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Turkish Fertility Survey, 1978 A Summary of Findings

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The World Fertility Survey is an international research programme whose purpose is to assess the current state of human fertility throughout the world. This is being done principally through promoting and supporting nationally representative, internationally comparable, and scientifically designed and conducted sample surveys of fertility behaviour in as many countries as possible.

The WFS is being undertaken, with the collaboration of the United Nations, by the International Statistical Institute in cooperation with the International Union for the Scientific Study of Population. Financial support is provided principally by the United Nations Fund for Population Activities and the United States Agency for International Development. Substantial support is also provided by the U.K. Overseas Development Administration.

This summary is one of a series containing the salient findings of the First Country Reports of the countries participating in the WFS programme. A copy of the report itself: *Turkish Fertility Survey, 1978* is available for reference at all WFS depository libraries, or may be obtained from the International Statistical Institute, 428 Prinses Beatrixlaan, P.O. Box 950, 2270 AZ Voorburg, Netherlands, on payment of U.S. \$10 postage.

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TURKISH FERTILITY SURVEY 1978

A SUMMARY OF FINDINGS

1. THE SETTING

Turkey stretches across south-east Europe and south-west Asia, and covers an area of 780 thousand sq. km. roughly in the shape of a rectangle, 1600 km. east to west and 650 km. wide. The total population in 1975 was 40.3 million, giving a density of 52 persons per sq. km.

Geographically the country can be divided into five regions. The Western region is the most densely settled, most industrialised and socio-economically the most advanced region. It includes two of the three largest metropolitan centres (Istanbul and Izmir). The Mediterranean region in the south contains some of the richest agricultural plains and the fastest growing industrial centres of the country. The agricultural sector provides by far the largest source of income in the remaining regions. Central Anatolia (which includes the capital, Ankara) specialises primarily in cereals, and the more mountainous Black Sea region in the north primarily in small scale labour intensive crops. Finally, Eastern and South-eastern Anatolia is socio-economically the least developed region of the country.

Economically, Turkey may be regarded as semi-industrialised, with per capita income exceeding US \$1,000 per annum. Approximately half the population lives in areas which may be classified (according to one of the several definitions in current use) as urban. The proportion urban varies considerably by region, from two-thirds in the west to only one-third in the east. Internal migration, from rural to urban and from north and east to west, may be regarded as the most important vital event shaping the demographic situation in Turkey. Further, starting from the 1960's, large numbers of people have gone to seek employment outside the country, and it is estimated that around 1.5 million are working abroad, a large proportion of them in West Germany.

In 1975, 75 per cent of males and 48 per cent of females aged 6 and over were literate. There are marked regional differentials in literacy. For example in 1975, 87 per cent of males and 69 per cent of females in Istanbul were literate; the corresponding figures were 35 per cent and 8 per cent, respectively, in Hakkari, a province in Eastern Anatolia.

The country's population has expanded rapidly, from just under 19 million in 1945 to over 40 million in 1975, averaging an annual growth rate of over 2.5 per cent. Around 40 per cent of the total population is aged under 15. For the mid 1960's, the crude birth rate has been estimated as 40, the total fertility rate as 5.3, and the infant mortality rate as 153. The corresponding figures for urban areas were 31, 3.9 and 113, respectively, and for rural areas these were 44, 6.1 and 168.* These imply marked urban-rural differentials. Scholars are not entirely in agreement regarding the more recent levels of these demographic indicators, but one stated view is that "around 1973, a crude birth rate of around 39 per thousand, a crude death rate of around 14 per thousand, and an infant mortality rate of 140-150 per thousand can be tentatively estimated for Turkey".**

The population policy of the Turkish Republic was pro-natalist up to 1965, but has been more liberal since. The First Five Year Plan (1963-67) discussed problems caused by the high population growth rate and advocated the repeal of laws prohibiting contraceptive practice. It also proposed the creation of a family planning programme, the training of health workers in family planning, and the provision of family planning education to the public. The Second Plan (1968-72) attempted an extension of the scope of family planning services, and the Third Plan (1973-77) advocated an integration of the family planning services with mother and child care services. However, some relapse in the achievement of these goals has been noted.

There is a rich body of demographic data in Turkey. After the establishment of the Republic, the first census was carried out in 1927. Since 1935 censuses have been conducted every five years. The first nation-wide survey was conducted in 1963, and was followed in 1965-67 by the Turkish Demographic Survey based on the dual-record system. The Institute of Population Studies of Hacettepe University has conducted a series of demographic surveys in 1968, 1973 and 1978, the last one being the present Turkish Fertility Survey.

* "Vital Statistics from the Turkish Demographic Survey, 1961-66." School of Public Health, Ankara, 1967.

** See Turkish Fertility Survey, First Report, Volume I, Chapter II.

2. THE SURVEY

The Hacettepe Institute of Population Studies carried out the survey in collaboration with the Ministry of Health. The State Institute of Statistics provided the sampling frame. External funding for the survey was provided by the United Nations Fund for Population Activities. Fieldwork for the main survey was carried out during September-November, 1978.

The sample was a nationally representative equal probability sample of non-institutional households. The State Institute of Statistics had carried out a special field operation to delineate area units (blocks) of an average size of around 100 households, and to list all households or dwellings within the selected blocks. These blocks formed the primary sampling units for the Turkish Fertility Survey (TFS), and 215 were selected with probability proportional to a measure of population size. Within blocks, small segments of five households each were selected from the already available lists so as to yield a self-weighting sample. The sample households were enumerated using a household schedule in which usual residents were listed and data obtained on members' age, sex and marital status as well as on employment and migration histories. All ever-married women aged under 50 in the sample households were eligible for the individual interview. A total of 5142 households were enumerated (response rate 85 per cent), and of the 4769 eligible women identified in these households, 4431 (93 per cent) were successfully interviewed.

The individual questionnaire used was a modified version of the WFS 'Core Questionnaire', with the following main additions: probing of each birth interval to obtain data on non-live births; experience of and attitudes towards induced abortion; knowledge and use of family planning services and supplies; attitude towards sterilisation; use of contraception in the last closed interval and whether the last pregnancy was wanted; temporary separations within marriage; and finally, costs and benefits of children.

Following the main fieldwork a response reliability study was carried out. The study involved the reinterviewing of all respondents in about one-sixth of the total sample blocks. In the occurrence of significant discrepancies between the original and the reinterview, a third (reconciliation) interview was conducted.

The First Report of the survey is being published in July 1980. It contains detailed statistical tables and a descriptive commentary on the main findings, the more salient of which are summarised below.

3. NUPTIALITY

CURRENT MARITAL STATUS

Table 1 shows the distribution of women aged 15-49 according to current marital status as enumerated in the household schedule. The data indicate that in Turkey marriage is almost universal, as only 1 per cent or so of the women aged 35 and over are reported never-married. Marriage is stable since in almost all age groups the percentage currently divorced or separated does not exceed 1 per cent. Finally, marriage is relatively early; three-quarters of women aged 20-24 have married. On the other hand, practically no women currently aged under 15 were reported as ever-married. This pattern is confirmed by the more detailed data from the individual interview (see below).

TABLE 1
CURRENT MARITAL STATUS OF WOMEN AGED 15-49

Marital Status	AGE						
	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Single	77.8	26.2	7.5	2.6	0.9	1.6	0.7
Currently Married	21.7	72.1	90.5	93.5	95.2	92.7	89.4
Widowed	0.1	0.9	1.3	3.1	2.9	4.4	8.9
Divorced/ Separated	0.4	0.8	0.7	0.8	1.0	1.3	1.0
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0

AGE AT MARRIAGE

Age at marriage from the individual interview was studied by restricting attention to women currently aged 25 and over who married before age 25. (This is to ensure that women in all categories considered have the same chance to marry at a certain age). This mean for all Turkey is 17.7 years, with an urban-rural difference of one year (18.2 urban versus 17.2 years rural) and an west-east difference of 1.5 years (18.0 in west versus 16.5 in east). Women with secondary education or beyond have a mean age at marriage of 20.1 years, which is 3.0 years higher than the mean for illiterate women.

By combining the distribution by age at marriage for ever-married women from the individual interview, with the data on proportion ever married from the household schedule, cumulative proportions marrying by specified ages can be estimated for various cohorts of women. This mode of presentation of the data indicates a recent though moderate trend towards later marriage. For example, among women currently aged 30 and over, 15-20 per cent married before 15 years of age; this percentage declines to 10 per cent among women currently aged 20-24 and to only 4 per cent among those aged 15-19. The median age at marriage (the exact age by which 50 per cent of women in a cohort are married) has risen from around 17.5 for women currently aged 30-49, to 18.8 years for women aged 20-24. Further, the effect of this trend is to widen differentials in age at marriage. For example, a west-east difference of under 2 years in the median age at marriage among older women is increased to a difference of 3.5 years among women currently aged 20-24.

MARRIAGE STABILITY

Over 97 per cent of first marriages among women married within the past 10 years are intact. Of all ever-married women in the sample, over 92 per cent are still in their first union and over half the dissolved marriages are due to widowhood. Only 4 per cent have married twice, and practically none more than twice. In fact a second marriage dissolution is rare. Consequently, ever-married women have spent over 98 per cent of the time since first marriage in the married state, and 96 per cent are currently married.

EXPOSURE STATUS

Excluding such temporary factors as separation within marriage or post partum abstinence and amenorrhoea, 72 per cent of the ever-married women are classified as exposed to the risk of pregnancy. Of the remaining, 12 per cent (almost all currently married) report a current pregnancy, so that a total of 84 per cent are "currently married fecund". Four per cent are currently not married, and 12 per cent, though married, report a fecundity impairment. The percentage in the last mentioned category increases sharply with age, from 3 per cent among women aged 25-34, to 17 per cent among 35-44, and to 50 per cent among women aged 45-49. At the same age, better educated and urban women report somewhat lower levels of fecundity impairment than do less educated rural women.

4. FERTILITY

CHILDREN EVER-BORN

Classified by age, the mean number of children ever born to ever-married women is as follows:

Age	<20	20-24	25-29	30-34	35-39	40-44	45-49	All
Mean	0.7	1.8	3.0	4.3	5.5	6.0	6.3	3.9

The substantial increase in the mean number of children ever-born from one age group to the next, up to the highest ages, indicates a long span of childbearing in Turkey. Among women aged 45-49 the distribution according to the number of children ever-born is:

Children ever born	0	1-2	3-4	5-6	7-8	9+	All
Per cent distribution	2.4	9.6	20.2	22.2	19.8	25.6	100.0

In fact, not only among women aged 45-49, but also among all women aged 35 and over, only 2 or 3 per cent report never having had a birth. This indicates a low level of primary sterility.

The figures for currently married women are practically identical to those shown above for ever-married women. This is expected in view of the stability of marriage.

Cumulative fertility is related to age at marriage. Late marrying women have fewer children at a given age because of their shorter duration of exposure to child-bearing. There may also be other factors apart from this biological effect. For example, women with high socio-economic status tend to have higher age at marriage and may have lower fertility; this will tend to increase the observed association between age at marriage and fertility. However, in the present case, cross-sectional data on children ever-born indicate that the effect of age at marriage has been largely biological. As illustrated in Table 2, the increment of children ever-born from one age group to another among ever-married

women does not vary greatly by age at marriage. The implication is that the age-pattern of fertility has hitherto been rather similar for women marrying at different ages. The same inference is supported by the fact that at a given marriage duration (at least for durations of 10 years or more), the late marrying women have fewer children ever born. However, Table 2 relates to a cross-sectional view of different cohorts, rather than to the retrospective history of a particular cohort. A clearer picture emerges from an examination of recent marital fertility (see below) by age at marriage: late marrying women in fact have a lower fertility at the same age compared to early marrying women - probably due to the association between age at marriage and socio-economic background of the respondent.

TABLE 2
CHILDREN EVER BORN, BY AGE AT MARRIAGE

	Age at Marriage					All
	<15	15-17	18-19	20-24	25+	
Current Age 20-24	2.9	2.2	1.3	0.8	.	1.8
40-49	7.5	6.7	5.2	5.1	3.7	6.1
Increment	4.6	4.5	3.9	4.3	.	4.3
Years Since Marriage						
5-9	2.5	2.8	2.6	2.3	2.2	2.3
10-14	4.3	4.1	3.6	3.3	3.5	3.9
25+	7.4	6.8	5.6	5.4	.	6.6

There are marked urban-rural and regional differentials in completed fertility (i.e. in children ever born to women aged 45-49): a difference of well over 2 children between urban and rural women and of 3 children between western and eastern women.

	Urban	Rural	West	South	Centre	North	East	All
Completed Fertility	5.0	7.3	5.7	7.4	7.4	7.5	8.8	6.3

EARLY MARITAL FERTILITY

Due to difficulties in obtaining accurate dates (down to the level of the month) of first marriage and first birth, it is not possible to reach any firm conclusions regarding the pattern and trends in early marital fertility. However, it is clear that early marital fertility is positively related to age at marriage as illustrated by the mean length of first birth interval for post-marital births:

Age at First Marriage	15	15-17	18-19	20+	All
First Birth Interval (Months)	25.8	21.3	18.8	17.7	20.8

The above pattern holds also when current marriage duration is controlled. The positive association of early marital fertility with age at marriage is also apparent when we examine the proportions childless after 5 years of marriage. But the association is not found in the case of another indicator, namely the mean number of births in the first five years following marriage, probably because younger marrying groups of the population experience higher fertility rates. The mean for illiterate women is 2.1 children, compared to 1.6 for women educated to the secondary level or beyond.

Urban-rural differentials are not marked concerning the last mentioned measure. Regional differentials are more marked, with a mean of 1.8 children in the west and 2.2 children in the east.

RECENT MARITAL FERTILITY

Much sharper differentials emerge when we examine recent levels of marital fertility. The measure used is the mean number of births during the past five years to women continuously in the married state during that period. Among women first married 10-19 years ago, for example, the overall mean is 1.0 children; the corresponding figure for urban

women is 0.8 and for rural women 1.2. Regional differentials are even more striking, with a mean of 0.6 children in the west contrasted with a mean of 1.5 in the east. Nearly all socio-economic background variables studied are strongly related to the recent level of marital fertility. For example, the rate is four times higher for illiterate women first married 10-19 years ago (mean 1.3), than for women in the highest education category (mean 0.3); and it is twice as high for women working on the family farm (mean 1.2), than for women working in industrial and service occupations (mean 0.6).

Comparing the various indicators of fertility employed in the First Report, an interesting geographical pattern emerges. The marked urban-rural differential in fertility appears long standing and persistent. The even more marked regional differentials appear to be further increasing. Within regions, the urban-rural differentials are least marked for the west and the east, i.e. in the regions at the two extremes. By contrast, for the central region with an intermediate level of fertility, the urban-rural differentials are most marked. These major disparities are characteristic of a country in the early stage of transition to lower fertility.

AGE SPECIFIC FERTILITY RATES AND FERTILITY TREND

Age specific fertility rates (ASFRs) for the year immediately preceding the survey (1978) are as follows.

Age Group	15-19	20-24	25-29	30-34	35-39	40-44	45-49	TFR
ASFR	.093	.259	.218	.154	.101	.038	.002	4.33

Fertility peaks at ages 20-24. The Total Fertility Rate (TFR) of 4.33 implies that a woman experiencing the prevailing age-specific rates will have an average of 4.33 live births by the end of her reproductive span. When contrasted with the completed fertility of 6.33 for women currently aged 45-49, the TFR indicates a substantial decline in fertility over the time span covered by the survey.

There are by now familiar marked urban-rural differentials: for 1978, the TFR for urban areas has been estimated as 3.67 compared with 5.06 for rural areas. But regional differentials are truly striking, with a TFR of 2.89 in the west, and of 6.31 in the east.

Retrospective birth histories also permit an estimation of the recent trend in fertility. The Total Fertility Rates for the past nine years, averaged over the 3-year periods 1970-72, 1973-75 and 1976-78 are, respectively, 5.80, 5.11 and 4.31. These figures imply a fertility decline of the order of 25 per cent during the 1970's. The age specific fertility schedules for the three periods are very similar in shape.

INFANT MORTALITY

On the basis of data on child survivorship and age at death in the birth histories, the following estimates for the infant mortality rates averaged over the period 1972-77 have been made:

Urban	Rural	West	South	Centre	North	East	All
119	146	108	109	151	141	147	134

For a country which may be regarded as semi-industrialised, infant mortality is indeed rather high. Further, marked urban-rural and even more pronounced regional differentials are apparent.

5. CONTRACEPTION

KNOWLEDGE OF CONTRACEPTIVE METHODS

Knowledge is defined in the survey as having heard of any specific method to delay or avoid pregnancy. No reference is made to the knowledge of how to use a method or, for a supply method, where to obtain it.

The survey results confirm that knowledge of contraceptive methods is now widespread among Turkish women. Of all ever-married women, 88 per cent report having heard of one or more methods of contraception; all but 2 per cent of these know of a modern method. A vast majority (81 per cent) know of the pill, while the IUD is known to 68 per cent, and withdrawal to 65 per cent of the women. The variation in the level of knowledge by age or family size is not marked, though the level is somewhat higher among women in the intermediate groups. For example among women aged 25-34 with 2-3 children, 95 per cent have heard of at least one method. Practically all women educated to at least the secondary level, or women residing in metropolitan areas, or those working in services and industry, know of a method. By contrast, 15 per cent of rural women, over 20 per cent of those in the eastern region, and 25 per cent of those working in farming outside the family farm do not know of any method.

EVER-USE OF CONTRACEPTION

Of all ever-married women, 55 per cent report having used a method of contraception at some stage in their lives; the corresponding figure among currently married fecund women is 59 per cent. Women in the intermediate categories of current age and family size report higher levels of ever-use. For example among women aged 25-34 with 2-3 living children, 74 per cent have ever used a method.

Though the use of contraception is fairly widespread, only one in three have ever-used a modern method (such as the pill, IUD, condom, etc.), while one in five have used only a traditional method (such as withdrawal, douche, rhythm, or some 'folk' method). In order of importance the main methods ever-used are: withdrawal (32 per cent), pill (25 per cent), douche (19 per cent), condom (11 per cent), IUD (7 per cent), folk methods (8 per cent), and rhythm (5 per cent). There is no indication

that the use of modern methods relative to that of traditional methods has been any less common among older women or among women with larger families.

There are marked geographical and socio-economic differentials in ever-use. For example, among women aged 25-34, 75 per cent in urban areas, but only 48 per cent in rural areas have ever used any method. (The overall figure is 63 per cent). In the same age group, 78 per cent in the western region but only 40 per cent in the eastern region have ever-used. Similarly, 93 per cent of those educated to at least the secondary level, compared with only 47 per cent of those illiterate, have ever used a method.

The urban-rural difference is further increased when attention is confined to the ever-use of a modern method; among ever-married women aged 25-34, for example, 55 per cent have used a modern method in urban areas, compared with only 28 per cent in rural areas. However, the proportion of all users who have used a modern method does not vary much by region or by level of education, even though the absolute level of use varies greatly by these variables.

CURRENT USE OF CONTRACEPTION

The level of current use is defined on the basis of women who are currently exposed to the risk of conception, i.e. women who are currently married, non-pregnant and physically able to have a child. Of all exposed women, 50 per cent report current use of a method. Women aged under 25 report a lower level of use (36 per cent), apart from which the level varies little by age. There is a clearer association with the number of living children as Table 3 illustrates.

TABLE 3
PERCENTAGE CURRENTLY USING, BY NUMBER OF LIVING CHILDREN

Currently Using	Number of Living Children								
	0	1	2	3	4	5	6	7+	All
Any Method	8	47	63	62	54	47	45	36	50
A Modern Method	2	18	24	21	18	15	13	14	18

These figures imply that concern to delay the first birth is not commonly felt, but there is a fairly widespread acceptance of the idea of the spacing of children after the first birth.

Even though the overall level of current use is relatively high in Turkey, only one in three of the current users are using a modern method. A substantial proportion of the women currently using a traditional method have in the past used a modern method, a finding that suggests problems of supplies or medical supervision. The distribution of current users by the method being used is as follows: withdrawal 44 per cent; the pill 16 per cent; douche 11 per cent; the IUD 8 per cent; condom 8 per cent; and folk methods 6 per cent.

Geographical and socio-economic differentials in current use are even more marked than those in ever-use. For example, among exposed women aged 25-34 some of the contrasting figures are as follows: urban 67 per cent, versus rural 41 per cent; western region 71 per cent, versus eastern region 30 per cent; women with at least secondary education 87 per cent, versus illiterate women 37 per cent; women working in services 80 per cent, versus those working in farming outside the family farm 36 per cent. Even though in Turkey as a whole 56 per cent of the exposed women aged 25-34 are using some method, in rural areas only 12 per cent and in the eastern region only 13 per cent are using a modern method. Over 40 per cent of the urban users are using a modern method, but just under 30 per cent of rural users are doing so. Generally, however, the relative popularity of modern methods does not vary greatly between the various demographic or socio-economic categories of the sample.

6. FERTILITY PREFERENCES

PERCENTAGE WANTING NO MORE CHILDREN

Of all currently married fecund women in the sample, 57 per cent state that they want to have no more children. This percentage is associated strongly with the number of living children; there is also an independent positive association with the woman's current age. A majority of the women aged 35 and over want to have no more children irrespective of their current family size. Among women aged 25-34 (as well as in the sample as a whole) 50 per cent of those with 2 living children want no more.

Socio-economic differentials in this variable are generally consistent with other aspects of reproductive behaviour and in the expected direction. Among women with two living children (including a current pregnancy), the percentages wanting no more children in the various background variable categories are given in parentheses below: all Turkey (50 per cent); urban (59 per cent) versus rural (40 per cent); western region (64 per cent) versus central region (51 per cent) versus eastern region (31 per cent); illiterate women (39 per cent) versus women with primary education (53 per cent) versus women educated to at least secondary level (72 per cent). These differentials generally correspond to the marked differentials described earlier in the level of fertility and contraceptive use.

DESIRE FOR LAST PREGNANCY

Women were also asked whether they had wanted another child at the time of their last pregnancy, and 38 per cent stated that they did not. There is no clear independent association with current age, but the percentage is positively associated with the number of living children as follows:

Current Number Of Living Children	0,1	2	3	4	5	6+	All
Per Cent Who Did Not Want Last Child	2	20	40	54	63	71	38

Comparison of these figures with the percentages currently wanting no more children is particularly revealing. For example, as noted earlier, 50 per cent of those with two living children want no more, while as many as 40 per cent of those with three living children state that they did not want their third child. Even though the time reference in the two questions is not the same, these figures indicate a substantial level of unwanted fertility in Turkey.

Socio-economic differentials in whether the last pregnancy was wanted are similar to those in the desire for a future birth discussed above. For example, among women with 3 living children, the percentages who did not want their last pregnancy are as follows: all Turkey (40 per cent); urban (45 per cent) versus rural (35 per cent); western region (42 per cent) versus eastern region (27 per cent); women educated at least to secondary level (59 per cent) versus illiterate women (27 per cent). Thus it appears that even in sub-populations where fertility is relatively low and contraception high, desire for smaller families has increased and kept ahead of the propensity to adopt appropriate precautions.

TOTAL NUMBER OF CHILDREN DESIRED

In response to the question on the total number of children desired given the choice, nearly 90 per cent of women stated 2, 3 or 4 children, with an overall mean of 3.0 children. The mean desired size varies little by age; even with the number of living children the variation is not particularly marked. Three-quarters of women with 0 to 3 living children state their desired size to be 2 or 3 children, with a mean of just under 3.0. Among women with 5 or more children, three-quarters state their desired family size to be 2, 3 or 4 children, with the mean increasing from 3.5 for those with 5-6 living children to just under 4.0 for those with 8 living children. Hence a vast majority of the women with more than 3 living children state their desired number to substantially below their actual number of living children.

SEX PREFERENCE

Of exposed women wanting another child, 42 per cent would prefer to have a boy, 26 per cent a girl, and the remaining 32 per cent state that they do not have preference. These percentages vary little by woman's current age and indicate a certain degree of boy-preference among all age groups. The picture is refined when analysed by the sex of the present children (see Table 4). It appears that women want children of each sex, since among women with two living children both of the same sex, a vast majority want their next child to be of the other sex. If they already have one child of each sex, there is a marked boy-preference, though in this case over half the women are indifferent to the sex of their next child.

TABLE 4
SEX PREFERENCE OF WOMEN WITH TWO AND THREE LIVING CHILDREN

Family Composition	Family Size				
	Two Living Children			Three Living Children	
	2 Boys	1 Boy, 1 Girl	2 Girls	2 Boys, 1 Girl*	1 Boy, 2 Girls*
Per Cent Preferring					
A Boy	2	39	91	20	67
A Girl	80	8	1	37	0
Either	18	53	8	43	33

* Each column based on only around 40 sample cases.

FERTILITY PREFERENCES IN RELATION TO CONTRACEPTIVE USE

Of exposed women who want no more children, 62 per cent are currently using a method of contraception, while use is 33 per cent among those who do want another child. The difference in the level of use becomes sharper when women with the same number of living children are compared: for example among women with 3 living children 72 per cent of those wanting no more children and 32 per cent of those wanting another child are contracepting. These data indicate that Turkish women to an extent are attempting to implement their fertility preferences, and that the use of contraceptives for the termination of child-bearing is substantially more important than the use for spacing. However in any category, approximately only a third of the users are using a modern method.

7. CONCLUSION

The Turkish Fertility Survey results give the picture of a country demographically in transition with pronounced urban-rural, regional and social differentials which are persistent or may even be increasing. Geographically, socio-culturally and demographically the country lies between two continents.

A moderate trend towards later marriage is indicated, though the more marked downward trend in fertility is probably largely due to changes in marital fertility. Relatively small family size norms appear to have become common across all age groups: an average desired size of 3 children, with one in two wanting to stop after their second child. These norms are substantially below the achieved family size of older women, and may also be lower than the family size implied by the prevailing fertility rates. Knowledge of contraceptive method is now widespread, and the levels of contraceptive use indicate that Turkish couples are attempting to take steps to limit their family size in accordance with their fertility preferences. Concern with the spacing of children is also common, though less widely felt than that for limiting family size.

At the same time, a majority are resorting to traditional methods such as withdrawal, rather than to modern methods of greater efficacy such as the pill. Many of the women who have tried modern methods in the past have not persisted in their use, and have switched to traditional methods. Perhaps not unconnected with this pattern, the survey indicates a high level of unwanted fertility - with nearly one-half of the third and fourth order births reported as unwanted.