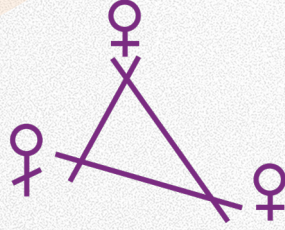


BEING A WOMAN IN THE COVID-19 PANDEMIC: A RESEARCH STUDY

SUMMARY REPORT

*Assessment of the Covid-19 Pandemic and the Restrictions on Public Space
in terms of their Impacts on Women in the Context of Rights*





**KADININ İNSAN HAKLARI
YENİ ÇÖZÜMLER DERNEĞİ**

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Context of Rights

Report by

Damla Erođlu ve Hilal Gençay

October 2020

Research Team

Research Working Group

Damla Erođlu, Duygu řahin, Gülřah Seral, Hilal Gençay

Optimist Research Fieldwork Team

Ebru Tetik İnceayan (Project Manager)

Banu Karakař (Supervisor)

Funda řen (Quality Control Manager)

Fieldworkers: Ayře Yılmaz, Bahar Eryılmaz, Derya Köksal, Gül Yalçın,
Mediha Ünal, Meral Sevindik, Naciye Oran, Sevgül Bakır, Sevim Odabaşı,
Sibel Aksu, Yeřim Özmen

With Contributions of

Berfu řeker, Derya Acuner, Özlem řen, Tuğçe Canbolat,
Yeřim Erkan, Zelal Ayman

Translation

Yağmur Zeybek, Gülřah Seral

Prepared for Publication by

İrem Gerkuř, Tuğçe Canbolat

Illustrations

Ceren Suntekin

Design

Hatice Kübra Karakaya

INTRODUCTION

Since 2019, more than 60 million people have contracted the new coronavirus (Covid-19) and over 1,200,000 people have lost their lives.¹ Causing a major health crisis worldwide, Covid-19 has also further exacerbated current social and economic crises and created new inequalities; an outcome observed in many previous global pandemics. Women have so far been severely impacted by the crises caused or worsened by the pandemic, and are expected to continue to be adversely affected by Covid-19.

An analysis by the United Nations Development Program (UNDP) and UN Women reveals that by 2021, 435 million women and girls will be forced to live on \$1.90 a day due to Covid-19.² Furthermore, economic problems caused by the pandemic will take a toll mostly on women since (1) a greater number of women are employed in social sectors that have been worst hit by the pandemic including retail, tourism, and accommodation, (2) a greater number of women work in the informal economy, which has been significantly affected by Covid-19 and the measures taken against it³ and (3) as people spend more time at home, women have been pushed to take on the role of primary caregiver, respond to demands of increased household production, and meet growing care needs for the elderly, sick, disabled, and children in the household, especially after schools were closed.⁴ As a result, due to Covid-19, while gainfully employed women face becoming more vulnerable or being pushed out of employment, all women—regardless of employment status—might end up working more without pay; in other words, they face “impoverishment.”

The global Covid-19 pandemic and the measures taken against it have led to an increase in violence against women and girls, which is a crisis in and of itself. In fact, the UN launched a worldwide campaign early in the pandemic to draw attention to this problem.⁵

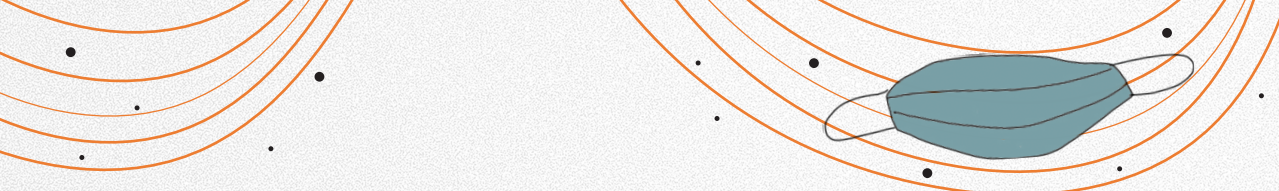
1- Johns Hopkins Coronavirus Resource Center. <https://coronavirus.jhu.edu/>

2- Azcona, Ginette (2020) “From Insight to Action: Gender Equality in the Wake of Covid-19” UN Women. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/genderequality-in-the-wake-of-covid-19-en.pdf?la=en&vs=5142>

3- Georgieva, Kristalina (21 July 2020) “The Covid-19 Gender Gap” IMF Blog. <https://blogs.imf.org/2020/07/21/the-covid-19-gender-gap/>

4- İlkkaracan, İpek and Memiş, Emel (2020) “Gender Gaps in the Care Economy during the Covid-19 Pandemic in Turkey” KONDA, UNDP Turkey, UNDP Istanbul Regional Hub. <https://www.tr.undp.org/content/turkey/en/home/library/corporatereports/COVID-gender-survey-report.html>

5- UN Women (27 May 2020) “Press Release: UN Women raises awareness of the shadow pandemic of violence against women during COVID-19”. <https://www.unwomen.org/en/news/stories/2020/5/press-release-theshadow-pandemic-of-violence-against-women-during-covid-19>



As discussions continue on the upsurge of violence against women (VAW) during Covid-19 and the extent to which the pandemic might be responsible for the increase, reports on VAW from numerous countries show that the numbers have soared significantly. According to UN Women, from the third week of March onwards, calls to violence helplines increased 33 percent in Singapore, 30 percent in Cyprus, and 25 percent in Argentina; the number of women reporting violence increased by 30 percent in France; and the number of shelter applications climbed in Canada, Germany, Spain, the UK, and the US.⁶ Meanwhile, in Turkey, since public institutions have never been transparent about sharing VAW data even before Covid-19, official data on the impact of the pandemic remains inaccessible. The Director General of Women’s Status, for instance, speaking at the Fourth Action Plan for Combatting Violence Against Women held on 20 October 2020 by the Directorate General of Women’s Status attached to the Ministry of Family, Labor and Social Services, stated that the number of calls to the *ALO 183* Social Assistance Helpline increased after the outbreak, as a result of which they prioritized responding to these calls, and made it possible for women calling to report violence to do so by simply dialing zero. As described by the Ministry, this helpline covers services for “family, women, children, people with disabilities, older people, relatives of martyrs, veterans, and their relatives” and also began to take calls related to pandemic-related financial support. Again, the Ministry failed to share with the public the breakdown of helpline calls by content, thus specific information on VAW-related calls made to the *ALO 183* helpline during the pandemic is unavailable. This state of events also demonstrates that ensuring data on VAW is released by relevant public institutions—a state obligation under the Istanbul Convention—and establishing a helpline that will provide support and guidance services 24/7 on issues related to VAW and discrimination is absolutely crucial.

Given that Covid-19 has generated a major health crisis and exacerbated existing economic and social problems, states have been taking various measures since the outset of the outbreak. To monitor the measures enacted by governments worldwide in efforts to combat the Covid-19 crisis from a gender perspective under three policy categories, UN Women and UNDP launched the Covid-19 Global Gender Response Tracker. According to the data recorded by the Tracker, 992 of the 2,517 measures taken in 206 countries were gender sensitive (704 measures taken in 135 countries address violence against women and girls, 177 measures in 85 countries focus on women’s economic security, and

6- UN Women (2020) “The Shadow Pandemic: Violence Against Women and Girls and COVID-19”. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-infographic-en.pdf?la=en&vs=5155>



111 measures in 60 countries address unpaid care work).⁷ The Tracker also revealed that of the 28 pandemic-related measures taken in Turkey, only seven were gender sensitive (one measure on social protection, one on employment, and five measures to address VAW).

These measures are briefly described as follows:

Social Protection (1):

- One-off conditional monetary assistance to new mothers was raised to 100 TRY, regular monthly cash assistance to widowed women was raised to 325 TRY, and monetary assistance programs including Conditional Health Benefits, Conditional Perinatal Benefits, and Conditional Pregnancy Benefits were raised by 29 percent.

Employment (1):

- Grants up to 150,000 TRY were made available to women's cooperatives.

Violence Against Women (5):

- Due to the increased number of calls to the ALO 183 helpline as of March 2020, it was made possible to access assistance without holding on the line in cases of violence by dialing 0,
- A total of 145 shelters nationwide with a capacity of 3,482 people provided services non-stop,
- People who had been subjected to violence and applied for institutional support continued to receive uninterrupted psychosocial support and counseling,
- A total of 40 facilities in 36 provinces were to be renovated to provide shelter to women subjected to violence, including 9 public institutions, 10 guesthouses, 15 hotels and 6 dormitories,
- In cases where the women, children, and staff at shelters exhibited symptoms such as fever, difficulty breathing, shortness of breath or chest pain, they were to be transferred to health institutions, and if required, administered a Covid-19 test.

7- UNDP (28 September 2020) "COVID-19 Global Gender Response Tracker Fact Sheets". <https://www.undp.org/content/undp/en/home/librarypage/womens-empowerment/COVID-19-Global-Gender-Response-Tracker.html> (For Turkish summary of the monitoring mechanism please see: UNDP Turkey [28 September 2020] "Only one in eight countries worldwide have measures in place to protect women against social and economic impacts, new data shows". <https://www.tr.undp.org/content/turkey/tr/home/presscenter/articles/2020/09/COVID-19-gender-response-tracker.html>)

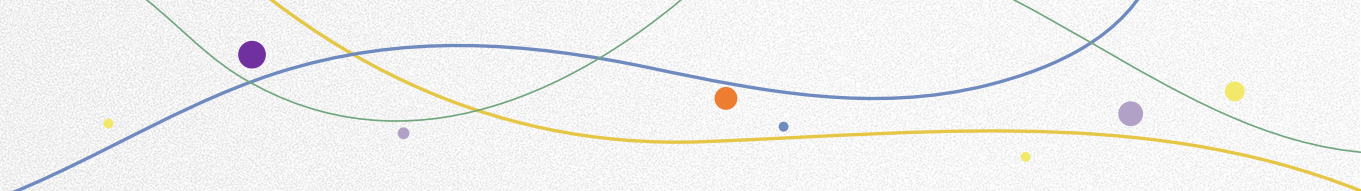
Although the Ministry has not shared any official data on whether these measures were actually realized, monitoring reports on VAW by the Mor Çatı Women's Shelter Foundation since April 2020 reveal that public institutions have failed to fulfill their protection and prevention responsibilities, and that women who applied to such institutions encountered problems at various stages that prevented them from receiving the support they needed for protection against violence.⁸

Moreover, the framework of the measures described above shows that the government has turned them into a tool to further impose its policies on women, even in the current conditions of an ongoing global pandemic. In other words, rather than developing comprehensive social policies geared to women's empowerment, inadequate and ideological pre-pandemic social policies that focus solely on the family have been maintained. Consequently, rights violations have been on the rise during Covid-19. A travel ban that came into effect on 3 April 2020 and was extended four times until 1 June 2020, for instance, is a case in point; at a time when entry and exit into 30 metropolitan municipalities was barred,⁹ it became even more to access abortion services that had already de facto been prohibited in health institutions. Due to this de facto prohibition, women during pre-pandemic times had been pushed into obtaining such services from private hospitals and clinics that chose to provide them (private health institutions can also choose not to provide abortion services). In a setting where abortion access was already quite limited and difficult, the pandemic sparked off a crisis in the health system, hospitals were turned into pandemic hospitals, and travel restrictions were put in place, making it even more challenging for women to access abortion services provided by only few institutions; thus, women face a higher risk of rights violations in terms of their right to obtain an abortion. Furthermore, the lack of any measures in Turkey addressing "unpaid care work" both prior to and during the pandemic reflects an understanding of social policy where women in the family are still considered responsible for shouldering the burden of such work. While 111 measures to address unpaid care work were taken in 60 countries, Turkey—where all education institutions, including pre-school education and care facilities have been closed since 16 March 2020—has failed to introduce any regulations, placing the extra burden caused by the pandemic and other measures taken on women with zero support.

8- Mor Çatı Women's Shelter Foundation (13 April 2020) "Koronavirüs Salgını Süresince Kadın Yönelik Şiddetle Mücadele İzleme Raporu". <https://morcati.org.tr/wp-content/uploads/2020/06/koronavirus-salgini-suresince-kys-rapor.pdf>

9- Yılmaz, Volkan (September 2020) "Pandemi Öncesi ve Sırasında Türkiye'de Cinsel Sağlık ve Üreme Sağlığı Hizmetleri İzleme Raporu" Turkish Family and Health Planning Foundation (TAP Foundation)





It is obvious that women need additional support mechanisms during the pandemic, on top of those available prior to it. With regards to VAW, for instance, a WhatsApp reporting line 0 (501) 183 0 183 launched by the Ministry of Family, Labor, and Social Services was a beneficial development, yet certainly was not enough to combat violence.¹⁰ As women and women’s organizations have repeatedly noted, there is clearly a need for a holistic action plan to combat VAW under pandemic conditions.

Setting aside the question of whether the government’s measures against VAW are adequate in Turkey, it must be noted that women’s gained rights have increasingly come under attack during the Covid-19 pandemic; a trend that has become ever visible since 2016 through efforts to amend Article 103 of the Turkish Penal Code that would pave the way for pardoning perpetrators of child abuse, limit women’s rights to receive poverty alimony, and last but not least, generate a discussion on whether to withdraw from the Istanbul Convention, which charges state parties with the obligation to prevent violence against women. Moreover, some other measures that have been taken are putting women’s safety in danger. A decision by the Board of Judges and Prosecutors on 30 March 2020, for instance, stated “measures taken in the context of Law No. 6284 should be assessed to ensure they will pose a threat to the health of the accused party during the coronavirus pandemic,” which led to a cease in restraining orders and created the risk of women not being sent to shelters. Furthermore, a number of prisoners, including some serving time for VAW were released pursuant to passing Law No. 7242—publicly known as the “execution package”—amending Law No. 5275 on the Execution of Penal and Security Measures, which was published in the Official Gazette and took effect on 15 April 2020.¹¹ In the meantime, according to provisional regulations, all prisoners at open prisons, including those convicted of crimes against sexual inviolability, physical violence against women, femicide or attempted murder were released on parole until 31

May 2020, later extended to 31 November 2020.¹² In brief, the lack of measures in favor of women, children, and disadvantaged groups, coupled with the above-mentioned measures have put the lives of women and children at risk.

10- Ministry of Family, Labor and Social Services of the Republic of Turkey (28 May 2020) “Bakan Selçuk: ‘ALO 183 Whatsapp İhbar Hattı Vatandaşlarımızın Hizmetinde’”. <https://www.ailevecalisma.gov.tr/trtr/haberler/bakan-selcuk-alo-183-whatsapp-ihbar-hatti-vatandaslarimizin-hizmetinde/>

11- Statement signed by 177 institutions (17 April 2020) “İnfaz Yasasının Yürürlüğe Girmesi ile Birlikte, Devlet Kadına Yönelik Şiddetle Mücadele Konusunda Sorumluluklarını Yerine Getirmeli ve Acil Tedbirler Almalıdır!”. <https://www.kadinininsanhaklari.org/wp-content/uploads/2020/11/infaz-korona-son.pdf>

12- Directorate General of Prisons and Detention Houses (2020) “7242 Sayılı Kanun Kapsamında Bazı Hükümlüler İçin Uygulanan Covid-19 İzni ile İlgili Duyuru”. <https://cte.adalet.gov.tr/Home/SayfaDetay/7242-sayilikanun-kapsaminda-bazi-hukumluler-icin-uygulanan-covid-19-izni-ile-ilgili-duyuru25092020044407>

As the WWHR team, while transitioning to working from home amidst mixed work hours and household chores, trying to cope with the anxiety and ambiguity brought on by the pandemic and discussing the its impact on ourselves, we wanted to carry out a quantitative study to see how Covid-19 was affecting the lives of women—ours included—from a feminist perspective. This desire culminated in this study, which was conducted and completed without coming into direct contact with anyone, and proved to be a learning experience in terms of both its process and its results.

The study on *Being a Woman in the Covid-19 Pandemic* was a labor of love, where all who contributed put in their best efforts; it aimed to ascertain the impacts of the global pandemic on our lives as women and how we cope with what is happening around us, through the lens of women across Turkey as well as those closer to WWHR (participants of the Human Rights Education Program for Women, known as HREP). Respondents consisted of a representative national sample of 1,201 women and 244 HREP participants. In line with WWHR’s feminist policies, we were aware that adopting an intersectional perspective on the varying experiences of being a woman was important and that providing only quantitative data to demonstrate entrenched inequalities in the social sphere would be inadequate. However, our objective was to portray a big picture of how Covid-19 was affecting women, taking into account the opportunities and challenges of this unprecedented period. We hope to conduct qualitative studies in the future to demonstrate the different dimensions of gender-based inequalities during the pandemic.

It is our sincere wish that the study on *Being a Woman in the Covid-19 Pandemic* will contribute to discussions on how to ensure women’s rights and gender equality during the Covid-19 global pandemic and in any other crises in the future.



ABOUT THE STUDY

In this study, we adopted a rights-based approach to focus on how the Covid-19 pandemic and the accompanying restrictions on public spaces were impacting women, primarily to examine whether there were differences in the scope, extent, type, and frequency of the discrimination and adverse experiences women suffered on the basis of their gender prior to and during the pandemic in domains such as health, sexual health and fertility, economic circumstances, and engagement in domestic work and care work; and if there were any differences, to establish how much and in which direction such changes occurred and how women coped with them during the pandemic.

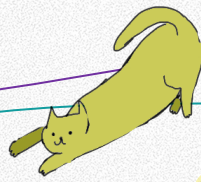
Two separate groups of women were interviewed; a representative sample from across Turkey, and participants from WWHR's Human Rights Education Program for Women (HREP).¹³ There were 1,201 respondents in the representative sample, the distribution of which was consistent with data from the Turkish Statistical Institute (TURKSTAT) in terms of age and province. A total of 244 women from the HREP network who had completed a HREP training in the last five years comprised the selected group of participants in the study. Because this group was a representative sample neither of all HREP participants nor of women across Turkey, we avoided comparing the findings from the nationwide representative sample and the HREP participants.

The questionnaire used in the study was developed by WWHR team members, and underwent technical revision by the Optimist Research team for better data collection. İlnur Yüksel Kaptanoğlu, one of the experts of the latest national research study on VAW conducted in 2014 by Hacettepe University's Institute of Population Studies in cooperation with the Ministry of Family and Social Policy in 2014, provided valued input regarding the flow of questions, the content, and the terminology of the questionnaire. In a similar vein, several experts from UNDP helped to clarify questions related to sexual and reproductive health. Although the questionnaire was initially developed to also cover the experiences of LGBTI+ women, the study planned as a quantitative study where data would be collected via telephone interviews, thus questions on gender identity and gender orientation that require a mutual feeling of trust were left out of the questionnaire and it was not possible to determine the distribution of gender identity and gender orientation among the total population.

Data was collected between 12 May-3 June 2020. Given that people's emotional state and how they perceived and assessed their current situation changed with each new phase of the pandemic, questionnaires were administered as quickly as possible to maintain consistency among the respondents that made up the sample.

Data collection was completed on 3 June 2020, right after it was announced that Covid-19 related nationwide measures would be loosened incrementally as of 1 June 2020.

13- For information on HREP, please see <https://kadinininsanhaklari.org/kihep-nedir/>



SUMMARY OF CONCLUSIONS AND POLICY RECOMMENDATIONS

General Health

Although the Covid-19 pandemic has had an evident negative impact on overall health, replies provided by the respondents revealed that mental health was much more adversely affected. While 79 percent of women defined their overall mental state has been “very good” or “good” prior to Covid-19, this figure dropped to 30 percent following the outbreak. This 49 percent drop indicates that one out of two women did not feel well psychologically. Findings also showed that the 18 to 24 age group was hit the worst by the pandemic in terms of overall health and mental health. It could be said that restrictions on public space—initially imposed on people over 65, then extended to 18-year-olds and younger, and further extended to 20-year-olds and younger—took a toll on the mental health of people in these age groups.

In terms of access to health services, four in 10 women said they were unable to access general health services during Covid-19. Specifically, nine percent of the women who reported living with a chronic illness said they had faced problems in accessing healthcare prior to the pandemic; this figure climbed to 27 percent after the outbreak. In short, it has become more difficult for women living with a chronic illness to access health services during Covid-19, which will obviously have repercussions in the long run (in terms of the course of the illness) as opposed to those without chronic illness. One in five women encountered problems in accessing healthcare when needed, and one in 10 women was unable to resolve problems related to accessing general health services.

Sexual and Reproductive Health

While seven percent of the respondents stated they needed to see a gynecologist during the pandemic for health concerns related to sexual and reproductive health—including acute problems and pregnancy—six in 10 women were unable to do so. Women in the 24 to 55 age group required sexual and reproductive healthcare the most during Covid-19, while seven in 10 women in the 35 to 44 age group who needed sexual and reproductive healthcare failed to receive them. These findings appear to support the data in the UN Women report entitled “From Insights to Action: Gender Equality in the Wake of Covid-19,” according to which 60 percent of women in Azerbaijan and Turkey have had trouble accessing gynecological care as a result of Covid-19.¹⁴

14- UN Women (2020), “From insights to action: Gender equality in the wake of COVID-19” <https://www.unwomen.org/-media/headquarters/attachments/sections/library/publications/2020/gender-equality-in-the-wake-of-covid-19-en.pdf?la=en&vs=5142>

Prior to the outbreak of Covid-19, 39 percent of women reported they has been unable to use a contraceptive of their own choosing; this figure increased to 41 percent in the first two-and-a-half months after the outbreak.

The 2018 Turkey Demographic and Health Survey (TDHS) conducted by Hacettepe University's Institute of Population Studies reveals that the "unmet need for family planning" increased two-fold compared to findings from the 2013 TDHS.¹⁵ Pro-natalist population policies endorsed by the government has set back rights-based health services, making it difficult for women to access the contraceptive methods they need. Access to birth control services has become increasingly hard for women after the General Directorate of Mother and Child Health and Family Planning (ACSAP)— operational since 2003 under the Ministry of Health's Transformation in Health Program—was shut down, subsequently followed by the closing of ACSAP Centers, which had been serving as primary healthcare institutions providing abortion services.¹⁶ Findings from the representative sample of the present study indicate that three in four women over 18 years of age have had at least one pregnancy in the past, and that one in four of these pregnancies were unplanned and unintended. This result seems to confirm the "unmet need for family planning."

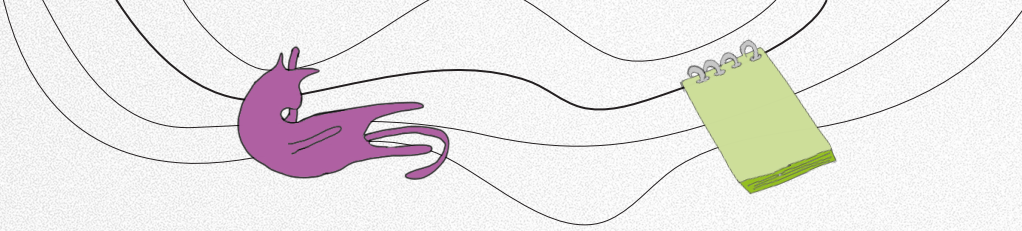
The present study also showed that the rate of those who thought a woman could not easily terminate a pregnancy in a state hospital in Turkey has risen to 51 percent. This finding is thought-provoking in terms of the accessibility of abortion services in Turkey. A Monitoring Report on Sexual and Reproductive Health Services in Turkey by the Turkish Family Health and Planning Foundation (TAP) notes that abortion services have been left to the decision of health staff during the pandemic, as was the case prior to the outbreak; however, the consequences of this practice might be much more dire during the pandemic due particularly to travel restrictions.¹⁷

The fieldwork for *Being a Woman in the Covid-19 Pandemic: A Research Study* coincided with the first phase of Covid-19 in Turkey; consequently, it is not really possible to estimate how sexual and reproductive health and rights have been affected by the crisis and its

15- Hacettepe Nüfus Etütleri Enstitüsü (2018), "Türkiye Nüfus ve Sağlık Araştırması (TNSA)". http://www.hips.hacettepe.edu.tr/tnsa2018/rapor/TNSA2018_ana_Rapor.pdf

16- Turkish Family Health and Planning (TAP) Foundation (2017), "Sisteme Değil, İsteğe Bağlı Hizmet: Sağlık Çalışanları Gözünden İstanbul'da Kürtaj ve Aile Planlaması Hizmetlerinin Durumu Raporu". <http://www.tapv.org.tr/wp-content/uploads/2019/06/Sisteme-De%C4%9Fil-%C4%B0ste%C4%9Fe-Ba%C4%9Fl%C4%B1-Hizmet-Sa%C4%9Fl%C4%B1k-%C3%87al%C4%B1%C5%9Fanlar%C4%B1-G%C3%B6z%C3%BCnden-%C4%B0stanbulda-K%C3%BCrtaj-ve-Aile-Planlanmas%C4%B1.pdf>

17- Turkish Family Health and Planning (TAP) Foundation (October 2020), "Pandemi Öncesi ve Sırasında Türkiye'de Cinsel Sağlık ve Üreme Sağlığı Hizmetleri İzleme Raporu".



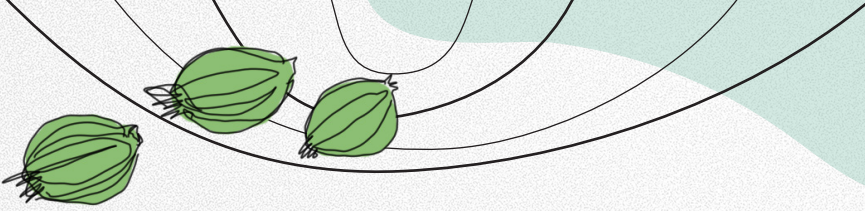
aftermath over the long term. Still, the lack of rights-based sexual and reproductive health services stands out as a separate crisis in its own right. According to the findings of the present study, 16 percent of the respondents reported running into problems in accessing sexual and reproductive health services and/or medication; of these women, only 16 percent were able to access institutional support from health workers, and 17 percent consulted pharmacies. One in three women were unable to find any solutions.

Economic Circumstances

Covid-19 has had a striking impact on employment, as also reflected in the data provided by the respondents of the present study: 14 percent of women were no longer employed in the labor market due to the pandemic (3 percent had been laid off, 5 percent were put on unpaid leave, 6 percent experienced business interruption), while the employment status of the spouse/partner was affected in 21 percent of households, and 13 percent stated the employment status of a household member other than the respondent or their spouse had been affected. In short, the study established that at least one person had been laid off from paid work/left paid work or was (put) on unpaid leave or experienced business interruption in 34 percent of households. In other words, it can be said that one in three households was experiencing an adverse economic impact due to the pandemic. A geographical analysis of Covid-19 in terms of employment on the basis of first-level NUTS (Nomenclature of Territorial Units for Statistics) of the EU revealed that the East Black Sea was the most affected region (3 percent were laid off, 10 percent were put on unpaid leave, and 16 percent had their businesses halted; total, 29 percent), followed by West Marmara (6 percent were put on unpaid leave and 17 percent had their businesses halted; total, 23 percent).

The employment crisis sparked off by Covid-19 has taken a toll on all individuals in affected households, but a report by UN Women Turkey, entitled *The Economic and Social Impact of Covid-19 on Women and Men: Rapid Gender Assessment of Covid-19 Implications in Turkey* clearly demonstrates that women have been impacted worse than men:¹⁸ of the paid workers who stated job loss, 19 percent were women and 14.4 percent were men. In a similar vein, job loss rates among the self-employed in flexible work arrangements were 27 percent for women and 16 percent for men, and 19 percent of women employers stated job loss while the figure was at 8.7 percent for men. These findings show that during Covid-19, which caused an increased demand for essential jobs more frequently held by

18- UN Women in Turkey (2020), "Türkiye'de Covid-19 Etkilerinin Toplumsal Cinsiyet Açısından Değerlendirilmesi". https://www2.unwomen.org/-media/field%20office%20eca/attachments/publications/2020/07/rga_executive_summary_turkish.pdf?la=en&vs=4720



women, women were in fact pushed out of employment more than men.

In the present study, when asked to define their economic status prior to and after the outbreak of Covid-19, women who defined their economic status as moderate prior to the pandemic dropped from 86 to 66 percent, while those who defined their economic status as poor or very poor went up from 10 to 33 percent after the pandemic. Perception of the pandemic on economic status was also examined on the basis of NUTS 1 regions, and the data shows that people who defined themselves as either poor or very poor following the outbreak increased by 35 percentage points in Southeast Anatolia, 32 points in Istanbul, and 27 points in Northeast Anatolia.

When asked “In an emergency, can you raise enough money to take care of your home and feed your family for four weeks?” so as to gauge short-term economic resilience, half of the respondents replied in the negative. While 37 percent of women had applied for social assistance, only 15 percent had been able to receive it; of the women who applied for and received social assistance, 35 percent received the benefit known as “pandemic money” provided by the Ministry of Family, Labor and Social Services; 28 percent received benefits from the Social Assistance and Solidarity Foundation; and 16 percent received financial support from their family/relatives/social circles.

Effort was also spent to determine how respondents were coping with financial problems after the outbreak of the pandemic; women mostly replied that they “managed.” According to one study,¹⁹ as the income of a family rises, men exert more control on the income, but when income falls, men hand over income control and management to women; particularly the responsibility to meet the basic needs. Findings of the present study also suggest that economic problems accompanying Covid-19 and the ensuing status of poverty will once again be left to women to “manage.”

Three in four women experienced economic problems after the outbreak of the pandemic, and one in three women who had economic problems were unable to resolve them. Employment status was also a factor; while 54 percent of gainfully employed women said they were facing financial difficulties due to Covid-19, this figure was 81 percent for unemployed women. The importance of women’s participation in the labor force comes to the forefront once again, in terms of coping with crises.

19- Şener, Ü. (2009), “Kadın Yoksulluğu, TEPAV Değerlendirme Notu”.
https://www.tepav.org.tr/upload/files/1271312994r5658.Kadin_Yoksullugu.pdf



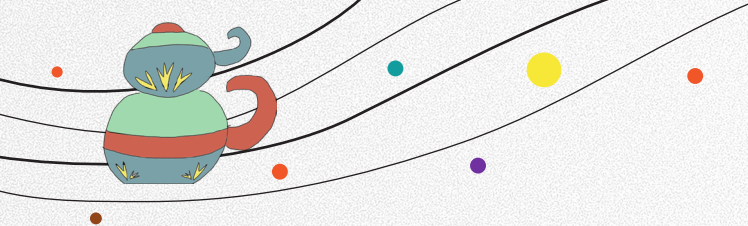
#StayAtHome, Domestic Work, and Care Work

Study respondents were asked how often they—and their spouses/partners, if applicable—went outside after the outbreak of Covid-19. According to the findings, half of the women did not go out even to go to the pharmacy or to see a doctor. Although the difference is minor, women consistently went out of the house more than their spouses/partners for reasons other than going to work. Of the gainfully employed women, 38 percent did not go to work at all during the pandemic, while 33 percent went to work every day. In short, one in three women went to work every day at a time when people were urged to “stay at home.”

The percentage of respondents who received help with household tasks prior to the outbreak of the pandemic fell from 12.5 percent to 2 percent after the outbreak. While only 4.1 percent of the women noted they were supported by a non-household family member or relative prior to the outbreak to care for children, the elderly, the sick, and the disabled, this support further declined to 1.6 percent during the pandemic.

Study respondents were also asked about the division of household labor prior to and following the outbreak, including dish-washing, cooking, cleaning, laundry, ironing, grocery shopping, handling garbage, helping children with homework, accompanying children during school hours, playing with children, talking to children, talking to spouses/partners, following up the health status of individuals at home, and caring for elderly or disabled family members at home. After the outbreak Covid-19, on average, only 4.2 percent of women shifted from each area of domestic responsibility; 3.1 percent of spouses/partners and 0.8 percent of children taking on the responsibility in question. In other words, 95 percent of women remained as the family member who had the “primary responsibility” for each of these areas.

Shifts in the responsibilities of spouses/partners in domestic work before and after the outbreak of the pandemic were also examined in terms of whether there were young children at home. According to the data, spouses with children in the 0 to 6 age group assumed increased childcare responsibilities, increasing from 8.2 percent to 16.5 percent. This group was also more involved in other household tasks compared to the respondents who did not have children in the 0 to 6 age group. In terms of household tasks, a notable change was not found in the involvement of spouses of gainfully employed women before and after the outbreak of the pandemic.



This finding corroborates findings from another study on Turkey, which shows that the discrepancy between women’s and men’s total work hours (paid and unpaid work combined) during the pandemic has grown even further.²⁰ Women and men have both been undertaking more unpaid domestic work due to the stay-at-home measures against the pandemic, but women’s unpaid domestic work increased fourfold. The discrepancy between the total workload of women and men has reached striking levels because of the simultaneous increase in the paid and unpaid workload shouldered by women.

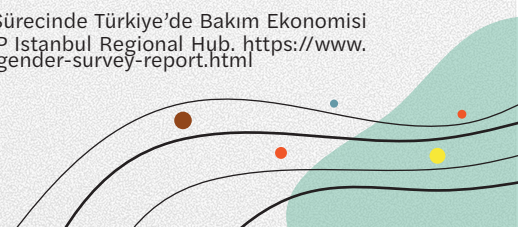
The current study supports these findings. While 15.9 percent of women spent more than four hours on domestic work prior to the outbreak of the pandemic, this climbed to 41.8 percent during the pandemic. Of the 71.5 percent of women stated that they experienced problems with “household tasks and care work,” 28 percent requested support from their spouses/partners, 24 percent from their children, 10 percent from other persons in the household, and 17 percent were unable to resolve them.

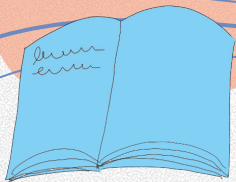
Domestic Violence Against Women

When asked whether they suffered from psychological, economic, physical, and sexual violence in their living environment prior to and after the outbreak of Covid-19, 97 percent of the women who had a spouse/partner reported having experienced at least one type of violence in the year prior to the outbreak of the pandemic, and 96 percent reported having experienced at least one type of violence from their spouses/partners in the first two-and-a-half months following the outbreak. These figures reconfirm that violence is a very prevalent problem, and furthermore, clearly point to the existence of a systemic problem as they have remained unchanged prior to and after Covid-19.

The present study assessed the first two and a half months after the outbreak of the pandemic, and was unable to establish a correlation between the impact of the pandemic and domestic violence. One reason for this could be that the study analyzed experiences before and after the outbreak of the pandemic, and while the period before the outbreak spanned one year, the period analyzed after the outbreak covered the last two-and-a-half months, from the time Covid-19 first struck Turkey (11 March 2020) to the date of the interviews (5 June 2020). Regardless of the impact of pandemic, the intensity of psychological violence as seen in the study results is particularly noteworthy: 97 in 100 women who had a spouse/partner reported having experienced psychological violence in the past year. With figures this high, looking for any impact the pandemic might have

20- İlkaracan, İpek ve Memiş, Emel (2020) “Covid-19 Küresel Salgın Sürecinde Türkiye’de Bakım Ekonomisi ve Toplumsal Cinsiyet Temelli Eşitsizlikler” KONDA, UNDP Turkey, UNDP Istanbul Regional Hub. <https://www.tr.undp.org/content/turkey/en/home/library/corporatereports/COVID-gender-survey-report.html>





had become meaningless. In an environment where almost all women who live with a spouse or a partner are subjected to violence, it is more critical to examine any changes for women as a result of the pandemic—or any crisis—rather than trying to determine whether it made the violence more pervasive. This systematic violence against women continued unchanged at the same rates during the pandemic, and taken together with problems caused by the pandemic, including access to health services, increased burden of household tasks and care work, higher economic fragility, reduced social support mechanisms, and less opportunities to socialize, women subjected to violence will obviously experience dire consequences.

An important finding of the study with respect to domestic relationships was that respondents reported a distinct change in “positive behaviors” 37 percent of the women who had a spouse/partner stated the lack of such behaviors prior to Covid-19, while this figure increased to 48 percent after the outbreak of the pandemic.

Women who did not have or live with a spouse/partner were also asked whether they experienced violence from any household members over 15 years of age in the year prior to or after the outbreak of the pandemic. According to the findings, the rates of women who experienced at least one type of violence from other household members in the year prior to and after the outbreak of Covid-19 were 44 percent and 45 percent, respectively. The results also show that one in two women who did not live with a spouse/partner experienced at least one type of violence from other household members over 15 years of age; primarily from their mothers, fathers, sons or brothers. Women without a spouse/partner who experienced violence from male household members over 15 years of age were at 55 percent.

Taken together, the rate of women who experienced at least one type of violence from either a spouse/partner or other household members was at 73 percent in the year prior to Covid-19; this figure remained unchanged in the two-and-a-half months after the outbreak. Although the study established that 73 percent of women experienced at least one type of violence, only 23 percent reported any problems in this regard, and 77 percent said they did not have such a problem. Of the respondents, 621 who experienced psychological violence at least once, 27 who experienced physical violence at least once, and 11 who experienced sexual violence at least once since the outbreak of Covid-19 said “I do not have such a problem” when asked “How do you cope with this problem (of violence)?” During the phone interviews, women were read various examples of actions that described violent behavior one by one, and asked to respond whether it applied to

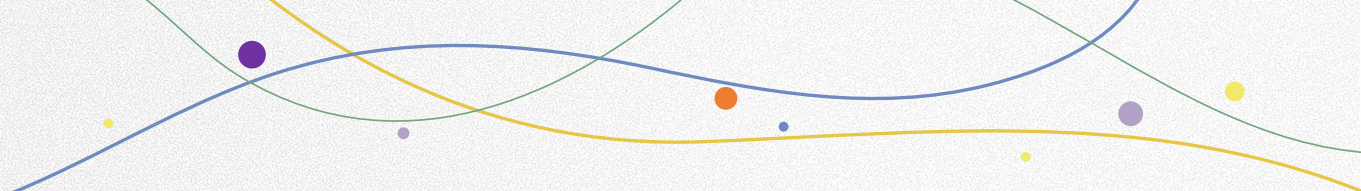


them; in cases where it did, they were then asked who treated them this way, and more than half replied “No-one at home treats me this way,” suggesting they might not have been comfortable with replying the question in the presence of others at home. The word “violence” was not used to describe the violent behaviors read out to respondents during the interview; the term “negative behavior” was used instead. Given that study respondents were asked whose actions could be called negative behavior without using the word “violence,” it cannot be deduced that the reason women denied that anyone at home was engaging in negative behaviors was because they did not define the violence they experienced as “violence.”

Another reason why some respondents did not consider the violence they experienced a problem might be that women may consider violence as a problem only when it becomes really acute or is directed against children. If this is the case, a distinction may need to be made between “defining violence as violence” and “defining violence as a problem.” Women subjected to violence may not see this as a “problem” until they feel ready to deal with it, or have access to the resources they might need to deal with it. Independent impact assessment studies of HREP commissioned by WWHR also support this finding. According to the 2012-2018 Independent Impact Assessment Study Report, 87 percent of HREP participants stated “I am more aware of gender-based inequalities,” while 81 percent said “I have started to combat these inequalities.” These findings once again underline the importance of adopting a multi-dimensional approach to women’s empowerment in combatting violence.²¹

Based on the present study, the method women used most commonly to deal with the problem of violence during Covid-19 was to “sit down and talk” with their spouses/partners. In addition to efforts to communicate, other common methods included “taking a tranquilizer” and “complaining to a senior family member.” Of the respondents who stated they experienced violence as a problem, only 1 percent (3 in 323 women) said they applied to public institutions when asked how they coped with it. The fact that many women were living in the same space as the perpetrator of the violence during lockdown might have been one reason why so few of them applied to public institutions even though the systematic violence continued during the pandemic just as much as before it; moreover, it may have been more difficult for women during the Covid-19 lockdown to access relevant mechanisms, compounded with the lack of government measures to ensure access to such mechanisms under pandemic conditions.

21- Ipsos Research and Consultancy (2019) “Impact Assessment Report of the Human Rights Education for Women (HREP), Women’s Human Rights Trainings (WHRT), and Gender Equality Seminars in 2012-2018”. <https://kadinininsanhaklari.org/wp-content/uploads/2019/11/WWHR-2018-Impact-Assessment-Report.pdf>



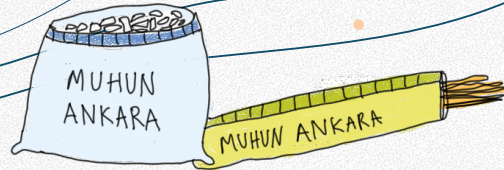
According to a report by the Mor Çatı Women’s Shelter Foundation, entitled *Monitoring Report on Combatting Violence against Women During the Coronavirus Pandemic*, the social assistance helpline ALO 183 has been too busy to access and the system clogged up due to increased demands for economic assistance.²² The same report also states that women mostly sought help from law enforcement units to demand shelter during Covid-19, but were often misinformed and subjected to deterrent and bad practices on the pretext of the pandemic; also noted is that law enforcement units failed to take the required measures.

Everyday Life, Mobilizing, and Gender Attitudes

Effort was also spent to assess whether respondents’ attitudes toward gender equality had an impact on how they were coping with the pandemic. The study questionnaire included expressions that reflected various attitudes toward gender, and respondents’ responses were compiled into two categories, as having either “high awareness” or “low awareness” of gender equality. Accordingly, 56 percent of women were determined as having high awareness of gender equality. The findings in each section of the study—General Health; Economic Status; #StayAtHome, Domestic Work and Care Work; and Domestic Violence Against Women—were then reanalyzed on respondents’ awareness of gender equality.

- Awareness of gender equality was found to have made a statistically significant difference in terms of mental state prior to Covid-19; after the outbreak, however, this was seemingly no longer the case. While 82 percent of the women who had high awareness of gender equality reported their mental state as being good prior to the pandemic, this figure dropped to 29 percent after the outbreak. For women who had low awareness of gender equality, these figures were 75 percent and 31 percent, respectively.
- Of the women who had personal sources of income, 67 percent had a high awareness of gender equality. Meanwhile, 77 percent of women who had high awareness of gender equality and 62 percent of women who had low awareness of gender equality reported they were free to spend their incomes as they wish.
- Setting aside the impact of Covid-19, the division of domestic labor was more imbalanced in the households of women who had low awareness of gender equality compared to those who had high awareness of gender equality. Prior to the outbreak of the pandemic, 82 percent of women who had high awareness of gender equality did

22- Mor Çatı Women’s Shelter Foundation (13 Nisan 2020) “Koronavirüs Salgını Süresince Kadına Yönelik Şiddetle Mücadele İzleme Raporu”. <https://morcati.org.tr/wp-content/uploads/2020/06/koronavirüs-salgını-su-resince-kys-rapor.pdf>



the household chores, including dishwashing, cleaning and laundry; this figure was 92 percent for women who had low awareness of gender equality. Following the outbreak, women who had high awareness of gender equality did not experience a significant shift in their share of the household burden; while women who had low awareness of gender equality saw a minor decrease in the same, the share of domestic work on their shoulders was still greater than that undertaken by women who had high awareness of gender equality even prior to Covid-19.

The findings of the present study did not show that awareness of gender equality or grassroots/community mobilizing had an effect on generating different coping methods to deal with problems that emerged after the outbreak of Covid-19 pandemic. No differences were observed in the methods used to deal with problems related to general health, sexual and reproductive health, economic status, unpaid domestic work and care work, and domestic violence by awareness of gender equality. In conclusion, it might be said that Covid-19 turned out to be an experience that defied expectations for all women in terms of dealing with problems they might encounter.

The Impact of HREP in Coping with the Covid-19 Pandemic

HREP participants were included in the present study to examine whether group work geared to supporting women's empowerment, raising awareness on gender issues, and enhancing solidarity and grassroots mobilizing—as does HREP—might make a difference in how women used their personal resources and coped with crises; the Covid-19 pandemic in particular.

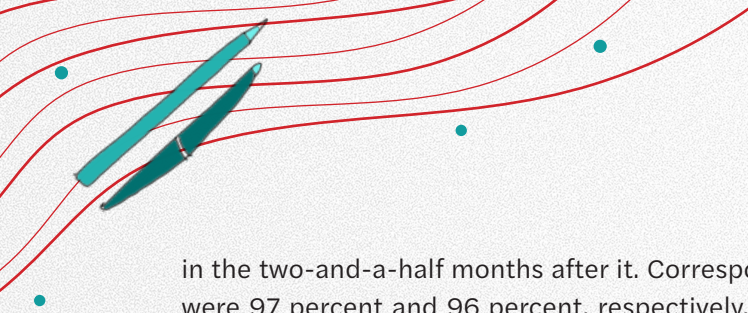
The study observed the following findings, indicating that participating in HREP did make a difference:

- While the shift in undertaking domestic responsibilities in the households of HREP participants was similar to that in the national sample, the spouses of HREP participants took on more household tasks prior to Covid-19. For instance, 3 percent of the spouses of HREP participants washed the dishes prior to the outbreak of the pandemic, and this figure rose to 9 percent afterwards; for the national sample, the corresponding rates were 0.6 percent and 2.6 percent, respectively. The same applies to cooking, cleaning, laundry, and ironing. Overall, the spouses of HREP participants seemed to shoulder the burden of domestic tasks at a greater rate (6 to 7 percent) after Covid-19. Although a similar trend was observed in the national sample, the numerical difference was not as distinctive as that for HREP participants. Several variables were used in the study to ascertain how domestic work was shared between spouses/partners before

and after the pandemic. A marked difference was seen among respondents who had 0-to-6-year-old children, and those who were gainfully employed. For instance, 30.4 percent of the spouses of HREP participants with 0 to 6-year-old children began to do the cleaning, which was not the case prior to the pandemic; the same shift was observed in the national sample, but only by 6.7 percent. This also applied to other household chores. A similar picture emerged with respect to the shift in household responsibilities before and after the outbreak by whether respondents were gainfully employed, which turned out to be a major variable in the study that explained gender equality awareness. Again, while 11.4 percent of the spouses of gainfully employed HREP participants started to do the cleaning during the pandemic, this figure was only 2.1 percent for the national sample. This difference between the HREP participants and the national sample became apparent when the “gainfully employed” variable — which was also one of the primary variables that explained gender awareness— was kept constant to determine the extent to which spouses/partners began to undertake household tasks following the outbreak, and helps explain the finding that awareness of gender equality did not have much of an impact shifting the division of household labor and care work after the outbreak of Covid-19. Although women may have gender equality awareness, they usually need other resources to apply this perspective in their own lives. Participating in HREP not only raises women’s awareness of gender equality, but also welcomes women into a network where they can find solidarity, mobilize, and become even more empowered together. Consequently, women in the HREP network arguably stand more of a chance to control their own lives than women who are not involved in such a network, even if they might have awareness of gender equality. The HREP independent impact assessment studies commissioned by WWHR support this finding. The 2012-2018 Independent Impact Assessment Report shows that 78 percent of HREP participants thought the training helped them to “ensure gender equality in the family.”²³ In brief, it can be said that having participated in HREP in the past had a positive impact on women both before the outbreak of Covid-19 in terms of dividing domestic responsibilities more evenly, and also after the outbreak in terms of coping with this new crisis by reorganizing the division of household labor in a way that ensured they were not overburdened by these tasks.

- Of the HREP participants who had a spouse/partner, 88 percent experienced at least one type of violence in the year preceding the outbreak of Covid-19, and 87 percent

23- Ipsos Research and Consultancy (2019) “Impact Assessment Report of the Human Rights Education for Women (HREP), Women’s Human Rights Trainings (WHRT), and Gender Equality Seminars in 2012-2018”. <https://kadinininsanhaklari.org/wp-content/uploads/2019/11/WWHR-2018-Impact-Assessment-Report.pdf>



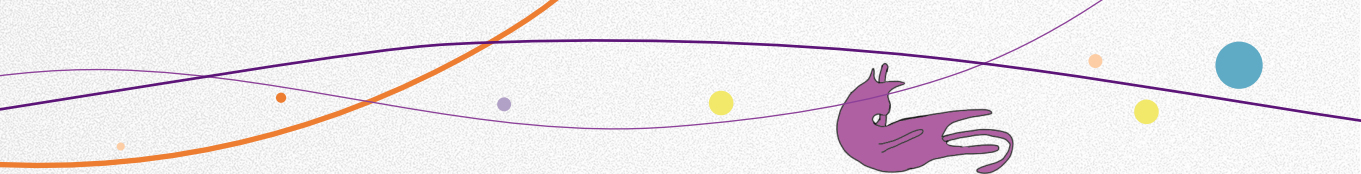
in the two-and-a-half months after it. Corresponding figures for the national sample were 97 percent and 96 percent, respectively. Meanwhile, of the HREP participants who did not live with a spouse/partner, 52 percent reported experiencing at least one type of violence from other household members in the year before the outbreak, and 51 percent reported experiencing at least one type of violence from other household members after the outbreak. Figures for the national sample were 44 percent and 45 percent, respectively. A comparison of the types of violence revealed that HREP participants who experienced physical, economic and sexual violence reported higher rates compared to the national sample both before and after the outbreak of the pandemic. In a similar vein, the percentage of HREP participants who reported experiencing physical violence from household members before the outbreak of the pandemic is three times higher than that reported by women in the national sample (10 percent for HREP participants and 3 percent for the national sample). This outcome may very well be due to underreporting, which is unfortunately observed very often in studies on violence against women. Women across the world either do not talk or omit facts about incidents of intimate partner violence. The circumstances brought on by Covid-19 has made it even more difficult for people to protect their privacy, making it even more challenging to gather data on VAW.²⁴ Consequently, the results of this study cannot be considered to fully reflect the violence actually experienced by women. Nonetheless, compared to respondents in the national sample, HREP participants would be expected to underreport their experiences less for a number of reasons, including their trust in WWHR, knowing that the study was commissioned by WWHR, being able to better define certain experiences as violence as a result of their participation in HREP, and feeling more able to speak about their experiences of violence after having processed them to some extent during the training. Another finding that supports this deduction is that while only 10 percent of HREP participants said they were unable to use the birth control method of their own choosing, this figure was 20 percent for the national sample; yet the rates of women who reported sexual violence was 8 percent for HREP participants and 4 percent for women in the national sample. These figures support the probability that women in the national sample underreported their experiences more. In summary, the results may indicate that HREP participants are perhaps more at ease in expressing their experience of physical, economic, or sexual violence compared to women in the national sample, as opposed to actually experiencing more physical, economic, or sexual violence.

24- Peterman, Amber and O'Donnell, Megan (September 2020) "COVID-19 and Violence against Women and Children: A Second Research Round Up, Center for Global Development". <https://www.cgdev.org/sites/default/files/covid-19-and-violence-against-women-and-children-second-research-round.pdf>



- Coping strategies used by HREP participants for problems caused by the Covid-19 pandemic were also compared to those employed by women in the national sample. The proportion of HREP participants who said they had been unable to find solutions to their problems was less than that in the national sample in each area covered by the study, except for “General Health.”
 - 17 percent of the respondents in the national sample and 22 percent of HREP participants reported they had been unable to resolve problems related to general health,
 - 33 percent of the respondents in the national sample and 28 percent of HREP participants reported they had been unable to resolve problems related to sexual and reproductive health,
 - 47 percent of the respondents in the national sample and 38 percent of HREP participants reported they had been unable to resolve their financial problems,
 - 10 percent of the respondents in the national sample and 6 percent of HREP participants reported they had been unable to resolve problems related to domestic labor and care work,
 - 10.6 percent of the respondents in the national sample and 9.4 percent of HREP participants reported they had been unable to deal with incidents of violence. Furthermore, in response to a question about VAW-related coping strategies, 21.5 percent of the respondents in the national sample said, “I do not do anything about it,” while the corresponding figure was 6.3 percent for HREP participants. In addition, the fact that only 1 percent of the respondents in the national sample who were subjected to violence applied to public institutions compared to 4 percent of the HREP participants may be explained by HREP’s empowering impact on women.

A comparison of the findings for HREP participants and for the respondents in the national sample revealed that women who have participated in HREP and are part of HREP network were more effective in coping with problems that arose during the Covid-19 pandemic: for instance, dividing domestic responsibilities more evenly in their households before the outbreak of the pandemic, and reorganizing them in a way that that ensured they were not overburdened by these tasks after it. In addition, HREP participants were found to take on a more active role than women in the national sample with respect to dealing with domestic violence against women—even though they reported higher incidences of physical, economic, and sexual violence. Such differences not only reiterate that the



HREP group training empowers women in identifying, confronting, and dealing with the negative experiences in their lives, but also confirm the findings in the *2012-2018 HREP Impact Assessment Study*.²⁵

According to the findings of the present study, HREP participants were better at “figuring out” ways to cope with problems related not only to domestic work, care work, and domestic violence, but also to sexual and reproductive health and economic status compared to women in the national sample.

Policy Recommendations

The present study revealed that prior to Covid-19, women were already experiencing severe difficulties in numerous domains, and still encounter hurdles in accessing their most fundamental rights regardless of the pandemic. It has become “unbearable” for women, to say the least, given that the existing crisis has been compounded with restrictions on public space accompanying the pandemic, a decline/withdrawal of social and institutional support even though domestic work and care work has increased, poor access to services for general health as well as sexual and reproductive health, impoverishment, the perpetuation of violence as intense and prevalent after the outbreak of the pandemic as before, and the bottlenecks in—or even the collapse of—mechanisms to protect women against violence. The dramatic change in women’s mental health, a major finding of this study, is a reflection of this harsh reality. The Covid-19 pandemic is not just a health crisis, and must be considered with its sociological and economic consequences. The policy recommendations we have developed against this backdrop are listed below.

1. The Coronavirus Scientific Advisory Board established by the Ministry of Health to combat the Covid-19 pandemic and similar boards that may be set up in the future in times of crisis should include mental health experts, social scientists, civil society organizations, trade unions, and relevant professional chambers that will adopt a rights-based approach to ensure gender equality in addressing the different needs of all segments of society.
2. An intersectional gender analysis should be carried out on the impacts of Covid-19 on the health of women including women with disabilities, LGBTI+ women, migrant women, HIV+ women, pregnant women, and sex worker women; an action plan should be developed based on the results.

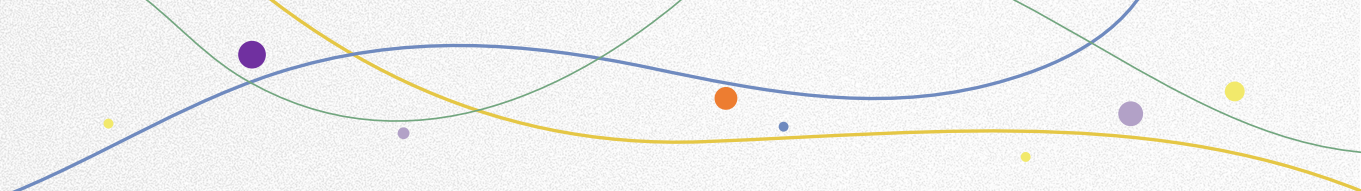
25- Ipsos Research and Consultancy (2019) “Impact Assessment Report of the Human Rights Education for Women (HREP), Women’s Human Rights Trainings (WHRT), and Gender Equality Seminars in 2012-2018”. <https://kadinininsanhaklari.org/wp-content/uploads/2019/11/WWHR-2018-Impact-Assessment-Report.pdf>

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3. Sexual and reproductive health services should be accessible to all in times of crisis and provided on a rights-based approach, maintaining specific quality standards. Special measures and additional services should be in place to deal with all possible contingencies in the event that services are interrupted, as was the case after Covid-19.
 - De facto barriers to accessing to the right to abortion, which is legal and optional in Turkey until 10 weeks of gestation, should be removed; abortion services should be of high quality, safe, free of charge, and accessible to all women.
 - Birth control methods should be available free of charge at Family Health Centers.
 - Telemedicine systems should be established to ensure women’s access to sexual and reproductive health services in times of crisis such as the current pandemic, and medical abortion methods should be available.
 4. Investments in social care services should be prioritized while drafting and implementing financial policies for economic recovery. Research shows that public investments in this sector would serve multiple policy goals, creating a multiplier effect (reducing the burden of unpaid care work on families and ensuring access to quality services particularly for children with disabilities would automatically offer benefits while also creating hundreds of thousands of employment opportunities and reducing poverty).²⁶
 5. Turkey should adopt the Organization for Economic Co-operation and Development (OECD) performance indicator for allocating at least 1 percent of its gross domestic product (GDP) to early childhood education and institutional childcare services. Public expenditure on early childhood education and institutional childcare services in Turkey is less than 0.5 percent of its GDP.²⁷ Research shows that Turkey has to allocate at least 1.2 percent to 2 percent of its GDP to early childhood care and education services to bring its score up to OECD averages.²⁸

26- İlkkaracan, İpek vd. (August 2015) “The Impact of Public Investment in Social Care Services on Employment, Gender Equality, and Poverty: The Turkish Case”, Istanbul Technical University Women’s Studies Center in Science, Engineering and Technology and the Levy Economics Institute of Bard College.
http://www.levyinstitute.org/pubs/rpr_8_15.pdf

27- OECD - Social Policy Division - Directorate of Employment, Labour and Social Affairs (2019) “PF3.1: Public spending on childcare and early education”.
https://www.oecd.org/els/soc/PF3_1_Public_spending_on_childcare_and_early_education.pdf

28- İlkkaracan, İpek and others. (August 2015) “The Impact of Public Investment in Social Care Services on Employment, Gender Equality, and Poverty: The Turkish Case”, Istanbul Technical University Women’s Studies Center in Science, Engineering and Technology and the Levy Economics Institute of Bard College.
http://www.levyinstitute.org/pubs/rpr_8_15.pdf

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6. Special policies should be developed to provide employment opportunities to people who were unable to participate equally in employment even prior to the outbreak of Covid-19, as well as those who were pushed out of employment in the aftermath of the pandemic (women, LGBTI+ persons, migrants, people with disabilities, etc.). The study shows that in terms of employment, the pandemic hit the East Black Sea, West Marmara, Southeast Anatolia, and Northeast Anatolia regions the most. Employment policies and their implementation should address these regions specifically.
 - Emergency financing, skills development training, and mentoring should be available.
 - Macroeconomic policies should be adopted, ensuring access to quality care services and decent job opportunities.
 7. Data on public social assistance provided during the Covid-19 pandemic should be publicized explaining how and for whom public resources were used; social assistance practices that promote women's empowerment should be developed and put into practice.
 8. Data on public mechanisms for the protection of women against violence, which were not made public prior to Covid-19, should be publicized regularly, as required by the Istanbul Convention. A specific report should be prepared and publicized on this topic in the context of Covid-19.
 - How many incidents of violence were reported daily to *ALO 183*, the *KADES* app (Women's Emergency Support Application), and security units during the pandemic, and what were the main topics of these reports?
 - How many requests for support were responded to, and how many were left unanswered?
 - What is the latest on the occupancy rate of shelters?
 9. Mechanisms that failed to effectively provide protection to women against violence before the outbreak of Covid-19 should be reviewed to determine bottlenecks that hampered the functioning of these mechanisms, and to ensure that these mechanisms are ready to face any future crises, including the next phases of the pandemic.
 - Temporary and safe shelters should be in place for women to access in case of emergencies such as the Covid-19 pandemic and similar crises.
 - *ALO 183* should be designated as a 24/7 helpline specific for incidents of violence.

- Sexual Violence Crisis Centers, as required by the Istanbul Convention, should be established immediately.
 - All municipalities should have counselling and solidarity centers for women.
 - The State should, especially in times of crisis, organize awareness-raising campaigns on VAW, and provide clear information on where and how women can find help for protection against violence in times of crisis, by means of public service announcements and similar methods.
10. Work related to women's human rights and gender equality, such as HREP, which support women's enjoyment of their rights and promote women's empowerment in a network, should be made more widespread.

