



The economic and social impact of COVID-19 on women and men

*Rapid Gender Assessment of COVID-19
implications in Turkey*



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This publication reflects the findings of a rapid gender assessment of immediate social and economic impacts of the COVID-19 pandemic on women and men in Turkey, commissioned by UN Women in April 2020. It is based on a nationally representative survey among women and men, conducted by research company SAM Arařtırma Danıřmanlık A.ř.

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The views expressed in this publication are those of the author(s) and do not necessarily represent the views of UN Women, the United Nations, any of its associated organizations or the official position of Sweden.

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List of Acronyms

CATI	Computer-Assisted Telephone Interviewing
COVID-19	Coronavirus Disease 2019
CSO	Civil Society Organization
GBV	Gender-based Violence
ILO	International Labour Organization
NGO	Non-governmental Organization
NUTS	European Union Regional Statistics System
OECD	Organization for Economic Co-operation and Development
PPS	Sampling with Probability Proportional to Size
RGA	Rapid Gender Assessment
SIDA	Swedish International Development Cooperation Agency
SME	Small and Medium sized Enterprise
TURKSTAT	Turkey Statistics Institute
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UN	United Nations

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1. Introduction

The outbreak of the coronavirus disease 2019 (COVID-19) was first reported from Wuhan, China, and has spread to 188 countries globally at the end of May 2020. As of May 31, 2020, there are 6,255,136 confirmed cases globally¹, and 163,942 confirmed cases in Turkey².

COVID-19 is not only a health pandemic but also has huge economic and social consequences for women. As in previous crises, it is likely to exacerbate women's already disadvantaged position in the labor market, increase the burden of unpaid domestic and care work, and lead to higher incidence of and less effective response to different forms of gender-based violence. The International Labor Organization (ILO) expects that 25 million jobs could be lost worldwide as a result of COVID-19 and women would be among the most vulnerable groups³.

UN Women has been closely following the political and economic response to COVID-19 and how it is impacting women and girls, and cooperating with partners around the globe in using data to drive gendered responses to the COVID-19 crisis⁴. Immediate, mid- and long-term response and recovery efforts need to be based on understanding of the different experiences and consequences of this crisis on women and men, and gender analysis-based national recovery strategies and plans. However, gender data and analysis are not systematically produced and used. In her book "Invisible Women", Caroline Criado Perez indicates that approximately 29 million articles were published in scientific journals regarding Ebola and Zika impact, and less than one percent of them were focusing on the influences of pandemics on gender.

In Turkey, UN Women commissioned a rapid gender assessment (RGA) to deliver a more accurate picture of the consequences of the COVID-19 crisis on women and men, to make their distinct and changing needs and priorities visible, and to inform gender-sensitive and effective decision-making and response. The assessment is based on a telephone-based survey among nationally representative sample of 1,500 men and women over the age of 15. The survey was carried out in the period April 18-25, corresponding to the peak week of the COVID-19 pandemic in Turkey in terms of daily average of incidence of deaths per week. It was carried out by the research company SAM Research and Consulting, Inc.. It inquiries into issues of source of information regarding the outbreak, change of employment situation and household resources, division of labor in the household, health issues and access to basic services, and experiences of discrimination and domestic violence.

The assessment was implemented with financial support by Sweden through Swedish International Development Cooperation Agency (SIDA).

Country Context at the Time of Survey

The research took place during the peak of the pandemic and the results are expectedly influenced by the immediate steps taken by individuals, families, employers and the government in response to the

¹John Hopkins COVID-19 Cases Dashboard, 31/05/2020

²<https://covid19.saglik.gov.tr/>, 31/05/2020

³https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_738753.pdf

⁴<https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters>

pandemic, including the prevention and control measures to curb the spread of the disease that had been in place at that time. The following section describes some of these measures.

At the time of the field study of the survey, daily updates (non-sex disaggregated) on case numbers were provided by the Minister of Health and extensive information campaigns via conventional and social media has been held to raise awareness on the means of infection and protection from the disease. Also, free access to testing and treatment of COVID 19 has been introduced to all individuals (irrespective of their legal status) by a Presidential Decree in April 2020.

On April 3, the Ministry of Interior introduced restriction for entry, exit by land, air and sea in 30 metropolitan municipalities, including İstanbul, Ankara, İzmir and Gaziantep, as well as Zonguldak, for a duration of 15 days – which has been extended four times in April and May until it was lifted on 1st of June. A curfew for citizens under 20 years of age and 65 and over were introduced at the beginning of April 2020. On April 11, the Ministry of Interior introduced a 2-days curfew for all citizens over the weekend in 31 provinces, which was continued until May, 31.

Daycares and all other educational facilities from primary school to universities were closed on March 16, 2020 in Turkey to prevent the spread of COVID-19, and online education was started by March 23. At the same time, the two most common non-parental arrangements for childcare at home – care provided by grandparents and by paid caregivers – became undesirable or impossible due to health concerns and the curfews for the individuals over 65 of age⁵.

As early as the beginning of March, the government started regulating the import and export of face masks due to the overwhelming demand as well as price hikes in Turkey. Wearing masks in public spaces such as grocery stores, local markets and workplaces became compulsory on April 4, after which the Ministry of Health announced that 5 face masks will be delivered to citizens between the ages of 20 – 65 every week and free of charge through the Turkish postal system. This continued until 8th May when the Ministry of Trade announced that face masks will be available for sale in markets, pharmacies and medical supply stores for a fixed price of 1 TRY.

As part of the economic measures taken against the COVID-19 crisis, on April 1st the Ministry of Environment and Urban Planning postponed the collection of rent from public properties for a duration of 6 months. On the same day, the Central Bank announced a rediscount credit worth 60 billion TRY targeting goods and services importers to increase their access to finances and support employment. On April 8, the Ministry of Treasury and Finance announced salaries of those who take unpaid leave will continue to be paid under a support package targeting small and medium-sized enterprises (SMEs). The Ministry of Family, Labour and Social Services announced the social support programme will be moving to its second phase where 2,3 million families will receive a 1,000 TRY cash payment. In the first phase of the social support programme, 2,1 million families received cash support.

Effective April 17, a three-month ban on layoffs was imposed to protect citizens without job security and to mitigate the effects of the crisis on the economy. It was announced that anyone who had been laid off or put on unpaid leave as of March 15 and is not eligible for unemployment benefits would

⁵ Memiş, E, Kongar E. “Potential Impact On Parental Child Caregiving Of Daycare Closures In Turkey” (May 2020)

receive a daily payment of 39.24 TRY by the government. The government would also pay 60% of the wages of employees working in businesses suffering from the outbreak.

On 21st of April, the Ministry of Family, Labour and Social Services announced that a total of 268,717 companies have filed applications for short-term employment allowance for 3.44 million workers to receive part of their salaries from the government after their working hours were cut due to the coronavirus pandemic. Ministry of Treasury and Finance also announced that, as of April 20, TL 10.8 billion had been allocated to tradespeople, while TL 59.6 billion has been handed to industrialists. A total of 501,450 firms have applied for the tradespeople support package, while the number of those who have received loans has reached 335,721.

COVID-19 increased the fragility of businesses, especially small businesses in certain sectors such as restaurants, hotels, coffee shops, performance and entertainment and sport services. According to Ministry of Interior data, around 149,382 enterprises have been closed due to COVID-19 measures in these sectors. It should be noted that those companies employ mostly low-paid and low-skilled staff. These are also the sectors where women's businesses are clustered, and women are mostly employed⁶.

2. Summary of Key Findings

The rapid gender assessment conducted during the peak of the COVID-19 pandemic reveals the differentiated impact of this health crisis and the measures related to it on the socio-economic status of men and women both at work and at home. Following are the **key findings** of the assessment.

Key Finding 1: There are no significant gender differences in the sources of information on COVID-19. The most widely used sources of information are the radio, television and newspapers, followed by internet/social media.

The most frequently used source of information about COVID-19 for over half of both women and men is the traditional channel of "radio, television and newspaper" which is followed by "internet and social media" and "official state sources" respectively. Two thirds of the respondents stated that information they received about COVID-19 was understandable and helpful, without gender differences.

Key Finding 2: Women's participation in the labour market and their share among business owners was lower than men pre-COVID 19. The crisis is likely to exacerbate these inequalities.

The survey reveals that considerable negative economic consequences for both women and men, in terms of reduced hours of paid work (as experienced by more than half of the sample), loss of jobs and financial worries. However, while paid hours reduction affected men more, women lost their jobs to a higher extent. The profile of survey participants prior to the pandemic reflects the already available labour force statistical data: women are less employed full-time than men, significantly more likely than men to be economically inactive, i.e. not looking for a job, and significantly less represented among business owners.

⁶ <https://bianet.org/bianet/saglik/221637-149-bin-382-is-yeri-gecici-sureligine-faaliyetlerine-ara-verdi>

Key Finding 3: Surveyed women experience higher levels of job loss than men after the spread of COVID-19.

The gender difference in job loss is high in overall for women (18.8%) compared to men (14.2%). The difference in job loss is noted to be higher in the sub-category of the surveyed people who own a business and employ other people, where the 20% of the women compared to 8.7% of the men in this category stated job loss. Even though the working women and men in the survey sample is not specifically representative of the total population in employment, these results provide an insight to women's more disadvantaged and unsecure positionings compared with men in terms of negative impact of COVID-19 on the economy.

Key Finding 4: Women took more leave of absence from work compared to men

Since the start of COVID-19, one third of women and one quarter of men took leave from their work (paid, partially paid, or unpaid). Importantly, for half of the women who went on leave, the leave was unpaid (15.7%), exceeding the share for men (11.2%). This has implications on women's earnings and economic status within the family. Even though participants were not asked about the reasons for going on leave, it can be assumed that women's status as "secondary" earners and being expected to perform the majority of unpaid domestic and care work, might be strongly influential in this regard. It is also possible that the higher share of women taking up unpaid leave is due to occupational segregation and employers' imposing unpaid leave. Majority of women who took unpaid leave are higher in the Aegean region which is followed by women in Istanbul.

Key Finding 5: More women changed their workplace and started to work from home.

More women expressed that they started to work from home compared to men. This can be again related with traditional roles and caregiving responsibilities of women in the household and it can be related to the horizontal segregation of the labor market. The gender gap was wider for the women who said "yes, there is a change in the workplace" in the Northeast Anatolia and West Marmara regions. The highest number of men, who changed the workplace and started to work from home, was in the East Black Sea Region.

Key Finding 6: Women experience increase in domestic work more than men, and the gendered division of household labor continues.

Both women and men report an increase of their workload in the household, but women express an increase to a larger degree across all categories of domestic work. The ratio of the increased workload of women is the highest in the categories of "cleaning and maintaining own dwelling and surroundings", "cooking and serving meal", where 77.6% and 59.9% of the surveyed women stated an increase respectively in these household chores compared to 47% and 23.9% of the surveyed men. This corresponds to the traditional roles and gendered division of labor, also evident in time use surveys. The activity assessed as the one where most time is spent since COVID-19 for both women and men is "cleaning and maintaining own dwelling and surroundings." There are significant gender differences: this is indicated as the most time-consuming activity by 56.1% of women and 27% of men. The second most-time consuming activity for women was cooking food and serving (24.6%), and for male respondents shopping for the family and household members (26.2%). Besides, men expressed that they **do not** usually do either cooking (40.7%) or cleaning (25.5%) while these ratios were only 5% and 2.2% for women respectively, which also shows that women experience an increased burden of the housework compared to men.

Key Finding 7: There are some positive signs of increased engagement of men in the household. There is also an increased engagement of other family members, daughters and to a lesser extent of sons.

When asked if their partner helped them more with domestic and care responsibilities, more than two thirds of women who provided responses gave a positive assessment, and less than one third said there has not been any change (35% vs. 13% of all female respondents, roughly corresponding to number of married women in the sample). When it comes to engagement of other family members and children in household work, increased engagement of daughters is reported by the majority of women (approx. 72%), of sons by about half, and of other family members by two thirds (among those who answered). This raises important questions for future analysis, in particular on the implications of such changes on girls' schooling, how significant these changes are and will they make a real dent in the current highly skewed gendered division of labor in the country⁷, and how sustainable they will be following the lifting of social isolation measures, and in the post-COVID19 period.

Key Finding 8: The majority of women and men have health insurance, but many more women are covered by another family member's insurance (spouse or parent), compared to men.

Over three quarters of male respondents (77.4%) expressed that they had their own health insurance and this rate was less than half for women (43%). Moreover, 46.2% of the women expressed that they were covered by their spouses' or parents' health insurance, compared to only 8.5% for men, which indicates that women are more dependent on other family members in this regard. The rate of those without insurance was 13% among men and 10% among women.

Key Finding 9: More women have experienced negative effects of COVID-19 on their mental/emotional health.

54% women and 49% men stated that they experienced problems such as stress and anxiety as a result of the outbreak. The vast majority (96.5%) of the participants living in Istanbul region expressed that their mental/emotional health was negatively affected, followed by the regions of Northeast Anatolia, Central East Anatolia, Aegean, and West Anatolia. Pandemic itself and the measures including curfews are considered to be the reasons of increased level of stress and anxiety. An average of 8% experienced physical illness (8.8% of women and 7.3% of men) and 6% experienced illness of a family/household member (5.1% of women 7.2% of men)

Key Finding 10: Women articulated higher difficulty in accessing basic supplies and services.

The most experienced difficulty by all the respondents was regarding the access to personal prevention equipment such as masks and gloves. The second most difficult basic supply to reach was the category of "health services and assistance". "Hygiene and sanitary products" and public transportation came out as a difficulty as well where more than one third of the respondents indicated some or major difficulty in their access. In all these results, women articulated higher difficulty compared to men in accessing basic supplies and services when needed. Gender gap was

⁷ According to the Turkish Statistical Institute Time-Use Survey 2014-2015, women do almost five times as much unpaid care and domestic work at home as men. Men allocate 51 minutes for household and family care, while women allocate 4 hours 17 minutes: https://www.uncece.org/fileadmin/DAM/Gender/Beijing_20/Turkey.pdf

remarkably widening especially in accessing baby supplies such as baby formula and diapers since they are traditionally identified as the responsibility of women.

Key Finding 11: Women felt/heard more violence than men. Majority of women and men know where to seek help and support in case of domestic violence, but one quarter is still not aware of how to access help.

Women articulated that they felt/heard violence against women especially in the regions of Anatolia and Aegean more than men after the pandemic. The majority of the participants (71.8% women and 72.5% men), stated that if they are exposed to domestic violence, they know where to go for help and support. However, a quarter of the respondents (24.5% in women and 25.1% in men) either refused to answer or expressed that they did not know where to seek support or help in case of domestic violence. The results also reveal that region, age and education level are influential on women's access to knowledge about support mechanisms. Majority of the women (25.8%) who refused to answer or do not know where to seek assistance in case of domestic violence were between the age of 25 and 35 which can be considered quite young and mostly resided in Southeast Anatolia (27.4%) and West Marmara (15.6%). Last but not least, they were mostly primary school (44.6%) or secondary school graduates (27.4%) but also included university graduates (17.2%) and women with no education (10.8%).

3. Methodology

This study was implemented by UN Women between the dates of 19 - 25 April 2020. A total of 1,508 structured interviews were conducted on the basis of Computer-Assisted Telephone Interviewing (CATI) and the interviews were targeted to be evenly distributed between men and women. In the end, 759 women and 749 men were interviewed for this study. SAM Research and Consulting in Istanbul supported UN Women in the implementation of the surveys. A standard survey questionnaire composed of multiple-choice questions, provided in Annex 1, were used in the interviews.

77% of the participants answered the survey with a phone registered on their name. On the other hand, 23% answered the questions via a phone registered on someone else which they can also use. The rate of those who state that they are using a phone registered on someone else is 29.4% for women and 16.4% for men.

The sample was representative with a confidence level of 95% and a confidence interval of plus or minus 2.5%. The research sample was created by using the multi-stage and random sampling method for Turkey. For this purpose, a sampling plan has been created to enable the sample population to represent the main population in terms of regions and socioeconomic development.

For the regional distribution of the population, Address Based Population Registration System (ABPRS) was used which was released by Turkey Statistics Institute (TurkStat) in 2019. For the regional representation, the first level of the 12 regions of Statistical Region Units has been used, which TurkStat has adopted in accordance with the European Union Regional Statistics System (NUTS).

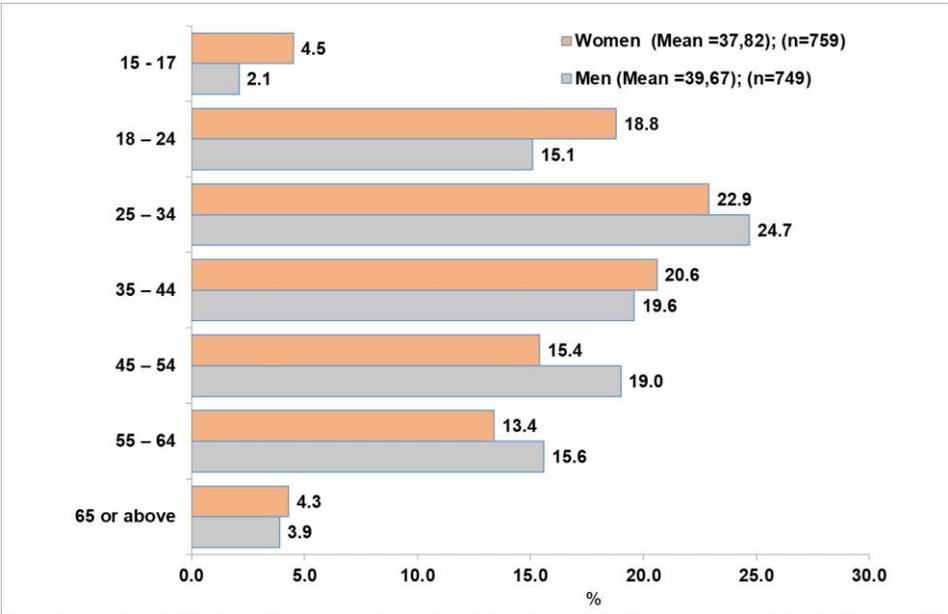
In the sampling, “region” (NUTS Level 1) was used as the stratification criterion and “district” was used as the primary sampling unit. The districts were selected by the method of *Sampling with Probability Proportional to Size* (PPS) to be covered in the sample population.

Distribution of interviews by province, districts and regions according to NUTS Level 1 and Level is provided in Annex 2.

4. Demographic Characteristics

In this research, the total number of interviewed people is 1,508 in which 759 women and 749 men were interviewed. The average of the age of the participants is 38.7; while women’s average is 37.82 and men’s average is 39.67.

Figure 1 Sex and Age of the Participants

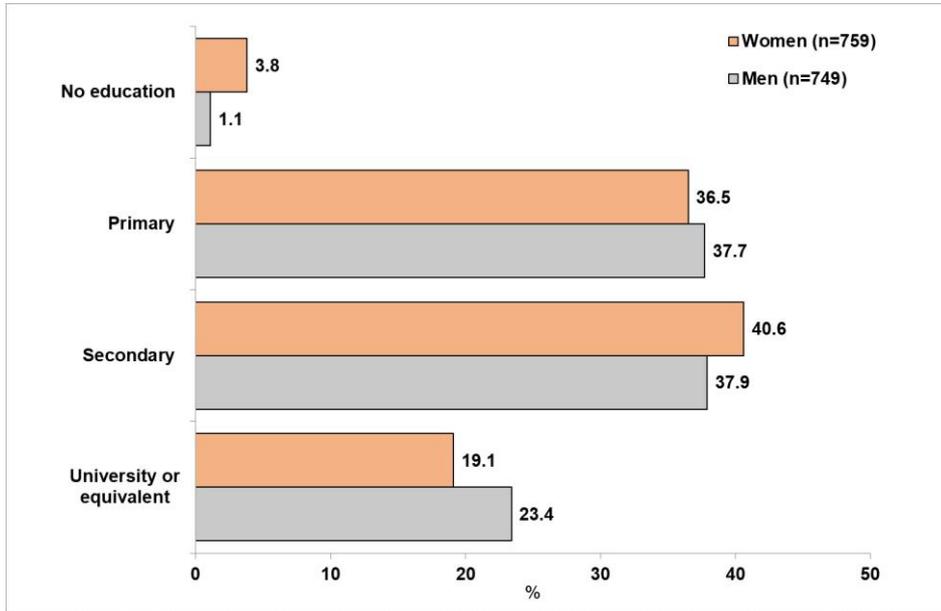


The marital status of the participants is close to each other. 51.1% of the interviewed women are married while 36.9% are single, 6.7% are widowed, 4.5% are divorced, 0.5% are married but living apart and finally 0.3% are living with partner. On the other hand, 63.6% of the interviewed men are married while 32% is single, 2.1% are widowed, 1.9% are divorced, 0.3% are married but living apart and finally 0.2% are living with partner.

30% of the participants have children under the age of 18 and 9% of the respondents stated that they live alone (this rate is 8.0% for men and 9.6% for women). The average household population is 3.46 people. 4% of the interviewees have a disability documented by a medical board report (this rate is 3.6% for men and 5% for women).

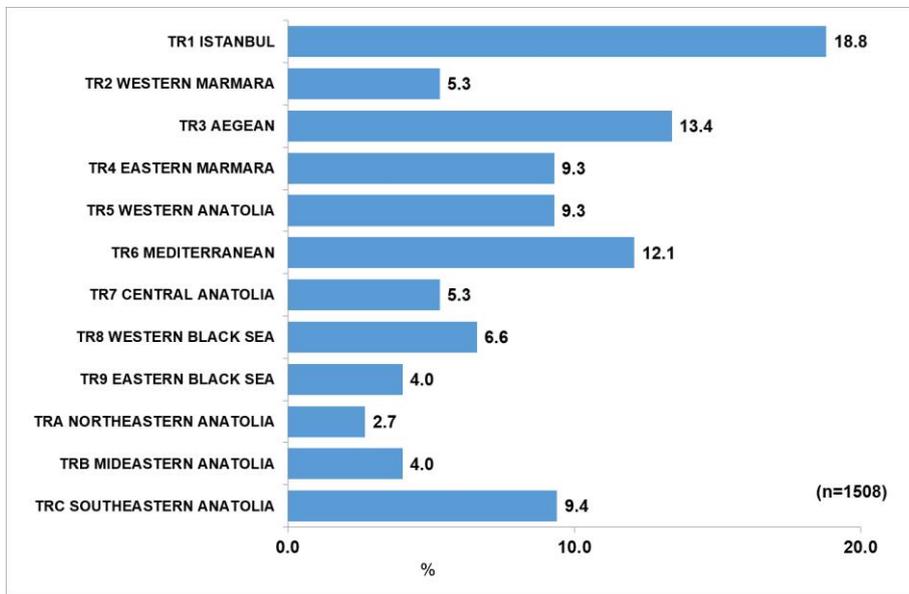
The level of education of the participants is given in the graphic below. The rate of university graduates is 21% (19.1% women and 23.4% men). 37% of the participants (36.5% women and 37.7% men) in the research are primary-secondary school graduates (5-8 years of education). High-school graduates are 39% (40.6% women and 37.9% men). The proportion of people who have never been to school is 2.5% (3.8% women and 1.1% men).

Figure 2 Level of Education



The graphic below demonstrates the regional breakdown of the interviews which are evenly divided between men and women in each region. Children under the age of 18 live in 41% of households and 26.4% of the interviewed women and 33.6% of the men have children under the age of 18. The proportion of households aged 65 and over is 10%.

Figure 3 Regional Breakdown of the Interviews

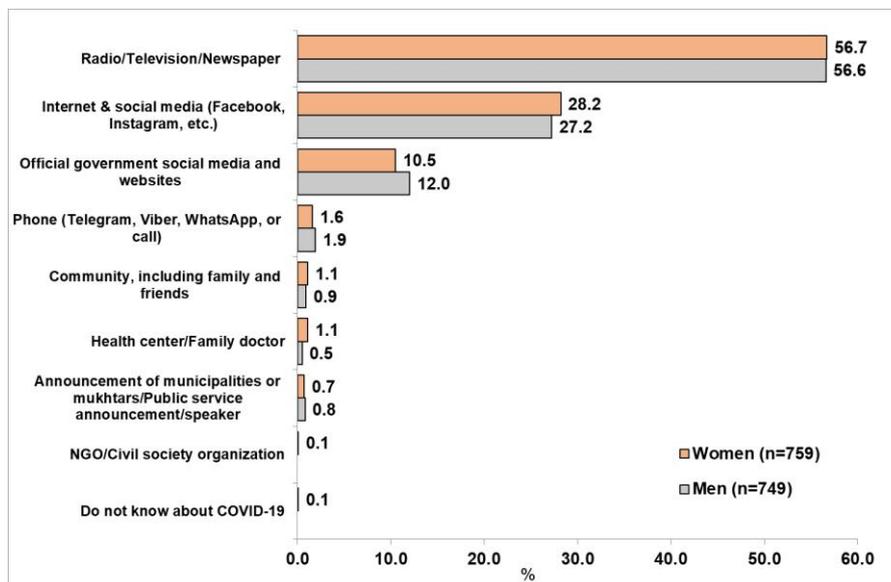


5. Survey Findings

5.1. Main Source of Information

According to the Digital Media Report of Reuters Institute published in 2019, television is the most important source of news in Turkey, followed by print newspapers⁸. Similarly, the survey revealed that the most frequently used source of information about COVID-19 came out as radio, television and newspaper by 56.6%. While the internet and social media were in second place (27.7%), official state sources are given as the third source (11.3%) for accessing information. It was also analyzed whether there is a significant difference in women's and men's access to information but the ratios came out very close to each other, only with a slight difference on their access to social media accounts of the official state sources as 12% for men and 10.5% for women.

Figure 4 Distribution of Respondents by Main Source of Information on COVID-19



The rate of respondents who accessed information about COVID-19 from traditional channels such as radio, television, newspaper is stated mostly by the West Black Sea region 93% (90% women, 96% men), West Marmara 82.5% (80.5% women, 84.6% men) and Northeast Anatolia 80% (85% women, 75% men) respectively. The regions mostly using internet and social media for accessing information about COVID-19 were Aegean with 52.5% (53.9% of women, 51% of men) and Central East Anatolia with 38.3% (41.9% women, 48.3% men). It was seen that women in the Southeast Anatolia region are using internet and social media (40.3%) more than men (29.0%).

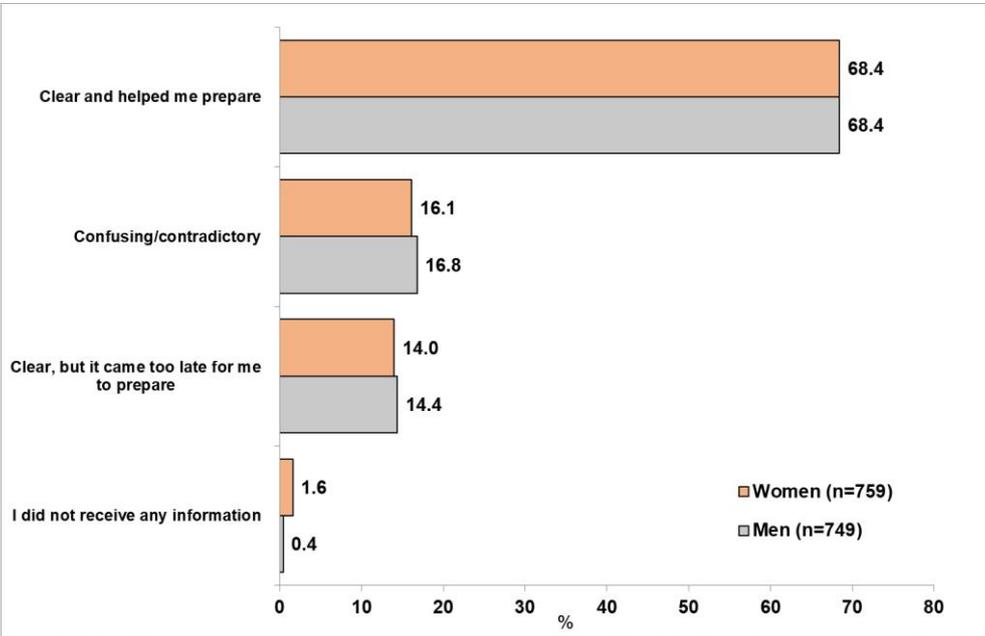
It was also seen from the results that as age increases, so does the proportion of those who receive information about COVID-19 mainly from traditional channels such as radio, television, newspaper. On the contrary, as it would be predicted, younger people give more attention to the internet and social

⁸ https://reutersinstitute.politics.ox.ac.uk/sites/default/files/inline-files/DNR_2019_FINAL.pdf accessed on 17 June 2020

media resources. It was also seen that traditional channels are trusted more compared to other sources. Three quarters (76%) of those who answered radio, television and newspaper as the main source of their information on COVID-19 found the information as understandable which helped them prepare. This rate is 72% for those who use official state resources and 54% for those who use internet and social media.

While two thirds of the respondents stated that all received information about COVID-19 was understandable and helpful to prepare, 16% stated that the information was confusing and contradictory. 14% said that they had received information, but it was too late to prepare. Gender breakdown did not have a significant result in this question with the exception of ratio of women (1.6%) who uttered they did not receive any information which was higher than men (0.4%).

Figure 5 Distribution of Respondents by Rating the Received Information



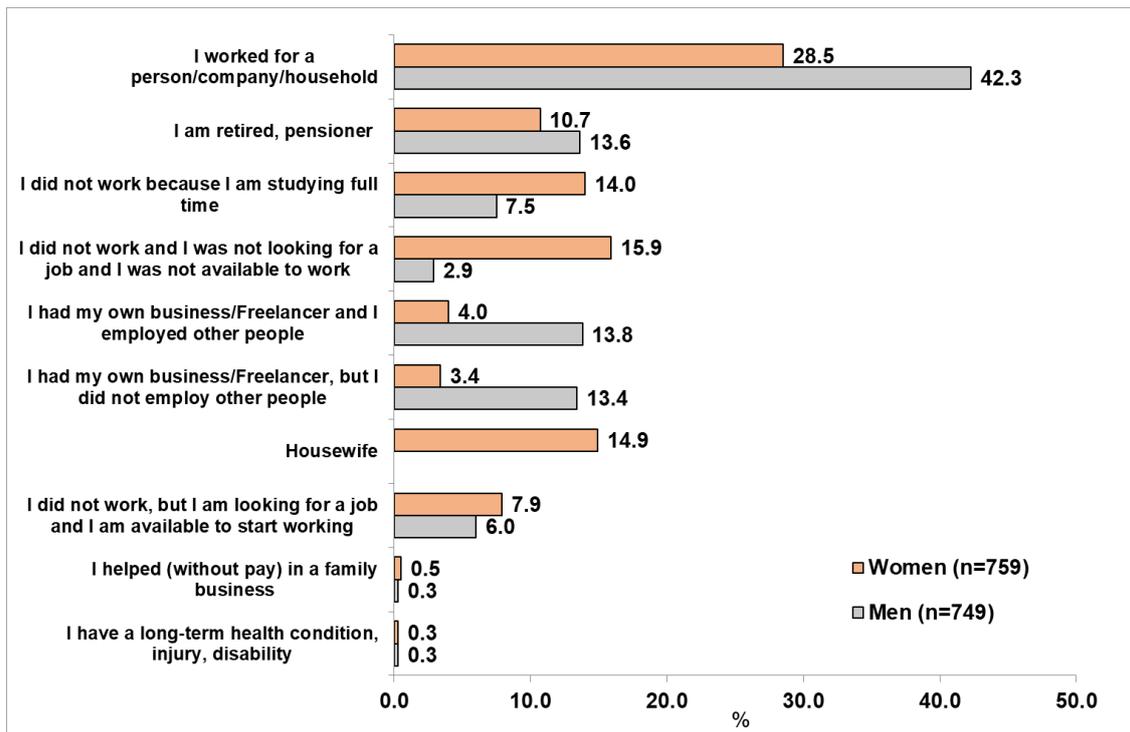
5.2. Employment and Household Resources

Structurally, there have been already significant gender gaps and gender-based discrimination in terms of access to decent work, occupational recruitment and wage in Turkey. Previous crises have shown that their negative impact on women’s jobs, business and incomes is likely to be severe⁹. Only 29% of women above the age of 15 are in labour force, while it is 66 percent for men¹⁰. Informal woman workers composed of about 42% of women’s employment. In short, women have already struggled against the socioeconomic difficulties and gender inequalities in the labor market and COVID-19 and related measures aggravated their disadvantageous situation. Results of the rapid gender assessment provides insight that supports this negative trend on women’s working conditions and participation in the labour market.

⁹ https://www.unaids.org/sites/default/files/media_asset/JC2368_impact-economic-crisis-women_en_0.pdf accessed on 17 June 2020.
¹⁰ TUIK, 2019. http://www.tuik.gov.tr/PreTablo.do?alt_id=1007 accessed on 17 June 2020.

52.5% of all the participants stated that they worked before the spread of COVID-19; 35.3% worked in the public/private sector, 8.8% worked as employers and 8.4% as self-employed. Congruent with the general framework of Turkey, the participation of female respondents in the labor market has been very limited compared to male respondents of this survey. The percentage of men working full-time before the spread of COVID-19 was (69.5%) almost two times higher than that of women (35.9%) including the public-private sector workers, employers and self-employed workers. Moreover 15.9% of women answered that they were “not working, not looking for a job and not available to work”; this rate is only 2.9% for men. 14.9% of women stated that they were housewives. 14.9% of women stated that they were housewives.

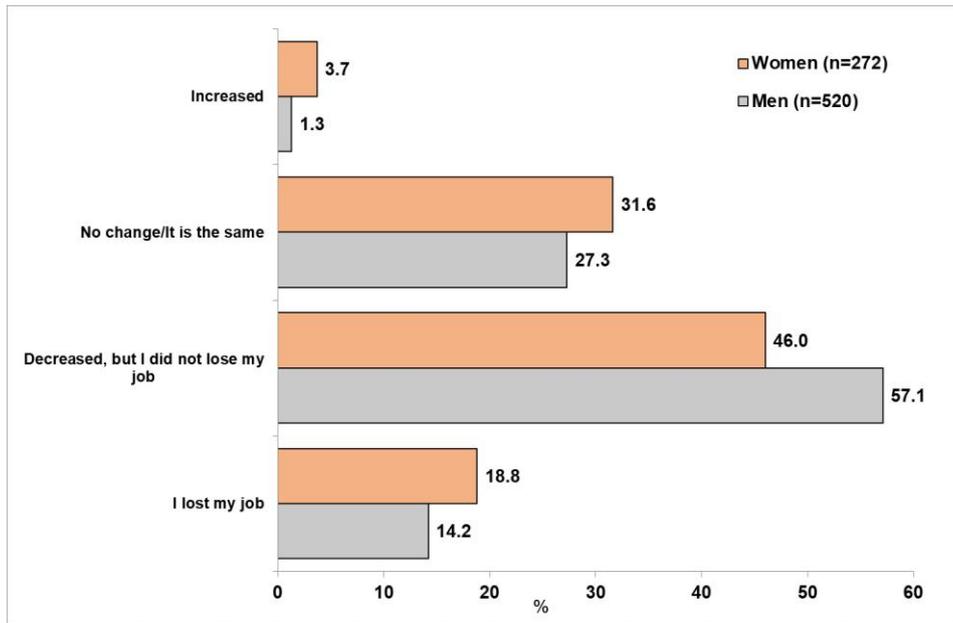
Figure 6 Employment Status by Sex



Change in working hours

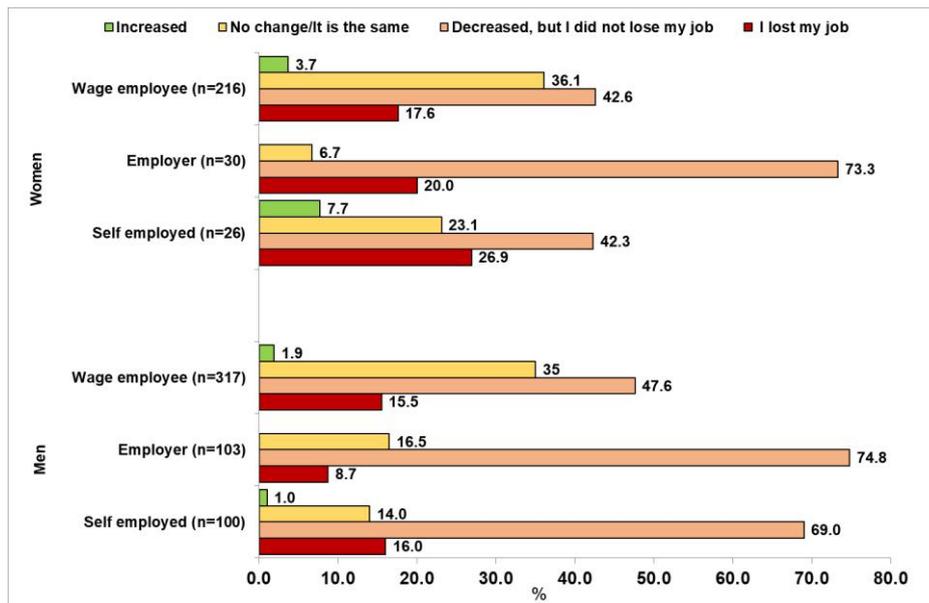
Since the spread of COVID-19, the number of hours devoted to paid work decreased for 53% of the participants (57.1% for men and 46% for women) but these participants continued to work. The working hours remained the same for 29% of the respondents (31.6% for women and 27.3% for men). However, 15.8% of the respondents uttered that they had lost their jobs; more women lost their jobs than men after the spread of COVID-19 (18.8% of the women and 14.2% of the men). The first three regions, where those who stated that they lost their jobs, are Aegean 38%, Central East Anatolia 26.3% and Southeast Anatolia 20.8% respectively. Only 3.7% of women expressed that the number of working hours increased after the spread of COVID-19 and this rate is 1.3% for men.

Figure 7 The Change of Working Hours Devoted to Paid Work



When the change in working hours is analyzed based on the type of work, shown in the graphic below, it is seen that men started to work less due to a decrease in working hours but they did not lose their jobs as much as women especially in the self-employed and employer categories. 20% of the female employers lost their businesses while this ratio was only 8.7% for males. There is again a wider gap between self-employed men and women who lost their businesses; 26.9% of women lost their businesses while this ratio was 16% for men. Finally, the ratio of private and public sector workers who lost their jobs was again higher in women (17.6%) compared to men (15.5%). These numbers displayed that women had more unsecured and disadvantaged positionings in the labor market compared to men.

Figure 8 The Change of Work Hours Depending on the Work Type

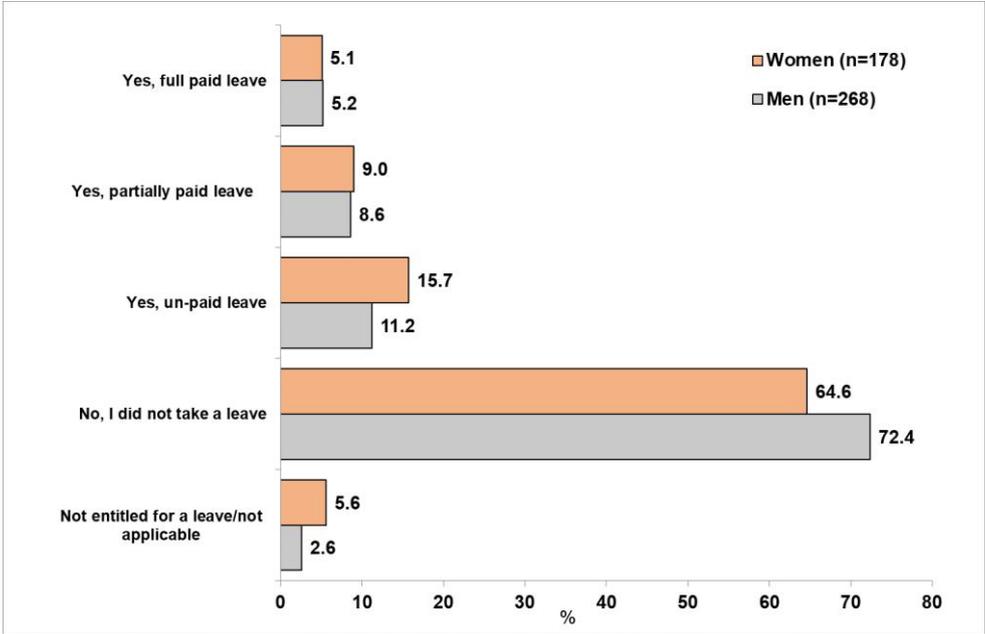


As seen in the graphic above, the only increase in women’s working hours occurred in the paid worker and self-employed positions. 3.7% of the female paid workers increased their working hours, but this increase was 1.9% for men. While 7.7% of self-employed women increased their working hours, this ratio was only 1% for self-employed men. Nonetheless, this increase cannot be interpreted as self-employed women have more secured positions in the labor market because it was again this position where 26.9% of women lost their businesses with the highest ratio in the whole graphic.

Taking a leave after the spread of COVID-19

Another question was about taking a leave of absence from work after the spread of COVID-19. The results of this question are shown in the Graphic 11 below. The responses indicate that the ratio of women who took partial-paid and unpaid-leave (24.7%) was more than that of men (19.8%). Despite that the reasons were not asked to the participants, household chores, which are traditionally seen as women’s responsibilities, might be strongly influential in this result since women are mostly not seen as the main “breadwinner” of the house. Another reason for the gap between women and men in taking partial-paid and unpaid leave is considered to be the horizontal segregation of the labour market where partial paid and unpaid leave could have been imposed more in women dominated sectors. Majority of women who took un-paid leave were mostly in the Aegean region with 29.4% which was followed by the women in Istanbul with 28.5%. Last but not least, more women (5.6%) than men (2.6%) said that they were “not entitled for a leave- N/A”.

Figure 9 Status of Leave after the Spread of COVID-19



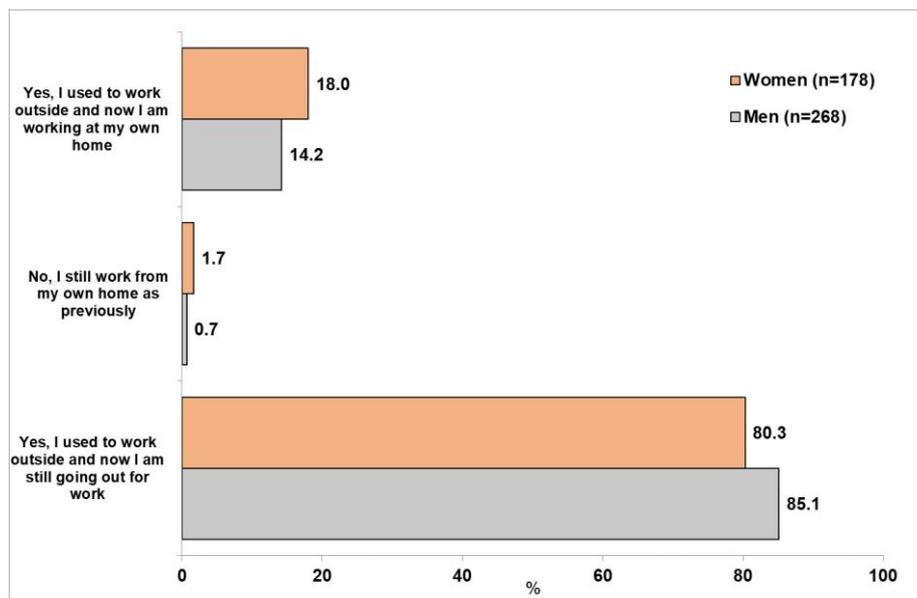
Moreover, more men (72.4%) than women (64.6%) said they “didn’t take a leave”, which may reinforce the previous argument of women’s return to traditional roles and gendered division of labor in the house with increasing care responsibilities during COVID-19 outbreak. Last but not least, 95.5% of the whole working respondents expressed that their employers were paying contributions toward pension, hence their retirement shares were evenly paid for male and female paid workers.

Change in the working location after the spread of COVID-19

As shown in Graphic 12, majority of respondents (83.2%) continued to leave home for work after the outbreak and more male respondents (85.1%) were leaving home than women for work (80.3%). There is a remarkable difference between university graduates and other participants in terms of “change of the workplace”. One in every four university graduates (26.5%) switched to work from home. This rate is approximately 10% among primary and secondary school graduates. From another point of view, half of those who work from home were university graduates, 27% were high school graduates, and 20% were primary and secondary school graduates.

As seen in Graphic 12, more women (18%) expressed that they started to work from home than men (14.2%). The percentage of women (60%) who said “yes, there is a change in the workplace” was higher in Northeast Anatolia compared to men (30%). This ratio was followed by the West Marmara region where more women (50%) started to work from home compared to men (23%). The highest number of men who changed their workplace and started to work from home was in the East Black Sea Region with 44,4% compared to women with 25%.

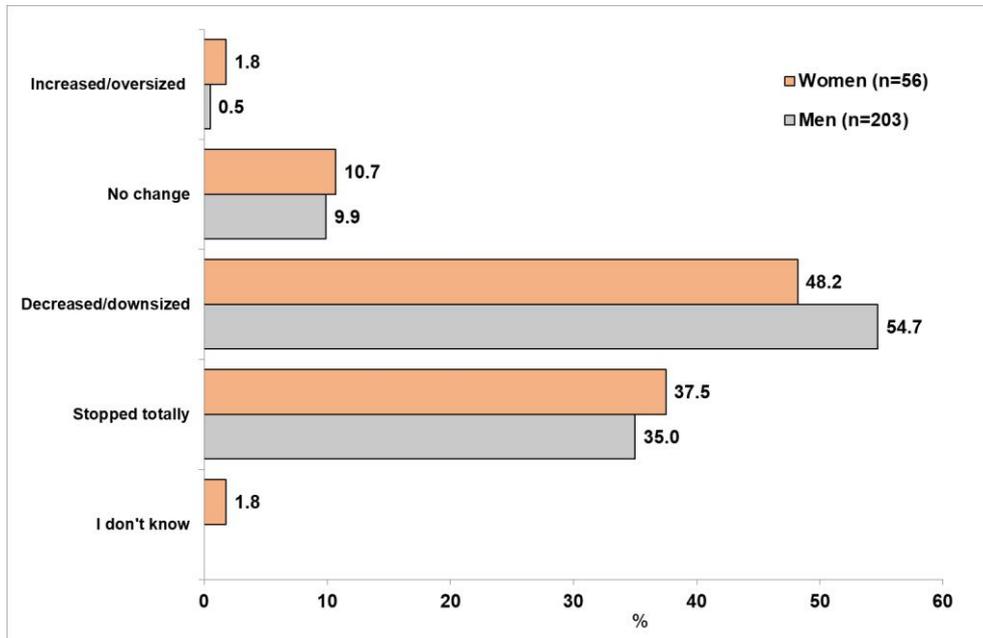
Figure 10 The Change in the Workplace



How was the business affected after the spread of COVID-19?

More than half of the whole employers and self-employed (53%) stated that after the COVID-19 outbreak their works decreased and/or businesses shrank. The proportion of those whose works completely stopped is 35.5%. 10% of the whole respondents uttered there was no change in their work and 1% stated that their works started to grow after the outbreak. While men’s businesses (54.7%) downsized or shrank more than women (48.2%), slightly more women’s businesses had completely stopped (37.5%) compared to men (35%). When the percentage of the surveyed business owners reporting stoppage of their businesses (35.5%) is compared to the percentages of the surveyed businesses owners reporting loss of their jobs (15.8%), it is seen that not all type of stopped business caused loss of jobs for their owners.

Figure 11 How was the Business Affected?



Unemployment benefits and/or any financial support from the government, local municipalities and CSOs

The rate of those receiving unemployment benefits and/or financial support from the state and local municipalities since the spread of COVID-19 is 6%. This rate is 6.4% for men and 5.4% for women. The proportion of those receiving unemployment benefits and/or financial support since the spread of COVID-19 is relatively higher in Northeast Anatolia (35% women, 15% men), Central East Anatolia (9.7% women and 27.6% men) and Southeast Anatolia regions (13.9% and 8.7%). This rate is very low in Istanbul.

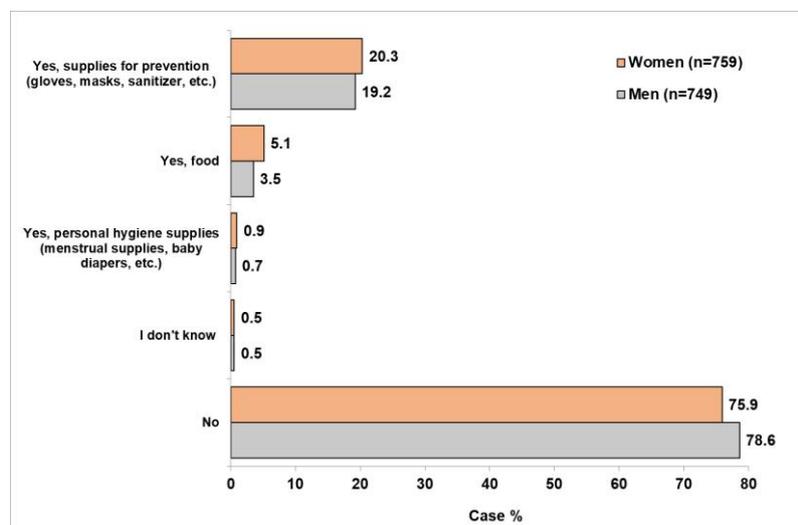
Table 1 Unemployment Benefits and Financial Support by Region

Response	Yes		No		Don't Know	
	Women	Men	Women	Men	Women	Men
Istanbul Region	0.7	7.0	99.3	92.3		0.7
West Marmara Region	4.9		95.1	97.4		2.6
Aegean Region	2.9	6.0	95.1	93.0	2.0	1.0
East Marmara Region	7.1	7.1	92.9	92.9		
West Anatolia Region	8.7	8.5	91.3	90.1		1.4
Mediterranean Region	1.1	1.1	96.7	97.8	2.2	1.1
Central Anatolia Region	2.5		97.5	100.0		
West Black Sea Region		2.0	100.0	98.0		
East Black Sea Region	6.5	6.9	93.5	93.1		
Northeast Anatolia Region	35.0	15.0	65.0	85.0	9.7	
Central East Anatolia	9.7	27.6	80.6	72.4	2.8	
Southeast Anatolia Region	13.9	8.7	83.3	89.9		1.4

In-kind support from the government, local municipalities, CSOs since the spread of COVID-19

As seen in Graphic 15, majority of the respondents (77.3%) expressed that they did not receive any in-kind support since the spread of COVID-19. 20% of the respondents expressed that they received anti-contamination aid from state and/or local municipalities. Northeast Anatolia is the region where majority of the “supplies for prevention” was received from the state and/or local municipalities by 80% women and 65% men. This ratio is followed by Istanbul by 54.6% women and 45.1% men. The second most received in-kind support was food aid with 4% and personal hygiene materials with 1%. Men and women were both receiving these supports, only women’s ratio (5.1%) in receiving food aid was slightly higher than men (3.5%) which might be explained with women’s traditional roles as food providers.

Figure 12 Proportion of Population who Reported In-kind Support since the Spread of COVID-19



Household resources after COVID-19

After the spread of COVID-19, personal resources of the participants in various areas have been negatively affected and the need for support has increased. More specifically, the need for a “support from the state and municipalities” and “aid from NGOs and other organizations” has been elevated after the outbreak. “Retirement and other social payments” remained the same, and especially the resources of “self-employed and freelancers”, “income from property, investment and savings” and “wage / salaried employees” were decreased. The gender gap was not wide but generally, women were taking slightly more aid from “governments/municipalities” as well as from “CSOs and other organization”, while men had more resources than women in the categories of “food from farming, raising animals or fishing” and “income/earnings from a paid job”.

Figure 13 How Household Resources Have Been Affected?

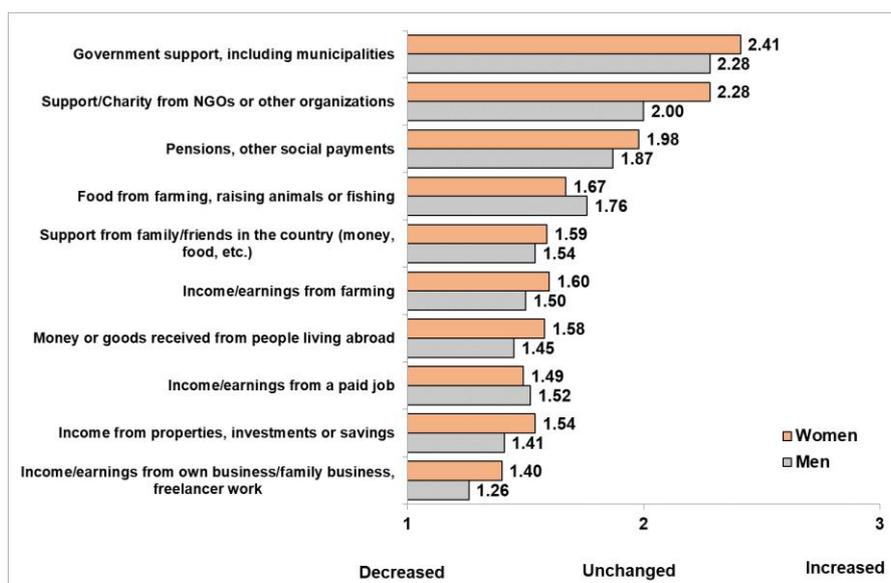


Table 2 How Have the Following Personal Resources Been Affected? (Women)

Women (n=759)	Decreased (%)	Unchanged (%)	Increased (%)	Not an income source (%)
Income/earnings from farming	4.7	3.4	1.1	90.8
Income/earnings from own business/family business, freelancer work	8.4	4.9	0.3	86.4
Income/earnings from a paid job	15.0	13.6	0.3	71.1
Income from properties, investments or savings	8.8	4.5	1.8	84.8
Pensions, other social payments	2.9	19.4	2.4	75.4
Food from farming, raising animals or fishing	2.9	4.3	0.4	92.4
Money or goods received from people living abroad	4.1	3.0	0.8	92.1
Support from family/friends in the country (money, food, etc.)	8.7	6.5	1.7	83.1
Government support, including municipalities	0.7	4.5	4.7	90.1
Support/Charity from NGOs or other organizations	0.1	3.2	1.4	95.3

Table 3 How Have the Following Personal Resources Been Affected? (Men)

Men (n=749)	Decreased (%)	Unchanged (%)	Increased (%)	Not an income source (%)
Income/earnings from farming	4.3	2.7	0.5	92.5
Income/earnings from own business/family business, freelancer work	24.8	7.3	0.7	67.2
Income/earnings from a paid job	24.4	23.1	0.9	51.5
Income from properties, investments or savings	10.5	5.5	0.7	83.3
Pensions, other social payments	5.1	15.8	2.1	77.0
Food from farming, raising animals or fishing	2.1	2.0	0.9	94.9
Money or goods received from people living abroad	4.5	1.5	0.8	93.2
Support from family/friends in the country (money, food, etc.)	8.4	3.6	2.0	86.0
Government support, including municipalities	0.8	5.5	3.6	90.1
Support/Charity from NGOs or other organizations	0.4	2.0	0.4	97.2

Financial situation if COVID-19 restrictive measures continue

It is understood that a significant percentage of all respondents will be negatively affected if the restrictive measures regarding the spread of COVID-19 continue. Two-thirds of the participants articulated that they will have difficulties in living expenses and utilities payments such as food, hygiene products, rent, gas, water and electricity. More than half of the respondents think that they will have to seek help from local authorities (59%) or friends/relatives (53%). Nearly half of the participants stated that they may have to take a loan (48%). From a gender perspective, male participants expressed higher percentage in many categories as seen in the table below. Regarding the source of help, there is a noteworthy gender difference where more women were likely to ask help from relatives and friends whereas more men were closer to ask help from public institutions such as local authorities (59.1% men, 58.2% women) or take a loan from the bank (53.1% men, 43.6% women).

Table 4 Financial Situation if COVID-19 Restrictive Measures Continue

Response	MEN		WOMEN	
	Number	%	Number	%
Would be difficult to keep up with basic expenses (food, hygiene products, etc.)	514	68.6	507	66.8
Would be difficult to pay for renting and utilities	514	68.6	499	65.7
Will have to ask help from the local authorities	443	59.1	442	58.2
Will have to ask help from relatives and friends	394	52.6	409	53.9
Will have to take a loan	398	53.1	331	43.6
Will have to stop seeking health services/assistance	330	44.1	321	42.3

5.3. Division of Labor in the Household

Women in Turkey have one of the highest unpaid work burden among OECD countries, spending 5 hours and 5 minutes per day in unpaid work activities—43 minutes more than the OECD average¹¹. According to the ‘Time Use Survey’ conducted in 2015, women do five times more care work compared to men in Turkey, regardless of employment status¹². This indicates the male-breadwinner norm in Turkey which also reinforces women’s role as the traditional caregivers.

During the pandemic, the time allocated to home and home-related activities has remarkably increased for both women and men. The increase in the time allocated to "cleaning, caring for the home and its surroundings", "children" and "cooking and serving" surpasses other activities. Moreover, “emotional support to adults” started to take more time than before.

The number of hours devoted to the household chores as a result of COVID-19

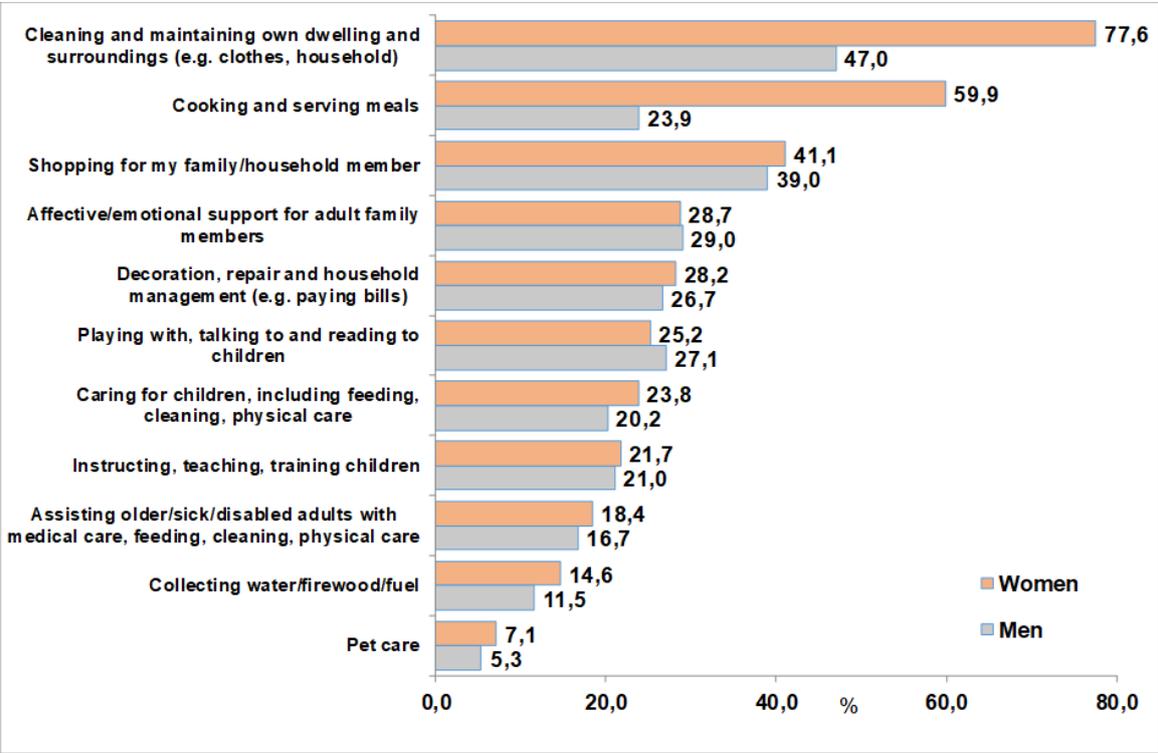
Although the results do not signify a remarkable difference between the genders in some of the categories, it is seen that in majority of the categories, more women expressed an increase in the number of hours devoted to domestic work than men. The ratio of the increased workload of women becomes higher especially in the categories of “cleaning (the household and washing the clothes)” and “cooking and serving meal” and where 77.6% and 59.9% of the surveyed women stated an increase respectively in these household chores comparing to 47% and 23.9% of the surveyed men. All these categories, in which women do take more responsibility, are directly related with the traditional roles and gendered division of labor. Measures such as the introduction of distance education, curfews for persons above 65 years and below 20 years of age along with persons with chronic diseases have exacerbated women’s care responsibilities to a larger degree than men due to such gender norms. The

¹¹ <https://stats.oecd.org/index.aspx?queryid=54757> accessed on 17 June 2019

¹² <http://www.turkstat.gov.tr/PreHaberBultenleri.do?id=18627> accessed on 9 May 2020.

results of the question on change in the number of hours devoted to household chores signify the gender gap more clearly regarding the division of labor in the household.

Figure 14 – Percentages of Women and Men Stating an Increase in the Number of Hours Devoted to Household Chores after COVID-19



In the additional table below, the numbers and percentages of those who expressed that “they do not usually do” are given below. This table demonstrates the gendered division of labor more clearly since men’s percentage for the things they do not usually do is much higher for “cooking and serving meals” (40.7% for men and 5% for women) as well as “cleaning and maintaining own dwelling” (25,5% for men and 2.3% for women). This also reinforces the outcome that women experience an increased burden of the housework compared to men.

Table 5 Changes in the Hours Devoted to Household Chores

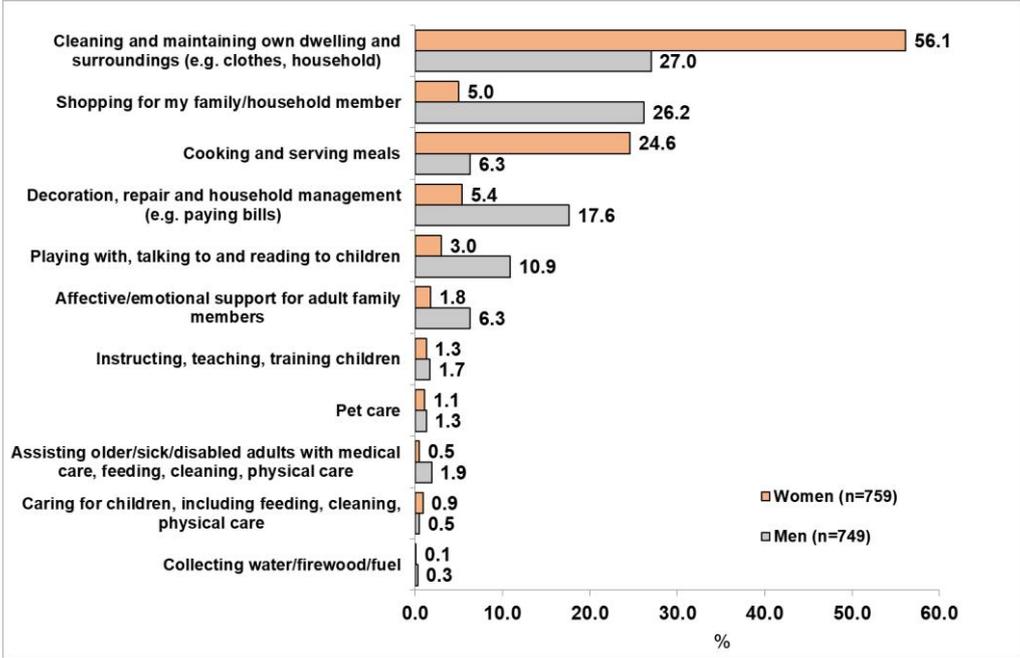
Response	I do not usually do it		Increased		Unchanged		Decreased	
	Women	Men	Women	Men	Women	Men	Women	Men
Household Chores								
Cooking and serving meals	5.0	40.7	59.9	23.9	32.8	33.6	2.2	1.7
Cleaning and maintaining own dwelling and surroundings (e.g. clothes, household)	2.2	25.5	77.6	47.0	18.2	26.6	2.0	0.9
Decoration, repair and household management (e.g. paying bills)	14.8	13.0	28.2	26.7	50.3	52.7	6.7	7.6
Shopping for my family/household member	9.2	8.0	41.1	39.0	40.3	41.5	9.4	11.5
Collecting water/firewood/fuel	49.5	41.8	14.6	11.5	28.7	38.3	7.1	8.4
Playing with, talking to and reading to children	54.8	51.8	25.2	27.1	18.6	19.1	1.4	2.0
Instructing, teaching, training children	58.6	54.3	21.7	21.0	16.5	20.7	3.2	4.0
Caring for children, including feeding, cleaning, physical care	57,6	58,6	23,8	20,2	17,7	19,0	0,9	2,3
Assisting older/sick/disabled adults with medical care, feeding, cleaning, physical care	57,6	58,6	18,4	16,7	22,1	23,1	1,8	1,6
Affective/emotional support for adult family members	37,7	36,7	28,7	29,0	30,7	31,5	2,9	2,8
Pet care	70,6	73,0	7,1	5,3	19,5	17,9	2,8	3,7

The most time spent activity in the house after COVID-19

The respondents were asked to choose only one option as an answer to this question. As seen in the Graphic 18 below, the results indicate that women remarkably spend most of their time for cleaning including the cleaning of the clothes and the house (56.1%). Strikingly, majority of the male participants also expressed that they spend most of their time for cleaning (27%) among all other categories. Obviously, staying at home raised the need for house care and cleaning responsibilities and men started to take more responsibility. The second most time-consuming activity for women was cooking

food and serving (24.6%). On the contrary, male respondents replied that their second most time-consuming activity was shopping for the family and household members (26.2%). Men also started to take more responsibility in household management (17.6%) and caring for the children (10.9%). Despite that men started to take more responsibility within the house than before, they significantly deal with the shopping responsibilities and household management during the pandemic and women continue to do the main household chores such as cleaning and cooking. As to conclude, these answers reveal that the responsibilities increased for all members within the house, but traditional roles and gender division of labor continued after COVID-19.

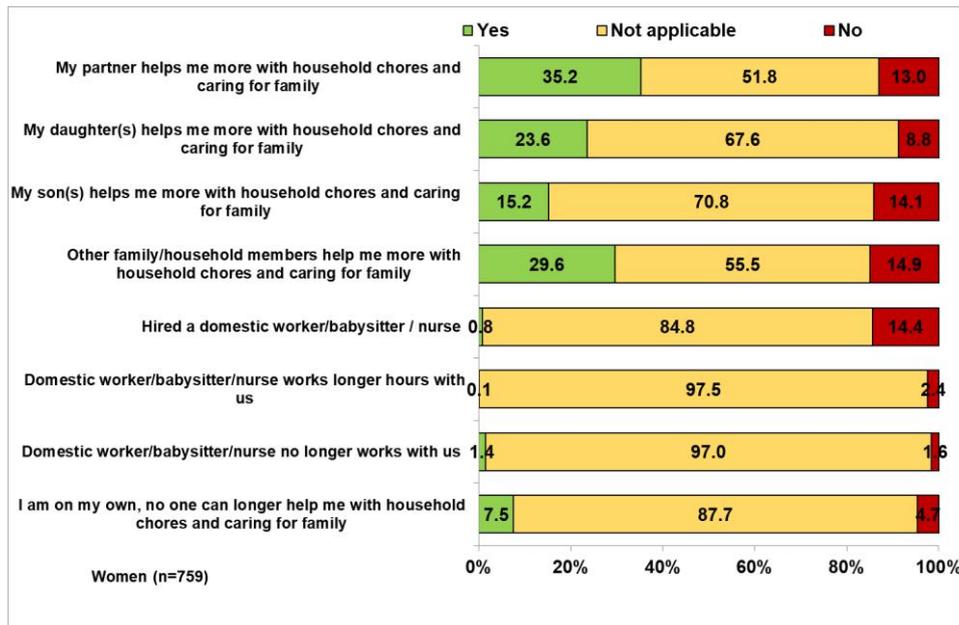
Figure 15 The Most Time Spent Activity after COVID-19



Change of the roles and responsibilities in the household after COVID-19

35.2% of women replied that their husbands helped them more with the household responsibilities and care of the family which indicates a rise in the roles and responsibilities of men within the household. On the contrary, 13% of women replied that their husbands do not help them more after COVID-19. Secondly, 29.6% of women expressed that other family members (apart from daughters and sons, more probably extended family members such as the elderly), were helping them more with the household chores and care of the family. 14.9% women replied that other family members were not helping them which was the highest ratio for “no” in the whole table. Thirdly, 23.6% of the female respondents expressed that their daughters were helping them while 15.2% expressed that their sons were helping them; 14.1% of female respondents said that their sons do not help them. Finally, 7.5% of women participants told that they were living alone so no one helped them with household chores and care responsibilities.

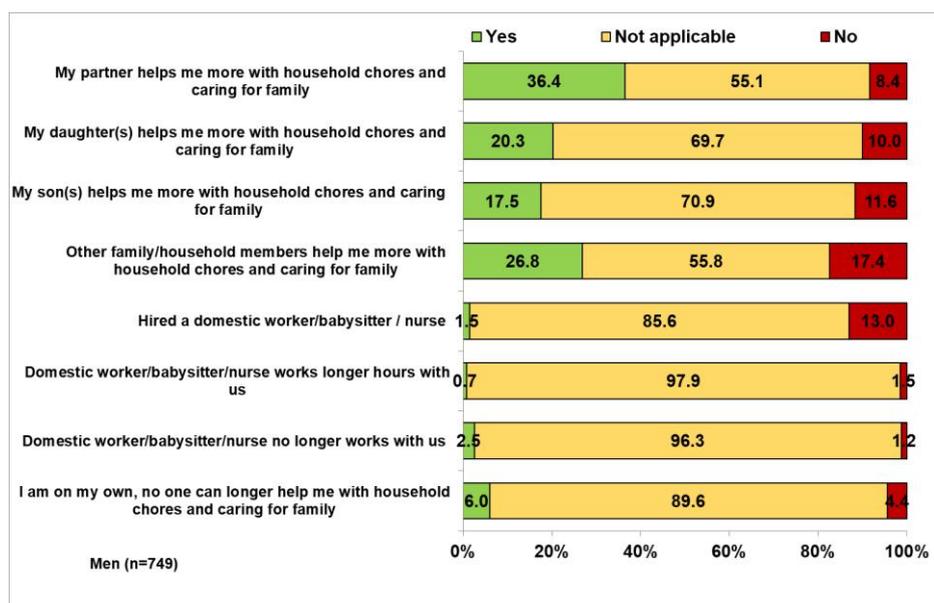
Figure 16 Change of the Roles and Responsibilities in the Household (Women)¹³



When the same question was asked to male respondents, 36.4% expressed that their wives were helping them more with the household chores and family care and 8.4% expressed the contrary. Secondly, 26.8% of the male respondents told that other family members (such as the elderly) were helping them more while 17.4% said “no” to this category. Thirdly, 20.3% of the men uttered that their daughters were helping them more which was higher than their sons (17.5%) - similar to women’s responses. Both in men’s and women’s answers, it was seen that spouses were the most supporting people within the house. Following that, other family members were helping the respondents more compared to the children of the house and, finally, daughters were helping more to their parents compared to sons, which may indicate a further deepening of gender based division of labour for the disadvantage of girls and might have negative impact on the schooling and/or school performance of the girls.

¹³ All the categories seen in the Figure 19 were asked to the respondents and the responds were recorded as “Yes”, “No” and “Not Applicable”. For instance, if the respondent does not have a spouse or daughter, they replied the question as “Not Applicable”. In this framework it would be more accurate to consider the answers of “yes” and “no”.

Figure 17 Change of the Roles and Responsibilities in the Household (Men)



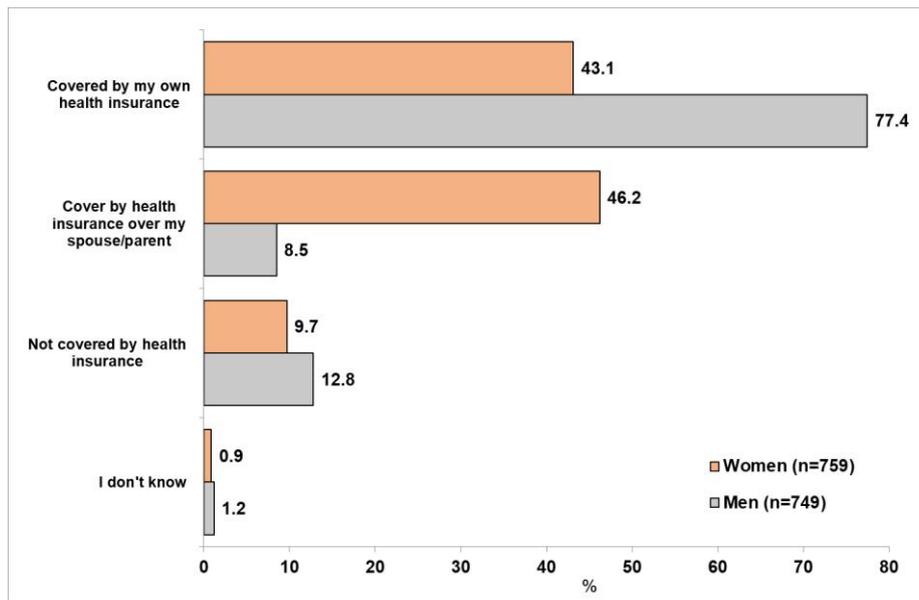
5.4. Health Issues and Access to Basic Services

Turkey has a strong public healthcare system, with a general health insurance system to which individuals make contributions with insurance premiums for children and the poor paid for by the state, and voluntary health insurance mainly covered through employer payments. Family medicine system and the migrant health center system that provide services to Syrian refugee population enable broad access and coverage of healthcare. Healthcare facilities have remained fully open with emergency services available during the COVID-19 period, and Ministry of Health canceled staff leave of absence to ensure sufficient capacity during the response to COVID-19. Yet, COVID-19 crisis has had a substantial effect on the delivery of mental health services since psychiatry outpatient clinics and Community Mental Health Centers had to decrease their activities. Ministry of Health declared most of the hospitals in Turkey as pandemic hospitals and most of the psychiatrists have been assigned to COVID-19 clinics. Other mental health services carry out their activities based on their priorities for the pandemic and psychosocial support hotlines have been established in 81 provinces.

Health insurance and/or health plan coverage

Regarding health insurance, the survey revealed a significant gender imbalance. Over three quarters of male respondents (77.4%) expressed that they had their own health insurance while this rate was less than half for women (43%). Moreover, 46.2% of the women expressed that they were covered in their spouses' or parents' health insurance, but this rate was only 8.5% for male respondents which indicates that women were more dependent on either spouse or parents in terms of their health insurance. The rate of those who had no health insurance was 13% among men and 10% among women.

Figure 18 Health Insurance or Health Plan Coverage



The answers reveal that COVID-19 outbreak mostly affected mental/emotional health of the people among all other health issues. 51.5% of the participants stated that they experienced problems such as stress and anxiety as a result of the outbreak. The vast majority (96.5%) of the participants living in Istanbul expressed that their mental/emotional health was badly affected. The region most affected by this situation after Istanbul was Northeast Anatolia with 75%. Central East Anatolia, Aegean, and West Anatolia were also among the relatively affected regions.

The second highest rate of health issues after the outbreak is physical diseases. Those who reported that they have experienced a physical disease as a result of COVID-19 live in Istanbul with the highest rate (around 20%). Istanbul was followed by the Central East Anatolia and the Aegean regions.

When the results are analyzed based on gender differences, 49% men and 54% women mentioned their mental/emotional situation has been affected as a result of COVID-19 which shows that women feel under stress more than men due to the pandemic. Following this result, an average of 8% experienced physical illness, and women expressed higher rates of physical diseases (8.8%) compared to men (7.3%) although the gap between the genders was not wide. On the contrary, 6% of the whole respondents expressed that they experience illness of a family member, and men expressed higher rates of “illness of a family/household member” (7.2%) than women (5.1%). Moreover, 4,4% of the whole respondents told that they changed places inside Turkey due to the outbreak. The following two graphics are showing the results based on gender differences.

Figure 19 The Effect of COVID-19 on Health (Women)

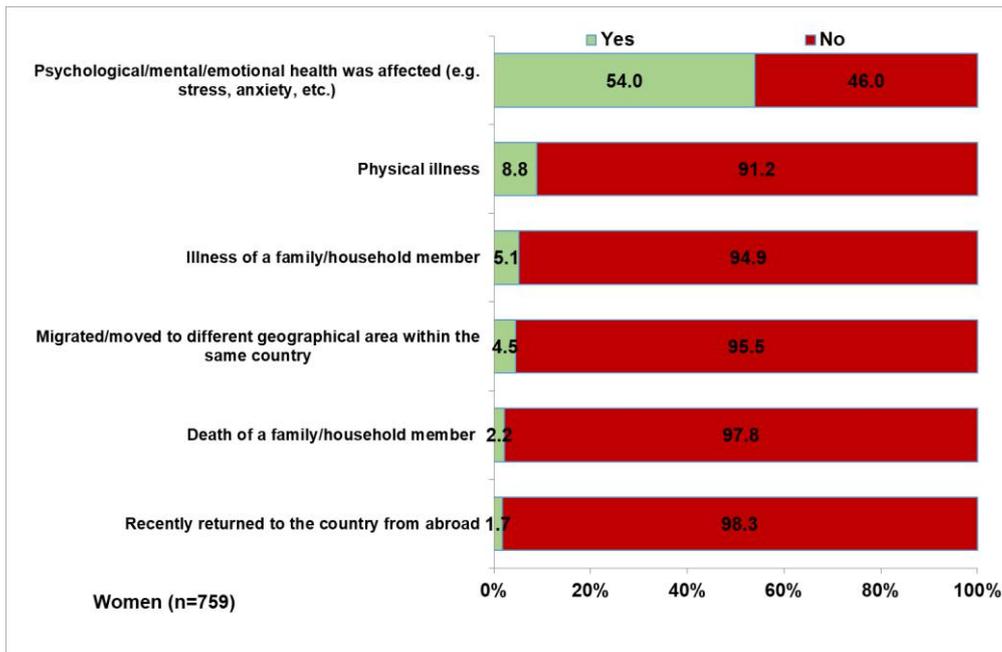
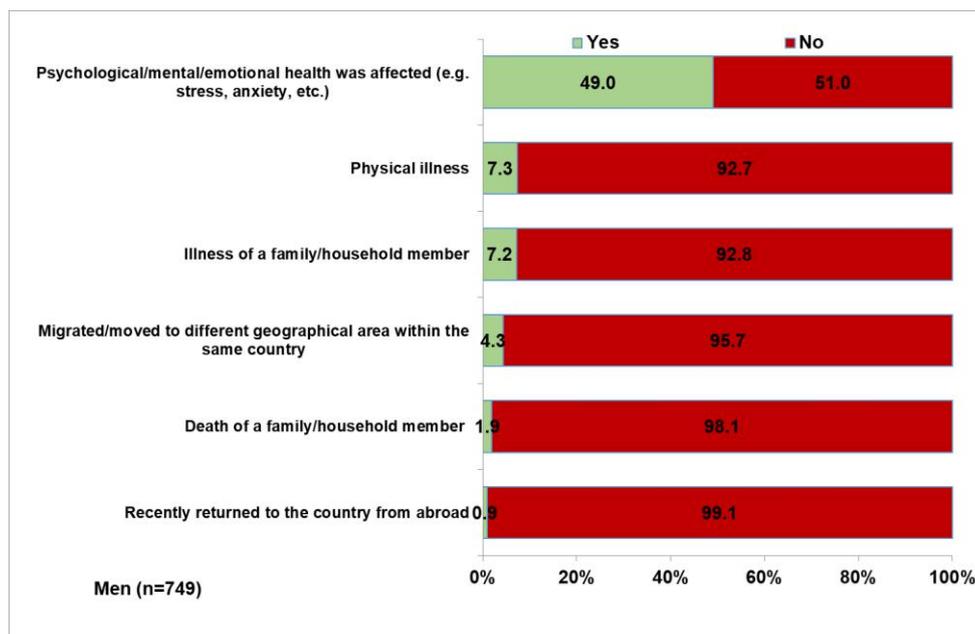


Figure 20 The Effect of COVID-19 on Health (Men)



Access to basic supplies and services after COVID-19

The respondents were asked to state the level of difficulty faced in their access to different types of basic services and supplies that were applicable to their situation during COVID-19 with the choices of “no difficulty”, “some difficulty”, “major difficulty” and “not applicable”. In this framework, the most experienced difficulty by the whole respondents was regarding the access to personal prevention equipment such as masks and gloves with 67% of the participants responding “some difficulty” or “major difficulty”. The second most difficult basic supply to reach was the category of “Health services/assistance for myself and/or my family member” with 40.5%. “Hygiene and sanitary products”

and “public transportation” came out as the following categories where the 37.8% and 35.7% of the respondents faced some or major difficulty respectively. East Marmara and Southeast Anatolia areas expressed highest difficulty in accessing public transportation compared to other regions.

Figure 21 Access to Basic Services (Women)

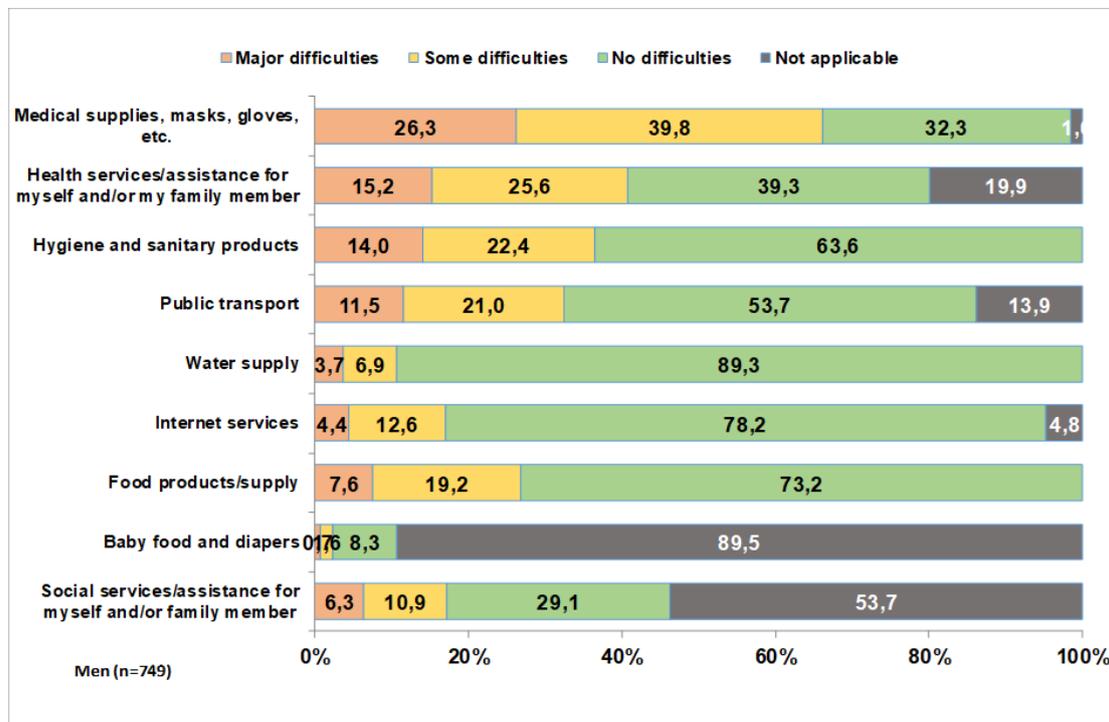
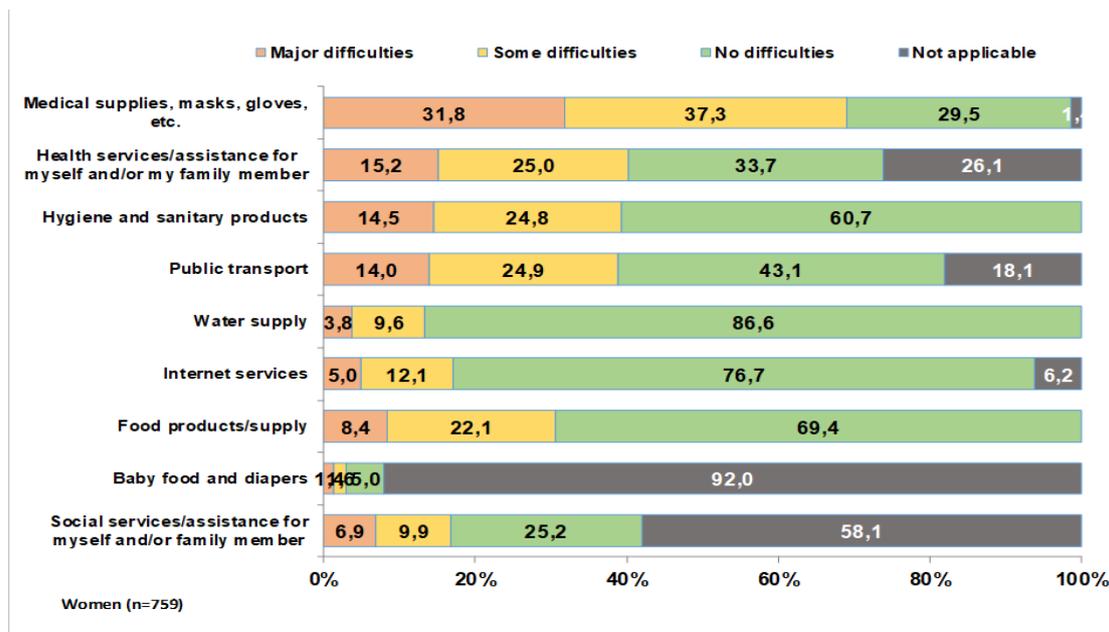


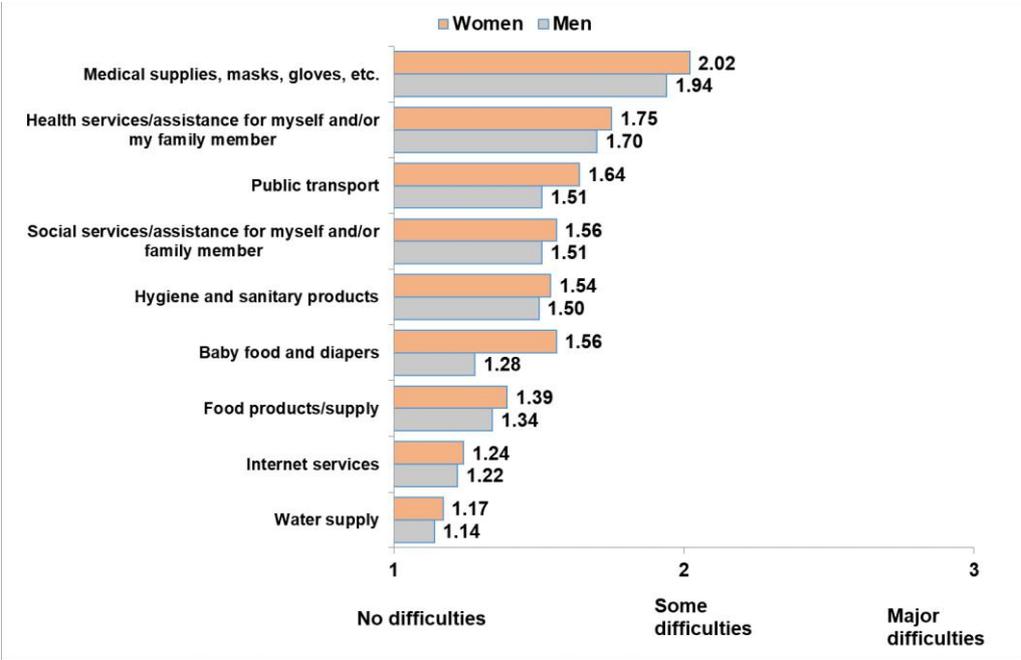
Figure 24 Access to Basic Services (Men)



In all these results, more women than men in 7 out of the 9 categories of basic services and supplies had difficulties to some or major degree. When the results for applicable participants for each service and supply category is reflected on a scale from 1 to 3, women articulated higher difficulty in accessing

all 9 categories of basic supplies and services compared to men as seen in the graphic below. However, the gender gap was widening especially in accessing baby supplies such as baby formula and baby/children diapers since women are traditionally expected to be the main care-providers for babies and children.

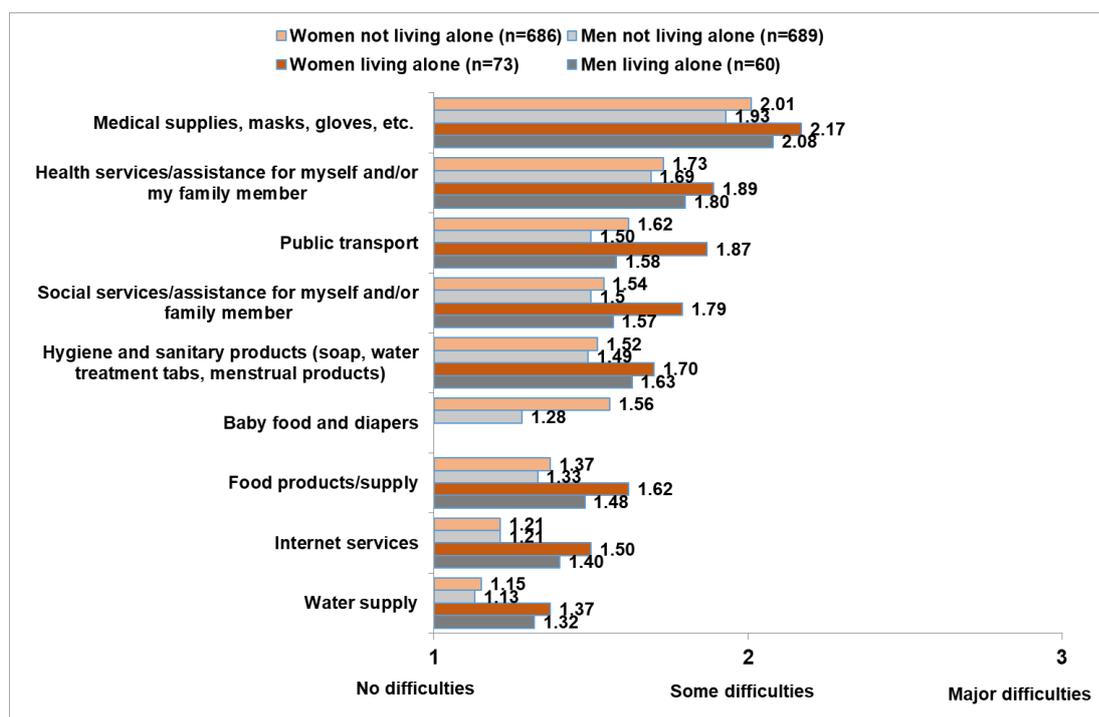
Figure 22 Access to Basic Services and Supplies - Difficulty Levels



The responses were also analyzed for disabled people in terms of their access to basic services. While 39.5% disabled women expressed that they experienced some difficulties in accessing medical supplies, masks and gloves, 37% disabled men uttered that they experienced a major difficulty in accessing medical supplies. Moreover, 29.6% of disabled men told that they experienced major difficulty in accessing health services/assistance for themselves and/or family members however same answer was given by only 5% of disabled women.

Last but not least, it was also seen in the results that the most disadvantaged group in accessing basic services were people living alone. The graphic below shows the results for those who were living alone at home and had more difficulties in accessing to basic services. For example, the rate of those who stated that they had difficulty in obtaining medical supplies, masks and gloves was 76% for those living alone (78.8% for women and 73.3% for men), while this rate was 68% for those living together (69.1% for women and 66.6% for men). Moreover, 27% of those who lived alone stated that they had difficulty in accessing water (31.5% for women and 21.7% for men) but this rate decreased to 11% for those who did not live alone (11.5% for women and 9.7% for men). Similar tendency was seen also for accessing “food supply”; while the rate of those living alone had more difficulty (43.8% for women and 38.3% for men), the rates decreased (29.1% for women and 25.8% for men) for those who lived together.

Figure 23 Accessing Basic Service for the People Living Alone



5.5. Domestic Violence, Access to Protection and Discrimination

Perceived increase of domestic violence after COVID-19

Over many years despite the great efforts of governments and non-governmental actors, Turkey has a poor record on gender equality and violence against women and girls. Prior to the COVID-19 crisis, 36% of ever-married women between the ages of 15 and 59 have experienced intimate partner physical and/or sexual violence at least once in their lifetime¹⁴. COVID-19 outbreak brought a sharp increase in cases. According to Istanbul Security Directorate, there has been 38.2% increase in domestic violence cases in March 2020 compared to March 2019. NGOs specialized in combating violence against women also declared that there has been a critical increase in the percentage of cases. According to Turkish Federation of Women's Association there is an 80% increase in physical violence cases when March of 2019 and 2020 are compared. Although Ministry of Interior recently announced that violence against women cases decreased 7% after the spread of COVID-19, considering the difficulties in seeking help during lockdown and the fact that only 11% of women report cases of violence in Turkey, the current situation appears to be more severe than the official records.

14% of the whole participants expressed that they either felt or heard about an increase in domestic violence since the spread of COVID-19. This rate is 15% for women and 13% for men. Similar to the previous topic, the results did not indicate a significant difference between men and women in general for Turkey, but differences started to emerge when the responses were analyzed on a regional basis.

¹⁴ Hacettepe University Institute of Population Studies, Ministry of Family and Social Policies, 2015. Research on Domestic Violence against Women in Turkey. Ankara, Turkey.

For instance, women expressed that they felt/heard that violence against women increased more in the regions of West Anatolia (30.4%), Central Anatolia (27.5%), Central East Anatolia (25.8%) and Aegean (25.5%) respectively, while men replied the same question as Central East Anatolia (41.4%), Central Anatolia (32.5%), West Anatolia (29.6%) and Northeast Anatolia (25%). The intersection of all responses indicates that there is a significant increase of violence against women in Central East Anatolia, West Anatolia, Central Anatolia and Aegean regions respectively. Contrary to the previous title on discrimination, women (14.6%) heard/felt an increase in violence against women more than men (13.2%).

Figure 24 Felt/heard Increase of Domestic Violence after COVID-19 (Women)

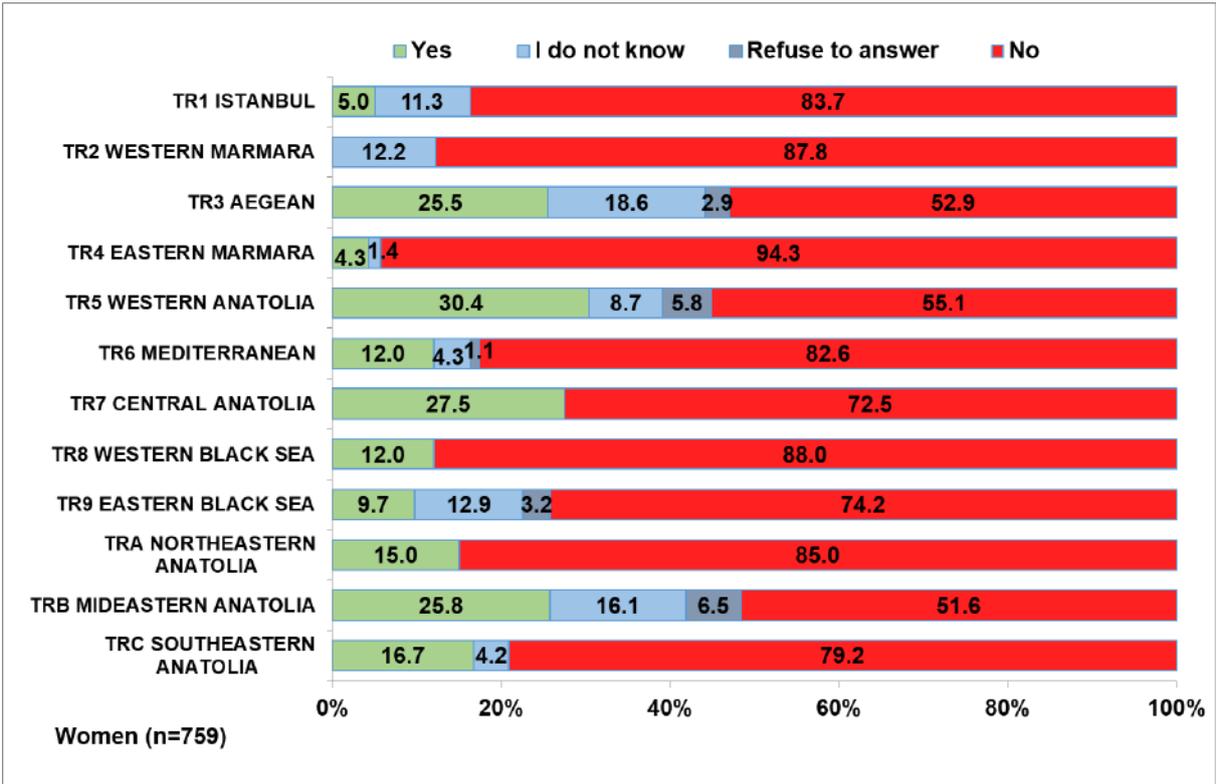
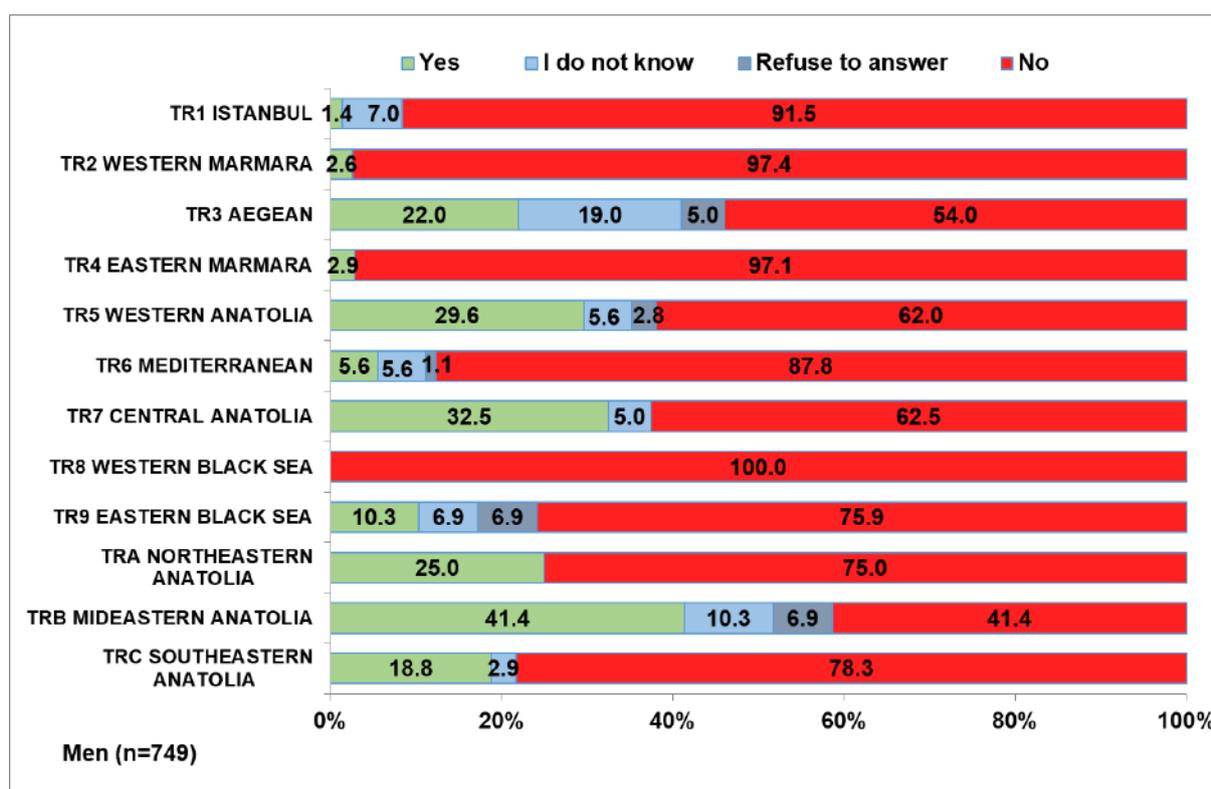


Figure 25 Felt/heard Increase of Domestic Violence after COVID-19 (Men)



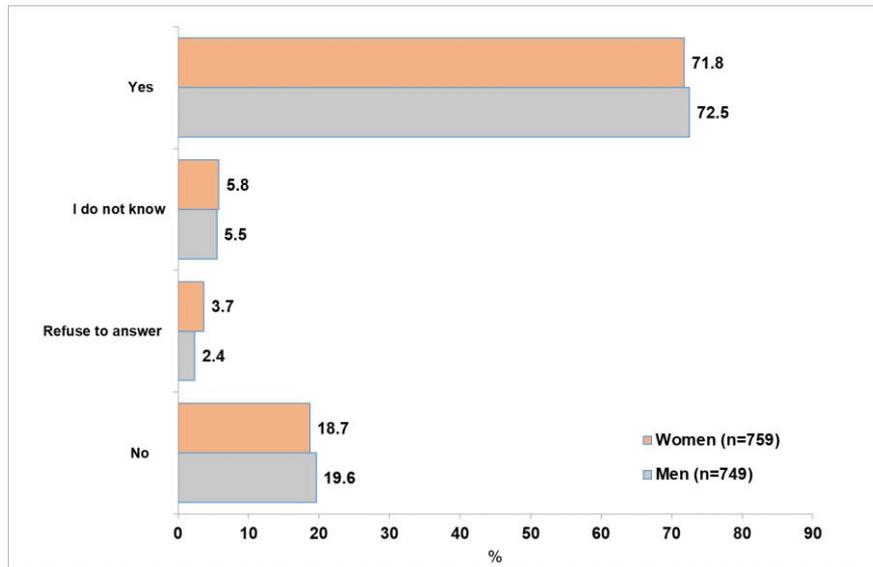
Knowing the information about seeking help and support in case of domestic violence

According to the Research on Domestic Violence against Women in Turkey, more than 80 percent of women had awareness of the cautionary decisions taken under Law No. 6284 and referral mechanisms¹⁵. Yet, the same research revealed that only 11% of women report cases of violence in Turkey.

A significant majority (72%) of the participants stated that if they are exposed to domestic violence, they know where to go for help and support. This rate was 71.8% for women and 72.5% for men. The rate for those who “refused to answer” or “did not know” how to seek either help or support was 25% (24.5% in women and 25.1% in men) which cannot be considered low as well. 27.4% of women and 22.9% of the men who either refused to answer or did not know how to seek help/support were resided in Southeast Anatolia while 15.6% of women and 14.9% of men resided in West Marmara. Majority of the women (25.8%) who gave this answer were between the age of 25 and 35 which can be considered quite young. Women who refused to answer or did not know how to seek help/support were mostly primary school (44.6%) or secondary school graduates (27.4%) but also included university (or equivalent) graduates (17.2%) and women with no education (10.8%). These results reveal that region, age and education are influential on women’s access to knowledge about support mechanisms regarding domestic violence.

¹⁵ http://www.hips.hacettepe.edu.tr/eng/english_main_report.pdf accessed on 22 June 2020

Figure 26 Do You Know Where to Seek Help and Support in Case of any Domestic Violence?



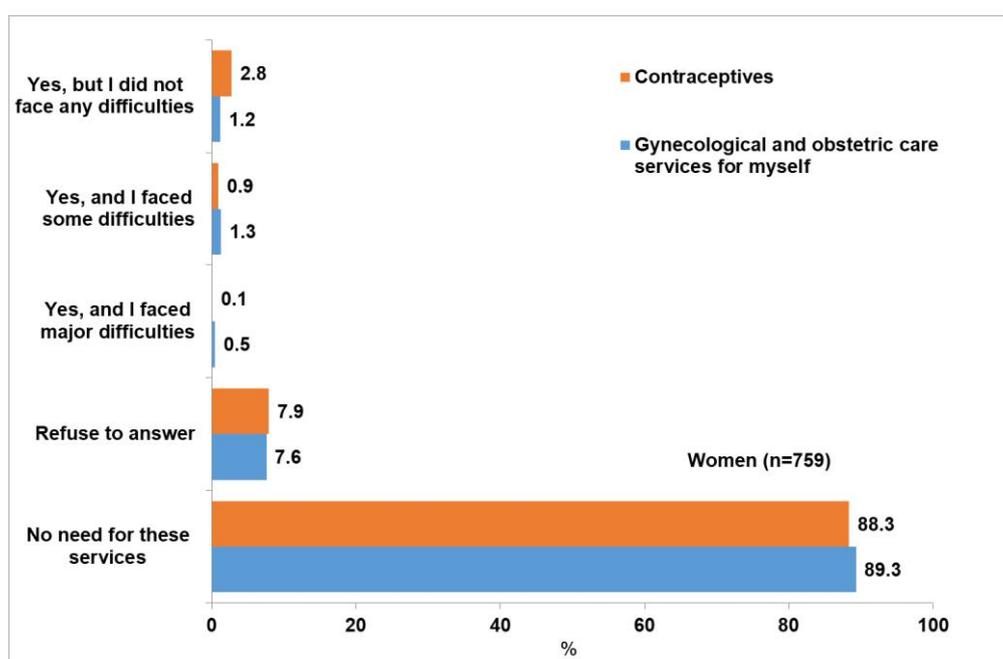
Discrimination

77.7% of the respondents stated that they generally did not feel any discrimination or prejudice increase in the country or area they live after the spread of COVID-19. In the overall results, there is no significant difference among male and female respondents in their expressions as well.

5.6. Access to Reproductive and Sexual Health Services

This last question was only posed to female respondents. 89.3% of the female respondents expressed that they did not have problem in accessing gynecological and obstetric care services after the spread of COVID-19 while 88.3% uttered they did not have difficulty in accessing contraceptive supplies in this period. 8% of the female respondents refused to reply this question. While these results can be interpreted as uninterrupted access of women to sexual and reproductive health services during the COVID-19 pandemic where 3.8% and 3% of the surveyed women reported difficulties in access to contraceptives and gynecological services respectively, it should be kept in mind that women might have refrained from talking about “intimate” issues on the phone. Since this is not a standalone study on women’s access to sexual and reproductive health services one should read the results with this background.

Figure 27 (Only for Women) Access to Reproductive and Sexual Health Services



6. Conclusions and Recommendations

The Rapid Gender Assessment of Social and Economic Impact of COVID-19 on Women and Men in Turkey demonstrated that while both women and men have been significantly negatively impacted by the crisis, they have not been affected in the same way or equally, which is contributing to the deepening of pre-existing gender inequalities. The survey reveals that women have experienced higher loss of jobs and reduced working hours, larger uptake of unpaid leave from work, and higher workload within the household for domestic and care responsibilities. Considering these against the overall context of expected economic decline¹⁶, it is imperative to mitigate the adverse impacts on women in the “new normal” and enable a gender-equitable economic recovery over the medium to long-term. Specific measures are needed to ensure women’s re-integration to the labour market and that they are benefiting from the various policy measures in response to COVID-19, related to fiscal and tax policies, employment and business support, social protection and unemployment, and others.

In general, the short-, mid-, and long- term response plans need to be based on gender responsive and Leave No One Behind principles. The following brief recommendations are provided in this regard, in order to ensure existing inequalities are not further exacerbated or new ones created in the post-COVID-19 period. Recommendations also reflect the necessary social and economic measures to increase the resilience of women during the possible new waves of COVID-19 or other crises based on the lessons learnt in the peak period of this outbreak.

1. Government, civil society and private sector actors leading or taking role in the response interventions should recognize that the COVID-19 pandemic, like any other crisis, affects women and men differently, and response plans and measures should be developed based on

¹⁶ WB global study: <https://www.worldbank.org/en/publication/global-economic-prospects>

sex-disaggregated data and analysis. Sex and age disaggregation of any data (health data including cases, layoffs, people benefiting from fiscal packages etc.) should be provided on a regular basis, and surveys and assessments on gendered social and economic impacts should be conducted systematically and used to support evidence-based policy making at different stages of the crisis management, response, and recovery. This includes analysis of the various economic stimulus, employment-related and other measures which have been undertaken to counteract the negative impacts of the pandemic.

2. The specific experiences and perspectives of women need to be represented in national and provincial decision-making mechanisms established for the crises management. It is apparent from the results of the study that the consequences of the crisis and the needs of women and men are different, but there are also visible regional differences. Civil society organizations representing women and women business organizations should participate in the Provincial Pandemic Coordination Boards under the Governorates to incorporate the different needs and challenges of women and girls. In Turkey, 50% of the doctors, 70% of nurses and 100% of midwives are women. Therefore, it is important that the gendered needs of health workers are included in the response planning mechanisms. Academicians with specialization in gender and women studies should be represented at the Social Sciences Board recently established under the Ministry of Health to address social and economic impact of COVID-19.
3. Women have reported increase in the engagement of men in sharing responsibilities of domestic and care work within the household after COVID-19, which presents an important opportunity to advance more equitable division of labour in the long-term and not only during times of crisis and mandated stay-at-home periods. Sustained effort is needed in this regard, such as continuous communication campaigns and education programmes on male involvement in gender equality.
4. National economic response and recovery policies should be gender sensitive and include targeted measures to maintain and when possible increase the level of women's employment, considering the hard-won gains in the last decades, and in line with Turkey's national targets to increase women's participation in the labour market, employment, and their rate among the self-employed and employers by 2023 (11th National Development Plan). Women-led businesses which are in higher risk of closing down during COVID-19 should be supported with special measures such as temporary tax reliefs and tax incentives. Targeted labor and social security policies such as tax and social security relief schemes for employees working in more vulnerable situation in terms of gender, region and sector should be explored.
5. Private sector and government employers should adopt more gender responsive flexible work arrangements and leave policies and expand paid leave opportunities to support employees to meet personal and family needs and to achieve better work-life balance. This is important for all employees, and is essential for women, who are to larger degree faced with the stress and burden of increased domestic work and care responsibilities during the COVID-19 pandemic. Importantly, it is critical that women – who have taken more leave and have switched to work from home to larger extent than men – are not “penalized” for this, in terms of their job security and career advancement¹⁷.

¹⁷ Comprehensive information on key steps employers can take to advance good practices and flexible arrangements in the context of COVID-19 is contained in “Family-friendly Policies and other Good Workplace Practices: <https://www.weps.org/resource/family-friendly-policies-and-other-good-workplace-practices-context-covid-19-key-steps>

6. As majority of women and men have experienced mental and emotional problems due to COVID-19, information on the available mental and psychosocial support services provided by the government, civil society and private sector should be disseminated more widely and it should be ensured that such services are free and accessible for all.
7. As the survey reveals that there is still a significant segment of women who do not know where to seek assistance in case of domestic violence, public institutions and civil society organization should put more effort to ensure that information on available services and support reaches to all women especially to young women and women with lower level of education via communication strategies tailored to age, educational and regional differences. In general, even though issues of gender-based violence, including domestic violence, were not the focus of this survey, worldwide evidence points to a rising “shadow pandemic” which needs to be tackled with utmost urgency and priority in line with the recent call of the UN Secretary General, to which the majority of UN Member States, including Turkey, have subscribed¹⁸.

¹⁸ <https://www.un.org/sg/en/content/sg/statement/2020-04-05/secretary-generals-video-message-gender-based-violence-and-covid-19-scroll-down-for-french>

7. Annexes:

Annex-1 Questionnaire

Demographic characteristics

Q1. Sex

[Please select one, then NEXT]

1. Male
2. Female

Q2. How old are you?

[Please inset your age in years]

__ [YEARS]

Q3. What is your marital status?

[Please select one, then NEXT]

1. Single
2. Married
3. Living with partner/Cohabiting
4. Married but separated
5. Widowed
6. Divorced

Q4. What is the highest level of education that you have completed?

[Please select one, then NEXT]

1. No education
2. Primary
3. Secondary
4. University or equivalent

Q5. Do you have children (up to 18 years old)?

[Please select one, then NEXT]

1. Yes
2. No

Q6. How many people live with you in the household?

[Please select one, then NEXT]

0. I live alone
1. Number of children 0-17 _____
2. Number of adults 18-64 _____
3. Number of elderly 65+ _____

Q7. Where are you living/residence area?

[Roll down menu localities]

Q7.1. Do you have any disability status with an issued health commission report?

[Please select one, then NEXT]

1. Yes
2. No
3. Do not know

Main source of information

Q8. What is your main source of information regarding COVID19 (risks, recommended preventive action, recommended coping strategies)?

[Please select one, then NEXT]

1. Internet & social media (facebook, Instagram, etc.)
2. Official Government social media and websites
3. Radio/Television/Newspaper
4. Announcement of municipalities or mukhtars/Public service announcement/speaker
5. Phone (telegram, viber, whatsapp, or call)
6. Community, including family and friends
7. Health center/Family doctor
8. NGO/Civil Society organization
9. Other
10. Do not know about COVID19 [GO TO Q 9](#)

Q8.1 How would you rate the information you received?

[Please select one, then NEXT]

1. I did not receive any information
2. Clear and helped me prepare
3. Clear, but it came too late for me to prepare
4. Confusing/contradictory

Employment and livelihood resources

Q9. How would you best describe your employment status during a typical week prior to the spread of Covid-19?

[Please select one]

1. I worked for a person/company/household [GO TO Q 9.1](#)
2. I had my own business/Freelancer and I employed other people [GO TO Q 9.1](#)
3. I had my own business/Freelancer, but I did not employ other people [GO TO Q 9.1](#)
4. I helped (without pay) in a family business [GO TO Q10](#)
5. I did not work and I was not looking for a job and I was not available to work [GO TO Q10](#)
6. I did not work, but I am looking for a job and I am available to start working [GO TO Q10](#)
7. I am retired, pensioner [GO TO Q10](#)
8. I did not work because I am studying full time [GO TO Q10](#)
9. I have a long-term health condition, injury, disability [GO TO Q10](#)
10. Other, specify _____ [GO TO Q10](#)
11. Housewife

Q 9.1 Since the spread of COVID19, has the number of hours devoted to paid work changed?

[Please select one]

1. Increased
2. No change/It is the same
3. Decreased, but I didn't lose my job
4. I lost my job [GO TO Q10](#)
999. I do not know

[NEXT QUESTION 9.2-9.4 ONLY ASKED FOR Q9 == 1]

Q 9.2 Since the spread of COVID19, have you been imposed to take a leave?

[Please select one]

1. Yes, full paid leave
2. Yes, partially paid leave
3. Yes, un-paid leave
4. No, I did not take a leave

- 5. Not entitled for a leave/not applicable
- 999. I do not know

Q 9.3. Does your employer pay contributions toward pension on your behalf?

[Please select one, then NEXT]

- 1. Yes
- 2. No
- 999. I do not know.

Q 9.4 After the Covid-19 spread, is there any changes in your working location?

[Please select one]

- 1. Yes, I used to work outside and now I am working at my own home
- 2. Yes, I used to work outside and now I am still going out for work
- 3. No, I still work from my own home as previously

[NEXT QUESTION ONLY ASKED FOR Q9 == 2 OR 3]

Q 9.5 How is your business affected after the spread of COVID-19?

[Please select one]

- 1. No change
- 2. Increased/oversized
- 3. Decreased/downsized
- 4. Stopped totally
- 999. I don't know

[NEXT QUESTIONS ASKED FOR ALL RESPONDENTS]

Q10 Are you currently covered by any form of health insurance or health plan?

[Please select one, then NEXT]

- 1. Covered by my own health insurance
- 2. Cover by health insurance over my spouse/parent
- 3. Not covered by health insurance
- 999. I don't know

Q 11 Do you receive any unemployment benefits and/or any financial support from the Government, local municipalities since the spread of COVID19?

[Please select one, then NEXT]

- 1. Yes
- 2. No
- 999. I don't know

Q 12 Do you receive any in-kind support from the Government and/or local municipalities since the spread of COVID19? (multiple response)

- 1. Yes, food
- 2. Yes, supplies for prevention (gloves, masks, sanitizer, etc.)
- 3. Yes, personal hygiene supplies (menstrual supplies, baby diapers, etc.)
- 4. No
- 999. I don't know

Q 12.1 Do you receive any in-kind support from Non-Governmental/civil society organization or other non-profit organizations since the spread of COVID19? (multiple response)

- 1. Yes, food
- 2. Yes, supplies for prevention (gloves, masks, sanitizer, etc.)
- 3. Yes, personal hygiene supplies (menstrual supplies, baby diapers, etc.)
- 4. No

999. I don't know

Q13. As a result of COVID19, how have the following personal resources been affected?

	Please mark <input checked="" type="checkbox"/> appropriate box			
	Increased	Unchanged	Decreased	Not an income source
1. Income/earnings from farming	3	2	1	4
2. Income/earnings from own business/family business, freelancer work	3	2	1	4
3. Income/earnings from a paid job	3	2	1	4
4. Income from properties, investments or savings	3	2	1	4
5. Pensions, other social payments	3	2	1	4
6. Food from farming, raising animals or fishing	3	2	1	4
7. Money or goods received from people living abroad	3	2	1	4
8. Support from family/friends in the country (money, food, etc.)	3	2	1	4
9. Government support, including municipalities	3	2	1	4
10. Support/Charity from NGOs or other organizations	3	2	1	4

Distribution of Household Chores

Q14. As a result of COVID19, has the number of hours devoted to the following activities changed?

	Please mark <input checked="" type="checkbox"/> appropriate box			
	I do not usually do it	Increased	Unchanged	Decreased
1. Cooking and serving meals	4	3	2	1
2. Cleaning and maintaining own dwelling and surroundings (e.g. clothes, household)	4	3	2	1
3. Decoration, repair and household management (e.g. paying bills)	4	3	2	1
4. Shopping for my family/household member	4	3	2	1
5. Collecting water/firewood/fuel	4	3	2	1
6. Playing with, talking to and reading to children	4	3	2	1
7. Instructing, teaching, training children	4	3	2	1
8. Caring for children, including feeding, cleaning, physical care	4	3	2	1

9. Assisting older/sick/disabled adults with medical care, feeding, cleaning, physical care	4	3	2	1
10. Affective/emotional support for adult family members	4	3	2	1
11. Pet care	4	3	2	1

Q15. Since the spread of COVID19, in which activity do you spend the most time?

[Please select one, then NEXT]

1. Cooking and serving meals
2. Cleaning and maintaining own dwelling and surroundings (e.g. clothes, household)
3. Decoration, repair and household management (e.g. paying bills)
4. Shopping for my family/household member
5. Collecting water/firewood/fuel
6. Playing with, talking to and reading to children
7. Instructing, teaching, training children
8. Caring for children, including feeding, cleaning, physical care
9. Assisting older/sick/disabled adults with medical care, feeding, cleaning, physical care
10. Affective/emotional support for adult family members
11. Pet care

Q16. Since the spread of COVID19 have roles and responsibilities within the household been affected?

	Please mark <input type="checkbox"/> appropriate box		
	Yes	No	Not applicable
1. My partner helps me more with household chores and caring for family	1	2	3
2. My daughter(s) helps me more with household chores and caring for family	1	2	3
3. My son(s) helps me more with household chores and caring for family	1	2	3
4. Other family/household members help me more with household chores and caring for family	1	2	3
5. Hired a domestic worker/babysitter / nurse	1	2	3
6. Domestic worker/babysitter/nurse works longer hours with us	1	2	3
7. Domestic worker/babysitter/nurse no longer works with us	1	2	3
8. I am on my own, no one can longer help me with household chores and caring for family	1	2	3

Access to basic services and safeness

Q17. As a result of COVID19, did you (personally) experience any of the following:

	Please mark <input type="checkbox"/> appropriate box		
	Yes	No	Not applicable
1. Physical illness	1	2	3
2. Illness of a family/household member	1	2	3
3. Death of a family/household member	1	2	3

4. Psychological/Mental/Emotional health was affected (e.g. stress, anxiety, etc.)	1	2	3
5. Migrated/moved to different geographical area within the same country	1	2	3
6. Recently returned to the country from abroad	1	2	3

Q18 As a result of COVID19, did you (personally) experience difficulties in accessing basic services:

	Please mark <input type="checkbox"/> appropriate box			
	Major difficulties	Some difficulties	No difficulties	Not applicable
1. Medical supplies, masks, gloves, etc.	3	2	1	4
2. Health services/assistance for myself and/or my family member	3	2	1	4
3. Hygiene and sanitary products (soap, water treatment tabs, menstrual products)	3	2	1	4
4. Public transport	3	2	1	4
5. Water supply	3	2	1	4
6. Internet services	3	2	1	4
7. Food products/supply	3	2	1	4
8. Baby food and diapers	3	2	1	4
9. Social services/assistance for myself and/or family member	3	2	1	4

D19. If restrictive measures related to spread of COVID-19 continue, what would most likely to happen to your financial situation?

	Please mark <input type="checkbox"/> appropriate box	
	Yes	No
1. Would be difficult to keep up with basic expenses (food, hygiene products, etc.)	1	2
2. Would be difficult to pay for renting and utilities	1	2
3. Will have to stop seeking health services/assistance	1	2
4. Will have to ask help from relatives and friends	1	2
5. Will have to ask help from the local authorities	1	2
6. Will have to take a loan	1	2

Q20. Have you felt increase of any form of discrimination or prejudice in the country/area you live after the spread of COVID-19?

[Please select one, then NEXT]

1. Yes
2. No
999. I do not know
998. Refuse to answer

Q21. Have you felt/heard about increase of domestic violence since the spread of COVID-19?

[Please select one, then NEXT]

1. Yes
2. No
999. I do not know
998. Refuse to answer

Q21.1 Do you know where to seek help and support in case of someone experiencing any domestic violence such as hotlines, psychological and police support?

[Please select one, then NEXT]

1. Yes
2. No
999. I do not know
998. Refuse to answer

Q21.2 If you tried to seek for support in risk or cases of domestic violence, have you experienced any difficulty in accessing these services during Covid-19 spread?

[Please select one, then NEXT]

1. I did not try to get any support in this respect
2. I sought for support and I did not face any difficulty
3. I sought for support and I faced some difficulties
4. I sought for support and I faced major difficulties
999. I do not know
998. Refuse to answer

[NEXT QUESTION ONLY ASKED FOR WOMEN]

Q22. Since the spread of COVID19, did you personally experience difficulties in accessing the following sexual and reproductive health services and contraceptives:

[Please select one, then NEXT]

- a) Gynecological and obstetric care services for myself
 1. No need for these services
 2. Yes, but I did not face any difficulties
 3. Yes, and I faced some difficulties
 4. Yes, and I faced major difficulties
 998. Refuse to answer
- b) Contraceptives
 1. No need for these services
 2. Yes, but I did not face any difficulties
 3. Yes, and I faced some difficulties
 4. Yes, and I faced major difficulties
 998. Refuse to answer

Q23. Are you...- ONLY FOR ON-LINE MOBILE PHONE - SURVEY

[Please select one, then END]

1. The registered owner of this mobile phone **END**
2. One of the users of the phone which is registered in someone else's name **END**

Annex 2 – Distribution of Interviews per Province, District and Regions

Province	District	# of Surveys	Province	District	# of Surveys
Adana	Yüreğir	21	İstanbul	Esenyurt	20
Adana	Tufanbeyli	20	İstanbul	Maltepe	21
Afyon	Merkez	20	İstanbul	Gaziosmanpaşa	21
Afyon	Sinanpaşa	19	İstanbul	Sancaktepe	20
Amasya	Merkez	20	İstanbul	Eyüp	20
Ankara	Çankaya	20	İstanbul	Çekmeköy	20
Ankara	Sincan	20	İstanbul	Silivri	20
Ankara	Yenimahalle	20	İzmir	Balçova	20
Ankara	Pursaklar	20	İzmir	Bornova	20
Ankara	Kalecik	20	İzmir	Bayraklı	21
Antalya	Kepez	21	İzmir	Ödemiş	21
Antalya	Muratpaşa	21	İzmir	Seferihisar	20
Antalya	Elmalı	20	Kars	Selim	20
Antalya	Akseki	20	Kayseri	Melikgazi	20
Artvin	Hopa	20	Kayseri	Develi	20
Aydın	Çine	21	Kocaeli	Gebze	20
Balıkesir	Edremit	20	Kocaeli	İzmit	20
Bilecik	Gölpazarı	19	Konya	Selçuklu	20
Bolu	Merkez	20	Malatya	Battalgazi	19
Bursa	İnegöl	21	Manisa	Yunusemre	20
Çanakkale	Merkez	20	Kahramanmaraş	Onikişubat	20
Çanakkale	Lapseki	20	Sakarya	Adapazarı	20
Çorum	Merkez	20	Samsun	Vezirköprü	20
Denizli	Çameli	20	Samsun	Salıpazarı	20
Diyarbakır	Bağlar	19	Tekirdağ	Çorlu	20
Diyarbakır	Ergani	20	Trabzon	Ortahisar	20
Erzincan	Merkez	20	Trabzon	Araklı	20
Gaziantep	Şehitkamil	22	Şanlıurfa	Eyyübiye	19
Hakkari	Şemdinli	20	Şanlıurfa	Viranşehir	18
Hatay	Antakya	20	Van	Tuşba	21
Mersin	Akdeniz	19	Yozgat	Merkez	20
İstanbul	Kadıköy	20	Zonguldak	Alaplı	20
İstanbul	Bakırköy	20	Karaman	Merkez	20
İstanbul	Kartal	21	Kırıkkale	Merkez	20
İstanbul	Küçükçekmece	20	Batman	Merkez	24
İstanbul	Ümraniye	20	Batman	Kozluk	19
İstanbul	Bağcılar	20	Düzce	Akçakoca	20
İstanbul	Avcılar	20			
TOTAL					1508

NUTS-1	NUTS-2	# of Surveys
Istanbul Region	İstanbul Subregion	283
West Marmara Region	Tekirdağ Subregion	20
	Balıkesir Subregion	60
Aegean Region	İzmir Subregion	102
	Aydın Subregion	41
	Manisa Subregion	59
East Marmara Region	Bursa Subregion	40
	Kocaeli Subregion	100
West Anatolia Region	Ankara Subregion	100
	Konya Subregion	40
Mediterranean Region	Antalya Subregion	142
	Hatay Subregion	40
Central Anatolia Region	Kırıkkale Subregion	20
	Kayseri Subregion	60
West Black Sea Region	Zonguldak Subregion	20
	Kastamonu Subregion	
	Samsun Subregion	80
East Black Sea Region	Trabzon Subregion	60
Northeast Anatolia Region	Erzurum Subregion	20
	Ağrı Subregion	20
Central East Anatolia Region	Malatya Subregion	19
	Van Subregion	41
Southeast Anatolia Region	Gaziantep Subregion	22
	Şanlıurfa Subregion	76
	Mardin Subregion	43
Total		1508