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WAR AND SOCIAL GENDER: EXAMINING SOCIAL GENDER-BASED ATTITUDES OF SYRIAN REFUGEE WOMEN AND THEIR EFFECT ON WOMEN'S HEALTH•

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Abstract

Social gender roles are influenced by social and cultural characteristics of a society. These roles have significant impacts on women's social life, family life, and health. This cross-sectional and descriptive study aimed to identify social gender roles of Syrian refugee women and investigate factors related to women's health which are assumed to affect their gender roles. The research was conducted with 580 women aged between 14-49 years at the reproductive age who were living at Yibo Temporary Refuge Center in Yayladağı district of Hatay province between October 2017-January 2018. As measures, a questionnaire form and "Gender Roles Attitude Scale" (GRAS) were used. The data were analyzed with descriptive statistics, one-way ANOVA test, Kruskal-Wallis and Mann-Whitney U tests on SPSS for Windows 22 software. Refugee women had a total score mean of 122.08±13.63 in GRAS, and their gender role attitudes were found to be egalitarian. Regarding the subscales of GRAS, refugee women were found to have equalitarian attitudes in relation with egalitarian gender role, marriage gender role, traditional gender role, and male gender role, but they were observed to have traditional attitudes in regard to the female gender role subscale. It was observed that differences were statistically significant between GRAS mean and median scores and women's age group, marital status, educational level, employment status, and number of pregnancies ($p<0.05$). It is anticipated that this study will contribute to the improvement of awareness in preserving refugee women's health and providing them with egalitarian gender role attitudes.

Keywords: Social Gender, Social Gender Role, Syrian Refugee Women.

• * This study is produced from master thesis.

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1. INTRODUCTION

It is estimated that there are 1 billion migrants which account for one-seventh of the world's population. It is reported that about 764 million migrants are displaced within their own country while 258 million migrants are internationally displaced. It is stated that there are 68 million people who have been forced to displace (WHO, 2019). According to UNHCR, over 5.6 million people have fled Syria and sought security in Turkey, Lebanon, Jordan, and other regions since 2011 (UNHCR, 2018). Turkey has been the first choice of Syrian asylum-seekers due to its geographical proximity (Ekmekci, 2017, 1435).

Wars and migrations significantly affect society and individuals socially, culturally and physically and also have serious impacts on health and variables of health. Such effects on health are felt even more by refugee women due to their social status and traditional roles and leave them with even more disadvantages (Adanu & Johnson, 2009, 180). Considering gender discrimination from the aspect of women's health, women's reproductive health is affected the most (Bollini et al., 2009, 452; Janssens et al., 2006, 184). It has been found in the literature that migrant women suffer from many obstetric and gynecologic problems including miscarriages and stillbirths (Carolan, 2010, 407; Yağmur & Aytekin, 2018, 58).

Social gender roles include specific behaviors and roles deemed suitable by society on larger scale for females and males. Such roles have become unchanging characteristics for people and communities over time (Lindsey, 2015). In general, children are discriminated as girls and boys by judgements of the society to support gender-related inegalitarian behaviors within family (Coskun & Ozdilek, 2012). In regard to gender roles and behaviors, cultural factors usually lead to distinct differences and inequalities between women and men in marriage and family life, and social and working life (Alam, 2006) Due to such inequality, women have difficulty receiving education, having a job and earning money. This has a negative impact on women's social lives and health (Dinç, 2019). Gender discrimination is most observed in subjects about reproductive health (Schatz & Williams, 2012). However, reproductive health has a special role with its direct impact on women's lives. Women cannot utilize reproductive health services sufficiently due to barriers of delay in deciding to receive healthcare, accessing healthcare, and receiving healthcare. The opinion is that factors such as inconvenience of women's life conditions, lack of economic power and not having a say in decisions are effective in these circumstances. It is stated in the literature that women's reproductive health and whether they can utilize related services are influenced by their educational level, participation in the working life, and having a say in familial decisions (Şahiner & Akyüz, 2010).

For changing traditionality in women's social gender roles and making them egalitarian, it is necessary to identify the factors that can affect women's gender role attitudes. Accordingly, this research aimed to identify social gender roles of Syrian refugee women and investigate factors which are assumed to affect their gender roles. It is thought that this study will contribute to the literature as the first study to identify factors about women's health which may influence refugee women's social gender roles.

2. MATERIAL AND METHOD

2.1. Research design: The research was designed as a cross-sectional and descriptive study.

2.2. Place and time of research: The research was conducted at Hatay Yayladağı Yibo Temporary Refuge Center where Syrian refugees live between October 2017 and January 2018.

2.3. Research population and sample: According to Directorate General of Migration Management (2020), Hatay is the third city that hosts the highest number of Syrians across Turkey with 433,156 people. Compared to the provincial population of Hatay, 26.91% of the populations are Syrians. There are 1065 women at the reproductive age at Hatay Yayladağı Yibo Temporary Refuge Center.

Given that number of individuals in the population is known, the formulation ''**n=N.t2.ğ.q/d2(N-1)+t2.p.q**'' was used to find the sample size (Can, 2018). With 5% acceptable error and 95% confidence interval, sample size was found to be 283 individuals according to the said

formulation. 586 individuals were reached to conduct the research. Since 6 questionnaire forms were incomplete, these were not included the research, and the research was performed with the data collected from 580 participants. Convenience sampling method was utilized when selecting the sample.

The inclusion criteria were "residing at Yibo Temporary Refuge Center", "speaking Turkish", "being at reproductive age (15-49 years)", and "volunteering for the research".

2.4. Ethical aspect of research: Official permission was received from Governorship of Hatay, Provincial Directorate of Disaster and Emergency for the research. Written approval was obtained from Çanakkale Onsekiz Mart University, Institute of Social Sciences, Ethical Committee (Protocol No: 2018/42).

2.5. Data collection: A questionnaire form prepared to determine socio-demographics and health status of Syrian refugee methods and "Gender Roles Attitude Scale" (GRAS) were utilized to collect research data.

"Gender Roles Attitude Scale" (GRAS) is a scale developed by Zeyneloğlu and Terzioğlu (2008) to identify gender role attitudes of individuals. The scale is composed of 38 items and 5 subscales which are "egalitarian gender role", "female gender role", "marriage gender role", "traditional gender role", and "male gender role". In this 5-point Likert scale, egalitarian attitude statements are graded with 5 points (Strongly Agree), 4 points (Agree), 3 points (Neutral), 2 points (Disagree), and 1 point (Strongly Disagree). The lowest and highest possible scores in the scale are 38 and 190 points, respectively. The highest score in the scale means that participants have egalitarian gender role attitudes while the lowest score means that they have traditional gender role attitudes (Zeyneloğlu & Terzioğlu, 2011). Cronbach's Alpha reliability coefficient of the scale was found 0.92 for 38 items. For this study, Cronbach's Alpha reliability coefficient of this study was found 0.73.

Since women residing at Yayladağı Yibo Temporary Refuge Center are mostly of Turkmen origin, and those who are of Arab origin can speak Turkish, the scale was not translated into Arabic. The questionnaire form was applied on 20 Syrian women in a pilot application for content and comprehensibility, and it was proceeded with data collection after required updates to the form. The researcher personally visited the participants in their dwellings to collect data in face-to-face interviews. Interviews took approximately 20 to 55 minutes.

2.6. Statistical analysis: Frequency and percentage values were used for descriptive statistics in the evaluation of research findings. Since the total scores obtained by the participants in GRAS and its subscales were not normally distributed, two-category variables were tested with Mann-Whitney U test and variables with three and more categories were tested with Kruskal-Wallis H test. Mean, standard deviation, median, and minimum and maximum values were used in the evaluation of GRAS and subscale scores while median and minimum and maximum values were used in statistical comparisons. Cronbach's Alpha was utilized to test reliability of the questionnaire, and Kaiser-Meyer-Olkin statistic was used to test its validity. All statistical analyses in the study were performed two-sided with a type-I error level of 5%, and 95% confidence interval. The SPSS® Version 22st (IBM Inc, USA) software was used for the analysis. In the statistical tests, P-value of <0.05 was considered as statistically significant.

3. FINDINGS

Socio-demographics of the participants are presented in Table 1. Mean age of the participants were 32.6±9.3 and 36.2% of them were in the age group of 26-35 years. Of the participants, 85.2% were married, 43.3% were primary school graduates, and 93.3% were housewives. It was found that 66.7% of the participants had been living at the center for more than 4 years.

Table 1. General characteristics of the participants

	n (%)
Age	
16-25	153 (26.4)
26-35	210 (36.2)
36-45	140 (24.1)
46-55	771 (13.3)
Marital status	

Married	494 (85.2)
Single	57 (9.8)
Widow/divorced	29 (5)
Education level	
Uneducated	53 (9.1)
Primary School	251 (43.3)
Secondary School	177 (30.5)
High School	79 (13.6)
University	20 (3.4)
Employment status	
Employed	39 (6.7)
Unemployed	541 (93.3)

Table 2 shows the obstetric characteristics of the participants. It was found that majority (34.7%) of the participants had become pregnant for 3-4 times and more than half of them were younger than 20 years old when they had their first-time pregnancies. Mean number of children they had was found to be 3.12±1.54. Of the participants, 13.1% were found to have had stillbirths (n=65) and 41.2% had had one miscarriage or more (n=205).

Table 2. Obstetric characteristics of the participants

	n (%)
Number of pregnancies (n:580)	
0	83 (14.3)
1-2	131 (22.6)
3-4	**201 (34.7)**
5-6	105 (18.1)
7 and more	60 (10.3)
Mother's age of first-time pregnancy (n:497)	
17 years and below	72 (14.5)
18-20 years	**206 (41.4)**
21-23 years	110 (22.1)
24-26 years	58 (11.7)
27 years and above	51 (10.3)
Number of live births (n:497)	
1	89 (17.9)
2-3	245 (49.3)
4-5	129 (26.0)
6 and more	34 (6.8)
Number of stillbirths (n:497)	
None	432 (86.9)
1	47 (9.5)
2	12 (2.4)
3	6 (1.2)
Number of miscarriages (n:497)	
None	292 (58.8)
1-2	165 (33.29)
3 and more	40 (8)

Mean scores of the participants in GRAS and its subscales are given in Table 3. The highest score (190 points) in the scale indicates egalitarian attitude in participants whereas the lowest score means traditional attitude.

Table 3. Mean Scores of GRAS and Subscales

Scale	Mean	Sd	Median	Min.	Max.
GRAS	122.08	13.63	121	85	164
Egalitarian Gender Role	32.70	3.67	32	18	40
Female Gender Role	19.02	4.32	19	8	33
Marriage Gender Role	28.13	4.71	28	13	40
Traditional Gender Role	20.87	3.99	20	12	34
Male Gender Role	21.36	3.66	22	10	30

Participants' mean score of GRAS was found to be 122.08±13.63 (maximum 164, minimum 85). Women's gender role attitudes were found to be egalitarian.

Given the medians of participants' scores in GRAS and its subscales "egalitarian gender role", "marriage gender role", "traditional gender role, and "male gender role", they were found to have "egalitarian" gender role attitudes. Only in the "female gender role" subscale, the participants were found to have "traditional" gender role attitudes.

Table 4. Participants' GRAS median scores by their socio-demographics (N:580)

Certain Characteristics of Participants	N	Egalitarian Gender Role	Female Gender Role	Marriage Gender Role	Traditional Gender Role	Male Gender Role	GRAS
Age group		Median	Median	Median	Median	Median	Median
16-25 years (**A_1**)	153	32	20	29	21	22	123
26-35 years (**A_2**)	210	33	19	29	20.5	22	123
36-45 years (**A_3**)	140	32	18	26	20	21	118
46-55 years (**A_4**)	77	33	18	26	19	20	117
		KW= 1.68 p= 0.641	KW= 9.769 **p= 0.021** **Discrepancy: A_1-A_3, A_1-A_4**	KW= 28.779 **p= 0.000** **Discrepancy: A_1-A_3, A_1-A_4, A_2-A_3, A_2-A_4**	F= 11.886 **p= 0.008** **Discrepancy: A_1-A_4**	KW= 17.786 **p=0.000** **Discrepancy: A_1-A_4, A_2-A_4**	KW= 25.854 **p=0.000** **Discrepancy: A_1-A_3, A_1-A_4, A_2-A_3, A_2-A_4**
Marital status		Median	Median	Median	Median	Median	Median
Married (**A_1**)	494	33	19	28	20	22	120
Single (**A_2**)	57	32	21	30	22	23	129
Divorced, widow (**A_3**)	29	31.5	18	26	20	21	119.5
		KW= 2.157 p= 0.340	KW= 9.896 **p= 0.007** **Discrepancy: A_2-A_1, A_2-A_3**	KW= 10.484 **p= 0.005** **Discrepancy: A_2-A_1, A_2-A_3**	KW= 11.058 **p= 0.004** **Discrepancy: A_2-A_1, A_2-A_3**	KW= 6.192 p=0.051	KW=12.492 **p=0.002** **Discrepancy: A_2-A_1, A_2-A_3**
Educational background		Median	Median	Median	Median	Median	Median
Uneducated (**A_1**)	53	32	19	27	20	21	119
Primary school graduate (**A_2**)	251	33	20	29	21	22	124
Secondary school graduate (**A_3**)	177	33	19	31	20	23	127
High school graduate (**A_4**)	79	32	21	30.5	23.5	23.5	130
University graduate (**A_5**)	20	31	17	26	19	20	112
		KW=11,996 **p=0.002** **Discrepancy: A_2-A_5, A_3-A_5**	KW=27.323 p= **0.000** **Discrepancy: A_1-A_4, A_1-A_5, A_2-A_5, A_3-A_4, A_3-A_5, A_4-A_5**	KW= 53.111 p= **0.000** **Discrepancy: A_1-A_2, A_1-A_3, A_1-A_4, A_2-A_3, A_3-A_5, A_4-A_5**	KW= 21.852 **p= 0.000** **Discrepancy: A_1-A_4, A_2-A_4, A_4-A_5**	KW=42.813 **p=0.000** **Discrepancy: A_1-A_4, A_2-A_5, A_3-A_5, A_4-A_5**	KW= 63.752 **p=0.000** **Discrepancy: A_1-A_2, A_1-A_3, A_1-A_4, A_1-A_5, A_2-A_4, A_2-A_5, A_3-A_4, A_4-A_5**
Employment status		Median	Median	Median	Median	Median	Median
Employed	391	33	20	31	21	22	127
Unemployed	541	32	19	28	20	22	120
		U=9335.5 p=0.242	U=8225.5 p= **0.023**	U= 7176.5 p= **0.001**	U= 9101.5 p= 0.160	U=9885 p=0.533	U= 8019 **p=0.013**

Table 4 shows the distribution of participants' median scores of GRAS and its subscales by their socio-demographics. When analyzing participants' attitudes about their gender roles by *age groups,* a significant difference was found in the subscales of female, marriage, traditional, and male gender roles and in the total scale score. In general, the women in the age group of 16-25 years had significantly higher scores than the women in the age group of 46-55 years ($p<0.05$). However, no

significant difference was found in egalitarian gender role. By *marital status* of the participants, a significant difference was found in the subscales of female, marriage, and traditional gender role and in the total scale score. Such difference was caused by the single women. The single women had significantly higher scores than both married and divorced, widow women ($p<0.05$). As for other subscales, no significant difference was found between women's attitudes and marital status. By the *educational level* variable, a significant difference was observed in all subscales and the total scale score. A significant difference was found between employed and unemployed women in female and marriage gender roles and in the total scale score while no significant difference was found in egalitarian, traditional, and male gender roles.

Table 5 shows the distribution of participants' median scores of GRAS and its subscales by their obstetric characteristics. When analyzing participants' attitudes about their gender roles by *number of pregnancies,* a significant difference was found in the marriage gender role and the total scale score. Such difference was between the women who had no pregnancy and the women who had 7 or more pregnancies. The women who had not become pregnant before had significantly higher scores ($p<0.05$). As for the other four subscales, no significant difference was found between women's attitudes and their number of pregnancies. A significant difference was found in the subscale of egalitarian gender role by *mother's age of first-time pregnancy.* Such difference was caused by the women who had their first-time pregnancy in the age group of 24-26 years. The women in the age group of 24-26 years had significantly lower scores than the women in both age groups of 18-20 and 21-23 years ($p<0.05$). As for other subscales and the total scale score, no significant difference was found between women's attitudes and mother's age of first-time pregnancy. When examining the social gender roles by number of live births, no significant difference was observed in the scores of subscales and total scale ($p=0.216$).

Table 5. Distribution of participants' median scores of GRAS and its subscales by their obstetric characteristics

Certain Characteristics of Participants	(n)	Egalitarian Gender Role	Female Gender Role	Marriage Gender Role	Traditional Gender Role	Male Gender Role	GRAS
Number of pregnancies		Median	Median	Median	Median	Median	Median
0 (A_1)	83	33	20	29	22	22	125
1-2 (A_2)	131	32	19	28	20	22	121
3-4 (A_3)	201	33	19	28	20	21	120
5-6 (A_4)	105	32	19	27	20	22	120
7 and more (A_5)	60	32.5	18	26	19.5	21	115.5
		KW=0.153 p=0.985	KW=5.313 p= 0.150	KW= 15.504 **p= 0.001** **Discrepancy: A_1-A_5**	KW= 6.364 p= 0.095	KW=3.501 p=0.321	KW= 7.967 **p=0.047** **Discrepancy: A_1-A_5**
Mother's age of first-time pregnancy		Median	Median	Median	Median	Median	Median
17 years and below (A_1)	72	32	18.5	28	20	22	120
18-20 years (A_2)	206	33	19	27	20	22	119.5
21-23 years (A_3)	110	33	18.5	28.5	20	21	122
24-26 years (A_4)	58	31	19.5	27	20	21	118
27 years and above (A_5)	51	33	18	27	20	20	118
		KW=11.269 **p=0.024** **Discrepancy: A_2-A_4, A_3-A_4**	KW=1.727 p= 0.786	KW= 1.481 p= 0.830	KW= 0.889 p= 0.926	KW=4.813 p=0.307	KW= 1.482 p=0.820
Number of live births		Median	Median	Median	Median	Median	Median
0-1	89	32	19	28	20	22	122
2-3	245	32	19	28	20	22	120
4-5	129	33	19	27	20	21	119
6 and more	34	32	17	26	19	22	117.5
		KW=2.515 p=0.473	KW=6.829 p= 0.078	KW= 7.763 p= 0.051	KW= 0.374 p= 0.946	KW=1.94 p=0.585	KW= 4.455 p=0.216
Number of stillbirths		Median	Median	Median	Median	Median	Median
0	432	33	19	28	20	22	121
1	47	32	18	26	19	20	116
2	12	30	18	28	18	22.5	117.5
3 and more	6	30.5	18.5	23	21	23.5	116
		KW=1.934 p=0.380	KW=0.027 p= 0.987	KW= 2.388 p= 0.303	KW= 1.624 p= 0.444	KW=4.781 p=0.092	KW= 0.481 p=0.786
Number of miscarriages		Median	Median	Median	Median	Median	Median
0	292	32	19	28	20	22	120
1-2	165	33	19	27	20	22	120
3 and more	40	32.5	18.5	27.5	20	21	117
		KW=0.302 p=0.860	KW=0.152 p= 0.927	KW= 2.184 p= 0.335	KW= 1.617 p= 0.446	KW=0.15 p=0.928	KW= 0.952 p=0.621

4. DISCUSSION

This study utilized the "Gender Roles Attitude Scale" developed by Zeyneloğlu and Terzioğlu (2011) to identify Syrian refugee women's social gender roles and attitudes. The participant women were found to have egalitarian gender role attitudes.

Gender role attitudes of the participants were examined in the subscales of egalitarian gender role, female gender role, marriage gender role, traditional gender role, and male gender role. The participants were only found to have traditional attitudes in the subscale of female gender role while having egalitarian attitudes in other subscales.

The subscale of female gender role includes statements of attitude such as "A woman must have sexual intercourse only in marriage", "A women whom a man will marry must be virgin", "Girls should be able to live separately from their families when they gain their economic independence", "A woman should be able to go outside alone at night", "A woman must be examined by a female doctor when she goes to hospital", "A young girl should be allowed by her family to date with somebody", "The final say should be of father when a young girl choose the person she will marry", and "Woman's main duty is motherhood".

One of the factors which affected women's gender role attitudes was found to be their *age groups*. The younger the age groups of women were, the more egalitarian attitudes they had. Similarly, younger women have been reported to have more egalitarian attitudes in the literature (Fazeli et al., 2015). Development of more egalitarian attitudes among younger women can be explained by women's increased participation in social, economic and political activities and the subsequent change in their social status in recent years.

Marital status was found to have an impact on women's gender role attitudes. The single women's gender role attitudes were found to be more egalitarian than the attitudes of married and divorced, widow women. In parallel with the findings of this study, the study performed by Plutzer (1988) found divorced women to be more egalitarian. Unlike these findings, Rice et al. (1995) observed single and married participants to be similar in terms of their gender roles. Fazeli et al. (2015) did not find any relationship between marital status and gender roles.

When examining the participants' median scores of GRAS by *educational level*, it was found that more egalitarian roles were adopted with higher educational level, but the university graduates were observed to adopt more traditional roles. Unlike the findings of this study, it is stated in the literature that individuals who received a higher education have more egalitarian attitudes (Wernet et al., 2005; Kiani et al., 2009; Golmakani et al; 2015).

As for the women's median scores of GRAS by *employment status*, the employed women's gender role attitudes were found to be more egalitarian compared to the unemployed women. In parallel with the findings of this study, it is stated in the literature that women's active participation in working life enables modern gender role attitudes and different life expectations among them, that they accept responsibilities outside housework and participate in working life more actively (Bernhardt & Goldscheider, 2006).

Regarding the mean scores of GRAS by *number of pregnancies*, the participant women were found to have more traditional gender role attitudes with increasing number of pregnancies. It was also seen that the women had more traditional attitudes with increasing number of pregnancies in regard to the marriage gender role of GRAS subscales (Table 5). No significant difference was found between obstetric characteristics such as numbers of live births, stillbirths and miscarriage and GRAS total and subscale scores in this research. Golmakani et al. (2015) found that the women adopted the traditional gender role more with more children. Differently from these findings, Miettien et al. (2011) reported no relationship between gender role attitudes and fertility.

In this research, no significant relationship was found between mother's age of first-time pregnancy and GRAS total scores. As for the GRAS subscales, the women who had their first-time pregnancy at the age of 18-20 years and 27 years and above were found to be more egalitarian compared to the age group of 24-26 years in the subscale of egalitarian gender role (Table 5). Unlike the findings of this research, Henz (2008) and Fazeli et al. (2015) observed the women who had their first-time pregnancies at an earlier age to have more traditional gender role attitudes. Bernhardt and Goldscheider (2006) reported that mother's age of first-time pregnancy was not related to gender

roles. No significant difference was found between obstetric characteristics such as numbers of live births, stillbirths and miscarriage and GRAS total and subscale scores in this research.

5. CONCLUSION AND RECOMMENDATIONS

It was determined in this study that majority of the refugee women were primary school graduates and housewives, had 4 and more pregnancies, and more than half of them had their first-time pregnancy below the age of 20 years. In the research, the Syrian refugee women were found to have egalitarian gender role attitudes, and they only exhibited traditional attitudes in the subscale of female gender role.

The women were found to have more egalitarian attitudes with younger age. Single vs. married women and employed women vs. housewives were observed to adopt more egalitarian roles. While it is expected that higher educational level means more egalitarian roles adopted by women, it was found that the university graduate women adopted traditional gender role attitudes compared to the women at other educational levels. The women who had fewer pregnancies were observed to adopt more egalitarian roles.

It is of importance to identify refugee women's gender roles for empowering them and improving their skills and means of accessing the services. Health policy-makers and healthcare professionals should take precautions against negative effects of healthcare based on gender inequality on refugee women. Studies should also be conducted to include male opinions in identifying the gender role attitudes. Specific activities for employment, education, and vocation should be carried out so that refugee women can develop more egalitarian attitudes. Awareness should be raised to preserve refugee women's health and enable them to utilize more healthcare services. Larger-scale studies should be planned on subjects regarding refugee women.

6. THIS STUDY HAS SOME LIMITATIONS WHICH ARE LISTED BELOW

The study is only limited to Yibo Temporary Refuge Center in Yayladağı district of Hatay province. Hence, it does not reflect the entire country, and research results represent the women aged between age of 14-49 years at the reproductive age who live at the said center.

7. COMPLIANCE WITH ETHICAL STATEMENTS

7.1. Conflict of interest

The authors declare that they have no conflict of interest.

7.2. Ethical Approval

Hatay Provincial Directorate of Disaster and Emergency granted permission to conduct this study. This project is approved by the ethics committee of the Çanakkale Onsekiz Mart University-Graduate School of Social Sciences (Protocol Number: 2018/42).

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