



Sexual and Reproductive Health and Rights in Turkey



Background

Sexual and Reproductive Health (SRH) service capacity in Turkey began to be established in the 1960s. It gained momentum with the 1994 Cairo Programme of Action and the 1995 Beijing Declaration of which Turkey is also a signatory. Within this framework, facilitating access to SRH services has become part of the policy agenda, especially in the 2000s. Between 2003 and 2007, in cooperation with UN agencies, the European Union (EU) supported the Reproductive Health Program in Turkey and non-governmental organizations played a role in extending reproductive health services.

Despite these positive developments, reproductive health services have changed significantly since 2010, depending on the change in the political conjuncture and following the adoption of the Turkish Health Transformation Program.

During the Health Transformation Reform, between 2003 and 2013, there was a radical change in the organization of primary healthcare services throughout the country. Primary healthcare institutions have become institutions that focus on individual demand and application, not on the protection of public health. In this transformation process, performance indicators for primary health care services were implemented, but family planning services were not included in the performance indicators. Thus, access to these services, which are freely available in primary healthcare institutions, has been severely restricted. Furthermore, the primary healthcare units (Maternal Child Health and Family Planning Centers) that were only responsible for SRH services were closed and health units responsible for SRH services were not established instead.

In addition, in the 10th Development Plan covering the years 2014-2018, the protection of the family and the protection of Turkey's youth-dominated demographic structure were prioritized, and references to SRH services and gender equality were eliminated.¹

Moreover, the government's stance against gender equality, especially after 2010, and the anti-LGBTI+ rhetoric and attitude, which gained momentum with the pandemic and further increased following the country's withdrawal from the Istanbul Convention, had a significant negative impact on women's and LGBTI+'s access to sexual health, reproductive health and rights.

National Laws Related to SRH

The 41st article in the Turkish Constitution states that the necessary measures shall be taken by the state to ensure the teaching and implementation of population planning.

In Turkey, the fundamentals of population planning, termination of pregnancy, sterilization, and the provision of contraceptives have become the responsibility of the state with "Law No. 2827 on Population Planning".

According to "Fundamental Law on Healthcare Services No. 3359", training and follow-ups on maternal and child health, family planning and similar issues are the responsibility of all public institutions

Family planning and counselling services in Turkey are the responsibility of the public and are guaranteed by these applicable laws. On the other hand, the disruptions in these services have been increasing in recent years and negatively affect public health, especially women's health.

Access to SRH Services in Turkey

Risky Pregnancies and Maternal Mortality

- 36% of pregnant women are in the high-risk category.
- Maternal mortality is twice the average in rural areas.
- Two-thirds of maternal deaths are preventable.
- 52% of births are by cesarean section, however, the rate of cesarean section in deliveries should remain between 10-15% according to the recommendation of the World Health Organization.
- One out of every three adolescents gives birth prematurely. Pregnancy and childbirth are the primary causes of death for adolescent girls.

¹ SRH services are not provided from a gender equality perspective as a result of the political perspective that imprisons women not as equal and autonomous individuals but within the family within the scope of the protection of the family and removes gender equality from its policies and programs; women and LGBTI+s cannot access SRH rights.



Fertility Regulation and Prevention of Unwanted Pregnancies

- 53% of women do not want more children than they currently have.
- 1 in 3 families cannot access effective contraceptive methods.
- Unwanted pregnancies cannot be terminated even though it is legal²
- In the last 10 years, the desire of women to limit pregnancy has decreased by 3-9% compared to previous years.
- The proportion of married women using contraceptive methods decreased from 73.3% to 69.8% in the last 5 years.
- The proportion of women using a modern contraceptive method is 49%.

Gender Equality

- Due to gender inequality, SRH rights in Turkey cannot be accessed equally and without discrimination.
- In the gender equality gap, Turkey ranks 124th out of 146 countries.
- As of July 2021, Turkey withdrew from the Istanbul Convention, of which it was the first signatory. This convention guaranteed women, children and millions of citizens at risk of experiencing domestic violence a life free from violence.

Sexual and Reproductive Health Rights of Vulnerable Groups

- Health services are not organized according to the needs of the disabled, youth, immigrants, women and LGBTI+s. This creates inequality in access to services.
- Health data cannot be collected for vulnerable groups, so their access to services cannot be measured.
- The discriminatory attitudes experienced in health institutions reduce the demand for services and prevent access.
- Compared to the general population, registered Syrian migrants have a higher fertility rate and lower access to services. Unmet family planning service needs of 21% of women are not met.

Comprehensive Sexuality Education

- Comprehensive Sexuality Education is not provided at schools. Children and adolescents do not know their bodies and how to establish an egalitarian and nonviolent relationships. Young people gather information on SRH from each other and from the internet, rather than from trainers and scientific sources. For this reason, misinformation and beliefs about SRH are widespread.

CISU Platform's Policy Documents and Recommendations

The CISU platform announced its solution proposals and defended them at the national level with the policy documents, prepared by the platform members, under 3 headings:



Unwanted Contraception Methods Should Be Accessible

- The Ministry of Health should purchase contraceptive materials and ensure their widespread distribution.
- Contraceptive materials must be prescribed.



HPV Vaccine Should Be Included in the National Immunization Programme and Cancer Screening Should Be Expanded

- Cancer screenings should cover all citizens.
- The HPV vaccine should be free and included in the national immunization program.



Monitoring of the HIV/AIDS Control Program Evaluation Meeting Should Be Implemented

- The Ministry of Health should organize HIV/AIDS Control Program evaluation meetings with all stakeholders, including NGOs and groups of people living with HIV.

² Although voluntary abortion is legally allowed for up to 10 weeks, abortion is actually prohibited because this service is not provided in public hospitals. According to the research conducted in 295 of 850 public hospitals in Turkey, optional abortion service is provided in 10 of them without any conditions. In 2012, the government's legal amendment move to completely ban voluntary abortion and limit abortion to compulsory conditions and to 4 weeks did not pass with the campaigns and struggles of women, but the Ministry of Health announced that it gave the health personnel the freedom to withdraw from providing abortion services due to their personal beliefs. In other words, women's access to abortion services has been left to the initiative of health professionals since this date.