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NATIONAL REPORT

Submitted by the Government of Turkey

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1- INTRODUCTION

Population growth rate of Turkey, which was above 2 percent until the year 1990, display a decreasing trend in recent years. According to the 1997 Population Count, the population of Turkey is estimated to be 63.9 Million at the end of the year 1998 with an annual growth rate of 1.48 percent. Birth rate and infant mortality rate are decreasing at a considerable level. Interprovincial migration appears as the most outstanding population problem of Turkey.

2- PERCEPTION AND POLICY RELATED TO THE FAMILY, FERTILITY AND REPRODUCTIVE HEALTH

Turkish population policy gives special importance to family in Turkey. Article 41 of the Turkish Constitution states that "*the State takes the necessary measures and establishes the organizational network for securing peace and welfare of the family, especially the protection of the mother and the children and of education and implementation of the family planning methods*".

Accordingly, in the Seventh Five Year Development Plan (1996-2000) a special emphasis was placed on the measures to be taken to ensure that families have income continuity, basic health services and social security. It was also expressed that a system shall be developed for meeting the requirements and solving the problems of the family in cases of crisis and families shall be trained and supported with respect to child raising and care of the elderly and disabled members of the family.

Structural changes had been taking place within the Turkish families in recent decades. Mean household size declined from 5.5 to 4.5 during the period between 1968 and 1993. The biggest drop was observed in the developed Western region while in the least developed region of the country, the East, there was no change in the mean household size except a rise in 1983. The other regions all experienced similar amount of decreases in mean sizes.

Nuclear families have always been the dominant type of family in Turkey and their proportion have an increasing trend. The latest figure from the 1993 survey also revealed that two-thirds of the households (62.2 %) in Turkey are living in a nuclear form (husband, wife, and children, if any).

Family formation and sustainability of the families had been tradionally very strong in Turkey. Consequently, divorce rates have been low and almost constant with less than one in ten thousand during the recent history. Percentage of divorced population for age 12 and over was around 0.7 percent in 1997. It was 0.45 percent for males and 0.95 percent for females. Age at first marriage is around 22 for females and 26 for males. Because of social norms, extra-marital births are very rare in Turkey. However, they have been increasing in urban areas; still this is not a discernable problem.

In accordance with the ICPD Programme of Action, more emphasis is given to improve the status of women in Turkey, which is a crucial determinant of women's and children's well being. In 1990, as a national mechanism for the enhanchement of women's status the General Directorate of Women's Status and Problems was established. It functions within the Ministry of State responsible for Women and Family Affairs. The General Directorate has been working with a number of NGOs, donor agencies and voluntary organizations to strengthen the network of women's organizations and to collaborate towards the aim of increasing the awareness level of decision makers and the public at large on the concerns of women. Some NGOs have ongoing activities geared to increase the level of participation of women in decision making processes as well. But there are a small number of initiatives which have the potential to become nation-wide movement. Turkish Civil Code has been revised to eliminate certain articles contradictory to gender equality (ie.retaining maidens name after marriage, ownership on acquired propert after marrige). Revised Civil Code is waiting for the approval of the Turkish Grand National Assembly.

Social Structure and Women's Statistics Department was established in The State Institute of Statistics in 1993 in order to identify the status and problems of women and started to generate and make available gender-specific data. Universities established centers for women studies. They developed graduate programmes aiming to contribute to efforts towards the improvement of the status of women. For the time being, twelve of the leading universities have women studies center.

With respect to government policies concerning the compatibility between paid employment and familial responsibilities, a variety of incentives are granted to secure family unity under the Turkish legislation. One of these is the posting of the state employee husband and wife to the same settlement area. Women working in the public sector are eligible for maternal leave three weeks before and six weeks following delivery. The women are granted a leave of one and a half hours per day for breast-feeding, for six months after the birth. If requested, the male civil servant is granted a three day paternity leave after his wife's delivery. Women workers under the social insurance program are granted six weeks of leave for both post and prenatal periods. In addition, the mother may be given an unpaid leave of absence for up to six months following the normal postnatal leaves. This period has been increased to 12 months for civil servants recently. Those workers who belong to trade unions receive a small monetary assistance at the time of child birth, and compensation is added to the worker's wages for each child until 18 years of age. If the child proceeds with education through the university, compensation payment continues till graduation. Similar kinds of contribution exist for civil servants as well. Children whose parent(s) are covered any type of social security schemes become entitled to use of health services free of charge at least until the age of 18.

With regard to child care, labour laws states that establishment employing 100-300 women should have nursing rooms and those employing more than 300 should provide nurseries. However, in practise, the employers keep the number of their women employees below these limits and thus constrain work opportunities for women. New measures are planned to overcome this problem. For instance, criteria for having nursing room and nurseries will be based on the total number of workers instead of women workers only.

In the process of urbanization and modernization child costs are increasing for families in Turkey. Direct cost associated with delivery, housing, clothing, education, food, health and opportunity costs like earnings of the mother foregone when giving birth, and the lost income of students who might otherwise be working to earn money are getting more public awareness in Turkey. Since the state has the responsibility to provide basic health and education to its citizens, a substantial amount of the costs are being paid by the society instead of families.

Intervention of the state in the field of education and health in other words in basic social services delivery remains, as it's fundamental role in Turkey. Investments targeted to the advancement of the women, children and the poor are being accepted as tools for bringing improvements in human development. Unfortunetely it has been observed that the total national expenditure on health services gradually decreased in percentage points of GNP from 4.4 in 1993 to 4.0 in 1997 which is the lowest among OECD countries.

The proportion of population with medical coverage under the social security schemes and private insurance increased to 67.1 percent in 1997 from 52 percent in 1989. The uninsured patients rely largely on their own funding and benefit from subsidized medical services provided by government hospitals and health centers. The green card implementation has been started as a step toward ensuring equity in the distribution of state subsidies to the needy citizens for health services.

As for families with limited resources, families are provided social aid from several institution among which Social Aid Fund, which functions under the Prime Ministry, is the major aid provider for those who are in need. But, because of its inadequate structuring, aids are not allocated in a systematic and even manner. The Seventh Five Year Development Plan puts forward the principles and policies,

the arrangement, institutionalization and effective use of all types of social aid and services undertaken by the public. New measures regarding these issues are being dealt with under the Social Security Reform Project foreseen in The Development Plan.

3- PERCEPTION AND POLICY CONCERNING MORTALITY AND HEALTH

Sharp declines in infant and child mortality have been observed during the recent decades. In the early 1980s, the infant mortality (IMR) rate was as high as 109 per 1000 live births; the 1993 Turkish Demographic and Health Survey (TDHS) estimated the IMR at 53 per 1000 live births. Estimates for 1998 and 2000 are 37.9 and 34.8 respectively.

Reduction in infant and child mortality have played a major role in raising the average expectation of life at birth. A large percentage of improvements in the increase of survivors were attributable to the impact of special programs aiming improvements in child health including programs of immunization, control of diarrhoeal diseases, and acute respiratory infections.

Recent mortality analysis have shown that the expectation of life at birth has increased from 59 years during 1980-85 to 65 years during 1985-90. Estimates of life expectancy at birth for the 1990-95 period is 67.3, and 69.3 for the year 2000.

Diarrhoeal diseases are still among the important causes of childhood morbidity and mortality. These are most frequently seen among children under age of five. Also acute respiratory infections such as pneumonia is the second most common cause of deaths among children under 5 years age. As the rates of morbidity and mortality due to infectious diseases are decreasing in Turkey, deaths from hereditary metabolic diseases, other genetic diseases and the malignancies of childhood are becoming more visible. The program for Screening Phenylketonuria, the program for Iodising the Consumed Alimentary Salt (for the prevention of endemic goitre) and the program for fluorine (for the prevention of periodontal diseases and tooth decay especially among 0-14 age group children) have been initiated recently in Turkey.

HIV infections and AIDS is not among the main problems of Turkey. Large proportion of HIV/AIDS cases due to heterosexual transmission, mother to child transmission is 1 percent of the cases, according to the June-1998 statistics of Ministry of Health (MoH), number of HIV positive carriers are 540 and the number of AIDS cases are 273.

Cancer was the fourth leading cause of death 20 years ago but it has risen to the second place among deaths from known reasons, following cardiovascular diseases.

Chronic diseases including hypertansion and other circulatory diseases gained more importance, because the life expectancy has been prolonged. In order to decrease the mortality and morbidity due to these diseases improvement of the quality of life and prolonging the life expectancy are planned activities in harmony with the targets. According to the research conducted by Turkish Heart Foundation between 1991-96, there were about 1.2 million patients who have coronary heart diseases in Turkey and 130 thousand of them died in a year.

Smoking is a widespread habit in Turkey. In order to prevent the destruction of tobacco consumption, the law (4207, 7 November 1996) was accepted. According to this law, cigarette smoking is prohibited in all closed public areas.

In principle, drug related health problems must be recognised at it’s early stages. In Turkey AMATEM (Alcohol, substance, research and rehabilitation centre) features to be the only official

institution specialised in services regarding substance dependence. Since 1983, there have been rapid increase in the enrollments to AMATEM services.

Health services in Turkey are provided mainly by the Ministry of Health(Moh), SSK (Social Insurance Organization), Universities, the Ministry of Defense, and private physicians, dentists, and pharmacists, nurses and other health professionals. The Ministry of Health is the major provider of primary and secondary health care and of the preventive health care services. At the central level, the MoH is responsible for the implementation of the country's health policy and health services. At the provincial level, through provincial health directorates health services are also provided by the MoH.

In recent years, though Turkey experienced notable improvements in healthcare services, the lack of efficiency and effectiveness in using resources creates obstacles to reach the targets. In order to ensure effective use of resources and to increase consumer satisfaction through expansion, continuity and quality of services in the health sector, the need for re-structuring of the health system with respect to financing, administration and organization, manpower, provision of services, legislation and information persists.

The Seventh Five Year Plan puts forward principles of a health reform that "*the system shall be restructured with respect to financing, administration and organization, manpower, service supply, legislation and information in order to ensure effective use of resources, consumer satisfaction, continuity, quality and widespread use of services in health sector*".

In accordance with this principle, a health care reform project has been in progress.

The objectives of health care reform in Turkey are:

- Improve the health status of the Turkish population by covering the whole population under the social health insurance scheme,
- Equity in health services,
- Emphasis on preventive services, health promotion and primary curative care ,
- Efficiency in service provision,
- Separating service purchaser- provider,
- Establishing competition between service providers,
- Appropriate use of technology,
- Strengthening multi-sectoral cooperation for health services,
- Collection of effective, timely and accurate information to improve information based decision making,
- Appropriate usage of human resources according to skill, duration, number and combination,
- Delegation of decision making authority to the individual service units.

Since the implementation of reforms requires changes in legislation, three major draft laws (Health Financing Institution Law, Hospitals and Health Enterprises Law, and Primary Care and Family Physician Services Law) have been prepared by the MoH, Health Project Coordination Unit in collaboration with the concerned parties, and have been submitted to the Parliament for approval.

Maternal mortality rates have been decreasing sharply in Turkey. According to the preliminary results of a recent study based on deaths taken place in hospitals MMR was estimated to be 54.2 per 100,000 live births and the main causes of maternal deaths were found as toxaemia (28.2 %), haemorrhage (5.6%) and infections (5.6 %) . The study is continuing and the results with more accurate data on maternal mortality for Turkey will be available at the end of the year of 1998 (60 % of deliveries are taken place in health institutions.).

Turkey has a young population. A third of the population is under 15 years of age while the population of the elderly is quite low. The 54 percent of the women population of Turkey is in reproductive age. Since the reproductive health care services are accepted as integral components of primary health care, the service coverage has to meet the needs of women, adolescents and adult men. Since 1961, reproductive health, family planning and STD services are being provided as an integral part of primary health care (PHC) services. The infrastructure of National Health Care System is quite favourable to provide these services in all over the country.

Reproductive health services include family planning counselling, information, education, communication and clinical services for temporary contraceptive methods; education, communication and services for prenatal care, safe delivery and post-natal care (infant and women's health care and breastfeeding), STD counselling, information, education, communication and early diagnosis and treatment of common gynaecological and obstetrical disorders and diseases.

The secondary level services include irreversible contraceptive methods, prevention and appropriate treatment of infertility, termination of pregnancy and management of complications of abortion; treatment of STDs and other reproductive health issues; further diagnosis and treatment for risks and complications of pregnancy, delivery, new-born, breast cancer and cancers of reproductive system are provided.

The first anti-natalist Population Planning Law was enacted in 1965. In 1983, the law was revised and a more liberal and comprehensive one was accepted. This new law legalised voluntary surgical contraception and on demand abortion up to 10th week of pregnancy. In addition, trained nurses and midwives were authorised to provide effective methods like IUD insertion. In this law, inter-sectorial collaboration was also emphasised for the success of family planning services.

To secure conformity to human rights, and to ethical and professional standards in the delivery of family planning and related reproductive health services aimed to ensure responsible, voluntary and informed consent and service provision the Population Planning Advisory Committee (PPAC) is established. In 1993 Women Health Advisory Board was established under the PPAC. Ministries, State Planning Organisation, State Institute of Statistics, international organisations, NGOs, Hacettepe Institute of Population Studies, Higher Education Council are being represented at PPAC.

According to the TDHS (1993), 80 percent of currently married women have used a family planning method at some time in their life. Overall, 63 percent of currently married women are using a contraceptive method. The majority of these women are modern method users (35%). But substantial proportion still use traditional methods (28%), particularly withdrawal. Considering specific methods, the IUD is the most commonly used modern method (19%), the condom (7%) and the pill (5%) are the second and third most popular modern methods. Current use of the IUD has increased markedly and that of female sterilisation has increased slightly.

To improve reproductive health and strengthen the RH care services including MCH/FP services to reach the WHO Health For All Targets by the year 2000 and also to implement the recommendations of ICPD National Targets and Strategies, Women's Health and Family Planning Strategic Plan was prepared in 1995, to help couples and individuals meet their reproductive goals in a

framework that promotes optimum health, responsibility and family well-being and respects the dignity of all persons and their right to access qualified reproductive health services.

4- PERCEPTION AND POLICY RELATED TO POPULATION AGEING, INCLUDING CHANGE IN POPULATION AGE STRUCTURE

In order to focus attention on a small but important number of changes in population structure, three age groups of the population are taken into consideration: First group relates to children under 15 of age. Second group is the population in working ages which is from age 15 to age 64. The last group is elderly, defined as aged 65 and over.

Proportion of children in total population was 35 percent in 1990. It is 31 percent in 1998 and expected to decrease 26 percent in the year 2010. Size has been almost constant with 6.5 million since 1990. Proportion of the population in working ages is around 64 percent in 1998 and expected to increase to 68 percent in 2010. Annual rate of increase for this group reached 2.1 percent in 1998. It is expected to decrease 1.5 percent in 2010.

Proportion of elderly in total population was 4 percent in 1990. It is around 5 percent in 1998 and expected to increase to 6 percent in 2010. The growth rate of elderly is two times higher than the growth rate of total population. Age dependency ratio is 55.8 in 1998 and expected to continue to decrease to 50 in the year 2010. Child dependency ratio and elderly dependency ratio are 47.9 and 7.9 respectively. They are expected to be 38.4 and 11.2 in the year 2010.

The Turkish government gives special importance on ageing population for the near future and started to make preparations for new policies regarding the ageing population. In addition to the existing social services provided to the elderly, such as counselling, old people homes, nursing homes, social and cultural programs for the elderly by public, private and NGO, new programmes are being generated. Furthermore, Social Security Reform Project which is yet negotiated by the concerning parties gives special importance to the pension system.

With regard to the health of ageing population, programs for elderly related with the chronic diseases including hypertansion and other circulatory diseases and diabetes were planned and have been implemented in certain cities selected as pilot. At the same time among the reproductive health programme activities , some special activities have been planning. Recently the primary health care activities include care for the menapousal period. Activities have been implementing in four provinces mainly include preventive care like osteoporosis.

There exist, three main social security funds in Turkey, each with a specific target population. Together, the three funds insured 9.5 million people in 1997-almost one half of total employment. Once the 4.8 million current beneficiaries of pensions are taken into account as well as dependants of those insured, around 45 million people (two thirds of the population) have some sort of coverage. In addition to pensions, all three funds provide health, disability, and death beneficiaries. Each fund functions on pay-as-you-earn basis, and as a result, has relatively few investment assets.

The Turkish government has produced a set of draft laws that introduce very modest changes in the benefits structure and retirement age of the funds to improve their financial situation. These proposals would be short-run provisional solutions. Given the severity of the situation, a set of substantial measures needs to be applied to the present system to immediately stem the accelerating deficits and provide breathing room for more fundemantal reforms. The key element in such a reform would be the imposition of a minimum retirement age of 60/58 years for existing workers with a short transition arrangement, a sharp increase in the minimum contribution period, and indexation of pensions

to the Consumer Prices Index. A major effort to improve administration of the system also need to be undertaken.

5- PERCEPTION AND POLICY CONCERNING INTERNATIONAL MIGRATION

The population of Turkey has undergone a structural change with regard to urbanization especially starting from 1950s. 1970 census indicated that about one-third of the population (32.3 %) were living in settlements which are considered as urban(with a population of 20.000 or more). This percentage increased to 51.4 in 1990. 1997 population count found two-third of the population (65.03%) living in province, district, an sub-district centers.

Rapid urbanization has led to considerable bottlenecks in urban sevices, to the evolution of problem burden centers as a result of its unplanned nature and the emergencies of Gecekondus where sub-culture groups not yet assimilated to the urban way of life blossoms. The process of rapid urbanization accelerated the growth of environmental problems.

International migration is a phenomenon which still exerts considerable influence on the social, economic and demographic structure of the country. Intensive population movements abroad had started back in early 60s. Up to 1973 this outward movement took the shape in which Turkish citizens moved abroad for employment. Starting from 1974 and till the end of the 80s this movement slowed down considerably, then turned out to be mostly for the reunification of families. Today, emigration is possible mainly through marriages.

After the change of the regime in Iran and particularly during the Iraq-Iran war, approximately five million Iranians are believed to have entered Turkey. At the end of May 1989, ethnic Turks began to leave Bulgaria for Turkey in large numbers and under severe hardship. In less than three months, about 320.000 ethnic Turks from Bulgaria arrived in Turkey. Around 140.000 of them have since returned tu Bulgaria, but the rest remained in Turkey, most of them being granted Turkish citizenship. Several measures have been taken by the Turkish authorities for their resettlement, vocational education and placement in jobs relevant to their training background.

Movement of Asylum seekers of Iraqi origin towards Turkey have occurred on three major occasions in the years 1981-91. The first one occurred in the aftermath of the Iran-Iraq war. In August 1988 more than 50.000 Iraqis fled to Turkey. The second movement began with the Iraqi occupation of Kuwait in August 1991. However this movement took place as small groups. The third and most important mass movement occurred as a result of military action by the Iraqi government against civilian groups in Northern Iraq at the end of the Gulf war. Almost over night 446.000 Iraqis fled to Turkey in order to save their lives. This was, since the World War II, the largest asylum movement in such a short time. In cooperation with the UN and other international governmental and non-governmental organizations, their return to Iraq has been arranged , with only a few thousands still remaining in Turkey. Each of these movements of asylum seekers have affected Turkey politically, economically and socially.

Because of the insufficent data regarding immigrants, Seventh Five Year Development Plan foresees systematic handling of the issue of immigration in terms of registration and policy making.

With regard to Turkish workers abroad, VII. Five Year Develepmont Plan puts forward that "*measures shall be taken to ensure that workers and their families abroad live in security, protected from every kind of discrimination, to solve their economic and social problems, to raise their level of education, to ensure their integration with the society they live in and to support their ecenomic activities*".

6- PERCEPTION AND POLICY OF GOVERNMENT RELATED TO POPULATION GROWTH

Basic principle of population growth policy of Turkish Government, as stated in the Seventh Five Year Plan, is the improvement of the human resources necessary for development, slowing down the rate of population increase and maintaining population structure consistent with sustainable development objectives and policies.

The improvements in infant and early childhood survival have made a large contribution to raising the general expectation of life at birth, which was increased from 55 years to 69 years between 1970 and 1998. It is expected to reach 71 years in the year 2010.

The population of Turkey has increased almost five times since 1923. In 1998, it is estimated to be 63.5 million(mid-year). It is expected to reach around 74 million by 2010.

1997 Population Count displayed a considerable decrease in population growth. Annual population growth rate during the period of 1990-97 was 1.51 percent. It is estmated to be 1.41 percent and 1.26 percent in the years 2000 and 2005 respectively.

7- PERCEPTION OF THE GOVERNMENT REGARDING THE NEED FOR POLICY-RELATED COLLECTION OF DATA AND RESEARCH

Turkey has a series of censuses and surveys used for implementation, monitoring and evaluation of government program. However existing vital registration system is inefficient as regards to its context due to deficiencies in infrustructure and organization. So, the need for development and extension of this system throughout the country on the basis of field studies for collecting and recording data regarding vital events in all the settlements, persists. VII. Five Year Development Plan puts forward the objective that "*in order to implement economic and social policies and evaluate their resullts effectively, the existing system of vital registration shall be restructured so as to generate reliable and multi-purpose information, and extended to the whole country*".

One of the most important characteristics of Turkey is the high population growth rate in urban areas due to the internal migration. Turkey plans to carry out migration surveys in metropolitan areas. These surveys will improve regional data within the country.

Turkey needs to improve data on health statistics, ageing population, living standards and environmental data to analyze interrelationship between population and environment.

Turkey has been implementing some projects in cooperation with international organization on international migration, ageing population, tourism, trade, national account, transportation, etc. The purposes of the projects are to produce internationally comparable data and analyze them.

Turkey gives technical assistance to the Central Asian Countries (Azerbaijan, Turkmenistan, Uzbekistan, Kazakhistan, Kyrgzstan and Georgia), Bosnia Herzegovina, and Macedonia, in the fields of population census, demographic surveys,data analysis, sampling techniques, labor force satatistics.

A collaboration agreement has been signed recently between the statistical offices of Turkey an Poland to realize joint works and to give technical assistance to the third countries in the fields of data collection and data analysis including population census and lobor force statistics.