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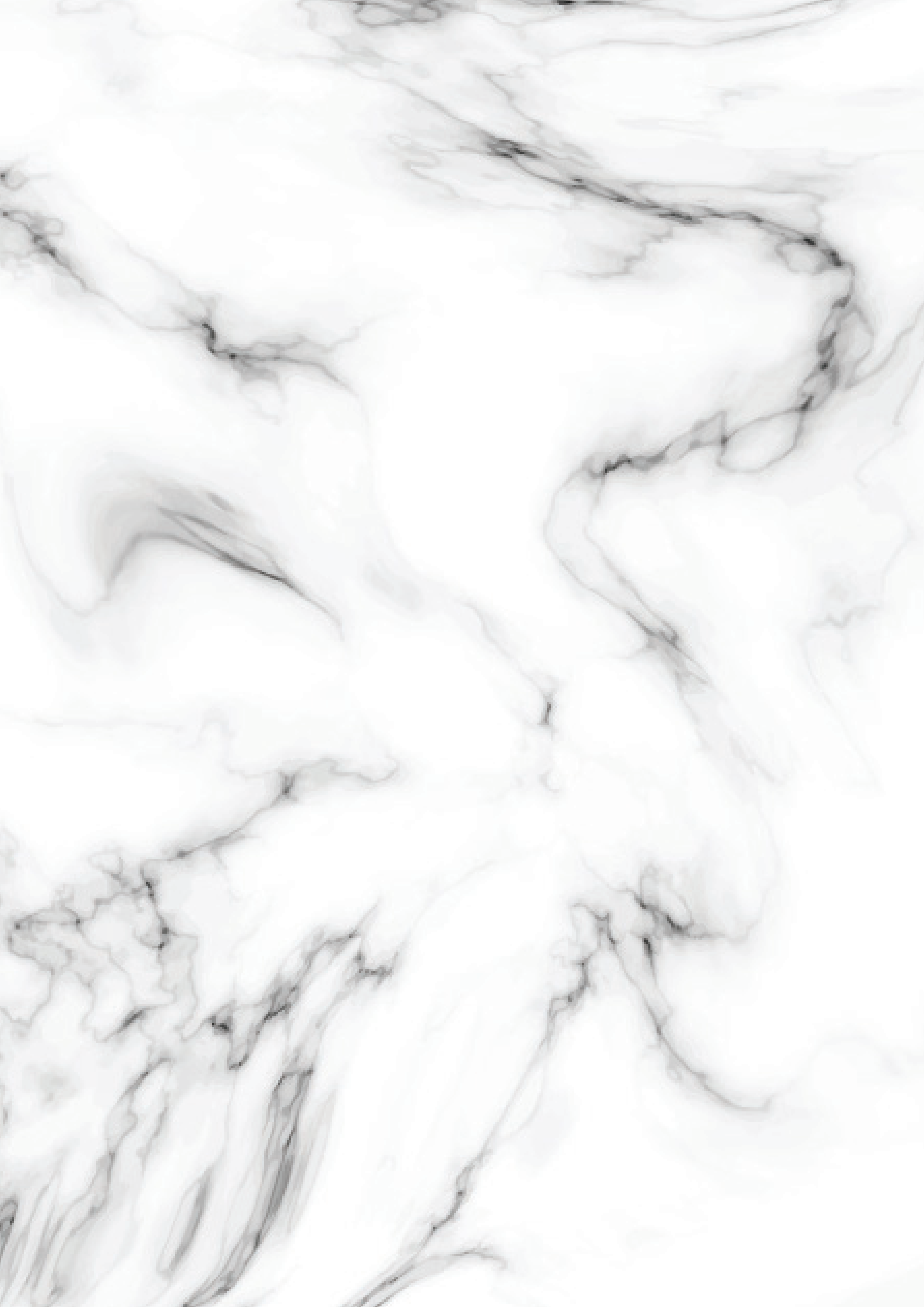

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ABOUT

Turkish Journal of Applied Social Work is an international refereed journal. The journal started its publication life in 2018. The present scientific journal is published in December and June, with two issues per year. The working languages of the journal are English and German. *Turkish Journal of Applied Social Work* is meeting the academic community with the first issue in December, 2018 and the processes required to be screened in many indexes have already started. Our journal, which is the first academic Social Work Journal in Turkey operating in foreign languages (English and German), is planning to have a new lease on social work and expects the support of the authors.
Any publications which can contribute to the development of the social work academic field and the related areas are welcome to our journal.

AIM

Turkish Journal of Applied Social Work started its publication life in 2018. This journal has embarked on the Open Access Policy with the idea that scientific information produced by academics, professionals, and others can be accessed by anyone, both locally and internationally, without any limitation.

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Our journal is published twice a year in June and December.

Publications are made from the following areas, which will contribute to the development of social work discipline and contribute to the literature:

Other disciplines assessed in relation to Social Work, Sociology, Medicine, Psychology, Psychological Counseling and Guidance, Human Rights, Social Policy, Philosophy, Law, Economics, Health Management, Nursing, Physiotherapy, Gerontology, Geriatrics, Child Development, Special Education.

EDİTÖRLERDEN

TR *Türk Uygulamalı Sosyal Hizmet Dergisi, Türkiye'de sosyal hizmet alanına özgü, İngilizce ve Almanca dillerinde, Türk akademisyenlerin ve araştırmacıların yanısıra İngiltere, ABD, Avustralya, İsveç, Almanya, Portekiz, Romanya, Polonya, Çekya, Bosna Hersek, Letonya ve Slovenya'dan akademisyenlerin ve araştırmacıların katkılarıyla yayın hayatına devam eden ilk akademik dergi olma özelliği taşır. Dergimiz 2018 yılından itibaren yılda 2 sayı olarak yayınlanmaktadır. Sosyal hizmetin tüm alanlarını içeren dergimizin 2021-6. sayısını siz değerli okurlarımızla buluşturmaktan onur duyuyoruz. Dergimizin bu sayısına katkılarından ötürü Prof. Dr. Zeynep ŞİMŞEK, Prof. Dr. İsmet Galip YOLCUOĞLU, Doç. Dr. Bülent ŞEN, Dr. Öğr. Üyesi Gülcan URHAN, Doç. Dr. İnci KAYIN, Arş. Gör. İsmail NALBANTOĞLU, Dr. Büşra USLU AK, Dr. Öğr. Üyesi Talip YİĞİT, Arş Gör. Murat DİNÇER hocalarımıza, makalelerimizin değerlendirilmesi sürecinde destekleriyle yanımızda olan hakem hocalarımıza, dergimizin yayına hazırlanması sürecinde emeği geçen Editör Kurulu, Yayın Kurulu ve Danışma Kurulumuza ve son olarak özverili çalışmalarından ötürü Arş Gör. Ömer AVCI'ya teşekkürü bir borç biliriz. Sosyal hizmet çalışmalarına ve sosyal hizmete gönül veren tüm akademisyen, araştırmacı ve sosyal hizmet mensubu dostlarımıza bu sayının faydalı olmasını diler, saygılarımızı sunarız.*

PROF. DR. MEHMET ZAFER DANIŞ
DR. ÖĞRETİM ÜYESİ ÖZDEN GÜNEŞ

FROM EDITOR(S)

EN *Dear readers,*

The Turkish Journal of Applied Social Work, is the first academic journal specific to the field of social work in Turkey in Turkish, German and English language continued its publication life with the contributions of academics and researchers from Turkey as well as from the UK, USA, Australia, Sweden, Germany, Portugal, Romania, Poland, Czechia, Bosnia and Herzegovina, Latvia and Slovenia. The journal has been published twice a year since 2018. We are pleased to present you the 2021-6 edition, which covers all areas of social work. We thank Prof. Dr. Zeynep ŞİMŞEK, Prof. Dr. İsmet Galip YOLCUOĞLU, Assoc. Prof. Dr. Bülent ŞEN, Assist.Prof. Dr. Gülcan URHAN, Assoc. Prof. Dr. İnci KAYIN, Res. Assist. İsmail NALBANTOĞLU, Dr. Büşra USLU AK, Assist. Prof. Dr. Talip YİĞİT and Researcher Murat DİNÇER for their contributions, our reviewers for their assistance in evaluating our articles, and the editorial board for their efforts in preparing our journal for publication, our Editorial Board and Advisory Board and finally our Res. Assist. Ömer AVCI.

We hope this edition will be useful, and we pay our respects to all of our academics, researchers, and social workers who are committed to social work.

PROF. DR. MEHMET ZAFER DANIŞ
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ANMERKUNG DES HERAUSGEBERS

DE

Liebe Leser,
"Turkish Journal of Applied Social Work" ist eine sozialarbeitsspezifische - englisch- und deutschsprachige akademische Zeitschrift, die in Kooperation mit Akademikern aus der Türkei, England, den USA, Österreich, Schweden, Deutschland, sowie Portugal, Rumänien, der Tcheschei, Bosnien und Herzogowina, Litauen, und Slowenien erscheint. Unser Journal erscheint seit 2018 jährlich in 2 Ausgaben. Wir freuen uns, Ihnen die 6. Auflage vorzustellen, welche verschiedenste Bereiche des Sozialwesens umfasst. Diesezüglich bedanken wir uns für die wertvollen Beiträge von Prof. Dr. Zeynep ŞİMŞEK, Prof. Dr. İsmet Galip YOLCUOĞLU, Assoc. Dr. Bülent ŞEN, der Lehrbeauftragten Dr. Gülcan URHAN, Assoc. Dr. İnci KAYIN, dem wissenschaftlichen Mitarbeiter İsmail NALBANTOĞLU, der wissenschaftlichen Mitarbeiterin Dr. Büşra USLU AK, dem Lehrbeauftragten Dr. Talip YİĞİT und dem wissenschaftlichen Mitarbeiter Murat DİNÇER. Ausserdem ein herzliches Dankeschön an Mitarbeiter Ömer AVCI für sein grosses Engagement. Wir wünschen, dass diese Ausgabe Akademikern, Forschern und sozial Interessierten welche in der sozialen Arbeit tätig sind oder sich der sozialen Arbeit verschrieben haben einen guten Beitrag bietet.

Viel Spass und herzliche Grüsse
Die Herausgeber

PROF. DR. MEHMET ZAFER DANIŞ
DR. ÖZDEN GÜNEŞ

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Research Article
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A COMMUNITY-BASED RISK REDUCTION AND RECOVERY PROGRAM; A MODEL FOR THE SYRIAN REFUGEE CRISIS

TOPLUM TEMELLİ RİSK ÖNLEME VE İYİLEŞME PROGRAMI; SURİYE MÜLTECİ KRİZİNDE BİR MODEL

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ABSTRACT

Women and children are the primary risk group in terms of secondary mortality and morbidity caused by wars and conflicts. Turkey has hosted the largest population of Syrians since 2011. In this study, it was carried out the investigation to implement a community based, culturally-sensitive risk reduction and recovery program (RRRP) for Syrian refugees who were living outside of the camps in Turkey. Mixed methodology combining quantitative and qualitative data from 74 health mediators and Women's Refugee Counseling Center records were used for program evaluation. Antenatal and postnatal care, contraceptive demand, breastfeeding, referred cases, and self-efficacy increased significantly, while mental health symptoms decreased following the RRRP intervention ($p < 0.05$). The results of this study indicated that the RRRP was a powerful tool to stimulate hope through the reestablishment of daily routines based on risk reduction, building positive thinking, creating social support, increasing self-efficacy, and decreasing mental health symptoms as a community empowerment program for refugees.

Keywords: refugee, risk reduction, recovery, community empowerment

ÖZET

Savaş ve çatışmaların neden olduğu ikincil ölüm ve hastalıklar açısından kadın ve çocuklar öncelikli risk grubudur. Türkiye 2011 yılından bu yana Suriye'de yaşanan çatışmalar nedeniyle çok büyük nüfusun yaşadığı bir ülkedir. Bu çalışmada kamp dışında yaşayan mülteci nüfusa yönelik topluma dayalı, kültüre duyarlı bir risk azaltma ve iyileşme modeli (RRRP) geliştirilerek etkisi incelenmiştir. Program değerlendirilmesi niceliksel ve niteliksel verinin birlikte kullanıldığı karma metodoloji ile 74 sağlık aracısından elde edilen veri ve Mülteci Kadın Danışma Merkezinin kayıtları kullanılmıştır. Müdahale sonrasında doğum öncesi ve sonrası bakım, aile planlaması malzemesine talep, emzirme, yönlendirilen olgu sayısı, öz yeterlilik anlamlı ölçüde yükselirken, ruh sağlığı belirtileri azalmıştır ($p < 0.05$). Bu çalışma, toplumu güçlendirme programı aracılığıyla, risk faktörlerini kontrol ederek günlük rutin yaşamın yeniden kurulmasının, olumlu düşünceyi, sosyal desteği ve öz yeterliliği yükselterek ve ruhsal semptomları azaltarak umudu arttığını göstermiştir.

Anahtar kelimeler; mülteci, risk azaltma, iyileşme, toplumu güçlendirme

A COMMUNITY-BASED RISK REDUCTION AND RECOVERY PROGRAM; A MODEL FOR THE SYRIAN REFUGEE CRISIS

INTRODUCTION

More than 65 million people are displaced worldwide, and many countries are currently experiencing an unprecedented influx of people from countries whose health care system and quality of healthcare are weakened (Laverack, 2018). Conflict and displacement cause the loss of lives; an increase in physical, mental, and neurological diseases due to the disruption of life-sustaining services, including reproductive health services and an increase in daily social, cultural, and economic stressors in the host country (Jamieson et al., 2000; Bartlett et al., 2002; Murray et al., 2002; de Jong et al., 2003; Carta et al., 2005; Fazel et al., 2005; Jayatissa et al, 2006; ECDC, 2009; Huffman, 2009; Lindert et al., 2009; Benson et al., 2013; Aptekman et al., 2014; Masterson et al., 2014; Benage et al., 2015; Strong et al., 2015; Yentür et al., 2016; Simsek et al., 2018). Empirical findings and theoretical models have outlined the specific risk factors and pathogenic processes, including predisplacement, during transit, resettlement, and living in the host country leading to post traumatic stress disorder (PTSD) (Oi et al., 2016). Studies of post traumatic growth and recovery have shown that the emergence of new opportunities, deeper relationships, and greater compassion for others, reordered priorities of life, and deepening on spirituality, are very important for recovery (Calhoun, Tedeschi, 2006). Therefore, in order to ensure recovery in community traumas, the focus should be on studies of family-community empowerment, rather than pathology focused studies (Rutter, 1999; Walsh, 2007; Ventevogel et al., 2015).

More than 8 years of conflict in Syria (since 2011) has resulted in an unprecedented level of population displacement, the majority of whom have crossed the border into Turkey due to its open door policy and border width (UNHCR, 2014). Turkey now has a Syrian population of over 3.5 million, with the majority living in southeastern Anatolia and metropolitan cities (Republic of Turkey Ministry of Interior Directorate, 2018). It is important to prevent new traumatic experiences after migration, detect symptoms, and ensure recovery by controlling the risk factors in refugee groups. Empirical findings and theoretical models have outlined specific risk factors related to reproductive health issues, communicable diseases, and mental health problems. Poor health outcomes are more prevalent in women because of the early age marriages, consanguineous marriages, complications during pregnancy and birth, unintended pregnancies, not breastfeeding, lack of social support, gender inequalities, intimate partner violence, dysfunctional coping mechanisms, anemia, and cutaneous leishmaniasis; all of which constitute major risk factors for well-being (Mcginn, 2000; Gagnon et al., 2002; Yanik et al., 2004; Simsek et al., 2008; Olff et al., 2010; Bittles, 2013; Dodgson et al., 2014; Maghsoudlou et al., 2015; Robertson et al., 2016; Kastello et al., 2016; Dikmen et al., 2017; Okech et al., 2018; du Toit et al., 2018; Maguire et al., 2018). Informing the risk groups alone is often not enough to change their behavior, since the above mentioned risk factors are mainly related to social and cultural environment.

Therefore, as a response to refugee crisis, was developed by the author supported by United Nations Population Fund (UNFPA) Turkey Representative, a population-based culturally sensitive program in order to increase hope by reducing risk factors and spreading protective factors considering the neurobiological and psycho-social dimensions, and increasing accessibility and acceptability of primary healthcare services for refugee health in 2014. This article describes a systematic approach for recovery after displacement by promoting the overall health of the refugees with a risk reduction program.

METHODS

Magnitude of the problem

The province of Sanliurfa, in southeastern Turkey, shares a 223-km-long border with Syria, and had a refugee population of approximately 1 million people in 2013. The cross-sectional study of female Syrian refugees aged 15–49 years, who were

living outside of the camps, revealed the magnitude of the problem. The main findings included: a) the majority of women were illiterate, b) early age marriages and number of desired children increased after the war, c) about one in 4 women did not receive pre/post natal care, d) the unmet need of the contraception method was 37.8%, e) micronutrient deficiencies were about 50%, f) the majority of women reported at least 2 mental health symptoms significantly associated with the lack of social support, language barrier, and B12 deficiency, and g) a lack of reproductive and mental health knowledge and little control over their health. The majority of these findings were related to cultural values and beliefs, most of which required behavior changes, and insufficient access to primary health services. Offering primary health care services is urgently needed, including reproductive health services integrated with mental health services through health promotion strategies outside of the camps (Simsek et al., 2018).

Program Design

We designed an operational study to control the risk factors and ensure recovery, which was called the "Syrian Refugee Risk Reduction and Recovery Program in Şanlıurfa, Turkey" for refugees living outside the camps in collaboration with a Turkish Representative of the United Nation Population Fund (UNFPA). The Ethics Committee of Harran University approved the design of this study. This model included: 1) a need-assessment survey to define the magnitude of the problem, 2) Turkish language courses and material development, 3) the Refugee Women's Counseling Center connected to the Medical Faculty, and 4) training of health mediators for case identification, disseminating health knowledge, behavior change, social support, and increasing the acceptability and accessibility of primary health care services based on reproductive and mental health services.

Language courses and material development

In the need-assessment survey, one of the important predictors related to mental health was the language barrier; hence, a decision was made to open Turkish language courses for female Syrian refugees on the Harran University campus.

A healthy living guide, including pathways to a healthy life based on a cross-sectional survey was prepared and printed in Turkish and Arabic for the language courses. In addition, illustrated guides were prepared related to 'psychological trauma, breastfeeding, birth intervals, adolescent health, breast and cervical cancer, and family communication. All of the materials were developed in close collaboration with the refugees to assess their needs, and provided information that was culturally specific and had respect for their values and beliefs.

Women's Refugee Counseling Center

In order to make the reproductive and mental healthcare facilities more accessible and acceptable for refugees, the Public Health Department, in collaboration with the Gynecology Department, designed a unit called the 'Women's Refugee Health Counseling Center' which provided antenatal and postnatal care, nutritional supplements, contraceptives, and psychological support. The center included a health team (doctor, Syrian midwife, social worker, and translator) connected to the University Hospital. The model was designed to be compatible with the existing primary health care system in Turkey. After service delivery had been standardized, this center was connected to the Sanliurfa Public Health Department as a Refugee Center and used for Safe Places for Women and Girls by UNFPA.

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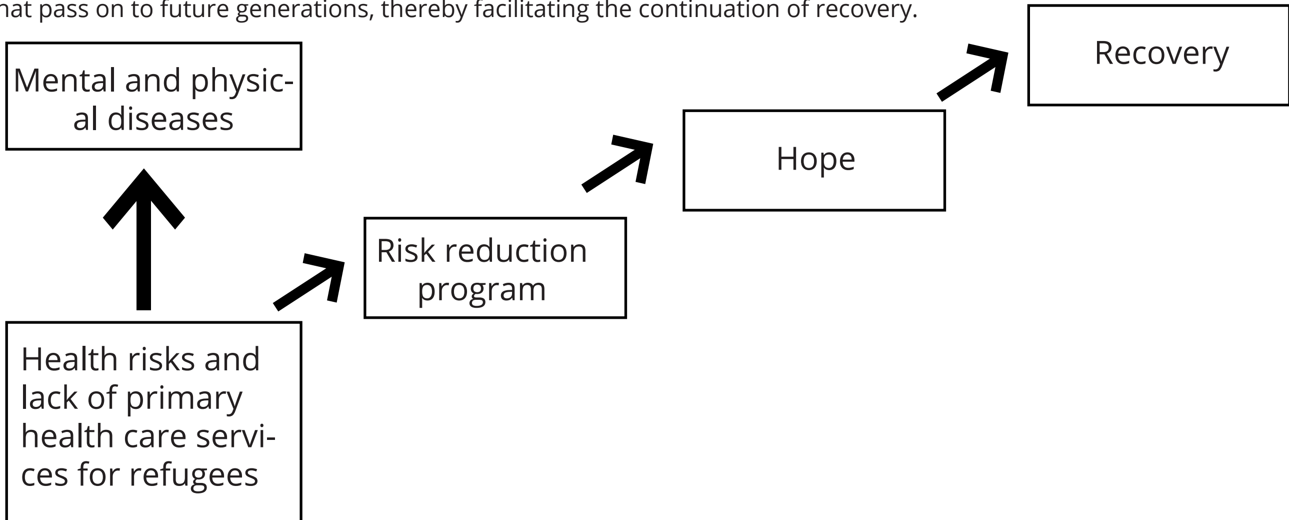
Training of Health Mediators

Community-based interventions are vital due to the following factors: development of behavior in a cultural environment, lack of knowledge of the services, the language barrier, and some taboos related to reproductive and mental health. The health mediator program was the most important stage of this intervention, aiming to serve vulnerable women groups, changing negative behaviors by disseminating health knowledge into refugee groups, helping to establish social support mechanisms, and increasing the accessibility and acceptability of reproductive and mental health services. Health mediators aimed to make refugees acquire healthy behaviors by assuming the role of early adopters of these behaviors. Due to the fact that peer influences are especially important when addressing behavior changes. This risk reduction program aimed to stimulate hope by the reestablishing the routines of life, building positive thinking, creating social support groups by sharing health knowledge and resources, and increasing internal control and self-efficacy.

The logical framework of the training program is given in Figure 1. Risks were chosen among the factors that affect women's health and were directly related to well-being. All of the materials and the training program were prepared according to these criteria. The indicated risk factors cause new traumas, while deepening the existing ones, and prohibiting recovery. Hope provides necessary energy for rebuilding one's life and renewing attachments; moreover, it helps to create positive feelings that pass on to future generations, thereby facilitating the continuation of recovery.



Graphic 1: Logical framework of the RRRP

Each of the following topics have been prepared based on the health behavior theories (health belief model, theory of planned behavior, social norm theory, and diffusion of innovation theory) in order to gain knowledge, improve skills, change behavior, motivation, and all of them were created to provide culturally sensitive, cognitive and emotional stimulations (Glanz et al. 2002). After training each day, health mediators were given homework relating to the adjustment of what they have learned into a culturally appropriate context. The development of each health mediator was observed by the trainers by asking them to demonstrate their homework using the role playing technique.

The content of the 60-h training program focused on neural-biological and psychosocial factors for well-being:

- The relationship between human behavior and disease/premature death (3 h)
- Role of health mediators and methods of persuading healthy behavior (4 h)
- Being a parent (focused on the adolescent period, and early age marriage) (3 h)
- Hereditary diseases, premarital, and prepregnancy health check-ups (4 h)
- Maternity and intrauterine development (focused on prenatal care) (3 h)
- Postnatal care and breastfeeding (5 h)
- Child care aged 0–3 years (4 h)
- Planned parenting and contraceptive methods (4 h)
- Psychological first aid and mental health promotion, including stress management, relaxation techniques, positive thinking practices and developing culturally-appropriate social support mechanisms, and psycho-education of posttraumatic stress disorder (16 h)
- Control of endemic diseases including malaria, cutaneous leishmaniasis, and common infectious diseases (4 h)
- Control of sexually transmitted diseases (3 h)

In order to eliminate the taboos for reproductive health and mental health, field-experienced trainers were chosen among both genders from Medical Faculty and Health Sciences Faculty. Since religious statements about reproductive health were frequently expressed, an academician from the Faculty of Theology worked as a trainer for religious explanations.

Among the female refugees who attended the Turkish courses, 74 health mediators were selected and accepted to participate in the study voluntarily, and who have no health problem for field work. They were paid for their traveling, telephone expenses, and an additional 5 TL for every home visit.

The field work plans of each health mediator were prepared and given supervision once a week by the supervisors. In the field work, priority was given to women who lived alone, were pregnant or had given birth, had many children, were at high risk in terms of exposure to physical and sexual violence and early marriage, had experienced the loss of a family member, were sick and could not access health services, lived in close proximity, and whose social support mechanism was weakened.

Supervisors were advised that their role was to identify the health and social care needs of the women, to ensure awareness of health promotion information, and provide social support, while the limitations of their roles were emphasized. In the supervision meetings, the importance of fact-based, clear, and consistent information provision, empathetical reactions, deciding and managing based on cooperation, and aggregating little accomplishments were emphasized.

Data Collection

The effect of this program was assessed using the mixed methodology combining quantitative and qualitative data. In the quantitative evaluation, a 40-item questionnaire was used, mostly including reproductive health knowledge, behaviors, and infectious disease primary prevention methods, and Arabic versions of the GHQ-12 and generalized self-efficacy scale (GSES). These measures were applied before the training took place, and also 1 and 3 months after the training. To increase our understanding of the nature and extent of the health mediators' activities, we interviewed them in the supervision sessions related to their field studies for a qualitative evaluation, and applied an assessment form at the end of the 8-month program. This form included the effects of the program on their life and the degree of the behavior change (ranging from 0 to 100; the higher the score, the easier the behavior change).

Moreover, follow up forms were developed, including language course applications, Women's Refugee Counseling Center's studies (pregnancy follow-up cards, aged 15–49 monitoring form), and health mediator field studies.

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In qualitative evaluation, all health mediator were asked to write a page of what happened in their lives and their environment, what they felt based on the program. Thematic analysis of the texts written by health mediators was made.

MEASURES

Mental Health Symptoms

The Arabic version of the general health questionnaire 12 (GHQ/12) was used for screening the mental symptoms of the health mediators. The GHQ-12 consists of 12 items, each assessing the severity of a particular mental problem over the past 2 weeks using a 4-point Likert-type scale (range 0–3), which is a valid and reliable psychiatric screening instrument (sensitivity = 0.83 and specificity = 0.80) (el-Rufaie and Daradkeh, 1996).

Self-efficacy

The General Self Efficacy Scale (GSES) is a measure of people's beliefs about their capacity to cope with life's demands. The GSES comprises 10 items rated on a scale of 1 (not at all true) to 4 (exactly true). Sample items include: “I can manage to solve difficult problems if I try hard enough” and “If I am in trouble, I can usually think of a solution”. Thus the higher the score, the greater the individual’s generalized sense of self-efficacy. The Arabic GSES is a reliable and valid tool for measuring general self-efficacy among women (Crandal et al., 2016).

RESULTS

The mean age of the 74 health mediators was 27.2 ± 11.1 years; 78.6% were married, and the median number of years of education was 12.1 ± 6.1.

At the end of the training program, all of the health mediators reported that they were very happy due to the fact that they could help families, other refugees, and also themselves. Furthermore, 87.3% had learned and practiced new subjects they did not know, and 77.3% stated that they started to give importance to their health and started to implement what they had learned in order to avoid several diseases and their self-confidence had increased. Moreover, 77% reported that they started to solve the problems they experienced as Syrian women. As shown in Table 1, the mean of the correct answers increased by 12.6, 32.8, and 39 points, respectively ($P < 0.05$). While the mean GSES score increased, the GHQ-12 score decreased significantly ($P < 0.05$). Of the health mediators, 7 migrated to other provinces, so they had to leave the study.

Table 1: GHQ-12 and GSES Scores

	Pre-training n=74 Mean ± Sd	**Post training n=71 Mean ± SD**	**(1 month 3rd of field month) study n=67 Mean ± SD**
40 item - knowledge and behavior questionnaire (correct answer)	12.6 ± 5.7	32.8±4.8	38.8 ±2.3
GSES	18.9± 8.7	26.3± 6.9	34.9± 2.9v
GHQ-12	27.4± 9.1	18.5± 4.8	6.7± 1.1

In Table 2, the number of people who were accessed by health mediators according to the subjects obtained from the field study follow-up cards over 10 months is presented. Moreover, the degree of difficulty of changing the behavior of each subject was given. The health mediators reached 9178 families. About 1 out of 3 health mediators stated that creating

behavior change was hardest for the following risk factors: early age marriage, consanguineous marriage, gender equality, and persuading women exposed to violence to stand up for their rights. They also reported that other behaviors aside from the abovementioned factors were much easier to change (71.4%–99.4%).

Table 2. Field Studies Reported by the Health Mediators (June 2015–March 2016)

Interventions	**No. of accessed people**	**Degree of convenience of behavior change**
No. of women referred to the center for ante-natal care	1130	97.7
No. of women referred to the hospital for delivery	765	89.8
No. of women referred to the center post-natal care	714	91.7
No. of women persuaded to have birth interval	103	71.4
No. of women persuaded into planned parenthood and contraceptive methods	2569	95.5
No. of women who started to breastfeeding	1250	99.4
No. of girls under 18 years prevented from marriage	1413	57.8
No. of people convinced to not marry relatives	1342	37.2
No. of women referred for tetanos vaccination	876	79.5
No. of people educated for infectious diseases prevention and early diagnosis based on cutaneous leishmaniasis, tuberculosis, and diarrhea)	7064	98.6
No. of women referred to the center for STDs	923	71.9
No. of women referred to the center for violence	95	58.1
No. of women informed of psychoeducation on traumatic stress and coping mechanism	4128	88.7
No. of women referred for breast and cervical cancer screening	1245	88.9
Gender inequality prevention	2453	52.5
No. of home visits	**9178**	

Thematic analysis examplify to what extend the risk prevention model changed their priorities and established their life routines, and built hope once again with the feelings arising from helping others;

1. "I changed": I learned to prevent diseases, applied them to my life and became less sick. My whole life changed. My psychology improved. A new era began in my life.'
2. “My awareness has increased”: my awareness of the risks of child marriages has increased.

3. ‘My self-confidence has increased’: I felt worthless in Syria. Now my life has changed, as if I were reborn, I feel comfortable talking to people now.
4. "I got stronger": my perspective on life has changed, I have become more hopeful.
5. "I changed others": I changed others' perspectives on infectious diseases, reproductive health issues, trauma and recovery. We talked about war before, now we're talking about being healthy.

As shown in Table 3, the reproductive and mental health services was accessed by 7520 women. The following excerpt illustrates this situation.

‘These issues need to be discussed with a trusted person. When I say that the midwife and the psychologist in the center are from Syria, they are more convinced, more courageous. It was very good to have one of us there.’ (Syrian health mediator, age 33)

‘However, we know what we have experienced. The Syrian midwife is easy to understand. We trust her even more when we see her (Syrian health mediator, age 42).

Table 3. Services of the Women's Refugee Counseling Center (June 2014-March 2015)

Services	N of women
Reproductive health consultation from another unit of the hospital	2073
Pre/-post natal care including, micronutrient supply	2337
Contraceptive method applications	2789
Psychosocial consultation	321
Total	**7520**

DISCUSSION

Operational research based on community empowerment requires knowledge of society’s sociodemographic and cultural features and needs, development of evidence-based intervention programs, and the integration of proven methods into the system after the assessment of the effectiveness of the program. This article presents the RRRP for Syrian refugees, especially focused on women’s health, using operational research in Sanliurfa, the province with the highest rate of Syrian refugees in Turkey. Until this study, there was no comprehensive attempt to ensure a population-based and culturally-sensitive risk reduction approach for recovery. After definition of the problem, we designed and implemented this model, and shared the results with the Ministry of Health, UNFPA, and all of the stakeholders; and this model was implemented across Turkey. Several conclusions can be drawn from this operational research.

First, this model started with cross-sectional study, and all stages of the program were developed evidence-based approach. All protective and risk factors that provide recovery are included in the program. In the need-assessment survey, the prevalence of consanguineous marriage, early age marriage, giving birth before the age of 18, pregnancy loss, unmet need for contraception, unplanned parenthood, unmet need of antenatal and postnatal care, and mental health symptoms were very high (Simsek et al., 2018). Therefore, the content of the training materials created healthy behaviors associated with the main risk factors that Syrian women and their families face throughout their lives in Turkey. Since the magnitude of the risk has been identified by the research, the process of making people realize the importance of the problem, which is the first stage of behavioral change, became easier.

Second, taking a responsibility for controlling the risk factors, which are disrupting the well-being, has led to healing, as it has increased the self-esteem and the sense of control of the health mediators. Additionally, it enhanced hope for

Third, this program has been very effective for the acceptability and accessibility of reproductive health, mental health, and social services. The health mediators developed trust-based relations in their neighborhoods, thereby acting as a social support mechanism. They indicated the women and families who are under risk and provided services that fulfilled the basic needs of these women and their families. The importance of social support after the traumatic incidents was presented in the literature (Walsh, 2007; Sierau et al., 2018; Posselt et al., 2018). They reached approximately 10,000 families over the 10 months. Difficulties in accessing healthcare services have long been more common among refugee groups depending on the language barriers, living in remote areas, especially out of the camps, low public health literacy, poor education, and negative cultural values creating taboos (Samari, 2017; Al-Rousan et al., 2018; Oda et al., 2018; Torun et. al., 2018; Simsek et al., 2018). In the literature, health mediators are also called lay health workers or community health workers performing diverse functions related to healthcare delivery; whose attendance is to study commonly results in increasing access to preventive services by a particular community (Lewin et al., 2010; Patel et al., 2010). On the other hand, the health mediators helped to identify and direct tuberculosis, sexually transmitted disease, and cutaneous leishmaniasis patients to the appropriate centers. The effectiveness of health mediator programs have been questioned in scale-up in terms of their lack of consistent supervision, weak linkages to existing health systems, and no sustained community financing (Walt et al., 1989; Glenton et al., 2011; de Vries and Pool, 2017). In this study, effective supervision was ensured through systematic observations by the trainers. Furthermore, the health mediators were integrated into the refugee healthcare system in Turkey, while ensuring their material wellbeing by providing them with monthly minimum wages funded by UNFPA (Simsek et al., 2017).

Fourth, mental health symptoms were correlated with the language barrier, and for this reason, language courses were opened for women and girls. All course materials were prepared to educate them in mental and reproductive health while learning Turkish. Learning about prevention of diseases and early death cases while learning Turkish, has increased the interest to the course and the motivation to its completion. The usage of these documents by the health mediators while working in the community has also played an important role in the increasing of trust.

Fifth, while healthy behaviors were being taught through home / community visits within the community, the opening of the 'Women's Health Counseling Center', where Syrian midwives worked, have provided the access to the service. The inclusion of service providers from the same culture has increased the acceptance of life-saving services within the community such as family planning. In this study, a Syrian midwife, a social worker, and a translator served in the center and about 7000 refugee women were given access to reproductive and mental health services.

After the effectiveness of this model was observed, the Devteşti and Yenice Migrant Health Centers were opened by the Sanliurfa Public Health Directorate on March 1, 2015. This model has been launched across the country by UNFPA as the best practice model.

Finally, community-based interventions help not only the high-risk population but also the affected general population to recover. It provides to regain lost control and sense of trust. Participation in the processes of meeting basic needs is a process that increases the resilience of the society. Thus, daily routine is regained, social support networks are formed, participation in decisions / services improves control and trust feelings. Further research should be focused on the question of whether any behavior change of the community, and the recovery was observed over the long term.

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Research Article
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THE STATISTICAL DATA OF FEMICIDE IN THE WORLD AND TURKEY DOES REFLECT THE TRUTH?

DÜNYA'DA VE TÜRKİYE'DE KADIN CİNAYETLERİ İSTATİSTİKİ VERİLERİ GERÇEKLERİ YANSITIYOR MU?

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ABSTRACT

The development of human beings remains at the level of technology and regresses in the field of civilization. The biggest indicator of this situation is the existence of violence against women in all developed or developing countries and its increasing day by day. Violence against women is multidimensional. If this violence is not stopped, the deaths of women will increase day by day. To make the number of murders of women visible, the word femicide is used instead of the word homicide. In general, "femicide" means that women are killed mainly because they are women.

The purpose of this study is to examine national and international statistics on domestic violence and femicide in the world and our country from many original sources, provide current and accurate information to the world and in Turkey, to deal with the issue within the scope of international agreements and laws, interpreting positive studies and missing issues from a social service perspective and suggesting solutions. In this study, one of the qualitative research methods, the method of examining written documents were used. Documents such as national and international reports, books, researches, articles, statistics on the subject of the research have been systematically analyzed by checking their originality.

In the document reviews conducted within the scope of the research, it is seen that the databases of the countries are not very healthy in the number of cases of violence against women and femicides. Therefore, statistics of international organizations cannot go beyond estimates. Especially, it is seen that the number of femicides in our country is gradually increasing. It is noteworthy that the relevant institutions do not include the suspicious deaths of women in their statistics. Turkey, under Istanbul Convention, has made great strides in preventing violence against women. However, it is thought that withdrawing from Istanbul Convention may cause these gains to erode over time.

Keywords: violence against women, femicide, Istanbul convention, social work, feminist social work

ÖZET

İnsanoğlunun gelişmesi teknoloji boyutunda kalmakta medeniyet alanında gerilemektedir. Bu durumun en büyük göstergesi gelişmiş ya da gelişmekte olan tüm ülkelerde kadına yönelik şiddetin varlığı ve her geçen gün artmasıdır. Kadına yönelik şiddet çok boyutludur. Kadına yönelik şiddet durdurulmadığı taktirde kadın ölümleri her geçen gün artacaktır. Kadın cinayetlerinin görünür kılınabilmesi için homicide sözcüğü yerine femicide sözcüğü kullanılmaktadır. Genel olarak "kadın cinayeti/Femicide", kadınların temelde kadın oldukları için öldürülmesi anlamına gelir.

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Bu çalışmanın amacı, dünyadaki ve ülkemizdeki aile içi şiddet ve kadın cinayetlerine ilişkin ulusal ve uluslararası istatistikleri birçok orijinal kaynaktan incelemek, dünya ve Türkiye hakkında güncel ve doğru bilgilere ulaşmak, konuyu uluslararası anlaşmalar ve kanunlar kapsamında ele almak, olumlu çalışmaları ve eksik konuları sosyal hizmet perspektifinden yorumlamak ve çözüm önerileri sunmaktır. Bu çalışmada nitel araştırma yöntemlerinden biri olan yazılı belgeleri inceleme yöntemi kullanılmıştır. Araştırma konusu ile ilgili ulusal ve uluslararası rapor, kitap, araştırma, makale, istatistik gibi dokümanlar özgünlükleri kontrol edilerek sistematik olarak analiz edilmiştir.

Araştırma kapsamında yapılan doküman incelemelerinde kadına yönelik şiddet vaka sayısında ve kadın cinayetlerinin sayısında ülkelerin veri tabanlarının çok sağlıklı olmadığı görülmektedir. Dolayısıyla uluslararası kuruluşların istatistikleri de tahminlerden öteye gidememektedir. Özellikle ülkemizdeki kadın cinayetleri sayısının giderek arttığı görülmektedir. İlgili kurumların şüpheli kadın ölümlerini istatistiklerine dahil etmediği dikkati çekmektedir. Türkiye İstanbul sözleşmesi kapsamında kadına yönelik şiddeti önleme konusunda büyük adımlar atmıştır. Ancak bu anlaşmadan çekilmesinin zamanla bu kazanımların erozyona uğramasına neden olabileceği düşünülmektedir.

INTRODUCTION

As in the world, violence, domestic violence, and as a result of this, femicide is increasing day by day in our country. Although it is claimed that we live in the most modern ages of human history, the primitive motives of man still come to the forefront, his failure in anger management and acting with the motive "the strong is right" refutes this claim. A person's right to life is the most important, as written in the UN declaration of human rights. Ending of the right to life within the family, which is expected to be the healthiest and safest place, is very surprising, but it is a reality. The guarantee of the right to life is the state and laws. The state has to fulfill this duty, which is the reason for its existence, together with its institutions in the best way. The purpose of this study is to examine national and international statistics on domestic violence and femicide in the world and our country from many original sources, provide current and accurate information to the world and in Turkey, to deal with the issue within the scope of international agreements and laws, interpreting positive studies and missing issues from a social service perspective and suggesting solutions.

THEORETICAL FRAMEWORK

Barker (1999, p. 511) defines the word *violence* with the following sentences in the social work dictionary. “The use of force that often results in injury or psychological problems. The expression ‘crimes of violence’ relates to the crimes in which physical harm occurs or is threatened, such as *aggravated assault, rape, and homicide*”

Violence is a multifaceted phenomenon and a social problem, as it includes physical, sexual, psychological, and economic elements and is classified into different types. Barker (1999, p.137) defines the word *domestic violence*, “The social trouble in which one’s life, health, or property are harmed or endangered as a result of the intentional treatment of other family member.”

Istanbul convention (p.8) defines *domestic violence* as follows.; “domestic violence refer to all acts of psychological, sexual, economic, or physical violence that be formed between current or former spouses or partners, whether or not the perpetrator shares the one housing with the victim”. Declaration on the Elimination of Violence Against Women published by UN on 20 December 1993, *violence against women* was defined with the following sentences. "Any act of gender-based violence that consequence in, or is likely to consequence in, psychological, sexual or physical hurt or trouble to women, including intibitation of such acts, enforcement or high-handed lack of liberty, whether take place in public or private life”

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In the Istanbul convention (2011, p. 8) published on 12 April 2011, it is defined Women includes girls under the age of 18. Therefore, femicide should be evaluated within the age range specified in this definition.

Violence against women is often perpetrated by a close partner. The perpetrators can be present or ex-boyfriend, wife, husband or girlfriend; couples living separately or together; young or old people (Levy, 2008, p. 5).

In cases where violence against women cannot be averted by the state, femicide, which is the most farthest point of violence against women, rises. Usually, femicides occur when violence by close partners is not reported to the authorities and goes unpunished.

The use of the term "femicide" is important for understanding hostile violence against women. The term femicide was first used in Brussels in March 1976 by feminist writers Diana Russell and Nicole van de Ven at the First International Court of Crimes Against Women. The main goal of the term is to show that the violent deaths of women are a crime that should not be confused with the term "homicide" independent of gender and to raise awareness on this issue (Corradi et al., 2016, 2).

In general, "femicide" means that women are killed mainly because they are women. The change in concept is closely related to the country you live in and how the culture of this country views femicide. For example, while the European Union uses the term femicide, the term homicide is used in the USA and Canada (World Vision, Nov 17, 2020). Some countries accept that any killing of a woman is femicide. However, others argue that the murder should be based on gender in order to be called femicide.

Russell (2001, p. 13) states that men commit these murders for sexist purposes. For this reason, the definition of femicide includes hatred towards women, the feeling of superiority towards women, or the motivations of overly possessive attitudes towards women.

Violence against women (and femicide), one of the concrete manifestations of the patriarchal regime, is present in all contemporary societies. Based on this fact, the deep-rooted structure of patriarchy should not be underestimated. Because the patriarchal regime is a social and historical institution rather than a psychological or personal problem, and it is the masculine gender's way of exercising domination (Mojab, Abdo, 2006, p. 3).

Campbell (1992, p. 109) states that one of the most important motivations of men, when they commit femicide, is jealousy. The jealousy that men show can be an expression of their efforts to control and have the women they are close to (or want to be). For this reason, femicides fed by the motivation of jealousy can be made “forgivable” under the patriarchal tradition.

Femicide is a widespread social trouble and a growing human rights problem in all societies and cultures at the global, national, and local levels (McCarry, Lombard, 2016, p. 128).

Constitution of the Republic of Turkey "people's immunity, tangible and intangible" assets as defined in Article 17 guarantees everyone's right to life. It guarantees that nobody will be “subjected to any punishment or treatment incompatible with human dignity”. But, gender-based violence is a breaking of this constitutional right. The state has certain responsibilities to prevent this violation (Altınay & Arat, 2008, p. 11)

Studies show that possession of firearms plays an important role in lethal violence (Nowak, Krcmar, Farrar, 2008, p. 257). Also, research has shown that firearms as well as the murders using an ax or sharp-edged tools, strangling, committed by stabbing or poisoning women or forcing suicide (WHO, 2012).

Generally, gathering correct data on femicide is difficult. In as much as in most countries, government agencies mostly do not have the essential information about femicide cases.

Media can be an important tool for constructing meaning and perspectives, labeling, producing stereotypes, or gaining approval or disapproval of violence. Therefore, in some cases, journalists may be partners in concealing the dynamics of

femicide (Campbell, 1992, p. 110).

The latest international convention to stop violence against women is “Council of Europe Convention on preventing and combating violence against women and domestic violence”. Whereby it was opened for signature in Istanbul on 11 May 2011, it is known as the "Istanbul Convention". Turkey first signed on 11 May 2011 and was the first country to ratify the convention in parliament. Unfortunately, Turkey was the first state to terminate Istanbul Convention on March 20, 2021. When the entire Istanbul Convention is examined, it is seen that the words and concepts of homicide or femicide are not included.

THE METHOD

In this study, one of the qualitative research methods, the method of examining written documents were used. Within the scope of the research, providing data by analyzing written documents containing information about the facts and events related to the subject under investigation is called document review. A lot of information about the researched area can be obtained through document review without the need to interview and observe. In this way, the researcher saves time and resources (Yıldırım & Şimşek, 2008, p. 188).

DATA COLLECTING

Documents such as national and international reports, books, researches, articles, statistics on the subject of the research have been systematically analyzed by checking their originality. Based on the data obtained from the documents, the subject of the study was explained and the data were made meaningful. Besides, the subject was tried to be presented realistically with the numerical data discussed in the study. Domestic violence and femicide statistics from 2000 and after were used in the study. The biggest problem regarding the subject is the lack of a database established at the national level yet.

THE FINDINGS OF RESEARCH AND DISCUSSION

The dark road to femicide passes through the abundance of violence against women.It would be beneficial to first share the statistics on violence against women to have a projection on femicide. In the document reviews, it is seen that the cases of violence against women given by the countries are not based on health data. In the footnotes written under the statistics on this subject, it is stated that the cases reported to police stations, courts, and hospitals are recorded in statistics. Also, some statistics do not include girls under the age of 18, while others state that they include those up to the age of 15. Girls under the age of 15 are not mentioned in any document.

Becountries.sides, when the foreign and national doctoral thesis studies and articles were examined, it was seen that they benefited from the World Health Organization publications and research results made in some

Recent estimates point out that globally one-third (37%) of women experienced either physical and/or sexual intimate partner violence or non-partner sexual violence at a time in their life (WHO, 2018). It is seen that similar results have been obtained in many other studies (UN Women, 2021; WHO, 2021; UN Women & UNDP, 2020; United Nations Economic and Social Affairs, 2015; World Bank Group, 2020).

Violence against women results in critical short and long-term mental, physical, sexual, and seminal health problems, and leads to great social and economic costs for women, families, and societies.

Research on Domestic Violence against Women (2014) in Turkey, the prevalence of domestic violence suffered by women, forms of violence, why is the most comprehensive research conducted throughout the country to understand the risk factors with the results. The first research in this field, representing the country in general and included in the Official Statistics Program, was carried out by a consortium including Hacettepe University Population Studies in 2007. Carried out in 2014, "Research on Domestic Violence against Women in Turkey" is the second study similarly to represent the overall country.

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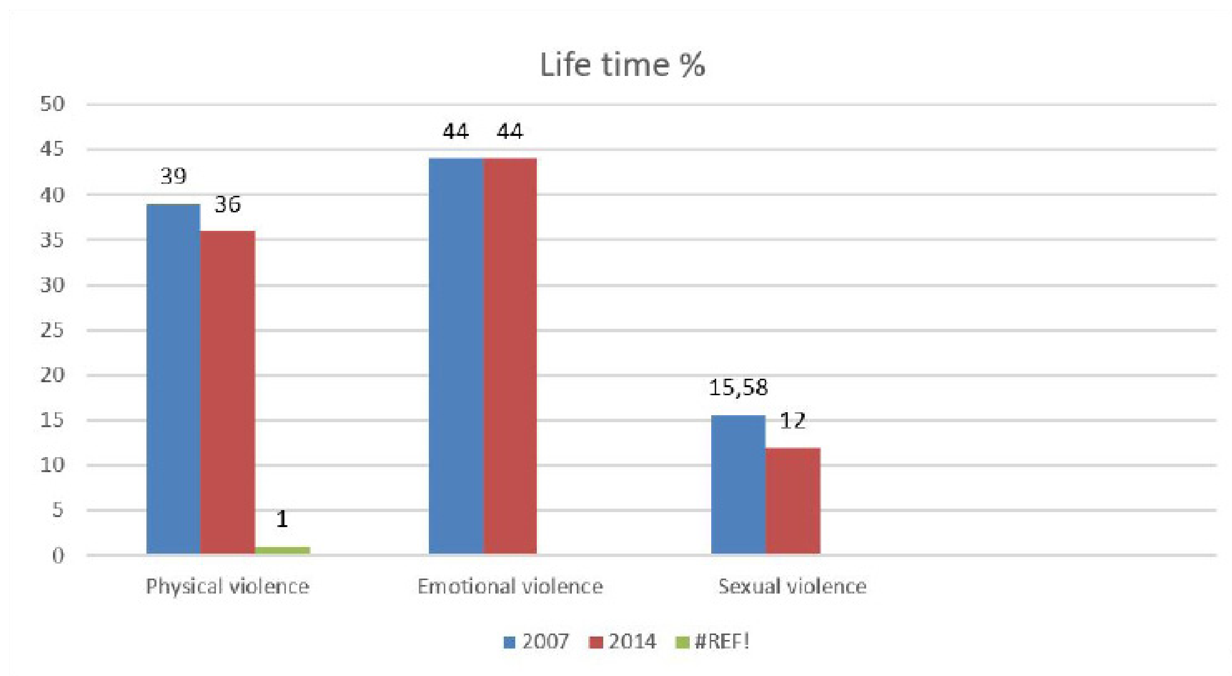
Table 1: 2007-2014 research violence against women in Turkey



Some data relating to Domestic Violence Against Women in Turkey 2007 and 2014 survey results are as follows (Altınay & Arat, 2007; Research on Domestic Violence against Women, 2014):

- In the 2014 study, the rate of women who were subjected to physical violence by their spouse or ex-spouse in any period of their life throughout the country is 36% (8% in the last twelve months). It is seen that this rate is 39% in the 2007 research.
- The rate of women who have experienced emotional violence in any period of their life is 44%. It is observed that this rate did not change in 2014 and 2007 studies.
- In the 2014 study, the rate of women who have been subjected to sexual violence in any period of their life is 12% (5% in the last twelve months). In the 2007 study, this rate is seen as 15.58%.

It is noteworthy that the studies were conducted only on married and divorced women. Violence against unmarried women and girls under 18 years of age has not been studied. Apart from these two studies, no new research has been done yet. Since the statistics on this subject are not shared with the public by the state institutions, the news reflected in the media is used as a source by non-governmental organizations.

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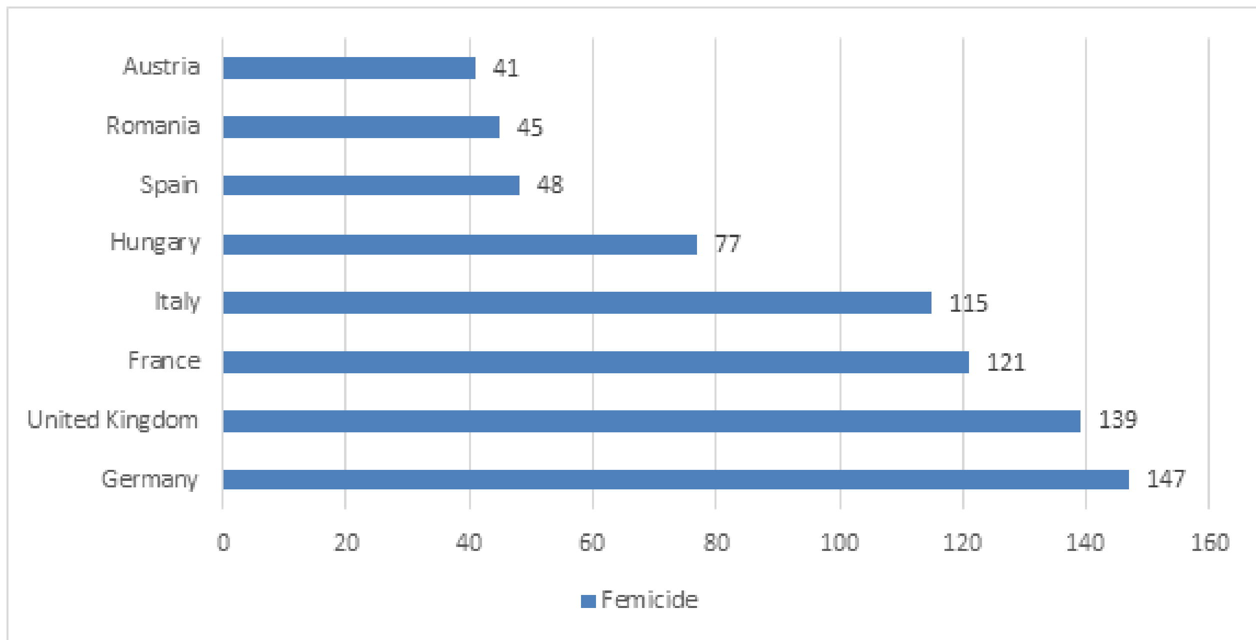
Femicide, which symbolizes to the gender-related killing of women and girls, stands for the furthermost cases of violence against women. Femicides are becoming widespread and on the rise all over the world.

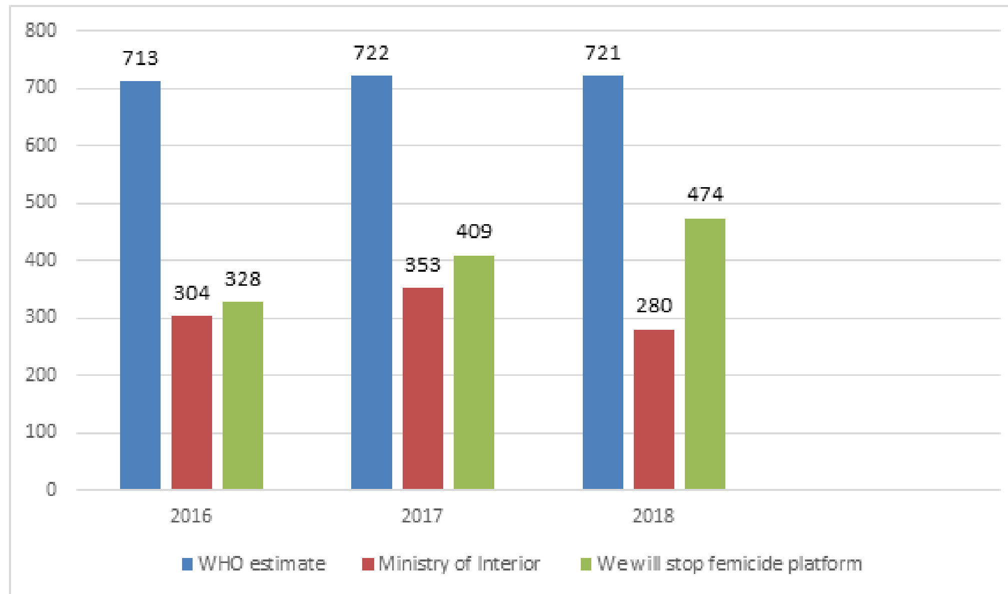
The statistics on femicide in 2018 published by the European Union in 2020 are given in table 1 (Statista, 2021a). Under these statistics table, there is the statement "European Union countries publish these data openly as they sign the Istanbul Convention".

Table 2: Countries with femicide cases in the EU in 2018



In 2018, many European countries witnessed a large number of reported murder cases of women. Femicide with declared to be 147 cases in Germany, 139 in the UK, 121 in France, 115 in Italy, 77 in Hungary, 48 in Spain, 45 in Romania, 41 in Austria, 40 in Bulgaria, 36 in Belgium, 33 in Slovakia, 30 in Serbia, 28 in Switzerland. The names of the countries with a lower number of femicide cases are as follows: 28 in Portugal, 22 in Sweden, 18 in Finland, 15 in Czechia, 12 in Lithuania, 9 in Slovenia, 8 in Croatia, 8 in Albania, 7 in Ireland, 6 in Greece, 6 in Kosova, 6 in Norway, 5 in Estonia. Of course, it is necessary to evaluate these numbers with the female population of the countries. If we include the UK, the total number of femicides in 29 European Union member states is 1,050.
Cases of femicide are widely prevalent in Turkey with a rising trend. Although Turkey is among the countries signatory to the Istanbul convention, it is not easy to reach statistical data for researchers. These statistics are not found on the official websites of the Ministry of Interior, Ministry of Justice, Ministry of Family and Social Services, and TÜİK. These numbers are shared with the public from time to time by the ministers through a press release on the 25 November days of combating violence against women.

Table 3: Femicide statistics in Turkey



"Femicide Estimates by Country" statistics published by the WHO, the information shown in the table is as follows: in 2016 Turkey 713, in 2017 Turkey 722, in 2018 Turkey 721 (WHO, 2021).

The data given by the interior minister at the press conference "on the 25 November day of combating violence against women" are as follows; 304 in 2016, 353 in 2017, 280 in 2018. (Cumhuriyet Newspaper, November 16, 2019)

In the study of Taştan and Yıldız (2019), these figures are stated as follows. In 2016, 2017, and 2018, a total of 932 femicide cases were reported, of which 726 were police and 206 were recorded by the gendarmerie. The number of cases of femicide by year is as follows; 301 in 2016, 350 in 2017, 281 in 2018.

It is seen that the number increased from 301 in 2016 to 350 in 2017 and decreased by 69 to 281 a year later. The change in femicide between 2016 and 2018 was 118. Such a large change in such a short time may be an indication that the records are not kept accurate enough.

According to the data obtained from the "We will stop femicide platform" website (2021), which publishes the data they gathered from newspaper reports and the denunciations they received, femicide in Turkey is stated as follows over the years. In 2016, 328 femicide information was received. In 2017, 134 of 409 murders of women are cited as suspicious deaths. In 2018, 131 of 440 murders of women are cited as suspicious deaths. In 2019, 115 of 474 murders of women are cited as suspicious deaths. In 2020, 171 of 471 murders of women are cited as suspicious deaths. In the first three months of 2021, 45 of 124 murders of women are cited as suspicious deaths.

According to data provided by the Hope Foundation (2021), 373 women were killed in Turkey in 2020 and 263 women were injured.

According to the data compiled by the femicide platform (2021) only from newspaper reports, it is stated that 261 women in 2016 and 285 women in 2017 were killed by men.

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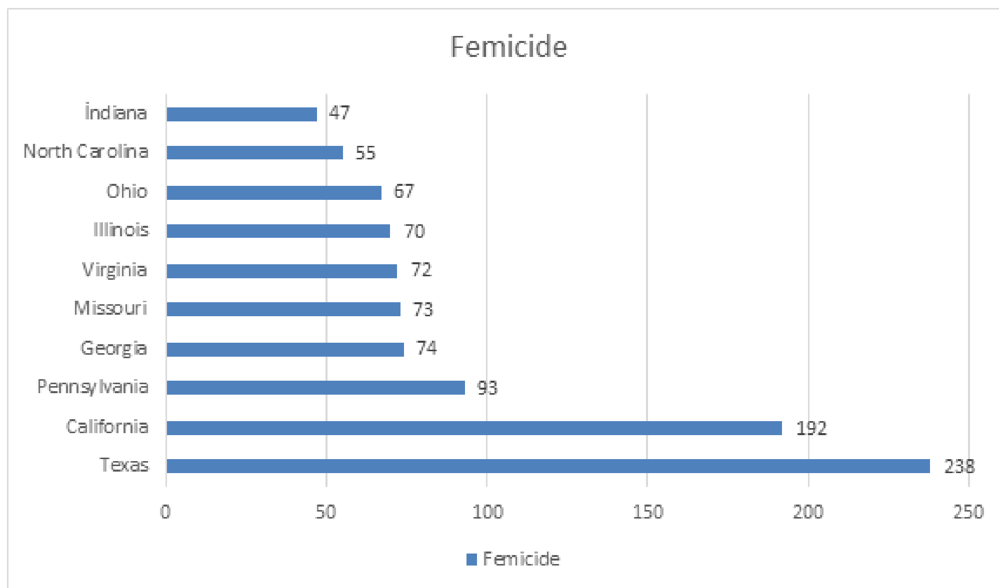
Local media in Turkey is not common. The femicide news is generally followed by the main media. The data collected by women's associations should be evaluated accordingly. Relevant institutions of the state need to fully identify murders of women and share this with the public. It does not seem possible to solve the problem without revealing the magnitude of the problem.

Of course, we do not yet know the number of women injured, disabled, in need of care, and psychologically impaired in these data. The death of each woman is a drama for their children, mothers, fathers, siblings, friends, whom they left behind.

If we include the UK for 2018, it is seen from the statistics that the total number of femicides in 28 European Union member states is 1050. In 2018, the population of the EU is approximately 513 million people. In 2018, Turkey's population of 82 million people. If the population of the European Union compared with the number of murders of women, and we compared the results with the population of Turkey, Turkey needs to take additional measures to reduce the 168 murders of women in the short term.

Table 4: Number of femicide in the U.S. in 2018



Data were not available from the states of Alabama and Florida. If the missing data are not taken into account, the number of femicides that could be detected in 2018 is 1,946 (Statista, 2021b). It is not overlooked that the United States of America can not collect reliable data on femicides covering the whole country.

Table 5: Latin America: number of femicide in 2019

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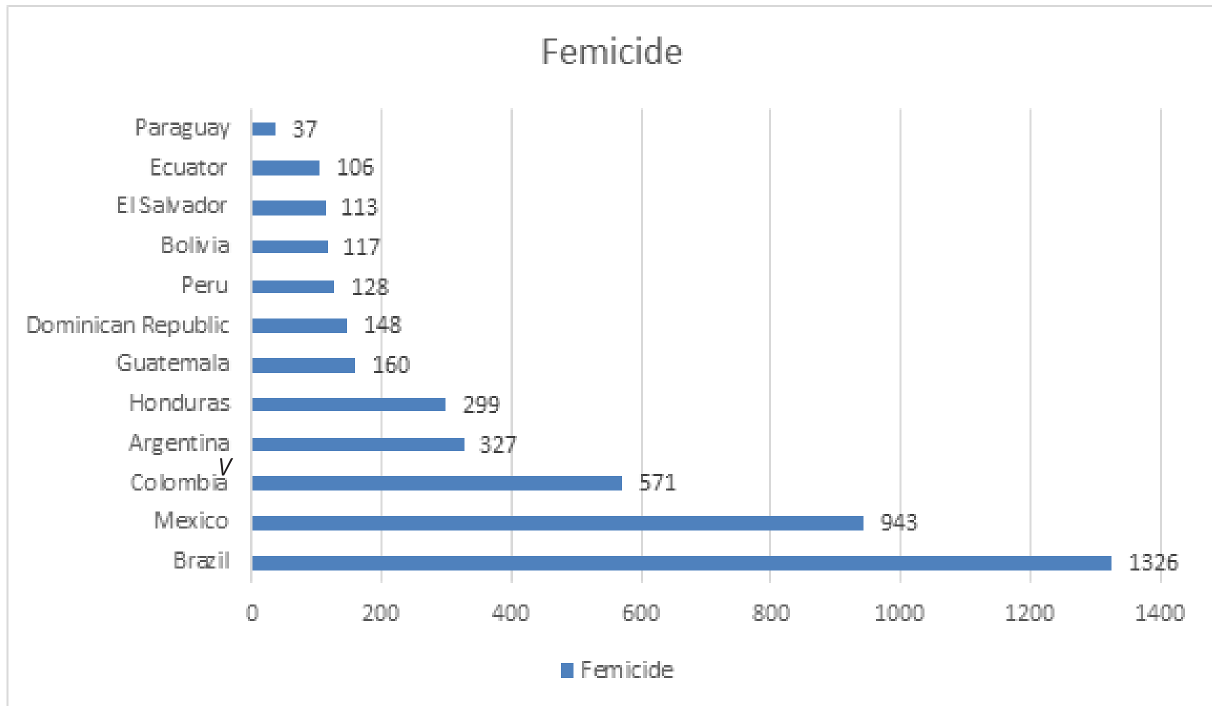
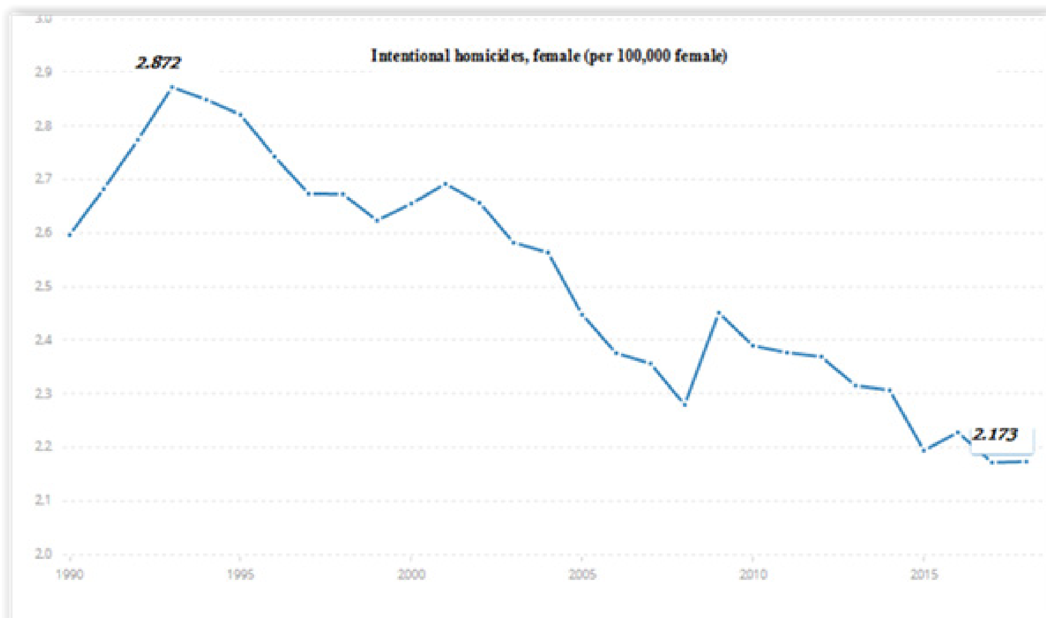


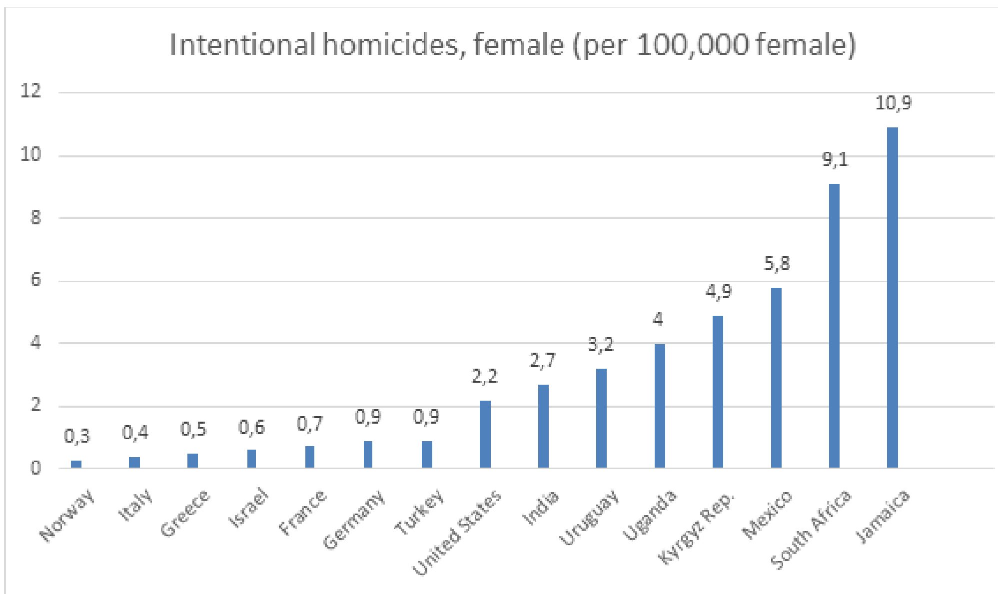
It is clearly seen from the table that Brazil ranked first with 1326 femicides among Latin American countries. Mexico follows Brazil with 943 femicides (Statista, 2021c).

Table 6: The world average of femicides



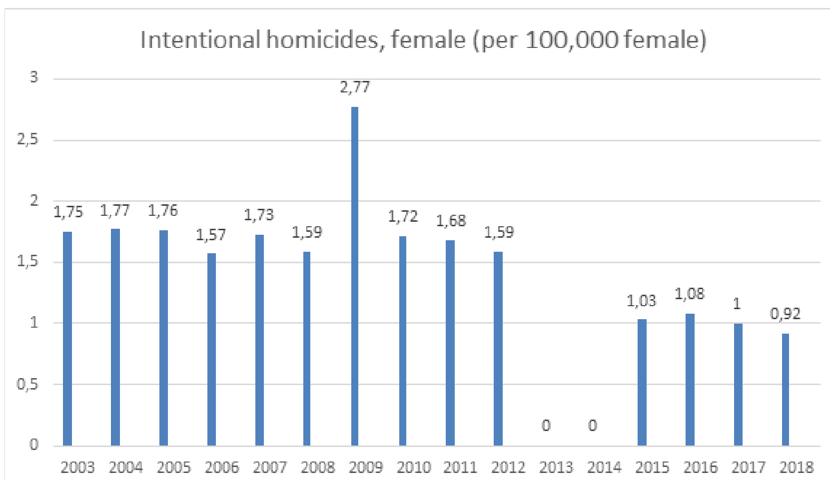
It is seen that the world average of femicides, which was 2,872 in 1993, dropped to 2,173 in 2018. (World Bank, 2021).

Table 7: Female murder rates in some countries (World Bank data)



It is seen that the statistical information published by the World Bank (2021) is not compatible with the number of femicides obtained from the Statista website. For example, Turkey and Germany have also shown that the average (0.9) is not compatible with Statista data. In this case, confusion occurs. The statistical data reported by the countries to the World Bank and World Health Organization should be controlled to higher standards.

Table 8: Female murder rates in Turkey (World Bank data)



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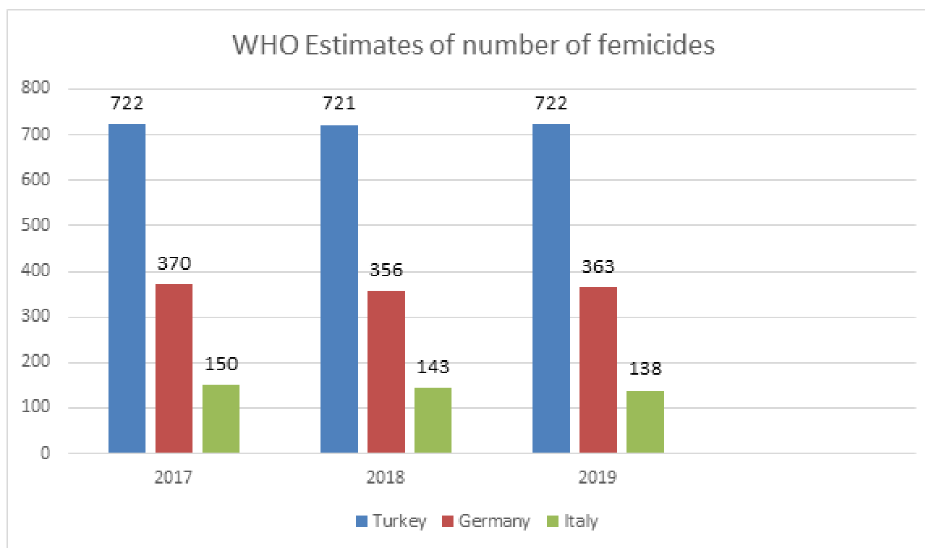
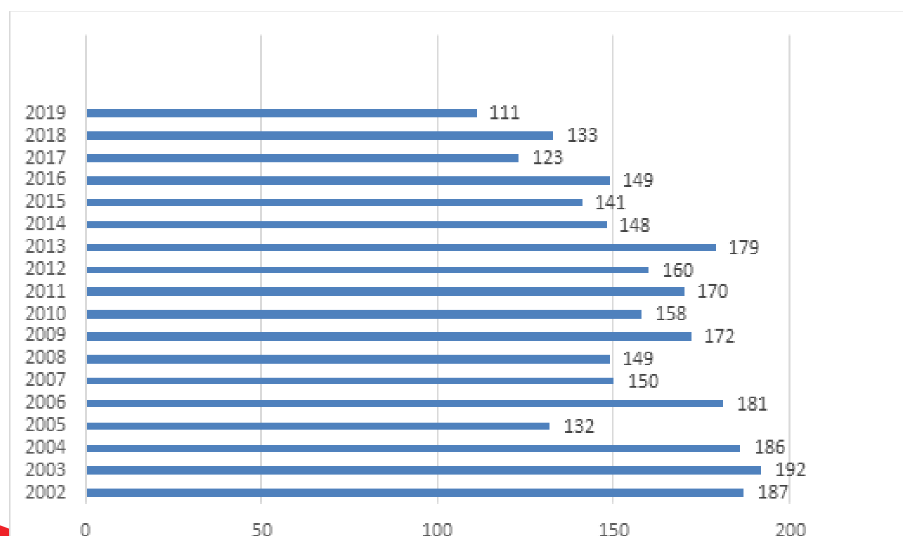
It is seen that many countries have shared their femicide data with the World Bank (2021) since 1990. However, Turkey began to share data from 2003. Also, data for 2013 and 2014 are not included in the table. It is seen that the data in 2003 remained generally stable until 2008, and for 2009 it doubled suddenly. It is observed that the number of femicides has been decreasing continuously since 2009. However, official data and data collected by non-governmental organizations contradict this situation.



When we compare three countries from "Femicide Estimates by Country" statistics published by the world health organization (WHO, 2021), the information shown in the table is as follows: in 2016 Turkey 713, Germany 359, Italy 150; in 2017 Turkey 722, Germany 370, Italy 150; in 2018 Turkey 721, Germany 356, Italy 143; in 2019 Turkey 722, Germany 363, Italy 138.

The number of Turkey and Germany, as seen in the table is twice the statista and other statistics. The numbers of Italy are in line with other statistics.

Table 10: Number of femicides in Italy 2002-2019



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It can be seen from the table that there were 111 femicides in Italy in 2019. When years are compared in the table, there has been a noticeable decrease in femicide in recent years (Statista, 2021d). The number of murders of women in Turkey is high and does not decrease. It is noteworthy that after the Istanbul convention, the number of femicides has decreased in Italy.

When we compare three countries from "Homicide Estimates by Country" statistics published by the World Health Organization (WHO, 2021); the murder of men from women murders in Turkey is estimated to be more than 4.5 times. This ratio is estimated as 1.16 in Germany and 1.96 in Italy. Also in the data of the World Health Organization (2018); Four fifths of the 477000 murders committed worldwide in 2016 are men. In the statistical data of the United Nations Office on Drugs and Crime (2019); In 2016, it is estimated that 50,000 of 87,000 women were killed by their intimate partners across the world under femicide criteria.

It is seen that the number of murders in Turkey is very high. Compared to other countries, it is seen that the number of men who died in murders is quite high. Therefore, it is clearly seen that the number of femicides is higher than in other countries. Turkey, firstly, measures should be taken for the reduction of violence and murder; deterrent applications should be made and education of the society should be given priority.

CONCLUSION

In the document reviews conducted within the scope of the research, it is seen that the databases of the countries are not very healthy regarding the number of cases of violence against women. The most important reason for this is considered to be that the vast majority of women subjected to violence do not file a complaint with official authorities and do not go to hospitals. The information provided by the countries to international organizations is not reliable, as their databases are lacking. Therefore, the number of cases of violence against women cannot be accurately compared between countries.

Many studies measuring lifelong violence against women under the leadership of the World Health Organization cannot reveal the truth due to the support of countries, budget constraints, and the small number of participants. The number of cases of violence against women is usually only estimates based on research and makes up the tip of the iceberg.

Unless violence against women is made visible, the problem grows exponentially and random solutions are insufficient to solve the problem. It is necessary to dry the problem at its source. Since all kinds of violence against women cannot be prevented, femicide is increasing rapidly all over the world, whether developed or not.

All issues related to the detection and reduction of violence against women are valid for femicide. Besides, since the suspicious deaths of women are not reported in the data sent, it is seen that the statistics published by international organizations and countries are not compatible with each other. There are many reasons for femicides, and these murders are mostly committed by intimate people who should protect and watch over them.

It is thought that it is great unfortunate for our country to withdraw from the Istanbul Convention these days when all countries should make joint efforts to reduce femicide. The fact that a national-level study to fulfill the requirements of The Istanbul Convention has not yet been carried out causes concerns that femicides may continue to rise. Also, the legal regulations made within the scope of this agreement are likely to be eroded over time. A national effort should be made to stop violence against women in accordance with the culture and conditions of our country as soon as possible. Within the scope of this national work, laws with high deterrence should be enacted and murderers should be kept in prisons for a long time. During these studies, valuable social service faculty members and social service experts of our universities trained in our country should be used. In addition to many theories of social work, feminist social work theory should also be used in these studies.

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THE RELATIONSHIP BETWEEN SOCIAL WORK ACADEMIC DISCIPLINE-OCCUPATION AND DEMOCRACY

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ABSTRACT

In this study discussed the relationship of democracy and social work. The indicators of the of democracy are respect for human rights, freedom, equality and justice, pluralism and participation. In our age a better form of government has not yet been found than democracy, which can take the government under the control of the ruled people.

The democratically governance method is based on the idea that rulers are chosen bythose who are governed to represent them as social life style. Democracy, it is appear from the non-governmental organizations. In fact, the development of democracy and civil society in country, the state should truly implement the rule of law. The public services, must continue their activities by equality in fields such as education, health and security. Social work profession and effectiv field studies teh key of the developing democracy.

Keywords: Social Work, Democracy, NGO.

ÖZET

Bu çalışmada, sosyal çalışma demokrasi ilişkisi ele alınmıştır. Demokrasi kültürünün" temel göstergeleri, insan haklarına saygı, özgürlük, eşitlik ve adalet düşüncesi, ço¬ğulculuk ve katılımcılıktır. Günümüz dünyasında iktidarı, "yönetilen halkın denetimine alabilen" demokrasiden daha iyi bir yönetim biçimi de henüz bulunamamıştır. Demokratik yönetim metodu, yöntem, bir toplumsal yaşam biçimi olarak yöneticilerin, kendilerini temsil etmeleri için yönetilenler tarafından seçilmesi düşünce¬sine dayanmaktadır. Demokrasi, güçlü sivil toplumdan neşet etmektedir. Doğrusu, bir ülkede demokrasinin ve sivil toplumun gelişebilmesi için, devletin gerçek anlamda "hukuk devleti" olabilmesi gerekir. Kamunun eğitim, sağlık, güvenlik gibi alanlarda etkinlik¬lerini, eşitlik temelinde sürdürmesi demokrasiyi inşa etmektedir. Sosyal çalışma mesleği ve kapsamlı sosyal çalışma uygulamaları, toplumda demokrasinin geliştirilmesinin anahtarıdır.

Anahtar Kelimeler: Sosyal çalışma, Demokrasi, Sivil Toplum

THE RELATIONSHIP BETWEEN SOCIAL WORK ACADEMIC DISCIPLINE-OCCUPATION AND DEMOCRACY

INTRODUCTION

From terminological, social and philosophical perspectives, this paper clearly lays out the relationship and interaction level between social work discipline and democracy, which has been the most developed regime up to now.

The government; the established institutions and formal process by which a society or organized groupdetermines, implements, administers and evaluates its decisions. Policy, the explicit or implicit standing plan that an country or government uses a guide action. Democracy, in a nation in which citizens have freely elected to have that form of government and political, socioeconomic system.

Policy practice and develop to social policy, in social work, professional effort to influence the development, enacment, implementation, modfication, or assesment of all policies, primarily to ensure social justice, human rights and equal acces to basic social goods (Barker, 2003).

A Terminological Perspective to Democracy

It is a well-known statement that “Democracy” has Greek roots combining “demos” (public) and “kratos” (power) terms, and democracy means “the power of public and regime”. This term refers to a specific type of regime based on “equality” principle and the philosophical point of view supporting that there must not be great financial differences among the citizens of a given country. Indeed, in today's modern world where human civilization reaches the highest level and equipment, democracy still keeps its unique value as being the most legitimate, moral and humanistic form of regime. Even in the last quarter of the 21st century, despite its all risky aspects and drawbacks, a better regime rather than democracy giving control power to people on the government has not been found yet (Aktan, 1996).

Democracy, as a form of social life, is based on the idea that the rulers are elected by the people to represent them. With this striking “equality” emphasis, it is guaranteed that richness-nobility and other innate factors are not a means of superiority, societies are not formed monarchical structures and “people can rule themselves”.

In that case, in the sense of the current advanced regime, it is advocated that there must not be further racial or sectarian privileges and the idea of equality, namely the thesis that the system of power in society should be based on similarities rather than differences among people, is regarded as the most significant value of democracy.

Since citizens cannot directly participate in political decision-making processes without intermediary and continuous participation, they make themselves heard through the representatives they choose in society and the country.

Today, modern democracy is now known as “representative democracy” and it is a form of government that citizens use their rights to participate in government, not personally but through representatives who are responsible for them.

Through elections which are held over a period of time, people determine their rulers with their free will in a legal structure in which democratic participation is transparent and open to all people (Arblaster, 1999).

Indeed, the main philosophical meaning of democracy is that all citizens in a country have equal rights in shaping the state policy, and social ruling power together with legitimacy are ensured via this principle. In a given society for democracy’s not being only written rules, being really useful for society, compromising for common good deeds and serving for humanitarian development, peace and living in a peaceful way; it is a must to build a “democracy culture and understanding” on the layer of “individual-family-institutions and society”. In order to reach these understanding culture for a further democracy level, citizens of a given country must realize the real meaning of democracy, take over citizenship responsibilities by increasing their qualifications, participate all public government processes by founding efficient NGOs and show great effort for effective governing of people.

The constitution, which is the supreme law of all the regulations mentioned above, is the supreme regulation aiming to protect and guarantee the rights of the minorities that think differently from the majority. The people mentioned in the democracy regime must be a group of equal individuals and everyone should have equal share in governance (Erdoğan, 2000).

State and Democracy from a Historical Perspective

After the Industrial Revolution which broke out in the phase following the second half of the 18th century, extreme migration from rural to urban areas, urbanization, production, consumption and the changeover of lifestyles led to different and deep social problems as well as new opportunities. Together with industrialization by solving old social structure and traditional relations, new problems with a new social stratification have caused the necessity of establishing social cooperation mechanisms to replace traditional cooperation. In the elections which were held after the French Revolution, the right to vote was granted only to the citizens who were able to give a certain amount of tax, in the southern States of the USA, after 1960, the black race was able to vote for the first time in their history; the right to vote was first given to women in New Zealand in 1893. In fact, until the 20th century, the right to participate in elections was not given to all citizens in any country. After the years following the development of democracy, people started to participate in regime with direct ways such as referendums and indirect ways or social participation such as public meetings and demonstrations as well as voting that gives them the chance to elect the people who will have the authority to decide for themselves.

When slavery was abolished over time, and the right to vote was gained for all people constituting a society, and the impossibility of disregarding the right to vote by people who are fond of ruling the society and market forces appeared.

As it was understood that democracy had a relationship with the development of human and society apart from securing the rights of property and the freedom of initiative, the virtue and power of democracy in terms of creating a new society was understood in a better way and the attempts to reach at better levels were accelerated. After the 1850s, the working class, which was prone to socialism in Europe, tended to make its power accepted among the others as a significant stakeholder of ruling the society by realizing that some factors such as the right for general voting, demonstration, uprising and reaction could be transformed to political power.

In this new process where power relations in society come to the fore, labor gained power a lot from social and political perspective and the social welfare state system that blends the powerful elements of the liberal-socialist tradition in a capitalist society emerged as a new and valid model. With these striking developments, "social state" and "welfare state" conceptions were successfully added into the fundamental features of nation state in the 21st century (Özdemir, 2009).

Habermas (2000), the German philosopher, emphasized the importance of political participation and democratization rather than being solely formal game, and stressed that they would only be meaningful as a power of making people free and determining their own destiny. At the beginning of the 20th century, with the collapse of the Austro-Hungarian Empire and Ottoman Empire as a result of World War I, many new states emerged. During the Great Depression period that came to the scene in 1929, dictators lived in Europe, Latin America and Asia in many countries - fascist dictatorships have come to power in Spain, Italy, Germany and Portugal - antidemocratic governments ruled in the Baltic and Balkan countries, Cuba, Brazil, Japan and Soviet Russia.

After the World War II, colonialism concept ended and many independent countries appeared again; the democratization movements centered in Western Europe, and dictatorships ended in Germany and Japan. With the above-mentioned

traumatic historical learning, these states realizing that peace was for the benefit of every country focused on the aim of being a "social and welfare state" with the effect of the peace winds in the world instead of concentrating on the policies aiming at spending the resources of the society to get armed. Based on the philosophy of creating a new, developed and modern society after the 1960s, this new state model emerged as a reflection of social power relations and began to institutionalize as a welfare state as a product of democratic political functioning.

Koray (2005) argues that there must be a balance among social powers and working class need to gain importance against capital in terms of "social and political power" in order a given state and politics to get social features; "power relations approach" which takes into account the developments such as labor movement and its politicization, the interaction of this movement with trade unions and class parties and the obtained social/political power, is a very explanatory theory explaining the rise of modern "welfare state" as well.

The point, which needs to be considered here in terms of historical development, is that the state tries to provide social improvements via limited income transfer and public services and that can be seen as a significant advantage of democracy. Flora and Alber (1981) also stress that the most sophisticated social welfare state applications emerged in pluralist democracies in which "there appears a strong and organized working class", general voting right is highly appreciated, individuals are aware of their rights and responsibilities and rulers can be inspected as a principle of "common good".

In the historical journey of the social system, social insurances started with voluntary applications and then become compulsory and were legalized in all European countries and USA in the mid-20th century. However, social policy applications including a limited meaning and practice had to be over a half-century to turn into a modern welfare state. The struggles of the working class, which gained power towards capital, i.e. the major general strike in England in 1926 accelerated socialization and further democratization of the state as being important developments that changed social power relations (Yolcuoğlu, 2017).

While the state's being social in the narrow sense is accepted in almost every democracy as part of the modernization / democratization process; social welfare state conception, which can provide minimum subsistence standards to all individuals in a broad sense, emerged and were largely put into practice in European tradition. Two major powers and opposites called "labor and capital" constitute the backbone of both political and civil society organizations in this model.

In the European welfare state model, a three-legged structure "market economy, pluralist democracy and welfare state" takes place in a process of interaction that supports and enriches each other. In the above-mentioned three-legged structure, effective communication and balance are ensured among the counterparts. In other words, while pluralistic democracy makes decisions and practices for the benefit of all individuals and society; welfare practices create an economic production alternative that can produce technology as the most valid source of wealth of the information society and increase wealth and prosperity by improving the society's human resources, especially children at optimal level and this situation provides a sustainable market economy.

"The model of social welfare state", which is the most valid and highly accepted system of our age", creates a required balance of power between the two fundamental social parties in the framework of socialization and politicization. These fundamental social parties are undoubtedly capital owners who emerged after the rise of industrial society and laborers. In this advanced conception, "politics" is not the sole power holder. Based on the democratic resolution of the conflict between labor and capital as basic interest groups, the state is institutionalized here in the form of a "social consensus" that can take the right decisions by joining all the powerful social partners and citizens.

TTHE RELATIONSHIP BETWEEN SOCIAL WORK ACADEMIC DISCIPLINE-OCCUPATION AND DEMOCRACY

In a structure that can convey social policies and social risks into an advanced qualification and power; social peace, social justice and social integration are completed and a qualified society structure is reached.
In the social-democratic approach, based on "democratic socialism" and "adopting solidarity", state-citizenship relations are more detailed and citizenship involves many other rights as well as fundamental rights and freedoms. This approach regards an individual as an output of economic-social conditions and accepts that the state can play an important role while improving the aforementioned economic-social conditions, starting from the premise that every human has equal value. Undoubtedly, this situation is the natural reason behind the fact that working class regards political democracy as an instrument. Thus, economic-social conditions are anticipated to improve through democracy by the state missions (Buğra ve Keyder, 2006).

Self-defense of Democracy

The biggest risk in democracies is the attempt of using power and ruling for inconvenient purposes and this negativity necessitates the following principles: "the hindrance of using governorship for bad purposes" as a crucial point of democracy, building an effective and powerful opposition side and institutionalization of transparency, information access, questioning and answering in all steps of governing (Keyman, 1999).Since it is not practical for a large number of people to come together and settle every issue, the delegates, to whom the representation power was given by the majority of society, come to the front. However, the problem of "controlling the delegates" arises at this point. Although the idea that people rule themselves sounds good, it might also bring about a series of problems.

It seems that the following issues are more significant in democracies from a further democratic perspective than who the ruling authority is: the inspection of the ruling side continuously and efficiently, the investigation of how the rulers manage ruling process and the control of the rulers by governmental powers such as justice. In order to achieve these challenging processes successfully, the judiciary must be able to produce sufficient power, full independence, equity and justice to distribute justice, protect the rights and freedoms, and demonstrate its highly skillful power. Indeed, in the case of the advanced democracies, the fact that the judiciary has a very critical importance as a state of law, the real security of human rights and freedoms is actually based on this sensitive situation.

Referring to the use of force in democracies, the French philosopher Montesqieu pointed out these vulnerable points and emphasized that anyone who possesses power tends to abuse it and would go as far as he could go unless there appears an equal power to counterbalance him. This stimulating innovative thought led to the principle of "separation of powers" in which "executive, legislative and judicial powers" inspect, discipline and restrain each other as being qualified structures.

When every individual has the right to speak equally in state ruling, "political democracy" arises, but other deep questions come to the agenda at that point. Is the idea of "political equality" really compatible with the concept of equality in a society framed with people who are at different financial levels? Can those who are financially higher in the upper classes be prevented when they use the advantages of their financial power and have more control in ruling? In fact, the major political crowds are in favor of the idea asserting that they have the right and authority to do whatever they desire-even arbitrary- and the minority has to obey their disposals. The difficulties of protecting the citizens from the oppression and coercion of the majority are clearly visible here. At the milestone of democracy here, a "real advanced democracy" need to solve the above-mentioned vulnerable possible problems in a "reasonable" way by meeting the needs of the individuals at "the minority".

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It can be put forward that the most respectable and acceptable side of democracy lies in the creation of mechanisms and methods that can achieve the rights and freedoms of the so called "minorities". The virtues of this ruling style are as follows; the individuals' right to determine their own fate, living together in different lifestyles peacefully, respecting individual freedoms, developing the virtues and abilities of people, providing justice, enabling everyone to express themselves freely and contributing to the solution of the conflicts.

Owing to the fact that a human who thinks, questions and researches can manage to build up a proper democratic lifestyle, libertarian thought must be fully validated in individual and community life in order for the aforementioned lifestyles and understandings to become truly dominant. So as to reach this target, it is of high importance that every person in social life has the ability, power and knowledge to decide and determine his own life and draw his life policy and strategy. For every modern society, it is a must to facilitate the citizens' individual and social strengthening, the development of their conditions, their individualization, their independence and their emancipation. The famous English philosopher Popper focuses on how to hinder inadequate or untalented rulers in order not them to harm the society much and he thinks over possible ways of organizing political institutions in so as to find a proper answer to power paradox. In other words, solving the problem of the institutional control of the ruling side is the most important issue and the vital value of pluralism and constitutional control appears at this point (Şener, 1998).

In the advanced democracies, the laws, rules, institutions, the judiciary, and the people themselves manacled the hands of the executives with extremely powerful laws that prevent abuse in order to prevent the development of dictatorial candidates. In other saying, democracy took all necessary measures by establishing a legal system which is very strong and cannot be violated against those who want to abuse it. Although democracy has notable targets and brilliant ideas, it also has various problematic issues. It needs to be keynoted here that one can mention about "advanced democracy" in a given country on condition that fundamental rights and freedoms are guaranteed there. The term of "advanced democracy" implies that this regime needs to lay out how to protest itself and the rights of people together with their freedoms and how to prevent threats towards democracy. Despite the fact that elections are sometimes held in authoritarian regimes, it can be stated that the fundamental rights and freedoms of citizens are not ensured, they are not guaranteed; therefore, these regimes can be considered as "election-based democracy".

To be a qualified, responsible and well-equipped person together with being interested in the field of science, culture, literature, music, fine arts, aesthetics and sports is the necessity of modern citizenship. In addition, the following issues are essential characteristics of modern democratic states: a- establishing effective communication between people in social life, b- realizing realistic, valid, objective, competitive, constructive, sharing, co-operative and solidarist apprehensions, c- providing opportunities for implementation within social interaction mechanisms and d- improving the conditions (Aksoy, 1994).

The Interaction Between Social Work Discipline and Democracy

There is no doubt that technological developments are the decision makers of our age and civilization has reached the namely peak in terms of science and technology. The rapid and striking developments in the natural sciences did not occur in the social sciences and the development and progress in the social sciences remained low. Also it can be put forward that there has been a considerable amount of progress in the science fields such as humanities, social studies, medicine and education; however, the progress in social field has never caught up with the progress in technology. Traditional problems such as pov-

erty, ignorance, diseases, unemployment, population boom and even hunger are still going on. Apart from these problems, some other problems such as development-driven social loneliness, value confusion, youth crisis, alcoholism and drug habit, family breakdown, the problem of women's rights, aging of the population, displacement, housing shortage, automation, nuclear armament are growingly gaining importance and these problems are threatening humans (Kut, 1988).

The most prominent feature of the twentieth century is the following concepts' gaining importance and development: human rights, living properly, freedom and social justice. In order to create welfare societies in which the aforementioned concepts are brought into practice, the struggles were made at national and international level and "social welfare state" concept was accepted as a state model of the modern world. The complex events that are experienced in today's social life and the social problems that are the consequences of individual and social changing process enhanced the need for scientific knowledge. Similar to other social sciences, social work is an applied field of study and discipline which aims to solve the emerging social problems with unique scientific techniques and methods. Underlining social justice idea and well-being of people, social work discipline tries to ensure that social-economic conditions are organized, all individuals in a given society are supported for a peaceful life and basic needs of people are provided. While trying to solve the problems of individuals and society at micro and macro level, social work discipline aims to enrich social policies and reach the targets of human rights and social justice idea. Social work usually functions in an "institution", generally in state facilities.

A true democracy appears on the surface as every citizen in the country can evaluate it as a subject and can bring it to life. It seems that social work is the ultimate suitable profession to accomplish the mission stated above. Social work can meet the humanitarian needs of the citizens living in risk, build "citizenship" concept efficiently by supporting the people's well-being and structure democracy effectively starting from family at all social layers. Marshall (1963: 259-279) emphasizes that citizenship is a kind of status given to the members of a given society and the people who obtained this status are equal in terms of all rights and missions; they have rights related to individual freedoms in civilian level, political level of citizenship gives right to share the political power in a given society and finally social level of citizenship was institutionalized by the rights guaranteeing to get shares in financial welfare, social security and cultural heritage.

Political action in social work, coordinated efforts so influence legislation, election of candidates, and social causes. Social workers engage in political action by running for elective office, orgnizing campaigns in support of other candidates or isissues, fundraising, and mobilizing voters and public opinion. Political action also includes lobbying, testifying before legislative committeers, and monitoring the work of officeholders and government workers (Barker, 2003).

In almost every country in Western Europe, it is known that the struggle of the working class is very decisive in shaping the political structure (Esping-Andersen, 2002). In the social democratic model in Scandinavian countries and in the corporatist model in Continental Europe, the significant social power of the coalition of the working class with the middle class was able to construct the social system. In the case of the welfare states where the real democracy in Europe has been fully implemented and emerged as a great power that protects and improves all individuals of the state together with providing their basic needs; it is seen that the amount of money given to social expenses increased from 30% to 62% in Germany, from 20% to 47% in England and from 30% to 53% in Sweden in the period between 1990s and 1960 (Flora ve Alber, 1981). The share given to social expenses from GNP in 1980 was as follows in some European countries: 33.1 % in Sweden, 28.7 % in Denmark, 28.8 % in Germany, 25.4 % in France, and 21.5 % in England.

The welfare state is functional in both economic and political terms, not only as a tool, but also for its output. These

social policies have important consequences not only in terms of the material welfare they produce, but also in terms of the functioning of the economy, politics and democracy. Social citizenship also creates added value in terms of increasing the functioning of the economy and market, together with developing political equality. In other words, Social and economic rights and social citizenship mean a real assurance in terms of the development of the meaning and reality of fundamental rights, together with freedoms and the development of democracy. In this way, cruel market economy becomes socialized through political democracy and usually turns into "social market economy" as in the context of Germany. Furthermore, the implemented policies and programs provide a positive exchange or shopping relationship among the economy, politics and society.

On the other hand, states that capitalism has become irregular unless it is under political and democratic control. In addition that capital not only controlled economy but also took all social life under control due to the fact that the power of the capital increased a lot compared to the past. Besides, he underlines that capital downgraded politics by setting up its own sovereignty and "exploited" the other social fields, as well.

Ergil (2012) asserts that the following regulations need to be implemented in order to call an institution or state "democratic": (1) equality of opportunity must be given to the members of a given organization in the process of political decision-making, (2) high participation rate to the organization's activities must be ensured, (3) different views and opinions must be fully discussed, (4) there must be a power balance between the competitors, (5) leadership must be changed periodically ; in other words, "the mobility of the elected people" must be ensured, (6) persuasion method must be used as a method of influencing. As it is considered at social level, a "pluralistic society" must be constructed so as to implement democracy.

Regarding the characteristics of a pluralistic society, the following features can be underlined: social classes are required to have reached the level of development that can balance each other's power; various interest groups and social classes, by forming representative organizations through political parties and pressure groups, must reflect their demands to the political system, and there must be various and multi-purpose associations and different organizations among individuals (Cılga, 2004).

On the other hand, social organizations, which are powerful NGOs for the society on the path of an advanced democracy, will give the individuals a sense of belonging and rescue them from loneliness. In this way, social organizations will provide social support while removing social problems and function in a wide range of issues such as expansion of democracy from bottom to up, training of political positions, establishing a social ground for political parties and limiting the giant power of the state. As seen, thanks to the development of civil society, the state is no longer a non-accessible, non-questionable and demigod authority, instead, the state is a technical organization and unit that can be criticized and questioned by civilians when required.

Non-Governmental Organizations put strain on the governments so as to interfere in the widespread problems of underdeveloped countries which are: health, education, disorder in the share of income, protection of children, providing the basic needs of the individuals who are under the poverty threshold, dealing with the unemployment and crime related problems among young people, participating to the management of the country for enabling to get common good decisions, preventing extravagance and wrong public expenditures and interfering fraud. NGOs also keep a close watch on all the aforementioned policies and NGOs can discipline political powers on behalf of the society as being "defender and activist".

Mobility and participation in NGOs function not as a competitor or threat to the state, but as a contribution to its inadequate and official services, as an opening platform for the points blocked, acting in a facilitating and empowering method;

individuals and rulers regard these civil and spontaneous structures as valuable and accept them as an integral part of democracy. In order for democracy to exist in a society, autonomous and powerful intermediate units from each other must exist, and they must be sensitive and accountable, and they need to participate in ruling at the same time.

DISCUSSION AND CONCLUSION

The propaganda, planned efforts to convince segments of the public about cetain opinions or beliefs. Usually, this is done with powerful slogans, testimonials, attractive images, and promises of better circumstances and the ending of problems. Propaganda is usually an important to part of any political or social movement for social workers (Barker, 2003).

For a real democracy application, the theoretical knowledge presented in this paper lays out that the quality of "human resource" which constitute a society needs to be increased, sense of responsibility must be interiorized by every citizen at "apartment, district, street, town, city and region" level, people are required to take part in social ruling processes through NGOs. From this perspective, although democracy is generally regarded as a form of "public administration" and state governance; families, institutions, universities, workers' and employers' organizations and some other civilian institutions can be better run with efficient participation of their members in a democratic way.

Although democracy includes the idea of common good and ruling country all together, the so-called simple, accurate and feasible situation brings along a series of questions; that is to say, public cannot agree on any issue easily and democracy refers to the ruling of a group of people and these people are naturally "the majority". Then, what is the fate of "the minority"? Nevertheless, democracy is the unique type of ruling that includes the virtue of correcting the mistakes. While the rule and freedom of the people are guaranteed in democracy, the power of the state is delivered to the people. In representative democracies, the rulers base their decisions and power on the consent of the people as they spring into an action. In fact, it is the aforementioned consent that gives the moral superiority to democratic ruling. The most important insurance of this virtuous regime is our power to change those who govern us without difficulty, oppression, with free will, and without resorting to violence.

"Democracy" is not a tool but a "goal"; no one can use it for his/her personal secret agendas and intentions. Since the advanced democracy must create the assurances and insurance system in a very strong way that can protect itself and keep it efficient. In EU countries that can rule their states transparently without raising questions on mind and cooperating with people, one can hardly ever witness fraud. Here it can be deduced that the advanced democracies can protect themselves automatically and the power of these countries is directly related to the power of their democracies which is the assurance of their existence.

There is no doubt that being a person who is qualified, responsible, prudent and interested in science, cultural life, literature, music, fine arts, esthetics and sports is the essential requirement of being a modern citizen. Additionally, the prominence of some insights that are realistic, valid, objective, constructive, sharing and cooperative is the most essential characteristic features of modern democratic countries, together with providing application facilities in social interaction mechanisms and improving the conditions. Due to the fact that the person who thinks, questions, and investigates can develop a true culture of democratic life, "libertarian thought" must be fully validated in human and social life in order for these lifestyles and understandings to become truly dominant. So as to accomplish this mission, it is of great importance that the person in the social life has the ability, power and knowledge to decide his / her own life, the life policy and strategy. For every modern society; the citizens' individual and social empowerment and the development of their conditions are somehow obligatory. In addition, states must pave the way for their citizens' individualization, independence and emancipation.

obligatory. In addition, states must pave the way for their citizens' individualization, independence and emancipation.

For real democracy to be established in a country; all citizens' effective participation in important decisions, keeping communication channels open, calling to account and accounting before the public and establishing an impartial and strong judicial system are imperative. The principles of democracy and republic are the foundations of contemporary social thought. Besides, the democratic society structure, based on human rights, is an advanced organization in which people are focused, social law state is functioning, human life is a basic goal of development in every field, sharing participation and solidarity provide social integration and secularism is protected. This situation reveals the necessity of a functional society in which conscious and responsible citizens are effective and mutual love, respect and tolerance are based on relations among people.

The Industrial Revolution, which was experienced in the process of historical transformation of societies and humanity, French Revolution, Renaissance and reform movements, the developments in natural sciences and social sciences, the rise of nation states instead of empires after democratic revolutions and the development of republican, secular and democratic social law state in parallel with human rights and freedoms helped "social working idea and action" spread all over the world. The idea of social work, which is grounded on the happiness and freedom of the individual and society, gained momentum with the development of critical mind, productive and creative human efforts, scientific attitudes and thoughts. In short, the social work profession gained strength with the birth and development of modern industrial society, the idea of enlightenment; the advances in scientific-technological changes and social sciences, and the improvements in the state structure, democratic society and ruling mentality (Cılga, 2004: 6).

"Social Work as a science" is an "academic discipline" producing scientific knowledge on the dynamics and principles of the change and development related to humans and society, and the improvement of social efficiency of humans and related approaches, methods and applications on the issue with development idea and knowledge. The following concepts emerge as the qualifications of the Social Work field: Laws on the dynamics of change and development of the individual and society; development thought and knowledge; the approaches, methods and practices of improving people's social effectiveness. In democratic societies, "Social Work" is an occupation that enables human beings and society to develop and improves life conditions, basic rights and freedoms, together with social and financial rights in accordance with political and participation rights. Social Work occupation carries out the aforementioned missions with scientific approaches, methods and techniques by mobilizing social interaction mechanisms.

Communication and interaction are fundamental concepts behind the relationship among people that are the smallest and basic unit of social structure. In the internal and external interactions among families, schools, associations, occupational groups, political parties, religious and cultural groups, the origins and solutions of the problems are concentric. It needs to be noted that no society in human history reached "advanced democracy" in short time, democracy is the output of painful historical experiences and spotty trials. Also, "advanced democracy" is the natural output of the determinant struggles of social organizations such as strong NGOs and labor unions, various factors and variables such as socio-cultural structure of society.

In order to achieve the level of advanced democracy, the oppressed and the victimized people must make a request to obtain their rights by "raising their social consciousness" and prevent the authority and the rich from violating their rights via protest and other activities on necessary occasions and follow the developments in society actively.

The mechanism of "separation of powers", a strong law inspection mechanism and guaranteeing the rights and freedoms of an individual towards the state are "prerequisite" for a democratic system. In order for all the above-mentioned prerequisites to be "a value" among the crowds, people must be the defenders of all these insights and even the assurance of them by developing a high social consciousness with strong participation.

sites to be “a value” among the crowds, people must be the defenders of all these insights and even the assurance of them by developing a high social consciousness with strong participation.

Democracy has developed after long and difficult struggles in the world; if the public does not desire, demand or devalue democracy, it is not possible to bring the regime to a real democracy.

In order the individuals to reach the aforementioned strong structures, the state should redistribute its income; it should offer minimum opportunities for people who are weak, crushed, vulnerable, fragile, orphaned and in need of help. This situation requires the status quo to be replaced by social service practices in favor of the needy crowds.

Social work a applied science of helping people avhive an effective level of psychosocial functioning and effecting societal changes to enhance the well-being all people (Kirst-Ashman, K. ve Hull, G.H. (1999).

As result, at the underdelevoped cuntries, before institution social welfare and allocation sources fairly at society and instruced citizenship, there will be no true democracy.

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PHYSICALLY DISABLED ADULTS IN TURKEY DURING THE COVID-19 OUTBREAK: A PHENOMENOLOGICAL RESEARCH ON THE EXPERIENCES OF PEOPLE WITH SPINAL CORD INJURY

TÜRKIYE'DE COVID-19 SALGINI SÜRECINDE BEDENSEL ENGELLİ YETİŞKİNLER: OMURİLİK FELÇLİ BİREYLERİN DENEYİMLERİ ÜZERİNE FENOMENOLOJİK BİR ARAŞTIRMA

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ABSTRACT

This study aimed to explore the main problems that individuals with spinal cord injury (SCI) encounter in daily life based on their own experiences during the COVID-19 outbreak in Turkey. For this purpose a field study having a phenomenological research design was performed. In the study, the experiences of 19 adult individuals with SCI and 4 caregivers living in Istanbul are analysed in accordance with the themes selected for the research. The key findings are evaluated with thematic analysis within the framework of the main problematic of "The main problems that individuals with SCI face in daily life during the COVID-19 pandemic". The main research themes selected are about impact of COVID-19 on daily life, access to health, rehabilitation and social services, and participation to social life. Based on the research findings, the most significant problems that the participants encountered during the COVID-19 pandemic are as follows: 1. Stress, fear, and anxiety about infection and transmission of the virus; 2. Worsening situation for proper care and treatment for their secondary health conditions; 3. Economic difficulties caused by unemployment, loss of income and increasing costs, 4. Difficulties because of the interruption of rehabilitation and care services; 5. Difficulties in accessing digital and assistive technologies and lack of skills in using them; 6. Changes in daily routine such as eating and sleeping patterns, leisure activities, communicational and psychological problems; 7. Difficulties in following current information about public health. The COVID-19 pandemic has deepened the problems of people not only from social life perspective but about getting social support too and increased their dependence on caregiver. From our findings we can conclude that there is a great need for new multidisciplinary studies on the social services and social support models that can be applied in the pandemic for people with SCI and their families taking into consideration that the epidemic is continuing and can occur again.

Keywords: Impact of COVID-19, Spinal Cord Injury (SCI), Disabled people, Social Services, Difficulties of disabled individuals

ÖZET

Bu çalışmada, Türkiye'de SCI'li bireylerin COVID-19 salgını sürecinde günlük yaşamda karşılaştıkları temel sorunları kendi deneyimlerinden yola çıkarak keşfetmek amaçlanmıştır. Bu amaçla fenomenolojik araştırma deseninde bir alan araştırması yapılmıştır. Bu makalede, araştırma kapsamında belirlenen temalar doğrultusunda İstanbul ilinde yaşayan 19 SCI'li yetişkin birey ve bakım veren 4 kişinin deneyimleri aktarılmıştır. Temel bulgular, "SCI'li bireylerin COVID-19 salgın sürecinde günlük yaşamda karşılaştıkları temel sorunlar" ana sorunsalı çerçevesinde tema analizi ile değerlendirilmiştir. Araştırmanın ana temaları COVID-19 salgınının günlük yaşama etkisi; sağlık, rehabilitasyon ve sosyal hizmetlere erişim

ve toplumsal yaşama katılımları olarak belirlenmiştir. Araştırmadan elde edilen bulgular değerlendirildiğinde; COVID-19 salgını döneminde katılımcıların yaşadığı en önemli sorunlar; 1. Virüsün enfeksiyonu ve bulaşması ile ilgili stres, korku ve endişe; 2. İkincil sağlık sorunlarına yönelik kaliteli bakım ve tedaviden yoksun kalma; 3. İşsizlik, gelir kaybı ve artan maliyet nedeniyle yaşadıkları ekonomik zorluklar; 4. Rehabilitasyon ve bakım hizmetlerinin kesintiye uğramasından kaynaklanan zorluklar; 5. Dijital ve yardımcı teknolojiye erişimde zorluklar ve bunları kullanmada beceri eksikliği; 6. Yeme, uyku, boş zaman etkinlikleri gibi günlük rutinde değişiklikler, iletişim ve psikolojik sorunlar; 7. Güncel halk sağlığı bilgilendirmelerini takip etmede güçlükler olarak tespit edilmiştir. Genel olarak COVID-19 salgını SCI'li bireylerin toplum yaşamında ve sosyal destek alanında yaşadıkları sorunları da derinleştirmiş ve başkasına bağımlılıklarını artırmıştır. Salgının devam edeceği ve tekrar yaşanma ihtimali göz önünde bulundurularak, SCI'li birey ve ailelerine yönelik salgında uygulanabilecek sosyal hizmetler ve sosyal destek modelleri üzerine multidisipliner çalışmalar yapılmasına ihtiyaç olduğu görülmektedir.

Anahtar kelimeler: COVID-19'un etkisi, Omurilik Felci, Engelliler, Sosyal hizmetler, Engelli bireylerin yaşadıkları zorluklar

INTRODUCTION

New type of corona virus (2019-nCoV) was detected in Wuhan city of China in December 2019, and was identified on January 13, 2020. It caused severe respiratory infections that led to deaths and spreaded to every country of the world rapidly as never seen before. The COVID-19 virus outbreak, which was declared as COVID-19 pandemic (epidemic) by the World Health Organization (WHO) in March 2020, continues to threaten humanity in physiological, psychological, social, economic and many more aspects.

During this period, the pandemic does not effect all groups of population equally and may have impacts that are more dramatic on disabled individuals, who are one of the most vulnerable groups in the society. Therefore, it is important to specify the needs of them based on their life experiences. Indeed, people with disabilities and their families face social inequalities, discrimination and stigmatization even under normal circumstances and they experience serious difficulties in accessing some services as well. According to the World Report on Disability produced jointly by the WHO and the World Bank in 2011, in all countries people with disabilites experience inequality in access to healthcare services, work and employment, education, public buildings, in participation in political life and even in access to information. It can be said that the areas in which discrimination is seen at its highest are accommodation, participation in social and cultural life, access to public spaces and services (WHO, 2011). Research on past pandemics show that people with disabilities have difficulties in accessing critical medical supplies as resources reduce. People with disabilities who are in need of support from the caregiver may be at high risk due to the interruption of nursing services as well as the increase of the possibility of the transmission of the virus from the caregivers (Campbell, Gilyard, Sinclair, Sternberg and Kailes, 2009). As it is already known, lack of even one or two day interruptions in essential services can have serious consequences (for example, infections occur when bandages are not changed, or chronic health conditions worsen when medical home care is interrupted) for disabled people who need daily support of service providers such as institutional or home care. Furthermore, loss of autonomy, limited financial resources, reduced mobility, and social isolation can increase their vulnerability even more. For example, some of the disabled individuals who work may experience higher levels of social isolation compared to their non-disabled colleagues (O'Sullivan and Bourgin,

2010). In this case, it can be predicted that they are more likely to experience intense feelings of loneliness in response to physical distance measures.

In many parts of the world, after the COVID-19 virus outbreak, people with disabilities in need of information, counseling and rehabilitation found themselves isolated and deprivated of social support due to reasons such as interruption, limititation or inaccessibility of services of social service institutions. In this period, the level of anxiety and stress with the financial obligations of the isolation period, insufficient income and lack of social support of the people with disabilities increased and they faced the risk of deterioration in their not only physical but also mental and social health (National Disability Institute, 2020). In a research conducted in social media (twitter), it is revealed that individuals with disabilities need access to accurate information about the impact of the pandemic on their specific disability conditions, the risk of transmission of the virus, and the risks of disease and death during the COVID-19 outbreak. In the same study, the importance of social support for meeting the basic needs of people with disabilities such as grocery shopping and care is stated (Thelwall and Jonathan, 2020).

When the studies on the impacts of the COVID-19 pandemic on people with disabilities are examined, it has been found out that they are limited as they do not focus on the complete needs of specifically disabled people. The studies analysed emphasize more physical health needs and expectations while neglecting the psychosocial problems, which are highly important. In the few studies conducted during the COVID-19 outbreak about people with spinal cord injury (SCI), it is stated that they make a unique group because of the difficulties in accessing healthcare services, diagnosing and treatment. Adult individuals with SCI are in the physical disability group and have many complex health problems together. These people become disabled as a result of the loss of function of the spinal cord due to a pressure caused by disease or trauma, and the loss of communication between the brain and organs. It is defined as a medically complex and life flow disruptive condition (WHO, 2013a). Clinicians and researchers point out the screening and triage difficulties of people with SCI during the COVID 19 outbreak (Turk and McDermott, 2020). They emphasize that in addition to the high risk of transmission of the virus for individuals in this disability group, there are numerous physiological variables that might delay the diagnosis of COVID-19 and mask acute respiratory tract ilness (Korupolu et al, 2020). Furthermore, people with SCI may have to deal with situations such as fear, worries, fulfillment of care and security needs in times of crisis, access to technology, difficulties in domestic communication, isolation, lack of health literacy and need of counseling about individual precautions (O'Connell, Eriks-Hoogland and Middleton, 2020; Stillman et al., 2020).

Considering health care, rehabilitation difficulties and incomplete environmental regulations that prevent social participation, it must be taken into account that compared to other disability groups, the COVID-19 pandemic may cause individuals with SCI who are dependent on a wheelchair to experience many daily problems such as restriction of their living spaces, inaccessibility to needed social support, hygiene and care. Likewise, studies have shown that among people with SCI , the rate of those who continue their daily life without any help is only around 10% -12%; 54% of them get help for their daily chores, and the rate of those who pay fee to receive help is almost half (Çelik, 2006). Besides, it is observed that individuals have many physical health problems after SCI, as well as high rates of depression and anxiety disorders (Williams and Murray, 2015).

PHYSICALLY DISABLED ADULTS IN TURKEY DURING THE COVID-19 OUTBREAK: A PHENOMENOLOGICAL RESEARCH ON THE EXPERIENCES OF PEOPLE WITH SPINAL CORD INJURY

People with disability with SCI have complex physical, psychological and social conditions that need to be handled with precision. Therefore, spotting the impact of the COVID-19 pandemic period on their conditions and their changing needs are important in terms of developing services to increase the quality of life. It is known that one of the important factors for all disability groups that increase the quality of life after congenital or acquired disability is to participate in activities in the society and stay connected with other people (Barclay et al., 2016). In this context, in a study in which Barclay, McDonald and Lentin (2015) critically examined existing studies on social and social participation after SCI, and they found that the effects of particularly, transportation, personal care assistance, social support, attitudes of health professionals and having special equipment on social well-being should be researched with more in-depth research methods. This finding makes even more sense during the pandemic.

In this study, it is aimed to reveal the problems experienced by people with SCI during the COVID-19 pandemic and their strategies to cope with these problems with a qualitative research based on their own experiences and narratives, and present a framework for finding solutions to the problems experienced by physically disabled people during the pandemic period. The study is important because there has not been any study in this field in Turkey yet, and it shows the problems of the individuals in the pandemic while suggesting solutions with their own expressions. In this context, it is expected that it will contribute to the researches to be conducted, social policies to be implied for the physically disabled in general, and people with SCI in particular.

METHOD

This study is designed as a qualitative research that tries to reveal how adult peoples with SCI experience the COVID-19 pandemic, and how and in which areas they encounter problems based on their own experiences and narratives. Qualitative research aims to understand how the world is seen, understood and experienced from the perspective of individuals with SCI. It is assumed that there are cases and phenomenons and complex relationships that have a social content, therefore it is accepted that the variables created as a part of the research are not separate, disconnected and independent; rather than just generalizing, It is important to study a phenomenon in detail in sufficient measure, and to understand previously undiscovered relationships within a limited framework (Yıldırım and Şimşek, 2011: 54, 57). In the study, the qualitative research method was chosen because it aims to discover the effect of the COVID-19 epidemic on adults with SCI based on their own conditions, experiences and perceptions. It gives the opportunity to examine the research problem with an interpretive approach based on an interdisciplinary holistic perspective and it is a method that has the flexibility to use different data collection tools together (Yıldırım and Şimşek, 2011:46).

The research design of the study was determined as the phenomenological qualitative research design. The phenomenology design focuses on phenomenons that we are aware of but do not have an in-depth and detailed understanding (Yıldırım and Şimşek, 2011: 72). The aim of this research is to discuss life experiences that are on the center of phenomenological research. The purpose is to explain the basic meanings or essences of the phenomenons experienced

in the concrete lives of people. In this context, by using the phenomenological approach in data collection and analysis, a systematic process was followed in order to interpret the experiences of people reflected in a certain phenomenon and explained by them or to raise awareness. In this way, it was aimed to reveal the essence and structures of the experiences caused by the COVID-19 epidemic on different themes (Cresswell, 2012; Woodgate, Ateah and Secco, 2008).

Research Population and Sample

In qualitative data, it is difficult to include a large number of individuals in the scope of research, as the collected data must be detailed and in-depth (Yıldırım and Şimşek, 2011:45). The population of the research was created by snowball sampling from people with SCI between the ages of 18-65 living in Istanbul, and individuals who could share their experiences. In the study, individuals with SCI under the age of 18, those diagnosed with brain damage or mental disability, and those who could not express themselves verbally were excluded. The study inclusion criteria consisted people from both sexes who were paralyzed because of SCI, people from various age groups, people from different educational and employment backgrounds, and people who had experience for varying periods of time from different types of injuries. Moreover, the experiences of caregivers were included in the study as they would be guiding within the framework of the themes. Data collection continued until obtaining data suitable for the purpose of the research. For this article, a total of 23 interviews made with 19 people with SCI and 4 caregivers were analyzed. Table 1 shows the SCI type, disability duration, and socio-demographic characteristics of the participants. Participants were shown in the analysis by coding instead of using their real names. Participants consisted of volunteers who wanted to participate in the study and their consent was received.

Data Collection Tools and Analyse

In qualitative research, unlike quantitative research, measurement, verification and generalization to the population are not required in the data analysis. The key points are to understand the context, interpret the content and analytical generalization. Mixed data collection tools were used in this study. The general demographic and socio-economic data of the participants in the study were obtained with a questionnaire prepared by the researchers. In the research, in-depth interview technique was used to reveal the experiences of people during the COVID-19 outbreak with a phenomenological approach.

The interview form, main themes and sub-themes of the research were developed by the researchers in order to conduct the interviews systematically and in accordance with the aim of the research. As a part of the research, the Spinal Cord Paralytics Association of Turkey (TOFD), to which adults with SCI are associated with, was contacted with, and after the pilot interviews held on 01.08.2020-15.08.2020, the interview form and codes were put into final form. In this context, the

FINDINGS ABOUT DAILY LIFE PROBLEMS

Peoples with disabilities interviewed listed the problems they experienced before the pandemic as requiring care, frequent severe health problems and economic difficulties. As it is known, people with SCI are at high risk of experiencing

interview form was used for the sub-themes created within the framework of three main themes. The interviews continued until sufficient data were obtained (15.01.2021) for explaining the cases discussed in the study.

Apart from the themes determined during the research process, the experiences of the caregivers in the pandemic and their relations with the participants were evaluated as a sub-theme that was found to be meaningful in order to explain the phenomenon more deeply and realistically. The interviews lasted between 45-60 minutes. Since the interviews could not be made face-to-face during the pandemic after receiving the consent of the participants, they were made via Zoom, WhatsApp and phone, audios and videos of the calls were recorded. The interviews were coded by keeping the identity of the individuals hidden, taking into account the privacy of the individuals in direct transfering of the statements and placed in the determined themes.

Descriptive data achieved from interviews form the basis of the thematic analysis. Since this study is an exploratory study, a causal relationship was not sought in the analyses. However, the existing situation was interpreted with descriptive analysis and content analysis. Ethics committee approval for this study was received by Istinye University Social and Human Sciences Ethics Committee.

FINDINGS

Sociodemographic Characteristics of Participants

Sociodemographic characteristics of participants with SCI and information about SCI types are given in Table 1. When Table 1. is scanned, in proportion to their gender, it is seen that 42.1% of the participants with SCI are women (8 people) and 57.9% (11 people) of them are men. Average age of participants is approximately 45, and the youngest of them is 29 and the oldest one is 59 years old. The monthly household income of the person with the lowest income among the participants is around 1,500 TL, while the monthly income of the participant with the highest monthly income is around 10,000 TL. Although the income levels of the participants differ, regular disability pension, home care benefit and irregular social support payments are added to the household income and still the number of those who have enough income to fulfill their needs is very low. It is observed that most of the people with SCI receive social support and cash assistance as this is very important for the participants who cannot work and do not have different extra revenue to meet their essential needs. It is crucial for people with SCI to have social security for some medical devices, drugs and in the treatment of secondary health conditions. A significant number of the participants are either unemployed or retired due to disability. The people with SCI who live alone, have support from the family get social aid payments (i.e. homecare payment) and benefit from the General Health Insurance.

Most of the people with SCI were injured in their early 20's as a result of a traffic accident (8 people) and falling down from height (7 people). The period passed after the injury is at least 10 years. They usually live with their families and receive support for care from family members (15 people). A significant number of the participants are single (13 people). Some participants were married at the time of injury and divorced a few years after it (3 people).

Information about caregivers is given in Table 2. Three of the four caregivers interviewed in the research are female and one of them is male.

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[1]The Social Security Institution (SGK) is a state institution established by the transfer of the Social Security Institution, Bag-Kur and Emekli Sandigi with the Social Security Institution Law No. 5502, adopted on May 16, 2006. General health insurance refers to the insurance that primarily protects the health of individuals and provides financing for the expenses incurred in case of encountering health risks. GSS.0 (formerly Yeşilkart): Covers the lowest income group of the General Health Insurance. http://www.sgk.gov.tr/wps/portal/sgk/tr/calisan/gss_tescil_sureci (Accessed 25.04.2021)

Table 1. Socio-demographic Characteristics and Type of Injury of the Participants

Participants	*Gender*	*Age*	*Marital Status*	*Living Place*	*Education Status*	*Profession*	*Social Security*	*Houshold Income /TL*	*Chronic Illnesses*	*Cause of Injury/ Time since Injury*	*Injury Type*
P1	Female	30	Single	At home with her family	University	Civil Servant	SGK	8.500	Bladder problems	Traffic accident/10 years	Paraplegia
P2	Female	59	Divorced	At home with her partner	University	Disable Pensioner	SGK	3.000	Bladder problems	Traffic accident/26 years	Paraplegia
P3	Male	39	Single	At home with his mother	University	Retired Worker	SGK	2.850	Psychiatric illness Baldder problems	Shallow-water diving /21 years	Tetraplegia
P4	Male	56	Single	At home with his mother	University	Retired Worker	SGK	7.500	Kidney disease diabetes, blood pressure bladder problems	Shallow-water diving /37 years	Tetraplegia
P5	Female	54	Single	Nurcing Home Istanbul	Primary School	Unemployed	SGK	1.500	Cancer Bladder problems	Falls from a height/52 years	Tetraplegia
P6	Male	49	Divorced	Nursing Home Istanbul	High School	Disable Pensioner	SGK	2000	Kidney disease Bladder problems	Falls from a height/19 years	Tetraplegia
P7	Female	37	Single	At home with her sister's family	High School	Disable Pensioner	SGK	4.200	Depression Bladder disease	Traffic accident/14 years	Paraplegia
P8	Male	46	Single	At home-Lives alone	Primary School	Association Employee	SGK	3.500	Hypertension	Falls from a height /38 years	Paraplegia
P9	Male	57	Single	At home-Lives alone	University	Civil Engineer/Retired	SGK	6.000	Hypertension, diabetes	Traffic accident/29 years	Paraplegia
P10	Male	42	Married	At home with his family	High School	Retired worker/ Self-Employed	SGK	3.000	None	Traffic accident/20 years	Paraplegia
P11	Male	55	Married	At home with his family	Primary School	Retired Worker	SGK	4.500	Hernia and lungs surgery, bladder disease	Shallow-water diving /12 years	Tetraplagia
P12	Female	57	Divorced	At home with her children	Primary School	Unemployed	GSS	2.500	Chronic leg pain	Falls from a height /13 years	Paraplegia
P13	Male	35	Single	At home with his mother	University	Construction Engineer/ Civil servant	SGK	10.000	Bladder disease, Chronic pain	Traffic accident/17 years	paraplegia
P14	Female	42	Single	At home with her family	Attends University	Unemployed	SGK	1.500	Pressure sore, muscle contraction, bladder disease	Traffic accident/22 years	Paraplegia
P15	Male	29	Single	At home with his family	Attends University	Civil Cervant at Ministry of Education	SGK	7.500	None	Work accident/12 years	Paraplegia
P16	Male	46	Single	At home with his family	High School	Unemployed	GSS	5.000	None	Falls from a height /24 years	Paraplegia
P17	Female	32	Single	At home with his brother	High School	Disable pensioner	SGK	3000	Pressure sore, bladder problems	Traffic accident/21years	Tetrapleji
P18	Female	53	Divorced	At home with her children	Primary School	Unemployed	GSS (General Health Insurence)	1500	Bladder, bowel and constipation problems/Chronic pain	Falls from a height /22 years	Paraplegia
P19	Male	46	Single	At home with his family	Literate (could not graduate	Retired Worker	SGK	6500	Stomach ulcers, bladder problems, muscle contractions	Falls from a height /36 years	Paraplegia

Table 2. Socio-demographic characteristics of the caregivers

Participants	*Gender*	*Age*	*Marital Status*	*Relationship*	*Education Statu*	*Profession*	*Social Security*
C1	*Female*	*57*	*Widow*	*Her Son*	*Illiterate*	*Unemployed*	*GSS*
C2	*Male*	*45*	*Single*	*Her sister*	*High School*	*Unemployed*	*SGK*
C3	*Female*	*49*	*Married*	*Her husband*	*Primary School*	*Part time worker*	*SGK*
C4	*Female*	*39*	*Married*	*Her sister*	*Primary School*	*Part time worker*	*SGK*

secondary medical complications and health problems throughout their lives including pain, spasticity, urinary tract infections, respiratory complications, pressure ulcers, cognitive disorders and depression. When Table 1 is analysed, it shows that almost all participants have secondary health conditions and have to cope with pain.

Rehabilitation in secondary health conditions and in the adaptation process is the main source of treatment for people with spinal cord injuries because there is not a medical treatment for SCI. Some participants see this as the biggest problem after dependence on a caregiver: *"The biggest problem of disabled people with SCI is being in need of a caregiver. . Another big problem is that there is no treatment for this disease."* (P16, male, 46 years old)

Most of the participants of the study stated that they could not receive regular and adequate rehabilitation services after the injury. *"I did not receive any rehabilitation service. I had a very hard period after the accident. It was not like now. They put my whole body in a plaster cast, then deep and heavy pressure wounds happened and their treatments... Time passed like this for around a year and a half."* (P4, male, 56) Another participant stated that as late as 20 years, he could actively socialize and participate in activities through a non-governmental organization "They did not give any feedback to my family When I left the hospital and afterwards when I went back home, I was constantly lying face down. There is no treatment, no physical therapy, I lived like a plant." (P19, male, 46) People with SCI need rehabilitation services and counseling not only at the beginning of the injury and during the medical treatment process, but throughout their lives (Keleher et al., 2003:66). Moreover, lack of mobility in daily life and not making arrangements in the house and social environment considering the disability situation cause serious accidents (P14, female, 42).

Another problem that the participants have is about psychosocial support and care of good quality. SCI can make the person dependent on caregivers and cause many complex problems both attached to the disability itself and from the social environment. A significant number of participants lost the functioning and control of their bladder and / or bowels. A participant (P6, male, 49) who told the care process after the injury summarized the difficulties of this period and the need for psychosocial support with the sentence, *"We did not know how to live, we had hard times and we could not get support."*

Economic difficulties are another important problem that people with SCI emphasize the most. In the research, it is found out that economic difficulties are one of the major problem that prevent people with SCI who have mobility and have the power to provide their own needs from establishing an independent life. On the other hand, economic difficulties cause

[2]Rehabilitation can be defined as the process of teaching people to live with their disability in their environment (Keleher et al., 2003:66).

those who are completely dependent on a caregiver to have difficulties in address their essential needs such as food, clothing, shelter, health and social care. Some people with SCI criticize the insufficient payments made by the state and social service practices for the disabled. *"The state gives money to the (private) rehabilitation centers for each disabled person in vain. On the other hand, they cut the salary of the people with disability who is wandering on the street because his brother has a house, or his father already has a salary. And now many people with disabilities I know is starving."* (P16, male, 46)

The most uttered problem by the caregivers about the care process is having difficulty in physically demanding things like giving a bath, dressing, toilet, etc., and the difficulties in providing the medical supply and medication needs of the people with SCI they care for. Some caregivers reported communication problems with the person with SCI they care for (C1, female, 57 years old; C3, female, 49 years old). During the interviews, it was observed that gender roles and some cultural norms were effective in these communication problems. For example, C3's will to work was not accepted by her husband, which caused some serious discussions. C1 stated that she was constantly insulted by her son and thinking that her son could be more active and helpful in the care process, but felt that he punished her because he is not changing his behavior. In the study, the psychosocial support needs of all caregivers and especially people with SCI who do not have family support were clearly stated.

Finally, we can say that the main issue that all participants and caregivers emphasize is accessibility. Difficulties in transportation, access to services and participation in community life stand out as a fundamental problem both before the pandemic and during the pandemic period. *"I am not comfortable in the streets; still we are in a compassionate country thank God. The sidewalks on the streets and the roads are bad, not convenient for people with disability, I am suffering much about it, but our people are good, we overcome these problems thanks to them."* (P16, male, 46)

Impact of COVID-19 on Daily Life

During the COVID-19 pandemic period, we can list the most important problems experienced by the participants as following: 1. Stress, fear and anxiety about infection and transmission of the virus, 2. Increasing health problems and related medical and social care challenges since they avoid crowded places such as hospitals and public transportation, 3. Economic difficulties, 4. Difficulties due to interruption of rehabilitation and care services, regression of physical movements, muscle losses, 5. Changes in daily routine such as food, sleep, leisure activities and psychological problems, 6. Difficulties in following up with current affairs, absence and skill deficit in the use of digital and assistive technology, 7. Communication and relationship problems with the family members.

In the interviews with the participants, we can say that the most frequently repeated problem is the secondary health conditions of people with SCI, virus transmission risk due to their chronic diseases, and the stress, fear and anxiety caused by this. P1 (female, 30), who is in active working life, expressed this concern: “Being in a wheelchair all the time is a great risk. Since we move the chair with our hands, we are always in danger of being in contact with the virus.” P14 (female, 42), who has serious health problems, expressed the grueling times she had before and her fear of experiencing it all again as following: "I was previously quarantined at the hospital due to respiratory problems... If I get hospitalized and get infected there, it won't be easy for me to cope and my constitution cannot take it anyway, so I am very careful and I don't meet with anyone." It is observed that people with SCI are generally diligent in preventing the virus from being transmitted. The measures they take are remarkable. During this period, it has been seen that particularly those who live alone and has old caregivers or those who live with old parents have great difficulty. Those ones in this group stated that they go out very rarely and do not meet with

anybody. A participant who lives alone (P9, male, 57) stated that he could not leave the house for 3 months and the doorman did his shopping. A participant who used to have an active social life before Covid 19 pandemic and who lives with his old mother, both of them having health problems had concerns about not being able to protect himself and his old mother .(P4, male,56).

Effects of the pandemic on daily routine and mental state was generally spotted as the stress due to disturbance of regular sleep and diet routines, and not being able to leave the house. People with SCI, who had some economic difficulties at the same time, felt more dependent on their caregivers during this period. For example, P7 (female, 37) had to move in with her family because of economic reasons, expressed her despair as all her attempts to work were inconclusive, and stated that she feels depressed from time to time. P8 (male, 46), who is an active member of a non-governmental organization, states his situation as following: "Together with people, we were more active and social, and then we had to withdraw. It hurts a little when you are always dependent on someone..." A participant with tetraplegia type SCI stated that while living an active life before COVID-19, the measures taken as "social distance" completely affected his life and evoked some psychological effects : "My sleeping pattern was never good, it got even worse... You sleep during the day; you do not sleep at night."(P4, male, 56) A participant living with his family and being cared for by his wife stated some of the psychological effects of having to stay at home as following: "I became totally depressed. I have an 11-year-old son with epilepsy. When there is a curfew, I am worried that I will not be able to help my son in an emergency when my wife goes out of the house to provide the needs." (P10, male, 42)

Diet and weight control issue for people with SCI has also been reported as an important problem for both person with disability and caregivers. Among the people with SCI interviewed, especially those who actively do sports expressed that they gained weight during this period and the discomfort caused by this situation. On the other hand, caregivers stated that they had difficulties in controlling and managing the weight of the person with disability they care for.

In general, the participants reported that especially in the first period of the pandemic masks and disinfectants were not delivered to them, and that they could only supply them later on. Another problem is about the measures not taken in the workplace.

Access to Health, Rehabilitation and Social Services

Health, rehabilitation and access to social services and related problems within the scope of daily life problems of individuals with SCI can be listed as following: 1. Not being able to get the medical stuff they use regularly, 2. The lack of separate departments in hospitals where the treatment and care of the people with disability can be provided, 3. Suspension or interruption of physical therapy and rehabilitation services, 4. Postponement or cancellation of appointments, disruptions in health checks, 5. Lack of care support to get the right information in emergency situations, 6. Insufficient social and economic support.

While there were participants who see these problems directly related to the economic, social and psychological effects caused by the pandemic, there are also those who attributed these problems to the health services implemented before and the planning deficiencies during the emergency period for the people with disability in the country.

From the data obtained it is revealed that the impact of the pandemic on working and economic life directly affects the access to quality health services and required medical supplies. On the other hand economic problems are identified as one of the problems faced by the participants constantly and they are deepened by the COVID-19 period. Some business (such as peddling, self-employment) that some individuals with SCI undertook with bank loans and with the support of their relatives

were interrupted and therefore their income has diminished. Some entrepreneurs could not get the bank loans they needed (P7, female, 37).

Moreover price increase of protective-preventive equipment and medical supplies, being directed to private clinics to receive health services etc. situations are other factors that increase the economic difficulties of individuals with SCI. P1 (female, 30), who is in active working life, stated the problems experienced by her friends with disability around her: "I have friends who left their jobs because of the pandemic. They had a financially hard time. They had many problems ranging from undernourishment to not be able to taking medication. When they could not use the medical supplies they needed to use continuously, they faced a dangerous process leading to intensive care."

In addition to access to qualified services for economic and health problems, some individuals with SCI, who were closed at home for a long time and could not access rehabilitation services, stated that they experienced problems such as muscle weakness, calcification and increased pain. Moreover, the inability to access the required services of individuals with SCI and their relatives who need psychological support during this period increases the risk of depression. C2 (male, 45) describes the problems they experience in this area: "My sister used to go to a psychiatrist and a psychologist since my father passed away these are interrupted I can't go to the hospitals. We can't go out. She gets in a bad mood. She has urinary infections but we can't go to the hospital. Believe or not, staying at home made people worse than the fear of death from the coronavirus."

Finally, it is seen that some of the participants with SCI and their caregivers have insecurity about COVID-19 vaccines and treatments. "... I also do not trust the treatment methods. Although our country thinks that it is good in this regard, I think that the treatments will cause extra health problems for those who have different conditions like me." (P14, female, 42)

Participation in Social Life

Saying that they had difficulty in leaving the house for various reasons before the COVID-19 pandemic, the participants stated that they were even more bound to home during this period. Emphasizing that the pandemic can also be an opportunity for other people to empathize with people with disabilities, some participants stated in similar ways that the meaning of social participation for people with disability means accessibility in the physical environment, time planning and social support opportunities. For example P1 (female, 30) described the situation she is in by saying: *"We have always had challenges. I cannot go out whenever I want. Going out means a long planning process for me like it does for you now."*

For many people with SCI and their families interviewed in the research, opportunities to participate in society and to lead an active life were possible only after membership in non-governmental organizations. A participant (P19, male, 46) who was disabled in 1984 stated this: *"After getting to know the association in 2000, I started to get involved in society."* However, these opportunities have been greatly reduced in consequence of the suspension of the activities of the association and the closure of rehabilitation centers or limited activities. One of the participants, P12 (female, 57) describes this situation as follows: *"I've been member of the association for seven years now... Being a member of the association changed our quality of life a lot..."*

The participants also repeatedly mentioned the risks of using public transportation during the COVID-19 period. P1 (female, 30) listed public transport risks: "When we get on public transportation with a wheelchair, our height stays below the heights of people and in this position we sense their breaths. Therefore, I don't want to use public transportation." Most of the participants use public transport since they do not have their own cars. They state that the most convenient public

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transportation vehicle they can use is metro, and they have difficulty in using buses and metrobuses. They listed the main obstacles prevent them from using public transportation are as elevators that are out of service, unsuitable sidewalks for wheelchairs, drivers not doing their duties properly, and social insensitivity. P12 (female, 57) tells the challenges she has in transportation as follows: *"...We cannot use overpasses. Elevators are always out of service, we can't get on the bus or metrobus. I was having a lot of trouble about transportation. We can't use public transportation. While waiting for the elevator, no one cares about you; young people are getting in the elevator. As a society, we show these behaviors."* Even so, most of the participants with SCI feel uncomfortable to spend this period at home and express their longing for their old social life. P14 (female, 42) reflects her longing as, *"I want to go out, go to the seaside, meet with my friends and eat out, and I miss all of these. I was not a person who is completely bound to home."*

Particularly for the people with disability who do not work and live alone, it is observed that the activities of the association and rehabilitation centers have a very important place in their social life. It has been stated that total shut down of associations and rehabilitation centers sometimes and their interruption in some activities negatively affected the people with disability and their families both mentally and physically. P18 (femail, 53) *"We go to a state rehabilitation institution. Instructors were coming; I was participating in activities such as handicraft... We are worried about its closure since it is very good place for us we have friends with disability there, it makes us feel good to have a talk with our friends."*

DISCUSSION

As it is known, the main causes of SCI are traffic accidents, fallings and violence (including suicide attempts). A significant portion of traumatic SCI is due to work or sports-related injuries. SCI carries a high risk of developing secondary health conditions that can be debilitating and even life threatening. People with SCI also have serious health conditions such as deep vein thrombosis, urinary tract infections, muscle spasms, osteoporosis, pressure sores, chronic pain, and respiratory complications (WHO, 2013b; Williams and Murray, 2015).

Most part of the individuals with SCI included in this study have became disabled in their early 20s. This period is an important time for the emotional and psychosocial development of young people. Psychologically these years are characterized by gaining independence from family, graduation from school and early career decisions (The Asian Spinal Cord Network, 2015). One of the key findings of this study is that individuals who get adequate rehabilitation services and social support during this period can cope with problems and adjust to their new situation more easily; otherwise, their adaptation problems can continue for a long time (Matter et al, 2009: 545-546).

Living conditions of all participants have completely changed after acquiring the disability. This level of dependence on others caused many patients to have a difficult adjustment process. When individuals with SCI and their caregivers tell the challenges in this period, it is seen that adaptation problems may continue for various reasons (secondary health conditions and unbearable pain, access barriers in the physical environment, family relationships, gender roles, financial inadequacy, sexuality and spouse roles etc.). In this context, individuals with SCI need rehabilitation and social support not only at the beginning of the injury but throughout their lives (Müller et al., 2012:94). Individuals with SCI can take social support from family, peers and partners or social support professionals (psychologist, social worker, occupational therapist, religious officials). Some studies show that having a good quality of life after SCI is strongly associated with variables such as social and financial resources, transportation, access to the environment, participation in meaningful activities, chances to participate

effectively in society, rather than biomedical variables (Russel et al., 2015). Therefore, it is important to strengthen the social support[3] system of individuals with disabilities and their families.

However, it was found that the pandemic increased the dependence of the participants in the research. Increase in dependence of individuals with SCI both economic and in terms of daily health and social care, and preventing their participation in active social life, is likely to cause significant psychosocial problems that they have to cope with. These problems can last for years based on various reasons (inability to continue their education and work; not being able to get rehabilitation services adequately and at the right time, not being able to afford the treatment costs, lack of social security, break down of family relations, nonparticipation in social life etc.). Problems of individuals with SCI and their families such as loneliness, isolation, and poverty also require multidisciplinary professional response.

Secondary health conditions of research participants with SCI, which can continue for a lifetime, are another problem that should be considered carefully. The most common health problems are disorders in the functioning of the bladder and intestines and the risk of infection caused by them. This problem challenges both individuals with SCI and caregivers extremely during the pandemic period. Incontinence is assumed as the most difficult problem for the caregiver and often makes home care of the person with disability impossible. Therefore, management of bladder and bowel activities is of primary importance. Furthermore, autonomic dysreflexia, which is common in people with SCI and is caused by not completely emptying the bladder, can even cause death in some cases. Another common complication is skin or bed sores. It is necessary to prevent wounds from forming, as it may take several weeks to heal (Keleher et al., 2013: 61). Behavioral management and education programs and physical therapy applications in the rehabilitation process can minimize these problems (Perry, Nicholas and Middleton, 2011; Kruger et al., 2013).

Essentially, rehabilitation is vital for individuals with SCI and is a service they need continiously throughout their lives. The access of individuals with SCI to appropriate auxiliary devices and tools that allow them to perform daily activities that they cannot undertake otherwise, and the arrangements to be made in their environment (such as the arrangements in the toilet and bathroom) are also related to rehabilitation, and reduce functional limitations and dependency. Thus, this process requires a biopsychosocial approach rather than a medical approach (WHO, 2011: 96). Individuals with SCI can establish many meaningful connections in social life by participating in sports groups, leisure activities, visiting local stores, working or vocational training (Barclay et al., 2016: 19). These activities are also functional in increasing their ability to cope with problems and reducing feelings of loneliness and isolation. However, all these activities can be possible with transportation suitable for individuals with SCI, sidewalks and ramps suitable for wheelchairs, arranging the buildings according to the needs of the disabled; otherwise, the person with disability will have difficulty or prefer not to leave their home.

During the pandemic period, inability to access rehabilitation services, difficulties in transportation and in accessibility in the physical environment, inactivity, sleep and nutrition problems cause some participants to have physical, social and psychological problems. The fact that the participants stay in bed for a long time, the necessary arrangements are not made in the home and in the surrondings, and the conditions do not allow them to act independently, also regress their previously acquired skills. At the same time, the fear of transmitting the virus in this period, deprivation of social support and financial losses cause caregivers to have difficulties in ensuring the continuity of care. On the other hand, most of the individuals with SCI need specific information about the risk of transmission of the virus and their special conditions. They do not feel safe and they experience extreme stress and worry because of the reasons such as insufficient health policies and information

[3]Social support is defined as the exchange of resources between individuals, which can be instrumental, emotional or informational, aimed at enhancing the wellbeing of the person with disability. (Müller et al, 2012: 94).

During the pandemic period, inability to access rehabilitation services, difficulties in transportation and in accessibility in the physical environment, inactivity, sleep and nutrition problems cause some participants to have physical, social and psychological problems. The fact that the participants stay in bed for a long time, the necessary arrangements are not made in the home and in the surrondings, and the conditions do not allow them to act independently, also regress their previously acquired skills. At the same time, the fear of transmitting the virus in this period, deprivation of social support and financial losses cause caregivers to have difficulties in ensuring the continuity of care. On the other hand, most of the individuals with SCI need specific information about the risk of transmission of the virus and their special conditions. They do not feel safe and they experience extreme stress and worry because of the reasons such as insufficient health policies and information supply during the pandemic period, fear of not being able to find a clean hospital that they can apply to in emergency, and not trusting the drugs and vaccines used in treatment. Some participants have tension in family relationships due to this stress and fear.

In this context, another finding of the study, which is the difference in access to desired information, stress and other psychosocial problems between individuals with SCI who receive rehabilitation and care services in a nursing and rehabilitation center and individuals living alone or with their families, become meaningful. Although nursing and rehabilitation centers have reduced the number of personnel due to the pandemic and canceled the activities that educators come from outside, the basic care needs of the people with disabilities, the hygiene and medical supplies needed are provided by the employees, and social environments are created, and so they are helped to overcome this period with minimal loss.

Another one of the findings obtained in the research that needs to be emphasized is the economic problems of individuals with SCI that deepen further during the pandemic. In this period, it is seen that some individuals with SCI are experiencing economic difficulties due to the closure of their stalls or small businesses, being unemployed or having to take unpaid leave. Particularly the ones with small dependent children experience even greater stress. Those who receive home care and disability pensions cannot afford the essential care requirements and medical supplies they need.

Although the difficulties that individuals with SCI experience in accessing services in the community and the lack of social support continue during the pandemic, perhaps one of the most striking findings of the research is the hope that the problems they face will be noticed by the society as the pandemic trap all the society in the house. Individuals with SCI emphasized that they feel the effects of the pandemic that limits social life throughout their lives.

CONCLUSION

COVID-19 pandemic that has been going on for more than one year still continues with all its devastating effects. It is clearly seen that one of the groups that most affected by this period is people with SCI. Individuals with SCI experience fear and stress of virus transmission and additionally they have difficulties in obtaining information from reliable sources. On the one hand, they have serious difficulties in accessing health services and medical supplies, on the other hand, they refrain from going to hospitals, neglect the routine checks they need to do at certain periods, and therefore they can have serious health problems. Muscle loss and calcification occur in individuals with SCI especially because of the interruption of rehabilitation services. Therefore, it is important to identify and deliver specific medical and health issues that individuals with SCI need information about during the pandemic. In this regard, working with the relevant units of local governments and non-governmental organizations will bring results that are more efficient in developing of national public health policies and implementing measures for the disabled during the pandemic.

Furthermore, with the impact of the pandemic, the dependence of people with SCI on caregivers has increased and the

Furthermore, with the impact of the pandemic, the dependence of people with SCI on caregivers has increased and the social support they get has decreased. Because of this, people with SCI feel the need for psychosocial support services more than ever. It is very crucial to give continuing and active psychosocial support and strengthen the activities with rehabilitation services. There is an urgent need other specific researches that should be carried out for development of new methods and programs that can be used to support people with SCI for the pandemic period.

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A DEMOGRAPHIC STUDY ON SYRIANS UNDER TEMPORARY PROTECTION: THE CASE OF ANKARA

GEÇİCİ KORUMA ALTINDAKİ SURİYELİLER ÜZERİNE DEMOGRAFİK BİR ARAŞTIRMA: ANKARA ÖRNEĞİ

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ABSTRACT

The civil war that started in 2011 in Syria caused a wave of emigration from this country to its neighbors. After the increase in violence and human rights violations in Syria, the intensity of immigration to Turkey has gradually increased. Since the beginning of 2021, the number of Syrians who took refuge in Turkey from Syria has been around 3.6 million. Although a small portion of the Syrians continue their lives in temporary accommodation centers in the border provinces, a large portion of them reside in major city centers. Despite the efforts, a large-scale migration has led to a variety of consequences. At this point, the two prominent topics are employment and social assistance. In this study, the socio-demographic characteristics, employment status and social assistance status of Syrians under temporary protection residing in Ankara were examined. A survey was carried out with the participation of 983 Syrian immigrants who were reached through a non-governmental organization. The research data were analyzed through the SPSS 22.0 statistical program. The findings obtained were presented and some suggestions were made in this regard.

Key Words: Migration, Employment, Social Assistance.

ÖZET

Suriye'de 2011'de başlayan iç savaş beraberinde bu ülkeden komşularına doğru bir göç dalgasına neden olmuştur. Şiddet ve insan hakları ihlallerinde yaşanan artış sonrasın göç yoğunluğu giderek artmıştır. 2020 yılı itibari ile Suriye'den Türkiye'ye sığınan Suriyeli sayısı 3,6 milyona ulaşmıştır. Suriyelilerin küçük bir kısmı sınır illerindeki geçici barınma merkezlerinde yaşamlarını sürdürmesine karşın, çok büyük bir bölümü tüm Türkiye'de kent merkezlerine yayılmış durumdadır. Suriyeli bireylere yönelik olarak Türkiye tarafından yapılan çok önemli çalışmalara karşın, bu kadar büyük ölçekli bir göç hareketi doğal olarak çeşitli sıkıntılara neden olmuştur. Bu noktada öne çıkan iki konu başlığı istihdam ile sosyal yardımlardır. Bu çalışmada, Ankara'da ikamet eden geçici koruma altındaki 983 Suriyeli bireyin sosyo-demografik özellikleri, istihdam durumları ve sosyal yardım durumları anket yöntemi ile ele alınmıştır. Araştırma verileri SPSS 22.0 istatistik programı aracılığıyla analiz edilerek elde edilen bulgular ortaya koyulmuş ve bu doğrultuda bazı önerilerde bulunulmuştur.

Anahtar Kelimler: Göç, İstihdam, Sosyal Yardım.

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INTRODUCTION

Considering the human mobility that has existed since the beginning of human history, the most intense period after World War II is experienced today. Our country Turkey is one of the few countries most affected by this migration as a result of its geographical location and adopting policies to assist individuals and groups affected by the crises in the region. Turkey, which is in the position of "transit country" on migration routes, has also become a center of attraction for international migration and has become a target country in migration mobility (Ünsal, 2019).

Hundreds of thousands of people lost their lives and were injured in Syria due to the conflicts that have been going on since March 2011, and millions of Syrians had to leave their homelands. According to the data of the United Nations High Commissioner for Refugees, during the civil war that has been going on for ten years now, 6.1 million of 22 million Syrians had to relocate within the country and 6.6 million had to leave the country. Syrians, who had to leave their country, migrated to neighboring countries, especially Turkey, Jordan and Lebanon (UNHCR, 2018).

Despite the fact that the world remained insensitive to the Syrian crisis, Turkey started and kept implementing an "open door policy" for the Syrians who left their countries due to the war, gave them the legal status of "Temporary Protection". It has been considered as a humanitarian responsibility to meet basic needs and enjoy human rights. Currently, individuals who are accepted under temporary protection status are provided by Turkey with opportunities in various fields such as health, education, social assistance and employment (Yıldız & Yıldız, 2017).

Besides, it is of great importance to know what the economic needs of immigrants living in our country are, how and to what extent they are met, the problems and disadvantages they encounter in their way of reaching their livelihoods (Uslu Ak, 2021: 248). Therefore, with the two prominent topics such as employment and social assistance, this study is an attempt to discuss the socio-demographic characteristics, employment status and social assistance status of Syrians under temporary protection residing in Ankara.

OVERVIEW OF THE PROFILE OF SYRIANS IN TURKEY

The first group from Syria to Turkey entered on April 29, 2011 (Kaygısız, 2017: 3). According to the data of the Directorate General of Migration Management, the number of Syrians in our country under temporary protection as of September 10, 2020 is 3,616,574. (DGMM, 2020a). Distribution of Syrians under temporary protection by gender and age is shown in Table

Table 1. Distribution of Syrians Under Temporary Protection by Gender and Age

Age	Male	Female	Total	Age	Male	Female	Total
0-4	255.523	118.897	502.232	40-44	84.631	75.667	160.298
5-9	282.449	259.388	541.857	45-49	60.397	57.169	117.566
10-14	203.343	184.339	387.582	50-54	49.788	48.816	98.604
15-18	141.894	118.364	260.258	55-59	37.926	37.966	75.892
19-24	286.120	212.449	498.569	60-64	28.412	29.228	57.640
25-29	202.697	147.743	350.440	65-69	20.318	20.724	41.024
30-34	158.997	115.841	274.838	70-74	7.726	8.698	16.424
35-39	118.897	96.761	215.658	75+	7.703	9.971	17.674

Source: DGMM (2020a)

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As can be seen from the data in Table 1, 1,946,741 of the Syrian population are men and 1,669,833 are women. Looking at the distribution by age, it is seen that the majority of Syrians are in the 0-40 age range. The number of babies in the 0-4 age group among Syrians, most of whom were born in our country, is 502,232 as of September 10, 2020.

60,169 of the Syrians stay in 7 temporary accommodation centers in 5 provinces, 1 in Adana, 1 in Kilis, 1 in Kahramanmaraş, 3 in Hatay and 1 in Osmaniye. The total number of Syrians under temporary protection outside these centers is 3,556,566, and when we look at the distribution by provinces, Istanbul has the highest number of Syrians with 509,048 people. There are 97,952 Syrians under temporary protection in Ankara, which was examined within the scope of this research, and this figure is equal to 5.74% of the population of the province (DGMM, 2020a). The distribution of Syrians under temporary protection in 10 provinces with the highest number of Syrians is demonstrated in Figure 1.

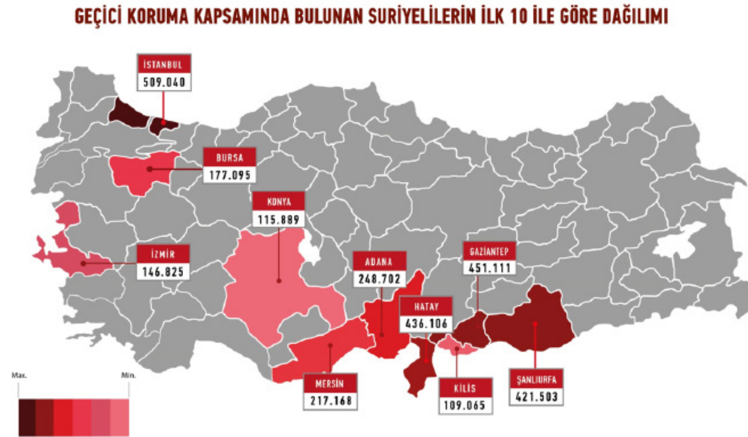

Figure 1. Distribution of Syrians Under Temporary Protection in the Top 10 Provinces

Source: DGMM (2020a)

It is seen that there is very limited information about the general education status of Syrians under temporary protection status in Turkey. In the study titled "First Stage Needs Analysis for Syrians under Temporary Protection Status in Turkey for the Period 2016-2018" published by the Ministry of Development within the framework of the Turkey-EU Refugee Agreement in 2016, it has been stated that the educational status of Syrians is at a much lower level than the average in Turkey, and approximately half of the Syrians who come to our country have never been to school or are not literate (Erdogan, 2019).

The number of Syrian children and youth in the 5-17 age group, which is also the compulsory school age, is increasing every year. According to the data of the Ministry of National Education General Directorate of Lifelong Learning, the number of Syrians at school age was 756,000, which corresponds to 49.76% of the total Syrian population in the 2014-2015 academic year, while the number increased to 1,082,172 which is the 29.40% of Syrians in the 2019-2020 period. Similarly, the rate of Syrians' access to education is increasing every year. While this figure was 30.42% in the 2014-2015 academic year, it increased to 62.29% in the 2019-2020 period (MoNE DGLL, 2020).

Turkish language learning is also regarded as an important topic for Syrians under temporary protection. In addition to formal education activities for Syrians by the Ministry of National Education, courses for teaching Turkish are organized within the Public Education Centers at provincial and district levels. In the period of 2014-2019, 302,096 Syrians attended these courses, in which the modules of "Teaching Turkish to Foreigners", created by the Ministry by taking different age groups into account, were used (MoNE DGLL, 2020).

EMPLOYMENT STATUS OF SYRIANS IN TURKEY

Syrians under temporary protection status in Turkey were not granted the right to work legally until January 2016, and all employees worked informally during this period (Kaygisiz, 2017: 5).

The right to work for the Syrian individuals under temporary protection status is regulated through the "Regulation on Work Permits of Foreigners Provided Temporary Protection", which entered into force in 2016. With the aforementioned regulation, foreigners in this status are required to obtain a work permit in order to be employed. According to the regulation, foreigners can apply for a work permit after a period of 6 months upon the temporary protection registration is granted. Work permit applications are made by employers via e-government system but individuals who work independently are also given the opportunity to apply on their own behalf. In addition, there is a work permit exemption for foreigners with this status who will work in seasonal agriculture or animal husbandry (Regulation on Work Permits of Foreigners Under Temporary Protection, 2016).

The provinces where the Syrian individual are registered are taken as basis for granting the right to apply for work permits. In addition, the employment quota application has been implemented in evaluating the work permit applications of individuals under temporary protection status. In accordance with the Regulation, the employment quota of foreigners with this status is carried out within the following framework (Regulation on Work Permits of Foreigners under Temporary Protection, 2016):

- The number of foreigners under temporary protection status to work in the workplace is less than 10% of the number of Turkish employees,
- If the total number of employees in the workplace is less than 10, employing at most 1 individual under temporary protection status,
- Not applying an employment quota if it is documented that no Turkish citizens with similar qualifications can be found in the 4 weeks prior to the permit application.

Based on the data of TurkStat 2017 Household Labor Force Survey, the International Labor Organization (ILO) published a report titled "Syrians in the Turkish Labor Market". According to the report, 930,000 of around 2,100,000 Syrians of working age in Turkey participate in the workforce, and the total employment rate of Syrians is approximately 40%. This figure corresponds to 2.8% of the working population in Turkey. With 79.4%, the vast majority of Syrian male individuals participate in the labor force. According to the report, 75% of Syrians work for more than 45 hours per week, which is the legal working period.

When the distributions according to the sectors worked are examined, it is seen that the textile sector comes first (ILO, 2017). The sector breakdown of Syrians is as follows:

Table 2. Sector Breakdown of Syrians in Turkey

Textile	31,1%
Accommodation	17.7%
Production	17,1%
Construction	13,2%
Agriculture	7,8%
Other	13,1%

Kaynak: ILO (2017)

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There are generally three basic categories of employment of Syrians under temporary protection. The first of these is that Syrians establish independent companies and become employers. Employees of these businesses, which differ according to the development level of the province, are generally Syrians within the framework of the labor law. In the second category, it is observed that an independent workplace is opened to work as tradesmen and craftsmen and they operate in businesses such as restaurants, barbershops and jewelers. Another category is working with an employer, especially in sectors such as agriculture, construction, and trade as stated above (Turkish Medical Association, 2016).

Syrians face various problems in participation of work life, and it is possible to list these problems as follows (Kaygısız, 2017; Gürsoy & Aksoy, 2019):

- Social exclusion and discrimination,
- Problems regarding working conditions,
- Financial problems,
- Discontinuity and uncertainty,
- Certification of language proficiency and other competencies in finding a job,
- Working in jobs that do not match their competence level and educational background,
- Difficulties in obtaining a work permit,
- Local workforce regarding Syrians as rivals in relevant sectors.

SOCIAL ASSISTANCE PRACTICES FOR SYRIANS

Social assistance for Syrians under temporary protection within the scope of the Syrian immigration to Turkey is an important tool in terms of social policy. The social assistance practices are mainly carried out by the Ministry of Family and Social Services, Social Assistance and Solidarity Foundations, Turkish Red Crescent and municipalities. In addition, various national non-governmental organizations and international non-governmental organizations stand out as prominent stakeholders in social assistance practices.

The procedure and principles regarding how to implement social assistance applications are addressed in Article 30 of the Temporary Protection Regulation, titled "Social Assistance and Services". Relevant to the article, foreigners who are in need and under temporary protection can benefit from social assistance in accordance with the procedures and principles determined by the Social Assistance and Solidarity Incentive Fund Board specified in the Social Assistance and Solidarity Encouragement Law No. 3294. Pursuant to the same article, the access to social services of the Syrians in need of social assistance is regulated according to the procedures and principles determined by the Ministry of Family and Social Services (Temporary Protection Regulation, 2014).

Within the scope of temporary protection, Syrians are supported with AFAD Card (provided by Disaster and Emergency Management Presidency) and Red Crescent Card (provided by Turkish Red Crescent). With the AFAD Card given to the heads of families living in the temporary accommodation centers, 100 TL per person is assisted. The Red Crescent Card, on the other hand, was implemented in cooperation with the Turkish Red Crescent, UN World Food Program and Halkbank, and a cash aid application of 50 TL for those staying in the accommodation centers and 100 TL for those who reside in provinces (Syrians in Turkey, 2018).

Another social assistance program for Syrians under temporary protection is the Social Cohesion Assistance Program funded by the European Union and carried out jointly by the International Federation of Red Cross and Red Crescent

Associations (IFRC), the Turkish Red Crescent and the Ministry of Family and Social Services. Through the program, people in need and living outside of the temporary accommodation centers receive cash assistance in order to meet their needs such as food, clothing and shelter. As a result of the assessment of the vulnerability, cash assistance is made every month, at the amount of 120 TL, for each person in the family via the Red Crescent Card (Ministry of Family and Social Services, 2020).

METHODOLOGY

In this study, it is aimed to examine the socio-demographic characteristics and employment status of Syrians under temporary protection residing in Ankara and to analyze the situation and needs for this group in the context of social work.

Research Model

This study, which aims to reveal the demographic characteristics of Syrian individuals who want to work, is a research designed in the descriptive survey model, which is one of the quantitative research methods. Scanning models are a research model that helps to describe a past or present situation as it is (Karasar, 1999). This model allows to reveal the opinions, attitudes, behaviors and tendencies of the people through the information obtained by asking various questions from a wide audience (Fraenkel & Wallen, 2006). In this study, the descriptive scanning model has been used in order to reveal the profiles of Syrian adult individuals.

Universe and Sample

The universe of this research consists of adult women and men under Temporary Protection who immigrated from Syria to Turkey, seeking work and / or currently work in Ankara. Since reaching all the people in the universe will cause difficulties both economically and in terms of time, a sample has been chosen. For this, first of all, non-governmental organizations established by Syrians working in the context of immigration were contacted. Individuals who agreed to participate in the study voluntarily were referred by them. The snowball sampling technique was used in the selection of the people in the sample. Volunteer Syrian individuals were included in the sample. The sample of the research consisted of 983 Syrians with temporary protection status residing in Ankara. Demographic and personal information of these people is presented in the findings section.

Data Collection Tool

In order to reveal the demographic characteristics of Syrian individuals, "demographic information form for Syrian individuals under temporary protection status" was prepared and used by the author. This information sheet contained a total of 25 questions. These questions were mainly about participants' employment status, marital status, gender, age, educational background, professional experience in Syria, professional experience in Turkey, Turkish language proficiency, disability status and disability type if disabled, income levels, monthly incomes, monthly social assistance, the number of dependents, and other additional information.

Data Collection and Analysis Process

The data were collected between March- May 2020 using the information form. Each participant was contacted with the

support of an interpreter and the information form was applied face to face. In the interviews, informed consent to participate in the research was obtained from the participants and it was guaranteed that their personal information would only be used within the scope of the research and their private data would not be shared with third parties.
The collected data were transferred to the Ms Excel file and this data file was examined and cleaned for incomplete, incorrect, and repeated answers. Then, the data set was transferred to the SPSS 22 program and the analysis were made with the help of this program. Demographic and personal characteristics of the participants were analyzed using descriptive statistical techniques such as frequency and percentage. The findings obtained are presented in the following section.

RESULTS

Demographic Characteristics of Syrian Individuals

The data set contains demographic and personal data of 983 Syrian nationals. While 926 (94.2%) of the participants of the study agreed to participate in the research, 57 (5.8%) of them did not agree to participate in the research. Participants' personal information such as gender, age, marital status, educational status and student status are given in Table 1.

Necessary regulations can be made in universities for these two concepts which are important for students. For example, it may be suggested to expand the social spaces within the university, to create platforms where students can

Demographic Information	f	%
Gender	760	77,3
Male	223	22,7
Female		
Age	445	45,3
18 – 30	204	20,8
31 – 40	141	14,3
41 – 50	152	15,5
51 – 60	41	4,2
above 61		
Marital Status	636	64,7
Married	347	35,3
Unmarried		
Graduation level	74	7,5
Primary School	531	54
Middle School	215	21,9
High School	61	6,2
University(2 years)	98	10
University(4 years)	4	0,4
Graduate School		
School Enrollment	23	
ongoing	960	2,3
completed/ dropped		97,7

Descriptive findings regarding gender, age, marital status, educational status and student status Syrian individuals participating in the research are as follows:

Considering the personal and demographic characteristics of the participants, in terms of gender; 760 people (77.3%) are women and 223 people (22.7%) are men. In terms of age, 445 people (45.3%) 18 - 30 years old, 204 people (20.8%) 31 - 40 years old, 141 people (14.3%) 41 - 50 years old, 152 people (15% 5) 51 - 60 years old and the remaining 41 people are 61 years and over. In terms of marital status, 636 people (35.3%) are married while 347 people (64.7%) are not. In terms of educational status, 74 participants (7.5%) were graduates of primary school, 531 (54%) secondary school, 215 (21.9%) high school, 61 (6.2%) undergraduate (2-year program), 98 (10%) undergraduate (4-year programs) and 4 people (0.4%) have a graduate education level. 23 participants are still students, while the remaining 960 people are not students.

Table 2. Distribution of age and educational status by gender

		Male (n=760)		*Female (n=223)*	
Age		*f*	*%*	*f*	*%*
	18 – 30	*350*	*46,1*	*95*	*42,6*
	31 – 40	*156*	*20,5*	*48*	*21,5*
	41 – 50	*97*	*12,8*	*44*	*19,7*
	51 – 60	*118*	*15,5*	*34*	*15,2*
	Above 61	*39*	*5,1*	*20*	*0,9*
Educational Status	*Primary School*	*74*	*9,7*	-	-
	Middle School	*405*	*53,3*	*126*	*56,5*
	High School	*162*	*21,3*	*53*	*23,8*
	Undergraduate(2years)	*45*	*5,9*	*16*	*7,2*
	Undergraduate(4years)	*71*	*9,3*	*27*	*12,1*
	Graduate School	*3*	*0,4*	*1*	*0,4*

The distribution of the age and education status of the individuals participating in the study according to their gender is given in Table 2. 350 (46.1%) of the men were in the 18-30 age group, 156 (20.5%) in the 31-40 age group, 97 (12.8%) in the 41-50 age group, 118 (15.5%) are between 51-60 years old and 39 (5.1%) are 61 years old and over. 95 (42.6%) of the women were in the 18-30 age group, 48 (21.5%) in the 31-40 age group, 44 (19.7%) in the 41-50 age group, 34 (15.2%) are between 51-60 years old and 20 (0.9%) are 61 years old and above.

When the distribution of educational status by gender is taken into consideration, 74 (9.7%) of the male participants were found to be primary school graduates, 405 (53.3%) were secondary school graduates, 162 (21.3%) high school graduates, 45 (5.9%) undergraduate 2- year program graduates, 71 (9.3%) undergraduate 4-year program graduates and 3 (0.4%) have graduate degrees. 126 (56.5%) of the women were graduates of secondary school, 53 (23.8%) of them were graduates of high school, 16 (7.2%) undergraduate 2- year program graduates, 27 (12.1%) undergraduate 4- year program graduates and 1 (%) 0,4) have master's / doctoral degree.

The areas of expertise of Syrian individuals with undergraduate degrees vary. The distribution of these fields according to departments is given in Table 3. Some departments were specified by only one participant and the ones with a frequency of 1 were not shown in the table.

Table 3. Undergraduate programs of the Syrian participants

Undergraduate programs	f
Undergraduate (4-year programs)	
Law	12
Civil Engineering	9
English Language Teaching	3
Primary School Teaching	3
Electrical Engineering	3
Computer Engineering	2
English Literature	2
Mechanical Engineering	2
Mechanics Engineering	2
Agricultural Engineering	2
Psychology	2
Architecture	2
Mathematics Teaching	2
Dentistry	2
Undergraduate (2-year programs)	
Trading	4
Electronics	3
Mechanics	2
Tourism	2
Economy	2
Nursery	2
Anesthesiology	2

* The most common undergraduate fields are given in this table.

Considering the 4- year undergraduate programs areas of the participants, the departments of the participants are as follows: 12 law graduates, 9 civil engineering graduates, 3 English language teaching graduates, 3 classroom teachers, 3 electrical engineering graduates, 2 computer engineering graduates, 2 electronic engineering graduates, 2 people English literature graduates, 2 mechanical engineering graduates, 2 mechanics, 2 agricultural engineering, 2 psychology, 2 architecture, 2 math teacher and 2 dentistry graduates. As for the 2- year undergraduate programs of the participants, 4 people have trade, 3 people have electricity, 2 people have mechanics, 2 people have tourism, 2 people have economics, 2 people have nursing and 2 people have diplomas in anesthesiology departments.

Professional Experiences of the Participants in Syria

When the professional experiences of the participants before their asylum in Turkey are examined, it is seen that many people have more than one professional experience in their country. Considering the first professional experiences of the participants in their own countries, 171 different types of professions emerged. While 764 of the participants have only one professional experience in their own country, 112 of them have a second or more professional experience and 107 are

unemployed or have not worked at all. Descriptive statistical findings regarding the first professional experiences of all participants are given in Table 4. Those who express a profession 3 or less are considered in the "other" group.

Table 4. Professional experiences of the participants in Syria

Professional Experience	**f**	**%**
Student (Undergraduate/ High School	*185*	*18,8*
Unemployed	*107*	*10,9*
Driver (taxi, truck etc.)	*89*	*9,1*
Teacher (English, Math, Arabi etc.)	*55*	*5,6*
Worker (agriculture, construction, textile, etc.)	*50*	*5,1*
Tailor	*39*	*4*
Furniture maker	*30*	*3*
Electrician (home, construction, workplace, etc.)	*25*	*2,5*
Civil Servant	*25*	*2,5*
Painter (house, construction, wall, etc.)	*23*	*2,3*
Housewife	*20*	*2*
Hairdresser / Barber	*19*	*1,9*
Business owner (factory, store, etc.)	*18*	*1,8*
Repairman (phone, computer, etc.)	*18*	*1,8*
Engineer (electrical, construction, machinery, etc.)	*14*	*1,4*
Auto repairer (engine, bodywork, spare parts, etc.)	*10*	*1*
Sales consultant	*9*	*0,9*
Carpenter	*8*	*0,8*
Dessert maker	*8*	*0,8*
Pharmacist	*6*	*0,6*
Machinist	*6*	*0,6*
Lawyer	*5*	*0,5*
Grocer	*5*	*0,5*
Accountant	*5*	*0,5*
Trader	*5*	*0,5*
Manufacturer (rope, bag, chandelier, etc.)	*5*	*0,5*
Welder	*4*	*0,4*
Tiremaker	*4*	*0,4*
Accountant	*4*	*0,4*
Textile supplier	*4*	*0,4*
Butcher	*4*	*0,4*
Other (n <4 for each profession)	*174*	*17,5*

* Those who express a profession 3 or less are considered in the "other" group.

Professional Experience of the Participants in Turkey

It is seen that some of the participants continue their professions after migrating Turkey, some of them are unemployed and some of them have professional experience in different business lines. Considering the first professional experiences of the participants in Turkey, it was concluded that they worked in 146 different occupational areas. While 516 of the participants have only one professional experience in Turkey, 337 of them have second or more professional experience and 130 of them are unemployed. Descriptive statistical findings regarding the first professional experiences of all participants are given in Table 5.

Table 5. Professional experiences of the participants in Turkey

Professional experiences	f	%
Worker (agriculture, construction, textile, furniture, etc.)	217	22,1
Unemployed / Unemployed	130	13,2
Furniture maker	96	9,8
Tailor	59	6
Driver (taxi, truck, etc.)	53	5,4
Hairdresser / Barber	26	2,6
Teacher (English, Mathematics, Arabic etc.)	22	2,2
Translator (Turkish - Arabic, Arabic - English.)	19	1,9
Electrician	17	1,7
Painter (house, construction, wall, etc.)	16	1,6
Welder	16	1,6
Sales Consultant	14	1,4
Auto repairer (engine, bodywork, spare parts, etc.)	13	1,3
Repairman (phone, computer, etc.)	12	1,2
Manufacturing (pipes, bags, etc.)	11	1,1
Housewife	10	1
Assistant cook	9	0,9
Guard	9	0,9
Carpenter	9	0,9
Chef/cook	8	0,8
Dishwasher	8	0,8
Blacksmith	8	0,8
Engineer	8	0,8
Dessert maker	8	0,8
Plumber (sanitary, natural gas, etc.)	8	0,8
Officer	6	0,6
Accountant	6	0,6
Gardener	5	0,5
Student	5	0,5
Computer work	4	0,4
Tiremaker	4	0,4
Grocery worker	4	0,4
Other (n <4 for each profession)	148	14,7

** Those who express a profession 3 or less are considered in the "other" group.*

Language Proficiency

All of the participants have stated that they have different levels of Turkish language proficiency. 2 people have English language proficiency in addition to Turkish. When the Turkish language proficiency levels of the participants are examined, it is concluded that 493 people (50.2%) have low level, 291 people (29.6%) have medium level and 199 people (20.2%) have good level Turkish language proficiency. Information on this issue was collected based on the statements of the participants.

Disability Status

Based on the statements of the participants, the reported disabilities, disorders and illnesses are as follows; 22 people (2.2%) physical (orthopedic along with the problems in arm, leg, hand, etc.), 3 people (0.3%) vision, 3 people (0.3%) hearing, 3 people (%) 0.3) mental disability, 1 person (0.1%) epilepsy, 1 person (0.1%) speech and 1 person (0.1%) nervous disorders. 34 of the participants (3.5%) reported that they had a physical disability.

Household Status of the Participants in Ankara

The number of individuals in the household where the participants live varies. Table 6 shows the distribution of the number of individuals in their household. 431 (43.8%) of Syrian individuals are in a 1-3-person household, 416 (42.3%) in a 4-6-person household, 110 (11.2%) in a 7-9-person household, 18 people (1.8%) live in a household of 10 or more. 8 people (0.8%) did not state how many people they live with in their households.

Table 6. Number of individuals living in the household

The Number of Persons in the Household	f	%
1-3	431	43,8
4-6	416	42,3
7-9	110	11,2
10 and above	18	1,8
Not specified	8	0.8

Looking at the income distribution of the participants, 126 people (12.8%) stated that they had an average monthly income of 1000 TL or less. Besides, 190 people (19.3%) had income between 1001 TL - 2000 TL, and 9 people (0.9%) with the income of 2001 TL - 3000 TL. And only one person reported his/her income as 3001 TL and above. 657 people did not want to reveal their income. Table 7 includes the distribution of the monthly income of the participants.their income. Table 7 includes the distribution of the monthly income of the participants.

Table 7. Household monthly income

Income	f	%
1000TL and below	12 6	12,8
1001TL – 2000TL	19 0	19,3
2001TL – 3000TL	9	0,9
3001TL and above	1	0,1
Not specified	65,7	66,8

196 of the participants (19.9%) stated that they had social assistance from Turkish Red Crescent (the card system mentioned above), while the remaining 787 (80.1%) chose not to answer the question about Turkish Red Crescent card. The distribution of the monthly card income of the participants is given in the Table 8. Monthly card income of 38 people (3.9%) is 500 TL and below, 88 people (9%) card income is between 501 TL - 1000 TL, 11 people (1.1%) card income is 1001 TL and above. The number of participants who stated that they had a card income but did not want to mention the amount they received was 59 (5.9%).

Table 8. Social Assistance from Turkish Red Crescent

Social Assistance from Turkish Red Crescent	Income	f	%
Yes	500TL and below	38	3.9
	501TL- 1000TL	88	9.0
	1001TL and above	11	1.1
No	Not specified	59	5.9
		787	801

Among the participants, the number of male individuals who have a spouse was recorded as 87 (8.9%), while the number of male individuals who do not have a spouse was 232 (23.6%). The number of female individuals with a spouse is 37 (3.8%) and the number of women who do not have a spouse is 279 (28.4%). The marital status of the participants is given in Table 9. the number of women who do not have a spouse is 279 (28.4%). The marital status of the participants is given in Table 9.

Table 9. Marital Status

	Marital Status	f	%
Male	Yes	87	8,9
	No	232	23,6
	Not Specified	664	67,5
Famale	Yes	37	3,8
	No	279	28,4
	Not Specified	667	67,9

In the period of the data collection, 7 of the women stated that they were pregnant and 216 of them were not pregnant.

A DEMOGRAPHIC STUDY ON SYRIANS UNDER TEMPORARY PROTECTION: THE CASE OF ANKARA

Conclusion

It is important to carry out integrative and informative social cohesion activities with immigrants, to organize harmonization activities that establish work peace in the labor market, and to expand social service practices with the society, in order to make the results of immigrant employment positive (Uslu Ak, 2021:251). Moreover, considering that the phenomenon of immigration is among the main causes of urban unemployment, social policies that emphasize the adaptation and integration process of immigrants to the cities such as Ankara should be further regulated.

This study is a descriptive study conducted with 983 Syrian individuals in order to reveal the demographic profiles of Syrian individuals in Turkey, Ankara. Most of the participants in the study are male (n = 760, 77.3%), 18-30 years old (n = 445, 45.3%), married (n = 636, 64.7%) and have a secondary school education level (n = 531, 54%). Approximately one-sixth of the respondents have undergraduate and postgraduate education level. Considering the areas of expertise of these individuals, the most common areas are law and civil engineering in terms of 4-year programs of undergraduate departments and trade in terms of 2-year programs of undergraduate departments. In a report prepared to reveal the profiles of Syrian individuals, it was stated that Syrians are below the general education average in Turkey, almost half of them are illiterate or do not attend school at all (Erdoğan, 2019).

When the professional experiences of the participants in Syria are examined, the most common professions are recorded as driving, teaching and unskilled working. 107 of the participants (10.9%) did not work at all while in Syria. When looking at the professional experiences in Turkey, the most common professional experience is unskilled working (n = 217, 22.1%). Agriculture, construction, textile, furniture- making and physical work are among the most common sectors for the participants.

The number of unemployed participants in Turkey is higher than the number of unemployed while in Syria. This means that unemployment has increased along with migration and some participants cannot find a job. While in Syria, most of the people who worked as teachers, civil servants, worked in their own workplaces and worked in more qualified jobs could not transfer their experiences to the environments they lived after they came to Turkey. Most of these people have worked as workers in less qualified jobs and in different fields (agriculture, construction, textile, etc.) in Turkey.

When the general professional experiences of the participants are evaluated, it is seen that individuals working in more qualified jobs and in their own jobs in Syria started to work in less qualified jobs after immigrating to Turkey. After immigration, the number of unemployed has increased, the number of qualified jobs has decreased considerably, and the number of students has decreased from 185 to 5. This situation can be interpreted as that some of the participants were unable to find a job, started working instead of continuing their education in order for livelihood, and many Syrian individuals preferred to do any job to earn money despite their own professional experience.

All of the participants speak Turkish; however, language proficiency levels differ. Half of the participants have low Turkish language proficiency, while the rest have medium and high language proficiency. 34 of the participants have disabilities and

the most common type of disability is physical disability. When households and income are examined, most of the participants live in households of 1-3 people and 4-6 people. The monthly income level of the participants is even below the minimum wage and is between 1001 TL - 2000 TL. Approximately one fifth of the participants have social assistance from Turkish Red Crescent and this income of the majority is between 501 TL - 1000 TL.

The findings of various studies are in parallel with the findings obtained in this study. After immigration, Syrians adapted to the environments they lived in, began to engage in economic activities and joined Turkish business life (Erdoğan, 2019). The participation of Syrian individuals in the Turkish labor market has taken place in different ways. Some individuals continue their trades and craftsmanship by establishing their own companies or opening their own workplaces (Korkmaz, 2018). Some individuals have taken their place in the labor market depending on an employer, especially in the agriculture, construction, trade and industry sectors (Turkish Medical Association, 2016). In a study conducted with migrants in Turkey, it was revealed that the majority of Syrians worked in commercial services, agriculture, skilled craft services and construction sectors before immigration, but those who joined the Turkish labor market after migration generally worked in unskilled jobs, textile and construction sectors (Turkish Red Crescent and World Food Program, 2019). In another study conducted with refugees, it was reported that a quarter of the Syrians work in a regular job, the rest do not work or work occasionally / daily, and the majority work as unskilled workers (İşcan & Çakır, 2019).

Considering the current situation that Syrian individuals will not to return to their own countries due to the lack of political stability and peace in Syria, it is necessary to develop the necessary legislation and policies to ensure the social cohesion of Syrian individuals in Turkey and their effective and efficient participation in the labor market. In addition, considering the age characteristics and professional experiences of Syrian individuals, it is important to fulfill these demands of those who want to continue their education and to develop policies and practices that enable those who want to work to be employed in working conditions that are worthy of human dignity, taking into account the professional experience characteristics in their country of origin.

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A HOLISTIC ASSESSMENT OF THE DEATH PENALTY, ABORTION AND EUTHANASIA FACTS FROM THE PERSPECTIVE OF THE RIGHT TO LIFE

YAŞAM HAKKI PERSPEKTİFİNDEN ÖLÜM CEZASI KÜRTAJ VE ÖTANAZİ OLGULARINA BÜTÜNCÜL BİR BAKIŞ

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ABSTRACT

In this study, the current situation of today's world practices and developmental trends are examined by evaluating cases of the death penalty, abortion, and euthanasia from the perspective of the right to life. A meta-analysis research method was used and the results of a total of 28 different analytical studies which are still relevant for each practice were interpreted as well. Meta-analysis findings have shown that the death penalty has no disincentive effect on criminal acts. This finding is interpreted as governments qualifying perpetrators who commit crimes corresponding to the death penalty as "idle person" or "dispensable person" and non-restorable in the foreseeable future. In the study, it was determined that abortion is not an 'arbitrary' act but has resulted from a 'need' in the context of social and economic factors. In the study findings were interpreted as euthanasia/assisted suicide practices have gained public acceptance recently.

Key Words: Right to life, death penalty, abortion, euthanasia, social work

ÖZET

Bu çalışmada, ölüm cezası, kürtaj ve ötanazi olguları, yaşam hakkı perspektifinden değerlendirilerek günümüz dünya uygulamalarının mevcut durumu ve gelişimsel eğilimler incelenmiştir. Çalışmada meta-analiz araştırma yöntemi kullanılmış ve her bir uygulama için halen geçerli olan toplam 28 farklı analitik çalışmanın sonuçları yorumlanmıştır. Meta analiz bulguları, ölüm cezasının suç eylemleri üzerinde caydırıcı bir etkisi olmadığını göstermiştir. Bu bulgular, hükümetlerin ölüm cezasına karşılık gelen suçları işleyen failleri "atıl kişi" veya "vazgeçilebilir kişi" olarak nitelendirdiğini ve öngörülebilir gelecekte rehabilite edilemeyeceklerini düşündüğünü göstermektedir. Çalışmada kürtajın 'keyfi' bir eylem olmadığı, sosyal ve ekonomik faktörler bağlamında ortaya çıkan 'ihtiyaçtan' kaynaklandığı tespit edilmiştir. Ek olarak çalışma bulguları ötanazi / yardımlı intihar uygulamalarının kamuoyunda giderek daha fazla kabul gördüğü şeklinde yorumlanmıştır.

Anahtar Kelimeler: Yaşam hakkı, ölüm cezası, kürtaj, ötanazi, sosyal hizmet

A HOLISTIC ASSESSMENT OF THE DEATH PENALTY, ABORTION AND EUTHANASIA FACTS FROM THE PERSPECTIVE OF THE RIGHT TO LIFE

INTRODUCTION

In a community, human beings have rights and responsibilities that enable them to exist in the correct way that is the most beneficial for them. It is possible for a person to fulfill their responsibilities to themselves and to the society they live in only by protecting their most basic rights. As for these rights, the regulations on human rights, which have been discussed from different angles until today, are determinative. The most comprehensive of these regulations are undoubtedly the Universal Declaration of Human Rights, and the European Convention on Human Rights. It is not accidental that the right to life in these contracts is addressed among the first few articles. Because existence, other rights and freedoms, and of course responsibilities will not make sense unless life, which is a prerequisite for existence as a living being, is presented as a right.

In the most general sense, the right to life, which can be explained as everyone having the right to live their life, and which must be protected especially by the public authorities, has reached its present position thanks to various developments throughout the history. Religions, which existed before international developments and regulations, and set decisive frameworks for human life and found a place in the lives of many today, have offered important perspectives on achieving this position.

In Christianity, where there is the belief that the greatest blessing that God offers to people is the human body, and that God exists in the soul of this body, great importance is given to the protection of this blessing (Romans. 13/8-10). In Islam, which describes humans as one of the valuable beings created in the universe, it is emphasized that a person, who has no influence on their birth, cannot have any will to end their life or someone else's (Maide 5/32). In the John section of the Torah, the Holy Book of Judaism, it was stated that Moses was born for reasons intended to protect people, and thus it was emphasized how important human life is (John. 10/10). In Buddhism, which has a large believer count around the world, the emphasis that nothing that is not suitable for humans and human well-being can have a place in the belief shows the value of life in this religion (Bagde, 2014).

The development of the first human rights in history is directly related to the development of the right to life. On this basis, it can be claimed that the right to life is the most prioritized human right in history. In legal texts, the right to life was first mentioned in the Magna Carta, published in 1215. Laws aimed at preventing arbitrary death penalties, and protecting the procedures and principles associated with it were included in the said document. After this, the understanding of human rights and the right to life developed further with the English Bill of Rights in 1628 and the Virginia Bill of Rights in 1776. The American Declaration of Independence in 1776 and the French Declaration of Human Rights and Citizenship in 1789 are also very important texts for the development of individual rights and, in particular, the right to life. As part of recent agreements, both the UN Universal Declaration of Human Rights and the European Convention on Human Rights emphasize that the right to life should be protected by law (Donnelly, 2013; Amnesty International, 2021).

Today, the right to life, which is considered indisputable in many ways, legally includes five basic qualities. These qualities can be listed as follows: the nature of immunity which is the inability to intervene even in cases of emergency, the property of superiority which means people must be protected above all rights, the property of jus cogens, which means the rights cannot be regulated outside of the international and domestic laws, the property of being an absolute right, in terms of being considered indisputable, and the property of indispensability, which forms the basis of the debates on euthanasia (Güngör, 2007). All these properties provide a framework for the right to life to be protected, and to be clear and understandable from many different aspects today.

A HOLISTIC ASSESSMENT OF THE DEATH PENALTY, ABORTION AND EUTHANASIA FACTS FROM THE PERSPECTIVE OF THE RIGHT TO LIFE

The right to life, which is protected by international agreements as well as constitutions in various aspects, and the necessity of protecting this right are the responsibility of governments. However, governments are far from the ideal situation in terms of how and by what methods they will give this responsibility to institutional structures. General approaches to the practice of capital punishment, abortion, and euthanasia examined in this study support this idea.

In order to understand the death penalty, which is one of the three factors that form the basis of our study, it is useful to briefly focus on the phenomenon of punishment first. In the most general sense, punishment can be explained as a sanction applied if actions defined as 'disorderly' or 'a crime' are carried out in the present situation and structure. Here, the assessment of punishment from a philosophical and sociological point of view is also necessary in terms of understanding the death penalty as a method of punishment. Accordingly, the debate about punishment in philosophy continues in general through the 'Utilitarian Approach', in which individuals avoid pain and turn to pleasure, so punishments should be given to the offender in order to cause pain, and the 'Deterrence Approach', in which the punishment given to persons should be of a nature to prevent both the individual and society from committing crimes.

The phenomenon of punishment has been an important field of study in sociology as well as in philosophy. Accordingly, in sociology, punishment is a tool used by the system to control and discipline the labor supply according to Marxists, while according to Durkheim, it is an important element in terms of absolute response to crimes. Weber considers punishment as the protection of authority by the law, and Foucault emphasizes the aspect of punishment as a disciplinary tool. Punishment, which has been addressed from many different aspects in the fields of philosophy and sociology throughout history, is nowadays explained as the rehabilitation of the perpetrator and a tool of deterrence for crime. In the literature, it is claimed that the types of punishment must be evaluated with the help of these two functions (Ellis, 2012; Türkmen, 2017).

Here, it can be said that the death penalty as a punishment has almost always existed in history with the influence of various senses of rule, social structures, and beliefs. According to various views among the literature, the death penalty was greatly preferred as a precise and rapid method of punishment, especially in primitive societies. Regarding the death penalty, which is also the subject of the scriptures of the beliefs and their practice in life, it can be seen that forgiveness is emphasized in general in the three great heavenly religions, but with 'major crimes' such as murder, the death penalty is considered acceptable (Greenberg & West, 2008). Unlike other religions, Hinduism and Buddhism do not have specific rules regarding capital punishment, but in some societies where these beliefs are common, it is observed that the death penalty is considered a method of punishment (British Broadcasting Corporation, 2009; British Broadcasting Corporation, 2009).

With its history, the death penalty is seen as a method of punishment that is gradually starting to disappear today as a result of modernization, which has gained momentum with the influence of some philosophical and social developments. This process, which began with The United Nations International Covenant on Civil and Political Rights in 1976, has improved even more with different decisions and conventions to date. The articles of this convention, such as being under the age of 18, being pregnant, being able to request pardon, and the death penalty being imposed only for very serious crimes, were the first major step towards abandoning this method of punishment. Following this, the additional electoral protocol number two of the same convention, which took effect in 1991, came with limitations such as the fact that the death penalty only being applied in times of war. In addition, an approach to the complete abolition of the death penalty has been developed in the additional electoral protocol no. 13 of the European Convention on Human Rights (Council of Europe, 1950). It is known that these efforts continue today, and around the world, people are trying to put an end to the practice of capital punishment.

As another phenomenon examined in our study, abortion means the termination of an unwanted pregnancy. Abortion, which has existed in many societies such as China and Egypt since the earliest times, is known to be interpreted in different

ways by civilizations and beliefs. Having also been used by various societies as a means of population control, abortion is interpreted in a very similar way from the religious point of view.

In the early days of Christianity, there was the basic understanding that ending the life of a fetus or a child would be the same thing. In Islam, an abortion performed after the soul enters the fetus is considered murder. In the 'Exodus' section of the Torah, the emphasis that the person who causes a miscarriage will be severely punished shows the approach to abortion in Judaism (Exodus 21:22). Similar approaches to abortion can be seen in beliefs such as Hinduism and Buddhism. In Hinduism, it is the case that the woman who performs an abortion loses her caste or moves to a lower caste than her previous one. In Buddhism, abortion means that the conditions of murder will be ensured by the willful killing of a living being. These illustrate the approach to abortion in Hinduism and Buddhism. As can be seen, from the point of view of religions that appeal to the vast majority of the world's population, abortion is considered an unacceptable practice. But it is also possible to say that the uncertainty of at exactly which period of pregnancy the fetus can be considered a 'living being', in particular, leads to more flexible approaches to abortion (British Broadcasting Corporation, 2009).

Abortion is also an important area of discussion within philosophy. In philosophy, ethical approaches to abortion are generally formed within the framework of two views. The first is that the fetus has human potential, and the practice of abortion in the process from the beginning to the end of pregnancy cannot be considered ethical. The other view is that, depending on the woman's preference, abortion cannot be addressed in any ethical way at any stage of pregnancy. By acknowledging that abortion is an ethical problem, it has been seen that conservative people, who argue that the practice in question is not right, make evaluations based on the baby's right. On the other hand, some thinkers who argue that abortion is an acceptable practice have emphasized that abortion has a significant impact on family planning, and that women have the right to self-determination (Baker, 1985).

The inability to develop a common approach to abortion in these discussions has led to the inability to form a common understanding in international law today. Indeed, as one of the most important human rights texts, the United Nations Convention on the Rights of the Child draws attention to the necessity that a child must be protected before birth just as it must be protected afterwards, and indirectly chooses a side. Another agreement that is just as important is The Convention on the Elimination of all Forms of Discrimination Against Women, where it was emphasized that women are free to decide on the amount of children they want to have and when to have them, and have the right to access the necessary means to trainings and tools.

Another phenomenon that will be evaluated in the context of the right to life within the scope of our study is euthanasia. According to its most current definition, euthanasia can be expressed as the doctor's termination of their patient's life if the person is unlikely to recover from their disease despite medical interventions. In terms of its types, it is possible to say that euthanasia is divided these groups: active euthanasia, which can be explained as the direct application of a medical method to the patient during the act of killing, and passive euthanasia, which can be explained as the termination of the intervention that ensures the survival of the patient. Another distinction here relates to who made the decision of euthanasia. Euthanasia being demanded by the patient themselves is defined as voluntary euthanasia, while the family making this decision on behalf of an unconscious and unlikely-to-recover patient is defined as non-voluntary euthanasia (Perret, 1996).

As part of our study, the practice of assisted suicide will also be discussed within the scope of euthanasia. Euthanasia, which is defined as the injection of a life-terminating drug into the person's body by a doctor, is separated from assisted suicide, which is the doctor providing the patient with the necessary tools to help them perform the act of killing, as per the

patient's request. In addition, assisted suicide practices do not have the requirement that a person must have a fatal disease. However, in practice, it is known that these two actions cannot be considered separately, and that assisted suicide was soon legalized in countries where euthanasia is legal (The World Federation Of Right To Die Societies, 2010; Perret, 1996). Based on this, it is possible to say that the two practices are quite similar in terms of historical development and their results in the current situation. On this basis, it can be said that the explanations for euthanasia in our study also apply to assisted suicide.

In terms of the most commonly practiced beliefs today, euthanasia is a generally prohibited practice. In the three great heavenly religions, euthanasia was not generally considered an acceptable practice in accordance with the understanding that life, which is a gift and trust of God to people, can again be terminated only by the will of God. As a matter of fact, the prohibitions on euthanasia and the prevalence of anti-euthanasia approaches in the Middle Ages, a period when Christianity and Islam became widespread on earth, reveal the approach to euthanasia in heavenly religions (Grigore-Radulescu & Popescu, 2018). In Hinduism, euthanasia has been considered an unacceptable practice as it causes the soul and body to separate at the wrong time, and undermines the principle of harmlessness (British Broadcasting Corporation, 2009). Similarly in Buddhism, the understanding that it is possible for a person to alleviate their pain with the help of appropriate medication and meditation, and that a person must protect and continue their life under any circumstances has led to the interpretation that euthanasia is an unacceptable practice (British Broadcasting Corporation, 2009).

Euthanasia, which dates back to the ancient Greek and Roman periods, was considered a suitable method by many philosophers, especially philosophers such as Socrates and Plato, for diseases that could not be cured at the time. As Christianity became widespread and the understanding that pain came from God, interest in euthanasia and approaches to its legitimacy decreased. This effect lasted quite long, and euthanasia only started to achieve a legal basis at the beginning of the 20th century in some European countries (Gesundheit, Steinberg, Glick, Or, & Jotkovitz, 2006).

As part of these approaches, today euthanasia finds a place in the legal systems of some countries, although the extent of it is limited. Euthanasia and assisted suicide practices have been adopted legally in countries such as the Netherlands, Belgium, and Luxembourg under certain conditions. Similarly, these practices, which require conditions such as the patient suffering from intense pain and obtaining the approval of different specialist doctors almost everywhere, were first legalized in the US in the state of Oregon and later spread to various states.

The Right to Life and Social Work

Social work, defined as ‘a profession that is based on human rights and social justice, and is a practice-based science’ by International Association of Schools of Social Work (IASSW) and International Federation of Social Workers (IFSW-2014), has always put the well-being of people at the center of its practices.

The aim of social work is to increase the social functionality of people in life. Here, social functionality can be explained as the ability of individuals to perform the necessary work and activities to meet their most basic needs. The social functionality of the individual can be explained by as follows: social care in the sense of meeting basic needs, social treatment with corrective studies, and social development sub-studies with studies on it becoming a self-sufficient micro-system. The focus of social work in professional intervention is the environment that significantly affects the individual, groups, or the society, and where the applicant systems are in close relationship. In this sense, the emphasis on ‘individual within their environment’ is at the heart of social work practices. Therefore, the function of social work is to implement consulting, resource management, and educational services at micro, meso and macro levels (Sheafor & Horejsi, 2008).

Today, social work continues its practice in many different aspects and areas, from work carried out with individuals to policies carried out with society at the macro level. Professional ethics, which is shaped by the nature of professional

interventions, is a guide to achieving what is 'right' in professional practices. The development of this ethical system reveals how social work treats people under the influence of some philosophical approaches. For example, Kant's philosophy, which emphasizes the need to create a system of rules based on the acceptance that every person is smart and free, excluding passions and tendencies, is associated with privacy and the applicant's right to self-determination. As another philosophical approach that plays an important role in shaping professional ethics, the teaching of Utilitarian Approach that what is right will make everyone happy is the basis of the emphasis on holistic realization of evaluations in micro, meso and macro dimensions. The emphasis on a working system based on harmlessness and loyalty in the Common Morality Approach, which covers both philosophical views, has led to the development of an understanding in which the applicant is at the center and the emphasis is placed on the fair distribution of resources (Hatiboglu, 2011). Social work ethics, which started to improve thanks to these discussions and continues to develop with the feedback it receives from its practices today, goes on with its development within the framework of universal principles such as the applicant's right to self-determination, and the meeting of basic needs by the development of empowerment-oriented and evidence-based professional interventions.

Of course, as a profession whose subject is humans, it is difficult to say that the ethical system that draws the boundaries of social work in practice is capable of responding to human needs at an optimal level. At this point, it is clear that some impasse may be encountered in professional practice. These are called ethical dilemmas in the literature. The ranking of rights in ethical dilemmas in social work ethics, prepared by Dolgoff, Lowenberg and Harrington (2005), is a guide for practitioners in solving these dilemmas. These are listed as meeting basic requirements (every person has the right to life), fair and equal treatment, free choice and freedom, not to be harmed and to be harmed as little as possible, to live a quality life, privacy and confidentiality, and obtaining the truth and accessible information. These rights guide practitioners of social work in situations of dilemma that are often encountered in practice, and determine the limits of their responsibilities. At the same time, these provide clues about what a person's position is in the practice of social work (Dolgoff, Loewenberg, & Harrington, 2005). is a guide for practitioners in solving these dilemmas. These are listed as meeting basic requirements (every person has the right to life), fair and equal treatment, free choice and freedom, not to be harmed and to be harmed as little as possible, to live a quality life, privacy and confidentiality, and obtaining the truth and accessible information. These rights guide practitioners of social work in situations of dilemma that are often encountered in practice, and determine the limits of their responsibilities. At the same time, these provide clues about what a person's position is in the practice of social work.

Method

Meta-analysis is a research method based on combining and interpreting the results of different studies on a subject in accordance with a specific research purpose. The meta-analysis method, which provides an emphasis on causal correlations between the combined studies, is highly preferred, especially in the fields of health and social sciences.

In general, meta-analysis, which can be explained in this way, was chosen as the method of our study due to needs. As a matter of fact, more than one large-scale study is needed to understand and interpret each of the death penalty, abortion, and euthanasia cases, which were examined in our study, separately. For this reason, measurements and assessments for a specific group of samples to be carried out in a single study suggest that these cases would create an inability to evaluate them holistically from the perspective of right to life. In this context, the aim of our study is to understand the repercussions of the death penalty, abortion, and euthanasia practices in social life from the perspective of right to life, and to present the studies carried out so far on these phenomena in a certain fictional framework with the help of the meta-analysis method.

Analysis

The death penalty

Table 1: Meta-Analysis Findings on Capital Punishment

META-ANALYSIS FINDINGS ON ABORTION				
STEP	**SOURCE**	**YEAR**	**DATA**	**RESULT**
1	Center for Reproductive Rights	2007 - 2017	Death Sentences Imposed around the World	The countries that impose the death penalty the most are Iran, Saudi Arabia, and the United States, respectively
2	Amnesty International et al.	-	For What Crimes does the Death Penalty Apply in These Three Countries?	Common crimes that result in the death penalty in all three countries are murder, rape, and drug trafficking
3	UNODC	2000 – 2016	Murder Rates in Iran, Saudi Arabia, and the US	Within 16 years, homicide rates have doubled in Saudi Arabia, and decreased by 0.15 in Iran and by 0.18 in the USA
4	The death penalty Information Center	2008 - 2017	Homicide Rates in the USA by States	Homicide rates are always lower in states where the death penalty is not applied, while in states where the death penalty is applied, there is an increase
5	Woman Stats Project	2018	The Equivalent of Rape across the World	Rape is a 'major' problem in Iran and an 'important'
6	Statista	2017	Rape Rates in the USA by States	Rape rates are about 3 points lower in states without the death penalty.
7	Our World in Datal.	1990 - 2016	Drug Use and Related Deaths in These Three Countries	he increase in drug use and related deaths in all three countries shows that the drug trade cannot be prevented.
8	Amnesty Internationa	2007 - 2017	The Trend Towards the Death Penalty around the World	Around the world, the trend towards a complete ban on the death penalty is developing.
9	The death penalty Information Center	1996 - 2017	The Trend Towards the Death Penalty in the USA	There is a trend in the US states to abandon the death penalty, as is the case around the world.

The death penalty is a method of punishment beyond all associated controversy. In this context, in our study, we will first try to understand whether the death penalty corresponds to the qualifications of the punishment described above. From this point of view, it is clear that the rehabilitation of the perpetrator cannot be provided via the death penalty, which is one of the two most basic functions of punishment. It is argued that this practice is used for deterrence, the second main function of punishment. It will be possible to test this approach by comparing the governments around the world that implement the death penalty the most with the proportional change in crimes that are punished by the death penalty in said countries. In this context, the countries where the death penalty was applied the most in the world between 2007 and 2017 were Iran with 4,686 people, Saudi Arabia with 1,129 people, and the United States with 408 people (The Death Penalty Information Center), respectively. The crimes that are punished with the death penalty in these countries in common, excluding crimes related to witchcraft, prevention of practicing someone's religion, etc. which depend on cultural influences, are murder, drug trafficking, and rape (Cornell Law School, 2004). In this context, first, the change in the rate of murders committed in all three countries over the years will be examined. As a result of this review, the change in murder rates for every hundred thousand people are as follows: in Iran, from 2.62 in 2003 to 2.47 in 2014, in the United States, from 5.53 in 2000 to 5.35 in 2016, in Saudi Arabia from 0.83 in 2000 to 1.5 in 2015. The fact that these rates are below the world average of 8 suggests that deterrence is provided by the death penalty in these countries. However, it can be seen that homicide rates in the geographical regions where these countries are located in do not differ significantly. As a matter of fact, the murder rates for every hundred thousand people between the mentioned years are 7 in North America, 2.4 in Northern Europe, and 2.7 in the Middle East. But here, the main point of attention is independent of these. For all three countries, there was no significant decrease in murder rates between 2000-2016, and in fact, as it was mentioned above, Saudi Arabia's murder rates increased by almost 100%. In fact, this is proof that the death penalty cannot have a deterrent effect on the crime of murder, and on the contrary, the increase of rates cannot be prevented (United Nations Office on Drugs and Crime). Another finding may differ across the states in the USA. As a matter of fact, in the United States, in the states that do not apply the death penalty, the murder rates for every hundred thousand people was 3 in 2008, and 4 in 2017. In states that apply the death penalty, this rate reached 5.6 in 2017, compared to 5.2 in 2008. As can be seen from these data, the death penalty has not been a deterrent to murder in the US states, just like it has been the case around the world (The Death Penalty Information Center).

As part of the study, proportional changes in rape, another common crime that results in the death penalty, will be examined. According to the rape report published in 2011 by the international organization Woman Stats Project, Iran and Saudi Arabia are among the first category countries where 60 out of every hundred thousand women are raped. According to a report published by the same organization in 2018, the assessment of rape as a 'major' problem in Iran and as an 'important' problem in the US, resulting in the application of the death penalty, does not provide a deterrent to rape crimes. In addition, in 2017, 46.8 out of every hundred thousand women were raped in states that imposed the death penalty in the US, compared to 43.9 for states that did not impose it. However, if the state of Alaska, which differs significantly from all other states in the list in terms of rape rates, were excluded, the rate would be 39.6 (Statista). These findings show that the death penalty does not serve as a meaningful deterrent to rape crimes, just as it is the case with murder.

In all three countries, statistical findings on drug trafficking crimes that are punished with the death penalty are similar to those of other crimes. Although data on drug trafficking has not been available here, it is believed that the use of data on drug use will be sufficient to conclude the discussion. As a matter of fact, between 1990 and 2016, the ratio of people using drugs to the total population increased from 2.99 to 3.31 in the United States, from 1.23 to 1.31 in Iran, and from 0.77 to 0.86 in Saudi Arabia. During the same time period, drug-related deaths increased in every hundred thousand people as follows: from 2.25 to 9.74 in the United States, from 3.26 to 3.27 in Iran, and from 0.67 to 1.05 in Saudi Arabia (Our World in Data, 2018) (Our

World in Data, 2018). Here, it is understood that drug use and drug-related deaths are increasing in the said countries, and thus the trade of related substances continues to become widespread. This indicates that the death penalty does not provide the expected level of deterrence in the drug trade, just like it is the case with the crimes of murder and rape.

All these findings show that the two main functions of punishment, the offender's reclamation and deterrence, cannot be achieved via capital punishment. Although, despite all these statistical findings, the death penalty is still applied as a punishment method around the world, it is understood that the number of countries where the death penalty is completely prohibited has increased from 91 in 2007 to 106 in 2017. Among the US states, this number increased from 12 in 1996 to 18 in 2017. This indicates the development of worldwide awareness of the death penalty.

Abortion

Table 2: Meta-Analysis Findings on Abortion

META-ANALYSIS FINDINGS ON ABORTION				
STEP	**SOURCE**	**YEAR**	**DATA**	**RESULT**
1	Center for Reproductive Rights	2014	Legal Provisions of Abortion around the World	Only about 40% of the world's population can perform abortion on d
2	WHO	2018	Approach to Abortion according to Levels of Economic Development	As the level of economic development increases, the approach to abortion shows flexibility.
3	Sedgh et al.	2017	Prevalence of Abortion around the World	From 1994 to 2014, abortion practices decreased proportionally, falling dramatically in developed countries.
4	Sedgh et al	2017	Prevalence of Abortion by Region	Between 1994 - 2014, abortion rates have decreased in Asia, North America, Europe and Ocenia, meanwhile they increased in Africa and Latin America. This suggests that the legalization of abortion has no increasing effect on its prevalence.
5	WHO	2012	Deaths related to Unsafe Abortion	Across the world, deaths related to unsafe abortion are highest in Sub-Saharan Africa. This is followed by the African region.
6	WHO	2008	Deaths related to Abortion Deemed Unsafe by Legal Regulations	Deaths related to unsafe abortion decrease in the case of more libertarian legal regulations
7	The Journal	2016	Abortion Tourism: Departures to the UK	In 2016, 3,550 people went to the UK to perform the practice, where it is allowed to get abortions for up to 26 weeks.
8	Chae et al.	2017	Reasons Why Women Have Abortions	According to a study conducted in 14 countries, socioeconomic concerns are the leading causes of abortion.
9	Chae et al.	2012	Women's Attitude Towards Abortion	Women decide according to the conditions they are in, and although they have resorted to abortion, they do not approve of the practice afterwards.

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As mentioned in the study, abortion as a phenomenon that has been discussed for centuries is treated with approaches that differ from each other as a result of these discussions. It can be seen that abortion is legal -depending on the restrictions regarding the weeks- in 61 countries that make up 39.5% of the world's population today. It is also known that abortion can be accepted depending on socio-economic conditions in 13 countries, which make up 21.3% of the world population, 59 countries which make up 13.8% of the world population allow abortion for the purpose of protecting the health of the mother or child, and 66 countries which make up 25.5% of the world population completely prohibit abortion or allow it only to save the life of the mother (Center for Reproductive Rights, 2009).

It has been found that the practice of abortion is available on demand, especially in countries considered to be economically developed, and that the governments' approach to abortion on legal grounds is directly proportional to their level of development (World Health Organization). At this point, the argument that the prevalence of abortion will increase with the legalization can be evaluated. Regarding this issue, when data on abortion practices performed around the world between 1990 and 2014 were examined, while the number of women having abortions per thousand women in developed countries was about 45 in the first period, it was less than 30 in the last period. In developing countries, the rate, which was 40 in the first period, has recently again went near 40. Another finding from the same study shows that between 1990 and 2014, abortion practice decreased proportionally in Asia, Europe, North America, and Oceania, the countries where it can be performed on demand, and increased in countries in Africa and Latin America, which do not offer flexibility on legal grounds. These findings show that although abortion is not prohibited by governments, it is practiced in real life, which does not support the view that abortion will become widespread by getting legalized (Sedgh, et al., 2017).

Another important consideration regarding life-saving abortion is unsafe abortion-related deaths. Accordingly, it can be seen that there is an inverse relationship between the prohibition of the practice of abortion or its permission only on certain conditions, and unsafe abortion-related deaths. In fact, it is known that unsafe abortion-related deaths are the lowest in countries where abortion can be performed on demand, and that a woman dies as a result of unsafe abortion every eight minutes due to the generally more restrictive approach to abortion in developing countries. Here, unsafe abortion-related deaths in developed countries are thought to occur on the basis of factors such as women's place in domestic decision-making, access to health services and safe abortion services, legal time constraints where the act can be performed, etc. (World Health Organization, 2012).

Another important situation regarding abortion, which develops depending on the legal regulations in the country where there are women who request the practice, is related to ‘abortion migration’. Indeed, in 2016 alone, 3,550 women from many countries like Ireland, where abortion is illegal, came to the UK, where abortion can be performed until the 26th week of pregnancy (Ryan, 2018; Murray & Khan, 2020).

With these statistical findings, it can be seen that abortion, which is a practice that exists one way or another in all societies, cannot always be determined by legal regulations, and despite various prohibitions, has serious effects in and on life and cannot be prevented. Here it can be seen that it is necessary to understand why, despite such intensely prohibitive/restrictive conditions, women still insist on receiving an abortion; in other words, to understand how the conditions that make women resort to abortion are formed in order to develop a knowledge-based approach to the issue.

In relation to this, the results of a study conducted in 14 different countries are quite explanatory. The findings of the study, which examined women according to the categories of married or single, under or over the age of 25, rural or urban residents, show that various factors lie at the heart of abortion practice. According to the results of the study, socioeconomic

concerns are seen as the main cause of abortion for almost all women. In addition, it is likely that not wanting to have more children, which is seen to rank second after socioeconomic concerns in general, may also be related to socioeconomic concerns. At this point, it is believed that concerns regarding the care of the child who will be born will not be provided - that the care of other children, if there is any, may be disrupted, etc., may be effective in making an abortion decision (Chae, Desai, Crowell, & Sedgh, 2017).

In another study conducted in Turkey on the reasons why women prefer the practice of abortion, the following statement explains that women act on a certain causality when resorting to the practice of abortion. *"Interviews show that although women themselves have considered or even* ***chose this practice, they are afraid to take a position approving abortion*** *when asked about their thoughts on this issue. Since decisions about fertility are not shaped by values alone, it is clear that women make decisions based on the conditions they are in"* (Cavlin, Tezcan, & Ergöçmen, 2012).

The fact that the reasons why women from different countries resort to abortion are quite similar shows that abortion actually has a universal equivalent, and that the concepts of *'arbitrary abortion' or 'optional abortion'*, which is considered more moderate, in the literature are not the appropriate equivalents. As a matter of fact, as mentioned above, abortion is a practice in which women decide according to the conditions they are in, and they risk going beyond the related legal framework due to the severity of these conditions. Here, it can be said that abortion, which is a practice that might cause serious issues such as the socioeconomic costs of traveling to a different country, or working on one's body in unsafe conditions at the cost of their life, is beyond simply being 'arbitrary' or a 'want', but stems from the 'need'. Therefore, it is believed that the use of the concept of ***'need-based abortion'*** rather than other concepts related to the subject in subsequent studies is necessary for a more accurate assessment of the issue from the point of view of women who are the direct subjects of the practice of abortion.

There is no doubt that more comprehensive and detailed studies, in which abortion will be examined in all its dimensions, are needed. However, all these findings and assessments show that 'need-based abortion' still has a place in life, despite many different obstacles. Therefore, these findings show that it is necessary to try to understand the socio-economic factors that create the need for abortion by getting rid of all preliminary admissions.

Euthanasia

Table 3: Meta-Analysis Findings on Euthan

META-ANALYSIS FINDINGS ON EUTHANASIA				
STEP	SOURCE	YEAR	DATA	RESULT
1	Buiting et al.	2012	Changing View of Euthanasia among the Elderly	Interest in euthanasia is growing among the elderly.
2	Kara	2017	Factors Affecting Opinions on Euthanasia	The increase in level of education and bodily pain affects the opinions on euthanasia positively.
3	Tufan	2009	Factors Affecting Opinions on Euthanasia	The increase in level of education and bodily pain affects the opinions on euthanasia positively.
4	Seagull	2014	'Suicide Tourism'	It seems that there is a case of suicide tourism to Switzerland from countries where assisted suicide is prohibited.

5	Parliament of Canada	2015	Euthanasia and Assisted Suicide Rates	Euthanasia and assisted suicide rates are increasing year by year.
6	Canadian Parliament and Office for National Statistics (Switzerland)	2009 – 2015	Reasons for Euthanasia and Assisted Suicide	Those who perform both practices suffer from fatal and/or physically or psychologically painful diseases.
7	OECD	1929 – 2013	The Effect of Assisted Suicide on Suicide Rates	When assisted suicide rates are added to overall suicide rates, there is a slight increase in suicide rates in these countries.
8	Chae et al.	2017	Reasons Why Women Have Abortions	According to a study conducted in 14 countries, socioeconomic concerns are the leading causes of abortion.

The demand for euthanasia and assisted suicide practices, which have been the subject of numerous debates in the context of the end of human life and the right to self-determination throughout history, is increasing day by day. In Buiting's 2012 study, the findings on the rise of preference for euthanasia around the world prove this statement (Kara, 2017). In addition, in the studies of Tufan (2009) and Kara (2017), it was concluded that there is a linear relationship between the level of education and the demand for euthanasia due to increased bodily pain (Kara, 2017). Furthermore, in addition to Switzerland, The Netherlands and Belgium, where these practices are the most common around the world, the legalization of these practices over time in Luxembourg, Canada, and various states of the United States is the clearest indicator of increased interest in euthanasia (Parliament of Canada). In addition, it is known that between 2008 and 2012, 600 people from Europe, mainly Germany, and the US have traveled to Switzerland with the aim of committing assisted suicide. This activity, defined as 'suicide tourism', shows the growing interest in euthanasia and assisted suicide (Seagull, 2014).

Euthanasia and assisted suicide are rapidly increasing practices worldwide, both in prevalence and quantity. Euthanasia practice in Belgium in 2003 was shown as the cause of 2 out of every thousand deaths, while this rate increased to 17 in 2013. In the Netherlands, 14.46 out of every thousand deaths were the result of euthanasia in 2007, while this rate increased to 31.87 in 2013. The proportional rise in assisted suicide-related deaths among total deaths is also similar to the rise of euthanasia among the total amount of deaths. For example, for every thousand deaths, the ratio of assisted suicide to total deaths in 2003 was 1.36 for the US state Oregon and 2.96 for Switzerland, while in 2013 these rates increased to 2.19 for Oregon, and 9.04 for Switzerland. Likewise, in the Netherlands, these rates increased from 1.26 in 2007 to 2.02 in 2013 (Parliament of Canada; Federal Statistical Office, 2016; Schweizerische Eidgenossenschaft; Statista).

Statistical data reveal the need to understand euthanasia / assisted suicide practices, and the processes that lead individuals to choose this practice. Statistical data show that all individuals who resort to these practices either suffer from a fatal disease or are in pain physically and/or psychologically. As a matter of fact, in Switzerland, The Netherlands, and Belgium, where euthanasia/assisted suicide practices are frequently performed, and data on the subject can be accessed, it has been observed that the vast majority of people resorting to these practices consist of cancer patients, followed by those suffering from heart, liver, and muscle diseases (Federal Statistical Office, 2016; Parliament of Canada).

It is possible to say that the tendency to commit euthanasia is increasing today, and that the factors affecting this increase differ from society to society. But another important aspect is that it is not possible to predict what consequences the growing trend will have in societies. For example, one of the most basic arguments of the opponents of euthanasia is that, if euthanasia is legalized, the understanding of 'death' in the society will change, and people who do not have any physical

ailments or are not in pain will consider death as a right, and as a result, will practice such actions, leading to a drastic increase in suicide rates. When the suicide rates per every hundred thousand people in countries that these practices are in effect are examined, the results can be seen as follows: in Switzerland, where assisted suicide has been practiced since 1942, 24.2 in 1960 while 12.5 in 2015, in Belgium, where euthanasia was legalized in 2002, 16.3 in 1960 while 15.8 in 2015, in the Netherlands, where euthanasia was also legalized in 2002, 8.9 in 1960 while 10.5 in 2015, and in Luxembourg, where euthanasia was legalized in 2009, 14.2 in 1967 while 11.1 in 2015. It is understood that euthanasia/assisted suicide rates in these countries did not increase directly in connection with the legalization, have experienced periodic fluctuations since 1960, and suicide rates have tended to decline, especially in the last 35 years. Also, the fact that the European Union member countries the Netherlands, Belgium and Luxembourg have the EU average of suicide rates between 1960 and 2015 refutes the claim that euthanasia/assisted suicide rates in these countries have become uncontrollable due to the legalization of said practices (Organization of Economic Co-operation and Development).

It is not that euthanasia and/or assisted suicide are already a common, acceptable phenomenon for all people around the world, and will not cause any social problems. However, it is clear that serious trends in the acceptance of euthanasia have been becoming widespread on earth, and this situation has also been affecting practice. At this point, we are reminded that both public authorities and professionals must observe these discussions with utmost care and attention, and have a people-oriented approach regarding these issues instead of trying to control such processes by suppression and prohibitions that will not work most of the time.

Discussion, Conclusions and Suggestions

Social work considers a person to be a unique, valuable, and honorable asset. The belief in a person's capacity for change, under any circumstances, separates social work from other professions and disciplines that focus on helping people. The scientific orientation and professional interventions of social work are based on human capacity for change. Therefore, it would not be wrong to say that the main purpose of social work is to bring people and societies to a self-sufficient contingency. In this sense, in the process of social work intervention, a person is not passive, but rather is assumed to be an active subject of the process. In addition, social work paradigms are based on human trust. In this context, it is not possible to foresee a social work intervention despite, and independent of, human beings.

Social work, just like other practice-based, humanitarian professions, defines ideal human situations that are appropriate to the nature of professional relationships and interventions. Just like a doctor restoring their patient's health, or a teacher helping their student become competent using certain learning methods, social work aims to develop minimally ideal situations in the environment of a person. In other words, social work focuses on associating 'a person who has the potential to be self-sufficient' with adequate situations. Potential ideal (desired) situations or problematic issues in this relationship are the result of the interaction between a person and their environment. In fact, this tendency can be expressed in the form of an existential acquaintance of a person with what is in themselves. Social work initially examines the level of interaction (adequate/insufficient) with its environment and its nature in order to understand certain situations that a person faces. Because of this, social work works with individuals through small groups, communities, and the society. The aim is to create conditions that will reveal this potential, which is natural in people, and to improve conditions that are insufficient. In other words, the relationship between a person and environment creates two contingencies. The first is the person's own contingency, and the other is environmental contingency. In both of them, a state of inadequacy caused by one or any other falls within the professional practice of social work. But no matter what situational intervention is caused by, the two contingencies are evaluated together, and the intervention is performed for both of them. In this sense, the focus of professional intervention

is to establish a balance between a person and their environment. Thus, a person begins this process in the name of realizing their own potential. However, this process can take place in certain conditions and atmosphere. At this point, the main function of governments and public authorities is to build and develop the social, economic, and cultural climate that helps realize the capacity to be good in human nature and its natural characteristics. The reverse of this situation means situations that are not initially understood from the point of view of people, and that cannot be managed afterwards. It is inevitable that these situations will create problems that will require governments to intervene. Governments can identify these problems as elements that periodically threaten social order and sustainability in some conjectures. Naturally, in order to eliminate these problems, they make reactive, and sometimes knowledge-based decisions at certain time periods. In this context, the attitudes of governments regarding the practice of capital punishment, abortion, and euthanasia, which are the subjects of our study, can be evaluated.

In our study, it will not go unnoticed that practices such as the death penalty, abortion, and euthanasia are considered together with the government phenomenon; because how governments define and evaluate these issues determines the difference in practices. In addition, the decisions of the ministers and state officials, and the response found in society by such practices are largely correlated.

First of all, it should be clear what the death penalty means for governments that implement it as a method of punishment, and it should also be explained what disadvantages it will lead to from the point of view of the society if the death penalty is not applied. For example, when death sentences are not applied, is social order under threat, or does an anomie arise in the society? The answer to these questions can actually be found in the fact that the crime-related deterrence function, as presented in our research, is not related to the severity of the punishment. Due to the nature of the practice in the death penalty, it is not possible to rehabilitate the perpetrator. Thus, it is concluded that the two basic functions of punishment do not apply to the death penalty. However, public authorities develop an attitude and stance in the face of such situations. If an act that will result in the death penalty is committed, the public authority can position the perpetrator as an 'inert person' or a 'discarded person'. This also means that the public has neither the time, nor the resources for the perpetrator. The second important question is whether there is a relationship between social order and the severity of punishment. Or should this be understood as calming the society's anger, or getting a rematch? Regardless of the rationale, it appears that the rates of crimes that would lead to the death penalty are lower in different governments and the US states where the death penalty is not applied, as presented in the study. These findings indicate that criminal behavior is an individual act, but a result of the environmental conditions the individual is in. The environmental conditions of people, and the inability to access their own potential for goodness are not only the responsibility of the perpetrators, but also the responsibility of societies and governments. For example, it is known to everyone that running a red light is a criminal sanction, but people still do it. Increasing the severity of criminal sanctions corresponding to the reasons that constitute this criminal act will not eliminate the criminal situation. No matter how much a person obeys the red light rule, they may violate this rule for an urgent job, health-related issues, or due to a moment of carelessness. Even if this person commits a red light violation only once in their life, they may face severe consequences after said violation. Millions of people face such situations in all aspects of life. Therefore, it is possible to say that the basis of the criminal act is the result of individual and environmental incompetence. However, these inadequacies can turn into adequate situations to the extent that investment is made in people and their environment. In this sense, it is clear that criminal practices, or practices such as increasing the severity of punishment alone cannot ensure social order. Thus, it seems unlikely that governments can prevent undesirable situations in public life by simply increasing the severity of penalties.

Abortion can be performed in various forms in different societies and cultures. In addition, today there are societies where abortion is completely prohibited. In countries with high levels of social welfare, the approach of public authorities to abortion in accordance with demand will not be restrictive, while in countries where abortion is completely prohibited, it is

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Research findings on euthanasia / assisted suicide indicate a growing preference for relevant practices in today's world. In the study, these findings show that euthanasia/assisted suicide practices have recently started to be accepted by societies in general. However, the number of countries that have policies to meet the demand for relevant practices, and to understand human needs is quite limited. In fact, this situation shows how much relevant policies need to be developed.

As a result, integrated research is needed for practices related to the right to life, such as the death penalty, abortion, and euthanasia, which are subjects of research. Governments develop attitudes that are directly related to their socio-economic and cultural levels towards situations arising from such social reality and needs. In addition, governments support reactive, irreversible practices such as the death penalty in order to maintain social order while developing restrictive attitudes to practices such as abortion and euthanasia. As can be seen from the research findings, prohibitive and restrictive practices do not reduce the preference for euthanasia and abortion, but rather increase it. In summary, the research findings conclude that governments are inefficient in developing human-oriented models and practices in dealing with such social realities.

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