Original Article

Assessment of health perceptions, use of health services and traditional health practices of Afghan immigrants in Türkiye

Canan Birimoglu Okuyan[1] and Naile Bilgili[2]

Abstract: Immigration, as a social determinant of health, encompasses several social and economic transformations. Neglecting to adequately address this issue could potentially worsen pre-existing challenges within health systems and in the management of migration. In the present study, we aim to evaluate the health perceptions, traditional health practices and use of health services of Afghan immigrants. We enrolled 1597 Afghan immigrants over 18 years old in the descriptive cross-sectional research. The mean age of the immigrants was 49.19 ± 1.6 years. The smallest number of points that can be achieved on the health perception scale is 15, while the greatest number is 75. We found that the health perception scale average score is 37.61 ± 7.32. Some factors, such as age 65 and over, female gender, postgraduate education level, good social insurance and economic status, being a public officer, not having any infectious diseases, and having a good Turkish level, have positively affected the health perception levels ($p < 0.05$). Moreover, we observed that cultural differences, expensive health care, a lack of social insurance, fear and anxiety, lack of language skills, waiting times and traditional health practices were the most common barriers to accessing healthcare services. Considering these issues in the health system, identifying the factors that negatively affect the perception of health and related to the use of health services can help immigrants increase their use of health services and improve their health.

Keywords: immigrants, immigration, migration, health perception, health, healthcare services

Introduction

Immigration, as a social determinant of health, encompasses several social and economic transformations. Neglecting to adequately address this issue could potentially worsen pre-existing challenges within health systems and in the management of migration. Thus, public health researchers focus on the effects of migration on health and well-being to better understand its complexities (1,2).

The 2015 United Nations International Migration Report states that the number of international migrants has substantially elevated in the last 15 years and reached 244 million (3). Globally, there are 2.5 million Afghan immigrants, with Afghan people constituting one of the largest migrant populations in Türkiye after Syrians (4). There are approximately 169,000 Afghan immigrants in Türkiye, most of whom live in Hatay province. Ovakent, a mainly rural area, was first constructed in Hatay in 1982, and 789 Uzbek-origin Afghan immigrants comprising 172 families were settled there, and the Afghan population increased over time (5). There is a Family Health Centre, and people can access health services here. Since 2003, there has been an unprecedented influx of Afghans into Türkiye for a variety of reasons, including

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security, health, education, the country's status as a transit point to third countries, and the regime change in Afghanistan (6,7). Immigrants live under challenging conditions, and they have problems accessing basic needs such as housing, nutrition and health services. Moreover, they experience social or structural vulnerability throughout the migratory cycle (2,8,9). Immigrants are at risk of structural fragility since they are vulnerable to trauma and injury. In addition, they are confronted with the potential possibility of experiencing insecurity. These circumstances have the potential to diminish their capacity for sustained performance. Hence, it is important to mitigate structural fragility through the enhancement of social resilience during periods of crisis (10).

Health perception is known as an individual's subjective assessment of his/her own health status and this assessment may differ from person to person. The association of health perception with immigration is complex, and several challenges experienced by immigrants affect their perception of health (11). Some conditions, such as the separation of families and the reduction of social network connections during the immigration process, negatively affect mental health (12). On the other hand, infectious diseases such as diarrhoea and measles and non-infectious diseases such as cardiovascular diseases, diabetes, cancer and chronic lung diseases negatively affect physical health. Moreover, immigrants may encounter many health problems linked to unsuitable living conditions, unhealthy environments and eating disorders (13). In addition to these factors, they may be exposed to many problems such as violence or exploitation related to prejudice, social acceptance and social adjustment processes, with significant effects on their mental and physical health (14). The aforementioned issues have an inevitable adverse impact on the utilization of health services, health consciousness and the adoption of healthy lifestyle behaviours. As a result of the challenges encountered within health systems, the World Health Organization (WHO) has acknowledged health as a fundamental entitlement and has formulated guidelines to uphold the principles of individual values and beliefs (15,16). Hence, immigrants can use complementary and alternative traditional health practices/treatments. For example, a recent study suggests that women tend to derive significant benefits from the utilization of herbal items and animal-derived products for alleviating symptoms associated with the pre-menstrual and menstrual phases (17). Furthermore, a study performed on international immigrants emphasizes that the health system must implement health practices that are informed by an intercultural perspective (18). As a result of not being able to access the healthcare system, they can prefer alternative approaches that may be voluntarily used as a complementary way to address health issues. Therefore, health practices that include a cross-cultural approach may be the preferred way for individuals to manage their health (19–21). Further, we may consider it as a complementary way of addressing health issues. However, due to the lack of control and standard rules and methods for practices within this scope, initial health issues may involve other, more significant problems for the immigrant and the health of the society they live in (22).

Access to health services is seen as the primary determinant contributing to health inequality. Health is a fundamental right of all individuals and an integral part of the right to live, ensuring that the individual can lead a healthy life. Considering the problems experienced by immigrant individuals around the world and in our country, it appears obstacles are encountered in accessing this right. For migrant individuals to access health services, obstacles to accessing services should be analysed holistically, noting structural features like the health system, health policies and geographical location and reasons linked to individuals offering health services (23). Therefore, it is crucial to assess obstacles to immigrant access to health services, health perception and factors affecting health perception and to develop healthy lifestyle behaviours regarding immigrant health and quality of life in society (24).

Purpose of the research

In the present study, we aimed to determine the health perceptions, use of health services and traditional health practices among Afghan immigrants residing in the Hatay Ovakent region of Türkiye. Our study will make a valuable contribution towards the development of practical techniques that can effectively enhance the health perceptions of immigrants, promote the utilization of health services and ultimately improve the overall quality of life for this population.

Research questions

1. What is the health perception level of Afghan immigrants?
2. What factors affect the health perception levels of Afghan immigrants?
3. What are the challenges to accessing health services for Afghan immigrants?
4. What are the traditional practices of Afghan immigrants?

Methods

Research population and sample

This is descriptive cross-sectional research. The population for the study comprised 5078 Afghan individuals over 18 years old registered with the Ovakent neighbourhood Family Health Centre in Hatay in 2019 (25). A purposive sampling method was used in the research, with 1795 Afghan individuals registered at the family health centre from April 2019 to July 2019 and abiding by the sample selection criteria. However, 198 people did not complete the survey, left the survey half-filled/incomplete or had difficulty communicating and were excluded from the study. The research was conducted with a total of 1597 people.

Inclusion criteria for the research

- Residing in the Ovakent region;
- Age over 18 years;
- Self-identifying as Afghan;
- No hearing or mental disability, able to communicate verbally;
- Knowing Uzbek or Turkish languages;
- Accepting participation in the study and being able to independently respond to the questions.

Data collection tools

Descriptive Information Form

The Descriptive Information Form was prepared by the researchers in line with the literature (11,24,26). This form included questions about the personal characteristics of the individuals, health development behaviour, traditional health practices and the use of health services.

Perception of Health Scale

The Perception of Health Scale (PHS) developed by Diamond *et al*. (27) comprises 15 items and four subfactors (control centre, self-awareness, certainty and importance of health). This scale was used to evaluate health perception. The validity-reliability test for Türkiye was performed in 2012 by Kadıoğlu and Yıldız. Control centre (whether the individual attributes being healthy to factors such as luck and fate), self-awareness (the individual's level of belief about whether being healthy is in his or her own hands), certainty (whether the individual has a certain idea about what he needs to do to become healthier) and importance of health (how much importance the individual attaches to his health) were evaluated using this scale. Among the items on the scale, items 1, 5, 9, 10, 11 and 14 are positive statements, and items 2, 3, 4, 6, 7, 8, 12, 13 and 15 are negative statements. Positive statements are given points as 'completely agree = 5', 'agree = 4', 'undecided = 3', 'disagree = 2' and 'definitely disagree = 1'. Negative statements are assigned opposite values. The smallest number of points that can be achieved on the scale is 15, while the greatest number is 75 (28).

Data collection

The study was conducted during the months of April and July of 2019. The principal investigator stated to the participants that they could complete the survey in either Turkish or Uzbek languages, and each participant was allowed to choose which version of the survey they wanted. Data collection was completed by trained translators to prevent bias and with the face-to-face interview technique. The duration of the survey application was about 15–20 min.

Statistical analyses

All data were analysed with SPSS 22.0 (Statistical Package for Social Sciences, Chicago, Illinois, USA). Descriptive statistics such as numbers and percentage distributions were used to define the general features of participants. The Kolmogorov–Smirnov test was used to assess the normality of data distribution. One-way analysis of variance was used to compare more than two groups with normal distribution.

Tukey's post hoc analysis and the *t*-test were utilized to compare two groups. We considered $p < 0.05$ statistically significant.

Ethical considerations

Our study was approved by the Hatay Mustafa Kemal University Ethics Committee (Approval number: 2019-34/01). The Helsinki Declaration's guiding principles were followed in the collection of research data, and all participants in the research provided informed consent.

Results

Sociodemographic features and health statuses of the participants

The sociodemographic features and health status of the participants are presented in (see Supplementary material Table S1). Female participants accounted for 55.4% of the total. A significant proportion of the individuals under consideration possessed limited educational attainment, with a notable 55.7% exhibiting illiteracy. A small proportion of the participants possessed a high school (7.5%) or university (2.8%) degree. The majority of individuals were married (88.9%). A significant portion of the individuals involved in the study were women who primarily occupied the role of homemakers (49%). Labourers accounted for 18.5% of the participants, while 3.8% of them were officers. We detected that a significant proportion of people enrolled in our study possessed health insurance. In addition, an evaluation was conducted on the participants' economic situation, revealing that a significant proportion of respondents exhibited favourable or moderate economic levels. Many of them stated that the reason for the migration was war, whereas a small proportion of the participants attributed migration to issues such as financial problems and marriage reasons. Furthermore, a significant proportion of the individuals suffered from a non-infectious disease and did not visit for routine health check-ups.

The perceptions of the health of Afghan immigrants

We evaluated the perceptions of the health of Afghan immigrants and present the results in (see Supplementary material Table S2) and Figure 1. Our analyses revealed that participants aged 65 years and older, females, those with postgraduate education, individuals with good social insurance and economic status, officers with non-infectious diseases, and those who were proficient in the Turkish language had high scores on the health perception scale and its subscales ($p < 0.05$) (see Supplementary material Table S2). The control centre, certainty, the importance of health, self-awareness, and health perception total scores for immigrants were found to be 13.17 ± 3.95, 10.71 ± 3.10, 6.64 ± 2.37, 7.10 ± 2.57 and 37.61 ± 7.32, respectively, as depicted in Figure 1.

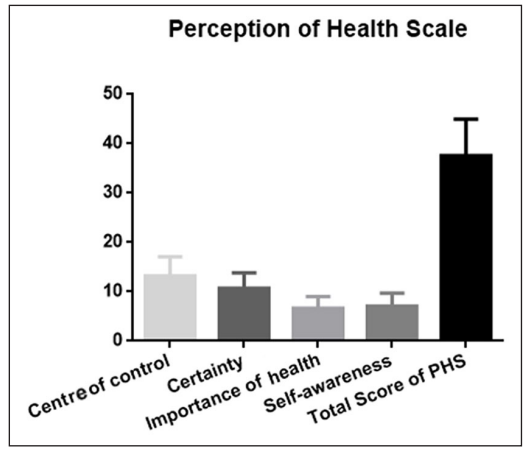

Figure 1. Average scores of the perception of the health of Afghan immigrants ($N = 1597$).
PHS: Perception of Health Scale

Factors that negatively affect health of Afghan immigrants

In addition, we evaluated the determinants that have an adverse impact on the health of Afghan migrants, and these results are depicted in Figure 2. There are several factors that have been identified as exerting a detrimental impact on the health of immigrants. The data provided here demonstrate that economic challenges exert a significant influence on health outcomes. Furthermore, the health of immigrants is adversely impacted by other additional issues, such as occupational challenges, limited access to healthcare facilities, absence of social insurance, and difficulties in

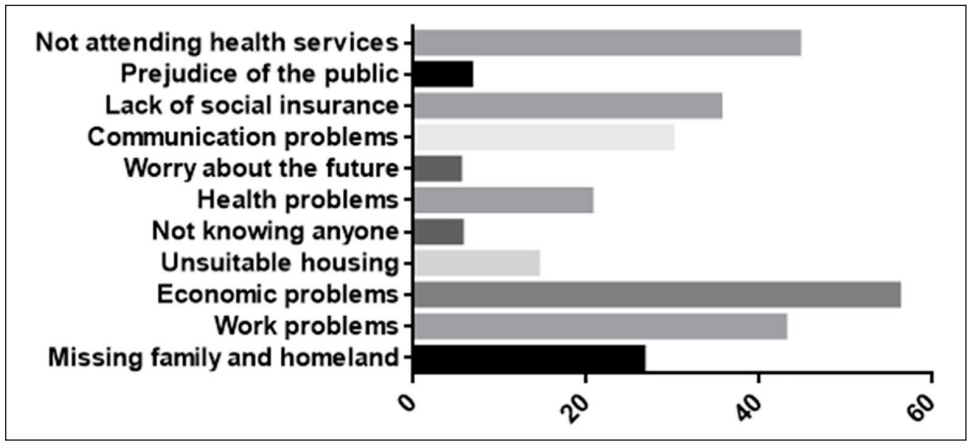

Figure 2. Factors that negatively affect health, according to immigrants ($N = 1597$).

effective communication.

Health development behaviours, traditional health practices and use of health services among Afghan immigrants

In the current study, we examined health development behaviours, traditional health practices and utilization of health services among immigrant populations and present the results of analyses in (see Supplementary material Table S3). The vast majority of immigrants who took part in the study reported abstaining from smoking and alcohol consumption (83.8% and 96.9%, respectively). Of the people who took part, 80.5% ate primarily vegetables, 80.3% had never had a health check and 90.3% did not engage in regular exercise or sports. Our data show that 35.5% of immigrants utilized traditional methods to treat health issues, whereas 65.3% of immigrants went to family health centres. Further, 49.2% of immigrants used herbal medication as a traditional practice. Our analyses on the use of health services revealed that 76.3% of the participants had not visited a dentist within the last year, most of them received information about health from the internet (43.5%) and sometimes easily reached health services (47.5%). In addition, the people who took part stated that language hurdles or a lack of understanding (33.5%) were a big problem for them when they tried to use healthcare services.

Discussion

The immigration process is extraordinarily complicated, and immigrants frequently encounter obstacles that may have adverse health effects (2,8). Therefore, it is vital to examine the relationship between immigration and health perception, utilization of health services and traditional health practices among immigrants. Previous studies have been performed with mainly undocumented immigrants. To the best of our knowledge, this is the first study investigating health-related conditions among Afghan immigrants. Our data reveal that the immigrant community had a modest degree of health perception and continued to utilize traditional practices. Numerous immigrants have reported facing challenges in accessing healthcare services due to various individual and societal obstacles.

Based on the scale's range of 15 to 75 points, we found that the average health perception scores of immigrants were at moderate levels. In addition, immigrants exhibited the highest average scores on the control centre subscale. The individual's form of health perception is a concept affecting many variables, such as importance given to health, awareness related to health and use of health services. The control centre is a concept that determines an individual's belief in their power to affect their health and is whether or not they tie their health to things outside of themselves, such as fate (29). Studies on the health care of Afghan immigrants are scarce. The limited presence of immigrant populations in health-related research and the

inadequate translation of surveys to the language and context of immigrants could potentially account for this (30). Myhrvold and Smastuen (35) reported that immigrants have low health perceptions. Hence, the result of the research cannot be discussed comparatively due to the limited information about the health perception variable among immigrants and the awareness of migrants about health perception was determined to be low. By identifying individual factors that may affect health, a society can perceive its health, safeguard its health, accurately analyse its health and encounter fewer health issues.

Our data reveal that the health perception scale points and subscale points of participants were high for those aged 65 years and older, female, postgraduate educational level, have good social insurance and economic status, those with non-infectious diseases and who could speak good Turkish. Good health perception by those aged 65 years and over show that they have adapted to social life, which is consistent with previous studies. Positive health perception is associated with family, friends and social networks and may assist in finding resources and opportunities (31,32). Another factor positively affecting health perception is having a non-infectious disease (chronic disease). Non-infectious diseases are chronic and require continuous surveillance. As a result, individuals attend health services more frequently (65.3%) and create awareness about assessing their health. In addition, an expected result is the high health perceptions of individuals with high educational levels, social insurance, good economic status and who speak Turkish well. A study showed that socioeconomic status was one of the basic factors affecting health (33). It has been reported that economic problems may negatively affect immigrant access to primary and secondary health services (34). Similarly, one of the obstacles to accessing health services among individuals was economic problems (32.6%) in our study. In order for individuals to access medications required for treatment, not having financial capacity may cause this already vulnerable group not to attend primary-stage facilities, negatively affect social support networks and cause low health perception (35). According to research about African immigrants, due to the communication obstacles of immigrants and the inadequacy of health professionals to respond to different cultural needs, women were determined to receive low-quality care (36). The low rates of health screening tests requested by migrants in our study (mammography: 10.5%, smear: 2.8%, blood in stools: 6.0%) are consistent with previous research. In addition, 33.5% of the participants expressed that encountering language difficulties was a significant barrier in their ability to seek healthcare services. Akkoç *et al.* (37) reported that the use of different languages between health personnel and immigrants causes communication problems. In a study on health services for immigrants, it has been demonstrated that language barriers are the primary cause of the issue, and that health surveillance is rendered impossible due to the inaccessibility of migrant populations' prior medical information (38). Furthermore, the absence of translators in healthcare facilities creates another obstacle for immigrants to access healthcare services (39). The lack of social insurance and the communication problem/language obstacle (40), which is key to making an accurate diagnosis and providing care, may be the basic problems causing migrants not to access health services despite their needs (41). In another study on the use of health services performed with Afghan immigrants, Alemi *et al.* (3) stated that Afghan immigrants had very low (20%) use of health services. Certain obstacles, such as transportation, language barriers and scheduling a phone appointment, have also been reported to lower immigrant requests for healthcare utilization (42). Further, a study conducted in Germany showed that immigrants mostly experience problems in accessing health services and that their health status worsened over time due to inadequate access (33). Similarly, in another study performed in Canada, African immigrants encounter significant difficulties such as employment opportunities, disparities in language and culture, inadequate social support, and challenges in accessing primary health services (43). Moreover, it has been determined that Ethiopian immigrants have no access to health services, encounter language obstacles and generally they have limited information about the health area (44). This may be associated with inadequate health personnel, and problems experienced accessing state, university or private hospitals in addition to individual challenges (45). In addition to access to health services, cultural differences may play a crucial role in immigrants' health perception (24). Previous studies have emphasized that numerous

health issues are faced by immigrants, and these issues are solely attributable to cultural characteristics (46). Our research suggests that practices such as valuing the cultural identity of immigrants, using translator services, eliminating the problems in cultural care practices, and encouraging preventive care and health screenings should be re-planned. Previous studies support our findings presented here (35,38,47). These ongoing problems and difficulties cause negative effects on the mental, physical and psychological health of immigrants and may push individuals toward cheap and easily accessible traditional practices (43). As a result of the aforementioned challenges within healthcare systems, the WHO recognizes health as a fundamental right and has formulated principles to uphold the values and convictions of individuals (15,16). Moreover, we observed that Afghan immigrants have a high demand for traditional healers and traditional practices. Similar to the results of our study, traditional medicine plays an important role in the majority of African populations (70–90%) and is accepted as a valuable healing method (48). A study showed that maternal health and welfare of most immigrant women in Africa was linked to cultural health practices (48). In a recent study, it was reported that women typically experience major benefits when using herbal remedies and products produced from animals to relieve symptoms related to the premenstrual and menstrual phases (17). Furthermore, it has been shown in a study performed on international immigrants that the healthcare system adopts health practices that are guided by an intercultural framework (18). In addition, it has been shown that there is a negative relationship between the use of traditional health practices and some negative situations related to economic status, social security, access to health services and care costs (49). Overall, people may use complementary and alternative traditional health practices/cures as a result of not being able to access the healthcare system. Thus, they can prefer a way of managing their health that may be voluntarily used as a complementary way to address health issues. Moreover, the adoption of health practices that incorporate an intercultural perspective may emerge as the favoured method for individuals to effectively address their healthcare needs (19–21). However, it should not be forgotten that due to these types of practices not being controlled and not having standard rules or methods, they may negatively affect the health of the migrant individuals and may cause health problems (22). Moreover, social policies that ensure all immigrants have access to resources, health services and social services are a requirement not just for immigrant welfare but also for the general and overall public health (50). Immigrants' health problems and the inability to develop solutions to reduce these problems and their ongoing needs may cause serious adverse outcomes in terms of public health.

Like any research, our study has some limitations. The research was performed with the participation of Afghan individuals living in the Hatay region and the results might not represent all Afghan populations. The results of the present study are limited to data obtained from Afghan individuals who accepted participation in the research during the dates when the data collection tools were applied. Because of the cross-sectional design, it was difficult to determine whether the stated health problems were due to a lack of insurance coverage.

Conclusion and recommendations

Our findings presented here show that immigrants have low awareness of their perceptions of health, and there are many difficulties in accessing health services alongside economic/employment problems. However, more research is needed to identify the challenges immigrants face and propose solutions to these problems.

Determining these challenges and ensuring that immigrants adapt to the healthcare system may increase their use of healthcare services. Providing language support to immigrants by employing interpreters and health personnel who speak more than one language in the clinical settings will facilitate access to health services. The development and implementation of health policies specific to immigrants to solve the difficulties and problems mentioned above are significant for the health of immigrants. Last but not least, our study contributes to the development of practical strategies for developing the desire to increase the health awareness of immigrants, encourage the use of health services and increase the quality of life among immigrants. Moreover, our study is important for immigrants both in our country and around the world and provides valuable information on what to do.

Contribution of authors

CBO and NB conceived and designed the study. CBO and NB collected data, wrote/drafted/edited the manuscript and interpreted the results. CBO and NB conducted analyses, prepared graphs/figures and revised the manuscript. All authors approved the content of this manuscript.

Declaration of conflicting interests

The authors have no conflicts of interest to declare.

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Ethical aspects of the research

This study received permission from the University Ethics Committee (no: 2019-34/01) and the facility where the study was completed. The personal information of participants and study data were collected according to the principles of the Helsinki Declaration, and there was no risk for participants. Migrants participating in the research were informed about the study and that no publication would reveal their identity. All participants in the research provided informed consent. The surveys were anonymous, and individuals could leave the study at any time.

Institutional Review Board name, approval number and institution

The study was approved by the Clinical Research Ethics Committee of the Hatay Mustafa Kemal University. Ethics Commission (Approval Number: 2019-34/ 01) approval and institutional permissions obtained for the study.

Statement of authors' approval

We declare that all authors read the present work and agreed to submit it for publication.

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Supplemental material

Supplemental material for this article is available online.

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