



Caring for the Health of Refugees and Immigrants with Disabilities

Syria

Population of Syria: 18.43 million (2016 estimate)

Syria is located at the eastern end of the Mediterranean Sea, bordering Turkey, Iraq, Jordan, Israel, and Lebanon. Syria's capital is Damascus, and Aleppo is the largest city. Syria is home to diverse ethnic and religious groups including: Kurds, Armenians, Assyrians, Christians, Druze, Alawite Shia, and Arab Sunnis. In 1946, Syria gained independence from France but has gone through periods of political instability. In 2011, pro-democracy protests broke out in the southern province of Dar'a. Videos of security forces firing at demonstrators circulated around the country and to foreign news outlets. Political unrest and protests spread across Syria calling for the repeal of the restrictive Emergency Law, the legalization of political parties, and the removal of corrupt local officials. In 2013, the Syrian government used chemical weapons in the suburbs of Damascus and killed hundreds of its own citizens.

Syria continues to be in a state of unrest and is experiencing one of the largest humanitarian crises in the world. According to a UN estimate in 2016, the death toll was over 400,000 among Syrian government forces, opposition forces, and civilians. As of 2017, approximately 13.1 million people needed humanitarian assistance. There were 6.3 million people displaced internally, and 5.4 million registered Syrian refugees. The UNHCR reported that more than 3 million Syrians have fled to Turkey, Lebanon, Jordan, and Iraq, and almost 150,000 have declared asylum in the EU. Refugees have fled to camps in neighboring countries including Lebanon, Turkey, Jordan, Iraq, and Egypt. Refugees face barriers when accessing care such as: tensions between host countries and refugees, difficulty addressing gender-based violence due to stigma, high turnover of service providers, lack of specialists, inadequate living conditions, overcrowding of camps, and lack of registration systems at healthcare facilities in the camps.

Disability in Syria

Stigma: Many parents will not want their child in the same classroom as a child with disabilities, as they fear that it will harm their child's education. Society may place blame on parents of children with disabilities, and Syrians may believe the disability is a result of the parents' sin. People with disabilities report facing a high level of judgement when they go out in public by themselves.

Education: In Syria, children with disabilities are largely excluded from formal education. Only about 7% of children with a disability are enrolled in kindergarten. In refugee camps, it can be extremely difficult for children with physical disabilities to access education as there are typically long walks to schools in camps and the schools themselves frequently are not accessible for individuals with physical disabilities. However, UNICEF is working to make schools more accessible for students with physical disabilities. Most schools in Jordan and Turkey's refugee camps do not offer services for children with intellectual disabilities. Other than a few services provided by NGOs, there is extremely limited access to special education for children in refugee camps.

Services: Within Syria, there are very few disability services available. Many people have become disabled as a result of the war in Syria, and many are in need of mobility devices such as wheelchairs, canes, and prosthetic limbs. However, very few people in Syria have access to these mobile devices, and those in rural areas have almost no access to these devices. There are very few rehabilitation services in Syria, as well as a lack of mental health care. In refugee camps in Jordan and Turkey, there are some services available. Refugee camps in both Jordan and Turkey have been able to provide refugees with mobility devices. In Jordan, refugees can receive and have access to physical therapy and other rehabilitation services. NGOs within the camp provide programs for individuals with psychosocial disabilities and education for children with disabilities. While these services exist, enrollment numbers are lower than desired. It can be difficult for refugees with physical disabilities to navigate camps due to the difficult terrain and lack of accessibility. There is very little information regarding services for individuals with intellectual and developmental disabilities.

People from Syria are referred to as Syrian. Sunni Muslims make up 70% of the population, while 12% of Syrians are Shia Muslims. There are small groups of Durze and Ismaili Muslims, as well as Christians. Arabic is the official language of Syria. Some minority groups also speak Kurdish, Aramaic, and Assyrian.



Health Beliefs: Syrians are usually familiar with Western medicine and will typically hold a physician's instructions and recommendations in high regard. Some Syrians may take the advice of medical workers who are not doctors (such as physical therapists or nurses) less seriously. Syrians will typically prefer to have a medical provider of their same gender and to remain as covered as possible during treatment to maintain modesty.

Mental Health: Mental health is often highly stigmatized in Syrian communities. Mental health issues may be viewed as a weakness and bring shame to an individual's family. Syrian refugees have very limited access to mental health services in camps. There has been a significant rise in mental health disorders since the beginning of the Syrian conflict.

Gender Roles: International organizations have reported that approximately 30% of Syrian women have experienced sexual violence related to the ongoing war. Syrian society is patriarchal, and women are believed to require protection from the unwanted attention of men. Elderly men usually have decision-making authority. Only 11% of women work outside of the home in Syria. Women are considered to be the possession of their father until marriage when they are seen as the property of their husband or son.

Notes for Providers when Working with Refugees and Immigrants with Disabilities

The United Nations states, *"a disability is a condition or function judged to be significantly impaired relative to the usual standard of an individual of their group. The term is often used to refer to individual functioning, including physical, sensory, cognitive, and intellectual impairments, mental illness, and various types of chronic disease."*

People with disabilities are more likely to experience poorer health, fewer economic opportunities, and higher poverty compared to people without disabilities. Many individuals with disabilities lack equal access to healthcare, education, and necessary disability-related services. These factors are primarily due to lack of resources including services, transportation, information, and technology. Persons with disabilities face barriers in the forms of the physical environment, legislation and policy, societal attitudes, and discrimination. Evidence has shown when those barriers are lifted, individuals are more empowered to participate in their society, which thereby benefits the entire community. Fifteen percent of the world's population has some form of a disability, with eighty percent of persons with a disability living in developing countries (UN).

According to the Women's Refugee Commission, of the 68.5 million people displaced worldwide, there are 13 million displaced persons with disabilities. Refugees are one of the most vulnerable and isolated groups of all displaced persons. Because of physical and social barriers, stigma, and attitudes, many individuals with disabilities are often excluded from mainstream assistance programs. During displacement, refugees with disabilities experience more isolation than when they were in their home communities.

Refugees and immigrants with disabilities are entering the United States with many unmet disability-related needs. There exists much disconnect between refugees and immigrants and disability service systems. These barriers are present because of mistrust between the different service entities and lack of cross-cultural nuance among disability service organizations. These findings contribute important insights to the literature on disability disparities.

The U.S. healthcare system is complex and can be difficult to understand and navigate, especially for a refugee or immigrant coming from a country with limited healthcare services. Because resettlement services are time limited, it is important for care providers to work with other professionals to coordinate care for persons with disabilities. To best serve refugees with disabilities, providers need to consider the client's history, life and experience in the country of origin or host country, and cultural perceptions of disability.



PADDCC
PA Developmental Disabilities Council

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