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STATUS, NEEDS AND PRIORITIES OF WOMEN WITH DISABILITIES IN TÜRKİYE:

A RIGHTS-BASED RESEARCH SUMMARY

ENGELLİ KADIN DERNEĞİ
ASSOCIATION OF WOMEN WITH DISABILITIES

Status, Needs and Priorities of Women with Disabilities in Türkiye: Rights-Based Research Report Summary

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Authors
Elif Emir Öksüz, Alma Gül Uçar, Özlem Kara

Contributors to the Research
TANDANS Data Science Consulting

Prepared for publication by
UN Women Türkiye Office
Members of the Association of Women with Disabilities (ENGKAD): Beyza Ünal, Deniz Aydemir Döke, Mine Egbatan

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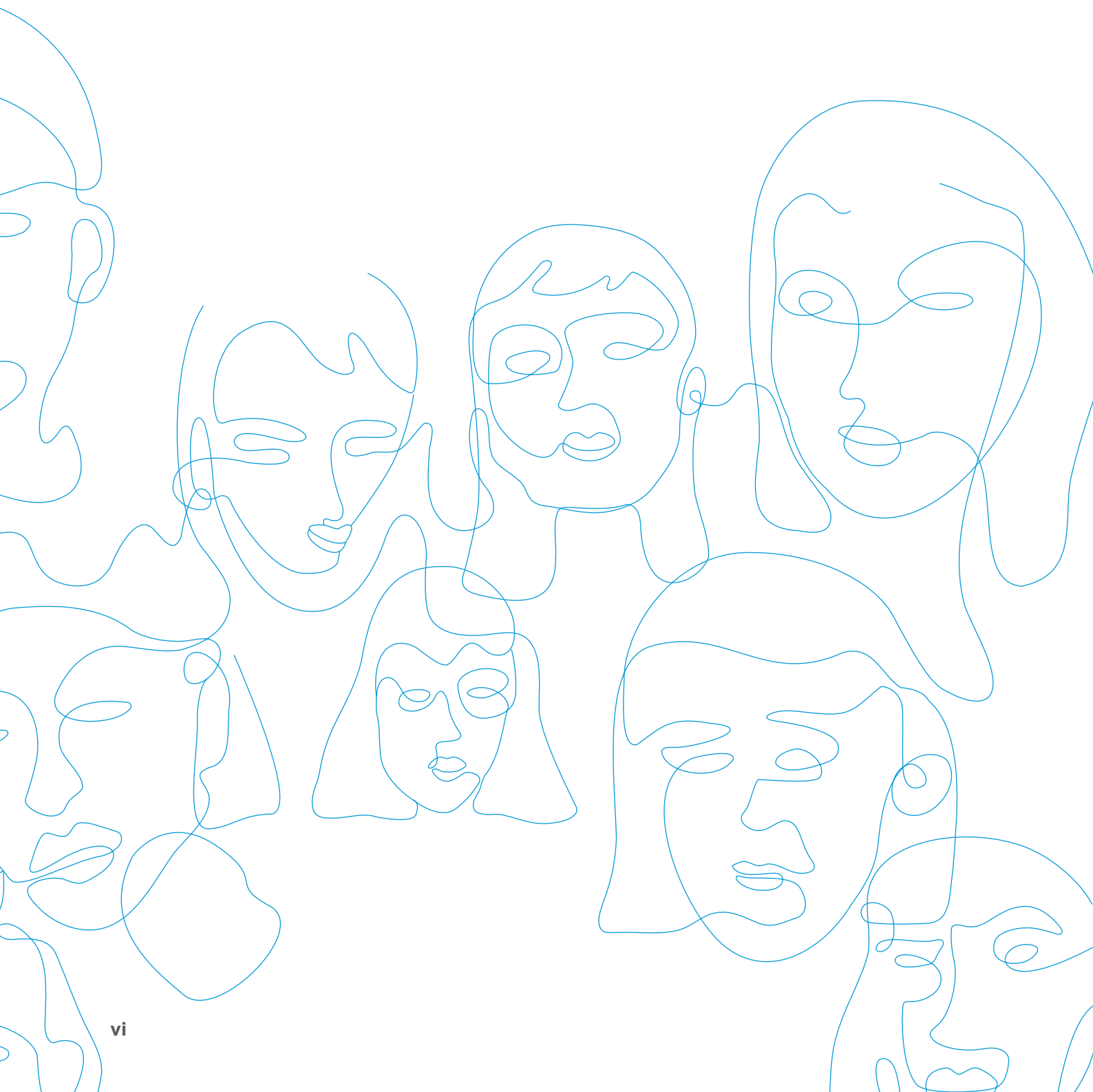


1. INTRODUCTION

Women with disabilities face systemic obstacles across different socioeconomic statuses and encounter a variety of challenges due to their intersecting identities including but not limited to gender and disability. These often result in significant disadvantages for women and girls with disabilities ranging from reduced economic and social opportunities, increased risk of violence and abuse to gender-based discriminatory practices. Additionally, they face limited access to education, healthcare including sexual and reproductive health services, information, and justice. Their participation in civic, economic, and political life is also significantly restricted.

The Beijing Declaration and Platform for Action (1995) identifies specific actions to ensure the empowerment of women and girls with disabilities in various areas, bringing disability inclusion into the general efforts to address the multiple barriers to empowerment and advancement faced by women and girls. The General Recommendation of the Committee on the Elimination of Discrimination of Women No. 18 (a) notes that women with disabilities are doubly marginalized and recognizes the scarcity of data, and (b) calls on States parties to provide this information in their periodic reports and ensure the participation of women and girls with disabilities in all areas of social and cultural life.

Recognizing that gender-neutral approaches to disability inclusion perpetuate discrimination and vulnerability, UN Women has made concerted efforts to promote disability inclusion and gender equality, including by establishing and strengthening partnerships and contributing to amplifying the voices of women and girls with disabilities. This is laid out in the UN Women Strategic Plan 2022–2025 and detailed in the Corporate Strategy for the Empowerment of Women and Girls with Disabilities to achieve gender equality, empowerment of all women and girls, and the realization of their rights. In line with the General Recommendation of the Committee on the Elimination of Discrimination of Women No. 18 and the CEDAW Committee Concluding Observations on the Eighth Periodic Report of Türkiye, UN Women in Türkiye aims to contribute to the collection, analysis and dissemination of reliable data and statistics on women and girls with disabilities to inform policies, programmes and other initiatives.

The Association of Women with Disabilities (ENGKAD), founded in 2011 in Ankara by feminist disability activists, is dedicated to advocating for the rights of women with disabilities. With over a decade of experience, the organisation engages in a variety of activities, including research, training, policy formulation, and social initiatives. Unique in its focus on the

intersection of disability and gender inequality ENGKAD is committed to raising awareness among women with disabilities across Türkiye about their rights while also aiming to increase awareness in the broader society. Notably, ENGKAD represents the rights of women with disabilities on the Executive Committee of the Civil Society Forum to Committee on the Elimination of Discrimination Against Women (CEDAW) and has contributed to reports for UN and Council of Europe treaty bodies. The organization also collaborates with both women's and disability rights organizations, supported by national and international partners.

The report, "Status, Needs, and Priorities of Women with Disabilities in Türkiye: A Rights- Based Research", aims to highlight the realities faced by women with disabilities in Türkiye. It provides insights into their status, needs, and priorities through a rights-based and gender-sensitive lens. However, it is important to note that the research was conducted in a context where data on women with disabilities is limited, which may impact the depth and scope of the findings.

To address this data gap, the research focused on collecting disaggregated data on women with disabilities' access to services and the challenges they face in areas such as education, employment, health, social participation, and violence. The report highlights these specific challenges and offers recommendations for evidence-based advocacy, policy, and practice that cater to the unique needs and aspirations of women with disabilities. The experiences and insights of these women were central to the research, which employed a participatory mixed-method approach, integrating both quantitative and qualitative data collection.

This research was conducted by the Association of Women with Disabilities (ENGKAD) between November 2022 and March 2024 as part of the "Strong Civic Space for Gender Equality" project implemented by UN Women Türkiye with financial support from the European Union. This report summarizes the main findings of the research and provides recommendations for further work which can be conducted to ensure the access of women with disabilities to rights and services and the enjoyment of rights to the fullest extent.

1.1 Research Design Development

During the initial research phase, emphasis was placed on exploring the experiences of women with disabilities across thematic domains such as education, employment, health, social participation, access to services, and violence. A workshop was held in Ankara from 17–19 March 2023 to develop questionnaires. 40 participants – women with disabilities, relatives of women with disabilities, and disability activists, either working independently or representing various civil society organizations – participated in this workshop. During the three-day workshop, each participant took part in small group discussions across six thematic areas of the research.

For each thematic area, six small group discussions were conducted and reported upon. This process guided the areas to be covered in the data collection form.

During the second phase, a questionnaire development workshop was held for each of the six thematic areas and the demographic section of the data collection form. Each workshop included two experts as well as one facilitator who had participated in the initial workshop. The objective was to formulate questions for each of the six thematic areas alongside the demographic section of the data collection form. Prior to the workshop, the report from the first session was distributed to the experts, who were tasked with developing questions relevant to their respective domains. They then presented these questions to the entire group during the workshop, fostering discussions and allowing for additions and clarifications where necessary. This collaborative effort culminated in the creation of a comprehensive set of questions that served as the foundation for the quantitative data collection phase of the research.

The collection of quantitative data in the field and reporting were carried out by Tandans Data Consultancy between September and November 2023. Before the fieldwork, the original set of questions was shared with Tandans, and the data collection form was refined following numerous revisions and a pilot study involving 10 women with disabilities. Using the form, data was then collected through telephone, online and face-to-face interviews with approximately 1,000 women with disabilities and with caregivers[1] over the age of 18 across Türkiye, regardless of the degree of disability[2] or even the presence of a disability report.[3] After the quantitative data was collected, the second stage of the fieldwork entailing focus groups was initiated.

To delve deeper into issues identified through the quantitative data and ensure the participation of women who were not reached during quantitative data collection, six different focus group discussions were held between November 2023 and January 2024 with a total of 33 women. The topics of health, employment and violence were addressed in depth, and the interviews were conducted by two psychologists working in the field of disability with personal experiences of disability and an anthropology PhD student. While no criteria were set for the participants of the group focusing on health, the participants of the group focusing on violence were required to declare if they had been subjected to any form of violence, and the participants of the group

1 Caregivers may be family members, friends, or professional aides. In this study, no distinction was made among different types of caregivers. Data was collected regarding the women receiving care from these caregivers.

2 "Degree of disability" *("engellilik derecesi")* is a concept that expresses the extent of an individual's disability as a percentage. This measurement is used to determine eligibility for various rights and services for individuals with disabilities. Disability rates are provided in the legal information system. Individuals with a disability rate between 40% and 59% are classified as 3rd degree, those with a rate between 60% and 79% are classified as 2nd degree, and those with a rate between 80% and 100% are classified as 1st degree (Official Gazette, 1981). To broaden the scope of the research, this classification has been expanded to include individuals with intellectual disabilities with a disability rate between 0% and 39%, as well as those who do not have a disability health board report.

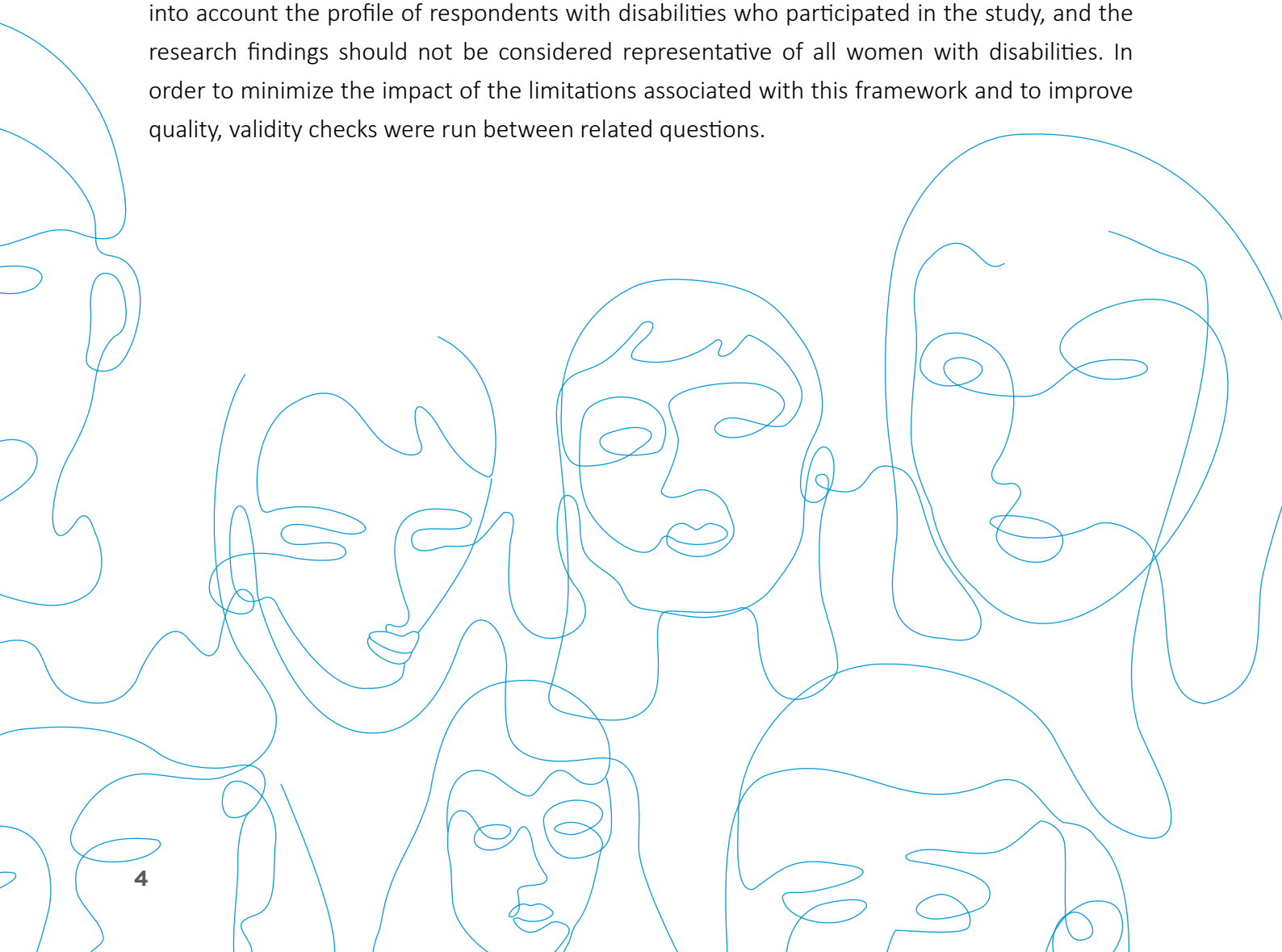
3 Health Board Report for People with Disabilities

focusing on employment were required to be actively working in an income-generating job. Two of the focus groups aimed to better understand women with psychosocial disabilities and deaf women, who were under-represented in the quantitative part of the research, within the six thematic areas of the research. Another group focused on better understanding the experiences of women who are neither in education nor in employment. All focus groups were conducted online, and the interviews were recorded.

The research was coordinated by Elif Emir Öksüz, faculty member at Ankara Yıldırım Beyazıt University, Department of Psychology and a board member of the Association of Women with Disabilities. Association member Ayşegül Akan worked as a project assistant.

1.2 Limitations

Due to the nature of groups with disabilities within disadvantaged target groups, the study includes various limitations and challenges for both the participants directly interviewed and the participants who provide care support to women with disabilities. The lack of a defined demographic framework for women with disabilities in Türkiye prevents the determination of the representativeness of this study. Therefore, the results should be evaluated by taking into account the profile of respondents with disabilities who participated in the study, and the research findings should not be considered representative of all women with disabilities. In order to minimize the impact of the limitations associated with this framework and to improve quality, validity checks were run between related questions.



2. QUANTITATIVE FIELD STUDY

In the quantitative field study, "women with disabilities" was taken as the statistical unit, and the reporting unit was the woman with a disability or her caregiver. In this research, methods included online surveys conducted via e-mail, telephone surveys and physical face-to-face surveys. To provide an opportunity for women with disabilities who wish to complete the questionnaire independently, the online data collection form was made fully accessible to all disability groups, including those with visual impairments.

During the fieldwork, a total of 1,144 participants were reached through an online survey, telephone interviews, and face-to-face interactions. However, 153 questionnaires filled out on the internet were not included as they were incomplete. The analysis was conducted on a total of 991 respondents: 898 women with disabilities and 93 caregivers. Along with the final report, the interview questions that would form the basis for the subsequent focus group discussions were compiled and submitted to ENGKAD.

2.1 Demographic Characteristics

In analysing the age groups of participants, the highest number of participants comes from the **30-49 age group, with 44.3 per cent (396 respondents)**, followed by 50-59 with 23.9 per cent (214 respondents), and 18-29 with 22.3 per cent (199 respondents). The majority of the participants whose information was collected through the caregiver questionnaire were in the 18-29 age group with 39.8 per cent (37 respondents) and the 30-49 age group with 33.3 per cent (31 respondents). When the educational status of study participants is analysed, it is seen that **22.8 per cent (219 respondents) are university graduates**, 19.4 per cent (187 respondents) were high school graduates, 11.2 per cent (108 respondents) were primary school graduates, 8.3 per cent (80 respondents) were middle school graduates, and 17.5 per cent (168 respondents) stated that they had never attended school.

When we look at the marital status of **women with disabilities** it is seen that the **highest portion (44.5 per cent, or 399 respondents) are married**, followed by single (43 per cent, or 385 respondents), divorced (6.3 per cent, or 56 respondents) and spouse is deceased (5.6 per cent, or 50 respondents). According to the information on women with disabilities compiled

with the **caregivers questionnaire, 84.9 per cent (79 respondents) are single**, 7.5 per cent (7 respondents) are married, 5.4 per cent (5 respondents) have a deceased spouse and 2.2 per cent (2 respondents) are divorced. 55.2 per cent (484 respondents) of the women who participated in the research themselves and 85.4 per cent (76 respondents) of the women with disabilities whose information was collected through caregivers do not have children.

Of the participants, 43 per cent (426 respondents) had orthopaedic/physical disabilities, 31.6 per cent (313 respondents) had visual disabilities, 10.9 per cent (108 respondents) had hearing disabilities and 10 per cent (99 respondents) had other chronic/hereditary/genetic disabilities. It was determined that 8.5 per cent of the participants had intellectual disabilities, 4.4 per cent had psychosocial and mental health disabilities and 4.3 per cent had speech and language disabilities. The question regarding the type of disability allowed multiple responses, and 11.8 per cent of participants (117 respondents) reported having two or more types of disabilities.

While 38.5 per cent (345 individuals) of the women who participated in the study reported themselves as having a first-degree disability, 4 per cent (215 individuals) reported having a second-degree disability, and 26.2 per cent (235 individuals) reported having a third-degree disability. Conversely, for women whose information was obtained through the caregiver questionnaire, the vast majority (87.1 per cent, or 81 individuals) were reported as having a first-degree disability.

Of the women who completed the questionnaire themselves, 39.9 per cent (357 individuals) indicated that they occasionally required assistance in daily life, while 12.3 per cent (110 individuals) reported needing assistance often, and 6.3 per cent (56 individuals) stated that they always required assistance. Conversely, among women whose questionnaires were completed by caregivers, 14.4 per cent (13 individuals) frequently required assistance, and 69.9 per cent (65 individuals) always required assistance.

Both the self-reported questionnaire of women with disabilities and the caregiver questionnaire highlighted “congenital/hereditary” reasons as the most common cause of disability, with rates of 65.6 per cent (560 individuals) and 81.2 per cent (69 individuals), respectively. The second most common reason for disability according to both questionnaires was “severe illness,” accounting for 16.6 per cent (142 individuals) among women with disabilities and 8.2 per cent (7 individuals) among caregivers. The third most common reason cited was “traffic accidents or accidents at home/work,” representing 11 per cent (94 individuals) among women with disabilities and 7.1 per cent (6 individuals) among caregivers.

According to the information provided by the women with disabilities themselves, 44.4 per cent (391 respondents) of the participants live with their spouses and/or children, 36.7 per cent (323 respondents) live with their parents and 10.1 per cent (89 respondents) live alone. The vast majority (81.3 per cent) of women with disabilities whose information was compiled by caregivers (74 respondents) live with their mother/father, 8.8 per cent (8 respondents) live with their spouse/children, 6.6 per cent (6 respondents) live with their caregiver, and no one lives alone.

2.2 Key Findings from the Survey with Women with Disabilities

This section analyses the results of the data collected from 898 women with disabilities.

2.2.1 Education

Women with disabilities face various challenges in accessing, participating in and continuing education. These challenges stem from a variety of factors, including limited access to schools, social prejudices, gender inequality, inadequately designed learning environments, and educational materials that do not accommodate disabilities. The educational needs of women with disabilities differ according to socio-demographic profiles, type of disability and level of disability.

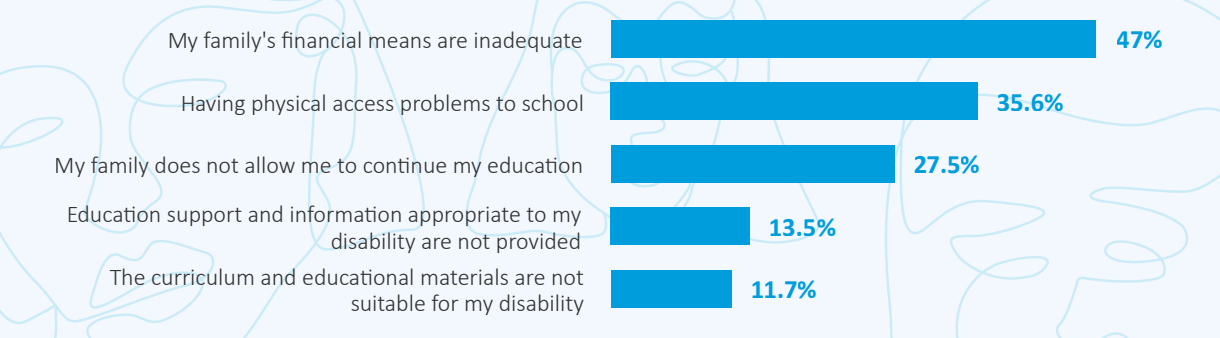
Educational attainment

Quantitative research has revealed that women with disabilities across various socio-economic statuses face systemic barriers and diverse challenges on the basis of different disabilities and intersecting inequalities. One of the most prominent inequalities is around access to, and sustained pursuit of quality education. Almost half of women with disabilities could not pursue their education to the desired level **(44.5 per cent or 399 respondents)**. An analysis of the reasons for dropout reveals that multiple factors—such as gender inequality, patriarchal family structures, infrastructure deficiencies, and economic constraints—limit the access of women with disabilities to educational opportunities.

The most frequently mentioned reasons for being unable to pursue education (dropout) were families' lack of financial means (47 per cent or 181 respondents), physical problems in accessing the school (35.6 per cent or 137 respondents), and families not allowing them to continue their education (27.5 per cent or 106 respondents).

FIGURE 1.

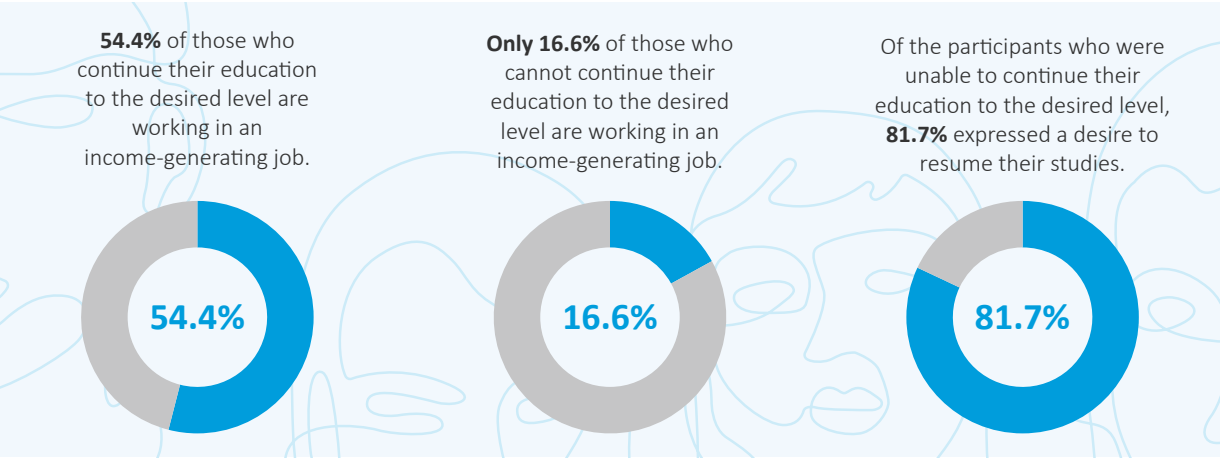
Reasons for Being Unable to Continue Education (%)



Among those who completed their education to the desired level, 54.4 per cent (270 respondents) were employed in an income-generating job. In contrast, only 16.6 per cent (66 respondents) of those who did not pursue their education to the desired level were employed in such jobs. Approximately 81.7 per cent (326 respondents) of those who did not continue their education to the desired level stated that they would like to continue their education.

FIGURE 2.

Rate of Participants Employed in Income-Generating Jobs Based on Completion of Desired Education Level (%)



As expected, there is a correlation between the level of education attained and the likelihood of pursuing further education to the desired level. However, a notable percentage

of individuals face challenges in continuing their education as desired. For instance, 6.1 per cent of master's/doctorate graduates (3 individuals), 9.3 per cent of university graduates (20 individuals), 29.5 per cent of distance learning (*açık öğretim*)/remote university graduates (18 individuals), 36.6 per cent of high school graduates (67 individuals), 38.5 per cent of vocational high school graduates (10 individuals), and 53.3 per cent of distance learning/remote high school graduates (16 individuals) stated they were unable to pursue further education to their desired level. This highlights the obstacles encountered by women with disabilities in pursuing a profession, even if they manage to complete education up to the high school level.

Participants who need less support with daily tasks are more likely to continue their education to their desired level compared to those who do not. The rate of those who stated that they never or rarely needed support was 44.9 per cent (222 respondents), while the rate of those who stated that they sometimes needed support was 46.4 per cent (229 respondents).

FIGURE 3.

Education Attendance Rates Based on the Level of Assistance Needed for Daily Tasks (%)

Challenges faced in education

The primary obstacles faced by women with disabilities in their educational journey are the inadequacy of the assistive tools and learning materials tailored to their needs (cited by 30.1 per cent or 264 respondents), followed by restricted physical access to educational facilities, for example, due to a lack of suitable transportation (254 respondents or 29 per cent).

FIGURE 4.

The Difficulties Encountered by Participants in Their Educational Lives (%)

Participants with visual, speech and hearing impairments encountered difficulties due to inadequately adapted equipment and materials in the classroom, making them unsuitable for their respective disability types. Meanwhile, individuals with physical and mental disabilities encountered challenges related to transportation to school.

2.2.2 Sources of income and employment

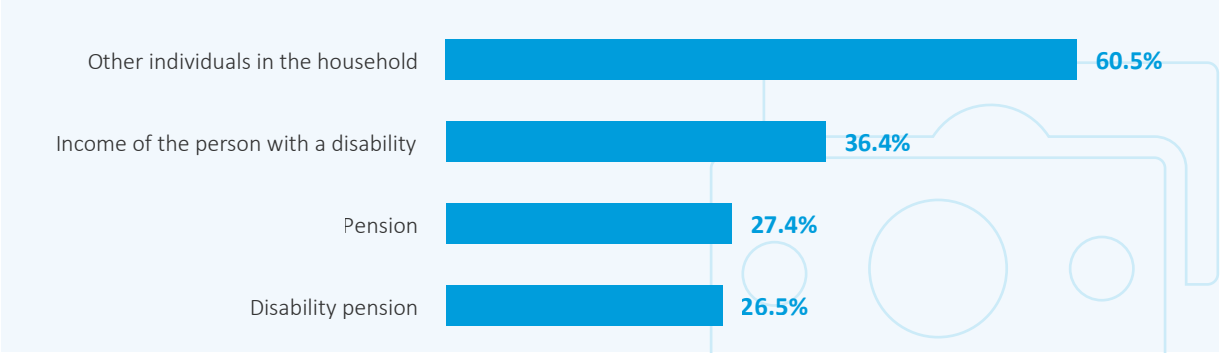
Among the women with disabilities who participated in the research, a significant majority (62.3 per cent or 558 individuals) are not engaged in income-generating employment. The highest rate of non-employment was observed among women who live with caregivers (96.8 per cent or 30 individuals) compared to participants living with other individuals. This underscores how challenges in education also impact employment. Additionally, the research indicates a positive correlation between education level and employment, with higher levels of education associated with increased rates of engagement in income-generating work.

Sources of household income

Among all participants, **39 per cent** (348 respondents) rely on a **single source of income** irrespective of its origin, while 61 per cent (544 respondents) report multiple sources of income, which include earnings from other household members, disability pension, home care pension, standard pension, and income based on investments.

The primary source of household income for women with disabilities, cited by the highest proportion at 60.5 per cent (540 individuals), is income generated by other members of the household. This is followed by income from the women's own employment, reported by 36.4 per cent (325 individuals), standard pensions at 27.4 per cent (245 individuals), and disability pensions at 26.5 per cent (237 individuals).

FIGURE 5.
Income Sources (%)



Other sources of income, such as home care pension (7.8 per cent or 70 respondents) and rent or interest income (6.2 per cent or 55 respondents), are reported at lower frequencies. Financial support or loans provided by relatives or acquaintances are mentioned by 3 per cent (27 respondents).

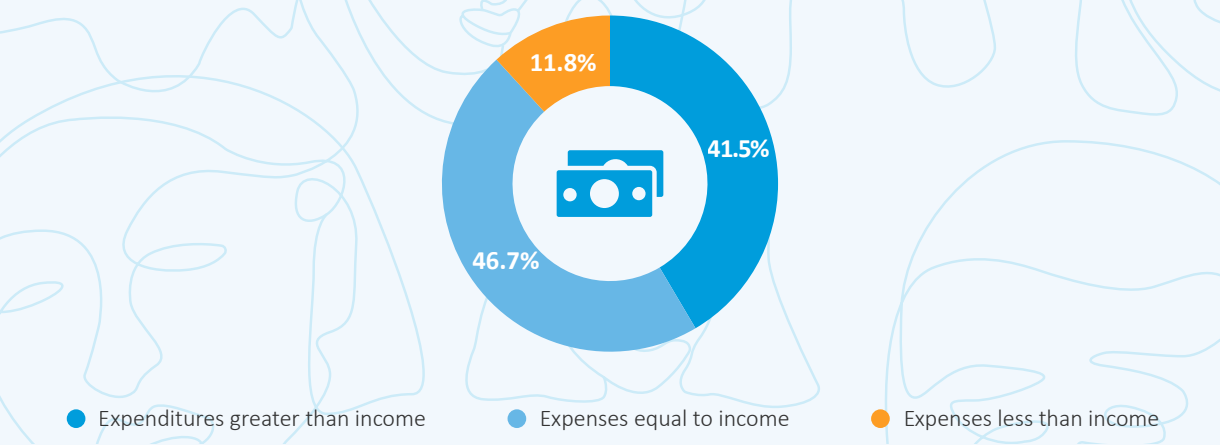
Only 28.6 per cent (93 respondents) of those employed in income-generating jobs indicate that their sole income comes from their employment, representing just 10.3 per cent of the total respondents. 71.4 per cent (232 respondents) of those who have income from their job also have supplementary sources of income. Among all participants, only 3.3 per cent (30 respondents) indicate that their sole source of income comes from either a disability or home care pension.

Among those not currently engaged in income-generating employment, 61.3 per cent (341 respondents) report relying on income from other household members, while 39.7 per cent (221 respondents) depend on pensions as their primary source of income.

Income level and standard of living

Among the women with disabilities who participated in the research, **41.5 per cent (370 respondents) indicated that their expenses exceeded their income,** whereas 46.7 per cent (416 respondents) reported that their expenses were equivalent to their income.

FIGURE 6.
Income Sufficiency (%)

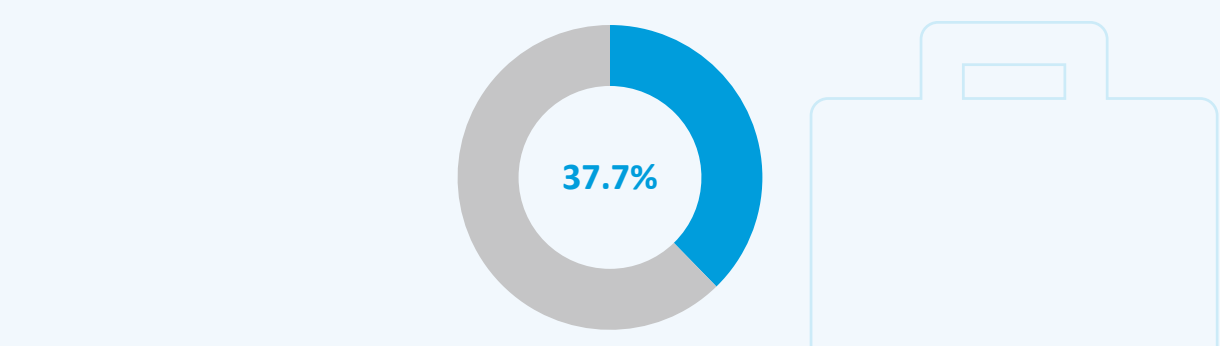


Analysis by education level revealed that 50.7 per cent (264 respondents) of the participants with high school education or less had expenses surpassing their income. On the other hand, only 28.4 per cent (99 respondents) of those with education beyond high school faced the same situation. **As educational attainment rises, so does the likelihood of achieving financial self-sufficiency.**

Employment status

37.7 per cent of the surveyed women with disabilities (338 respondents) are presently engaged in income-generating employment.

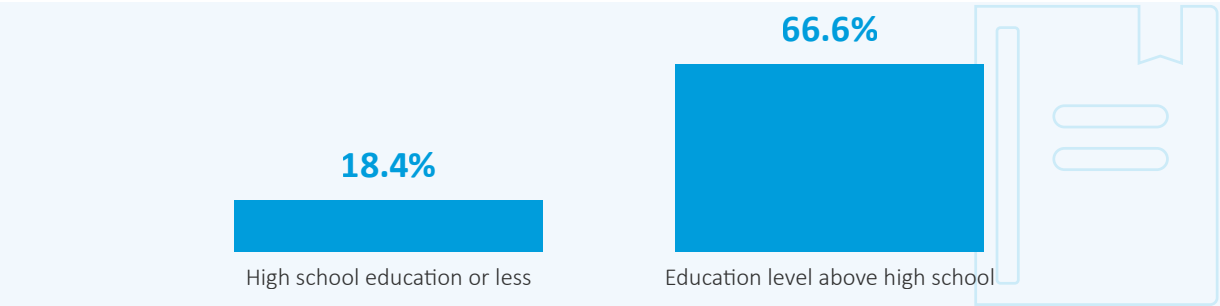
FIGURE 7.
Employment Rate (%)



According to the survey findings, there is a direct correlation between educational attainment and employment status. As participants' level of education rises, so does their likelihood of being employed in income-generating positions. For instance, 76 per cent (38 respondents) of master's/doctorate graduates and 70.6 per cent (151 respondents) of university graduates work in an income-generating job. In contrast, only 5.8 per cent (6 individuals) of primary school graduates and a mere 3.1 per cent (3 individuals) of those who have never attended school are currently employed.

Comparing education levels, 66.6 per cent (233 individuals) of those with education beyond high school are currently employed in income-generating positions, while only 18.4 per cent (96 individuals) of those with high school education or less hold similar positions.

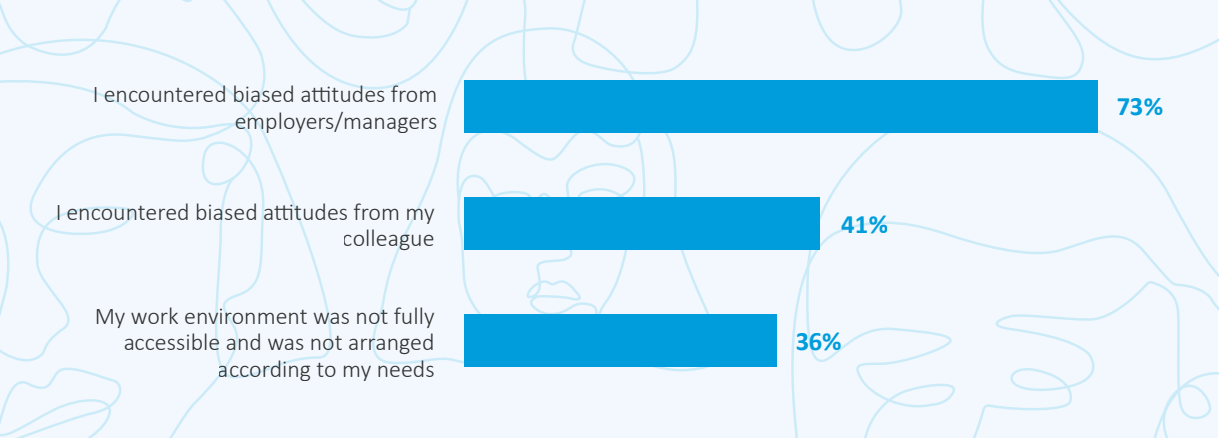
FIGURE 8.
Employment Rate by Education Level (%)



Challenges in work life

Women with disabilities encounter numerous challenges in their professional endeavours. According to this study, 50.9 per cent of participants (463 individuals) reported facing obstacles in their work life. Among these challenges, the most significant include **biased attitudes from employers/managers** and discriminatory behaviours exhibited by colleagues.

FIGURE 9.
Difficulties Encountered in Business Life (%)



Among participants, 82.4 per cent (14 individuals) with speech and language disabilities, 64.3 per cent (27 individuals) with hearing disabilities, and 60 per cent (66 individuals) with orthopaedic/physical disabilities reported no difficulties in their professional lives. This figure was notably lower at 36.3 per cent (58 respondents) for those with visual impairments. 55.6 per cent (89 respondents) of the visually impaired participants reported facing biased attitudes from employers/managers.

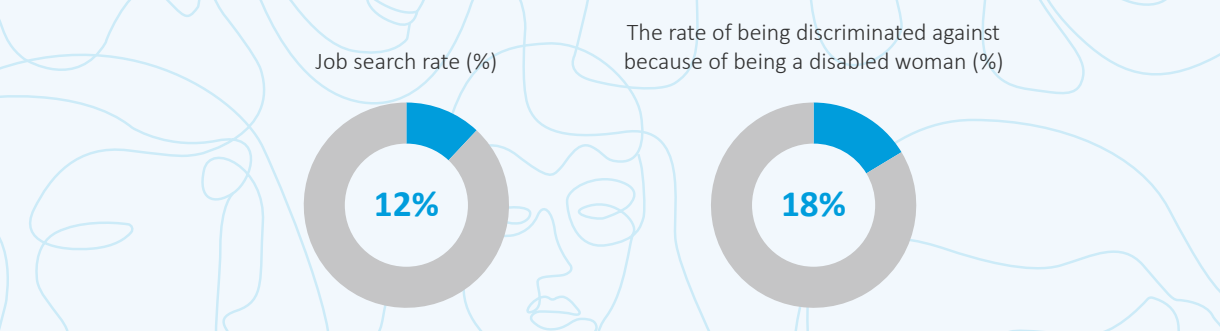
Job search channels and difficulties encountered during job search and application

According to the survey results, irrespective of age group, the vast majority (88.4 per cent) of respondents (791 respondents) are **not actively seeking employment, regardless of their current employment status.** 62.7 per cent (64 respondents) of respondents aged 18-29 are categorized as not in education, employment or training (NEET).

The majority (85.6 per cent) of those indicating that they are seeking employment (89 respondents) fall within the 18-49 age group. Among jobseekers, 61.9 per cent (65 respondents) state that their source of income is derived from other members of the household.

FIGURE 10.

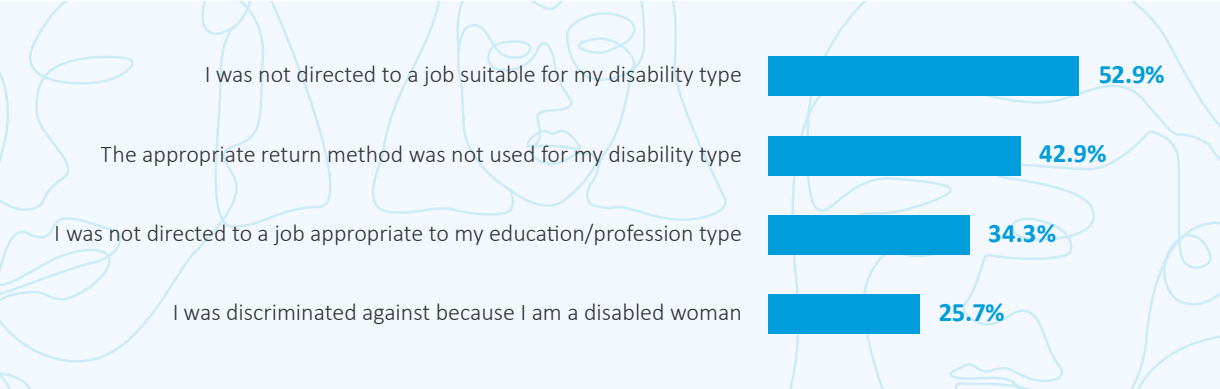
Job Search Rate (%) and Rate of Being Discriminated Against Because of Being a Woman With a Disability (%)



The study revealed that participants encountered various discriminatory attitudes and behaviours during the job search and application process. The most frequently reported issues are not being directed to a job suitable for the participants' type of disability (37 respondents or 52.9 per cent), communication methods not being adapted to their disability (30 respondents or 42.9 per cent) and not being directed to a job suitable for the participants' type of education or occupation (24 respondents or 34.3 per cent). Disability-based discrimination emerged as a significant barrier for women with disabilities in accessing employment, with approximately one out of every four participants (18 respondents or 25.7 per cent) underlining that they experienced discrimination during the job search process because of their disability.

FIGURE 11.

Discrimination-Based Attitudes Encountered During the Job Application Process (%)



According to the survey results, only 10.4 per cent (34 respondents) of those who are currently employed are actively seeking another job, indicating that the disguised unemployment rate among the surveyed persons with disabilities is low.

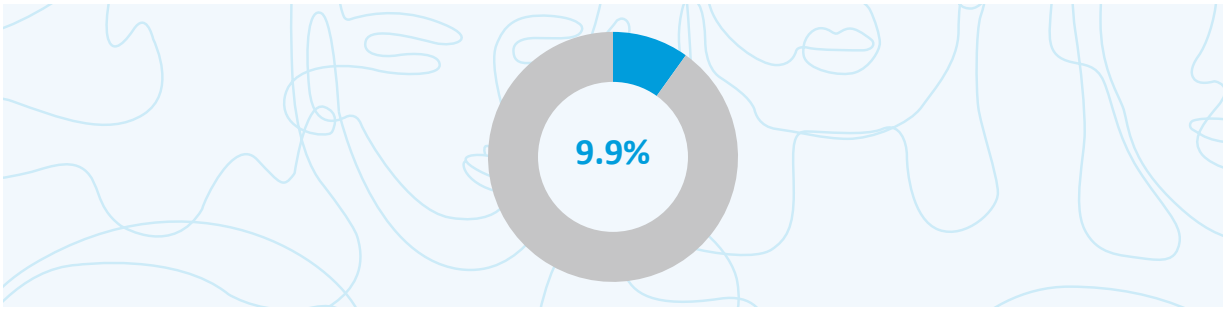
Among individuals aged 18-29, the primary reason for not seeking employment is being a student, whereas those aged 30-49 cited disability as the main obstacle to seeking work. As age increases, there is a corresponding increase in the proportion of individuals who cite disability as the reason for not seeking employment.

The most frequently used job-search channel is İŞKUR, the Turkish Employment Agency, used by 55.1 per cent (59 respondents) of those seeking work. This is followed by Kariyer.net, LinkedIn, Indeed, and similar sites with 51.4 per cent (55 respondents), and personal connections with 48.6 per cent (52 respondents). While sortition (appointment of civil servants by lottery) and the Civil Servants Selection Examination (KPSS) are among the least used job-search channels, E-KPSS (Civil Servants Exam for people with disabilities) is utilized by 30.8 per cent (33 individuals), indicating its significance for individuals with disabilities in job-seeking endeavours.[4]

Social security

The survey findings reveal that a significant majority of respondents, 77.1 per cent (690 individuals), have social security coverage under the Social Security Institution (SGK), indicating substantial participation in the state-sponsored social security system. Additionally, 11.7 per cent of respondents reported having general health insurance (105 individuals), while 3.8 per cent were covered by private insurance (34 individuals). Conversely, 9.9 per cent of respondents (89 individuals) indicated a lack of any social security or health care coverage.

FIGURE 12.
Rate of Those Without Any Social Security (%)



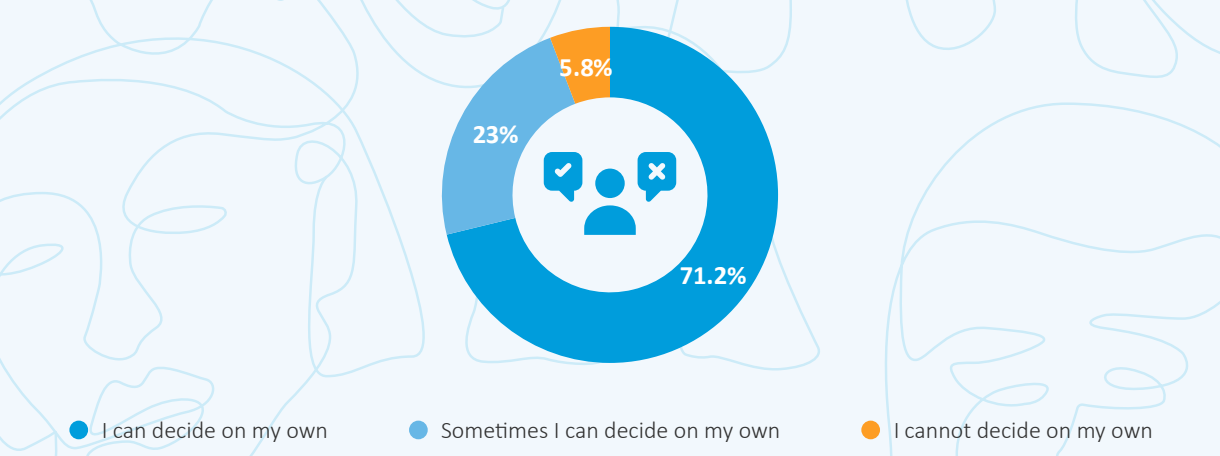
4 The question allowed respondents to select multiple options; therefore, the total percentage exceeds 100%

The survey findings indicate that 61.8 per cent (423 respondents) of those covered by the SGK rely on other household members as their source of income. Consequently, their insurance coverage is based on their dependency.

Decision-making on expenditures

FIGURE 13

Percentage of Women Making Their Own Spending Decisions (%)



In analysing whether participants have the autonomy to decide how to spend their income, the majority (71.2 per cent, 665 respondents) reported making decisions independently. 23 per cent (205 respondents) indicated that they sometimes make their own decisions, while 5.8 per cent (52 respondents) do not have autonomy over their income.

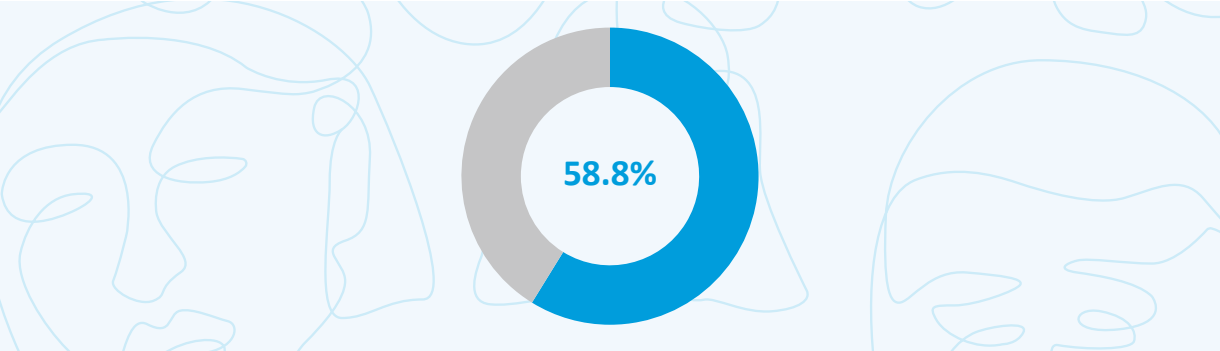
Among those who are employed, 47.2 per cent (298 respondents) have the ability to decide independently about their income. In contrast, the rate of self-determination is lower for those receiving disability pension (18.7 per cent or 118 respondents) and home care pension (6.5 per cent or 41 respondents).

2.2.3 Health

Access to disability-related assistive devices

While 58.8 per cent of the participants (520 respondents) reported easy access to assistive devices, 41.2 per cent (365 respondents) experienced difficulties in accessing them.

FIGURE 14.
Level of Access to Assistive Devices (%)



When examining access to assistive devices based on disability type, the highest rate of difficulty was observed among participants with intellectual disabilities (82.4 per cent or 14 respondents), followed by those with psychosocial disabilities (47.5 per cent or 19 respondents). For individuals in these groups, computer-based applications, including alternative and assistive communication devices, computer-based training programs, speech recognition software and software facilitating daily life, are crucial. Qualitative interviews would be beneficial for further exploring the challenges faced by participants with these disabilities and analysing their specific needs in-depth. Additionally, 41.9 per cent of participants (163 respondents) with orthopaedic or physical disabilities and 40.9 per cent (124 respondents) of those with visual disabilities encountered difficulties in accessing necessary equipment and materials.

It was observed that participants who often (56.5 per cent or 61 respondents) or always (62.5 per cent or 35 respondents) needed assistance in carrying out their daily work and activities had more difficulties in accessing assistive devices/materials used for their disabilities. **This suggests that those requiring the most assistance often experience difficulties with access, impacting their participation in social life**. For instance, among participants struggled to access assistive devices, a notable portion reported discontinuing education due to a lack of auxiliary educational support (66.7 per cent or 34 respondents) or because the next level of education was either unsuitable or unavailable for their disability (67.6 per cent or 23 respondents).

Similarly, 73 per cent of those who are employed (241 respondents) have access to assistive devices/materials related to their disability, compared to **50.2 per cent (278 respondents) of those who are not employed.** It can be said that access to assistive devices is generally due to economic challenges: 58 per cent of the participants (210 respondents) without access stated that their income was lower than their expenditures.

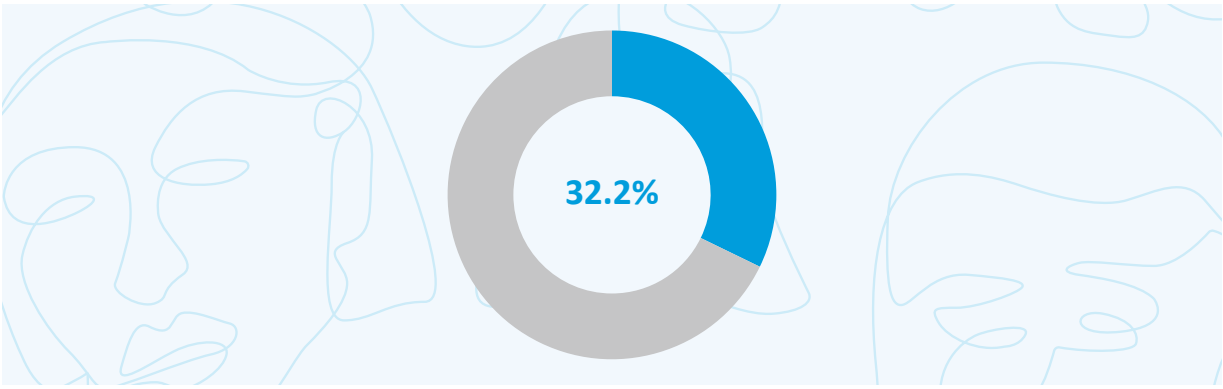
Regarding social security coverage, 34 per cent of participants (273 respondents) had coverage for all or some assistive devices/materials, while 82.3 per cent (661 respondents) had coverage for all other or some other health expenses. Notably, 25.9 per cent (208 respondents) indicated that their social security did not cover any assistive devices/materials.

Access to health services and decision-making

32.2 per cent of the participants (284 respondents) answered "yes" to the question, "Are there services you cannot access due to the disability status even though you are in need?" This figure is highest among participants with speech and language disabilities (81.3 per cent or 26 respondents), followed by those with hearing impairments (73.3 per cent or 74 respondents) and the visually impaired (72.6 per cent or 215 respondents).

FIGURE 15.

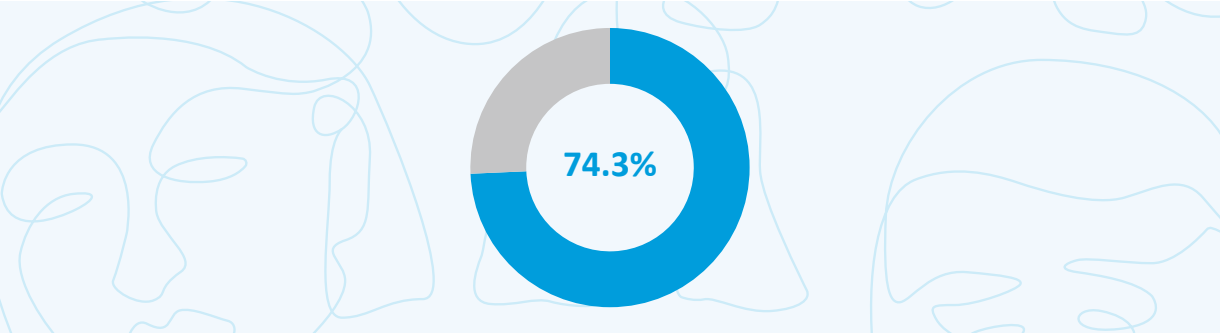
Availability Rate of Health Services Needed but Unaccessible Due to Disability (%)



The need for an assistant/accompanying person while receiving health services can be understood in terms of privacy and physical access to health services. When examining the proportion of participants expressing the need for assistance during the use of health services due to their disabilities; **31.3 per cent (279 respondents) stated that they always felt this need, 51.7 per cent (461 respondents) stated that they sometimes felt this need,** and 17 per cent (152 respondents) stated that they never felt this need.

FIGURE 16.

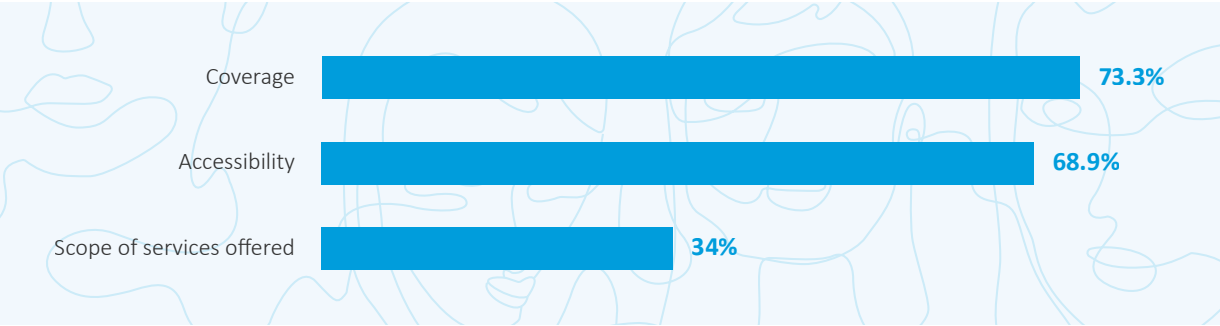
Rate of Autonomy in Health Decision-Making (%)



Dependency in making health decisions is another challenge faced by women with disabilities. The majority of participants (74.3 per cent or 665 respondents) stated that they were always able to make health decisions themselves. 23.1 per cent (207 respondents) stated that they sometimes made these decisions with the intervention of others such as their families, spouses or caregivers. 2.6 per cent (23 respondents) stated that they were never able to make these decisions themselves. Notably, participants with higher levels of education (above high school) exhibit greater individual decision-making power.

FIGURE 17.

Criteria for Choosing Health Institutions for Treatment (%)



The majority of participants (73.7 per cent or 659 respondents) stated that they choose to utilize health services based on their social security coverage. Accessibility also plays an important role: 68.9 per cent (616 respondents) stated that they consider accessibility criteria such as proximity and ease of transportation. Other important factors influencing hospital selection include access to physicians in various specialties, recommendations, level of medical professionals' experience, disability support services for respondents with disabilities, and the attitude of health care staff.

A large proportion of participants (47.2 per cent or 419 respondents) reported physical access difficulties when receiving health services. Other common difficulties include lack of adequate knowledge of health personnel (16.9 per cent or 150 respondents), lack of direct communication between doctors and participants (16.4 per cent or 146 respondents) and prejudiced attitudes of health personnel (14.6 per cent or 130 respondents).

2.2.4 Access to services and participation in social life

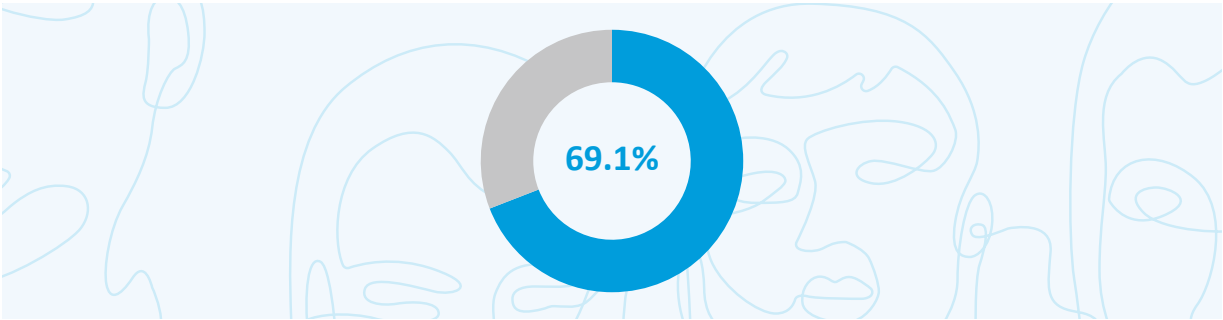
Accessibility plays an important role in the respondents' participation in life both physical and social aspects of life. Difficulties with physical access, particularly in public places and buildings, highlight significant obstacles faced in daily life. The study revealed that the participants mostly faced obstacles in basic activities such as transportation, accessing public spaces, and utilizing banks and post offices. The research results show that participants with visual disabilities and those with orthopaedic or physical disabilities face such difficulties more frequently. In addition, as the degree of disability increases, access to buildings becomes more problematic.

Access to buildings for public use

69.1 per cent (620 respondents) stated that they always or sometimes had difficulties in entering and using buildings/areas that should be accessible to the public.

FIGURE 18.

Percentage of Respondents Experiencing Difficulty in Accessing Public Spaces (%)



As the degree of disability increases, accessing buildings becomes increasingly challenging. Participants with first-degree disabilities experience more difficulties accessing public buildings compared to other disability groups. 81.1 per cent (280 respondents) of those with a first-degree disability (disability degree 80-100 per cent), 73 per cent (150 respondents) of those with a second-degree disability (disability degree 60-79 per cent) and 61.5 per cent (144 respondents) of those with a third-degree disability (disability degree 40-59 per cent) stated that they had difficulty in using the buildings, while this rate was 33.3 per cent (26 respondents) for

participants with intellectual disabilities (disability degree 0-30 per cent) and 47.8 per cent (11 respondents) for participants without a disability report.

Activities and events that cannot be carried out due to difficulties in spatial access

Accessible transportation is a fundamental public service, crucial for accessing various services and participating in social life. A well-developed transportation network can greatly enhance access to education, healthcare, and other essential services. **The findings reveal that 60.3 per cent of respondents (374 individuals)** wish to use public transportation but **frequently face physical access challenges** that impede their ability to travel within cities.

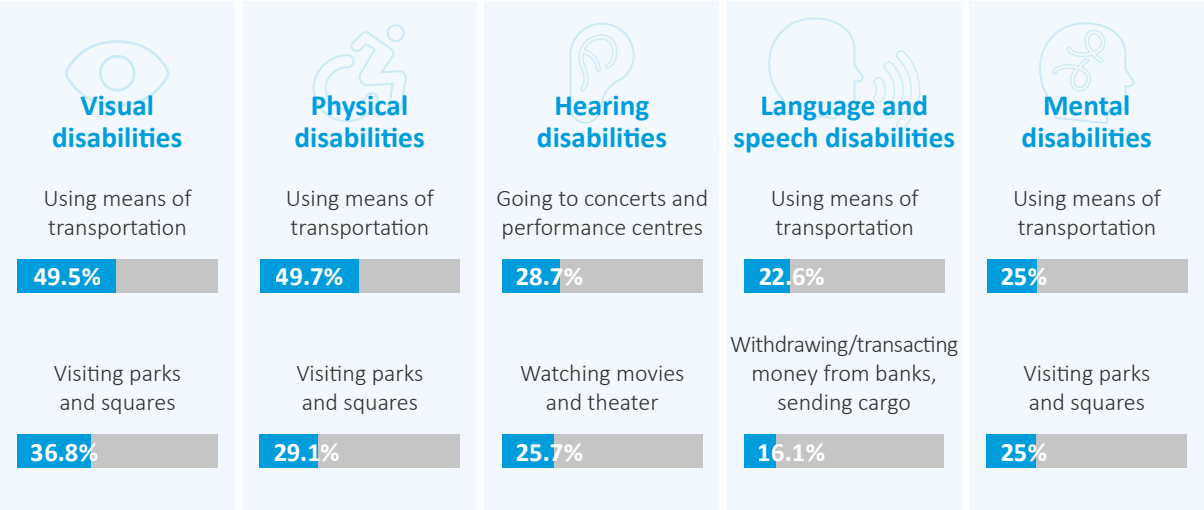
Similar difficulties were observed in accessing spaces such as parks and gardens that are open for public use. 38.9 per cent of the respondents (241 individuals) would like to walk around parks and squares but are unable to do so or face serious difficulties in this regard. Challenges in shopping are similar, with 35.5 per cent of the participants (220 respondents) being unable or finding it very difficult to shop in markets or shopping centres despite their wish to do so, and 32.4 per cent (201 respondents) facing obstacles in withdrawing money/executing transactions at banks or shipping items.

Participation in cultural activities is also affected by physical access barriers. In this regard, visiting archaeological sites (182 respondents or 29.4 per cent), going to concerts or performance centres (160 respondents or 25.8 per cent), going to the movies and theatre (142 respondents or 22.9 per cent), visiting museums and libraries (138 respondents or 22.3 per cent) and going on vacation and dining out (128 respondents or 20.6 per cent) are among the activities that the participants would like to do but cannot or have serious difficulties in doing. The inability to engage in sociocultural activities due to physical access barriers can impact individuals' self-fulfilment and overall life satisfaction. This phenomenon can be conceptualized as "art poverty," where individuals experience difficulty or deprivation in accessing knowledge, education and culture. Thus, women with disabilities may be at risk of experiencing art poverty, further limiting their opportunities for social and cultural engagement.

The infographic below presents the activities in which the participants wanted to engage but cannot, or faced difficulties in doing so due to venue accessibility, categorized by disability type.

FIGURE 19.

Activities with Accessibility Difficulties Categorised by Disability Type (%)



Physical barriers to accessing basic public rights and services: employment, education and health

14.7 per cent of participants (91 respondents) reported being unable to work or facing significant challenges in finding employment due to difficulties accessing venues.

Difficulties experienced by women with disabilities in accessing education were also highlighted. For instance, 35.6 per cent of participants (137 respondents) were unable to pursue their desired level of education due to physical barriers preventing access to educational institutions, underscoring the impact of physical accessibility on participation in public life.

Similarly, 14.4 per cent of participants (89 respondents) expressed a desire to access health care services but encountered difficulties or were unable to do so due to barriers in accessing health care facilities.

Evaluation of political parties in Türkiye in terms of their work on women with disabilities

The study reveals that women with disabilities are largely dissatisfied with the strategies and support provided by civil society and policymakers in Türkiye. Many perceive the policies

and practices of political parties as inadequate, with key concerns centred around access to healthcare services and challenges faced by employed women with disabilities. Notably, 70.1 per cent of participants who cannot access needed health services due to their disability, and 64.5 per cent of those who do not face such barriers, find the policies and practices of political parties inadequate.

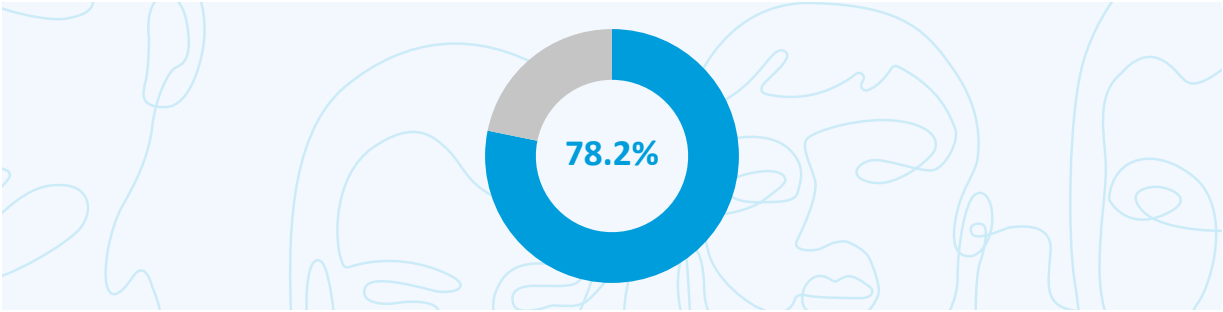
A majority of participants (66.6 per cent, or 591 respondents) view these policies as **insufficient**. Dissatisfaction increases with educational attainment: 50.5 per cent of those with no formal education, 64.5 per cent of high school graduates, 81.1 per cent of university graduates, and 84 per cent of those with master's or doctorate degrees express dissatisfaction with the policies and practices of political parties.

Evaluation of Civil Society Organizations in Türkiye in terms of their work on women with disabilities

The majority of respondents also feel that civil society organizations (CSOs) are insufficiently engaged with the issues faced by women with disabilities. **78.2 per cent (698 respondents)** answered "no" or "partially" to the question, "Do you think that civil society organizations in Türkiye are sufficiently interested in the problems of women with disabilities?"

FIGURE 20.

Rate of Respondents Thinking Civil Society Organizations in Türkiye Do Not Adequately Address the Problems Faced by Women with Disabilities (%)

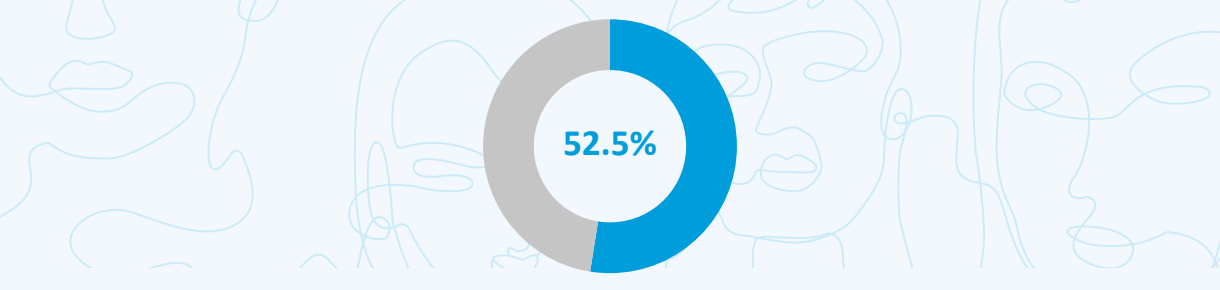


As the education level of the participants increased, the tendency to think that CSOs' work is inadequate also increased. The rate of those who think that CSOs are not sufficiently interested in the problems of women with disabilities was higher among the participants with an education level above high school (60.7 per cent or 212 respondents) than among participants with high school and below education levels (49 per cent or 255 respondents).

Additionally, 64.8 per cent (217 respondents) of those employed in income-generating jobs believe that CSOs do not adequately address the problems of women with disabilities, while 46.4 per cent (258 respondents) of those not employed share this view.

FIGURE 21.

Percentage of Respondents Who Have Been Discriminated Against or Mistreated Due to Their Disabilities and Believe Civil Society Organizations in Türkiye Do Not Adequately Address the Problems of Women with Disabilities (%)



The challenges encountered by women with disabilities in the workplace were previously mentioned. In this context, 67.7 per cent (21 respondents) of those who faced discrimination or mistreatment based on gender and 52.5 per cent (32 respondents) of those who experienced discrimination or mistreatment based on disability believe that CSOs in Türkiye are not adequately engaged with the issues affecting women with disabilities.

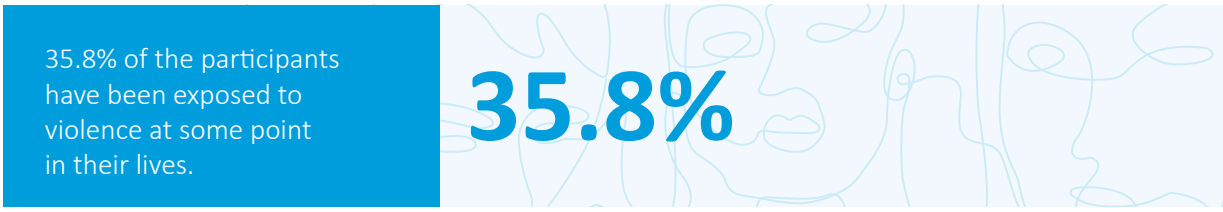
2.2.5 Violence and ill treatment

Women with disabilities often encounter various forms of discrimination that intersect across different aspects of their lives. This intersectionality places them at a heightened risk of experiencing violence, abuse and harmful practices.

According to the survey results, 35.8 per cent of participants (319 individuals) reported experiencing violence at some point in their lives.

FIGURE 22.

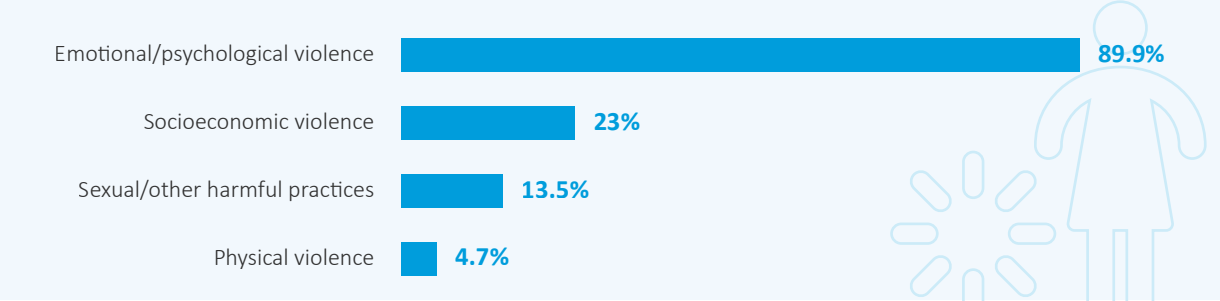
Percentage of Those Who Reported Being Exposed to Violence at Any Point in Their Lives (%)



Emotional/psychological violence stands out among the types of violence experienced by the participants, with 89.5 per cent (265 individuals) reporting having experienced that type of violence. 23 per cent (68 individuals) reported experiencing socio-economic violence, 13.5 per cent (40 individuals) reported sexual violence or other harmful practices, and 4.7 per cent (14 individuals) reported physical violence.

FIGURE 23.

Exposure to Violence and the Most Common Types of Violence by Category (%)



In analysing the types of violence experienced, it is seen that forms of violence associated with disability come to the fore. Approximately half of the participants (48 per cent or 146 respondents) who have been subjected to violence have experienced humiliation related to their disability. The other most common forms of violence are verbal harassment and insults related to disability (43.8 per cent or 133 respondents) as well as being neglected or denied essential needs due to their disability (37.8 per cent or 115 respondents). In addition, 14.8 per cent of the participants (45 respondents) stated that they were prevented from socializing due to their disability.[5]

Sociodemographic characteristics of victims of violence

Although there is no significant difference when analysed by age, the rate of exposure to violence is higher among women between the ages of 30 and 49 (161 respondents or 40.9 per cent). Nearly half of the divorced women stated that they had been subjected to violence (27 respondents or 49.1 per cent), compared to 42.4 per cent of single women who were never married (163 respondents) and 27.3 per cent of married women (109 respondents).

5 The classification of types of violence was based on the framework provided by the United Nations High Commissioner for Refugees (UNHCR).

When exposure to violence is analysed according to household composition, 53.9 per cent of women living alone (48 respondents) stated that they had been subjected to any type of violence. This rate was 41.9 per cent (135 respondents) among women living with their parents and 26.4 per cent (103 respondents) among women living with their husbands and/or children. 35 per cent (11 respondents) of women living with caregivers reported having been subjected to violence.

FIGURE 24.

Percentage of Participants Needing Help in Daily Lives and Their Exposure to Violence

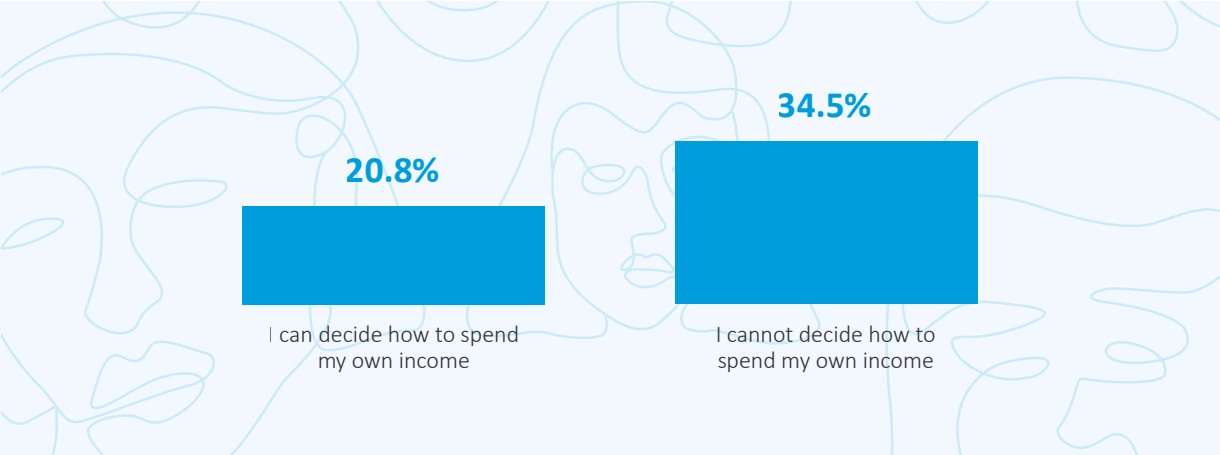
When the levels of support needed in daily life are analysed according to whether participants have been subjected to violence, it is observed that exposure to violence is more common among women who need help more frequently in carrying out their daily chores: 48.2 per cent of the participants who always needed help with their daily chores (27 respondents) and 46.4 per cent of those who often needed help (51 respondents) stated that they had been subjected to violence at some point in their lives. 32.5 per cent of those who sometimes needed help (116 respondents), 34.7 per cent of those who rarely needed help (95 respondents) and 33.3 per cent of those who never needed help (32 respondents) reported being subjected to violence.

Economic autonomy and exposure to violence

In terms of economic autonomy, 34.5 per cent of the participants (10 respondents) who made their own decisions on how to spend their income were subjected to socio-economic violence, whereas 20.8 per cent of the participants (40 respondents) who did not make their own decisions were subjected to socio-economic violence.

FIGURE 25.

Autonomy in Deciding How to Spend One's Own Income and Exposure to Economic Violence (%).



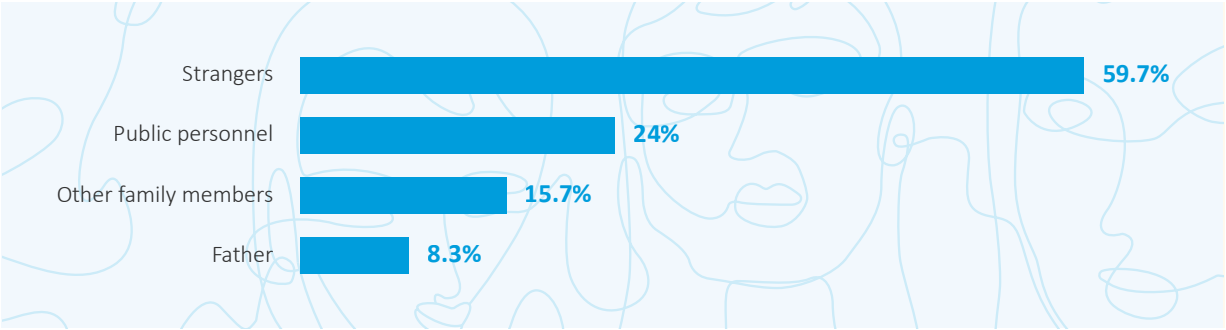
It was found that 37.4 per cent of employed women (126 women) and 35 per cent of unemployed women (195 women) had experienced violence. **This suggests that merely having an income-generating job does not necessarily prevent exposure to violence.**

Perpetrators of violence

Regardless of marital status, 59.7 per cent (187 respondents) of the women survivors of violence stated that they were subjected to violence or abusive treatment by people they did not know. Among those who reported experiencing violence, 24 per cent (75 respondents) were subjected to violence by civil servants, 15.7 per cent (49 respondents) by other family members and 8.3 per cent (26 respondents) by their fathers.

FIGURE 26.

Perpetrators of Violence (%)

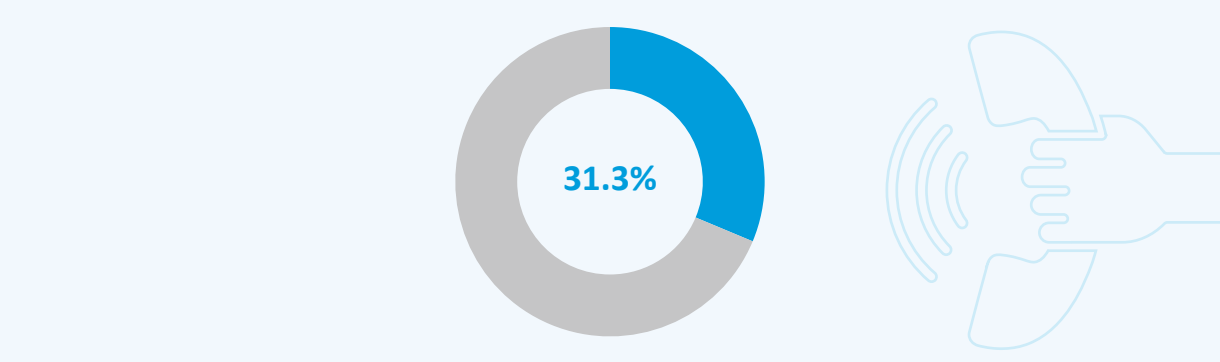


Sharing and reporting incidents of violence

The vast majority of the participants did not report the violence they had experienced. Only 31.3 per cent (96 participants) have ever reported bullying, abuse or violence to any person/ institution or shared it with others.

FIGURE 27.

Rate of Sharing/Reporting of Violence Experienced (%)



Violence is mostly discussed within respondents' circles of friends and families: half of the respondents (52.1 per cent or 50 respondents) who experienced violence stated that they shared their experiences with close friends, 44.8 per cent (43 respondents) with family members, and 28.1 per cent (27 respondents) with their spouses or partners. The rate of reporting violence to institutions is 34.4 per cent (33 respondents), and the rate of sharing with law enforcement officers is 16.7 per cent (16 respondents).

Only 25.3 per cent of the participants (23 respondents) who shared their experience of violence with third parties stated that appropriate measures were taken after their reports.

Regardless of whether respondents have been subjected to violence, 83.3 per cent of all participants (739 respondents) are familiar with emergency hotlines other than Women's Support Application (KADES)[6] such as 183, 112, 155, domestic violence hotlines, municipality support lines, etc., while 66.7 per cent (594 respondents) are familiar with the KADES application. **This familiarity rate is lower for CSOs working on violence against women: 36.4 per cent (324 respondents); and Violence Prevention and Monitoring Centre ŞÖNİM[7]: 21.2 per**

6 KADES is an official emergency response application, designed by the General Directorate of Security (Emniyet Genel Müdürlüğü - EGM), which can be downloaded to mobile phones and used to call/alert police forces in cases of violence against women and children.

7 ŞÖNİMs are state-offered centres that provide supportive and empowering consultancy, guidance, referral, and monitoring services for the prevention of violence and the effective implementation of protective and preventive measures.

cent (189 respondents). When analysed based on the experience of violence, 45.6 per cent of women who have been subjected to violence (31 respondents) have no information about any of these institutions, while this rate is slightly higher among women who have not been subjected to violence (37 respondents or 54.4 per cent).

An important distinction emerged from the results based on the degree of respondents' disability: as the degree of disability increases, the rate of those who are unaware of any institutions to which to report violence also increases.

Psychosocial well-being of women with disabilities and their areas of concern in daily life

This section presents findings from the survey on the psychosocial well-being of women with disabilities, highlighting the key challenges they encounter in their daily lives. Understanding these challenges is essential for addressing their specific needs, designing support services that empower them and promote their well-being, and creating more inclusive environments. The participants were asked whether they felt safe where they lived, whether they were worried about being exposed to violence in public places, and whether they had concerns about having romantic relationships or having children. Approximately half of the women (51.8 per cent or 458 respondents) stated that they did not have any concerns in these areas, while the remainder indicated that they did. **Participants are most concerned about having children and raising children (38.5 per cent or 164 respondents), followed by concerns about societal perceptions (36.4 per cent or 155 respondents)**.

Different concerns also emerge according to the type and level of disability. For example, fear of being attacked by strangers is prevalent among respondents with visual impairments (74 respondents or 44.6 per cent), while women with hearing impairments express concerns about romantic relationships (20 respondents or 47.6 per cent) and raising children (21 respondents or 50 per cent). Among respondents with orthopaedic/physical disabilities, concerns about societal perception (70 respondents (38.7 per cent) and childbearing/raising (70 respondents or 38.7 per cent) come to the fore.

2.3 Key Findings from the Caregiver/ Guardian/Family Member Survey

This section presents data from the "caregiver questionnaire," focusing on the women with disabilities rather than the caregivers themselves. When looking at the age groups of the women whose information was collected, 39.8 per cent are between 18-29 years old (37 respondents), 33.3 per cent are in the 30-49 age range (31 respondents), 19.4 per cent are aged 50-59 (18 respondents), and 7.5 per cent are 60 years or older (7 respondents).

2.3.1 Education

The analysis of the caregiver questionnaire data reveals that a significant percentage of women with disabilities, **78 per cent** (70 individuals), have never attended school.

2.3.2 Sources of household income

Regarding the income streams of the households of women with disabilities, the predominant source is the **earnings of household members,** accounting for 79.6 per cent (74 individuals). The home care pension is the second most prevalent, constituting 28 per cent (26 respondents), followed by standard pension at 21.5 per cent (20 individuals), and disability pension at 11.8 per cent (11 individuals). When income sources are analysed based on household composition, the main sources of income for both women with disabilities living with their caregivers and those living with their parents are, in order the income of other members of the household, home care pension and standard pensions. For women with disabilities living with their husbands/children, the top three income sources are: income of other household members, standard pension and income from their jobs.

2.3.3 Income level and standard of living

The majority of the caregivers who responded to the questionnaire (55.9 per cent or 52 individuals) think that the expenditures of the women with disabilities under their care surpass their income. This stands out significantly when contrasted with the self-reported data of women with disabilities. Essentially, it indicates that the income and standard of living for women with disabilities residing with caregivers are lower compared to other women with disabilities.

2.3.4 Employment status

Almost all (96.8 per cent) of the women whose data were collected through caregivers were not currently employed in an income-generating job (90 respondents).

2.3.5 Access to disability-related assistive devices

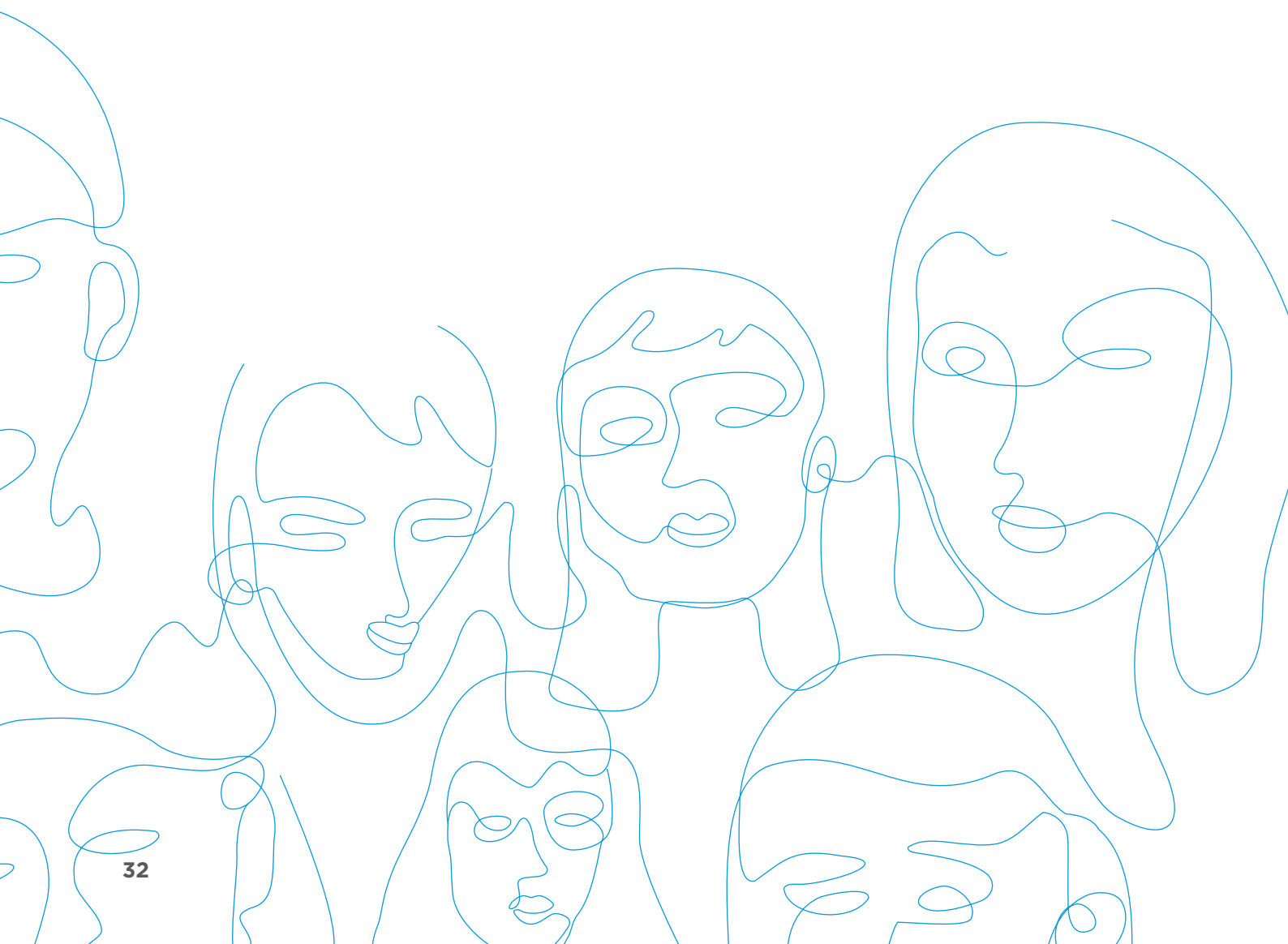
74.4 per cent (67 individuals) of the women with disabilities whose data was gathered through caregivers face difficulties in readily obtaining the assistive devices or materials necessary for their disabilities. In other words, **around 7 out of every 10 women with disabilities** whose information was compiled through caregivers' responses encounter **challenges in accessing assistive devices** easily. As noted in the initial section of the report, the figure for women with disabilities who responded to this question by themselves was 4 out of every 10 women. Those included in the caregivers' data who frequently (76.9 per cent, 10 individuals) and consistently (82.5 per cent, 52 individuals) require aid in performing their daily tasks and activities encounter greater challenges in obtaining the assistive devices or materials relevant to their disabilities. Once again, these percentages surpass the rates of participants who responded to the survey themselves, indicating that women with disabilities relying on caregiver support experience a higher prevalence of difficulties compared to other women with disabilities.

2.3.6 Social security

Caregivers stated that 87.1 per cent of the participants (81 respondents) have social security, which indicates a higher rate than the women with disabilities who participated in the research themselves (77.1 per cent). When participants' social security coverage for health-related expenses is analysed, 53.6 per cent indicated that their social security did not cover any auxiliary devices or materials (45 individuals). A further 14.3 per cent (12 respondents) mentioned that their social security covered certain auxiliary devices and materials, and 66.7 per cent of participants (56 respondents) stated that, "Some of the other health expenditures are covered by social security and some by me."

2.3.7 Access to public buildings

According to the information received from caregivers, 32.6 per cent (30 respondents) of women with disabilities have difficulties in accessing or using public buildings and spaces, while 55.4 per cent (51 respondents) sometimes experience challenges. Both percentages exceed the figures reported by women with disabilities who provided their own data. Based on caregiver-provided information, **nearly 9 out of every 10 women with disabilities face challenges.** In contrast, according to self-reported data from women with disabilities, this rate is 7 out of 10. It was also noted by caregivers that 12 per cent of participants (11 respondents) did not encounter any difficulties.



3. INFORMATION AND FINDINGS OF THE QUALITATIVE FIELD STUDY

This section of the report presents information and findings on the focus group discussions conducted following the quantitative fieldwork.

Six focus group interviews were conducted online with a total of 33 women. The interviews were recorded, and the audio recordings were transcribed and analysed. The significant information was coded and compiled within the framework of themes and sub-themes.

3.1 Health and Well-Being Focus Group Findings

The interview involved five women, ranging from 21 to 45 years old, with three being visually impaired, one using a wheelchair, and one dealing with a chronic illness. All participants are actively engaged in either education or employment. With the exception of one undergraduate student, all participants hold a bachelor's or master's degree. All participants reside with their families. The discussions revolved around three primary themes: **maintaining good health, obstacles in accessing health care services, and challenges related to sexual and reproductive health services.**

Participants conveyed that the concept of health is often linked to conforming to a "normal" standard, subjecting women with disabilities to an "ableist" perspective. Being healthy was identified in alignment with the principle of independent living, a crucial aspect of disability rights advocacy, and the capacity to lead an accessible life. The challenges faced by women with disabilities in accessing health care services include issues of accessibility, the robust and biased attitudes of health care providers, and economic disparities. This observation aligns closely with the quantitative data findings of the research. Upon closer examination, it becomes evident that health policies in Türkiye do not adhere to welfare or "social state" principles[8] but rather revolve around family-centric policies, thereby rendering women with disabilities dependent on their families.

8 The Constitution of Türkiye defines the country as a social state.

The requirement of a disability medical board report as a prerequisite for accessing various disability-related services and rights, with the degree of disability being the decisive factor, has emerged as a significant challenge. Discussions highlighted common issues within the health care system, such as brief examinations that influence the report process, raising concerns about the validity of a document that dictates access to numerous rights and services. Consistent with prior findings, it was revealed that if someone accompanies a woman with disabilities during health service encounters, health care personnel often direct their attention to the accompanying person rather than the woman with a disability. Participants perceived this as a form of discrimination. Moreover, it was emphasized that the attitudes of health care personnel varied based on the socio-economic status of women, underscoring the need for a more intersectional approach to addressing this issue.

The quantitative phase of the study assessed access to sexual and reproductive health services through a single question, which limited the depth of information obtained. Notably, in the survey phase there was a significant number of unanswered queries regarding the ability to independently make decisions in this domain. During the focus group discussions, it was highlighted that despite having daughters with disabilities, families lacked awareness in terms of gender and disability, hindering women with disabilities from accessing information on sexual and reproductive health. The discussions also raised concerns about potential violations of the bodily privacy of girls with disabilities. For instance, a visually impaired participant shared that due to the absence of Braille instructions, accessible visuals, and videos on sanitary pads, leaves girls with disabilities uninformed about their proper use. Consequently, mothers prepare and provide sanitary pads to their daughters, creating further disadvantages for women with disabilities in terms of body integrity, privacy and independent living. Similarly, the lack of accessible information on contraceptive methods and pregnancy tests for all disability groups serves as an impediment to the bodily integrity and privacy of women with disabilities. The necessity for sexual and reproductive health education and materials tailored to disability-specific accessibility conditions was reiterated.

Challenges such as interference in the decisions regarding the bodies of women with disabilities due to ableist attitudes and a disregard for personal privacy underscore the significant inequality faced by these women when accessing reproductive health services. The prevalence of the medical model approach to disability, doctors' lack of awareness about the human rights of individuals with disabilities, and the perpetuation of the "healthy/unhealthy," "able-bodied/disabled" dichotomy and hierarchy in terms of gender hinder the attainment of inclusive and equitable health services. Women with disabilities expressing their desires and decisions to become mothers may face open and hurtful criticism from medical professionals. Participants stressed the importance of creating and promoting training programmes focused on raising awareness about gender and disability in medical education.

3.2 Employment Participation Focus Group Findings

A focus group interview involving six women actively engaged in professional life (three with visual impairments and three with physical disabilities) explored challenges faced by women with disabilities around employment. The participants, aged between 25 and 44, had diverse occupational backgrounds, with one working in the private sector and five in the public sector. All participants have at least a four-year bachelor's degree. The discussions revolved around three primary themes: **the impact of having a disability and being female on education and career choices, the process of securing employment and experiences in the working environment, and aspirations for career goals and professional development.**

It was noted that women with disabilities faced limitations in exercising free choice both when selecting academic departments at university and when choosing courses within their chosen field. Consistent with the quantitative findings, the primary discrimination factors encountered in the educational journey were physical accessibility for women with physical disabilities and digital accessibility for those with visual impairments. For participants with visual impairments, a significant issue was their requests for readers and note-takers during their education being either unmet or fulfilled by individuals lacking the necessary qualifications. This challenge was particularly pronounced for one participant, who, having two sisters with Cerebral Palsy, assumed the responsibility of all academic accommodations for her sister with speech difficulties as the scribes were unable to comprehend her sister's speech.

Participants indicated that they have encountered discrimination in their professional lives, manifesting in scenarios such as being unwelcome in the workplace, facing pressure to request reassignments, and dealing with employers' low expectations. The reluctance to accept women with disabilities in public institutions, with managers deeming them unfit for their positions and redirecting them towards options like seeking leave or alternate assignments, exemplifies the experience of not being wanted at the workplace. Regarding low expectations for women with disabilities, experiences included a lack of work assignments or receiving less work compared to colleagues in the same department, having minimal responsibilities, not being assigned tasks despite competence, lack of visibility in the workplace, and a lack of recognition for superior performance. Women often find themselves needing to persuade superiors of their capabilities, experiencing constant pressure to prove their worth in the professional sphere. The inhibiting effect of disability-related shame on social interactions, as identified in the quantitative violence data, further restricts women with disabilities in their professional pursuits. The act of supervisors concealing employees with disabilities during visits by experts or colleagues, which was mentioned in the focus group, hinders their professional growth and networking opportunities. Two participants, one visually impaired and one with a

physical disability, who transitioned from the private sector to the public sector, felt that their career development was negatively impacted in the latter. Many participants shared having career plans for the future but felt that prejudices stemming from disability cast a shadow over their professional aspirations.

Participants mentioned that their ability and motivation to advocate for themselves grew as they embraced their disabled identity. However, they pointed out that asserting their rights is more manageable in educational settings compared to the challenges faced in the professional realm. Public employees, at times, experience frustration in advocating for their rights due to the bureaucratic nature of institutions. Instances of learned helplessness were noted among women who did not see positive outcomes, while burnout was observed among those who did.

3.3 Violence and Discrimination Focus Group Findings

In this group, the scope of violence has been broadened and discrimination was also included. The focus group included a total of five women, two with physical disabilities and three with visual impairments. The ages of the participants ranged between 27 and 53, and all of them have bachelor's degrees and are actively participating in employment. The group discussed women with disabilities' experiences of violence and discrimination and their advocacy against violence.

It was observed that the participants did not only consider violence to be physical and sexual violence, but also included emotional and psychological violence within the scope of violence. However, it was observed that some examples of disability-specific violence, such as deliberately placing crutches in a remote location to restrict the person's mobility, which were included in the scope of socio-economic or psychological violence in the quantitative part of the research, were not defined as violence by some participants. The focus group discussions seem to have heightened participants' awareness of this issue. Upon reflecting on their experiences, they came to recognise that the negative behaviours they had encountered could indeed be classified as forms of violence.

It was stated that participants with physical disabilities were constantly expected or forced to perform the same as people without disabilities within the scope of physical therapy, their behaviours were interfered with, and they often received the message that there was something defective about them that needed to be changed. They also felt that even if these were well-intentioned, these incidents could be defined as psychological violence, which started in early childhood and continued. For participants with visual impairments, early

experiences of violence included being forcibly sent to boarding school and psychological and physical violence inflicted by teachers. Participants underlined that the peer bullying experienced by children with disabilities is exclusion and marginalization. In this sense, the group emphasized the necessity and importance of the intervention programmes that school psychological counsellors can put forward, especially in the context of mainstreaming students.

Another type of implicit violence that was not mentioned in the quantitative data but was cited by all women in the focus group is the experience of micro-aggressions. The micro-aggressions described included personal space being ignored, being pitied because of their disabilities, not being considered suitable for fulfilling traditional gender roles such as childcare and other domestic duties, being a woman and having a disability being seen as socially and economically inferior, and being treated as beggars. It was reported that women with disabilities are not seen by others as suitable candidates for a spouse because they cannot fulfil the care-giving role expected of women in the context of gender roles, and that they are subjected to verbal and psychological violence by the families of prospective spouses. Women with disabilities also stated that they were asked intrusive questions about their sexual lives, which was a violation of their privacy.

All participants mentioned that they were touched without permission and sometimes without warning by people attempting to help them. While this is seen as physical harassment in the context of women without disabilities, the complaints of women with disabilities on this issue are mostly considered to be without merit. Additionally, women reported being targeted for sexual harassment both in face-to-face interactions and online.

Three out of five women stated that they took legal action on the discrimination or harassment they experienced or applied to the Human Rights Institution of Türkiye (TİHEK). It was underlined that reporting violence may cause women with disabilities to be subjected to more violence. While the data obtained from this group is important, it cannot be said to represent all experiences of violence or all women with disabilities. Issues such as access to justice and accessibility of preventive and protective mechanisms could not be sufficiently examined due to time constraints despite the fact that a focus group was conducted on violence.

3.4 Women with Psychosocial Disabilities Focus Group Findings

The focus group was conducted with the participation of three women between the ages of 25 and 42, all of whom have undergraduate or graduate degrees, are employed and live in houses separate from their families. The group discussed the difficulties the participants have experienced since their first diagnosis, their existing or missing support mechanisms, the problems they face in the health system, education and employment, and the effects of these problems on their lives. In addition, information was gathered about their experiences of discrimination and violence in social life and suggestions for solutions to facilitate access to human rights for respondents with psychosocial disabilities.

The focus group interview with women with psychosocial disabilities showed that mental health is still considered from a medical model perspective in many segments of society. This perspective results in significant deprivation of rights for these individuals, particularly the right to make decisions about their own lives. Discriminatory and stigmatizing attitudes that violate their rights to education, employment and participation in social life, or discriminatory and stigmatizing attitudes encountered in these processes negatively impact respondents' well-being. The study's quantitative data indicated that being able to participate in education is a determinant for many other variables, with participation in education largely affecting participation in employment and thus economic well-being and independence. Access to health services is also associated with economic well-being. Therefore, when women with psychosocial disabilities do not access their right to participate in education, they are disadvantaged in many other areas. This focus group revealed that, as in many rights struggles, subjects in the field of mental health need to come together, learn from each other's experiences, and act collaboratively. The group also emphasized the importance of institutions and organizations being open to feedback from users, the need for systemic changes, and the importance of monitoring human rights violations in mental health in order to increase the inclusiveness and effectiveness of the services they provide.

3.5 Women Who Are Deaf Focus Group Findings

The focus group was conducted with eight women between the ages of 25-40 who identified themselves as deaf. Participants were diverse in terms of education level, employment participation and cohabitation. All participants were fluent in Turkish sign language and the translation was done through two interpreters. In line with the quantitative data of the

research, the interview was shaped around the themes of education, health, employment, access to services, social participation and violence.

Access to health services was mostly discussed in terms of obtaining a disability report and the provision of hearing aids. Women stated that they sometimes postpone seeking health services due to the communication problems they face and the possibility of having their report rates reduced. Women who use devices stated that the financial support provided for the devices is insufficient. Being unable to communicate with health personnel emerged as the main problem in the service provision process. In cases where sign language interpreters were available, it was noteworthy that the interpreters were not proficient in Turkish sign language, and in cases where interpreters were not available, deaf women were held responsible for the correspondence between institutions to request an interpreter. The refusal of some health personnel to utilize the possibilities offered by technology, such as video interpretation, demonstrated that arbitrary practices still prevent women from enjoying their right to health. Participants stated that they were not informed about the complaint mechanisms to which they could apply in case of problems in accessing health services and underlined that the lack of sign language interpreters was an obstacle to claiming their rights.

The biggest obstacle to participants' enjoyment of their right to education is the inaccessibility of educational methods and materials for those with hearing impairments. For this reason, women with hearing impairments are essentially unable to fully learn Turkish grammar and become literate, or must make a very intense independent effort to achieve this. Thus, in the absence of a sign language interpreter, written communication, which could be an alternative, cannot be realized properly. The importance of sign language interpreters was also emphasized in the context of access to education, and participants noted that there should be sign language interpreters in classrooms with deaf individuals at all levels of education. Participants stated that in professional settings, the lack of communication when working in the same environment with hearing individuals isolated them. Some participants considered the fact that they were assigned heavy physical work as a form of mobbing at their workplace, and could not oppose the mobbing they were exposed to for fear of losing their jobs.

In terms of accessibility and participation in social life, the difficulties experienced by participants with hearing impairments are mostly communication-based. Women with hearing impairments have difficulties when participating in social and cultural activities due to communication barriers. Peer support and group belonging is an important source of satisfaction. All participants are members of an activist association focused on deaf persons and find the rights-based projects of the association useful. The context of violence was addressed in the group interview as both mobbing at work and violence in intimate relationships. This study once again demonstrated that the lack of a sign language interpreter

hinders access to justice mechanisms for women with hearing impairment. The slow judicial processes in cases of violence and the lack of recognition of the reporting mechanisms are also among the problems mentioned, in line with the quantitative data.

3.6 Women Neither in Education Nor Employment Focus Group Findings

The formation of this group was challenging as women who are neither in education nor in employment rarely have a presence in civil society. The focus group interview was conducted with a total of six women, aged between 26 and 55, reached through personal and civil society channels. Three of the women are visually impaired and three have physical disabilities. Only two of the women were actively looking for a job.

The group discussion is in line with the quantitative part of the research in terms of data on non-attendance to education. Women with disabilities mentioned discriminatory attitudes and physical and digital accessibility issues in relation to their inability to continue their education. All women went through job search processes and faced discrimination. Lack of connections, having a severe disability, physical and attitudinal barriers constitute the main problems affecting their ability to find a job. Not being able to participate in education and business life is often accompanied by poverty. Some participants in this group rely on social benefits. All women with disabilities shared that they have economic difficulties, want to live independently, are worried about the future, and would like to work in order to be able to hire a personal assistant and buy a battery-powered or specially equipped chair. They expressed that they are struggling financially because the disability benefit is too low. The recent changes in regulations for disability reports and care allowances have further restricted their access to already inadequate services. This is in contrast to the dignified life they believe that a social state should ensure.

4. CONCLUSION

The study highlights that women with disabilities face intersecting inequalities, particularly in accessing quality education, employment, and healthcare. Nearly half of the participants (44,5 per cent) reported that they were unable to achieve their desired level of education due to factors like economic constraints, accessibility issues, and lack of familial support. These educational barriers also impacted employment, with 62.3 per cent of surveyed women with disabilities not engaged in income-generating work. Discrimination in job searches and mismatches between education and employment were also prevalent. Additionally, women with disabilities faced significant challenges in accessing health services and making autonomous health decisions. Accessibility issues in public spaces and dissatisfaction with political and civil society support were common. Many women reported experiencing violence, particularly psychological violence. Among the women with disabilities who reported experiencing violence, a significant majority, (59.7 per cent) stated that they were subjected to violence/mistreatment by people they did not know. Only 31.3 per cent of women with disabilities who have experienced bullying, abuse, or violence have reported or shared their experiences with individuals or institutions.

The results of the research should be considered as a whole by combining the quantitative and qualitative parts. The quantitative data shows that the ability to continue education has a key role in shaping many other variables. While the research group has a high level of education compared to the general population of women with disabilities in Türkiye, the prevalence and frequency of challenges experienced is remarkable. The qualitative data via focus group discussions served as an effective tool in revealing issues that could not be sufficiently illuminated by quantitative data revealing the distinct lived experiences of women with disabilities. The common themes that emerged in all focus group discussions are the negative attitudes, discrimination, and accessibility problems that women with disabilities are exposed to. These problems negatively affect the lives of women with disabilities in a wide range of areas, including education, health, employment, access to justice, personal relationships and the ability to live independently. Many of the focus group discussions also served a psychological support function for the participants. Participants saw that their problems were shared by women with disabilities from other disability groups and women whom they had never met and had a positive experience in being part of a group fighting together on a common issue instead of feeling alone and isolated.

As recommended by the Committee on the Rights of Persons with Disabilities in its Concluding Observations on the initial report of Turkey (2019).[9] Considering the limitations faced during the implementation of the research and Türkiye's international obligations including under the United Nations Convention on the Rights of Persons with Disabilities which obliges State Parties to collect data on disability, the need for nationally representative, valid, reliable and up-to-date statistical data should be underlined. The information, statistics and data further should be disaggregated by different disability groups, disability types, gender, age and regional differences. In addition, as exemplified in this research adoption of a rights-based perspective with indicators is critical when carrying out studies and analysis . Such a perspective requires a focus on ensuring the examination of the experiences of women with disabilities through the lens of human rights, emphasizing their entitlement to equality, dignity, and non-discrimination in all areas of life. Intersectional perspective is also important to explore the connections between gender and disability-based inequalities and other socially marginalized identities. Conducting in-depth qualitative studies will provide deeper insights into the specific challenges and rights violations that women with disabilities encounter in accessing education, employment, healthcare, and public services.

The problems faced by women with disabilities are often multi-layered. For this reason, **policies should be designed and implemented in a way that is both gender-responsive and inclusive of disabilities.** Such policies should address the systemic, attitudinal, and environmental barriers that women and girls with disabilities face that prevent their enjoyment of rights, access to services and civic and political participation on an equal basis with others. As recommended by the Committee on the Rights of Persons with Disabilities in its Concluding Observations on the initial report of Turkey (2019), this includes the adoption of legislation and policies and affirmative action measures for the advancement and empowerment of women and girls with disabilities and ensuring that general public policies for women mainstream the rights of women and girls with disabilities. This requires the use of disaggregated intersectional data, both quantitative and qualitative, and the continuous active participation and consultation of women with disabilities and their representative organizations throughout the policymaking process. Regular and structured participation processes with civil society organizations working in the field of gender and disability are recommended for the production of effective services and policies as well as in the planning and design stages of data collection processes.

Selected recommendations in key areas are as follows:

- ***Increased access to education by addressing accessibility problems:*** Accessibility challenges are key in preventing girls and women with disabilities to access formal education. To address this, schools and other educational institutions must comply with accessibility criteria, and solutions should be developed for educational methods and materials that accommodate

9 RPD Committee, Concluding Observations on the Initial Report of Turkey (1 October 2019). UN Doc CRPD/C/TUR/CO/1

the needs of individuals with hearing or visual impairments. The needs of women with disabilities, which vary based on factors such as the type and severity of the disability, should be considered at all levels of education. Necessary support must be provided to ensure full and meaningful participation in educational institutions. Awareness-raising and capacity-building programs should be implemented for all staff working in educational settings.

The needs of women with disabilities, which vary based on factors such as the type and severity of the disability, should be considered at all levels of education. Necessary support must be provided to ensure full and meaningful participation in educational institutions. Awareness-raising and capacity-building programs should be implemented for all staff working in educational settings.

Policies should be developed to encourage girls with disabilities to remain in formal education. These policies should include financial assistance for families and strategies to address and prevent restrictive family behaviours rooted in gender inequality, particularly those that limit girls' and women's access to education.

Focus on education is critical because increasing the education levels of women with disabilities significantly improves their employment prospects in income-generating jobs as well as their level of access to services and rights as revealed by this research.

- ***Promoting Inclusion and Accessibility in the Workplace:*** Awareness-raising and capacity-building initiatives should be developed and implemented to address and prevent prejudice and discrimination in the workplace, both among employers and employees. Necessary measures should be taken to ensure full physical accessibility and accountability, while empowering women with disabilities to have equal opportunities in recruitment and throughout their working lives.

  Supported job placement and transitional employment programs should be established to encourage and facilitate the participation of women with disabilities in the workforce.

- ***Ensuring Accessible Health Services:*** The challenges faced by women with disabilities in accessing healthcare services should be addressed by improving and ensuring universally accessible health services that cater to various types of disabilities. This includes increasing the accessibility of digital technology, buildings, equipment, medical tools, and medicines, as well as introducing assistive technologies such as QR codes and Braille.

  Access to health services should be improved by training health personnel on disabilities and the rights of persons with disabilities, providing education that shifts away from a medical model of health, and adopting an inclusive, rights-based and gender-sensitive approach in medical education. Health services and medicines should be provided free of charge, and mental health services should be made universally accessible.

Women with disabilities should have equal access to health information and services, with their right to make autonomous health decisions respected. Support should be provided for their autonomy in managing their health, particularly in sexual and reproductive health. Additionally, it is essential to offer sexual and reproductive health education and materials that are accessible and tailored to specific disabilities.

Health services and medicines should be provided free of charge, and mental health services should be made universally accessible.

- ***Supporting Equal Participation in Cultural life, Recreation and Leisure:*** Participation of women with disabilities in public life needs to be increased as recommended by CRPD. It is also critical to ensure their well-being and to sustain their lives as productive individuals. Establishing peer support groups and mechanisms where women with disabilities can come together, learn from each other's experiences, become stronger, and act together.
- ***Strengthening Strategies to Prevent and Combat Violence against Women:*** Strategies should include awareness-raising activities on existing mechanisms for the prevention of violence, providing robust support for survivors, ensuring the accountability and punishment of perpetrators, and offering specialized services tailored to the needs of women from various disability groups.

In summary, this research has shown the need for multi-layered and concerted actions to ensure the de facto realization of the rights of women with disabilities and to combat intersecting forms of discrimination in line with Türkiye's commitments under Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and Convention on the Rights of Persons with Disabilities (CRPD). Such actions need to be informed by regular collection of comprehensive data and evidence on women and girls with disabilities and developed in consultation with women and girls with disabilities and their representative organizations.

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UN WOMEN TÜRKİYE OFFICE

Park Oran Office Building
Oran Mahallesi, Kudüs Caddesi 1/21-58
Çankaya Ankara 06450 Türkiye

infoturkiye@unwomen.org
+90 312 987 07 77

UN Women Türkiye