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Sexual and Reproductive Rights in Turkey: An Overview

Türkiye’de Cinsel ve Üreme Hakları : Genel Bir Bakış

Abstract

Sexual and reproductive rights are the basic human rights. Although these rights are not necessarily only in place for women, the social and economical status of women in society makes them privileged in regard to the use of these rights. Therefore, many declarations have been published by international committees about “sexual and reproductive rights” on different occasions. The governments that have signed these declarations are responsible for the implementation of sexual and reproductive rights. Although Turkey has signed these declarations without any reservation, and although legal improvements have been made in relation to such issues as marriage without a woman’s consent, child brides, fellow-wives, sexual violence, women’s participation in decision-making about their bodies, sexuality education for young people and sexual orientation, there may be some violations of these rights. In this article, these violations that threaten sexual and reproductive health, prevention of these violation and roles of healthcare professionals responsible for the protection, defense of the rights and use of these rights have been discussed.

Key Words: Reproductive rights, sexuality, human rights.

JEL Codes: I00

Introduction

There have been many published statements regarding ‘sexual and reproductive rights’ by the United Nations General Assembly, the European Charter of Local Self-Government, the World Health Organization (WHO), the International Federation of Gynecology and Obstetrics (FIGO), which is established by the Associations of Women Diseases and Birth of 118 countries all over the world, the World Association of Sexual Health (WAS) and the Coalition for Sexual and Bodily Rights in Muslim Societies (CSBR). In addition, some non-governmental organizations and other institutions support human rights, comprehensive health services, sexual and reproductive rights and these organizations hold many types of activities in order to support those who are subjected to violations of their rights. All of these declarations recognize and define the common rights. It is emphasized that sexuality is a natural human need.

Sexual and reproductive rights, which are basic human requirements, cannot be transferred by any means, forfeited or waived due to differences of any kind, including sex, race, age, language, religion, national origin, political opinion or economical status (International Federation of Gynecology and Obstetrics [FIGO], 2009; İlkaracan, 1998: 66-75; Miller, 1999: 288-303; Moroğlu, 2009: 15-495).

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The basic common rights are as follows: the right to sex education, the right to choose a sexual partner freely and the right to know that partner, the right to end a relationship with a sexual partner at the time of one's choosing, the right to choose whether to marry, the right to decide whether to have children and the right to full access to the best methods of fertility regulation (FIGO, 2009; İlkaracan, 2005:3-5; İlkaracan and Gülşah, 2000:187-196; World Association for Sexual Health [WAS], 2006; WAS, 2007; WAS, 2008; WAS, 2009; European Union [EU], 2000; United Nations [UN], 2006; World Health Organization [WHO], 2002; Women's Health Project [WHP], 2006; Ercevik, 2004:1-38). The government that signs these declarations is essentially responsible for the protection of sexual and reproductive rights of its citizens. However, this responsibility might not always be fulfilled sufficiently in the countries where women have a low social standing.

The historical process of sexual and reproductive rights, the protection and safeguarding of human rights and freedom started after declaration of Human Rights in December 10 1948. After the acceptance of the human rights declaration human rights were also defined in our country by grouping them into fundamental subgroups. These subgroups appeared to complement each other. The subgroup that defines the freedom for individuals was labeled as first generation human rights. Right to live, prohibition of discrimination, forbidding torture, safety for individuals and freedom of speech and thinking are some examples that may be given to explain first generation human rights. The right to use health care services, to have national security, to get proper nutrition, freedom of education, and the right to attend to social events are defined as second generation human rights. The third generation human rights that are deserved for being an individual or being in a special condition include patient's rights and women and children's rights (Özcan, 2007:3-8).

After human rights declaration, sexual and reproductive rights were reemphasized in Tahrin Declaration in 1968. In that declaration, the protection of the family and of the child remains the concern of the international community. Parents have a basic human right to determine freely and responsibly the number and the spacing of their children (Proclamation of Teheran, 1968).

Recently, violations of sexual and reproductive rights are more commonly reported in countries located in the Middle East and North Africa than in most European countries. Many countries in the Middle East and North Africa still consider sexuality as a taboo subject due to political and social oppressions. Basic consequences of the violation of sexual and body rights in these countries are marriages at young ages, temporary marriages, marital rape, premarital sex and extramarital sexuality, sexual orientation, honor killings, single mothers, female genital mutilation (FGM), teenage sex, unwanted pregnancies, unsafe abortions and a lack of quality sexuality education (İlkaracan, 2005: 3-5; İlkaracan and Gülşah, 2000: 187-196; Ercevik, 2003; Zuhur, 2005: 9-64; Öztürk, 2011: 1099-1118).

Turkey its vast lands spread over Europe and Asia forms a bridge between East and West. Turkey, where Islam prevails today, was under the influence of many religions and cultures in the past (İlhan, 1999: 11-153; Akdoğan, 2003: 57-90; Çakmak, 2006: 21-40). The population of Turkey is 74,724,269 people, and 50.3% of the population is male and 49.7% is female (Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü [HÜNEE], 2008). Unfortunately, during the pre-republican era, Turkish women could not participate in social or political life. With the reforms that were established with the declaration of Republic of Turkey, the Turkish women started to occupy a more prominent place in society. Today, the place of women in educational life, professional life and political life has been improving daily, though it has not

yet reached the ideal level (T.C. Başbakanlık Kadının Statüsü Genel Müdürlüğü [BKSDM], 2008: 13-19).

Recently, Turkey has been making great efforts toward democratization and human rights in order to strengthen the country's application to the European Union membership. Unfortunately, these efforts have not been sufficient. Sexual and reproductive rights, which are regarded as taboo by a large section of the community, have not yet been brought to the forum of public opinion. Some individuals in particular may experience serious violations of their rights because they are women or because of their sexual orientation. However, the Turkish Family Planning Association published the Declaration of Reproductive Rights and Sexual Health in 1997, and the basic rights were presented in 12 articles (T.C. Sağlık Bakanlığı Ana Çocuk Sağlığı ve Aile Planlaması Genel Müdürlüğü, 2009: 9-13):

i.Right to life: No woman's life should be placed at risk or endangered because of pregnancy.

ii.Right to liberty: All persons have the right to be free to enjoy and control their sexual and reproductive life. All persons have the right to be free from forced pregnancy, sterilization and abortion.

iii.Right to equality: No persons should be discriminated against in their sexual and reproductive lives.

iv.Right to information and education: All persons have the right of access to education and correct information related to their sexual and reproductive health that is gender-sensitive, free from stereotypes, and presented in an objective manner.

v.Right to health care and health protection: All persons have the right to health care services that are safe, private and confidential and, which pay due regard to the dignity and comfort of that person.

vi.Right to freedom of thought: All persons have the right to be free from the restrictive interpretation of religious texts, beliefs, philosophies and customs as tools to curtail freedom of thought on sexual and reproductive health care and other issues.

vii.Right to choose whether to marry and to found and plan a family: All persons have the right to protection against a requirement to marry without that person's full, free and informed consent.

viii.Right to decide whether or when to have children: All persons have the right to decide whether or when to have children.

ix.Right to be free from torture and ill treatment: All persons have the right to be protected from sexual exploitation, sexual assault, sexual violence and sexual harassment.

x.Right to the benefits of scientific progress: All persons of sexual and reproductive health services have the right to benefit from all new technologies that are safe and acceptable.

xi.Right to privacy: All persons have the right to have their privacy respected in the administration of sexual and reproductive health.

a. **Right to freedom of assembly and political participation:** All persons have the right to seek to influence governments to place a priority on sexual and reproductive health and rights.

There have been positive developments with recent reforms in the Civil and Penal Codes on behalf of these rights were nationally published nearly 15 years ago, which so that these rights can be better implemented and protected. Before these positive legal reforms, there were numerous violations of human rights, such as cases of perpetrators seeking mitigation for marital rapes, virginity tests and honor killings, marriages with the accused being involved in rape crimes, or cases in which the guilt of the perpetrator was influenced by the profession of the woman who was raped and whether or not the woman who was raped was married. Non-governmental organizations and activists made the biggest contribution during this period. However, these improvements are not sufficient. There are still problems and violation of rights in Turkey regarding issues such as the use and selection of family planning methods, child marriages, marriage decisions, sexual harassment and sexual orientation. The first six months of 2012, Turkey was faced with a new problem. The law which entered into force in 1983 made the legal ending of unwanted pregnancy (curettage) until the tenth week of pregnancy. The fact that the government wanted new regulations against curettage has been interpreted as a negative development by many citizens and non-governmental organizations. Consequently the government announced that there will be no change in the legal time of curettage.

Problems faced concerning the right to decide whether or to have a child: Every woman has the right to decide whether to have a child, the right to determine the spacing of her children and the right to choose the best means of protection against pregnancy. According to the results of the Turkish Population and Health Survey 2008, 46% of women aged between 15 and 49 used effective and modern pregnancy prevention methods, while 27% used ineffective and traditional methods. The most commonly used effective contraceptive method was the intrauterine device (IUD) (16.9%). The rate of condom use, a method through which men take the responsibility, was only 14.3%. It was remarkable that vasectomy, a method in which surgical removal of vas deferens of men is performed, was so rare that we could not calculate the percentage, while the rate of women who had tubal ligations was 8%. The responsibility of using an effective pregnancy prevention method is left to women; surgical intervention to terminate fertility is welcome for women, whereas men do not want to terminate their ability to have children. When the results of the Turkish Population and Health Survey were analyzed, one of the significant findings was the rate of usage of the withdrawal method, a traditional contraceptive method, at 26.2% (HÜNEE, 2008).

A study investigating the factors related to the choice of prevention methods reported that 12.1% of women chose a particular method only because their husbands wanted them to do so, 18.9% of those who used traditional prevention methods said that it was the husbands' decision and 16.4% said that the reason for stopping a modern prevention method was their husbands' decisions (Oltuluoğlu, 2008). Another study noted that 7.2% of those still using an effective prevention method stated that they chose it because their husbands wanted it, while 14.8% of those who did not use an effective prevention method declared that they chose it because their husbands wanted that prevention method. The rate of those who quitted the prevention method due to their husband's opposition was 7.3%, while the rate of those who did not use any kind of prevention method was 9.7% (Çiftçioğlu, 2006). The study by Songur indicated that 56.6% of those who used the withdrawal method decided it together with their husbands, and 32.7% said that it was the husbands' decision (Songur, 2009). Another study

that asked couples about who selected the prevention method showed that 37.5% of men decided on it alone, 42.5% decided on it together with their wives, 12.5% said that it was healthcare personnel that decided on it and 7.5% said that it was their wives that decided on the type of prevention method (Depe ve Erenel, 2006: 29-36).

As seen from the above-mentioned studies, men play an important role in choosing the type of pregnancy prevention method to use. It was also a very remarkable finding that the rate of ineffective, traditional prevention methods particularly preferred by men was high. The use of ineffective prevention methods increases the risk for an unwanted pregnancy and potentially places both the woman and the family in a difficult situation (especially when factoring in religious beliefs or social pressures precluding the termination of the pregnancy, thus requiring the woman to give birth). Concerning the problems faced in the right to decide whether to have a child and the right to life, it is necessary for healthcare workers to work hard to strengthen the autonomy of the women's right to choose a method of contraception and the right to make choices about themselves. Moreover, plans to increase the knowledge level about men's responsibilities should be made in the society.

Problems faced in the right to choose whether to marry and to found and plan a family can be summarized as follows.

1. Child Marriage

According to international documents, "child marriage" refers to any type of marriage involving a child younger than 18 years old, in which case the bride younger than 18 is called as "child bride". Child marriage primarily affects girls, separating them from their families and friends, exposing them to domestic violence and endangering their growth and opportunities for educational, social and professional development. Child marriage often causes early and frequent pregnancy and increases the risk of maternal and child death (Çakmak, 2009;1-11; UNICEF, 2010). Because of these reasons, UNICEF considers early marriage as a violation of many rights, including the right to equality in gender and age, the right to marry and found a family, the right to life, the right to access the highest health standards, the right to education and growth and the right to liberty and to life without slavery (UNICEF, 2008). The legal age of marriage in Turkey was 17 for men and 15 for women in the past; the legal age of marriage has been 17 for both sexes since 2002, after comprehensive reforms in the Civil Code. The marriage of individuals under 18 is allowed only with parental consent. Young people may be allowed to marry at age 16 with judge approval in cases of extraordinary conditions (Türk Medeni Kanunu, 2001). But, marriages at early ages are generally based not on civil marriage but on imam marriage.

One of the most crucial social problems in Turkey is child marriage. Families with low income levels marry off their young girls to men who may be the girls' fathers' and even grandfathers' age in order to prevent economical poverty. These girls often become the second or third wives of the old men. These approximately ten-year-old-girls give birth, do housework and are even subjected to the oppressions of their husbands. Some of these girls commit suicide because they cannot tolerate such negative conditions. Financial difficulties, domestic sexual violence, extramarital pregnancy and the traditional understanding that husband-obedience should be established at an early age are some of the main reasons for the early marriages of girls (Çakmak, 2009). National and international research reports that there is a direct proportion between prevalence of child brides and the financial difficulty of the family. According to the Research of World Marriage Patterns administered by the United

Nations Department of Economic and Social Affairs in 2000, child brides were seen less in the developed countries. The rate of child brides in Turkey was 15.5% (World Marriage Patterns, 2000). Yet, when we consider the fact that there are also those who are married without civil marriage, the rate is estimated to be around 30-35% (UNICEF, 2010; Kadınlara Karşı Her Türü Ayrımcılığın Önlenmesi Sözleşmesi [CEDAW], 2004). The official data on marriages only concerns those with civil marriages. Even these data note that a significant portion of the marriages involve child brides younger than 18. One study indicated that 26% of brides were aged between 16 and 19 (T.C. Başbakanlık Aile ve Sosyal Araştırmalar Genel Müdürlüğü, 2006). According to a survey conducted in 2008, 16.5% of the women aged between 20 and 24 were married or started to live with somebody else at the age of 18, while 2.5% of them were married or started to live with somebody else at the age of 15. In the same study, it was shown that 9.7% of 18-year-old women had given birth or were expecting their first child (HÜNEE, 2008). Another survey, conducted in 2006, demonstrated that 31.7% of married women reported that they were married before the age of 18, compared to a smaller percentage of men who were married before the age of 18 (6.9%) (T.C. Başbakanlık Aile ve Sosyal Araştırmalar Genel Müdürlüğü, 2006). The Shadow Report for Turkey uncovered the fact that 53% of those without civil marriages lived in the East and Southeast Anatolia, and their grandmothers adopted their children because the ages of the child mothers were below the legal age. The most frequently used marriage practices demonstrated by the report are marriage with bride price, marriage with blood money and marriage with bride exchange (CEDAW, 2004).

All of these facts relating to marriage in Turkey make it necessary to regard the benefit of the children as the top priority. The awareness of child rights needs to be increased, and healthcare professionals should immediately take responsibility and establish an urgent action plan.

2. Right to Marriage

People should decide for themselves when and whom to marry. The truth is that women in Turkey have not actually had the right to marry who they want. A study conducted across Turkey demonstrated that only 24.6% of people were married after a mutual agreement. In the situations where there was no mutual agreement, more than half of those were married without the consent of the woman (50.3%), and 45.4% were not asked about their opinions regarding the marriage. Approximately half (51.3%) of women did not have the opportunity to meet their husbands before the wedding. Of those who were married without their consent, 54.5% said that it was their father and 6.5% said that it was a different male relative (grandfather, uncle or younger brother/elder brother) who made the decision for the woman to marry (İlkkaracan, 1998:66-75). Although the rate of those who marry with their own consents has been increasing, a national survey conducted in 2006 showed that 36.2% of marriages were arranged marriages, 85.9% of marriages were both civil marriages and religious marriages, 9.7% were only civil marriages, 3.7% were only religious marriages and 0.6% had neither civil nor religious marriages. A bride price was paid in 16.8% of marriages. As the age of the husband increased, so did the rate of the bride price (T.C. Başbakanlık Aile ve Sosyal Araştırmalar Genel Müdürlüğü/ İstatistik Kurumu, 2006).

3. Religious Marriage

When we look at the rate of those that were never married, it is clear that marriage is a popular institution in Turkey. According to the results of the Turkish Population and Health Survey, 2008, only 1.7% of women aged 40-44 did not marry at all (Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü, 2008). Marriage, especially civil marriage, is very popular in Turkey. Religious marriage is also very popular. The most common marriage type is a marriage that is both civil and religious.

According to an official survey, 86% of the couples in Turkey were married through both civil and religious marriages, and only 3.7% married through religious marriages alone (the rate for religious marriages increased by 5.1% in the rural areas). The rate of marriages that were only religious was 16.1% in the East and Southeast Anatolia Regions (T.C. Başbakanlık Başbakanlık Aile ve Sosyal Araştırmalar Genel Müdürlüğü/ İstatistik Kurumu, 2006)

In previous years, one fifth of the women who live in the Eastern region of Turkey did not have civil marriages. Of those who did not have civil marriages, 92.9% emphasized that they wanted civil marriages. The main reasons for not having a civil marriage were that the husband had a civil marriage with another woman (31.1%), husbands' unwillingness to have a civil marriage (29.7%), carelessness (10.5%) and being under the legal age to marry at the time of marriage (9.6%). One of the other main reasons was that some husbands would officially marry them only after "their wives gave birth". A small number (4.5%) of the women gave the answer "I do not know". In other words, religious marriage prevails over civil marriage (Devlet İstatistik Enstitüsü, 1994). Marriage that is only religious (illegal marriage) deprives a woman/girl of legal rights, including legal payments and property rights in the case of a problem in the marriage, and causes women not to benefit from the rights provided for women in the Civil Code, such as the right to divorce, alimony, heritage and guardianship. Meanwhile, most of the children from extramarital relations do not benefit from the right to education and other legal benefits because they are not officially registered in birth records. Penalty Code bans religious marriages without civil marriages and stipulates a penalty of 2-6 months of imprisonment, but this penalty is not imposed (Türk Ceza Kanunu, 2004).

The right to be free from torture and ill treatment:

4. Sexual violence

Sexual violence is accompanied by physical violence in many cases (Moroğlu, 2009:15-495). The rate of women who are subjected to physical violence by their husbands or ex-husbands in Turkey is 39%. The rate of women who are subjected to physical violence in any period of their lives is 43.9%. Emotional violence is experienced by 15.3% of women at some point in their lives. Physical and emotional violence are concomitantly reported in 41.9% of cases. It is not just women with low educational status that are exposed to violence; one out of ten women with high educational status is also exposed to physical or sexual violence by her husband. According to the latest statistics, one out of ten women is exposed to physical violence during pregnancy (BKSDM, 2009). Intramarital rape, a sexual relationship without a women's consent using physical or emotional forces, the view of a woman as only a sexual object, incest and sexual molestation are examples of violence towards women. Studies conducted with women demonstrate that sexual relationships in marriage without women's consent that use physical or emotional forces are not considered as violence/rape by women.

However, the fact that women do not view these relationships as violent does not change the effects of that kind of sexual relationship on women, and those relationships lead to devastating psychological effects on women. A study conducted with 115 women in Ankara found that 15% of the participating women were forced into sexual intercourse by their husbands at least once (Mutlu, 2006). Intrafamilial rape is a crime prosecuted after complaint/report by the victim, as outlined in the Turkish Penalty Code, Number 5237, Item 102/2 (Türk Ceza Kanunu, 2004). Old Turkish Penalty Code (1926) did not stipulate intrafamilial rape as a sexual crime. With the new Turkish Penalty Code (2004), intramarital rape/violence is stipulated as a separate crime, and legal cases are opened after complaint/report by the victim.

The item that regulated 'the unjust provocation' for honor killings that caused abatement in the penalty has been changed in the new Turkish Penalty Code, and honor killings have been regulated as a penalty for aggravated murder. Additionally, there were some conditions that assumed "child consent" for child sexual abuse, and thus there was a decrease in the penalty in the old Turkish Penalty Code, whereas in the new Turkish Penalty Code there have been numerous reforms and an independent item that regulates "child sexual abuse" is imposed, with the goals of preventing sexual violence toward children and women (Türk Ceza Kanunu, 2004). Although efforts have recently been made in order to prevent all kinds of violence against women, there have been no solutions yet. Therefore, a large-scale action plan is needed.

Right to information and education:

5. Adolescents and sexuality education

Sexual health education is a widespread and socially supported activity that requires a complete integration of health, education, social welfare and legal systems. This type of education varies from country to country. For example, there are many institutions that provide sexual health education in the United States. Different official trainers of sex education, schools, universities, health care centers, health care programs, social services and religious organizations all organize sexual health education programs. In Canada, information is also provided about sexuality. The curriculum and teaching of the sexual health courses for adolescents have long been debated in Europe within the framework of such projects as Rights. Respect. Responsibility (Alford and Hauser, 2011). However, no school-based sexuality education curriculum is provided in one-third of the European countries (WHO, 2010). The WHO, UNICEF and UNFPA recommend sexuality courses that use "Youth Friendly Services". Although there are many educational programs organized for teachers, only a few private schools offer sexuality education in Turkey. Although a mandate for sexuality education that is not based on gender discrimination is found in the international treaties, it is still not widespread in Turkey. The right to sexual health education of young people has been violated (T.C. Sağlık Bakanlığı Ana Çocuk Sağlığı ve Aile Planlaması Genel Müdürlüğü, 2007).

The young population, composing 30% of the Turkish population, is an important group for health. The risk for infection with HIV and other sexually transmitted diseases is high among this group compared to other age groups. Therefore, it is crucial to provide the young people with education and services about sexual and reproductive health. Due to the physiological, psychological, social and emotional changes experienced by adolescents during this period, they face health problems. Young people show a higher level of participating in risky health behaviors because of their natural curiosity during this period (Alpua, 2006).

Sexual and reproductive rights of young people should be respected and their sexuality should be accepted. Their needs and arousals should be met and taken serious. The young people should have access to the necessary information, support and services. The Ministry of National Education has started to provide education about adolescent reproduction/sexual health in some supplementary programs (TAPD, 1997; Gürkan, 2012:9-27).

The main problems that were detected in the Survey of Sexual Health and Reproductive Health among Turkish Youth organized by WHO-UNFPA and Population Science Association and were regarded as a problem by the adolescents were unwanted pregnancy, sexually transmitted infections /HIV/AIDS and sexual abuse (Birleşmiş Milletler Nüfus Fonu, 2007). Right to freedom and equality:

6. Sexual orientation

Although sexual orientation and gender still requires penal sanctions in some countries, many countries have banned discrimination based on sexual orientation and gender, with legal regulations incorporated into their national laws (Currah vd, 2007:327-331; International Gay and Lesbian Human Rights Commission [IGLHRC], 2009). People may be accused of crimes due to their sexual orientation in many of the countries of the Middle East and North Africa. They can be fined or given prison sentences. In Iran, the death penalty and the stone to death penalty are imposed (Ercevik, 2003:1-76; Ercevik, 2004: 1-38).

In Turkish Law, there is no act, code or regulation concerning sexual orientation. In Turkey, lesbian, gay, bisexual, transgender and transsexual people are spoken against with negative words such as "immoral", "psycho", "sick" and "abnormal" by society (Sakallı and Uğurlu, 2002: 111-119; Kılıç, 2011: 143-164; Oksal, 2008: 514-525). These people can live in metropolitans, but in small cities and towns they lead their lives by hiding themselves (Mitrani, 2008: 23-30; Yavuz vd, 2006: 15-21).

Lesbian, gay, bisexual, transgender and transsexual people experience discrimination because of their sexual orientation. They face discriminating attitudes, and they sometimes cannot gain employment or rent a house. Additionally, it has been reported that these individuals experience physical violence in Turkey (İstanbul Bilgi Üniversitesi, 2010). In Turkey, where military service is still considered as a civic duty of top priority, their sexual orientation is viewed by the armed forces as a psycho-sexual disorder and thus they are given a report of "unfit for military service" due to their sexual orientation by the Department of Psychiatry of the Turkish army. In addition, Turkish media adhere to a partial and offending broadcasting policy against these people (Aydın, 2007).

Conclusion and Recommendations

These rights involve absolute ethical obligations for all types of services provided by midwives, nurses, family doctors and obstetricians. It is highly important to raise awareness concerning the use of these rights among healthcare professionals in order to protect, develop and make contributions for the autonomy of women, to encourage women to make free choices and preferences, to prevent the violation of rights and to prevent the damage to which women are subjected and prevent discrimination. All healthcare professionals are responsible for the prevention of the violation of sexual and reproductive rights in Turkey. In countries such as Turkey where there are a high number of violations of rights, healthcare workers have heavier responsibilities. Since the time of this study, new interesting discussions have been

placed on the agenda of the Turkish public opinion. Previously, homosexual relationships and group sex videos were interpreted by the High Court as “unnatural relationships”. With the decision of the High Court in May 2012, keeping CDs or DVDs that contain “anal” or “oral” sex videos has become a crime that stipulates a penalty of 1-4 years. In May, the prime minister and the members of the cabinet again advocated their opinions about the abortion ban, although in Turkey, abortion has been a legal right since 1983. Also during May 2012, some opposition parties proposed the prevention of including laws regarding sexual orientation in the draft of an article of the Constitution, creating political and social debate. At the beginning of June, an official letter was sent to laboratory centers where pregnancy tests are performed, and the Ministry of Health began requesting a list of names and contact information, including mobile phone numbers, of those whose pregnancy tests were positive. These data will be sent to family doctors because the family doctors have been instructed to keep in touch with those pregnant women and their families. This official request, which is against patient confidentiality, got one young girl in serious trouble. The result of a pregnancy test that an unmarried young girl requested was sent via mobile phone to the girl’s father, who covered the expenses of the daughter’s health insurance and whose contact data were kept at a family health center. During the last week of June 2012, the Ministry of Health declared its plans to limit the use of morning after pills. According to this plan, pharmacies will be asked to keep the information related to identity cards and contact data, which will later be sent to the ministry. The public has been focused on statements of lawmakers and the protests of the activists in the shadow of these debates. In the pursuit of (legal) rights, significant achievements have been obtained for legal reforms through the efforts of the activists thus far, and it is of great importance to continue these efforts in the pursuit of legal rights and reforms for the future. While there are counted number of days left before the United Nations ICDP+20 2014 congress where the 20 years of Cairo congress will be evaluated, it should never be forgotten that women in our country should have the rights of decision making about their bodies, sexual preferences and productivity. We need to reevaluate women rights’ violations and their causes.

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TÜRKİYE'DE CİNSEL VE ÜREME HAKLARI : GENEL BİR BAKIŞ

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Özet

Cinsel haklar ve üreme hakları, temel insan haklarındandır. Sadece kadına özel tanımlanmamış bir hak olmakla birlikte, toplumda kadının sosyal, ekonomik durumu, bu hakkın kullanımında kadını ayrıcalıklı ele almayı gerektirmektedir. Bu gerekçeyle uluslararası komiteler tarafından çeşitli tarihlerde "cinsel haklar ve üreme hakkı" üzerine pek çok bildirme yayınlanmıştır. Yayınlanan tüm bu bildirmelere imza atan hükümetler cinsel haklar ve üreme haklarını korumakla yükümlüdürler. Türkiye uluslararası bu bildirmelere hiçbir çekince koymadan imza atmış olmakla birlikte; kadını rızası dışı evlendirme, çocuk gelinler, kuma, cinsel şiddet, kadının bedeni ile ilgili kararlara katılımı, gençler için cinsel eğitim ve cinsel yönelim gibi konularda, son yıllardaki yasal düzenlemelere rağmen halen bazı hak ihlalleri yaşanabilmektedir. Bu makalede, üreme sağlığı ve cinsel sağlığı tehdit eden bu ihlaller ve bu ihlallerin önlenmesinde, hakların savunulması ve kullanılmasında büyük rolü olan sağlık profesyonellerinin rolleri tartışılmıştır.

Anahtar Kelimeler: Üreme hakları, cinsellik, insan hakları.

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