



 **care**[®] TURKEY

Rapid Gender Analysis MENA – Turkey Program

April 2020
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Acknowledgements

This RGA has benefitted from the valuable contributions from CARE Turkey colleagues, especially Dilah Saylan and Brooke Gibbons for their overall support and motivation. The author is also grateful to case management and M&E colleagues who partook in this research and kindly shared their experiences to inform the analysis.

The views in this RGA are those of the author alone and do not necessarily represent those of the CARE or its programs and/or partners.

Image: Rory O'Keeffe, Founder, manager, Koraki



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Abbreviations

| | |
|-------|--|
| CCTE | Conditional Cash Transfer for Education |
| DGMM | Directorate General of Migration Management |
| ESSN | Emergency Social Safety Net |
| FGD | Focus Group Discussions |
| GBV | Gender-based Violence |
| I/NGO | Inter/national Non-Governmental Organizations |
| IPS | Information Protection Space |
| M&E | Monitoring and Evaluation |
| OECD | Organization for Economic Co-operation and Development |
| RGA | Rapid Gender Analysis |
| SRHR | Sexual and Reproductive Health and Rights |
| TPID | Temporary Protection Identification |
| UNHCR | United Nations High Commissioner of Refugees |
| WASH | Water, Sanitation and Hygiene |
| WFP | World Food Programme |
| 3RP | Regional Refugee & Resilience Plan |

Executive Summary

In an effort to understand the differentiated needs and capacities of the vulnerable Syrian refugee groups affected by the Syrian Crisis residing in Southeast Turkey, CARE updated its Rapid Gender Analysis (RGA) conducted in 2019. Turkey hosts the largest share of refugees in the world; 90% of whom are Syrian and have relocated to Turkey since the beginning of the Syrian crisis. A high majority (98%) of the Syrian refugees are residing in urban areas and many face difficulties in meeting their basic needs and adopt negative coping mechanisms such as early marriage, child labor, and illegal employment. Harmful cultural and traditional practices, coupled with the lack of livelihoods and self-reliance opportunities, perpetuate a situation of risk as many families see child marriage as the only way to secure a future for their children.

CARE continues to work to strengthen capacities, to provide targeted protection assistance, including in preventing and responding to GBV, providing protection responses including assessing legal and other specialized services and ensuring families have reduced exposure to safety and security concerns. The assistance provide would be more effective with having gender-based needs and capacities identified and addressed throughout the intervention. To analyze the gendered dimension of the Syrian Crisis in Turkey and update its 2019 RGA data on the changing roles of women, men, girls and boys as well as their needs, capacities and coping strategies, CARE conducted 396 household surveys, 3 Focus Group Discussions (FGDs) and a review of secondary.

Key recommendations

Based on the analysis, the key recommendations of this RGA are:

- In addition to the burden of domestic tasks, women are more engaged in income generating activities after the crisis, doubling their burden. Interventions should be addressing women's unpaid domestic work in order to not to risk overburdening of women and reproduce gender inequality. Engaging men and boys is crucial in this instance.
- Continue to conduct protection outreach sessions in order to inform community members of the availability of protection services in their communities and safe spaces for community members (e.g. IPSs of CARE Turkey)
- GBV as a crosscutting issue appears across different domains such as domestic division of labour, livelihoods, child protection (including access to education) and access to services; therefore, linkages and coordination with other sectors are crucial in GBV response.

Key findings

- Majority of the respondents are either joint decision makers or the decision-makers in their households.
- There is an increase in the number of working women after crisis since their husbands are unable to work.
- Majority of the men and women share their incomes.
- Majority of women engage in domestic tasks while there are no men who are primarily responsible for domestic labour.
- Females are seen to be the most vulnerable group in the crisis.
- GBV, child marriage and early marriage are some of causes of vulnerability for girls below 18 years of age and child labour for boys.
- Women are considered vulnerable due to limited job opportunities and lack of language skills.
- Highest share of the women (39%) mentioned they do not have access to any SRHR services.
- Lack of locks on the doors, lack of safe bathing areas or space are main reasons behind women's lack of safe access to bathing facilities.
- 47% of women highlighted that they cannot meet their sanitation needs.
- Majority of the respondents reported that they did not receive humanitarian assistance in the last 30 days.
- Language barriers, difficulties with employment and tensions between Syrian and host communities are the top challenges experienced by the Syrian community.
- Violence/abuse outside is the biggest security concern for women.
- Men resort to violence in the household as a negative coping mechanism in order to cope with stress.

- Shelter/WASH programming should take into account security concerns of women. Women are concerned about locks and safety as well as presence of certain WASH facilities.
- Sanitation kits should be considered, and content should be gender sensitive as majority of the women cannot meet their sanitation needs.
- Consultation with the community prior to/as part of the assistance should be increased.

Introduction

Background information

Turkey is home to largest registered refugee population in the world; hosting more than 4 million of refugees and asylum seekers. As of March 26th, 2020, almost 3.6 million Syrians – around 46% female and 21% girls under 18 – live under temporary protection¹ along with over 365.000 asylum seekers from other nationalities², 98% of whom live in host communities³ in shared or rented housing or in temporary and informal settlements. High concentration of out-of-camp Syrian refugees has created a “demand-supply imbalance” with regards to learning and capacity building options, income generation and employment opportunities. Due to their close proximity to Syrian border, the crisis has had an effect in Gaziantep, Kilis and Şanlıurfa. These provinces have high unemployment rates, even among the host community where more than one in five children is income-poor⁴. Current prospects and sustainability of voluntary, safe and dignified repatriation to Syria remain challenged by persisting obstacles to return, such as insecurity, housing, land and property issues, in addition to ongoing displacement within the country due to violence. People with specific needs, in particular women, youth and people with disabilities at risk, continue to be a priority for CARE’s response in Turkey.



As the economic burden and length of displacement increase, many refugees also adopt negative coping mechanisms such as early marriage, child labor, and informal and unsafe employment. Harmful cultural and traditional practices, coupled with the lack of livelihoods and self-reliance opportunities, perpetuate a situation of risk as many families see child marriage as the only way to secure a future for their children. The lack of self-reliance opportunities is also leading families to engage their children in the labor force. Refugees in Turkey face not only language barriers but also lack of reliable information on and access to rights and assistance systems.

CARE continues to work to strengthen capacities, to provide targeted protection assistance, including in preventing and responding to GBV, providing protection responses including assessing legal and other specialized services and ensuring families have reduced exposure to safety and security concerns. While there are multiple actors involved in providing assistance to Syrian refugees in Turkey to help them recover from the crisis, the assistance would be effective if gender-based needs and capacities are addressed well in the response.

1 <https://data2.unhcr.org/en/situations/syria/location/113>

2 <https://www.unhcr.org/tr/en/refugees-and-asylum-seekers-in-turkey>

3 <https://en.goc.gov.tr/temporary-protection27>

4 OECD (2019), “Society as a Glance 2019”, p.100.

In order to update last year's RGA and integrate gender into refugee response of CARE Turkey, CARE has conducted the RGA in Southeast Turkey where CARE operates, and Syrian refugees are intensely located.

The Rapid Gender Analysis objectives

CARE embarked on the RGA in order to understand the gendered dimension of the Syrian Crisis in Turkey. The latest findings from this RGA has been used to update the 2019 RGA data in order to analyse the changing roles of women, men, girls and boys as well as their needs, capacities and coping strategies. The objectives of this RGA are to:

- Understand the gender dimension of the crisis and differentiated needs, capacities, and vulnerabilities among Syrian refugee communities in Southeast Turkey and to inform CARE's refugee response in Southeast Turkey accordingly.
- Analyse different and changing gender roles and relations in Southeast Turkey at household and community levels in relation to gender and power differentials (structure, relations, agency)
- Provide recommendations on ways in which CARE can respond to Syrian refugee women, men, girls and boys in Southeast Turkey and provide inclusive and dignified assistance in line with the findings mentioned in the points above.

Methodology

RGA provides information about the different needs, capacities and coping strategies of women, men, boys and girls in a crisis. Rapid Gender Analysis is built up progressively: using a range of primary and secondary information to understand gender roles and relations and how they may change during a crisis. It provides practical programming and operational recommendations to meet the different needs of women, men, boys and girls and to ensure we 'do no harm'. RGA uses the tools and approaches of Gender Analysis Frameworks and adapts them to the tight timeframes, rapidly changing contexts, and insecure environments that often characterise humanitarian interventions.

The research has been undertaken during the months of January and February 2020. This RGA provides an update to the findings identified during RGA 2019 process. The research methods included the following:

- **396 household surveys** (194 female and 202 male) conducted by CARE's case management team in Gaziantep, Şanlıurfa and Kilis. The household survey was adapted from CARE's RGA toolkit and contextualized for the aim of this research and for cultural appropriateness. All participants were 18 years of age and above.
- **3 Focus group discussions** (23 female) conducted by CARE's M&E team in Gaziantep, Şanlıurfa and Kilis. All participants were aged at least 18.
- **Secondary data review** was conducted.

UNHCR, Turkey – Situation Syria Refugee Response

DGMM, Temporary Migration Statistics

OECD, Society at a Glance 2019

CARE, Rapid Gender Analysis 2019

CARE, Shelter Assessment Southeast Turkey 2019

Regional Refugee & Resilience Plan (3RP), Country Chapter, 2019/2020, Turkey

WFP, Refugees in Turkey: Comprehensive Vulnerability Monitoring Exercise (Round2), 2018

The research had several **limitations**,

- The data collection was time-bound and done with limited human resources; therefore, findings were constrained mainly to the surveys in addition to limited number of FGDs with only female participants.
- The FGD data was translated into English from the original language (Arabic) and there may be some elements that are lost in translations.

Demographic profile

Sex and Age Disaggregated Data of Syrian Refugees in Turkey

Gaziantep, Şanlıurfa and Kilis are among the provinces with the highest number of Syrian refugees in Turkey, hosting a quarter of the registered Syrians among the total 3,6 million registered Syrians in Turkey. Ranking only second after İstanbul, Gaziantep hosts 450,184 Syrian refugees, the equivalent of 22% of the province's host community population. In Şanlıurfa, 422,470 Syrian refugees reside, corresponding to almost 22% of the host community population in the province. 111,948 Syrian refugees live in Kilis, equalling at around 79% of the province's host community population⁵. 46% of the registered Syrian refugees in Turkey are female and 44% are children⁶. Please refer to the table below for sex and age disaggregation of Syrian refugees in Turkey.

| SEX AND AGE DISAGGREGATED DATA OF SYRIAN REFUGEES IN TURKEY (UNHCR MARCH 26, 2020) | | | |
|--|-------|---------------------|-------|
| 0-4 Male | 7.1% | 0-4 Female | 6.6% |
| 5-11 Male | 9.3% | 5-11 Female | 8.5% |
| 12-17 Male | 6.8% | 12-17 Female | 6.0% |
| 18-59 Male | 29.0% | 18-59 Female | 23.1% |
| 60 and Above Male | 1.8% | 60 and Above Female | 1.9% |

Demographic analysis of the RGA Participants

Based on the figures above, CARE employed probability sampling (95% confidence level and 5% error of margin) and surveyed a total of 396 Syrian women (49%) and men (51%) in Gaziantep (178 – 45%), Şanlıurfa (167 – 42%) and Kilis (51 – 13%). Majority of the respondents are aged between 25-59 (88%), 6% aged between 18-24 and 6% aged 60 and above. 34% of the respondents are living in female-headed households and 66% in male-headed households. Of 396 surveyed respondents, 83% are from adult-headed households, 11% child-headed households and 6% elderly-headed households. Please refer to the table below for sex and age disaggregation of the RGA household survey respondents.

| AGE AND SEX DISAGGREGATION OF RGA HOUSEHOLD SURVEY RESPONDENTS | | | | |
|--|--------|------|-----------|-----------|
| Age Bracket | Female | Male | Total (#) | Total (%) |
| 18-24 | 13 | 12 | 25 | 6% |
| 25-59 | 173 | 176 | 349 | 88% |
| 60 and above | 8 | 14 | 22 | 6% |
| Total | 194 | 202 | 396 | 100% |

Highest share of RGA respondents are married (73%), followed by widow/er (14), single (6%), divorced (4%) and separated (4). It is important to note that the **share of widowed respondents living in female-headed households**

⁵ Ibid.

⁶ <https://data2.unhcr.org/en/situations/syria/location/113>

(37%) is much higher compared to the widowed respondents from male-headed households (2%), signalling a higher risk of vulnerability for female-headed households among the survey respondents.

The average household size is 5.7. The figure is lower in female-headed households (5.2) compared to male-headed households. Without any significant variance between female-and male-headed households, the average number of individuals with disabilities in a household is 0.2 and the highest number of disabled individuals in a household is 3 at maximum. Again, without any significant variance between female-and male-headed households, the average number of lactating women in a household is 0.2 and the highest number of disabled individuals in a household is 2 at maximum. **The average number of children in a household is 3.4** without any significant difference between female-and male-headed households. The highest number of children living in the same household goes up to 11.

With no significant variance between sexes, **highest share of respondents (48%) are primary school graduates,** followed by secondary school graduates (22%) and high school graduates (13%). While 9% are university graduates, the rest 7% is illiterate or do not have any formal education background except only one respondent who studied nurse care.

A lion's share (89%) of the survey respondents live in an apartment, followed by mud dwelling (3%) and prefabricated houses (1%), without any significant difference between female-and male-headed households or respondents. 8% live in other types shelters such as temporary shelter or partially constructed houses.

In addition to the household surveys, CARE has conducted three FGDs in Gaziantep (1 – 7 female participants), Şanlıurfa (1 – 8 female participants) and Kilis (1 – 8 female participants) with female participants from the Syrian community. Majority of them were unemployed and few of the FGD participants were engaged in daily works to earn a living.

Findings and analysis

The findings in this analysis are based on the data collected for RGA and review of secondary data. The quantitative data presented here is driven from household surveys while the qualitative data is sourced from FGDs and secondary data, unless otherwise referenced.

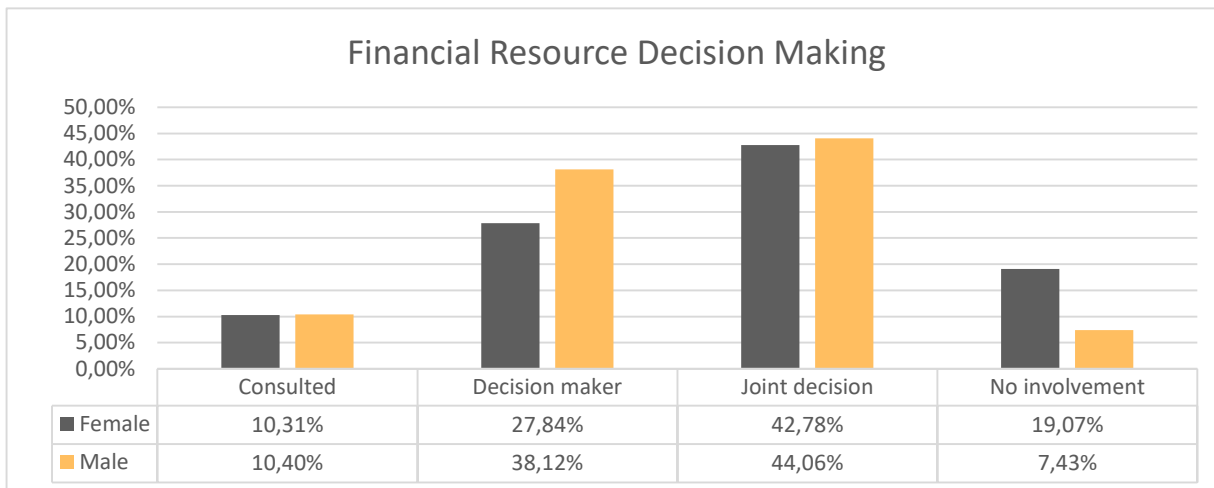
Gender Roles and Responsibilities

Decision Making in the Household

The household surveys with Syrian refugees demonstrates majority of the female and male respondents are **either involved as a joint decision maker or they are the only decision-makers in decision-making processes in their households.** This decision-making practice was the same prior to the crisis.

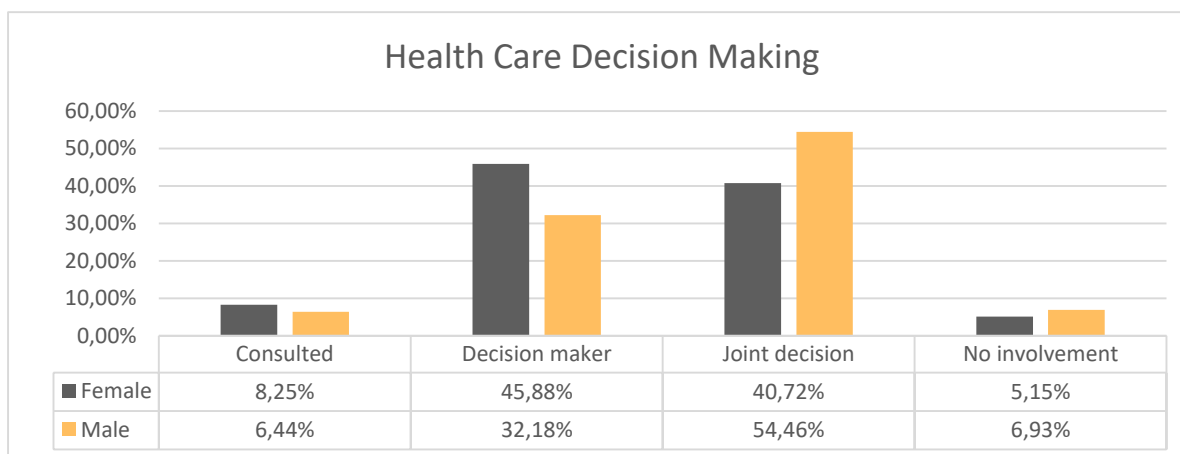
Majority of the female (43%) and male (44%) respondents reported they jointly participate in decision making in the household when it involves working to earn money themselves, while another 38% of male respondents indicated that they are decision makers concerning the money they earn.

When the figures are compared to the findings in RGA of 2019, it is clear that there is a **significant decrease in percentage of men who consider themselves as primary decision-makers** with regards to financial resources (50% in 2019 RGA).



According to the majority of the respondents, this was not affected by the crisis (56% of females and 76% of males). A similar trend is observed concerning buying or selling of assets. The highest share of female (50%) and male (60%) respondents reported the decision is a joint decision and this was the same before the crisis according to the majority (65% of females and 78% of males). In terms of migration or displacement, majority of females (49%) and males (67%) reported the decision was jointly taken in the household and this was not affected by the crisis.

Regarding health care decisions, highest share of female respondents (46%) consider themselves as decision-makers, highest share of male respondents (56%) think the decision is jointly given. On the other hand, another 41% of female respondents reported that access to health care is a joint-decision in the households. Majority of both female (70%) and male (83%) respondents reported that decision-making on accessing to health care in the household was not affected by the crisis. For majority of the female (47%) and male (69%) respondents, accessing health care for children in the household is a joint decision, while another 40% of female respondents think they are the decision-makers. Both female (74%) and male (83%) respondents think that decision making patterns on accessing health care for children is the same before crisis.



Majority of both female (67%) and male (78%) respondents said it is a joint decision whether to have another child and this was not affected by the crisis (76% of females and 81% of males). Unfortunately, only 5% of female respondents stated they are consulted, and 13% stated they have no involvement in whether or not they have another child. While there is an increase in the share of female respondents who mentioned having another child is a joint decision in the household (50% for females in 2019 RGA), there also increase in percentage of women who are not involved in this decision-making process (5% for females in 2019 RGA).

The trend is similar concerning the decision of sending children to school. Highest share of both female (62%) and male (73%) respondents reported that it is a joint decision whether children attend school. On the other hand,

another 22% of females reported that they are decision makers on whether children attend school. This was same before the crisis according to the majority (76% of females and 84% of males). Decision on who the daughters should marry is a joint decision according to highest share of female (65%) and male (68%) respondents and majority again reported that this was the same prior to the crisis (78% of females and 82% of males). Similarly number of female (63%) and male (72%) respondents said that decision on who their sons marry is also jointly taken in the household and this has been the same prior to the crisis (78% of females and 82% of males).

It is important to note that the survey does not make it clear whether the female or male respondents self-reporting to be decision makers in their households are the head of households or not.

Earning income

The unemployment rate among Syrian and host community populations in the Southeast Turkey is high and integration of Syrian refugees living in Turkey in the labour market carries a risk with regards to social cohesion. Local and refugee labour force with similar education levels may compete for the same jobs resulting in social conflicts that should be taken into consideration while discussing the livelihoods opportunities of Syrians in Turkey. However, it has been observed that the Syrian workforce tends to seek jobs of a lower socio-economic level⁷ than the average Turkish citizens. According to WFP (2018), more than 60% of Syrian households are not able to generate income through skilled or reliable work and 20% of the Syrian households do not have any working members, which renders Syrian households more vulnerable⁸.

Syrian refugees, particularly women, experience barriers in accessing formal/informal employment in Turkey. The reasons for this could be explained by the lack of common language, the low levels of education of a segment of the Syrian refugee population and/or the inability of Syrians to prove their levels of education (not being able to produce their documentation), the tendency of Syrians to accept work under poor conditions and for low wages due to their financial needs, lack of safe and dignified work for Syrian refugees and balancing household duties. Moreover, lack of information on the part of employers and Syrians under temporary protection and work permit application procedures continue to pose challenges to employment of Syrian refugees in Turkey⁹.

Syrian refugee women living in Turkey are bound to their cultural restrictions and traditions when it comes to participating in the labour market, but also to the traditional gender roles in the Turkish society. Hence, they are facing a double challenge when trying to achieve economic independence. Syrian women face additional crucial challenges in accessing labour market such as lack of opportunities for training, risk of exploitation, poor working conditions and risk of harassment. Due to traditional gender roles, access to public spaces can be limited for women compared to men.

The household surveys indicate **highest share of female respondents (35%) were not engaged in any paid activities while majority of the male respondents (28%) were engaged in daily labour before the crisis.** Another share of women reported themselves as housewives (12%), engaging in daily labour (13%), independent business or small trade prior to the crisis (11%). On the other hand, male respondents reported involved in factory work, farming, small trade and independent business or not being engaged in any paid activities in the pre-crisis period. Although many of the FGD female participants mentioned they were not engaged in paid work before the crisis, few women mentioned they used to either work or study back in Syria.

Concerning after the crisis, **while highest share of the women (29%) still reported not being engaged in paid activities with a decrease in the percentage compared to pre-crisis situation, there is an increase in share of women who are working as daily labour to earn money** (13% before the crisis and 24% after the crisis). On the other hand, there is a decrease in share of women who consider themselves as housewives (7%) or engage in

⁷ World Bank (2015). The Impact of Syrian Refugees on the Turkish Labor Market.

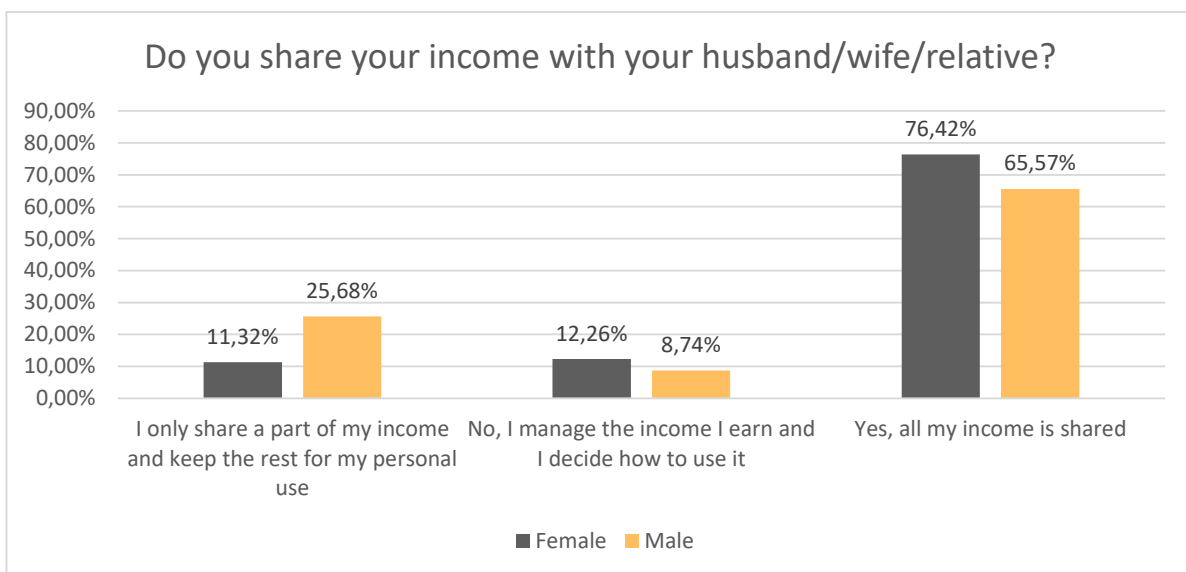
⁸ WFP (2018). Refugees in Turkey: Comprehensive Vulnerability Monitoring Exercise (Round 2).

⁹ 3RP (2019). Regional Refugee & Resilience Plan (3RP), Country Chapter, 2019/2020, p.86

independent business or small trade (3%). FGDs with women also support the idea that more women are engaged in labour market and income generating activities in Turkey compared to the times back in Syria. Although some of the FGD participants who reported not working back in Syria mentioned they started working in order to generate income and support their husbands. This may be because their husbands cannot generate income in Turkey.

During FGDs, many women described their work status in relation to the work status of their husbands; which suggests that **whether Syrian women work in Turkey after the crisis is somehow related to if their husbands work or not**. One of the FGD participants said that *“before the events in Syria, my husband was working, he was working and I had nothing to do with work, my only responsibility was housework and my house. I was very relaxed and was only sitting at home but after these events...how can I say, our burden has increased, one of the bombs thrown from the planes hit my husband and he became disabled. I had to start working after this event...see my children are still young [...] now I am obliged to work”*¹⁰.

ESSN is considered to be a significant source of income for another share of female respondents (21%), which is also confirmed by most of the women who participated in FGDs. Since the 2019 RGA, ESSN continues to be the main source of livelihood for women. At the same time an important portion of women, similar to pre-crisis period, reported themselves as housewives, engaging in independent business or small trade and relying on their children’s (mainly their sons) financial support. Majority of the women who mentioned they used to work in Syria before the crisis during FGDs, also mentioned they are no longer engaged in paid activities after the crisis in Turkey. Lack of Turkish language skills was frequently referenced by women as a reason behind not engaging in paid activities. There were only a few women who reported continuing working in Turkey after crisis.



On the other hand, **there is an increase in portion of male respondents both who reported not being engaged in paid activities (10% before the crisis and 21% after the crisis) and who are engaged in daily labour (38%) after the crisis**. During the FGDs, women also confirmed that their husbands or male relatives in the household were engaged in paid activities prior to crisis in Syria, which is no longer same in Turkey after the crisis. One FGD participant mentioned that *“[...] and for men who work in the factories, they get injured [...] and they accept lower than the minimum legal salary due to lack of financial situation and also the livelihood projects are available just for women, we can say that in Turkey after the crisis women have taken her rights more than the men”*¹¹. Most of the women in FGDs reported their husbands are not working in Turkey or having difficulties in finding paid employment; therefore, they are vulnerable according to many women in FGDs¹². ESSN is reported by less portion

¹⁰ A women FGD participant in Kilis.

¹¹ An FGD participant from Gaziantep.

¹² In contradiction to this statement, household surveys suggest that both men and women think women and girls are the most vulnerable group after the crisis. This is expanded more under vulnerability sub-section.

of males (14%) compared to females (21%) as a source of income after the crisis. While women continued to engage in small trade or independent business after the crisis compared to pre-crisis period, **there is a decrease in share of men who reported engaging in small trade or independent business after the crisis** (12% before the crisis and 3% after the crisis).

Among married respondents, **76% of females and 66% of males reported sharing all of their incomes with their husbands/wives/relatives**. It is worth mentioning another 26% of male respondents said they only share a part of income and keep the rest for their personal use.

Control of resources

Household survey respondents were asked who decides who the household income is spent. **Highest share of respondents (67%) mentioned the decision to spend money is taken together**. 52% of women reported the same while another 17% said it is the husband who usually decides how the household income is spent. There is 14% of women who mentioned it is the wife who makes the decision on the household income spending. The portion of men (82%) who mentioned household income is spent based on a joint decision is higher compared women (67%) who responded the same.

During FGDs, majority of the women mentioned that their husbands were working before the crisis in Syria; therefore, it was mainly husbands who accessed and controlled financial resources such as household income. There were few women working back in Syria; therefore, were involved in financial management and control over financial resources. **Women who continue or started working in Turkey mentioned they are involved in control and management of financial resources in household**.

Division of (domestic) labour

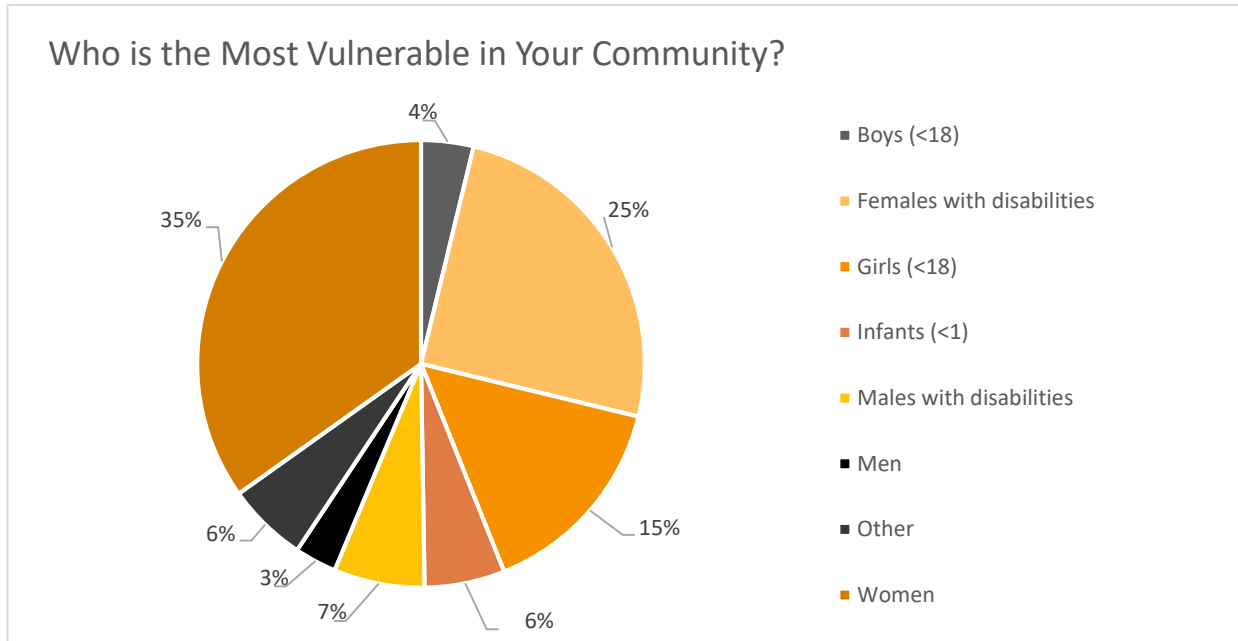
Household survey respondents were asked to rate their engagement in domestic tasks such as childcare, cleaning, cooking, food shopping and care of individuals with disabilities to understand the domestic division of labour between men and women. Responses indicate **women are more likely to be completely involved in domestic tasks which are traditionally associated with women such as childcare, cleaning, cooking, food shopping and care of individuals with disabilities**. Conversely, no male respondents reported themselves “always” engaging in any domestic tasks.

Majority of the male respondents mentioned they sometimes engage in childcare (53%), not involved in cleaning (51%) and cooking (52%) and sometimes engage in food shopping (46%) and care of individuals with disabilities (44%). Interestingly enough, 12% of male respondents reported childcare as “not applicable” as a domestic task for themselves and 16% reported they are not involved in this. However, it should be also considered that data is not clear if these male respondents have children or not. On the other hand, majority of the women reported as always being engaged in almost all household tasks including childcare (81%), cleaning (91%), cooking (90%), care of individuals with disabilities (64%) and food shopping (66%).

The FGDs with women demonstrated before the crisis, it was mainly women who were engaged in domestic tasks, including preparing breakfast for their children, general childcare, cleaning, cooking and other household responsibilities. The discussions confirm that this continues the same way in Turkey after the crisis for women. Domestic responsibilities continue to be shouldered by women in Turkey. **Almost all women, during the discussions, have confirmed their domestic responsibilities have increased, and this has increased the overall burden of the women, especially if they are working at the same time**.

Vulnerability

The RGA suggest the community is well aware of the vulnerabilities of women and girls and see them as the most vulnerable group. Without a significant variation between female and male respondents, women (35%) are considered the most vulnerable in the community, followed by females with disabilities (25%) and girls aged below 18 (15%).



When asked the reasons of vulnerability, the common responses were lack of access to education and limited financial resources as the main reasons behind the vulnerability of women, females with disabilities and girls aged below 18. Women are considered vulnerable also due to lack of jobs; females with disabilities are considered vulnerable due to lack of accessing health care and girls aged below 18 are reported vulnerable because of child protection concerns including S/GBV and child labour. With no important difference between the responses of female and male respondents, the biggest reason is **lack of access to education** (62%), followed by **lack of job** (38%) and **limited financial resources** (36%) as well as **early/forced/child marriage** (26%). Concerning the females with disabilities, lack of access to education (58%) similarly appears to be considered as the primary reason behind their vulnerabilities by the Syrian community, followed by limited financial resources (47%), lack of job (44%) and **lack of access to health services** (44%). Not surprisingly, girls aged below 18 are portrayed to have similar vulnerabilities by the respondents, compared to women and females with disabilities. Lack of access to education (30%), limited financial resources (30%), **GBV** (26%), **child labour** (27%) and **early marriage** (25%) are reported to be the main reasons for vulnerable girls aged below 18.

On the other hand, share of both female and male respondents who think men (3%), males with disabilities (7%) and boys aged below 18 (4%) are vulnerable is comparatively low. Even though women in FGDs mentioned men are vulnerable due to their disadvantaged positions in Turkey after crisis related to their income generating opportunities and conditions, survey participants mentioned men and boys as vulnerable quite often. The portion of women (2%) who consider men vulnerable is two times less compared to the share of men (4%). The top reasons behind vulnerability of boys aged below 18 are lack of access to education (27%), child labour and tensions with the host community (20%). Men are considered vulnerable due to lack of jobs (75%), limited access to financial resources (39%) and lack of access to health services (17%). Moreover, lack of access to education (65%), lack of access to health services (62%) and lack of jobs (58%) are vulnerabilities associated with males with disabilities. There's a significant difference between females with disabilities (25%) and males with disabilities (3%) perceived as vulnerable, which is also recognized by the literature claiming that women with disabilities are perceived more vulnerable by the public compared to men with disabilities¹³.

13 Council of Europe (2013), Discrimination against Women with Disabilities.

During FGDs, women expressed different vulnerabilities for women, children and men. Children were considered vulnerable because they face challenges in their schools such as bullying from host community children, difficulties due to lack of sufficient Turkish language skills, child labour(boys) and early/forced marriage (particularly girls). Mainly for boys, participants stated they are deprived of their childhood due to work and household responsibilities assigned to them at these early ages. Women also mentioned that girls were deprived of their childhoods due to child/forced marriage and even experience divorce afterwards at child ages. Although majority of the women considered all different groups vulnerable, they seem to consider men more vulnerable than women in FGDs in relation to unemployment or bad working conditions. **Women considered themselves as vulnerable because they lack enough skills to work in Turkey and due to traditional gender roles.** Particularly, women in Şanlıurfa made reference to eastern societies while describing their vulnerabilities. One of the FGD participants in Şanlıurfa said “*men have the right to hit their wife if she says no to him.*” Moreover, it is important to state that women spoke more of the vulnerabilities that men and children possess compared to women’s vulnerabilities.

Access

Education

Despite significant efforts, a substantial proportion of children in Turkey are vulnerable to violence, abuse, exploitation and neglect. The influx of Syrian refugees in Turkey over the last decade has increased the burden on the child protection system in Turkey. National authorities and several nongovernmental organizations have been experiencing a challenge in their capacity to respond to identified child protection issues. Child labour, and child marriage are main reasons behind various forms of violence against children and lack of their access to formal/non-formal educational opportunities.

While majority of the respondents (37%) reported that the crisis did not affect schooling of their children, another 33% of the respondents said that both girls and boys stopped attending school as a result of the crisis. **Child labour and financial challenges** are the main reasons why boys (51% of the respondents) are more likely to be out-of-school due to crisis compared to girls (44%) in the community according to household survey. On the other hand, **financial challenges, early marriage and lack of safe access to schools constitute the key factors behind out-of-school girls in the community.** It is important to note that parents are more reluctant to send their girls to school compared to boys and early marriage is a bigger reason for girls staying out-of-school compared to boys.

Child marriage had already been reported as a prevalent harmful practice prior to the crisis in Syria. According to UNICEF 2006 data, around 3% of Syrian girls are married before the age of 15 and around 18% married before the age of 18 in Syria¹⁴. UNICEF (2018) data has also demonstrated the percentage of child marriage in Turkey between the years of 2010 and 2017 was 1% for the children married by the age 15 and 15% for the ones married by the age 18¹⁵, underrepresenting the data of unregistered marriages such as marriages involving Syrians lacking passports, girls aged below 16, polygamous partnerships or religious contracts. These figures have been significantly impacted by the Syrian crisis. According to a report by UNICEF in 2015, “1 in every 5 registered marriages of Syrian refugee women includes a girl under the age of 18”, in order to “help family survival”¹⁶.

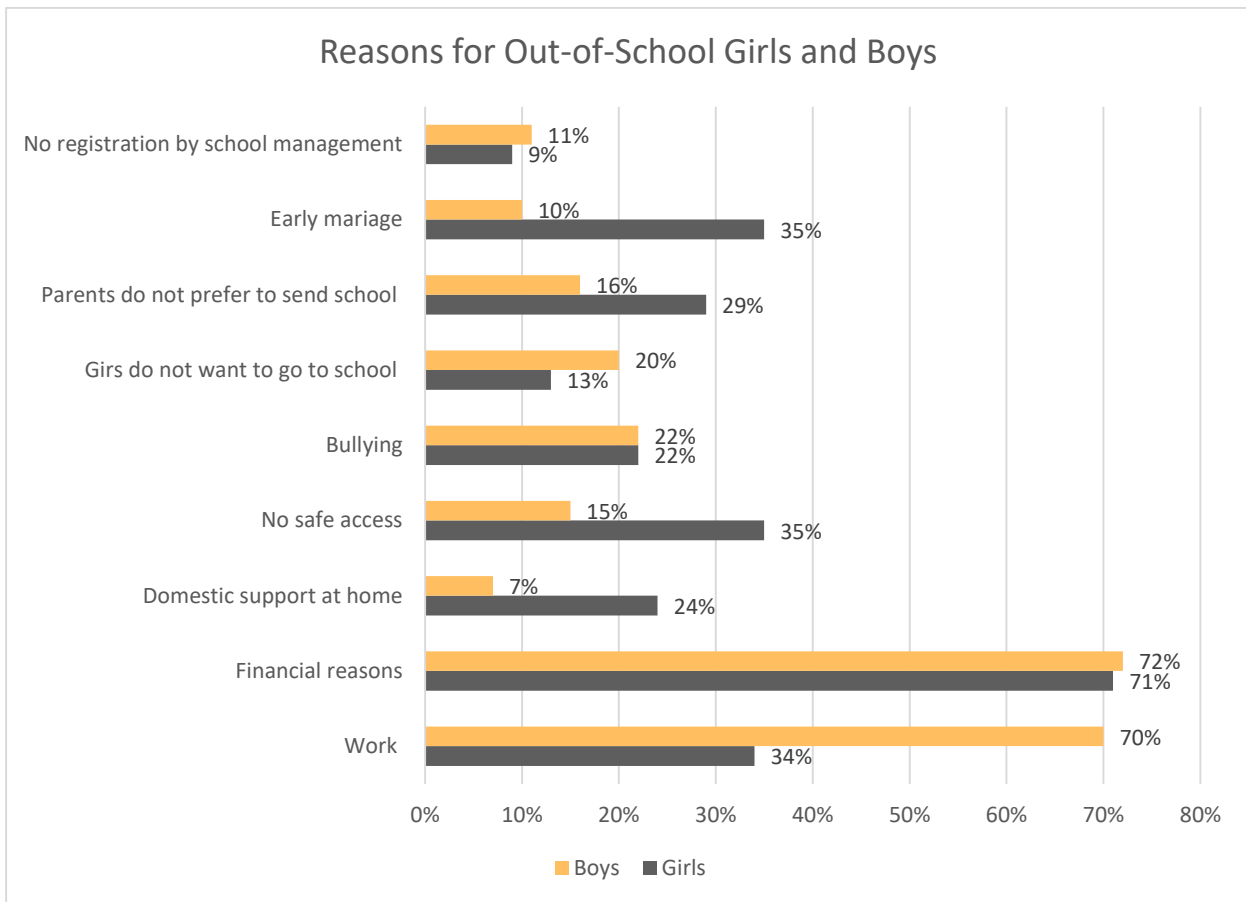
In addition to traditional gender roles, lack of access to basic livelihoods has generated pressure on children, which is manifested through concentration of existing gender imbalances and roles. Families marry off their children to better manage their livelihood sources by decreasing the number of persons in need of economic

14 <https://www.girlsnotbrides.org/wp-content/uploads/2019/10/1.-TO-READ-IFRC-Child-Marriage-Case-Study-Report-2019.pdf>

15 <https://www.girlsnotbrides.org/child-marriage/turkey/>

16 <https://www.girlsnotbrides.org/girls-voices/protect-marry-child-marriage-syrian-refugees/>

resources in the family. This has been acknowledged by various academic studies as well (Ördek 2017¹⁷; Aksu-Kargin 2018¹⁸).



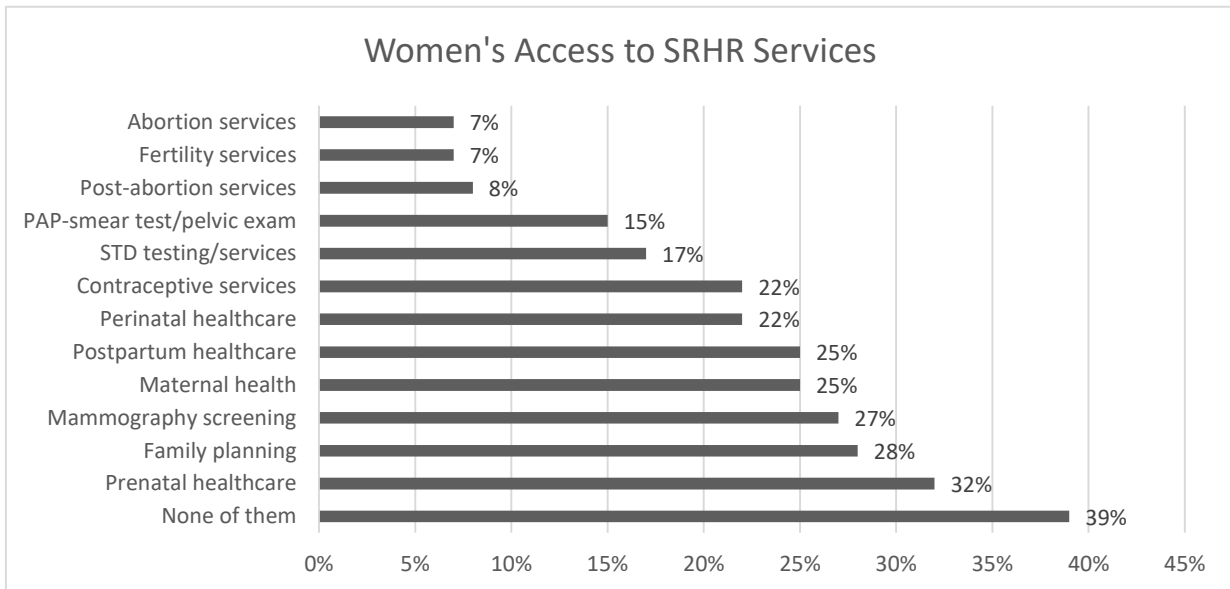
Moreover, families experience economic hardships when sending children to school as restricted resources affect families' ability to pay the costs of transportation, and supplies. In addition to the socioeconomic situation of families which impacts the ability of parents to support and prioritize the education of their children, the lack of awareness about available education opportunities and the differences in language of instruction between the Syrian and Turkish education systems constitutes important barriers to school enrolment amongst Syrian refugees. Child labor also presents a barrier, as many families are dependent on their children's income because parents may not be able to make a fair wage without labour protections. And finally, social integration creates barriers as concerns about bullying and difficulties integrating with Turkish classmates prevent some Syrian families from enrolling their children in local public schools. Without an equitable access to education, Syrian children and adolescents will have few skills and opportunities to achieve their full potential, positively contribute to the development of their host country, and actively participate in the reconstruction of Syria in the aftermath of the crisis.

17 Ördek, K. (2017). Syrians under "Temporary Protection" in Turkey and Sex Work. Red Umbrella Sexual Health and Human Rights Association. <http://www.sexworkeurope.org/sites/default/files/userfiles/files/syrians%20under%20temporary.pdf>

18 Aksu-Kargin, İ. (2018). War Hits the Women: Marriage as Syrian Women's Coping Mechanism and Its Impact on Turkish Women. *Turkish Studies* 13(7), p.31-45.

Health

A lion's share of the respondents (94% of females and 95% of males) reported they have access to health facilities. A total of 6% of household survey respondents (50% is female and 50% is male) said they do not have access to health facilities. With no significant variation between sexes, **language barrier** (45%) is the biggest reason both for female and male respondents for not accessing to health facilities, followed by **lack of TPID/registration** (41%) and **lack of enough financial capital** (36%) to get paid services in health facilities.



Women's health excessively suffers during the times of war and crisis. Sexual and gender-based violence, reduction in use of contraceptives, menstrual irregularities, unplanned pregnancies, preterm birth and infant morbidity are among the reported issues concerning women's health care¹⁹. Women were asked if they can access to Sexual Reproductive Health (SRH) services and **highest share of the women (39%) mentioned they do not have access to any SRH services**. Among these women, highest share is widowed. Prenatal care, family planning, mammography screening, maternal health and postpartum health care are the top SRH services that women reported they can access.

Shelter/WASH

Women who participated in FGDs pointed out the unsafe conditions in their shelters and needs for rehabilitation. For example, one woman from Gaziantep mentioned windows of her home are not safe, which increased her security concerns within the community. Besides, almost all FGD participants mentioned the difficulty in paying their rent. Particularly FGD participants from Kilis emphasized the financial burden that their rent is putting on their shoulders. Most of the women from Kilis mentioned the recent increase in their rents and how ESSN cards are no longer sufficient with these high rents of their houses.

The high majority of the household survey respondents (93%) reported having safe access to bathing facilities, without any significant variation between women and men. Among the 7% who reported the opposite, safety seems the biggest concern for female respondents. Women who reported not having safe access to bathing facilities mentioned the following reasons; **lack of locks on the doors** (36%), **lack of safety in bathing** (36%) or **lack of a bathing space** (27%). In another shelter/WASH assessment conducted by CARE in 2020, lockable doors for WC/Bathroom and sleeping areas was identified as top shelter/WASH issue according to women and girls²⁰.

¹⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5642924/>

²⁰ CARE (2019), Shelter Assessment Southeast Turkey.

Women reported their main need in terms of sanitation are respectively WASH and waste disposal facilities (63%), reusable cloths (61%) and disposable pads (53%). **47% of these women reported that they cannot meet their sanitation needs.** Among these women almost half of them are married and 30% are widows.

Humanitarian Assistance

Majority of female (66%) and male (58%) household survey respondents stated they have not received any humanitarian assistance in the last 30 days prior to this data collection. It is mainly women (84%) who collect the assistance in female-headed households whereas it is men (71%) in male-headed households. It is only 23% of respondents who reported boys or girls engage in collecting humanitarian assistance. Highest share of respondents (71%) mentioned they receive **ESSN support**, followed by **rent assistance** (17%), **voucher assistance** (10%) and **CCTE** (10%) support.

A lion's share of the respondents (75%) stated they were consulted about their needs during the humanitarian assistance, without any significant variation between female (71%) and male (79%) respondents. It is worth mentioning the share of **married women (80%), who are consulted about their needs for humanitarian assistance is higher than separated/widowed/divorced women (58%).**

Protection and Mobility

According to the Declaration of the Elimination of Violence against Women, gender-based violence (GBV) is a manifestation of "unequal power relations between men and women", the gender inequality which is leading to "domination over and discrimination against women by men"²¹. The proportion of women aged between 15-59 who experience intimate partner violence in their lifetime is 38%, according to a research on Domestic Violence against Women in Turkey led by Ministry of Family, Labour and Social Services²². GBV incidents continue to be underreported due to significant barriers related to cultural practices; fear of stigmatisation, victimisation, and rejection; lack of awareness of existing legislation and services; and lack of basic Turkish language skills. Access to adequate services is further hindered by the limited mobility of women and young girls due to restrictive social norms; lack of available services; as well as distance to existing services. Sexual harassment and assault have been a part of everyday life of Syrian girls and women in Turkey. With the onset of the crisis, the tensions have increased GBV incidents. Syrian women have reported rape and sexual harassment incidents in Turkey, including the verbal abuse done by police, threats, rape and sexual abuse²³. On the other hand, services for women and girls at risk/survivor of GBV is very limited in addition to limited mobility of girls and women in accessing the existing ones.

According to a study, children aged between 4-12, 34.6% of girls and 32.5% of boys are exposed to physical abuse in Turkey and 77% of the abusers are among the family members; 11% extended relatives and 2% other persons in contact with the child (e.g., babysitter, teacher, etc.)²⁴. Data of Turkish Ministry of Justice also reports that in 2014, Turkey had 40.000 legal cases on child harassment and 650 new cases on sexual abuse are submitted to forensic authorities each month²⁵. According to End of Childhood Index Rankings 2019, Turkey is ranked 66th out of 176 evaluated countries; meaning that some children are missing their childhoods based on the set of indicators related child health, education, child labour, child marriage, childbirth and violence. Overall in Turkey, 10.4% of school aged children are out-of-school, 9.5% is in malnutrition, 5.9% are child labour and 26.9 birth per 1000 girls are caused by teen pregnancy²⁶.

²¹ <https://www.ohchr.org/en/professionalinterest/pages/violenceagainstwomen.aspx>

²² <http://evaw-global-database.unwomen.org/en/countries/asia/turkey#1>

²³ <https://www.globalfundforwomen.org/women-discuss-crisis-in-turkey/#.WeZOgUzMygQ>

²⁴ https://insamer.com/en/global-report-on-children-2018_1516.html#_edn47

²⁵ Ibid.

²⁶ <https://campaigns.savethechildren.net/global-childhood-report>

Household survey respondents were asked the challenges Syrians face in the community. **Language barrier (71%), difficulties with employment (59%) and tensions between Syrian and host communities (31%)** are the top challenges experienced by the Syrian community according to the respondents. It is important to note that married women (74%) who reported experiencing difficulties with employment is higher than separated/divorced/widowed women (42%).

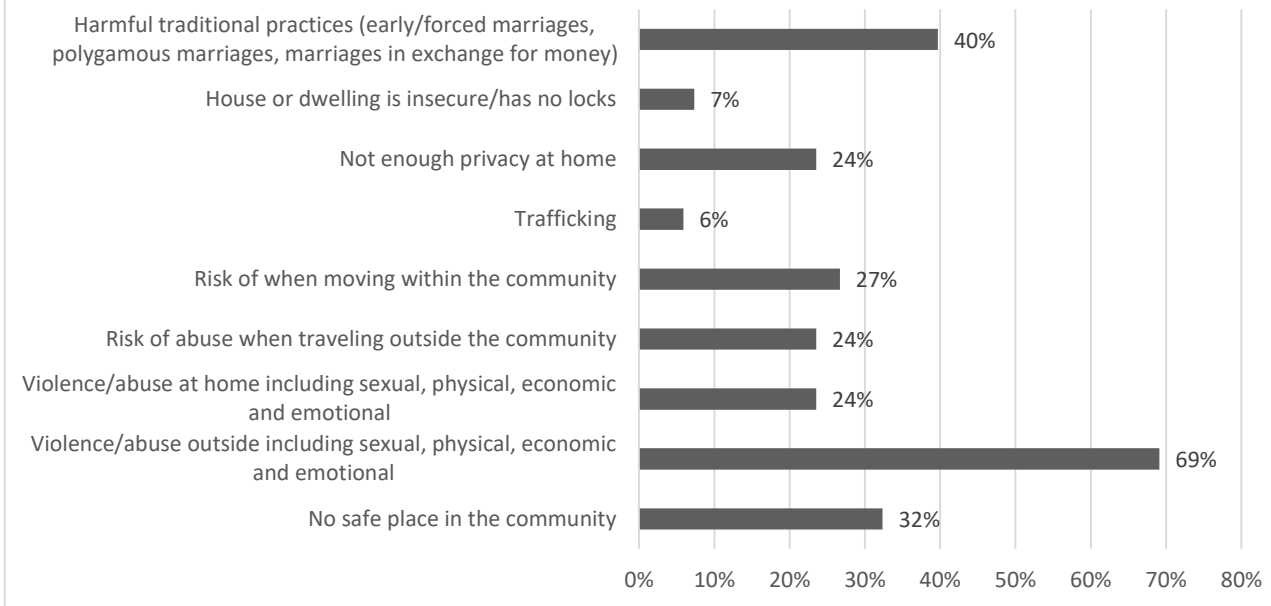
Majority of the respondents (73%) reported there are no security concerns for women in the community, without any significant variance between the female and male respondents. Out of 27% who think the opposite, majority of female respondents (69%) reported that **violence/abuse outside including sexual, physical, economic and emotional is the biggest security concern**, followed by **harmful traditional practices (39%)** such as **early/forced/child marriages, polygamous marriages and marriages in exchange for money**. Another 32% of female respondents also mentioned that there is **no safe place in the community for them**. Risk when moving within community, domestic violence, abuse risk when travelling outside and lack of privacy at home are among other primary security concerns among female respondents.

66% of the household survey respondents mentioned there are no security concerns for young girls in the community. Similar to security concerns for women, violence/abuse (64%) outside including sexual, physical, economic and emotional is the biggest security concern, followed by lack of any safe place for young girls in the community (37%) and harmful traditional practices (34%). **Almost all FGD participants confirmed that streets, particularly at nights, are not safe in Turkey and they felt safer back in Syria**. Majority of them referred to violence, harassment, robbery and kidnapping concerns and events experienced by Syrian refugees in Turkey.

More women from the community tend to think there has been an increase in security concerns women and girls experience since they left Syria, compared to men (30%).

In case of violence, majority of the community members reported women and girls turn to the support of **police (62%)**, followed by **family members (46%)** and **friends (26%)**. I/NGOs (24%), Muhktar (11%), community/religious leaders (5%) are among other places/individuals women and girls would turn for support in case of violence according to the household survey respondents. All women in FGDs confirmed in case of violence or when there is a security issue, most of the community members turn for support of police. In order to create a safer environment for women, men, girls and boys, almost all FGD participants suggested to increase security cameras and police patrols on streets. Some of the women from Gaziantep mentioned that they would feel safer if their houses were safer.

Security Concerns Among Women



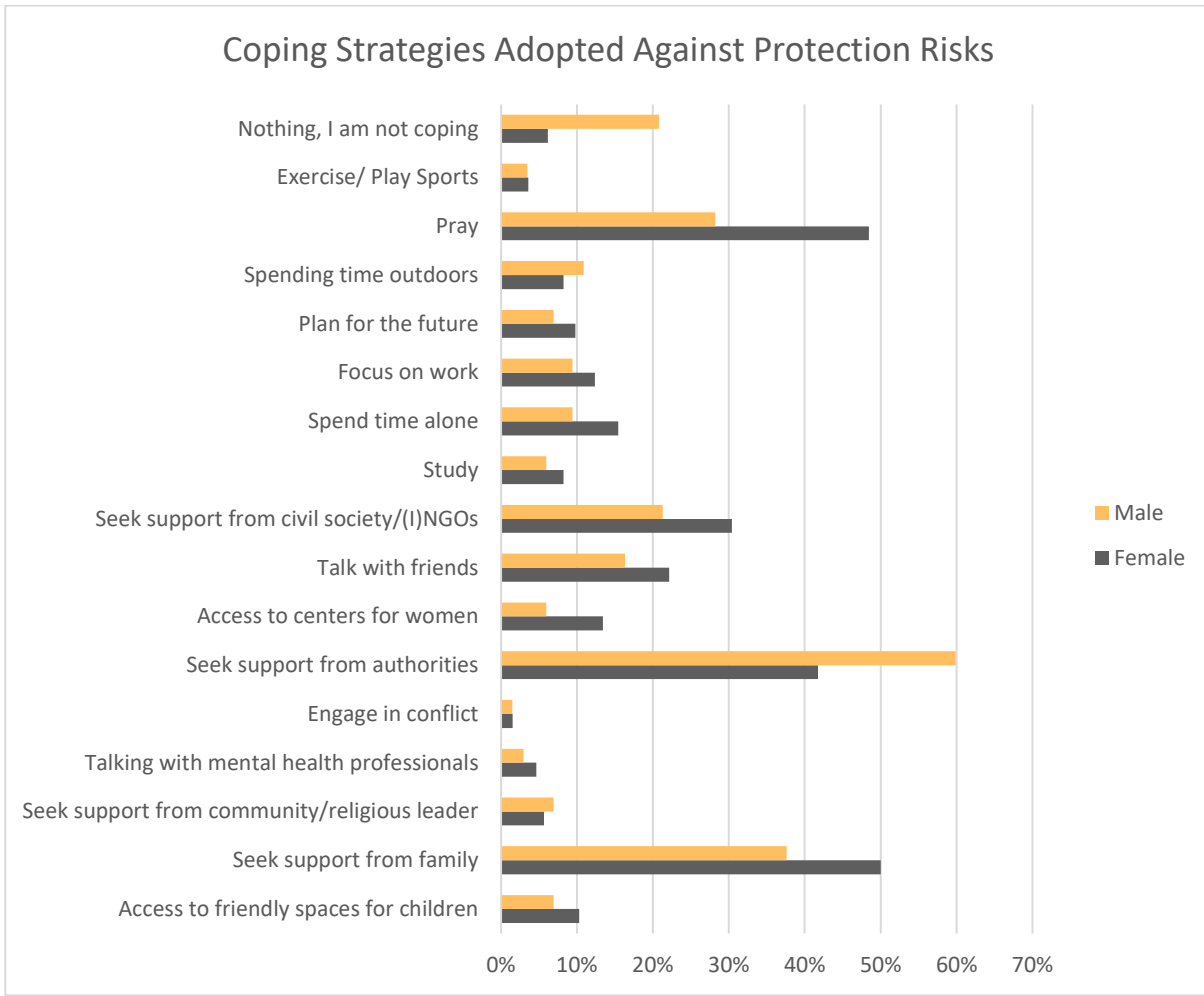
Majority of both female and male respondents, without any significant variation between responses, reported they can freely move and travel to visit neighbours or family members in the same neighbourhood (73%), local markets or shops (69%) and health facilities (65%). Responses concerning travelling to the nearest town (44%), visiting family in another location (42%) and travelling to another province (35%) show significant difference between women and men. **The household data, on the other hand, highlights women's mobility is at least two times more restricted when it comes to travelling to nearest town, another location or another province, compared to men.** Particularly, majority of the women (29%) reported they can only travel to another province when they are accompanied by a male family member or relative. Respondents were also asked the key factors affecting their mobility. Irrespective of sex of the respondents, **cost of transportation** (71%) appears to be a strong factor in mobility women and men in the community, followed by general safety and security of the environment (38%), cultural acceptance (19%) and permission from the elderly/spouse (10%). Women and men also reported other factors influencing their mobility which are travel permissions obtained from local authorities, lack/presence of TPID and language barrier.

Coping Mechanisms

FGDs with women seem to suggest that **men adopt violence in the household as a negative coping mechanism in order to cope with stress.** The power and control exerted by men over women and children appears to have evolved into intimate partner violence or domestic violence against women and children. One of the FGD participants have mentioned that *"men constantly suffer due to the problems they experience in work and in order to cope with the work-related stress, they come home and take revenge from their wives and children"*²⁷.

Women and men have adopted different coping strategies in order to cope with the protection risks they face. **Highest share of women (50%) cope with protection risks they face through seeking support from their family members while highest portion of men reported they seek support from authorities (59%).** Praying (48%), seeking support from authorities (42%) and from civil society or I/NGOs (30%) are among other top strategies women adopt. On the other hand, other top strategies adopted by men are as follows; seeking support from family members (38%), praying (28%) and seeking support from civil society or I/NGOs (21%).

²⁷ A women FGD participant in Kilis.



Priority Needs

In the household survey, respondents were asked their priority needs at present. Without any significant variance between women and men, highest share of respondents reported they need **shelter and household items** (75%), followed by **food** (65%) and **livelihoods** (53%). Health care, registration, language courses, water, sanitation-hygiene and legal services are other needs identified by the community members. The trend of responses show parallelism among single/divorced/separated/widowed women as well as among elderly respondents aged at 60 and above.

Women who participated in FGDs were asked to describe their needs. Women from each province agreed their priority needs are learning Turkish language and some technical/vocational skills such as handicraft, sewing, hairdressing and attending similar skills trainings that provide financial compensation in exchange of participation. **Some of the women had difficulty in responding to this question as they mentioned that they can never prioritize their needs, needs of the household/home are usually prioritized.** Some of the women who mentioned they already possess handicraft related skills asked for a platform where they can showcase their products and sell them.

Recommendations

The RGA has drawn the following recommendations for humanitarian organizations as well as donor agencies responding to the Syrian crisis in Turkey.

Overarching Recommendations

- The RGA should be updated regularly as the crisis evolves by the time and vulnerable groups and their needs evolve concurrently.
- Vulnerable groups do not constitute a homogenous group. Collecting sex, age and disability disaggregated data is crucial to be able to identify and address the needs of different groups as well as their capacities in order to inform and adjust humanitarian interventions. Questions related to individuals with disabilities should be increased. Washington Group Short Set Questions can be used to collect disability disaggregated data.
- More questions on girls and boys aged below 18 should be integrated in the analysis in order to understand their needs and capacities.
- In-depth qualitative data collection (e.g., FGDs, interviews, etc.) should not be limited only to women but be extended to men, girls and boys as much as possible.

Protection

- RGA should include more questions related to the protection risks (child labour, GBV and child marriage) and needs of different groups.
- Continue to conduct protection outreach sessions in order to inform community members of the available protection services in their communities and safe spaces available for community members (e.g. IPSs of CARE Turkey)
- Interventions should continue include a child protection approach because child protection concerns such as lack of access to education, GBV, child labour and early marriage are main reasons behind children's vulnerability.
- GBV response mechanism (including referrals) should be strengthened for an early identification and safe referral as domestic violence and risk of violence is highlighted by female respondents.
- GBV as a crosscutting issue appears across different domains such as domestic division of labour, livelihoods, child protection (including access to education) and access to services; therefore, linkages and coordination with other sectors are crucial in GBV response.

Education

- Financial challenges are significant barrier behind children's access to education, irrespective of gender. Information dissemination on CTE program should be ensured.

Livelihoods

- Women should be supported in terms of livelihood opportunities, skills trainings and Turkish language skills as these are among the reasons of their vulnerability. Programming should engage men and boys to reduce barriers in women accessing employment.
- As women start to get more involved in control of financial resources after the crisis, support on financial literacy/management should be provided.
- As more women are engaged in paid activities, their work conditions, work-related needs and concerns should be analysed in order to understand the support they need.
- In addition to the burden of domestic tasks, women are more engaged in income generating activities after the crisis, doubling their burden. Interventions should be addressing women's unpaid domestic work in order to not to risk overburdening of women and reproduce gender inequality. Engaging men and boys are crucial on these terms.

Shelter/WASH

- Shelter/WASH programming should take into account security concerns of women. Women are concerned about locks and safety as well as presence of certain WASH facilities.
- More questions should be included in RGA in terms of understanding sleeping areas for women and girls to be able to identify GBV risks.

Health

- The SRHR needs of the women should be understood well and addressed as majority cannot meet their SRHR needs. The reasons behind should be analysed.
- Sanitation kits should be considered, and content should be gender-sensitive as majority of the women cannot meet their sanitation needs.

Humanitarian Assistance

- Community outreach should be strengthened in to ensure reaching out to the hardest-to-reach and the most vulnerable in the community.
- Consultation with the community prior to/as part of the assistance should be increased.

Annexes

Annex 1: Schedule of Visits

- January 8th, FGD in Gaziantep
- January 10th, FGD in Kilis
- January 8th, FGD in Şanlıurfa

Annex 2: Tools and Resources Used

- CARE Rapid Gender Analysis Toolkit: <https://insights.careinternational.org.uk/in-practice/rapid-gender-analysis>

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