

Developmental Status of Syrian Children Between 18-72 Months Living Under Temporary Protection Status in Ankara

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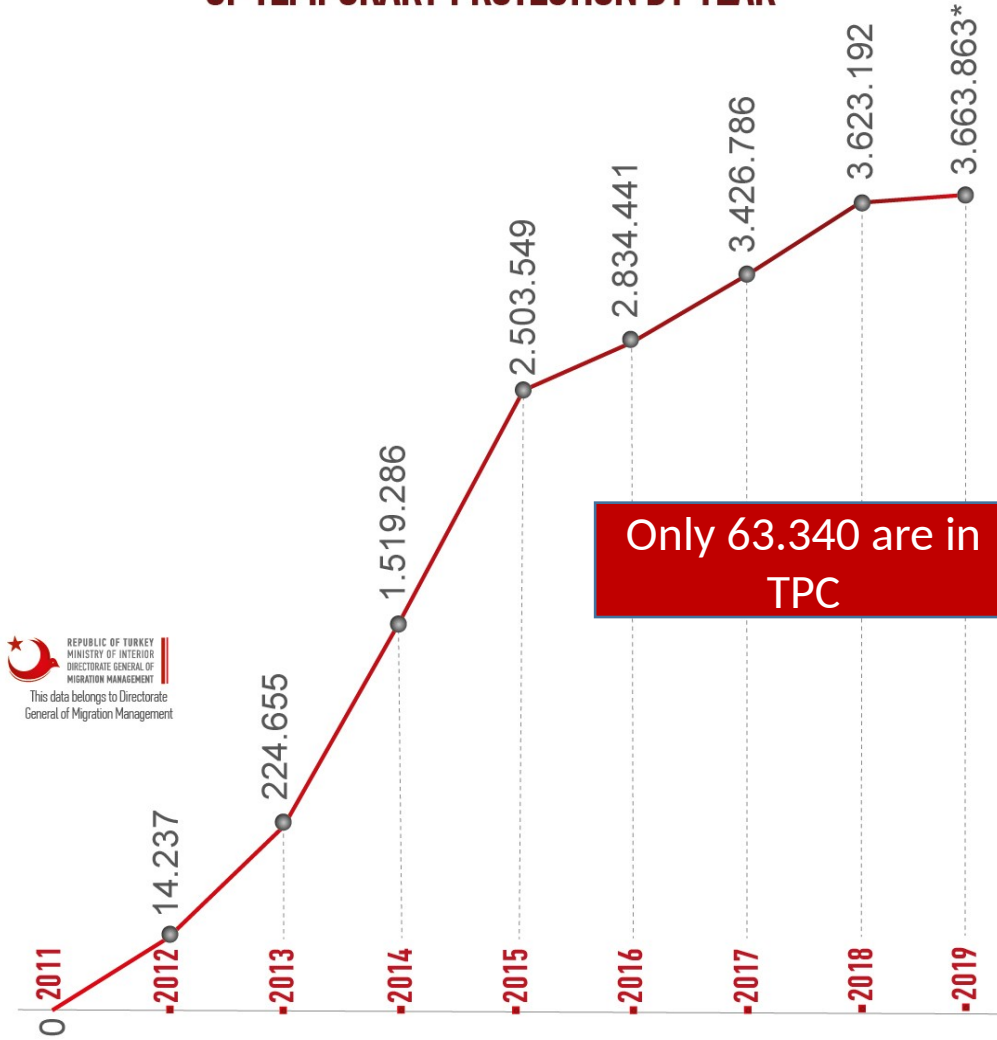
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Background

Refugee and resettlement experiences can influence the critical stages of intellectual, social, emotional and physical development of the child.

There is a lack of sufficient information about the prevalence of developmental delay in conflict effected children.

DISTRIBUTION OF SYRIAN REFUGEES IN THE SCOPE OF TEMPORARY PROTECTION BY YEAR



*by the date of 12.09.2019

DISTRIBUTION BY AGE AND GENDER OF REGISTERED SYRIAN REFUGEES RECORDED BY TAKING BIOMETRIC DATA

AGE	MALE	FEMALE	TOTAL
TOTAL	1.985.697	1.678.166	3.663.863
0-4	286.504	267.633	554.137
5-9	255.146	240.229	495.375
10-14	200.026	185.239	385.265
15-18	151.250	123.510	274.760
19-24	322.436	230.218	552.654
25-29	206.355	146.667	353.022
30-34	169.739	124.472	294.211
35-39	119.935	94.753	214.688
40-44	79.099	70.031	149.130
45-49	58.651	55.909	114.560
50-54	47.395	45.443	92.838
55-59	33.011	33.345	66.356
60-64	23.037	23.763	46.800
65-69	15.117	15.764	30.881
70-74	8.495	9.162	17.657
75-79	4.716	5.933	10.649
80-84	2.615	3.273	5.888

15 %

Health Services

- Free of charge with registration card
- Migrant Health Centers
 - Currently 173 by the end of 2019, 182

Objective

In this study, it was aimed to describe developmental aspects of the most vulnerable group of children after resettlement under temporary protection status (TPS), factors that may lead to developmental delay and areas in which developmental delays are more likely

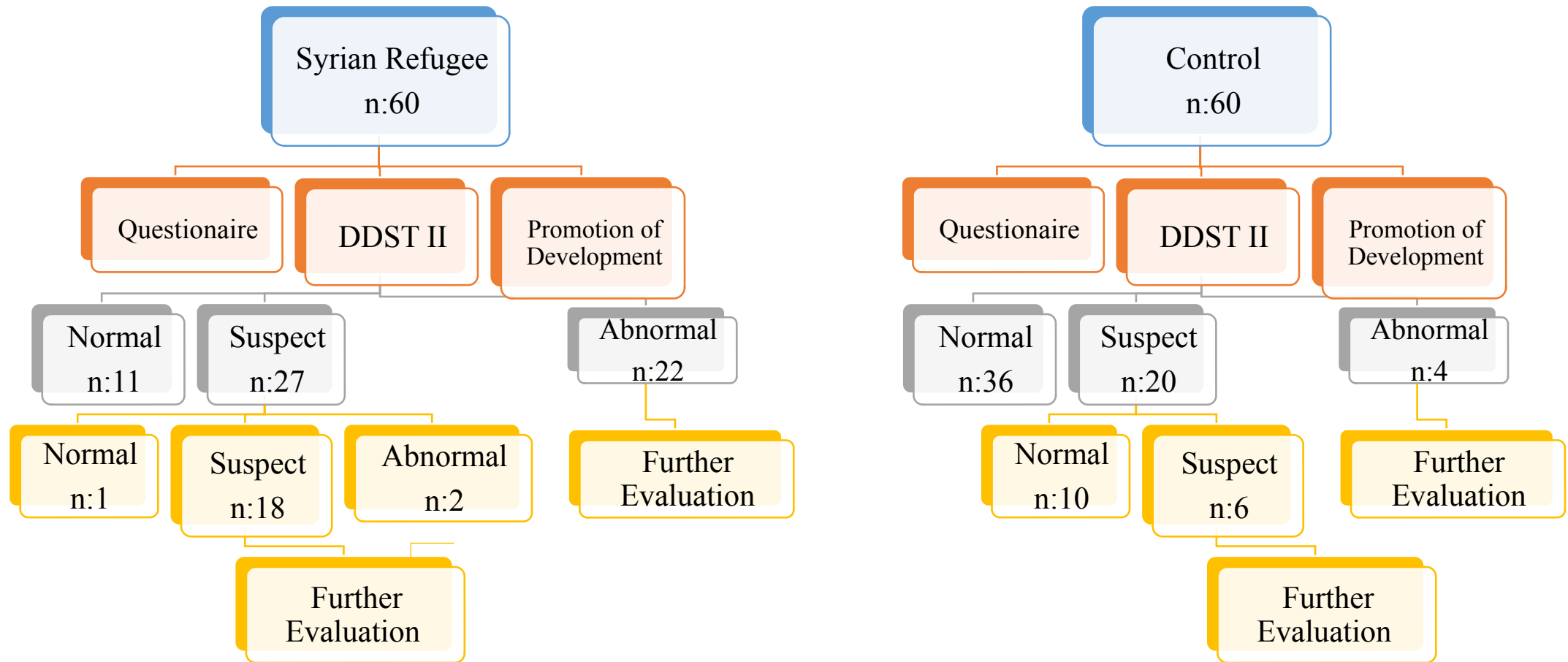
Ethical Approval & Consent

- Ethical approval Hacettepe University Non-interventional Clinical Researches Ethics Board (Project number : GO18/450).
- Approval from Republic of Turkey Ministry of Interior Directorate General of Migration Management, Migration Policies and Projects Department (62103649-604.02.02-E.42356)
- Permission from Republic of Turkey Ministry of Health Directorate of Public Health (49654233-604.02)
- Written informed consent obtained from all families

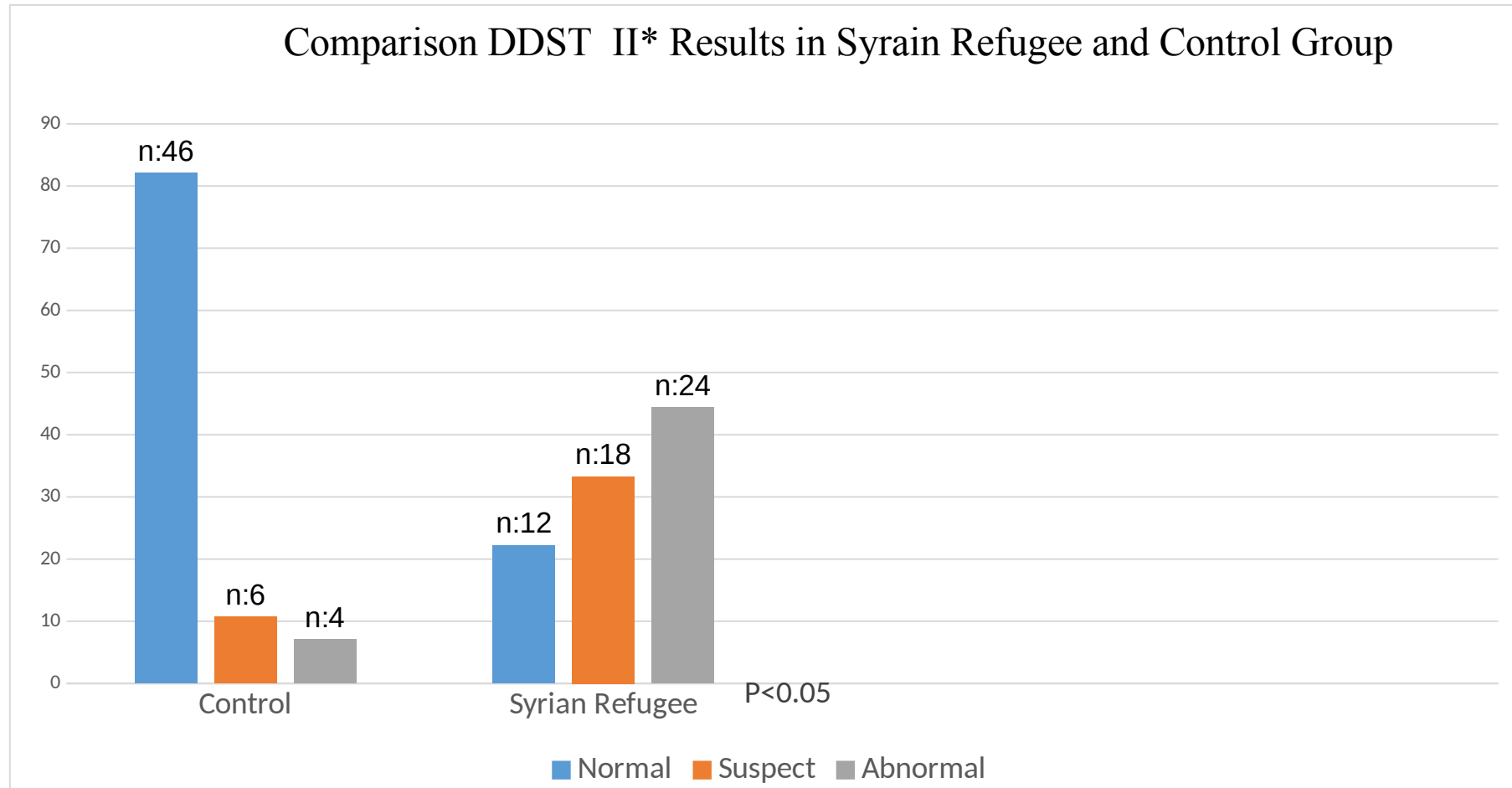
Methods

- Syrian refugee children (n=60) between 18-72 months who admitted to Yenimahalle Community Health Center Immigrant Health Unit to receive primary health care services between 1 November 2018- 1 March 2019 were included in this study.
- The control group included 60 Turkish children between 18-72 months who admitted to İsmail Ulucan Family Health Center which is in the same building.
- Developmental assessments were made by the researcher using the Denver Developmental Screening Test-II (DDST-II).

Flow Chart of the Study



Results



Characteristics of Syrian Refugee Related with War and Migration

	Syrian Refugee n :60	
		n (%)
Exposure to war (child)	None Sound of bombing Witness to death	31(51,7) 26 (43,3) 3 (5)
Subject to discrimination (Mother)	Yes No	2 (3,3) 58 (96,7)
Number of placed moved (Child)	1 2 ≥3	11 (18,3) 25 (41,7) 24 (40)
Duration in Turkey, month (Child)	≤12 13-24 25-36 >36	6 (10) 20 (33,3) 9 (15) 25 (41,6)
Duration of stay in TPC, month (Child)	None ≤12 >12	41 (68,3) 12 (20) 7 (11,7)
Duartion of stay in Ankara, month (Child)	≤12 13-24 25-36 37-48	9 (15) 33 (55) 15 (25) 3 (5)

Logistic Regression Analysis of Risk Factors for Developmental Delay

	Parameter	Odds Ratio (OR)	95 % CI	p
Having Suspect or abnormal DDSTII	Being refugee	16,100	6,304-41,120	0,000
Caution /delay in personal-social domain	>2000 salary	0,461	0,239-0,889	0,021
Caution /delay in fine motor domain	Being refugee	5,247	1,962-14,033	0,001
	< 2500 gr birth weight	2,182	0,999-7,916	0,050
Caution /delay in language domain	Being refugee	5,023	1,674-15,072	0,004
	Consanguineous marriage	4,013	1,206-13,350	0,023
Caution /delay in gross motor domain	Being refugee	5,011	1,579-15,903	0,006
	< 2500 gr birth weight	5,751	1,605-20,605	0,007

Conclusion

- This study showed that being a refugee effected by conflict was the most important risk factor for developmental delay. We emphasized the importance of survelliance and screening development in these high risk children as well as early intervention services.
- Although a interpreter was used for all the questionnaires and DDSTII this may be a limitation of the study