The Institutional History of Family Planning in Turkey

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This paper examines the development of family planning in Turkey between the establishment of the Turkish Republic in 1923 and the 2000s. The aim is to show how the concept of family planning and its institutional framework have changed over the years. It is crucial to look at why family planning is used in a particular context and period, the aim behind the policy, and what purpose it really serves. Analyzing the different names that are given to this concept is a way to reflect on the ideological discourse.

It will be argued that family planning has been shaped by different discursive aims and different state policies in Republican Turkey. Historically, it has been employed as a tool in pro-natalist population policy and anti-natalist population planning. Moreover, from time to time, the changes in the formulation of this concept have been attempts to adapt to changes in the international context, particularly in the transformation of population policies. In this sense, the transformation of family planning should be thought of within an international context and the changes in conjecture.

The present work examines the establishment of family planning programs and the transformation of this concept. In order to reflect on this change, the institutional and historical backgrounds will be particularly considered. State policies will be at the center of the present study due to its decisive role in shaping the concept of family planning in the Turkish context. This study makes use of historical data on the institutional and discursive changes in family planning concept, and also utilizes semi-structured interviews. Other sources related to legislation which cover instructions, regulations, laws, especially from 1965 to 1983 in which all the institutionalized process of the family planning took place, have also been consulted. In addition to this, I worked with the strategic plans of the Ministry of Health *(Türkiye Cumhuriyeti Sağlık Bakanlığı)*. I also focused on all of the five-year

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development plans since 1963. Moreover, the conferences, seminars and their reports gathered in those years served as primary sources.

Unlike a number of industrialized countries, such as United States and the UK, a popular demand for access to contraceptives never occurred in Turkey as a movement within the broader context of women's liberation. The tendency towards contraceptives in Turkey was always state imposed, not in the form of a bottom-up movement as could be observed in United States and the UK. The institutional history of family planning, and its connotations within the state ideological discourse, has never been a major area of research in the social sciences in Turkey. The issue has been researched and documented only in medical studies by medical specialists, not by social scientists. Therefore, the former's focus has always been on the medical aspects including the technique, usage, quality and accessibility of family planning services, without any reference to the ideological-discursive basis of family planning as a concept. The social science literature in Turkey, as a result, lacks studies on family planning which employ the historical-holistic perspective. The present study is an attempt to fill this gap in the literature. Because of the decisive change in the state policy of family planning – from pro-natalist to anti-natalist – the historical periodization has been divided into two parts: pre-1960s and the post-1960s.

Before discussing family planning in Turkey in its historical context, it is necessary to define the concept of family planning. Family planning is defined as, »[…] policies that allow individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility,« (WHO, 2012). At a 1968 UN conference, it was accepted that »parents have a basic human right to determine freely and responsibly the number and the spacing of their children« (Connelly 2008: 238). Also, at an international conference on population in 1984 in Mexico City, this approach was reaffirmed by a unanimous vote by the countries at this conference.

In the 1960s, the developmentalist perspective and Neo-Malthusian approach were dominant in policy-making. To the developmentalist approach, demographic concerns such as uncontrolled population growth, urbanization, and immigration were added during the 1970s. By the 1980s, the health concern (for whole body) moved to the center of family planning initiatives. In the 1990s, the rise of human rights discourse on the global scale caused reproductive health to gain further importance. Family planning began to be conceived as a part of reproductive health. In neither of these periods were feminist sensitivities and gender specific considerations granted their due importance. During the first decade of the 2000s, the emphasis on family planning declined in the state discourse. This was a result of the transformation in the health system initiated by the AKP regime, character-

ized by a neoliberal attitude to health services, in accordance with the world-wide economic trends.

It is necessary to mention that the agenda of The Progressivist Women's Association *(İlerici Kadınlar Derneği)* in 1975 is an exception which gave voice to women's demand and support for abortion. However, their political agenda was never put into action for fear of challenging the core values of society (Kılıç 1998: 351–353). Compared to the United States and the UK, a sustained feminist movement concerning family planning and right to abortion has not occurred in Turkey.

Pro-Natalist Policy, 1923–1960

After the establishment of the Turkish Republic, until the 1960s, pro-natalist policy was the dominant approach in population policies. The aim of the pro-natalist policy was to replenish the losses sustained during the Turco-Italian War *(Trablusgarp Savaşı 1911–1912),* the Balkan War, the First World War, and the War of Independence. In these fifteen years, there were millions of deaths in the country. Illnesses such as typhus, malaria, and smallpox also accounted for a high death rate (Akın & Sevencan 2006: 1–14). There was a need for a new generation of citizens loyal to the Turkish state, manpower for the economy, and soldiers for the army. The aim was to develop the country in the shortest time possible to catch up with the industrialized countries. The Turkish Republic wanted to compensate the population loss by promoting reproduction among families.

Within this framework, pro-natalist policy was seen as sine qua non in the state's reproduction politics. For this purpose, the import of contraceptives was prohibited, abortion was made illegal, as was promoting contraceptive methods, providing informational materials and educating people. Large families were promoted, to the extent that financial incentives were provided.

The Turkish population policy after 1930 was modeled after the Italian pro-natalist population policy. Similar to Italy, Turkey tried to actively promote pro-natalist policies through political speeches, newspaper articles, and translations of the related Western literature such as articles into Turkish. The promotion of pro-natalist policies was a strict and well-planned state program (Güriz 1975: 51).

The laws that were enacted by the government and policy makers in Turkey require examination. In the Turkish Criminal Law passed in 1925, abortion was a punishable crime, except when the life of the pregnant woman was in danger (Tezcan et al. 1980). The Penal Code of 1926, which was adapted from the Italian code, made abortion illegal. Induced abortion remained a crime. The minimum age of marriage was 18 for men and 17 for women (Özbay, manuscript to be published in 2012; Güriz 1975: 143; Özberk 2006). The legal marriage age was reduced

to encourage birth. According to Akın (2007), »the Laws on Local Administration and on Municipalities, passed in 1929 and 1930, respectively, imposed several obligations on local administrations to implement the population increase policy by improving public health, establishing free maternity hospitals, and distributing medicines to the poor for free or at low cost«.

In addition, the 1930 Law on General Hygiene *(Umumi Hıfzıssıhha Kanunu)* was the most obvious legislation in relation to the pro-natalist position of the Turkish government. As indicated, it mandated that the Ministry of Health encourage births by granting monetary awards or medals to women who had six or more children. Moreover, it also prohibited the import, production and sale of contraceptives (Özbay, manuscript to be published in 2012; Akın, 2007). In 1936, the Turkish government increased the penalties for abortion and punished any action that attempted to avoid birth. In addition, family planning education was forbidden. The Law of Public Health required that birthing services be free in state hospitals. In 1938, the minimum age for marriage was further reduced to 17 for men and 15 for women (Piyal 1994: 2). Also, it gave the priority for land distribution to families with many children. In 1944, the government gave public sector employees modest child support payments. In 1949, the government provided income tax reductions based on the number of children (Güriz 1975). In 1953, penalties for abortion were again increased (Özbay, manuscript to be published in 2012; Akın 2007; Güriz 1975). During the pro-natalist period, a number of laws granted tax exemptions for parents (Güriz 1975).

As seen above, a number of legal changes were introduced to support the pro-natalist policy in that period. Moreover, health policies were also used to support the population policies in Turkey in that period. This imposition of this certain ideology worked in two ways: by prohibiting contraceptives it sought to halt population loss, and it instead incentivized families to produce as many babies as possible. Women did not have ownership or autonomy over this aspect of their lives. According to Karaca Bozkurt (2011: 68), the voices and opinions of women directly impacted by these laws were not solicited. In particular, women and their needs were ignored. The responsibility of the reproductive rights of women did not belong to women – the decision to have a child was a part of state laws and pro-natalist policies. The government held sway over women's bodies and women's decisions about reproduction. However, this period should not be judged by today's cultural and ethical standards. Turkish politics during that time were generally insensitive to gender issues at all levels of decision-making and state policy.

During the Second World War, pro-natalist policy was useless because of the socio-economic climate the war caused. However, from 1945 to 1960, there was a significant demographic change. After 1945 nearly all developing countries experienced population booms. The largest factor in this was not high fertility rates, but

a decline in fatality rates. Improved health conditions, living conditions, good nutrition, developed health services, and better housing helped increase life expectancy, while the average age of death rose (Sönmez 1980: 2).

This, in turn, created the problem of controlling over-growing population rates especially in developing countries. According to Karaca Bozkurt (2011), the Neo-Malthusian population approach (see endnote 1) that was formed by reshaping the Malthusian population approach argues that rapid population growth is a barrier to development. This approach was used for controlling rapid population growth rates of developing countries, especially after the Second World War. The Turkish population policy was also affected by that trend, responding to the need for a shift from pro-natalist to anti-natalist policy for development considerations.

The increased cost of rearing children, the decreased benefits of having many children, and the lack of adequate family planning services led to an increased number of abortions in the late 1950s. Abortion became a crucial medical and social problem in Turkey (Tezcan et al. 1980).

Following the global trend in population planning programs triggered by the population boom, together with the negative results of abortions, the state was prompted to change its population policy. This process extended into the mid-1960s. In 1952, the Maternal and Child Health Organization, within the Ministry of Health and Social Assistance (MHSA), was established.

The need to obtain permission for contraceptives came under scrutiny. A key figure in this was Dr. Zekai Tahir Burak, a gynecologist from Ankara. According to him, although abortion was prohibited by law, many women attempted to abort by themselves, or with the help of other people in unhealthy conditions. Thus, this led to a high rate of maternal deaths. He recommended the legalization of abortion (Akın 2007). On the basis of his recommendation, the Ministry of Health charged a commission to investigate these claims (Güriz 1975: 88). The findings showed that, despite its illegality, many doctors were taking bribes to perform abortions, and that many women needed to be hospitalized for the consequences of unsafe abortions. In addition, there was a high rate of mortality amongst these women. The findings substantiated Dr. Zekai Tahir Burak's claims. The commission recommended a change in law to legalize abortion, and that certain provisions should be made to allow access to contraceptive (Özberk 2006; Akın 2007).

Overall, the pre-1965 official policy was characterized by a pro-natalist policy. The period witnessed important legal changes together with some government incentives for larger family, as described above.

From Pro-Natalist Policy to Anti-Natalist Policy in Turkey

Upon the advice of the commission the Ministry of Health, the State Planning Organization decided to focus on changing the population pro-natalist policy to an anti-natalist one. In November 1960, the State Planning Organization decided to add family planning to the First Five-Year Development Plan. Although the new population policy was stated in the First Five-Year Development Plan, the Population Planning Law had to wait until 1965. According to the First Five-Year Development Program aimed for 1963–67 (published in July 1962, during the ninth İnönü government), the following recommendations were made:

a) Abolition of the law prohibiting the spread of information and materials related to contraceptives. Legalization of the import and sale of contraceptives.
b) Personnel employed in health services (doctors, nurses, midwifes, health officers, nurse assistants) will be trained in population planning. Courses on population planning will be added to curricula.
c) Health service personnel will be responsible for providing population planning education and materials free of charge.
d) Population planning education will be provided in the context of existing opportunities.
e) Contraceptives and pills will be provided at low prices and distributed to the poor free of charge (Devlet Planlama Teşkilatı 1963: 73).

The First Five-Year Development Program and policy change in the 1960s aimed to achieve economic growth goals with the help of a developmentalist approach. In 1961, according to Akın, when the preparations for the new population planning law began, there was close collaboration between the Ministry of Health and NGOs (Akın 2010). In 1963, the Family Planning Association was established by the government with 20 branches. It helped to develop educational curriculum and operated several clinics after the enactment of the Law on Population Planning in 1965. Moreover, the Population Council, United Nations Population Fund, the World Bank, the US Agency for International Development (USAID), and the International Planned Parenthood Federation (IPPF) played important roles in promoting population and family planning programs in developing countries in the 1960s (Hartmann 1995; Özberk 2006).

After these preparatory steps, the Turkish government developed a new law to provide the legal framework for a nationwide family planning program. The turning point from pro-natalist to anti-natalist policies was the enactment of the Law on Population Planning in 1965 (*Nüfus Planlaması Hakkında Kanun, no.557,* 1 April 1965), first known as the Population Planning Directory *(Nüfus Planlaması*

Genel Müdürlüğü), in 1965 under the Ministry of Health. The overwhelming influence of state policy indicates that family planning was not a grassroots movement. Rather, as with many other political and social issues in Turkey, such as women's suffrage, birth control and family planning policies, it was a top-down campaign. The legislative process has not been an answer to a demand from below. Instead, it has been a part of state population policy and integration with the international and historical contexts.

In addition to this, no feminist movement contributed during this initial phase of family planning and legalization of contraceptive methods. This process has been determined by the state and the changes in the international context, such as some worldwide agreements. The presence of a coordinated feminist movement pushing for these reforms was not apparent in Turkey, as it was in the US or UK. While in most Western countries the demand for birth control has been framed as a right to personal freedoms, in Turkey the arguments have been based on the danger of maternal death, and the population issue, as defined by leading doctors, demographists, and government bureaucrats. Historically, it has been the state – within which women have been under-represented – that has been the arbiter of reproductive rights.

According to the Population Planning Law *(Nüfus Planlama Kanunu)* the term »Family Planning« meant: the right of each individual to have the number of children he desires and to procreate at the time of his choice. This right may be exercised solely by the use of contraceptive methods. Except in cases where medical intervention is essential, the interruption of pregnancy shall be prohibited, sterilization and castration are being likewise prohibited (The Law on Population Planning »Nüfus Planlaması Hakkında Kanun«, no. 557, *Resmî Gazete,* 1 April 1965).

Law no. 557 of 1965, guaranteed the right to have the desired number of children, the importation of birth control methods, support for health education of couples, and the supply of free birth control services in public health organizations (Güngördü 2003; HUIPS 2004, as citied in Döngel 2006: 11).With the help of the Population Planning Law, women gained the right of protection against unwanted pregnancies. However, women who became pregnant against their wishes did not have a chance to undergo abortion by their own accord. Because of this, in effect, women did not have control of their own bodies. In this way, women's rights were, actually, not fully protected by state law.

Population and annual growth rates show the slowness and partial ineffectiveness of the early phase of the population planning program.

After the enactment of the law, there was a small increase in population growth, despite expectations to the contrary. At the same time, developmental plans gained importance in state policies. The state's anti-natalist policy was aimed at attaining a certain degree of development, as laid out in the Five-Year Devel-

Table 1 Population in Turkey

Year	Population
1960	27 755 000
1965	31 392 000
1970	35 605 000

(TUİK, Population, annual growth rate of population and mid-year population estimate, 1927–2000; Piyal, 1994: 4)

Table 2 Annual Growth Rate of Population in Turkey

Period	Annual population growth rate (‰)
1955–1960	28.5
1960–1965	24.6
1965–1970	25.2

(TUİK, Estimations of population growth rate, 1927–1985; Piyal 1994: 4)

opment Plans. The state codified laws, promoted the use of contraceptives and pushed education reform in an attempt to help modernize Turkey.

It is important to stress the consequences of the developmentalist perspective and its impact in order to explain population policy in Turkey within a larger international context. According to Akın (2007: 1), in the 1960s, primarily developed countries had discussed the negative effects of uncontrolled population growth on economic and social development. The developmentalist approach, which was dominant in the 1960s, continued to have influence during the 1970s. The 1970s were characterized by the rise of the demographic approach in social policy (Akın 2010: 1). However, because of the continuation of the practice of self-induced abortion (despite its prohibition), and its negative consequences on women's health due to the lack of appropriate facilities and resources, both policy makers and researchers were compelled to reconsider the population policy that focused on developmentalist approach.

An important point, that should be stressed, is the change in the terms used in the Second Five-Year Development Plan (1968 – 1972). In this plan, contrary to the first one, the term »family planning« was used instead of the term »population planning.« In addition to this, the plan put an emphasis on the extension of the family planning program. Furthermore, there were several goals in the Second Five-Year Development Plan directed at the practice of family planning Turkey. It was emphasized that regional mobile teams for villages should be created. Family planning education became more important than before. One proposition was to put emphasis on sexual health education. In order to achieve this goal, information was disseminated through radio and newspaper. Moreover, family planning education program was to be pursued in schools and in the military (Devlet Planlama Teşkilatı 1966).

There was a decline in the annual growth rate of the population in the second half of the 1970s. This was likely due to the beginning of the family planning pro-

Table 3 Annual Growth Rate of Population in Turkey

Period	Annual population growth rate (‰)
1960–1965	24.6
1965–1970	25.2
1970–1975	25.0
1975–1980	20.7

(TUİK, Estimations of population growth rate, 1927–1985; Piyal 1994: 4)

gram. In addition to this, the UNFPA supported reproductive programs in Turkey by 1971, as well.

According to the Third Five-Year Development Plan (1973–1977), mother and childcare services were not at the desired levels (Devlet Planlama Teşkilatı 1972). The plan stated that the integration between health services and family planning program would resolve this. Importantly, the integration between mother and childcare and family planning issues was suggested. This was the first time that mother and child health in the context of family planning was mentioned (Devlet Planlama Teşkilatı 1972; Bulut 1979: 21). This change widened the scope for family planning programs throughout the country.

The 1970s were marked by the demographic approach to the population/family planning issue. The developmentalist approach continued to have influence during the decade as well. The demographic approach to family and population planning was somewhat hindered by the heterogeneity between various parts of country (east – west, rural – urban). Another area of concern with the demographic approach was the high fertility rate, despite the legalization of contraceptives.

The New Era for Family Planning and the Neo-Liberal Transformation

In 1978 (6–12 September), the International Conference of Primary Health Care met in Alma-Ata, Kazakhstan. At this conference, the need for »health for all« was expressed for the first time. The focus was on the need for better and more accessible primary health care, including family planning. Moreover, it also focused on providing promotive, preventive, curative, and rehabilitative services. This call to action was enshrined in the publication of the Declaration of Alma-Ata (Declaration of Alma-Ata 1978). At the end of the 1970s and the beginning of

the 1980s, the concern was high maternal mortality rates. Two solutions were suggested: preventing the traditional contraceptive methods usage, and reducing the unsafe abortions.

Preventing the traditional contraceptive usage, and revaluating the modern contraceptive usage, had a significant impact on reducing maternal mortality rate. Research has shown that the prevalence of modern methods of contraception and the maternal mortality ratio has a negative correlation. When the use of modern contraceptive methods prevails, maternal mortality rate declines. As a result of those two major problems mentioned above, the modification of the First Population Planning Law (1965) was seen as necessary. With the collaboration between the Ministry of Health, NGOs and universities, all advocacy activities and the scientific evidence from research helped prepare the enactment of the new law. The new law was completed by the General Directorate of Mother and Child Health – Family Planning, in light of these efforts and findings, and the bill was submitted to the Parliament for consideration (Akın 2010). On 24 May 1983, the new (second) Population Planning Law (no. 2827) was passed: authorizing trained non-physicians to insert intrauterine devices (IUD), legalizing abortion up to 10 weeks on request, allowing trained general practitioners to terminate pregnancies, legalizing surgical sterilization for men and women on request, and establishing intersectoral collaboration to provide family planning services throughout the country (see Akın 2007: 87).

The Fourth Five-Year Development Plan (1979–1983) was published in 1979 by the State Planning Organization. Mother and child health and the family planning issue were examined under the headings of »Health« and »Tools for Economic Objectives« (Devlet Planlama Teşkilatı 1979: 463). With the 1982 constitution, the institution's name, was the Population Planning Directory, was transformed into the General Directorate of Mother and Child Health and Family Planning *(Ana Çocuk Sağlığı ve Aile Planlaması Genel Müdürlüğü)*. Slowly, the »population perspective« gradually lost its value, but »mother and child« welfare became increasingly important at the policy level. A shift in emphasis and discourse was taking place.

Although reproduction is directly linked with sexuality, this connection was nearly always ignored and left untouched in the Turkish context of family planning. Foucault (2003) claims that sexuality can be discussed in several areas. One is medical discourse, as a health issue. Science became a very powerful tool with which to discuss sexuality. As seen, Turkey was not ready to examine sexuality, or the sexual freedom of the individual, especially that of women. Thus, family planning, which is necessarily inextricably linked with sex and sexuality, was discussed within a health discourse. The focus was on maternal health and its consequences for the whole of society, which was still a population issue. Turkey and »Turkish feminists« did not discuss sexuality within this framework in the 1980s. Neither

»the language« nor sexuality was a subject of concern. Reconceptualization came to Turkey relatively late (as seen in the recent abortion debate of 2012). Discussions of employment and visibility in the public sphere were acceptable topics of public discussion, but in the 1980s sexuality remained taboo. Western, progressive attitudes concerning women's health and reproduction began to influence Turkey's policies. The Turkish state followed and adopted international approaches towards women's health and family planning. Quality of life became valued above purely demographic concerns.

In the 1990s, the World Bank's focus on the demographic perspective began to change, and it reacted to countries which targeted demographic goals and developed incentives or punishment methods to achieve these demographic goals (Hartmann 1995). It would be inaccurate to suggest that the health approach of the 1980s was totally discarded in the 1990s. However, family planning started to be conceived of in terms of human rights and health. According to Hardon (1997: 4), during the 1980s and early 1990s, the rationale behind population programs was criticized by the international women's health movement. They challenged the aim that focused on reducing fertility in developing countries, »They took issue with the belief that limiting family size is a societal responsibility that takes precedence over individual well-being and individual rights« (Hardon 1997: 4). Their goal was to empower women to control their own fertility and sexuality, while minimizing health problems. The movement criticized the aim to deliver contraceptives primarily to married women as a tool to reduce fertility. They articulated that this type of action was a way of manipulation, and this manipulation prevented free choice, which is embedded in the reproductive rights declarations. In addition to this, they put an emphasis on the issue of male responsibility on family planning and the needs of adolescents (see Hardon 1997: 4).

These demands later were effective in the preparatory period of the UN International Conference on Population and Development (ICPD) (1994) and its decisions. It was the largest intergovernmental conference on population and development ever held. The ICPD differed from the other conferences in terms of its approach to the population issue. In this conference, the traditional population approach was eschewed in favor of a »humanist« approach. In addition, this conference gave priority to the individual's reproductive rights and reproductive health, and emphasized gender equality in this process. After the conference, the Program of Action, which will be fully enacted by 2015, was produced and ratified by Turkey (Karaca Bozkurt 2011).

According to the conference resolutions, reproductive health included family planning and contraceptive methods. According to Özbay (1994), reproductive health is related to the social and economic environment, and the status of individuals within their environment. The availability of medical services is just one of

these aspects of reproductive health. The solution for the problems of reproductive health is to correct more inequalities in societies and improve the basic quality of life. The focus point would be not just to improve women's health and the medical system, but it should go beyond those. The problem of women's subordination, in all social institutions, should be tackled, the conference concluded (Özbay 1994: 17). The conference members believed the fertility management needed to be founded within the services that aimed at enhancing reproductive health, not at reducing fertility.

Male responsibility and participation in reproductive health was another key topic at the conference. The intention was to create greater parity between men and women in the family planning process. Prior to the conference, Turkey mostly had focused on mother and child health. There was an agreement at the conference that this focus needed to be widened to encompass the role of men; however, the issue was not discussed in the development plans. In the Sixth Five-Year Development Plan (1990–1994), family planning was conceptualized in two ways: »population« and »health« (Devlet Planlama Teşkilatı 1989). Later on, in the Seventh Five-Year Development (1996–2000), family planning was presented under the heading »Population and Family Planning« (Devlet Planlama Teşkilatı 1995).

The final step in the changes concerning family planning in Turkey was the restructuring of the health care system to reflect the influence of neoliberal policies, as initiated in 2003 by the Justice and Development Party (AKP). The effect of these changes has become the focus of debates, while family planning per se has slipped to the background. Indeed, family planning has not been studied within the context of the transitions in the health system. The reproductive health approach continues at both the international level and in Turkey as well. However, family planning services, which are a part and necessary component of reproductive health, are discounted in the new Turkish health system. In addition, recently, a new legal amendment (Law no. 663, November 2011) was introduced related to the organizational work schema of the Ministry of Health. At present, the precise details remain unclear, but the ongoing structural change in the General Directorate of Mother and Child Health – Family Planning is a key element of this amendment. Lastly, a speech by the director of the Ministry of Health aptly summarizes state's approach to family planning in the 2000s. In 2007, the director said, »yes to reproductive health but no to family planning«.

Overall, state policies from 1923 to 1960 centered on pro-natalist policies. The concept of family planning did not exist during this period. After that period, according to Ayşe Akın (2007)[1] throughout the world in the 1960s, beginning in de-

1 Prof. Dr. Ayşe Akın, who is head of Başkent University Research and Implementation Center on Woman-Child Health and Family Planning (BUWCRIC), specializes on public health,

veloping countries, people began to discuss and be concerned with the negative effects of uncontrolled population growth on the economic and social circumstances of their countries. Such was the case in Turkey as well. This concern was mainly spurred on by the developmentalist perspective and Neo-Malthusian approach in policy-making. Family planning and contraceptives were only introduced by the Turkish state in the form of anti-natalist policy in the post-1960s period. To the developmentalist approach was added the demographic concerns such as uncontrolled population growth, urbanization, and immigration during the 1970s. The concept of family planning was always discussed only in relation to these issues.

By the 1980s, the direction of the discussion had changed – family planning moved to the centre. This could rightly be seen as a turning point. In the 1990s, the rise of international human rights discourse elevated the issue of reproductive health. Family planning began to be conceived of as a part of reproductive health (Akın 2010: 1). Contraceptives were no longer seen only as a demographic tool to adjust the population growth, but rather as a crucial aspect of women's health in general. During the 2000s, family planning was somewhat sidelined as a result of the neoliberal transformation in the health care system initiated by AKP's neoliberal attitude to health services which were in accordance with the world-wide trends.

In conclusion, Turkey has made marked progress in family planning to date (see Appendix). However, continued efforts are required to prevent unwanted pregnancies, and fulfill the need for family planning. In order to do that, the social status of women has to be improved, and public policies need to be designed with gender sensitivity at the forefront. Finally, Turkish society must strive toward viewing women not only as mothers, but rather as active, autonomous citizens capable of self-determination over their own reproductive rights.

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obstetrics and gynecology. She has carried out clinical research and programs abroad and in Turkey. The Malthusian approach began to be used to explain the rapid population growth in developing and undeveloped countries after the Second World War. The Neo-Malthusian approach began to consider the relationship between low quality living conditions and high fertility rates. Although, Malthus had rejected contraceptives in principle, earlier neo-Malthusians thought that high population rates were a crucial reason of poverty. Because of that, they supported birth control among the needy in order to decrease poverty in the country.

Appendix

Table 4 Contraceptive Use, Selected Years: Percentage of Married or Cohabiting Women Aged 15–49 Using Contraception

Method	1963	1978	1983	1988	1993	1998	2003	2008
Any method	22.0	50.0	61.5	63.4	62.6	63.9	71.0	73.0
IUD	0.0	4.0	8.9	17.1	18.8	19.8	20.2	16.9
Pill	1.0	8.0	9.0	7.6	4.9	4.4	4.7	5.3
Condom	4.3	4.0	4.9	8.9	6.6	8.2	10.8	14.3
Surgical sterilization (female)	0.0	0.0	0.1	2.2	2.9	4.2	5.8	8.3
Coitus interruptus	10.4	22.0	31.1	31.0	26.2	24.4	26.4	
Other	12.0	12.1	8.6	10.2	3.2	2.8	4.1	
Total effective-method users	5.3	18.0	27.2	32.3	34.5	37.7	42.5	46.0
Total ineffective-method users	22.4	32.0	34.2	31.0	28.1	25.5	28.5	27.0
Unmet need for contraception	–	–	–	–	12.0	10.0	6.0	
Abortions per 100 pregnancies	7.6	16.8	19.0	23.6	18.0	14.5	11.3	10.0

(Source: TDHS data)

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