THE EFFECT OF HEALTH EDUCATION ON THE SEXUAL AND REPRODUCTIVE HEALTH OF REFUGEE WOMEN AND TURKISH AGRICULTURAL WORKERS

Research Report

This publication has been prepared and published by the Refugee Support Association (MUDEM) in collaboration with the lecturers of Hacettepe University Public Health Nursing Department within the scope of the "Project for Developing Sexual Health, Reproductive Health of Seasonal Agricultural Worker Turkish Women and Refugee Women Through Training".

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MÜLTECİ DESTEK DERNEĞİ
MUDEM
2014
REFUGEE SUPPORT ASSOCIATION

HACETTEPE ÜNİVERSİTESİ

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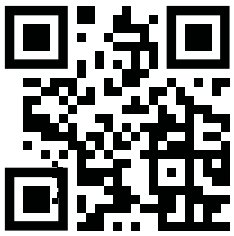

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This publication has been prepared and published by the **Refugee Support Association (MUDEM)** in collaboration with the lecturers of **Hacettepe University Public Health Nursing Department** within the scope of the "Project for Developing Sexual Health, Reproductive Health of Seasonal Agricultural Worker Turkish Women and Refugee Women Through Training". This document covers the training activities of the project financed by the **Embassy of France in Ankara.** The views expressed here in no way reflect the official views of the **Embassy of France in Ankara,** and the **Embassy of France in Ankara** is not responsible in any way for the information contained in the document.

FOREWORD AND ACKNOWLEDGEMENTS

Refugee Support Association (MUDEM), since the day it was established, has carried out many activities to support asylum seekers living in Türkiye and to enable them to benefit from basic rights and services. It has established partnerships and collaborations to increase the number of services provided to asylum seekers in the provinces where it operates and to expand its existing services. As a successful example of partnerships and collaborations, the **"Project for Developing Sexual Health, Reproductive Health of Seasonal Agricultural Worker Turkish Women and Refugee Women Through Training"** has been carried out with financial support of the **Embassy of France in Ankara,** and in line with the protocols signed between **the Refugee Support Association, Eskişehir Metropolitan Municipality (EBB)** and **Hacettepe University Public Health Nursing Department** and in collaboration with Eskişehir Metropolitan Municipality Women's Counseling and Solidarity Center between 15 July 2022 and 15 June 2023. We wish that this report prepared within the scope of the project will make significant contributions to the field and be useful in shaping new support mechanisms.

We would like to extend our thanks to the **Embassy of France in Ankara, Eskişehir Metropolitan Municipality, Eskişehir Metropolitan Municipality Women's Counseling and Solidarity Center** and the staff of the **Refugee Support Association** for their efforts and support in the implementation of the project, and Hacettepe University Public Health Nursing Department for their support in the preparation of this report.

And our endless thanks go to **Sibel Türkmen** from **Eskişehir Metropolitan Municipality, Ali Öğünçer,** Health Instructor from **Refugee Support Association, Esra Özlük** and **Zeynep Karimkhani** from **Refugee Support Association** who provided translation support during the trainings, **Assoc. Prof. Dr. Nilgun Kuru Alıcı** and **Res. Asst. Dr. Mücahide Öner** who contributed greatly to the preparation of the report, to the **Women's Health Counseling Center Project** carried out by ESOGÜ for providing hygiene kits for the participants, to **Alpu Municipality** for their support in the orientation and transportation of the participants, and finally to **the Family Health and Planning Foundation of Türkiye** for their support in consolidating the content of trainings.

İlker GÜNEY
MUDEM GENERAL COORDINATOR

ABBREVIATIONS

MUDEM	Refugee Support Association
EBB	Metropolitan Municipality of Eskişehir
UK	Applicant for International Protection Status
GK	Temporary Protection
TÜİK	Turkish Statistical Institute
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome
SDG	Sustainable Development Goals
UNFPA	United Nations Population Fund
TAPV	Turkish Family Planning Foundation
IBM SPSS	Statistical Package for Social Sciences
KKMM	Breast Self-Examination
KETEM	Early Diagnosis – Surveillance and Education Centre for Cancer

INDEX OF TABLES

INDEX OF FIGURES

ABOUT THE PROJECT

The "Project for Developing Sexual Health, Reproductive Health of Seasonal Agricultural Worker Turkish Women and Refugee Women Through Training" which was carried out in line with the protocols signed between the Refugee Support Association (MUDEM), Eskişehir Metropolitan Municipality (EBB) and Hacettepe University Department of Public Health Nursing, was financed by the French Embassy in Ankara. It was conducted between 15 July 2022 and 15 June 2023 in partnership with Eskişehir Metropolitan Municipality Women's Counseling and Solidarity Center.

A similar project directly related to this one which was carried out by MUDEM between December 2021 and April 2022 in partnership with EBB and with the financial support of the French Embassy in Ankara, has won an award at the Izmir Star Award Ceremony, where the Izmir Metropolitan Municipality evaluated the projects produced with ideas that promote gender equality. This project, which is a continuation and updated version utilizing the results of the completed project into consideration, has been developed further and re-supported to be implemented.

A protocol was signed during the cooperation with Eskişehir Metropolitan Municipality. In this context, the trainings were held at the Eskişehir Metropolitan Municipality Women's Counseling and Solidarity Center with the aim of encouraging and increasing the access of refugees to the important services provided by local governments. The instructor for TAPV Women's Health Seminars assigned at the center, together with the instructor of the MUDEM, took part in the trainings as an instructor and also provided access to Turkish participants in cooperation with Alpu Municipality. In order to provide comfort for the participants in the trainings and to have them focused on education and not to create obstacles for women with children who want to participate in the trainings, the service area at the Eskişehir Metropolitan Municipality Children's Short Break Center located on the lower floor of the training hall was used for child care and activities, and toys were provided to the children as part of the project.

Another protocol was signed for cooperation with Hacettepe University Public Health Nursing Department. It is aimed to create a project research report through the cooperation and to shed light on the further studies in the field.

Daily wages, food and beverage service during recess between classes, round-trip bus service for those who come from Alpu, printing of educational brochures and the fund for toy project for their children, hygiene kits and condoms distributed to the women participating during the training were provided by Eskişehir Osmangazi University and UNFPA's Women's Health Advisory Center Project and the Family Planning Foundation of Türkiye.

MUDEM was responsible for the coordination and execution of the entire project and provided a Health Instructor and a Persian translator for the trainings.

CONTENTS

1. INTRODUCTION

Every year, thousands of people around the world migrate across borders for various reasons such as conflict, disaster, violence, poverty, unemployment, and the desire for a better standard of living. [1, 2] While migration can be seen as an individual movement of people between different territories, it can also occur at a mass level, especially in cases of war, drought or other natural events. [3] Türkiye is a country that receives immigration from many countries due to its geographical location. [4] There are 3.9 million registered refugees* in Türkiye, of which 3.6 million are Syrians who came as a result of mass migration due to the wars in Syria and were given temporary protection status. In addition to Syrian refugees, there are 300 000 refugees from other nations such as Afghanistan, Iran, Ukraine and Iraq. [4, 5] In studies evaluating the effects of external migration on seasonal agricultural work, it has been expressed that the number of seasonal agricultural workers has increased gradually. [6]

In general, refugees, internally displaced persons and agricultural workers with national and international past and present migration experiences are considered as the vulnerable group of the society. [7] Immigrants experiencing internal or external migration face many physical and mental health problems as a result of discrimination, poor accommodation and working conditions during migration. [8] Migration is a key determinant of health and well-being not only for immigrants, but also for the population in the country of origin, transit country and destination country. [4] Refugees and migrants face an increased risk of physical and mental health problems during transit and when they arrive at their destination. Despite the higher risks they face, they often have limited access to healthcare and have worse health outcomes compared to the host population. [9]

On the other hand, women experiencing the coexistence of women's problems brought by migration and problems brought by gender due to their gender roles causes women to be a double disadvantaged and vulnerable group in the migration process. [10] It is clear that refugee women face greater inequalities in health due to linguistic, cultural and socioeconomic factors. [11, 12]

Especially women displaced by conflict or disaster are a more vulnerable group to unwanted pregnancies, HIV, sexually transmitted diseases, maternal death and sexual violence. [13-15] Depending on the region and living conditions, it is known that they face high levels of sexual violence, that due to economic difficulties they have to engage in sex work which might lead to risk of sexually transmitted diseases, and that their awareness on birth control and use of contraception are low as well as having unmet family planning needs, and that their information on sexual and reproductive

** With the reservation that Türkiye made to the Geneva Convention, to which it became a party in 1951, and within the scope of the definition in the Law on Foreigners and International Protection, persons coming from countries other than European countries are not defined as refugees. There are temporary protection, conditional refugee and subsidiary protection statuses for these people. However, the word "refugee" used in the report is based on the concept accepted in the international literature.*

health services including family planning, and access to sexual and reproductive health services are low. [16, 17, 18] Refugees and migrants generally receive less services than people in host countries when it comes to sexual and reproductive health. [16] Social and cultural factors such as high costs, language barriers, legal status and health literacy may lead to poor sexual and reproductive health, as well as the preference for traditional contraceptive methods in some regions. [18-19] In a study by McGinn et al. (2011), it was found that the knowledge and use of modern contraception methods is low among married or sexually active women of reproductive age, and Xu et al. (2019) found that immigrants were less aware of the symptoms and prevention of reproductive system infection and were deficient in hygiene. [14, 20] In the studies made on refugee women, it was determined that they could not use effective birth control methods due to lack of information, indecision about birth control methods and problems in accessing birth control, and they experienced delays in accessing pre-natal care due to reasons such as not knowing the language and not being able to go to a health institution alone. It has been stated that refugees' access to birth control has decreased in recent years, and this situation caused an increase in the number of pregnancies in adolescence. [14, 15, 21] Depending on biological and gender-related factors, being a woman or a man has important effects on health. [22] In most countries, women are disadvantaged because of the power inequality between men and women, norms that hinder education and employment, the focus on women's reproductive role, and their potential for exposure to physical, sexual and emotional violence. [22] Regardless of whether they are immigrants or not, women are at higher risk of death and disease than men throughout their lives due to their fertility characteristics. [10] It has been determined that migrant women mostly found jobs as agricultural workers and have to work in poor conditions. [23] In particular, the problem of agricultural workers in finding housing, unsuitable tent setup for the region, inadequate infrastructure, unhygienic environments and unsafe residential areas and harsh working conditions are risk factors for their lives. [23-25] Agricultural worker women have difficulties in wording and expressing their problems due to lack of education, poverty and patriarchal structure. [26]

All women in the world are faced with occupational hazards, denied access to health services and human rights violations. [23, 27] Sustainable Development Goal (SDG) 3 (Target 3.7) and SDG 5 (Target 5.6) address the universal access of individuals, including migrants, to sexual and reproductive health services and the realization of rights. [28] While the 2030 Agenda provides a robust framework for sexual and reproductive health, it lacks the full scope needed to meet the unmet sexual and reproductive health needs of all. [29] In order to achieve this goal, the sexual and reproductive health needs of refugee and migrant women must be met. [24] Reproductive health needs include basic reproductive health services and health education for all women on menstruation, menopause, contraception, screening, and sexually transmitted infections. [30] Education on reproductive health improves reproductive health practices among women, prevents health risks and increases their quality of life. [20] In this project, it is aimed to improve the sexual and reproductive health of refugee women and Turkish agricultural workers through education.

Especially women displaced by conflict or disaster are a more vulnerable group to unwanted pregnancies, HIV, sexually transmitted diseases, maternal death and sexual violence.

2. METHOD

2.1. Research Design

The design of the study, which was carried out with the aim of improving the sexual and reproductive health of refugee women and Turkish agricultural worker women through education, is a pre-test, post-test, quasi-experimental design in a single group.

2.2. Target Population and Sampling of the Study

As of the end of 2022, there are 33,346 International Protection Applicants (Afghanistan(19,400), Ukraine (7,131), Iraq (4,083) and (2,632) others), and 6,685 Temporary Protection (TP) holders in Eskişehir, according to the official figures of the Provincial Directorate of Migration Management. It is the 35th province with the highest concentration of applicants for Temporary Protection.When we look at the total of Temporary Protection and International Protection Applicants, the most dense refugee groups in Eskişehir are formed by those coming from Afghanistan, Ukraine, Syria, Iraq and other countries, respectively. The total citizen provincial population of Eskişehir is 90,6617, and it is seen that refugees (temporary protection and international protection applicants) constitute approximately 4.5% of the total population. [36]

Alpu, which is one of the 14 districts of Eskişehir province, is the sixth largest district in terms of surface area, and is located approximately 45 km east of Eskişehir city center. According to 31 December 2022 Address Based Population Registration System, a total of 9966 people reside in Alpu, 5259 of which are women. According to 2019 data obtained from the TurkStat Central Distribution System, the average household size is 2.81. Total fertility rate for Eskişehir is 1.34. There are 3 family health centers (Alpu, Bozan, Osmaniye Family Health Centers), 1 community health center and a district integrated hospital in the district. [31, 35]

The basis of livelihood of Alpu district is agriculture and animal husbandry. Sugar beet is grown to a large extent. During the planting and harvesting periods, when the need for their work in agriculture increases, approximately 1500 agricultural workers and their families migrate to Alpu district, especially from Urfa Province, to stay in tent cities that do not have usable water and toilets and they live there for about six months (April to October). Alpu is the district that receives the largest migration of seasonal agricultural workers migration in Eskişehir province. In addition, local seasonal agricultural workers living in the surrounding villages of Alpu frequently work in agriculture during the peak harvest times. [33]

While the total fertility rate of Eskişehir is 1.34, the total fertility rate of seasonal agricultural workers who migrated to Alpu is 8.6. The average household size of Alpu is 2.81, and it is higher than the average household size of Eskişehir (2.62) (34,35). The total fertility rate of refugees living in Eskişehir is not known, but it is estimated to be higher than the local population.

The sample of the project is consisted of seasonal agricultural workers living in Alpu District and refugee women receiving services from MUDEM. The criteria to be included in the project for refugee female participants are i) to be in age range of 18-45, and ii) willingness to include male spouse/partner/relative. For the male participants, the criteron was determined as being the spouse/partner/first degree relative of the female participants living in the same household.

The criteria for seasonal agricultural workers to participate in the project are i) living in the Alpu district, ii) being a female agricultural worker, iii) being between the ages of 18-45, iv) being willing to include a male spouse/partner/relative, and v) being a Turkish citizen. Shortly after the start of the project, due to the fact that seasonal migrant agricultural workers migrated again after, at the end of the intensive farming period, agricultural workers in the first training group were chosen from the immigrants, while the participants in the other groups formed by the local seasonal agricultural workers.

Purposeful sampling method was used in the project, and the study was completed with individuals who volunteered to participate in the project and met the criteria for participation. At the beginning of the project, it was aimed to reach 140 female agricultural worker participants (70 Turks and 70 refugees) and 140 male participants (70 Turks and 70 refugees) and 70 children. Participation of Turkish female participants was lower due to different reasons such as not being available, working for higher wages, and husband's later disapproval of participation, and a total of 139 women (74 refugee women and 65 Turkish agricultural worker women) were reached in the project. Within the scope of the project, a total of 77 men were reached, of which 15 are Turkish and 62 refugees. Similarly, male Turkish participants' expressing that the budget allocated for them by the project is insufficient and their lack of interest in the subject are seen as obstacles in reaching the targeted number in spite of training options were provided outside the working hours and in online form. The target number of 70 children over the age of 6 has been reached.

2.3. Collection of Data

The project was carried out between 15 July 2022 and 15 June 2023. Just before the start of training s within the scope of the project, the data collection tools were filled by the female participants in the sample group. Those who were illiterate or could not read and write comfortably were accompanied by trainers and a translator to fill out the forms. It took approximately 35-40 minutes for the participants to fill out the forms. After the trainings were completed, each data collection tool was re-applied to the participants in the project. Since the primary target audience of the study was female participants, no data was collected from male participants on the training activity.

2.3.1 Sexual Health and Reproductive Health Training

Three seminars (Let's Know Our Body, Birth Control and Contraceptives, Womens' Frequently Observed Health Issues) of the Women's Health Seminars Education Program, which is a different version of the Women's Health Education Program developed by TAPV in 2009 and implemented as closed groups for thirteen weeks, and which currently includes seven separate seminars that can be applied alone are used during the project. The primary target audience of the Women's Health Seminar Program is women with limited income and low education, living in a traditional structure in disadvantaged areas.

The women's health seminar program provides the opportunity for women to come together to talk about basic reproductive health issues in a preventive health approach, to rearrange the wrong information they know to be true, and to hear each other's experiences through participatory methods in an interactive environment. With the women's health seminar programs, it is also aimed that the participants adopt a preventive health approach and make effective use of health service providers. It is aimed to provide women to access to accurate information on basic sexual and reproductive health issues, encouraging them to take a role in preventive health behaviors, developing preventive health information, increasing health and public service demands, developing correct health behaviors instead of risky health behaviors they practice in daily life, and to improve their position in family and society and to increase the health awareness of families and to improve their quality of life (32).

The training modules, Power Point presentations and information brochures distributed to the participants were prepared by the Scientific Advisory Board established within the TAP Foundation and are revised based on the feedback on the practices. Within the scope of our project, the brochures of which translations to Persian language were made by TAPV were completed and printed by MUDEM. The contents of the 3 seminars used within the scope of the project, each lasting approximately 90 minutes, are summarized in Table 1.

Table 1. Contents of the seminars given in scope of the project

1. Let's Know Our Body	1. Female reproductive organs 2. Functioning of female reproductive organs and menstruel cycle 3. Coping with menstrual problems 4. Hygiene of female reproductive organs 5. Vaginal discharges 6. Male reproductive organs and their functioning 7. Fertilization
2. Birth Control and Contraceptives	1. The concept of family planning and its importance 2. Methods of contraception used by women 3. Methods of contraception used by men 4. Emergency contraception 5. Termination of unwanted pregnancy
3. Womens' Frequently Observed Health Issues	1. Menstruation and related health problems 2. Structural diseases of the female reproductive organs 3. Vaginal discharges 4. Sexually transmitted infections and prevention 5. Urinary tract diseases 6. Infertility (inability to have children) 7. Cancers of the female reproductive organs and early diagnosis 8. Menopause 9. Periodical health examinations

In addition to the three seminars mentioned within the scope of the project, a workshop on printing cloth-bags was held under the facilitation of trainers and ice-breaker games were played for a week in order to support social cohesion and increase communication between the groups. A combined version of the one-week Let's Know Our Body and Birth Control and Contraceptives seminars for the spouses/partners/at-home adult male of the female participants were administered face-to-face or online.

Both trainers conducting the seminars are those who have participated in the trainer's training program previously and have certificates issued by TAPV. All sessions were accompanied by an interpreter who performed consecutive translations in Persian. Within the scope of the project, it was aimed to reach 140 women and 140 men in total. 140 women were divided into 7 groups in total, with equal numbers of Turkish and refugee women in each group (10 Turkish and 10 Refugees in each group). Due to absenteeism in some groups, the number of participants in the group varied, as the number of missing participants was tried to be completed from the next groups in order to reach the target. The training of all groups was completed in a total of 9 months.

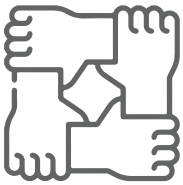
Seminar program of a group

1. WEEK

Let's Know Our Body

2. WEEK

Social Cohesion Workshop



3. WEEK

Birth Control and Contraceptives

4. WEEK

Womens' Frequantly Observed Health Issues

5. WEEK

Birth Control and Contraceptives Seminar with Men

2.4. Data Collection Tools

Introductory features and information form on sexual and reproductive health were used to collect data. In the introductory information form, there are 28 questions that include socio-demographic characteristics to describe the participants. This form was applied to the participants once before starting the training. The sexual and reproductive health information form was prepared by the researchers in line with the learning objectives in health education. This form consists of 16 statements about reproductive organs and pregnancy, 14 statements about contraceptive methods, and 15 statements about women-specific health problems and diseases. The sexual and reproductive health information form was applied before the training (pre-test) and immediately after the training (post-test) to evaluate the effectiveness of the training. At the end of the last training, a short questionnaire was applied to determine the thoughts and ideas of the participants about social cohesion.

2.5. Data Analysis

Data entry and analysis in the project were made using the IBM 25 Statistics Package for Social Sciences statistical package software. In the analyzes, descriptive statistics were presented as mean and standard deviation for continuous variables, and numbers and percentages for categorical variables.

2.6. Ethical Aspect of Research

Ethical approval was obtained from the Ethics Committee of a state university to evaluate the ethical suitability of the research within the scope of the project. Participation in the project was on a voluntary basis, and the participants were given detailed information about the purpose and objectives of the project, and they were told that they could leave the project without giving any reason if they did not want to continue.

2.7. Limitations of the Research

The project has a few limitations. The number of Turkish participants in the project could not reach the targeted number due to reasons such as pre-occupancy of the participants, their job situations, the anxiety of losing their job due to absenteeism, the higher wages they receive from work, and their spouses not giving permission. Participants were selected by purposive sampling method, and the results of the study can be generalized to the group participating in the project. A questionnaire prepared by the researchers was used to measure the effectiveness of the health education program, and it is recommended to use measurement tools whose validity and reliability were made specifically for the study group in new projects to be carried out. There may be a possibility of response bias as the data of the study were based on self-report.

3. FINDINGS

3.1. Sociodemographic Data

Table 2. Basic Characteristics of the Participants

Basic Characteristics	Refugee		Turkish	
	n	%	n	%
Nationality	74	53,2	65	46,8
Literacy in mother tongue				
Illiterate	9	12,2	29	44,6
Literate	59	79,7	27	41,5
Low level literate	6	8,1	9	13,8
Education level				
No education / has not completed primary school	14	18,9	27	41,5
Primary school graduate	25	33,8	20	30,8
Middle school graduate	14	18,9	7	10,8
High school graduate	14	18,9	6	9,2
Associate degree and above	7	9,5	5	7,7
Status of working in a regular income generating job				
Yes	3	4,1	19	29,7
No	71	95,9	45	70,3
Income / expense status				
Income is higher than expense	1	1,4	3	4,6
Income and expense are equal	9	12,2	12	18,5
Income is less than expense	64	86,5	50	76,9
Number of the households				
2-5 persons	54	72,9	46	70,7
6-9 persons	20	27,1	19	29,3
Health insurance				
Yes	35	47,3	35	53,8
No	39	52,7	30	46,2
Total	**74**	**100,0**	**65**	**100,0**

Table 2 shows the main characteristics of the women participating in the study. The mean age of the women participating in the study was determined as 33.28±7.029. 53.2% of women are refugees from Afghanistan and 46.8% are Turkish. 79.7% of refugee women and 41.5% of Turkish women are literate in their mother tongue. It was determined that 18.9% of refugee women did not have any education, while 41.5% of Turkish women did not have any education. The highest education level in both groups is primary school graduation. It has been determined that 4.1% of refugee women and 29.7% of Turkish women work in an income-generating job. It was stated that the income of 86.5% of refugee women and 76.9% of Turkish women is less than their expenses. The number of households is mostly between 2 and 5 people for both groups. 52.7% of refugee women and 46.2% of Turkish women do not have health insurance.

Table 3. Tobacco and alcohol use status of women and their spouses

Characteristics	Refugee		Turkish	
	n	%	n	%
Smoking				
Yes	0	0	34	52,3
No	74	100	31	47,7
Spouse's smoking status				
Yes	25	33,8	52	80
No	49	66,2	13	20
Alcohol use				
Yes	0	0	2	3,1
No	74	100	63	96,9
Spouse's alcohol use status				
Yes	7	9,5	19	29,2
No	65	87,8	46	70,8
Not known	2	2,7	0	0
Total	**74**	**100,0**	**65**	**100,0**

Table 3 shows the smoking and alcohol use status of the women participating in the study and their spouses. It was determined that refugee women do not use cigarettes and alcohol, while 52.3% of Turkish women use cigarettes and 3.1% use alcohol. It was determined that 33.8% of refugee women's spouses smoke and 9.5% use alcohol. It was determined that 80% of Turkish women's spouses smoke and 29.2% use alcohol.

Table 4. Disease status of women and their spouses

Characteristics	Refugee		Turkish	
	n	%	n	%
Disease status				
Yes	39	52,7	28	43,1
No	35	47,3	37	56,9
Spouse's disease status				
Yes	31	41,9	14	23,1
No	40	40	49	75,4
Not known	3	4,1	1	1,5
Total	**74**	**100,0**	**65**	**100,0**

Table 4 gives information about the disease status and health-seeking behaviors of women and their spouses. It was determined that 52.7% of the refugee women had a disease and 41.9% of them had a spouse with a disease. It was determined that 43.1% of Turkish women had a disease and 23.1% had a spouse with disease.

Figure 2. Percentage distribution of knowing and performing Breast Self-Examination by nationality

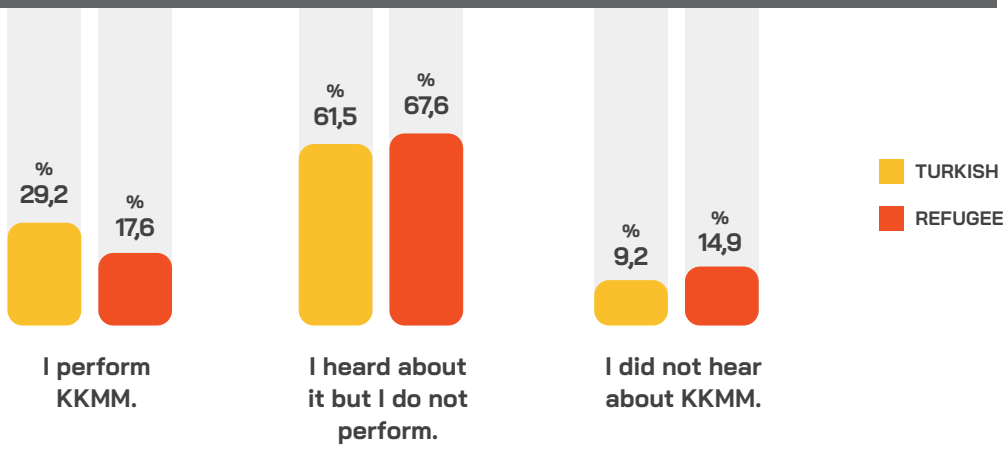


Figure 2 shows that 14.9% of refugee women have never heard of KKMM, 67.6% have heard but never done it. 9.2% of Turkish women have never heard of KKMM, and 61.5% heard but never done it.

Figure 3. Percentage distribution of knowing and utilizing KETEM by nationality.

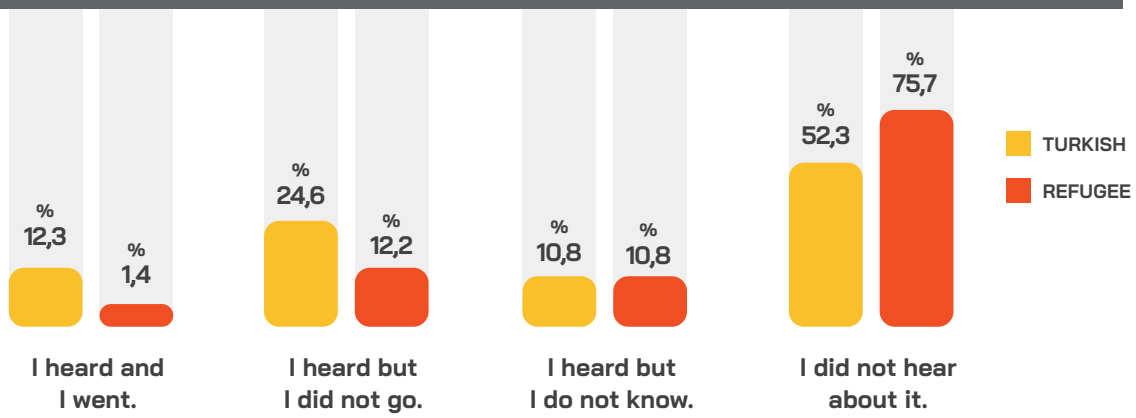


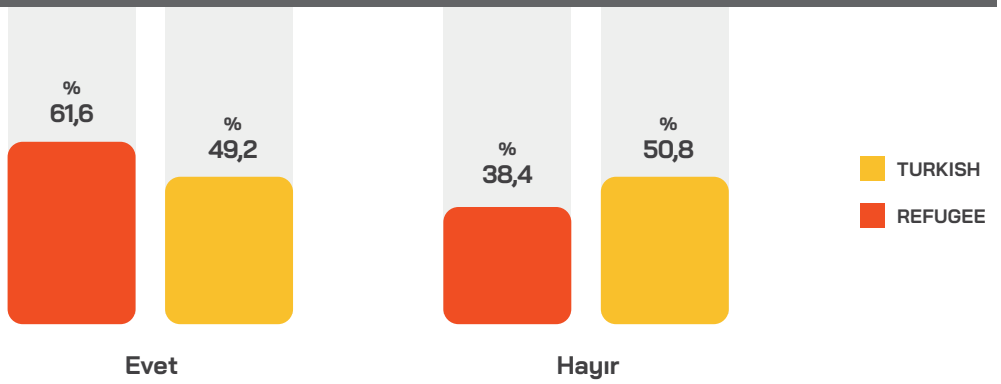
Figure 3 shows that only 1.4% of refugee women go to KETEM, while 75.7% have never heard of KETEM. It is seen that 12.3% of Turkish women go to KETEM and 52.3% have never heard of KETEM. This shows that women, mostly refugee women, need to be better informed about KETEM and to take initiatives to increase their motivation to benefit from it.

Table 5. Some obstetric characteristics of women

Characteristics	Refugee		Turkish	
	n	%	n	%
Kinship status with spouse				
Yes	34	45,9	18	27,7
No	40	54,1	47	72,3
Number of children				
0-3	55	74,3	48	73,8
4-7	19	25,7	17	26,2
Stillbirth status				
Yes	0	0	1	1,6
No	73	100	63	98,4
Miscarriage status				
Yes	19	25,7	18	27,7
No	55	74,3	47	72,3
Induced abortion status				
Yes	4	5,5	3	4,7
No	69	94,5	61	95,3
Total	**74**	**100,0**	**65**	**100,0**

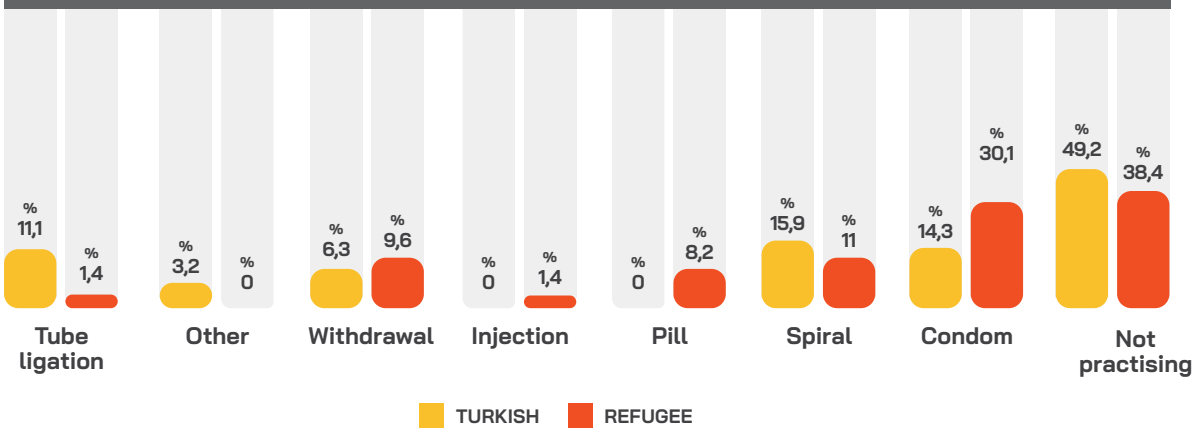
Table 5 shows the obstetric characteristics of women. More than half of the women in both groups have had consanguineous marriages, it is seen that rate of consanguineous marriage is higher (45.9%) among refugee women, and the number of children, of more than half of them, varies between 0 and 3. The vast majority of women stated that they did not have miscarriage and did not have an abortion. Percentages of spontaneous miscarriages and abortions are similar for both nationalities, and spontaneous miscarriages are more common.

Figure 4. Percent distribution of unplanned pregnancy by nationality



In Figure 4, it is seen that the frequency of refugee women who have had an unplanned pregnancy previously is 61.6%, while the frequency is 49.2% among Turkish women.

Figure 5. Current contraceptive use of women by nationality and percentage distribution of methods used.



When Figure 5 is examined, it is seen that the percentage of Turkish women who do not use contraceptive methods is higher than that of refugee women. When the methods used are examined, Turkish women use condoms the most (15.9%) and refugee women use condoms the most (30.1%), and the frequency of use of traditional method among refugee women is (9.6%) and (6.3%) for Turkish women. While none of the Turkish women use contraceptive pills and injections, the percentage of tubal ligation (1.4%) in refugee women is considerably lower than that of Turkish women (11.1%). Although the percentage of using methods is still higher in refugee women, the rate of having an unplanned pregnancy (61.6%) is higher than that of Turkish women (49.2%).

3.2. Pre- and Post-training Test Data

Table 6. Distribution of information status about menstruation period

Statements	Refugee				Turkish			
	Pre-training		Post-training		Pre-training		Post-training	
	n	%	n	%	n	%	n	%
Menstruating indicates fertility and health.								
True	56	76,7	71	97,3	56	87,5	59	93,7
False	8	11	1	1,4	3	4,7	3	4,8
I have no idea.	9	12,3	1	1,4	5	7,8	1	1,6
Menstruating means getting dirty or sick.								
True	28	39,4	6	8,6	45	69,2	25	40,3
False	37	52,1	64	91,4	18	27,7	36	58,1
I do not know.	6	8,5	0	0	2	3,1	1	1,6
Taking a warm shower while standing during the menstrual period reduces the problems in the menstrual period.								
True	43	58,9	52	71,2	49	76,6	57	89,1
False	13	17,8	18	24,7	6	9,4	2	3,1
I do not know.	17	23,3	3	4,1	9	14,1	5	7,8
Pain-killers can be used during the menstrual period without consulting a healthcare professional.								
True	25	33,8	10	14,7	31	48,4	12	18,8
False	34	45,9	56	82,4	31	48,4	52	81,3
I do not know.	15	20,3	2	2,9	2	3,1	0	0
Getting enough rest during the menstrual period reduces the problems in the menstrual period.								
True	53	72,6	57	77	49	76,6	54	88,5
False	9	12,3	13	17,6	7	10,9	6	9,8
I do not know.	11	15,1	4	5,4	8	12,5	1	1,6
Movement, walking and exercise during the menstrual period reduce the problems in the menstrual period.								
True	35	47,9	49	68,1	41	63,1	55	85,9
False	19	26	22	30,6	12	18,5	8	12,5
I do not know.	19	26	1	1,4	12	18,5	1	1,6

Consuming too much coffee and tea during the menstrual period reduces the problems in the menstrual period.								
True	33	44,6	22	29,7	18	28,6	17	26,6
False	25	33,8	52	70,3	32	50,8	45	70,3
I do not know.	16	21,6	0	0	13	20,6	2	3,1
The pads or diapers used during the menstrual period should be changed at least 3-4 times a day.								
True	65	90,3	67	91,8	63	98,4	62	98,4
False	2	2,8	3	4,1	0	0	1	1,6
I do not know.	5	6,9	3	4,1	1	1,6	0	0
Cotton should be placed inside the vagina so that the discharge does not flow out during the menstrual cycle.								
True	53	72,6	57	77	49	76,6	54	88,5
False	9	12,3	13	17,6	7	10,9	6	9,8
I do not know.	11	15,1	4	5,4	8	12,5	1	1,6

Table 6 shows the distribution of women's knowledge about menstruation period before and after training. Almost all of the participants stated that the statement "menstruating indicates fertility and being healthy" was true after the training. While almost all of the refugee women said that the statement "menstruating means getting dirty or sick" was wrong after the training, just over half of the Turkish women stated that the statement was wrong. The statement that taking a warm shower while standing up after the training reduces the problems in the menstrual period was correctly chosen by most of the participants. The statement that painkillers can be used without consulting a health professional during the menstrual period after the training incorrectly chosen in both groups of women. The statement that getting enough rest in the menstrual period before the training reduces the problems in the menstrual period was chosen correctly in both groups of women. The statement that movement, walking and exercise reduce the problems in the menstrual period after the training was chosen correctly by 68.1% of the refugee women and 85.9% of the Turkish women. More than half of the refugee and Turkish women chose the statement that consuming too much coffee and tea during the menstrual period after training reduces the problems in the menstrual period as incorrectly. The statement that the pads or cloths used in the menstrual period should be changed at least 3-4 times a day before and after the training was chosen correctly in both groups. The statement that cotton should be placed inside the vagina so that the discharge does not flow out during the menstrual cycle after the training was chosen incorrectly by almost all of the women.

Table 7. Distribution of women's knowledge about reproductive health								
Statements	Refugee				Turkish			
	Pre-training		Post-training		Pre-training		Post-training	
	n	%	n	%	n	%	n	%
It is physically normal for women to bleed from their reproductive organs during sexual intercourse/sex.								
True	9	12,2	4	5,4	21	32,3	16	25
False	41	55,4	70	94,6	31	47,7	47	73,4
I have no idea.	24	32,4	0	0	13	20	1	1,6
The male's germ (sperm cell) determines the biological sex of the baby.								
True	43	58,1	69	94,5	46	71,9	60	93,8
False	7	9,5	3	4,1	6	9,4	2	3,1
I have no idea.	24	32,4	1	1,4	12	18,8	2	3,1
It is normal to have excessive, smelly and itchy discharge, such as yellow, green, white-curdled milk.								
True	11	14,9	3	4,2	17	26,2	8	12,5
False	47	63,5	67	93,1	43	66,2	55	85,9
I do not know.	16	21,6	2	2,8	5	7,7	1	1,6
Washing the vagina after sexual intercourse harms the reproductive organs.								
True	12	16,2	32	44,4	12	22,2	45	72,6
False	33	44,6	38	52,8	28	51,9	13	21
I do not know.	29	39,2	2	2,8	14	25,9	4	6,5
Infertility is more common in women.								
True	55	74,3	64	95,5	18	31	22	36,1
False	4	5,4	2	3	22	37,9	32	52,5
I do not know.	15	20,3	1	1,5	18	31	7	11,5
Urinary incontinence can be prevented with kegel exercises.								
True	16	21,6	14	21,9	23	39	53	89,8
False	12	16,2	41	64,1	6	10,2	3	5,1
I do not know.	46	62,2	9	14,1	30	50,8	3	5,1

Table 7 shows the distribution of women's knowledge about reproductive health before and after the training. 94.6% of refugee women and 73.4% of Turkish women chose the option "It is physically normal to bleed during sexual intercourse/sex from the reproductive organ of women" after the training. The statement that the male's germ (sperm cell) determines the biological sex of the baby after the training was chosen correctly by almost all of the women. The statement "Yellow, green, white-like milk cut, excessive, smelly and itchy discharge is normal" was incorrectly chosen by almost all of the women after the training. The statement "washing the vagina after sexual intercourse harms the reproductive organs" after the training was marked as correct by 44.4% of refugee women and 72.6% of Turkish women. 95.5% of refugee women chose the wrong option, while 52.5% of Turkish women chose the right option for the statement "Infertility is more common in women" after the training. Among the statements examining the reproductive health status of women, almost half of them chose the option "I don't know" for the statement that the problem of urinary incontinence of women can be prevented with kegel exercises before the training. This item was determined as the subject that the women did not know the most before the training. After that, 64.1% of refugee women chose the wrong option, while 89.8% of Turkish women chose the right option.

Table 8. Distribution of women's knowledge about pregnancy								
Statements	Refugee				Turkish			
	Pre-training		Post-training		Pre-training		Post-training	
	n	%	n	%	n	%	n	%
For pregnancy to occur, the uniting together of the woman's egg cell and the man's seed (sperm cell) is essential.								
True	54	74	70	94,6	59	92,2	59	92,2
False	1	1,4	2	2,7	1	1,6	3	4,7
I do not know.	18	24,7	2	2,7	4	6,3	2	3,1
Pre-pregnancy medical check-ups should definitely be done.								
True	66	89,2	74	100	59	90,8	62	100
False	4	5,4	0	0	2	3,1	0	0
I do not know.	4	5,4	0	0	4	6,2	0	0
During pregnancy medical check-ups should definitely be done.								
True	72	98,6	74	100	61	93,8	62	96,9
False	1	1,4	0	0	1	1,5	1	1,6
I do not know.	0	0	0	0	3	4,6	1	1,6
Post-pregnancy medical check-ups should definitely be done.								
True	69	93,2	72	98,6	62	95,4	62	98,4
False	2	2,7	1	1,4	2	3,1	1	1,6
I do not know.	3	4,1	0	0	1	1,5	0	0
Induced abortion prevents pregnancy.								
True	16	21,9	29	42,6	27	54	31	50,8
False	27	37	38	55,9	12	24	27	44,3
I do not know.	30	41,1	1	1,5	11	22	3	4,9
Knowing the sex of the child to be born makes the induced abortion decision easier.								
True	15	20,3	12	17,1	13	24,1	20	32,8
False	30	40,5	46	65,7	30	55,6	37	60,7
I do not know.	29	39,2	12	17,1	11	20,4	4	6,6
The legal period stipulated for an induced abortion is 10 weeks.								
True	20	27	60	85,7	16	30,8	53	85,5
False	3	4,1	7	10	5	9,6	3	4,8
I do not know.	51	68,9	3	4,3	31	59,6	6	9,7

Table 8 shows the distribution of women's knowledge about pregnancy before and after the training. The statement that the "woman's egg cell and the man's seed (sperm cell) must unite for pregnancy to occur" was correctly chosen by almost all of the women after the training. Similarly, the statement "physician check-ups should definitely be made before, during and after pregnancy" was correctly chosen by almost all of the women after the training. The statement "Abortion prevents pregnancy" was incorrectly chosen by 55.9% of refugee women and 44.3% of Turkish women after the training. For the statement "Knowing the sex of the child to be born after the training makes the abortion decision easier", more than half of the women chose the wrong option. Among the items related to the pregnancy status of women, for the statement "the legal period stipulated for having an abortion before education is 10 weeks", the majority of women marked the option "I don't know"; this option is marked more than the other "I don't know" options marked in other statements. After the training, the legal period of 10 weeks to have an induced abortion was correctly chosen by almost all of the participants.

Table 9. Distribution of women's knowledge about family planning

Statements	Refugee				Turkish			
	Pre-training		Post-training		Pre-training		Post-training	
	n	%	n	%	n	%	n	%
It is a human right that a person should be able to have children when he/she wants and as many as he/she wants, to be able to plan this, and to decide with his/her own free will.								
True	66	89,2	72	100	53	98,1	62	98,4
False	3	4,1	0	0	0	0	0	0
I do not know.	5	6,8	0	0	1	1,9	1	1,6
Couples should decide together when and how many children to have.								
True	71	95,9	72	100	51	94,4	62	98,4
False	1	1,4	0	0	2	3,7	0	0
I do not know.	2	2,7	0	0	1	1,9	1	1,6
Every contraceptive method is specific to each individual.								
True	57	79,2	58	81,7	44	86,3	51	83,6
False	4	5,6	8	11,3	3	5,9	8	13,1
I do not know.	11	15,3	5	7	4	7,8	2	3,3
The side effects of contraceptive methods differ from person to person.								
True	54	77,1	65	90,3	44	83	59	93,7
False	1	1,4	6	8,3	2	3,8	2	3,2
I do not know.	15	21,4	1	1,4	7	13,2	2	3,2

Statements	Refugee				Turkish			
	Pre-training		Post-training		Pre-training		Post-training	
	n	%	n	%	n	%	n	%
Consultancy and application services on contraceptive methods (for some methods) are given in health centers (family health centers) and obstetrics and gynecology clinics of hospitals.								
True	57	77	67	95,7	47	87	59	93,7
False	1	1,4	2	2,9	1	1,9	2	3,2
I do not know.	16	21,6	1	1,4	6	11,1	2	3,2
There are contraceptive methods for women only.								
True	23	31,1	5	7	22	43,1	15	24,6
False	43	58,1	66	93	24	47,1	44	72,1
I do not know.	8	10,8	0	0	5	9,8	2	3,3
Contraceptive methods adversely affect sexual intercourse.								
True	22	31,4	14	20	19	37,3	19	31,1
False	21	30	54	77,1	19	37,3	36	59
I do not know.	27	38,6	2	2,9	13	25,5	6	9,8
Unwanted pregnancy is more likely with the withdrawal method.								
True	31	44,9	54	78,3	30	56,6	52	83,9
False	6	8,7	11	15,9	10	18,9	5	8,1
I do not know.	32	46,4	4	5,8	13	24,5	5	8,1
Morning-after pills to be purchased from pharmacies within 72 hours of unprotected sex prevent an unwanted pregnancy.								
True	22	30,1	56	80	28	52,8	48	77,4
False	7	9,6	12	17,1	8	15,1	5	8,1
I do not know.	44	60,3	2	2,9	17	32,1	9	14,5
Washing vagina after sexual intercourse does not prevent pregnancy.								
True	21	29,2	38	53,5	31	60,8	49	80,3
False	19	26,4	33	46,5	12	23,5	11	18
I do not know.	32	44,4	0	0	8	15,7	1	1,6

Table 9 shows the distribution of women's knowledge about family planning methods before and after training. It is observed that the number of "I don't know" options in the statements about sexual intercourse, withdrawal, morning after pill and vaginal washing among women before the training is significantly higher than those for the other statements. Considering the difference between refugee and Turkish women in this respect, refugee women marked the "I don't know" option in these statements more clearly than Turkish women. After the training, the following statements "It is a human right to have children when and as many children as they want, to be able to plan it, and to be able to decide with one's

own free will", "Couples should decide together when and how many children they will have", "The side effects of contraceptive methods differ from person to person", "Counseling and application services on preventive methods (for some methods) are given in health centers (family health centers) and obstetrics and gynecology clinics of hospitals" and the statement "Every contraceptive method is individual" were marked correctly by almost all women. For the statement "There are contraceptive methods for women only" 93% of refugee women and 72.1% of Turkish women chose the wrong option after the training. Similarly, after the training, 77.1% of refugee women and 59% of Turkish women chose the wrong option for the statement that contraceptive methods negatively affect sexual intercourse. More than half of the women marked the statement "The probability of experiencing an unwanted pregnancy with the withdrawal method is high" as true after the training. More than half of the women answered the statement that "the morning after pills to be purchased from pharmacies prevent an unwanted pregnancy within 72 hours after unprotected sexual intercourse" is true after the training. Similarly, after the training, 53.5% of refugee women and 80.3% of Turkish women marked the statement that washing vagina after sexual intercourse does not prevent pregnancy as correct.

Table 10. Distribution of women's knowledge about menopause

Statements	Refugee				Turkish			
	Pre-training		Post-training		Pre-training		Post-training	
	n	%	n	%	n	%	n	%
Menopause symptoms may begin 4-5 years before entering menopause.								
True	13	18,1	53	80,3	33	55	53	85,5
False	5	6,9	4	6,1	3	5	5	8,1
I do not know.	54	75	9	13,6	24	40	4	6,5
Menopause is a disease.								
True	15	20,5	14	22,2	25	42,4	16	26,7
False	23	31,5	46	73	24	40,7	43	71,7
I do not know.	35	47,9	3	4,8	10	16,9	1	1,7
I know how to deal with the troubles of menopause.								
True	18	24,7	57	85,1	21	35	41	66,1
False	4	5,5	4	6	4	6,7	9	14,5
I do not know.	51	69,9	6	9	35	58,3	12	19,4

Table 10 shows the distribution of women's knowledge about menopause before and after the training. Refugee women have a high frequency of ticking "I don't know" in statements about menopause before the training. Almost all of the women marked the correct option for the statement that menopause symptoms may start 4-5 years before menopause after the training. More than half of the women chose the wrong option for the statement "Menopause is a disease" after the training. 85.1% of refugee women and 66.1% of Turkish women responded to the statement "I know how to deal with the problems in the menopause period" by ticking the correct option after the training.

Table 11. Distribution of women's knowledge about KKMM and cervical cancer								
Statements	Refugee				Turkish			
	Pre-training		Post-training		Pre-training		Post-training	
	n	%	n	%	n	%	n	%
KKMM is important for early diagnosis of breast cancer.								
True	14	19,4	62	93,9	43	72,9	59	95,2
False	1	1,4	1	1,5	4	6,8	1	1,6
I do not know.	57	79,2	3	4,5	12	20,3	2	3,2
Every woman between the ages of 20-39 should have a breast examination in a health institution once every two years.								
True	56	75,7	64	98,5	56	93,3	60	96,8
False	4	5,4	0	0	1	1,7	2	3,2
I do not know.	14	18,9	1	1,5	3	5	0	0
From the age of 20 on every woman should perform KKMM at home once a month.								
True	28	37,8	66	98,5	45	76,3	59	95,2
False	20	27	0	0	4	6,8	2	3,2
I do not know.	26	35,1	1	1,5	10	16,9	1	1,6
Cervical cancer is a common type of cancer.								
True	45	61,6	66	98,5	47	79,7	54	88,5
False	2	2,7	1	1,5	1	1,7	7	11,5
I do not know.	26	35,6	0	0	11	18,6	0	0
For the early diagnosis of cervical cancer, it is necessary to give a swab (Pap Smear).								
True	26	36,1	62	92,5	41	70,7	58	93,5
False	0	0	1	1,5	1	1,7	1	1,6
I do not know.	46	63,9	4	6	16	27,6	3	4,8

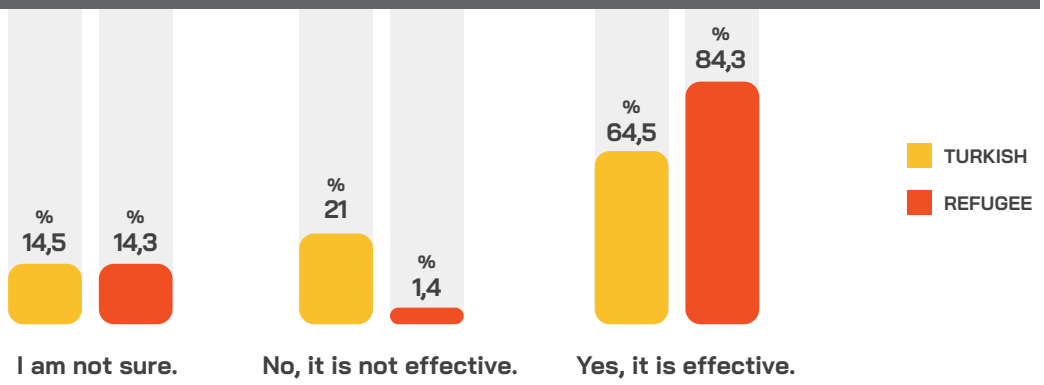
Table 11 shows the distribution of women's knowledge about KKMM and cervical cancer before and after the training. Refugee women's knowledge about KMMM and cervical cancer was found to be lower than that of Turkish women before the training. The statements "KKMM after education is important for the early diagnosis of breast cancer", "Every woman between the ages of 20-39 should have a breast examination in a health institution once every two years", "Every woman should do KKMM at home once a month from the age of 20", "Cervical cancer is a common cancer type" and the statement "Pap Smear should be given for early diagnosis of cervical cancer" was answered by almost all women by choosing the correct option.

Table 12. Distribution of women's knowledge about sexually transmitted diseases								
Statements	Refugee				Turkish			
	Pre-training		Post-training		Pre-training		Post-training	
	n	%	n	%	n	%	n	%
The most common type of transmission of sexually transmitted infections is unprotected sexual intercourse.								
True	50	68,5	59	89,4	46	76,7	51	83,6
False	2	2,7	4	6,1	3	5	8	13,1
I do not know.	21	28,8	3	4,5	11	18,3	2	3,3
HIV/AIDS is a sexually transmitted infection.								
True	34	46,6	53	80,3	34	60,7	50	83,3
False	2	2,7	9	13,6	1	1,8	8	13,3
I do not know.	37	50,7	4	6,1	21	37,5	2	3,3
A person who has a sexually transmitted infection should hide it from his/her partner.								
True	7	9,6	7	10,8	10	17,2	7	11,5
False	49	67,1	57	87,7	44	75,9	54	88,5
I do not know.	17	23,3	01	1,5	4	6,9	0	0
Most sexually transmitted infections may not cause symptoms.								
True	39	54,9	57	87,7	29	51,8	50	82
False	6	8,5	5	7,7	5	8,9	9	14,8
I do not know.	26	36,6	3	4,6	22	39,3	2	3,3
Using condom during sexual intercourse is an effective method of protection against sexually transmitted infections.								
True	39	54,9	57	87,7	29	51,8	50	82
False	6	8,5	5	7,7	5	8,9	9	14,8
I do not know.	26	36,6	3	4,6	22	39,3	2	3,3

Table 12 shows the distribution of women's knowledge about sexually transmitted infections before and after the training. The state of being unaware of the statements about HIV, the symptoms of sexually transmitted infections, and the use of condoms of women before the training is higher than the other statements. The statement that the most common way of transmission in sexually transmitted infections is unprotected sexual intercourse, and that HIV / AIDS is a sexually transmitted infection, and that most sexually transmitted infections may not cause symptoms, and finally the statement "Using condom in sexual intercourse is an effective method of protection against sexually transmitted infections" were answered by ticking the true option by all women. After the training, the statement that a person who has a sexually transmitted infection should hide it from his / her partner was answered by almost all of the women by choosing the wrong option.

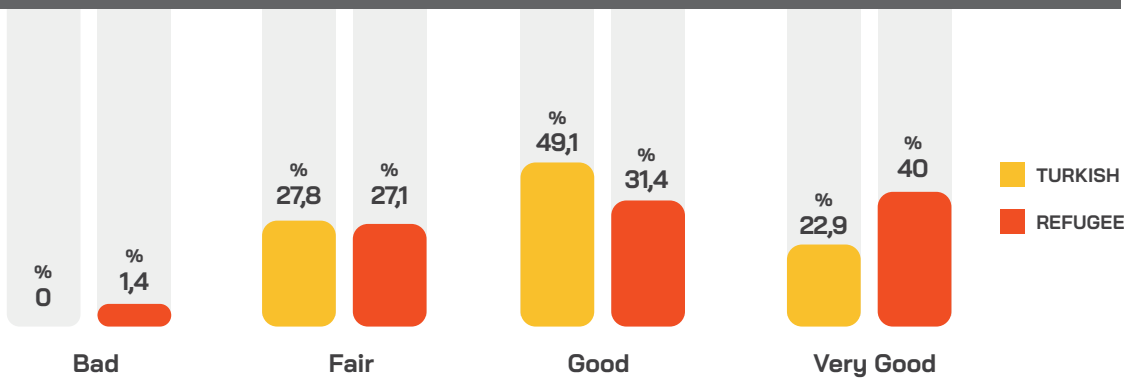
3.3. Data on Social Cohesion

Figure 6. Evaluation of the effectiveness of the project in improving the relationship between Turkish society and refugees by nationality.



The effectiveness of the project realized in improving the relationship between Turkish society and refugees was examined in Figure 6, and it was determined that 84.3% of refugee women and 64.5 of Turkish women thought that the event was effective in improving the relationship between Turkish society and refugees. The frequency of those who chose the "no" option in Turkish women is significantly higher than that of refugee women.

Figure 7. Percent distribution of women's evaluation of the interaction between refugees and Turkish society in daily life by nationality.



In Figure 7, the participants were asked to evaluate their daily life interactions with Turks and refugees in society by offering four options. It is seen that 40% of the refugees evaluate their interaction with the Turkish society in daily life as very good, while 49.1% of the Turks evaluate it as good.

Open-ended question:

In the open-ended part of the survey, in the section about "your feedback about your thoughts on the training, others", there are statements about the continuation of the trainings, its necessity for other women, other trainings on different subjects, and the frequency of the trainings. In addition, some of the participants stated that they became conscious by means of this training, and that they wanted to be able to benefit from family planning services in health institutions and family health centers, and expressed their gratitude.

According to the data obtained from the EBB Women's Counseling and Solidarity Center, which is the place where the trainings took place, the fact that the trainings took place in this center has increased the number of refugees benefiting from the existing services in the centre. It has been stated that refugees receive mostly Diet / Nutrition and Legal counseling services in this center.

4. RESULTS AND RECOMMENDATIONS

4.1. Result

This study aims to improve the sexual and reproductive health of refugee women and Turkish agricultural workers through training. For this purpose, a pre-test-post-test quasi-experimental design was used in a single group of quantitative research designs. Before participating in health education programs, a data collection form was applied to refugee and Turkish women, which was prepared in line with the objectives of the training program to measure women's knowledge, attitudes and behaviors on the subject. After the pre-tests, the women were included in the Women's Health Seminars training Program. Three seminars (Let's Know Our Body, Regulation of Fertility Programme, Womens' Frequently Observed Health Issues) of the Women's Health Seminars Education Program, which is a different version of the Women's Health Education Program developed by TAPV in 2009 and implemented as closed groups for thirteen weeks, and which currently includes seven separate seminars that can be applied alone are used during the project.

After the trainings were completed, the data collection form applied before was applied to the participants again. Thus, the changes in the knowledge levels of the participants before and after the training were revealed. With the feedback received from the participants after each session, the aspects that need to be improved in the training were determined.

When the results were analyzed comparatively, it was determined that refugee women and Turkish agricultural workers gave more correct answers to the statements in the data collection form after the training than before.

Before the training, it was determined that Turkish women, refugees and agricultural workers had very low knowledge on Kegel exercises and their benefits, the legal duration of abortion, and menopause. It has also been determined that the level of knowledge of refugee women is lower than Turkish women about HIV symptoms, cervical cancer screenings, early diagnosis and importance of

KKMM, menopause symptoms and dealing processes, and the morning after pill. In summary, it can be said that the lack of knowledge of the participants before the training was mostly related to induced abortions, gynecological cancers, screening programs, menopause and sexually transmitted infections.

It was determined that the knowledge levels of refugee women and Turkish women about the menstruation period after the training increased compared to their previous levels for each statement. It can be said that women need more information about nutrition, physical activity, and coping processes during menstruation.

It was determined that the knowledge levels of refugee women and Turkish women about reproductive health after the training increased compared to their pre-training levels for each statement, except for the statement that includes the frequency of infertility by gender. It can be said that Turkish women need more information about physically normal and abnormal situations during sexual intercourse/sex. Both refugee and Turkish women need more information about vaginal washing. The need for information on infertility, especially among refugee women, continues. It is important and necessary for refugee women to be more informed about kegel exercises and their benefits.

It was determined that the knowledge levels of refugee women and Turkish women about pregnancy after the training increased compared to their previous levels for each statement. However, both refugee and Turkish women continue to need information about induced abortion and they need to be informed more.

It was determined that the knowledge levels of refugee women and Turkish women about family planning after the training increased compared to their previous levels for each statement. However, it was determined that all women participating in the study needed more information on contraceptive methods, their properties, effects and side effects. In addition, women need more information about genital hygiene behaviors.

It was determined that the knowledge levels of refugee women and Turkish women about menopause after education increased compared to their previous levels for each statement. However, it can be said that women need more information about the menopause process and coping methods.

It was determined that the knowledge levels of refugee women and Turkish women about KKMM and cervical cancer after the training increased compared to their levels before the training for each statement. However, women need much more information on KKMM. It also can be said that women also need more information about cervical cancer.

It was determined that the knowledge levels of refugee women and Turkish women about sexually transmitted diseases after the training increased compared to their levels before the training for each statement. However, women's need for information on sexually transmitted infections is observed to continue. It should be taken into account that women especially have educational needs about sexually transmitted infections, transmission routes and prevention.

Although the project is regarded as a positive method, especially by refugee women, in improving the relationship between Turkish society and refugees, it can be said that Turkish women have more reservations about it. It can be said that the fact that the training is carried out in the center provided by the municipality and in cooperation with the municipality is an encouraging factor for refugees to know, access and benefit from the services provided by the local authorities.

4.2. Recommendations

• **Establishing** innovative methods to increase the access to the health education program for refugee and agricultural worker Turkish women groups.

• **Dissemination** of the training programs similar to this program.

• **Reviewing** the modular structure of the health education program for the participants and updating its content.

• **Measuring** the effectiveness of health education programs, the use of measurement tools that are valid and reliable for the participant group.

• **Encouraging** the participation of males in health education programs.

• **Increasing** contacts between refugees and Turkish society on common themes such as sexual and reproductive health and other health-related topics, with interactive techniques, with the support and cooperation of local authorities and other public service providers, as well as non-governmental organizations working in this field.

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