Neoliberal Health Restructuring, Rising Conservatism, and Reproductive Rights in Turkey: Continuities and Changes in Rights Violations[i]

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Neoliberal Health Restructuring in Turkey

In the latest stage of neoliberalism, termed *the debt economy* by Maurice Lazzarato (2012), finance dominates every sector of the economy and society – from housing, education and health to public services. Through such mechanisms as privatizations and impositions -by banks, rating and investment agencies- of interest rates, the "appropriate rates" of unemployment wages, pensions, public services, and public debt rates of governments and municipalities, the public sector (including the welfare state) is completely dismantled, privatized, public debt is created, and the role of the state is turned into a regulator of services, itself bound to credit and debt mechanisms.

Lazzarato (2012) writes that "the neoliberal power bloc cannot and does not want to 'regulate' the excesses of finance" but seeks to follow through on a program it has been fantasizing since the 1970s: reduce wages to a minimum, cut social services so that the Welfare State is made to serve its new 'beneficiaries' –business and the rich- and privatize everything" (p.10). Assaults on welfare systems include health care restructuring as seen latest in the case of Greece (European Solidarity Declaration, 2013) and in the global emergence of a 'health reform epidemic' (Klein, 2993) or in World Bank discourse, Health Sector Reforms (HSRs). These are reforms undertaken in late 1980s-early 1990s in 'developing' countries such as Brazil, Mexico, South Korea, Taiwan, always with the rationale of "health care crisis" framed in terms of efficiency and cost where the public sector is denigrated as corrupt and inefficient and markets are seen as a panacea to many problems (Agartan, 2012). AKP's "Health Transformation Program," launched in Turkey in 2003, also

outlined an agenda to "improve governance, efficiency, user and provider satisfaction, and the long-term fiscal sustainability of the health care system" and is part of this global neoliberal trend. As in these other geographies, the latest Turkish health reform also originated in the late 1980s and took shape within the Ministry of Health through reports prepared by public health academics of Harvard and Johns Hopkins, in consultation with World Bank advisers (Keyder, 2007).

The Turkish health reform shares many of the characteristics of the neoliberal global health reforms such as financial reform, managerial reform, changes in service provision, decentralization, and quantification of services over quality of care in the name of 'cost reduction' and 'efficiency'. Changes in healthcare provision and finance, which specifically relate to sexual and reproductive health, include the closing down of the AÇSAP (Mother-Child Health and Family Planning) Directory that had specialized in reproductive health provision in primary care, the introduction of the "family physicians system," implementation of a performance system for health care that comprises abortion, prenatal follow-ups, and births and digitalisation of health data.

In the new system, former "health centers" (sağlık ocağı) and the AÇSAP centers were replaced with family health centers (FHC) and "community health centers" (toplum sağlık merkezi) at the primary level. Family physicians, the intended 'gatekeepers' of the system, would provide preventative care and refer patients to secondary level for specialized care.[ii] Different from the previous system, the family physician system brought on a form of semi-privatized care, which added to the ongoing privatization of care. The family physicians work as contract workers who contract midwives and nurses for a period of 2 years, with their wages based on capitation set by the socioeconomic development of their region. The salaries of physicians, midwives and nurses are subject to performance criteria and can be cut by up to 20% when they fail to reach their targets. Instead of serving a geographic area (as

previously done), FHCs serve the population who register under them. Physicians compete with one another to keep their population and to keep patients that have less chronic problems.

Rise of Neoconservatism and Sexual-Reproductive Rights

Alongside neoliberal policies, there has also been a rise in neoconservatism under the AKP regime. Initially calling itself moderate Islamic, social policies of AKP can be best described as "an amalgam of neoliberalism with social conservatism" (Bugra & Keyder, 2006) and have at their center, anti-women and at times misogynist discourses, policies and implementations that reposition women in familial roles, overturning decades of gain by feminist movements in Turkey towards the recognition of women as individuals and citizens in their own right (Acar & Altunok, 2013). In the realm of sexual and reproductive health, these anti-women discourses and policies include the reignition of the abortion debate with signals to change the existing law on abortion and the promotion of a pronatalist policy.

During the March 8 celebrations in 2008, then-Prime Minister Erdogan announced government's plans to introduce financial incentives for births, which from 2009 onwards, quickly turned into a formulation of three children per family (i.e. per women). The initial sign of this shift of policy – from the anti-natalist stance upheld since the 1960s, to a pro-natalist one – was in 2003, in the government's attempt to re-draft the Law on the Rights of the Disabled, to bring restrictions to abortions done after 10 weeks, allowed with the medical reason of fetal disability (Acar & Altunok, 2013). Due to objections by women's organizations, medical associations, and media, the proposed article was removed from the draft. Yet, Erdogan made a statement in May 2012, during the closing session of the Parliamentarians' Conference of the UNFPA in Istanbul, saying that abortion was mass murder (referencing the killing of 34 Kurdish citizens in Uludere for which his government was critiqued). He later added caesarean sections as murders, declaring both to be "secret

plots designed to stall Turkey's economic growth and a conspiracy to wipe the Turkish nation from the world stage" (Hürriyet Daily News, 2012).

Erdogan's remarks on abortion were met with criticism from opposition parties and his own Minister of Family and Social Policy, and with a strong reaction from the feminist movement in Turkey, who organized under the slogan "abortion is a right and a woman's decision" and organized protests in multiple cities. "Abortion is a Right and a Woman's Decision Platform" was formed and the status of abortion care began to be monitored via research done by Mor Cati -Purple Roof Women's Shelter (2015) and Kadir Has University (2016). All of these efforts were successful in preventing a change in the abortion law. However, as seen in this chapter too, the neoconservative discourse and the pressure from state officials, applied with neoliberal mechanisms of performance points for abortion, led to a serious decrease in abortion in Turkey.

In previous articles (Dayı and Karakaya, 2018; Dayı, 2019), we discussed in detail the effects of the neoliberal health restructuring and conservatism on women's sexual and reproductive care and rights from the perspective of FHC workers. We showed then how neoliberal mechanisms (i.e., dismantling of the public through market and bureaucratic mechanisms) and conservative pressure on providers led to: (1) the indebtedness of women through out-of-pocket payments for private contraceptive and abortion care; (2) the indebtedness of physicians, nurses, and midwives to the state through salary cuts from missed performance targets (and use of fraud to avoid these misses); (3) a reduction in the quality of existing reproductive care (such as prenatal follow-ups); and (4) a reduction in access to reproductive care itself (namely contraception, sexual and reproductive counselling, and abortion). In Dayi (2019), she discusses how neoliberal mechanisms used in tandem with conservative discourse can erode, as in Turkey, the rights to abortion and contraception without changing the abortion law or official policies on contraception themselves. In this

chapter, using women's own narratives, we investigate sexual and reproductive rights violations in contemporary Turkey, in the areas of abortion, birth control, birth and routine gynecological care. We specifically focus on the continuities in rights violations (from before and through the health restructuring), augmentation of certain rights violations with the neoliberal health restructuring used with conservative discourse and policies including the new pronatalist policy, and new rights violations that came into being as a result of neoliberal policies and conservative pressure. In doing so, we aim to contribute to literature on feminist political economy, especially the research and activism that connect transnationally the neoliberal health restructurings and women's sexual and reproductive care and rights, making visible the direct and indirect effects of neoliberal reforms used in conjunction with conservative pressures on these rights and relatedly on women's bodies, the topic of this edited collection. However, before discussing our methodology and findings, a brief section on sexual and reproductive health rights in Turkey will help better contextualize the findings.

Sexual and Reproductive Rights in Turkey

Sexual and reproductive rights in Turkey, especially those that relate to gynaecological, contraception and abortion care, and sexual-reproductive counselling which are the main focus of this chapter, are protected through the laws on contraception and abortion (Law on Population Planning and related laws and regulations), constitutional right to health care, regulations on patient rights, and through international agreements (such as the International Conference on Population and Development (ICPD) Programme of Action, UN Sustainable Development Goals: SDGs, and the Convention on the Elimination of All Forms of Discrimination against Women: CEDAW), for all of which Turkey is a signatory.

The history of reproductive law in Turkey follows a trajectory parallel to global trends, dating back to the late 19th century, the period of modernization in the Ottoman

Empire, when abortion moved from the religious to legal domain and became codified in law (date). As in Europe and the U.S, pronatalist laws and policies are prioritized in the aftermath of wars and during the formation of the nation-state (late Ottoman period to early years of the Turkish republic). This is followed by the legalization of contraception and therapeutic abortions in 1965 in parallel with the international shift in population policies whereby population growth was seen as a hindrance to economic development. As a result of global feminist debates on abortion reaching Turkey, the lobbying efforts of Turkish Medical Association, Turkish Family Planning Association, and Turkish Gynecological Association and the publicizing of public health studies revealing the effects of unsafe abortions on women (including maternal mortality), abortion on demand -up to 10 weeks of pregnancy- is legalized in 1983 with the revision of the 1965 Law on Population Planning. The law requires the husband's written consent for married women seeking an abortion, and parental consent from minors. According to regulations, in addition to obstetrician-gynecologists (ob/gyns), general practitioners who receive training can also perform abortions under the supervision of an ob/gyn. In the case of rape, women can obtain abortions up to 20 weeks.

As discussed in a previous article by Dayi (2019) and in more depth in Ersoy Balkaya's (2015) and Aksit's (2010) works, reproductive law in Turkey has been introduced and framed in the context of a population planning approach which instrumentalizes women's bodies and sexuality. The actual name of the law legalizing both contraception and abortion is the Law on Population Planning, where, while the individual right to determine the number and spacing of children is recognized, the state is defined as the agent responsible to take necessary steps to "provide education and implementation of population planning" (citation). While this population control agenda continued as the governing legal framework, the years 1965–2009 saw more of a family planning approach —despite population control approaches applied to poor women and minorities—which evolved in 1990's (at least in

reproductive policies) to include a “women’s rights” approach. This was due to Turkey’s support for international documents emphasizing women’s sexual and reproductive rights as human rights, including the International Conference on Population and Development (ICPD) Programme of Action, UN Sustainable Development Goals (SDGs), and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which it ratified in 1985. For each of these agreements there is a monitoring and reporting procedure that the Turkish state needs to complete periodically, and each are monitored by independent women’s organizations and platforms in Turkey, which produce shadow reports.

Under the ICPD Programme of Action, states are expected to take all necessary measures to secure access to health care, including sexual and reproductive health care, and to consider gender equality and women’s autonomy in decision making in sexual and reproductive health matters when developing reproductive health programs and population-related programs. The U.N. Sustainable Development Goal on gender equality (Goal 5.6) also includes stipulations for the granting of universal access to sexual and reproductive care, including abortion access, stating that governments should not limit access to abortion on cultural or religious grounds. Additionally, CEDAW requires governments to attain gender equality in health care, including family planning services (art. 12), to secure adequate access for rural women on family planning counseling and methods (art. 14(b)). In CEDAW General Recommendation no. 35, denial or delay of safe abortions and forced continuation of pregnancy are considered gender-based violence (Item 18).

In terms of constitutional protections, sexual and reproductive rights are protected under the right to health which include right to access to health care and to bodily integrity (Item 17) as well as by the regulation on patient rights and the bio-ethics agreement signed by Turkey on 2003 (Law 5013).

Methodology

In our study, which is a feminist research-advocacy project, we collected data in 2014 and 2015, from FHC workers and women receiving reproductive care from public and private sectors in five cities: İstanbul, İzmir, Van, Diyarbakır, and Gaziantep. These cities reflect the geographical variations in reproductive health care access as found in the Turkish Population and Health Survey, conducted every five years (TNSA, 2013). Within a geographical diversity, we chose cities where we had connections to women's organizations and medical associations that helped us recruit participants. We completed 313 surveys with women (aged 18–45) in four of these cities; 103 surveys in Diyarbakir and Antep with reproductive health personnel who worked in the public sector at the primary and secondary levels; and 19 focus groups with women (aged 18–45) and 9 focus groups and 3 individual interviews with FHC personnel in all cities except Van. Personnel came from 12 FHCs and one AÇSAP center. All interviews were transcribed verbatim and analyzed using the grounded theory approach.

The mean age in our focus groups was 35.5 for women and 36.6 for health personnel. In terms of marital status, there were more single women (53.6%) than married women in our focus groups. The health personnel who participated in surveys and focus groups were mainly female health workers (77.7% for surveys and 85.7% for focus groups), with the majority being nurses or midwives (75.7% of health workers in surveys and 81.8% of health workers in focus groups). The results discussed here are mainly from focus groups with women receiving care from public and private institutions, with occasional support from the FHC workers.

Findings and discussion

In her dissertation research on the legacy of the U.S. Women's Health Movement and the meaning and experience of reproductive empowerment for women who received

gynecological, birth control and abortion services from autonomous feminist clinics, Dayı (2009) found that, for women empowerment meant safety and humane and dignified care. Safety referred to both physical and emotional safety, where physical safety meant being safe from anti-abortion violence, having safe birth control methods and safe abortions and emotional safety denoted having a space where one did not feel vulnerable, judged, or directed/cajoled into decisions, and received safe, non-judgmental, and non-directive care.

The second dimension of empowerment, humane treatment meant receiving dignified, egalitarian, individualized, and holistic care. Dignified care referred mainly to receiving care that reveals basic respect for women as humans, through keeping them informed about the services (where the information is given in an interactive and nonmedical way), giving them time and respecting their time, and not turning them into numbers as in mass-produced service settings.

Non-judgmental Care

In this research, we found echoes of the above-mentioned empowerment dimensions in women's narratives of gynecological exams, birth control method, abortion care and during birth. Since the sexual activity of unmarried women are subject to more scrutiny in patriarchal cultures including that of Turkey, in our research young single women's experiences in the ob/gyn world of Turkey was that of being judged by the medical staff (general practitioners in FHC, ob/gyns in public hospitals, nurses and nurse-midwives in both settings) for utilizing gynecological services (including routine gynecological care, birth control and abortion care). The main indicator of this was the doctors' discomfort in asking women directly about the status of their sexual activity. Either due to their own discomfort and/or perhaps assuming that the woman will be embarrassed, most doctors asked women whether they are married or single, to get to their sexual activity.

> *Mavi: Gynecological exam is problematic for me. Uhmm, I mean I only went three times in my life. I do have routine tests but those are in the community center not the*

gynecologist. For example I had a yeast infection and went (to the gyn) and there s/he asked me if I was married. No I am not. Why is the question "are you sexually active?" this difficult? I mean going to gynecologist in a public hospital is even more problematic. I think the private hospitals might be better in this.
Interviewer: So you feel uncomfortable because of the way they ask the question?
Mavi: The way it's asked, I mean, you feel judged. You feel conflicted whether to tell the truth or not.

Mavi, Izmir Women's group

I am 33 years old and my periods are pretty regular. In the last 3-4 months, they were irregular. I started bleeding every 15 days. I did not want to go to the doctor when it first happened. It happened once and maybe it's stress. Then it happened a second time and I said ok if it happens the third time I go, for sure. I don't wanna go, cause I don't want to explain myself to anyone.. Don't want to face stupid questions.

Yasmin, Antep

Whatever the doctors' motivation for asking the question in this way was, for single women, this conveyed a judgment about premarital sex which then made it harder to talk about their gynecological needs, including gynecological exams for diagnosing a problem, as well as for discussing and obtaining birth control and abortion.

A participant voiced her discontent for judgments for divorced women who in Turkey are also suspected of promiscuity (having once "lost" their virginity), and thus having the same worries as never-married single women when they went to the gyn, that they would be judged by others and by the medical personnel.

I am divorced and I moved here to escape the attitudes in Mardin. Here most people know me as single (never married). I went to a gynecologist here for example for the bartholin cyst, so you are divorced, this is also an ugly attitude.

Gulten, Uvercinka, Antep

For single (never married women), whose sexual activity is not properly discussed, there was also the problem of the gyn exam, whether the doctor will do a pelvic exam or use an external ultrasound to protect the hymen (thus "virginity"). This is called by women as "examining below" (meaning from inside -*alttan muayene* in Turkish) vs. "examining from above" (meaning from outside- *üstten muayene* in Turkish). If assumed virgin (cause she answered single and not married and did not explicitly discuss her sexual activity), some

doctors were reluctant to do a proper pelvic exam, which would be crucial for birth control prescription and/or diagnosis of sexually transmitted infections and cancerous growth, etc.

> *Ayşe: Here in Antep can the single women go to the gynecologist for birth control?*
> *Nilgün: no, can't go. Cause they would examine from below and how would they do that? (all laugh).*
>
> *Nilgün, Anne çocuk merkezi, Antep*

A lesbian woman recounted her experience with her FHC doctor who had an heteronormative version of virginity and did not see a reason for or was reluctant to do a pelvic exam.

> *I had asked my family doctor about the Pap smear test, the cervical cancer and which age range has more risks etc. Then the virginity came up and I told him/her that I am gay. S/he replied that this would stay between us. So, setting this aside, I told him/her that I am sexually active and s/he is still imagining a sexuality based on penetration. I couldn't have him/her do a pap smear for 6 years. Not doing it. Not going to insert that speculum there.*
> *Interviewer: So, what is the sentence s/he uses to deny the test?*
> *Zehra: I guess s/he is seeing it as one is still a virgin..*
>
> *Zehra, Izmir 1*

This shows that, alongside of single women, lesbian women in Turkey also face judgments (of their sexuality) and that both are invisible in the (public) system that did not adjust to their specific gynecological needs.

This judgmental behavior of medical staff towards single women and lesbian is not caused by neoliberal health restructuring, however, given the climate of increased conservatism, when doctors feel pressured not to perform abortions and even sometimes to talk about birth control to all women, the sexuality of single, lesbian, poor and minority (Kurdish women, Syrian and other migrant women, etc.) will be under more scrutiny. As we heard from the single women and poor women in our study, if they have the means, they prefer to go to private hospitals and private ob/gyns, to get non-judgmental care with more information and time per patient, and to obtain birth control and abortions. This means they

will pay out of pocket and be indebted, instead of utilizing public services which is their right.

Being informed

In Dayı's (2009) doctoral research, for women, being informed was an indication of dignified care. In Turkey, women's rights to being properly informed about their health, illness, any procedures, methods and side effects and being respected in their decisions are protected under patient rights and through the international agreements such as..

Item 15 of the Regulation on Patient Rights (no: 23420) states that "a patient has the right to request and obtain, in writing or orally, all information about his/her health, the medical procedures to be done on him/her, the benefits and possible side effects of these procedures, alternative treatment options, the results of rejection of treatment, the course of the illness and its results." Item 18 states that "the information is given, if needed through the help of translators, in a way that is legible to the patient, using medical terms as little as possible, in a clear way (dissolving patient's hesitations or doubts), politely and in accordance with the psychological state of the patient."

In our research, we found that women were not properly informed about a diagnosis, birth control methods or the procedures they underwent (e.g. gynecological exams, abortions, sterilizations, and procedures during birth).

> *I was using the birth control pill and was smoking. So I asked the gynecologist (at the public hospital) if that was a problem. She told me as she took her purse from the hanger, that i was like a ticking bomb and could die any moment. I asked what she meant. She said if you smoke, you will not use it.*
>
> *Şule, Izmir 3*

> *Interviewer : Why was it spiral and not something else?*
> *Dilem : Cause of my age, they did not give me the pill. I was 45-46 then.*
> *Interviewer :They did not tell you the alternatives , but just..*
> *Dilem: I said that, I asked if there were other methods.. they said this was the best.*
>
> *Dilem, Okmeydani, Istanbul*

> *Once they were going to do a smear test at the public hospital. Without any prior information I went on the examination table. S/he asked "when is the last time you*

had sexual intercourse?", I said that it was yesterday. s/he said then we can't take it. There is no information provided. S/he should have asked that before. That was my first smear. Smear tests were new then.

Izabella, Izmir 3

Young women who were having their first gyn exam were not informed either:

Two years ago I went to the emergency service of the University Hospital. Uhmm I had used the morning-after pill, Norlevo. I had used Premen before and did not have a problem but with Norlevo this was the first time. My body starting reacting as if I was pregnant. I had nausea, disgust towards food and some substances. My head was spinning. Cause I couldn't deal with it any more, I went to the emergency care at night.. I was held there till 5 am. In the end I was sent to gynecological exam. There was a female doctor and her nurse, another woman. This is my first time on the gyn table and I am already in a difficult moment, but there was no explanation nor anything said to relieve me. I thought I was relaxed but apparently I tensed up without realizing it. She warned me by scolding me "enough now, don't tense up!" I left there crying. She put the speculum inside and turned and turned.. That was how I lived it and felt about it. I will never go to the public hospital. Because of this, I made up my mind that if I go again, I go to private care.

Zeynep, Izmir 1

Women were also not informed about their problem nor on the treatment applied:

Diren: I mean you don't receive any information. You don't know. They look at you as if you need an exam then send you. There is no communication. You don't get much information from neither the nurse nor the doctor. So, it's as if they don't attend to you one on one.
Nesibe: Sometimes the doctor treats you on his/her own and doesn't say "this is your illness."

Diren, Nesibe, Sumerpark, Diyarbakir

And despite the fact that patient rights regulations state that the information needs to be given in a non-medical way and via translators if needed, we found that illiterate women, Syrian women (due to lack of sufficient translators) and Kurdish women (due to not being able to communicate in their mother tongue) could not exercise this right fully:

Nesibe: On my paper they wrote curettage. But I can't read or write. When I asked someone to read it, they told me you don't have an husband, why will you have a curettage?
Interviewer: But curettage is not only for abortion. It also mean cleaning the womb.
Nesibe: But it didn't say there the reason of the curettage and when I had someone read it they say "abla (sister), you had an abortion? Were you pregnant?"

Nesibe, Diyarbakir

Havva: There is the issue of language. Already there is no proper informing and when they do so, they use medical terms and no one understands. If I look from the doctor's perspective, there is limited time and various pressures like you have to see so many patients in so much time. Maybe that's the reason but we need to find a solution for that too.
Interviewer: For the language, so it can be Kurdish or Arabic..
Havva: I mean in Antep, it's hard to find people who don't know Turkish but if your mother tongue is Kurdish, it is not possible for you to master Turkish. You can communicate but comprehension is a different thing. My husband is Kurdish and he says that he thinks in Kurdish and translates it to Turkish to talk. For these women it is more difficult. How do you tell medical things.
Interviewer: Aren't there doctors who speak Kurdish?
Havva: I am sure they exist. But there is this policy, this is a forbidden language. S/he can't communicate with the patient in Antep public hospital. Maybe in a small place (Interviewer: in a family physician center) s/he will have to speak it, out of necessity. Otherwise can't serve.

Havva, Antep

Even more worrisome were the cases of procedures done without women's consent, including sterilizations without women's consent and denying women sterilization access in the Southeast of Turkey, all of which are violation of right to informed consent (Item 24 of the regulation on patient rights) and to bodily integrity, thus double violations of the patient rights and the constitutional right to bodily integrity.

Mary: In the second exam, I said that I would like to have a smear test and she said "I am already taking it, right now." I had felt she was doing it.
Interviewer: So she was taking it (the culture) without informing you?
Mary: So, she did not tell me what she was doing. Like now I will do this in this way.. I mean some people are hesitant to talk, to discuss their problem, their sexual problems. I am the reverse. Like doctor and I had reversed roles. I told her very clearly. She did not ask me anything to expand on this. After I had the smear experience too, I was disturbed. I don't want to continue with the same doctor.

Mary, Izmir 2

Misafir: They hospitalized my mom when we were in the village. They take her to an emergency operation. They take the signature from my father. They take her ovaries because of a cist. They send a message to them one day before telling them to come and what the price is etc.
Ayten: Sterilization
Interviewer: Which hospital is this?
Misafir: This is in the public one. Then my mom goes to the private hospital. They research and find out that her ovaries are removed. My mom went into menopause, she was sick. It was a very bad situation.

Ayten: My mom had tubuligation at age 32 after giving birth to me.
Interviewer: Voluntarily?
Ayten: No. The bleeding does not stop and her ovaries are damaged. Because my dad is a health worker and works in the same hospital, they explain to him "brother, you have 7 children, if we don't operate now she will come back in 2 weeks." She did not have early menopause. But if you don't treat it properly, it can lead to early menopause..

Nesibe ve Ayten, Sumerpark, Diyarbakir

Xece: Perhaps because she had enough of children and did not want to give birth again, my mom had gone to the hospital and says she does not want any children. She fills out all the paperwork, procedures. My grandma goes to the doctor and talks to him/her, saying my daughter has a heart condition. If something happens to her I will sue you. Then, without listening to my mom, the doctor tears the papers, says I won't do your operation and sends her home.
Interviewer : So the doctor goes with your grandma's words..
Xece : But the doctor had to ask my mom. Though if she asked her I wouldn't be born.

Xece, Benusen, Diyarbakir

Regarding the preceding violations of consent and bodily integrity in sterilizations, Gurkan Sert (date) writes that the clause in the Law on Population that requires husband's consent for abortions and sterilizations are violations of women's bodily integrity, since it disables her from making an autonomous decision on her body. We believe that the lack of informed consent (not taking the time to explain to the woman in a manner she would understand, aside from emergencies, asking her and not husbands or other family member, and respecting her decision) is a class-based phenomena of health care in general and reproductive care in particular. However, when the women involved are not only poor but also Kurdish poor women, as in this case, who have a memory of sterilizations, (Miki Suzuki), the lack of informed consent from the woman herself and applications of sterilizations become even more problematic.

These right violations on the right to proper information and consent did not start with the neoliberal health restructuring. They existed beforehand and continued up to current time through the new health system, with the addition of Syrian women onto previous vulnerable groups. Yet, with neoliberal health restructuring, a new rights violation was added to these:

the violation of women's right to sexual and reproductive counseling (called *family planning consultation* in the Turkish health system). Neoliberal health restructuring brought performance measures for both hospital and Family Health Center (FHC) workers. In the FHCs, physicians, nurses, and nurse-midwives are subject to performance measures in areas such as the rate of referrals, child vaccinations, and prenatal and infant follow-ups and can lose up to 20% of their salary if they do not meet their targets. Nonetheless, they are not evaluated for family planning counseling or contraception supply, including IUD insertions. Performance measures taken together with the digitalization of health data, the latter of which is another new measure of the new reform (discussed in more detail in Saluk's chapter in this volume), where mainly the nurses and nurse-midwives, more than physicians, do the labor of gathering and entering the data into the computer, culminated in both quantification (over quality) of care and ironically lack of efficiency for the staff, whose workload increased and became more cumbersome with added paperwork and computer work. 86.4% of health providers in our surveys stated that their workload had grown since the health reform.

As discussed in more detail in a previous paper (Dayi, 2019), we found that, the performance measures, together with the increased workload (caused by digitalization and the extra work required by performance measures), affected sexual and reproductive care by decreasing the quality of reproductive care provided and decreasing care itself that is excluded from performance measures. For example, the nurses and midwives we interviewed stated that they were unable to find time to offer sexual and reproductive counseling and that, due to a lack of training and work overload, they were not willing to insert IUDs. There was also a mention of lack of proper space for such counseling:

> *Leyla: We need to tell how the condom is used. But we don't have a space for it. We talk to her in the corridor, here and there..*
> *Interviewer: Do you have a model for showing how to put on the condom?*
> *Çiçek: No. We don't explain that much. It would be even useful to tell her what to do in case the condom breaks, there are those who have no information on that. Aa it broke, so they say there is nothing to do and they don't do anything. So, at minimum,*

we can raise awareness on that but the doctor has a visitor in his/her room or a patient or a drug representative. There is always someone there. There is no counseling room. We try to talk with the patient discretely at the corridor. And she says I have to go, have something to do.

Cicek, 40, Nurse, FHC in Diyarbakir

The quote above might be touching upon the new differentiation among the FHC's that was brought with the neoliberal reform. Under the new system, FHCs are divided into four categories (A, B, C, and D), with only A and B types having an additional room with an ob/gyn table. Having a general practitioner trained in intrauterine device (IUD) insertion can move a center from C or D status to B status. However, since it is the physicians, who are brought in this system into the role of entrepreneurs/managers and are responsible from renting the space, the type of the center will be based on their decision and financial responsibility. According to a report by UNFPA Turkey (2016) on access to family planning services and contraception, this differentiation has led to inequality in access to care, which we predict is related to decreases in IUD insertions and possibly in spaces where sexual reproductive counseling could take place, as mentioned in the preceding quote.

The right to Privacy

In terms of the right to privacy, what continued from before were the violations of women's privacy during gynecological consultations with the doctor, gynecological exams, prenatal check-ups, cervical exams to determine stage of birth, and birth itself. These were stories about the doctor's doors left open after the consultation began, unrelated health personnel peeking in to ask something to the doctor or nurses during gynecological exams, having ultrasounds in spaces separated only by paravanes, women lined up and waiting for birth being checked for dilation one after another, more than one patient being in the same room awaiting exams or preparing for the exam, and medical students/assistants who were brought to the gynecological exam without previous consent of the woman. All of these took place in public hospitals.

The only disturbing thing, for me and for other patients, was that with the doctor, enter the assistant students. We had talked about this with the people in the waiting room. I had been disturbed by this. After the gynecologist entered, s/he did not ask for permission for the entrance of the students. Privacy was not asked then.

Zeynep, Antep

Interviewer: Were you alone when you entered the exam room or were there others?
Rojda: No I was alone. But they were taking two patients at the same time. I entered when she exited. The one after me they took while I was inside.
Interviewer: Where you had your exam was a separate section or?
Rojda: Separate.
Interviewer: the other patient heard what you were saying and you heard hers. How did you feel in such a place?
Rojda: I mean i did not feel comfortable. Cause I was hearing hers and she was hearing mine. The doctor was doing the exam very fast. I don't think I was able to tell much about my complaint. And s/he did not understand much cause s/he was as if let me examine this and move on to the next patient. I did not understand anything from what s/he said. Said come back but I did not go back cause I did not have a chance.

Rojda, Benusen, Diyarbakir

For example for many women to be in the same place in birth hospitals. I think that is a disgusting treatment. I mean I lived it (as a child) with my mother. Many women, I mean to see that as a child. It was 13 years ago, at the birth of my last sibling, was a trauma for me. You pass women one by one, all lying there ready for birth and you are shocked.

Cilek, Uvercinka, Antep

I mean we went to the public hospital, they took us to the birthing ward. There, women are lined up lying on stretchers next to each other.. Sometimes a curtain between them, sometimes not. They all scream, cry. The ones passing by, nurses or the birthing ward doctor, they all finger them. What? Why? To check dilation, how many centimeters.. Ask first, ask permission, make her comfortable. I had taken my aunt to there cause I was working there and I was ashamed to be working at a place like that.

Mary, Izmir 2

Azra: I had gone 3 years ago. For an abortion. To the birth hospital. It was 3 months of pregnancy. They told me your baby is dead. Had died in my belly. There was no caring there, and everyone saw everyone when they were examining a woman.
Interviewer: So, they took you to the birthing ward for abortion?
Azra: Yes
Interviewer: Were there curtains?
Azra: One had curtains, the others did not.

Azra, Malumat, Antep

In terms of privacy, in addition to these continuing violations of privacy, there were new violations of women's privacy through sharing her pregnancy results with her partners or family. In the community health centers *(sağlık ocağı)* that were in place before being transformed into FHC's, staff were still responsible from prenatal follow-ups and vaccinations. However, when performance measures were brought onto these follow-ups with a risk of salary (and job loss) for not reaching the targets, FHC personnel insisted on reaching all women of reproductive age registered to them, especially pregnant women. This included calling or texting the phone numbers they had in their files. The introduction of digitalization of data and related invasions of privacy as they appeared in the media, are discussed in detail in Saluk's chapter in this collection. In our research, we also found evidence of such invasions including giving test results in person to the father and sending the result of a woman's gynecological blood test to her husband.

> *Ebru: I had finished highschool and had a cold. I was in bed and the community center was located below. My dad and I went and they did tests and gave me a prescription and sent me back. Then my dad went to get the lab results and the results said I was pregnant.*
> *Ebru: Then my dad and said Ebru, what is this? I said I don't know. He tells my mom to come and ask me.*
> *Interviewer: Oh my god, this is terrible. He could have killed you if it was a different man.*
> *Ebru: then my mom came and asked me.. She said I know there is no such thing but what does this mean? I said I don't know.. there is nothing..Then my dad went there and they tell him it's the wrong results. If I had today's perception, I would have sued them.. My parents did nothing. The case was closed like that.*
>
> *Ebru, Sumerpark, Diyarbakir*

> *I don't know about that but it happened to a close friend of mine, it was difficult days for her. She wasn't pregnant but her menstruation was not regular but she was afraid of the blood test. Cause a couple of weeks prior one of our friends experienced it. She was married. A test she had done in gynecology went to her husband as a text. So my friend was afraid that the blood test results would go to her family. If she had urine tests, it was always positive. And she was sure that she was pregnant.*
>
> *In the university hospital there was a similar event a couple of years ago. Another university student, has a gynecological exam and the family is informed in a message. We saw it in the public hospital too. See it in public hospitals.*
>
> Mavi, Izmir 2

These are serious violations of women's rights, which could lead to violence against women, including death by family members of single women, and prevent a woman from making a decision about her pregnancy, independent from her husband or family. She might be forced to abort or keep a pregnancy that she does not want. In these ways, these new violations enabled through the neoliberal bureaucratic mechanisms of surveillance on women's bodies as well as the work of FHC workers (who are also women nurses and nurse-midwives), go against both the right to privacy, safety and to bodily integrity.

Gynecological Violence

In our research, we found that there is widespread violence against women, which we are calling here gynecological violence. This ranged from mistreatment of women, disrespectful behavior, demeaning remarks, insults and scolding to physical violence (e.g. slapping the woman's belly, utilizing the speculum in a very harsh way inside the vagina during an exam, etc).

> *I did all of my births (in Gaziantep) as C sections and I was knocked off in all of them, so I did not see anything. I though the tending in the after-care was very little. For example, they tried to make me stand up after the birth, to have the bladders work. I couldn't get up and fainted. I remember the nurse pulling my ear and saying come on.. I was half-awake but I remember that my ear was pulled.*
>
> *Zeynep, Antep*

> *Kübra: For whatever reason, both the doctors and the secretaries are like that.. you ask something and at the second question, they tell you to go away. I mean they take your signature, you leave but you come back for a second question and they scold you.*
>
> *Kübra, Anne Cocuk Merkezi, Antep*

> *Müjgan: I witnessed something when my aunt went for birth. A woman was birthing right next to her and I don't know if it was a nurse or the doctor but she slapped the woman. They were yelling at her. It was many years ago. (Interviewer: here in Antep?) no in Diyarbakir.*

Müjgan, Uvercinka, Antep

Rojda: We hear a lot of violence against women from nurses during birth, insults etc. Like they say that "it was ok when you layed under your husband and now you scream when you have the contractions." Our daughters I law tell these things. They really offended them then.
Beritan: Or they ask you for example why you have too many children. As if they are the birth registry. They bring the woman to these conflicting situations. None of your business!
Interviewer: So, this talk still exists ha?
Beritan: Yes yes.
Çiçek: Yes, especially in public hospitals. In the private ones, they are a bit more careful.

Rojda, Cicek, Beritan, Benusen, Diyarbakir

I had gone to the public once, for yeast infection. I had smear test done. Then I was disgusted cause there was an infection there. So I thought it's easier to go to the public where I was. It was a woman gynecologist. She took two tools in her hands (speculum). I said that is too thick. She said "aa didn't you give birth vaginally?" I said I had C sections and these look too thick to me and I am quite scared. She wanted me to sit on exam chair, in a very hurried manner. She put it inside and the way she did it I tensed up involuntarily. She told me why do you tense up and slaps my belly. I told her "look I am in pain, you put this in very roughly" .. then she had it in and she moved it back and dorth and said ok you can get up. She was in a hurry.

Firuze, Izmir 1

Izabella: For example I had an acquaintance. Her contractions began. She went to the hospital. It's the public hospital and people go in and out of the room. She said that she was disturbed by all this. They tell her to go then, that people are not fond of your thing (meaning vagina), they send her out.
Interviewer: Is this health personnel?
Izabella: No, the doctor.

Izabella, Izmir 3

Izabella: I had it (IUD) placed 10 years ago. And they caused a huge deal when I wanted to remove it before its (expiration) time. They said you are harming state's property. You have it placed for 10 years and take it out in 5. I was really humiliated then. I am afraid now to go have it removed.
Interviewer : This was at the community center?
Izabella: Yes

Izabelle, Izmir 3

These experiences of rights violations (in terms of mistreatment, verbal and physical abuse, including denying care), have continued from before the health reform to current times. It is sad for all of us, feminist scholars, practitioners and activists, to know that this

patriarchal abusive/violent behavior in the medical system, by both male and female providers, towards mainly poor (and young) women who utilize the public sector, have not changed over the years. They show that women's right to dignified care (as discussed in Dayı's dissertation and as protected by both patient rights and in international agreements in Turkey) are not respected. Item 39 of the regulations on patient rights is called "Respect for Humane Values and Visit" and states that all health personnel should treat patients, their relatives and visitors in a polite, friendly, compassionate way and provide appropriate information on the time of the procedures, how and why it will be done, explaining the reasons for any waiting period. The experiences of violence described above are clear violations of humane treatment of patients. They are also violations of international agreements such as

In addition to these continuing violations, we witnessed new forms of gynecological violence that resulted from neoliberal health restructuring and conservative pressures. As will be discussed in the next section, the decrease in access to low cost birth control and abortion services in the public sector (contraception in FHCs and abortion in public hospitals) lead to women having to decide to change contraceptives, pay out of pocket to access contraception and abortions from private sector and experiencing unintended pregnancies as a result of lack of contraception (and abortion). In CEDAW General Recommendation no. 35, denial or delay of safe abortions and forced continuation of pregnancy are considered gender-based violence (Item 18), with which we agree.

In our research, we also had a few examples of women being told that they will only be allowed 4 C-Sections.

> *Kübra: On the right to have children, after the third child, at the 4th, they ask you at the hospital, how many children you had.*
>
> *Nilgün: And there is this, for example if we had C sections, they say that we have only 4 chances. Is that true? Wherever I went to the doctor, they said that the C section limit is 4.*

Kübra ve Deva, Anne Cocuk Merkezi, Antep

We also heard from women who were denied C-sections, whose ob-gyn insisted on vaginal births instead. This might be a response to the pressures on ob/gyn's who work in the public hospitals through the new "C-section law," as described in more detail by Topçu in this volume.

> *Meryem: In birth, it wasn't choice for example. Now they push everyone for normal birth. They don't take you to C sections unless there is a risk. I lived this with my daughter. I had pain for 5 hrs. They didn't take me to C-section. 3 a.m. in the night my daughter's heart was stopping, they hurried me to C-Section. So, I don't have a right to choose.*
> *Interviewer: when did you give birth?*
> *Meryem: 3 years ago.*
>
> *Meryem, Yenikoy, Diyarbakir*

The right to (accessible) contraception and abortion for all women

As mentioned briefly before in the discussion of sexual-reproductive counselling, in our research we witnessed a decrease in IUD provision due to the exclusion of birth control provision (including the provision of condoms, pills, injections, and IUDs) from performance measures, lack of proper training in IUD insertion and removal and lack of time from increased workload (of follow-ups required by performance measures and those of digitalization of these data). In addition to these neoliberal mechanisms with its market measures (of efficiency, performance, etc.) introduced in bureaucratic ways (increased paperwork and computer work), another bureaucratic mechanism that we found to impede women's access to contraception were periodic problems in the supply of contraceptive methods to FHCs by the city health ministries. In all of the cities where we conducted our research, women and providers mentioned these periodic irregularities in supply. The result is the violation of women's right to free contraception at the primary level, which leaves women with the options of paying out of pocket (becoming indebted), changing to another

contraceptive method available at the FHC or a hospital nearby, or continuing an unwanted pregnancy.

> *Fatma: Last year, we had nothing for four months except for the injection. Anonymous: Most of the time the ministry buys it but it doesn't come to us, waits there. The municipality doesn't inform us. There is a waiting. It's a two-way problem. Problem emanates 80–90% from the ministry.*
>
> *Interviewer: Okay, so when there is nothing and the woman comes and asks for a method, what do you do?*
>
> *Ayse: They become pregnant. Because you know the pill in the pharmacy is 18 lira. They can't buy it. They can buy as much as they can from the pharmacy, otherwise they become pregnant.*
>
> —Fatma (female), age 29, nurse; Ayse (female), age 37, midwife; anonymous (male), age 43, physician, A-type FHC, Diyarbakir
>
> *There are those who get pregnant. There was no pill for a while for example, and we saw many women who got pregnant and gave birth to their whateverth number child.*
>
> —Habibe (female), age 42, physician, B-type FHC, Izmir
>
> *Zehra: In 2008, there was a commnutity health center below us and nurses from there said that women could access condoms and pills from the centers. But a bit later, there was no emergency pill or birth control pill.*
>
> *Elif: The nurse in my family health center told me that she fits IUDs, but that her physician does not know it. Told me she can fit me one but I know they don't provide condoms anymore.*
>
> —Focus group with women, Izmir

> *Interviewer: Is the IUD placed in FHCs here? Havva: In some but not all. Interviewer: How about injected contraceptives or condoms?*
>
> *Havva: That might be changing according to location of the center. Some have it but some say they have problems getting these and forced the budget and have their unit buy these ... They say at meetings that they have much difficulty when the supplies are finished.*
>
> —Focus group with women, Antep

In our focus groups, we asked both providers and women about abortion and birth control access in their cities since the health reform. We were surprised to learn that not only most of the women but also most of the health providers were confused about the legal status of abortion. Some thought it was banned while others were not sure whether the legal time limit had been shortened. To us, this showed that the conservative discourse that started with Erdogan's remarks in 2012 that "abortion is murder" was successful in muddying the waters and creating confusion on the legal status of abortion, as well as pressure on providers, without actually changing the law. The decrease in abortions in public hospitals throughout Turkey was documented in a recent survey of state hospitals and teaching state hospitals by Kadir Has University. Our findings also showed that abortion has become more difficult in public hospitals in recent years due to service rejection and to requests by providers that the pregnant woman obtain her husband's or parents' consent:

> if we can collect money, we send the women [we work with] to private hospitals. When there is no husband, the public ones reject them anyway. In the private, there is resistance as well. I have been doing this job [working at a women's shelter] for seven years. For the last three years, we have had serious difficulties about this [accessing abortion]. The number of kids we give [for adoption] to protection services is too many. There are many pregnant women coming to us, ending their pregnancies and returning home. They have no other way of hiding their pregnancies. Why couldn't you abort? "I had no money." But this is a public service. But if it's recorded in her social security, anyone can access it and now they inform the husbands, parents, by text message ... So, she has no other option.
>
> —Elif, women's focus group, Izmir

> Meryem: In public hospitals now, they don't do it [abortions] if there is no problem [medical necessity].
>
> Zeynep: I went and said I do not want this pregnancy, went to the birthing hospitals. They said go bring your husband, he signs and we do it ... And I was scared.
>
> —Women's focus group, Diyarbakir

As previously discussed, single women already find it difficult to obtain gynecological care, birth control and abortions in Turkey, especially in the public sector. Igde

et al. point to how the legal restriction of abortion provision to ob/gyns and to general practitioners who work under the supervision of ob/gyns contributes to urban-rural inequalities in access to abortion since rural areas lack ob/gyns. Given the climate of conservative and patriarchal care, where some providers do not feel comfortable talking to or treating single women, these new conservative pressures, together with the existing limitations of the law itself, will disproportionately affect poor women, young single women, and rural women, who will be forced to pay out of pocket for contraceptive and abortion care, to seek unsafe abortions, or to carry unwanted pregnancies to term.

Under the ICPD Programme of Action, states are expected to take all necessary measures to secure access to health care, including sexual and reproductive health care. The U.N. Sustainable Development Goal on gender equality (Goal 5.6) also includes stipulations for the granting of universal access to sexual and reproductive care, including abortion access, stating that governments should not limit access to abortion on cultural or religious grounds. And CEDAW requires governments to attain gender equality in health care, including family planning services (art. 12), to secure adequate access for rural women on family planning counseling and methods (art. 14(b)). The decrease in access to contraception and abortion in Turkey through neoliberal and conservative measures reflects a violation of all these rights, imprisoning the women in her body for unwanted pregnancies, which as said above is a form of gender-based (gynecological) violence.

Conclusion

In this chapter, focusing on women's experiences of gynecological visits, birth control and abortion care and birth in the public system (in hospitals and FHCs), we discussed the state of sexual and reproductive rights in contemporary Turkey. We found that (young) single and lesbian women are not visible in the reproductive scene, that their sexuality is not

accepted and thus accommodated for, especially in the public health system. While this is not a new situation, we expect that it might worsen in the increasingly conservative climate of Turkey, which includes increased pressures to health providers, on birth control and abortion counseling and provision.

We discussed existing violations on the right to be properly informed, including in non-medical language and in one's mother tongue with translation if needed, a problem which disadvantages women who are illiterate, and belong to minority groups (i.e., Kurdish women and Syrian migrant women). The decrease in the access to sexual and reproductive counseling was a new rights violation in this area, that was brought by the health restructuring and conservative pressures and policies (e.g. pronatalist policy). It was through the exclusion of counseling in performance measures, increased workload (and thus less time and willingness to provide counseling) and lack of space that led to nurse and nurse-midwives' inability to continue with this service.

And, while there were already serious problems with the right to privacy and gynecological violence, new rights violations were added to these such as sending women's gynecological information to husbands or fathers, and the decreased access to birth control methods in FHCs and abortion services in public hospitals.

We discussed how the present state of sexual and reproductive rights reveal multiple violations of constitutional rights to health care and bodily integrity and patient rights to non-judgmental, dignified care where one receives proper information, gives informed consent and is guaranteed privacy and confidentiality. We emphasized that in addition to these internal documents, Turkey's commitment to international agreements such as the ICPD, U.N. SDGs and CEDAW are also violated through failing to guarantee women's access to sexual and reproductive rights and increasing the already existing gap among women in

accessing this care. With the decrease of birth control and abortion services in the public sphere, more women are forced to switch to pharmacies, private hospitals and private ob/gyn's for obtaining contraceptives and abortions. This means the poor (and young single women) will have to pay out of pocket and/or will carry out unwanted pregnancies if they can't afford private care. This is a double violation of her right to (free or low cost) public reproductive care and to her bodily integrity. The switch from public to private sector in contraceptive care (especially in tubaligations, pill, and the condom) and the dominance of the private sector in abortion care (62% of all abortions) is noted in the latest Turkish National Health Survey (TNSA, 2013). The dangers of lowering public health spending and implementations of privatizations without securing affordable costs on women's health care is also mentioned in the Bejing Platform for Action, Paragraph 91 which reads:

> In many countries, especially developing countries, in particular the least developed countries, a decrease in public health spending and, in some cases, structural adjustment, contribute to the deterioration of public health systems. In addition, privatization of health-care systems without appropriate guarantees of universal access to affordable health care further reduces health-care availability. This situation not only directly affects the health of girls and women, but also places disproportionate responsibilities on women, whose multiple roles, including their roles within the family and the community, are often not acknowledged; hence they do not receive the necessary social, psychological and economic support.

Although many of the rights discussed in this chapter are protected by international agreements, which are monitored both by the state (that periodically submits reports on the targets) and by independent women's organizations and platforms in Turkey (that produce shadow reports), the rising neoconservatism and the authoritarian turn are creating obstacles in these independent feminist monitoring efforts. 2019 Policy Position Paper by the Beijing+25 Women's Platform Turkey discusses the alarming state of (worsening) gender inequality in the country at every area (from education, labor, and health, to migration and politics), while displaying the increasingly conservative and authoritarian measures to erode

existing women's rights in Turkey through direct government actions like the abolishment of the State Ministry on Women and Family, and relocation of issues regarding gender equality and women and girls under the Ministry of Work, Family and Social Security, arresting of 28 female co-mayors who were elected to cities with Kurdish populations, the shutting down (under the State of Emergency Measures) of 370 civil society organizations, including 11 women's organizations and 43 women's centers in municipalities, and the banning of all activities of the LGBTQI+ organizations for two years until April 2019. We can add here the most recent March 8 walk in 2020 Istanbul, which the government tried to ban and the police raided. The report states that, shrinking democratic spaces for feminist action also include constraints put on international monitoring appeal bodies on gender equality. It is stated that although there still are international monitoring appeal bodies on gender equality and human rights, such as CEDAW, GREVIO or HR Cttee (Human Rights Committee), it is rather difficult to consider them as fully independent bodies, since it is the state/parties that nominate and elect these experts. In Turkey, this was experienced most recently (in 2019) when the Turkish government did not nominate and elect Prof. Feride Acar (the previous President of the Committee and the candidate of women's organizations) for the GREVIO Committee that monitors the Istanbul Convention. The Bejing Platform Report further reports that the only intergovernmental one, the UN - Commission on the Status of Women (CSW), where governments meet every March in New York and take decisions on women's rights and gender equality policies globally, has closed its doors to women's NGOs during the recent years. Furthermore, as in many places including the U.S. and Turkey, governments increasingly establish their own NGOs (i.e., GONGOs: Governmental NGOs) and pretend to work with civil society. The report finishes with a call for a new decentralised international independent body for women and women's NGOs that will both conduct truly independent monitoring of gender inequality and also respond in meaningful ways to urgent needs. This

state of affairs from the women's NGO scene, adds to the macro-level of neoliberal health policies and reproductive rights. It reminds us that for a true protection of women's sexual and reproductive rights in Turkey (and elsewhere), it is important to be aware of neoliberal health restructuring as it is situated in neoliberal globalisation (*the debt economy* as Lazaratto calls it) with its neoconversative and authoritarian arms, to be able to formulate meaningful local and global feminist responses to it.

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[i] We would like to thank our co-researcher and colleague Brigitte Marti for introducing us to the writings on the debt economy and helped problematize the connection of the debt economy to reproductive and sexual rights. Our research in Turkey was partially funded by the Raoul Wallenberg Institute in Turkey.