# MULTIPLE OPPRESSION & WOMEN'S ACCESS TO HEALTHCARE

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Women suffering from war, poverty, economic dependency, domestic violence and rape, patriarchal violence under the name of "religion" or "choice of the free market", "tradition" or "progress" have become a subject of international agendas through women's struggles for equality. Women from war and conflict areas are even stronger disadvantaged or disguised. Nevertheless these women have also started to seek for solutions. Among others, women organising themselves under the umbrella of the IFWF are an example.

## Being a woman and being a Kurd

With Kurdish women being women of a stateless nation, they have always been subsumed under the categories of the dominant state authorities. This situation appears for Kurdish women living in their homeland as well as for Kurdish migrant and refugee women. Therefore figures on Kurdish women's health and their access to healthcare are hardly available.
Although there are differences in the situations of Kurdish women living within the state borders of Turkey, Iraq, Iran and Syria, they have a great deal in common: As a result of discriminative state policies towards the Kurds the state authorities did not show any interest to invest in the infrastructure development of the Kurdish region – including health services. Besides restricted mobility in the rural areas, the lack of healthcare facilities and personal or missing financial sources to pay for a doctor Kurdish women's access to health is also constrained due to the lingual and cultural discrimination. During the last 30 years especially Kurds living on Turkish and Iraqi state territory have encountered a permanent warfare with changing intensities. Only in Turkey more than 30,000 people lost their lives and about 4.5 million Kurds have been forced to seek refuge inside and outside the country. Health check-ups carried out by a sub-commission of the Human Rights Association IHD among Kurdish refugees in the Turkish city Mersin showed malnutrition and missing vaccination as the main cause of diseases. 90 % of the examined persons had no health insurance and therefore limited access to health services.[1]

Along with difficulties to receive appropriate medication for common diseases, Kurdish women face even more sever problems in finding treatment for disorders resulting from violence, displacement, war and torture. In the past years the existence of Kurdish women has been remembered in the media by reporting on cases of so-called "honour killings" and high suicide rates. But so far, neither these events nor the systematic violence against Kurdish women carried out by state forces have been subject of a substantial scientific survey. Therefore even medical professionals and women rights' NGOs engaged to provide the necessary support and treatment for women with mental and physical disorders resulting from rape, sexual torture, enforced prostitution and sterilisations, encounter great difficulties.
The improvement of women's access to health in the Kurdish region will be closely related to a change of the political climate in the region. Without a sustainable peace process including democratisation of political, social, economical structures and an indiscriminative implementation of human rights it will not be likely for Kurdish women to gain appropriate access to health care in their homeland. Peace is a precondition for health.

## Kurdish women living in the Diaspora

According to estimations more than one Million Kurds live in Europe. The preponderant majority of them migrated from Turkey and North Kurdistan.[2] While the first generation of Kurdish migrants came as migrant labourers to Europe during the 1960ies and 70ies, a second

[1] Kurdish Red Crescent: "War and health in Kurdistan"
[2] Cp. Berruti D.: "Kurds in Europe – from asylum to social rights"
Lochak D.: "L'immigration une question trop sensible"

generation of Kurdish refugees has been seeking asylum in Europe since 1980 to rescue themselves from ongoing political prosecution, human right abuses, conflicts and war.

The same laws, regulations and conditions that also apply to migrants from other non-EU countries, compose also the juridical and social framework for Kurdish migrants in Europe. Nevertheless it is important to recognize the existence of specific features. Since Kurds in Europe, too, are perceived juridically and socially as "Turkish, Arab or Persian immigrants" or are stigmatised as "potential terrorists". This leads to the fact, that specific forms of the national suppression to which Kurds are objected are still ignored, including related (self) denial of their language and culture, their experiences of torture, war, resulting trauma and health problems.

1. ***Effects of violence and traumatic war experience on migrant women's mental and physical condition:***

Psychosomatic disorders are widespread noticed among women refugees and migrants in Europe. Before the appearance of physical disorders they experienced a period of tension, stress, doubts and / or fear. Some of the women even might not have been aware of the extent of the emotional distress they went through. Many factors can contribute to the development of psychosomatic disorders, and we find many of them in the lives of migrant and refugee women:

- *Experience of physical or psychological torture, humiliation or threats*
- *Unreachable desire and longing (caused by e.g. homesickness, loss of relatives)*
- *Feeling alien, excluded or inferior (e.g. due to language problems, racism)*
- *Permanent economic problems or unemployment (e.g. no working permission)*
- *Bad housing and living conditions (e.g. in refuge camps, lack of resident permission)*
- *Family problems and conflicts (e.g. depressions due to trauma, having no independent residence permit status or no income increase the conflict potential)*
- *Impossibility of self-expression (e.g. pressure to adapt to different roles, identities and cultures)*

A high number of Kurdish migrant and refugee women in Europe suffers from psychological and physical health problems created by the experiences of violence, war and migration; often leading to Post Traumatic Stress Disorders (PTSD). Being isolated and a "foreigner", many women cannot confide to anybody what they have been living through. This especially appears for women who are in fear of sanctions either by state authorities or by their own community. The permanent fear of deportation and uncertainty even worsen the situation. Thousands of Kurds being traumatized due to war and torture still have not been recognised as political asylum seekers. Just to give an example: A mother with two children, whose husband was killed by so-called "unknown forces" while she was raped by Turkish soldiers, now has been waiting for 10 years for the Dutch authorities' decision on her asylum application.

Women who have been exposed to sexual torture or behave inconsistent with the patriarchal traditions of their society often get stuck in a cycle that can continue up to addiction, depression or even suicide. The need to provide adequate education on PTSD and migrants women's health issues as well as to create access to treatment options is obviously acute.[3]

2. ***Difficulties in Access to Healthcare:***

Migrant and refugee women face multiple problems in getting access to required health care and counselling due to restrictive immigration laws, communication problems and insufficient educated healthcare professionals. This situation even got worse with privatisation of public services and cuts in the European social security systems during the last 10 years.

[3] Cp. Turkish Daily News, 5 April 2001

The gap in need interpretation between care professionals and care-seekers can lead to unsolicited interventions in life and body of patients, but can also lead to a withholding of necessary care. This results either from insufficient accessibility or inaccurate decision making during the diagnostic process - including inadequate tuning to the specific needs of the help-seeker. Medical science pays little attention to cultural, social and individual diversity. This can be found in the exposure to risk factors, body-experience, symptom perception and interpretation, meaning attribution to complaints, consequences for daily routines, coping with illness and inconveniences, presentation of help demands and helps seeking behaviour.[4] As a consequence migrant women often cannot find effective healing for their health problems, although they have called a number of doctors, experts and different hospitals and got a range of prescriptions for various medications.

"Violence makes sick" is the headline of a present German government programme, in which the high costs for the health services are mentioned resulting from the treatment of victims of violence. In spite of this so far no effective measures have been developed to save women's lives and health - neither in meeting migrant and refugee women's needs suffering from war traumata nor in protecting them from domestic violence.

### 3. An Outlook for Solutions and Alternatives:

Looking for solutions to make all women's access to healthcare realistic the following perspectives and projects are essential to the IFWF:

- Providing adequate healthcare education and counselling for migrant and refugee women in their native language.
- Establishing scientific materials and data on the health situation of specific groups of migrant and refugee women.
- Training courses for healthcare and social professionals aiming at raising conscious on diversities as well as on PTSD.
- Promoting women's emancipation and the implementation of successful measures to improve women's safety, including men's speak out against domestic violence and "honour killing" and anti-discriminative child education
- Campaigning to secure an independent, legal status and income for refugee women
- Strengthening support networks among women grassroots' organisations and public authorities on local and global level.

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[4] Cp. Research programme *"Diversity in Sickness and Health" at* University for Humanist Studies, Netherlands