



Determining the Needs of Syrian
Women Applying to Women's Health
Counselling Centres Related to
Services in Reproductive Health and
Gender-Based Violence

SURVEY REPORT



Funded by
European Union Civil Protection
and Humanitarian Aid



United Nations Population Fund



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The present document is prepared and printed by the Hacettepe University Women's Research and Implementation Centre (HÜKSAM) in the context of the "Strengthening Access to Sexual and Reproductive Health, and Sexual and Gender-Based Violence Services for Syrian and Other Refugees through Women and Girl Safe Spaces (WGSS)/Women and Girl Safe Spaces Project". Publication costs are financed by European Civil Protection and Humanitarian Aid Operations (ECHO). The present document covers humanitarian aid activities carried out with the financial support of the European Union. Opinions included in the document can in no way be interpreted as reflecting the official views of the European Union and the European Commission bears no responsibility for information included in the document.

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FOREWORD

It is universally recognized that gender-based violence and problems in reproductive health are priority health issues when women are concerned. The priority that these health problems deserve is further enhanced and intervention becomes necessary in cases where already vulnerable women face the problem of forced displacement for any reason. As defenders of the right to health and rights of women we are trying to do our best to fulfil the part of responsibility that falls upon us.

In this context, as Hacettepe University Women's Research and Implementation Centre (HÜKSAM), we have been conducting since 2015 the "Strengthening Access to Sexual and Reproductive Health, and Sexual and Gender-Based Violence Services for Syrian and Other Refugees through Women and Girl Safe Spaces (WGSS)/Women and Girl Safe Spaces Project" with the technical support of UNFPA, United Nations Population Fund and financial support of European Civil Protection and Humanitarian Aid Operations (ECHO) on the basis of a protocol acted with Ankara Provincial Directorate of Health. By providing Women and Girls Safe Spaces under the project, we are making efforts to contribute to the elimination of gaps in the delivery of gender-based violence and reproductive health services to refugee women and girls.

In this process which absolutely requires intensive work and good teamwork we also take into account the responsibility that our academic positions entail. Thus, in every decision we make and in all of our activities we consider making use of opportunities that science offers as a sine qua non. In the project work we undertake with this perspective and while thinking about how services we offer can be improved, we decided to start this survey with the idea that views of refugee women would be guiding for us. It was our greatest wish to reach outcomes that bring new ideas to all and have their influence on a wide spectrum. We started our work after getting necessary approvals from the Public Health Institute, Ministry of Health, and Hacettepe University Non-Interventional Clinical Research Ethics Board.

Every stage in our work enjoyed very valuable contributions and each activity gained further meaning with the touch of a contributor. My thanks are due first to the members of the research team, Assoc. Prof. İlknur Yüksel-Kaptanoğlu, Instructor Dr. Hande Konşuk-Ünlü and Social Psychologist Türküler Erdost. They were excellent in combining their knowledge with their dedication. Secondly, I am also grateful to social workers Tuğçe Uygun, Yonca Usta and Esra Yurtseven, Psychologist Sevinç Sürmeli and our project coordinator Sinem Aydın who carried the term "safe spaces" much beyond being a project title by gaining the trust of refugee women and girls. Thanks to our interviewers Betül Sayın, Cansu Dayan, Dicle Paşa and Feride Yabancı we could reach our Syrian beneficiaries and take their opinions to guide the process.

Of course, we are also indebted to UNFPA, United Nations Population Fund that responded to every call for assistance, European Civil Protection and Humanitarian Aid Operations (ECHO) that made this work possible through its financial assistance, and Ankara Provincial Directorate of Health that brought units that we serve under its roof.

Now we share the outcomes of our survey with our belief in a future where special needs of women are observed, where they can benefit from free health services whatever language they speak or in which part of the world they are, and where they can fully exercise their rights.

Prof. Dr. Ü. Şevkat BAHAR ÖZVARIŞ

HÜKSAM Director



ACRONYMS

GBV	Gender-Based Violence
ECHO	European Civil Protection and Humanitarian Aid Operations
HIPS	Hacettepe Institute of Population Studies
HÜKSAM	Hacettepe University Women's Research and Implementation Centre
MISP	Minimum Initial Service Package
SPSS	IBM Statistics Package for Social Sciences
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
UNFPA	United Nations Population Fund
WGSS	Women and Girls Safe Spaces
WHO	World Health Organization

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1. RATIONALE AND OBJECTIVE OF THE SURVEY

Humanitarian crises are becoming more common, placing a heavy burden on individuals, societies and economies. Armed conflicts and natural disasters are the leading causes of humanitarian crises. Widening inequalities, vulnerability and security gaps may be less visible, but their cost is quite heavy. Each year millions of people leave places they were born and live as a result of disasters, conflicts, climate change, hunger and economic problems seeking safer and liveable places (1).

While there is international consensus on social rights of refugees on the basis of various official protocols and conventions, the right to and social determinants of health are not stipulated as a part of these fundamental rights (2). Over 100 million people in the world are in need of humanitarian aid. 26 million out of this total are women and adolescents at ages of fertility (age group 15-49) (3).

Since the Second World War, the highest number of displaced people as a result of humanitarian crises was estimated as 59 million. The number of people affected by natural disasters is 200 million in a year. It is a temporary situation and displaced people shortly return to their earlier places of residence and life. However, considering refugees' being away from home, staying at the emigrated country nearly for 20 years (3) it would be misleading to expect that people who migrated from Syria to Turkey could return to their country in a short span of time.

Where Syrians arriving Turkey with the flow of migration starting in 2011 should be placed and legal status they would gain as a result continues to be a problematic area since the beginning of the process. The most fundamental instrument related to international protection in this context is the 1951 Geneva Convention on the Status of Refugees (4). Although the Convention was signed by Turkey with some historical and geographical derogations and some limitations were removed (relating to people migrating as a result of events taking place before 1 January 1951) with the 1967 Protocol Relating to the Status of Refugees geographical limitations (coming from Europe) are still maintained in Turkey (5). According to this limitation persons coming from Europe are accorded the status of “refugee”, people coming from other parts of the world are considered as “asylum seekers”.

The second development in Turkey which can be assigned importance with respect to refugee policies is the enactment of the Law no. 6458 on Foreigners and International Protection on 4 April 2013 and in effect since 11 April 2014 (6). This legislation covers people who left their countries as a result of oppression to their race, nationality, religion and political opinion, applied for international protection, but final decision has yet not been given about their application. These persons may hold the status of refugee, conditional refugee or secondary protection.

Syrians suddenly leaving their country as a result of war for Turkey with her open door policy and staying in Turkey on the principle of non-refoulement could not gain refugee status due to existing



geographical limitation and their international protection requests could not be considered on individual basis. Hence, Syrians were given temporary protection status in line with Article 91 of the Law no. 6458 on Foreigners and International Protection upon the Temporary Protection Regulation which took effect as published in the Official Gazette no. 29153 dated 22 October 2014 (7). Syrians under temporary protection have the right to stay in Turkey temporarily until they are accepted as refugees by a third country. Syrians with temporary protection status can benefit from health, education, social assistance, translation and some other services with their temporary protection identity documents. One important point that must be stressed in this regard is that persons with temporary protection identity documents can be entitled to work permit and to work in any income generating activity. While people concerned are legally under temporary protection, the present study prefers to use the term refugee since their conditions and experiences are similar to those of refugees.

There is quite limited information about the position of Syrian refugee women in general and those who are not married in particular with respect to their experiences in such fields as health and reproductive health, sexual violence and gender-based violence. 75% of Syrian refugees are women and children, and large majority of women and girls are at fertile ages (8). Women and girls are more disadvantaged in times of crisis and their chances of surviving and fleeing are more limited. Sexually transmitted diseases, unexpected and unwanted pregnancies, maternal diseases and deaths and gender-based violence are most commonly confronted risks at times of crisis (3). Studies suggest that cases of sexual violence climb up during armed conflicts and wars (9).

Maternal mortality deriving from pregnancy-related causes dropped worldwide from 529 thousand in 1990 to 289 thousand live births in 2013. Haemorrhage (27%), pregnancy-related hypertension (14%) and sepsis are still the leading causes of maternal mortality. Worldwide, maternal mortality is on decline from 400 (per 100,000) to 200. This is in general a decline by 45%. However the rate of decline in regions where MMR (maternal mortality rate) is higher than 100 per 100,000 is only by 2%. There are even some regions where no decline is observed. In Syria MMR is 41, 24 and 16, respectively for the years 1990, 2010 and 2013. While there is decline in MMR, this decline is not at the expected level (10).

The use of contraceptive methods is quite important in reducing maternal mortality and preventing unwanted pregnancies. The prevalence of use of contraception in the world increased from 55% in 1990 to 64% in 2012. In the period 2007-2014, 16% could not reach family planning services though they had need for, and the prevalence in use of any contraceptive was 54% in Syria (10). With respect to antenatal care, 88% of pregnant women received antenatal care at least once while 64% had this 4 times in Syria. 96% of deliveries took place as attended by health personnel (including those other than with standard training) and the rate of neonatal tetanus immunization is 94% (10).

Examining the rate of immunization during infancy (first year in life) it could be seen that the rate in measles immunization which was 87% in 1990 dropped to 61% in 2013. In the same year (2013) the rates of immunization in diphtheria, tetanus and poliomyelitis (DTP), Hepatitis and haemophilic influenza type b (Hib) dropped to 41%, 71% and 41%, respectively.

There is no information whether pregnant women with AIDS received antiretroviral therapy in Syria. The rate of new diagnoses in tuberculosis receded from 89% to 74%. The rate of accident related death is 308 in 100,000 in 2012, which is extraordinarily high relative to other countries. Further, health statistics in Syria show that the share of accidents and injuries in cases of under 5 child mortality increased from 5% in 2000 to 10% in 2013 (10). Given these data it appears that statistics related to improvements in maternal health fall behind development goals.

According to data provided by the General Directorate of Migration Management (2 May 2019), there are 3,603,088 persons under temporary protection in Turkey. This is group of specific character in terms of their need for health services as children under age 15 and women over age 15 make up, respectively, 38% and 60% of this total. There is no comprehensive and evidence-based data indicating to what extent this population can benefit from available health services (11).

It must be kept in mind that the status of Syrian women with respect to health services may differ from Turkish women. Health problems may turn as long-lasting unless health status of women is assessed and relevant measures are taken to respond to their special needs. Hence, clinical studies must take due account of these issues (12).

There are indeed many problems confronted when it comes to health status of refugee and asylum seeking women. The leading ones include contagious diseases, nutrition and housing problems, problems of sexual violence and assault, problems in reproductive health, environmental health problems, chronic diseases and psychiatric problems (13). Thus, responding to health needs of refugee women and girls satisfactorily is one of the important areas of intervention.

Starting with her open door policy in 2011 Turkey has received migration from many countries including Syria in the first place. As a result of this rather intensive migration, refugee-focused support services sensitive to gender equality became a must in addition to mainstream public services. As an example to these support services, the Hacettepe University Women's Research and Implementation Centre (HÜKSAM) has been conducting the "Strengthening Access to Sexual and Reproductive Health, and Sexual and Gender-Based Violence Services for Syrian and Other Refugees through Women and Girl Safe Spaces (WGSS)/Women and Girl Safe Spaces Project" with the technical support of UNFPA, United Nations Population Fund and financial support of European Civil Protection and Humanitarian Aid Operations (ECHO) on the basis of a protocol acted with Ankara Provincial Directorate of Health. Under the project, Women and Girls Safe Spaces (WGSS) active in Alemdağ, Gülveren and Yenimahalle in Ankara are carrying out activities related to refugee/asylum seeking women. Activities and services of WGSSs include the following: Individual counselling and group training in sexual health, reproductive health and contraceptive methods; awareness building in gender-based violence; psychosocial support for women exposed to violence; activities to empower as a way of preventing violence (i.e. excursions, picnics, etc.); practices in Turkish language learning for women; training programmes for Syrian health mediators employed under the project; activities designed for children coming in with their mothers and distribution of aid kits supplied by UNFPA.

This work was started in March 2015 with a single centre located in Ulubey neighbourhood of Altındağ district; then, in February 2016, activities continued with three centres located in Gülveren neighbourhood of Mamak district, Alemdağ neighbourhood Altındağ district, and Yenimahalle neighbourhood of Yenimahalle district. WGSSs use the buildings of Migrant Health Centres of Ankara Provincial Directorate of Health. At each centre, there is a woman social worker and a psychologist both fluent in Arabic. Two of these centres have an Iraqi woman doctor in each working as assistant doctors. Further, centres have 35 women health mediators¹ from Syria and some other countries who have been trained and presently employed to serve as a bridge between their respective communities and WGSSs. Including cleaning personnel, security personnel and translators, the project employs, as of May 2019, 33 persons including 23 refugees. The distinguishing feature is that all personnel employed within the project are women.

¹ This number was decreased to 15 in 2018 and service provision has been continuing still with is health mediators.



1.1. Objectives

The long-term objective of the present study is to identify the needs of displaced Syrian women for services in reproductive health, gender-based violence and other services and to enhance the awareness of relevant units to launch necessary training and support activities as well as legislative arrangements accordingly. The target population comprises Syrian women applying, for any reason, to WGSSs located at Ankara Province Mamak District Gülveren Neighbourhood, Altındağ District Alemdağ Neighbourhood and Yenimahalle District Yenimahalle Neighbourhood and active in Migrant Health Centres of Ankara Provincial Directorate of Health. Short-term objectives are:

- Identifying socio-demographic characteristics of Syrian women,
- Identifying their level of information on reproductive health and related needs,
- Obtaining detailed information about marital relations of women and their exposure to cases of gender-based violence including physical, sexual and emotional violence,
- Identifying whether Syrian women exposed to any form of violence receive any institutional support,
- Soliciting their opinion concerning services they receive from WGSSs under the coordination of HÜKSAM and their level of contentment with these services.

1.2. Significance of the Survey

The number of Syrians under temporary protection in Turkey is continuously increasing since 2011 and this situation is becoming a significant problem in the country. According to the most recent data (2 May 2019) by the Ministry of Interior General Directorate of Migration Management, the number of Syrians registered and with temporary protection status in Turkey reached 3,603,088. The number of women in this total is 1,651,193. Of these refugees, 91,183 are living in Ankara (11). As a new field of work for Turkey, presently there are efforts to develop social policies and provide services in line with problems faced and good practices. Hence, experience resulting from one-to-one work with Syrian women in WGSSs is very valuable and there is need to study this experience through scientific methods to ensure that findings obtained are reflected to relevant services and policies.

When migration and women's health issues are concerned, the number of studies in this field is recently in increase. In this context, it is important to identify specific needs of Syrian women in particular differing from local citizens and to reach an understanding about health risks and needs associated with gender and reproductive health. It is expected that the present study contributes to the identification of needs of Syrian women in services related to reproductive health and gender-based violence.

The survey will also make it possible to plan or revise services with an eye on the needs of beneficiaries. Data obtained will also throw light upon efforts to build awareness in relevant units so as to launch necessary training, support and legislative work in the context of reproductive health and gender-based violence services for displaced women. Besides, survey data will also lead to suggestions for more efficient utilization of local resources and advancement of inter-institutional cooperation.

2. METHODOLOGY

Starting from 2015, the Hacettepe University Women's Research and Implementation Centre (HÜKSAM) has been conducting the "Strengthening Access to Sexual and Reproductive Health, and Sexual and Gender-Based Violence Services for Syrian and Other Refugees through Women and Girl Safe Spaces (WGSS)/Women and Girl Safe Spaces Project" with the technical support of UNFPA, United Nations Population Fund and financial support of European Civil Protection and Humanitarian Aid Operations (ECHO) on the basis of a protocol acted with Ankara Provincial Directorate of Health. Under the project, Women and Girls Safe Spaces (WGSS) were established under the umbrella of Migrant Health Centres of the Ministry of Health. The work starting in March 2015 with only one WGSS continued with two more centres launched in February 2016, presently reaching three centres Alemdağ, Gülveren and Yenimahalle.

When humanitarian crises are concerned, the issues of sexual and reproductive health (SRH) and gender-based violence (GBV) as defined by the Minimum Initial Service Package (MISP) (14) are priority areas of intervention vis-à-vis refugee women and girls. As a critical international document with respect to SRH, the MISP also envisages the integration of issues such as prevention of sexual violence and management of its outcomes as well as prevention of maternal and newborn deaths with primary healthcare. The MISP developed by the Inter-Agency Working Group on Reproductive Health in Crises that includes UNFPA, United Nations Population Fund is taken as basis in services delivered by centres and contribution is made to awareness raising in SRH issues by using this critical instrument. Social workers and psychologists fluent in Arabic serve at these centres. This makes it possible for women to express themselves at ease in issues related to GBV and SRH and contributes to building mutual trust between personnel and applicants.

In the survey, women applying to WGSSs in Alemdağ, Gülveren and Yenimahalle were interviewed. The survey does not claim to represent Syrian women. It is a descriptive type epidemiological study. Using quantitative methods, it aimed at obtaining information through face-to-face administered questionnaires.

In the organization of interviews, support from social workers and psychologists was mobilized and interviews were conducted by 4 women interviewers with background in social sciences who were also fluent in Arabic. In selecting interviewers, criteria observed included, besides mastery of Arabic language, sensitiveness in issues of gender equality and gender-based violence. Before starting fieldwork, interviewers underwent a 2-day training in points that attention is needed, interview techniques, objectives of questions posed, violence against women and ethical issues relevant to this kind of surveys. On one training day, interviewers discussed concepts in Arabic, tested the questionnaire, and administered it among themselves.



2.1. Data collection instrument in the survey

The questionnaire used in the survey was designed so as to include questions that will help in identifying reproductive health and gender-based violence related problems of refugee women applying to WGSSs. In this context, it was planned to conduct interviews with those who volunteered from among WGSS applicants within 1 month starting from the launching of the survey. Actual interviews were started after informing volunteers about the purpose, content, time required and ways of sharing outcomes and taking their consent. The interview form has questions relating to the following: Demographic characteristics of Syrian refugee women; basic information about their life before migration; reasons for preferring Turkey; basic information about household members they are presently living with in Ankara; information related to marital relations, pregnancy/birth, use of contraceptives; information about violence they were exposed to from their spouses or partners, and their application to WGSSs.

In preparing survey questions, formats used in international studies in the field of reproductive health and violence against women were taken as basis. For example, questions relating to physical, sexual and emotional violence were adapted from those used in two surveys² (15 and 16) conducted by Hacettepe University Institute of Population Studies (HIPS). These questions were preferred for having been used in earlier surveys, tested with respect to their comprehensibility, inclusiveness acts described as violent by the World Health Organization (WHO) (tested as Turkish-English and English-Turkish) and reliability. Violence-related questions in the form were arranged in a way to take into account ethical and safety concerns as laid down by WHO (17). Questions asked about acts of violence instead of directly referring to the word "violence." In questions related to reproductive health, questions and format used by Turkish Demographic and Health Surveys³ were taken as model. Approval was secured from Hacettepe University Non-interventional Clinical Research Ethics Board (Annex 1). Following this approval, another one was also taken from the Public Health Institution of the Ministry of Health since WGSSs are within Migrant Health Centres of the Ministry.

Before finalizing the survey questionnaire interview-based pre-tests were conducted in each of three centres. There were 4 engaged in survey design and analysis and 4 others as field workers. The fieldwork took place for 1.5 months from August to September 2017.

2.2. Data Collection

In each of WGSS in Alemdağ, Gülveren and Yenimahalle, there is a woman social worker fluent in Arabic. Also, a woman psychologist fluent in Arabic was employed to work at three centres on rotational basis throughout the week. In the process, refugee women applying to these three centres were informed about the survey and the questionnaire by social workers and/or psychologist and the questionnaire were administered after taking their consent.

² The first survey on Domestic Violence against Women in Turkey was conducted in 2008 by a consortium including the Hacettepe University Institute of Population Studies (HIPS) and the second one in 2014 by the HIPS. The General Directorate for Women's Status was the supporting and beneficiary unit in both surveys.

³ Questions used in Demographic and Health Surveys conducted by Hacettepe University Institute of Population Studies were preferred since they were formulated by a team of experts and posed no problem in practice.

Questionnaires were administered by face-to-face interviews with Syrian refugee women applying to centres on voluntary basis. Refugee women stating to have been exposed to violence and asking for help were referred to relevant institutions. In this context, institutions such as Women's Solidarity Foundation, Çankaya Municipality and Ankara Provincial Directorate of Family, Labour and Social Policies had been informed earlier, at the beginning of the project, about the project and that they could be asked for support. Interviews were conducted by interviewers in higher education in the field of social sciences who were fluent in Arabic, alone with refugee women and in WGSS environments where Syrian refugee women can express themselves in comfort.



3. DATA ANALYSIS

Data entry and analysis in the survey was conducted by using IBM Statistics Package for Social Sciences (SPSS ver. 23.0). In analyses, descriptive statistics are presented through averages and standard deviation for continuous variables, and numbers and percentages for categorical variables. Relations between categorical variables are cross-tabulated

4. FINDINGS

4.1. Profile of Women Applying to and Interviewed by the Centre

42% of 413 women who have applied to three WGSSs in Ankara and taking part in the survey were from the age group 15-29. Of three centres, the share of women in this young age group is even larger in Yenimahalle WGSS (57%). The share of women at advanced ages is 14%. The majority of women taking part in the survey are literate while one in every five women is illiterate. 19% of women not attending any school are illiterate. 84% of women have their educational background as secondary education and lower while the number of those with high school or higher education is quite limited. With respect to educational status of women, the share of those with high school and higher education is larger in Yenimahalle WGSS (20%). In terms of marital status, 97% of women have had at least one marriage (Table 1).

Basic characteristics	Total		Alemdağ		Gölveren		Yenimahalle	
	%	n	%	n	%	n	%	n
Age (n=413)								
15-29	42.1	174	34.7	42	32.4	46	57.3	86
30-44	36.3	150	41.3	50	40.1	57	28.7	43
45+	21.5	89	24.0	29	27.5	39	14.0	21
Literacy (n=413)								
Literate	80.9	334	87.6	106	77.5	110	78.7	118
Illiterate	19.1	79	12.4	15	22.5	32	21.3	32
Educational status (n=359)								
Uneducated/No primary school diploma	13.6	49	12.8	14	6.0	7	21.1	28
Primary education first level	38.7	139	47.7	52	35.0	41	34.6	46
Primary education second level	32.0	115	27.5	30	44.4	52	24.8	33
High school and higher	15.6	56	11.9	13	14.5	17	19.5	26
Marital status (n=413)								
Never married	2.9	12	3.3	4	4.2	6	1.3	2
Married	97.1	401	96.7	117	95.8	136	98.7	148
Average household size (n=413)	6.0		6.1		5.7		6.3	
*column percentage								

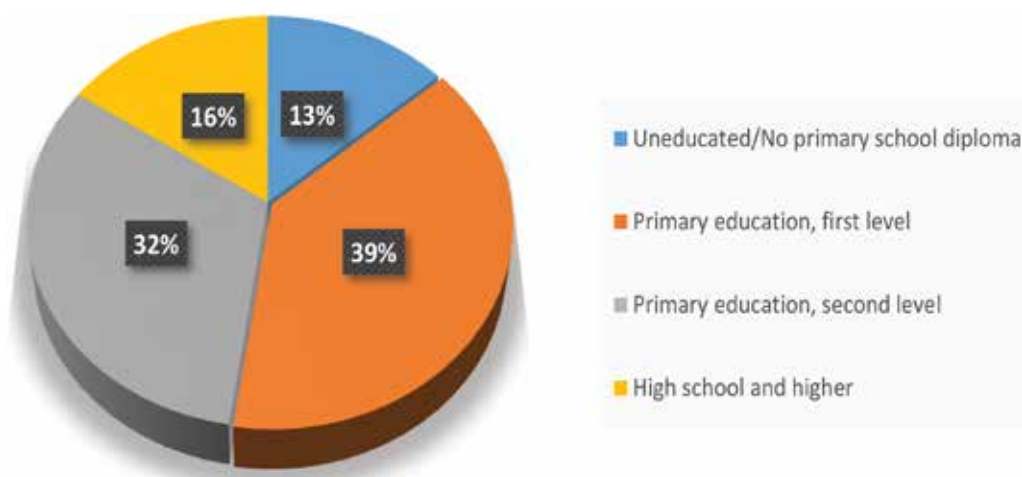


Figure 1. Percentage distribution of Syrian refugee women by their education status

The native language of Syrian refugee women taking part in the survey is Arabic. There was only one woman found as native Kurdish speaker. With the exception of one Iraq and two Lebanon born women, all refugees were born in Syria. Before their migration to Turkey almost all used to live in Syria, mainly in Aleppo and Hama.

Women who had to flee because of war were asked about traumatic events experienced by themselves or their family members. In response, almost all women said they experienced at least one such event. The process in fact entailed multiple victimization and most frequently cited events include “being stranded in armed conflict” and “damage to house and property.” While half of responding women mentioned “interruption in children’s education”, 47% referred to a family member or close acquaintance “getting killed.” The education problem of children was expressed more by women in Alemdağ WGSS (83%). Apart from these there was also mention of “getting wounded”, “arrest” and “facing threats”. There was less mention of difficulties in living conditions, poverty and psychological problems as fear and anxiety (Table 2).

Cases experienced	Total		Alemdağ		Gülveren		Yenimahalle	
	%*	n	%*	n	%*	n	%*	n
Remaining amidst armed conflict	92.0	380	98.3	119	85.9	122	92.7	139
Damage to house and property	86.7	358	95.0	115	76.1	108	90.0	135
Interruption of children’s education	49.6	205	82.6	100	50.7	72	22.0	33
Homicide	47.9	198	55.4	67	38.7	55	50.7	76
Injury	37.8	156	45.5	55	36.6	52	32.7	49
Detention	24.2	100	21.5	26	28.2	40	22.7	34
Threat	19.6	81	30.6	37	9.2	13	20.7	31
Poverty and unfavourable living conditions	5.6	23	19.0	23	---	---	---	---
Fear, safety concerns, psychological problems	5.1	21	17.4	21	---	---	---	---
Other	1.5	6	3.3	4	1.4	2	---	---
<i>Experience of at least one case</i>	99.5	411		121		142		148

*column percentage

When Syrian refugee women now living in Ankara were asked the first province they arrived in Turkey two-thirds (66%) said it was Ankara. Other provinces selected as place of settlement is Hatay, Gaziantep, Kilis and Adana. Their preference for Turkey is based on factors including: Having relatives or acquaintances in Turkey (32%); Turkey’s acceptance of refugees (24%); ease in transportation (20%) and trust in Turkey (17%). For a third of refugees it can be said that solidarity networks have their effect. From this perspective, relatively bigger weight of the motive “Turkey’s acceptance” among refugee women in Gülveren can be attributed to the possibility that this group could enjoy the support of refugee solidarity network less than other two groups at least at the stage of migration. As to duration of their stay, many are in Turkey for three years (37%) (Table 3). Being in Turkey for 3 years, refugee women's average duration of stay in Ankara is 2 years.

Duration of stay and reasons for preferring	Total		Alemdağ		Gülveren		Yenimahalle	
	%*	n	%*	n	%*	n	%*	n
Duration of stay in Turkey (n=413)								
Shorter than 1 year	8.7	36	6.6	8	2.8	4	16.0	24
1 year	11.4	47	5.0	6	11.3	16	16.7	25
2 years	25.2	104	17.4	21	30.3	43	26.7	40
3 years	36.8	152	52.9	64	34.5	49	26.0	39
4 years and longer	17.9	74	18.2	22	21.1	30	14.7	22
Duration of stay in Ankara (n=411)								
Shorter than 1 year	11.7	48	7.4	9	6.4	9	20.0	30
1 year	18.7	77	6.6	8	17.9	25	29.3	44
2 years	29.7	122	21.5	26	33.6	47	32.7	49
3 years	32.6	134	56.2	68	29.3	41	16.7	25
4 years and longer	7.3	30	8.3	10	12.9	18	1.3	2
Reasons for preferring Turkey (n=413)								
Having relatives/acquaintances in Turkey	32.2	133	35.5	43	25.4	36	36.0	54
Turkey’s acceptance	24.2	100	12.4	15	40.8	58	18.0	27
Ease in transportation	20.1	83	27.3	33	11.3	16	22.7	34
Trust in Turkey	17.4	72	17.4	21	13.4	19	21.3	32
Religious reasons	3.6	15	5.8	7	4.9	7	0.7	1
Other	2.4	10	1.7	2	4.2	6	1.3	2
*column percentage								

When asked whether they have relatives living in their countries of origin 97% of refugee women responded positively. Refugee women communicate with relatives they had to leave behind mostly through mobile phone (78%) and whatsapp (14%) while internet use remains around 6%. Though percentages may vary with respect to WGSSs the patterns is similar for all. Almost all women (99%) have their temporary protection documents (Table 4).

Table 4. Distribution of Syrian refugee women by their state of communication with relatives back in Syria

	Total		Alemdağ		Gülveren		Yenimahalle	
	%*	n	%*	n	%*	n	%*	n
Whether they have relatives living in Syria (n=413)								
Yes	97.3	402	95.9	116	98.6	140	97.3	146
No	2.7	11	4.1	5	1.4	2	2.7	4
Ways of communicating with relatives (n=412)								
Mobile phone	77.7	320	75.0	90	95.8	136	62.7	94
Whatsapp	13.8	57	17.5	21	2.8	4	21.3	32
Internet	6.1	25	1.7	2	0.7	1	14.7	22
Other	2.4	10	5.8	7	0.7	1	1.3	2
*column percentage								

Participation to working life is a factor that plays an important role in Syrian refugee women's participation to social life and the question related to this factor was put in a way to evaluate their employment status before and after migration. Only 16% of women applying to WGSSs were engaged in an income generating activity before coming to Turkey. When the question probed the details of their past employment it is found that over a half (53%) of women used to be engaged in small shop keeping, 30% were public servants, and 11% used to make income with some home-based activity while back in Syria. In Turkey, on the other hand, their rate of participation to some form of employment is around 5% (Table 5).

Table 5. Distribution of Syrian refugee women by their employment status before and after migration

	Total		Alemdağ		Gülveren		Yenimahalle	
	%*	n	%*	n	%*	n	%*	n
Working for income before moving to Turkey (n=413)								
Yes	15,5	64	16,5	20	16,9	24	13,3	20
Home-based work	10,9	7	25,0	5	8,3	2	---	---
Small shop keeping	53,1	34	55,0	11	54,2	13	50,0	10
Public servant (Teacher, faculty member, nurse, Quran teacher)	29,7	19	10,0	2	33,3	8	45,0	9
Other	6,3	4	10,0	2	4,2	1	5,0	1
No	84,5	349	83,5	101	83,1	118	86,7	130
Working for income presently in Turkey (n=413)								
Yes	5,1	21	5,0	6	7,0	10	3,3	5
No	94,9	392	95,0	115	93,0	132	96,7	145
*column percentage								

As can be seen in Table 6 showing how the process of migration affected women's employment, 19% of women working before migration continued to work in Turkey while the remaining 81% could not continue working after coming to Turkey. This outcome seems to be related to low status work that women used to be doing. The relatively higher participation to working life among women Gülveren WGSS can be attributed to their employment experience prior to migration.

Table 6. Distribution of Syrian refugee women by engagement in any income generating activity before and after migrating to Turkey

After migrating																
Before migrating	Total				Alemdağ				Gülveren				Yenimahalle			
	Yes		No		Yes		No		Yes		No		Yes		No	
	%*	n	%*	n	%*	n	%*	n	%*	n	%*	n	%*	n	%*	n
Yes	18.8	12	81.3	52	15.0	3	85.0	17	25.0	6	75.0	18	15.0	3	85.0	17
No	2.6	9	97.4	340	3.0	3	97.0	98	3.4	4	96.6	114	1.5	2	98.5	128

* line percentage

Besides women's earning income on their own, it was also asked whether household income was sufficient to meet their basic needs. 41% of refugee women say their household income before coming to Turkey met their needs at moderate level. With respect to different centres (WGSSs), 52% of women interviewed in Alemdağ WGSS say their past income fully responded to their basic needs while the majority of women in Gülveren and Yenimahalle WGSSs state that it was at moderate level (Table 7).

Table 7. Distribution of Syrian refugee women by sufficiency of household income in meeting basic needs before and after migration

	Total		Alemdağ		Gülveren		Yenimahalle	
	%*	n	%*	n	%*	n	%*	n
Before coming to Turkey (n=413)								
Meeting fully	30.8	127	52.1	63	31.0	44	13.3	20
At medium level	41.2	170	32.2	39	35.9	51	53.3	80
Insufficient	28.1	116	15.7	19	33.1	47	33.3	50
Presently in Turkey (n=413)								
Meeting fully	1.0	4	2.5	3	0.7	1	---	---
At medium level	24.9	103	39.7	48	29.6	42	8.7	13
Insufficient	74.1	306	57.9	70	69.7	99	91.3	137

* column percentage

The priority problems that Syrian refugee women face in Turkey appear as adaptation and language barriers. Speaking a different native language affects adaptation negatively. It is one of the important problems in communication that refugee women whose native language is Arabic have to communicate in Turkish in their daily life. Indeed, 87% of women interviewed say they have this language problem in daily communication. Yet, only 26% of Syrian refugee women have received support in learning Turkish. This proportion is higher among women applying to Alemdağ WGSS (41%) (Table 8).

	Total		Alemdağ		Gülveren		Yenimahalle	
	%*	n	%*	n	%*	n	%*	n
Problems deriving from not knowing Turkish (in terms of communication)								
Yes	87.4	361	92.6	112	76.1	108	94.0	141
No	12.6	52	7.4	9	23.9	34	6.0	9
Any support received in learning Turkish								
Yes	25.9	107	41.3	50	28.9	41	10.7	16
No	74.1	306	58.7	71	71.1	101	89.3	134
Whether there is temporary protection status								
Yes	99.3	410	100.0	121	100.0	142	98.0	147
No	0.7	3	---	---	---	---	2.0	3

* column percentage

The fact that about a quarter of women have received support from WGSSs in learning Turkish language although they state to have been facing language problems suggests that learning Turkish language is a point that needs special attention. Support received in language learning by Syrian refugee women in Yenimahalle is more limited than in other two WGSSs (Table 9).

Problems deriving from not knowing Turkish	Any support received in learning Turkish															
	Total				Alemdağ				Gülveren				Yenimahalle			
	Yes		No		Yes		No		Yes		No		Yes		No	
	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n
Yes	24.4	88	75.6	273	41.1	46	58.9	66	27.8	30	72.2	78	8.5	12	91.5	129
No	36.5	19	63.5	33	44.4	4	55.6	5	32.4	11	67.6	23	44.4	4	55.6	5

*line percentage

4.2. Information about Marital Status of Syrian Refugee Women

An overwhelming majority (92%) of Syrian refugee women applying to WGSSs have had at least one marriage. For more than half (59%) of these women, the age at first marriage is under 18. The lowest rate in this respect is observed among women applying to Yenimahalle WGSS (52%). Age 18 as a threshold is an internationally recognised limit that draws attention to the fact that below that age women are not physically, mentally and emotionally fit for undertaking the responsibilities that marriage entails. Being not only a problem of girl child, when women get married at early ages, the age difference with their husbands also tends to increase. The age at first marriage of spouses of women interviewed is mostly above 18. Among Syrian husbands, only 3% had their first marriage while under age 18. These outcomes are similar for all three WGSSs. While for 69% of Syrian women have age difference of 5 years or more with their husbands, the proportion of those in the same age group with age difference of

-2 years is below 10%. Given the ages of Syrian refugee women during the survey, while the rate of early marriage is 61% for those at age 45 and over, it is 59% for the age group 15-29. Age difference between couples is mostly by 5 years and over. This pattern is more or less the same in all WGSSs (Tables 10 and 11). All these indicate that getting married younger than age 18 is an important risk when Syrian refugee women are concerned. Child marriages, having adverse effects on both maternal and infant health, seem to remain as an important problem in Turkey now with the addition of Syrian refugees.

The ways in which marriages take place provide important information regarding the life of women and traditional features of this institution. Marriages of about two-thirds of Syrian refugee women were upon the decision of families. The prevalence of religious wedlock (97%) is little higher than civil wedlock (90%); the common patterns is the presence of both. The practice of dowry is by 48% and consanguineous marriage is by 42%. With their very limited participation to working life, marriage decisions are most commonly taken by families and traditional forms of marriage prevail when Syrian women are concerned. Meanwhile 10% of refugee women state that their husbands presently have another relationship or marriage (Table 11).

	Total		Alemdağ		Gülveren		Yenimahalle	
	%*	n	%*	n	%*	n	%*	n
Age at first marriage (n=401)								
Under age 18	58.6	235	65.0	76	60.3	82	52.0	77
Over age 18	41.4	166	35.0	41	39.7	54	48.0	71
Spouse's age at marriage (n=401)								
Under age 18	3.0	12	1.7	2	3.7	5	3.4	5
Over age 18	97.0	389	98.3	115	96.3	131	96.6	143
Age difference with first spouse (n=401)								
Woman older by 2+ years	0.7	3	0.9	1	1.5	2	---	---
About the same age	8.2	33	3.4	4	7.4	10	12.8	19
Man older by 2-4 years	22.4	90	19.7	23	17.6	24	29.1	43
Man older by 5-9 years	45.9	184	47.9	56	44.1	60	45.9	68
Man older by 10+ years	22.7	91	28.2	33	29.4	40	12.2	18
Marriage decision (n=400)								
On our own	27.0	108	27.4	32	28.7	39	25.0	37
Our families	73.0	292	72.6	85	70.6	96	75.0	111
Civil wedlock (n=401)								
Yes	90.3	362	88.9	104	93.4	127	88.5	131
No	9.7	39	11.1	13	6.6	9	11.5	17
Religious wedlock (n=401)								
Yes	96.8	388	100.0	117	99.3	135	91.9	136
No	3.2	13	---	---	0.7	1	8.1	12
Type of wedlock (n=401)								
Both civil and religious	87.8	352	88.9	104	92.6	126	82.4	122
Only civil	2.5	10	0.0	0	0.7	1	6.1	9
Only religious	9	36	11.1	13	6.6	9	9.5	14
No wedlock	0.7	3	0.0	0	0.0	0	2.0	3
Dowry (n=398)								
Yes	48.0	191	76.1	89	71.9	97	3.4	5



No	52.0	207	23.9	28	28.1	38	96.6	141
Affinity (n=399)								
Yes	42.4	169	36.5	42	44.9	61	44.6	66
1st degree relative	85.8	145	78,6	33	77,0	47	98,5	65
2nd degree relative	14.2	24	21,4	9	23,0	14	1,5	1
No	57.6	230	63.5	73	55.1	75	55.4	82
Any spouse other than you? (n=401)								
Yes	10.0	40	12.8	15	11.0	15	6.8	10
No	90.0	361	87.2	102	89.0	121	93.2	138

* column percentage

Table 11. Distribution of Syrian refugee women by their age at first marriage and age difference with their first spouse

Woman's age	Age at first marriage				Age difference with first spouse									
	Under age 18		Over age 18		Woman is older by 2+years		About the same age		Man is older by 2-4		Man is older by 5-9 years		Man is older by 10+ years	
	%*	n	%*	n	%*	n	%*	n	%*	n	%*	n	%*	n
15-29	59.0	98	41.0	68	0.0	0	9.6	16	25.3	42	49.4	82	15.7	26
30-44	56.8	83	43.2	63	1.4	2	5.5	8	19.9	29	47.9	70	25.3	37
45+	60.7	54	39.3	35	1.1	1	10.1	9	21.3	19	36.0	32	31.5	28
Total	58.6	235	41.4	166	0.0	0	9.6	16	25.3	42	49.4	82	15.7	26

* line percentage

4.3. Information Related to Reproductive Health Status of Syrian Refugee Women

Information related to fertility and reproductive health status of refugee women shows that 91% of women covered by the survey have given at least one live birth; this proportion holds true for women in all three WGSSs. Cases of stillbirth, spontaneous or self-induced abortion are among most important factors affecting reproductive health status of women. Table 12 gives relevant percentages on this issue.

Table 12. Distribution of Syrian refugee women by number of spontaneous and induced abortion and stillbirth

	Spontaneous abortion				Self-induced abortion				Stillbirth			
	Total	Alemdağ	Gülveren	Y.mahalle	Total	Alemdağ	Gülveren	Y.mahalle	Total	Alemdağ	Gülveren	Y.mahalle
0	63.0	57.9	61.3	68.7	84.3	79.3	83.1	89.3	91.5	89.3	88.0	96.7
1	58.2	68.6	52.7	53.2	73.8	76.0	70.8	75.0	82.9	84.6	76.5	100.0
2	24.8	15.7	29.1	29.8	16.9	16.0	16.7	18.8	8.6	7.7	11.8	---
3	13.7	15.7	10.9	14.9	6.2	8.0	8.3	---	8.6	7.7	11.8	---
4+	3.3	---	7.3	2.1	3.1	---	4.2	6.3	---	---	---	---
Average number	1.66	1.47	1.80	1.70	1.40	1.32	1.50	1.38	1.26	1.23	1.35	1.00
Number of women	153	51	55	47	65	25	24	16	35	13	17	5

* column percentage

Evaluating information about Syrian refugee women's fertility pattern and reproductive health together with their basic characteristics we find that large majority of women experiencing spontaneous or self-induced abortion are from the age group 30-44 (43% and 49%, respectively). 51% of women having cases of stillbirth are at age 45 or higher. Cases of spontaneous or self-induced abortion or stillbirth concentrate in the group of women with primary school education (49%, 53% and 56%, respectively). While about half of those experiencing spontaneous abortion have 3 to 4 children (48%), 41% of those engaged in self-induced abortion and again 41% with cases of stillbirth have 3 to 4 children (Table 13).

Table 13. Percentage distribution of cases of spontaneous and induced abortion and stillbirth among Syrian refugee women by their basic characteristics

Basic characteristics	Spontaneous abortion		Self-induced abortion		Stillbirth	
	%*	n	%*	n	%*	n
Age (n=413)						
15-29	28.1	43	6.2	4	8.6	3
30-44	43.1	66	49.2	32	40.0	14
45+	28.8	44	44.6	29	51.4	18
Education (n=359)						
No education/primary school diploma	13.0	17	21.6	11	3.7	1
Primary education first level	48.9	64	52.9	27	55.6	15
Primary education second level	26.6	35	17.7	9	29.6	8
High school and higher	11.5	15	7.8	4	11.1	3
Number of children living						
0	0.7	1	1.6	1	0.0	0
1-2	30.3	44	34.9	22	35.3	12
3-4	47.6	69	41.3	26	41.2	14
5+	21.4	31	22.2	14	23.5	8

* column percentage

4.3.1. Pregnancies Experienced in Turkey

117 out of 413 women interviewed experienced pregnancies while in Turkey and 36 of these women were pregnant during the time of the survey. 28% of Syrian women had their pregnancies after arriving Turkey. 9% are currently pregnant (Figure 2). Since the age group 15-29 has its relative weight among women applying to the WGSS in Yenimahalle, the number of pregnant women in this WGSS is higher than in other WGSSs.

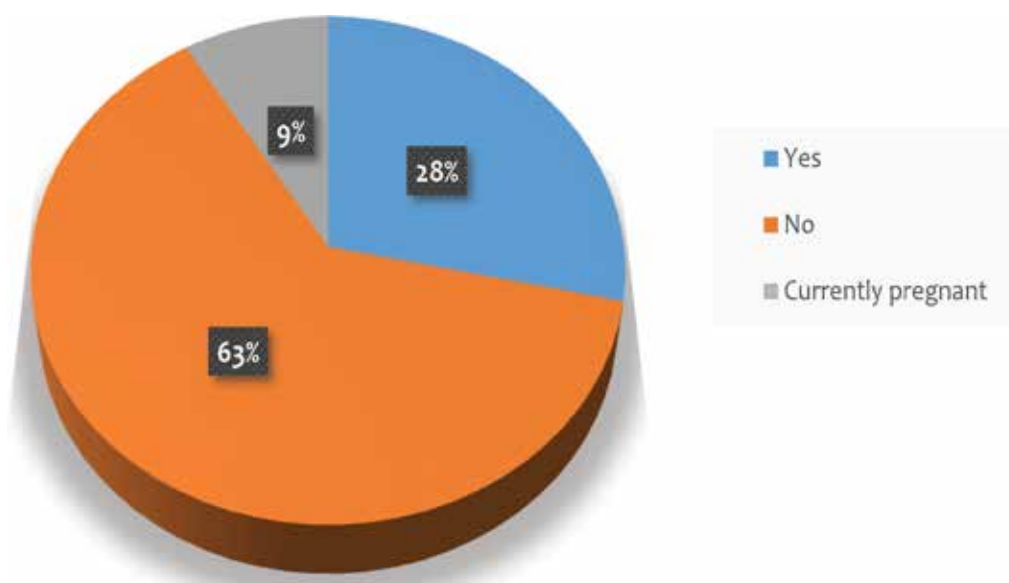


Figure 2. Percentage distribution of Syrian refugee women by their experiences in pregnancy

95% of births in Turkey took place in public hospitals (Figure 3).

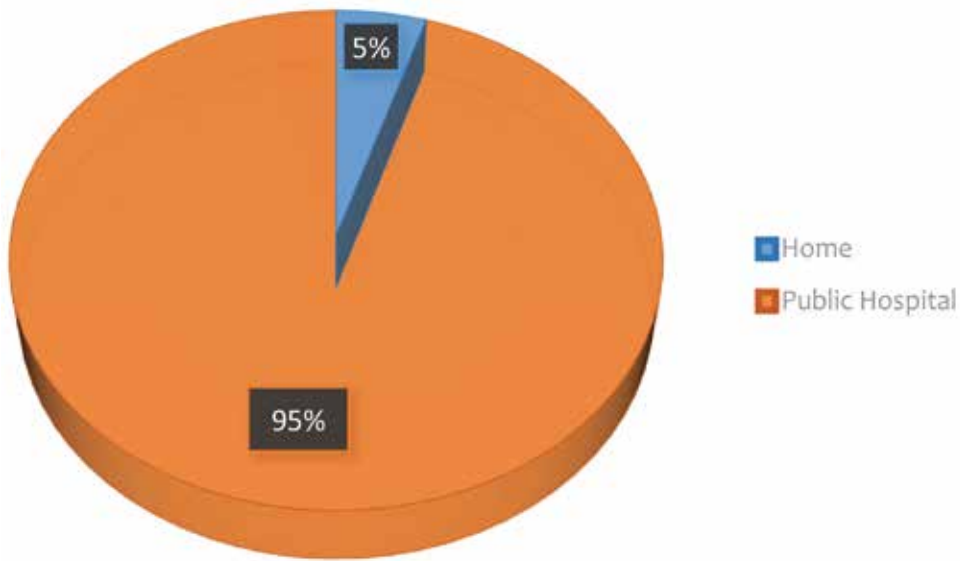


Figure 3. Percentage distribution of Syrian refugee women by places they gave birth

Births given by Syrian refugee women in Turkey overwhelmingly take place in public hospitals (95%) and as attended by a doctor (93%). Of deliveries without the attendance of a doctor (7%) it was relatives who assist the birth (4%). Only 1% of deliveries took place with Syrian doctors as attendants (Figure 4). This pattern is valid also for WGSSs. It may therefore be concluded that Syrian refugee women in contact with WGSSs are able to reach services that are important for their health and that of their newborns.

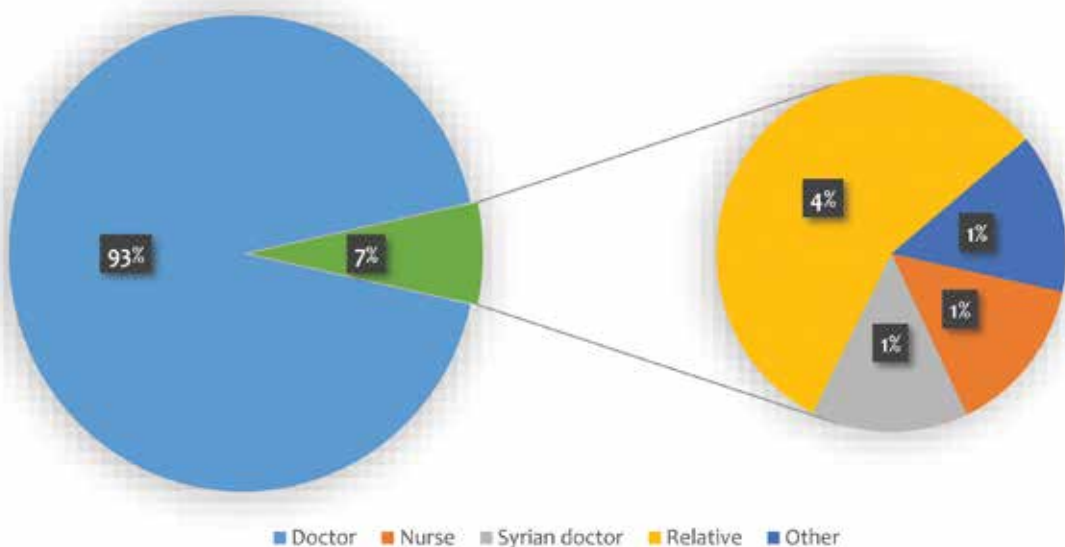


Figure 4. Percentage distribution of Syrian refugee women by their birth attendants

4.3.2. Use of Contraceptive Methods

When asked if they have used any contraceptive method to avoid or postpone pregnancy throughout their life, 69% of women applying to WGSSs and interviewed said they have used (Figure 5).

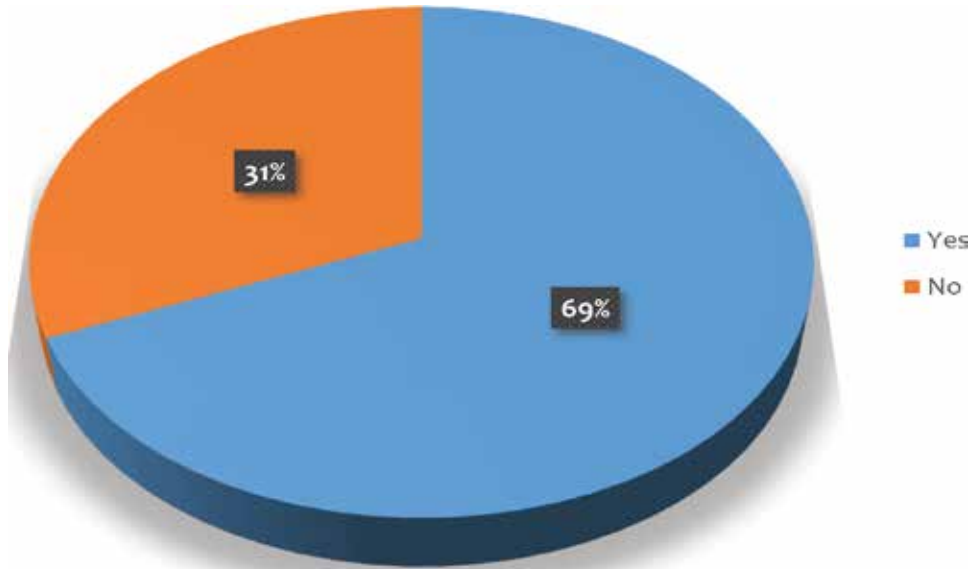


Figure 5. Percentage distribution of Syrian refugee women by their use of contraceptives in their life

Responses to the question whether they presently use any method suggest that the prevalence of using contraceptives is around 47%. This rate drops to 42% among those applying to the WGSS in Gülveren (Figure 6).

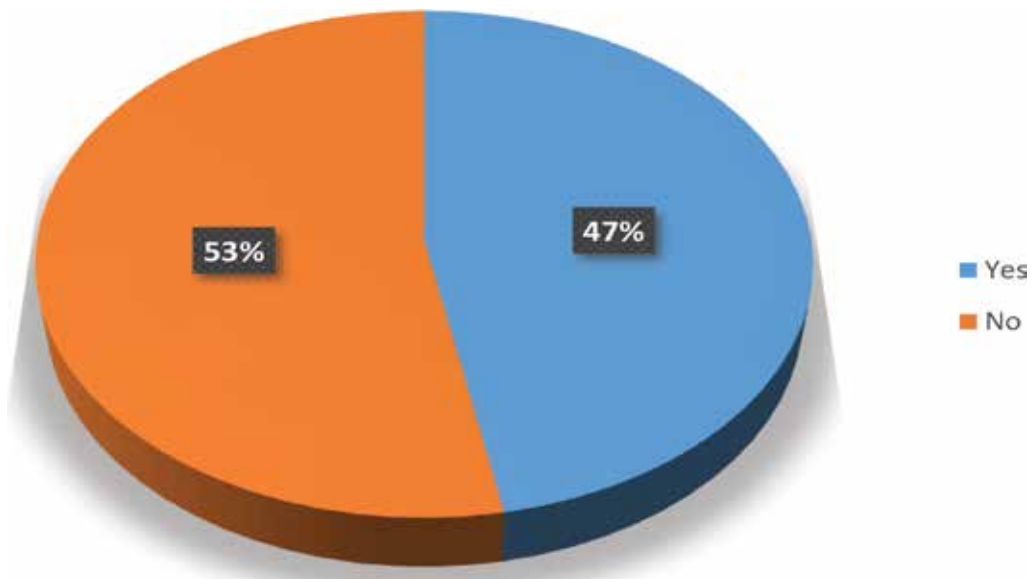


Figure 6. Percentage distribution of Syrian refugee women by their present use of contraceptives

Syrian refugee women applying to WGSSs were also asked which method they prefer to avoid pregnancy. According to responses 86% prefer modern methods. Almost half of women use intra uterine device (50%) followed by pills (17%), condom (13%) and tube ligation (5%) (Figure 7).

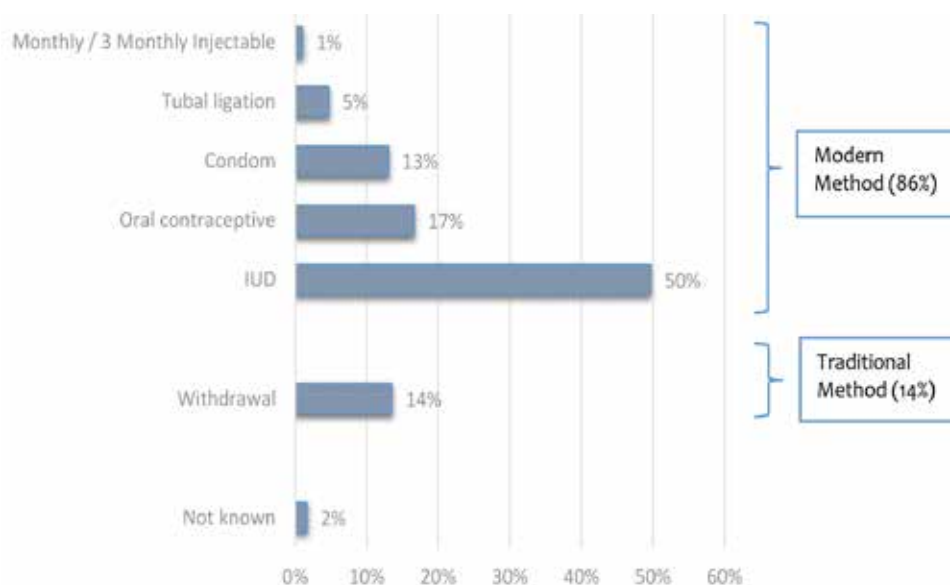


Figure 7. Percentage distribution of Syrian refugee women by method of contraception they presently use

Among methods presently used, modern ones come to the fore while withdrawal is preferred by 13%. The most important difference among centres is found with the case of the WGSS in Alemdağ where traditional method is more commonly used (by 26%). In this WGSS too, however, modern methods take the lead (Table 14).

	Total		Alemdağ		Gülveren		Yenimahalle	
	%*	n	%*	n	%*	n	%*	n
Whether any method is used to avoid or postpone pregnancy (n=413)								
Yes	68.8	284	71.1	86	67.6	96	68.0	102
No	31.2	129	28.9	35	32.4	46	32.0	48
Whether any method is presently used to avoid or postpone pregnancy (n=413)								
Yes	46.7	193	49.6	60	58.5	83	51.3	77
No	53.3	220	50.4	61	41.5	59	48.7	73
The method presently used to avoid pregnancy (n=193)								
Intra-uterine device (modern)	49.7	96	41.0	25	62.7	37	46.6	34
Contraceptive pills (modern)	16.6	32	9.8	6	11.9	7	26.0	19
Condom (modern)	13.0	25	26.2	16	3.4	2	9.6	7
Withdrawal (conventional)	13.5	26	11.5	7	15.3	9	13.7	10
Tube ligation/hysterectomy (modern)	4.7	9	9.8	6	1.7	1	2.7	2
Monthly/quarterly injection (modern)	1.0	2	1.6	1	---	---	1.4	1

Unknown	1.6	3	---	---	5.1	3	---	---
Method used to avoid pregnancy (n=193)								
Modern Methods	85.5	165	73.8	45	91.5	54	90.4	66
Conventional methods	13.0	25	26.2	16	3.4	2	9.6	7
Unknown	1.6	3	---	---	5.1	3	---	---
Whether there is any desire to use a method other than presently used (n=194)								
Yes	12.9	25	24.6	15	8.3	5	6.8	5
No	87.1	169	75.4	46	91.7	55	93.2	68
The method desired instead of the one presently used (n=25)								
Intra-uterine device	40.0	10	26.7	4	60.0	3	60.0	3
Monthly/quarterly injection	12.0	3	20.0	3	---	---	---	---
Contraceptive pills	8.0	2	6.7	1	---	---	20.0	1
Other	40.0	10	46.7	7	40.0	2	20.0	1
* column percentage								

While 87% of women using some method do not want to change it, 13% want to change and use a different method.

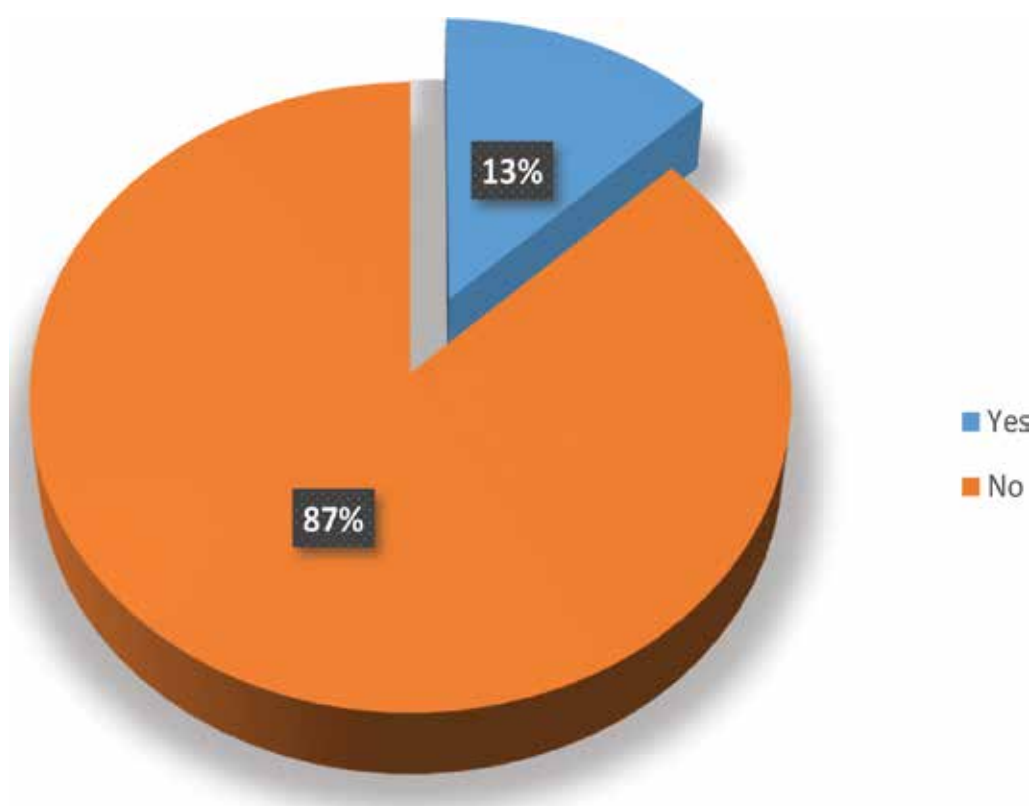


Figure 8. Percentage distribution of Syrian refugee women by their wish to change the present method of contraception they use

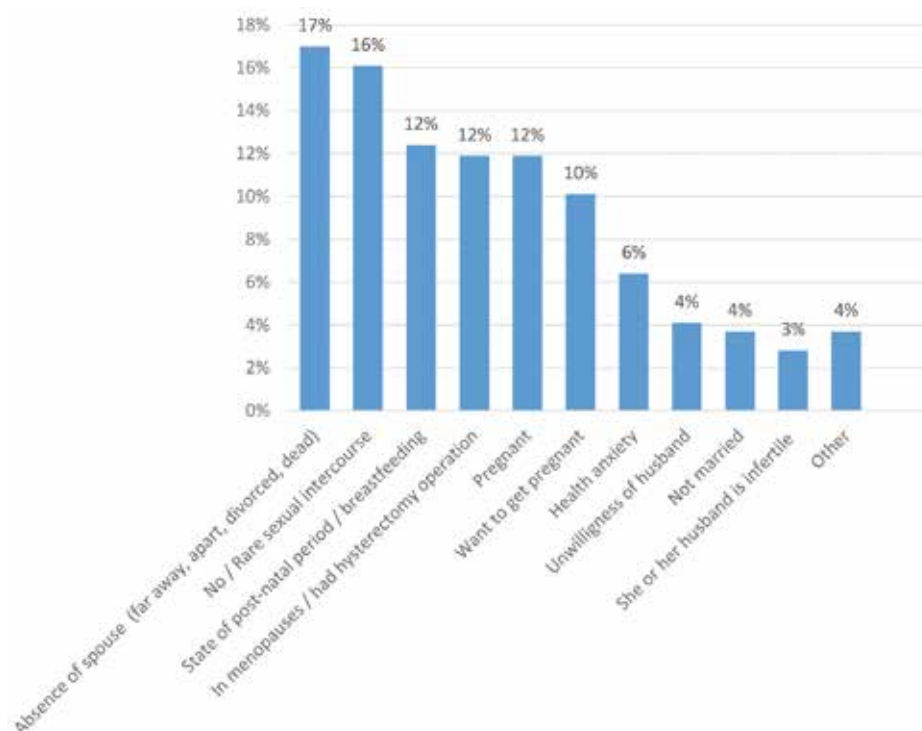


Figure 9. Percentage distribution of Syrian refugee women by reasons why they do not use contraceptive methods

Taking Syrian refugee women who say they don't use contraceptives presently, the reason is stated as the absence of their spouses or quite rare sexual intercourse (23%). The second reason is the state of pregnancy or postnatal period (%24). While 10% of women state they don't use contraceptives since they want to get pregnant, 12% say they would not get pregnant as they are in menopause or having undergone hysterectomy operation (Figure 9). These figures show that difficulties in access to services or social pressures have a limited role in explaining why Syrian refugee women do not use contraceptives.

Table 15. Percentage distribution of contraceptive use by Syrian refugee women by their basic characteristics				
Basic characteristics	Modern methods		Withdrawal	
	%*	n	%*	n
Age (n=413)				
15-29	85.3	64	12.0	9
30-44	86.5	83	12.5	12
45+	81.8	18	18.2	4
Education (n=359)				
No education/primary school diploma	13.1	19	20.8	5
Primary education first level	45.5	66	33.3	8
Primary education second level	33.8	49	20.8	5
High school and higher	7.6	11	25.0	6
Number of children alive				
0	---	---	---	---

1-2	77.1	37	20.8	10
3-4	86.0	92	13.1	14
5+	94.4	34	2.8	1
* line percentage				
With only 3 cases, the number of use of contraceptives other than modern methods and withdrawal is not shown in the table.				

Taking a look at Syrian refugee women’s use of modern contraceptives and withdrawal as the conventional method, we see that both methods are preferred more by those in the middle of their years of fertility. As expected, modern methods are used more widely by younger age groups while withdrawal is relatively more common at higher ages. What might be contrary to expectations, however, is that the use of contraceptives does not increase parallel to higher levels of education and remains as the same (Table 15).

4.4. Exposure to Domestic Violence by Syrian Refugee Women

Figure 10 shows in percentages the cases of emotional, physical and sexual violence towards women who have had at least one marriage or companion, perpetuated by their spouses/partners. 6 out of 10 Syrian refugee women state that they have exposed to emotional violence by a close man in any period of their life. Though varying in terms of women applying to WGSSs, more than half of women have experienced emotional violence. Following emotional violence as the most common form, come physical and sexual violence. 3 out of 10 and 2 out of 10 have experiences of physical and sexual violence, respectively. It is worth noting that cases of sexual violence is reported by 20% of women although it is the form of violence that is the most difficult one to express. This relative openness can be attributed to good communication established by interviewers with refugee women and their trust in WGSSs. The pattern is more or less uniform in all three WGSSs in terms of women’s expression of cases of violence they have been exposed to. The Alemdağ WGSS stands out as the one where there is more mention of all forms of violence (Figure 10). Details relating to the forms of violence are given in Annex 2.

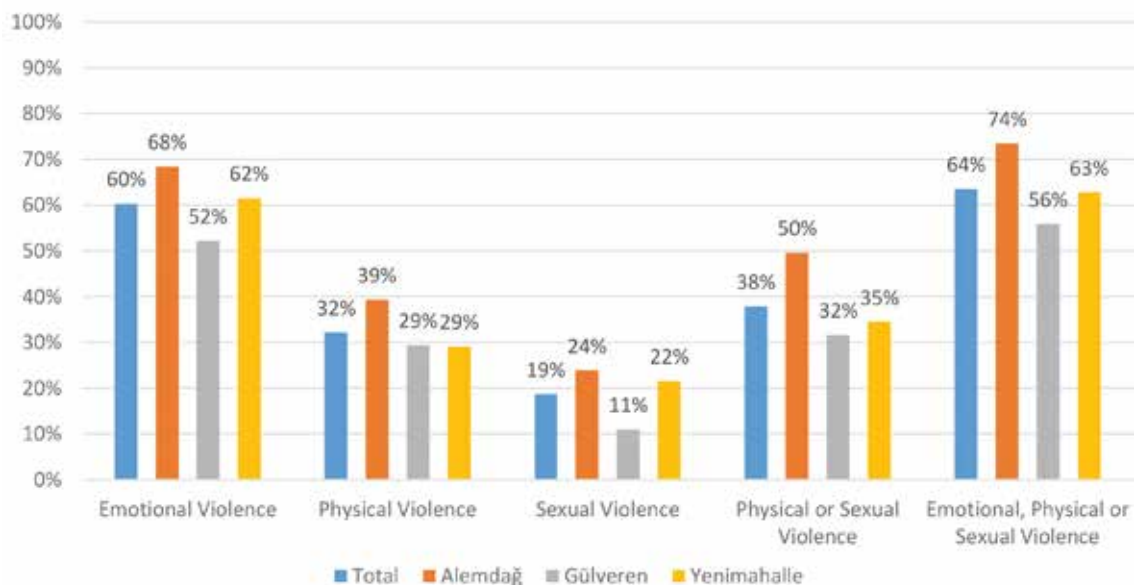


Figure 10. Percentage distribution of different forms of violence that Syrian refugee women have been exposed to in any period of their life

Figure 11 shows, in percentages, cases of emotional, physical and sexual violence that women interviewed have been exposed to within the last 12 months. About 8 in 10 Syrian refugee women say they have been exposed to emotional violence by their male partners within the last 12 months. 9 out of 10 women say they have experienced physical violence and 8 out of 10 sexual violence. Examining cases in WGSSs, we find that Gülveren has the highest percentage of women experiencing physical, sexual and emotional violence within the last 12 months while the percentage is the lowest in Alemdağ WGSS (Figure 11).

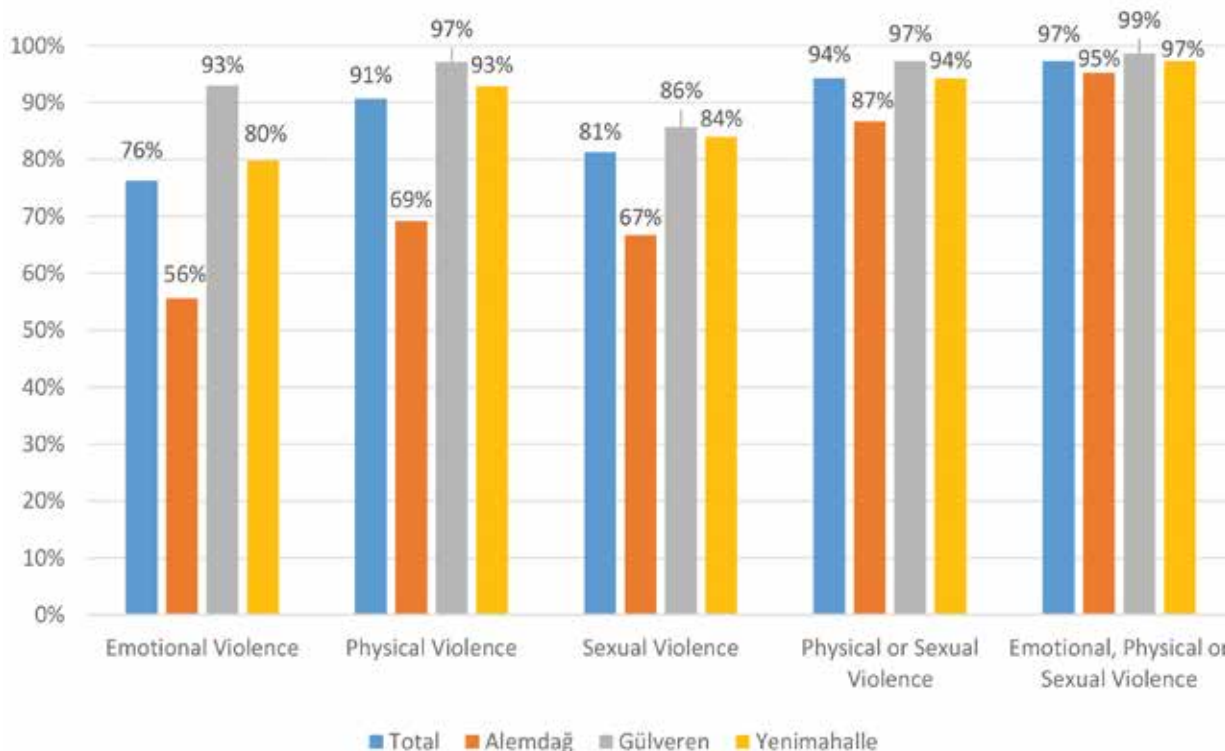


Figure 11. Percentage distribution of forms of violence that Syrian refugee women have been exposed to within the last 12 months

Table 16 gives the distribution of forms of violence that women have been exposed to in any period of their life by their spouses or partners according to WGSSs. Of women interviewed, 6 out of 10 in Alemdağ WGSS, 1 out of 2 in Gülveren WGSS, and 6 out of 10 in Yenimahalle WGSS say they have been exposed to emotional violence in the form of insulting/swearing. The most frequently confronted form of physical violence is “slapping or throwing some object” which is most frequently stated in all three WGSSs (Alemdağ WGSS 38%, Gülveren WGSS 28%, Yenimahalle WGSS 22%). The form of sexual violence most frequently expressed by women is “sexual intercourse without consent”. 1 out of every 5 women interviewed in Alemdağ and Yenimahalle says she was exposed to this form of violence.

Table 16. Distribution of different forms of violence that Syrian refugee women have been exposed to in any part of their life by their spouses or partners

	Total		Alemdağ		Gülveren		Yenimahalle	
	%*	n	%*	n	%*	n	%*	n
Emotional violence								
Insulting, swearing	56.9	228	59.0	69	51.5	70	60.1	89
Debasement, humiliation	31.2	125	33.3	39	15.4	21	43.9	65
Threatening behaviour	31.7	127	41.0	48	12.5	17	41.9	62
Threatening to harm her immediate environments	12.2	49	16.2	19	9.6	13	11.5	17
<i>Exposure to at least one</i>	60.3	242	68.4	80	52.2	71	61.5	91
Physical violence (n=401)								
Slapping, throwing objects	28.7	115	37.6	44	27.9	38	22.3	33
Pushing, manhandling, pulling by hair (n=400)	20.9	84	21.4	25	15.4	21	25.7	38
Punching or hitting with an object	14.0	56	14.5	17	17.6	24	10.1	15
Kicking, dragging, beating	13.0	52	11.1	13	16.9	23	10.8	16
Grabbing by throat, burning	5.2	21	5.1	6	6.6	9	4.1	6
Threatening with or using objects such as knife, gun, etc.	4.0	16	3.4	4	5.1	7	3.4	5
<i>Exposure to at least one</i>	32.2	129	39.3	46	29.4	40	29.1	43
Sexual violence (n=401)								
Physically forced sexual intercourse	12.0	48	9.4	11	8.1	11	17.6	26
Sexual intercourse that is not wanted	16.7	67	21.4	25	8.1	11	20.9	31
Forcing to do something sexually debasing or humiliating	5.2	21	5.1	6	3.7	5	6.8	10
<i>Exposure to at least one</i>	18.7	75	23.9	28	11.0	15	21.6	32
Physical or sexual violence (n=401)								
<i>Exposure to at least one</i>	37.9	152	49.6	58	31.6	43	34.5	51
Emotional violence, physical violence or sexual violence (n=401)								
<i>Exposure to at least one</i>	63.6	255	73.5	86	55.9	76	62.8	93

* column percentage

Table 17 gives the distribution of forms of violence that women have been exposed to within the last 1 year by their spouses or partners according to WGSSs. Of women interviewed, 6 out of 10 in Alemdağ WGSS, 9 out of 10 in Gülveren WGSS, and 8 out of 10 in Yenimahalle WGSS say they have been exposed to emotional violence in the form of insulting/swearing. Forms of physical violence that are most common include “pushing, manhandling or pulling by hair” by 22% in Alemdağ WGSS, “slapping or throwing some object” by 82% in Gülveren WGSS, and “punching or hitting with an object” by 69% in Yenimahalle WGSS. As expressed by women, the most common form of sexual violence experienced within the last year is again “unwanted sexual intercourse”. 1 out of 4 in Alemdağ WGSS, 4 out of 5 in Gülveren WGSS, and 7 out of 10 in Yenimahalle WGSS say they have been exposed to this form of violence.

Table 17. Distribution of different forms of violence that Syrian refugee women are exposed to by their spouses or partners within the last 1 year

	Total		Alemdağ		Gülveren		Yenimahalle	
	%*	n	%*	n	%*	n	%*	n
Emotional violence								
Insulting, swearing	77.7	171	58.7	37	94.3	66	78.2	68
Debasement, humiliation	62.0	75	37.1	13	76.2	16	70.8	46
Threatening behaviour	59.5	72	37.2	16	70.6	12	72.1	44
Threatening to harm her immediate environments	60.0	27	37.5	6	84.6	11	62.5	10
<i>Exposure to at least one</i>	76.3	177	55.6	40	93.0	66	79.8	71
Physical violence (n=401)								
Slapping, throwing objects	52.3	58	19.0	8	81.6	31	61.3	19
Pushing, manhandling, pulling by hair (n=400)	53.8	43	21.7	5	71.4	15	63.9	23
Punching or hitting with an object	57.7	30	13.3	2	79.2	19	69.2	9
Kicking, dragging, beating	58.3	28	9.1	1	78.3	18	64.3	9
Grabbing by throat, burning	61.1	11	20.0	1	88.9	8	50.0	2
Threatening with or using objects such as knife, gun, etc.	53.3	8	0.0	0	85.7	6	50.0	2
<i>Exposure to at least one</i>	90.7	68	69.2	9	97.1	33	92.9	26
Sexual violence (n=401)								
Physically forced sexual intercourse	53.3	24	10.0	1	80.0	8	60.0	15
Sexual intercourse that is not wanted	54.7	35	26.1	6	81.8	9	66.7	20
Forcing to do something sexually debasing or humiliating	47.4	9	20.0	1	60.0	3	55.6	5
<i>Exposure to at least one</i>	81.3	39	66.7	6	85.7	12	84.0	21
Physical or sexual violence (n=401)								
<i>Exposure to at least one</i>	94.3	82	86.7	13	97.3	36	94.3	33
Emotional violence, physical violence or sexual violence (n=401)								
<i>Exposure to at least one</i>	97.3	182	95.2	40	98.6	69	97.3	73

* column percentage

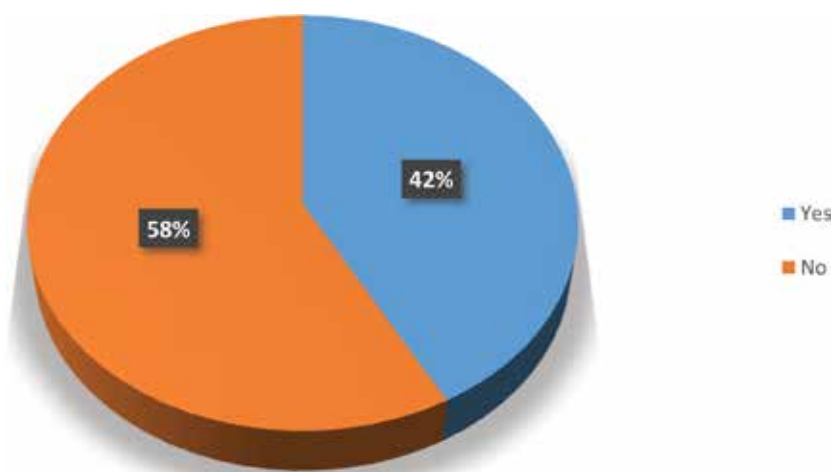


Figure 12. Percentage distribution of Syrian refugee women's telling about their experience of violence to their close environments

42% of women interviewed have told their immediate environments about cases of violence they are exposed to (Figure 12) while only 7% have applied to any institution on this issue (Table 18 and Figure 13).

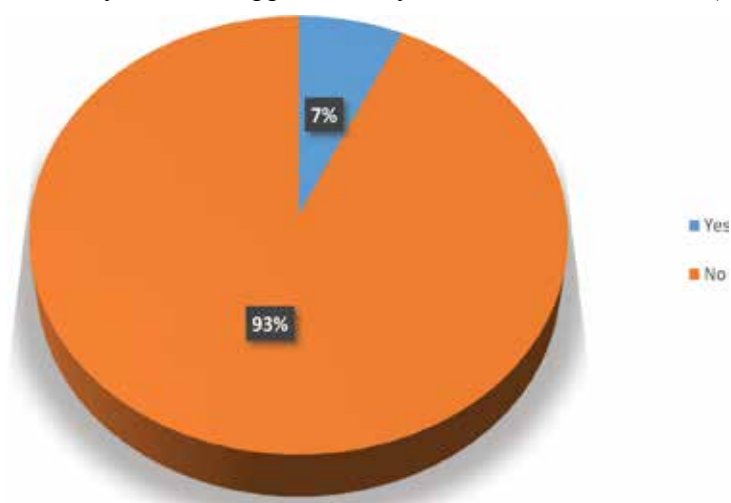


Figure 13. Percentage distribution of Syrian refugee women's applications to institutions for violence they are exposed to

Syrian refugee women applying to WGSSs and interviewed often inform their families about cases of violence by their spouses or partners (77%). It is followed by telling it to the family of the spouse (11%) and friends and neighbours (10%). Syrian refugee women rarely apply to institutions for cases of violence and, as expected, WGSS is the most preferred institution in this regard. In WGSSs, 8 women consulted to social workers, 3 women received support for divorce, 3 received psychosocial support, and 2 received support in removal of the perpetrator or launching a lawsuit (Table 18).

	Total		Alemdağ		Gülveren		Yenimahalle	
	%*	n	%*	n	%*	n	%*	n
Telling about it to immediate environments (n=255)								
Yes	42.0	107	55.8	48	55.3	42	18.3	17
Own family	76.6	82	68.8	33	85.7	36	76.5	13
Friends, neighbours	10.3	11	12.5	6	7.1	3	11.8	2
Family of the spouse	11.2	12	16.7	8	7.1	3	5.9	1
Other	1.9	2	2.1	1	---	---	5.9	1
No	58.0	148	44.2	38	44.7	34	81.7	76
Institutional application (n=247)								
Yes	6.9	17	*	14	*	1	*	2
Women's Health Counselling Centre	*	12	12	*	---	---	---	---
Police, court	*	5	2	*	1	*	2	*
No	93.1	230	*	72	*	67	*	*
How assistance is extended after institutional application (n=16)								
Interview with social worker	*	8	*	8	---	---	---	---
Divorce	*	3	*	1	---	---	*	2
Psychological support	*	3	*	3	---	---	---	---
Probation/lawsuit	*	2	*	1	*	1	---	---

* column percentage

While 43% of Syrian refugee women exposed to emotional violence tell about it to their immediate environments only 7% made any institutional application for the event. About 1 in every 2 women experiencing physical violence told about it to her immediate environment and 1 in every 10 women experiencing the same made her institutional application. As to sexual violence, more than half (53%) of women experiencing this did not tell about it to their immediate environments while 14% say they made their institutional application (Table 19 and Figure 14).

	Telling about it to immediate environment				Institutional Application			
	Yes		No		Yes		No	
	%*	n	%*	n	%*	n	%*	n
Emotional violence	43.0	104	57.0	138	7.2	17	92.8	218
Physical violence	52.7	68	47.3	61	10.3	13	89.7	113
Sexual violence	46.7	35	53.3	40	13.5	10	86.5	64
Physical or sexual violence	49.3	75	50.7	77	10.1	15	89.9	133
Emotional violence, physical violence or sexual violence	42.0	107	58.0	148	6.9	17	93.1	230

* line percentage

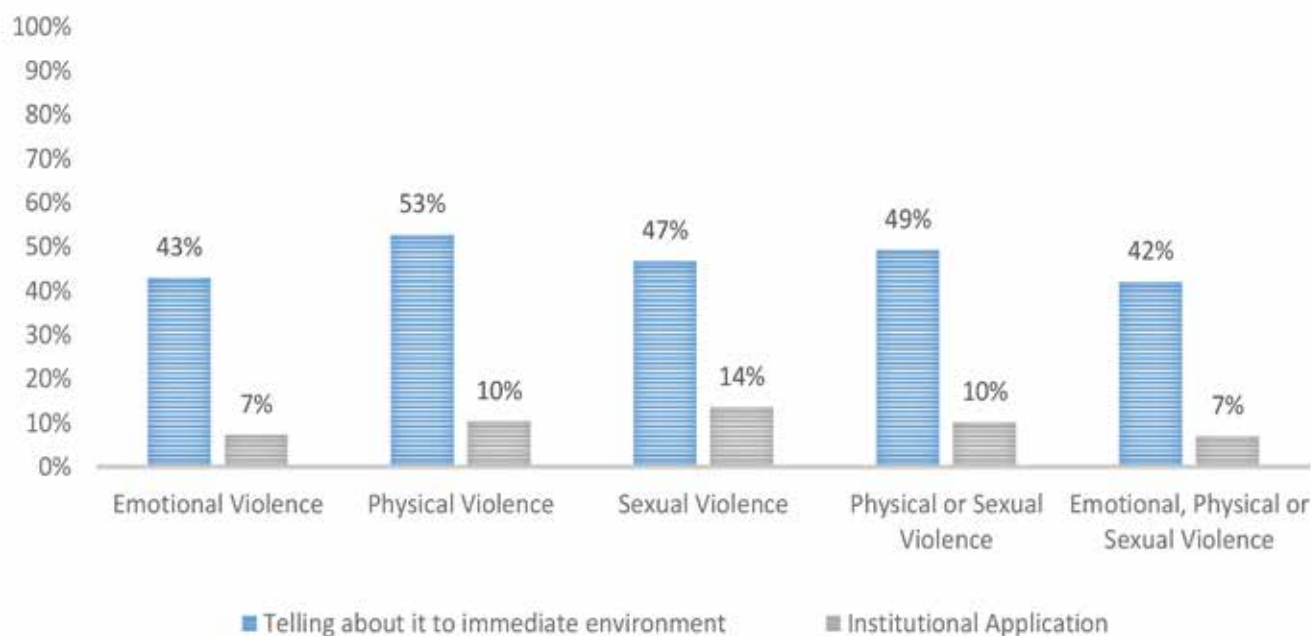


Figure 14. Percentage distribution of Syrian refugee women's telling about to their close environments or applications to institutions for violence they are exposed to

4.5. First Application to Women and Girls Safe Spaces by Syrian Refugee Women

First applications made to all three WGSSs are mostly related to health problems of women themselves or of some family members. Then comes the motive of learning about WGSS activities, participating to these activities and learning Turkish. Though rare, there are also those who apply for psychological or legal support. Meanwhile, hygiene kits or and other form of assistance by WGSS do not seem as a motive for women's first application (Table 20).

	Total		Alemdağ		Gülveren		Yenimahalle	
	%*	n	%*	n	%*	n	%*	n
First application to WGSS								
Within 1 year								
Yes	67.6	279	51.2	62	67.6	96	80.7	121
No	32.0	132	47.9	58	31.7	45	19.3	29
Does not remember	0.5	2	0.8	1	0.7	1	---	---
Reason for first application to WGSS								
Health problems of own or other family members	73.1	30	52.1	63	67.6	96	95.3	143
Learning Turkish, participating to trainings and activities and getting informed	15.7	65	28.1	34	19.0	27	2.7	4
Psychological support	3.4	14	6.6	8	3.5	5	0.7	1
Legal support	3.9	16	12.4	15	0.7	1	---	---
Getting hygiene kit or assistance	2.7	11	0.8	1	6.3	9	0.7	1
Other	1.2	5	---	---	2.8	4	0.7	1

* column percentage

It may take some time for Syrian refugee women to learn about WGSSs and apply to. There is increase in the number of women becoming aware of and applying to WGSSs as their duration of stay in Ankara gets longer. While 38% of women who started living in Ankara in 2016 applied to WGSSs within the same year, 62% made their first application to WGSS in 2017 (Table 21).

	First application to WGSS																							
	Total						Alemdağ						Gülveren						Yenimahalle					
	2015		2016		2017		2015		2016		2017		2015		2016		2017		2015		2016		2017	
Year of arrival to Ankara	%*	n	%*	n	%*	n	%*	n	%*	n	%*	n	%*	n	%*	n	%*	n	%*	n	%*	n	%*	n
2014 and earlier	23.0	38	33.3	55	43.6	72	36.7	29	16.5	13	45.6	36	15.3	9	33.9	20	50.8	30	--	--	78.6	22	21.4	6
2015	8.3	10	47.5	57	44.2	53	24.0	6	40.0	10	36.0	9	8.5	4	29.8	14	61.7	29	--	--	68.8	33	31.3	15
2016	--	--	38.3	31	61.7	50	--	--	33.3	3	66.7	6	--	--	26.9	7	73.1	19	--	--	45.7	21	54.3	25
2017	--	--	--	--	100.0	43	--	--	--	--	100.0	8	--	--	--	--	87.5	7	--	--	--	--	100.0	28

* line percentage

Adaptation to new life in Turkey is as well an important issue for Syrian refugee women. For refugee women, WGSSs are spaces that they visit to find solutions to their health problems and, in many cases, receive psychosocial support as well beyond their physiological health. Contribution of activities carried out by WGSSs is important in refugee women's adaptation to their new life in Turkey. WGSS activities particularly prioritize information building in legislation in effect in Turkey and women's learning of their rights. Syrian refugee women were posed questions to find out their level of information about some legal norms in Turkey. Since child marriages are prevalent among refugee women from Syria, the issue of marriage has been a focal point in building information about legal norms. While 85% of women knows that minimum age in marriage is 17, 84% are aware that parents will be considered as breaching law if they let their children under age 15 marriage. 77% of respondents are aware that under the Turkish Civil Code only monogamy is considered as legal, and 69% are informed that religious wedlock has no effect in protecting the legal rights of women. It seems possible to conclude that WGSS activities bringing the issue of child marriages to agenda are influential in this respect. In this context, the Gülveren WGSS stands out as the one where more support and relevant activities are needed. On the other hand it appears that Syrian refugee women are less informed about their right to employment and that marital assault or sexual intercourse without consent constitutes crime. Only 40% of women are aware that they don't have to get their husbands' permission to work for wage. Little more than half (53%) are aware that forcing wife to sexual intercourse is a breach of law (Table 22 and Figure 15).

Level of information on some legal norms in Turkey (n=413)	Total		Alemdağ		Gülveren		Yenimahalle	
	%*	n	%*	n	%*	n	%*	n
Men and women have to be over age 17 to get married.	84.5	349	92.6	112	70.4	100	91.3	137
It is an offence entailing penalty on the part of parents and other relatives to have their children married younger than age 15.	83.5	345	90.9	110	71.8	102	88.7	133
Exclusively religious wedlock does not provide guarantees and legal protection provided by civil marriage.	68.5	283	77.7	94	48.6	69	80.0	120
Men's polygamy is a breach of law in Turkey.	77.0	318	77.7	94	72.5	103	80.7	121
Husband's forcible act of sexual intercourse against his wife is a breach of law in Turkey.	52.8	218	63.6	77	47.9	68	48.7	73
Women do not have to take their husbands' permission to work out of home.	39.7	164	40.5	49	31.0	44	47.3	71

* column percentage

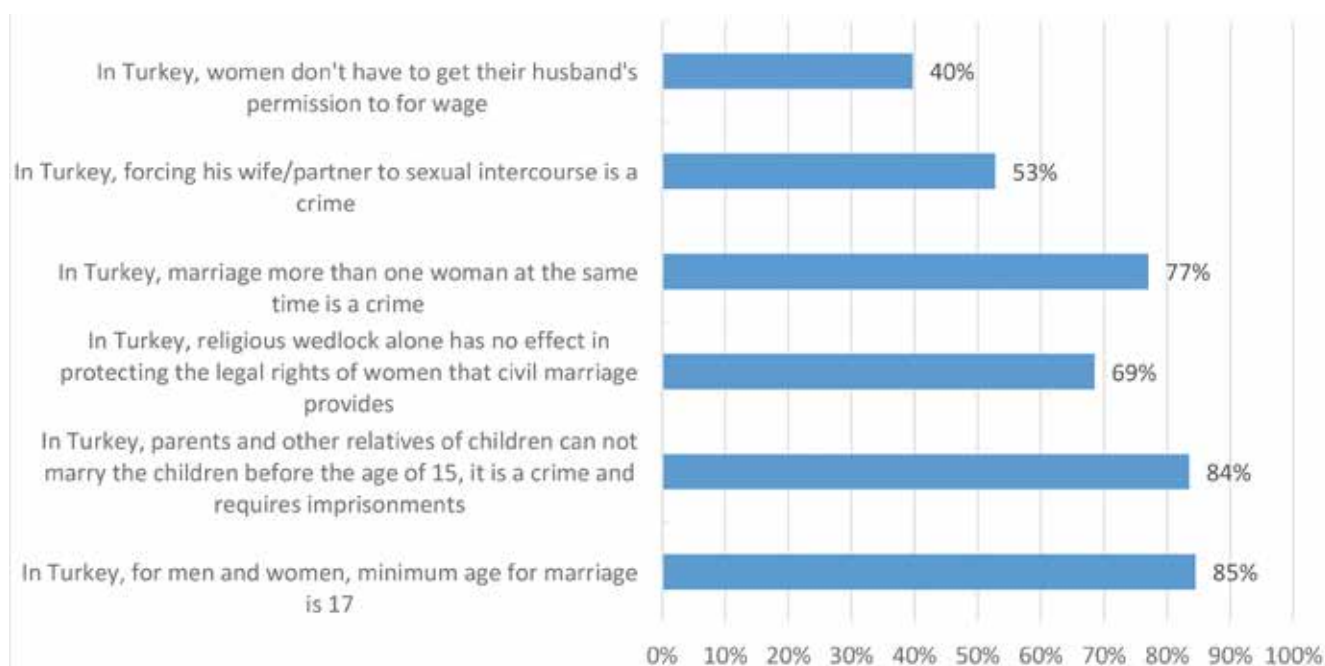


Figure 15. Level of information of Syrian refugee women about some legal norms in Turkey

Women are mostly aware of risks emanating from marriage while still a child. In fact, 89% of women agree with the statement that child marriage increases the risk of maternal and infant mortality. Similarly, it was also remarked that such marriages leave their lasting psychological effects on women. It is further observed that the level of information is quite high when there is mention of risks of child marriage in the context of violence and women's health problems (Table 23).

	Total		Alemdağ		Gülveren		Yenimahalle	
	%*	n	%*	n	%*	n	%*	n
Agreement with some statements concerning women's health (n=413)								
Getting married while a child increases the risk of death for mothers	88.9	367	94.2	114	86.6	123	86.7	130
Getting married while a child increases the risk of death for newborns.	86.9	359	90.1	109	86.6	123	84.7	127
Getting married while a child does not increase the risk of violence against women.	8.0	33	9.1	11	8.5	12	6.7	10
Getting married while a child has its lasting psychological effects on women.	90.1	372	95.0	115	92.3	131	84.0	126
Getting married while a child does not increase the risk of gynaecological diseases.	9.0	37	1.7	2	6.3	9	17.3	26
* column percentage								

According to statements made about risks, the level of information of Syrian refugee women in Alemdağ WGSS seems to be higher than that of women in other two WGSSs. The WGSS in Alemdağ also comes to the fore with respect to contentment with services delivered by WGSSs. Services related to gender-based violence (GBV) delivered by three WGSSs are found quite sufficient by 85% of women. While 83% of women are satisfied with services given in the field of reproductive and sexual health (RSH), this proportion is 77% when other services are concerned. Of all WGSSs, women consider that almost all services delivered by Alemdağ WGSS sufficient (Table 24 and Figure 16).

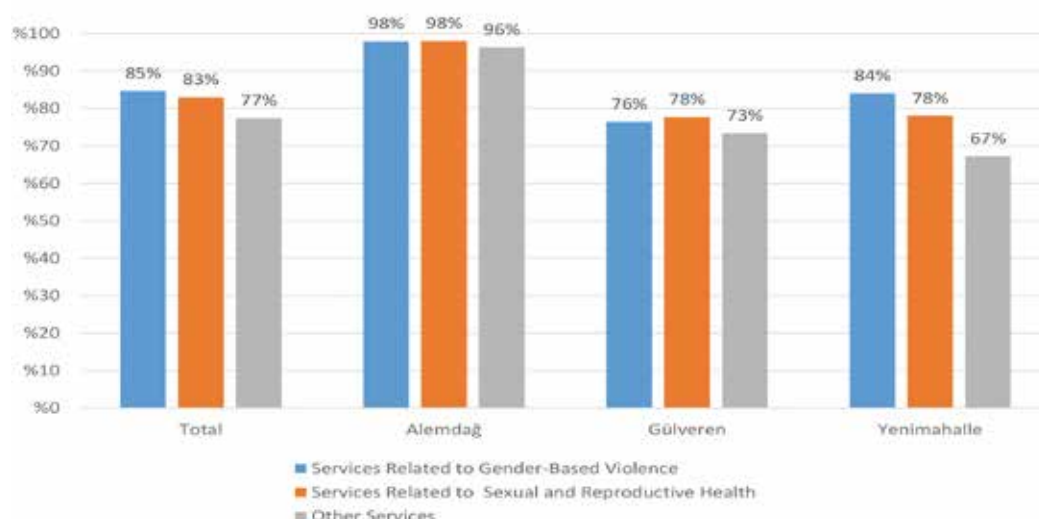


Figure 16. Level of contentment of Syrian refugee women with services offered by WGSSs

Table 24. Level of contentment of Syrian refugee women regarding services delivered by WGSSs and kits distributed

SERVICES OFFERED	Total		Alemdağ		Gülveren		Yenimahalle	
	%*	n	%*	n	%*	n	%*	n
Services Related to Gender-Based Violence (n=384)								
Sufficient	84.6	325	97.9	92	76.4	107	84.0	126
Moderately sufficient	14.6	56	2.1	2	22.1	31	15.3	23
Insufficient	0.8	3	---	---	1.4	2	0.7	1
Services Related to Reproductive and Sexual Health (n=388)								
Sufficient	83.0	322	98.0	97	77.7	108	78.0	117
Moderately sufficient	16.0	62	2.0	2	20.9	29	20.7	31
Insufficient	1.0	4	---	---	1.4	2	1.3	2
Other Services (n=398)								
Sufficient	77.4	308	96.3	105	73.4	102	67.3	101
Moderately sufficient	19.8	79	1.8	2	24.5	34	28.7	43
Insufficient	2.8	11	1.8	2	2.2	3	4.0	6
KITS DISTRIBUTED (n=252a)								
Frequency of distribution								
Sufficient	32.9	83	59.0	59	26.7	24	---	---
Moderately sufficient	23.4	59	18.0	18	38.9	35	9.7	6
Insufficient	43.7	110	23.0	23	34.4	31	90.3	56
Materials								
Sufficient	42.5	107	72.0	72	27.8	25	16.1	10
Moderately sufficient	39.7	100	20.0	20	37.8	34	74.2	46
Insufficient	17.9	45	8.0	8	34.4	31	9.7	6

a Those receiving hygiene or women's hygiene kits

*column percentage

In WGSSs, Syrian refugee women are given two kits, a hygiene kit and women's hygiene kit, supplied by the UNFPA, United Nations Population Fund. 61% of women applying to WGSSs say they have received these kits. It is observed that the level of contentment with kits is much lower than that related to services in general. For example while 33% of women find the frequency of distribution sufficient, 43% of respondents think materials included in kits are sufficient (Table 24 and Figure 17).

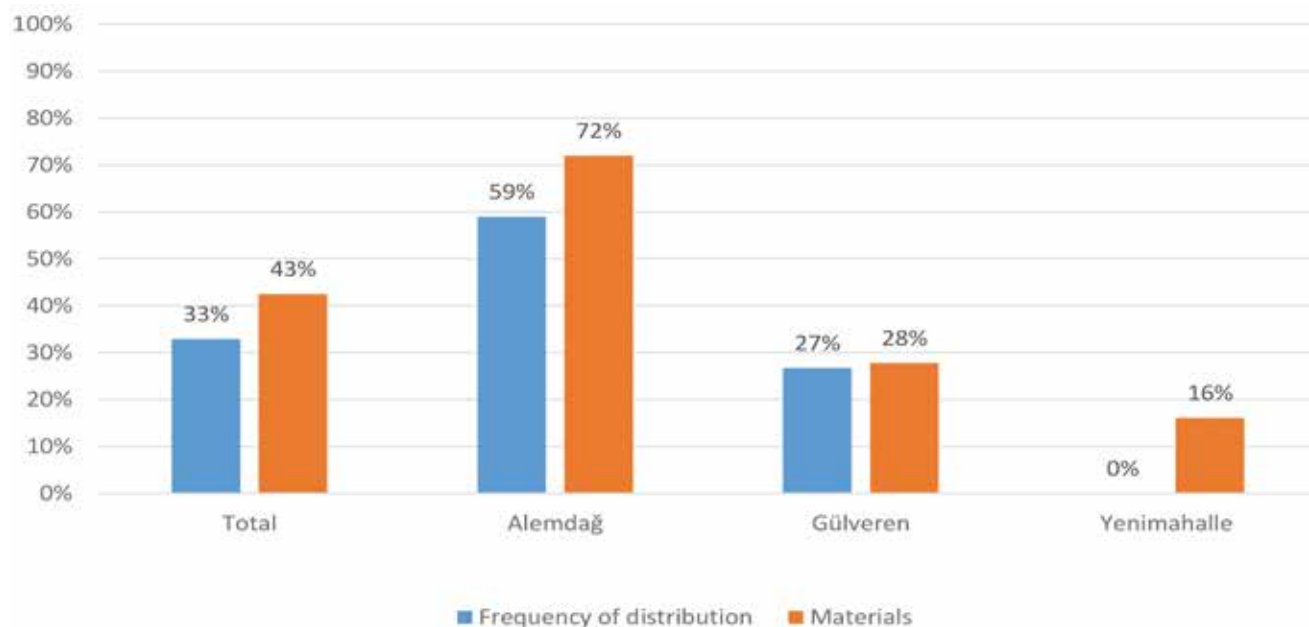


Figure 17. Whether Syrian refugee women consider materials distributed by WGSS and frequency of distribution sufficient

When women applying to WGSSs and interviewed were asked about their first three preferences regarding their expectations from WGSSs, responses were as follows: “Ultrasound device/increase in the number of equipment/facilities for medical tests by 18%, “employment opportunity” by 7%, and support in learning Turkish/Turkish language learning by 7%. 22% of women state that they are satisfied with WGSSs and they have no specific request from (Table 25).

Expectations	Total		Alemdağ		Gülveren		Yenimahalle	
	%*	n	%*	n	%*	n	%*	n
First preference (n=344)								
Requests for Assistance								
Employment/jobs	7.6	26	17.1	20	4.7	6	---	---
Assistance / monthly allowance / material support	7.3	25	1.7	2	13.4	17	6.0	6
More opportunities and support for infants and children	4.9	17	4.3	5	3.9	5	7.0	7
Being informed about and able to benefit from assistance, training activities and kits distributed	4.7	16	12.8	15	0.8	1	---	---
Requests for Health Services								



Request for ultrasound device / increasing devices in the institution/facilities for medical tests	18.0	62	---	---	21.3	27	35.0	35
Increasing the number of personnel/doctors/specialists	7.0	24	3.4	4	3.9	5	15.0	15
Medicine support	6.7	23	3.4	4	9.4	12	7.0	7
Request for gynaecologist/More services for pregnant women	2.9	10	2.6	3	---	---	7.0	7
Request for women doctors	1.7	6	2.6	3	2.4	3	---	---
Requests from the Institution								
Enlargement of the centre and its arrangement according to needs / More services	2.6	9	2.6	3	---	---	6.0	6
More understanding approach and treatment on the part of personnel	2.3	8	4.3	5	1.6	2	1.0	1
Request for education and training, increase in education sessions, closer venues in education	1.5	5	2.6	3	---	---	2.0	2
Legal support	1.2	4	1.7	2	1.6	2	---	---
Translator support	1.2	4	0.9	1	1.6	2	1.0	1
Requests for Language Learning								
Request for Turkish language teaching/support in Turkish language learning	6.7	23	6.8	8	4.7	6	9.0	9
Without any request								
	22.4	77	30.8	36	29.1	37	4.0	4
Other								
	1.5	5	2.6	3	1.6	2	---	---

Tables 26 and 27 show second and third preferences in expectations from WGSS by women applying and interviewed.

Expectations	Total		Alemdağ		Gülveren		Yenimahalle	
	%*	n	%*	n	%*	n	%*	n
Second preference (n=76)								
Requests for Assistance								
Assistance / monthly allowance / material support	9.2	7	15.4	4	16.7	2	2.6	1
More opportunities and support for infants and children	7.9	6	11.5	3	16.7	2	2.6	1
Being informed about and able to benefit from assistance, training activities and kits distributed	7.9	6	23.1	6	---	---	---	---
Employment/jobs	5.3	4	7.7	2	---	---	5.3	2
Requests for Health Services								
Request for ultrasound device / increasing devices in the institution/facilities for medical tests	17.1	13	---	---	25.0	3	26.3	10
Increasing the number of personnel/doctors/specialists	10.5	8	3.8	1	25.0	3	10.5	4
Medicine support	9.2	7	3.8	1	---	---	15.8	6
Request for gynaecologist/More services for pregnant women	2.6	2	3.8	1	---	---	2.6	1
Requests from the Institution								
Enlargement of the centre and its arrangement according to needs / More services	6.6	5	3.8	1	---	---	10.5	4
Translator support	2.6	2	---	---	---	---	5.3	2

More understanding approach and treatment on the part of personnel	1.3	1	3.8	1	---	---	---	---
Legal support	1.3	1	3.8	1	---	---	---	---
Request for education and training, increase in education sessions, closer venues in education	1.3	1	---	---	---	---	2.6	1
Request for transportation services	1.3	1	3.8	1	---	---	---	---
Requests Relating to Language Learning								
Request for Turkish language teaching/support in Turkish language learning	9.2	7	7.7	2	16.7	2	7.9	3
Other	6.5	5	7.6	2	---	---	7.9	3

Expectations	Total		Alemdağ		Gülveren		Yenimahalle	
	%*	n	%*	n	%*	n	%*	n
Third preference (n=19)								
Requests for Assistance								
Assistance / monthly allowance / material support	11.8	2	---	---	---	---	14.3	2
More opportunities and support for infants and children	5.9	1	---	---	---	---	7.1	1
Requests for Health Services								
Medicine support	23.5	4	---	---	---	---	28.6	4
Increasing the number of personnel/doctors/specialists	23.5	4	---	---	---	---	28.6	4
Requests from the Institution								
Enlargement of the centre and its arrangement according to needs / More services	11.8	2	---	---	---	---	14.3	2
Translator support	5.9	1	50.0	1	---	---	---	---
Requests Relating to Language Learning								
Request for Turkish language teaching/support in Turkish language learning	11.8	2	50.0	1	---	---	7.1	1
Other	5.9	1	---	---	100.0	1	---	---

When women applying to WGSSs and interviewed were asked about their suggestions for improving services delivered by WGSSs, first responses included “increase in the number of personnel/doctors/specialists” by 8%, “ultrasound device/increasing devices in the institution/facilities for medical tests” by 7%, and “enlargement of the centre and its arrangement according to needs / more services by 6%. 57% of women state that they are satisfied with WGSSs and they have no specific request from (Table 28).

Table 28. First preference in suggestions by Syrian refugee women for the improvement of services delivered by WGSSs

Expectations	Toplam		Alemdağ		Gülveren		Yenimahalle	
	%*	n	%*	n	%*	n	%*	n
First preference (n=267)								
Requests for Assistance	3.7	10	4.4	5	1.7	2	7.9	3
Assistance / monthly allowance / material support	1.1	3	---	---	2.6	3	---	---
Employment/job opportunities	0.7	2	0.9	1	0.9	1	---	---
More opportunities and support for infants and children	0.7	2	---	---	1.7	2	---	---
Requests for Health Services								
Increasing the number of personnel/doctors/specialists	8.2	22	5.3	6	7.8	9	18.4	7
Request for ultrasound device / increasing devices in the institution/facilities for medical tests	6.7	18	---	---	12.2	14	10.5	4
Medicine support	1.9	5	0.9	1	2.6	3	2.6	1
Request for female doctors	1.5	4	1.8	2	1.7	2	---	---
A pharmacist close to the centre	0.7	2	---	---	1.7	2	---	---
Requests from the Institution								
Enlargement of the centre and its arrangement according to needs / More services	6.4	17	4.4	5	0.9	1	28.9	11
More understanding approach and treatment on the part of personnel	4.5	12	8.8	10	0.9	1	2.6	1
Request for education and training, increase in education sessions, closer venues in education	1.1	3	0.9	1	---	---	5.3	2
Request for transportation services	1.1	3	---	---	2.6	3	---	---
Legal support	0.4	1	0.9	1	---	---	---	---
Requests Relating to Language Learning								
Request for Turkish language teaching/support in Turkish language learning	3.7	10	0.9	1	6.1	7	5.3	2
No request	56.6	151	70.2	80	55.7	64	18.4	7
Other	0.7	2	0.9	1	0.9	1	---	---

Tables 29 and 30 show second and third preferences of women applying to WGSS and interviewed when asked about their suggestions for the improvement of WGSS services.

Table 29. Second preference in suggestions by Syrian refugee women for the improvement of services delivered by WGSSs

Expectations	Toplam		Alemdağ		Gülveren		Yenimahalle	
	%*	n	%*	n	%*	n	%*	n
Second preference (n=29)								
Requests for Assistance								
Assistance / monthly allowance / material support	13.8	4	12.5	1	18.2	2	10.0	1
<i>Being informed about and able to benefit from assistance, training activities and kits distributed</i>	10.3	3	25.0	2	9.1	1	---	---
Requests for Health Services								

Request for ultrasound device / increasing devices in the institution/facilities for medical tests	20.7	6	12.5	1	18.2	2	30.0	3
Increasing the number of personnel/doctors/specialists	10.3	3	---	---	---	---	30.0	3
Medicine support	6.9	2	---	---	9.1	1	10.0	1
Request for gynaecologist/More services for pregnant women	6.9	2	---	---	---	---	20.0	2
A pharmacist close to the centre	6.9	2	25.0	2	---	---	---	---
Request for female doctors	3.4	1	12.5	1	---	---	---	---
Requests from the Institution								
Translator support	13.8	4	12.5	1	27.3	3	---	---
Legal support	3.4	1	---	---	9.1	1	---	---
Requests Relating to Language Learning								
Request for Turkish language teaching/support in Turkish language learning	3.4	1	---	---	9.1	1	---	---

Expectations	Toplam		Alemdağ		Gülveren		Yenimahalle	
	%*	n	%*	n	%*	n	%*	n
Third preference (n=7)								
Requests for Health Services								
Request for ultrasound device / increasing devices in the institution/facilities for medical tests	14.3	1	---	---	---	---	33.3	1
Requests from the Institution								
Translator support	42.9	3	---	---	100.0	3	---	---
Enlargement of the centre and its arrangement according to needs / More services	14.3	1	---	---	---	---	33.3	1
More understanding approach and treatment on the part of personnel	14.3	1	100.0	1	---	---	---	---
Requests Relating to Language Learning								
Request for Turkish language teaching/support in Turkish language learning	14.3	1	---	---	---	---	33.3	1



5. OVERALL EVALUATION

Following the environment of armed conflict in Middle East and forced displacement of people Turkey is exposed to mass influx of migrants starting from 2011. During the early phases of this wave of migration, policies pursued, existing institutions, human resources and available services fell short of needs. In the course of time, however, significant distance was covered in filling these gaps with positive effects identifying needs and data obtained from various activities and interventions.

Planning of health services and ensuring that people in need can access these services without any distinction has its importance beyond other needs. The *“Strengthening Access to Sexual and Reproductive Health, and Sexual and Gender-Based Violence Services for Syrian and Other Refugees through Women and Girl Safe Spaces (WGSS)/Women and Girl Safe Spaces Project”* was launched in response to this need and service delivery is continuing in Women and Girls Safe Spaces established in Alemdağ, Gülveren and Yenimahalle. As problems are confronted and flaws emerge, it was realized that the main problem is shortage of evidence-based data relating to migration and women's health, which pointed out to the urgency of a survey to identify the specific needs of Syrian refugee women in their respective localities. The strengths of the survey include the support extended by social workers and psychologists in WGSSs to the organization of interviews and conduct of interviews by 4 women interviewers with social sciences background who are fluent in Arabic and sensitive in issues related to gender equality. While the survey has no claim to represent all Syrian women, it is believed that it would contribute to culturally sensitive and non-discriminative service delivery in issues related to gender-based violence, reproductive health and sexual health. Lastly, considering that planning in the field of problems and needs of refugee women would stand little chance of success if their views and concerns are not duly taken into account, the survey is important also in that these needs and problems are investigated through face-to-face interviews. Consequently, the outcomes of the survey are expected to guide the work of relevant service units and contribute to efficient resource utilization and inter-agency cooperation.

Evaluation Related to First Applications to WGSSs

It is found that Syrian refugee women apply to WGSSs most frequently for issues related to their or their relatives' health problems (73%). It can be said that the presence of WGSSs within Ministry of Health's Migrant Health Centers naturally brings along higher applications for healthcare. Indeed, the study by Cankurtaran and Albayrak (18) reveals that visits to WGSSs by women for primary healthcare services are not prevented by their husbands. Hence, women can receive services regarding gender-based violence and reproductive health and sexual health as a part of primary healthcare and find the opportunity of socializing with other refugee women in these spaces.

Percentages may change from one WGSS to other although the ordering with respect to motives of application does not differ much. For example 95% of applications to the Yenimahalle WGSS are for their own or their families' health problems, which is much lower with 52% in Alemdağ. While first application for purposes of learning Turkish, participation to trainings and activities and learning about them is by 28% in Alemdağ WGSS, it is only by 3% in Yenimahalle. The request for legal support as the motive for the first application has the weight of 12% in Alemdağ while there is no application for the same purpose in Yenimahalle. This suggests that needs may vary depending on location and therefore it will be better to give due consideration to local needs while planning services.

It is found that the level of contentment with general and women's hygiene kits distributed by WGSSs with the support of UNFPA, United Nations Population Fund is lower than the level of contentment with other services with respect to both the content of these kits and their frequency of distribution. However, prior to the finalization of the present survey, the UNFPA, United Nations Population Fund conducted an independent study on this activity and modified the content of kits accordingly. Still, two factors may be called in to explain lower level of contentment with kits: The dominance of the concept of social assistance over need for social services and expectation of in kind and cash assistance prevailing among refugee women.

Survey results indicate that application to WGSSs is increasing over years in percentage terms. This increasing trend can be explained by higher awareness about the existence of WGSSs and working of the mechanism of health mediators in introducing WGSSs to wider sections of refugee population. Further, refugee women's sharing of their positive impressions with their communities after having built relations of trust with WGSS workers encourages others to apply to these centres.

When asked about their expectations, 22% of Syrian refugee women applying to WGSSs they are satisfied with and have no further request. In those who have their expectations beyond what is already available, the ranking of expectations goes as "ultrasound device / increasing devices in the institution/facilities for medical tests" (by 18%), "employment/job opportunities (by 8%) and "Turkish language teaching/support in Turkish language learning" (by 7%). Women applying to WGSSs are referred to various institutions for more comprehensive services. Since medical equipment and facilities for analysis are limited, referrals to other health institutions are rather frequent. The request by women to have medical equipment and medical tests increased can be attributed to their wish to receive all related services from WGSSs.

With respect to engagement in any income generating activity, it is found that 5% of women are presently engaged in such activity whereas 81% of those who used to be employed formerly could not maintain this status after migration. Çelik (19) states that the employment of refugees in precarious and low-wage jobs leads native people to blame Syrian refugees for increasing unemployment and poverty and difficulties in access to various forms of social assistance and coins this state of affairs as "competition of the poor". Opportunities for engagement in any income generating activity are limited for refugee women as it is for native population. Hence, many applications for employment may prove futile and this negatively affects efforts for empowerment studies at WGSSs.

Personnel delivering services in WGSSs can speak Arabic and there are efforts to overcome language barriers through the employment of translators in each centre under the project. WGSS personnel extend support to refugee women in language issues when they are referred to other institutions and agencies and in following official procedures. What is more important, language practices are conducted with women in WGSSs and applicants are referred to language courses delivered by Adult Education Centres. Speaking the language of the country presently settled in is a must for knowing legislation in effect,



available services and relevant institutions and for positive interaction with native people. Thus, it must be among priority areas of intervention to spread wider opportunities of language learning and to make it more accessible.

Evaluation Related to Reproductive Health Services and Needs

The work conducted so far suggests that sexual health and reproductive health (SRH) services for and access to these services by refugee women and girls forcefully displaced in humanitarian crisis situations are yet insufficient and this insufficiency stands as a barrier to full enjoyment of SRH rights by refugee women and girls. Given this, efforts are made under the project to deliver SRH services as a part of primary healthcare services by providing safe spaces for women and girls. In the context of SRH, WGSSs are engaged in group counselling, trainings, and awareness raising activities besides individual counselling and psychosocial support. In addition, it is also among WGSS services to provide antenatal and postnatal care and contraceptive methods (oral contraceptives, injections, condom, intra-uterine device – IUD) and referral to other institutions, when necessary, for more advanced services.

Survey results show that 91% of women participating to the survey had given at least one live birth and that as high as 95% of women applying to WGSSs had their deliveries in Turkey in public hospitals. This finding suggests that women reaching WGSSs also have access to services delivered publicly. In fact, procedures and principles relating to the utilization of health services by refugees under temporary protection are laid down by the Temporary Protection Regulation no. 6203 (7). It can be said that health services are among those that can be accessed with relative ease.

With respect to the status of women applying to WGSSs in terms of contraceptive use, it is found that 69% have so far used any contraceptive method and 47% are presently using one. While intra-uterine device (IUD) is the most commonly used method (50%) it is worth noting modern methods of family planning are dominant. When reasons for not using any method are examined, absence of partners, not having sexual intercourse, being in postnatal period, and menopauses are given as reasons rather than inaccessibility of services or cultural restraints. This finding can be considered as positive with respect to health service delivery.

From the survey, it is concluded that use of modern methods does not vary in direct proportionality with the level of education of women. Indeed, while the use of modern methods is observed most commonly among the graduates of primary education first level (45.5%) it is the least common among graduates of high school and higher education. In other words, the level of education of Syrian women is not a determinant for using modern methods of contraception. This points out to the importance maintaining SRH-related trainings in WGSSs, ensuring the participation of wider sections of refugee population to these services and conducting various activities geared to enhancing awareness in SRH.

Evaluation Related to Gender-Based Violence Services and Needs

Especially women and girls are exposed to various forms of gender-based violence (GBV) throughout their life. These forms of violence may vary by their state before, during and after the process of migration. The burden doubles for refugee women and girls as they are both women and also displaced involuntarily. Difficulties in access to available services and lack of social support trigger feelings of being unsafe and troubles in combatting GBV and enjoying their rights. The adoption of specific measures against GBV

and specific care for groups with special needs are both guaranteed by international conventions ratified by Turkey and domestic legislation.

On the basis of what is stated above, with Women and Girls Safe Spaces (WGSS) in Alemdağ, Yenimahalle and Gülveren there are now centres that refugee women and girls can benefit from services regarding GBV together with SRH services, which constitute one of the two major service areas of these centres. In this context, GBV services provided by WGSSs mostly include protection services such as individual counselling, psychosocial support and group counselling. Along with this, WGSS services also cover, in the context of empowerment, practices in Turkish language and courses in jewelery design and drama, as well as trainings and awareness raising activities on child marriages, forms of GBV, protective social mechanisms, GBV-related national policies, legislation in effect and available services. As in the case of SRH, in GBV-related services as well beneficiaries are referred to other facilities in issues that go beyond the means of WGSSs. Particularly in cases of abuse of girls, there is close contact with the Provincial Directorate of Family, Labour and Social Services and many cases of child marriage applied to WGSSs are solved through inter-agency cooperation.

Supporting the literature on increasing cases of GBV after migration, the present study too finds that within the last 12 months 9 out of 10 refugee women have experienced physical violence while exposure to emotional and sexual violence is 8 out of 10 women. The highest rate of exposure of women to violence by their intimates in any period of their life can be seen in emotional violence (6 in each 10 refugee women). As can be depicted from women's statements, awareness in what in emotional violence means and their expression of sexual violence, which goes beyond established cultural codes, can be associated with awareness raising activities carried out by WGSSs.

An overwhelming majority (93%) of women exposed to emotional, physical or sexual violence by their spouses or intimate partners state that they have not made any institutional application for cases concerned. Of all cases, it is observed that institutional application is made relatively more in cases of sexual violence (by 14%). It is followed by cases of physical (10%) and emotional violence (7%).

42% of women, who were exposed to GBV, tell their immediate environments about their experiences of physical, emotional and sexual violence. When asked about with whom they share their experience regarding violence with, women state they do this with their own families instead of their friends, neighbours and families of their spouses (77%).

In their study, Cankurtaran and Albayrak (18) say Syrian women consider their experiences in violence within the confines of family confidentiality and avoid revealing such cases in the name of sticking with traditional social doctrines. The same study also mentions that women are empowered with trainings delivered by WGSSs, aware of legislative arrangements protecting women, and in this context they can stand against their husbands, develop practices in resisting violence instead of remaining passive and strengthen their positions by sharing relevant information with others. As found by the present survey, low level of institutional reporting can be attributed to concerns about privacy and their feelings of insecurity. This inference is supported by the fact that as already involuntarily displaced persons they can share their experiences of violence only with their own family members with whom they feel safe and WGSS social workers and psychologists they developed trust in. It is considered that women will opt for institutional application and reporting more when they feel empowered enough and know the existence of social and other support mechanisms at the stage of reporting cases of violence.

As stated earlier child marriage is one of the problem areas most frequently encountered in WGSSs. In combating child marriage cases may remain limited, but cases are tried to be solved through inter-



agency cooperation. 59% of women participated in the survey state that they get married under age 18. Nevertheless, they are aware of possible negative consequences of child marriages related to woman's health status, such as increased risk of maternal and infant mortality and adverse psychological implications. In addition, refugee women are also informed about legal age for marriage in Turkey (85%), parents' criminal liability if they let their children marry younger than age 15 (84%) and only monogamy is legal (77%). Women's higher level of information and awareness about child marriages can be attributed to relatively more frequent awareness raising activities on this specific issue.

Survey findings indicate that refugee women are relatively less informed that marital assault or forcibly having sexual intercourse are crimes, only 40% of women are aware that they don't need to get permission from their spouses for having a job. In future WGSS trainings to be planned for Syrian refugee women it will be useful to give priority to issues that women are relatively less informed.

In the following process, a research should be carried out for those who do not receive services from WGSSs to identify barriers and unmet service needs of people to come to WGSSs. During those studies, it should not be ignored that health mediators, who are employed at WGSSs and bridges between their own communities and WGSSs, will have positive impacts.

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ANNEXES

Annex 1. Approval by Hacettepe University Non-interventional Clinical Research Ethics Board



T.C.
HACETTEPE ÜNİVERSİTESİ
Girişimsel Olmayan Klinik Araştırmalar Etik Kurulu

Sayı : 16969557 - 755

Konu : ARAŞTIRMA PROJESİ DEĞERLENDİRME RAPORU

Toplantı Tarihi : 16 MAYIS 2017 SALI
Toplantı No : 2017/13
Proje No : GO 17/243 (Değerlendirme Tarihi: 14.03.2017)
Karar No : GO 17/243- 30

Üniversitemiz Tıp Fakültesi Halk Sağlığı Anabilim Dalı öğretim üyelerinden Prof. Dr. Şevkat Bahar ÖZVARIŞ' ın sorumlu araştırmacı olduğu, Doç. Dr. İlknur Yüksel KAPTANOĞLU, Öğr. Gör. Hande ÜNLÜ, Arş. Gör. Dr. Tuğçe Mehlika ŞANVER ve Psk. Türküler ERDOST ile birlikte çalışacakları, GO 17/243 kayıt numaralı, "*Kadın Sağlığı Danışma Merkezlerine Başvuran Suriyeli Kadınların Üreme Sağlığı ve Toplumsal Cinsiyet Temelli Şiddet Hizmetlerine İlişkin İhtiyaçlarının Belirlenmesi Araştırması*" başlıklı proje önerisi araştırmanın gerekçe, amaç, yaklaşım ve yöntemleri dikkate alınarak incelenmiş olup, etik açıdan uygun bulunmuştur.

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|--|--|
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| 2. Prof. Dr. Sevda F. MÜFTÜOĞLU (Üye) | 11 Yrd. Doç. Dr. Özay GÖKÖZ (Üye) |
| 3. Prof. Dr. M. Yıldırım SARAÇ (Üye) | IZINLI
12. Doç. Dr. Gözde GİRGİN (Üye) |
| 4. Prof. Dr. Necdet SAĞLAM (Üye) | 13. Doç. Dr. Fatma Visal OKUR (Üye) |
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Ayrıntılı Bilgi için:

ANNEX 2. Prevalence within the last 12 months of different forms of violence that Syrian women have been exposed to by their spouses or partners

Prevalence within the last 12 months of different forms of violence that women applying to and interviewed at Women's Health Counselling Centres have been exposed to by their spouses or partners									
		Total		Alemdağ		Gülveren		Yenimahalle	
		%	n	%	n	%	n	%	n
Emotional violence									
Insulting, swearing ,	No	22.3	49	41.3	26	5.7	4	21.8	19
	Only once	0.9	2	---	---	2.9	2	---	---
	Twice	0.9	2	1.6	1	1.4	1	---	---
	A few times	25.0	55	19.0	12	14.3	10	37.9	33
	Many times (5+)	50.9	112	38.1	24	75.7	53	40.2	35
Debasement, humiliating	No	38.0	46	62.9	22	23.8	5	29.2	19
	Only once	0.8	1	---	---	---	---	1.5	1
	Twice	5.0	6	---	---	---	---	9.2	6
	A few times	16.5	20	8.6	3	9.5	2	23.1	15
	Many times (5+)	39.7	48	28.6	10	66.7	14	36.9	24
Threatening behaviour	No	40.5	49	62.8	27	29.4	5	27.9	17
	Only once	---	---	---	---	---	---	0.0	0
	Twice	6.6	8	4.7	2	---	---	9.8	6
	A few times	21.5	26	7.0	3	---	---	37.7	23
	Many times (5+)	31.4	38	25.6	11	70.6	12	24.6	15
Threatening to harm woman's immediate environments	No	40.0	18	62.5	10	15.4	2	37.5	6
	Only once	2.2	1	---	---	---	---	6.3	1
	Twice	2.2	1	6.3	1	---	---	---	---
	A few times	6.7	3	---	---	---	---	18.8	3
	Many times (5+)	48.9	22	31.3	5	84.6	11	37.5	6
Physical violence (n=401)									
Slapping, throwing an object	No	47.7	53	81.0	34	18.4	7	38.7	12
	Only once	4.5	5	7.1	3	5.3	2	---	---
	Twice	4.5	5	2.4	1	5.3	2	6.5	2
	A few times	15.3	17	2.4	1	18.4	7	29.0	9
	Many times (5+)	27.9	31	7.1	3	52.6	20	25.8	8
Pushing, manhandling, pulling by hair (n=400)	No	46.3	37	78.3	18	28.6	6	36.1	13
	Only once	3.8	3	8.7	2	---	---	2.8	1
	Twice	1.3	1	---	---	---	---	2.8	1
	A few times	17.5	14	8.7	2	9.5	2	27.8	10
	Many times (5+)	31.3	25	4.3	1	61.9	13	30.6	11
Punching or hitting with an object	No	42.3	22	86.7	13	20.8	5	30.8	4
	Only once	1.9	1	---	---	4.2	1	---	---
	Twice	1.9	1	---	---	4.2	1	---	---
	A few times	15.4	8	6.7	1	4.2	1	46.2	6
	Many times (5+)	38.5	20	6.7	1	66.7	16	23.1	3

Kicking, dragging, beating	No	41.7	20	90.9	10	21.7	5	35.7	5
	Only once	2.1	1	---	---	---	---	7.1	1
	Twice	---	---	---	---	---	---	---	---
	A few times	14.6	7	9.1	1	8.7	2	28.6	4
	Many times (5+)	41.7	20	---	---	69.6	16	28.6	4
Grabbing by throat, burning	No	38.9	7	80.0	4	11.1	1	50.0	2
	Only once	5.6	1	20.0	1	---	---	---	---
	Twice	---	---	---	---	---	---	---	---
	A few times	5.6	1	---	---	11.1	1	---	---
	Many times (5+)	50.0	9	---	---	77.8	7	50.0	2
Threatening with and using objects like knife, gun, etc.	No	46.7	7	100.0	4	14.3	1	50.0	2
	Only once	---	---	---	---	---	---	---	---
	Twice	---	---	---	---	---	---	---	---
	A few times	---	---	---	---	---	---	---	---
	Many times (5+)	53.3	8	---	---	85.7	6	50.0	2
Sexual violence (n=401)									
Physically forced sexual intercourse	No	46.7	21	90.0	9	20.0	2	40.0	10
	Only once	---	---	---	---	---	---	---	---
	Twice	4.4	2	---	---	---	---	8.0	2
	A few times	20.0	9	---	---	20.0	2	28.0	7
	Many times (5+)	28.9	13	10.0	1	60.0	6	24.0	6
Sexual intercourse that is not wanted	No	45.3	29	73.9	17	18.2	2	33.3	10
	Only once	3.1	2	---	---	9.1	1	3.3	1
	Twice	---	---	---	---	---	---	---	---
	A few times	29.7	19	17.4	4	9.1	1	46.7	14
	Many times (5+)	21.9	14	8.7	2	63.6	7	16.7	5
Forcing to do something sexually debasing or humiliating	No	52.6	10	80.0	4	40.0	2	44.4	4
	Only once	---	---	---	---	---	---	---	---
	Twice	---	---	---	---	---	---	---	---
	A few times	15.8	3	---	---	---	---	33.3	3
	Many times (5+)	31.6	6	20.0	1	60.0	3	22.2	2



Survey Report on Determining the Needs of Syrian Women Applying to Women's Health Counselling Centres Related to Services in Reproductive Health and Gender-Based Violence