



**VIOLATIONS OF THE RIGHTS OF WOMEN WITH
DISABILITIES DURING THE COVID-19 PANDEMIC**



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THE TURKISH FEDERATION OF THE BLIND

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Executive Summary

Women with disabilities are more exposed to multiple discrimination and violations of rights during the COVID-19 pandemic compared to normal periods and other segments of the society due to their disability and femininity.

COVID-19 Disability Rights Monitor (DRM) Coordination Group, an NGO initiative monitoring disability rights on a global scale, emphasizes on the violations of the rights of persons with disabilities in Turkey with the statement¹ that follows as "There is an emergency to address the violation of human rights of people with disabilities in institutions" and said: "*Measures implemented by the government to control the spread of COVID-19 have increased the violations of the rights of the disabled in Turkey and added to the pre-existing violations.*"

In 11² articles of the United Nations Convention on the Rights of Persons with Disabilities, it is stated that "*In situations where risk is involved, including armed conflict, natural disasters and humanitarian emergencies, all necessary measures are to be taken by the governments to protect and preserve the security of disabled people by fulfilling their obligations under international law and abiding by humanitarian law and international human rights law.*"

The Coronavirus pandemic (COVID-19), which emerged in China at the end of 2019 and spread throughout the world in a short time, caught disabled people as well as all other disadvantaged groups.

Persons with disabilities (PwD) experience different problems at different levels during this period depending on their disabilities. On top of this fact, disability and gender cause women with disabilities to be exposed to multiple discrimination and violations of their rights.

Disability Rights Committee, in its General Comment No. 3 dated 25.11.2016, evaluates the multiple discrimination against women with disabilities as follows; "*International and national laws and policies on disability have historically neglected the aspects of women and girls with disabilities. In addition, laws and policies for women have traditionally ignored disability. This invisibility has led to the strengthening of multiple and intersecting forms of discrimination against women and girls with disabilities.*"³

The "**Violations of the Rights of Women with Disabilities During the Pandemic**" study was carried out in order to identify the problems that women with disabilities experience under conditions of confinement at home and isolation from social life, and to reveal the violations of rights that arise in terms of national and international law and the responsibilities of the authorities.

Although the pandemic is still ongoing and there is not much concrete data about the problems experienced by women with disabilities, it is generally considered that discrimination and violations of rights in "normal" periods have become more severe during this process.

The data obtained as a result of the study are in the direction of this general evaluation.

225 women with disabilities and the mothers of children with mental disabilities participated in the study; because the mothers are expected to spend all their time with children.

While 76.4% of the women with disabilities participating in the study reside in metropolitan and city centers, 45.3% of them live in the same house with 4 or more people.

1... <https://covid-drm.org/en/statements/emergency-response>

2... <https://humanrightscenter.bilgi.edu.tr/media/uploads/2015/08/03/EngellilerinHaklarinalliskinSozlesme.pdf>

3... <https://www.refworld.org/docid/57c977344.html>

According to the "Population and Housing Survey"⁴ data provided by TÜİK in 2019, average household ratio is 3.35 in Turkey. In 1990, this ratio was 5.05 for an average household. In Turkey, almost half of the female population with disabilities live in houses with more than the average household ratio of today, and sometimes with the ratio of 30 years ago.

31.6% of disabled women are unemployed.

According to the survey results⁵ provided by DISK for April/2020 period, female unemployment rate in Turkey is 16.3%. This rate is 31.6% for women with disabilities. Disabled women are exposed to unemployment 2 times more than other women.

The monthly household income of 70% of the disabled women participating in the study is below 5000TL. The research⁶ conducted by Birleşik Metal-İş Union Research Center (BİSAM) for the period of February/2020 shows that the hunger line is 2.294 TL and the poverty line is 7.929 TL.

The limit determined as the hunger line is the amount of monthly expenses a family of 4, who does not have special needs, should make for healthy nutrition. According to these data, approximately 70% of disabled women live below the hunger line.

Although the majority (76.4%) live in metropolitan and city centers, almost half of the disabled women live in the same house with more than 4 people, 1/3 are unemployed and the majority (70%) of their monthly household income is below the poverty/hunger line. These situations create "deprivation"⁷ for disabled women together with poverty.

Policy makers are directly responsible for taking action against possible causes of exclusion.

The COVID-19 Disability Rights Monitor Group⁸ also reminds governments of this responsibility and calls on governments to provide access to food, medicine and essential supplies for people with disabilities.

While 18% of disabled women stated that they had to work on weekends and evenings as a result of the remote/home working practice, 15% stated that their workload increased and 15% stated that the time they allocated to themselves decreased. Those who state that their salary is deducted is 10%, and those who have extended their working time are 9%. 44% of the disabled women stated that the practice of working remotely causes them to have problems in socializing, as well.

In the Economic, Social and Cultural Rights Agreement⁹, it is stated that "...protection and assistance is provided to the widest possible extent". The Republic of Turkey has also agreed to this arrangement, but 40% of the demand for social support for disabled women in public institutions was rejected.

Considering that disabled women have difficulties in accessing public services in poverty and pandemic conditions, rejection of social support requests at a rate of 40% is a high rate and a violation of the right to humane life.

While it is critical that people have access to health services and accurate information in preventing the pandemic, nearly half of the disabled women (45.3%) could not access sufficient information about Corona hospitals and health services.

4.. <http://www.tuik.gov.tr/PreHaberBultenleri.do?jsessionid=nz17W2ZZGnMPMkSDnhpqlFjwjrcTDKDV61rKmK420W46GyYy7h3r1671394295?id=15843>

5.. <http://disk.org.tr/2020/04/nisan-2020-issizlik-ve-istihdam-raporu-pandemi-oncesinde-issizlikte-vahim-tablo/>

6.. <http://www.birlesikmetal.org/index.php/tr/guncel/basin-aciklamasi/1440-bisam-02-2020>

7.. **BM Kalkınma Programı**'na (UNDP) göre yoksunluk; bireyin sosyal dışlanması ve ekonomik, politik ve sosyal haklardan mahrum kalmasıdır.

8.. <https://www.ailevecalisma.gov.tr/uploads/sygm/uploads/pages/uzmanlik-tezleri/6-kuresellesme-ve-yoksulluk-birlesmis-milletler-undp-ve-dunya-bankasi-gostergeleri-isiginda-bir-analiz-munir-tireli.pdf>

9.. http://www.unicankara.org.tr/doc_pdf/metin134.pdf

70.1% of disabled women who think that they are infected with a virus could not apply to any healthcare provider.

People with disabilities are likely to have chronic diseases related to their disability. The government has an obligation to develop a health policy specific to the disabled, taking this possibility into consideration. The Convention on the Rights of Persons with Disabilities gives clear and concrete duties to the parties with the regulation "*States must ensure that health services are brought as close as possible to the places where people live, including rural areas.*"

39.1% of the participants stated that their domestic workload increased during the pandemic period, and 35.5% of them stated that they were eating unhealthy and unbalanced.

During the pandemic period, 27.5% of disabled women could not meet their self-care needs such as hair, nail, foot, mouth, partial and whole body care and bath.

While 1.8% of women with disabilities who participated in the study stated that they were subjected to violence before the pandemic, when asked in detail with the types of violence (psychological, economic, digital, physical, sexual violence, emotional violence, swearing, intimidation, threats, humiliation, forced seizure of their income) the ratio increased to 33.4%.

A similar situation is valid for the pandemic period. While 4.9% of women with disabilities said that they were subjected to violence during the pandemic period, when asked by detailing the types of violence, the rate of women with disabilities who were exposed to at least one type of violence is 39.6%.

During the pandemic period, violence against women with disabilities increased by 18.7%.

According to the data of "Research on Domestic Violence Against Women"¹⁰ conducted by **Hacettepe University**, the rate of women who have been subjected to physical and/or sexual violence in any period of their life was 32% in 2014.

According to the data for the period April/2020 obtained from "Research Report"¹¹ of Turkey Related to the Effects of Covid-19 on Women and Violence Against Women and Children", conducted by **Socio-Political Field Research Center**, when asked "Have you been subjected to any violence in the household before quarantine?", 15,2% of women answered "yes". However, when presented with details of the types of violence, 43% of women answered "yes" to the question of "Have you been subjected to any violence in the household during quarantine?"

The aforementioned research confirms the data obtained as a result of the study regarding the violence against women.

When the types of violence are detailed, the increase in the number of women subjected to violence shows that most of the women do not consider many events they are exposed to as violence.

The fact that 1 out of every 10 disabled women is subjected to violence means that all national and international conventions and laws, especially the Istanbul Convention, are violated.

34% of disabled women are subjected to violence by their spouses, 16% by their fathers, 13% by their mothers, and 11% by their children.

80% of the violence against women with disabilities originates in the household.

Making the "**Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence**" (**Istanbul Convention**) debatable under the conditions in which the aforementioned data emerges poses great risks for women and women with disabilities.

10... <http://www.hips.hacettepe.edu.tr/KKSA-TRAnaRaporKitap26Mart.pdf>

11... <https://sahamerkezi.org/covid-19-karantinasindan-kadinin-etkilenimi-ile-kadin-ve-cocuga-yonelik-siddete-iliskin-turkiye-arastirma-raporu/>

While 27.3% of disabled women think that they have been subjected to violations of rights, 80.8% of them could not use remedial mechanisms. 71.6% of disabled women who attempted to use remedial mechanisms stated that these mechanisms are not accessible.

It is the responsibility of institutions and the government to ensure that these mechanisms are accessible to all women with disabilities as well as to everyone in society.

While 43.9% of disabled women needed psychological support during the pandemic period, 93% of them could not get psychological support.

According to 62.7% of women with disabilities who use support lines established by public institutions (Alo 183 Telephone/Whatsapp line, Vefa Support line, Hayat Eve Sığar application), these lines are not accessible.

In pandemic conditions where disabled women cannot access many public services, it is discriminatory and violation of rights of disabled people to extend the period¹² of time required to make products and services accessible which the **article 5378 in Disability Rights Law**¹³ deems mandatory. The realization of this regulation in the **"2020 accessibility year"** shows the government's attitude towards disabled people.

As well as during "normal conditions", the inaccessibility of products and services in situations such as crisis, pandemic and natural disaster is a situation that may violate people's right to life. For this reason, designing and producing products and services in accordance with the universal design principle that will ensure accessibility for everyone and under all conditions is a fundamental human right and a responsibility for the authorities.

The data obtained as a result of the study confirm the general opinion that disabled women are exposed to multiple and perceptible discrimination and human rights violations compared to other segments of the society. In order to support and empower disabled women against multiple discrimination and severe human rights violations, public institutions and local administrations should form policies on the basis of human rights, include disabled women and their representatives in this process, and NGOs should be part of the planning, implementation and monitoring stages.

12... <https://www.mevzuat.gov.tr/MevzuatMetin/1.5.5378.pdf>

13... <https://beyond.istanbul/eri%C5%9Ffilebilirlik-y%C4%B1%C4%B1-nda-eri%C5%9Ffilebilirlik-d%C3%BCzenlemeleri-yine-%C3%B6telendi-6af20e660fb9>



Introduction

1- PURPOSE of THE STUDY

1.1. Background

In its "Public Spaces and Covid-19 Guide"¹⁴ dated May 4, 2020, the **United Nations High Commissioner for Human Rights** said, "States should create areas of participation and feedback and address individuals who are most at risk and most likely to be excluded, including women, the elderly, and persons with disabilities and make sure that their policies are determined and can become effective parts of this process." However, during the pandemic period, the disadvantaged groups had to struggle to overcome the human rights violations they experienced rather than being active elements of the process, and the problems they experienced remained far from visible.

The Covid-19 pandemic, which emerged at the end of 2019 and spread rapidly around the world, changed the "usual" life cycle and habits of all segments of the society.

While the pandemic affected all segments of society, the difficulties and obstacles endured by those who are already disadvantaged in participating in social activities have increased even more.

Groups such as the disabled, women, girls, LGBTI +, the poor, the unemployed and the precarious workers are more and more adversely affected by the pandemic conditions.



*"The COVID-19 pandemic represents a threat to the lives of people with disabilities. COVID-19 is hitting hard in our community, feeding on and deepening the historical and structural discrimination against people with disabilities. Social care institutions, nursing homes and psychiatric facilities, where people with disabilities are often institutionalised or detained against their will, have become hotspots of the pandemic, accounting for half of the fatalities in some countries. Governments across the world must act fast to guarantee that all COVID-19 responses are accessible and disability-inclusive."*¹⁵

Catalina Devandas Aguilar,
United Nations Special Rapporteur on the Rights of Persons with Disabilities) ”

It is assumed that disabled women, who are exposed to multiple discrimination and disadvantaged by the intersection of disability and femininity, are affected by the pandemic conditions more than other women in "normal times".

The continuing pandemic process and the fact that no sufficient data has yet been collected from any country do not allow to fully reveal the extent to which disabled women are affected by the pandemic.

UN Chief Statistician Pope Seck⁽¹⁶⁾ noted the victimization of women, saying, "Despite the clear gender-based consequences of the crises, intervention and recovery efforts tend to ignore the needs of women and girls until it is too late. In addition, most countries do not collect or make available data disaggregated by gender, age and other characteristics such as class, race, location, disability, and immigrant status. These acute data gaps make it very difficult to estimate the full impact of the epidemic on countries and communities," and reminds of the responsibilities of country leaders in these grievances."

14... <https://etkiniz.eu/wp-content/uploads/2020/06/Kamusal-Alan-ve-Covid-19.pdf>

15... <https://covid-drm.org/endorsements#united-nations-2>

16... <https://www.unwomen.org/en/news/stories/2020/9/feature-covid-19-economic-impacts-on-women>

Women:

According to a survey ¹⁷ conducted in Turkey by **The United Nations Development Programme (UNDP)**, "Compared to men, women have been doing four times more housework and spend the same amount of work for childcare or caring for the sick."

While the Covid-19 pandemic causes violations of rights by increasing the workload and physical, sexual, digital etc. violence on women, these situations also put women in a more disadvantageous position during this pandemic and in terms of being affected by it.

"The pandemic is spreading in waves and is capable of crushing the least powerful people." ¹⁸ UNDP says.

Situations such as economic inability, unemployment, inability to access public services, difficulties in meeting personal care needs, sexual health, reproductive health, interruptions in health services during pregnancy and childbirth cause women to be among the groups adversely affected by the Covid-19 epidemic.

The World Health Organization (WHO) summarizes the problems faced by women throughout the world during the pandemic period in its report, The 25th Coronavirus-19 (COVID-19) Update, Protection of Vulnerable Groups, "In the **Shadow of the Pandemic - A Closer Look at Violence against Women and Girls** ¹⁹ " as follows:

* 243 million women and girls around the world are subjected to physical and / or sexual violence from their partners for 12 months without interruption.

* "Stay at home" measure facilitates the isolation of the woman with her partner prone to violence.

* Data show that violence against women and girls is increasing during the COVID-19 pandemic.

* Having difficulties in providing care for COVID-19 patients, the health system cannot provide services to victims of violence.

* Domestic violence in France has increased by 30% since the curfew on 17 March, domestic violence emergency calls have increased by 25% since 20 March. Helpline calls increased 33% and 30% among all calls in Singapore and Cyprus.

A similar situation is experienced in Argentina. During the period of curfews, calls increased by 25% due to domestic violence cases.

During the pandemic period, women suffer more violations of their rights, while at the same time they are deprived of remedial mechanisms.

Additional Measures ²⁰ for COVID-19 by the Council of Judges and Prosecutors (HSK) stating that the cautionary decisions taken under the Law No. 6284 should be evaluated in a way that does not threaten the health of the obliged parties within the scope of corona virus, limited work of the courthouses, the police not receiving applications in many regions and the lack of acceptance by shelters cause women to suffer more domestic violence and continue to live in the same place with the perpetrator.

17...<https://www.tr.undp.org/content/turkey/en/home/library/corporatereports/COVID-gender-survey-report.html>

18...<https://www.tr.undp.org/content/turkey/tr/home/coronavirus.html>

19...<http://ssyv.org.tr/wp-content/uploads/2020/07/25-%C3%96zet-%C3%87eviri-D%C3%BCnya-Sa%C4%9F%C4%B1k-%C3%96rg%C3%BCt%C3%BC-25.-Coronavirus-19-COVID-19-G%C3%BCncellemesi-Hassas-Gruplar%C4%B1-Koruma-9-Haziran-2020.pdf>

20...<https://www.hsk.gov.tr/Eklentiler/files/uu.pdf>

Disabled:

People with disabilities are exposed to rights violations and discriminatory practices during the pandemic period, similar to women.

Although COVID-19 poses a threat to the whole society, environmental and institutional factors, public policies, inability to access services, poverty, unemployment, chronic diseases due to disability cause the disabled to be more affected by the epidemic and feel the psychological pressure of the epidemic more.

While measures such as curfews implemented within the scope of COVID-19 measures prevent the independence of disabled people, they create problems and new risks for their health and lives.

UN Human Rights Commissioner²¹ makes the following warnings about the risks that disabled people may face during the pandemic process in the report "COVID-19 and the Rights of Persons with Disabilities":

*** Many individuals with disabilities who need others in their daily lives (official support provided by service providers or informal support by relatives/friends) found themselves deprived of support due to movement restrictions and physical distance measures.

*** This situation can put people with disabilities at high risk of being deprived of access to food, essential products and medicines, and prevent them from performing basic daily activities such as bathing, cooking or eating.

*** Public information on COVID-19 measures is not systematically transmitted or disseminated for persons with disabilities in accessible formats (sign language translation, captioning, easy-to-read formats etc.). Additionally, some individuals with disabilities, such as those with psychosocial disorders and autistic individuals, may not be able to cope with strict stay-home measures.

Women with disabilities:

Women with disabilities, on the other hand, face difficulties and multiple discrimination in sustaining their lives by living the above-summarized problems in intersection and together.

Increased workload during the pandemic, dismissal from work or being isolated from working environment with unpaid leave, caring for children, elderly or sick, having difficulties in meeting their self-care needs, not being able to access medicines and tools that should be used due to disabilities, not being able to access health services, poverty, domestic violence, needing psychological support and having trouble with meeting all these needs are the problems that they have been dealing with.

Staying at home, which women with disabilities frequently experience in normal times, has increased more during the pandemic period. While this state of closure itself creates a problem and difficulty, it also prevents the problems and rights violations experienced by women with disabilities from being visible.

21... <https://etkiniz.eu/wp-content/uploads/2020/07/COVID-19-engelli-haklari.pdf>

1.2. Objective of the Study

The study was carried out with the aim of making visible the violations of rights and discriminatory practices of women with disabilities, who suffered from multiple discrimination arising from disability and femininity in terms of participation in social life in “normal times”, and to reveal the responsibilities of the authorities regarding the violations.

The study, which aims to identify the rights violations suffered by women with disabilities, also aims to compile the recommendations contained in the documents published by international human rights mechanisms and good practice examples in different countries, and to develop recommendations on the measures to be taken against the rights violations suffered by women with disabilities.

1.3. Method of Study

The World Health Organization (WHO) declared the Corona virus outbreak a pandemic on March 11. The rapid spread of the epidemic in Turkey have negatively affected all segments of society, it has led to changed habits of life and destruction of the ordinary.

The questionnaire, consisting of 49 questions on employment, economy and humane life opportunities, health, violence, self-care, daily needs, informatics and accessibility was applied online and by phone between 1 July and 15 August. 225 disabled women and mothers of mentally disabled individuals from different disability groups and different regions participated in this survey.

a) Method of Preparation Stage

The study is planned to do research in 3 areas;

1. Identifying the violations of rights experienced by disabled women during the pandemic period,
2. Examination of recommendations in documents published by international human rights mechanisms,
3. To investigate policies and good practice examples in different countries against the violations of rights experienced by women with disabilities.

With the participation of 18 representatives and experts from NGOs working in the field of disability rights and women's rights, an online preparation meeting was held to form the questionnaire questions.

Using the preparatory meeting data, 60 draft questions were prepared by 2 experts.

The questions prepared were evaluated with the participation of Etkiniz EU Programme experts and suggestions were received.

In the next stage, the questions were evaluated in the second preparatory meeting of 4 people, consisting of academicians and experts working in the field of disabled and women's rights, and the number of questions was determined as 49.

The disability groups to which the survey questions are addressed are determined as follows:

Visually impaired,
Hearing and speech impaired people,
Orthopedically disabled,
Mothers of mentally disabled children,
Psychosocial disabled,
People with rare-chronic diseases.

The other option was left open-ended, allowing the participants to write down their own disability groups.

Mothers of mentally disabled children are also included in the options, as they have been subjected to violations of rights and similar life practices that disabled women are exposed to.

Part of the questionnaire consists of questions about the demographic information of the participants.

In the survey, disabled women were asked to answer questions about employment, economic situation, health, informatics, access, violence, whether they need psychological support, meeting their daily needs, meeting their self-care needs, and the difficulties they faced during the pandemic period and violations of rights.

In addition, questions were asked about how disabled women evaluate the process of staying at home.

In order to ensure the accessibility of the questionnaire for the hearing impaired, the questions were prepared as a video with sign language translation as a supportive tool.

(Link of the video recording: <https://youtu.be/tJe6A2gzfjQ>)

b) Method of Application Stage

The application phase of the study was carried out in 3 areas.

* Application of online surveys,

* Examination of statements, warnings, suggestions and concerns made by national and international legislation and international human rights mechanisms regarding the pandemic period,

* Investigation of examples of policies and good practices implemented in different countries regarding violations of the rights of disabled women during the pandemic period.

Survey Study:

The questionnaire²² consisted of 49 questions and the fieldwork was conducted between 1 July and 15 August.

The applicability test of the questionnaire prepared as an online form was made with the participation of 15 disabled women and arrangements were made according to the feedbacks.

Interventions were made from time to time to prevent the participation of women with disabilities to be concentrated in certain disability groups or in certain regions. It has been tried to ensure the participation of different disability groups and disabled women from different regions to the study via e-mail, messages, etc. and a balanced participation in the survey study in terms of disability groups and regions.

A total of 225 participants, including 43 mothers of disabled and 182 disabled women, participated in the survey.

In the following parts of the study, those who participated in the study will be referred to as “disabled women”.

The reason for this preference is not to trivialize the mothers of mentally disabled children, but to the fact that disabled women and mothers of mentally disabled children are subjected to similar violations of rights, victimization and discriminatory practices and share similar life practices.

22... <https://forms.gle/HVnfMGX8zukxwQie7>

Examining the evaluations of international human rights mechanisms:

The translations made by different NGOs, non-governmental platforms, human rights defenders, etc. were examined and the evaluations, suggestions, recommendations and concerns made by international human rights mechanisms regarding the pandemic process were analyzed and used in the preparation of the report.

Researches on good practice examples:

Websites were examined to investigate the policies of different countries for women with disabilities and good practice examples, contacts were made with human rights defenders in different countries, and online interviews were conducted with the International Disability Alliance (IDA). With this study, it has been tried to compile good practice examples at local and international level.

c) Method of Reporting Stage

The rights violations and discriminatory practices that disabled women are exposed to during the pandemic period are grouped under main headings in the report.

Employment, economic opportunities and living standards, accommodation, health and accessibility, meeting daily needs, meeting self-care needs, violence, need for psychological support are the main evaluation topics in which the report is prepared.

Graphic representations of the data obtained from the field research are included at the end of the report.

In order to make the prepared report accessible in digital environment for the visually impaired, descriptions were made under the visuals in picture format. Selected images were gathered from publicly available, "creative commons" licensed images from <https://creativecommons.org/>.

1.4. Ethical Framework

No ethics committee approval was received during the planning and implementation phase of the study.

The design and planning stages of the study were carried out in accordance with the Article 31 "Statistics and Data Collection" in UN Convention on the Rights of Persons with Disabilities (CRPD)(2) which states ***"Compliance with internationally accepted norms on human rights, fundamental freedoms and protection of ethical principles should be sought in the collection and use of statistics."***

In line with this approach, the following principles were followed:

- * The Principle of Respect for People (Autonomy)
- * Principle of Usefulness
- * Principle of Harmlessness
- * Principle of Justice
- * Principle of Integrity and Honesty

Personal information was not requested from the people participating in the study and it was left to the individuals to write their e-mail addresses.

In the analysis of the questions, an evaluation was not made on the individual participants and the answers given to the questions were evaluated collectively.

None of the answers given by the participants to the questions have been shared with third parties in any way other than the experts who analyzed the results.

1.5. Risks of the Study

The risk possibilities that may be encountered during the implementation phase of the study and the measures taken against this situation are as follows:

Risk 1

The survey was conducted online and by telephone.

The accuracy and consistency of the demographic information of the study participants and the answers to the questions could not be checked.

However, a precaution has been taken against the risk factor that may arise by comparing the data collected with news sources such as newspapers, other research data before and during the pandemic process, the data obtained from the preparatory interviews with NGO representatives and experts, the research and evaluations of international human rights mechanisms, and personal statements and testimonies.

Periodic interventions were made to ensure a balanced distribution of disability groups and regional participation in the survey, and diversity was to be achieved with disability groups and regional participation.

Risk 2:

It is thought that the unpreparedness of all countries and different segments of society for the pandemic makes it difficult to produce new policies on the rights of women with disabilities.

However, apart from this objective situation, the fact that disabled women are historically neglected in policy making processes and are victims of discrimination and violations of rights in "normal conditions" cause them to experience more discrimination during extraordinary periods such as pandemics.

This situation makes it difficult to come up with good practice examples. More effective advocacy activities are needed than ever before to reveal examples of good practice.

The **UN High Commissioner for Human Rights** expresses this situation in the report ²³ of "Covid-19 and Women's Human Rights" as "Efforts should be increased to call for the collection of fragmentary data on the outbreak, including gender, race and age."

When the experiences of different countries were examined, it was found that disability and femininity cases were evaluated separately in studies on women with disabilities during the pandemic period, and that policies and outputs that could be defined as an example of "good practice" for "disabled women" did not occur widely.

By establishing one-to-one contacts with human rights defenders, local information, by establishing contacts with platforms such as the International Disability Alliance (IDA), and by examining international sources, it has been attempted to reach international experiences and to minimize the deficiencies and risks that may arise in this topic.

23... <https://etkiniz.eu/wp-content/uploads/2020/07/COVID-19-Kadin-haklari.pdf>



2-VIOLATIONS of the RIGHTS of WOMEN WITH DISABILITIES DURING the PANDEMIC

Socially disadvantaged people like disabled, women, children, elderly, patients, LGBTI +, refugees and homeless, precarious workers under heavy working conditions are affected by the pandemic even more.

The COVID-19 pandemic is considered among the "risk situations and humanitarian emergencies" for the disabled in the context of Article 11 of the United Nations Convention on the Rights of Persons with Disabilities. Therefore, state parties to the convention need to approach the problem on the basis of human rights and take the necessary measures.

Women with disabilities are exposed to multiple discrimination during the pandemic due to the intersection of disability and femininity.

While many data obtained within the scope of the study are the result of the discrimination situation faced by women with disabilities, they are also the sources that increase this discrimination and violation of rights.

For example, unemployment causes poverty as a violation of the right to work, and poverty causes large numbers of people to live in the same house. The high number of people living in the same house creates impossibilities to meet basic needs, the inability of disabled women to meet their special needs, the transmission of the virus, etc. Results.

As stated in the example, the victimization resulting from the violation of rights causes another violation of rights in another issue.

Some demographic data have been factors that determine / increase the level of violations of rights suffered by disabled women.

The disability rate of 57.3% of the disabled women participating in the study is between 80-100%. The high participation in the study among this group of disability is interpreted as the rate of disability and the violations of rights inflicted upon disabled women increase in direct proportion.

For example, the rate of unemployed women in the 40-60% disability group is 19%, while 35% of the women in the 80-100% disability group are unemployed.

Similarly, 45% of disabled women with a disability rate of 80-100% share their home with more than 4 people, while this rate is 34% for women in the 40-60% disability group.

The victimization caused by the situation of disabled women facing multiple discrimination arising from the intersection of disability and femininity is not experienced homogeneously for all disabled women, and the level of victimization may increase depending on many factors such as the disability group, disability rate, income level and the number of individuals living in the same household.

For example, 21.4% of the hearing-speech impaired women stated that they had difficulty communicating with the non-disabled women because they did not use a transparent mask. In addition to the victimization of disabled women, this victimization creates additional victimization for hearing-speech impaired women.

Another example is that the high number of individuals living in the same household affects the level of poverty.

2.1. Situation in terms of Right to Housing

45.3% of women with disabilities share the house they live in with 4 or more people.

The number of people who share the same household, based on years in Turkey is constantly declining. For example, the number of people living in the household was 5.78²⁴ people in 1975, 5.05 in 1990, and 3.8²⁵ in 2018 and 3.35 in 2019.

In the European Union (EU)²⁶, this rate is 2.3 people according to 2016 data.

The number of people in a household that women with disabilities live with is above the average of Turkey and close to the average of the year 1990.

In other words, women with disabilities, in terms of the number of people they share the same house, follow behind the overall average of Turkey from 30 years.

This situation causes many violations of rights against women with disabilities.



45.3% of women with disabilities share the house they live in with 4 or more people.

According to the calculation made based on the data of TUIK²⁷ in different news bulletins, house sales have increased by 314% in the last 10 years. The size of the families they live in shows that disabled women and their families cannot benefit from this increase in housing sales.

The example given is an indication that women with disabilities and their families cannot benefit fairly from the sharing of the country's wealth.

As housing is a fundamental problem for the disabled and other disadvantaged groups, the statement "Protection of housing from financialization and building a better future..." from UN Special Rapporteur on the Right to Adequate Housing on "Covid-19 Guidance Note"²⁸ suggests that "Housing units that can be accessed through low-cost and affordable housing should be calculated that could meet the local demand."

The high number of people sharing the same house has created additional problems during the pandemic period in addition to the negativities it causes under normal conditions:

- *** Increase in the domestic workload of disabled women,
- *** Difficulties in meeting basic needs,
- *** Disabled women not being able to create private times and occupations due to the low possibility of having their own rooms/sections,
- *** High probability of transmission of the virus.

US epidemiologist Justin Feldman states that the number of people going to hospitals in poor areas of New York due to Covid-19 is higher than in other regions²⁹ and he draws attention to two main points: "Crowded apartments and poor people living in these areas."

24... <https://dergipark.org.tr/en/download/article-file/101080>

25... <https://www.aa.com.tr/tr/turkiye/turkiyede-gecen-yil-ortalama-hanehalki-buyuklugu-3-35-kisi-oldu/1830614>

26... <https://www.dogrulukpayi.com/bulten/ab-ve-turkiye-de-hanehalki-yapisi>

27... http://www.tuik.gov.tr/PreTabloArama.do?metod=search&araType=hb_x

28... <https://etkiniz.eu/wp-content/uploads/2020/06/bar%C4%B1nman%C4%B1n-finansallas%C7%9C%A7mas%C4%B1-covid-19.pdf>

29... <https://medium.com/@jmfeldman/does-covid-19s-toll-reflect-social-inequality-early-evidence-from-nyc-209c3b0a0ff7>

The fact that women with disabilities live in crowded houses with 4 or more people increases the possibility of transmission of the virus among family members and puts the health of disabled women at risk.

On "Müdahalenin Kalbinde Human Rights Covid-19 Guidance"³⁰, The UN High Commissioner for Human Rights made the assessment that during these times where people are encouraged to stay home, it is vital that governments take urgent measures for individuals who do not have adequate housing opportunities.

2.2. Situation in terms of Employment Right

Unemployment:

38.7% of the disabled women participating in the study stated that they are in the public sector, 9.3% in the private sector, 3.6% work for their own account and 16.9% are retired.

31.6% of disabled women stated that they are unemployed.

The **labor force** participation rate, which is the ratio of the workforce, which is the sum of the employed and the unemployed, to the active population is 71.4% for men and 34% for women, according to the 2019 study of TUIK. This rate is 35.4% for men with disabilities and **12.5% for women with disabilities**.

These data show that only 12.5% of women with disabilities can be included in the workforce.

Women with disabilities experience disadvantages in terms of participation in the labor force due to both disability and femininity, face intersectional discrimination and are deprived of the right to work.

Women with the disabilities also experience the discrimination in terms of being included in the labor market during the employment phase.

This data, which accepts that 12.5% of women with disabilities are able to work, contains a violation of rights. In addition, the fact that 31.6% of disabled women are unemployed shows that there is discrimination against this segment and exclusion from the employment process.

It is a reality that the most likely to be dismissed in situations such as crisis, epidemic or natural disaster are the disabled, women and disabled women.

In situations of crisis, the "**First Out-Last In**" rule applies for women with disabilities in case they are dismissed and, when it's back to normal times, try to find a job.

A disabled woman, who conveyed her experience, said that she was dismissed in the first week when the workplaces started closing. Another disabled woman said that her workplace told her not to come until further notice and that they would apply to ISKUR for Short Work Allowance (SSI) and inform her of the developments. However, she would not be paid during this time period.

Based on these and similar realities, **UN Women** makes the assessment that "***the pandemic will derail the hard-won progress in gender equality***".³¹

30... <https://etkiniz.eu/wp-content/uploads/2020/07/COVID-19-rehberlik.pdf>

31... <https://www.unwomen.org/en/digital-library/publications/2020/07/spotlight-on-gender-covid-19-and-the-sdgs>

According to DISK's April / 2020 period DISK-AR research report⁵, the unemployment rate among women is 16.3% and the general unemployment rate is 13.8%.

The unemployment rate of women is higher than the general unemployment rate, and the unemployment rate of disabled women is higher than the unemployment rate of women.

The order is 13.8% < 16.3% < 31.6%.

Stating that Covid-19 is not just a health threat, the **UN Women** makes the determination that while pandemics such as Covid-19, which affect women and men differently, increase the existing inequalities against women and girls, indirect and direct **discrimination against vulnerable groups** such as the disabled and the poor are more prominent.³²

The **UN Convention on the Rights of Persons with Disabilities**, on the other hand, declared that it is the obligation of the states parties to the convention to ensure that the disabled people have the right to work under equal conditions with other individuals by taking all necessary measures to ensure the realization of the right to work.



Description 1
"EQUAL PAY" slogan on women in the USA
Watching the match behind the banner that says

In addition, in the **UN Covenant on Economic, Social and Cultural Rights**, it is the duty of the states parties to the convention to recognize the right of everyone to work and to take the necessary measures to protect this right.

The high rate of unemployment of women with disabilities is a violation of the universal human rights, the right to work, the Convention on the Rights of the Disabled and the national legislation, and it is a violation of human rights. Women with disabilities are exposed to discriminatory practices and these violations more than other members of the society.

Working remotely/from home:

44% of the disabled women, who continued to work during the pandemic and had to do their jobs remotely/from home, experienced socialization problems. Those who had to work at weekends and evenings and the rate of those who increased their working hours were 27%, and those who stated that their workload increased was 15%.

Many disabled women participating in the study stated that the workplaces asked them to "have their phones open and with them 24 hours a day, 7 days a week". The fact that 27% of the disabled women participating in the study stated that they had to work at weekends and evenings confirms the personal experiences and shows that these practices are not an exception.

Houseworks and chores are also added to the long hours of working. This situation means that disabled women are faced with multiple and different workloads and responsibilities in the same period of time.

The UN Covenant on Civil and Political Rights has accepted that the violation of the rule "No one can be required to work by force" is drudgery and a violation of human rights.

18% of disabled women working remotely/from home have experienced deduction from their salary, travel and meal expenses. According to Article 414 of the Code of Obligations,³³ "The employer is obliged to pay all expenses required for the job and if he/she employs the worker outside the workplace, the expenses necessary for his livelihood." Therefore, it is illegal to deduct salary and expenses of travel, food, etc. from disabled women in accordance with this provision.

32... <https://turkey.un.org/tr/39770-kovid-19-kadin-ve-erkekleri-sosyal-ve-ekonomik-olarak-farkli-etkiliyor>

33... <https://www.mevzuat.gov.tr/MevzuatMetin/1.5.4721.pdf>

The fact that working at home makes it difficult or eliminates the possibility of supervision does not relieve policy makers and practitioners of responsibility.

In the UN Covenant on Civil and Political Rights, it is stated that nobody can be asked to work by force. In the UN Covenant on Economic, Social and Cultural Rights (ICESCR), the rights of individuals to work and to fair and decent work are guaranteed and, in No. 177 Home-based Work Agreement of International Labor Organization (ILO), it is the responsibility of the Republic of Turkey, as a party to the agreement, to ensure these terms.

The state, which has a duty to ensure the best interests of employees and job security in labor relations, has the responsibility to prevent uncontrolled work from home/remote practices and violations of human rights by applying national and international provisions.

2.3. Economic Opportunities and Adequate Living Standard

The information given by disabled women participating in the “**Violations of the Rights of Women with Disabilities in Pandemic**” research on their monthly household income is as follows:

Monthly household income of 24% is the minimum wage (2.325 TL) and below, between the minimum wage and 5000 TL for 46.2% of the participants , and above 5000 TL for 29.8%.

According to the research⁶ conducted by the Birleşik Metal-İş Union Research Center for the period of February/2020 , the monthly expenditure of a family of 4 to meet the basic needs is 2.292 TL.

This expenditure is the minimum amount that should be made for food only. This amount is accepted as the hunger line. According to the same research, the poverty line is 7.929 TL.

According to the aforementioned research, 24% of disabled women live below the hunger line even if they spend all the income of the household for food needs.

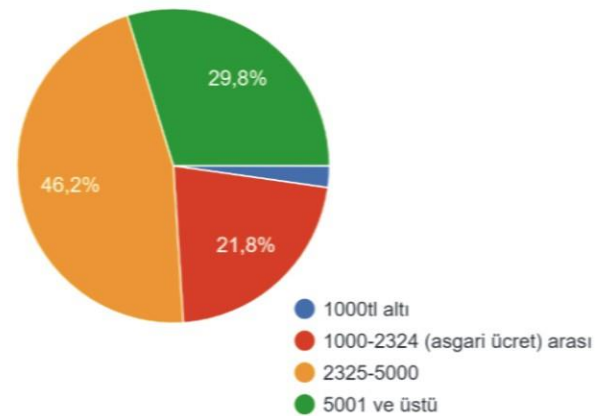
The fact that 76.4% of the disabled women participating in the study live in big cities and city centers indicates that they will have other needs such as rent, electricity, water, roads, etc., and they will have to buy most of their basic food needs since they do not have the opportunity to produce them.

The fact that 45.3% of disabled women have to share the same house with more than 4 people means that the food and basic needs expenses will be much higher than the amount determined by BISAM.

When evaluated from this point of view, it is concluded that disabled women whose household monthly income is less than 5000 TL live below the hunger line.

According to TUIK data, the average "Household Income" in 2019 is 59,873 TL. This amount is calculated by multiplying the monthly total income of the household by 12.

When compared with the official data of TUIK, the monthly household income of 70.2% of disabled women is below 5000TL. Therefore, the amount of household income they have is below the average of Turkey.



For 2019, per capita gross domestic product in Turkey was 9042\$. In other words, this amount is the share that 1 person would receive from the value produced in the country in 2019. Even with the total income of the whole family, 70.2% of the disabled women could not earn as much as the GDP per capita in 2019.

In other words, disabled women and their families suffer a great violation of rights and injustice in the distribution of income.

The unequal and unfair distribution of income in society creates a more negative picture when it comes to women with disabilities and their families.

Women with disabilities are more exposed to inequality and unfair discrimination.

The fact that monthly household income is below the poverty / hunger line and the unfair distribution of national income create a situation of "deprivation" along with poverty for disabled women.

The United Nations Development Programme (UNDP) defines deprivation as the social exclusion of the individual and the deprivation of economic, political and social rights. In other words, deprivation creates a situation that prevents individuals from being a part of social life, resulting in their exclusion from society, and discriminatory practices shaping the life of the individual.

24% of Women with Disabilities total monthly household income below the minimum wage.

While deprivation results in the inability to benefit from these rights, deprivation of rights also causes deep poverty, which is defined as *"living below the hunger threshold, inability to meet basic food, care, shelter, health, psychosocial support costs."*³⁴

70% of disabled women experience the situation of deep poverty.

In the UN Convention on the Rights of Persons with Disabilities (CRPD)³⁵, attention is drawn to the fact that **"the majority of disabled people live in poverty conditions and that poverty creates negative effects on disabled people"**.

In addition, in the study conducted by the UN Women and the United Nations Development Programme (UNDP)²⁶, it is determined **that the COVID-19 crisis will dramatically increase the rate of poor women worldwide and deepen the gap between men and women living in poverty.**

The evaluation obtained as a result of the study that 70.2% of disabled women live under the hunger line and face social exclusion and discrimination confirms the situation stated in the agreement and in the evaluations made by the UN units.

This situation brings about the responsibilities of one of the states parties to the agreement, Republic of Turkey, in terms of managing fair division of resources, employment, income support, social rights etc. issues of women with disabilities and strengthen their position in the society.

In the Convention, *providing access of disabled people to social protection programs and poverty reduction programs, especially disabled women and girls and disabled old people*, is given as a responsibility and duty to the states parties.

In this sense, policy makers are directly responsible for taking action against possible causes of exclusion.⁸

Article 4 of the **European Social Charter** states "All employees have the right to a sufficient and fair wage to ensure a good standard of living for themselves and their families." Turkey has accepted this agreement. Therefore, it is the responsibility of the country administrators to implement the aforementioned provision and to ensure justice in national income sharing.

34...<https://derinyoksullukagi.org/2020/08/25/287/>

35...<https://www.tr.undp.org/content/turkey/tr/home/presscenter/pressreleases/2020/09/COVID19-will-widen-gender-gap.html>

Factors such as increasing unemployment and loss of income, rising prices, staying at home and needing more basic food to protect themselves against the epidemic cause individuals to feel the impact of poverty more during the pandemic period.

One of the disabled women, who answered the questionnaire by phone, stated that she bought vegetables and fruits in numbers, not by weight.

Such situations are likely to cause psychological problems caused by poverty and despair among women with disabilities.

According to the "**Global Gender Gap Report 2020**"³⁶ of the World Economic Forum, the time required to close the gender gap in economic participation and opportunity in the pre-pandemic period is 257 years.

On the other hand, United Nations Women expected the poverty rate for women worldwide to decrease by 2.7% in 2019-2021, while it predicts that this rate will increase by 9.1% with the impact of the pandemic.³⁷

According to the report "**From Insight to Action: Gender Equality in the Wake of COVID-19**"³⁸ published by the **UN Women**, the number of women who have become extremely impoverished due to the impact of the Pandemic will not be able to return to the pre-pandemic level until 2030.

These data confirm the importance of the right to equal pay, the right to be treated equally in equivalent work, specified in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

Human rights mechanisms' assessment of the violations of rights, created by the pandemic, on women applies more strongly to women with disabilities, with the effect of multiple discrimination created by the intersection of disability and femininity.

The need of disabled women for personal care needs increases during the pandemic period and this need may be higher than other disabled individuals and women.

The households entering into the vortex of poverty affects women with disabilities more negatively.

In the pandemic period, when it is critical to have humane living opportunities to avoid the virus, low income levels result in risking the right to life for disabled women.

During the pandemic periods where violations of rights are intense for women with disabilities, the responsibilities of the country managers increase more and it becomes more essential to fulfill the obligations of international conventions.

The regulation in the UN Convention on the Rights of Persons with Disabilities² determines that "*States Parties recognize that women and girls with disabilities are subject to multiple discrimination and, in this respect, must take measures to ensure that they benefit from all human rights and fundamental freedoms in full and equal terms.*" In fact, the responsibility of "*providing disabled people with access to social protection programs and poverty reduction programs, including disabled women and girls and disabled elderly people*", which is more concrete in the convention, should be met urgently by country administrators, lawmakers and implementers.

Another result of disabled women not having humane living opportunities emerged in their social assistance requests.

36... http://www3.weforum.org/docs/WEF_GGGR_2020.pdf

37... <https://www.unwomen.org/en/digital-library/publications/2020/09/gender-equality-in-the-wake-of-covid-19>

38... <http://www.kaced.org/images/files/CEDAW%20metni.pdf>

21.8% of disabled women participating in the study stated that they applied to public institutions, local administrations, private companies and Non-Governmental Organizations (NGOs) for social assistance.

Social assistance applications made by disabled women to different authorities were met at a rate of 69%. The demands of 31% of disabled women for social assistance were not met.

Public institutions come first among the authorities that do not meet the demand for social assistance. Public institutions have not met 40% of the social assistance requests of disabled women.

While local administrations met 75% of the social assistance requests, they did not meet the 25% of the demand.

Public institutions social assistance for women with disabilities 40% of their requests did not meet

The **UN High Commissioner for Human Rights** stated that **“access to additional financial assistance and social protection services is of great importance for persons with disabilities...”**, reminding that it is necessary and imperative for the public authority to take responsibility for providing additional financial support and social protection to individuals in order to combat the Covid-19 pandemic.

2.4. Situation in terms of Health and Right to Access Information

54.7% of the disabled women participating in the study stated that they were adequately informed about **health services and "Corona hospitals"**, and nearly half of the disabled women participating in the study, 45.3%, stated that they were not informed enough about this issue.

80.9% of disabled women stated that they were concerned about their health during the pandemic process.

In an environment where the number of women with disabilities concerned about their health is so high, the inability of nearly half of the participants to have access to sufficient information about health should be considered as a violation of the right to life of disabled women.

According to the data obtained by the **COVID-19 Disability Rights Monitor (DRM)** Coordination Group's research³⁹ on the level of sufficient information of disabled people in different countries about the Covid-19 pandemic, the percentages are as Austria 53.9%, Canada 36.8%, Germany 44.2% France 19.4%, England 17.2% and USA 33.4%.

The data of 54.7%, which is obtained as a result of the study, on the rate of informing disabled women about the process is in line with many countries.

Also, 80% of disabled women state that they have information about Covid-19.

The sources that disabled women have information about the Covid-19 pandemic are 35.6% radio-television parograms, 23.3% websites and 26.2% social media.

The data that 60% of the disabled women participating in the study use social media in some way shows that social media can be a powerful source of information about the pandemic.

The critical point here is that women with disabilities were informed through different channels through their own efforts rather than being informed as a result of a planned program.

39... <https://covid-drm.org/data>

Another important point is that the accuracy of the information obtained is likely to be controversial.

In the study published in the **American Journal of Tropical Medicine and Hygiene**⁴⁰, it was stated that 2,311 rumors, stigmatization and conspiracy theories were detected in the analysis of news texts about Covid-19 in 25 different languages from 87 countries in about 3 months between 31.12.2019 and 05.04.2020. Then, it was concluded that, of the 2,276 reports examined, 82% of the claims, which equal to 1,856, were false.

The World Health Organization (WHO), on the other hand, expresses that the infodemia, which is expressed as excessive and unfounded information or news causing fear and panic in the society, making the management of the main pandemic difficult, together with conspiracy theories, rumors and cultural stigmatization, spread as fast as the virus itself and cause dangerous consequences.

This evaluation reveals the necessity of the information conveyed about the epidemic to be accurate and scientific.

The above-mentioned research and evaluations show that information on the pandemic provided for women with disabilities via radio-TV and internet may pose risks.

Therefore, it is vital for the Ministry of Health and other public institutions to cooperate with healthcare professional organizations such as the Turkish Medical Association (TTB) and other NGOs in the field of health to make plans that will ensure that the whole society in general, and especially the disabled and women with disabilities, have access to scientific and accurate information about the pandemic.

The UN Convention on the Rights of Persons with Disabilities² considers the right to access health services as a fundamental human right, and the limitation, denial or inaccessibility of this right is a violation of human rights. The Convention considers it the responsibility of the states parties to guarantee the right to health, along with other rights.

27.1% of the disabled women participating in the study stated that they suspect that they were infected with the virus during the pandemic period. However, 70.1% of the disabled women in this situation did not apply to any health server despite these doubts.

Stopping many health services other than the "Corona Virus" has removed disabled women from healthcare institutions, with fear and anxiety caused by the pandemic feeding this alienation.

**Who thinks they are infected
70% of women with disabilities have
no health has not contacted the server.**

The inability of disabled women to access health services and their distancing from services may result in violation of the right to life of disabled women in many ways.

In addition, disabled women cannot access health services due to disability groups. For example, the absence of sign language interpreters in hospitals causes hearing-speech impaired women to be deprived of health services.

27.6% of the disabled women participating in the study stated that they have a chronic disease that is not considered as disability. This shows that more than ¼ of disabled women are in the risk group for pandemic.

40... <http://www.ajtmh.org/content/journals/10.4269/ajtmh.20-0812>

State administrators have an obligation to develop a health policy specific to the disabled, taking this risk factor into account. The Convention on the Rights of Persons with Disabilities imposes clearer and definitive obligations on the state parties by stating that “**States parties must ensure that health services are provided as close as possible to the places where people live, including rural areas.**”

2.5. Situation in terms of the Right to be Protected from Violence

The question “**Have you been exposed to violence before pandemic?**” was asked to the women with disabilities participating in the study.

1.8% of the participants stated that they were exposed to violence before the pandemic.

The question “**Have you been exposed to any of these before the pandemic?**” was asked after detailing the types of violence (*psychological, economic, digital, physical, sexual violence, emotional violence, swearing, intimidation, threat, humiliation, forced expropriation of income*) and **33.4%** of the participants answered “yes” to the question.

A similar situation has been valid for the pandemic process.

While 4.9% of women with disabilities answered “yes” to the question “**Have you been subjected to violence during the pandemic?**”, **39.6%** of the participants answered “yes” to the question “**Have you been exposed to any of these during the pandemic process?**” after detailing the types of violence.

The main determination is that most women with disabilities do not consider many events they encounter in their lives as violence. It can be interpreted that only treatment in the form of physical assault is perceived as violence.

In its “Effects of Covid-19 Quarantine on Women and Research Report of Turkey on Violence Against Women and Children” reports for April/2020, **Socio-Political Field Research Center** reveals that 15.2% of women answered “yes” to the question “Have you been subjected to any violence in the household before the quarantine?” However, 43% of women answered “yes” to the same question after detailing the types of violence.

Comparing the studies, it is concluded that not all women perceive many attacks against them as violence, regardless of whether they are disabled or not.

For this reason, by detailing the types of violence, the rates are higher and more realistic when asked whether they have experienced violence or not.

While 33.4% of women with disabilities were exposed to any type of violence before the pandemic, this ratio increased to 39.6% during the pandemic.

In Turkey, violence against women with disabilities has increased by 18.7% during the pandemic.

The types of violence that disabled women are exposed to during the pandemic process are **cursing-intimidation-threatening 10.2%, beating 4%, seizure of income 6.7%, not giving money for household expenses 6.7%, forced sexual intercourse 5.8%, controlling communication channels such as telephone, social media, messages or e-mails without permission 6.2%.**

The increase in the rates of violence against women with disabilities during the pandemic period is equivalent to the increase in violence against women in many countries.

According to UN Statistics Division⁴¹, violence against women before the pandemic are 42.7% in Uganda, 37% in Kenya, 35.1% in India, 33.2% in Egypt, 36% in Turkey, 25% in France, 20% in Germany, 17% in Italy, 22% in the Netherlands, 12% in Spain, 18% in Greece and 22% in Bulgaria.

According to the World Health Organization (WHO) 25th Coronavirus-19 (COVID-19) Update, Protection of Vulnerable Groups, "**In the Shadow of the Pandemic - A Closer Look at Violence against Women and Girls**" report, violence against women, which was already high before the pandemic, has been rapidly increasing. Increases in violence against women in some countries are 30% in France, 33% in Singapore, 30% in Cyprus, and 25% in Argentina.

In Turkey, such an increase is estimated to be around 30%.

"Violence increases in all crisis situations. What we are concerned about is that service delivery and women's access to these services are decreasing as violence rates rise. This is the real danger." says Marcy Hersh of **Women Deliver**,⁴² a global gender equality advocate, and reminds the responsibility of governments in the face of increasing violence.

The situation in terms of the source of violence is as follows; 34% of disabled women have been subjected to violence by their spouses, 16% by their fathers, 13% by their mothers, and 11% by their children.



Description 2: As the Gaziantep football team took to the field, the UN Women Unit's banner with the slogan "End Violence Against Women!" bears. The slogan "UNITE to End Violence Against Women" appears in a smaller form at the top of the banner.

80% of the violence against women with disabilities originates in the home.

Kadıköy Municipality Social Support Services Directorate, in its study titled "Problems Experienced by Women During the COVID-19 Pandemic", concluded that while houses should be protective environments during the Covid-19 pandemic, they are places where the rights of women and girls are violated, their voices are suppressed and gender inequality is deepened.

Persons who act or tend to perform such behaviors specified as violence within the scope of the law are defined as perpetrators and when violence cases are examined, it is seen that these people are the closest men to women.⁴³

41... <https://dergipark.org.tr/tr/download/article-file/738213>

42... <https://womendeliver.org/>

43... <http://www.hips.hacettepe.edu.tr/KKSA-TRAnaraporKitap26Mart.pdf>

The fact that the violence against women with disabilities is mostly in the form of domestic violence prevents the reporting of violence to official authorities and punishment of perpetrators.

In the study conducted by the **Socio-Political Field Research Center**¹¹, it was determined that 85% of the violence against women originates within the family. There is equivalence in the data obtained from the studies as well.

The **UN Population Fund (UNFPA) report on "COVID-19: A Gender Lense"**⁴⁴ states that epidemics and diseases reinforce current gender inequalities and vulnerabilities, leading to increased exposure of women to spousal/partner violence and other forms of domestic violence due to increased tension within the household, and states that this situation should be taken into consideration for the measures to be taken within the scope of Covid-19.

The UN Convention on the Rights of Persons with Disabilities² states that women and girls with disabilities are at greater risk of being subjected to violence, injury or abuse, and that states parties should take appropriate legal, administrative, social, educational and all other measures against this situation.

In addition, in the 11th article of the convention, it is stated that **"governments must take necessary measures within the framework of humanitarian law and international human rights law in order to protect and ensure the safety of disabled people in risk situations, including emergency humanitarian situations and natural disasters"**, and gives the states parties concrete duties for situations such as pandemics.

Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention)⁴⁵ dictates that *"In situations of immediate danger, the authorities must take legislative or other actions to order perpetrators of domestic violence, the victim or the person at risk to leave their residence for a sufficient period of time and ban the perpetrator from being near or entering the residence of the victim or the person at risk."* However, during the pandemic period in Turkey, events that oppose to this provision and cause the violations of rights of women have been taking place.



Description 3

The photo was taken in an action and the photo was written with a slogan a woman appears on the side of the currency. "Manhood More Deadly than Corona" on purple cardboard writes the slogan.

In the framework of the decision of the Council of Judges and Prosecutors on Additional Measures for COVID-19,²⁰ which states that the cautionary decisions taken under the Law No.6284 should be evaluated in a way that does not threaten the health of the obliged parties, postponement of many cases of violence against women to a later date, limited work of courthouses, police not receiving applications in many regions and refusing to accept applications from shelters cause women to suffer more domestic violence and continue to live in the same place with perpetrators of violence.

44... https://www.unfpa.org/sites/default/files/resource-pdf/Turkish_COVID-19_A_Gender_Lens_Guidance_Note.pdf

45... <https://rm.coe.int/1680462545>

It is clear that research and policies specific to women with disabilities are not developed at national and international level, apart from the UN Convention on the Rights of Persons with Disabilities, aimed at protecting women with disabilities from violence and preventing violations of their rights.

This situation causes disabled women to be vulnerable as well as being exposed to multiple discrimination.

This shortcoming, which creates a situation against disabled women for “normal times”, leaves disabled women completely vulnerable in emergency situations such as a pandemic.

As stated in the General Comment No. 3 of the Disability Rights Committee dated 25.11.2016, *"International and national laws and policies on disability have historically neglected aspects of women and girls with disabilities. Additionally, laws and policies for women have traditionally ignored disability. This invisibility has led to the strengthening of intersecting forms of discrimination against women and girls with disabilities."* This situation must be solved both in terms of international law and national law of Turkey.

Under conditions where violence against women is largely within the family, making the **Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention)** debatable poses great risks for women and women with disabilities.

Making the convention debatable legitimizes domestic violence and causes the rates mentioned above to increase day by day. It is certain that making the Istanbul Convention debatable will result in covering up of the violations of rights that women are subjected to and impunity for crimes and perpetrators.



Description 4
One of the We Will Stop Femicide Platform photo from his walk. On purple background Women are writing the slogan "We will get our right to life" and he walks behind the banner.

2.6. Situation in terms of Application to Remedial Mechanisms for Violations of Rights

27.3% of disabled women think that they have been subjected to at least one violation of their rights during the pandemic.

In summary, the violations of rights that disabled women think they have been subjected to are as follows;

- *** Hearing impaired women not being able to communicate because of other people not using transparent masks.
- *** Sidewalks and ramps not being suitable for accessibility.
- *** Not being able to get social assistance.
- *** Increased home work load.
- *** Not being able to access health services such as physical therapy.
- *** Women with disabilities working in health institutions not being able to take administrative leave.

*** Dismissal.

*** The residents of the apartment not allowing the mentally disabled children to use the common areas of the apartment they live in.

*** Children with special needs being deprived of education.

*** Domestic psychological and physical violence caused by economic difficulties,

*** Despite being disabled and chronically ill, being sent to night duty as a health worker.

*** Not being able to travel between cities.

*** Information on the pandemic not being accessible.

80% of the disabled women who think that their rights have been violated during the pandemic process have not applied to any remedial mechanism.

In addition, 71.6% of disabled women who want to use remedial mechanisms think that these mechanisms are not accessible.

In addition to the low rate of women with disabilities using remedial mechanisms, the inaccessibility of these mechanisms leaves disabled women vulnerable and leads to the continuity of violations of rights.

In the General Recommendation On Women's Access to Justice, CEDAW states that ethnic origin, local status or minority status, color, socio-economic status and / or class, language, religion or belief, political opinion, disability and other situations that are the overlapping factors for women make access to justice even more difficult.

This situation shows the victimization of women and disabled women who have been the victims of multiple discrimination during the pandemic.

In the **Universal Declaration of Human Rights**, regarding the unjust treatment of women and, especially, women with disabilities during the process of seeking justice, it is stated "everyone has the right to apply to an effective judicial remedy through competent national courts againsts acts that violate their fundamental rights recognized by the costitution or law."⁴⁶

In the **Convention on the Rights of Persons with Disabilities**, it is stated that necessary measures should be taken within the framework of national and international humanitarian law, especially during emergency situations

46... [Http://www.unicankara.org.tr/doc_pdf/h_rigths_turkce.pdf](http://www.unicankara.org.tr/doc_pdf/h_rigths_turkce.pdf)

In the Declaration of the **Committee of the Parties to the Istanbul Convention** on the implementation of the Convention during the COVID-19 pandemic, the safety of victims and their children remains a priority for law enforcement and judicial authorities, even though the emergency situation may have caused courts to slow down their activities and delay non-urgent hearings in many countries.⁴⁷

In the **Convention on the Elimination of All Forms of Discrimination against Women**, Recommendation on Access to Justice by Women, it is stated that the issue of access of disabled women to justice systems should be considered specifically.

In the Information Note of the **World Health Organization and the UN Special Rapporteur** on Disability Rights during the COVID-19 Outbreak⁴⁸ calls for support to reduce these risks for the possibility of increased violence, abuse and neglect against individuals with disabilities.

For example, there are suggestions to create an accessible helpline where such situations can be reported.

27.5% of women with disabilities during the pandemic self-care needs could not meet

International human rights mechanisms have given suggestions and responsibilities to governments, including Turkey, regarding these situations. Nevertheless, during the pandemic period in Turkey, situations such as the decision of the Council of Judges and Prosecutors (HSK) on Additional Measures for COVID-19, which states that "the cautionary decisions given under the Law No. 6284 should be evaluated in a way that does not threaten the health of obliged parties",²⁰ the limited work of the courthouses, the police forces not taking calls in many regions, shelters not accepting applications, curfews preventing disabled people from applying to institutions etc. took place. These situations caused the victimization of women and disabled women and the obligation to continue their lives with perpetrators of violence.

2.7. Situation in Terms of Meeting Self-Care Needs

During the pandemic period, 27.5% of the disabled women stated that they could not meet their self-care needs such as hair, nails, feet, mouth, partial and whole body care and bath.

Disabled women stated that they received support from their friends, relatives, spouses or paid service at home, apart from meeting their self-care needs themselves.

The importance of health and personal care increases even more in situations such as pandemics.

If 1 out of every 4 disabled women cannot meet their self-care needs under pandemic conditions, it is against the right to live a decent life and may result in the disabled women being powerless against the pandemic, with their right to life being violated.

In addition, people who will provide care support for women with disabilities, such as relatives and friends, are not experts in their field and the possibility of not taking measures against virus transmission is a situation that will put the health of disabled women at risk.

47... <https://etkiniz.eu/wp-content/uploads/2020/06/kad%C4%B1na-yo%CC%88nelik-s%CC%A7iddetle-mu%CC%88cadele-covid-19.pdf>

48... https://www.esithaklar.org/wp-content/uploads/2020/05/COVID-19_engelliligin_gozetilmesi_bilgi_notu_v2.pdf

UN Special Rapporteur on Disability Rights, C.Devandas Aguilar, in the statement "Necessary Measures for the Disabled Population during COVID-19", draws attention to the fact that restrictive measures such as social distancing and isolation may be impossible for people who need the support of other people to meet their needs such as food, wearing clothes and self-care. It is stated that these supports are very important in terms of the survival of the disabled and states should take extra social protection measures to ensure the continuity of these supports throughout the crisis.

The issue of meeting the personal self-care needs of disabled women is a human health right rather than a personal choice, and states are responsible for providing this opportunity.

2.8. Situation in Terms of Everyday Needs and Housework

During the pandemic period, social distance practice and curfews caused difficulties for disabled women in meeting their shopping, cleaning, etc. needs and increased their workload.

During the pandemic period, the shopping needs of disabled women were met mostly by themselves or their family members (72%).

While 4.9% of women with disabilities received support from their friends, 19.7% of them have done shopping online. The rate of women with disabilities who meet their shopping needs through the provision of services by local governments and public institutions is 2.9%.

During the pandemic, it has been clear that most of the domestic workload was on women with disabilities.

63.1% of women with disabilities stated that they did the meals and 52% did the cleaning themselves.

Although public institutions and local administrations have some practices in this process, it is understood that these practices are not at a sufficient level or women with disabilities cannot access these services.

One of the participants of the study stated that they can receive support from the Vefa Support Line approximately once every 6 months.

The ratio of women with disabilities participating in the study who use the Alo 183 Whatsapp/phone Line and the Vefa Support Line is 4%.

Although the rate of using the support lines put into use by public institutions is low, 62.7% of the disabled women using the lines stated that these lines are not accessible.

It is difficult for women with disabilities to meet their daily shopping, cleaning, etc. needs compared to other individuals. Mechanisms established by relevant public institutions are also not accessible. This is a discriminatory situation against women with disabilities.

It is one of the duties assigned by the UN Disability Rights Convention to the states parties that public institutions and local administrations create mechanisms that are specific and accessible to the needs of women with disabilities.

The convention also states that public services should meet the needs of people with disabilities on an equal basis with other individuals and public services should be accessible.

2.9. Situation in Terms of Psychological Support Need

43.9% of disabled women participating in the study stated that they needed psychological support during the pandemic process.

It was concluded that only 7% of disabled women who need psychological support could actually receive it.

Engelli kadınların %43,9'u pandemi döneminde psikolojik desteğe ihtiyaç duymuştur.

93% of the disabled women who need psychological support could not get psychological support.

The suspension of healthcare providers' services outside of the pandemic is an important situation that prevents women with disabilities from receiving psychological support.

On the other hand, the fact that 70% of disabled women have a household income at the level of the hunger line is a factor that prevents them from receiving special support.

The negative effects of being locked out at home, isolation, not being able to socialize, having difficulties in meeting needs, health, unemployment, increased domestic workload, domestic violence, economic and other environmental conditions on women with disabilities increased during the pandemic period.

These factors cause disabled women to need psychological support more.

Psikolojik desteğe ihtiyaç duyan engelli kadınların %93'ü bu desteğe erişememiştir.

While the pandemic is likely to pose a health risk for women with disabilities, it may also cause negativities such as long-term psychological support need. It is necessary for the government to provide planned and periodic psychological support services for the elderly, children, disabled and other segments who are locked away at home, and opportunities for disabled women to receive psychological support in hospitals and in clean environments.



3- GOOD PRACTICE EXAMPLES

It is unlikely to come across specific policies and regulations that eliminate the violations of rights of women with disabilities in international framework, as well as in Turkey.

Some good practice examples have been compiled, assuming that disabled women can also benefit from the practices for disabled and women, from different countries.

These examples have been compiled by making use of foreign experts, foreign sources and non-governmental platforms. ⁴⁹

Some of the good practice examples were collected from countries with similar socio-economic characteristics to Turkey. Therefore, they may be examples for Turkey.

The possibility of benefiting from other examples is also quite valid.

49... <https://etkiniz.eu/wp-content/uploads/2020/07/COVID-19-engelli-haklari.pdf>

Australia

- Sydney University has prepared a helpful guide⁵⁰ for people with disabilities to learn the facts about Coronavirus and how to manage the impact of this situation.
- During the pandemic process, "Australian Health Sector Emergency Response Plan for New Coronavirus was prepared to ensure the planning of the health field for the disabled."⁵¹
- Women With Disabilities Australia prepared a guideline on basic principles to be followed for the protection of women with disabilities from the pandemic.⁵²
- A national helpline for the disabled was established.
- A financial support campaign was organized by non-governmental organizations, activists and volunteers to meet the shopping needs of the disabled people without economic income.⁴⁹

Argentina

- Employees who provided support to disabled individuals were exempted from restrictions and social distance practice.
- Additional payments were made to people who received disability pensions
- Women subjected to violence ask for help from the pharmacy by asking a "Red Surgical Mask".

United States of America

- A range of sexual and reproductive health services were provided to patients via video conferencing and telephone through the established "Tele-Health Services".
- Guidelines were prepared to prevent discriminatory practices against the disabled in Covid-19 medical care.
- Tax cuts were made for disabled individuals.

United Arab Emirates

- A program for testing people with disabilities at home was initiated, and 650,000 people with disabilities were tested at their homes.

United Kingdom

- A guide was prepared for families with disabilities and their caregivers in order to support the education process of disabled people requiring special education.

Bahrain

- Women and their families were supported in terms of their health and economic conditions with a campaign, in which 500 volunteers participated.

France

- Arrangements were made to allow autistic and other mentally disabled children and their attendants to go out at certain times of the day.
- Hotel accommodation up to 20,000 nights for women fleeing violent spouses was paid by the state.⁵³
- Women who were subjected to violence stated that they asked for help from the pharmacy by asking "Mask 19".

50... <https://qdn.org.au/wp-content/uploads/2020/04/Person-Centred-Emergency-Preparedness-Planning-for-COVID-19.pdf>

51... <https://www.health.gov.au/resources/publications/management-and-operational-plan-for-people-with-disability>

52... <https://wwda.org.au/2020/03/coronavirus-covid-19-easy-read-update-16-march-2020/>

53... <https://etkiniz.eu/wp-content/uploads/2020/07/COVID-19-Kadin-haklari.pdf>

Netherlands

- Indoor hotels were used as maternal health centers.

San Marino

- Covid-19 guide was prepared based on respect for the right to life of every person and non-discrimination.

Canada

- The COVID-19 Disability Advisory Group, which includes individuals with disabilities and their representatives, has been established to advise the government on violations of rights and measures to be taken.

Panama

- Certain hours of the day were reserved for the disabled to meet their shopping and needs.

Peru

- Additional payments were made to people who received disability pensions.

Tunisia

- Financial aid was given to disabled individuals.

On a Global Level

- Covid19 End-Discrimination⁵⁴ campaign was launched by the International Disability Alliance (IDA) and the International Disability and Development Consortium (IDDC) to raise awareness about the examples of discrimination experienced by people with disabilities in accessing services.
 - The International Disability Alliance (IDA) continues to compile the experiences of hundreds of disabled people from dozens of countries in the pandemic with its "Voices of People with Disabilities During the Covid-19 Outbreak" study.⁵⁵

⁵⁴... <https://www.internationaldisabilityalliance.org/discrimination-covid19>

⁵⁵... <https://www.internationaldisabilityalliance.org/content/voices-people-disabilities-during-covid19-outbreak>



4. CONCLUSION

While the Covid-19 pandemic deepened the inequalities in society in a very short time, it caused more loss of rights, violations of rights and discriminatory practices for the people that were left behind in "normal" times.

Disabled women feel the multiple discrimination and violations of rights they are exposed to due to the intersection of disability and femininity during the pandemic period, and they have even more difficulties in accessing public services compared to usual times.

Women with disabilities encounter different forms of violence more than other times during the pandemic process, but the pandemic prevents the visibility of violence.

The measures taken to prevent the spread of the virus cause disabled women to stay at home longer, to be isolated from society and to be deprived of meeting their needs.

The measures to be taken by the government should be planned in a way that will not increase the loss of rights of those who are discriminated against, with public services being accessible to all people, and should be based on the basic principles of providing everyone with the opportunity to live a life worthy of human dignity.

Along with the fact that pandemic is a health problem, it is a phenomenon that further increases inequalities through factors such as economic, insecurity, gender, disability, race, homelessness, etc.

The epidemic is a public health problem and the measures to be taken should be planned by considering all segments of the society and the rights of these segments.

The following measures are recommended to be taken during the pandemic period in order to prevent the pandemic from adversely affecting women with disabilities and all social segments that suffer from violations of rights and discrimination in general:

- ❖ Legislations on emergency, pandemic and disaster situations should be rearranged in a way that is specific to the disabled, while taking special measures.
- ❖ Policies and plans should be developed to ensure that disabled people are prepared for situations such as emergency, disaster and epidemic.
- ❖ A "whole-society approach" should be adopted in emergency, pandemic and disaster planning. In this approach, it should not be ignored that the needs of women and men will be different and women are more negatively affected by the emergency conditions.
- ❖ On the issue of violations of rights, focus should be on excluded groups, including the poor, the disabled, indigenous peoples, internally displaced persons or refugees, LGBTI + individuals, people who face multiple and intersecting forms of discrimination.⁵⁶
- ❖ "Gender" approach should be taken into consideration in policy formulation, determination of decision makers, and planning implementation processes.

56... https://turkey.unfpa.org/sites/default/files/pub-pdf/COVID-19_A_Gender_Lens_Guidance_Note_Turkish.pdf

- ❖ Necessary planning should be made to ensure that the response to the COVID-19 pandemic does not reproduce harmful gender norms, discriminatory practices and inequalities.⁵⁷
- ❖ Measures to reduce the increasing domestic workload of women should be planned or this increased domestic workload should be financed by public authorities.
- ❖ Planned psychological support programs covering the pandemic period and its aftermath should be created urgently in order to eliminate the deterioration in women's mental health caused by staying at home, domestic workload, unemployment, child-patient care, etc.
- ❖ Effective psychological support lines should be established.
- ❖ Under conditions where legal cases such as divorce and violence cannot be carried out, women should be prevented from sharing the same place with the people they want to divorce or are exposed to violence from.
- ❖ Protection structures and services for victims of gender-based violence should be declared as essential services.
- ❖ Shelters should be open to the application and use of women in pandemic conditions.
- ❖ The times and places where disabled women can move freely according to the requirements of their disability groups should be determined during restriction periods such as going out.
- ❖ Services for birth control and pregnancy follow-up should not be suspended due to pandemic.
- ❖ It should be taken into account that migrant-refugee disabled women living in camps are subject to discrimination and violation of rights in many ways and policies should be developed in this direction.
- ❖ Health services should be provided to migrant-refugee disabled women living in camps, including reproductive health, contraception, breast and uterine cancer, during the pandemic process, as well as in other times.
- ❖ Central and local governments should make effective plans for meeting the needs of mothers of disabled children and providing psychological support.
- ❖ Distance education applications and materials should be made accessible by considering the needs of different disability groups.
- ❖ Conditions in which no one will be left behind in education should be created.
- ❖ Awareness should be created for the use of transparent masks to become widespread in the society and productions should be planned in this direction.
- ❖ Sign language interpreters should be available in public institutions, especially in health institutions during the pandemic process.
- ❖ The transmission status of the virus should be checked frequently with tests in crowded families, people with chronic diseases, people with disabilities regarding the respiratory system, pregnant disabled women.

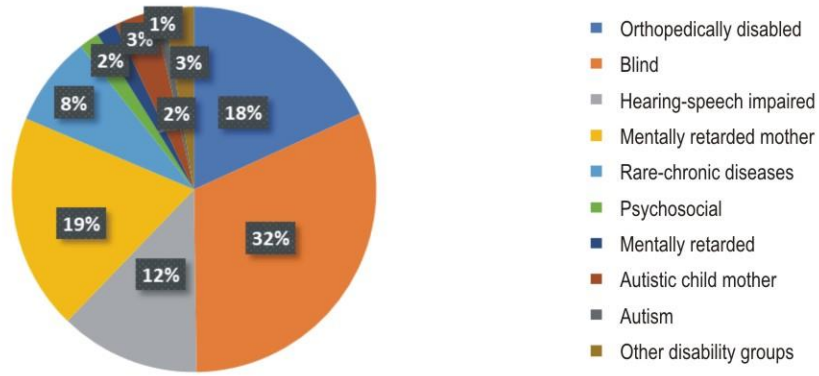
57...https://turkey.unfpa.org/sites/default/files/pub-pdf/COVID-19_A_Gender_Lens_Guidance_Note_Turkish.pdf

- ❖ Health plans, such as "clean hospitals", where people with chronic diseases can apply in situations other than the pandemic, should be made.
- ❖ Disabled people with chronic illnesses should be given priority in the use of tests and these services should be provided free of charge by public institutions.
- ❖ The public authority should take the necessary precautions in order not to cause disruptions in the procurement of drugs and equipment related to disability during the pandemic process.
- ❖ Considering that most of the disabled are in poverty under normal conditions, additional income should be provided during the pandemic period.
- ❖ Dismissal of the disabled should be prohibited.
- ❖ Unpaid leave for the disabled should be prohibited.
- ❖ Additional resources should be provided by the state to the disabled who have to survive with Short-Term Employment Allowance.
- ❖ Low-cost and collective housing policies or additional supports should be provided for women with disabilities to live in dwellings where they will have decent living opportunities.
- ❖ Effective home support services for disabled people should be planned by public institutions and local government organizations.



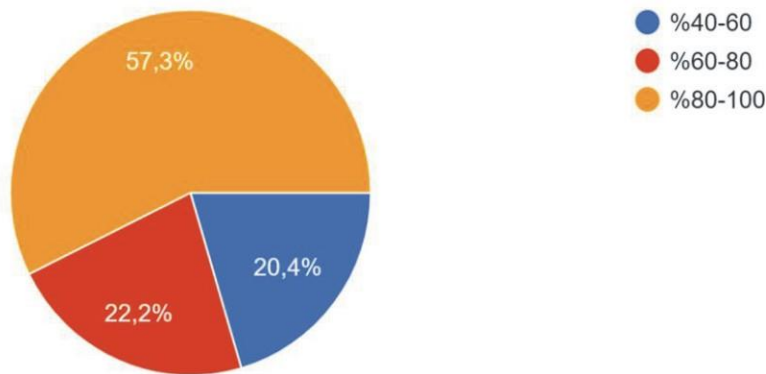
ADDITIONAL GRAPHICS

Disability Groups of Participants



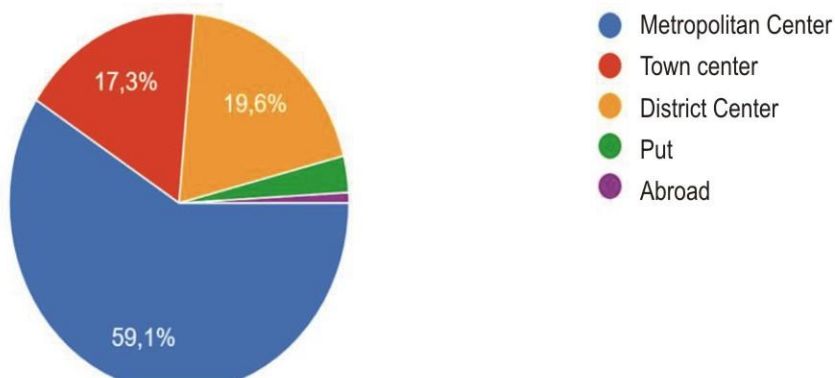
Picture Description 1: It is the graphic representation of the distribution of the participants according to the disability groups. Disability groups' participation rates are 32% visually impaired, 18% orthopedically impaired, 19% mothers of hearing impaired, 12% hearing-speech impaired, 8% rare-chronic diseases, 2% psychosocial, 3% mothers of autistic children, 2% mentally disabled, 1% autism, 3% from other disability groups.

Disability Rates of Participants



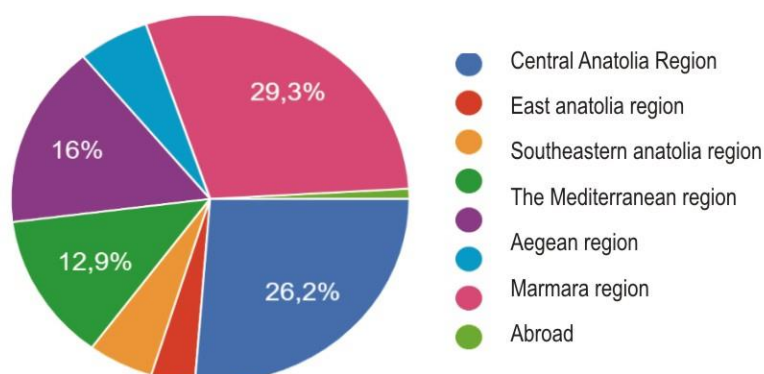
Picture Description 2: It is the graphic representation of the distribution of the participants according to the rates of disability. Participant rates according to disability rates are 57.3% between 40-60% disabled, 22.2% between 60-80% and 20.4% between 80-100%.

Where Participants Live



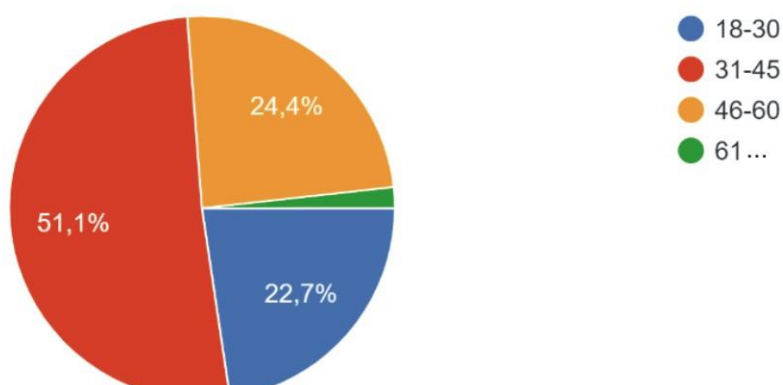
Picture Description 3: It is the graphic representation of the distribution according to the places where the participants live. The rate of the participants according to the places they live in is 59.1% metropolitan center, 17.3% city center, 19.6% district center, 3.1% village, 1% abroad.

Region Where Participants Live



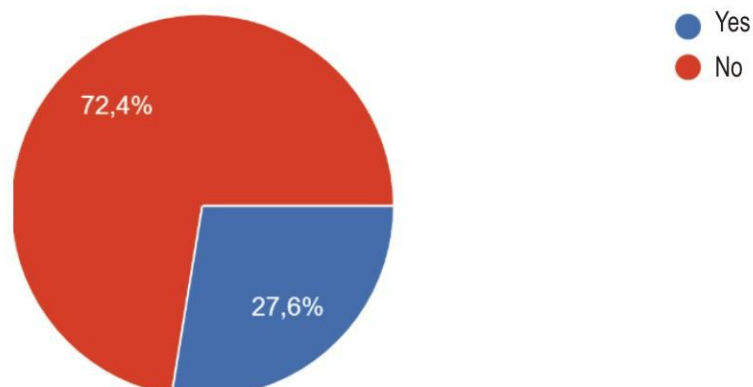
Picture Description 4: It is the graphic representation of the distribution according to the regions where the participants live. The rates according to the regions where the participants live are 26.2% Central Anatolia region, 3.5% Eastern Anatolia region, 5.3% Southeastern Anatolia region, 12.9% Mediterranean region, 16% Aegean region, 5.7% Black Sea region, 29% , 3 Marmara region, 0.8% Abroad.

Ages of Participants



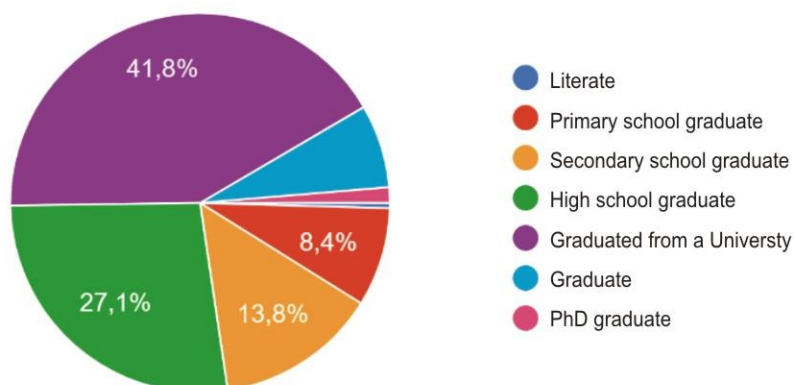
Picture Description 5: It is the graphic representation of the distribution of the participants according to their ages. The distribution of the participants by age is 22.7% between the ages of 18-30, 51.1% between the ages of 31-45, 24.4% between the ages of 46-60, and 1.8% aged 61 and over.

Have Chronic Disease?



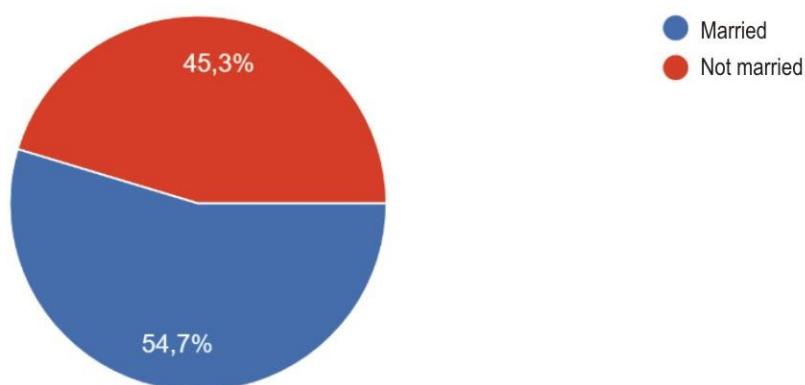
Picture Description 6: It is a graphic representation of whether the participants have chronic illnesses. Those with chronic illness are 27.6%, and those who do not have 72.4%.

Educational Status of Participants



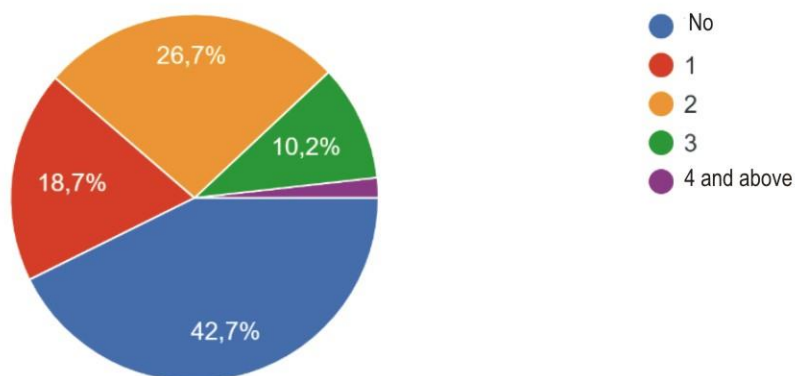
Picture Description 7: It is a graphic representation of the educational status of the participants. Of the participants, 0.4% are literate, 8.4% primary school graduate, 13.8% secondary school graduate, 27.1% high school graduate, 41.8% university graduate, 7.8% master's degree, 1.3% doctorate graduate.

Marital Status of Participants



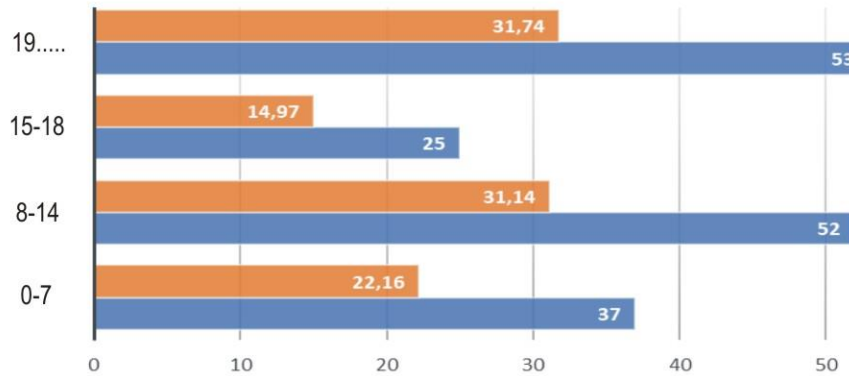
Picture Description 8: It is the graphic representation of the marital status of the participants. 54.7% of the participants are married and 45.3% are not.

Number of Children of Participants



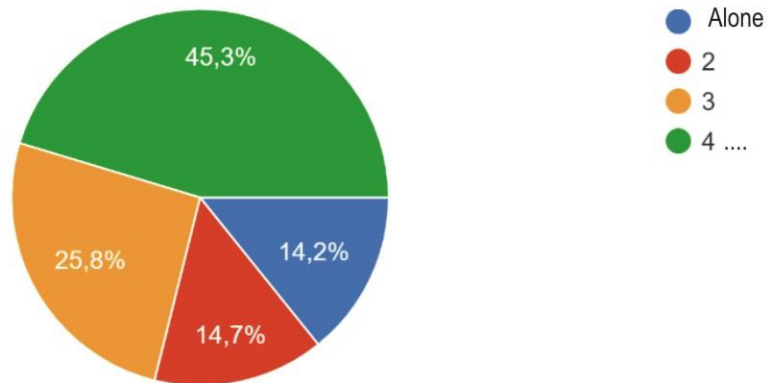
Picture Description 9: Graphical representation of the number of children of the participants. 42.7% of the participants have no children, 18.7% have 1 child, 26.7% have 2 children, 10.3% have 3 children and 1.8% have 4 or more children.

Age Groups of Participants' Children



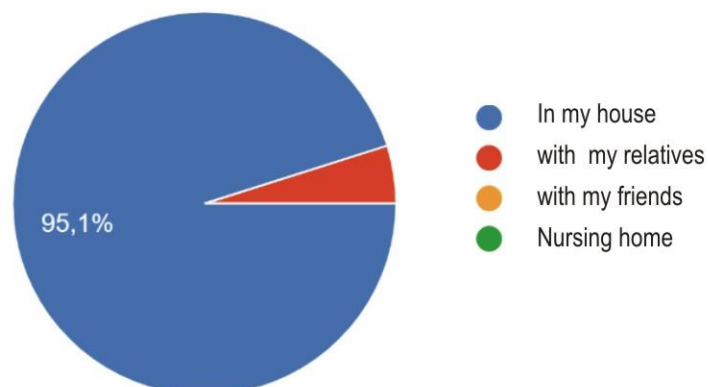
Picture Description 10: It is the graphic representation of the distribution of the children of the participants by age groups. The proportion of the number of children in the 0-7 age range is 22.1%, the proportion of the children in the 8-14 age range is 31.1%, the proportion of the children in the 15-18 age range is 14.9%, the proportion of the number of children aged 19 and over is 31.7% .

Number of People Sharing the Same House



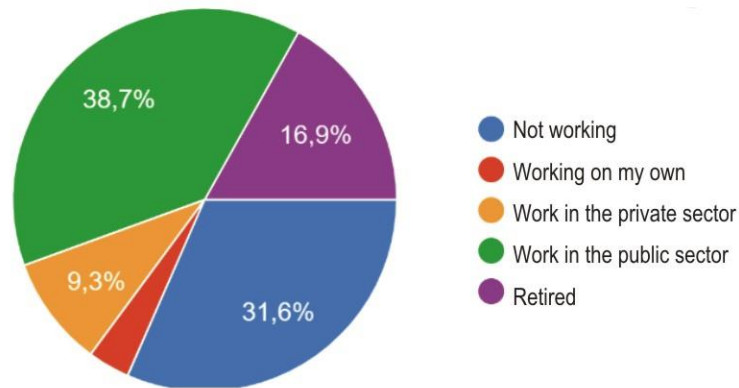
Picture Description 11: It is the graphic representation of the number of people sharing the same house. The proportion of people sharing the same house is as follows: 14.2% living alone, 2 people 14.7%, 3 people 25.8%, and 45.3% living with 4 or more people.

Place / Place of Residence



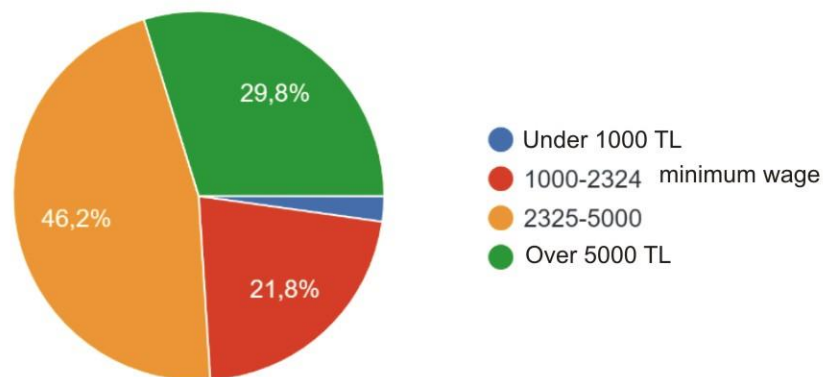
Picture Description 12: It is the proportional graphic representation of the place where the participants live. 95.1% of the participants live in their own home and 4.8% live with their relatives.

Sectors They Work



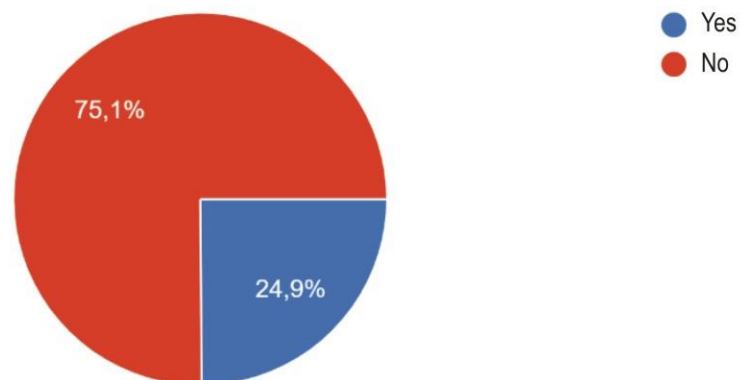
Picture Description 13: It is the proportional graphic representation of the sectors in which the participants work. 31.6% of the participants do not work, 3.5% work for their own account, 9.3% in the private sector, 38.7% in the public sector, 16.9% are retired.

Total Monthly Income of Households



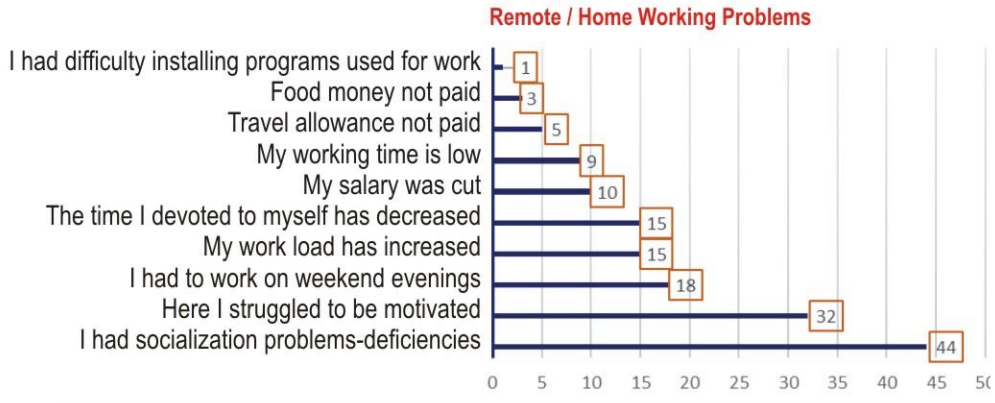
Picture Description 14: It is the graph showing the proportional distribution of the monthly household income of the participants. 2.2% of the participants below 1000 TL, 21.8% between 1000-2324 TL (minimum wage), 46.2% between 2325-5000 TL, 29.8% are households of 5001 TL and above. people have income.

Remote / Home Working Status



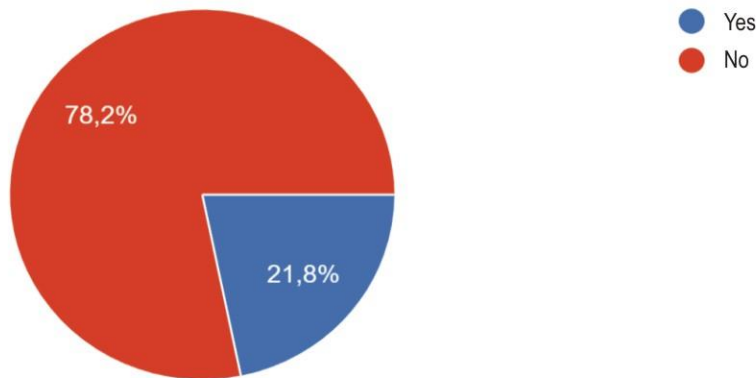
Picture Description 15: It is a graphic representation of the participants' remote working situations during the pandemic period. 24.9% of the participants worked remotely / from home, 75.1% did not work remotely / from home.

Remote / Home Working Problems



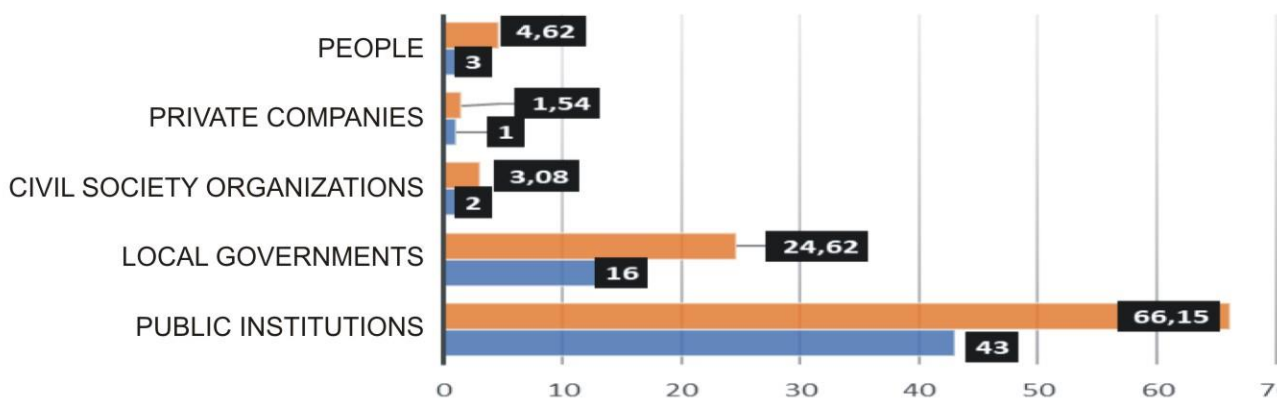
Picture Description 16: It is the proportional graphical representation of the problems experienced by the participants while working remotely / from home. The answers and rates given are as follows; 44% socialization problem, 32% difficulty in being motivated, 18% increased workload on weekends and evenings, 15% increased workload, 15% reduced time allocated to themselves, 10% salary cut, 9% extended working time, 5% not paid for travel, 3% meal allowance not paid, 1% difficulty in setting up programs used for business.

Social Assistance Request



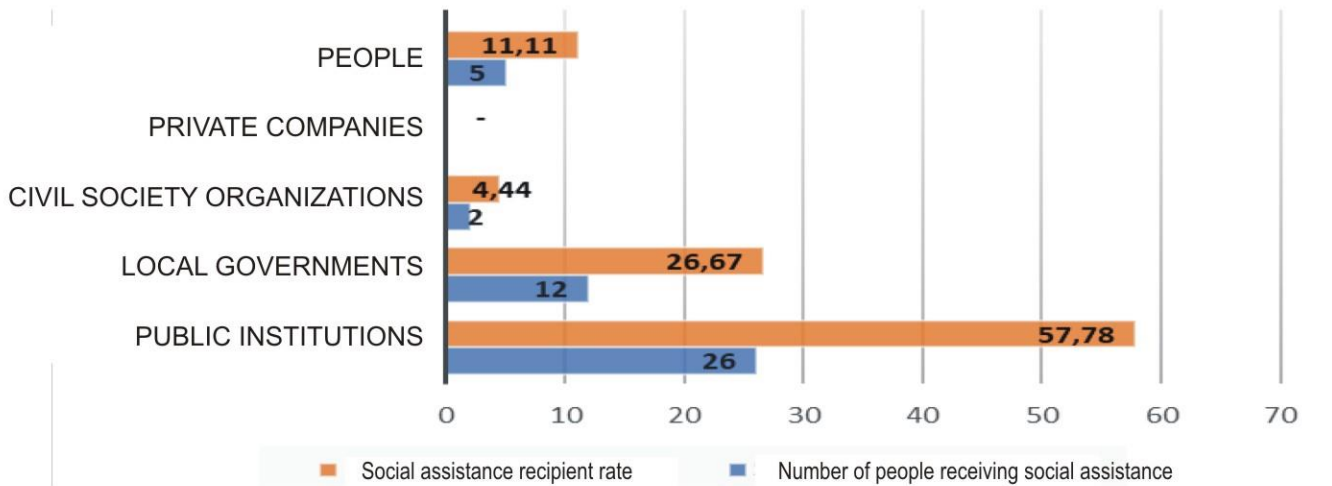
Picture Description 17: It is the graphic showing whether the participants requested social assistance or not. 21.8% of the participants requested social assistance and 78.2% did not.

Places where Social Assistance is Requested



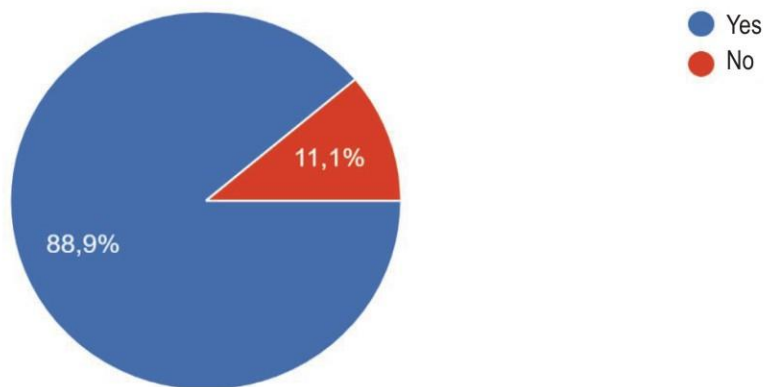
Picture Description 18: It is a graphic showing the places where social assistance is requested. 61% of the participants requested assistance from public institutions, 24.6% from local administrations, 3% from NGOs, 1.5% from private companies, and 4.6% from individuals.

Social Assistance Places



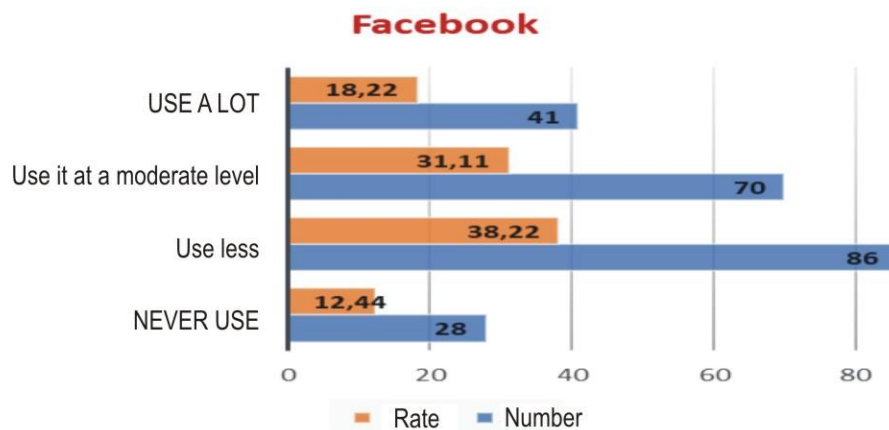
Picture Description 19: It is the graphic showing the places where the participants receive social assistance. 57.7% of the participants received assistance, from public institutions, 26.6% from local administrations, 4.4% from NGOs, and 11.1% from individuals.

Internet Access Opportunity



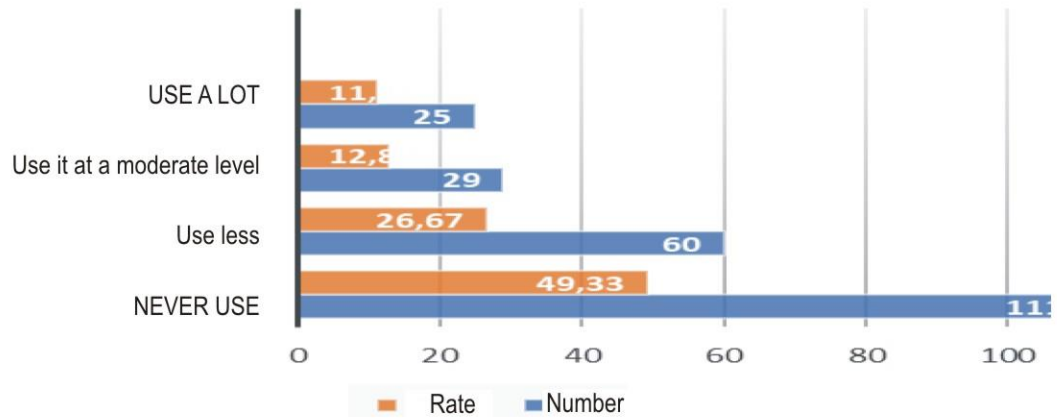
Picture Description 20: It is a graphic representation of the participants' internet access opportunity. 88.9% of the participants stated that they have access to the internet, 11.1% stated that they do not have access to the internet.

Media Use Cases



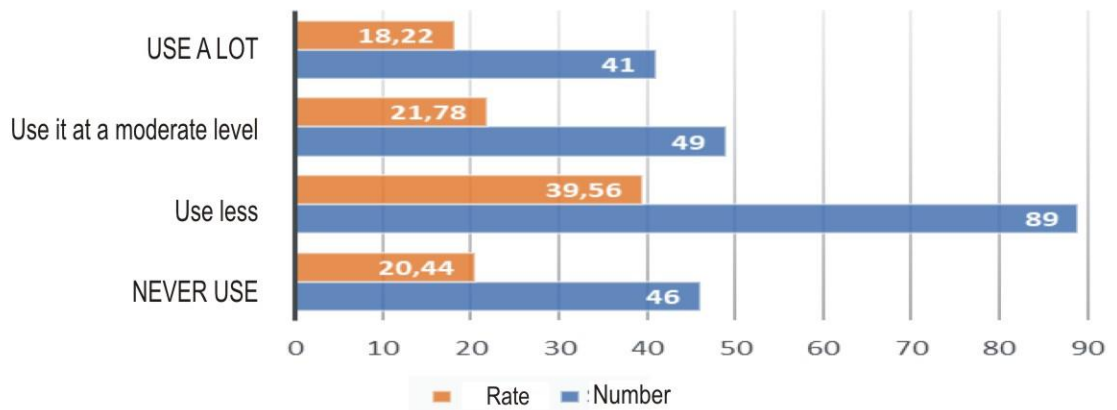
Picture Description 21: It is the graphic showing the participants' use of Facebook. 14.4% of the participants stated that they never used, 38.2% rarely used it, 31.1% used it moderately, 18.2% stated that they used it a lot.

Twitter



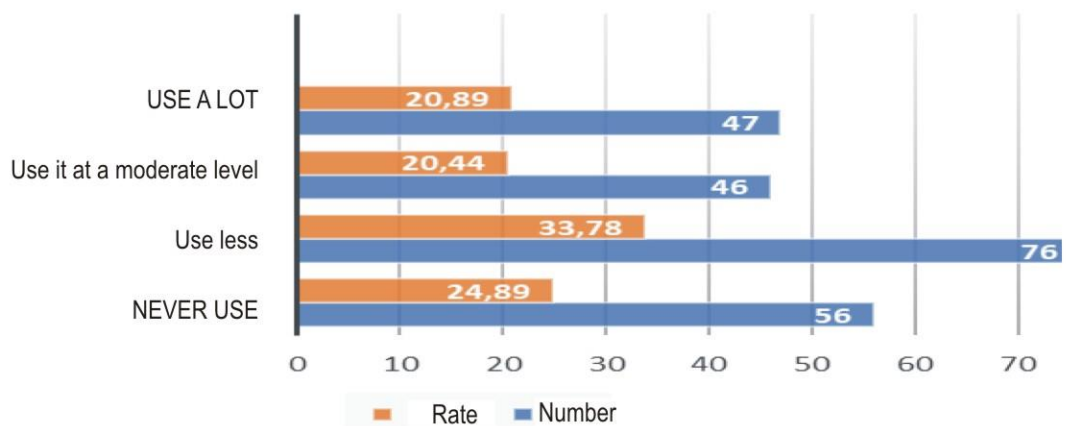
Picture Description 22: It is the graphic showing the participants' use of Twitter. 49.3% of the participants stated that they never used, 26.6% rarely used it, 12.8% used it moderately, 11% stated that they used it a lot.

Youtube

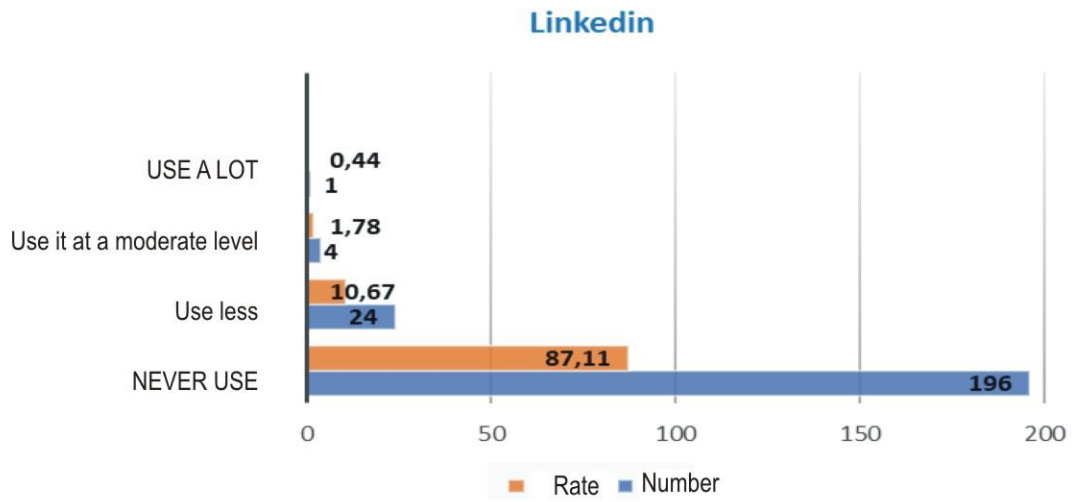


Picture Description 23: It is the graphic showing the participants' use of Youtube. 20.4% of the participants stated that they never used it, 39.5% used it rarely, 21.7% used it moderately, 18.2% stated that they used it a lot.

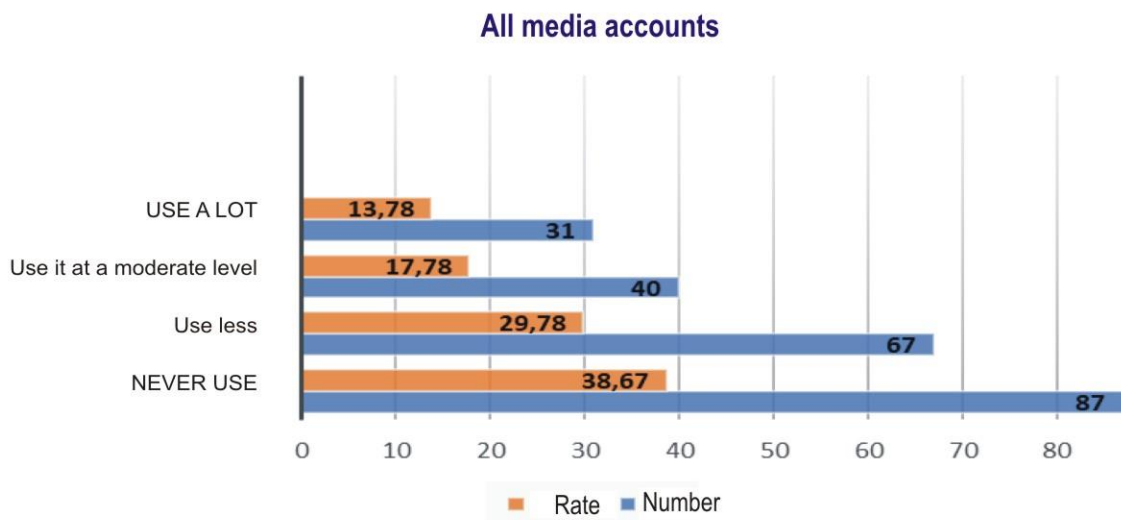
Instagram



Picture Description 24: It is the graph showing the participants' use of Instagram. 24.9% of the participants stated that they never used it, 33.7% rarely used it, 20.4% used it moderately, 20.8% used it a lot.

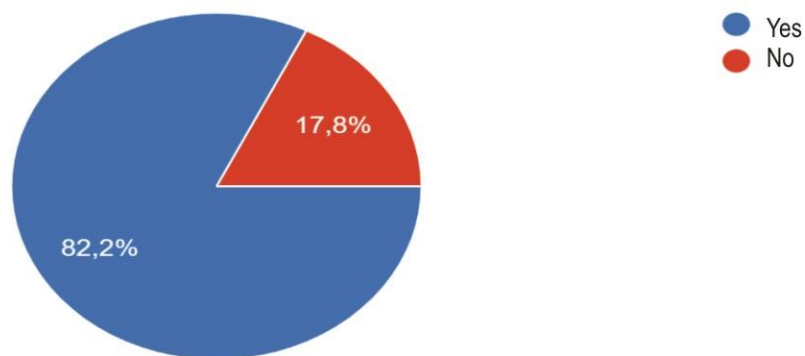


Picture Description 25: It is the graph that shows the participants' use of LinkedIn. 87.1% of the participants stated that they never used it, 10.6% used it rarely, 1.7% used it moderately, 0.4% stated that they used it a lot.



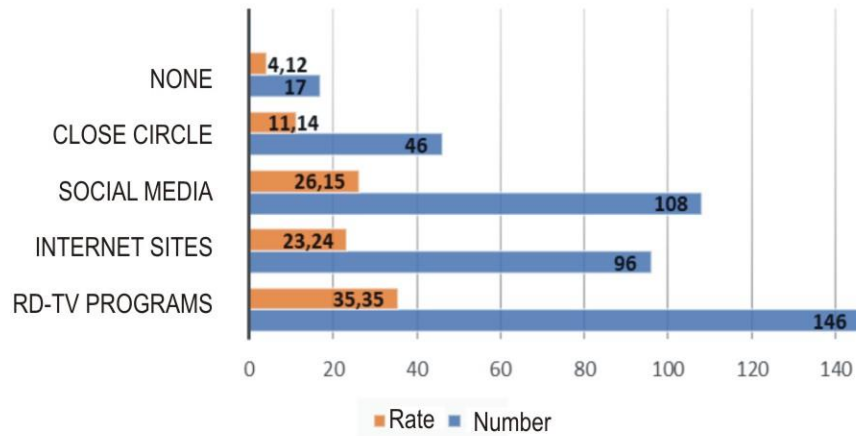
Picture Description 26: It is the graph showing the participants' use of all social media accounts. 38.6% of the participants stated that they never used it, 29.7% used it less, 17.7% used it moderately, 13.7% stated that they used it a lot.

Have You Learned About the Pandemic?



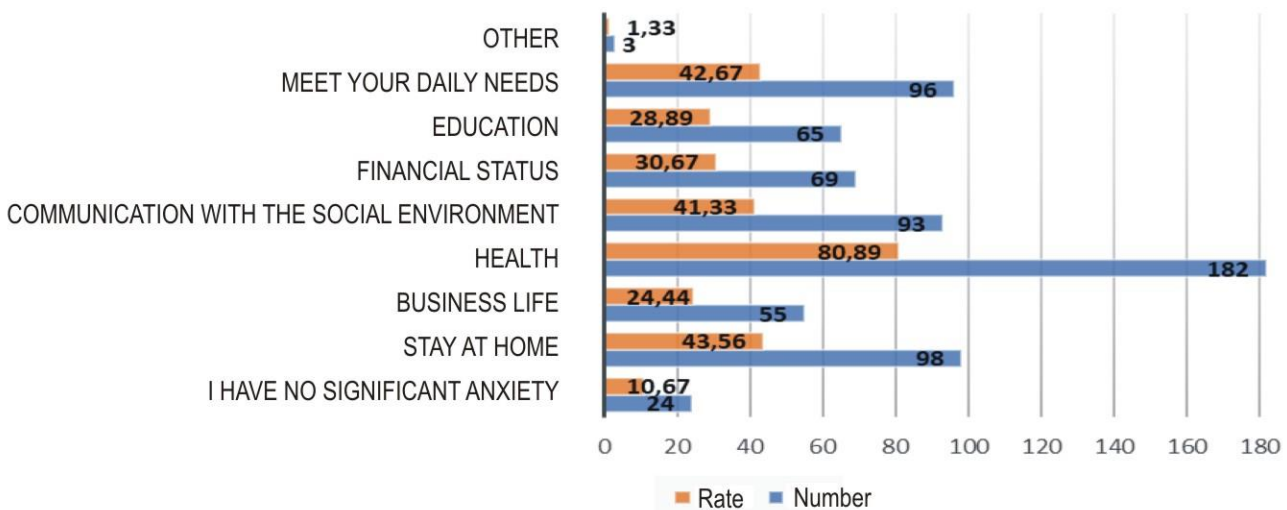
Picture Description 27: It is a graphic representation of whether the participants have information about the pandemic. 82.2% of the participants stated that they had knowledge, 17.8% of them did not.

Information Resources About Pandemic



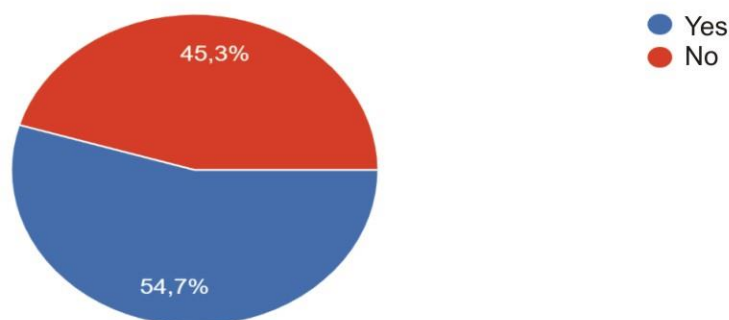
Picture Description 28: It is a column chart showing the sources from which they learned about the pandemic. 35.3% of the participants received information from Radio-TV programs, 23.2% from websites, 26.1% from social media, 11.1% from the immediate environment, 4.1% from none of them.

Issues of Concern in the Pandemic



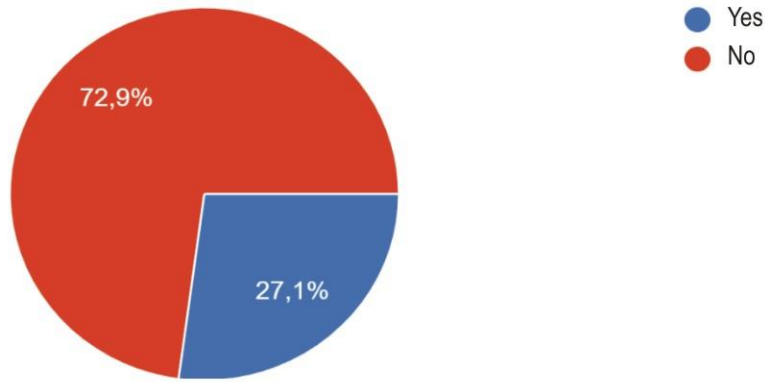
Picture Description 29: It is a graphic representation of the subjects that the participants worry about during the pandemic period. 1.6% of the participants stated that they did not have significant anxiety, 43.5% were concerned about being quarantined, 24.4% were worried about business life, 80.8% were worried about their health, 41.3% 30.6% stated that they were concerned about their financial situation, 28.8% about their education, 42.6% about their daily life, and 1.3% about other issues.

Have You Provided Enough Information About Healthcare Services?



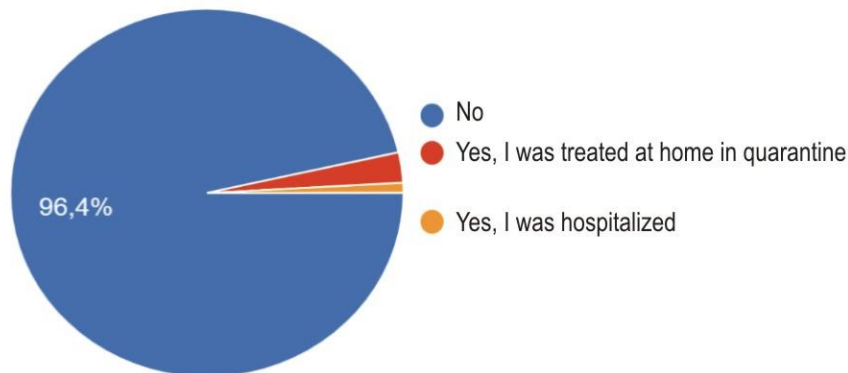
Picture Description 30: It is a graphic representation of the answers given to the question of whether they have been adequately informed about health services. 54.7% of the participants answered yes and 45.3% said no.

Do You Have Any Question About Corona Virus?



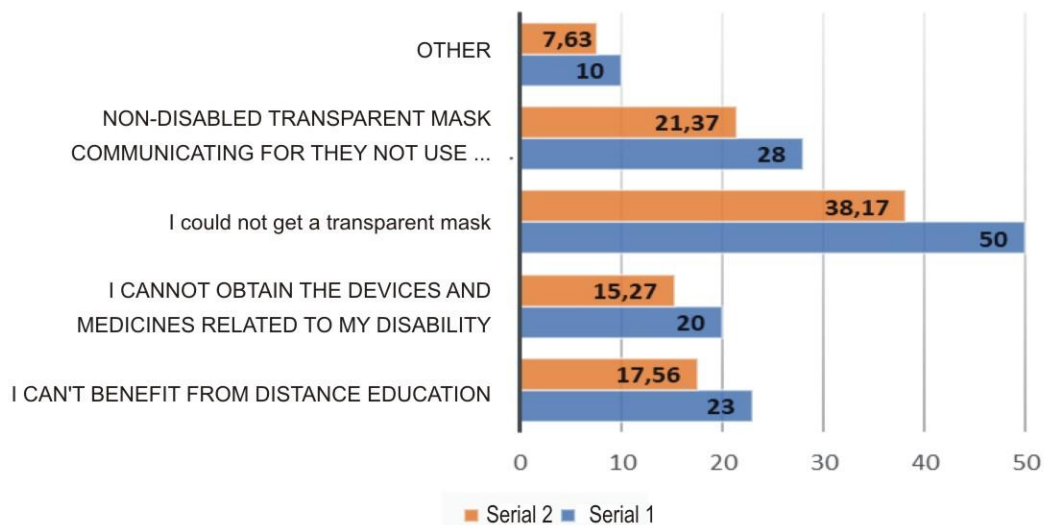
Picture Description 31: It is the graphic representation of the answer given by the participants to the question of whether they have been infected with the Corona virus. 27.1% of the participants answered yes and 72.9% no.

Has You Been Diagnosed with Coronavirus?



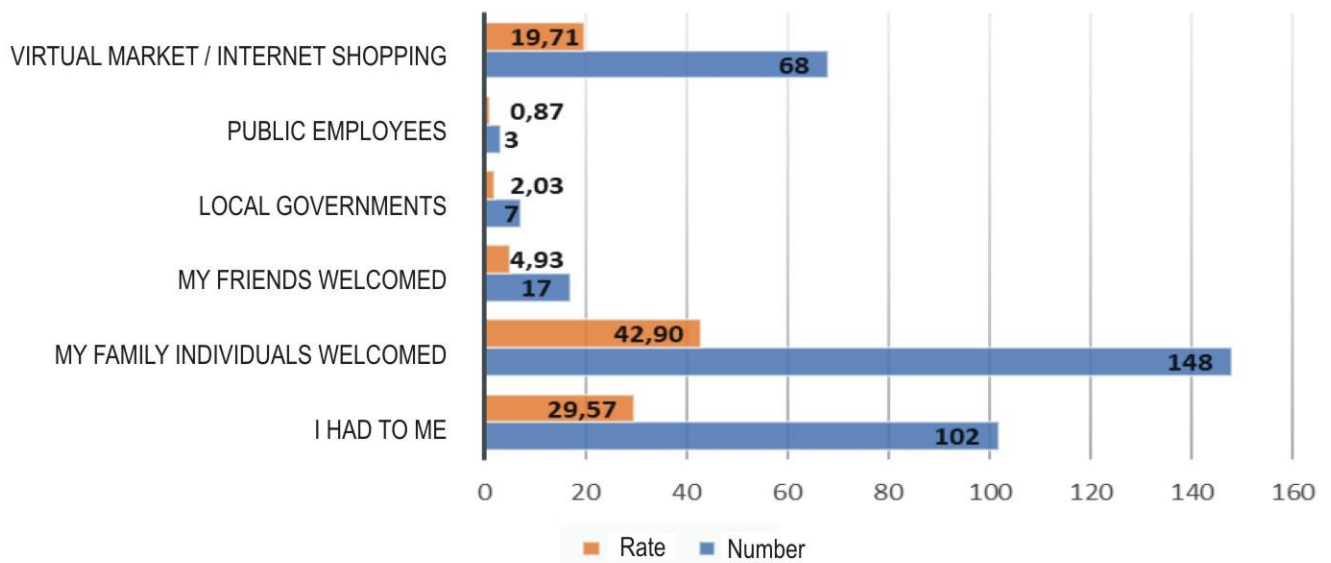
Picture Description 32: It is a graphic representation of the answers given to the question whether Corona virus has been diagnosed. 96.4% of the participants answered no, 2.6% said "yes, I was treated in quarantine," 0.9% said "yes, I received inpatient treatment".

Problems Experienced by Hearing-Speech Impaired Women



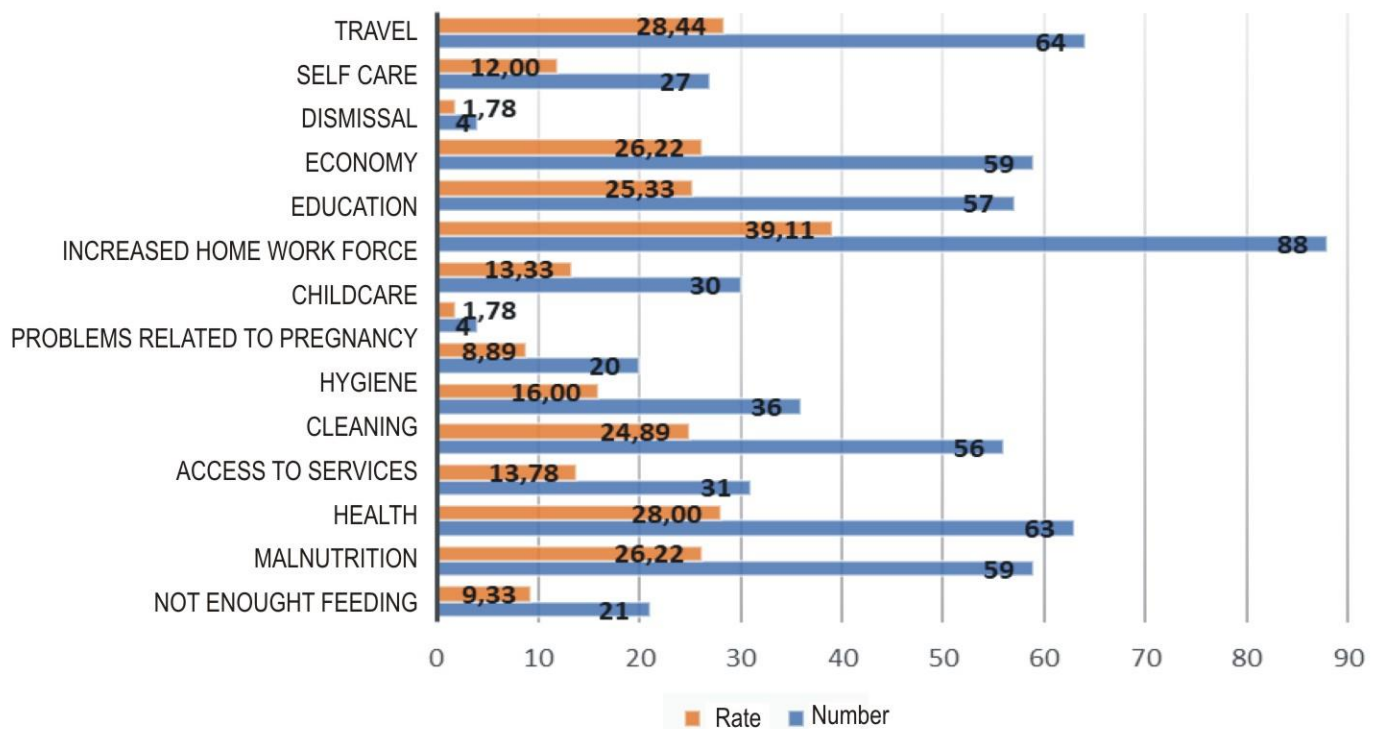
Picture Description 33: It is a graphic representation of the problems experienced by women with hearing and speech impairments. 17.5% of the participants could not benefit from distance education, 15.2% could not obtain devices and drugs, 38.1% could not obtain a transparent mask, 21.3% of those who were not disabled could not communicate because they did not use transparent masks, 7.6% answered in the form of other problems.

How were Shopping Needs Met?



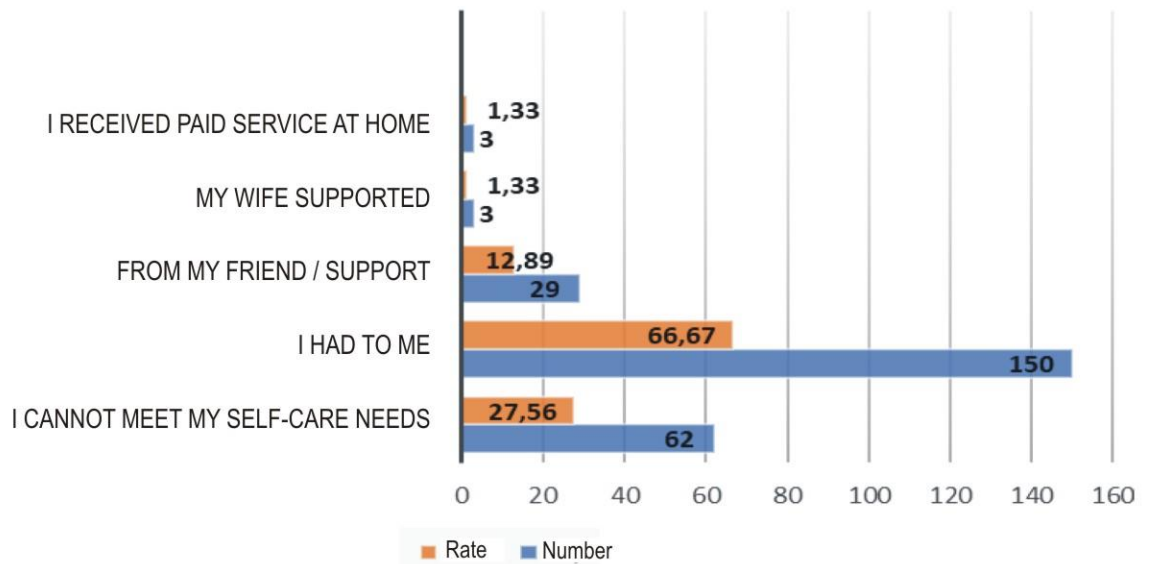
Picture Description 34: It is a graphic representation of the ways participants meet their shopping needs. 29.5% of the participants themselves, 42.9% family members, 4.9% friends, 2% local governments, 0.8% public employees, 19.7% virtual market shopping.

Problems During the Pandemic Period



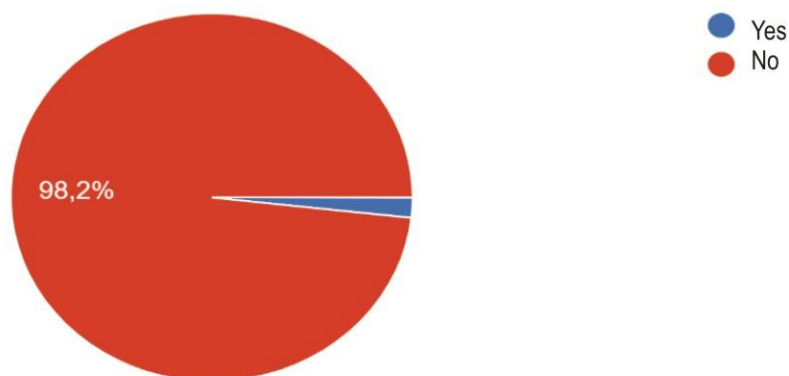
Picture Description 35: It is the column graphic representation of the answers given by the participants to the problems experienced during the pandemic period. 9.3% of the participants malnutrition, 26.2% unbalanced diet, 28% health, 13.7% access to information, 27.8% access to services, 16% cleaning, 8%, 8 hygiene, 1.7% pregnancy-related problems, 13.3% childcare, 39.1% increased domestic workload, 25.3% education, 26.2% economic, 1.7% was dismissal, 12% self-care, 28.4% travel.

Meeting Self-Care Needs



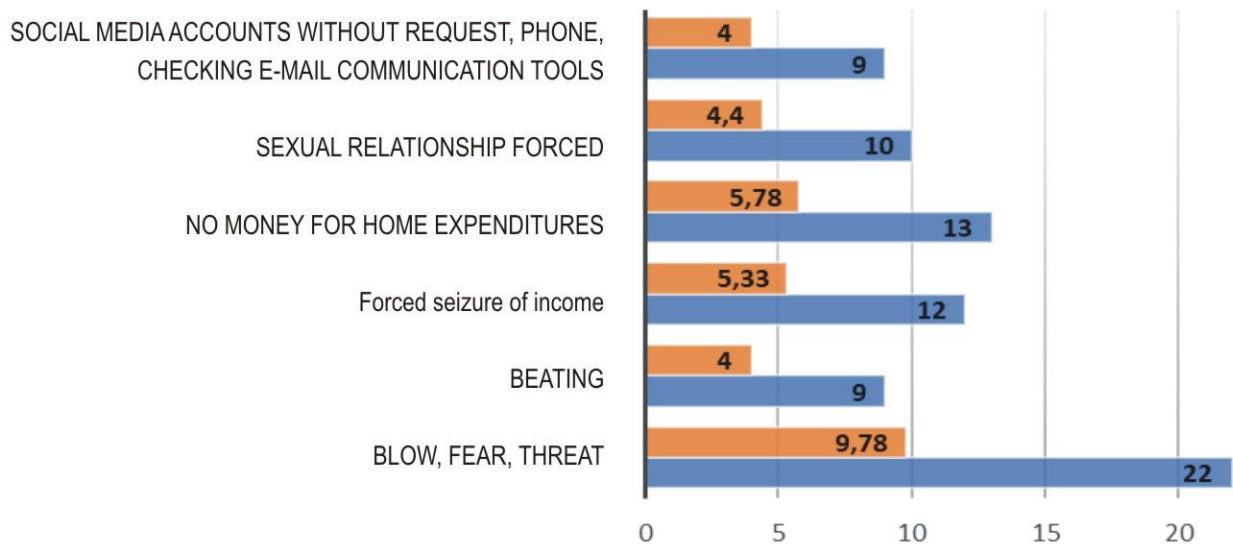
Picture Description 36: It is the column graphic representation of the answers given to the question of how self-care is met. 27.5% of the participants could not meet their self-care needs, 66.6% meet them themselves, 12.8% friend / relative assistance, 1.3% spousal assistance, 1.3% paid service.

Have You Been Exposed To Violence Before The Pandemic?



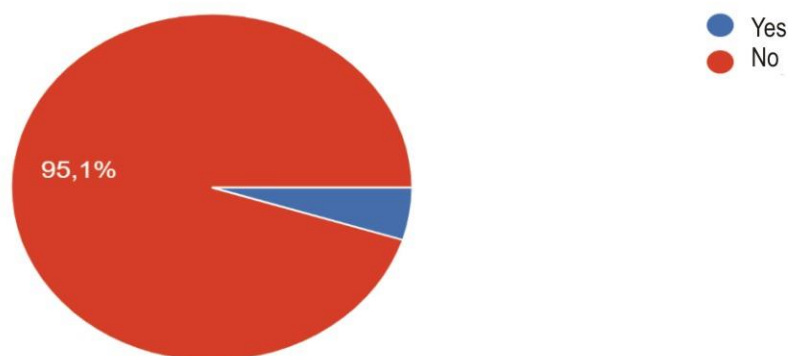
Picture Description 37: It is a graphic representation of the participants' responses about whether they experienced violence before the pandemic. 98.2% of the participants stated that they were not exposed to violence, and 1.8% stated that they were exposed to violence.

Have You Been Exposed To Any Of The Following Types Of Violence Before The Pandemic?



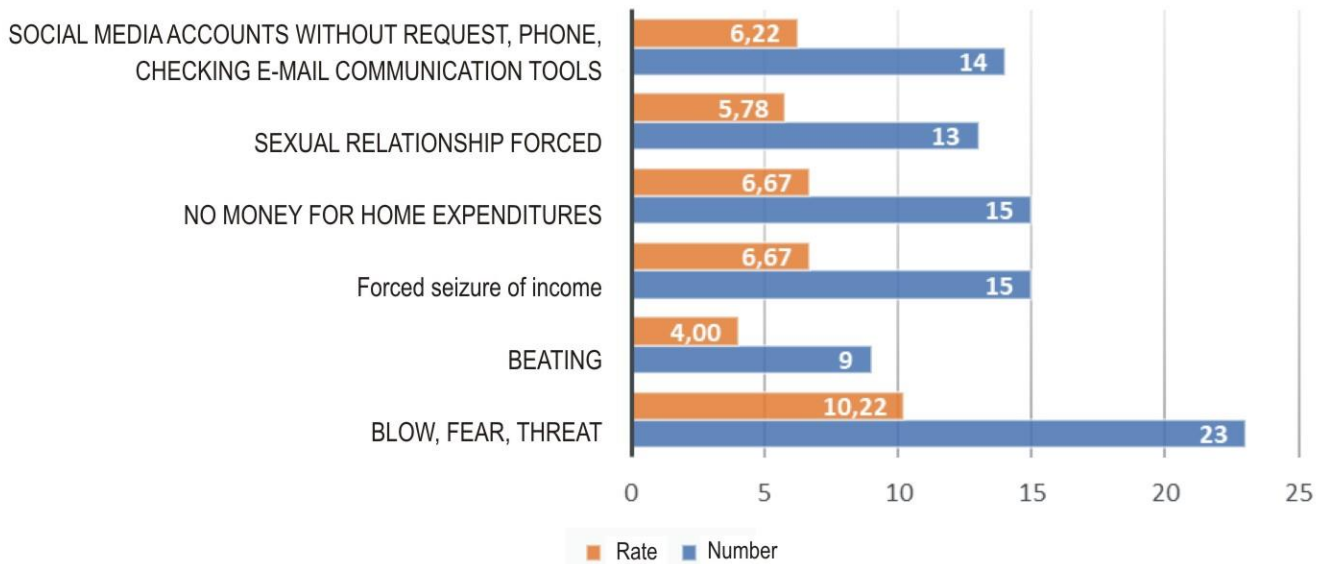
Picture Description 38: It is a column graphic representation of the responses of the participants to the types of violence they were exposed to before the pandemic. The answers given by the participants are as follows; 9.7% swearing, intimidation, humiliation, 4% beating, 5.3% forcibly seizing income, 5.7% not giving money for household expenses, 4.4% sexual coercion, 4% social media accounts, telephone, e-mail etc. communication tools are checked against their will.

Have you been subjected to violence during the pandemic process?



Description of the Picture 39: It is a graphic representation of the participants' responses about whether they were exposed to violence during the pandemic process. 95.1% of the participants answered no and 4.9% answered yes.

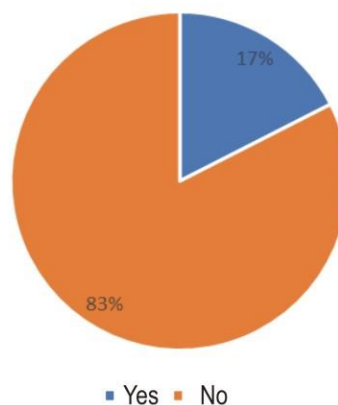
Have You Been Exposed To Any Of The Following Types Of Violence During The Pandemic Process?



Picture Description 40: It is a column chart showing the types of violence that the participants were exposed to during the pandemic process.

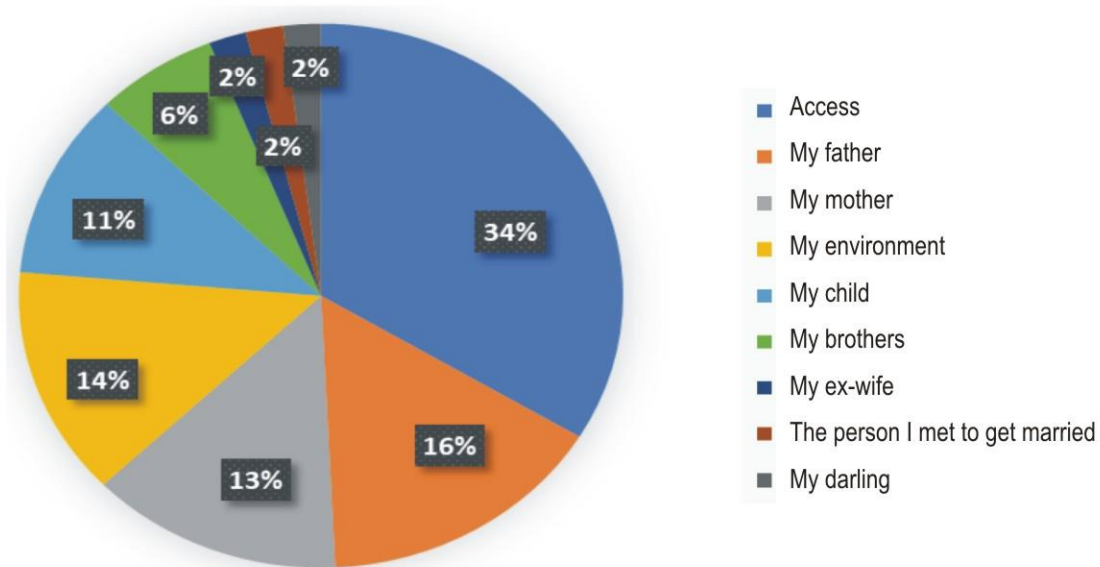
The answers given by the participants are as follows; 10.2% swearing, intimidation, humiliation, 4% beating, 6.6% forcibly seizing income, 6.6% not giving money for household expenses, 5.7% sexual coercion , 6.2% social media accounts, telephone, e-mail etc. communication tools are checked against their will.

Has the Violence You See Increased During the Pandemic Process?



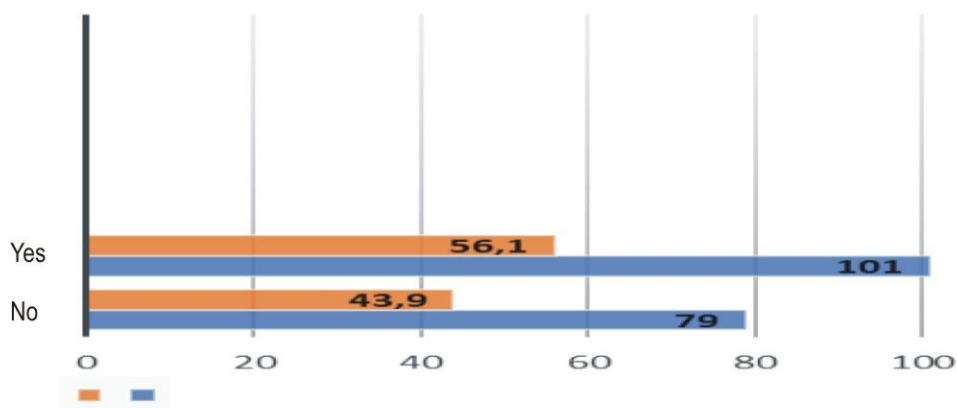
Picture Description 41: It is a graphic representation of the answers given by the participants regarding whether the violence they were exposed to increased during the pandemic process. 17% of the participants stated that the violence increased during the pandemic process, and 83% stated that it did not.

Sources of Violence



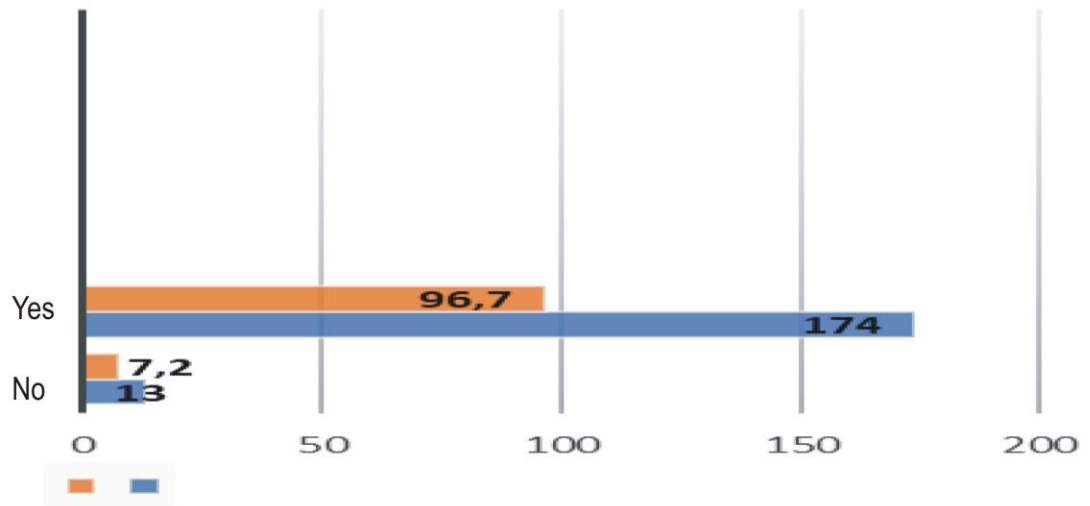
Picture Description 42: It is the proportional graphic representation of the source of violence that the participants are exposed to. The participants' exposure to violence is as follows; 34% spouse, 16% father, 13% mother, 14% close circle, 11% children, 6% sibling, 2% ex-spouse, 2% the person to marry, 2% are lovers.

Did You Need Psychological Support?



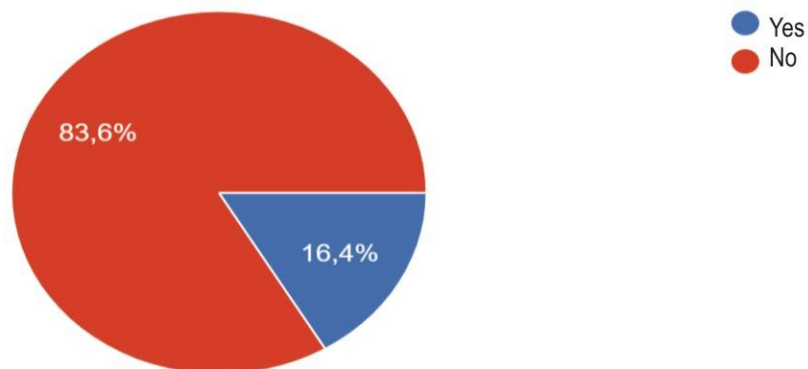
Picture Description 43: It is a column graphic representation of whether the participants need psychological support. 43.9% of the participants stated that they needed psychological support, and 56.1% stated that they did not.

Did you get psychological support?



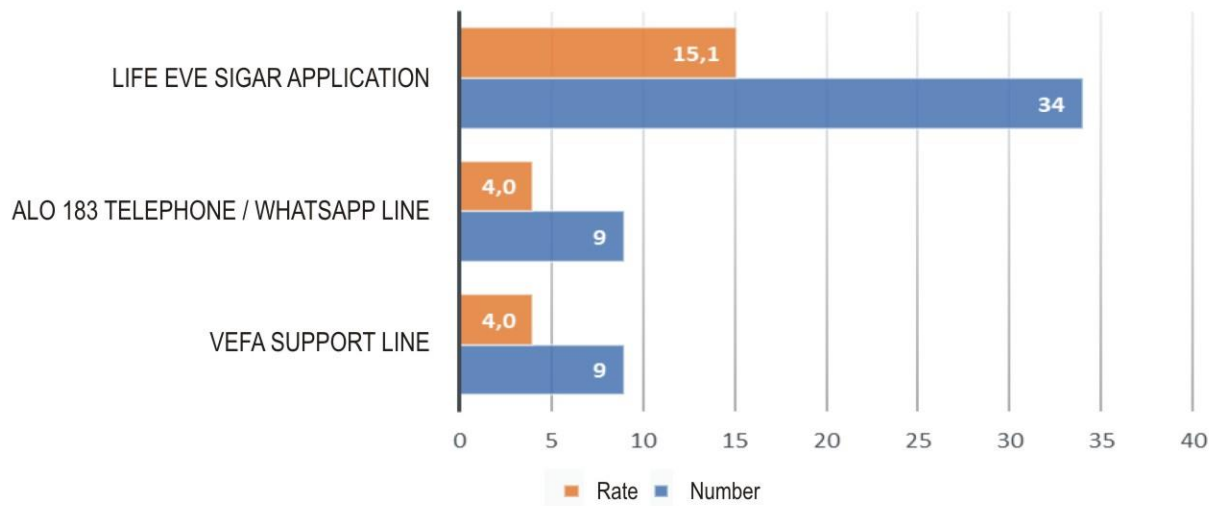
Picture Description 44: It is a column graphic representation of whether the participants can get psychological support or not. 7.2% of the participants who need psychological support stated that they could get psychological support, while 96.7% stated that they could not.

Using Support Lines Created by Public Institutions



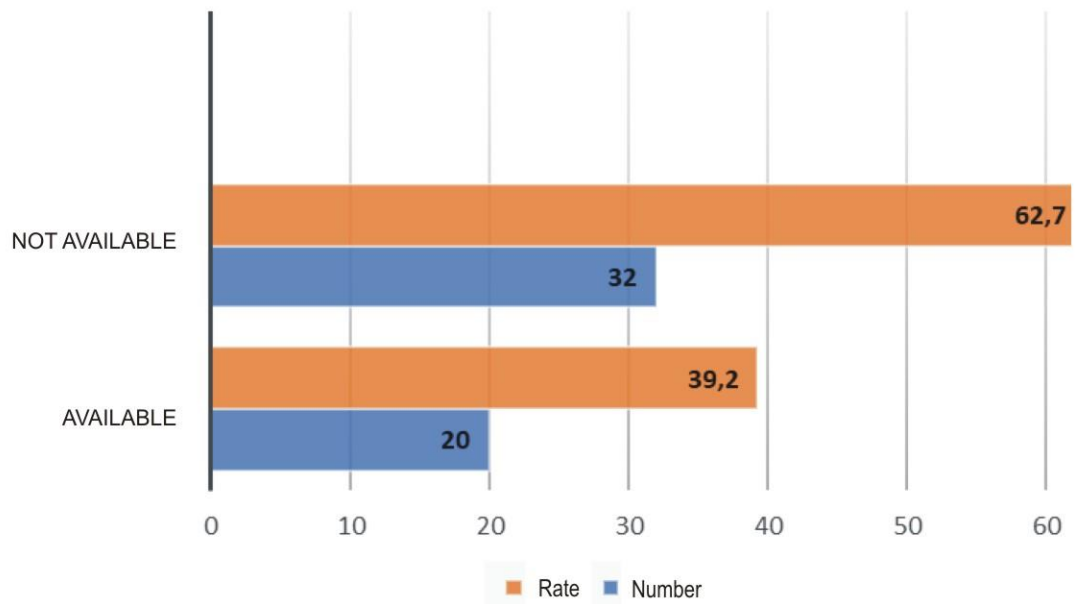
Picture Description 45: Graphical representation of the use of support lines. 16.4% of the participants used the support lines, 83.6% did not.

Usage Distribution of Support Lines



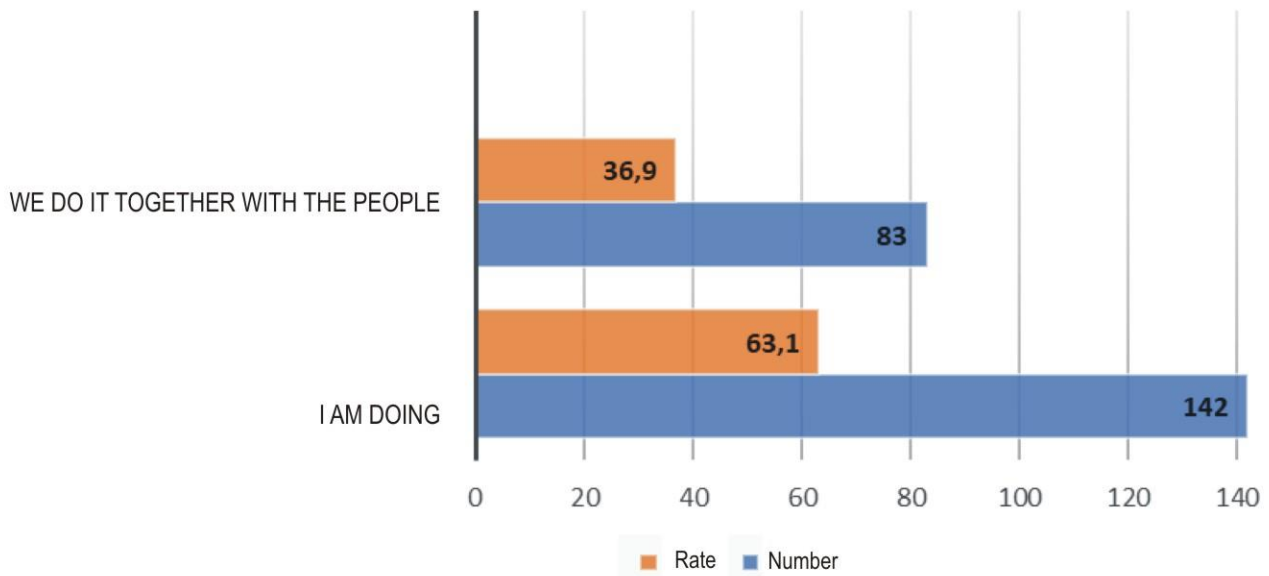
Picture Description 46: It is the column graphic representation of the participants' rates of using different support lines. 4% of the participants used the Vefa support line, 4% used the Alo 183 phone / whatsapp line, and 15.1% used the HES application.

Accessibility of Support Lines



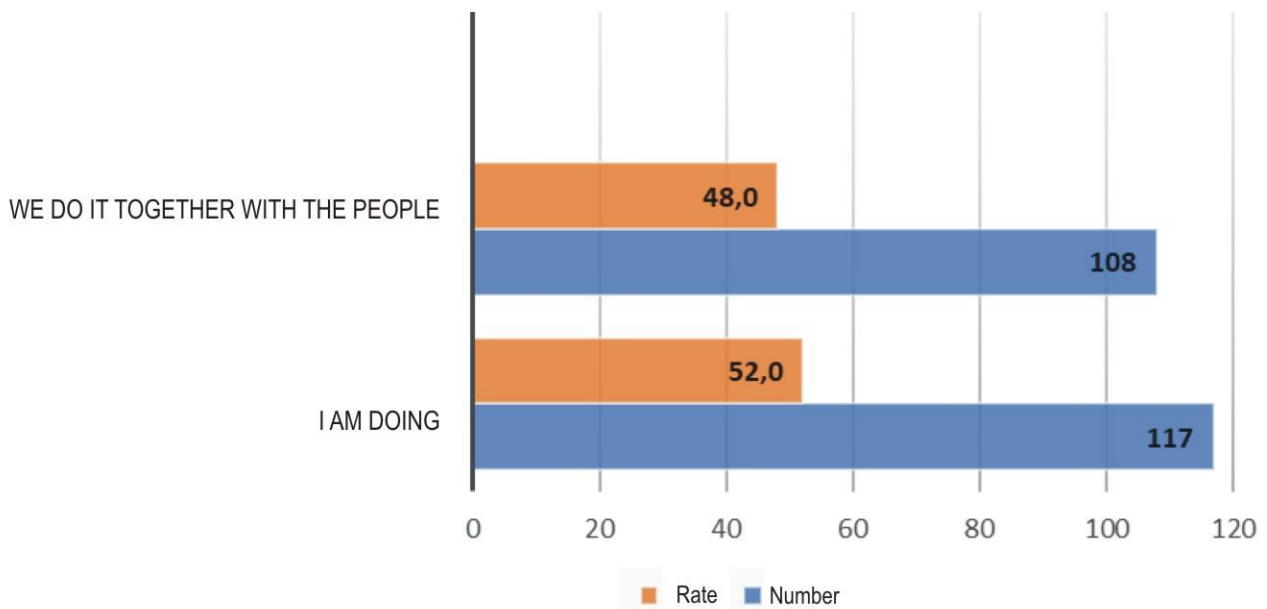
Picture Description 47: Column graphic representation of the answers regarding the availability of support lines. 39.2% of the participants stated that the support lines are accessible, while 62.7% stated that they are not.

Who Is Cooking at Home During the Pandemic Process



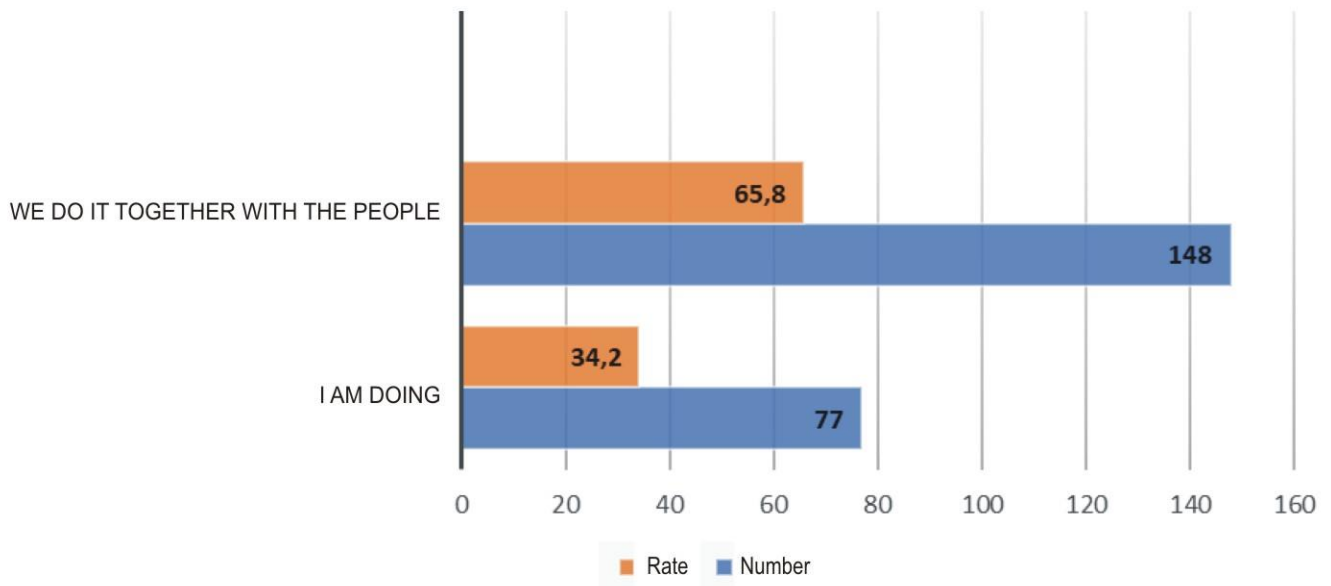
Picture Description 48: It is the column graphic representation of the answers given to the question of who prepares the meals at home during the pandemic process. 61.1% of the participants stated that they did it themselves, and 36.9% stated that they did it together with their household.

Who Does Home Cleaning During the Pandemic Process?



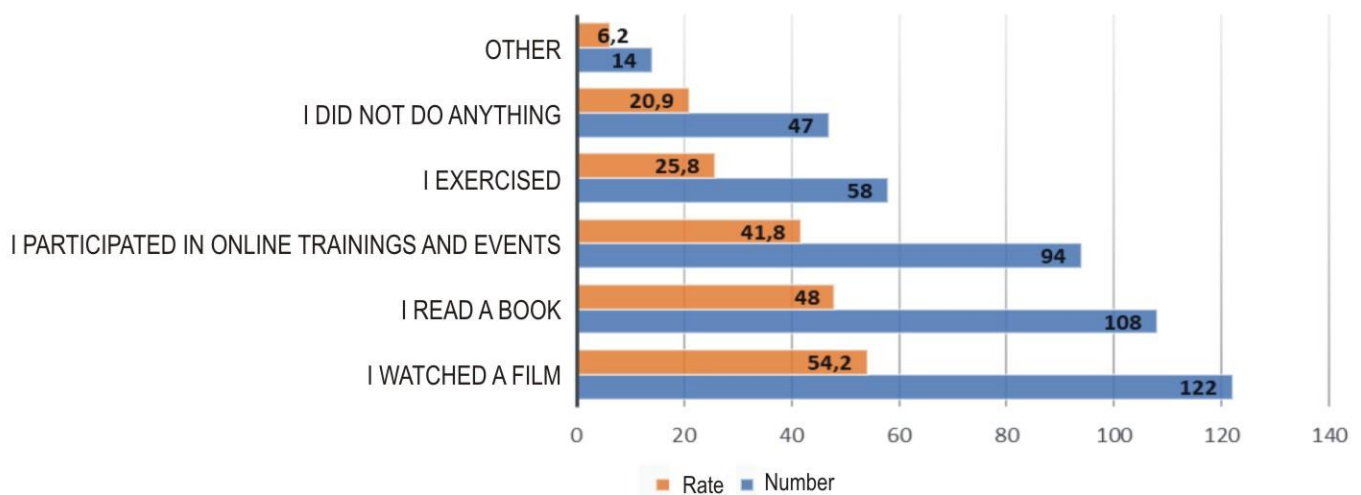
Picture Description 49: It is a column graphic representation of the answers given to the question of who does the house cleaning during the pandemic process. 52% of the participants stated that they did it themselves, and 48% stated that they did it together with their household.

Who is Shopping During the Pandemic Process ?



Picture Description 50: It is the column graph representation of the answers given to the question of who does the shopping during the pandemic process. 34.2% of the participants stated that they did it themselves, and 65.8% stated that they did it together with their household.

Home Deal During Pandemic Process



Picture Description 51: It is the column graphic representation of the activities of the participants at home during the pandemic process. 54.2% of the participants watched movies, 48% read books, 25.8% participated in online education and activities, 25.8% did sports activities, 20.9% did not do anything, 6.2% of them stated that they did other things.



**VIOLATIONS OF THE RIGHTS OF WOMEN WITH
DISABILITIES DURING THE COVID-19 PANDEMIC**

Ankara 2020

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