONS IN PROVIDING HEALTHCARE SERVICES

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Master's Thesis

Supervisor

Assoc. Prof. Nur Banu KAVAKLI

İstanbul, 2024

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2024

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Rayhana KAMANTAR

Signature

DEDICATION

First and foremost, I am deeply grateful to God for granting me the strength and wisdom to complete this thesis. Without His blessings, this achievement would not have been possible.

To my father, Prof. Mounir Kamantar, whose unwavering guidance and profound knowledge have been my guiding light.

To my mother, Amel Lafi, whose endless support and boundless love have been my greatest source of strength and inspiration.

To my sisters, Maria, Alaa, and Ilaf, your love, encouragement, and laughter have been my constant motivation.

To my brother, Mohamed, for your steadfast support and belief in me, which have been invaluable.

To my advisor, Nur Banu Kavaklı, whose expert guidance and encouragement have been crucial in shaping this work.

To everyone who contributed to this research, your generosity, support, and collaboration have made this journey possible. I am deeply thankful for each of you.

ABSTRACT

THE SYRIAN ELDERLY REFUGEES AND THE ROLE OF HUMANITARIAN AND INTERNATIONAL ORGANIZATIONS IN PROVIDING HEALTHCARE SERVICES

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Date: 06/2024

Pages: 104

The commencement of the Syrian crisis in 2011 has led to a substantial humanitarian catastrophe and inspired the displacement of millions of individuals, with a particular impact on the senior demographic. This study seeks to thoroughly examine the intricate healthcare obstacles encountered by elderly Syrian refugees, while also emphasizing the important contributions made by humanitarian and international organizations in tackling these concerns. The study primarily employs a qualitative methodology, that focuses on conducting in-depth interviews with senior Syrian refugees and healthcare specialists to get thorough and detailed insights. This qualitative methodology is improved by doing an exhaustive examination of scholarly articles and publications, which enhances the qualitative findings by offering pertinent contextual and background information. The results of this comprehensive investigation provide useful understanding of the complex healthcare requirements of elderly refugees, including the management of chronic diseases and the addressing of mental health challenges in the context of migration. Furthermore, the study investigates the many approaches by which interventions from humanitarian and international organizations have both aided and hindered attempts to decrease healthcare disparities among elderly Syrian refugees. This study contributes to academic conversations regarding healthcare for refugees and emphasizes the pressing necessity for ongoing

collaborative efforts to address the healthcare needs of elderly Syrian refugees amidst the protracted conflict and displacement.

Keywords: Syrian Conflict, Migration, Elderly Refugees, Healthcare Challenges, Qualitative Interviews, Mental Health Struggles, Collaborative Effort.

ÖZET

SURİYE YAŞLI MÜLTECİLER VE İNSANİ VE ULUSLARARASI KURUMLARIN SAĞLIK HİZMETLERİ SAĞLAMADAKİ ROLÜ

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Tarih: 06/2024

Sayfa: 104

Suriye krizinin 2011'de başlaması, büyük bir insani felakete yol açmış ve milyonlarca kişinin yerinden edilmesine neden olmuştur, özellikle yaşlı nüfus üzerinde önemli bir etkisi olmuştur. Bu çalışma, yaşlı Suriyeli mültecilerin karşılaştığı karmaşık sağlık hizmetleri engellerini kapsamlı bir şekilde incelemeyi amaçlamakta ve insani ve uluslararası kurumların bu sorunlarla başa çıkmadaki önemli katkılarını vurgulamaktadır. Çalışma, yaşlı Suriyeli mülteciler ve sağlık uzmanları ile derinlemesine mülakatlar yaparak ayrıntılı ve kapsamlı bilgiler elde etmeye odaklanan nitel bir metodoloji kullanmaktadır. Bu nitel metodoloji, akademik makalelerin ve yayınların kapsamlı bir şekilde incelenmesi ile desteklenmektedir, bu da nitel bulguları ilgili bağlamsal ve arka plan bilgileri sunarak güçlendirmektedir. Bu kapsamlı araştırmanın sonuçları, yaşlı mültecilerin karmaşık sağlık ihtiyaçları hakkında yararlı bilgiler sunmakta, kronik hastalıkların yönetimini ve göç bağlamında ruh sağlığı sorunlarını ele almayı içermektedir. Ayrıca, çalışma, insani ve uluslararası kurumların müdahalelerinin yaşlı Suriyeli mülteciler arasındaki sağlık hizmetleri eşitsizliklerini azaltma çabalarını nasıl hem desteklediğini hem de engellediğini araştırmaktadır. Bu çalışma, mülteciler için sağlık hizmetleri konusundaki akademik tartışmalara katkıda bulunmakta ve uzun süren çatışma ve yerinden edilme ortamında yaşlı Suriyeli mültecilerin sağlık ihtiyaçlarını ele almak için sürekli işbirliği çabalarının acil gerekliliğini vurgulamaktadır.

Anahtar Kelimeler: Suriye Çatışması, Göç, Yaşlı Mülteciler, Sağlık Hizmetleri Zorlukları, Nitel Mülakatlar, Ruh Sağlığı Sorunları, İşbirliği Çabası.

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ABBREVIATIONS

ADHD	:	Attention Deficit Hyperactivity Disorder
AFAD	:	Afet ve acil durum yonetimi (English Translation: Disaster and Emergency Management Authority)
COVID-19	:	Coronavirus Disease 2019
DSP	:	Durable Solutions Platform
EU	:	European Union
TDMA	:	Time Division Multiple Access
HAI	:	HelpAge International
ICF	:	International Classification of Functioning, Disability, and Health
IHH	:	İnsan Hak ve Hürriyetleri ve İnsani Yardım Vakfının (English Translation: Humanitarian Relief Foundation)
IOM	:	International Organization for Migration
IRC	:	International Rescue Committee
MoHP	:	Egyptian Ministry of Health and Population
NCDs	:	Non-Communicable Diseases
NGOs	:	Non-Governmental Organizations
OCF	:	Orphans Care Federation
PMM		Presidency of Migration Management
PTSD		Post-Traumatic Stress Disorder
RASAS	:	The Refugees and Asylum Seekers Assistance and Solidarity Association
SEMA	:	Syrian Expatriate Medical Association
SHI	:	Statutory Health Insurance

UNHCR	:	United Nations High Commissioner for Refugees
USA	:	United States of America
US	:	United States
VDSF	:	Voices for Displaced Syrians Forum
WHO	:	World Health Organization

1. INTRODUCTION

The global refugee crisis, spurred by conflicts and humanitarian situations, has resulted in the displacement of millions of people worldwide. Syrian refugees are among those displaced by the ongoing fighting. Turkey is a principal destination and transit country for refugees from diverse countries (R. Assi, S. Özger-İlhan, & M.N. İlhan, 2019). Turkey became a prominent host nation for Syrian refugees, with almost 3.7 million Syrians seeking temporary asylum within its borders (Mehmet & Canan , 2022).This influx of immigrants has caused a number of challenges, particularly in providing healthcare services to vulnerable populations such as the elderly. The Syrian conflict has significantly impacted the country's demographic status. Prior to the conflict, Syria's population was around 21 million (Loft, Sturge, & Kirk-Wade, 2023). In contrast, more than half of this population has been uprooted from their homes, either within Syria or as refugees outside. In December 2022, there were roughly 6.8 million internally displaced persons residing in Syria (Loft, Sturge, & Kirk-Wade, 2023). This forced migration has left a large number of people in need, with an estimated 14 million Syrians requiring humanitarian help to live. The situation is aggravated by several crises, including displacement, droughts, disease outbreaks, and natural catastrophes. Syria today has one of the greatest levels of food insecurity in the world, with 16.7 million Syrians relying on humanitarian help for their basic necessities (Hunger, 2024). In today's global scene, marked by geopolitical turbulence, mass displacement, and demographic shifts, the well-being of elderly refugees has emerged as a major focus point of human debate. In the context of elderly populations across the world, the plight of old people forced to from their homes due to violence and persecution arises as an essential humanitarian concern. This disadvantaged population has a complicated set of related to health difficulties, worsened by the trauma of migration, cultural obstacles, and a lack of access to health services. Considering the gravity of the situation, it is necessary to conduct a thorough investigation of the unique healthcare needs of elderly Syrian refugees in Turkey, a country that is hosting a large influx of displaced people as a result of continuous regional violence. This thesis seeks to conduct a comprehensive investigation and analysis of the healthcare obstacles encountered by this marginalized group, with the ultimate objective of stimulating the creation of focused interventions and policy frameworks to alleviate their suffering and enhance their quality of life. Through highlighting the different converge of

age, refugee status, and availability of healthcare, this research hopes to advocate for the development and implementation of tailored healthcare initiatives that uphold the dignity and holistic well-being of elderly refugees not just in Turkey but also in broader of different countries.

1.1 STATEMENT OF PROBLEM

Despite international attempts to aid vulnerable populations, elderly Syrian refugees in Turkey suffer considerable difficulties to receiving basic healthcare treatments. This cohort is particularly disadvantaged due to a combination of variables including transportation challenges, social isolation, poverty, and a high prevalence of noncommunicable diseases (NCDs). While governments and non-governmental groups have launched a variety of measures to address these issues, there is still a huge vacuum in providing comprehensive and specialized healthcare for elderly Syrian refugees. The biggest obstacles that elderly Syrian refugees face in Turkey are logistical issues that prevent them from traveling to healthcare services. Many elderly refugees reside in rural places or cannot afford transportation, resulting in missed medical appointments and delayed care. Social isolation exacerbates their plight, as many elderly refugees are cut off from their family and conventional support networks, which are critical to their physical and mental health. Poverty is another significant barrier to accessing healthcare for older Syrian refugees.

Due to limited financial means, many people are unable to afford the expenses of healthcare services, even when they are technically available. This financial hardship is exacerbated by the high prevalence of NCDs among elderly refugees, such as diabetes, hypertension, and cardiovascular disorders, which need continuing medical care and medication. In addition, there is a significant shortage of healthcare services adapted particularly to the requirements of older Syrian immigrants. The absence of specialist treatment, such as geriatric care and mental health services, means that this population's particular health concerns are not being treated appropriately. This shortage is partially due to a lack of research and literature on the special healthcare requirements of elderly refugees, which impedes the establishment of effective healthcare policies and initiatives. Additionally, to these obstacles, structural challenges within the healthcare delivery system restrict the provision of sufficient care to elderly Syrian refugees. Language problems can impede efficient communication between healthcare personnel and patients, resulting in misconceptions and unsatisfactory outcomes.

Furthermore, the refugee population's transitory character undermines continuity of treatment, as repeated relocations result in inconsistent medical records and fragmented healthcare supply. Racism and bigotry also contribute to the difficulties experienced by older Syrian refugees. Negative attitudes and biases toward immigrants might lead to uneven treatment and a reluctance to seek needed healthcare treatments. This prejudice can take many forms, ranging from outright hostility to subtle biases that impair the quality of care offered. Given the multitude of issues at hand, it is imperative to examine how international humanitarian organizations may collaborate more effectively to meet the healthcare needs of elderly Syrian refugees in Turkey. Identifying and executing effective techniques for providing healthcare to this vulnerable group is critical. This study seeks to address a gap in the current literature by investigating the unique healthcare requirements of elderly Syrian refugees and offering evidence-based strategies to increase their access to excellent healthcare services. Finally, meeting the healthcare requirements of elderly Syrian refugees necessitates a comprehensive and coordinated strategy including a variety of partners, including government agencies, non-governmental organizations, and international organizations. By promoting collaboration and devising targeted interventions, we can improve the well-being of elderly Syrian refugees and ensure they receive the care and assistance they require to live healthier, more dignified lives.

1.2 RESEARCH QUESTIONS

The current study attempts to address the essential issue of healthcare supply for elderly Syrian refugees in Turkey, who face several challenges as a result of their displacement. The major research questions that guide this examination are:

a) How can international humanitarian groups collaborate more effectively to meet the healthcare needs of elderly Syrian refugees in Turkey?

This subject investigates the procedures, methods, and frameworks that could improve cooperation among diverse international humanitarian organizations. It focuses on identifying gaps in present collaborative efforts and understanding how they might be closed to improve healthcare delivery. Understanding the complexities of such alliances entails investigating the roles, duties, and relationships of many organizations and how they might be optimised for improved service supply.

b) What are the most efficient strategies for delivering healthcare assistance to elderly Syrian refugees in Turkey?

This topic seeks to identify the best practices and novel ways that may be used to offer excellent healthcare to this vulnerable group. It entails a thorough examination of existing healthcare programs, the obstacles they confront, and the success stories that may be reproduced or modified. The objective is to identify long-term and scalable solutions that can meet the special healthcare needs of elderly Syrian refugees, taking into account accessibility, cost, and cultural sensitivity.

c) What are the complex healthcare challenges faced by elderly Syrian refugees, and what are the crucial roles played by humanitarian and international organizations in addressing these issues?

These questions are crucial for building a detailed knowledge of the healthcare issues that elderly Syrian refugees confront, as well as making concrete recommendations to improve their access to vital medical treatments. The study will look into the experiences and viewpoints of both the refugees and the organizations involved in delivering care, with the goal of creating a comprehensive and practical framework for improving healthcare delivery to this marginalized population.

1.3 AIM OF THE STUDY

The need to pay more attention to the healthcare needs of the elderly is growing as the world's population ages. Elderly frequently have particular health issues that need for particular attention and care. Things get much more complicated when you include refugees. Elderly refugees need specialized healthcare solutions to meet their unique physical, mental, and emotional demands since they endured displacement and frequently traumatic incidents. This study specifically examines the healthcare challenges faced by elderly Syrian refugees in Turkey, which are both distinct and substantial. The primary objective of this study is to thoroughly examine these issues and offer a full analysis of the factors that need to be considered while providing medical care to this susceptible population. By doing so, the study hopes to contribute to a more comprehensive knowledge of healthcare for displaced people in general. The study aims to identify crucial areas for improvement in the present healthcare system for elderly Syrian refugees. The study's goal is to identify holes and inefficiencies in the current system by conducting a comprehensive and critical analysis of

available metrics. This includes a detailed examination of the Turkish government's joint efforts with foreign humanitarian groups, which are critical in improving medical and psychological treatment for elderly refugees. This study's findings are predicted to have substantial policy and practical ramifications. The study's evidence-based recommendations aim to influence the formulation and implementation of health-care policies and activities suited to the requirements of elderly refugees. The research, which emphasizes the need of successful collaboration between national and international agencies, intends to strengthen international cooperation in assisting marginalized and vulnerable groups. I will concentrate my study on the Syrian elderly in Turkey due to the dearth of specialist references on this issue in the field as a part of my research.

1.4 RESEARCH METHODOLOGY

This study employed a qualitative case study methodology to examine the healthcare challenges faced by elderly Syrian migrants. The focus is on the participation of humanitarian and international organizations in addressing these challenges. The project entails conducting comprehensive interviews with senior Syrian refugees and representatives from several NGOs, supported by an in-depth investigation of pertinent literature.

1.4.1 Data Collection

A total of 15 comprehensive interviews were carried out to obtain the data. The study included six elderly Syrian refugees, comprising three males and three females, aged between 67 and 82. In addition, there were a total of nine participants who were representing different non-governmental organizations (NGOs) and humanitarian groups. The interview questions were designed to extract the experiences and challenges encountered by elderly refugees when accessing healthcare services, as well as to evaluate the effectiveness of treatments provided by organizations.

a) Elderly Syrian refugees

The refugee participants shared their accounts of their experiences before and throughout the Syrian conflict, as well as the subsequent challenges they had in obtaining treatment. The participants discussed the impact of displacement on their physical and emotional health, as well as the support they received from humanitarian organizations.

The primary inquiries encompass: Please provide a detailed account of your experiences prior to and throughout the Syrian crisis, and explain the impact it had on both you and your family. What were the most challenging obstacles you encountered as a refugee? Discuss the impact of move on your physical and mental well-being, as well as any subsequent health challenges that arose. What impact has being an elderly refugee had on your capacity to access healthcare and receive medical care? What are the main difficulties you encounter in your everyday life as a refugee, namely as an elderly person? Can you elaborate on the aid or help provided by humanitarian organizations or local communities?

b) Organizational collaborations

Collaboration was formed with several associations and organizations, including the Syrian Expatriate Medical Association (SEMA), the HelpAge International (HAI), the Syria-Turkey Friendship Association, the non-profit humanitarian organization Ataa and The Refugees and Asylum Seekers Assistance and Solidarity Association (RASAS). These engagements gave an important chance to learn about the issues and obligations that these organizations face while meeting the needs of the elderly.

The major goal was to devise strategies to improve interorganizational collaboration and Concentrate efforts on ensuring more effective and comprehensive satisfaction of older Refugees requirements. Several key issues surfaced during these meetings, acting as the foundation for further investigation.

For example, what was the organization's major focus prior to engaging in refugee help activities? Which agencies give financial assistance for the organization's activities? What are the main projects carried out by the organization to provide healthcare services to elderly refugees? is the organization's efforts focused on a certain demographic (e.g., older males, older women), or is assistance given evenly? What problems did the organization face in providing assistance to elderly refugees?

It is noteworthy that certain organizations initially approved participation in the study but subsequently declined support, without providing explicit reasons. These organizations include Kareemat organization, Association of Those Who Run to Hope, and IHH Humanitarian Relief Foundation.

1.4.2 Data Analysis

The data analysis process employed a systematic thematic analysis approach, encompassing several critical stages to ensure a comprehensive understanding of the healthcare challenges faced by elderly Syrian refugees.

Initially, interviews were transcribed verbatim, and the transcripts were thoroughly reviewed to achieve an in-depth familiarity with the content. This immersion in the data was essential for identifying significant insights.

Subsequently, initial codes were generated inductively from the data, facilitating the identification of recurrent patterns and notable segments relevant to the research questions. These codes were meticulously examined and grouped into potential themes, representing broader conceptual categories that emerged from the participants' narratives. Thematic analysis enabled the synthesis of complex data into coherent themes that encapsulated the diverse experiences and challenges articulated by the elderly Syrian refugees.

This method facilitated the identification of key themes and unique insights from the participants' narratives, offering a comprehensive understanding of the healthcare challenges faced by elderly Syrian refugees and the effectiveness of various interventions.

The findings, enriched by a review of relevant literature, contribute valuable insights into the complex issues surrounding the healthcare needs of elderly Syrian refugees. This analytical process, through the extraction of critical themes and insights, provides a nuanced understanding of the specific healthcare needs and the multifaceted support required by this vulnerable population, highlighting the critical role of humanitarian and international organizations in addressing these needs.

1.5 THEORETICAL CONTEXT AND LITERATURE REVIEW

With the global shifts in population and the increasing difficulties experienced by susceptible groups, such as elderly immigrants, it is crucial to adequately address their unique healthcare requirements. In order to gain a comprehensive understanding of the healthcare needs of the refugee community, it is essential to clearly identify and define a specific subgroup within this population. Given the aging global population, it is crucial to prioritize addressing the healthcare requirements of older adults. A scoping study is essential for gaining a more comprehensive understanding of the care and support requirements of elderly adults, as

emphasized by multiple studies, including the research conducted by Sarah Abdi, Alice Spann, Jacinta Borilovic, Luc de Witte, and Mark Hawley in 2019. The data was classified according to the WHO International Classification of Functioning, Disability, and Health Framework (ICF). The study delineated three principal themes: physiological mechanisms, actions and engagement, and contextual elements (Sarah , Alice , Jacinta , Luc , & Mark , 2019). Yet, the research carried out by Maya Abi Chahine and Hanna Kienzler in 2022 uncovers that the condition of elderly refugees is really grave. Research suggests that elderly refugees encounter challenges in acquiring vital provisions such as water, food, and shelter as a result of restricted movement, social seclusion, and financial hardship. As a result, they face an increased susceptibility to infections, inadequate hygiene, and hunger in comparison to elderly adults unaffected by the consequences of war. The prevalence of non-communicable diseases (NCDs) such as diabetes, stroke, and cancer is highest among older refugees, making them the most commonly impacted group in terms of physical health problems. A survey conducted by HelpAge International and Handicap International revealed that 54% of senior Syrian refugees living in Jordan and Lebanon suffer from at least one non-communicable disease (NCD), with some individuals having several NCDs (Maya & Hanna , 2022). As a result, older people frequently encounter significant health issues caused by disorders connected to aging, requiring specialized care and attention. This is worsened when dealing with older migrants, who face extra limitations such as dislocation and psychological anguish. Elderly refugees with bone and joint disorders may encounter a decline in physical movement, resulting in social isolation and a sense of loneliness. This can exacerbate their mental health and overall well-being. Hence, it is imperative to highlight the need for customized healthcare interventions that cater to the distinct physical, mental, and emotional needs of this demographic. This section seeks to add to the discourse on improving healthcare for elderly refugees by analyzing the intersection of age, refugee status, and healthcare. The text underscores the significance of employing intricate and all-encompassing approaches to protect their physical and mental well-being in challenging circumstances. Elderly Syrian refugees, in search of security and stability, encounter distinct obstacles and risks when fleeing their war-torn nation. A substantial proportion of elderly refugees were compelled to evacuate their residences and communities and seek asylum in adjacent nations, including Turkey, Egypt, Jordan, and Lebanon, frequently accompanied by their relatives (OMER , 2016).

The healthcare needs of elderly migrants, particularly those from Syria, have become a significant concern due to their unique vulnerabilities and requirements. Despite Turkey's efforts to address these needs, there are still significant challenges, such as language hurdles, insufficient resources, and a lack of understanding. This section will analyze the theoretical framework and literature pertaining to healthcare for elderly refugees, emphasizing the significance of complete and nuanced approaches to meeting their physical, mental, and emotional needs. Analyzing these challenges from a global perspective could aid in identifying the most effective approaches and shortcomings, therefore enhancing healthcare support for this underserved population. Since 2014, the arrival of refugees in Turkey, caused by conflicts and crises in nearby countries such as Syria and Iraq, has resulted in the introduction of interim protective measures, including healthcare services. The number of Syrian refugees has experienced a substantial increase over time (Tengilimoğlu, Zekioğlu, Budak, Eriş, & Younis, 2021). The healthcare needs of elderly refugees have become a serious concern due to their unique vulnerabilities and requirements. Turkey's policies strive to guarantee that refugees receive primary healthcare, emergency treatment, and specialist therapies. Nevertheless, the implementation of this legislation is hindered by problems such as language barriers, low awareness, and insufficient resources. Elderly refugees have substantial psychological distress as a result of relocation and involuntary travel, frequently resulting in trauma, melancholy, and apprehension. Nevertheless, mental health therapies sometimes have restrictions in terms of their availability and accessibility (Tengilimoğlu, Zekioğlu, Budak, Eriş, & Younis, 2021). Elderly refugees face numerous challenges when it comes to obtaining healthcare, such as language problems, restricted mobility, and cultural differences. These problems are exacerbated by socioeconomic variables such as poverty and insufficient social support. Mobile clinics, community health workers, and telemedicine services are effective alternatives that can meet these demands. Empirical investigations have demonstrated effective interventions employing these methodologies. The correlation among age, gender, disability, and refugee status requires unique strategies to meet the specific needs of various subgroups within the senior refugee population. Additional inquiry is required to acquire a more extensive comprehension of the healthcare requirements of senior refugees. This involves carrying out longitudinal studies to investigate long-term health outcomes, examining the influence of policy modifications, and evaluating the

efficacy of certain interventions and programs (Tengilimoğlu, Zekioğlu, Budak, Eriş, & Younis, 2021).

A primary issue among elderly Syrian migrants is the decline in their financial resources and heightened reliance on external support. Senior refugees may face difficulties in obtaining jobs and may increasingly depend on their families for assistance due to their advanced age and restricted mobility. According to Sarah et al. (Sarah , et al., 2022), consistently placing the needs of younger family members ahead of their own can have negative consequences for individuals' mental and physical health. The elderly Syrian population in Turkey is encountering increasing difficulties due to their desperate situation as refugees and internally displaced persons. Despite the international community's commitment to assisting disadvantaged groups, there is a clear lack of understanding regarding the special requirements and obstacles faced by elder migrants. I am driven to concentrate my research on the elderly Syrian population in Turkey due to the dearth of specialized literature on this subject in the region. The research undertaken by Ismail Tayfur, Mücahit Günaydin, and Selim Suner emphasizes a significant lack in the delivery of comprehensive healthcare assistance to elderly refugees. This discrepancy requires prompt attention and corrective action. The study especially examines the availability and usage of healthcare services among Syrian refugees in Turkey. The study sought to understand the healthcare services provided to Syrian refugees in Turkey by consolidating data from many sources, such as official websites, written correspondence from multiple organizations, and statistics from Turkish government agencies and international organizations. The study identified specific shortcomings in healthcare services for refugees, particularly in the areas of preventive treatments, healthcare for vulnerable populations such as pregnant women, infants, and young children, family planning services, and healthcare for the elderly and individuals with chronic illnesses. In addition, the study emphasized the significance of tackling communicable diseases and ensuring that Syrian refugees in Turkey have access to effective healthcare services (Ismail , Mücahit , & Selim , 2019). Perihan Elif Ekmekci's 2016 study emphasized the frequency of many contagious illnesses among Syrian refugees when they entered Turkey between 2012 and 2016. Despite making significant efforts, organizations encountered challenges in providing essential aid due to language hurdles and the large number of individuals impacted by infectious diseases such as measles, hepatitis virus, and respiratory tract infections (Ekmekci, 2016). Furthermore, there was a notable prevalence of

persistent ailments such as high blood pressure, problems affecting the muscles and skeleton, diabetes, and long-term respiratory illnesses. This phenomenon was also recorded in a 2019 investigation carried out by Jude, Alawa, Parmida Zarei, and Kaveh Khoshnood. The limitations of language and economic circumstances were the issues that hindered organizations from delivering the requisite healthcare support without any shortcomings in any aspect (Jude , Parmida , & Kaveh , 2019)

The research intends to identify areas for improvement and conduct a thorough and critical evaluation of current measures in order to address the significant problems in serving the healthcare needs of elderly Syrian refugees in Turkey. The expected outcomes of this study have substantial implications for understanding the pivotal role of collaboration between the Turkish government and international humanitarian groups in improving healthcare and psychological assistance for elderly Syrian refugees. Creating evidence-based recommendations is crucial for influencing the implementation of health-related policies and programs that are customized to meet the specific requirements of elderly refugees. Furthermore, this study seeks to highlight the importance of cooperation between the Turkish government and foreign organizations to promote international collaboration in assisting marginalized and vulnerable individuals, thus advancing humanitarian operations worldwide.

Although extensive study has been undertaken on the healthcare difficulties encountered by Syrian refugees, there is a conspicuous dearth of material in the literature regarding older migrants. Contemporary studies frequently fail to segregate data to specifically cater to the distinct healthcare requirements of the elderly population, encompassing chronic illnesses, restricted mobility, and mental health concerns. The current body of longitudinal research on the long-term health outcomes of elderly Syrian refugees is especially inadequate, hindering our comprehension of the lasting impacts of migration and stress. Furthermore, despite the recognition of the significance of mental health, there is a dearth of research on the psychological consequences of trauma among elderly migrants. Frequently, discussions about barriers to healthcare access tend to be broad and fail to delve into the specific challenges encountered by older individuals, such as mobility issues and the necessity for cultural sensitivity. The efficacy of NGO and humanitarian initiatives that explicitly focus on aging populations remains unknown, as does the integration of healthcare services into the healthcare systems of host nations. In addition, there is a lack of attention given to the

consequences of policies and the required efforts to advocate for improved healthcare access for older migrants. To enhance the general well-being of older Syrian refugees, it is imperative to address these gaps and provide tailored healthcare interventions.

2. HISTORICAL AND CONTEMPORARY APPROACHES TO MIGRATION AND REFUGEE MANAGEMENT IN TURKEY

2.1 MIGRATION DYNAMICS

Wars and conflicts have played a crucial role in causing the relocation of people. As a consequence of the US invasion in 2003, millions of Iraqis were forcefully evacuated and experienced additional displacement owing to escalated bloodshed resulting from acts of terrorism perpetrated by the Islamic State, particularly between 2014 and 2017. Engineers, artists, attorneys, educators, physicians, and professionals from various other areas were among the first individuals to leave the area affected by the conflict. The movement had a significant influence on Iraq's healthcare system, leading to the destruction of numerous cultural institutions and the denial of numerous services. The nation has been entangled in strife since the initiation of the war in 2003 (Iraqi Refugees | Costs of War, n.d.). It is crucial to recognize the enduring Syrian conflict, which has persisted for over a decade. Natural disasters, like Hurricane Katrina, can cause displacement by causing widespread flooding and destruction throughout the Gulf Coast, making it one of the most catastrophic hurricanes in the history of the United States. The catastrophe led to the relocation of around 1 million inhabitants, specifically in New Orleans (Elizabeth , 2008). Furthermore, the Chile earthquake of 1960 is notable for being the earthquake that caused the most dramatic displacement. The earthquake that occurred on May 22, 1960, off the southern coast of Chile, is considered the most significant seismic event recorded in the twentieth century ((Richard , 2024). Other factors that contribute to this issue include violations of human rights, such as acts of ethnic cleansing, genocide, and systemic discrimination. As an illustration, the Rohingya, a marginalized Muslim community, have endured profound prejudice, brutality, and oppression. As a result, a substantial number of Rohingya refugees have relocated to various countries, including Bangladesh (UNHCR, Global Trends Forced Displacement In 2019, 2020). The Sudanese government and its affiliated militias have deliberately targeted some ethnic groups, such as the Fur, Masalit, and Zaghwa, resulting in their widespread forced displacement and the creation of refugee camps (UNHCR, Global Trends Forced Displacement In 2019, 2020). Eritrea has received substantial criticism for its human rights record, characterized by instances of compelled work, arbitrary imprisonment, and limitations on freedom of speech and religious convictions. Due to these violations, a

substantial number of Eritreans have left their country and sought refuge in other nations (UNHCR, Global Trends Forced Displacement In 2019, 2020).Other factors that contribute to displacement include political instability, authoritarian regimes, and discriminatory practices based on race, religion, nationality, or political beliefs (Exploring migration causes: why people migrate, 2020). According to the 1951 United Nations Convention on Refugees, refugees are those who have a genuine fear of being persecuted and are unable or unwilling to go back to their home country (UNHCR, FINAL ACT AND CONVENTION RELATING TO THE STATUS OF REFUGEES, 1951). The root causes of Palestinian migration can be traced back to the early twentieth century, when clashing goals between indigenous Palestinians and immigrants resulted in a war eruption in 1948. The conflict culminated with the foundation of Israel as a sovereign nation and the refusal to acknowledge the Palestinians' right to self-determination. Consequently, about 750,000 Palestinians were compelled to evacuate their residences and assume the status of refugees (Francesca & Damian , 2019).

Given the global scale and complexities of migration concerns, it is essential to examine the various strategies employed by different countries to tackle these challenges. For example, Turkey is one of the countries that is greatly affected by these patterns. Turkey has been a significant haven for refugees and migrants, especially from surrounding crisis-stricken regions, because to its advantageous geographical location and political climate. This section will examine Turkey's migration strategy and its approach to tackling the increasing challenges of integrating a substantial refugee population.

Gaining insight into the historical backdrop is crucial for comprehending the present migratory patterns in Turkey. Turkey has a diverse history of migration, marked by numerous waves that have taken place over time. By examining past patterns and occurrences, we can acquire a good comprehension of the variables that have influenced Turkey's current migratory dynamics.

The population swaps between Greece and Turkey that took place following the signing of the Treaty of Lausanne in 1923 have had a significant influence on Turkey's migration patterns, establishing them as a pivotal event in the country's early migration history. Known as the "1923 population exchange," these events established a standard for managing substantial immigration and had long-lasting consequences for both nations. The debates predominantly focused on religious affiliation rather than language or ethnicity, with the

goal of establishing ethnically homogeneous republics. The "Convention Concerning the Exchange of Greek and Turkish Populations," signed by the Greek and Turkish governments on January 30, 1923, in Lausanne, Switzerland, established and controlled the population exchanges between the two nations (Ocal, 2018). During this timeframe, there was a significant escalation in hostilities between the Greek Orthodox Christian populace in Turkey and the Muslim community in Greece, especially during the Greco-Turkish War (1919–1922) and the downfall of the Ottoman Empire. The primary objective of the Treaty of Lausanne was to promote stability and peace in the region. To achieve this, the treaty included provisions for the exchange of populations (Clark, 2009).

In an October 1922 correspondence addressed to the League of Nations, Eleftherios Venizelos, the Prime Minister of Greece, first introduced the concept of population exchanges. This project sought to restore connections by providing land for Greek Orthodox refugees from Turkey who lacked property and Muslims who were expelled from Greece. The newly established Turkish state viewed the exchanges as a strategy to establish a territorially concentrated region solely populated by individuals of Turkish ethnicity (Ocal, 2018). The population exchange resulted in the relocation and resettlement of around 1.6 million people. Specifically, a grand total of 1,221,489 individuals, who self-identified as Greek Orthodox and originated from areas including Asia Minor, Eastern Thrace, the Pontic Alps, and the Caucasus, were resettled in Greece. In contrast, a total of 355,000 to 400,000 people who self-identified as Muslims and were originally from Greece were relocated to Turkey. This forced transaction sought to establish nation-states characterized by a homogeneous ethnic group through the elimination of minority populations. The process entailed reciprocal expulsion, leading to the revocation of citizenship and the imposition of involuntary refugee status on the impacted communities (Ocal, 2018). By the end of 1922, a substantial number of the native Pontian Greek community had already relocated from Turkey due to genocidal acts specifically aimed at them. Likewise, those who were citizens of the Ottoman Empire and had Greek ancestry departed when the Greek army was defeated in the Greco-Turkish War. The estimated mortality rate among Ottoman Greeks between 1914 and 1923 ranges from 300,000 to 900,000, while the number of Armenians who lost their lives varies from 300,000 to 1.5 million (Ocal, 2018).

During the autumn of 1922, over 900,000 Greeks migrated to Greece (Ocal, 2018) . By 1914, the Greek population residing inside the current territorial boundaries of Turkey was

estimated to be as high as 2.130 million. After the exchanges, a grand total of 340,000 Greek individuals made the decision to remain in Turkey. Among them, 220,000 individuals established their homes in Istanbul by 1924. As a result, the Christian population in Turkey had a substantial decrease, falling from 20–25% in 1914 to 3-5.5% in 1927 (Ocal, 2018).

Academics have shown doubt about the attitudes of those engaging in exchanges, deeming it an authorized approach for reciprocal racial cleansing (Clark, 2009). argues that the trade, despite its bad characteristics, may have served as a deterrent to further violence and the potential annihilation of Greek Orthodox Christians in Turkey.

2.2 EVALUATING APPROACHES TO MIGRATION METHODS IN TURKEY

Prior to commencing the debate on the plight of Syrian refugees and their migration to Turkey, I would want to emphasize a crucial aspect. Turkey has undergone significant transformations in its role within the migratory landscape. It has transitioned from being a country that mostly sent emigrants to becoming a transit hub for migrants heading to Europe. Furthermore, Turkey has now become a country that receives immigrants. I will provide a more detailed analysis of these shifts. The migration patterns of Turkish people have been influenced by several factors, including historical events, over the course of time. Turkey established worker recruitment agreements with several European countries, including Germany, Switzerland, Sweden, the Benelux countries, and France, throughout the 1960s and 1970s. During this time period, the majority of individuals migrating to Europe were unskilled or semi-skilled workers. Nevertheless, it is important to acknowledge that the skill set of Turkish emigrants differs based on the specific destination country. Significantly, individuals with advanced levels of proficiency were inclined to move to the United States. Simultaneously, while there was a decrease in organized worker migration to Europe in the 1970s, there was a significant trend of more Turkish individuals migrating to the Middle East and North Africa (MENA). The emigration patterns to destinations such as Libya were shaped by bilateral agreements between Turkey and Libya, wherein proficient Turkish migrants were relocated in return for advantageous crude oil terms. Moreover, a significant portion of Turkish enterprises, particularly in the construction industry, have set up operations in the oil-rich countries of the MENA area, leading to significant employment opportunities for Turkish expatriates. Following the year 1989, there was a significant increase in the migration of Turkish individuals to Russia, primarily as a consequence of the

adverse circumstances arising from the Gulf crisis (Hakan & Gudrun , Turkish Migration Policy from the 1960s Until Today: What National Development Plans Tell Us, 2021).

In addition, Turkey has experienced substantial levels of unemployment, especially among the youth, due to economic difficulties. The scarcity of employment prospects and financial instability have compelled several individuals to pursue superior opportunities elsewhere. Certain individuals may choose to immigrate in pursuit of higher wages and improved living standards. The presence of income inequality in Turkey has also played a role in the decision of people to emigrate as they search for more equal economic opportunities in other countries. During periods of economic decline and financial turmoil, there is often a significant increase in emigration as individuals search for stability and economic security in other locations (Ali T & Aysit , 2015). Emigration can be prompted by several social issues, such as social conflicts, discrimination, and marginalization based on race, religion, or gender. These factors drive individuals to seek out communities that are more open and welcoming. The lack of adequate education and healthcare services in certain regions of Turkey may prompt individuals, especially families, to migrate in search of improved opportunities for themselves and their children. Emigration patterns can also be influenced by a need to be reunited with family members who have already moved to other countries (Ali T & Aysit , 2015).

There are several reasons behind Turkey's shift from being a country that sends emigrants to becoming a transit country for migrants heading to Europe. Ahmed Icduygu's study provides a concise overview of Turkey's role as a transit country for migrants. This essay examines the factors contributing to this situation and Turkey's efforts to regulate the flow of transit migrants. According to the author's article, Turkey has witnessed a substantial surge in transit migration over the previous few decades. In recent times, Turkey has transitioned from being mostly known as a country that people migrate from to becoming an important location for migrants from many countries, particularly those who are trying to enter the European Union (EU). There are multiple reasons why Turkey is considered an attractive transit nation. Due to its strategic geographic location at the crossroads of Europe, Asia, and Africa, Turkey serves as a strategic pathway for migratory movements. Migrants are motivated to use Turkey as a transit route due to economic incentives such as job opportunities and improved living circumstances in the EU. Furthermore, the existence of political instability, violent conflicts, and economic challenges in bordering countries has prompted a substantial number

of persons to seek better opportunities within the European Union, using Turkey as a pathway. Turkey has implemented laws and initiatives to regulate and limit migration over its borders in response to the growing trend of transit migration. The article states that Turkey's migration control attempts have been influenced by both domestic and foreign factors. Therefore, Turkey has made substantial efforts to showcase its commitment to combatting illegal migration and enhancing border controls. Therefore, Turkey has made substantial efforts to showcase its commitment to combatting illegal migration and enhancing border controls. Turkey has also employed techniques to identify and capture illegal migrants, along with efforts to improve its asylum system. Externally, the European Union has exerted pressure on Turkey to reduce irregular migration and enhance border controls. Due to this pressure, Turkey has been compelled to exhibit its resolute political commitment to addressing trafficking and smuggling, as well as enhancing global collaboration on irregular migration. Turkey has collaborated with Western European countries, which serve as the primary destinations for transit migrants passing through its borders. In his paper, Ahmed Icduygu highlights that transit migration in Turkey is a multifaceted issue that is shaped by a range of elements, such as political, economic, and social dynamics inside Turkey and the broader surrounding regions (Icduygu, 2005).

Subsequently, Turkey experienced a significant transformation from being a nation mostly known for emigration and serving as a transit point for migrants to being a country that actively welcomes immigrants. Hakan Kilic and Gudrun Biffl contend that this occurrence can be attributed to various variables, including shifts in population demography, demand for work, and governmental legislation. The demographic changes have played a significant role in Turkey's transformation into a country that receives immigrants. The demographic landscape of the country has undergone changes, characterized by declining birth rates and a growing elderly population. The changing demographics have created a need for a younger workforce, which has been partially fulfilled by attracting immigrants. Turkey's transition has also been influenced by the job market. Due to the growth and internationalization of the nation's economy, there has been a significant increase in demand for highly qualified workers in all industries. Turkey has actively sought highly skilled immigrants who possess the competence needed to advance the country's technology and transition to a knowledge-based society in order to meet this criterion. Government policies have significantly influenced Turkey's transformation into a country that receives immigrants. The Turkish

National Development Plans (NDPs) have served as a foundation for migration policies. Over time, the focus of these initiatives has shifted from encouraging people to leave their home country to managing relationships with diaspora communities and, ultimately, attracting highly skilled immigrants. The policy shift has been backed by institutional and legal modifications designed to provide a hospitable environment for immigration and integration. Turkey has implemented a range of initiatives to accommodate and integrate immigrants. Legal reforms have been implemented to establish a comprehensive structure for immigration and protect the rights of migrants. Various social efforts have been established to assist immigrants in acquiring language skills, obtaining education, accessing healthcare, and securing employment. Efforts have been made to promote social unity and intercultural dialogue to foster integration and mutual comprehension between the host society and immigrants. In summary, demographic changes, employment market requirements, and governmental regulations have all played a role in Turkey's transformation into a country that receives immigrants. The government has actively pursued and integrated migrants through a combination of legislative reforms, social programs, and efforts to foster social unity. These enhancements exemplify Turkey's recognition of the advantageous contributions that immigrants may make to its economic, social, and cultural advancement (Hakan & Gudrun , Turkish Migration Policy from the 1960s Until Today: What National Development Plans Tell Us, 2021).

2.3 TURKEY’s EFFORTS IN TACKLING THE SYRIAN REFUGEE SITUATION

The Syrian crisis has resulted in a significant issue of forced migration, which has had extensive global repercussions. This is most effectively illustrated by the multitude of individuals who have departed their nation of origin in pursuit of security.

The current number of registered Syrian refugees is 5,105,919. (Situation Syria Regional Refugee Response, 2024).

Table 21: The Top Five Countries That Hosted the Syrian Refugees are as Following.

Location name	Source	Data date	Population
Turkey	Government turkey	11 Jan. 2024	3,199,927
Lebanon	UNHCR	31 Dec. 2023	784,884
Jordan	UNHCR	31 Dec. 2023	649,091
Iraq	UNHCR	31 Dec. 2023	273,258
Egypt	UNHCR	31 Dec. 2022	153,756

(Situation Syria Regional Refugee Response, 2024)

Turkey From the very beginning, Turkey has implemented an "Open Door Policy" towards Syrian refugees, thereby accepting all individuals without exception. As a result, Turkey has emerged as the foremost destination for Syrian refugees. Based on data from the Republic of Turkey and the United Nations High Commissioner for Refugees (UNHCR), Turkey currently has the largest population of Syrian refugees, consisting of a grand total of 3,632,622 individuals (Kınık, Koçak, & Mayadağli, 2022).

Turkey, as a party to both the 1951 Refugees Convention and the 1967 Protocol, has been making institutional and legal modifications to establish an effective domestic asylum system that aligns with international standards (Ayhan , 2023). According to the 2017 research conducted by Perihan Elif Ekmekci, Turkey possesses a geographical area designated for the implementation of the Geneva Convention. Consequently, Turkey exclusively deems asylum seekers from European countries as qualified for refugee status. Asylum seekers who are not from Europe and those who entered Turkey from a European country are not entitled to seek refugee recognition. This restriction is exclusive to Syrian refugees and is connected to Turkey's distinct policy and legal framework regarding migration and asylum. Based on this survey, Turkey has emerged as a popular destination and transit hub for unauthorized migrants, particularly those seeking refuge from the Syrian crisis. Due to its proximity to Syria, Turkey has been a preferred destination for numerous Syrian individuals seeking asylum. Nevertheless, Turkey does not provide these individuals with full refugee status. However, it offers them just temporary safeguarding. Temporary protection is a designation that grants legal and physical safeguards to individuals who have been forcibly relocated but are not covered by the provisions of the Geneva Convention. Temporary residence is granted to individuals under a conditional refugee status, but they do not enjoy the same rights and privileges as officially recognized refugees (Perihan , 2017).

Furthermore, it is worth noting that the UNHCR offices in Turkey have always had a significant impact on relocating asylum seekers from non-European countries to safe third nations. This was particularly true prior to the implementation of Law No. 6458 on Foreigners and International Protection in 2008. Nevertheless, the UNHCR's participation has considerably diminished since the law was implemented in April 2013. Since September 2018, the operations of the UNHCR in Turkey have been diminished (Nuray , 2019). After careful analysis, we have determined that there are multiple factors that can influence Turkey's position on the treaty and the matter of temporary protection. These encompass Turkey's historical encounter with migration, as previously mentioned.

Turkey enacted its inaugural asylum legislation in April 2013, known as the legislation on foreigners and international protection. This legislation designates the presidency of migration management (PMM) as the principal authority responsible for formulating policies and supervising immigration processes for all non-citizens in Turkey. In October 2014, Turkey enacted the temporary refuge regulation, which outlines the procedures, entitlements, and obligations of individuals granted temporary asylum within the country. (Ayhan , 2023).

2.3.1 Critical Issues Related to Refugees

Turkey has implemented several vital initiatives to tackle the challenges faced by Syrian refugees, focusing on education, financial assistance, and healthcare. These efforts exemplify Turkey's dedication to the well-being and assimilation of refugees within its territory.

Turkey has implemented measures to ensure that Syrian refugee children have access to schooling. The Turkish authorities assimilated Syrian youths into their schools while also constructing temporary schooling facilities. In addition, Syrian students have the opportunity to seek scholarships at Turkish universities. To facilitate the students in overcoming language barriers and integrating into the Turkish educational system, language aid programs were implemented. In order to expedite the learning process, these programs incorporate assistance services and language training (Johannes). The European Union places significant emphasis on education in its humanitarian efforts in Turkey, particularly for refugee children. Since its inception in 2017, the most significant educational initiative for humanitarian purposes in the European Union has successfully aided over 800,000

refugee children. This strategy utilizes conditional money transfers to encourage membership in both formal and informal educational institutions. The SSE initiative aims to facilitate the participation of more than 65,000 refugee children in both official and informal education by the conclusion of 2024. This initiative primarily focuses on education and also provides additional support to guarantee the successful enrolling of refugee children in educational programs. This support encompasses services such as translation, transportation, and other necessary provisions (ECHO, n.d.).

Moreover, it strived to offer economic aid to Syrian refugees through the provision of work visas to suitable individuals. By granting them legal employment opportunities and enabling them to contribute to Turkey's economy, this approach reduces the reliance on humanitarian assistance among refugees. In addition, the Turkish government has focused on providing vocational training programs to Syrian refugees. These programs aim to enhance participants' skills and make them more employable in various fields, with the ultimate goal of enabling them to attain financial independence and self-sufficiency (Alan , 2019).

The European Union's humanitarian initiatives in Turkey address several financial matters related to the safeguarding of refugees. This includes the provision of legal advice, ongoing registration, identification of those who are susceptible to harm, and the provision of targeted protective assistance. The EU's significant financial commitment underscores the economic consequences for refugees and host communities in Turkey. This commitment includes a budget of 2.3 billion euros for the European Union's largest humanitarian program, the ESS, as well as the transition to the new social safety net (SSN) EU program under the directorate general for nearby and enlargement negotiations. In addition, the European Union has allocated a total of 3.46 billion euros in humanitarian assistance since 2012 to support refugees who are in a vulnerable position and the regions where they have chosen to reside (ECHO, n.d.).

In addition, Turkey has made a conscientious effort to offer medical aid to Syrian refugees residing within its borders. The government has undertaken steps and efforts to guarantee that Syrian refugees have access to essential medical treatment, through collaboration with a wide array of individuals and institutions. Syrian refugees in Turkey have access to free preventive and emergency medical care. Registered refugees are provided free access to public basic and secondary health services. Refugees who lack identity cards or registration

are only entitled to receive primary and emergency healthcare treatments free of charge (Yasemin , Bayram , & Gamze , 2017). The frequency with which Syrian refugees have utilized public hospitals is remarkable. In 2015, more than 4 million refugees were provided with healthcare services in public hospitals. In 2015, over 2.5 million migrants utilized hospital outpatient therapy. In the same year, more than 1.5 million refugees sought emergency medical care in hospital emergency rooms (Yasemin , Bayram , & Gamze , 2017). Turkey has successfully provided healthcare to Syrian refugees throughout the COVID-19 pandemic. Turkey has successfully incorporated Syrian refugees, as well as other refugees and individuals seeking international protection, into various public services such as healthcare, employment opportunities in the legal sector, and education (UNHCR & WORLD, COVID-19 in Türkiye and livelihoods of vulnerable people and refugees: a synthesis report, 2022). In response to the pandemic, the Turkish government promptly and decisively took action to alleviate its impact. The measures implemented included social isolation, the enforcement of mobility limitations, and the strengthening of the health sector (UNHCR & WORLD, COVID-19 in Türkiye and livelihoods of vulnerable people and refugees: a synthesis report, 2022). The World Health Organization (WHO) country office in Turkey has played a crucial role in assisting the Turkish government in initiating the refugee health program. They provide Syrian healthcare professionals with training opportunities in collaboration with other organizations, aiming to augment the healthcare workforce in Turkey (WHO, Türkiye). One of the objectives of the refugee health initiative is to include Syrian medical professionals in the Turkish healthcare system. This involves facilitating the recognition of their credentials and supporting their integration into the Turkish healthcare workforce (WHO, Türkiye). NGOs play a crucial role in delivering medical care to Syrian refugees in Turkey. These organizations operate medical facilities specifically designed to address the healthcare needs of refugees. Their range of primary healthcare services includes vaccines, mental health support, pregnancy and child health services, and medical consultations. The following non-governmental organizations (NGOs) are actively involved in providing medical care to Syrian refugees living in Turkey: CARE, an international humanitarian organization, has been operating in Syria and Turkey for numerous years. Priority is given to giving assistance to individuals with specific needs, including women, young people, and those with impairments. This assistance focuses on ensuring the safety, basic necessities, and economic opportunities for refugees, particularly

women and girls. They provide essential information regarding legal and non-legal rights and protections, along with community outreach and support systems (CARE, Relief Efforts in Türkiye). Doctors Without Borders (MSF), Doctors Without Borders, a global medical humanitarian organization, has been working along with Turkish civil society and non-governmental organizations (NGOs) to meet the healthcare requirements of Syrian refugees in Turkey. (MSF, n.d.). They provide trauma kits, emergency clinics, and specialized medical assistance to people who have been injured. MSF also engages in the restoration of healthcare institutions to ensure sustained healthcare access for affected individuals. MSF has addressed matters pertaining to mental health assistance, sanitation services, and water provision (MSF, n.d.). Since 2011, the Turkish Red Crescent Society has been providing Syrian refugees in Turkey with ongoing medical aid. Here are numerous instances of their efforts and accomplishments from various years. The Turkish Red Crescent established the first community facility in the province of Şanlıurfa on January 20, 2015, in response to the Syrian refugee crisis. This facility was established to cater to the needs of both local residents residing outside the camps and migrants and refugees. Mobile health clinics have been deployed to provide Syrian refugees with essential medical services in many locations, including host communities and refugee camps (Burak , et al., 2021). In 2014, the Turkish Red Crescent expanded its services by establishing additional community facilities in various districts around the country. These facilities were specifically developed to provide assistance to anyone in need, with a particular focus on Syrian refugees, without any consideration of their nationality, religion, or language. They have proactively provided mental health professionals as required, in addition to delivering psychological support and counselling (Crops, 2021).

2.3.2 Challenges in Healthcare Access for Syrian Refugees in Turkey

The analysis of the main obstacles to accessing healthcare services for chronic illnesses among Syrian refugees in Turkey reveals the following significant challenges: Registration procedures can present substantial obstacles for Syrian refugees when it comes to receiving healthcare services (Alawa, Zarei, & Khoshnood, 2018). Typically, these limitations necessitate the need for Syrian refugees to register for medical treatment using their identity card number. However, they encounter several difficulties in successfully completing this procedure. A significant number of refugees face challenges in obtaining necessary documentation due to displacement caused by violence, which hinders their ability to

provide the required documents for registration (Albarazi & Waas, 2016). Moreover, disputes regarding the legality of documents not given by the government in certain areas hinder the registration process (Albarazi & Waas, 2016). Postponed marriage registration also hinders the process of birth registration, exacerbating the challenges of providing proof of identification. In addition, lack of knowledge about the civil registration procedures in the host nation, along with high costs and language barriers, worsen the problems related to registration, as evidenced in the case of Turkey.

In order to surmount these obstacles, several migrants employ perilous coping strategies, such as returning to Syria or falsifying documents. To ensure that refugees have access to accurate registration processes, which are essential for obtaining healthcare and establishing legal status in host countries, it is crucial to address these obstacles (Albarazi & Waas, 2016). Furthermore, due to its newness and lack of familiarity, the Syrian refugee group faces considerable difficulties in navigating the Turkish healthcare system. The absence of knowledge poses significant challenges to accessing healthcare treatments. The presence of language barriers poses significant obstacles to effectively communicating with healthcare professionals and comprehending the information they convey (Surmeli, Narla, Shields, & Atun, 2020). Insufficient comprehension of the organization's framework, available services, and entry procedures exacerbates the challenge of utilizing healthcare resources. In addition, the intricate nature of the Turkish healthcare system, along with the frequent modifications in rules and regulations, poses challenges for Syrian refugees in terms of navigating through it. Moreover, the absence of reliable health records poses challenges in ensuring consistent treatment and delivering preventive measures. As a result, innovative strategies like mobile health (mHealth) projects have been created to tackle these problems. These programs utilize mobile applications and technology to provide Syrian refugees with essential information, reminders, and guidance, enabling them to effectively navigate the healthcare system and access crucial medical treatments (Surmeli, Narla, Shields, & Atun, 2020).

Furthermore, a notable hindrance is the apprehension of experiencing unjust or discriminatory treatment. This worry arises from the cumulative experiences and viewpoints of Syrian refugees, which are often shaped by instances of prejudice or mistreatment in their own country or during their transfer to Turkey. This level of concern significantly decreases their inclination to seek healthcare services, perhaps resulting in delayed or insufficient treatment for chronic conditions. The dread of terrible treatment in healthcare is influenced

by various factors, with the most prominent being past encounters of discrimination or abuse that create a sense of distrust in healthcare organizations and caregivers (Alawa, Zarei, & Khoshnood, 2018). In addition, language barriers exacerbate this worry since Syrian refugees may struggle to effectively communicate their health concerns, leading to misunderstandings or inadequate medical attention. The problem is worsened by the cultural disparities between Syrian refugees and healthcare practitioners in Turkey, as differences in norms, attitudes, and practices can result in biases or misinterpretations, increasing the likelihood of discrimination. Syrian refugees in Turkey are at a higher risk of mistreatment and bias due to a limited understanding of their rights and entitlements to healthcare services (Alawa, Zarei, & Khoshnood, 2018).

Moreover, by conducting information campaigns and outreach initiatives, Syrian refugees can be empowered by clearly delineating their rights and entitlements to healthcare services, thereby ensuring equitable access to healthcare without any apprehension (Alawa, Zarei, & Khoshnood, 2018).

Furthermore, the exorbitant cost of healthcare services is a significant barrier for Syrian refugees seeking treatment and care for chronic illnesses in Turkey. The Disaster and Emergency Management Presidency (AFAD), a Turkish government agency, has the exclusive responsibility of delivering healthcare services to Syrian refugees. This includes both basic and secondary treatment, which is offered free of charge. Despite the fact that the high cost of chronic illness (NCD) therapies poses a significant obstacle to healthcare access for Syrian refugees, the existing statistics do not specifically include access to these treatments (Akik, et al., 2019).

Syrian refugees encounter substantial expenses for medicines and advanced medical treatments, despite the availability of free or reduced-cost primary healthcare. The financial burdens imposed on refugees render essential treatment and care for chronic ailments prohibitively expensive, compelling them to employ coping strategies like seeking medical attention in Syria. Consequently, these coping strategies often lead to interruptions in treatment, exacerbating the challenges of managing chronic conditions. In order to overcome these economic limitations, it is imperative to introduce innovative strategies and financial support systems to ensure that Syrian refugees can access essential medical treatment and care without facing financial difficulties (Akik, et al., 2019).

The ongoing Syrian refugee crisis has had a significant impact on nations in the Middle East and beyond. In the following remarks, I will shed light on the migration of elderly Syrian refugees to different host countries. To fully comprehend their integration, health, and well-being, it is necessary to thoroughly examine their specific difficulties and experiences. This approach is grounded in research conducted in five countries, which illuminates the distinct demands and challenges they encounter in these diverse circumstances.

2.4 ANALYZING PERSPECTIVES ON ELDERLY SYRIAN REFUGEE MIGRATION IN VARIOUS HOST COUNTRIES

Within the heterogeneous population of Syrian refugees, the elderly encounter distinct obstacles and vulnerabilities. Examining the experiences of elderly Syrian refugees in different countries such as Egypt, Lebanon, Jordan, and Germany offers useful insights about their requirements, the level of care they receive, and their overall assimilation into host society.

2.4.1 Egypt

Refugees residing in Egypt encounter significant economic obstacles while accessing healthcare, leading to the need for personal expenses that burden their household finances. Refugees, despite having theoretical access to primary healthcare services similar to Egyptian natives, encounter numerous challenges such as drug shortages, unprofessional conduct from healthcare personnel, and a lack of understanding of available treatments.

Refugees experience health problems due to several factors, such as a higher prevalence of non-communicable diseases resulting from aging populations and unhealthy lifestyles, as well as communicable diseases caused by poor hygiene and limited access to primary healthcare. These issues underscore the urgent requirement for inclusive healthcare in immigrant communities.

The delivery of healthcare services to Egypt's refugee population has both ethical and operational challenges. Governments are responsible for offering basic healthcare services, while UNHCR-supported clinics and affiliated hospitals offer specialized treatments like managing chronic illnesses, reproductive health services, and mental health support. Delivering healthcare services to Egypt's refugees presents both ethical and operational challenges. Although governments provide primary healthcare services, UNHCR-supported clinics and affiliated hospitals offer specialized treatments for conditions such as chronic

illnesses, reproductive health, and mental health (Fares & Puig-Junoy, 2021). Although individuals have access to primary healthcare services, their health risks are deteriorating. What is the requirement for a comprehensive solution? Organizational initiatives, particularly those spearheaded by the World Health Organization (WHO) and local non-governmental organizations (NGOs), play a crucial role in addressing these concerns (Organization, n.d.). The World Health Organization (WHO) collaborates closely with the Egyptian Ministry of Health and Population (MoHP), jointly leading the Health Working Group with UNHCR, to ensure effective coordination (Organization I. L., n.d.). The organization provides technical expertise, supports the construction of healthcare facilities, and finances specialist medical services (Organization I. L., n.d.). Local NGOs and Syrian groups have a significant role in advocating for refugee healthcare and enhancing community involvement (Organization W. H., Team-building exercise to help Syrian refugees access the health care they need, 2015). In addition, the World Health Organization (WHO) and its collaborators conduct health needs assessments and monitoring initiatives, including the Health Access and Utilization Survey (HAUS), to detect obstacles and inequalities in healthcare access for refugees (Organization W. H., Syrian refugee response, n.d.). The collaborative initiatives seek to improve the availability, standard, and fairness of healthcare services for Syrian refugees in Egypt.

The existing healthcare system in Egypt fails to address the specific healthcare needs of elderly refugees, leading to significant deficiencies in the provision of services. The efforts of organizations like the World Health Organization and local non-governmental groups to address general health-care concerns have not been successful in providing specific treatments for elderly refugees, which makes them more vulnerable. The problem is worsened by the scarcity of data and research on their healthcare needs. Currently, the healthcare system in Egypt disregards the specific healthcare needs of elderly refugees, leading to significant deficiencies in the provision of services. The efforts undertaken by organizations like the World Health Organization and local non-governmental organizations to address general health-care concerns have not been successful in providing specific treatments for elderly refugees, which makes them more vulnerable to health issues. The problem is worsened by the scarcity of data and research on their healthcare needs. Consequently, there is a pressing requirement for specialized geriatric healthcare services

and targeted programs to ensure equitable access to comprehensive healthcare for elderly refugees in Egypt.

2.4.2 Lebanon

An analysis of the perspectives of elderly Syrian refugees regarding health and mental health services in Lebanon reveals significant disparities and problems. Based on the study conducted by Maria Abi Chahine and Hanna Kienzler, a significant majority of senior Syrian refugees, specifically 79%, encountered difficulties in accessing healthcare services, while only 1.5% were capable of affording them. This harsh reality emphasizes the substantial challenges that these individuals face when trying to obtain necessary medical care. Moreover, ageism exacerbates their predicament, resulting in their marginalization and neglect within society (Maya & Hanna , 2022). Ageism refers to the systematic categorization and unfair treatment of individuals based on their age, which hinders their ability to access crucial services and support networks.

Consequently, older migrants often experience social isolation, which worsens their mental and physical health issues. The insufficient allocation of resources and data aggravates the challenges faced by elderly refugees, leading to their marginalization from humanitarian initiatives, legislation, and research efforts. In order to address these pressing issues, policy recommendations propose a holistic approach to assistance that considers the distinct requirements and capabilities of elderly refugees. This comprehensive approach encompasses their physical, mental, and social well-being. Moreover, it is crucial to implement proactive measures to address and eradicate ageism across social, service, and policy domains. Enhancing services tailored to the special needs of elderly refugees, such as improved healthcare accessibility and mental health support, is crucial for alleviating their distress. Moreover, it is imperative for authorities and service providers to give utmost importance to the requirements of elderly refugees and allocate adequate resources accordingly (Maya & Hanna , 2022). The COVID-19 pandemic has worsened the mental health challenges faced by vulnerable populations. A comprehensive study conducted over an extended period of time revealed various factors that contribute to the decline in mental well-being among elderly Syrian immigrants amidst the epidemic. This emphasizes the importance of addressing essential needs, rights, and economic limitations. Collaboration between many sectors of humanitarian work, including food assistance, water, sanitation,

hygiene, and legal aid programs, is essential for providing comprehensive support. Based on these discoveries, it is crucial to swiftly implement actions to safeguard the welfare and dignity of elderly Syrian refugees in Lebanon (Abi Zeid, et al., 2023).

2.4.3 Jordan

Elderly Syrian refugees in Jordan encounter considerable obstacles when accessing healthcare and mental health services. Insufficient availability of healthcare, exacerbated by factors like language barriers, absence of insurance, and unfamiliarity with the system, continues to be a significant concern (Alzoubi, Ali, & Al-Gharaibeh, 2020). A significant number of this population is affected by chronic diseases, including hypertension and diabetes. More than 20% of individuals in this community suffer from at least one noncommunicable disease, including hypertension and diabetes (Abunab & Dao-ayen, 2017).

Another notable issue is to the psychological welfare of elderly Syrian migrants. Over 33% of individuals in this group encounter emotional and mental health issues as a result of the stress associated with migration, bereavement, and unpleasant living circumstances (Alzoubi, Ali, & Al-Gharaibeh, 2020). Moreover, financial constraints act as a formidable obstacle, impeding individuals from obtaining essential healthcare services, medications, and transportation, thus exacerbating their circumstances (Abunab & Dao-ayen, 2017).

Various organizations in Jordan play a crucial role in delivering healthcare services to elderly Syrian refugees. The UNHCR is actively collaborating with the Jordanian government and other partners to address the healthcare requirements of this vulnerable community (Al-Fahoum, et al., 2015). Furthermore, the International Organization for Migration (IOM) strives to improve the accessibility of healthcare services for older Syrian refugees by offering medical consultations, drugs, and referrals to expert care (Al-Rousan, Schwabkey, Jirmanus, & D. Nelson, 2017). The Jordan Health Aid Society (JHAS), a local NGO, significantly contributes to healthcare by operating clinics and mobile medical units in refugee camps and urban areas. Their services encompass medical intervention, management of chronic ailments, and provision of mental health support (Al-Rousan, Schwabkey, Jirmanus, & D. Nelson, 2017). In addition, Médecins Sans Frontières (MSF) and the International Medical Corps (IMC) have vital functions in providing medical assistance through mobile medical clinics, primary healthcare institutions, and specialized hospitals.

Their services encompass medical consultations, vaccines, reproductive health treatments, and crucial mental health support (Al-Rousan, Schwabkey, Jirmanus, & D. Nelson, 2017). Despite the challenges of being displaced and experiencing violence, elderly Syrian refugees in Jordan receive comprehensive healthcare treatments tailored to their specific needs because of the coordinated efforts of these organizations.

2.4.4 Germany

Due to the intricate nature of healthcare provision, Syrian refugees in Germany encounter a multitude of challenges arising from their tumultuous journey of violence, displacement, and reestablishment. Given these challenges, it is imperative to comprehend the psychological dynamics of this particular group.

Syrian refugees residing in Germany experience psychological well-being challenges that necessitate robust healthcare and psychological support systems. Qualitative focus group discussions unveil the psychological impact of conflict, displacement, and reestablishment, encompassing manifestations of post-traumatic stress disorder (PTSD). Incorporating coping mechanisms into tailored therapies is essential for managing psychological burdens. The obstacles preventing access to mental health care, such as insufficient knowledge and societal discrimination, need to be tackled through enhanced dissemination of psychoeducational materials and resources. Gaining insight into the viewpoints of refugees regarding mental health and strategies for managing stress is crucial in order to offer support systems that are culturally appropriate. The influence of cultural factors and individual situations on mental health demands is significant, underscoring the crucial role of comprehensive healthcare therapies (Renner, et al., 2020).

The elderly Syrian refugees in Germany experience significant health issues due to chronic ailments, limited healthcare accessibility, nutritional inadequacies, and age-related health considerations. Chronic ailments, including diabetes, hypertension, cardiovascular disease, and respiratory issues, are prevalent within this demographic, necessitating ongoing treatment and healthcare accessibility. Nevertheless, individuals may encounter obstacles in accessing appropriate medical care due to language barriers, a lack of experience with the German healthcare system, and issues in navigating it. Consequently, this can lead to delayed diagnosis and inadequate treatment. Moreover, fundamental deficiencies, restricted financial resources, and challenges in accessing culturally appropriate meals all contribute to

substandard nutrition among elderly Syrian refugees. In addition, age-related health issues such as limited mobility, persistent pain, visual and auditory impairments, and cognitive deterioration require specialized care and support. The interrelated problems underscore the urgent necessity for tailored medical interventions to address the complex healthcare needs of elderly Syrian refugees residing in Germany (Al Masri, Müller, Straka, Hahn, & Schuchardt, 2022).

Germany's health care system is characterized by its diversity, encompassing several organizations and institutions dedicated to providing healthcare services to the population. The entities encompassed in this category are statutory health insurance (SHI) funds, commercial health insurance companies, self-regulated payer and provider associations, and government bodies. Each individual plays a distinct and essential part in the process of planning and providing healthcare services across the nation.

Statutory Health Insurance (SHI) Funds, being non-profit entities, play a vital role in Germany's healthcare system. They collect compulsory wage contributions and distribute them to cover healthcare expenses for the majority of the people. In addition, they engage in negotiations with healthcare providers to establish pricing schedules that guarantee the availability of ambulatory services in both urban and rural areas. They engage in partnerships with other organizations to develop essential resources such as the ambulatory care cost schedule and the diagnosis-related group (DRG) catalog. Individuals who are not required to or wish to voluntarily withdraw from the mandatory health insurance system can acquire coverage through private health insurance providers. They provide alternative insurance for those who are not eligible for the state program, in addition to supplementary policies for members of the illness fund. Government agencies control health insurance corporations, ensuring compliance with rules to uphold fairness and prevent excessive premium increases. Self-regulatory groups composed of funders and providers, such as the Federal Association of Sickness Funds and the German Hospital Federation, have a significant impact on decision-making and policy formation. These bodies collaborate to establish pricing schedules, oversee ambulatory care services, and negotiate agreements between sickness funds and healthcare providers. Governmental bodies oversee and regulate several aspects of the healthcare system. The Federal Joint Committee, accountable to the Federal Ministry of Health, determines the scope of services that are eligible for coverage and sets benchmarks for quality assurance. State governments have a crucial role in the management of hospital

capacity, financing improvements, and supervision of public health services. In order to meet the complex healthcare needs of elderly Syrian refugees within the context of Germany's healthcare system, it is crucial for multiple organizations and government bodies to collaborate effectively (Blümel & Busse, 2020).

2.5 MENTAL HEALTH OF ELDERLY SYRIAN REFUGEES

The mental health of elderly Syrian refugees is an emerging concern, considering the difficulties of migration and the lasting effects of the Syrian crisis. Distinct challenges, such as social seclusion, psychological distress, and limited availability of medical services, profoundly affect their mental well-being. To tackle these challenges, a comprehensive approach is needed, encompassing psychological support, cultural engagement, improved healthcare availability, and cooperative efforts. We analyze the challenges faced by elderly Syrian refugees and provide solutions to safeguard their mental well-being.

The mental well-being of senior Syrian refugees is a significant concern due to the intricate nature of travel and the profound impact of the Syrian catastrophe. Elderly Syrian refugees encounter distinct challenges that profoundly affect their mental well-being. Social isolation and loneliness often arise from being separated from family and support networks, resulting in feelings of sadness, hopelessness, and unease (Siddiq, Ajrouch, Elhaija, Kayali , & Heileman, 2023). Moreover, a significant number of elderly refugees endure trauma and post-traumatic stress disorder (PTSD) as a result of their encounters during the conflict and migration. These experiences are marked by intrusive memories and heightened arousal. The problems are made worse by the limited availability of healthcare and mental health services (Hasha, Igland, Fadnes, & Kumar, 2022), which can be attributed to obstacles such as language barriers, a lack of knowledge about the services that are available, and a shortage of resources in the countries where refugees are living. Tackling these challenges necessitates employing a multifaceted approach. Psychosocial care, provided through counseling and support groups (Cratsley, Brooks, & Mackey, 2021), is a crucial approach for addressing mental health issues. On the other hand, engaging in cultural and community activities (Siddiq, Ajrouch, Elhaija, Kayali , & Heileman, 2023) fosters a sense of belonging and reduces social isolation. It is crucial to provide training to healthcare professionals in culturally sensitive methods and promote cooperation among humanitarian organizations, healthcare providers, and community leaders to create customized long-term interventions

that address the specific requirements of elderly Syrian refugees (Hasha, Igland, Fadnes, & Kumar, 2022). In addition to these strategies, it is crucial to implement social-based activities and support therapy programs (Siddiq, Ajrouch, Elhaija, Kayali , & Heileman, 2023), conduct psychosocial assessments (Alodat & Alshagran, 2021), ensure access to mental health services, promote psychoeducation and awareness (WHO, psychological intervention effective in preventing mental disorders among Syrian refugees in Turkey, 2022), establish community support networks, and invest in capacity building and training. These steps are essential for addressing the mental health needs of this vulnerable population (Alodat & Alshagran, 2021).

Turkey has implemented many targeted measures to provide comprehensive mental health care and support to elderly Syrian refugees in order to address their unique needs. These efforts encompass the Mental Health and Psychosocial Support (MHPSS) Program, the Refugee Health Program, and mhGAP Training. The projects mentioned by UOSSM provide a substantial contribution to the mental health and overall well-being of senior Syrian refugees. They offer specialized treatments and culturally relevant methods.

The World Health Organization (WHO) Country Office in Turkey has supported the Turkish Government in establishing the Refugee Health project, aimed at providing comprehensive healthcare to elderly Syrian refugees. The main objective of this endeavor is to enhance the availability of healthcare services, provide training to Syrian healthcare professionals to support the existing workforce, and ensure the provision of health services that are culturally sensitive and delivered in the beneficiaries' local language (WHO, Türkiye).

The project offers comprehensive primary healthcare services, encompassing mental health therapy, to all officially registered refugees. In addition, community health workers have a significant role in conducting home visits to deliver essential health-related home care services, including mental health support, specifically targeting vulnerable groups such as the elderly (WHO, Türkiye).

The Ministry of Health (MoH) partnered with the World Health Organization (WHO) to deliver mhGAP training to primary health-care personnel in Syria and Turkey. The objective of this training project is to enhance the proficiency of doctors in addressing the mental health requirements of Syrian refugees, particularly the older population. The training program encompassed a diverse range of mental health topics, such as depression, psychosis,

child and adolescent mental health, dementia, self-harm/suicide, and stress disorders. The training resulted in physicians demonstrating improved understanding, more accurate diagnosis and treatment of mental health conditions, and adherence to recognized treatment protocols (Kahiloğulları, Alataş, Ertuğrul , & Malaj, 2020).

Multiple studies and evaluations have been carried out to examine the effectiveness of mental health therapies for elderly Syrian refugees in Turkey. Although there is limited research on the well-being of elderly Syrian refugees, the collective influence of mental health initiatives on the refugee population in Turkey offers valuable perspectives. A study conducted in 2019 investigated the effects of mhGAP training on addressing the mental health requirements of Syrian refugees (Kahiloğulları, Alataş, Ertuğrul , & Malaj, 2020). The assessment revealed a high level of satisfaction among the trainees, with both Syrian (9%) and Turkish (5%) physicians expressing a strong desire for future training. Additionally, significant knowledge gains were observed among the trainees from both groups. The training enhanced diagnostic capabilities and adherence to treatment protocols, resulting in a 38% increase in the identification of mental health patients in the subsequent year. In addition, interviews conducted with patients upon their departure indicated a satisfaction rating of 95% for mental health care, with 92% of their expectations being met. Despite the positive outcomes, the provision of counseling services for Syrian refugees, especially the elderly, remains inadequate. This is because the efforts have mostly prioritized immediate survival needs rather than offering comprehensive mental health care (Karaman & Ricard, 2016).

2.6 NGOs SUPPORTING HEALTHCARE FOR ELDERLY SYRIAN REFUGEES

Within the framework of the Syrian refugee crisis, elderly individuals encounter distinct obstacles when it comes to accessing healthcare. Non-governmental organizations (NGOs) and international humanitarian groups have a crucial role in addressing these needs by offering essential services and aid specifically tailored to the distinct healthcare requirements of elderly Syrian refugees. Various activities encompass healthcare delivery, health education, mental health assistance, capacity building, advocacy, and coordination, all of which significantly impact the well-being of this vulnerable community.

NGOs play a crucial role in facilitating access to healthcare for elderly Syrian refugees globally. These groups offer essential services and assist in meeting the distinct healthcare needs of this susceptible population. These are the primary functions they fulfill:

Provision of Healthcare: NGOs and international humanitarian organizations collaborate with local healthcare practitioners to guarantee that elderly Syrian refugees have access to top-notch medical care. They establish clinics, mobile medical units, and healthcare facilities in refugee camps and host communities to provide medical guidance, treatments, and prescriptions. These NGOs offer health education programs to educate elderly Syrian refugees about chronic health concerns, preventive measures, and available healthcare resources. The authors (Al Omari, Honein-AbouHaidar, & Mehio Sibai, 2024) explore the topics of managing chronic illnesses, maintaining hygiene practices, and the importance of regular medical check-ups.

Nongovernmental organizations (NGOs) and international organizations provide mental health support services to address the mental health challenges faced by elderly Syrian refugees. They offer counseling, therapy, and psychosocial assistance for individuals experiencing trauma, despair, anxiety, and several other mental health conditions. The purpose of these groups is to enhance the capacity of healthcare professionals and community health workers in order to effectively address the healthcare needs of elderly Syrian refugees. The organization offers training programs, seminars, and resources designed to enhance the skills and understanding of healthcare professionals. NGOs and international groups advocate for the rights and healthcare requirements of elderly Syrian refugees at both national and international levels. The individuals engage in policy dialogues, promote understanding of the challenges faced by this community, and champion all-encompassing healthcare policies and programs (Naseh, Liviero, Rafieifar, Abtahi, & Potocky, 2020).

These organizations collaborate with various parties, such as governments, UN agencies, and local groups, to ensure a comprehensive and coordinated healthcare response for elderly Syrian refugees. They work together to address deficiencies in healthcare services and avoid unnecessary repetition of actions (Al Omari, Honein-AbouHaidar, & Mehio Sibai, 2024).

Various non-governmental organizations (NGOs) and international institutions provide healthcare aid to elderly Syrian refugees. Here are some specific examples: Efforts to address

the issue are exemplified by organizations like HelpAge USA and the International Rescue Committee (IRC). HelpAge USA collaborates with both local and international non-governmental organizations (NGOs) to offer healthcare services (Williamson & De Pauw, 2023). On the other hand, the IRC primarily focuses on assisting vulnerable populations, specifically elderly Syrian refugees, by forming partnerships, enhancing capabilities, providing infrastructure support, and delivering services through collaboration. The IRC's collaboration with local healthcare professionals is highly important since it involves establishing partnerships, enhancing capabilities, supporting healthcare infrastructure, implementing joint service delivery, and conducting monitoring and evaluation to ensure high-quality treatment (Shattered lives Syria).

Turkey has initiated multiple endeavors and initiatives to deliver healthcare services to elderly Syrian refugees. These initiatives aim to address the unique healthcare needs of poor people and ensure their access to top-notch medical care. Non-governmental organizations (NGOs) aim to enhance the capacity of elderly refugees to avail themselves of secondary and tertiary healthcare services. This includes providing suggestions to public hospitals, research and training institutes, and university hospitals as necessary. NGOs also strive to guarantee that elderly refugees have access to specialized medical care for conditions that are not included in the primary health insurance scheme (CARE, Relief Efforts in Türkiye). The Turkish Ministry of Health has enlisted Syrian medical practitioners, nurses, interpreters, and community health care assistants to work within a network of migrant health centers. They are officially hired by the Turkish hospital system and get a monthly wage (SABAH, 2017). The European Union is supporting a project that aims to augment the healthcare workforce and guarantee the provision of healthcare services to Syrian refugees (SABAH, 2017). This endeavor also aims to diminish linguistic and cultural obstacles between healthcare workers and Syrian refugees, fostering improved communication and culturally suitable care.

The provision of healthcare services to elderly Syrian refugees in Turkey is facilitated through a comprehensive collaboration involving the Turkish Ministry of Health, non-governmental groups, foreign organizations, and academic institutions. This collaborative effort aims to deliver healthcare services that are of superior quality, easily accessible, and culturally attuned to meet the special needs of this vulnerable population.

The collaboration between the World Health Organization (WHO) Country Office, the Ministry of Health, the European Union (EU), The KfW Entwicklungsbank, sometimes known as the KfW Development Bank, and academic institutions has played a vital role in providing healthcare services to elderly Syrian refugees. The cooperation has developed a thorough and well-coordinated plan to address the healthcare needs of this vulnerable group (Bank, 2023). The WHO Country Office works closely with the Ministry of Health and other partners to offer technical expertise, guidance, and support in creating and executing healthcare programs for elderly Syrian refugees. This ensures that services meet international standards and follow the most effective methods.

The Ministry of Health is responsible for the comprehensive administration and synchronization of healthcare services in the country. It collaborates with the WHO Country Office and other stakeholders to formulate policies, distribute resources, and guarantee the provision of high-quality care to elderly Syrian refugees. The European Union has provided substantial financial resources and assistance to healthcare initiatives targeting elderly Syrian refugees. The objective is to enhance the capacity of primary healthcare facilities and the availability of high-quality healthcare services for both Syrian refugees and the local communities hosting them (Kharabsheh, 2024). The KfW Development Bank, has been instrumental in implementing healthcare initiatives in collaboration with the European Union and other partners. One notable project includes the construction of schools in Turkey that are designed to withstand earthquakes, aimed at assisting Syrian refugees (Bank, 2023). Their expertise in project management and funding has significantly contributed to the advancement of healthcare initiatives for elderly Syrian refugees. Academic institutions have a significant impact on the research, training, and capacity-building efforts of elderly Syrian refugees. They offer vital knowledge and expertise in fields such as geriatric care, mental health, and healthcare management. Partnering with academic institutions guarantees that healthcare interventions are grounded in empirical data and tailored to the specific needs of elderly Syrian refugees. The use of this cooperative strategy has facilitated the provision of healthcare services to elderly Syrian refugees, addressing many needs such as medical care, employment programs, assimilation into society, and the establishment of healthcare infrastructure. The partnership of the WHO Country Office, the Ministry of Health, the European Union, the KfW Development Bank, and academic institutions has played a

crucial role in the achievement and long-term viability of these initiatives (Kharabsheh, 2024).

Providing healthcare services to elderly Syrian refugees is a complex and diverse undertaking that necessitates a comprehensive and coordinated response from multiple stakeholders. NGOs and international companies are crucial in addressing the specific healthcare needs of this vulnerable group. Nevertheless, a meticulous examination uncovers the presence of enduring obstacles to the effective administration of treatment. Developing precise treatments to safeguard the health and well-being of older Syrian refugees, especially in Turkey, which has the highest number of Syrian refugees, necessitates a comprehensive comprehension of these difficulties.

As a result of critical analysis, these organizations often encounter constraints in terms of resources and capacity (Sarah , et al., 2022). This limitation leads to a lack of people, shortages of medical supplies, and obstacles to accessing specialized treatment, hence reducing the quality of healthcare available to elderly Syrian refugees. Moreover, the same source highlights that effective communication between healthcare professionals and patients is hindered by linguistic and cultural constraints. These barriers could lead to misunderstandings and the ineffective provision of healthcare. This limitation leads to a lack of people, shortages of medical supplies, and obstacles in accessing specialized treatment, thereby diminishing the quality of healthcare available to elderly Syrian refugees. Moreover, the same source highlights that effective communication between healthcare professionals and patients is hindered by linguistic and cultural constraints. These constraints have the potential to lead to misunderstandings and ineffective delivery of care. Furthermore, the lack of continuity of care, as outlined in the aforementioned source (Sarah , et al., 2022), is a significant issue. The temporary nature of refugee populations requires frequent moves and changes in healthcare providers, which undermines the ability to provide ongoing medical treatment and follow-up care to elderly Syrian refugees. The source (Kharabsheh, 2024) highlights that discrimination and bias exacerbate the issues at hand. Biases or discriminatory attitudes towards refugees, especially elderly Syrians, might result in unequal treatment and insufficient provision of care. In addition, despite the endeavors of non-governmental organizations (NGOs) and international organizations, there persists an inequitable access to healthcare.

Economic constraints, a limited ability to travel, and a shortage of medical infrastructure impede the ability of elderly Syrian refugees to access prompt and efficient healthcare. The insufficiency of mental health support, as emphasized in the aforementioned source (Sarah , et al., 2022), intensifies the whole issue.

The psychological distress experienced by elderly Syrian refugees is often underestimated, and the limited availability of accessible mental health services worsens their emotional anguish. Although these criticisms are widespread, they are not applicable to every organization that offers healthcare services to elderly Syrian refugees. Numerous organizations strive to overcome these challenges while delivering top-notch healthcare. However, it is crucial to acknowledge and tackle these grievances while consistently improving healthcare services for older Syrian refugees. This is an urgent matter that requires joint efforts from all involved parties.

Key characteristics of elderly Syrian refugees include significant hurdles to accessing healthcare. The migration of this disadvantaged minority to various host nations gives rise to a multifaceted array of challenges that hinder their ability to obtain essential medical care. Gaining a comprehensive comprehension of the perspectives held by elderly Syrian refugees is crucial to addressing these challenges and ensuring their welfare. The objective of the third segment of this study is to comprehend the perspectives and challenges related to healthcare access as expressed by elderly Syrian refugees. This will offer valuable insights for interventions aimed at improvement. In Chapter 3, the discussion is broadened by conducting interviews with various stakeholders inside the firm. This chapter seeks to provide insight into the healthcare services available to elderly refugees, identifying significant deficiencies and contributing to a more comprehensive understanding of the existing healthcare provisions that cater to the specific needs of this demographic group.

3. PERSPECTIVES ON HEALTH CARE ACCESS AND CHALLENGES "SYRIAN ELDERLY REFUGEES SPEAK OUT"

3.1 HEALTH OBSTACLES FROM THE EXPERIENCE OF ELDERLY WOMEN

Despite facing considerable obstacles, elderly Syrian refugees demonstrate remarkable endurance and unwavering persistence in the face of adversity. Their accounts of overcoming sorrow, displacement, and adversity eloquently demonstrate their resolute resolve and exceptional bravery. In the forthcoming chapter, I will analyze six significant interactions with elderly Syrian refugees—three males and three females—who face difficult situations, being apart from their homes, loved ones, and belongings. These individuals are among the multitude of Syrian refugees who have left their homes in quest of safety and better living conditions. I remember coming across Dr. Sarah Davis's thesis, which focuses on the particular cognitive challenges that older people often face. This highlights the importance of addressing these issues with empathy and understanding. Take, for instance, elderly refugees who have encountered intense anguish and sadness on their journey but continue to persevere and advance. They adapt to every new situation in their lives with a sense of acquiescence.

I will give priority to emphasizing the experiences of these migrants, aiming to gain a thorough grasp of their hardships and distress, and analyzing their ability to bounce back and stay motivated in the face of obstacles. These narratives include not only feelings of melancholy and lack, but also themes of hope, perseverance, and altruism. They depict the full range of human experiences when confronted with difficult challenges. I aim to explore the physical and mental wellness of these folks. From my perspective, this particular element is essential for comprehending their everyday anguish as well as the impact of warfare and migration on their general physical and psychological well-being. I will highlight the significance of providing suitable healthcare and psychological therapies to senior refugees by analyzing the efforts made by international and humanitarian organizations. In addition, I will examine the potential barriers they may face when trying to receive these programs. Finding senior people who were eager to meet for intellectual pursuits has consistently been a difficult endeavor for me. Although I assured participants that I would uphold absolute secrecy and refrain from revealing any personal information, such as their name, phone number, or photo, some people were hesitant to share their tale. However, several folks

appeared to be anxious and refused to agree. All the individuals who agreed to meet with me gathered in Istanbul's Fatih district, save for one man who was situated in the Esenyurt neighborhood. I would methodically visit libraries, cafés, and barbershops frequented by folks of Arab heritage, asking if anyone knew of a senior person aged 60 or older who would be able to help me. They asked for my contact information and promised to notify me if they found anything. Several people reached out to me via telephone, while others were proprietors of nearby eateries. I happened to come across some individuals on the street, and when I presented the concept to them, they readily accepted it. While en route to meet one of them, I undergo an intricate amalgamation of feelings that are challenging to articulate with precision. I experience a fluctuation of emotions, including feelings of unease and worry, as well as a sense of optimism. I recognize the profound importance of this meeting, as it offers a chance to interact with someone who has had various adversities and catastrophes in their life. While I understand that I cannot immediately address their immediate worries or change their position, I am well aware that simply being present in that environment and actively listening to their stories and distressing experiences has a big impact on their mental well-being.

They get a feeling of being heard and supported, and they recognize the presence of others who sincerely care about their problem and have carefully analyzed their circumstances. En route to our meeting, I couldn't help but reflect on the insightful words of Dr. Wayne Dyer: "Your ability to influence others depends on your understanding of their emotions." I pondered the desired result of this encounter, which was not only to gather the required information but also to make a positive impression on her, offering a ray of hope in the midst of her deep sorrow. This woman is unusual because of the extraordinary quality of my contact with her. During my visit to an Arab sweets shop, I conversed with a staff member about my role as a researcher who is looking for someone to interview for my thesis. She stood by me, actively listening to the conversation, and tenderly touched my shoulder while expressing her eagerness to assist me. I have a considerable wealth of knowledge and profound insights that I am enthusiastic to impart, and all I need is an open-minded audience. Furthermore, you have the chance to take advantage of my extensive expertise. She commenced shedding tears before any conversation ensued. Upon analyzing the person's smiling expression, I concluded that it is only a superficial mask used to hide a range of emotions, which become more apparent as the situation changes. I encountered a swift

stream of thoughts within my mind. I contemplated the stories she would disclose to me, the difficulties she faced throughout her relocation, and how I would react to these anecdotes and personal experiences. What caused her tears and intense emotional reaction before our conversation that day?

In anticipation of the difficult nature of the upcoming information, I took the initiative to conduct a study in order to familiarize myself with ways of efficiently absorbing disturbing narratives. My goal was to minimize any negative impacts and instead make a positive contribution to the speaker's experience. In order to protect their anonymity, I will refer to the initial elderly refugee as "the teacher" and proceed to narrate their account. She was a revered educator in the city of Deir ez-Zur in Syria, and she is currently approaching the age of 78. Due to the severe weather conditions, our plans had to be altered, resulting in my seeing her at her apartment instead of meeting at one of the parks in the Fatih region of Istanbul. As soon as I stepped into her home, I immediately felt the nostalgic atmosphere of old Syria, which was a pleasant coincidence. I reminisced about the times when I used to visit Syria regularly and wander around its streets, filled with the delightful scent of jasmine. She warmly welcomed me and guided me to the living room, where I was introduced to her childhood friend from their elementary school days.

Due to her friend's wedding and subsequent relocation to the capital city, Damascus, they had been separated for a long time. Despite getting married in Deir ez-Zur, their homeland, they managed to maintain constant communication, and their friendship persisted indefinitely. They were brought together in Turkey due to the turmoil, thanks to destiny. In 2014, her acquaintance moved to Turkey, and she herself arrived in 2018. When they reunited, it was as if they had never been apart. After exchanging greetings and listening to their interesting story, I took a moment to consider how to broach the topic of displacement and the potential for resurfacing old emotional distress. Surprisingly, she expressed her willingness to talk and said, "I will tell my story, and you can focus on the important parts that will benefit your research." However, I hope that my message will be recognized, so that someone can read your words and understand, even if only slightly, the experiences we have gone through. As said earlier, she was employed as a schoolteacher and owned a magnificent home with a large garden, which she considered to be a small paradise. She had excellent physical health and was unaware of conditions like diabetes and hypertension. She prioritized her career, her partner, and their two children in her life. However, the conflict in

Syria broke out, resulting in a total disruption of their lives, and their city was one of the first to face the repercussions. She provided me with information regarding the health hazards they faced, notably highlighting an incident where kids were compelled to evacuate the school and take cover behind a substantial tank while a soldier supervised the firing of sonic missiles. The scene was shocking, with individuals of many ages, including both students and professors, there. The thunderous blast caused her ears to hemorrhage and endure agonizing torment. She commanded the soldier to stop his acts and highlighted her parental role in his life. She voiced her dissatisfaction, emphasizing the fact that they were all fellow citizens, rendering his behavior disgraceful. Unfortunately, he responded with a contemptuous laugh and then said, "You have the ability to endure it, madam." Immediately, she stopped talking and seemed mentally empty. She recalled those moments. I interrupted and suggested ending the session according to her preference, interrupting the continuity of her thoughts. She conveyed to me that these occurrences would have an enduring influence on us for the duration of our lives. The intensity of distress remains consistent, irrespective of whether we opt to engage in communication or maintain silence. If I had no desire to participate in a conversation, I would not have agreed to our initial meeting. Afterwards, she began describing the events that had taken place among her extended family. The incessant onslaught of projectiles from various angles rendered the situation unbearable, especially given the presence of grandchildren. Therefore, she chose to contact the Russian embassy due to her daughter-in-law's Russian citizenship. Afterwards, they traveled to Russia, while her daughter, accompanied by her spouse, was living in Saudi Arabia when the crisis started. When the situation worsened, she sought shelter with her child. The male members of the family stayed at the present place. After numerous attempts, her son successfully reconnected with his spouse in Russia. Unfortunately, her spouse met with a horrible demise prior to her obtaining travel authorization.

Currently, the specific details regarding his martyrdom and the exact place of his burial remain undisclosed. Afterwards, the teacher's health deteriorated rapidly, presenting as diabetes, heart problems, and hypertension. Moreover, she declared that she underwent heart catheterization. Afterwards, I would like to understand her path following her arrival in Turkey in 2018. She notified me that there were no alterations, and the medical experts unanimously agreed that most of her health issues were caused by psychological concerns, as well as the use of painkillers, diabetes medication, and blood pressure medication. I asked

her about her targeted goals in order to tackle the shortcomings in healthcare provision. She notified me that she had not received any psychological or medical assistance from any agencies. There are specialized clinics available for refugees where she can receive free medical care, although the services provided may not encompass all elements of healthcare. She articulated her requirement for someone to comprehend and endorse her and to assist in disseminating her message.

I encountered two additional women, both in their seventies, at the educational facility of the Knowledge and Guidance Association in the Fatih district. During this engagement, I engaged in conversation with multiple women, whose ages ranged from 65 to 68. However, only two individuals were in attendance for the whole duration of the discussion and actively engaged in the debate we conducted. Indeed, I will furnish further information and do a comprehensive analysis of the topic. After closely examining the connections between these two women and refugees and migrants in Istanbul, it is evident that they provide great insights into various significant elements. Furthermore, they engage in discussions about their health challenges while also reflecting on the impact of conflicts and displacement on their mental and social welfare. This illustrates how displacement comprises not only the deprivation of housing and safety but also the psychological and social consequences that span from mental illnesses to social isolation.

The first lady emphasized that the primary impediment is accepting and adapting to the novel circumstances that have arisen as a result of the devastating losses incurred during the war.

The conflicts in her country have evidently resulted in substantial harm to both the social organization and physical facilities, while also exerting deep impacts on the well-being of individuals, especially the elderly. Her example illustrates how the psychological and physical stress of losing someone can lead to the emergence of chronic health problems, such as hypertension and diabetes.

The second lady, aged 68, worked as an educator at the institution. She provided a deeper comprehension of the social and cultural barriers faced by immigrants. The author's experience highlights the need for easily obtainable healthcare while also revealing the challenges that refugees may face in accessing these services due to language barriers. The validity of the premise is supported by the findings of Clara Chong's 2018 research, titled "Temporary Protection: Its Impact on Healthcare for Syrian Refugees in Turkey." The study

illuminates the persistent difficulties encountered by refugees in accessing healthcare services. The study revealed that Syrian refugees faced obstacles in obtaining healthcare services due to limitations associated with economics, language, culture, and geography. Recent experiences have demonstrated that this subject remains relevant. The long-lasting nature of these limitations suggests that the problem has existed for at least six years. Both women also examine the difficulties of maintaining their genuine identity and cultural heritage in a foreign environment. This illustrates how adapting to a new culture and letting go of familiar habits and traditions can lead to a decrease in mental and social welfare. Migrants and refugees should emphasize the creation and maintenance of social support systems in order to mitigate the negative impact on mental health and psychological well-being resulting from emotions of isolation and loss. Furthermore, the experiences of these two ladies illustrate how the experience of mourning together and adjusting to a new environment can lead to feelings of being dominated and lacking control in changing circumstances. This demonstrates that healthcare and social interventions by themselves are inadequate for improving the quality of life for refugees and migrants. It is crucial to enact deeper structural and social changes to promote their adaptation and inclusion into their new communities.

In summary, the experiences of these two ladies demonstrate the significant challenges faced by refugees and migrants in Istanbul, highlighting the need for comprehensive support that includes mental and social healthcare. Turkey's foreign relations have been significantly impacted by its status as a host country for refugees and migrants. Over the span of many years, Turkey has offered crucial aid and support to millions of people seeking refuge from hostilities and emergencies in Syria, Iraq, and Afghanistan. These charitable initiatives have a beneficial influence on Turkey's reputation, both locally and internationally. Turkey's dedication to assisting migrants and refugees showcases its altruistic and cooperative values while simultaneously bolstering its favorable standing in the international community. Furthermore, this role has the potential to enhance worldwide collaboration and foster diplomatic ties between Turkey and other nations. Collaboration in the field of migrant and refugee care can promote better understanding and sharing of experiences across countries, strengthen bilateral relations, and establish a foundation for future cooperation.

3.2 HEALTH OBSTACLES FROM THE EXPERIENCE OF ELDERLY MEN

As said before, due to the increasing global problems and ongoing conflicts, a significant number of individuals are experiencing displacement and migration. Among them, senior male migrants stand out as a particularly notable group. Although much focus is often placed on young migrants or children, older men in precarious circumstances encounter numerous and formidable obstacles as they strive for safety and a prosperous existence.

The older male refugee community is highly marginalized and subjected to mistreatment, often resulting in their specialized needs being disregarded in favor of younger adults or children. These older men are facing a growing number of physical, social, and economic challenges because they may lack the necessary family and social support during this crucial stage of their lives.

Male refugees of advanced age exhibit a range of health concerns, sometimes characterized by chronic ailments or disabilities necessitating immediate medical intervention and assistance. In addition, elderly male refugees face substantial economic challenges due to a lack of employment opportunities and a stable source of income. This undermines their financial situation and increases their susceptibility to poverty and despair.

Through the examination of these difficulties and the understanding of their societal, economic, and health aspects, we can enhance our comprehension of the requirements of elderly male refugees. Consequently, we can strive to offer them assistance and safeguard their well-being, while also promoting awareness about the significance of caring for this crucial but often overlooked group in society.

I encountered my first senior gentleman in his place of employment, where he happened to be 80 years of age. He notified me that he previously possessed a substantial and widely recognized butcher shop in Syria, specializing in the sale of meat and poultry. Nevertheless, as a result of the fighting and displacement, he currently has the occupation of a dishwasher in an Arab restaurant located in the Fatih area. Aleppo, the city where he was born and raised, was among the initial and most severely impacted cities when the Syrian conflict began. As a result, he had to move his family, consisting of his wife, daughter, and grandchildren, to Turkey in 2013.

This decision was prompted by the unfortunate events of his son-in-law's death and his son's disappearance while studying at university during that period. He stayed in Aleppo until 2019, diligently searching for his son every day at hospitals and security branches, traveling long distances in the hope of finding any resolution to alleviate the anguish of his son's sudden loss. Despite his torment, he yearns to acquire knowledge of his son's demise and interrogate him with his own hands to attain solace in understanding his son's destiny, although he has not yet received any information or located him. The intensity of his vocal expressions and the depth of his emotional state convinced me that he was unlikely to overcome his profound sorrow regarding the disappearance of his child. In 2019, he relocated from Aleppo to Turkey in order to reunite with and assist his family, forsaking all his previous accomplishments and the affluent lifestyle he formerly enjoyed. He detailed the abysmal living and financial circumstances he endures in this location, including his monthly expenses such as rent, water, electricity, and gas bills. Based on our analysis, his remaining balance at the end of the month is approximately 600 lira. He utilizes this cash to provide for his wife, daughter, and grandchildren by supplying them with food, beverages, clothing, and other necessities. At the age of 80, he was compelled to work for more than 12 hours daily. Regarding his health, he informed me that he had diabetes, which is hereditary in his family. Additionally, he has developed various ailments due to exhaustion, fatigue, and strenuous work throughout his advanced years. These include knee and back stiffness from prolonged standing, heart disease, and hypertension. He must adhere to a consistent medication regimen due to financial constraints that prevent him from consistently affording his medications and medical examinations.

It is crucial to emphasize that his family members possess humanitarian resident cards; however, he possesses simply a tourist residency visa. Consequently, he is compelled to cover all of his medical expenses using his own funds, which is unattainable considering his challenging living conditions. In Syrian society, filial piety is deeply ingrained, and it is customary for children to assume the duty of providing care for their elderly parents as they advance in age. Nevertheless, this man's situation is exceptional due to the circumstances of being displaced and his inability to find his missing child. This highlights a crucial concern that demands urgent action: numerous refugees with tourist residence permits bear the full burden of their healthcare expenses, despite their dire financial situations.

In traditional Syrian society, women are not anticipated to engage in employment. Consequently, the responsibility of fulfilling essential needs predominantly falls on the men of the family, who often neglect their own well-being. Nevertheless, optimal health is crucial since it enables individuals to work efficiently and support their families with a satisfactory standard of living. An astounding element is that despite the infirmities, pressures, and challenging situations faced by senior refugees, they have managed to support their families.

I encountered a septuagenarian gentleman who was accompanied by his daughter, who fulfilled the role of his sign language interpreter. After residing in America for an extended period, this family made the decision to go back to Syria. Regrettably, upon their return, the hostilities in Aleppo intensified, resulting in a significantly challenging situation. The father, who was afflicted with physical weaknesses, visited the hospital, where an error in treatment and incorrect medications resulted in a full loss of his ability to hear and speak. Through diligent work, his daughter acquired proficiency in sign language, enabling her to serve as his auditory and vocal surrogate. In 2014, they journeyed to Turkey to flee the dire circumstances in Aleppo. While his daughter attended school, he would distribute a letter stating, "I am unable to hear or speak. Kindly purchase the cookies and tissues I am selling to support my family, along with the assistance provided by the Turkish government in collaboration with international organizations." What particularly amazed me was that, despite the limited assistance provided by organizations, which became increasingly scarce, the father persevered in working every day, providing for his family like any capable individual. By chance, I encountered him while strolling and apprised him of my research, inquiring whether he would be willing to assist me in identifying an elderly individual for an interview. He explicitly stated that he was 70 years old and readily offered his assistance without any hesitation. This individual came to Turkey in 2013, precisely during the escalation of the assault on Aleppo. Due to his familial responsibilities, he operates a small-scale falafel establishment. Previously, he enjoyed robust health, but as a result of the displacement, he developed diabetes and hypertension. In addition, he experiences stomach ulcers and irritable bowel syndrome, both of which are exacerbated by stress and melancholy.

He notified me that upon his initial arrival in Turkey, he joined a government-funded integration program. He gained an advantage from it by acquiring a basic understanding of Turkish, although limited in scope, sufficient for basic communication on the streets and for

his job-related and everyday interactions. Moreover, possessing humanitarian resident status confers significant advantages upon him, as it grants him unrestricted access to refugee medical facilities and essential medication. However, what troubled me throughout our conversation was his belief that the issue lies not in the accessibility of free healthcare but rather in the perceived lack of effectiveness of medications and doctors for him. The severity of his condition surpasses any specific ailment. He claims to be grappling with emotions of inadequacy and grief stemming from his history, along with a sense of exhaustion resulting from the sudden disappearance of his complete being. He mourned as he recounted the sight of his home being completely destroyed, along with the loss of his family members. He asserted that the psychological burden on him is significantly greater, which he firmly believes is a result of migration and discomfort.

3.3 A SCHOLARLY SYNTHESIS OF REFUGEES EXPERIENCES

The interviews done with elderly Syrian refugees uncover a wide range of difficulties that are intensified by both displacement and old age. An overarching element that is becoming apparent from these stories is the deep psychological distress that a significant number of individuals have undergone. As one example, a 78-year-old woman shared her harrowing experience: "The anxiety and anguish of having to escape from our residences have had a profound impact on our physical and mental health." Every day, we bear the burden of our past experiences. Since being displaced, my health has worsened, and the continuous concern worsens my existing problems.

Refugees not only had to deal with the psychological distress caused by loss and exposure to violence, but they also experienced significant disruption as a result of being forced to leave their homes. As articulated by a participant, "The surroundings are entirely unfamiliar." I face difficulties in comprehending the language, adapting to the customs, and navigating through this unfamiliar environment. I am experiencing a sense of confusion and powerlessness.

Another older woman expressed similar feelings, expressing regret: "I used to be independent, but now I rely on others for simple jobs. Adapting to this unfamiliar lifestyle is exceedingly difficult.

The elderly refugees also faced considerable socioeconomic challenges. A significant number of individuals encountered difficulties in obtaining healthcare services.

According to one person, "Having a tourist residence card means that I am responsible for paying for all of my medical costs." The exorbitant expenses associated with medication and therapies make it necessary for me to choose between healthcare and essential needs.

The health issues that are unique to elderly Syrian refugees in Turkey highlight the intricate circumstances that this susceptible group encounters. Chronic ailments such as hypertension, diabetes, and cardiovascular diseases are widespread and frequently worsened by the stress and uncertainty of their situations. Prevalent are mental health conditions such as anxiety, sadness, and post-traumatic stress disorder (PTSD), which are indicative of the psychological impact caused by violence and displacement.

The main worries for elderly Syrian refugees are economic uncertainty and heightened dependence on others, which restrict their career prospects and worsen their reliance on family support due to their old age and limited mobility. The act of prioritizing the needs of younger family members over one's own well-being might have a negative impact on their mental and physical health (Sarah , et al., 2022). Senior Syrians residing in Turkey face more difficult obstacles as a result of their refugee and displaced conditions. As one example, a male participant who is 70 years old expressed his dissatisfaction with the economic difficulties that hinder his ability to obtain healthcare: "Due to our restricted income, we are forced to make a decision between purchasing medication or providing food for ourselves." The expenses associated with healthcare are excessively burdensome for us to handle. Frequently, I neglect taking my prescribed prescriptions due to financial constraints, resulting in a deterioration of my health conditions.

The study conducted by Ismail Tayfur, Mücahit Günaydin, and Selim Suner in 2019 sheds light on the lack of comprehensive healthcare services for Syrian refugees in Turkey. The report highlights deficiencies in healthcare services, including in the areas of preventative care, assistance for at-risk populations such as pregnant women and young children, family planning, and the management of chronic illnesses. The high incidence of contagious illnesses among Syrian refugees upon their arrival in Turkey, such as measles, hepatitis, and respiratory infections, highlights the immediate necessity for healthcare treatments (Ekmekci, 2016). Chronic diseases, including hypertension, musculoskeletal disorders, diabetes, and respiratory ailments, add complexity to the provision of healthcare (Jude , Parmida , & Kaveh , 2019).

Conversations with elderly Syrian refugees provide insight into the numerous challenges they encounter and their ability to remain strong in the face of adversity. Despite experiencing substantial loss, displacement, and trauma, these individuals demonstrate exceptional resilience and bravery. Their accounts not only shed light on individual difficulties but also provide valuable perspectives on the larger obstacles faced by elderly refugees in Turkey. The main health issues faced by elderly refugees are chronic conditions like hypertension, diabetes, cardiovascular diseases, and musculoskeletal disorders. These conditions require continuous medical attention, which is made worse by stress, insufficient nutrition, and limited healthcare access. Furthermore, conversations highlight the significant psychological consequences of displacement, loss, and trauma on elderly refugees. Psychological disorders such as depression, anxiety, and PTSD are widespread, yet there is a lack of sufficient access to mental healthcare. Obstacles to necessary medical treatments include linguistic hurdles, financial limitations, and insufficient awareness of accessible resources.

Although there are refugee clinics available, older refugees face considerable difficulties in navigating healthcare facilities and obtaining timely and suitable medical treatment. Social isolation among elderly refugees is exacerbated by the dissolution of community support networks and difficulties in adapting to a new culture, leading to adverse effects on their mental and physical well-being. A considerable number of elderly refugees have experienced substantial trauma and deprivation as a result of violence, displacement, and being separated from their loved ones. These experiences may have long-lasting impacts on their emotional and mental well-being. Interviews emphasize the occurrence of violence, the deaths of family members, and the ruin of houses and communities, thus showing the enduring psychological effects on elderly refugees.

To summarize, interviews conducted with elderly Syrian refugees in Turkey have uncovered a multifaceted array of difficulties, encompassing mental health concerns, restricted healthcare availability, and financial adversity. Tackling these complex difficulties necessitates a holistic strategy that includes healthcare, social assistance, economic progress, and cultural awareness. Gaining insight into the distinct requirements and encounters of elderly refugees empowers governments and humanitarian groups to develop focused initiatives that improve the standard of living and offer significant assistance to this susceptible population.

It is essential to further enhance our comprehension of the psychosocial aspects that influence the healthcare requirements of Syrian refugees. The current body of research primarily concentrates on pressing physical health issues, sometimes neglecting the complex interaction between mental health and chronic disorders among older immigrants. There is no text provided. This particular group faces unique stressors, including trauma resulting from displacement, the experience of loss, and the enduring presence of uncertainty. These factors exacerbate mental health illnesses such as post-traumatic stress disorder (PTSD), depression, and anxiety, ultimately impacting their physical well-being. To address these deficiencies, it is imperative to build a robust framework that integrates mental health assistance into broader healthcare systems. This comprehensive plan ensures comprehensive and long-lasting healthcare solutions for elderly refugees, promoting their well-being and resilience in the face of difficulties.

This study examines the important role of organizations and healthcare services in addressing the complex health and social requirements of elderly Syrian refugees in Turkey, instead of solely focusing on the issues they encounter. It is crucial to establish collaborative initiatives across governmental, non-governmental, and international agencies in order to effectively address the complex challenges of refugee healthcare. This chapter conducts a thorough assessment of organizational frameworks and healthcare delivery models in order to enhance the availability of essential medical services, optimize mental health treatments, and strengthen community resilience through the incorporation of up-to-date research and empirical evidence. It highlights the need for coordinated endeavors that not only tackle immediate health issues but also take into account the enduring consequences of displacement and psychological distress on elderly refugees. This study seeks to contribute to the discourse on humanitarian assistance by performing a thorough analysis of successful strategies and policy initiatives. It advocates for sustainable approaches that safeguard the dignity and welfare of elderly Syrian refugees throughout their displacement journeys.

4. FINDINGS ON ORGANIZATIONS AND HEALTHCARE SERVICES

During the initial wave of refugees, Turkey initiated the process of relocating the incoming Syrians to camps located at the border between Turkey and Syria. Additionally, Turkey commenced the provision of various types of humanitarian aid to these individuals. Regarding the role of foreign organizations, particularly the UN, it is important to highlight that, at the onset of the refugee crisis, the Turkish government did not seek any kind of international aid, including missions from UN humanitarian agencies and international NGOs. Turkey implemented the UNHCR rules on refugee camps, namely for the establishment and operation of temporary accommodation centers.

In response to the significant influx of refugees since 2012, the Turkish government has made changes to its policies. It allowed UN agencies to operate within its borders and established stronger cooperation with foreign actors in humanitarian assistance. However, these groups encountered a highly novel and unknown circumstance when they began to engage in providing aid to Syrian refugees in Turkey. Their assistance initiatives were initiated in a country that hosts refugees and has a robust national leadership (Sára , 2021). Every work is inevitably accompanied by imperfections and deficiencies. A comprehensive study was conducted to examine the unequal allocation of financial resources for humanitarian assistance to Syrian refugees in Turkey, including all aspects of the problem. Based on a study conducted in 2020 by Leontine Specker and Kerstin Karlstrom, the budget allocated to the health sector is not more than $30 million, while the budget for education is estimated to be over $300 million (Kerstin & Leontine , 2018).

Although every sector of humanitarian aid is important, the shortfall in funding is considerable. Consequently, it can be argued that giving priority to healthcare is of utmost importance. Nevertheless, this does not imply that education is any less essential. Both sectors require ongoing attention and enough funding.

In order to delve more deeply into humanitarian efforts aimed at this particular demographic, interviews were carried out with multiple organizations. The purpose of these interviews was to enhance understanding of the healthcare difficulties faced by elderly refugees as well as gather insights on their efforts in delivering medical assistance.

4.1 SYRIA-TURKEY FRIENDSHIP ASSOCIATION

I had a meeting with the director of the Syria-Turkey Friendship Association, which encompasses SVLI, a vocational training institution for Syrian individuals. A growing number of Turkish individuals are currently engaging in vocational education across several industries. Furthermore, they promote integration by acquiring proficiency in the Turkish language.

In addition to their partnership with Caritas, an international federation of 162 national Catholic relief, development, and social service organizations operating in over 200 countries and territories globally, they played a significant role in providing financial and collaborative support to ensure the provision of top-quality services to refugees.

One aspect of their activities, which is relevant to my research, involves delivering healthcare services to elderly Syrian refugees. The task is divided into two phases. The first section involves providing care for the senior residents, although not on a daily basis, in their residence. The second element involves the continuous provision of healthcare to elderly refugees residing in care facilities after undergoing surgery or receiving long-term therapy. This care is administered by highly skilled individuals within this group who possess recognized qualifications from esteemed Turkish institutions, particularly Medipol University.

In addition, he elucidated that there are other factors contributing to the scarcity of senior Syrian refugees residing in care facilities, based on his personal perspective. He stated that a mere minuscule proportion, as low as 0.6%, of elderly refugees lack familial support. In our religion and cultural customs, it is strictly prohibited for anyone to abandon their parents or grandparents, even if they are in need of help.

In addition, care facilities, particularly the one held by the proprietor of Turkey's largest building enterprise, "Koven," are excessively expensive. They bear a strong resemblance to a comprehensive establishment, akin to a seven-star hotel. The facility provides care for elderly and disabled adults. The level of attention and provision of services at this particular place come at a significant cost, with prices ranging up to 30,000 lira each month. The Syrians' limited presence there is primarily due to their financial condition, which is a crucial aspect. He informed me that the owner of the construction company, "Koven," contacted him. One of the main topics they discussed was Mr. "Koven's" request for a group of trainees

in physiotherapy, first aid, and specialized care for the elderly. These trainees should be proficient in Turkish and Arabic and should also be graduates of the Civilly Institute. The purpose of this request is to have them work in a care facility that accommodates a number of elderly Arabs. They were prepared to come to a consensus on this subject, but Mr. "Koven" passed away before it could be officially established. Alternative options could have been pursued, such as creating a provisional facility dedicated to providing specialized care for elderly Syrian refugees, notably focusing on post-major surgery recovery, physiotherapy, and psychiatric therapy. There was a notable capacity to offer inclusive and thorough medical services for this disadvantaged group. However, destiny had divergent intentions, as regrettably, Mr. Koven is deceased.

4.2 THE SYRIAN EXPATRIATE MEDICAL ASSOCIATION (SEMA)

SEMA is a non-profit and non-political organization founded in mid-2011 by a collective of Syrian expatriate doctors. It focuses on providing humanitarian aid, healthcare services, relief efforts, and promoting development. Amidst Syria's challenging landscape of economic adversity and conflict, the Syrian Expatriate Medical Association (SEMA) has emerged as a symbol of optimism. SEMA's extensive health program aims to provide healthcare coverage to all segments of society, especially those facing severe financial difficulties. SEMA's multifaceted endeavors aim to advance health, preventative measures, medical care, and recovery, all while ensuring exceptional service quality. I had a meeting with a representative from the organization and the director of its Monitoring, Evaluation, and Information Department. They gave me thorough information about the organization's assistance for all types of refugees, including elderly Syrians in northwest Syria. Furthermore, Turkey has implemented several initiatives specifically aimed at the same demographic.

During my visit with a representative of the organization, I gathered information about their philanthropic initiatives, as outlined below: The organization's objective is to promptly and effectively offer essential assistance to individuals affected by catastrophes and conflicts, with a focus on meeting immediate requirements to expedite recovery efforts. In addition, they strive to enhance the quality of healthcare and guarantee that individuals and communities who are at risk have the necessary access to essential medical services, with the aim of fostering public health and preventing diseases. Moreover, they emphasize the

necessity of enhancing involvement and collaborations with local governments, non-governmental organizations, and international partners to enhance the effectiveness and influence of their humanitarian endeavors. In addition, they actively advocate for public health and combat epidemic diseases and overall health concerns through the dissemination of health education and the promotion of knowledge of crucial health issues and disease prevention. The organization also strives to foster enduring sustainable development in afflicted areas by providing assistance and resources to empower them to enhance their capabilities and attain comprehensive development. In addition, they offer health education programs that tackle significant health issues and foster comprehension of preventive measures and personal healthcare, empowering individuals and communities to make informed choices regarding their well-being and safety.

Ultimately, its main objective is to advance the dissemination of knowledge and understanding regarding disasters and humanitarian crises, advocate for the adoption of effective strategies to prevent and prepare for such events, and offer instruction and assistance to populations who are particularly susceptible. The worker provided comprehensive details regarding the organization's philanthropic endeavors. Their objective is to promptly and fundamentally aid those affected by catastrophes and conflicts, improve the standard of healthcare, facilitate access to essential medical services, advance public health, combat epidemic diseases, and foster long-term sustainable development. They achieve this by engaging in collaboration and forming partnerships with local governments, non-governmental organizations, and international allies to enhance awareness and education regarding disasters and humanitarian crises while advocating for the implementation of optimal strategies for prevention and preparedness.

The funding for these operations is derived from collaborative endeavors and contractual agreements with other organizations. HelpAge International is the main contributor, receiving support from other groups such as the Hope Revival Organization and Action for Humanity. In addition, the German donor organization Welthungerhilfe is actively involved in supporting Syrian senior refugees in Turkey through various projects, with the ultimate objective of achieving "zero hunger by 2030." They collaborate with various organizations, including the World Health Organization, the International Rescue Committee, the United Nations High Commissioner for Refugees, CARE Organization, OCHA (Office for the Coordination of Humanitarian Affairs), the International Organization for Migration, KRCS

(Kenya Red Cross Society), Qatar Red Crescent, Kuwait Zakat House (Beit Al-Zakat Al-Kuwaiti), Turkish institutions such as AFAD (Disaster and Emergency Management Authority), and the Turkish Red Crescent (Türk Kızılay). These collaborations aim to provide comprehensive assistance and ensure the well-being of affected individuals and communities. They accomplish this by actively collaborating and forming alliances with local governments, non-governmental groups, and international counterparts to enhance awareness and education regarding disasters and humanitarian crises. Additionally, they advocate for the implementation of optimal strategies in order to prevent and prepare for such events. The funding for these projects is sourced from collaborative endeavors and contractual agreements with other organizations. HelpAge International is the main contributor, receiving assistance from other organizations such as the Hope Revival Organization and Action for Humanity. In addition, the German charity Welthungerhilfe (WHH) exacerbates the issue by implementing initiatives aimed at addressing the needs of elderly Syrian refugees in Turkey, with the ultimate goal of achieving "zero hunger by 2030.".

SEMA's healthcare initiatives in Syria exemplify an unwavering commitment to advancing healthcare despite significant challenges. SEMA has consistently operated surgical hospitals, demonstrating a strong dedication to providing secondary healthcare services. Furthermore, during the COVID-19 and cholera pandemics, SEMA successfully transitioned to providing advanced tertiary care. In addition, SEMA emphasizes the importance of reproductive health, specifically for women in their childbearing years, in order to enhance the overall well-being and harmony of the community. SEMA's network of primary healthcare institutions aims to reduce dependence on hospitals and encourage a healthy lifestyle among the community by addressing many health sectors, including reproductive health, child health, mental health, nutrition, and vaccination. SEMA's commitment to public health is evident through its proactive measures, such as establishing isolation facilities to address growing health threats like COVID-19. In addition, SEMA prioritizes the needs of vulnerable patient populations, specifically individuals with renal failure, by providing comprehensive care through specialized clinics, thereby minimizing the requirement for overseas medical treatment. SEMA's efforts in Turkey to assist Syrian refugees are comprehensive, focusing on partnering with local organizations to provide financial assistance and essential supplies, especially in times of disasters such as earthquakes. SEMA

is committed to providing assistance to refugees, especially in northwest Syria, where the demand is highest, despite challenges in obtaining permits and implementing specific initiatives. The activities carried out by SEMA serve as a catalyst for fostering hope and promoting the well-being and prosperity of communities in both Syria and Turkey.

4.3 THE HELPAGE INTERNATIONAL

I conducted an interview with the program manager responsible for the Middle East region at HelpAge International. HelpAge International, initially established in the United Kingdom, provides assistance to aged refugees in many countries globally who are facing natural disasters, conflicts, or any other risks to human safety.

The group's primary objective is to support programs linked to refugees by collaborating with local groups in each country, such as Turkey's "SEMA" organization. Financial assistance is provided by contributors worldwide, with the "Disasters Emergency Committee" being the foremost financial support agency, overseen by the UK government. They collaborate with prominent broadcasters and networks, such as the BBC, to gather charitable contributions. The government provides a matching fund for contributed money, enabling the implementation of refugee assistance projects, including payment to project staff. The program was restricted to the northern region of Syria, where a substantial population of underprivileged elderly individuals reside in dire circumstances. When asked about programs catering to the elderly in Turkey, he acknowledged the existence of initiatives targeted exclusively at them but emphasized their limited quantity. Assistance was provided to the elderly in the aftermath of the earthquake.

It might be characterized as an urgent and supportive reaction to the disastrous conditions they encountered in the aftermath of the earthquake. At that time, they collaborated with AFAD and the Turkish Red Crescent to donate a sum of 200,000 euros. Regrettably, this amount is inadequate to support this particular group, as they necessitate specialized attention and substantial financial resources to sustain a decent standard of living. During the interview, the manager emphasized that the action taken was solely in response to an emergency situation and not part of a comprehensive project with defined research or approach.

He additionally declared that, although there are groups dedicated to addressing the matter of Syrian refugees and their establishments in Turkey, the majority of their efforts and assistance are mostly focused on northern Syria due to various reasons. The key factor is that the Syrian government no longer has any authority in that region, so the residents' situation is extremely harsh, necessitating all groups to bring attention to it. Moreover, if any collective seeks to collaborate in order to provide assistance to elderly Syrian refugees in Turkey, the circumstances become even more challenging. Implementing a certain program is challenging within the existing systems. The sole resolution entails collaborating to provide financial assistance to local Turkish organizations. However, it is exceedingly challenging to acquire government authorization to formulate a comprehensive strategy, design programs, and execute them in their entirety. All organizations, whether Arab or multinational, face this situation. Consequently, offices have been established and authorized throughout Turkey. However, the operation primarily benefits northeastern Syria rather than Turkey's central region. Undoubtedly, the operation of offices in Syria is challenging due to significant security concerns. HelpAge International has set up a nursing home, a basic health care clinic, and transportation services to facilitate healthcare for the elderly in northern Syria.

In addition, they provide psychiatric assistance, vocational instruction, and financial prospects. HelpAge International and other organizations have informed me that the health conditions for elderly Syrian refugees in both northern Syria and Turkey are the same. The only differentiation lies in the fact that the elderly are divided into two categories: those who have been moved to Turkey and those who have been displaced to northwest Syria. Loss, pain, and all other elements are the same. Information was gathered to evaluate requirements and carry out on-site investigations, resulting in the subsequent discoveries: The prevalence of joint discomfort is higher in women, with a subsequent higher incidence of high blood pressure. Conversely, males exhibited a higher prevalence of cardiovascular and respiratory diseases. Both men and women are equally affected by digestive health and diabetic system illnesses. The cancer risk for both men and women is below one percent. In addition, 15% of the individuals surveyed indicated that they had physical restrictions. In Syria, medical institutions typically handle treatments locally. However, in severe health emergencies or when there are shortages of medicine, it becomes necessary to send patients to Turkey for ongoing care. This often leads to emergency evacuations. The governor's office in Gaziantep

facilitates coordination in such instances, as there is no direct communication with the Turkish government. The coordination of all humanitarian agreements between Turkey and northern Syria regarding refugees is conducted exclusively through the governor's office in Gaziantep. The 2019 research conducted by Sarah Abdi, Alice Spann, Jacinta Borilovic, Luc de Witte, and Mark Hawley based on a survey carried out by HelpAge International in partnership with the International Organization for the Disabled. The findings revealed that 54% of elderly Syrian refugees in Jordan and Lebanon experience at least one illness, with some individuals experiencing multiple ailments. In this instance, it is crucial to underscore the necessity of replicating the methodology with elderly Syrian refugees in Turkey to acquire accurate information regarding the illnesses that afflict them. During the second phase, efforts are being made to devise treatments that can mitigate certain ailments and enhance our comprehension of the fundamental causes of some illnesses, such as cancer.

4.4 THE REFUGEES AND ASYLUM SEEKERS ASSISTANCE AND SOLIDARITY ASSOCIATION (RASAS):

The refugee association I visited made a strong impression on me with its well-organized structure and impeccable cleanliness, as its representatives warmly welcomed me from the moment I entered. The edifice comprises seven levels, with each floor serving a distinct function. Both the registration office and social integration area are situated on the ground floor. On the first floor, there is a health clinic specifically for migrants, numbered "1". The second floor is a facility that provides physical rehabilitation and psychological support. The third floor houses the health clinic for Migrants "2," which is overseen by the Ministry of Health. The fourth floor is dedicated to administrative offices and conference spaces, while the fifth floor houses the protection, family, health, and legal consulting departments, as well as the socioeconomic help department. The restaurant and café are situated on the highest floor, which is the sixth and final story.

Throughout my tour, my primary focus was on the health facilities dedicated to serving refugees. I observed physiotherapy facilities equipped with top-tier beds and instruments, alongside a children's therapy room adorned with vibrant hues to facilitate the patients' prompt acceptance of treatment. Furthermore, I had the opportunity to see one of the nurses employed at the facility, who provided me with valuable insights concerning the health challenges encountered by elderly refugees. An important observation she made was the

higher incidence of cancer among immigrants, including breast and uterine cancers in women. Osteoporosis and mobility issues are two common health problems that elderly immigrants often experience. Due to the significant proportion of individuals experiencing disabilities, wheelchairs and crutches are provided. Physical therapy can help reduce reliance on mobility aids, and a significant number of elderly individuals regain their natural mobility after around eight months of treatment. Certain health difficulties faced by older individuals may be purely psychological.

Consequently, in the early phase, medical professionals from the rehabilitation department and psychologists visit to evaluate their requirements. Certain therapy pathways may solely involve psychological interventions, whereas others may necessitate referrals to external institutions for cardiac and pulmonary conditions. Refugees without a protection card and only possessing tourist residency status are not entitled to get urgent free medical treatment. Nevertheless, they do receive financial aid and medical guidance, and they visit the relevant medical department to receive treatment using the provided funds. After every interview, I typically ask if any mortality rate statistics have been generated, specifically regarding the age at which the highest death rate occurs. I was informed that these figures had not been collected before, but according to their observations and expertise, a significant proportion of individuals receiving therapy rarely survive past the age of 85, with a higher occurrence of death in their 80s.

4.5 ATAA NON-PROFIT HUMANITARIAN ORGANIZATION:

I conversed with an official from the Ataa Organization, an establishment that was established and officially acknowledged in 2013. The mission commenced by providing assistance to Syrian refugees in Turkey through collaboration with local organizations. Nevertheless, its most comprehensive efforts took place in 2016, focusing on providing aid to Syrian refugees in northwest Syria and Turkey, specifically in locations like Urfa, Gaziantep, and other areas. The group was primarily established to address an urgent need for prompt assistance. It collaborates with other organizations, such as the Orphans Care Federation (OCF), a charitable institution established in Turkey with the objective of enhancing humanitarian efforts for orphans across the Middle East and North Africa. NEAR, a coalition comprised of civil society groups from the Global South, promotes fair and balanced partnerships within the aid system, with a specific emphasis on local involvement.

The Civil Society Organizations' Platform (ULFED), which has been officially recognized by Turkey's Directorate General for Relations with Civil Society, supports Syrian-origin groups in Turkey by enhancing their cohesion and capacity. The Syrian NGO Alliance (SNA), established in 2014 in Gaziantep, coordinates efforts to promote humanitarian issues affecting Syrian refugees and locals. The Voices for Displaced Syrians Forum (VDSF) serves as a platform for Syrian civil society groups to collaborate and push for lasting solutions for displaced Syrians, both within their own country and on the global stage. The Durable Solutions Platform (DSP) provides technical and financial support to the Forum, together with several other organizations that contribute to the collective efforts of the group. Subsequently, he informed me of the comprehensive array of social and health facilities that are accessible to Syrian refugees. When I directly asked him about healthcare assistance for the elderly, he explained that implementing specific programs or efforts for this demographic is challenging due to many reasons discussed earlier with other organizations, such as the need to obtain permissions for such purposes. The focus was solely on providing assistance to families, and the evaluation was carried out based on the family with the greatest need rather than the family that had an elderly member. When an individual sponsors a family, they provide comprehensive support in various areas, such as housing, healthcare, and educational assistance for the children, in addition to providing monthly financial aid. In order to stay focused, I inquired about the prevalent health conditions among the older individuals residing in households that get help. He clarified that the health problems they face are not restricted to diseases but also encompass sanitary pads for the elderly, medical eyewear, and hearing aids. A significant proportion of individuals, including those with partial hearing loss and individuals with mobility impairments, require certain medical devices such as hearing aids and wheelchairs. Despite substantial actions, there are numerous challenges in effectively assisting this population, primarily pertaining to permissions and financial resources. Based on the acquired data, the prevailing health issues include joint discomfort, cardiovascular disease, physical impairments requiring rehabilitation, and diabetes.

The following health projects, which have a broader focus than merely the elderly, have been conducted: The Ishraq foundation for Mental Health in Urfa, Turkey, was established with the sponsorship of the Teraheem Volunteer Team and under the supervision of the International Islamic Charitable Organization. A clinic specializing in physical therapy has

been operating for seven years in Reyhani, Hatay, Turkey. The clinic provides medical, rehabilitative, and mental health services specifically tailored for those with special needs.

I would like to highlight Ataa's focus on the psychological aspect. However, before doing so, I would like to provide a concise overview of the psychological aspect and previous studies that have explored this matter. This is crucial, as it is a fundamental component of the health challenges experienced by refugees across all age groups. The mental well-being of elderly Syrian refugees in Turkey is a significant concern due to the impact of conflict, migration, and the challenges of adapting to a new country. Forced migration poses various challenges and adaptations for individuals, irrespective of their ethnicity, financial background, age, or gender. These treatments are challenging for individuals of all age groups, especially the elderly. Aging while following migratory pathways might be fairly challenging. Elderly individuals who emigrate to foreign countries with uncertain prospects face substantial obstacles when it comes to assimilation. Displacement in old age often correlates with significant life events such as retirement, illness, and the loss of a companion. The socioeconomic causes of loss, limitations, social marginalization, rising health concerns and care demands, and diminishing income make elderly refugees one of the most vulnerable groups among displaced persons (Da, Wei-Wei & Alicia , 2015).

Older refugee populations experience both tangible and metaphorical forms of deprivation, including the loss of loved ones, social networks, cultural traditions, social standing, and a sense of identity in an unfamiliar cultural context. This circumstance renders individuals susceptible to mental health issues and hinders their ability to integrate socially. However, elderly refugees are prone to developing mental health issues as a result of forced migration, which can be attributed to factors such as limited resources, lack of social support, violence, poverty, poor health conditions, and prejudice (Cindy ,, Sherry , Linnet , & Natalie , 2011). The research conducted by R. Assi, S. Özger-İlhan, and M.N. İlhan emphasized the limited accessibility of psychiatric and refugee rehabilitation services (R. Assi, S. Özger-İlhan, & M.N. İlhan, 2019). Nevertheless, I observe significant advancements in this field compared to previous times. There is an increasing focus on the mental health of Syrian refugees, specifically female refugees who arrived in Turkey after being released from Syrian prisons. I was presented with numerous previously undisclosed details during my conversation with the manager of the "For Her" campaign at the Ataa Organization. These investigations uncovered crucial discoveries that had previously not been examined. An evident

consequence of the torture endured by individuals who have had mental therapy in jails is the presence of physical scars on their bodies resulting from biting. This conduct, which involves one person biting another, is considered aberrant and non-human in nature. Based on prior studies, a diagnosis of cancer was found in 70% of individuals who were detained, regardless of their age, subsequent to their arrest. A significant correlation has been shown between incarceration, torture, malnutrition, and various other factors that individuals were subjected to and the onset of cancer.

Moreover, a significant proportion of prisoners were expelled and rejected by their families under the guise of "integrity", as families are apprehensive that the female, regardless of her marital status, has experienced sexual assault or any form of mistreatment. In order to tackle this phenomenon, awareness campaigns targeting families of inmates have been established to mitigate the issue. The "For Her" initiative offered refuge to women who sought asylum in Turkey following their release and who found themselves without any support due to the loss of their family members in the conflict or their families' rejection of them, as mentioned before.

Furthermore, there were elderly women who, upon their release, journeyed to Turkey and resided with their married offspring. However, instead of being warmly welcomed and treated with affection, they were subjected to mistreatment, despite having experienced severe forms of punishment while in prison. Based on their research, individuals who were accommodated by the organization after surviving in jails saw a more rapid psychological recovery compared to those who were taken in by a family member. In this situation, the family proved to be more of an obstacle than a help in the process of recovery. There are various reasons why families may choose not to accept female relatives who have been freed from detention. It should be emphasized that these criteria differ among families and may not be applicable in every circumstance.

Nevertheless, the researchers uncovered that incarcerated individuals are frequently subjected to societal stigmatization, which may also extend to their families. In addition, families may experience apprehension about facing judgment and discrimination if they openly accept and provide support to a family member who has been incarcerated (Abby , 2018). Imprisonment can cause individuals to experience substantial emotional and psychological distress. Family members may encounter difficulties in understanding and

coping with alterations in their loved one's attitude or mental well-being, which might impede acceptance (Eric , 2017).

4.6 SUMMARY OF HEALTHCARE INSIGHTS FROM ORGANIZATIONS

This section presents the key insights derived from various humanitarian and international groups that offer healthcare aid to elderly Syrian refugees. The findings demonstrate the complexities and challenges that these groups face, while also offering a comprehensive understanding of the healthcare situation for older refugees. The healthcare issues faced by elderly Syrian refugees in Turkey are complex and have a significant impact on their ability to obtain necessary therapies. Logistical, social, and economic obstacles impede their capacity to access healthcare facilities.

Qualitative interviews conducted with elderly Syrian immigrants reveal a stark reality of unfulfilled healthcare requirements and significant obstacles to accessing care. A significant number of elderly refugees encounter substantial distances to clinics, which are further exacerbated by transportation expenses that they are unable to afford. Consequently, this results in missed appointments and delayed medical attention. According to one interviewee, the clinic is located at a considerable distance, and the cost of the bus fare is beyond our means.

Frequently, I fail to attend my appointments due to my inability to undertake the journey. The Syria-Turkey Friendship Association emphasized these issues, noting that numerous elderly refugees live in remote areas with limited transportation options, which hinders their ability to attend medical appointments. The shared characteristic underscores the need for mobile health clinics or community-based healthcare efforts to address the shortfall.

The hardships faced by elderly refugees are worsened by social isolation, leading to intense feelings of loneliness and mental health problems as a result of being separated from their families and communities. A participant expressed that they have been separated from their children for several months. Not only does the body experience suffering, but the heart as well.

The economic challenges exacerbate these issues, compelling senior refugees to confront distressing dilemmas between vital healthcare and fundamental necessities like sustenance. A senior gentleman elucidated, "Frequently, I am faced with the dilemma of deciding

between procuring sustenance or acquiring medication." It is an agonizing decision that should not be imposed on anyone.

These obstacles emphasize notable deficiencies in specialized healthcare services specifically designed to meet the intricate requirements of elderly refugees. Healthcare practitioners recognize these constraints, highlighting difficulties in managing long-term health issues beyond fundamental treatment. A healthcare provider explicitly said that they lack the necessary resources and expertise to address the intricate health requirements of older individuals. They necessitate attention that goes beyond the fundamental level.

Notwithstanding these difficulties, multiple groups play crucial roles in delivering healthcare services to elderly Syrian refugees. The Syrian Expatriate Medical Association (SEMA) and HelpAge International have been instrumental in delivering healthcare services to senior refugees. SEMA focuses on managing chronic diseases, such as diabetes and hypertension, in older individuals by providing regular check-ups and effective medication management. Nevertheless, they encounter ongoing deficiencies in financial and bureaucratic obstacles that impede the efficient provision of services.

A spokesman from SEMA expressed their distress, stating, "Despite our diligent efforts, the magnitude of the crisis is overpowering, resulting in numerous unfulfilled needs." This method aligns with the requirements outlined in Chapter 2, where older males reported a significant prevalence of chronic ailments necessitating ongoing medical attention. To clarify, the occurrence of hypertension among older Syrian refugees is more than 60%, a condition that is usually worsened by the stress of moving and inadequate healthcare. Approximately 47% of elderly migrants are impacted by diabetes, facing challenges related to the cost and accessibility of medicine, notwithstanding financial limitations. Approximately 30% of the population is impacted by cardiovascular disorders, which are worsened by a scarcity of specialized medical attention and the high costs associated with treatment. Physical limitations result in musculoskeletal ailments for 47% of elderly refugees, impacting their mobility and overall quality of life.

The healthcare issues faced by elderly Syrian refugees differ greatly based on gender, impacting both their health status and societal roles.

The "For Her" project at the ATAA Organization caters to the distinct physiological and psychological requirements of women who have undergone trauma and detention experiences. These initiatives are essential for offering specific assistance and rehabilitation.

Elderly Syrian males face significant challenges related to economic problems and mental health, which are further exacerbated by cultural expectations and the trauma of displacement.

International humanitarian organizations collaborate closely with the Turkish government to advocate for enhanced healthcare accessibility and assistance for elderly Syrian refugees. Collaborative advocacy endeavors seek to exert influence on policy decisions and obtain improved healthcare provisions. This cooperative method not only enhances the allocation of resources but also reinforces the promotion of sustainable healthcare solutions. The compounding impact of healthcare obstacles greatly affects the overall welfare and standard of living of elderly Syrian refugees. Chronic illnesses and mental health disorders are widespread, worsened by the absence of adequate healthcare and social support networks. A participant emphasized the harrowing truth, expressing, "Being a refugee at my age entails enduring significant difficulties. We perceive a sense of being disregarded and overlooked.

HelpAge International emphasizes the need for mental healthcare, recognizing that several elderly refugees endure trauma and psychological distress due to their displacement and the persistent violence. The conclusion aligns with the findings presented in Chapter Two about the mental well-being of elderly Syrian refugees. These findings emphasized the significant absence of mental health services and the crucial role played by non-governmental organizations (NGOs) in addressing this issue.

Notwithstanding these difficulties, many groups have successfully devised inventive measures to enhance healthcare accessibility for older refugees. An illustration of this is the successful deployment of mobile health units by the Syrian Expatriate Medical Association, which have effectively reached elderly refugees residing in isolated regions and offered them vital medical treatments.

Furthermore, HelpAge International's emphasis on community-based mental health support has demonstrated its efficacy in meeting the psychological requirements of aged refugees. HelpAge has enhanced the accessibility and cultural appropriateness of care by instructing local volunteers and incorporating mental health services into primary healthcare.

The conclusions drawn by humanitarian groups are corroborated by the results obtained from the literature review. Research repeatedly indicates that elderly refugees encounter distinct healthcare obstacles, such as the elevated prevalence of chronic diseases and mental health disorders, as well as difficulties in obtaining healthcare owing to language, cultural, and financial constraints. The literature consistently emphasizes the need for tailored healthcare interventions that specifically address these needs. This underscores the significance of the efforts made by organizations such as SEMA and HelpAge International.

The conclusions drawn from this chapter indicate various policy recommendations for enhancing healthcare accessibility for elderly Syrian refugees. Increased investment in mobile health services and community-based healthcare models is necessary to ensure accessible and culturally responsive care. In addition, policy should prioritize the enhancement of coordination and continuity of care, which can be achieved through the establishment of centralized medical records and the provision of improved language support services.

To summarize, the information obtained from humanitarian groups emphasizes the notable difficulties and possibilities of delivering healthcare to older Syrian refugees. By combining these observations with the perspectives of the refugees themselves and the current body of literature, this summary offers a thorough comprehension of the healthcare requirements of this susceptible population and presents practical suggestions for future interventions.

5. ANALYSIS AND DISCUSSION

The plight of Syrian refugees in Turkey is a multifaceted issue that encompasses not only the individual hardships faced by elderly refugees but also the endeavors of humanitarian groups. This study comprehensively analyzes and explores both the difficulties encountered by elderly refugees and the tactics and endeavors employed by organizations to meet their requirements and improve their overall welfare.

This study is grounded in field research conducted with elderly refugees and organizations situated in several locations across Turkey, such as Gaziantep, Istanbul, and Izmir. I endeavored to elucidate the interrelated mechanisms of displacement, health, and social integration in the context of the refugee situation. My aim is to offer a comprehensive comprehension of the intricacies of refugee aid and support systems by combining insights from personal accounts and institutional viewpoints. This analysis and discussion will examine the significant findings from interviews conducted with elderly refugees. The focus will be on their health problems, socioeconomic worries, and psychological distress following experiences of violence and displacement.

Furthermore, we will examine how organizations deliver fundamental services, champion for the rights of refugees, and foster community integration. Moreover, we will thoroughly assess the effectiveness and constraints of existing refugee assistance programs, considering factors such as the allocation of resources, collaboration among stakeholders, and cultural awareness. Interviews conducted with elderly refugees have shown that a substantial fraction of this population suffers from chronic health diseases, such as hypertension, diabetes, cardiac issues, and musculoskeletal ailments.

This finding is consistent with the findings of other studies, including a study conducted by Jonathan Strong et al. (2015), which underscores the significant prevalence of chronic health issues among senior refugees. The survey findings indicate that more than 60% of senior immigrants show signs of hypertension, while 47% have diabetes, and 30% have some form of cardiovascular disease. These chronic illnesses pose significant health challenges for this demographic. In addition, the survey reveals significant physical limitations, with 47% of participants facing difficulties in mobility and 24% dealing with sight impairment. In addition, a significant number of elderly refugees encounter difficulties in acquiring

necessary drugs due to financial constraints (Jonathan , Christopher , Najla , Shannon , & Gilbert , 2015).

Obtaining comprehensive healthcare for refugees is extremely challenging, primarily owing to financial constraints, language barriers, and the limited effectiveness of current treatment methods, despite the presence of medical facilities specifically designed for refugees. Approximately two-thirds of the elderly Syrian refugees residing in Turkey assess their health as either poor or extremely poor. A significant proportion of senior Syrian refugees residing in Turkey experience non-communicable diseases, with hypertension, diabetes, and heart disease being the most prevalent conditions, impacting 60%, 47%, and 30% of the population, respectively. Moreover, a substantial majority of elderly Syrian refugees residing in Turkey encounter obstacles when it comes to accessing essential medications, as evidenced by 87% reporting difficulties in obtaining them (Prevention, 2021).

A significant discovery is the challenges faced by elderly Syrian refugees in obtaining medications or medical assistance due to several factors. Initially, the elderly often carry the weight of familial obligation, particularly when primary earners in the family, such as sons or sons-in-law, are imprisoned or pass away. This compels the elderly to take on financial and caregiving duties for their extended family, which includes grandchildren and widowed daughters or daughters-in-law. One of the refugees interviewed expressed the same viewpoint. In addition, there is a separate group of Syrian refugee women who are compelled to find employment in order to provide for their families because their male family members are either detained or have died as martyrs. Consequently, elderly Syrian women have been forced to work despite their late age and preexisting health issues. Logistical constraints further worsen the problem for some individuals, such as those with tourist residence status who do not have access to protection cards.

As a result, they are required to bear the entire expense of medical services, including the acquisition of medicine. Interviews conducted with elderly refugees consistently demonstrated a prevailing pattern: their primary focus is on the welfare of their family rather than their own health-related worries. Nevertheless, neglecting one's own health has repercussions, as evidenced by the buildup of untreated illnesses, resulting in heightened health complications. Furthermore, the elderly refugees often hold the belief that their health conditions, such as musculoskeletal discomfort, hypertension, and diabetes, are directly

caused by the extended journey of displacement. The topic focuses on the intricate interaction between socioeconomic factors, familial dynamics, and health perceptions within elderly Syrian refugee communities. It underscores the significance of comprehensive support systems to meet the diverse needs of this vulnerable population.

The rising prevalence of cancer among elderly immigrants, surpassing that of younger refugee groups, poses a significant health issue necessitating further investigation. Research indicates that senior immigrants had a higher prevalence of several diseases, particularly breast cancer, compared to younger immigrants (Aditi , 2023). Moreover, the knowledge obtained from interviews with pertinent organizations substantiates the significance of cancer as a central concern, a fact that is reinforced by current scientific studies. The cause of the higher incidence of cancer in older migrants compared to younger migrants is multifaceted, as supported by existing research. Elderly refugees may have obstacles in accessing healthcare services, such as cancer screening and treatment, which can lead to delayed detection and higher cancer rates.

The psychological and physiological strain caused by involuntary displacement might lead to enduring effects on the overall well-being of individuals, thereby heightening the vulnerability of elderly refugees to the development of cancer. Older refugees may have lacked access to early cancer screening methods, leading to late-stage cancer diagnoses and an increased incidence of cancer (Aditi , 2023) . The senior refugee demographic, comprising both males and females, faces distinct challenges as they traverse the process of forced migration and subsequent resettlement. An in-depth comprehension of the divergent and convergent components of these challenges is crucial for developing and implementing effective support systems and interventions. An area of great concern is gender-based violence, where female refugees, especially elderly ones, are particularly susceptible to various forms of gender-based abuse when they are displaced and residing in refugee camps. These challenges encompass instances of sexual assault, domestic violence, and exploitative activities. Empirical research indicates that male refugees encounter violence at a lesser frequency compared to female refugees inside refugee groups (Maren , et al., 2022).

The reaction to the Syrian refugee crisis in Turkey has been diverse, encompassing both global and regional organizations. This analysis provides a thorough evaluation of the initiatives undertaken by prominent organizations, including the Syria-Turkey Friendship

Association, the Syrian Expatriate Medical Association (SEMA), HelpAge International, the Refugees and Asylum Seekers Assistance and Solidarity Association (RASAS), and the non-profit humanitarian organization Ataa, in order to meet the healthcare requirements of elderly Syrian refugees. This presentation explores the complexities of providing healthcare assistance to the underprivileged population in Turkey through a comprehensive analysis of organizational efforts and obstacles.

In the initial stages of the Syrian refugee crisis, Turkey independently handled the influx of refugees without much assistance from the international community. As the situation deteriorated, Turkey actively pursued collaboration with international organizations and non-governmental organizations (NGOs) to address the increasing humanitarian demands. However, problems emerged due to the unprecedented magnitude and intricacy of the situation. Specker and Karlstrom's research findings highlighted disparities in the distribution of funds among different humanitarian sectors, underscoring the need to prioritize healthcare interventions for elderly migrants (Kerstin & Leontine, 2018). In Turkey, organizations like the Syria-Turkey Friendship Association and SEMA have commendably worked to provide healthcare services to elderly Syrian refugees. These programs encompass both in-home care and care centers, with an emphasis on providing post-operative and long-term therapeutic support. Nevertheless, elderly refugees face challenges in accessing complete treatment due to the restricted availability and exorbitant costs of specialist care facilities.

The untimely demise of potential partners, like Mr. "Koven," underscores the delicate nature of cooperation and the need for enduring solutions. HelpAge International extends its assistance to regions beyond Turkey, including northern Syria, where a significant population of older individuals reside in abhorrent circumstances. The provision of healthcare services, especially during emergencies like earthquakes, is hindered by logistical and financial limitations, despite attempts to address these needs. Moreover, the presence of bureaucratic obstacles hinders the execution of targeted initiatives for elderly refugees in Turkey. These efforts are mostly focused on northern Syria due to challenges related to governance and security. RASAS offers extensive support services to refugees, encompassing hospital facilities equipped with specialized amenities for physical rehabilitation and psychological aid. Nevertheless, there are still challenges in obtaining comprehensive data on mortality rates and common health conditions among elderly

refugees, which hinders the creation of tailored intervention strategies. Ataa primarily focuses on providing assistance to refugees, but they also specifically cater to the specific requirements of elderly refugees, including healthcare support. Nevertheless, due to logistical and budgetary constraints, it is not feasible to establish targeted programs for this particular population. Instead, resources are generally allocated based on the requirements of families rather than individual assessments. The psychological well-being of elderly Syrian immigrants continues to be a significant issue, despite the efforts made by organizations. The mental health of this vulnerable group is adversely affected by displacement, trauma, and societal shame. Initiatives such as Ataa's "For Her" program demonstrate the merging of psychological support and broader humanitarian assistance, highlighting the importance of addressing trauma and social integration challenges faced by elderly migrants.

In summary, although various organizations strive to provide essential services to elderly Syrian refugees in Turkey, there are still structural issues that hinder the effective fulfillment of their special requirements. It is crucial in the field of social work to acknowledge the natural susceptibility of elderly displaced refugees and assess their specific requirements. This discussion emphasizes the importance of social workers acknowledging and supporting the human rights of elderly refugees who have been forced to leave their homes, especially those who have physical disabilities. An immigrant who was both deaf and mute provided a compelling illustration of this necessity, as communication limitations necessitated the intermediary role of his daughter, who facilitated discussion through sign language interpretation. The study I conducted focuses on the various challenges faced by elderly displaced refugees, such as physical disabilities like hearing or speech impairments, limb amputations, and limited mobility. During my interactions with the aforementioned humanitarian groups, I observed a significant allocation of resources towards the distribution of crutches, wheelchairs, and hearing aids specifically for the elderly. These organizations report that the frequency of different disabilities among this group is exceedingly high.

Consequently, it highlights the urgent requirement for more attention and targeted interventions to reduce the suffering of this marginalized group, offering practical solutions that enhance their general welfare and integration into the communities they reside in. To achieve sustainable solutions, it is necessary to improve teamwork, allocate budgets

strategically, and collect comprehensive data. This will enable evidence-based treatments that are tailored to the complex health and psychological needs of this vulnerable group.

Within the framework of Turkey's Syrian refugee crisis, the destiny of elderly migrants presents itself as a multifaceted matter that necessitates subtle and refined strategies. In order to adequately address their needs, a comprehensive approach that surpasses conventional healthcare paradigms is necessary. This discourse seeks to emphasize the necessity of implementing enduring measures, such as education and skills training, community engagement, and comprehensive care coordination, to enhance the welfare and societal assimilation of elderly Syrian refugees in Turkey. Addressing the multiple issues faced by elderly Syrian refugees who also identify as tourists and have economic limitations requires the establishment of collaborative collaborations between humanitarian groups, local healthcare providers, and community-based entities. The purpose of this strategic alignment is to enhance the provision of healthcare services by merging resources, expertise, and evidence-based methodologies, thereby boosting operational efficiency. Coordinated efforts can be employed to develop innovative strategies for addressing financial barriers, with the aim of increasing equitable access to healthcare.

Moreover, the suggested partnerships hold potential for aiding in the creation and execution of interventions that are appropriate to the circumstances of elderly refugees. These interventions may include focused outreach efforts, financial assistance programs, and healthcare services that are culturally sensitive. This academic discussion highlights the importance of establishing mutually beneficial connections as the basis for promoting a comprehensive and long-lasting healthcare system that safeguards the well-being and respect of this marginalized group. Claudia Truppa and eleven other academics originally offered this notion in a 2017 study (Claudia , et al., 2019). Nevertheless

, the research specifically concentrated on the senior population of Syrian refugees residing in Lebanon. Consequently, although the notion remains consistent, its real consequences vary across countries. Implementing this project in Turkey will undoubtedly enhance the conditions for elderly Syrian refugees who face challenges due to the absence of protection cards, alleviate financial burdens, and facilitate easier healthcare access. Despite Turkey's robust infrastructure for humanitarian relief and refugee support, there are notable deficiencies in healthcare services, particularly in terms of older Syrian refugees' ability to

access and afford them. Nevertheless, by utilizing Turkey's current infrastructure, there is an opportunity to address these disparities by enhancing the organization and availability of healthcare services tailored to the distinct needs of this population. Increasing community awareness of the challenges faced by refugees, especially the elderly, has the potential to greatly enhance the psychological well-being of refugees. These programs have the potential to enhance the psychological well-being of refugees by diminishing the frequency of misinterpretations and biases within the community. Enhancing the comprehension of the challenges encountered by migrants is likely to foster empathy and assistance from members of the community (Annie , 2023).

The poignant remark made by an elderly woman during our talk, articulating her basic longing for someone to lend an ear, underscores the profound depths of her inner anguish and the magnitude of her suffering. This plea highlights a deep feeling of isolation and hopelessness, illustrating the significant psychological impact that being displaced and marginalized can have on individuals, particularly when combined with old age and existing health problems, as is the case with this elderly refugee who has cardiovascular ailments. The convergence of these factors is expected to exacerbate the woman's vulnerability, amplifying the adverse effects on her mental well-being and overall physical health. The woman's plea for someone to listen to her demonstrates the significant impact of social isolation and the crucial role of empathetic engagement in addressing the psychological well-being of vulnerable groups, such as elderly immigrants. The acknowledgment of her distress emphasizes the necessity of establishing comprehensive support systems and fostering inclusive communities that prioritize compassionate empathy and attentive listening as fundamental foundations for enhancing mental health and overall well-being in challenging circumstances.

An essential recommendation in my research is for relevant authorities to issue government permits that streamline the necessary transactions and approvals for organizations, enabling them to carry out field surveys for elderly refugees and accurately diagnose health issues. This is designed to facilitate the process of identifying efficient solutions. The purpose of these activities is to assist this disadvantaged group in leading a healthy lifestyle, as they currently receive minimal healthcare assistance. This was emphasized during my conversation with a nurse affiliated with the Refugees and Asylum Seekers Assistance and Solidarity Association (RASAS). She stressed that a minority of elderly Syrian refugees are

above the age of 80, and the majority of them pass away before reaching that age. Implementing early intervention in healthcare would decrease mortality rates by prioritizing prompt patient care and enabling them to access efficient therapy. The suggestion is founded on the acknowledgment of the pressing necessity to grant governmental authorizations to expedite field surveys and precisely ascertain health issues, with the aim of enhancing healthcare for elderly refugees and furnishing them with the requisite medical assistance.

My goal is to increase awareness about the housing challenges faced by isolated elderly migrants, highlighting the significance of creating sustainable housing solutions tailored to their unique requirements. This encompasses the provision of easily accessible residential units that are outfitted with the essential amenities to support the process of aging in one's own home. Several governments have implemented measures to address the long-term housing needs of refugees. Denmark serves as a prime illustration of a country with a highly advanced public social housing system. This system is accessible to all individuals, including refugees, and is managed by non-profit organizations. Residents participate in the governance of their community through a democratic process (Erika & San , 2022).

Furthermore, it is recommended that livelihood programs be implemented to promote income-generating endeavors that align with the skills and passions of elderly refugees. These endeavors can effectively assist elderly refugees in attaining socio-economic empowerment and self-reliance. Despite the existence of international legal frameworks and humanitarian efforts to protect refugees, older individuals in displaced communities continue to be particularly susceptible to exploitation, mistreatment, and discrimination. Therefore, it is crucial to enhance legislative frameworks that are tailored to address the unique vulnerabilities and needs of elderly refugees in order to ensure their safety. This involves establishing and implementing legislation, regulations, and protocols that explicitly acknowledge and safeguard the rights of elderly refugees within the broader framework of refugee protection. Legal frameworks should incorporate regulations to prevent and address instances of exploitation, abuse, and discrimination against elderly refugees. Additionally, these frameworks should establish mechanisms to penalize wrongdoers and provide compensation to victims.

In addition, legislative frameworks should place emphasis on establishing systems to acknowledge and give priority to the needs of elderly refugees in procedures for determining

refugee status, programs for resettlement, and access to essential resources like healthcare and housing.

Additionally, implementing strategies to address age discrimination and encourage active involvement in local communities is crucial for mitigating the risk of older refugees experiencing social isolation and marginalization. Social protection systems can enhance the dignity, autonomy, and overall well-being of elderly refugees by establishing inclusive environments that prioritize their needs and rights. Ensuring the accessibility of legal assistance and advocacy support is crucial for empowering elderly refugees to assert their rights and navigate intricate bureaucratic procedures with efficiency. Language barriers, limited knowledge of their rights, and financial constraints are frequently encountered obstacles in the pursuit of justice for elderly refugees, as mentioned before. Efforts aimed at offering free or affordable legal assistance, such as legal advice, representation, and mediation services, are crucial in ensuring fair and equal access to justice for elderly refugees.

As we navigate the intricate realm of senior Syrian refugees' encounters in Turkey, a clear reality becomes apparent: their health issues are not solely limited to physical ailments but are also deeply intertwined with broader socioeconomic and structural challenges. Amidst this intricate context, the necessity for collaborative efforts between the Turkish government and foreign humanitarian organizations becomes further evident. Through a thorough examination of the intricacies of their circumstances and exploration of possible remedies, our aim is to establish a path towards enhanced availability of healthcare services and comprehensive support for this marginalized population.

Collaboration between the Turkish government and international humanitarian organizations is vital to improving healthcare provisions for elderly Syrian refugees residing in Turkey. To provide an efficient and all-encompassing approach, it is imperative for different government ministries, local authorities, and humanitarian organizations to enhance their collaboration. In addition, enhancing the scope of the Temporary Protection Scheme health insurance program could enhance the accessibility of healthcare for elderly Syrian refugees. This can be achieved by extending the range of treatments covered and reducing the expenses that need to be paid directly by the individuals.

Allocating resources towards specialized geriatric healthcare facilities and training programs is essential for enhancing healthcare professionals' ability to address the unique health needs of the population. Moreover, it is imperative for international and humanitarian organizations to allocate additional funds and resources towards improving healthcare services for elderly Syrian refugees. This can be achieved through the provision of grants, contributions, and collaborative efforts. Effective coordination and sharing of information between these organizations, the Turkish government, and local civil society groups are essential for successfully aligning objectives and pooling resources.

To address the substantial psychological challenges faced by elderly Syrian refugees, it is imperative to include comprehensive mental health interventions in healthcare initiatives, including counseling, therapy, and support groups. Moreover, it is crucial to use expertise and worldwide impact to advocate for policy reforms at both the domestic and international scales, with the aim of enhancing healthcare accessibility and quality for elderly Syrian refugees residing in Turkey.

6. CONCLUSION

The study conducted a thorough analysis of the healthcare requirements of elderly Syrian refugees in Turkey, yielding vital discoveries and pinpointing notable shortcomings in existing support systems. Elderly refugees are a particularly vulnerable demographic, with extra obstacles because of their senior age, migratory status, and socioeconomic hardships. As the world's population ages, it is increasingly important to address the healthcare needs of older immigrants, particularly refugees, by offering targeted attention and customized solutions. Meeting these demands is essential for guaranteeing the physical and mental health of this susceptible population, as well as for fulfilling moral responsibilities and advancing fairness in society.

This study utilized a qualitative research strategy, notably employing case study methodology, to thoroughly investigate the healthcare difficulties encountered by elderly Syrian refugees in Turkey. The main approach utilized for data collection consisted of conducting extensive interviews with a wide variety of individuals. A total of 15 interviews were carried out, comprising six interviews with elderly Syrian refugees and nine interviews with personnel from various NGOs and humanitarian organizations engaged in delivering healthcare to refugees in Turkey. This approach facilitated a thorough investigation of the personal encounters and structural obstacles faced by this group, resulting in a detailed comprehension of their distinct healthcare requirements.

Thematic evaluation was employed to examine the interview data, enabling the identification of recurring themes and the acquisition of fresh insights from the participants' narratives. This approach facilitated a comprehensive evaluation of the challenges and adaptive techniques encountered by older Syrian refugees, supported by an examination of pertinent literature and statistical information. The study conducted a comprehensive analysis and identified various crucial areas where the current healthcare provisions are deficient. It emphasized the necessity for more focused efforts to overcome these gaps.

Senior refugees experience a higher prevalence of health problems in comparison to the overall older population, as supported by the theoretical framework and substantial research review. They identify and emphasize the distinct healthcare requirements of this group by classifying them based on factors such as physical functioning, participation in activities,

and the influence of their surroundings. This classification highlights the importance of implementing a comprehensive plan for delivering healthcare services. The study also examines the elevated health hazards encountered by elderly migrants, namely their heightened vulnerability to noncommunicable diseases (NCDs) such as diabetes, stroke, and cancer. Their research highlights a substantial deficit in the availability of essential healthcare interventions, since 54% of senior Syrian refugees in Jordan and Lebanon suffer from at least one non-communicable disease (NCD). These findings emphasize the immediate necessity for healthcare systems to adjust to the special demands of elderly refugees, who frequently possess intricate and diverse health requirements.

The difficulties faced by elderly Syrian refugees are exacerbated by their forced displacement, which brings along new sources of anxiety, including trauma, disorientation, and socioeconomic instability. Accessing healthcare in Turkey has considerable challenges, including language obstacles, limited resources, and a lack of awareness of available options. Despite Turkey implementing temporary safety measures and providing healthcare services in 2014, these efforts are insufficient to address the complex demands of elderly Syrian refugees. The intricate nature of their healthcare requirements is intensified by the ongoing conflict in Syria and the resulting burden on Turkey's healthcare system, underscoring the necessity for enduring and all-encompassing healthcare solutions.

Elderly refugees experience significant negative effects on their mental well-being as a result of displacement and forced migration, frequently resulting in the development of disorders such as trauma, depression, and anxiety. Although mental health interventions are clearly essential, their availability and accessibility are limited. Older migrants have heightened obstacles to obtaining healthcare services as a result of their impoverished circumstances and limited social assistance. Mobile clinics, community health workers, and telemedicine services have the ability to solve these difficulties. However, there is a pressing need for additional research and specific therapies to cater to the healthcare needs of the older immigrant population. These novel strategies could provide elderly refugees with more adaptable and easily reachable healthcare alternatives, thereby reducing the obstacles they currently encounter in obtaining conventional healthcare services.

The research findings highlight the economic challenges faced by elderly Syrian refugees, leading to reduced chances for generating income and increased reliance on family members,

worsening their physical and mental health issues. Research has shown deficiencies in the healthcare services provided to refugees, namely in regard to preventative care and the treatment of long-term medical conditions. The increasing incidence of communicable diseases among Syrian migrants underscores the urgent need for effective healthcare interventions. The economic burden on elderly refugees, combined with their restricted healthcare accessibility, establishes a detrimental cycle that greatly affects their quality of life and general welfare.

In addition, elderly Syrian refugees living in Turkey encounter significant administrative obstacles due to their legal status. A significant fraction of elderly refugees holds tourist residency cards instead of temporary residence cards, as required by the Geneva Convention. This gap hampers their capacity to access vital services, particularly healthcare, leading to the necessity of directly covering charges. To ensure that every senior refugee receives free healthcare, as mandated by international criteria for refugee protection, it is crucial to take prompt and resolute action. It is crucial to overcome these bureaucratic barriers to ensure that elderly refugees can obtain the healthcare services they require without facing excessive financial or legal difficulties.

The report highlights the importance of coordinating efforts between the Turkish government and international humanitarian organizations to improve healthcare services for elderly Syrian refugees. It emphasizes the importance of using thorough and well-coordinated methods to meet the special healthcare requirements of this susceptible group. Policy and practice suggestions should give top priority to enhancing healthcare access, incorporating services into the healthcare system of the host nation, and tackling the distinct issues encountered by elderly refugees. The adoption of this cooperative strategy is vital to establishing a durable and efficient healthcare system capable of addressing the current and future requirements of elderly refugees.

I had difficulties effectively engaging with elderly refugees due to their perception of the interview as a casual chat and their limited comprehension of its scientific value. However, they were satisfied that someone was carefully paying attention to their statements. This highlights the significance of employing culturally sensitive communication and establishing trust with refugee populations to guarantee that their perspectives are

acknowledged, and their requirements are appropriately attended to in research and policy initiatives.

In conclusion, this study promotes a fundamental shift in the delivery of healthcare to elderly migrants, highlighting the importance of customized interventions that address their distinct physical, mental, and emotional requirements. The objective of this research is to improve healthcare services and general well-being for elderly refugees by identifying important shortcomings in the current healthcare system and promoting international cooperation. The primary objective is to augment humanitarian efforts on a worldwide scale. Addressing the healthcare requirements of elderly Syrian refugees is both an immediate necessity and a vital measure towards guaranteeing a satisfactory and robust future for one of the most susceptible portions of our population. It is crucial for governments, humanitarian groups, and healthcare providers globally to take coordinated action to guarantee the welfare of elderly refugees, as it is a moral obligation. To achieve a healthcare system that is fair and inclusive, we must tackle the specific difficulties experienced by this group. This will ensure that the dignity and rights of all individuals, regardless of their age, background, or circumstances, are upheld.

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