

DEMOGRAPHIC DATA FOR DEVELOPMENT  
POPULATION POLICY REVIEW

TURKEY

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POPULATION POLICY REVIEW: TURKEY

INTRODUCTION

This population policy review contains statements and information, referred to here as "indicators", of the explicit and implicit position of the Government of Turkey on selected population matters. The review includes the latest information available from public sources and identifies the population issues of greatest concern to Turkey and how the government is responding to those issues. The purpose of the review is to assemble available material on the indicators in order to enable the reader to analyze the current policy situation on the basis of available material. Therefore, no attempt has been made to use only one source of information on a policy indicator where several exist. An attempt is made, however, to point out inconsistencies in information. A bibliography is included at the end of the review. Comments and new information are welcome; the review will be updated as new information is received. To input new information or to make sure you have the latest information available, contact DDD, Westinghouse Health Systems, P.O. Box 866, Columbia, Md. 21044, tel: (301) 992-0066 x276.

Note: the following abbreviations are used: FP=family planning; MCH=maternal and child health; NA=information not available.

ABSTRACT

Information in this review indicates that the Government of Turkey regards its rate of population growth as too high and supports family planning programs to decrease fertility as well as for health reasons. The government considers the level of mortality to be unacceptable, and is particularly concerned with the rates of childhood mortality. There is a policy to increase the levels of international emigration to ease unemployment in Turkey and the government is concerned with the rapid rate of urbanization. Development plans show an awareness of population and development interrelationships.

Family planning services are integrated into the maternal-child health care delivery system of the Ministry of Health. In fact, the responsibility of the State to provide health care and family planning services is written into the new constitution that was approved in November 1982. A new bill allowing sterilization and early abortions on demand was passed in 1983. In addition to the Ministry of Health, several other government organizations deal with population issues. Nongovernmental organizations involved in population-related activities include the Family Planning Association of Turkey, an IPPF affiliate, universities, a confederation of trade unions, and the Turkish Fertility and Infertility Association.

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I. Population Statistics, 1984

(SOURCE: Items A-I,O. Population Reference Bureau.1984. Items  
J-N,P,Q. Population Reference Bureau. 1981)

A. Population estimate in 1984 (in millions).....	50.2
B. Crude birth rate.....	31
C. Crude death rate.....	10
D. Rate of natural increase.....	2.1
E. Total fertility rate.....	4.3
F. Infant mortality rate.....	121
G. Expectation of life at birth (both sexes).....	62
H. Percent urban.....	45
I. Percent of population under age 15.....	39
J. Percent of women aged 15-19 in union.....	22
K. Average age at marriage for women.....	20
L. Percent of women aged 15-44 in union using contraception..	40
M. Percent literate-females.....	43
N. Percent literate-males.....	77
O. Per capita GNP (in US\$),1982.....	1370
P. Population per nurse or midwife.....	928
Q. Percent of women aged 15-64 economically active.....	51

II. Government Population Policy

A. General Statements on Population Policy

1. Policy situation as assessed in November 1983.  
(SOURCE: UN, 1983a)

"The Fourth Five-Year Development Plan (1979-1983) states that population policy will be taken up as the derivative of all economic and social policies, indicating that the Plan addresses population issues indirectly through its social and economic programmes. In addition, Article 41 of the 1982 Constitution assigns to the Government the task of protection of the family and the extension of family planning and services. A current change is legal provision for delivery of clinical and family planning services by trained paramedical personnel. The Government considers the rates of population growth and fertility to be unsatisfactory because they are too high and has adopted a policy of decreasing the growth rate by provision of family planning measures to improve the status of women and a range of family welfare provisions. Morbidity and mortality conditions are considered unacceptable; recent Government actions in this area include the stipulation that newly graduated general practitioners give two years of compulsory service in a rural health centre. Socialized public health services are being extended progressively throughout the country. The Government has adopted measures to redirect migration away from the largest metropolitan centres and toward smaller towns and cities, as well as to control urban sprawl. In order to facilitate

inter-governmental relations associated with the problems of Turkish workers abroad and to provide codes for the extension of certain services (such as the transfer of social security benefits of workers returning to Turkey, or extension of health care services to the dependents living in Turkey), a series of bilateral agreements on labour and social security affairs have been completed with each European Government. Furthermore, other protocols on professional training, children's education, and so forth, have been signed with various Governments."

2. Policy situation as of 1983  
(SOURCE: IPPF, 1983a, p.84)

"Government considers fertility level high. Policy to reduce it. National Committee on Population formed under Ministry of Health and Social Welfare has representatives of all related official agencies and non-governmental organizations including the Family Planning Association. Services are provided through maternal and child health with priority given to rural areas. Master Plan adopted in 1983 for 1984 to accelerate use of modern methods of contraception by intensifying education and training and expanding services to achieve 2.5 child goal by end of century.

"Family Planning Association of Turkey, founded 1963, IPPF member 1965, receives financial support from the government. Concentrates on information and education and training of health personnel. Plans to extend its programmes in youth education, sexuality and parenthood education. FPA is a member of IPPF Europe region. IPPF grant to FPA.

"1983 abortion law permits abortion in first 10 weeks if life of mother is at risk, or if child would be seriously deformed or handicapped [ed. note: this is inconsistent with the wording of the law as cited in Section C1c, Population Legislation]; allows sterilization on demand for all persons over age of 18. For minors, consent of parents required, for sterilization, consent of partners. Law allows for nurses and midwives to provide contraception. Although the overall level of current use of contraception by married women of reproductive age is 55 per cent, only one in three women use a modern method." [ed. note: this figure is inconsistent with that given in Section I above].

3. Policy situation as of July, 1982.  
(SOURCE: IPPF, 1982a, p.264)

"FP services are available from 520 MCH centres in 67 provinces, although provision is uneven, with the Eastern part of the country only superficially covered. Since 1980, the government has adopted a more openly favourable attitude to FP than previous governments. This stance is reflected in the 'Permanent Special Committee of Population', on which, under the direction of the undersecretary of the MOH and Social Welfare, the relevant governmental and nongovernmental organisations (including FPAT) are represented. It is the task of the Committee to evaluate existing services, to identify unmet needs and plan measures for the future. The Health

Commission of the Ministry of Health will submit to the National Consultative Assembly bills to legalise abortion and sterilizations."

4. Government position on population growth and family planning.  
(SOURCE: NORTMAN, 1982, TABLE 6)

"The military rulers that came to power in 1980 have come out in favor of family planning and stated that the high rate of population increase was one of the problems behind Turkey's high unemployment. The policy expressed in the 1965 family planning law advocates voluntary planning for the desired number of children. Encouragement to practice family planning has been given through the mass media, but the public sector's services have been modest. The Ministry of Health distributes contraceptives throughout the health network. Although the IUD was the main program method for several years, oral contraceptives and condoms purchased through the private sector account for most of the current practice. Preparations for a law legalizing abortion and voluntary sterilization have been made."

5. Article 41 of 1982 Constitution.  
(SOURCE: UNFPA. ARPL, 1982)

"The state takes the necessary measures and establishes the infrastructure to provide peace and comfort for the family and ensures, particularly, the protection of mother and child, and ensures teaching and implementation of family planning."

6. Statement by Minister of State, Mr. Nimet Ozdas, at the Population and Environment Conference, June 1982.  
(SOURCE: ENVIRONMENTAL PROBLEMS FOUNDATION OF TURKEY. 1982. p.34)

"As you all know, Turkey suffers simultaneously from the problems of advanced and developing countries. Another problem is that the population in Turkey grows faster than the world average. This is in fact the leading fundamental problem in Turkey and it constitutes the basic theme of this Conference."

7. "...in July 1981, General Kenan Evren made a national speech in which he pledged government support for Turkey's family planning program." (SOURCE: CROSS. 1983b)

## B. Perceptions/Statements on Specific Population Issues

### 1. Population and Development

- a. Reference to Master Plan for 1984  
(SOURCE: OPEN FILE. 18-11-83)

"The General Directorate of Family Planning and Mother-Child Health of Turkey's Health and Social Assistance Ministry has a Master Plan. The major goal of the national family planning

programme, outlined in the Plan, is to expand services and education in order to achieve a decline in fertility to 2.5 children per married woman by the year 2000. This goal is in accordance with a recent demographic target of a total fertility rate of 2.67 by 2000, and the President's recommendation of two children per family in the near future. In particular, the programme will strive to increase the prevalence of modern contraceptive methods. At present, about 20 per cent of Turkish couples use modern methods. To achieve the projected fertility rates, modern contraceptive prevalence has to rise to a range of 60-70 per cent in the next two decades... Because 1984 will be a transition year for the Turkish Government, the present Plan will be limited to the one year, 1984... Turkey now has 11 family planning education centres; during 1984 an additional nine centres will be opened. In the past year, the government has initiated a public education campaign which includes television advertisements, national family planning stamps and other promotional efforts. In co-operation with the Ministry of Education, family planning education programmes have been introduced into the primary and secondary school systems. Resources permitting, these programmes will be expanded in 1984..."

## 2. Population Size and Growth

- a. Government's appraisal of rate of population growth and intervention to influence rate as of 1983:  
(SOURCE: UN, 1983b, TABLES XIX.3a, XIX.3b)

rate too high; intervention to lower rate

- b. Government position on population growth and family planning and year adopted:  
(SOURCE: NORTMAN, 1982, TABLE 6)

Official policy to reduce the population growth rate. In addition to supporting family planning to implement this policy, the country supports family planning for reasons of health and as a human right.(adopted in 1965)

- c. Target for rate of natural increase: 1.5% by the year 2000  
(SOURCE: CROSS. 1983a, p. 19. Refers to a report of the State Planning Organization)

## 3. Fertility

- a. Government perception of the acceptability of the current fertility level and the desirability of intervention to change it:  
(SOURCE: UN, 1983b. TABLE XXI.6)

Rates not satisfactory, too high; lower rates desirable; intervention to lower rates appropriate.

- b. Government policies concerning effective use of modern methods of fertility regulation, 1983
    - i. Access not limited, direct support provided.  
(SOURCE: UN, 1983b. TABLE XXI.7)
    - ii. Ministry of Health and Social Welfare aims to make family planning and maternal and child health care available to at least half of married couples.  
(SOURCE: IPPF. 1983c, Vo1.10 no.1)
  - c. Government perception of and policy toward fertility (SOURCE: IPPF, 1984)
    - i. government perception of fertility level: too high
    - ii. government policy to influence fertility: to reduce
    - iii. government position on contraceptive services: active support
    - iv. availability of contraceptive services and supplies: through government programme; some services through FPA and other organizations
  - d. Targets concerning various fertility measures
    - i. crude birth rate: 22 by the year 2000  
(SOURCE: CROSS. 1983a. p. 19)
    - ii. fertility rate: 2.67 by 2000  
(SOURCE: Master Plan of the General Directorate of Family Planning and Mother-Child Health, reproduced in CROSS. 1983b)
    - iii. contraceptive prevalence: 60-70% of Turkish couples using modern contraceptives in the next two decades  
(SOURCE: Master Plan, cited in CROSS. 1983b)
4. Mortality
- a. Government perception of acceptability of average life expectancy, 1983: not acceptable  
(SOURCE: UN, 1983b. TABLE XX.3)
  - b. Government perception of level of infant mortality (SOURCE: UN, 1982a.)

"The rates of child mortality under five years of age are of particular concern."
5. International Migration
- a. Government perception of the acceptability of and policies with respect to international immigration, 1983:  
(SOURCE: UN, 1983b. TABLES XXIII.1, XXIII.2)

not significant, satisfactory; no intervention

- b. Government perception of the acceptability of and policies toward international emigration, 1983:  
(SOURCE: UN, 1983b. TABLES XXIII.3, XXIII.4)

significant, too low; policies in favor of higher rate

- 6. Spatial Distribution and Internal Migration  
(SOURCE: UN, 1983. TABLE XXII.3)

- a. Government perception of the acceptability of and policies concerning internal migration and spatial distribution, 1983:

inappropriate; decelerate

- C. Population-related Legislation

- 1. Fertility

- a. Contraception

- i. Import regulations: "The production and/or the importation of contraceptive devices to Turkey is subject to the permission of the Ministry of Health."  
(SOURCE: Population Planning Law, no. 2827 cited in CROSS. 1983b.)

- ii. Manufacturing regulations: "...the Ministry of Health and Social Welfare is authorized to establish a special organization to obtain, to produce or to have others produce the contraceptive medicines and devices; and to take measures for the free distribution of these medicines and devices either through its own organization, or by others, as well as for the sale of them at a value below their cost to those who are in need of them...The approval of the specifications of the contraceptive medicines and devices will be made by the Ministry of Health and Social Welfare upon the receipt of written comments of a commission which, in addition to others, includes medical school faculty members. Any medicine or device not approved by the Ministry of Health and Social Welfare through the above described procedure cannot be tried on a human being by any organization, institution or unit, including the medical schools of the universities."  
(SOURCE: Population Planning Law no. 2827, cited in CROSS. 1983b.)

- iii. Distribution regulations: A new law passed by the Consultative Assembly allows trained nurses and midwives to provide contraceptive services.  
(SOURCE: OPEN FILE. 1983. MAY 13)

- iv. Advertising regulations: NA

- v. Constitutional provision

(SOURCE: CROSS. 1983a)

New constitution approved November 1982, contains a provision stipulating that the state is responsible for providing maternal child care and family planning education and services. Turkey is thus one of the few countries in the world with such rights stated in the constitution. (See II. A.5 for exact wording).

b. Sterilization

i. Situation as of 1983

- 1) date of law: acceptance date:24/5/1983; promulgated on 27/5/1983  
(SOURCE: Population Planning Law no. 2827, reproduced in CROSS. 1983b)
- 2) legality: legal except in cases of medical contraindications  
(SOURCE: IPPF. 1983b.p.41)
- 3) grounds: on demand  
(SOURCE: IPPF. 1983b. p. 41)
- 4) age:
  - eighteen years or older  
(SOURCE: IPPF 1983b. p. 41)
  - "adults"  
(SOURCE: CROSS. 1983b)
- 5) type of sterilization: no information available
- 6) consent: spousal consent  
(SOURCE: IPPF 1983b. p. 41)
- 7) facilities/incentives: no information available

c. Abortion

i. Situation as of 1983

- 1) date of law: 24/5/1983  
(SOURCE: Population Planning Law no. 2827, reproduced in CROSS. 1983b)
- 2) legality: "if there is no medical reason to the contrary, the uterus may be vacated until the end of the 10th week of pregnancy. If the gestation period is beyond 10 weeks then the uterus may be vacated only if the pregnancy presents, or will present, a danger to the life of the mother, or if the child to be born or the generations to follow will be damaged, and if this situation is stated in a written form based on objective findings by one obstetrician and gynecologist specialist and one specialist from a related field."  
(SOURCE: Population Planning Law, Article 5, reproduced in CROSS. 1983b)
- 3) modalities: consent of the woman and her husband required. Parental consent required for minors. Report

by a gynecologist and another specialist necessary for abortion after 10 weeks gestation.  
(SOURCE: IPPF 1983b. May 13, p. 41)

- 4) penalties for: after 10 weeks of pregnancy without medical indications, both woman and performer punishable with imprisonment 2-5 years; performer without woman's consent subject to 7-12 years imprisonment  
(SOURCE: CROSS. 1983b)

2. Indirect measures related to population change

- a. Legal age at marriage: 18 for men, 17 for women  
(government has proposed raising them)  
(SOURCE: COUNCIL OF EUROPE. 1981)
- b. Family allowances, benefits as of 1981  
(SOURCE: COUNCIL OF EUROPE. 1981)

Government has proposed abolishing adjustments to family allowances, child and birth allowances, and to retain tax reduction benefits for only families with less than three children.

- c. Maternity benefits as of 1983  
(SOURCE: USDHHS, 1984)
  - i. date of current law: 1964
  - ii. coverage: "Employees in industry and commerce. Pensioners and dependents also covered for medical benefits, agricultural employees excluded."
  - iii. source of funds: "Insured person, 5% of earnings. Employer, 1% of payroll."
  - iv. qualifying conditions: "90 days of contribution during last 12 months."
  - v. cash benefits for insured: "66-2/3% of earnings, payable for up to 6 weeks before and 6 weeks after confinement."
  - vi. administrative organization: "Ministry of Social Security, general supervision. Social Insurance Institution, administration of program through its branch offices; institution operates own dispensaries, hospitals, etc."
- d. Old age benefits:  
(SOURCE: USDHHS, 1984)
  - i. date of current law: 1964
  - ii. coverage: "Employees in industry and commerce. Agricultural employees excluded."
  - iii. source of funds: "Insured person-9% of earnings. Employees-11% of payroll."
  - iv. qualifying conditions: "Age 55 (men) or 50 (women). No age limit if 25 years of insurance (20 years for women or disabled) and 5000 days of contribution after age 18."

- v. cash benefits for insured: "60% of average earnings during last 5 years."
  - vi. administrative organization: Ministry of Social Security, general supervision.
- e. Socioeconomic measures  
(SOURCE: UNFPA. 1980. p 196)

"With fertility reduction viewed as a means of improving maternal and child health, there is little Governmental interest in seeking to influence fertility through socio-economic measures. Activities such as functional literacy and vocational training programmes for girls and women and the initiation of social insurance and social security schemes for workers and their families are viewed in terms of social and economic objectives. There is no indication that they are seen as having a longer-term impact on fertility levels."

### III. Government Organizations with Population Activities

- A. General Directorate of Maternal-Child Health Care and Family Planning, Ministry of Health (formerly called General Directorate of Population Planning), 1965.  
(SOURCE: CROSS. 1983a)

Function is to implement family planning programs, define national population and development policies, promote expansion of family planning services, etc. Responsible for MCH/FP services at 700 clinics in 67 provinces, public education programs using mass media, clinical training of doctors and midwives in IUD insertion and reproductive health. Also responsible for conducting 1980 population/housing census. Funding from government UNFPA, USAID (indirectly), and other donors.

- B. National Committee on Population, Ministry of Health  
(SOURCE: IPPF. 1982a. p.264)

Function is to evaluate existing services, identify unmet needs, plan measures for the future. Has representatives of relevant governmental and nongovernmental organizations.

- C. Interministerial Commission on Population Activities  
(SOURCE: COUNCIL OF EUROPE. 1981)

Function is to propose appropriate policies for consideration. Is an international commission under coordination of State Planning Organization.

- D. General Directorate of Population Planning (GDPP)  
(SOURCE: UNFPA, 1984)

Has received assistance from UNFPA "To strengthen the Communication and Training Branch of the GDPP in preparation for the national expansion of family planning services...[and] in conducting a national census [in 1980]."

E. Turkish Ministry of Social Security

See IV.E.

F. Ministry of Education

See II.B. 1.a.

IV. Non-government Population Organizations

A. Family Planning Association of Turkey  
(SOURCE: IPPF. 1982a)

Function is to provide family planning education and services; FPAT perceives its purpose as being a pressure group, providing model services and IEC activities; has a staff of four in Ankara; is a member of Ministry of Health's Special Committee of Population; funding from IPPF, Ministry of Health, FPIA.

B. Hacettepe University Institute of Population Studies  
(SOURCE: UNFPA. 1984)

Function is to provide demographic training. Conducted World Fertility Survey in 1978 as well as a fertility survey in 1983. Also conduct research in FP.

C. Bursa Medical School  
(SOURCE: UNFPA, 1984)

Conducts FP research.

D. Turkish Fertility and Infertility Association (TFIA)  
(SOURCE: UNFPA, 1984 p.447)

Receives assistance from the Association for Voluntary Sterilization, Inc. to "strengthen its ability to provide leadership in the field of voluntary surgical contraception...[and] in the area of voluntary sterilization in Turkey..."

E. Turk-Is  
(SOURCE: UNFPA, 1984, p.447)

A confederation of Turkish trade unions which receives assistance from Family Planning International Assistance to manage a "family health and family planning information, education and communication programme, in conjunction with the Turkish Ministry of Social Security."

F. Bugazici University  
(SOURCE: UNFPA, 1984, p.447)

Received Population Council assistance in 1982-83 to conduct research on "fertility, family and society in Istanbul."

G. Additional Activities

1. The Social Insurance Organization has begun to provide FP service in its clinics, and by 1983, Social Insurance doctors had inserted 5000 IUDs.  
(SOURCE: CROSS. 1983b.)
2. Postpartum IUD trials, funded by Family Health International, based at ten hospitals, involve clinical trials of an FHI-developed post-partum IUD.  
(SOURCE: CROSS. 1983a)
3. Midwifery training schools have been assisted by the Pathfinder fund in the development of a FP education course curriculum.  
(SOURCE: UNFPA, 1984, p.447)

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