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# THE MODERATION EFFECT OF PERCEIVED SOCIAL SUPPORT ON THE PERCEIVED GENDER DISCRIMINATION AND DEPRESSION RELATIONSHIP

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# ABSTRACT

THE MODERATION EFFECT OF PERCEIVED SOCIAL SUPPORT ON THE RELATIONSHIP BETWEEN PERCEIVED GENDER DISCRIMINATION AND DEPRESSION

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The focus of this study is the moderation effect of perceived social support on the perceived gender discrimination and depression relationship amongst women in Turkey. To obtain the data, the Beck Depression Inventory-II, the Multidimensional Scale of Perceived Social Support, and the Past Experience of Gender Discrimination Scale were used in the study. For analyzing the predictors of depression, a hierarchical linear regression analysis was conducted. Moderation analysis was conducted for analyzing the moderation effect. It was found that depression is positively predicted by perceived gender discrimination, and negatively predicted by perceived social support. Perceived social support did not moderate the relationship between perceived gender discrimination and depression.

**Keywords:** depression, women, social support, perceived gender discrimination.

# ÖZ

## TOPLUMSAL CİNSİYET AYRIMCILIĞI VE DEPRESYON İLİŞKİSİNDE ALGILANAN SOSYAL DESTEĞİN ILIMLAŞTIRICI ETKİSİ

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Bu çalışmanın odak noktası, Türkiye'deki yetişkin kadınlarda algılanan cinsiyet ayrımcılığı ile depresif belirtiler arasındaki ilişkiyi ve algılanan sosyal desteğin bu ilişki üzerindeki rolünü incelemektir. Araştırmada verileri elde etmek için Çok Boyutlu Algılanan Sosyal Destek Ölçeği (ÇSDÖ), Beck Depresyon Envanteri-II ve Cinsiyet Ayrımcılığına İlişkin Geçmiş Deneyimler Ölçeği kullanılmıştır. Depresyonun yordayıcılarını analiz etmek için hiyerarşik doğrusal regresyon analizi yapılmıştır. Sosyal desteğin moderasyon etkisinin analizi için moderasyon analizi yapılmıştır. Cinsiyet ayrımcılığının depresyonu pozitif yönde ve anlamlı bir şekilde yordadığı bulunurken, algılanan sosyal desteğin de depresyonu negatif yönde ve anlamlı bir şekilde yordadığı bulunmuştur. Algılanan sosyal desteğin ve sosyal desteğin üç alt ölçeğinden herhangi birinin, cinsiyet ayrımcılığı ile depresyon arasındaki ilişkide ılımlaştırıcı etkisi bulunmamıştır.

**Anahtar Kelimeler:** depresyon, kadın, sosyal destek, algılanan cinsiyet ayrımcılığı.

# ACKNOWLEDGEMENTS

# TEXT OF OATH

I declare and honestly confirm that my study, titled "The Moderation Effect of Perceived Social Support on The Relationship Between Perceived Gender Discrimination and Depression" and presented as a Master's Thesis, has been written without applying to any assistance inconsistent with scientific ethics and traditions. I declare, to the best of my knowledge and belief, that all content and ideas drawn directly or indirectly from external sources are indicated in the text and listed in the list of references.

Ezgi Bayırlı

12.11.2021

# TABLE OF CONTENT

# LIST OF TABLES

# LIST OF ABBREVIATION

CEDAW: Convention on the Elimination of All Forms of Discrimination against Women

SDO: Social Dominance Orientation

SDT: Social Dominance Theory

WEIRD: Western, educated, industrialized, rich, democratic

RRT: Relational Regulation Theory

BDI-II: Beck Depression Inventory-II

MSPSS: Multidimensional Scale of Perceived Social Support

PEGD: Past Experience with Gender Discrimination Scale

VIF: Variance Inflation Factor

HE-LMs: Hierarchy-enhancing legitimizing myths
HE-LMs: Hierarchy-attenuating legitimizing myths

# CHAPTER 1

# INTRODUCTION

Gender equality has been a long-debated issue. However, women still do not have equal opportunities with men in many respects. Throughout the world, gender inequality is considerably high, and Turkey is not an exception. In the 2021 global gender gap index ranking, Turkey was 133rd among 156 countries (World Economic Forum, 2021). High inequality is often accompanied by high discrimination based on gender differences (Napier et al., 2020). The World Health Organization (2011), describes gender as the socially structured features of females and males, such as roles, norms, and relationships within and between gender groups. Gender differs by the culture of society and can be changed (WHO, 2011).

Based on the WHO's definition it is clear that society assigns roles to men and women based on their biological sexes. According to Sakallı and her colleagues (2018), gender stereotypes in modern Turkey for males are as follows; selfish, emotional, irresponsible, sociable, emotionless, womanizer, powerful, dominant, father, breadwinner, and faithful. Besides, examples of traditional female gender roles in modern Turkey are as follows; warm, selfish, fragile, agent, sociable, mother, and faithful (Sakallı et al., 2018). When individuals of any sex do not fit into these given roles, they face the risk of condemnation by society. Since the gender roles determined for women are wider and put women in a secondary position, women are more subject to oppression, criticism, condemnation, and discrimination (WHO, 2021b). Any segregation, interdiction, or ostracism towards women, which have the aim of and effect on opposing legitimatize and exercise of fundamental rights and freedoms in all areas of life, is termed as 'discrimination against women' (CEDAW, 1979). Women face with this discrimination in politics, economy, culture, and mostly in social life (CEDAW, 1979).

Perceived gender discrimination is one of the risk factors for women's mental health (Vigod & Rochon, 2020). In the literature, the finding that women are more prone to experience depression when compared to men emerges consistently (Culbertson, 1997; Parker & Brotchie, 2010; Vigod & Rochon, 2020; Whiteford et al., 2013). Gender discrimination predicts mental health problems in women, such as

externalizing and internalizing behavior, higher psychoticism, lower self-esteem, and especially depression (Kira et al., 2020). Women have depression three times more than men (Stepanikova et al., 2020). Women have a lower rate of employment and schooling; they are paid less for the same job; they have the burden of house tasks; they expose to partner or domestic violence (WHO, 2021b). All the stressors which originate from gender discrimination cause mental health problems for women. For instance, women who report gender discrimination had higher depression scores (Vigod & Rochon, 2020).

There are various factors for the protection of women's mental health. Major protective factors for women who are exposed to intimate partner abuse or gender discrimination are having social support (Carlson et al., 2002; Logie et al., 2018), having a high level of education (Carlson et al., 2002), not having financial difficulties (Carlson et al., 2002), having a job (Carlson et al., 2002), having good health (Carlson et al., 2002), and having high self-esteem (Carlson et al., 2002; Kim & Park, 2018). Having social support and having a partner who does female-stereotypical homemaking tasks are negatively related to having depression for women (Stepanikova et al., 2020).

Since one of the inclusion criteria of the current study was being a woman, all participants are individuals who identify themselves as a woman. The purpose of including only women participants was that gender discrimination experienced more pervasive and severe by women than men (Schmitt et al., 2002). This study aims to investigate the perceived social support role, a major protective factor of mental health, while looking at the relationship between women's levels of exposure to gender-based discrimination and depression levels in Turkey which is a non-WEIRD country (Henrich et al., 2010). Conducting this study in Turkey is important and relevant because in collectivistic cultures gender inequality seems less unfair than in WEIRD countries (Kinias & Kim, 2012). Perception of gender inequality as less unfair may affect the results of perception of gender discrimination and depression relationship. Although studies on this subject have been done before, there is no such study conducted with these concepts within my knowledge in Turkey. Thus, if the perceived social support has a moderator role in the relationship, preventive programs can be created compatible with culture in Turkey for women's mental health.

# CHAPTER 2

# LITERATURE REVIEW

## 2.1. Perceived Gender-based Discrimination

Gender-based discrimination refers to the unequal treatment in terms of behavior, action, and policy owing to an individual's gender (Pendleton, et al., 2021). Gender-based discrimination assumes that gender roles are "natural" and unchangeable, dependent on biological existence, which leads to the legitimization of inequality and discrimination (Bora, 2011). Gender-based discrimination has existed and continues to exist in workplaces in different professions (Brown, et al., 2021; Dinç, 2019; Karatepe & Arıbaş, 2015; Kırpık, 2021), sports (Zerunyan, 2017), product marketing (Jacobsen, 2018), recruitment (Çelik & Altıntaş, 2017), and many other areas for years. Today, despite women's struggles for liberation and equal rights, women are exposed to both implicit and explicit discrimination and are negatively affected by it (Glick et al., 2000). However still, if the gender discriminative behavior of the perpetrator is implicit rather than explicit, the perpetrator's behavior is held less accountable by both females and males (Daumeyer et al., 2021).

The perception of discrimination varies depending on individual differences (Kobrynowicz & Branscombe, 1997), and cultural differences (Kinias & Kim, 2012). For example, feminism, an individual difference, is positively associated with the perception of discrimination against women, and depression (Kobrynowicz & Branscombe, 1997). Also, the high need for approval as an individual difference is negatively associated with the perception of personal discrimination (Kobrynowicz & Branscombe, 1997). Women in countries with a collectivistic culture perceive gender inequality as less unfair and feel less negative (low anger, higher life satisfaction) effects than European women (Kinias & Kim, 2012). Perception of discrimination reinforces the position of being victimized and low status for whose disadvantaged for long years (Kobrynowicz & Branscombe, 1997). Disadvantaged groups members may tend to admit the dominant cultural ideology (Jost & Banaji, 1994; Pratto et al., 2006) to beware the pain that such questioning brings about being victimized or low-status position (Kobrynowicz & Branscombe, 1997). Admitting being a victim of discrimination is painful and results in feeling a loss of control on an individual's life.

(Major & Crocker, 1993; Ruggiero & Taylor, 1995). Feelings of uncontrollability that can be aroused by perceiving the discrimination in members of disadvantaged groups, depressive symptoms may occur amongst those who are recursively victimised (Landrine et al., 1995). Women with high stigma consciousness feel more negative emotions such as depression and fear than low stigma consciousness, regardless of the type of sexism (hostile or benevolent) (Bosson et al., 2010).

By examining the systems underlying discrimination, discrimination based on gender can be better understood. Social Dominance Theory (SDT) explains how hierarchies occur and how people perceive discrimination against women.

### 2.1.1. Social Dominance Theory

The social dominance notion, which is called the social dominance orientation (SDO) is largely expressed as the variable of individual variation or as a desire for dominance within the group and superiority from the external group (Pratto et al., 2006). In response to the concept of the minority group, the dominant group is privileged and orders a disproportionate sharing of the resources of society, which includes wealth, dignity, and political influence. According to this theory, people with high social dominance tend to exhibit negative attitudes and behaviors towards vulnerable groups by suggesting that some groups are naturally stronger and privileged than others and that 'other' groups should be weaker and in lower positions (Pratto et al., 2006). The 'other' groups are often defined as women, minorities, children, homosexuals, non-believers, or any other non-dominant aspects of people relative to the place they live in (Fiske, 2018). It is possible to see a conflict between different groups based on social dominance (Pratto et al., 2006). Empirical studies in this area indicated that the SDO is associated with negative external group behaviors. Social dominance orientation increases the inter-group competition, and in consequence, it affects attitudes negatively (Duckitt, 2006; Esses et al., 2001). For example, SDO, as a personality trait, is associated with many negative inter-group processes, such as ethnic prejudice, negative attitudes towards women and gay people, ethnocentrisms, and symbolic racism (Ekehammar et al., 2004). SDO is one of the fundamental determinants of prejudice against disadvantaged groups. To minimize conflict between competing groups, societies must move away from ideologies that accept, multiply, encourage, or

favor a group's superiority toward other groups which are defined as inferior (Sidanius et al., 1991).

How does SDO relate to gender specifically? Firstly, the social dominance-orientation level is higher in males than females (Pratto et al., 1997; Wilson & Liu, 2003). Secondly, the relationship among genders and SDO moderated by the gender identification; higher gender group identification increases SDO in males, while reducing SDO in females (Wilson & Liu, 2003). Lastly, SDO explains the sex-linked differences in political attitudes too (Pratto et al., 1997). Pratto et al. (1997) stated that political attitudes differ between genders. While males tend to support the conservative ideology, punitive policies and military programs, females support equal rights, and social programs. The political attitude differences among sexes make a way for reproducing of inequality and maintaining privilege, power, and higher opportunities of males.

### 2.1.1.1. Legitimizing Myths

While it is widely accepted that social dominance orientation leads to intergroup discrimination, we also know that among gender groups, men are more advantageous than women, and women are discriminated against because they belong to a disadvantaged group (Ekehammar et al., 2004). Besides, findings are revealing that women may display sexist behavior toward other women (Becker, 2010; Fischer, 2006). The sexist behavior of a woman is possible by legitimizing myths (Pratto et al., 2006). According to Social Dominance Theory (SDT), the decisions and behaviors of individuals, the formation of new social practices, and the functioning of institutions are structured by myths that are legitimized (Pratto et al., 2006). The legitimizing of myths can be achieved through values, attitudes, beliefs, stereotypes, and cultural ideologies held based on a consensus (Pratto et al., 2006). There are two types of legitimizing myths with different functions: Hierarchy-enhancing legitimizing myths (HE-LMs), and hierarchy-attenuating legitimizing myths (HA-LMs) (Pratto et al., 2006; Sidanius & Pratto, 2004).

HE-LMs help to rationalize group-based oppression and inequality with moral and intellectual justification (Pratto et al., 2006; Sidanius & Pratto, 2004). Sexism, racism, nationalism, heterosexism are some examples of HE-LMs. Such different myths provide the perception of inequality like moral, legitimate, natural, or fair. Under SDT

(Pratto et al., 2006), HE-LMs shape the behaviors of disadvantaged group members so that the dominant group maintains dominance. In addition, it enables disadvantaged group members to cooperate with the dominant group to maintain the oppression of them.

HA-LMs are a cluster of beliefs, ideologies, values, and stand in opposition to HE-LMs and advocate the maintenance of this hierarchy (Pratto et al., 2006; Sidanius & Pratto, 2004). HA-LMs promote group-based social equality by opposing the dominance of one group over another (Pratto et al., 2006; Sidanius & Pratto, 2004). Feminism, socialism, and universal human rights are examples of HA-LMs (Pratto et al., 2006; Sidanius & Pratto, 2004).

According to Pratto and her colleagues (2006), although women adopt more HA-LMs than men, women's actions and attitudes are influenced by HE-LMs, which may explain women's sexist behaviors and attitudes toward other women. Adopting HE-LMs may be negatively associated with women's perceptions of gender discrimination against women. This issue is not clear, and it needs to be investigated. However, it's clear that regardless of perceiving gender discrimination or having sexist behavior, exposure to gender discrimination is positively related to depressive symptoms (Kobrynowicz & Branscombe, 1997). Nevertheless, women who perceive less gender discrimination, experience lower levels of depression than those who perceive more discrimination (Kobrynowicz & Branscombe, 1997). In the next section, depression and its relationship with perceived gender discrimination will be explained in more detail.

## 2.2. Depression

Depression is a medical disease with symptoms like unhappiness, hopelessness, not enjoying the things that were enjoyed in the past, sleeping or appetite problems, fatigue, guilt, *etc.* (Singh & Mastana, 2015).

The cause of depressive disorder is the interaction of social, psychological, and biological factors (WHO, 2021a) Genetic susceptibility, faulty mood regulation by the brain, medical problems and medication can be considered as other reasons for depression (Singh & Mastana, 2015). Depression can be triggered by stressful life events such as loss of significant one, unemployment, childhood neglect or, it can occur

as a symptom of a disease (Peralta, 2015; Singh & Mastana, 2015). Depression can also cause health problems such as diabetes and cardiovascular diseases (Peralta, 2015).

Depressive disorder is a quite common disorder worldwide. Two hundred sixty-four million people are affected by the depressive disorder in the world (WHO, 2021a). In a study conducted with 4361 participants, about covid-19 pandemic quarantining effects on mental health were investigated in Turkey, the prevalence of depression was found to be 48.2% (Bener et al., 2021). The same study indicated that women showed significantly higher depression levels than men ($p < .001$).

### 2.2.1. Demographic Predictors of Depression

There are risk factors that can trigger depressive disorders, which might include biological vulnerability, stressful life events, age, gender, and medical illness (Thoits, 2010; Ünal et al., 2002). Perceiving discrimination is a risk factor for depression, such that the prevalence of depression increases as the perceived discrimination increases (Branscombe et al., 1999; Chou, 2012; Kim et al., 2019; Kessler et al., 2005; Lee & Turney, 2012; Jasinskaja-Lahti et al., 2006). Similarly, perceived gender discrimination predicts depression, and higher perceived gender discrimination is related to higher depression levels (Kim et al., 2020; Kinias & Kim, 2012; N Bell & Juvonen, 2020). Depressive symptoms are high in young adulthood, puberty, and older ages (Thoits, 2010). Aichberger and his/her colleagues (2010) found that immigrants in Europe who are older than 50 years old have a higher prevalence of depression. Individuals with low education have higher rates of mental distress, and mental disorder than individuals with high education (Akhtar-Danesh & Landeen, 2007; Kessler et al., 2005). Adults with a low-income level have a higher depression prevalence (Akhtar-Danesh & Landeen, 2007; Brody et al., 2018). Providing instrumental and emotional support, and coping strategies by close and trusted others reduce situational and psychological demands of stressors through supporting buffer toward the negative effects of stress (Thoits, 2011).

### 2.2.2. Perceived Social Support as a Protective Factor for Depression

Perceived social support is the totality of instrumental, informational, emotional, and appraisal behaviors or actions which are perceived as supportive by the recipient coming from significant others, spouses, families, and friends for improving well-being and dealing with life crises (Nurullah, 2012). Social support provides a buffering which in turn has effects on depression. There are studies about perceived social support and its

positive effects on mental health (Logie et al., 2018). In this section, I will point out the social support and depression relationship.

### 2.2.2.1. Relational Regulation Theory (RRT)

Relational Regulation Theory states that social support and mental health are interdependent (Lakey & Orehek, 2011). The link between mental health and social support reveals itself in daily life conversations, or in shared activities. The ordinary communication of people with each other decreased their stress level without having a conversation about how to cope with the stress.

There are two models about how we should use support in terms of statistical measure: as a *main effect* or as a *buffer effect*.

### 2.2.1.1.1. Main Effect Model

The Main Effect Model indicates that social resources have a useful effect on psychological well-being without the need to be under stress (Lakey & Orehek, 2011). Cohen and Wills (1985) suggest that social support as a main effect could be related to overall well-being because having large social networks provides regular positive experiences and stable, rewarded social roles in the community. Additionally, they indicate that people can recognize their self-worth, have a positive affect, and have predictable life situations as a member of such social networks (Cohen & Wills, 1985). With the contribution of these benefits, social support could be correlated with psychological well-being.

### 2.2.1.1.2. Buffering Effect Model

The stress buffer model indicates that when there is a stressful event, the presence of social support provides a reduction in stress level in comparison with the absence of social support, and support is related to well-being when the person is only under the stress (Lakey & Orehek, 2011). According to Cohen and Wills (1985), when people are under stress, they need matching available social resources. Esteem and informational support provide wider coping resources and these resources enhance buffering process. If there is a buffering effect, we must find stress x support interaction (Cohen & Wills, 1985).

Cohen and Wills (1985) compare two models to see which one explains the relationship between well-being and social support better. In their review study, they

found consistent evidence for both models. They concluded that conceptualizations of social support are correct for both models, however with a different process. To measure support as the main effect, a person's degree of integration with the social networks is assessed. To measure support as a buffering effect, the perceived availability of social resources to elicit stress is assessed (Cohen & Wills, 1985). When people have negative life events and are exposed to stressors, social support acts as a buffer effect in the development of mental disorders (Dalgard et al., 1995).

According to a study by Knoll and Schwarzer (2002) with migrants and refugees in Germany, women with high social support report having lower levels of negative effects of depression whereas for men no such link could be identified. While young women report higher social support, middle-aged and older women report lower levels of support. In men, there was a comparable support level for all age groups. Furthermore, Schwarzer and Gutiérrez-Doña (2005) indicated that the receipt of social support is positively related to positive affect, and physical and psychological well-being is negatively associated with depression. With aging, participants reported receiving less support from their families. A review study about the significance of social ties in mental health focused on mental health outcomes of loneliness (Duke, 2017). They concluded that loneliness is both cause and consequence of an ill mental health. Also, they proposed that one of the risk factors for a large number of health problems is the lack of good social relationships. Another review study that used 19 articles and 873 patients with chronic depression has investigated the features of the social networks of participants with chronic depression compared to participants with other mental disorders (Visentini et al., 2018). Their findings revealed that the social network of the population with chronic depression is smaller, and satisfaction from social support is also lower than the healthy population. Furthermore, Carlson and his colleagues (2002), found that protective factors such as social support and education, having a job, and having a high self-esteem have a buffer effect against the depression and anxiety of women exposed to intimate partner violence. Last but not least Budge et al. (2014) indicated that higher perceived social support was reliably connected to less depression among genderqueer participants.

### 2.2.3. Gender-based Discrimination and Depression

According to the global prevalence of depressive disorders by age and sex statistics, females in all age categories have higher levels of depressive disorder than males (WHO, 2017). There is a huge inequity in depressive disorder prevalence among sexes because women experience a lot of economic and social inequality (WHO, 2017). The fields of inequality are reflected as lower levels of schooling, employment, and literacy; less pay for the same job; more psychosocial problems; less representation in a leadership position and politics; more burden about childbearing and domestic responsibilities; more exposure to sexual, physical, and emotional violence (Vigod & Rochon, 2020; WHO). Not only gender discrimination but all discrimination types cause mental health problems on discriminated people (Gayman & Barragan, 2013). Additionally, with the intersectionality of social identities such as gender, socioeconomic status, ethnic identity, or race, women are affected more by discrimination (Crenshaw, 1989). There are many studies about gender-based discrimination in connection to mental health, which conjointly make it clear that exposure to gender-based discrimination is related to women's depression level.

Lee and Turney (2012) found that people who were exposed to everyday discrimination had higher depressive symptoms, loneliness, and hostility. However, no relationship was found between discrimination and the mental health of those exposed to major lifetime discrimination. Everyday discrimination is defined as a dimension of discrimination that the person is treated as if they are worthless, and they are threatened or harassed frequently. They might even be considered less intelligent than others. Major lifetime discrimination is defined as when a person is not wanted to rent and sell a house, unfairly stopped by the police or the person is not being promoted or hired without a reason (Ayalon & Gum, 2011; Lee & Turney, 2012). When considered in this context, some people may be exposed to discrimination in both dimensions. However, at first glance, we can say that discrimination against women is mostly part of the dimension of everyday discrimination. As a matter of fact, in the study of Lee and Turney (2012), it was found that depressive symptoms were higher in those who were exposed to everyday discrimination.

Gender-based discrimination occurs in many areas, especially for women, one of them being the workplace. A study in South Korea revealed that women who were

exposed to gender discrimination at work were more likely to show depressive symptoms (Kim et al., 2020). In accordance with a study which is conducted in Jeddah, 52% of female trainee physicians were subjected to gender discrimination, while 60% of this discrimination was perpetrated by their superiors, and 40% were regularly harassed (Yaghmour et al., 2021). 14% of female trainee physicians who are exposed to gender discrimination have suicidal thoughts, 53% of the trainees are severely depressed, and this was resulting them reconsidering their decision to continue their medical education (Yaghmour et al., 2021). Women's exposure to gender discrimination can be an obstacle to them from continuing their education and work which may related to women's mental health in a very negative way in terms of being associated with severe depression and suicidal thoughts. In a study conducted with child-bearing women, a relationship was found between gender discrimination and depression. Other variables associated with depressive symptoms are childhood physical/emotional neglect, economic hardships, and childhood sexual abuse (Stepanikova et al., 2020). Gender-based discrimination is related to young girls' mental health too. It was found that girls who were exposed to gender discrimination by adults in the 7th grade perceived more school unfairness in the 8th grade. Furthermore, they found that perceiving the school unfairness were related to shorter sleep duration and more depressive symptoms (N Bell & Juvonen, 2020).

Gender discrimination is a phenomenon affecting a variety of people, such as transgender individuals and university students. For instance, gender discrimination is related to suicide attempts of transgender individuals (Clements-Nolle et al., 2006). Hünler (2013), performed a study with female university students in Turkey. She indicated that when perceived gender discrimination increased, depression levels also increased. In a case study conducted in Turkey, it was found that a woman became depressed and neglected her daughters because of the pressure she experienced for not having a son (Kokaçya et al., 2015). The pressure which the participant feels because she does not have a son is a very specific example of gender discrimination. Although both gender discrimination against women and depression seem to be prevalent in Turkey, the number of studies on their relationship has been surprisingly low.

Gender discrimination negatively related to women's mental health. Studies conducted with participants from different cultures and conditions such as working women, child-bearing women, youth girls, refugee women, transgender women arrive

at the same conclusion: perceived gender discrimination is related to depression for women.

## 2.3. Studies about the Relationship between Perceived Gender Discrimination, Social Support, and Depression

Several research have previously shown the presence of a link between depression and perceived discrimination. (Clements-Nolle et al., 2006; Hünler, 2013; Kim et al., 2020; Kokaçya et al., 2015; Yaghmour et al., 2021). In the same way, there has been cumulating evidence suggesting that social support reduces the level of depression (Cohen & Wills, 1985; Dalgard et al., 1995; Duke, 2017; Knoll & Schwarzer, 2002; Lakey & Orehek, 2011; Visentini et al., 2018). The number of studies examining these three variables together is considerably small in Turkey. To my knowledge, no study in Turkey covers all three of the concepts of social support, perceived gender discrimination, and depression. In this section, studies involving these three variables are further examined.

In a study conducted with immigrant adults in Hong Kong, it was found that perceived discrimination predicted depressive symptoms, and this association is attenuated by social support and neighborhood collective efficacy (Chou, 2012). Another study discovered a negative link between perceived discrimination and depression, which is consistent with earlier research (Kim et al., 2019). Furthermore, in male participants, social support had no effect on the strength of the association between discrimination and depression. When women experienced social support, particularly from their families, the link between reported discrimination and depression levels decreased (Kim et al., 2019). According to Trujillo and her/his colleagues (2017), transgender people who perceived gender identity-related discrimination by society showed higher suicidal ideation and depression levels. They also found that having perceived social support reduces suicidality (e.g. suicidal ideation) and provides better mental health (Trujillo et al., 2017).

There is a positive association amongst perceived gender discrimination and depression in similar research involving participants from various cultures, regions, and ages. Also, social support seems to be a buffer against depression. Social support seems to provide resources to fight against stress. Close and trusted others provide coping assistance strategies, and emotional and instrumental support to reduce

situational and psychological demands of stressors. This support helps to prevent the negative effects of stress (Thoits, 2011). In contrast, another study found no significant impacts of social support on the perceived discrimination and depression relationship. According to Jasinskaja-Lahti et al. (2006), gender discrimination and depression have a significant positive association. However, they did not find perceived social support's moderator effect on gender discrimination and depression relationship. Regardless of having social support, depression level was found higher in participants with high gender discrimination scores.

# CHAPTER 3

# PRESENT STUDY

Many studies show that females suffer from depression at a greater rate than males and that social support reduces depression. Depression and perceived gender discrimination are negatively associated in several research. This study aims to investigate the association between women's perceived gender-based discrimination experiences and depression, including the moderation impact of perceived social support in this association in Turkey, which is a non-WEIRD country. As seen in the previous section (2.3.), similar studies to the present study have been carried out. However, the results were conflicting, and no consensus was reached on the issue. There is a need for new research on this issue due to the scarcity of studies conducted and inconsistent results on this topic. The current study was made with a unique sample consisting of women live in Turkey, and with a needed new study, I will contribute to the literature.

The following are the current study's research questions:

*Research Question 1:* What effect does gender discrimination have on women being more commonly depressed?

*Research Question 2:* How does perceived social support affect women's depression?

*Research Question 3*: Does perceived social support moderate depression and gender discrimination relationship?

This study expects that perception of gender discrimination against women is related to high depression levels for women. Social support decreases strength of this relationship. Hypothesis as follows:

*Hypothesis 1:* Perceived gender discrimination positively predicts depression. As women's perceived gender discrimination increases, their depression levels will also increase. In contrast, when women's perceived discrimination level is low, their depression levels will be lower.

*Hypothesis 2:* Perceived social support negatively predicts depression. As the

perceived social support level of women increases, their depression levels will decrease. When women's perceived level of social support is low, their depression levels will be higher.

*Hypothesis 3:* Perceived social support moderates depression and perceived gender discrimination relationship. As perceived social support increases, the positive association amongst perceived discrimination and depression weakens. In other words, women who perceive gender discrimination will have lower levels of depression if their perceived level of social support is high. Conversely, if the perceived social support level of women who perceive gender discrimination is low, their depression levels will be higher.

*Hypothesis 3a:* The association between depression and perceived gender discrimination is moderated by perceived social support from family. Perceived gender discrimination and depression relationships will attenuate when perceived social support from family increased.

*Hypothesis 3b:* The association between depression and perceived gender discrimination is moderated by perceived social support from friends. Perceived gender discrimination and depression relationships will attenuate when perceived social support from friends increased.

*Hypothesis 3c:* The association between depression and perceived gender discrimination is moderated by perceived social support from significant others. Perceived gender discrimination and depression relationship will attenuate when perceived social support from significant others increased.

# CHAPTER 4

# METHOD

The association between gender-based discrimination and depression in Turkish women was investigated with using a quantitative research approach.

## 4.1. Participants

This study was conducted with women who live in Turkey. A convenience sampling strategy was used, and the data collected online. The total number of participants in the study was 452 (Female = 441, Male = 11). After the data cleaning, the number of participants decreased to 431. There were participants from 32 different cities of Turkey, mostly from İzmir (N = 131), followed by Hatay (N = 98), İstanbul (N = 72), Adana (N = 27), and Ankara (N = 26). Participants' ages ranged from 18 to 79 (M = 34.3, SD = 11.819). All participants were literate since the participants with the lowest education levels were primary school graduates. The education levels were associate degree/undergraduate (N = 293, 68%), postgraduate and higher (N = 85, 19.7%), high school (N = 42, 9.7%) and primary school (N = 11, 2.6%), respectively. While most of the participants have an income to meet their needs (N = 200, 46.4%), 99 participants (23%) did not have an income to meet their needs, and 73 participants (16.9%) did not have any income. Likewise, the number of participants with income more than their needs was 59 (13.7%). Participation in the research was based on voluntariness, and all participants voluntarily.

## 4.2. Materials

Background information questionnaire, the Turkish version of Multidimensional Scale of Perceived Social Support (MSPSS), the Turkish version of Past Experience of Gender Discrimination Scale (PEGD), and Turkish version of the revised edition of the Beck Depression Inventory-II (BDI-II) were given to all participants for completing these self-report scales.

### 4.2.1. Background Information Questionnaire

Demographic variables included in the analysis are chronological age (in years), sex (as an open-ended question), the city where they resided (as an open-ended question), place where they spend most of their life (metropolis, city, town, village), who do you

live with? (Family, relatives, spouse/partner, alone, friend) educational attainment (illiterate, literate, primary school, high school, associate degree/undergraduate, postgraduate and higher degrees), level of income (there is no income, my income is less than my expenses, my income defray my expenses, my income is more than my expenses).

### 4.2.2. Turkish Version of the Multidimensional Scale of Perceived Social Support (MSPSS)

The Multidimensional Scale of Perceived Social Support was generated for assessing perceived social support by Zimet et al. (1988). In this study, the adapted Turkish version of the MSPSS was used (Eker et al., 2001). This self-report questionnaire subjectively measured social support with 12 items. These items in MSPSS measure the social support from three contacts: Significant Other, Friends, and Family (Zimet et al., 1988). Significant other refers to the special person who may interpret as a romantic or other close relationship. Each subscale has four items, and all items are rated on a 7-point scale (1) very strongly disagree to (7) very strongly agree). Internal variability of the Family subscale is .88, for the Friends subscale is .87, and for Significant Other is .85 (Zimet et al., 1988). For the Turkish version of the MSPSS internal variability was found .92, .88, .85 for the Significant Other, Friends, and Family subscales respectively, and .89 for the total score (Eker et al., 2001). The measure is widely used and adapted to different languages, such as Swedish (Cronbach's alpha .91-.95), Arabic (Cronbach's alpha = 0.74), Malay (Cronbach's alpha = 0.89), Persian (Cronbach's alpha .84) (Aroian et al., 2010; Bagherian-Sararoudi et al., 2013; Ekbäck et al., 2013; Ng et al., 2010).

### 4.2.3. The Turkish Version of the Beck Depression Inventory-II (BDI-II)

BID-II was upgraded from BID-IA (Beck et al., 1961) to BDI-II by Beck and his colleagues (1996). Hisli (1988), created the Turkish version of the BDI-II to assess depression symptom severity, and its reliability was reported as 0.74. The inventory has 21 items. All items are rated from (0) normal to 3 (most severe) on a ranging scale. Participants are asked to choose the most appropriate sentence from the sentences prepared in a group of four. The format of the questions is as follows: "0. I enjoy many things as much as before, 1. I do not like everything as I used to, 2. Nothing gives me full pleasure anymore, 3. I get bored with everything". The scores that can be obtained from the scale are between 0 and 63 points. A total score of 0-13 on the BDI-II scale

indicates minimal depression, a range of 14-19 indicates mild depression, a range of 20-28 indicates moderate depression, and a range of 29-63 indicates severe depression (Beck, et al., 1996). Ghareeb (2000) was reported a .83 Cronbach coefficient alpha of the BDI-II based on 114 undergraduate students from Egypt (as cited in Alansari, 2006). Alansari (2006) reported Cronbach coefficient alphas ranging between .82 and .93 based on 9168 college students from 18 Arab countries.

### 4.2.4. Turkish Version of Past Experience with Gender Discrimination Scale (PEGD)

The original the PEGD scale was generated by Schmitt et al. (2002). The scale comprises six eight-point Likert-type items developed to measure perceived gender discrimination, and the internal consistency of the scale was stated as .85. In the study of Hünler (2013) three social scientists who are equally fluent in English and Turkish translated the original scale into Turkish, and the translation group decided together on the most appropriate version. The internal consistency of the Turkish version of the scale is .82. Differently from the original PEGD, a seven-point Likert-type response interval was used on the scale. The followings are some examples of the scale items: "Being a woman, I feel like a victim of society", "I am constantly faced with the attitude of emphasizing the superiority of men over women".

### 4.3. Procedure

This study conducted with the permission of the Yaşar University Research Ethics Committee in the spring semester of 2020-2021. Data was gathered by using Google Forms, online. Inclusion criteria for the study were being a woman, being an adult aged 18 and older, and residing in Turkey. Voluntary participation in the research was a requirement. After the participants stated that they wanted to participate voluntarily, they were given access to the questionnaire. They were given informed consent, which stated that they would be asked to complete a series of questions concerning psychosocial support, that all information will be kept private and used exclusively for research purposes. The scales were given in the questionnaire in the following order: BDI-II, MSPSS, and PEGD. By ordering them in this way, I aimed to reduce the risk of responding to items in a biased way and the risk of being a confounding variable. Statistical analyses were performed using the SPSS Version 25.0.

## 4.4. Data Analysis

Descriptive statistics (means, standard deviations, frequencies) and demographic variables of the participants (age, income level, education level) were computed by using SPSS version 25.0. The relationships between demographic variables and depression were investigated using hierarchical multiple regression. Pearson's Correlation Coefficient r was used to see whether gender discrimination and social support correlate with depression. Predictor variables of the study are perceived gender discrimination, social support, age, an education level (six categories: illiteracy, literacy, elementary school, high school, associate degree/bachelor's degree, postgraduate+), income level (there is not any income, my income is less than my expenses, my income defray my expenses, my income is more than my expenses). The depression score is the study's outcome variable. Hierarchical linear regression analysis was used to investigate whether perceived gender discrimination predicts depression when education level, income level, age, and social support are controlled and whether perceived social support predicts depression when depression's predictors are controlled. PROCESS (Hayes, 2013) was used to find out whether depression and gender discrimination relationship is moderated by social support.

# CHAPTER 5

# RESULT

In this section, the data obtained from the personal information forms filled in by the participants and the questionnaires applied, and the statistical analysis results of these data included. In Table 1, descriptive statistics (M, SD, SE) of all variables were analyzed. The analyzes were carried out to see gender discrimination and depression relationship, and social support and depression relationship. After that, hierarchical multiple regression analyzes were carried out to see whether gender discrimination positively predicts depression, and perceived social support negatively predicts depression separately. Lastly, moderation analysis was conducted to see whether social support moderates the depression and gender discrimination relationship by using the PROCESS tool (Hayes, 2013).

**Table 1**

*Descriptive Statistics of Variables*

|  | N | Minimum | Maximum | Mean | | SD |
|---|---|---|---|---|---|---|
|  |  |  |  | Statistic | SE |  |
| Year of Birth | 431 | 1942 | 2003 | 1986.74 | .57 | 11.84 |
| Education Level | 431 | 3 | 6 | 5.05 | .03 | .63 |
| Income Level | 431 | 1 | 4 | 2.57 | .05 | .93 |
| Depression | 431 | .00 | 2.14 | .72 | .02 | .43 |
| Social Support | 431 | 1.00 | 7.00 | 5.42 | .06 | 1.34 |
| Gender Discrimination | 431 | 1.00 | 7.00 | 4.19 | .08 | 1.65 |
| Valid N (listwise) | 431 |  |  |  |  |  |

The descriptive statistics for all variables in the research are shown in Table 1. The sample's age mean is 34.26, while the standard deviation of the group for the age variable is 11.84. The education level average was considerably high ($M = 5.05$, $SD = .63$). This means that there were no illiterate women in the study (0%), and the mean of the sample for education was Associate degree/Bachelor's degree (68%). Participants with a postgraduate and higher education level constituted 19.7% of all participants. It can be said that 87.7% of the participants were at least university graduates and the sample had overall a very high education level. The mean income level was 2.57 ($SD = .93$), which means that most of the participants had financial hardships. While 16.9% of the participants did not have any income, 23% had an income that did not meet their needs. 46.4% of the participants only had enough income to meet their needs. The rate of participants who did not experience economic difficulties was only 13.7%. The mean depression score was .72, which means that the sample's average point of depression was 15.12 referring to the mild depression. Furthermore, the overall social support was also high ($M = 5.42$, $SD = 1.34$) and the mean gender discrimination was calculated as 4.19 ($SD = 1.65$).

## 5.1. Data Cleaning

Because the study was performed with females, 11 participants who were male were eliminated from the data. Two participants who were not living in Turkey and two participants who were under age 18 were excluded from the analysis. Six participants were excluded because they did not specify gender. Further analyses were conducted with 431 participants.

## 5.2. Normality Test

Normality tests were performed to investigate the normality distribution of the PEGD, BDI-II, and MSPSS scores of the women who formed the sample. The results of the Shapiro-Wilk normality test for the scales are shown in the Table 2.

**Table 2**

*Shapiro-Wilk Normality Test*

|  | Statistic | df | Sig. |
|---|---|---|---|
| BDI-II | .954 | 431 | .000 |
| MSPSS | .918 | 431 | .000 |
| PEGD | .971 | 431 | .000 |

As can be drawn in Table 2, significant values were found as a result of the Shapiro-Wilk tests, which were conducted to control the normality of the distributions of the scores of the women in the sample group obtained from the BDI-II (p<.001), MSPSS (p<.001), and PEGD (p<.001). After the tests, the skewness and kurtosis values of the distributions were examined for BDI-II (Skewness: .731; Kurtosis: .074), MSPSS (Skewness: -.915; Kurtosis: .396), and PEGD (Skewness: -.132; Kurtosis: -.883). Distributions were accepted as normal since the skewness and kurtosis values were between -1 and +1 (Hair et al., 2014).

## 5.3. Relationship Between Gender Discrimination and Depression

Pearson's correlation coefficient r was conducted to see the gender discrimination and depression relationship. Table 3 shows that there is a positive high correlation between gender discrimination and depression, $r(429) = .31, p < .001$ (Funder & Ozer, 2019). This means that when gender discrimination increases, depression level also increases. Table 3 shows the correlation values for depression and gender discrimination.

**Table 3**

*Correlation Between Gender Discrimination and Depression*

|  |  | Depression | Gender Discrimination |
|---|---|---|---|
| Depression | Pearson Correlation | 1 | .311** |
|  | Sig (2-tailed) |  | 0,000 |
|  | N | 431 | 431 |
| Gender Discrimination | Pearson Correlation | .311** | 1 |
|  | Sig (2-tailed) | 0,000 |  |
|  | N | 431 | 431 |

**. Correlation is significant at the 0.01 level (2-tailed).

## 5.4. Relationship Between Social Support and Depression

Pearson's correlation coefficient r was conducted to see the relationship amongst perceived social support and depression. Table 4 shows that there is a very high negative correlation between gender discrimination and depression, r (430) = -.413, *p* <. 001 (Funder & Ozer, 2019), which indicates that when perceived social support increases, depression level decreases, or vice versa.

**Table 4**

*Correlation Between Social Support and Depression*

|  |  | Depression | Social Support |
|---|---|---|---|
| Depression | Pearson Correlation | 1 | -.413** |
|  | Sig (2-tailed) |  | 0,000 |
|  | N | 431 | 431 |
| Social Support | Pearson Correlation | -,413** | 1 |
|  | Sig (2-tailed) | 0,000 |  |
|  | N | 431 | 431 |

## 5.5. Effect of Gender Discrimination on Depression

Hierarchical multiple regression analysis was used to investigate the unique contribution of gender discrimination in the explanation of depression via SPSS. The independent variables were examined for collinearity before the hierarchical multiple regression analysis was made. Results of the variance inflation factor (VIF), all the tolerance values are greater than .20, and VIF statistics are below 10. The average VIF is 1.112, and this value is close to zero. Thus, we can conclude that collinearity is not a problem for this model.

For controlling the other predictors' effect on depression, income level, education level, age, and perceived social support included in the analysis. Variables that explain depression were entered in two steps. In step one, depression was the dependent variable. And, the income level, education level, age, and perceived social support were the independent variables. In step two, the perceived discrimination score was entered as an independent variable. The results of step one indicated that the variance accounted for $R^2$ with the first four independent variables (income level, education level, age, perceived social support) equaled .25 (adjusted $R^2$ = .24), which was significantly different from zero, $F(4.426) = 35.606$, $p < .001$, $R^2 = .25$. This means that income level, education level, age, and perceived social support statistically significantly predicted depression, and accounted for %25 variance of the depression. The result of step two indicated that gender discrimination statistically significantly predicted depression when income level, education level, age, and perceived social support are controlled $F(5.425) = 39.784$, $p < .001$, $R^2 = .07$, which explained an additional 7% of the variance in depression. In this final step, predictors explained a total of 32% of the variance in depression (Table 5). Hypothesis 1 was supported.

**Table 5**

*Summary of Hierarchical Regression Analysis for Gender Discrimination Predicting*

*Depression*

| | b | SE B | β | p |
|---|---|---|---|---|
| Step 1 | | | | |
| Constant | -5.84 | 3.139 | | .063 |
| Year of Birth | .004 | .002 | .108 | .014 |
| Education Level | -.061 | .030 | -.091 | .039 |
| Income Level | -.099 | .021 | -.215 | .000 |
| Perceived Social Support | -.114 | .014 | -.361 | .000 |
| Step 2 | | | | |
| Constant | -1.958 | 3.054 | | .522 |
| Year of Birth | .002 | .002 | .051 | .240 |
| Education Level | -.078 | .029 | -.116 | .006 |
| Income Level | -.080 | .020 | -.175 | .000 |
| Perceived Social Support | -.115 | .013 | -.365 | .000 |
| Perceived Gender Discrimination | .071 | .011 | .274 | .000 |

*Note. $R^2$=.251 for Step 1; $\Delta R^2$= .068 for Step 2 (p <.001)*

## 5.6. Effects of Perceived Social Support on Depression

There were two steps in the hierarchical regression with a 0.001 significance level for entry. Predictors are age, income level, education level, perceived gender discrimination, and perceived social support. The outcome is depression. In the first step, variables education level, income level, age, and perceived gender discrimination were entered, and this model predicted scores on the depression to a statistically

significant degree, $R^2 = .19$, $F_{(4.426)} = 25.110$, $p < .001$, which explained 19% of the variance in depression. In the second step, perceived social support was entered as a predictor. The result of step two indicated that social support statistically significantly predicted depression when income level, education level, age, and perceived gender discrimination were controlled, $R^2 = .13$, $F_{(5.425)} = 39.784$, $p < .01$, which explained an additional 13% of the variance in depression (Table 6). In this final step, predictors explained a total of 32% of the variance in depression. This means perceived social support negatively, and statistically significantly predicts depression. Hypothesis 2 was supported.

**Table 6**

*Summary of Hierarchical Regression Analysis for Social Support Predicting*

*Depression*

|  | b | SE B | β | P |
|---|---|---|---|---|
| **Step 1** |  |  |  |  |
| Constant | -3.747 | 3.318 |  | .259 |
| Year of Birth | .002 | .002 | .069 | .138 |
| Education Level | -.103 | .031 | -.153 | .001 |
| Income Level | -.102 | .021 | -.223 | .000 |
| Perceived Gender Discrimination | .69 | .012 | .268 | .000 |
| **Step 2** |  |  |  |  |
| Constant | -1.958 | 3.054 |  | .522 |
| Year of Birth | .002 | .002 | .051 | .240 |
| Education Level | -.078 | .029 | -.116 | .006 |
| Income Level | -.080 | .020 | -.175 | .000 |

**Table 6(cont'd)**

*Summary of Hierarchical Regression Analysis for Social Support Predicting*

*Depression*

|  | *b* | *SE B* | *β* | *p* |
|---|---|---|---|---|
| Perceived Gender Discrimination | .071 | .011 | .274 | .000 |
| Perceived Social Support | -.115 | .013 | -.365 | .000 |

*Note. $R^2$=.191 for Step 1; $\Delta R^2$= .128 for Step 2 (p <.001)*

## 5.7. Moderating Role of Perceived Social Support in the Relationship Between Gender Discrimination and Depression

PROCESS tool was conducted to examine the gender discrimination and depression level of the participants relationship through perceived social support. The results shown that perceived social support significantly predicted depression, $b$ = -.13, $t$ = -9.76, $p <$ .01; meaning that participants with higher social support had lower depression levels than those who had lower social support did. Depression level of the participants was significantly predicted by gender discrimination, $b$ = .08, $t$ = 7.33, $p <$ .01; meaning that participants with higher perceived gender discrimination scores had higher depression scores than those who had lower perceived gender discrimination scores did. As a result of moderation analysis by PROCESS tool, a significant interaction effect did not indicate moderation, and in this case, the interaction is not significant., $b$ = .01, 95% Cl [-.01, .02], $t$ = .59, $p >$ .05 (Table 7). The result indicates that social support did not moderate the gender discrimination and depression relationship. Hypothesis 3 was not supported.

**Table 7**

*Moderation Effect of Perceiving Social Support Total Score on Perceived Gender*

*Discrimination and Depression Relationship*

| | b | SE B | t | p |
|---|---|---|---|---|
| Constant | .72 [.69, .76] | .02 | 40.65 | .00 |
| Gender Discrimination | .08 [.06, .10] | .01 | 7.33 | .00 |
| Perceived Social Support | -.13 [-.16, -.10] | .01 | -9.76 | .00 |
| Gender Discrimination x Social Support | .01 [-.01, .02] | .01 | .59 | .55 |

*Note. $R^2$ = .27.*

### 5.7.1. Moderating Role of Perceived Social Support Family Subscale in the Relationship Between Gender Discrimination and Depression

PROCESS tool was performed to examine the gender discrimination and depression level of the participants relationship through perceived social support from family. The results showed that depression is negatively and significantly predicted by perceived social support by family, $b$ = -.10, $t$ = -8.17, $p$ < .05; meaning that participants with higher social support from the family had lower depression levels than those who had lower social support did. Gender discrimination significantly predicts the depression level of the participants, $b$ = .07, $t$ = 5.87, $p$ < .05; meaning that participants with higher perceived gender discrimination scores had higher depression scores than those who had lower perceived gender discrimination scores did. As a result of moderation analysis by PROCESS tool, moderation is not shown up by a significant interaction effect, and in this case, the interaction is not significant, $b$ = .01, 95% Cl [-.01, .02], $t$ = 1.22, $p$ = .22 (Table 7.1). The result shows that the gender discrimination and depression relationship is not moderated by social support from family. Hypothesis 3a was not supported.

**Table 7.1**

*Moderation Effect of Perceiving Social Support by Family on Perceived Gender*

*Discrimination and Depression Relationship*

|  | $b$ | $SE\ B$ | $t$ | $p$ |
|---|---|---|---|---|
| Constant | .72 [.69, .76] | .02 | 39.11 | .00 |
| Gender Discrimination | .07 [.04 .09] | .01 | 5.87 | .00 |
| Perceived Social Support (Family) | -.10 [-.12, -.08] | .01 | -8.17 | .00 |
| Gender Discrimination X Social Support | .01 [-.01, .02] | .01 | 1.22 | .22 |

*Note. $R^2$ = .22.*

### 5.7.2. Moderating Role of Perceived Social Support Friend Subscale in the Relationship Between Gender Discrimination and Depression

PROCESS tool was conducted to examine the gender discrimination and depression level of the participants relationship through perceived social support by family. The results showed that depression is negatively and significantly predicted by perceived social support by friends, $b$ = -.10, $t$ = -7.77, $p$ < .01; meaning that participants with higher social support from friends had lower depression levels than those who had lower friend's social support did. Gender discrimination significantly predict depression level of the participants, $b$ = .09, $t$ = 7.83, $p$ < .01. As a result of moderation analysis by PROCESS tool, moderation is not shown up by a significant interaction effect, and in this case, the interaction is not significant, $b$ = .01, 95% Cl [-.01, .02], $t$ = 1.20, $p$ = .23 (Table 7.2). The result indicates that the relationship between gender discrimination and depression is not moderated by perceived friend's social support. Hypothesis 3b was not supported.

**Table 7.2**

*Moderation Effect of Perceiving Social Support by Friends on Perceived Gender*

*Discrimination and Depression Relationship*

| | b | SE B | t | p |
|---|---|---|---|---|
| Constant | .72 [.68, .76] | .02 | 39.21 | .00 |
| Gender Discrimination | .09 [.07 .11] | .01 | 7.83 | .00 |
| Perceived Social Support (Friend) | -.10 [-.12, -.07] | .01 | -7.77 | .00 |
| Gender Discrimination x Social Support | .01 [-.01, .02] | .01 | 1.20 | .23 |

*Note.* $R^2 = .22$.

### 5.7.3. Moderating Role of Perceived Social Support Significant Other Subscale in the Relationship Between Gender Discrimination and Depression

PROCESS tool was performed to scrutinize the relationship between gender discrimination and depression level of the participants through perceived social support by significant others. The results indicated that perceived social support from significant others significantly and negatively predicted depression, $b = -.06$, $t = -6.77$, $p < .01$; meaning that participants with higher social support from significant others had lower depression levels than those who had lower significant others social support did. Gender discrimination significantly and positively predict depression level of the participants, $b = .08$, $t = 7.34$, $p < .01$. As a result of moderation analysis by PROCESS tool, moderation is not shown up by a significant interaction effect, and in this case, the interaction is not significant, $b = .01$, 95% Cl [-.01, .02], $t = .86$, $p = .39$ (Table 7.3). The result indicates that the perceived significant others' social support did not moderate gender discrimination and depression relationship. Hypothesis 3c was not supported.

**Table 7.3**

*Moderation Effect of Perceiving Social Support by Significant Other on Perceived*

*Gender Discrimination and Depression Relationship*

|  | b | SE B | t | p |
|---|---|---|---|---|
| Constant | .72 [.68, .76] | .02 | 38.51 | .00 |
| Gender Discrimination | .08 [.06 .11] | .01 | 7.34 | .00 |
| Perceived Social Support(Significant Other) | -.06 [-.08, -.04] | .01 | -6.77 | .00 |
| Gender Discrimination x Social Support | .01 [-.01, .02] | .01 | .86 | .39 |

*Note.* $R^2$ = .19.

# CHAPTER 6

# DISCUSSION

In this chapter, the results of the analysis of the data obtained from the variables of perceived gender discrimination, perceived social support, and depression collected from adult women living in Turkey are discussed within the framework of the purpose of the research.

## 6.1. Possible Explanation for Results

PROCESS tool was utilized for examining the relationship between perceived gender discrimination and depression level of the participants through three subscales of the perceived social support. In the moderation analysis, the relationship of perceived social support and perceived gender discrimination with depression was found significant, respectively. Accordingly, the results of the moderation analysis, the interaction between perceived gender discrimination and all perceived social support subscales fell short of statistical significance. The perception of social support (i.e. support from significant others, friends, and family), did not significantly influence the relationship between women's perception of gender discrimination and the level of depression. This result is not compatible with the existing literature. One of the reasons why this study revealed unexpected results might be the demographic features of the sample. For instance, most of the participants had undergraduate or postgraduate degrees. Andersson and Harnois (2020) indicated that women with higher education are exposed to gender discrimination more frequently because they work long hours in male-dominated workplaces. However, the relationship between gender discrimination and mental health is negative and higher for women with a lower education level (Andersson & Harnois, 2020; Kessler et al., 1999). In other words, they indicated that educated women are more exposed to gender discrimination, but they are also less vulnerable (Andersson & Harnois, 2020). Therefore, the model might be not compatible with previous research since the sample of this study was consisted of women with an education level above the society's average.

The other possible reason for the insignificant effect of social support on perceived gender discrimination and depression relationship could be legitimizing myths. Men are more advantageous than women, and women are discriminated against on the basis of having low-status group positions (Ekehammar et al., 2004). Legitimizing myths helps

to perceive this inequality as normal, natural, and fair (Pratto et al., 2006). Hierarchy enhancing legitimized myths provide maintaining and justifying gender inequality. According to Pratto and her colleagues (2006), although women adopt HA-LMs more than men, women's behavior and attitudes are influenced by HE-LMs too. Even though women are also subjects of gender inequality, they have adopted patriarchy and sexism. There are findings about women may have sexist behavior toward other women (Becker, 2010; Fischer, 2006). Therefore, unlike WEIRD countries, women in non-WEIRD countries like Turkey do not perceive gender inequality as injustice and mistreatment of women, and gender inequality is more justified in non-WEIRD countries (Glick et al., 2000; Kinias & Kim, 2012; Napier et al., 2010). Caffaro and her/his colleagues (2014) conducted a study with Turkish and Italian participants about honor killing. They found that Turkish participants attribute more liability to victims, less liability to the perpetrator than Italians. In addition, Turkish participants offered less harsh punishment for offenders than Italian participants (Caffaro, et al., 2014). Moreover, the people who are giving social support are individuals from this society, and they are people who have grown up with the rules of a patriarchal society. Their behavior and attitudes are affected by HE-LMs. They may not be able to offer adequate support to women who have been subjected to gender discrimination in this regard, because they may not perceive discriminative behavior against women, or they perceive and justify it. In addition, the devaluation of women in the family positively predicts self-silencing to discrimination against women for men and women (Akarsu & Sakallı, 2021). This may lead to inadequate social support for women who are discriminated against their gender.

One of the reasons perceived social support did not moderate the relationship between perceived gender discrimination and depression may be that there were not many participants with high perceived discrimination and high social support. There may be a negative relationship between them. People who perceive that they are being discriminated against may feel that they do not receive social support.

In line with the hypothesis, the hierarchical linear regression analysis results indicated that when income level, age, education level, and perceived social support were controlled, perceived discrimination predicted depression. Age as a predictor did not predict depression after all predictors are controlled. The depression level and age relationship make sense with the contribution of other predictors. Before performing the regression analysis, gender discrimination and depression relationship was tested, and

gender discrimination was strongly positively correlated with depression. The means of the regression analysis results is that perceiving gender discrimination positively related to women's depression. The literature supports this result too. For instance, Lee and Turney (2012) found that people exposed to everyday discrimination experienced higher levels of depressive symptoms, loneliness, and hostility than those who were not exposed. It has been seen that gender discrimination complies with the definition of everyday discrimination, which is defined by examples such as being seen in a secondary position, not being respected, and being seen as less intelligent. Therefore, the study of Lee and Turney agrees with the result of the present study. The study which was conducted by Hünler (2013) with female students in Turkey offers compatible results with the current study. She found that the experiences of being exposed to gender discrimination increased depressive complaints. The participants in the study were between the ages of 18-27, the mean age of the participants was 21, and only included the province of İzmir. In the present study, the age range was 18-79, the average age of the participants was 34.3, and the participants were from 32 different provinces. Despite the differences in the demographic features of the participants, the same conclusion was reached in these two studies. Also, the positive association between perceived gender discrimination and depression was found by many other studies.

Using hierarchical linear regression analysis, when the predictors of age, income level, education level, and perceived gender discrimination were controlled, the hypothesis that perceived social support negatively predicted depression was significantly confirmed. Unexpectedly, age did not predict depression in this model at all. One of the reasons why age and depression did not associate significantly may be that the age variable in the study was not normally distributed. In addition, the relationship between age and depression was found for independent age groups. For example, it has been found that the level of depression is higher in adolescence, young adulthood, and old age (Thoits, 2010). In this study, however, a linear relationship could not be found because age is a numerical variable. Pursuant to the results, social support negatively predicted depression. Before performing the regression analysis, the relationship amongst social support and depression was tested, and social support was very strongly negatively correlated with depression. The result of the regression analysis means that women with higher social support have fewer depressive symptoms, and women with lower social support also have higher depressive symptoms. The results were found to be compatible

with the Relational Regulation Theory (Lakey & Orehek, 2011) and with literature. For example, in a study conducted with immigrants and asylum seekers in Germany, they found that having a high level of social support reduces the negative effects of depression (Knoll & Schwarzer, 2002). Similarly, in a study conducted with women who were exposed to intimate partner violence, it was found that protective factors, as social support, had a buffering effect on depression (Carlson et al., 2002). In both studies with genderqueer individuals (Budge et al., 2014) and transgender people (Boza & Perry, 2014), social support was found to have a significant effect on depression, while people with higher social support levels had lower depression levels.

## 6.2. Scientific Contributions

Although the number of research analyzing the relationship amongst social support and depression is high, the number of research looking at the relationship amongst perceived gender discrimination and depression; and the moderation effect of social support on this relationship is very few. Within my knowledge, there is no study examining the effect of social support on the relationship between gender discrimination and depression in Turkey. This study contributed to the literature to reduce the lack of research on the mentioned issues. Additionally, since Turkey is a non-WEIRD country, it has provided diversity to previous studies on this subject with a different sample with having a collectivistic (Ayçiçegi-Dinn & Caldwell-Harris, 2011), and patriarchal culture (Sunar & Fisek, 2005). In collectivistic societies, complying with the rules of society, and adapting to society for not to disturb the peace has great importance. Inequality is more common, masculinity is high, and the conforming social rules is crucial (Hofstede, 2011). In collectivistic cultures with patriarchal ideology, gender discrimination is higher and gender inequality is endorsed more than individual cultures (Hofstede, 2011). Considering these specific qualities of Turkey as a non-WEIRD country, the perception level of gender discrimination and the way of giving support may differ from WEIRD countries.

## 6.3. Limitations

Online data collection might be considered as the first limitation. Participants did not have the opportunity to ask questions about the meaning of questions. At the same time, an online collection of data has made it difficult to access potential participants with low education levels or who are illiterate. The reason for the high average

education level of the sample may be the online collection of data. It might be the case that participants with low education level, illiterate, or lack of internet access due to lack, or low-income level could not be accessed. For this reason, I could not make a comparison of the results through socioeconomic status. Another limitation was that the sample cannot be generalized to the population due to the high level of education.

Another limitation was the use of self-report as the only measurement tool. According to Caputo (2017), participants can respond to the scale with a bias to increase their social desirability in their self-reporting. For instance, participants can respond to extreme answers.

## 6.4. Future Directions

Future researchers can repeat this study with different samples to have more detailed information on the subject. To close the gap in the literature and to reduce the negative effects of discrimination on people, it would be beneficial to repeat studies on this topic with groups that have become the object of discrimination today, such as the LGBTIQ+ community (Moya, & Moya-Garófano, 2020; Wang, et al., 2019), and asylum seekers (Afyonoğlu, 2021; Della Puppa & Sanò, 2021; Quinn, 2014).

It might be good to repeat the study with a sample that is a well representative of the population. In further studies, by increasing the number of predictors of depression, it can be examined whether the amount of gender discrimination and social support predicting depression will change.

Participants' personal identification with their gender identity was not asked in this study. However, Rejection-Identification Theory (Branscombe et al., 1999) states that being discriminated against by the majority groups makes minority group members greater identifying to their group. Thus, they have been protected from the negative effects of discrimination thanks to the higher identification. In addition, according to Thoits (2013), the valuation level of the identity can change the impact of stress on mental health. For instance, if a woman's gender identity is prominent, depression levels will be higher than a woman whose gender identity is secondary. Thus, for future research, gender identification levels can be added to measurements.

Lastly, when gender discrimination is carried out implicitly through benevolent sexism, the change in the depression level of the survivor can be examined.

# CHAPTER 7

## CONCLUSION

The current study examined perceived gender discrimination and depression relationships and perceived social support's moderation effect on this relationship. I found a positive relationship between perceived gender discrimination and depression. Additionally, perceived social support was negatively related to depression. Although I expected to find the moderation effect of perceived social support on perceived gender discrimination and depression relationship, there is not any effect of social support's any of subscales on this relationship. Participants' high education level, patriarchal and collectivistic structure of Turkish culture, and hierarchy enhanced legitimizing myths about discrimination against women may be causes of the insignificant effect of social support on this relationship. The study can be repeated with a more representative sample. It will be helpful to add gender ideology and SDO scales to the study for further research. There is still a need for more research about this subject for providing better explanations. Preventive programs for discrimination's harmful effect on women's mental health should be prepared consideringly the culture of the society.

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# APPENDICES

## APPENDIX 1-Informed Consent Form

## BİLGİLENDİRİLMİŞ ONAM FORMU

Merhaba,

Bu araştırma Yaşar Üniversitesi Psikoloji Tezli Yüksek Lisans Programı'nın tez araştırması amacıyla Dr. Öğretim Üyesi Sinan Alper yürütücülüğünde Ezgi Bayırlı tarafından gerçekleştirilmektedir. Bu araştırmanın amacı geçmiş deneyimlerin psikolojik sağlık ile ilişkisini incelemektir. Bu nedenle, sizin görüş ve değerlendirmeleriniz bu araştırma için çok büyük önem ve değer taşımaktadır. Araştırmaya katılmaya karar verirseniz, lütfen değerlendirmelerinizi ve cevaplarınızı gerçek duygu ve düşüncelerinizi yansıtacak şekilde dürüstçe ve içtenlikle yapınız. Cümleler ile ilgili derecelendirmenizi yapmadan önce cümleyi dikkatlice okuyunuz. Soruların doğru ya da yanlış cevapları yoktur, önemli olan sizin duygu ve düşüncelerinizdir.

Lütfen bütün sorulara cevap veriniz, çünkü yarım bırakılmış ve eksik doldurulmuş anketleri kullanmamız mümkün değildir. Bir soruya yalnızca tek bir maddeyi işaretleyerek cevap vermeniz önemlidir. Birden fazla madde ile cevap verilmiş sorular geçersiz sayılmaktadır.

Bu çalışmaya yalnızca katılmaya gönüllüyseniz katılınız. Çalışmaya katıldıktan sonra da isteğiniz doğrultusunda çalışmadan ayrılabilirsiniz. Yanıtlarınız araştırmaya katılım için onay vermeniz durumunda çalışmaya dahil edilecektir. Bu formlarda sizlerden kişisel bilgileriniz alınmayacaktır. Yanıtlarınız tamamen gizli tutulacaktır. Toplanan tüm yanıtlar yalnızca araştırma amacıyla ve toplu bir şekilde yorumlanacaktır.

Araştırmaya gönüllü olarak katılmak istiyorum.

☐

Araştırmaya değerli katkınız için çok teşekkür ederiz.

**DEMOGRAFİK SORULAR**

**Doğum yılı:** _____

**Hayatınızın büyük bir kısmının geçtiği yer**

Büyükşehir:_____     Şehir:_____     Kasaba:_____     Köy:_____
__                        _                    _                      _

**Kiminle yaşıyorsunuz?**

Aile:__     Akrabaların                    Arkadaşlarıyla:_     Partner/Eş         Yalnız:_
_           yanında:___                    _                    ile:____            _

**Eğitim düzeyiniz aşağıdakilerden hangisi ise yanındaki kutucuğu işaretleyiniz.**

Okuma yazma bilmiyor. ▢     Okuma yazma biliyor ama diploması yok ▢

İlkokul ▢     Ortaokul ▢     Lise ▢     Üniversite ▢     Yüksek Lisans/Doktora▢

**Aylık gelir düzeyinize en yakın olan seçeneği işaretleyiniz.**

Gelirim yok.                          ▢

Gelirim giderlerimden daha az. ▢

Gelirim giderlerimi karşılıyor. ▢

Gelirim giderlerimden daha fazl▢

# APPENDIX 3- Beck Depression Inventory-II

21-

1. Son zamanlarda cinsel konulara olan ilgimde bir değişme fark etmedim.

2. Cinsel konularla eskisinden daha az ilgiliyim.

3. Cinsel konularla şimdi çok daha az ilgiliyim.

4. Cinsel konular olan ilgimi tamamen kaybettim.

20-

1. Sağlığım beni fazla endişelendirmiyor.

2. Ağrı, sancı, mide bozukluğu veya kabızlık gibi rahatsızlıklar beni endişelendirmiyor.

3. Sağlığım beni endişelendirdiği için başka şeyleri düşünmek zorlaşıyor.

4. Sağlığım hakkında o kadar endişeliyim ki başka hiçbir şey düşünemiyorum.

19-

1. Son zamanlarda kilo vermedim.

2. İki kilodan fazla kilo verdim.

3. Dört kilodan fazla kilo verdim.

4. Altı kilodan fazla kilo vermeye çalışıyorum.

18-

1. İştahım her zamanki gibi.

2. İştahım her zamanki kadar iyi değil.

3. İştahım çok azaldı.

4. Artık hiç iştahım yok.

17-

1. Her zamankinden daha çabuk yorulmuyorum.

2. Her zamankinden daha çabuk yoruluyorum.

3. Yaptığım her şey beni yoruyor.

4. Kendimi hemen hiçbir şey yapamayacak kadar yorgun hissediyorum.

16-

1. Her zamanki gibi iyi uyuyabiliyorum.

2. Eskiden olduğu gibi iyi uyuyamıyorum.

3. Her zamankinden 1-2 saat daha erken uyanıyorum ve tekrar uyuyamıyorum.

4. Her zamankinden çok daha erken uyanıyor ve tekrar uyuyamıyorum.

15-

1. Eskisi kadar iyi çalışabiliyorum.

2. Bir şeyler yapabilmek için gayret göstermem gerekiyor.

3. Herhangi bir şeyi yapabilmek için kendimi çok zorlamam gerekiyor.

4. Hiçbir şey yapamıyorum.

14-

1. Aynada kendime baktığımda değişiklik görmüyorum.

2. Daha yaşlanmış ve çirkinleşmişim gibi geliyor.

3. Görünüşümün çok değiştiğini ve çirkinleştiğimi hissediyorum.

4. Kendimi çok çirkin buluyorum.

13-

1. Eskiden olduğu gibi kolay karar verebiliyorum.

2. Eskiden olduğu kadar kolay karar veremiyorum.

3. Karar verirken eskisine kıyasla çok güçlük çekiyorum.

4. Artık hiç karar veremiyorum.

12-

1. Başkaları ile görüşmek, konuşmak isteğimi kaybetmedim.

2. Başkaları ile eskiden daha az konuşmak, görüşmek istiyorum.

3. Başkaları ile konuşma ve görüşme isteğimi kaybetmedim.

4. Hiç kimseyle konuşmak görüşmek istemiyorum.

11-

1. Şimdi her zaman olduğumdan daha sinirli değilim.

2. Eskisine kıyasla daha kolay kızıyor ya da sinirleniyorum.

3. Şimdi hep sinirliyim.

4. Bir zamanlar beni sinirlendiren şeyler şimdi hiç sinirlendirmiyor.

10-

1. Her zamankinden fazla içimden ağlamak gelmiyor.

2. Zaman zaman içinden ağlamak geliyor.

3. Çoğu zaman ağlıyorum.

4. Eskiden ağlayabilirdim şimdi istesem de ağlayamıyorum.

9-

1. Kendimi öldürmek gibi düşüncelerim yok.

2. Zaman zaman kendimi öldürmeyi düşündüğüm olur. Fakat yapmıyorum.

3. Kendimi öldürmek isterdim.

4. Fırsatını bulsam kendimi öldürürdüm.

8-

1. Başkalarından daha kötü olduğumu sanmıyorum.

2. Zayıf yanların veya hatalarım için kendi kendimi eleştiririm.

3. Hatalarımdan dolayı ve her zaman kendimi kabahatli bulurum.

4. Her aksilik karşısında kendimi hatalı bulurum.

7-

1. Kendimden memnunum.

2. Kendi kendimden pek memnun değilim.

3. Kendime çok kızıyorum.

4. Kendimden nefret ediyorum.

6-

1. Bana cezalandırılmışım gibi geliyor.

2. Cezalandırılabileceğimi hissediyorum.

3. Cezalandırılmayı bekliyorum.

4. Cezalandırıldığımı hissediyorum.

5-

1. Kendimi herhangi bir şekilde suçlu hissetmiyorum.

2. Kendimi zaman zaman suçlu hissediyorum.

3. Çoğu zaman kendimi suçlu hissediyorum.

4. Kendimi her zaman suçlu hissediyorum.

4-

1. Birçok şeyden eskisi kadar zevk alıyorum.

2. Eskiden olduğu gibi her şeyden hoşlanmıyorum.

3. Artık hiçbir şey bana tam anlamıyla zevk vermiyor.

4. Her şeyden sıkılıyorum.

3-

1. Kendimi başarısız bir insan olarak görmüyorum.

2. Çevremdeki birçok kişiden daha çok başarısızlıklarım olmuş gibi hissediyorum.

3. Geçmişe baktığımda başarısızlıklarla dolu olduğunu görüyorum.

4. Kendimi tümüyle başarısız biri olarak görüyorum.

2

1. Gelecek hakkında mutsuz ve karamsar değilim.

2. Gelecek hakkında karamsarım.

3. Gelecekten beklediğim hiçbir şey yok.

4. Geleceğim hakkında umutsuzum ve sanki hiçbir şey düzelmeyecekmiş gibi geliyor.

1

1. Kendimi üzüntülü ve sıkıntılı hissetmiyorum.

2. Kendimi üzüntülü ve sıkıntılı hissediyorum.

3. Hep üzüntülü ve sıkıntılıyım. Bundan kurtulamıyorum.

4. O kadar üzüntülü ve sıkıntılıyım ki artık dayanamıyorum.

## APPENDIX 4-Multidimensional Scale of Perceived Social Support Scale

| | Kesinlikle Hayır | | | | | Kesinlikle Evet | |
|---|---|---|---|---|---|---|---|
| 1. Sorunlarımı arkadaşlarımla konuşabilirim. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Kararlarımı vermede ailem (örneğin, annem, babam, eşim, çocuklarım, kardeşlerim) bana yardımcı olmaya isteklidir. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. Ailem ve arkadaşlarım dışında olan ve duygularıma önem veren bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Sevinç ve kederlerimi paylaşabileceğim arkadaşlarım var. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Sorunlarımı ailemle (örneğin, annemle, babamla, eşimle, çocuklarımla, kardeşlerimle) konuşabilirim. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. İşler kötü gittiğinde arkadaşlarıma güvenebilirim. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. Arkadaşlarım bana gerçekten yardımcı olmaya çalışırlar. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. Ailem ve arkadaşlarım dışında olan ve beni gerçekten rahatlatan bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. İhtiyacım olan duygusal yardımı ve desteği ailemden (örneğin, annemden, babamdan, eşimden, çocuklarımdan, kardeşlerimden) alırım. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. Ailem (örneğin, annem, babam, eşim, çocuklarım, kardeşlerim) bana gerçekten yardımcı olmaya çalışır. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 11. Ailem ve arkadaşlarım dışında olan ve sevinç ve kederlerimi paylaşabileceğim bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. Ailem ve arkadaşlarım dışında olan ve ihtiyacım olduğunda yanımda olan bir insan (örneğin, flört, nişanlı, sözlü, akraba, komşu, doktor) var. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**APPENDIX 5-Past Experience of Gender Discrimination Scale**

|  Kesinlikle Hayır | | | | | | Kesinlikle Evet |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1- Kadınlara karşı olan önyargıdan kişisel olarak etkileniyorum. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2- Sürekli olarak erkeklerin kadınlara üstünlüğünün vurgulanması tavrıyla karşılaşıyorum | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3- Ben de cinsel tacize uğradım | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4- Kadın olmaktan dolayı kendimi toplumun bir kurbanı gibi hissediyorum. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5- Kendimi cinsiyetim yüzünden fırsatlardan mahrum bırakılmış bir kişi olarak görüyorum | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6- Bizzat cinsel ayrımcılığın kurbanı oldum | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

X

Yukarıda sunulan bilgilerin doğruluğunu teyit ederim (Lütfen işaretleyiniz.)