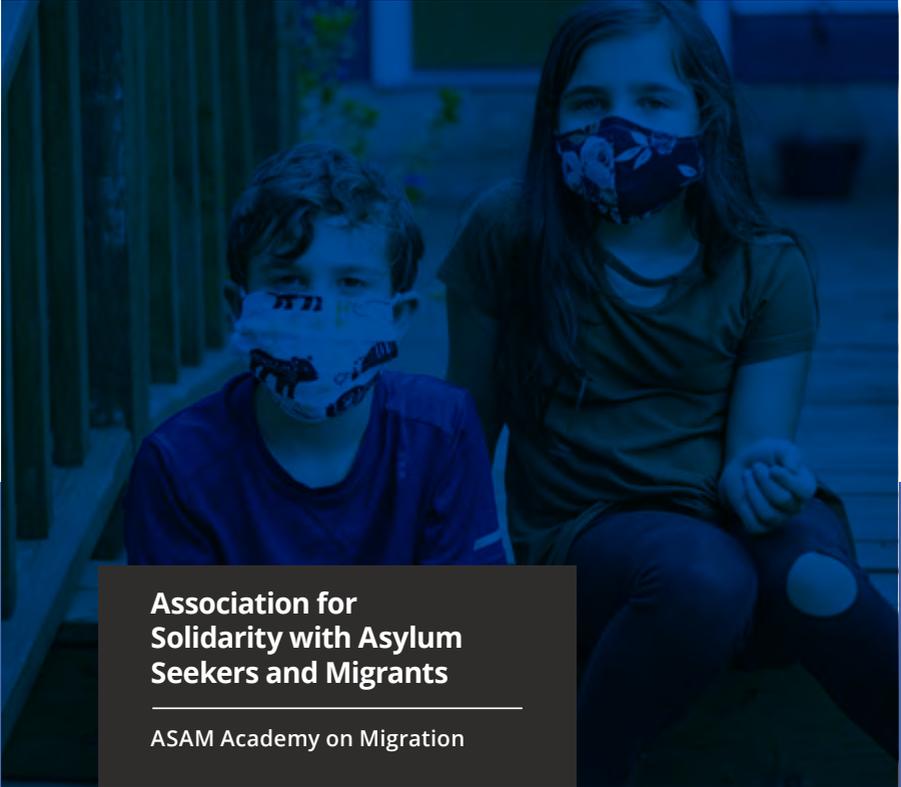


Impacts of the COVID-19 Pandemic on Children under International and Temporary Protection in Turkey



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**Association for
Solidarity with Asylum
Seekers and Migrants**

ASAM Academy on Migration



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ABBREVIATIONS

WHO World Health Organization

EBA Education Information Network

TP Temporary Protection

MONE Ministry of National Education

MEBİM Ministry of National Education Communication Center

SGDD-ASAM Association for Solidarity with Asylum Seekers and Migrants

IP International Protection

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EXECUTIVE SUMMARY

OBJECTIVE OF THE STUDY

By analyzing the impact of the COVID-19 pandemic on families and children under international protection (IP) and temporary protection (TP), this study aims to identify the hardships experienced by refugee children; to contribute to the development of policies prioritizing the needs and conditions of refugee children, to present suggested solutions regarding this issue, and to contribute to alleviating the impacts of the pandemic whose duration and long-term effects are not yet foreseen in terms of lives of the refugee children.

In this study, five main issues composed of livelihoods and basic needs, healthcare, psychosocial well-being, and education are analyzed so that the current situations, needs, chances to access basic needs and the difficulties of children under international protection (IP) and temporary protection (TP) are assessed comprehensively. In this respect, this

research is important and innovative in the sense that it identifies the needs of refugee children, and changing circumstances of families in terms of their difficulties with accessing these needs during the pandemic, along with its involving another art-based research specifically conducted with children.

SURVEY DESIGN

- A survey study was conducted to put forward the effects of the COVID-19 pandemic on families under international protection (IP) and temporary protection (TP) so as to elaborate it from the perspectives of families. The survey was carried out in 49 provinces in Turkey with the participation of 1133 parents.
- 27.2 % of the participants are from the Mediterranean and Aegean Regions, 25.1% of them are from the Marmara Region, 24.2% of them are from Central

Anatolia Region, and 23.1% of them are from the Eastern and Southeastern Anatolia Regions.

- 84% of the participants are Syrian, 9% of them are Afghan, 6% of them are Iraqi, and 1% of the total participants are composed of under nationalities (such as Palestinian and Iranians).
- 50% of the children who participated in the study are male, 49.51% of them are female. 23% of the participant children are between the ages of 0 and 5, 25% of them are between the ages of 6 and 9, 27% of them are between the ages of 10 and 13, and 25% of the participant children are between the ages of 14 and 17.

ART-BASED RESEARCH

- Drawing activities and semi-structured interviews within the framework of art-based research were carried out to shed light on the attitudes and understandings of children and teenagers on the COVID-19 pandemic.
- This study was conducted in 9 provinces composed of Adana, Ankara, Gaziantep, İstanbul, İzmir, Bursa, Kayseri, Mersin, Van.
- 20 female and 20 male children who are between the ages of 7 and 11; 12 and 17 were included in the study. These children are Syrians and they are under temporary protection (TP).

FINDINGS ON THE SOURCES OF LIVELIHOODS AND BASIC NEEDS

- Due to the pandemic, incomes of 71 out of every 100 families reduced while 20 of them totally lost their sources of income.
- The basic needs that the families have struggled to meet most were toys and/or hobby items, child clothing and shoes, hygienic items, food, rent, bills, and medical items respectively.
- 21 out of every 100 families cannot meet their need for hygiene items.
- 50 out of every 100 families cannot purchase clothing and shoes for their children.
- 96 out of every 100 families cannot purchase toys for their children.

FINDINGS ON HEALTH

- 65 out of every 100 children who have health problems requiring taking regular medicines cannot access their medicines regularly.
- From the beginning of the COVID-19 pandemic, 45 out of every 100 children with a health problem who needs to see a doctor, cannot regularly access health services.
- 48 out of every 100 families cannot access healthcare services since they are not able to get an appointment.
- 36 out of every 100 families cannot have access to healthcare services due to the COVID-19 related service cuts while 21 out

of them cannot have access to healthcare services because of the COVID-19 related anxieties which prevent them from going outside.

FINDINGS ON PSYCHOSOCIAL WELL-BEING

- 40 out of every 100 children experience at least one of the emotions of anxiety, sadness, fear, anger, and unwellness.
- 30 out of every 100 children who feel unwellness and anger during the pandemic have difficulty in communicating with their peers.
- 57 out of every 100 children frequently feel anger. This, in turn, not only leads children to perform behaviors such as pushing, hitting, biting but also causes them to fight with their close ones or to be obstinate.
- 42 out of every 100 children frequently feel sadness and unwellness during the pandemic.
- 55 out of every 100 children have eating and appetite problems while 49 of them experience sleeping problems.
- 90 out of every 100 children do not get professional help from a doctor, psychologist, teacher, etc. regarding their psychosocial problems.

COVID-19 PANDEMIC FROM THE PERSPECTIVES OF CHILDREN

- Children's answers to the question "What is COVID-19 and what is it like?" reflect their depictions

of the coronavirus. Under this theme there are sub-themes consisting of " COVID-19 is a virus and harmful disease", "COVID-19 is colored red and green" and "COVID-19 floats in the air".

- The second theme "Subjective meanings of COVID-19" reflects the children's individual attributions and meanings to COVID-19. Under this theme there are sub-themes composed of "COVID-19 means staying away from school", "COVID-19 means sadness and fear", "COVID-19 means disease and death for children", and "COVID-19 means rules and restrictions".
- The third theme "I am stronger than COVID-19" reflects the children's ways of protecting themselves from the pandemic, their will to bring an end to the pandemic, and their hopes for the end of the pandemic. Under this theme there are sub-themes consisting of "I know how to protect myself from COVID-19- mask and hygiene rules", "I would end COVID-19 if I could", and "COVID-19 will come to an end one day".

FINDINGS ON CHILDREN WHO CONTINUE FACE TO FACE EDUCATION

- 30 out of every 100 asylum seeking children cannot continue their education on a regular basis following the pandemic; 48 children are obliged to discontinue their education.

- 82 out of every 100 children cannot access distance education due to lack of communication tools.

FINDINGS ON CHILDREN WHO CONTINUE THEIR EDUCATION WITH DISTANCE EDUCATION

- 90 out of every 100 children access distance education via phone.
- 58 out of every 100 children cannot access distance education on a regular basis.

FINDINGS ON CHILDREN WHO DO NOT CONTINUE THEIR EDUCATION

- 15 out of every 100 children work at an income-generating occupation.
- 15 out of every 100 children cannot attend their education due to COVID-19 related anxiety.
- 15 out of every 100 children cannot continue their education due to health problems.

CONCLUSION AND SUGGESTIONS

- Establishing new cooperations for asylum seeker families' access to sources of livelihoods in addition to the social assistance provided to asylum seeker families to ease their access to basic needs.
- In the light of the hardships and needs that emerged as a result of an exceptional process like the pandemic, reviewing the extant policies and implementations (and regulations, if necessary) on the purpose of supporting refugee children's access to education and their psychosocial well-being.
- Allocating necessary financial resources to systematically observe and assess the changing circumstances by conducting fieldwork in the pilot provinces to be decided depending on the course of the pandemic, and to report it to the relevant stakeholders in the field.
- Creating psychosocial support mechanisms in accordance with COVID-19 precautions that families might need, taking actions so as to alleviate the obstacles in accessing these support mechanisms, and initiating a calling line (support line) with the support of parents and psychological counseling and guidance services in order to ensure the continuity of intercultural interaction, to support social cohesion, to carry out studies towards children's regular attendance at their education.
- Creating various support mechanisms to improve the cooperation between psychological counseling and guidance services and families, organizing awareness-raising activities for families.
- In addition to EBA TV and other educational materials, popularizing public service ads so as to remove the children's obstacles in accessing support mechanisms, and especially organizing awareness-raising activities for children, preparing posters and brochures on this issue, working towards enhancing the cooperation between community leaders, school administrations, headmen and civil society organizations.
- Organizing informative seminars for asylum seeker families about the precautions to be followed by children such as hygiene and other measures as part of face-to-face education within normalization attempts or in case of a change in education format.
- Formation of possible and new cooperations for the creation of

additional financial resources for families and their children, who are in danger of dropping out of their schools due to the pandemic.

- Increasing refugee children's social cohesion and carrying out studies on their social cohesion to enhance their communication with their peers due to the fact that children's communication with their school, teachers, and peers have significantly deteriorated during the pandemic.
- Forming potential and new collaborations for generating additional financial resources for children faced with the danger of having to leave school due to the pandemic and their parents, maintaining and strengthening current policies and cooperation.
- Conducting social adaptation studies to increase the social cohesion of asylum-seeking children after the pandemic and to re-establish peer-to-peer communication due to the negative impact of the communication of children who cannot access distance education with school, teachers and peers.

1. INTRODUCTION

SARS-CoV-2, which emerged first in December 2019 in Wuhan, China, has spread across the world in a short period of time, and on 11 March 2020, World Health Organization (WHO) declared the virus as a “pandemic” . The COVID-19 pandemic has taken hold of the entire world in a short time with its psychological, social and economic impacts, as well as its direct impact on the health of individuals and society, and those impacts still exist.

On 11 March 2020, Ministry of Health declared the first positive case in Turkey and accordingly, certain preventive measures have been introduced upon the statement in question. It is undoubted that asylum seekers are among the groups that have been affected the most by the socioeconomic impacts of the measures introduced and the restrictions imposed on 15 March 2020 in scope of the fight against the pandemic. Asylum seekers are still striving to survive in challenging conditions due to wars, conflicts and humanitarian crises, and they have to face a variety of difficulties in the post-war period.

With the rapid spread of the COVID-19 pandemic, the needs of vulnerable

asylum seeking children have become more pressing. Responding to these needs and developing needs-based solution policies are key to not only maintaining the current well-being of children, but also to ensuring that they fulfill their potential in the future. Protecting the Syrian children in Turkey, which has received the largest number of asylum seekers in the world, against the risk of being members of a lost generation and enabling the asylum seeking children to equally benefit from social, economic, educational, and health opportunities are of the essence both in national and international platforms.

The changes taken place in the operating modalities of healthcare institutions upon the outbreak of the COVID-19 pandemic have resulted in difficulties in accessing healthcare services. It has been observed that there has been an increase in the occupancy rate of hospitals, that scheduling hospital appointments has become more difficult, that the treatments commenced prior to the pandemic, as well as the ongoing treatments, have been discontinued, that the provision of physiotherapy and rehabilitation services has been

interrupted, that the scheduled operations of patients awaiting surgery have been postponed for an indefinite period, that families have been refraining from going to hospitals, and that children's vaccine schedules have been delayed or have expired. Furthermore, families have been experiencing severe financial difficulties as regards covering their rents and utility bills due to losing their jobs. Compliance with the hygiene rules, which is the most important method in preventing transmission of SARS-CoV-2 virus, could not be achieved owing to the insufficient access to hygiene products, and masks/sanitizers could not be acquired.

The continuation of the distance education practice and the imposition of restrictions in respect of children and youth in 0-20 age group as part of the measures introduced upon the outbreak of the COVID-19 pandemic have caused the lack of peer-to-peer communication of children to have direct repercussions in their intra-family relationships. A high number of children and youth have been unable to access distance education. On account of their lack of access to school, they have faced risk factors such as exposure to and witnessing domestic violence, child labor, and being forced into early marriage. Asylum-seeking children with specific needs, who suffer from developmental

disorders such as autism and Down syndrome, have experienced hardships in their access to structured education and healthcare services. The problems faced by asylum seeking children with chronic diseases in their access to healthcare services have rendered them more vulnerable in the face of the COVID-19 pandemic. Also, difficulties experienced in accessing mechanisms related to healthcare, education, law, social assistance and psychological support have resulted in the risk of the barriers encountered by children being exacerbated and permanent.

With the measures put in place, formal education was first suspended for a certain period of time on the ground that it would trigger the spread of the virus among students; however, due to the increase in the number of positive cases, it was later decreed that the practice of face-to-face formal education would be suspended and that distance (online) education practice would be adopted. First, a three-week break (as from 16 March 2020) in all educational institutions was introduced, and then, education in primary and secondary schools resumed via distance education as from the second week of the said break. Higher education institutions, as well, resumed their educational practices via distance education. Although the distance education model has been recognized by Ministry of National Education (MoNE)

¹See WHO. Virtual Conference on COVID-19. 11 March 2020. https://www.who.int/docs/default-source/coronavirus/transcripts/who-audio-emergencies-coronavirus-press-conference-full-and-final-11mar2020.pdf?sfvrsn=cb432bb3_2 (Accessed on 28.09.2020).

in Turkey, the national education system mainly relies on face-to-face education. Education Information Network (EBA) distance education system is operational under MoNE which governs primary and secondary education institutions. Upon the outbreak of the COVID-19 pandemic, the distance education system was put into practice by MoNE in an expeditious manner. Following the one-week break from education, distance education practice was initiated and this system has been implemented throughout the spring semester.

The quarantine process and the necessity to maintain social distance due to the COVID-19 pandemic have had impacts in the education field, as they did in all other fields, and have rendered necessary the use of distance education tools. In this process, devices and digital tools that started to be utilized with the imperative digitalization in the education field have now become educational tools. For students, digital platforms have become environments where both education and interaction take place. From this standpoint, it could be foreseen that the use of distance education tools and digital platforms will become permanent even if the pandemic ends in the forthcoming period or prevails in the long run.

Migration journey, a new culture, and the process of adaptation to life practices inherent in this culture are of significant importance in terms of

asylum seeking children's physical and mental health, as well as their psychosocial well-being. Coupled with life-threatening conditions such as pandemics, effects of periodical difficulties and developmental crises experienced during the adaptation process could potentially have more destructive impacts on asylum seeking children. Despite the fact that children are among the most affected groups in post-crisis settings, such as migration, natural disasters, and pandemics, this impact is often overlooked. Contrary to the initial findings suggesting that the direct impacts of the COVID-19 pandemic will not cause any health damage to children unlike the case with adults, the number of child patients has been on the rise at an alarming rate. Also, the negative impact of the pandemic on children's mental and developmental well-being is gradually becoming more severe. The indirect impacts resulting from the measures taken against the COVID-19 pandemic and from the socioeconomic practices have had a negative impact on children's well-being to a considerable degree. While the impacts of the pandemic on children of the host community members have also been dire, its impact on displaced children, who are among the most vulnerable groups, has been undisputedly graver and more challenging.

2. ABOUT THE RESEARCH

2.1 Purpose of the Research

This research aims to analyze the impact of the COVID-19 pandemic on families and children under TP and IP in Turkey and to identify the challenges faced by asylum seeking children benefiting from child protection services. In the research, five main topics, namely means of livelihoods, basic needs, health, psychological

Efforts have been made so that the study is structured in such a way that allows a two-way analysis: pre-pandemic and post-pandemic. The fact that the period defined as “post-pandemic” is considered to be the current process since the COVID-19 pandemic has still not come to an end is an indication that the survey results

well-being, and education, have been addressed. Accordingly, based on these four main topics, children’s current situation, needs, their access to needs, and access-related challenges they experienced within the one-year period since the onset of the pandemic are assessed in a holistic manner.

are still valid in the current situation and that it is an ongoing process. In this connection, the report aims to be beneficial in developing policies in the field of migration, putting forth solutions, and mitigating or transforming the long-term impacts of the pandemic in the ongoing process.

2.2 Method of the Research

In line with the purposes of the research, qualitative and quantitative research methods have been

employed in this study. Data has been obtained through two separate means. While a survey has been conducted

with parents via phone calls, an artistic painting study has been carried out with children. This section covers the research methods employed in relation to parents and children.

2.2.1 The Survey Conducted with Parents

The survey conducted qualifies as a descriptive cross-sectional research and is compatible with survey research type, a quantitative research method. The situations of children have been applied as a cross-sectional study with parents.

Database has been screened for migration-related studies conducted during the COVID-19 pandemic, and a set of assumptions have been formed.

- It is assumed that the sample of the research represents the entirety of the beneficiaries receiving services from ASAM centers and that individuals included in the sample have sincerely responded to the questions.
- It is assumed that when conducting the research, the model has been structured and research methods have been applied correctly.
- It is assumed that respondents have answered the survey questions candidly.
- It is assumed that respondents have understood the questions correctly.

The statistical universe of this cross-sectional research consists of adults,

namely next-of-kin, who are responsible for the care of children under TP and IP and have been beneficiaries of ASAM during the period between 2019 and 2021 (183.218 individuals). The sample group consists of 1.133 parents randomly selected from among these families by considering the regional, gender, and age group representation of children who are research subjects (Chart 1). In the power analysis conducted in relation to the selection of sample groups and the sample size, the sample size has been determined to be at least 256 individuals, and a higher size has been decided on with a view to consolidating the reliability of the research.

Given the presence of large asylum seeker populations in the regions and the number of ASAM offices offering services, the Eastern Anatolia Region has been combined with the Southeastern Anatolia Region, the Mediterranean Region with the Aegean Region, and the Central Anatolia Region with the Black Sea Region; and thus, the research has been designed on the basis of 4 regions, namely Southeastern and Eastern Anatolia, Mediterranean and Aegean, Central Anatolia and Black Sea, and lastly Marmara.

Chart 1. Age and Gender Breakdown of Children by Regions

| Region | Girls | Boys | 0-5 age group | 6-9 age group | 10-13 age group | 14-17 age group | Grand Total |
|--------------------|------------|------------|---------------|---------------|-----------------|-----------------|-------------|
| Aegean | 152 | 157 | 78 | 84 | 78 | 69 | 309 |
| Southeastern | 130 | 133 | 59 | 72 | 71 | 61 | 263 |
| Central Anatolia | 145 | 130 | 68 | 55 | 77 | 75 | 275 |
| Marmara | 134 | 152 | 62 | 69 | 78 | 77 | 286 |
| Grand Total | 561 | 572 | 267 | 280 | 304 | 282 | 1133 |

A questionnaire has been developed to put forth the impact of the COVID-19 pandemic on asylum seeking children from the perspective of parents. The said questionnaire has been drawn up by teams of experts in the field of child protection, including child protection officers, psychologists and health educators from ASAM, based on their opinions and observations about the major problems that asylum seeking children have encountered during the COVID-19 pandemic period in relation to health, education, psychosocial well-being, means of livelihood and basic needs. Prior to the finalization of Turkish interview form, relevant experts have been contacted and various arrangements have been made in the form. Before proceeding with the main survey study, a pilot practice concerning the survey questions has been conducted. Thus, it has been concluded that the interview form is 'functional', and survey forms have been finalized accordingly.

The questionnaire consists of four main sections: demographic information, means of livelihood and basic needs, health, psychosocial well-being and needs, and education. In the survey, Likert scale questions have been used to be able to obtain in-depth information from the respondents.

The survey has been conducted with 1.133 parents in a total of 49 provinces. Owing to the high illiteracy rate among the respondents and the COVID-19 pandemic, it has been decided that conducting the survey via phone calls with respondents in their respective mother tongues would be more facilitative and appropriate in methodological sense. Therefore, the relevant families have been called via phone during the period between 1-19 April 2021, and the questionnaires have been filled out on computer with the assistance of interpreters. The survey forms have been transmitted online through the survey implementation interface and

the forms have thus been digitalized. The survey has been conducted via the calls made by interpreters.

The surveys have been conducted over the phone and have lasted for about 20 to 30 minutes. The phone calls have been made in the following conditions:

- Participation in the study has been on a voluntary basis.
- Verbal consent of the respondents has been obtained before commencing the survey.
- The consent form has been read out in the respondents' respective mother tongues; and the content, duration and purpose of the survey have been explained to each respondent.
- When obtaining their consent, the respondents have been informed that information to be obtained will be used solely for the purposes of the study, that it will not be used for any other purpose, that their names will not be disclosed under any circumstances, and that their identity rights will be observed.

Upon the completion of the survey, the data obtained have been categorized, evaluated, and put into charts. The results have been interpreted and presented in a report.

The topic of the research has been determined to be "Impact of the COVID-19 Pandemic on Children under International and Temporary Protection in Turkey", and the scope of the survey has been confined

to asylum seeking families. Given the limitations of the research, the survey reveals the needs and opinions of the asylum seekers benefiting from the services offered by ASAM. Moreover, as the study has been conducted through a survey via phone calls, factors such as observation of respondent behavior, effective use of time, and face-to-face communication and interaction have not been included in the analysis. In the survey, interpreter assistance has been sought out of necessity due to the language barrier; but still, it is not possible to mention that the existing language barrier has been fully eliminated. Difficulties have been experienced on certain occasions due to the fact that the research has been conducted through phone calls and that some households were overcrowded.

2.2.2 The Art-Based Study Conducted with Children

With a view to shedding light on children's feelings and thought in regards to how they perceive the COVID-19 pandemic, a study based on drawing activity and narrative technique has been conducted with children within the framework of an art-based research approach, one of the qualitative research methods.

Drawing pictures, which is a form of self-expression for children, is an effective method whereby they manifest themselves, their basic emotional states, and the environment that they live in. An art-based approach

has been adopted in that it is a method facilitating children's perception of their environment and that it enables children to create and interpret. The art-based approach has been chosen on the ground that manifesting one's perceptions by drawing pictures is an ideal and reflective approach in terms of unraveling a child's inner world, especially for pre-school and primary school age children.

With the aim of enabling school-aged children and youth to better express their feelings and thoughts in regards to how they perceive the COVID-19 pandemic by way of drawing pictures, the study has been conducted with 20 girls and 20 boys in the 7-11 and 12-17 age groups through drawing activities and semi-structured interviews.

This study has been conducted between the dates of 8-13 April 2021 in 9 provinces (Ankara, Adana, Istanbul, İzmir, Gaziantep, Bursa, Mersin, Kayseri, and Van) by psychologists and expert staff from ASAM in compliance with the hygiene and social distancing rules.

In the study, while a demographic information form has been used to acquire children's demographic information, a semi-structured interview form has been used to obtain in-depth information about how children perceive the COVID-19 pandemic via the drawing and

narrative method. The form has included 8 open-ended questions. The content, scope and relevance of these questions have been reviewed by ASAM psychologists.

The data collection has taken place in three stages: having a conversation about the COVID-19 pandemic, having children draw pictures, and performing semi-structured interviews regarding the pictures drawn.

First, the parents have been informed about the study, and appointments have been scheduled with those who have given consent for their child to participate in the study. Before performing the interviews with children, the consent form has been read out to their parents, their consent has been obtained, and then the questions in the demographic information form have been filled out with the information received from the parents. After the required information was obtained through these questions, individual interviews with children have been started. Participation in the research has been on a voluntary basis. All interviews have taken place in full compliance with the hygiene and social distancing rules.

During these interviews, the questions in the semi-structured interview forms have been asked so as to obtain in-depth information on how children perceive the COVID-19 pandemic. In the research, as the children

would be asked to draw a picture in a particular context, a conversation has been struck up about COVID-19 by asking them “What is COVID-19?” as a reminder of the topic. After concluding the conversation, the questions “What is COVID-19? Can you draw me a picture of it, please?” have been directed to the children, and then they have been provided with A4 drawing papers and crayons and asked to draw a picture symbolizing COVID-19.

After the children completed drawing pictures, semi-structured interviews have been conducted individually in relation to their pictures for the purpose of better understanding their feelings and thoughts that they reflected in the pictures. When examining the children’s pictures, the other questions in the semi-structured form have been asked to the children; however, as an inherent part of semi-structured interviews, some additional questions, including “Who are in the picture?”, “What are they doing?”, “How are they behaving?”, “What are they saying?”, had to be asked as well to obtain further in-depth information during certain interviews. After asking all of the questions, the interviews have been concluded. The researchers have first noted down the children’s narratives on a paper, and then, each of these narratives has been written with a pencil on the backside of the relevant child’s picture so as to avoid any confusion in later stages.

Content analysis of the data collected

from the narratives, which provide a better insight into the children’s pictures and allow the collection of multifaceted information, has been performed with QDA

3. FINDINGS

3.1 REGIONAL AND PROVINCIAL DISTRIBUTION

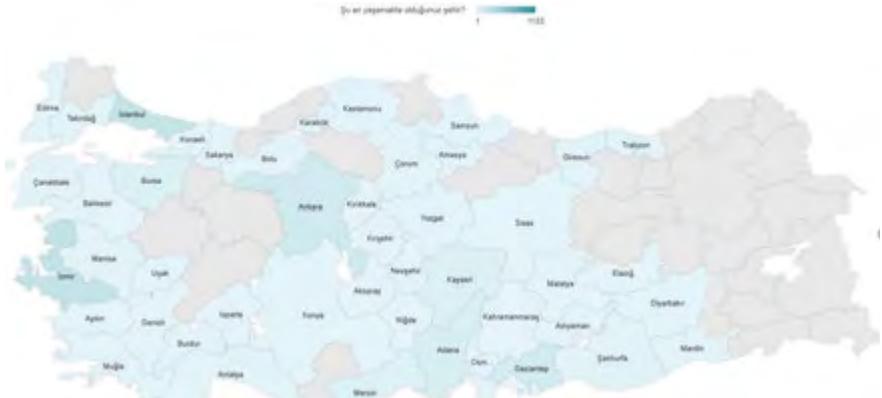
The research has been applied to 1133 parents who got service from SGDD-ASAM and it is conducted in 49 provinces.

The cities that has the highest participation rate are

1. İzmir (230 person),
2. İstanbul (220 person),
3. Ankara (154 person),
4. Gaziantep (124 person),
5. Adana (86 person)

The cities included in the research according to their weighted distribution are as follows (Figure 1). Of those participating in the research, 27.2% are from the Mediterranean and Aegean Region, 25.1% from the Marmara Region, 24.2% from the Central Anatolia Region, and 23.1% from the Southeast and East Anatolia Region

Figure 1. Provincial Distribution Of The Participants (Map Of Turkey)



3.2 DEMOGRAPHIC INFORMATION OF PARENTS

The demographic characteristics of 1133 parents participating in the research are analyzed in terms of gender, age, education level and nationality.

55% of the parents who answered the questions are male (621 person), 45% (512 person) are female (Figure 3).

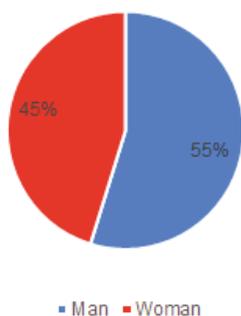


Figure 2. Parents' Gender Distribution

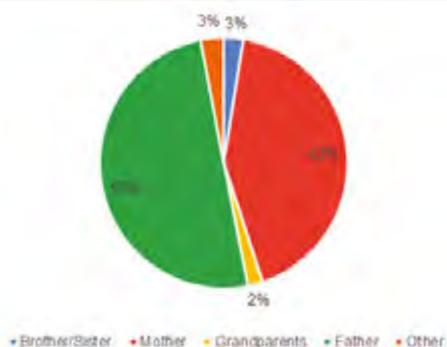


Figure 3. Caregivers' degree

Of the parents, respectively, 75% (854 person) are in the 25-44 age range, 20% (217 person) are in the 45-65 age range, 4% are in the 18-24 age range (50 person), and 1% (12 person) are 65 years old and above (Figure 4).

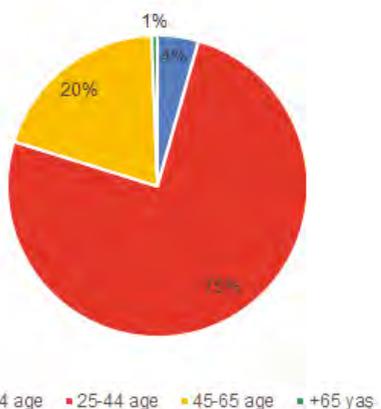


Figure 4. Parents' Age Distribution

Parents participating in the research are respectively 84% (954 person) from Syria, 9% from Afghanistan (105 person), 6% from Iraq (64 person). 1% of them are from other nationalities (such as Palestine) (Figure 5).

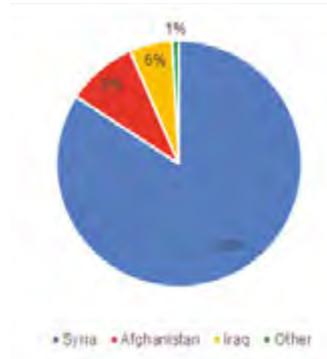


Figure 5. National Distribution of Parents

39% of the parents participating in the study (447 person) are primary school graduates, 23% (266 person) are secondary school graduates, 12% (133 person) are high school graduates and 4% (48 person) are university graduates. Approximately 14% of the participants (153 person) are illiterate, while 8% (86 person) are literate (Figure 6).

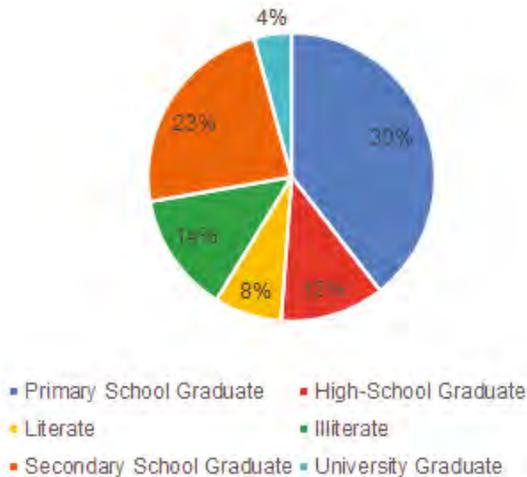


Figure 6. Parents' Education Background

87% (991 person) of the parents participating in the study are married, 13% (142 person) are single (Figure 7).

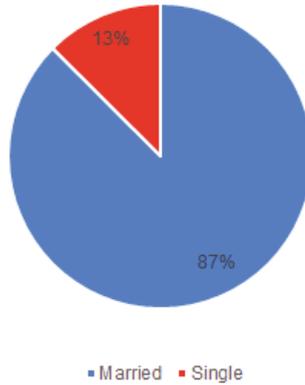


Figure 7. Distribution of Parents' Marital Status

When the number of children cared by the research participants are analysed; it is observed that 38.5% (436 person) care for 5 and above children; 22.2% (251 person) care for 4 children;; 21.8% of them care for 3 children (247 person); 12.9% of them care for 2 children (146 person). Only 4.7% of the participants (48 person) care for 1 child (Figure 8).

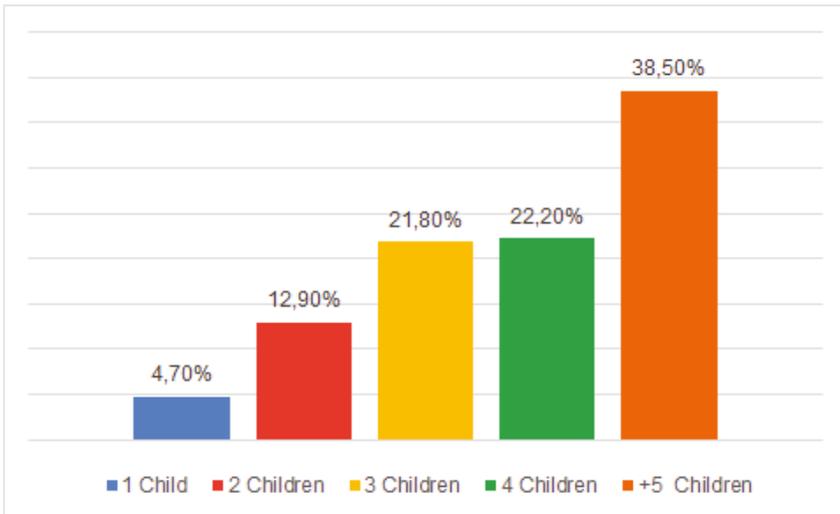


Figure 8. Distribution of the Number of Children Cared for by Parents

3.3 DEMOGRAPHIC INFORMATION OF CHILDREN

The demographic characteristics of the children who are subjects of the study were examined in terms of gender and age.

50.5% (572 person) of the children included in the study are boys, 49.5% (561 person) are girls (Figure 9).

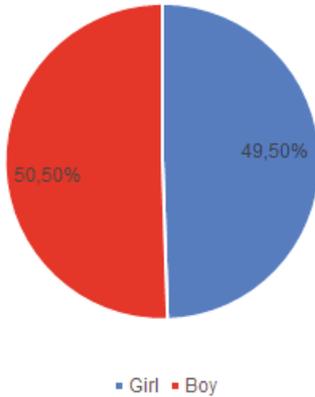


Figure 9. Gender Distribution of Children

The demographic characteristics of the children who are subjects of the study were examined in terms of gender and age.

50.5% (572 person) of the children included in the study are boys, 49.5% (561 person) are girls (Figure 10).

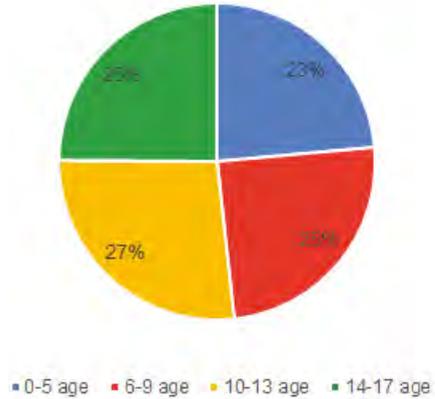


Figure 10. Children's Age Distribution

3.4 LIVELIHOODS AND BASIC NEEDS

In the aftermath of the COVID-19 pandemic, 3 questions were asked to parents in order to identify the problems of livelihoods and access to basic needs of refugee families

First, in order to determine the income

sources of families, the question “How do you make a living?” has been asked. In light of the multiple responses given, it is observed that 81.82% of the respondents (927 person) borrowed money for their living, 74.14% (840 person)

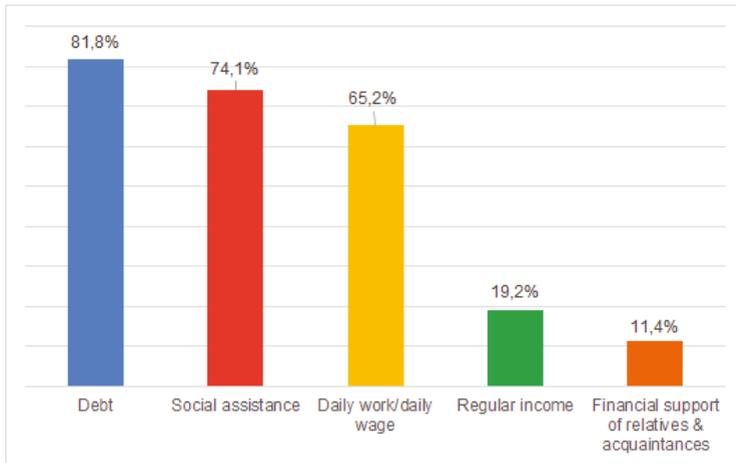


Figure 11. Livelihood Distribution

received social assistance such as state, NGO or municipal aid, 65.23% (789 person). On the other hand, it has been revealed that they earn their living from daily work. While 19.15% of the participants (217 person) stated that they had regular income, 11.39% (129 person) stated that they received the support of their close environment (Figure 11).

“How has the COVID-19 pandemic affected your family’s income?” “Do you have regular access to your basic needs

since the beginning of COVID-19?” The question has been posed

71.8% (814 people) of the participants of the survey stated that their income decreased; 20.6% of them (233 people) stated that their income was completely cut off. Only 7.4% of the participants (84 people) stated that there was no change in their income, while 0.2% (2 people) stated that their income increased (Figure 12).

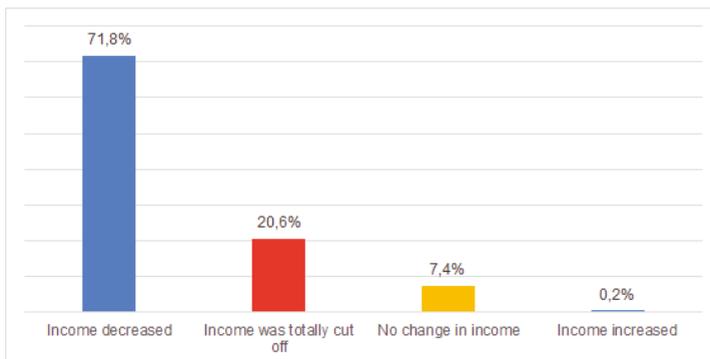


Figure 12. The Impact of COVID-19 on Income

The basic needs that families have the most difficulty in meeting are toys and / or hobby materials of children (96.21%), children's need for clothes and shoes (95.50%), family's need for

hygiene supplies (82.54%), and the family's need for food (81.13%), rents and bills (78.92%) and medical supplies (54.76%) (Figure 13).

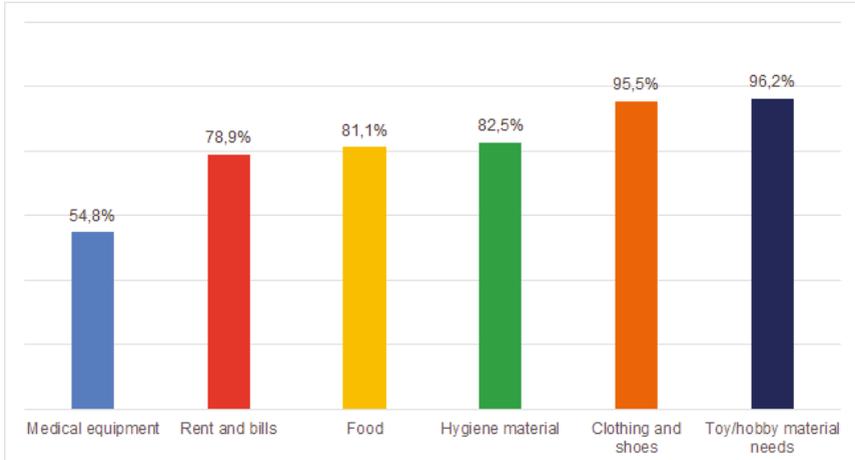


Figure 13. The Distribution of Unmet Basic Needs

Analyzing the responses to access to basic needs, these numbers are observed in terms of access to basic needs:(Figure 14):

- 77.5% (878 people) could not meet the toy / hobby material needs of their children in any way, the remaining 18.8% (213 people) could not meet these needs regularly (Figure 15)
- 50.8% (575 people) could not meet the clothing and shoes needs of their children in any way, and the remaining 44.8% (508 people) could not meet these needs regularly (Figure 16),
- 70.2% of them (795 people) could not meet their food needs regularly, 11% of them (125 people) could not meet these needs in any way,
- 65% of them (737 people) could not meet expenses such as invoices and rent regularly, 13.9% (158 people) could not afford it in any way,
- 69.5% of them (788 people) could not meet their hygiene material needs regularly; 13.1% of them (128 people) could not afford it in any way,
- 28.2% of them (319 people) could not meet the medical equipment

needs of their children in any way; and it was revealed that 26.7% (302

people) could not meet regularly.

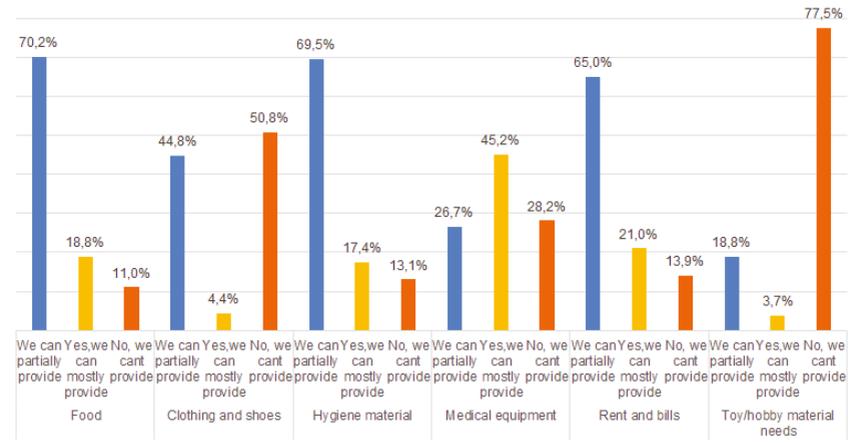
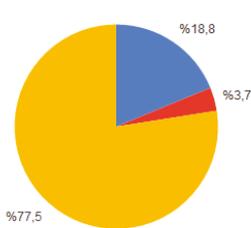
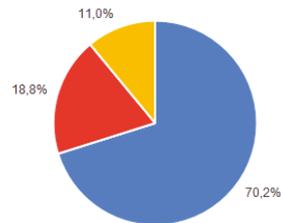


Figure 14. Access to Basic Needs



■ We can partially provide ■ Yes, we can mostly provide ■ No, we cant provide

Figure 15. Access to Toy and / or Hobby Equipment



■ We can partially provide ■ Yes, we can mostly provide ■ No, we cant provide

Figure 16. Distribution of Children's Access to Clothing Materials

3.5 HEALTH

In order to identify the access of asylum seeking children to health services and the problems encountered regarding these services during the year following the onset of the COVID-19 pandemic, children's families have been asked health related questions.

To assess the access to health services and medication by asylum seeking children who need to receive regular treatment and/or use medication, parents have been asked, "Have you been able to access this treatment and/or services on a regular basis during COVID-19?"

In light of the findings, 35% of 223 children with an illness/disorder that requires use of regular medication has been able to access medication during the year following the onset of the COVID-19 pandemic, 30% has been unable to access

medication, and 35% has been unable to access medication on a regular basis (Figure 17) (Figure 18)..

To assess the health needs of asylum seeking children, parents have been asked, "Has there been any condition requiring your child to benefit from the health services during the year following the onset of the COVID-19 pandemic?" While 61% (691 persons) of the asylum seeking parents responding to the question indicated that there has been no condition requiring their child to benefit from health services, 39% (442 persons) conveyed that there has been a condition requiring their child to benefit from health services (Figure 19).

To identify the access of asylum seeking children to health services during the year following the onset of the COVID-19

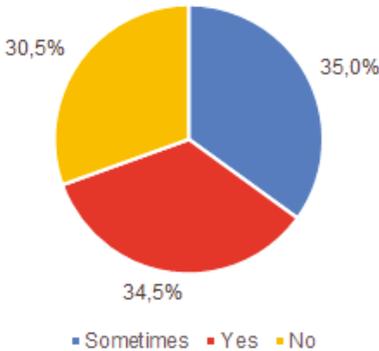


Figure 17. Distribution of Access to Medication on a Regular Basis

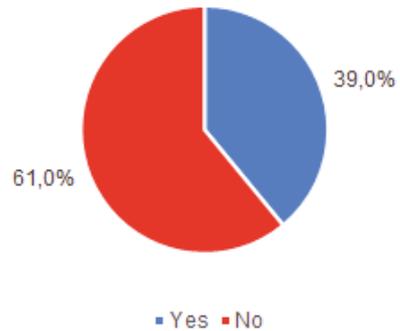


Figure 18. Distribution of Conditions Requiring Benefiting from Health Services

pandemic, the question of “How often have you been able to access health services during this period?” has been asked. It has been found that from the 442 persons having a child with a health condition that requires them to go to the doctor since the onset of the COVID-19 pandemic, 45% (196 persons) have

been unable to access these services on a regular basis. While 82% (161 persons) of those unable to regularly access services conveyed that they have partial access, 18% (35 persons) indicated that they are able to access services (Figure 19).

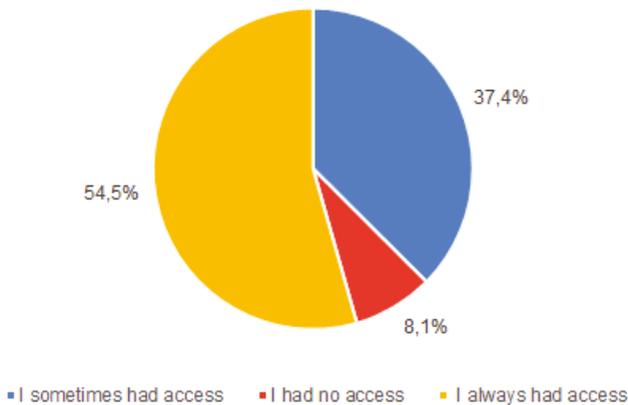


Figure 19. Distribution of Access to Health Services

To identify the reasons behind why asylum seeking children could not access health services during the COVID-19 pandemic, parents have been asked, “What are the reasons for your child not being able to benefit from health services during COVID-19?”

Of the 207 persons trying to access health institutions and organizations for their child during the COVID-19 period, 48.8% (101 persons) indicated not being able to schedule an appointment, 37.7% (78 persons) indicated the problem of transportation, 37.2% (77

persons) indicated the language problem, 37.2% (77 persons) indicated the inability to meet hospital costs, 36.7% (76 persons) indicated the disruption in services due to COVID-19, and 21.7% (45 persons) indicated not leaving home because of COVID-19 concerns as the reasons for not being able to access services. Only 12.1% (25 persons) have been unable to access services due to missing documents, and 9.2% (19 persons) due to not having general health insurance (Figure 20).

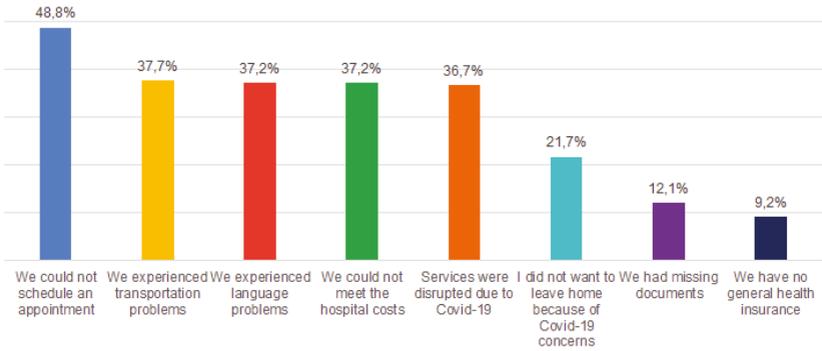


Figure 20. Reasons for Being Unable to Benefit from Health Services during COVID-19

3.6 PSYCHOSOCIAL WELLBEING

3.6.1 Children's Psychosocial Wellbeing through their Parent's Eyes

This section includes findings and assessments to determine the psychosocial wellbeing of asylum seeking children during the year following the onset of the COVID-19 pandemic, to identify their needs related to their psychosocial wellbeing, and to identify the application condition of parents to relevant institutions and organizations in order to request assistance in accordance with these needs.

Questions aimed at the holistic assessment of psychosocial wellbeing has four dimensions. These are;

- **Emotional dimension**, aiming to assess the children's basic emotional state,
- **Cognitive and behavioral dimension**, aiming to identify the mental and behavioral state of children,

- **Behavioral and relational dimension**, aiming to assess the relationships of children with their family members and peers,
- **Psychosocial support dimension**, aiming to shed light on children's access to psychosocial support and in which areas they require psychosocial support.

3.6.1.1 Emotional Dimension

To determine how often asylum seeking children experience emotional problems during the COVID-19 period, parents have been asked to assess the overall state of their children during the year following the onset of COVID-19. Respondents have assessed how often their children experience emotions such as;

- **anxiety**,
- **sadness**,
- **anger**,

- **fear,**
- **unwellness**

To determine how often asylum seeking children, experience anxiety, sorrow, fear, anger and unwellness during the COVID-19 pandemic, parents have been asked, “How often did you experience these emotions during this period?”

Results of the study show that 70.43% of

children have experienced frequently or sometimes at least one of the emotions of anxiety, sadness, fear, and unwellness during the year following the onset of the pandemic.

Respondents indicated that their children have experienced at least one of the following emotions, where 44.7% (506 persons) indicated anxiety, 52.6% (596 persons) indicated sorrow, 41% (465

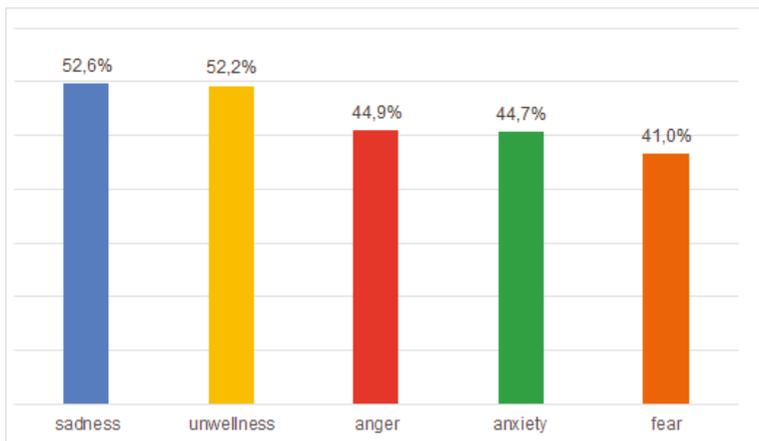


Figure 21. Emotional Dimension (respondents of frequently & sometimes)

persons) indicated fear, 44.9% (509 persons) indicated anger, and 52.2% (591 persons) indicated unwellness (Figure 21).

33.5% (379 persons) of the parents stated that their children have frequently experienced at least one of the emotions of anxiety, sadness, fear, anger and unwellness during the year following the onset of the pandemic. 33.45% indicated that their children experienced all of the emotions of anxiety, sadness, fear, anger and unwellness frequently during the year following the onset of

the pandemic.

Results of the study show that during the year following the onset of the pandemic, asylum seeking children have experienced sadness and unwellness more compared to the other emotions, with 52.6% (598 persons) experiencing sadness and 52.2% (591 persons) experiencing unwellness (Figure 23). These results reveal that 44.9% (509 persons) of the children mostly experience anger and therefore, anger comes in first place among the other emotions.

3.6.1.2 Cognitive and Behavioral Dimension

To determine how often asylum seeking children experience cognitive and behavioral problems during the COVID-19 period, respondents have been asked to assess the overall state of their children in terms of various problems during the year following the onset of COVID-19. Respondents have assessed how often their children experience problems such as;

- Nutrition related concerns,
- Sleeping problems,
- Focus and concentration problems,
- Amnesia and memory problems,
- Stomach aches or headaches for no reason.

Results of the study show that 62% (702 persons) of the respondents conveyed that their children have experienced frequently or sometimes at least one of

the cognitive and behavioral problems during the year following the onset of the pandemic (Figure 24).

Respondents indicated that their children have experienced at least one of the following problems, where 38.1% (432 persons) indicated nutrition and appetite, 30.1% (341 persons) indicated sleep, 28.1% (318 persons) indicated stomach ache or headache for no reason, 27% (306 persons) indicated focus and concentration, 23.6% (267 persons) indicated anxiety and memory.

26.3% (298 persons) of the respondents stated that their children have frequently experienced at least one of the cognitive and behavioral problems during the year following the onset of the pandemic.

Results of the study reveal that during the year following the onset of the pandemic, children have experienced nutrition and appetite problems (432 persons) more compared to the other cognitive and behavioral problems.

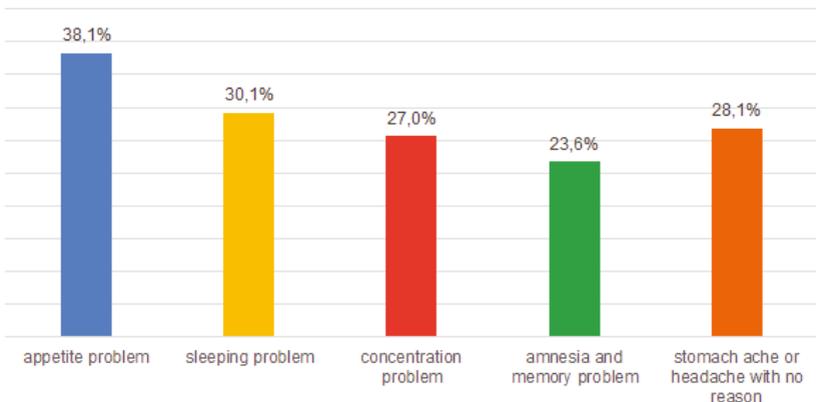


Figure 22. Distribution of Cognitive and Behavioral Conditions (respondents of frequently & sometimes)

3.6.1.3 Behavioral and Relational Dimension

To determine how often asylum seeking children, experience cognitive and relational problems during the COVID-19 period, respondents have been asked to assess the overall state of their children in 5 problem areas. Respondents have assessed how often their children experience problems such as;

- Undesired behavioral problems like pushing, hitting, biting,
- Fighting and arguing with siblings and peers,
- Disobeying the rules of their parents, objecting, obstinacy
- Unwillingness to communicate with peers and family members,
- Low energy and unwillingness in playing with peers.

Results of the study show that 52.6% (596 persons) of the respondents conveyed that their children have experienced

frequently or sometimes at least one of the behavioral and relational problems during the year following the onset of the pandemic.

Respondents indicated that their children have experienced at least one of the following problems, where 22.2% (251 persons) indicated undesired behavioral problems like pushing, hitting, biting, 38% (430 persons) indicated fighting and arguing with siblings and peers, 27.6% (312 persons) indicated disobeying the rules of parents, objecting, obstinacy, 19.7% (223 persons) indicated unwillingness to communicate with peers and family members, and 22.6% (256 persons) indicated low energy and unwillingness in playing with peers (Figure 25).

18.1% (205 persons) of the respondents stated that their children have frequently experienced at least one of the behavioral and relational problems during the year following the onset of

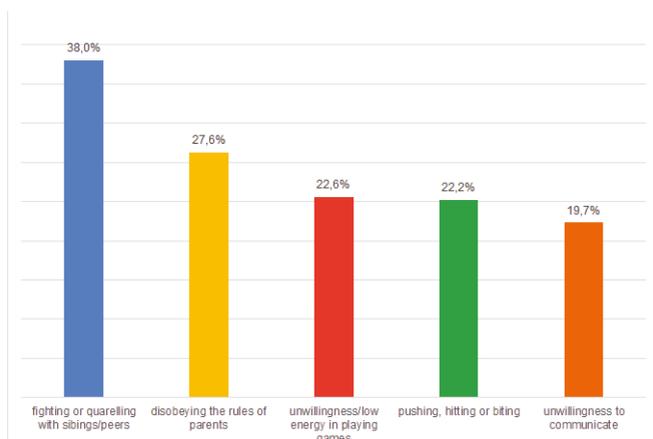


Figure 23. Distribution of Behavioral and Relational Conditions

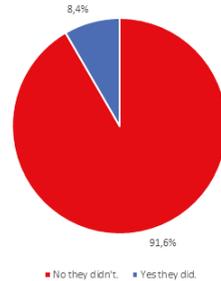
the pandemic.

3.4.2.1 Results of the study reveal that during the year following the onset of the pandemic, children have experienced problems like fighting and arguing with siblings and peers 38% (430 persons) more compared to the other behavioral and relational problems.

3.6.1.4 Psychosocial Support Dimension

To identify psychosocial support needs and access to psychosocial support for meeting these needs against the emotional, behavioral, cognitive and relational problems experienced by children during the year following the onset of the

Figure 24. Distribution of Receiving Psychosocial Support



To identify the areas in which asylum seeking children require support during the COVID-19 pandemic, parents have been asked to assess the psychosocial needs of their children in the second question.

32.2% (365 persons) conveyed that their children require support in various areas. 29% (303 persons) of the parents, who were unable to access psychosocial

COVID-19 pandemic, respondents have been asked two questions.

To identify the children's state of receiving psychosocial support during the COVID-19 period, first, they have been asked, "Since the onset of the COVID-19 pandemic until now, has your child received support from an expert such as a doctor, psychologist or teacher related to the problems that I have just read out to you?"

91.6% of the parents indicated that their children have not received any support concerning their emotional, cognitive and/or behavioral problems during the year following the onset of COVID-19 (Figure 24)

support, indicated that their child needs to be supported in at least one area.

Of the parents participating in the study,

- 23.6% (268 persons) indicated developing mechanisms to cope with the emotions of anger, fear and anxiety,
- 16.2% (184 persons) indicated

strengthening of relationships between peers and family members,

- 15.3% (174 persons) indicated improving attention/concentration,
- 14.3% (163 persons) indicated following the rules in and outside the household,
- 12.8% (146 persons) indicated

reducing behaviors of children like biting, pushing and hitting,

- 12.5% (142 persons) indicated raising the knowledge and awareness of their children with regard to COVID-19 as areas in which their children must be supported (Figure 25).

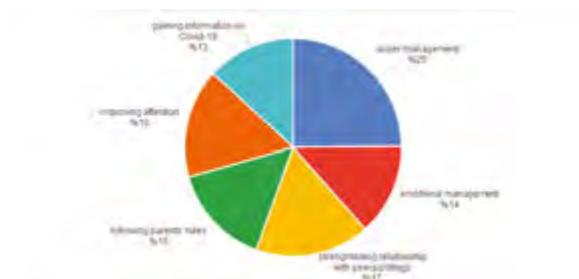


Figure 25. Distribution of Psychosocial Support Requirement

3.6.2.COVID-19 Pandemic Through the Eyes of Children

Data obtained from the semi-structured interviews conducted with children have been analyzed through the MAXQDA data analysis software program. As a result of the analysis, 3 main themes and

10 sub themes have been discovered regarding the asylum seeking children’s comprehension of the COVID-19 pandemic (Figure 26). These sub themes are presented together with the children’s quotations.

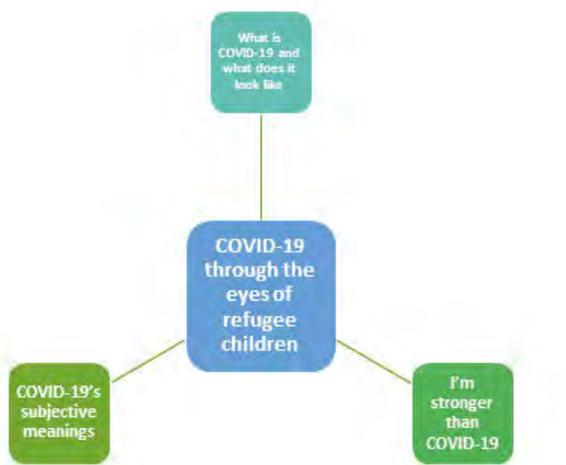


Figure 26. Three Main Themes Obtained from Semi-Structured Interviews

3.6.2.1 What is COVID-19 and what does it look like?

The first theme reflects children's conceptualization of the COVID-19 pandemic. Their answers show that COVID-19, through the eyes of children, is symbolized as a deadly and contagious disease and as small red and green viruses floating in the air.

- **COVID-19 is a virus and a harmful disease.**

In discussions held over various pictures and in answer to the questions of "Many people are talking about COVID nowadays. Newspapers, television are publishing stories and many people are sharing information about COVID. Have you ever heard of COVID?", "Well, please explain to me COVID, what do you think COVID is?" Most of the children participating in the study have defined it as a harmful, deadly and a highly contagious virus and disease.

- *"COVID-19 is a severe disease. It takes time for people catching the disease to recover. Some never recover at all." (Adana, Male, 11 years old)*
- *"COVID-19 is a very harmful disease. There is a high chance that we can die even when we get sick." (Mersin, Male, 11 years old)*
- *"COVID-19 is a disease and everyone is passing it on to each other. Many people lost their relatives because of this." (Van, Female, 15 years old)*

- **COVID-19 is green and red.**

During the interviews, children have been asked to draw the reflections and connotations in their minds of COVID-19. When asking them to describe their drawings, most children have explained that the green and red round figures in their drawings are the SARS-CoV-2 virus. When examining the pictures children drew, it could be seen that most of them depicted COVID-19 as green and red figures, although they did not indicate the color of the virus during the interviews. Examples of the symbolizations of COVID-19 could be seen in Picture 1 and Picture 2.

- *"For instance, corona is sometimes green, sometimes red." (Gaziantep, Male, 7 years old)*
- *"There are two coronaviruses in the picture. Red and green ones." (Van, Male, 6 years old)*

- **COVID-19 hangs in the air.**

Children interviewed have also reflected their thoughts about the shape of the virus causing COVID-19 as well as ways of being transmitted. It could be seen that children have symbolized COVID-19 as small and invisible creatures suspended in air, which therefore cannot be caught. Some of the children have pointed out during the interviews that if COVID-19 was visible, they would be able to catch it and get rid of it.

- *“...It would be great if it wasn’t something that only floated in the air and if we could see it and hit it.”*
(Gaziantep, Male, 12 years old)
- *“Transmitting the disease, hanging in the air is COVID’s characteristic.”*
(Gaziantep, Male, 9 years old)

3.6.2.2 COVID-19’s subjective meanings

Based on their personal experiences of the COVID-19 pandemic, what children understand of and how they refer to COVID-19 have been reflected in the second theme of “COVID-19’s subjective meanings”. Inhibition of children in their emotional lives, education, peer relationships and social lives due to COVID-19, and the subjective conceptualizations of COVID-19 have been reflected in the 4 subthemes.

- **COVID-19 means being away from school.**

Children’s understanding of the effects of COVID-19 on their lives and daily routines are quite interesting findings. In response to various questions during the interview, children have considered COVID-19 as the reason for closing of schools and for having to remain away from education. Many children have also conveyed that “if they had a magic wand...” they would want the schools to reopen.

- *“Corona suddenly entered our lives. It affected our education. My mom was scared to send me to school, but I can’t watch it from*

home either, because I can’t do it over the internet, I can’t enter EBA (Education Information Network).”
(Ankara, Female, 16 years old)

- *“If I could, I would open the schools, because I’m someone who loves school. Distance education is quite bad. We got used to it, but I think schools would be better. Then, everything else can go back to how it used to be. But right now that’s difficult because people don’t follow the rules. These are what I would change. I would open the schools; I would open the courses. For example, the music course (conducted in office). We missed them pretty much.”* (Mersin, Female, 14 years old)
- *“It’s a bad disease, it’s dangerous, it exposes people to danger, it prevents us from going to school, it prevents us from doing a lot of things.”*
(Gaziantep, Female, 14 years old)

- **COVID-19 means sadness and fear.**

Children have been asked during the interviews about their feelings and thoughts on the pictures they drew to describe COVID-19. In response to various questions asked during different parts of the interview such as, “Would you tell me a story about this picture?” and “What are the strong and weak aspects of COVID*19?” children have described their feelings about the changes in their lives caused by the COVID-19 pandemic. Findings of the study indicate that the COVID-19 pandemic is considered

a significant factor in causing children to feel fear and sadness. Findings reveal that the perception of COVID-19 by children as life threatening for themselves and for their loved ones lead to fear, while the social restrictions that it causes leads to the emotions of sadness and unwellness.

- *“It kills people, people lose their breaths. That’s what I’m scared of. It’s very scary, I’m more afraid than anyone else. I’m even scared when I wear a mask, when I go out or even at home. My little brother and father go to the grocery store; I’m also very afraid then; I don’t want them to go.”* (Gaziantep, Male, 12 years old)
- *“This Corona has become like a nightmare for us.”* (Ankara, Female, 16 years old)
- *“It makes you feel the disease. It makes you feel death. So, yeah. Like I would be catching that disease any moment. Because my aunt is in Syria right now. She caught the disease. I’m very sad.”* (Gaziantep, Female, 13 years old)
- *“I don’t like this situation, it’s boring. You’re home all the time, you’re cooped up. You also wear a mask when you go out. Yes, using a mask is good for your health, it’s a good thing, but at some point it becomes boring. This situation really depresses me because I’m always at home. I want it to end so we can go out. I haven’t seen my friends for a long time; I would want to see them again.”* (Adana, Female, 17 years old)

- *“Corona came all of a sudden. Everyone stayed home. Schools closed. Stores closed. But people are still in quarantine, yet they are still going out. They’re going out without taking any precautions. That’s why it spread more. But right now, I think there is no end to it. I don’t know how far we’ll be going”.* (İstanbul, Female, 14 years old)
- *“I have friends who don’t believe in it. They say they don’t believe it; they never even wore masks at school. That’s why I think schools were suspended. But, this is not good for me, because I can’t take classes from home since there is no phone at home. I study at home with my siblings from my books.”* (Gaziantep, Female, 13 years old)

- **COVID-19 means illness and death for children**

It has been seen during the interviews that children conceptualize COVID-19 as a threat that causes children to become ill and die. Most of the children fictionalized stories of children who did not wear masks, did not follow social distancing rules, became ill for meeting with their friends, and died. It is a striking factor that some of the stories end with the death of the ill children.

- *“If a child doesn’t wear a mask, they catch coronavirus and die.”* (İstanbul, Male, 7 years old)
- *“Children begin to die. Someone dies every day.”* (Gaziantep,

Male, 7 years old)

- *“One day he went out with friends. He went to call on friends. They forgot to take along their masks when they came. So, he didn’t bring a mask either. Then they walked around together. They did not follow social distancing rules. They caught coronavirus at the end of the story.” (İzmir, Male, 11 years old)*
- *“First he was playing on the street. One of his friends was sick. The friend then passed it on to him. After that, he went home and passed it on to his brother and family. Then, he went out all sick and passed it on to his other friends.” (Gaziantep, Male, 7 years old)*
- **COVID-19 means prohibitions and rules.**

During the interviews, the relationship between children’s attitude towards hygiene materials like masks, distance and cologne and their understanding of COVID-19 has become apparent. Most of the children have conveyed that they associate the coronavirus with masks. Some of these children, who mentioned this relationship and association, have conveyed their dissatisfaction with masks.

- *I think that COVID is social distance and rules; that’s how I know it. It means “rules caused by coronavirus.” (Gaziantep, Female, 13 years old)*
- *“I don’t like this situation, it’s*

boring. You’re home all the time, you’re cooped up. You also wear a mask when you go out. Yes, using a mask is good for your health, it’s a good thing, but at some point it becomes boring. This situation really depresses me because I’m always at home. I want it to end so we can go out. I haven’t seen my friends for a long time; I would want to see them again.” (Adana, Female, 17 years old)

- *“Our life is boring now because of COVID. Our lives have become different because of the prohibitions.” (Adana, Male, 11 years old)*
- *“Because when someone says corona, a mask is what comes to my mind, because that’s what we wear all the time and I’m really tired of wearing it.” (Ankara, Male, 13 years old)*

3.6.2.3 “I’m stronger than COVID-19”

In addition to children’s description and conceptualization of COVID-19 during the interviews, children have also indicated their opinions about how they could protect themselves from the pandemic. In answer to one of the interview questions of “What would you want to change if you had a magic wand?” Most of the children talked about their wish to get rid of the coronavirus. Children also conveyed their hopes that the cure to coronavirus will be found and the pandemic will end one day.

- **I know how to protect myself from COVID-19.**

During the interview, children have been asked, “What makes COVID-19 strong and weak?” Their answers and the discussions held over the pictures they drew reflect the trust bestowed by children in masks and hygiene rules against the pandemic. Most of the children have conveyed that social distance and proper nutrition protects them against COVID-19.

- *“We’re not afraid. We’re strong. Cologne or disinfectants or masks make COVID go away.” (İstanbul, Male, 7 years old)*
- *“I drew the things that we must do so that COVID-19 does not spread around the world. Wearing masks, staying home, keeping a distance, washing your hands, eating fruits and vegetables. Since we do these things, COVID-19 does not get near us and cannot make us sick.” (Gaziantep, Female, 11 years old)*
- *“If you wash your hands, you’ll be clean; if you wash your face, fingers, nails and everything, then COVID will get weak.” (Gaziantep, Male, 15 years old)*
- *“When you speak to a person, that person could be COVID; they could have caught the disease, but would not say they’re sick because they’re afraid. You wouldn’t know either because they haven’t told you. But you can protect yourself by wearing a mask.” (Adana, Female, 17 years old)*

- **If I could, I would get rid of COVID-19.**

Another question asked during the interview to the children has been “If you had a magic wand, what would be three things that you would change about COVID?” Most of the children indicated that one of the things they would want to change was related to COVID-19. Many of them stated that one of their wishes is to get rid of COVID-19 and to produce drugs against it. Most children also indicated that they could be free of masks by getting rid of COVID-19.

- *“First, I would produce a drug to get rid of the disease entirely. I would come up with some kind of protection for myself instead that would not require rules of distancing-wearing masks.” (Van, Female, 14 years old)*
- *“First, I would get rid of corona in the world and we wouldn’t have to wear masks anymore.” (Gaziantep, Male, 12 years old)*
- *“I would want to end this thing. I would want to get rid of masks. If there was such a thing, I would end all of the diseases.” (Kayseri, Male, 7 years old)*

- **One day, COVID-19 will end.**

Instructing children during the interview by saying, “Now, tell me a story about the things in this picture”, children have been asked to come up with a story about the pictures they drew. Results of the study reveal that most

of the children's stories have depicted their hope that the COVID-19 pandemic will end through medication and measures. In their stories, children have talked about very ill children and adults, but have completed their stories with the hope that the pandemic will one day end.

better. I feel that everything will get better.” (Van, Male, 16 years old)

- *“People didn't know what to do when corona came to the world. Then, doctors discovered the things that we must do. These were wearing masks, washing our hands and keeping our distance. When people did these, COVID-19 slowly started going away. Then the doctors found a drug. When we took the drug and applied the measures, COVID-19 ended completely.” (Gaziantep, Female, 11 years old)*
- *There was a virus, then that virus came into the world, it made half of the world sick, they became sick. Many people did research; many researches were conducted to get rid of corona, but they could not get rid of it. But someday it will end, everyone knows that. They continued researching, they didn't give up, they are still trying very hard. Then something will surely happen, they will do something and we will get rid of corona; that's what my gut tells me.” (Kayseri, Female, 10 years old)*
- *What I think is that when the patient here (in the picture) recovers, the family will happen again as they used to be. Hopefully this period will pass and patients will get*

“Psychologist (P): What is COVID doing in this picture?

Child (C): *It's mad because we're wearing masks, we're cleaning our hands, we're keeping our distance, we're staying home and we're eating healthily.*

P: Can you tell me three characteristics of this COVID?

C: *If we don't take these measures, it infects us immediately. It infects us again if we don't keep our distance to something with corona. It will infect us if we don't wear gloves and masks when we go out, if we don't wash the vegetables and fruits. So, it's a virus that makes people sick and spreads*

quickly.

P: Can you tell me a little about the other shapes in your picture that you drew?

C: *This is COVID-19. These are the little ones. And this is the world. I drew the things that we must do so COVID-19 does not spread around the world. Wearing masks, staying home, keeping our distance, washing our hands, eating vegetables and fruits. Since we do these things, COVID-19 does not get near us and cannot make us sick. That's why it's mad.”*

P: How does the picture you drew make you feel, can you tell us about it?



Picture 1. Gaziantep, 11 years old, Female, Syria

C: *When I look at the picture, I see that when all the people in the world take the necessary measures, they get better. This makes me feel good.* (Picture 1).

P: What is COVID doing in this picture?

C: *First, people were really happy. When COVID came, people slowly started perishing and then people died. They ran away to their homes. The world was beautiful, but then the world slowly started to perish.*

P: If I listened to the story in the picture, a story that has a beginning and end.

C: *First, a virus appeared in the world. It was tiny, I mean invisible. First people didn't believe it at all. When many illnesses took place in China because of*

this virus, when it was recognized and when it was known that many people died, people slowly started being afraid. This coronavirus started spreading to the entire world. Everywhere, to Turkey, every place you can think of. People slowly started to die. Look at how the world used to be and how it slowly started to perish. Some people are sad about it, but I don't know why, some people are acting like nothing happened.

P: What happens at the end of this story?

C: *Perishing of the world..*

P: Ok it ends with the perishing of the world. Well, how does this picture make you feel?

C: *Angry and sad."* (Picture 2)



Picture 2. İzmir, 13 years old, Male, Syria

P: Which one in this picture is COVID?

Ç: *The red ones.*

P: What is COVID doing in this picture?

C: *It is infecting people in the world.*

P: Can you tell me three characteristics of this COVID?

C: *It makes people cough, no one stays outside, it makes people separate from each other.*

P: Can you tell me three things that make this COVID strong?

C: *When people meet (getting into contact), when they don't wash their*

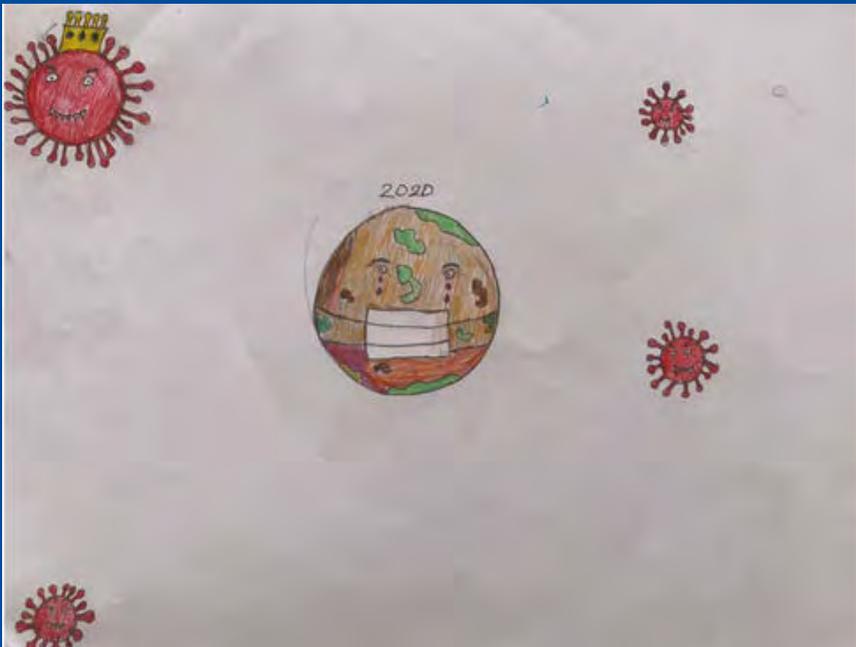
hands (hygiene), if we don't eat regularly (proper nutrition)

P: Can you tell me three things that make this COVID weak?

C: *Eating well, not meeting with people (contact), sleeping well (getting enough sleep)*

P: How does this picture make you feel?

C: *Everyone in the world knows the corona. The picture makes me feel negative.*



Picture 3. Van, 12 years old, Male, Syria

P: If you had a magic wand, what would be three things that you would change about COVID?

C: *I would want Corona to go away, I would also get myself a telescope and look at the stars and make sure that there would never be wars.” (Picture 3)*

P: Tell me about COVID, what do you think COVID is?

C: *When coronavirus reaches people, it either kills people or makes them sick.*

P: Which one in this picture is COVID?

C: *The door handle and those on the swing.*

P: Can you tell me three characteristics of this COVID?

C: *Corona is not good. It harms people. Either they survive or they die*

P: Can you tell me three things that make this COVID strong?

C: *It gets stronger when there are no hand disinfectants, when we don't wear a mask and when we don't pay attention to social distance.*

P: How does this picture make you feel? What were your emotions while drawing this picture?

C: *I was sad.” (Picture 4)*



Picture 4. Adana, 11 years old, Female, Syria

4. EDUCATION

This section includes the evaluations made in the light of the answers provided to the questions that were asked to reveal how asylum seeking children have been affected by the changes taken place in the education system due to the pandemic and to identify the status of these children's access to education, their needs and also the hardships they have encountered in this process.

In the aftermath of the outbreak of the COVID-19 pandemic and the identification of the first positive case in Turkey, there have been important regulations taken place in the education field as in all other fields, and MoNE has introduced and put into effect several changes and regulations in this process. Subsequent to the suspension of the practice of face-to-face education for a certain period in March 2020 in the first stage, the distance education system was put into practice via EBA under the coordination of MoNE. In the past year, various decrees and decisions regarding different school grades were issued and effectuated by the Council of Ministers as the competent central administration body or by the relevant Governorships and Provincial Pandemic Boards from

time to time depending on the course of the pandemic across the country. While certain school grades have made a full transition to the distance education system, some grades have continued the practice of face-to-face education; and in some cases, a hybrid model of both has been adopted. Lastly, with the measures introduced on 13 April 2021, it was announced that all school grades (primary school, secondary school and high school), except the 8th and 12th grades, would fully switch to the distance education practice and that as for the preschool education, the practice of face-to-face education would continue. The competent authorities also announced that there might be further changes in practice depending on the course of the pandemic.

Having regard to the education model adopted by MoNE, which included 2-day face-to-face and 3-day distance education per week and was in effect between 1-9 April 2021, the period when the survey was conducted, questions were designed and the respondents were asked about how their children continued their education during the said period under the present conditions. The questions in

the education sector differ depending on the answers provided as to whether the relevant respondent child continues his/her education after March 2020 (after the outbreak of the pandemic). At this juncture, the answers regarding whether the relevant child still attends schools and if so, whether it is via face-to-face education or distance education have had a decisive role in terms of ensuing questions. In addition, the surveys of

children not of school age have been terminated and they have been excluded from the analysis. It is seen that four main categories have emerged after ascertaining the educational status of children under TP and IP for pre-pandemic and post-pandemic periods:

- **Category 1:** Children receiving both face-to-face and distance education
- **Category 2:** Children receiving

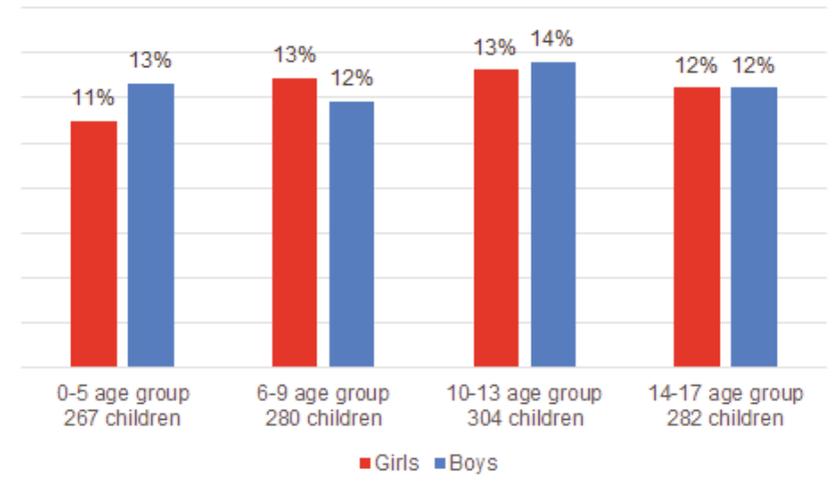


Figure 27. Age and Gender Breakdown of Children Participating in the Research

- only face-to-face education
- **Category 3:** Children receiving only distance education
- **Category 4:** Children receiving neither face-to-face nor distance education

A total of 1.133 children, including 561 girls and 572 boys, have been included in the research. As the graph in Figure 27

indicates, during the sample selection process, particular attention has been attached to ensure that the numbers of boys and girls in different age groups are close to one another. Children not of school age have not been included in the analyses, and have been excluded from the four main categories mentioned above.

To ascertain the educational status of children, all respondents have been asked two main questions: “Was your child attending an educational institution/programme or course prior to the outbreak of the pandemic (March 2020)?” and “Is your child still continuing his/her education after

March 2020 (after the outbreak of the pandemic)?” Relying on the answers provided in response to the question of “Was your child attending an educational institution/programme or course prior to the outbreak of the pandemic (March 2020)?”, it has been found that out of the 1.133 children, 298 were not

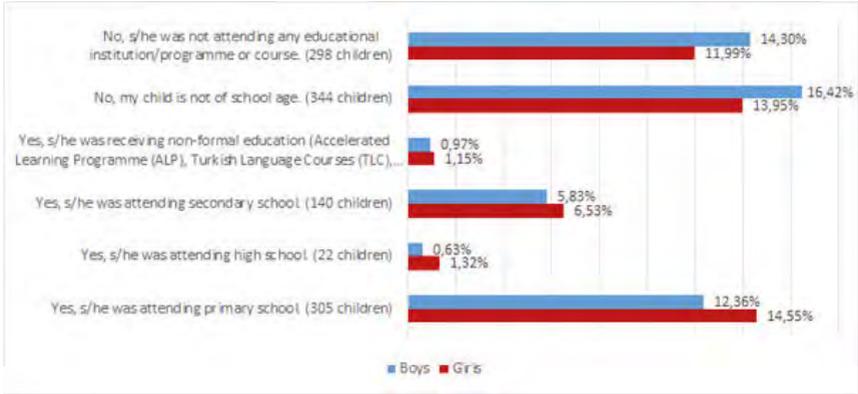


Figure 28. Educational Status of Children in the Pre-Pandemic Period

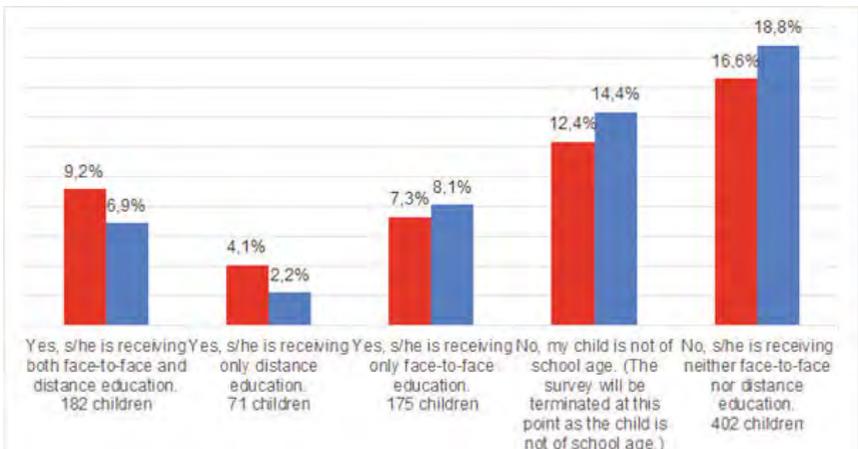


Figure 29. Educational Status of Children in the Post-Pandemic Period

continuing their education prior to the pandemic, that 344 are children of not school age, and that 24 were benefiting from at least one of the non-formal education opportunities. Moreover, the number of children, who were receiving formal education before the onset of the pandemic, is 467. The answers provided in response to the question concerning the educational status of children are disaggregated by gender and shown in Figure 28.

The answers provided in response to the question of “Is your child still continuing his/her education after March 2020 (after the outbreak of the pandemic)?” are disaggregated by gender and shown in Figure 31. Out of the 1.133 respondents, 402 stated that their child is not continuing his/her education since the onset of the pandemic, 182 indicated that their child has access to both face-to-face and distance education, 175 noted that their child has access to only face-to-face education, and 71 stated that their child has access to only face-to-face education. Besides, it has been found that 303 children are not of school age.

With regard to the 402 respondents, who stated that their child is not continuing his/her education after the outbreak of the pandemic, it has been observed

that their children, who currently have no access to education, might be consisting of those not attending school despite having been enrolled in one, as well as those not enrolled in any school; in conclusion, the children in question are unable to access education in both cases. Therefore, it has become a necessity to re-assess and discuss the concepts of “access to education” and “being out-of-school” in conjunction with the concepts of “digital deprivation, distance education, and face-to-face education”, which have emerged with the COVID-19 pandemic, in consideration of the new circumstances.

Parents participating in the research have been asked about how their child is continuing his/her education; and based on the answers provided, it has been identified that 182 children are receiving both face-to-face and distance education. In addition, it has been observed that while 16% of the children, who are still continuing their education after the outbreak of the pandemic, can access only distance education, the number of children receiving distance education is lower compared to the number of those receiving only face-to-face education or both education models.

4.1 Children Receiving Both Face-to-Face and Distance Education

Out of the 830 parents, who have been interviewed in scope of this research and

whose children have been identified to be of school age since the outbreak of

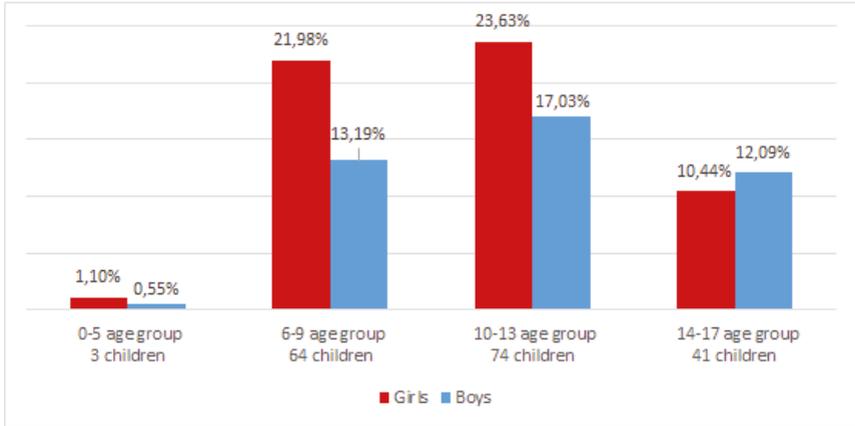


Figure 30. Age and Gender Breakdown of Children Receiving Both Face-to-Face and Distance Education

the pandemic (March 2020), 182 stated that their child is receiving both face-to-face and distance education.

It is also of significance how and through which devices these children are accessing both face-to-face and distance education. The situation of receiving both face-to-face and distance education varies according to the provinces as well. Some of the parents participating in the research stated that practice of face-to-face education has not been adopted in their province of residence, which results in distance education being the only educational opportunity for some children during the pandemic period. The graph below shows the gender breakdown of children receiving 2-day face-to-face education in small-group classes and 3-day distance education in provinces where the practice of both models has been

adopted in the post-pandemic period.

4.1.1 Platforms and Devices Used by Children Receiving Both Face-to-Face and Distance Education When Accessing Distance Education

It is a known fact that in the distance education process, there are multiple factors affecting the inclusion of children in education. As factors such as children's duration of access to education outside the school environment, interruptions that occur when following the lessons due to technological difficulties, and internet speed have a direct impact on access to distance education, parents participating in the research have been asked about the platforms used by their child when accessing distance education. It has been found that children use more than one platform to access distance education. The platforms that are most preferred and

used most frequently when accessing distance education are EBA TV, WhatsApp, and other digital platforms, respectively.

When the platforms through which children receiving both distance and face-to-face education in the post-pandemic period are accessing distance education are examined,

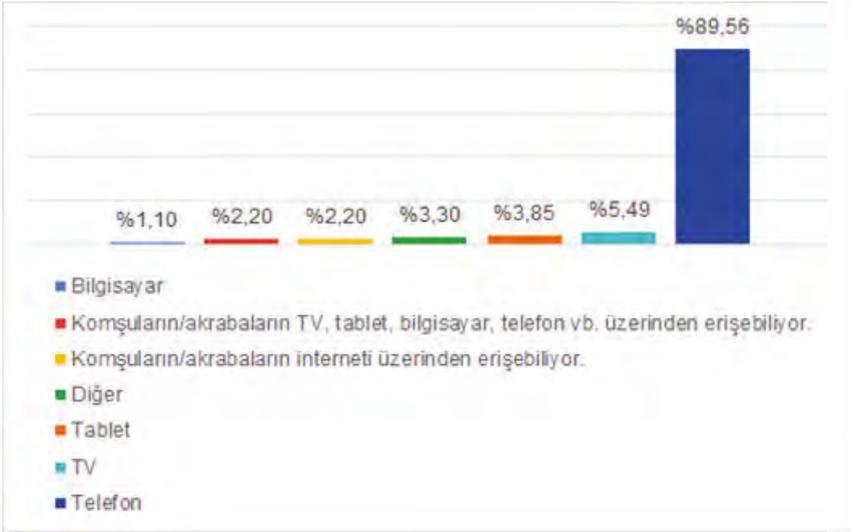


Figure 31. Devices Used by Children Receiving Both Face-to-Face and Distance Education When Accessing Distance Education

it has been seen that 112 of the children are following their lessons via digital platforms. Only 14 out of 182 respondents stated that they do not know the tool that their child uses to access distance education.

It has been concluded from the interviews with parents that a separate study is required to be conducted in order to evaluate the extent to which children could benefit from distance education they receive and the effectiveness of the education received. When the extent to which children, who are able to access both face-to-face and distance education, can benefit from the services of EBA Support Centers has

been considered, it has been identified that 8 children received services from EBA Support Center. The study conducted reveals that 63 children are accessing education through EBA TV. The fact that children are accessing distance education mainly from their home indicates that the physical space where children spend most of their time during the pandemic is their “home”.

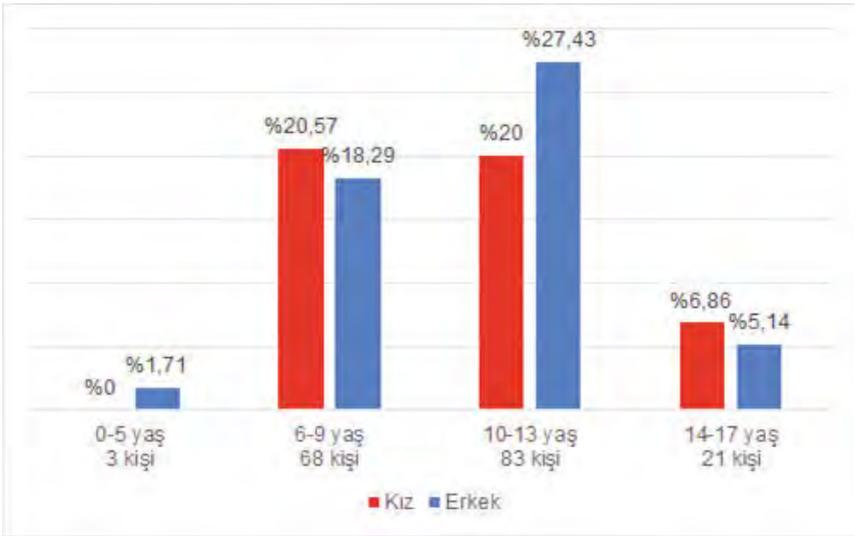


Figure 32. Age and Gender Breakdown of Children Receiving Only Face-to-Face Education

4.2 Children Receiving Only Face-to-Face Education

It is a known fact that in cases of inability to access distance education, some of the asylum seeking children have been receiving only face-to-face education after the outbreak of the COVID-19 pandemic. Figure 34 demonstrates the age and gender breakdown of 175 children who have been included in the study and are receiving only face-to-face education.

As the graph in Figure 34 indicates, among the children, who are unable to access distance education and who have been receiving only face-to-face education since March 2020, 83 (47%) are in the 10-13 age group, and the number of girls in this age group is less than that of boys.

While it is a well-known fact that asylum seeking children were already facing problems in their access to education in the pre-pandemic period due to the

reasons such as language barrier, lack of knowledge, and socio-economic challenges; it has been observed that these problems have been further exacerbated for a lot of asylum seeking families upon the outbreak of the pandemic. The study conducted reveals that the main reason for children to receive only face-to-face education is to unable for them to access distance education due to the lack of sufficient communication tools. Obstacles to access distance education are listed as language barrier, lack of knowledge regarding the use of EBA, absence of a suitable physical space at home to follow lessons, and children's inability to establish communication with their teachers and respective schools, as well as lack of technical equipment. These results are a clear indication that the difficulties such as socio-economic challenges and language-related

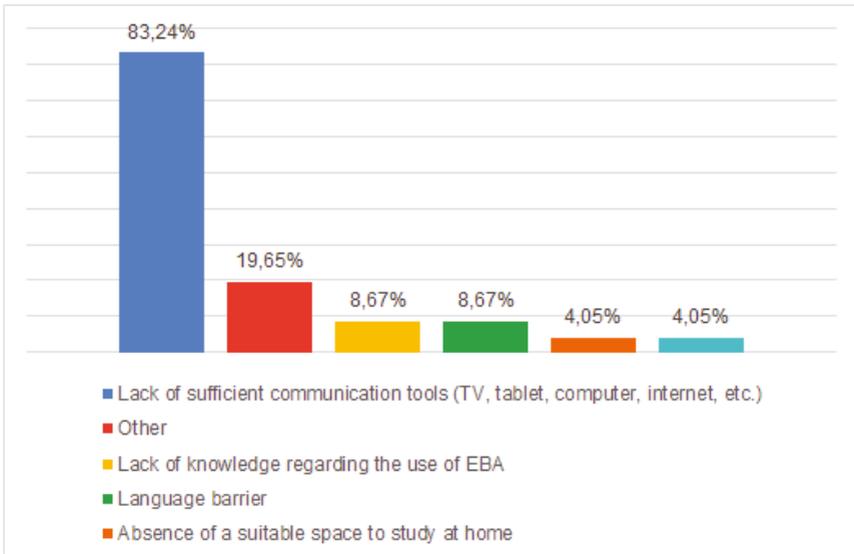


Figure 33. Reasons for Inability to Access Distance Education as for Children Receiving Only Face-to-Face Education

problems that asylum seeking children have been already facing in the pre-pandemic period prevail in the post-pandemic period as well.

As indicated in Figure 35, the main reason why asylum seeking children receive only face-to-face education is that they have limited access to communication tools. In other words, for asylum seeking children, face-to-face education might be a choice resulting from the compelling circumstances such

as the lack of sufficient communication tools.

In the study conducted, parents with children receiving only face-to-face education have been asked about the frequency of their child's school attendance, and it has been found that 175 of the children included in the study have been receiving only face-to-face education since the outbreak of the pandemic.

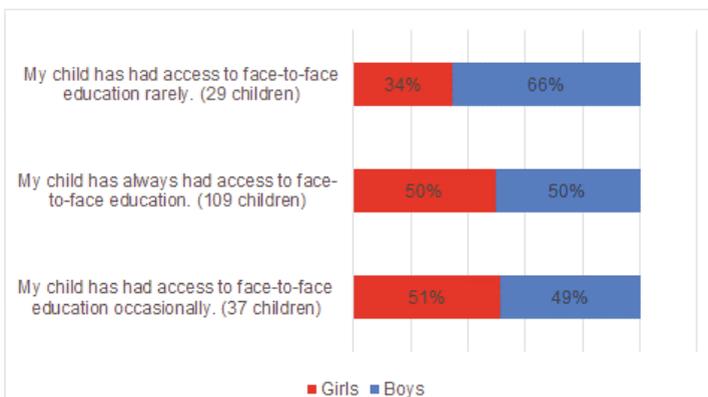


Figure 34. Frequency of Access to Education by Children Receiving Only Face-to-Face Education

As represented in Figure 36, it has been concluded that among the children receiving only face-to-face education after the outbreak of the

pandemic, while 109 are continuing their education on a regular basis, 66 do not attend school regularly.

4.3 Children Receiving Only Distance Education

Out of the 830 parents, who have been interviewed in scope of this research and whose children have been identified to be of school age since the outbreak of the pandemic (March

2020), 71 stated that their child is receiving only distance education. Figure 37 below shows the age and gender breakdown of the 71 children who are receiving only distance

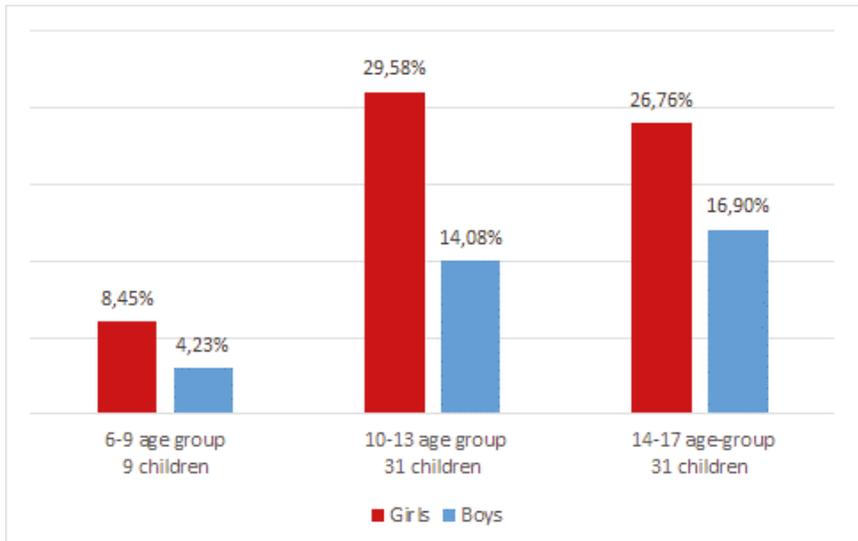


Figure 35. Age and Gender Breakdown of Children Receiving Only Distance Education

education.

As shown in Figure 37, it has been determined that the number of girls between the ages of 10-13, who have been included in the study and who have access to distance education, is higher than that of boys. In this connection, it is seen that accessing education at home is a higher possibility for girls than boys in the

same age group.

In the study, parents with children receiving only distance education have been asked about the frequency of their child's access to education, and as indicated in Figure 38, it has been found that the frequency levels of access to education by children receiving only distance education since the outbreak of the pandemic are

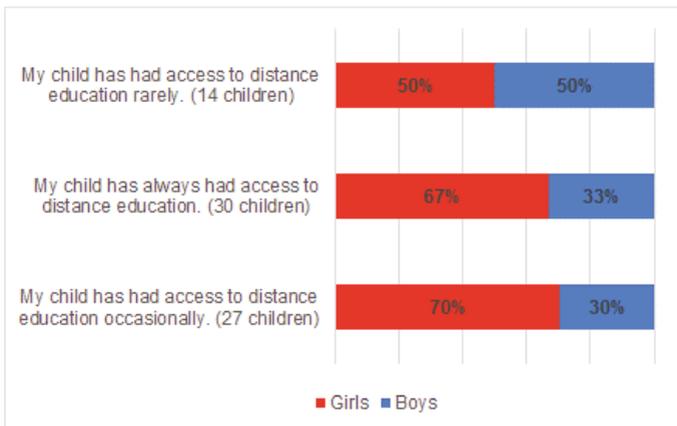


Figure 36. Frequency of Access to Education by Children Receiving Only Distance Education

similar to one another. It is a fact that children in the study, who are receiving only distance education rarely and occasionally, have been unable to get actively involved in education.

Based on the answers from the relevant parents, it is seen that among the 71 children receiving only distance education in the post-pandemic period, 14 have access to education rarely while 27 are accessing education occasionally. Also, 30 out of these 71 children have always had an access to distance education in the

post-pandemic period.

In the light of the answers provided by the relevant parents when asked about the reasons for their child's not having regular access to distance education, it is seen that the reasons include lack of sufficient communication tools, language barrier faced by children, and absence of a suitable space for children to study in overcrowded households. As Figure 39 suggests, lack of sufficient communication tools is the most prominent factor for the children in this category as well.

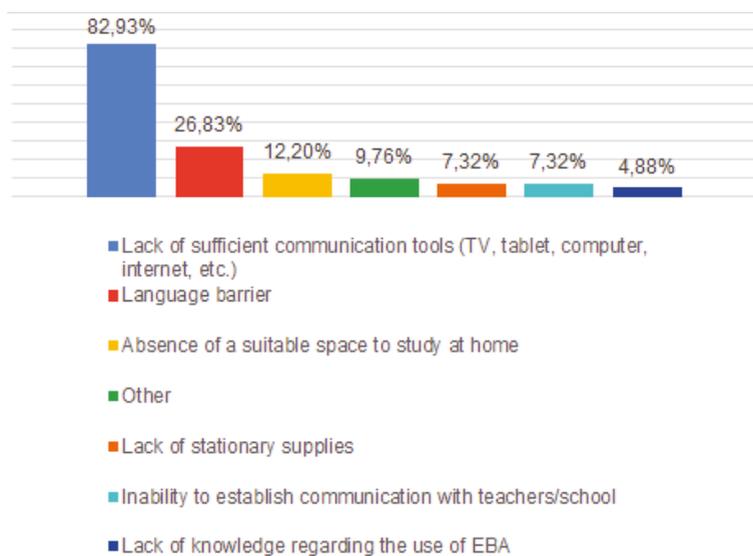


Figure 37. Reasons for Inability to Have Regular Access to Education as for Children Receiving Only Distance Education

4.4 Children Receiving neither Face-to-Face nor Distance Education

The number of children, who are receiving neither face-to-face nor distance education in the post-pandemic period, is 402. The number of children who are not continuing their education in the post-pandemic period on account of unabling to access distance education has been found to be 78. Furthermore, the

number of children, who are not continuing their education because of COVID-19 concerns, corresponds to 62. The changing conditions with the introduction of distance education system after the outbreak of the pandemic have an impact on children's access to education, and the difficulties in accessing distance

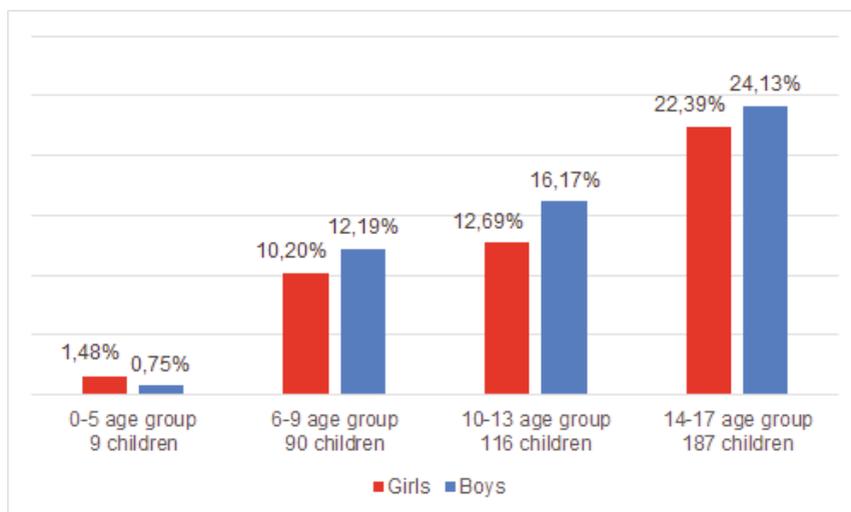


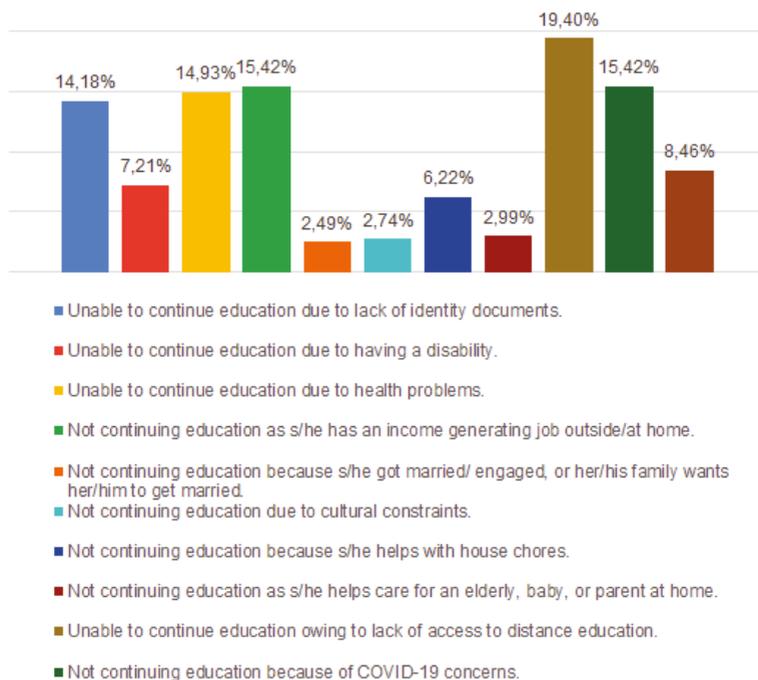
Figure 38. Age and Gender Breakdown of Children Receiving neither Face-to-Face nor Distance Education

education put children at risk of drifting away from education. 140 out of the above-mentioned 402 children are unable to access education owing to the pandemic-related reasons. Figure 40 shows the age and gender breakdown of children who have not been continuing their education since

March 2020. yaşandığı bilinmektedir. Given the gender breakdown of children who can continue neither face-to-face nor distance education, it is seen that the number of boys is relatively higher than girls in all school grades, except for the preschool group. Lack of access to distance education

is the biggest reason why children drift away from education during the course of the COVID-19 pandemic. Besides, it is known that there is an increasing trend in the number of children engaging in child labor due to the decrease in the level of income of families and the challenges

to meet their basic needs in this period. The study reveals that the reasons why children drift away from education include, among other things, child labor, health problems, COVID-19 concerns, and lack of identity documents. Regardless of the pandemic, asylum seeking children

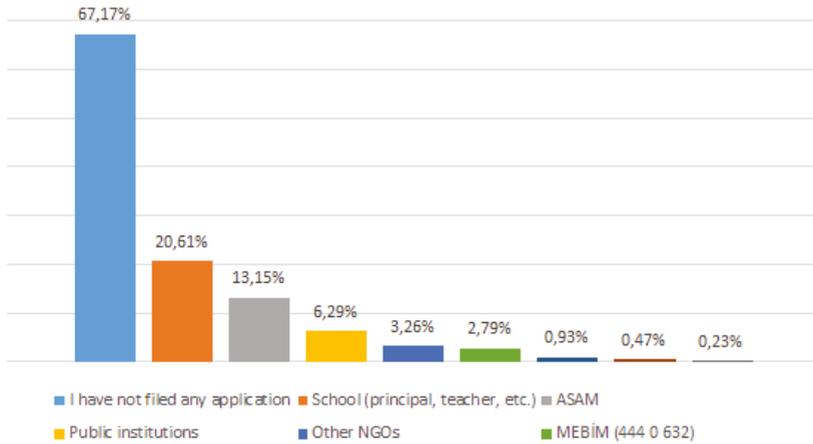


**Figure 39. Reasons for Not Continuing Education as for Children
Receiving neither Face-to-Face nor Distance Education**

have already been experiencing numerous challenges in accessing education. Their access to education has now become even more difficult due to the additional challenges brought about by the pandemic, and this, as a result, has heightened the already existing child protection risks

4.4.1 Application to Means of Support and Mechanisms for Receiving Support

With a view to establishing whether they applied to support mechanisms for their child's education-related needs after the outbreak of the pandemic, the 830 respondent parents have been asked the questions:



Şekil 40. Support Mechanisms

“What are the institutions (means of support) you applied to regarding the education-related needs of your child during the pandemic?” and “Has your child’s teacher/school ever contacted you during the distance education period?”

It is seen that among the respondent parents, 577 have not applied to any institution. While 177 parents applied to a school, 113 parents applied to ASAM to receive support. It has been found that 54 parents applied to a public institution and 24 parents called MEBİM hotline. The number of parents who applied to other NGOs amounts to 28. As for the multiple-choice answers, the number of parents who applied to both school and ASAM is 27; both ASAM and other NGOs is 10; and both school and public institutions is 9. It has been noted that among the support mechanisms, schools received the highest number of applications from parents in this process.

It has been inferred from the study that families are lacking sufficient information about the available support mechanisms they could apply to regarding children’s education-related needs. It is considered that the need for school administrations and teachers to communicate and interact with students so as to meet their education-related needs remains during the pandemic period as well and that in their access to education, asylum seeking children need the support of educational institutions and teachers more than ever on account of the changes in educational practice that emerged especially due to the pandemic.

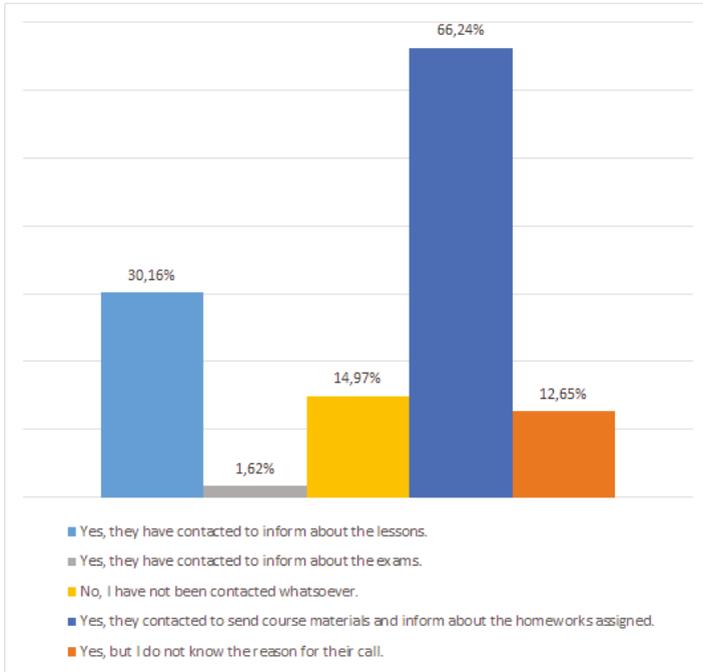


Figure 41. Status as to whether parents have been contacted by school/teacher

Parents of the 830 children, who have been included in the study and identified to be of school age since the outbreak of the pandemic, have been asked the question: “Has your child’s school or teacher ever contacted you during the distance education process after the outbreak of the pandemic?” Relying on the answers provided, it has been found that 571 parents have not been contacted by the relevant school or teacher. On the other hand, it has been determined that 260 children have been contacted

about the lessons, 129 about the exams, and 109 for the purpose of sending course materials. Based on the multiple-choice answers, it has been concluded that 77 children have been contacted to be informed about lessons and exams and to be sent course materials, that 45 children have been contacted to be informed about lessons and exams, and that 15 children have been contacted to be informed about lessons and to be sent course materials

5. CONCLUSION AND EVALUATION

The COVID-19 pandemic has taken hold of the entire world, leading to change and transformation in many areas of life. COVID-19, which is a public health crisis, has exacerbated the already existing inequalities on a global scale, further deepened poverty, and caused the need for social protection mechanisms to increase more than ever. The restrictions imposed on daily life due to the pandemic have adversely affected all sectors; mainly education, livelihoods and health, and asylum seeking children in particular have been among the groups directly affected by this situation. With alternations in means of access to education, suspension of face-to-face education at school and transforming to distance education, the risk of remaining out-of-school currently faced by asylum seeking children has further increased based on the new conditions. Asylum seeking children, who are already in a vulnerable situation due to

migration and who are trying to cope with many challenges, have become more vulnerable with the impact of the pandemic and have experienced a deep state of hopelessness and growing concern.

Livelihoods and Basic Needs

- 71 out of every 100 families' income have been reduced, while 20 families' income has been cut off completely. 81 out of every 100 families are borrowing money; 74 families are living on government, NGO or municipal support.
- There are individuals working in daily wage works in 63 out of every 100 families; individuals with a regular income in 19 families.
- 21 out of every 100 families are unable to buy hygiene materials.
- 50 out of every 100 families are unable to buy clothes and shoes for their children.

- 96 out of every 100 families are unable to buy toys for their children.

Basic needs that families have the most difficulty in meeting are toys and/or hobby products, children's clothes and shoes, hygiene materials, food, rent, bills and medical supplies, respectively. It has been seen that families, who currently have difficulty in accessing vital needs, are unable to meet their children's needs for clothes and toys. While 50% of the families are unable to buy clothes and shoes for their children, the remaining 50% are unable to meet their children's basic needs on a regular basis. Similar conclusions have also been reached in terms of toys and hobby products. While 96% of the families are unable to buy toys at all, the remaining portion are unable to access toys on a regular basis.

It stands out that families have to put their children's needs for toys and clothes at secondary importance to be able to meet their vital needs. This circumstance is important when considering that toys and hobby products like painting materials and instruments are supportive and protective vital tools that contribute to the mental, physical and psychosocial development of children and also improve children's imagination and enable their skills to come forward.

Health

- 65 out of every 100 children who have to regularly use medicine are unable to access medication on a regular basis during the pandemic period.
- 45 out of every 100 children who have a health condition that requires them to see a doctor are unable to access these services on a regular basis since the onset of the COVID-19 pandemic.
- 48 out of every 100 families are unable to access healthcare services due to not being able to schedule appointments.
- 37 out of every 100 families are unable to access healthcare services due to the language problem.
- 37 out of every 100 families are unable to access healthcare services due to the problem of transportation.
- 37 out of every 100 families are unable to access healthcare services due to hospital expenses.
- 36 out of every 100 families are unable to access healthcare services due to the suspension of services caused by COVID-19.
- 21 out of every 100 families are unable to access healthcare services due to not leaving home because of COVID-19 concerns.

Psychosocial Needs and Psychosocial Wellbeing

- 42 out of every 100 children frequently experience sadness and unwellness during the pandemic period.

It has been determined that during the one-year period following the onset of the pandemic, children have frequently experienced emotions of sadness and unwellness. These kinds of emotions also have negative impacts on children's performance of daily routines, communication with family members and communication with peers.

- 30 out of every 100 children who experience unwellness and sadness during the pandemic are unwilling to communicate with family and peers.

33% of the children, who conveyed that they frequently or occasionally feel unwellness and sadness, also frequently or occasionally experience problems like unwillingness to communicate with family members or peers.

- 57 out of every 100 children frequently experience anger during the pandemic. In addition to causing behaviors like pushing, hitting and biting, this situation also causes children to fight or quarrel with those around them.

Another emotion frequently experienced by children during the pandemic period is anger. Children who have a difficult time in coping with anger experience communication problems with family members and peers. Parents' statements have revealed that 17% (193) of the children feeling anger have experienced problems like pushing, hitting and biting, while 57% of the children feeling anger have experienced problems of fighting and arguing, and 47% have not followed, have disobeyed their parent's rules and have quarreled.

- Apart from the unfavorable conditions caused the pandemic throughout the entire world, economic difficulties in the household cause anxiety, unwellness and sadness to increase among children.

It can be seen that as much as the direct impacts of the pandemic, its indirect impacts also negatively affect children's psychosocial wellbeing. The decisions and measures taken since the onset of the pandemic have caused many asylum seeking parents to suffer economic difficulties. The inability to meet the basic needs in the household and the difficult and uncertain situation of the family have also negatively impacted the psychosocial wellbeing of children. 47% of the parents, who conveyed that they have no regular job or income,

have pointed out that their children frequently or occasionally experience anxiety. Economic difficulties and social restriction decisions made for children below the age of 18 have also led to not being able to form structured time for children who receive education at home and who almost spend their entire time at home during the pandemic. 54% of the parents, who conveyed that they are unable to buy toys and hobby products, have expressed that their children experience unwellness and sadness.

Disruptions in healthcare mechanisms due to the pandemic conditions and the inability to meet children's healthcare needs in a sufficient and timely manner have also negatively affected children's psychosocial wellbeing. Not having access to treatment and medication on time has paved the way to children experiencing cognitive and behavioral problems.

- 55 out of every 100 children experience nutrition and appetite related problems, 49 children experience sleeping problems.

Results of the study show that 55% of the children who require regular treatment experience nutrition and appetite, while 49% experience sleeping problems. Also, 58% of the children who need to use medicine on a regular basis experience nutrition and appetite related problems, 47% experience sleeping problems, 44%

experience focus and concentration problems, and 36% experience amnesia and memory problems. Results indicate that asylum seeking children have not been able to have sufficient access to psychosocial support during the first year of the COVID-19 pandemic and in effect, have experienced emotional, cognitive, behavioral and relational problems.

Education

- 69 out of every 100 school aged children are unable to access distance education during the pandemic period.

The most important obstacle to accessing distance education is the insufficiency and lack of communication tools. Since children have difficulty in accessing distance education, they face the danger of drawing away from education life. This, in effect, brings child protection risks such as early/forced marriage and child labor to the agenda.

- While 23 out of every 100 children are unable to continue education at all, 44 out of every 100 asylum seeking children are continuing education irregularly.

The COVID-19 pandemic causes the hardships encountered by asylum seeking children in education life to further increase and to draw away from education life. Children face the risk

of being dropped out of school due to continuing education irregularly.

- 82 out of every 100 children who only continue face-to-face education are unable to access communication tools.

90% of the children who currently have access to distance education follow distance education via smartphone. As a result of the research, it can be seen that children require the assistance of third persons to access distance education by using the internet, tablet and computer. Considering asylum seeking families' socio-economic conditions and their needs emerging with the pandemic, it is found that support persons have difficulty in providing the communication tools necessary for accessing distance education. Families, who have COVID-19 concerns and whose children cannot access distance education, support the face-to-face education of their children so that they could continue their education. Lack of communication tools, which have become a vital need with the emergence of distance education, further exacerbates the already existing inequality of opportunity for asylum seeking children who are in a disadvantaged situation in socio-economic terms.

- 67 out of every 100 school aged children are not applying to any institution to receive support

during the pandemic period.

It is seen that families do not have sufficient knowledge about the institutions from which they could receive support concerning access to education, and due to COVID-19 concerns, have not applied to any institution for their children's access to distance education and their education needs.

- While 19 out of every 100 children discontinue education due to not being able to access distance education, 15 out of every 100 children discontinue education due to working in an income-generating job during the pandemic period.

In addition to the asylum seeking children's existing challenges, the problem of access to distance education due to the COVID-19 pandemic causes asylum seeking children to be away from education and become vulnerable to other child protection risks. Reduction in the income levels of asylum seeking families due to the pandemic causes children to engage in work life and it is seen that child labor, as one of the most significant obstacles facing out-of-school children, is one of the child protection concerns continuing to exist during the pandemic period.

6. SUGGESTIONS

- In addition to social assistance and aid provided to asylum seeking families to ensure and facilitate their access to basic needs, establishing new cooperation for their access to livelihoods.
- Contacting stakeholders from different segments such as municipalities, Provincial Directorates of Agriculture and Forestry, Chambers of Commerce and Industry, and private sectors and establishing partnerships on a provincial basis to generate solutions for the problems encountered by children, mainly problems related to poor nutrition, access to healthy food, and access to hobby products and toys.
- Promoting and strengthening current policies and establishing cooperation for the elimination of obstacles to children's access to health services.
- In light of the difficulties and needs created under extraordinary circumstances like the pandemic, reviewing the available policies and implementations (and the legislation if required) to support asylum seeking children's access to right to education and their psychosocial wellbeing, and coming up with suggestions with the participation of all of the relevant stakeholders.
- Organizing activities that focuses on the development of age and culture oriented coping mechanisms to enable children to cope with negative emotions.
- Conducting informative activities for children and their parents on the support mechanisms they could resort to for the psychosocial wellbeing of children.
- Conducting field surveys on a regular basis in the pilot provinces to be identified according to the course of the pandemic, and allocating additional financial resources for the systematic follow-up, assessment and reporting of the changing conditions and needs to the relevant stakeholders.
- In order to conduct activities to ensure the continuation of intercultural dialogue, support social cohesion, and enable children to continue education,

creating psychosocial support mechanisms that families could require in scope of the COVID-19 measures, conducting works of improvement to get rid of the obstacles to access to these mechanisms, and creating a hotline for families and children with the support of school counseling service.

- Developing various mechanisms to foster cooperation between families and teachers and counseling services found at schools, Public Education Centers and other educational institutions located in the provinces where there is a high population of asylum seekers, organizing awareness raising events and activities for families.
- Providing training modules that are suitable to the age and development of children through different online platforms for the purpose of developing children's Turkish language skills and assisting them in their school courses.
- Informing asylum seeking families through written and visual materials about the institutions and organizations that could be contacted in case their children are exposed to bullying within the online education environment.
- In addition to content presented through EBA TV and other educational instruments, popularizing public service announcements and conducting informative and awareness raising

activities for asylum seekers in particular to eliminate the obstacles in access to support mechanisms by families and children, preparation of written brochures and posters on this topic by educational institutions, conducting the necessary activities in collaboration with community leaders, school administrations, mukhtars and associations.

- Since the children unable to access distance education have been affected negatively in terms of communication with their school, teachers and peers, promoting the social cohesion of asylum seeking children and conducting social cohesion activities for the reinforcement of peer-to-peer communication in the post-pandemic period.
- Providing informative seminars for asylum seeking families on the necessary hygiene rules and other matters to which their children must pay attention at school in case of completely transforming to face-to-face education at certain periods depending on the changing education module and normalization plans.
- Forming potential and new cooperation for the creation of additional financial resources concerning children and families faced with the risk of dropping out of school due to the pandemic, maintaining and strengthening the current policies and collaborations

