YOUNG ACTIVIST PERSPECTIVES TOWARDS TURKISH SEXUAL AND REPRODUCTIVE HEALTH POLICY AND SERVICES: PROBLEMS, BARRIERS, IDEALS

DAĞLAR ÇİLİNGİR

BOĞAZİÇİ UNIVERSITY

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DECLARATION OF ORIGINALITY

I, Dağlar Çilingir, certify that

- I am the sole author of this thesis and that I have fully acknowledged and documented in my thesis all sources of ideas and words, including digital resources, which have been produced or published by another person or institution;
- this thesis contains no material that has been submitted or accepted for a degree or diploma in any other educational institution;
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ABSTRACT

Young Activist Perspectives towards Turkish Sexual and Reproductive Health Policy and Services: Problems, Barriers, Ideals

With the 1994 International Conference on Population and Development, the rights-based approach has become the main policy framework for sexual and reproductive health (SRH). The action plan of this conference had a specific focus on youth and their inclusion in SRH service provision and decision-making, which paved the way for the establishment of youth-led organisations around sexual and reproductive health rights (SRHR) in many countries including Turkey. Despite of almost a two-decade history of youth activism around SRHR, youth activist perceptions of SRH policies and services have not adequately addressed in the literature. Against this background, this thesis explores the perception of young SRHR activists towards SRH policies and services and their own role in SRHR promotion in Turkey — a country where SRHR are under increasing political pressure alongside many others such as Hungary and Poland. This thesis offers a thematic analysis of qualitative data collected through semi-structured interviews with 18 youth activists from three major youth-led organizations working on SRHR related issues between October 2020 and January 2021. The thesis finds that young activists identify the following major problems in SRH policy and services: barriers to accessing reliable SRH information, SRH services and essential products, and shortages in these domains as well as concerns about patient confidentiality. The analysis here also demonstrates that youth SRHR activists are important social actors in SRHR advocacy and promotion in a politically challenging context such as Turkey, which breaks the prevailing monistic and culturalist narratives aiming to legitimize backlashes in SRHR.

ÖZET

Genç Aktivistlerin Türkiye'de Cinsel Sağlık ve Üreme Sağlığı Politika ve Hizmetlerine Bakış Açıları: Sorunlar, Engeller, İdealler

1994'teki Uluslararası Nüfus ve Kalkınma Konferansı ile birlikte cinsel sağlık üreme sağlığı (CSÜS) alanında hak temelli yaklaşım temel politika çerçevesi haline gelmiştir. Konferansın eylem planı gençler ve gençlerin cinsel sağlık üreme sağlığı hizmetlerine ilişkin karar alma süreçlerine dahil edilmeleri ve erişimleri konusuna özel olarak odaklanmaktaydı. Bu odak, Türkiye dahil olmak üzere birçok ülkede CSÜS alanında gençlik kuruluşlarının kurulması için adımlar atılmasını sağlamıştı. Türkiye'de neredeyse 20 yıllık geçmişine rağmen CSÜS ve hakları alanındaki gençlik aktivizmi literatürde kapsamlı bir şekilde yer bulamamıştır. Bu tez, CSÜS alanı üzerindeki siyasi baskının Macaristan ve Polonya gibi ülkelere benzer şekilde arttığı Türkiye'de, CSÜS ve hakları alanında savunu yapan gençlerin bu alandaki politika ve hizmetlere ve CSÜS ve haklarının teşviki hususunda kendi oynadıkları role ilişkin bakış açılarını incelemeyi hedeflemektedir. Bu tez CSÜS alanında çalışan üç farklı gençlik kuruluşundan toplamda 18 genç aktivistle Ekim 2020 ile Ocak 2021 tarihleri arasında yapılan yarı yapılandırılmış mülakatlardan toplanan niteliksel verinin tematik analizine dayanmaktadır. Araştırmaya göre görüşme yapılan genç aktivistler CSÜS ile ilgili doğru bilgiye, temel hijyen ürünlerine ve CSÜS hizmetlerine erişimde yaşanan sıkıntıları ve hasta mahremiyeti kaygılarını CSÜS alanındaki temel sorunlar olarak tanımlamaktadır. Tez gençlik aktivizminin Türkiye gibi zorlayıcı bir politik atmosferde üstlendiği hak savunuculuğu ve sağlığın teşviki rolleriyle önemli bir aktör olduğunu ve mevcudiyetiyle bu alandaki gerilemeyi meşrulaştıran tekçi ve kültürcü baskın anlatıyı kırdığını iddia etmektedir.

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ABBREVIATIONS

AÇSAP	Maternal-child Health and Family Planning Center (Ana Çocuk Sağlığı ve Aile Planlama Merkezi)
AIDS	Acquired Immunodeficiency Deficiency Syndrome
ASM	Family Health Center (Aile Sağlığı Merkezi)
CSE	Comprehensive Sexuality Education
EMSA	European Medical Students' Association
GDTM	Voluntary Consultation and Testing Center (Gönüllü Danışmanlık ve Test Merkezi)
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
LGBTI+	Lesbian Gay Bisexual Trans and Intersex+
MoH	Ministry of Health
NGO	Non-governmental Organization
PLWHIV	People Living with HIV
SGD	Sustainable Development Goals
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
TNSA	Demographic and Health Surveys of Turkey (Türkiye Nüfus ve Sağlık Araştırması)
TURKMSIC	Turkish Medicine Students Council

UNFPA	United Nations Population Fund
YAHA	Youth Approaches to Health Association
YCHC	Youth Consultancy and Health Centres
WHO	World Health Organization

CHAPTER 1

INTRODUCTION

Sexual and reproductive rights are a part of fundamental human rights. Although the discussion on their scope is ongoing, the necessity of their existence and enjoyment are recognized by many international organizations such as World Health Organizations, United Nations Population Fund, and by international documents such as International Convention on Population and Development and Beijing Conference. Even though the importance of those rights has been approved by many organizations and political actors, some recent backlashes are observable in various parts of the world.

Despite this recent backlash in some countries, the need for the enforcement of sexual and reproductive health rights is urgent. For instance, there were 172 million people globally who had an unmet need for family planning in 2020 (United National Department of Economic and Social Affairs, 2020) which means that this large number of women who did not plan to get pregnant did not have access to modern contraceptives needed to prevent an unwanted pregnancy. The high number of unmet family planning leads to unwanted pregnancies. Between 2015-2019, 121 million unwanted pregnancies occurred annually (Guttmacher Institute, 2020). Unwanted pregnancies have various negative consequences at the individual and societal levels. The women who get pregnant unintentionally, face challenges in education and employment in addition to possible psychological and physiological problems unwanted pregnancies pose. Moreover, 33 million people are living with HIV and young people and vulnerable groups are especially at increased risk (World

Health Organization, 2020). Despite the abovementioned challenges, SRH policies in many parts of the world fail to respond to the needs of the people.

Historically, Turkey has followed international trends in sexual and reproductive health policy. However, since the 2010s Turkey's policies and politics around SRHR have substantially changed and started moving towards a more conservative and restrictive direction. This policy-specific change cannot be isolated from the overall political context of Turkey. Nevertheless, studying SRHR policies specifically might be useful to explore the policy-specific impact of these broader changes and their influence on SRHR activism and promotion in Turkey. The result of Turkey's political shift from anti-natalist to pronatalist policies after the 2010s is observable in official statistics of average number of children and the number of desired children. For example, according to Demographic and Health Surveys of Turkey (TNSA), the average number of children increased from 2.16 in 2008 to 2.3 in 2018. The number of desired children also rose from 2.5 in 2008 (TNSA, 2008) to 2.8 in 2018 (TNSA, 2018). This slight change might be a result of the political discourse that encourages population growth.

Apart from the overall change in the SRH policy direction, disadvantaged groups such as lesbian, gay, bisexual, trans and intersex (LGBTI+) persons, refugees, and people living in rural areas continue to experience significant challenges in accessing reliable information and service provision. This is not a challenge particularly for Turkey as power asymmetries in all societies often work against disadvantaged groups' enjoyment of SRHR. As a result, these groups are underrepresented at the political level and underserved at the level of services. However, the public health perspective demonstrates that increasing the well-being of the disadvantaged groups does not only have a positive impact on these groups'

health outcomes but also improves the overall well-being of society. Therefore, the inclusiveness of SRH policies and services is vital for enhanced health outcomes at the population level.

Youth is also acknowledged as a group that has specific needs regarding SRH according to ICPD Action Plan (1994, p. 37). Even though youth-friendly SRH services were available in the past, it is not available anymore. As a result of the political backlash, SRH policies and services that directly target young people are currently absent in Turkey. Comprehensive sexuality education is not accessible in any level of formal education and curricula in Turkey with a few exceptions of private schools. Young people are not included in any layer of decision-making processes and there is not up-to-date research aiming at understanding the current SRHR situation and needs of young people. Consequently, the service provision also lacks a youth-specific component. Absence of policies and services that are capable of identifying and responding to the specific needs of young people possibly cause negative sexual and reproductive health outcomes. One evidence for this is that almost half of the new HIV cases are young people in Turkey (Directorate General of Public Health, 2020).

Considering the current situation in SRH landscape and political trends in Turkey, it has become clear that advocacy for SRHR is not an easy task due to the political shift towards pronatalist approach, challenges in accessing SRH services, rights and policies, and exclusionary policy-making processes. Given their economically and socially disadvantaged position, getting involved in such advocacy is even more challenging for young people. It is in this context that this thesis aims to understand the perspective of youth SRHR activists towards the current situation in SRHR policies and services in Turkey. This thesis explores the challenges and

enabling factors youth activists face in their advocacy for SRHR and SRHR promotion efforts. In addition, the thesis also examines the perception that the youth activists have towards the effectiveness of their SRHR advocacy and promotion efforts in a politically challenging environment.

This chapter has two sections. The first section explains the methodology and methods used in the research. The second section overviews the structure of the thesis and introduces the chapters.

1.1 Research methodology

The thesis is an exploratory, qualitative study based on semi-structured in-depth interviews with 18 youth activists aged between 18 and 30, who advocate for sexual and reproductive health rights in Turkey. In this thesis, the activist label is used for the young people who are engaged in advocacy by using a wide range of methods including but not limited to peer education and public awareness campaigns.

The author of this thesis has been engaged in SRHR advocacy for more than eight years. This previous experience of the researcher facilitated her access to the field and enabled an open dialogue between the researcher and respondents based on mutual trust. The youth activists included in this study were approached through youth organizations that work for SRHR. In Turkey, there are three well-established youth organizations with a focus on SRHR. All of them has been active in the field for a long time. Two of the organizations are established and led by medical students while the last organization is led by the young people mostly with social sciences background and specific interest in public health. Inclusion of youth activists with medical and social sciences backgrounds offer wide range of experience and perception. The well-established characteristic of these organizations provides

accumulated institutional knowledge about both sexual and reproductive health-related issues and organizational issues. This knowledge is useful to understand the structural challenges and opportunities that youth activists have in the field of SRHR.

In recruiting the respondents, these three organizations were approached through their institutional e-mail addresses. The researcher did not aim to achieve gender balance in designing the sample, but the final sample is relatively balanced even though the number of female informants is higher. One aim of the researcher in selecting the sample was to include different levels of activism experiences by recruiting informants with various years of experience. To achieve this, each organization is requested to suggest three experienced and three less experienced (based on their years of engagement) informants for this study. Hence half of the informants is experienced for less than three years.

All of the informants were living in urban environment, enrolled in university education in metropolitan cities and had relatively easy access to reliable information. They were all citizens of Turkey and university students or recent graduates at the time of the interviews. This demonstrates that youth SRHR activists in Turkey have a clearly above-average educational attainment compared to the Turkish youth in general. While the well-educated background of youth SRHR activists limits the generalizability of their perceptions to young people in general, this characteristic of the youth SRHR activists is in line with the evidence that young people involved in civil society organizations in Turkey are often university students or graduates (Yilmaz & Oya, 2014, p. 46).

Due to the COVID-19 pandemic, the interviews could not be organized face-to-face. Therefore, digital platforms were used, and all interviews were recorded after getting the informants' consent for the recording. Before starting each of the

interviews, the informants were informed that the study aims to collect data on their personal opinions rather than the official opinions of the organizations that they are affiliated with. This short information aimed to make informants free of the consideration of organizational representation. All informants signed the consent form, and all interviews were conducted in Turkish.

Informant privacy has been very important, and many precautions have been taken to ensure identity protection. The personal information including the name of the affiliated organizations is not revealed, all of the necessary personal information was anonymized. The data that has been collected was saved in an encoded folder of an encoded computer, was not uploaded to any digital platform which can be accessed online.

The Ethics Committee for Master and PhD Theses in Social Sciences and Humanities (SOBETİK) at Boğaziçi University approved the study on 20 October 2020 and issued the approval on 9 November 2020. The approval form is available in Appendix A, Participant Information and Consent Form is available in Appendix B, and the list of semi-structured questions that have been used in the interviews is in Appendix C. The questions in English are listed in Appendix D.

An inductive thematic approach was used to analyse the interview data. The analysis was carried out using transcriptions of the interview recordings in the original language. The coding frame and exemplary quotes from the interviews were prepared in English.

1.2 Outline of chapters

The thesis consists of five chapters including this introduction. The second chapter reviews the literature and aims to introduce theoretical discussions around the right-

based approach and sexual citizenship as well as providing an overview of the scant literature on youth activism in SRHR from various countries.

The third chapter presents the background of sexual and reproductive health policies and services in Turkey by providing a historical overview and examining the general landscape from a youth-specific lens.

The fourth chapter offers an analysis of the qualitative research based on 18 interviews with youth activists in the field of SRHR.

The fifth chapter concludes the thesis by explaining the significant findings and their possible contributions to the existing body of literature.

CHAPTER 2

LITERATURE REVIEW

This chapter offers a review of the literature on Sexual and Reproductive Health and Rights (SRHR) and youth advocacy around SRHR. It starts by providing brief information about the history of sexual rights and SRHR advocacy. At the global level, the rights-based approach to SRHR will be introduced. Following this, at the national level, sexual citizenship and examples of citizenship claims related to SRHR from different contexts are discussed and the focus is on youth activists and organizations. In the last section, the literature on youth activism's position in the SRHR domain, youth-led organizations' structure and activities, and youth activists' motivations are presented.

2.1 Sexual rights and right-based approach in Sexual and Reproductive Health (SRH)

2.1.1. History of sexual rights and a right-based approach to SRH

While international social movements around sexual rights started to appear in the 1970s, their stronger presence was observed in the 1990s. One of the early documents about sexual rights was written in the 1970s by Kirkendall who drafted The Bill of Sexual Rights and listed sexual rights based on his own views as a sexologist (Kirkendall, 1976). Meanwhile, sexual rights started to become a topic of international meetings and conferences by moving beyond the interest of academics. For instance, in 1968, the International Conference on Human Rights in Tehran asserted that the parents have the right to make their reproductive decisions and must have the right to access information about SRH (Lottes, 2013, p. 371).

Acknowledging accessing information about SRH and making one's reproductive decisions by oneself as human rights, was a very important step. Because these are the goals that could not be achieved in many countries even today (UNFPA, 2020). Furthermore, in 1974, the World Population Conference in Bucharest revised the right holders of SRH from parents to the individual. The year 1979 is also an important year for SHRH because the Convention on Elimination of All Forms of Discrimination against Women was released. Article 16 of this Convention clearly states that women have equal rights with men over their decisions concerning reproductive health and family planning freely and responsibly (OHCR, 2015). In 1993, the International Conference on Human Rights declared that sexual violence against women is a violation of human rights. The connection it makes between sexual rights, sexual health, and human rights has been a step forwards in the development of SRHR in the following years.

The way to International Conference on Population and Development (ICPD) was progressive in terms of sexual rights activism. In 1994, ICPD was organized in Cairo with the participation of 179 states. The conference is a historic success in terms of the international recognition of SRHR because the political focus shifted from family to individual. Additionally, the term sexual rights were introduced (Lottes, 2000) and considered as part of human rights, while at the same time sexual health is accepted as a fundamental part of an individual's wellbeing (Lottes, 2013, p. 372). Only a year later in 1995, Beijing Conference took place with a focus on the women's 'right to decide freely and responsibly on matters related to sexuality' (UN FWCW, 1995). Advances at the international level with respect to SRHR affected the theoretical discussions as well as the advocacy efforts.

2.1.2 Key principles of a rights-based approach to SRH

Before delving into the right-based approach to SRH, defining SRHR will be helpful to understand what the concept stands for and what is in the scope of SRHR. World Health Organization (2011) sees sexual health as an essential part of well-being and defines it as 'a state of physical, emotional, mental and social well-being in relation to sexuality, and not merely the absence of disease, dysfunction or infirmity.' In addition to that, United Nations Population Fund (UNFPA, 2020) states that 'satisfying and safe sex life' is an important part of well-being. UNFPA also mentions the importance of choice with a focus on the individual. Emphasis on well-being, satisfactory sexual life and choice indicate that SRH is not simply a medical term but has a strong social and political meaning in relation to human rights.

The social and political aspect of SRHR opens the door to a deep theoretical discussion about how to define sexual rights and SRHR, what these concept covers and what they leave outside. Sexual health and sexual rights are not synonymous even if they complement each other. SRH is often analysed based on service provision and financial protection dimensions (Gruskin, 2008). The rights-based approach to SRH, however, points at the inadequacy of such a narrow focus. The rights-based approach alternatively emphasizes if and to what extent individuals have the opportunities and freedom and have the power to use them to achieve sexual wellbeing.

While the fact that there is no recognised universal list of sexual rights and the ambiguity about its scope is criticized by some scholars (i.e. Bell, 1999; Richardson, 2000), Dixon-Mueller et al. (2009) developed a list of ethical guidelines. They broadened the existing human rights framework suggesting that sexual rights are human rights and bring out ethical guidelines. Dixon-Mueller et al. (2009) are

focusing on five dimensions which are; right to choose one's partner, the right to sexual expression and seek pleasure, the right to protection from sexual harm and abuse, the right to information about sexual health, and lastly, partners' mutual responsibility for the consequences of sexual actions. Although they develop an ethical guideline and right-based approach to sexual health, they acknowledge two main challenges to their implementation. The first challenge is the localization of international decisions in national legal systems. Because the states may not follow the international decisions even though they are a part of the decision-making process. The second challenge is the public opinion around the issue of SRHR (Dixon-Mueler et al., 2009). As discussions around sexuality are not approved socially in many national contexts, it is hard to apply the abovementioned ethical guideline to national policies. In fact, the universalistic approach to SRHR is also deemed to be sometimes at odds with cultural rights (Lottes, 2013, p. 383). Despite such ongoing controversies over SRHR, based on the existing international agreements and conventions, the rights-based approach is still influential in shaping global and national policy frameworks through an understanding of sexual rights as human rights and focusing on the responsibility and freedom of the individual.

2.2 Sexual citizenship

Parallel to the advances at the international level, the relationship between sexual rights and citizenship has also drawn the attention of scholars. Especially in the 1990s, scholars started to discuss the sexual aspect of citizenship and sexual rights with the concept of sexual citizenship. The theoretical discussions around sexual citizenship reveal its limitations while also offering a revised citizenship definition.

The concept of citizenship is often shaped by its relevance to the traditional public and private sphere distinction. Bell (1999) argues that the 'citizen-perverts' who are not accepted as proper citizens are situated at the intersection of these arguably distinct spheres. Citizen-perverts are adult citizens whose consensual sexual behaviours are not seen compatible with dominant sexual norms of the society in which they live in. The sexual acts of 'citizen-perverts' are considered tolerable and deemed unimportant provided that the broader public does not know about those acts. But when such acts are publicized, the private space diminishes, and the state starts to intervene and the private becomes the public. This creates the ambiguous position for 'citizen-perverts' and makes SRHR advocacy quite complicated especially in contexts where sexual rights are not recognised. Because the claims of sexual rights might be considered as a part of private space when the sexual rights are not recognised but actually, consequences of sexual acts and claims of sexual rights have an effect on the community in the public sphere.

In addition to the discussion of the private and the public, Plummer (1995) claims that intimate citizenship is a new aspect of citizenship and discusses the boundaries of the concept of citizenship by questioning the extent of the sexual identity that adult citizens can enjoy the rights of citizenship. Intimate citizenship specifically emphasizes the boundaries of citizenship regarding their sexuality and intimate relations with others. Plummer argues that there are different sexual ways of being and all citizens with their sexual diversity should enjoy equal citizenship rights regardless of their way of being. It is important to note that equal sexual citizenship protects individuals' rights and freedoms without imposing any sexual norm on them. Consequently, sexual citizenship does not put boundaries that limit citizens' sexuality to allow them to access citizenship rights. Likewise, Lister (2002)

examines the inequalities sexual minorities face. Not all citizens can equally access the opportunities the citizenship status provides them. Noting the gendered nature of citizenship, Lister argues that citizenship can be formulated in exclusionary and inclusionary ways. Contemplating the approach of Plummer and Lister, the traditional concept of citizenship excludes some sexual acts and ways of sexual beings.

Moreover, Richardson (1998) also sees citizenship often as a gendered and heteronormative institution. Heterosexuality is institutionalized by family and marriage and it excludes other forms and manifestations of sexuality. While heterosexuality is taken for granted, sexuality is not considered as a part of citizenship therefore sexuality-based inequalities it creates rendered visible. In another article, Richardson (2000) mentions that sexual rights mean differently for different groups and the meaning should be clarified. For example, while feminists have been focusing on safety, bodily control and pleasure; lesbian and gay movements extended its meaning by claiming publicly recognized sexual identities and lifestyles. Recently, disability rights and their relations with sexual rights have been discussed by the disability movement. Each group's focus and contribution are different, but it is important to develop an analytic schema to have a common frame for sexual rights according to Richardson (2000). The schema she develops based on the needs she sees, includes safety in personal relationships, the right to self-identification of sexual identity, and other derivative rights related to these two within social institutions such as interracial and same-sex marriages, and equal age of consent for all.

The critique of the concept of citizenship leads to the efforts to extend its boundaries to include more people who identify themselves variously. Extending the

boundaries of citizenship beclouds putting a clear-cut definition of citizenship and its relation to sexuality. Even though this ambiguity seems challenging, the dynamic attempt to define citizenship creates a sphere in which negotiations and discussions are welcomed.

2.2.1 Domestic politics around SRH

In parallel with the theoretical discussions, international community also paid attention to tackling discrimination and exclusion in SRH field. International declarations such as ICPD and Beijing show that efforts on enabling access to SRHR for all gained pace at the international level. With these efforts, recognizing sexual rights as a part of human rights and focusing on the individuals' well-being are the fundamental steps that have been taken. Nevertheless, international declarations do not have the power to directly change national and local practices although they are effective as critical reference points. Therefore, examining domestic political and policy context is crucial to examine SRH politics and policies in detail.

The politics around SRH is quite vivid in different domestic contexts. The ways SRHR advocates use for advocacy may change due to the political context, legal context, the available actors and the power relations among these actors. The literature on SRHR advocacy indicates that the political context and international donors' and governments' financial support affect SRHR advocates' agenda and activities. The financial support and political atmosphere can be helpful or challenging, depending on the circumstances. SRHR advocates often create methods to adapt themselves to the political atmosphere by establishing alliances, using the judiciary to follow up and exercise their rights, and utilizing international norms and discourses.

As abovementioned, SRHR is not a purely medical issue but rather it has strong social and political aspects. Hence, the political context affects the right-based advocacy efforts of SRHR NGOs and activists directly. For example, in Ukraine, agendas of the NGOs are shaped by the state indirectly because the NGOs are covering the gap that the state left (Owczarzak, 2018). The political decisions of the state regarding its scope of service provision, whom to be excluded etc. are affecting the scope of NGOs' work, service provision and their political agenda. Another example that shows the importance of political context is India. At the beginning of the 2000s, just after the International Conference on Population and Development Conference, progressive changes were happening in the SRH domain, but such changes were demography-focused rather than right-based (Datta & Misra, 2000, p. 24). An overview of the example of India is useful to understand the challenging advocacy context and possible ways to overcome these challenges. Datta and Misra (2000) explained the challenging characteristics of the Indian context as; the activists being reactive rather than proactive, the stigma around sexual and reproductive health, government's focus on demography, policymakers' incoherent understanding of the key terms such as empowerment and gender, and hardness of relating health and rights in the Indian community.

Additionally, the political context at the international level can be very effective on the rights-based advocacy efforts of SRHR NGOs and advocates at the national level. Not only political but also financial support is important to mention. For example, in the research by Chua and Hildebrandt (2013), the political agenda of the LGBT organizations in China and Singapore got affected by the HIV and AIDS issue and the financial support provided to tackle the spread of HIV. The study shows that NGOs are receiving financial support from international donors and the

government, the funding streams available to these organisations change their main area of work from LGBT to HIV and AIDS, while some NGOs are supported, keep being critical but not challenging the state (Chua & Hildebrandt, 2013). Even though there are some NGOs that decided not to change their core working area, many NGOs decided to change due to the available funding streams. The interrelation of the political and financial contexts of the national and international should not be underestimated. The abovementioned examples show both the importance of funding streams for NGO advocacy and the complexity of operating under oppressive political contexts for NGOs specialised in SHRH advocacy.

In a challenging political context, the SRHR advocates and NGOs use different methods to voice their demands. For example, in India, SRHR activists established alliances with other activists, health associations, and media (Datta & Misra, 2000, p. 32). Even though the actors with whom the SRHR advocates establish alliances, the time period the alliances sustain or the political or financial expectation out of the alliances might change from country to country, but establishing alliances seems vital for SRHR movements at the national level. A successful example of this happened in Indonesia. SRHR activists established a successful alliance with religious leaders and started discussing sexuality and rights with religious women and men in parallel with Islamic texts in Indonesia (Sciortino et al., 1996). Although it may be hard collaborating with religious authorities in some contexts, collaboration with religious authorities might be very helpful especially in the absence of government support due to the importance of religious authorities for some communities. Nevertheless, achieving successful alliances do not necessarily mean achieving the goals that SRHR advocates put. Alliances help SRHR advocates to spread their statements and demands with a broader community and sustain their

advocacy efforts if not ensure political achievements. Another example is Poland in which collaboration with religious authorities was achieved. According to Owczarzak (2009), at the end of the 1980s, the number of People Living with HIV (PLWHIV) increased and an urgent need for access to health care services became apparent. The stigma around HIV made the government hesitant about listening PLWHIV mostly due to its fear of losing popular support. Catholic Church, however, supported PLWHIV which contributed to the transformations of negative opinions of the society. Church's support enabled the government to create a centre for HIV and AIDS funds. However, the alliances might get affected by the political context as well as the alliances might affect the political context and the effort to keep alliances alive takes constant efforts. In Poland, for example, changing political context affected the church and currently it is not possible to observe that the church acts in favour of SRHR advocates.

Another method SRHR advocates use is strategic litigation. For example, in Colombia, advocates use strategic litigation (Roa & Klugman, 2014). According to Roa and Klugman (2014), strategic litigation is a method that can be successful if there is a rights framework, independent judiciary, capacitated civil society organizations, and a network that possibly supports the case in the litigation. Strategic litigation might be an effective advocacy tool because it enables people to discuss issues publicly, creates social mobility if there is social support about the issue, and it empowers the civil society organizations (2014). It is clear that the political context affects the availability of strategic litigation as a method for SRHR advocates.

In addition to the abovementioned methods, SRHR activists might find radical and visible methods when the political context is very challenging. Femen

from Ukraine, for instance, is a controversial but visible example of activism. The activists in Femen, get disrobed to show their disagreement with the political actions and they write their demands on their naked bodies. An activist from Femen explains that they are not interested in showing their bodies, but this is the only way to be heard in the political context within which they operate (Korolkova, 2015, p. 269). While SRHR is a challenging area to advocate for in some countries due to political polarization and/or oppression, these studies indicate that the activists have not given up their rights and citizenship claims even under these circumstances.

On the other hand, other voices in the literature acknowledge the challenging political context but also have criticisms about the way SRHR advocacy is undertaken. The advocacy around sexual rights focuses on the recognition of rights, tackling prevalent discrimination, and inequalities in access to SRH services and outcomes. According to Fried and Espinoza-Kim (2019), this emphasis on SRHR advocacy sometimes led to an 'overreliance on punitive laws and policies' rather than focusing on the need for protective actions and positive obligations of public authorities. These scholars claim that the SRHR advocates' claims should be more comprehensive and suggest them to cover the following three areas: challenging criminalization by focusing on the public health evidence, affirming bodily integrity by distinguishing between sexual health and sexual rights, securing free and fully informed decision-making. Similarly, Datta and Misra (2000) consider the reactive attitude of the activists as one of the important challenges in India. They suggest that the activists should be more proactive rather than reactive.

2.3 Youth inclusion and the increasing importance of youth in SRH field

SRHR advocacy is not homogeneous rather consists of various groups with various demands and expectations although they constantly establish alliances with each other as mentioned before. Youth, as well, is a part of the SRHR advocacy as a subject that is affected by the SRHR policies and politics around sexual rights. From the beginning of the 2000s, the youth started to be seen as an important actor for SRHR advocacy. According to Shepard (2011), there are three reasons for this. First, the focus moved from the family to the individual with ICPD in 1994 which enabled focusing on youth individually rather than as a part of their families. Practically, this shift in the notion of the target group made youth an important part of SRHR discussions. Secondly, the human rights system and youth development field started to expand their focus from merely emphasising negative obligations to include positive obligations of the state towards the youth. Lastly, the fact that young people are at high risk of getting HIV has led to awareness among policymakers and activists that specific policies and services targeting young people to protect their well-being have to be developed (pp. 113-114).

Some national and international organizations such as United Nations Population Fund (UNFPA) and International Planned Parenthood Federation (IPPF) initiated the establishment of youth-led international, regional, and national organizations and encouraged them to work on SRHR. Because youth inclusion may increase the effectiveness of the programmes targeting the youth population. For instance, according to the study of Berglas et al. (2014) conducted with young people with low income Hispanic and African American backgrounds, the inclusion of young people in the processes related to SRH increases the efficiency of the programs in terms of meeting the needs of young people. The methods youth

advocates use, that adults are not able to use, such as peer education, peer informative sessions, and awareness-raising meetings of youth might lead to higher efficiency. The methods facilitate communication and might enable young people to express themselves better. Therefore, the demands and needs might be identified, and the programmes can be adopted based on the needs of young people. However, youth inclusion is not an easy task. Villa-Torres and Svamemyr (2015) mention that even the definition of youth is not fixed and can be changed across cultures and is affected by various socioeconomic factors. A comprehensive and context-based definition of youth is necessary for meaningful youth participation. They also explain that there are many indicators to evaluate the level of youth participation and its meaningfulness although it is not easy to evaluate (p. 54). The existence of a youth SRHR program does not necessarily imply that meaningful youth participation exists in a country. A comprehensive approach should be applied to understand if meaningful youth participation is achieved. Lastly, Villa-Torres and Svamemyr (2015) emphasize that youth participation should not be considered as a project goal to be achieved. Participation is a right that young people should also be able to access.

On the other hand, increasing focus on youth involvement brings the question of the extent of the adults' responsibility. According to Wong et al. (2010), children and youth participation is very important but they should not be given all the burden of making decisions without any support (p. 105). Hence, they mention the importance of youth-adult partnership in which the co-learning process will empower the youth and they feel supported. Camino (2000) defines youth-adult partnership as youth and adults working together in teaching or decision-making. However, Camino

(2005) mentions possible challenges of the division of labour due to the presumptions of adults about youth work.

The literature exemplifies the importance of adult support in fostering youth civic engagement in SRHR advocacy (Otis, 2006; Yates & Younnis, 1998). Elige in Mexico (Alpizar, 2004) and Among Friends in Peru (Coe et al., 2012) are two examples of youth engagement in SRHR advocacy, which were initiated by adult organizations. The positive impact of adult support on youth organisations continues to be important after the establishment of these participatory spaces. According to Coe et al. (2012), youth organizations get not only financial and technical support but also emotional support from adult organizations. Young people in youth organizations report that the emotional support they receive from adult organisations increases their self-confidence (pp. 12-13).

2.3.1 Youth organizations and youth advocacy in SRHR

The effectiveness of youth inclusion is widely recognised but the ways in which such inclusion is achieved vary across countries due to differences in the social and political contexts. How can youth-led organizations in SRHR support youth empowerment and inclusion in diverse contexts? Youth-led organizations have their methods and activism agendas. In the literature, four common strategies of youth-led SRHR organisations were identified. These strategies are social advocacy, building connections between youth organizations and networking with other organisations, policy advocacy, and empowering young people.

Social advocacy aims to change negative public opinion around SRHR and SRHR of young people and is one of the key strategies that youth organisations can adopt (Shephard, 2011, p. 123). Youth organizations can use different methods to achieve this objective of improving public opinion. The target group of these social

advocacy activities can be the whole society or only other young people (Coe et al., 2012, p. 14). These activities include organizing mass events such as public discussions to inform young people, parents and teachers (Coe et al., 2012, p. 14). For example, Elige, a youth organization in Mexico, uses promotion materials, condom distribution as a method for social advocacy. Young people who are supporting youth's SRH rights are using bags with a motto on them (Alpizar, 2004, p. 223). In addition to face-to-face social advocacy activities, youth activists use social media and the internet widely. Hence, they organize social media campaigns and online pieces of training and spread information through their websites.

The second strategy is building connections between youth organizations and networking with other organisations. The creation of alliances and acting collectively make youth organizations more powerful. Alliances can be national, regional, or international. When young people start acknowledging the importance of having supporters, they start establishing new alliances with other youth and adult organizations (Alpizar, 2004, p. 224; Coe et al., 2012, p. 16). Online communication is a new tool that youth organizations use and connect with their allies frequently not only to exchange their experience with others but also to establish as well as sustain regional and global alliances to strengthen youth advocacy around SRHR. SAT Regional Youth Hub, Youth Coalition, Latin American, and Caribbean Youth Network for Reproductive and Sexual Rights are some of the regional and global alliances youth organizations establish and sustain to achieve their SRHR advocacy goals.

The third strategy youth organisations engaging in SRHR advocacy use is policy advocacy. Policy advocacy targets policymakers and aims youth to be effective in policy-making processes. According to the research of Coe et al. (2012),

young people may be indeterminate about policy advocacy because they are not motivated to be a part of the formal politics and they do not believe that they can access policy-making processes (p. 17). However, there are various methods used by youth organisations in influencing policymaking. These methods include reporting human rights violations, involving in national policy councils, and connecting with decision-makers (Alpizar, 2004, p. 225; Coe et al., 2012, p. 17). Opportunities for policy advocacy and the ability of youth organisations to affect policymaking is closely shaped by the domestic political context.

The fourth strategy is empowering young people. While advocating for youth rights, youth organizations need powerful youth leaders. Therefore, youth empowerment is a part of their strategy. They organize leadership soft skill training for their volunteers as well as peer educations about SRHR. Peer education can also be considered a part of social advocacy but it also empowers young people and aims at including them into these organisations as volunteers, activists and youth leaders. Peer education is a popular method and has been widely used by both international and national youth-led organizations such as Teenergizer, Y-PEER and Y-SAFE. Hull et al. (2004) claim that young people are enthusiastic about learning sexuality-related topics, and peer education is a suitable method for young people's needs despite the pitfalls of the method such as the challenge of sustainability based on their research in Indonesia. Additionally, based on the Youth Peer Provider programs in Ecuador and Nicaragua, Tennets and Redwine (2013) find young people are empowered not only by receiving SRH information but also in terms of gaining personal communication skills, leadership skills, and improved relations of youth with their communities (pp. 150-151). Through improved relations with their communities, young people can spread the information among the community they

live in and they can get empowered to become an advocate about SRHR topics. Tennets and Redwine (2013) emphasize that peer education programs reach more people than the number of young people trained because trained young people disseminate their acquired knowledge by communicating it within their community (p. 151). Even though peer education is a very popular method that youth organizations use, its impact is hard to evaluate. This data shortfall makes it harder to sustain and convince decision-makers about its effectiveness (Villa-Torres & Svanemyr, 2015, p. 54). Besides peer education, peer consultancy is another widely used approach by especially the national organizations working about HIV and AIDS such as Positive Living Association in Turkey, Estonian Network of People Living with HIV, EVA Association in Russia, AFEW in Eastern Europe Central Asia region.

Despite all the efforts of youth organizations around SRHR and their adult allies, no agreement explicitly oblige states to provide SRH services to young people (Shepard, 2011) or engage youth or their organisations in the policymaking and implementation. To compensate for the relative weakness of youth organisations in SRHR vis-à-vis states, Shepard (2011) suggests youth advocates report rights violations related to SRHR to treaty bodies and she claims that it might act as an additional strategy that will empower these organisations in their relations with states.

2.3.1 The motivation of young people and their perception of the role of their activism

The source of the youth advocates' motivation is very compelling when the challenges of being a youth advocate about SRHR especially in the countries facing

high levels of political polarization over SRHR or political oppression are considered. The source of youth advocates' motivation is researched by different scholars who come up with different answers due to the differences between the youth advocacy groups and the political context they advocate in.

Owczarzak (2010) explores the perception of the staff and volunteers of HIV and AIDS NGOs in Poland about their work. Poland is a post-Soviet country where civil society is not strong and political polarization around SRHR topics is high. Owczarzak examines the motivation of the social workers and volunteers in a context where the SRHR field is very stigmatized and hard to work. Owczarzak finds that social workers and volunteers in Poland are not motivated through political or social concerns but rather they state individualistic motivations such as personal improvement, getting experience in explaining their engagement with SRHR advocacy organisations. Even though the research does not focus specifically on youth organisations, its finding may apply to the motivations of young people in joining SRHR organisations.

Coe et al. (2013) find that social hierarchies such as gender, social class, and race affect the way young people get organized (2013, p. 704). These hierarchies are trying to be handled with the support of adult organizations that young people trust (i.e. adults offering them to represent their organization by considering gender balance). It appears that young people focus more on the age dimension rather than the gender dimension while they are advocating because they want to distance themselves from the stigma around feminists in their communities. Even though young people think politics are adult-centred, they try to expand political space to create more inclusive spaces for young people through social and policy level advocacy (Coe et al., 2013). This study shows that the youth advocates are not

motivated to be a part of the broader political movements despite the fact that their organizations are directly affected by the existing political structures, inequalities, and hierarchies.

Moreover, Choonara et al. (2018) show young SRHR activists in the SRHR Africa Trust regional NGO, working in Botswana, Malawi, Zambia, Zimbabwe, and South Africa, do not believe in a sustainable change and hopeful future despite many international and regional agreements and conventions such as SDGs, Beijing Declaration, Agenda 2063 and the MPOA. When young activists are asked about their motivation for engaging in SRHR activism, they refer to factors such as the mistreatment of a healthcare provider and negative personal stories about their first menstruation. They are focused on the realities of their communities and they believe that they can change things in their communities themselves while they do not believe in their importance in the international system (2018).

In contrast to the findings of Coe et al. (2013) and Choonara et al. (2018), according to Taft (2011), the primary motivation of young women activists in the U.S., Mexico, Venezuela, Canada and Argentina is political. She focuses on young women activists who do not only advocate for SRHR but also women's rights and youth rights. In her research, young women activists define their activist identity as an identity of those pursuing substantial social change, who engage in various political activities including 'extra-institutional political tactics' (p. 45). It seems that youth activists see activism they are engaged in as political, collective, and aiming for a substantial social change that includes but not limited to SRHR. These young women activists declare that they are focusing on the issues that affect them directly and the issues that are neglected by the adults in mainstream politics (p. 56). The

political side of the work they do is bringing up the needs and priorities of young people to mainstream politics.

The studies focus on different regions and countries and provide distinct motivational sources for the youth advocates around SRHR. The literature does not provide a unified answer for the question of the source of motivation, but rather it shows that their perception of the role of their activism differs. While some activists see SRHR advocacy as a non-political act of self-improvement, others consider it as part of a broader political struggle. As mentioned in the previous sections, the political and social context within which young SRHR activists operate affects their advocacy efforts.

2.4 Conclusion

With the support of an enabling international political environment, sexual rights advocacy around SRHR started including young people in the mid-1990s. The literature finds that adult organizations' supportive attitudes helped young people to establish youth-led organizations specialised in SRHR advocacy and sustain them. These organizations empower young people and cultivate youth advocacy through various means. Young people follow different paths to mobilize other young people and to change negative public opinion about SRHR, but they keep cooperating with other stakeholders because the alliances make them stronger. Despite the presence of a considerable number of youth organizations around SRHR, the literature fails to address the question of how young people perceive the role of their activism in SRHR promotion especially in the context of increased political pressure on these rights although the literature shows how youth activism might positively affect self-improvement. The existing literature only focuses on the motivations and self-

benefits of youth advocates through activism rather than addressing their effect on a broader political discussion and policy making.

This chapter indicates that the literature does not sufficiently address youth activists' demands about SRHR despite increasing emphasis is placed on youth inclusion in the SRHR field at the global level. To compensate, this study offers a modest analysis of youth advocates' demands about SRHR and their perception of the existing SRHR policies in a selected country case. This thesis addresses two gaps in the literature. First, it examines youth activist perceptions of SRH policy and services. Second, it explores how these activists perceive the role of their activism in promoting SRHR in the country they live in. This thesis uses Turkey as a case-in-point because it represents a politically challenging context for young SRHR activists.

CHAPTER 3

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN TURKEY

In this chapter, the state of sexual and reproductive health and rights (SRHR) in Turkey will be examined. The first section aims to overview the history of sexual and reproductive health (SRH). After presenting the policy and political changes in SRH, the chapter examines the state of SRHR for young people in detail.

3.1 Sexual and reproductive health in Turkey: a historical review

The historical development of sexual and reproductive health in Turkey has followed global trends. Until the 1960s, a gender-sensitive approach to sexual rights and reproductive health had not developed. Just after the 1960s, social movements and the right-based approach to SRH started to emerge (Karaca Bozkurt, 2011, p. 77). This section focuses on the historical development of SRH in Turkey.

SRH policies had been seen as an instrument to meet the population expectancies of the state even before the modern Turkish state was established. In the late Ottoman and early Republic period, between 1911 and 1923, the population shrank due to World War I, the War of Independence, and epidemics. Hence, the Republic of Turkey adopted pronatalist policies and aimed to increase the population (Akın & Sevencan, 2006 pp. 1-14). Pronatalist policies including prohibiting abortion, decreasing the legal age of marriage and encouraging families to have more than five children had been in use until 1965 (Akın, 2007, p. 86). Pronatalist policies do not help women to decide mindfully when and how many children they want to have. Therefore, these policies increased the maternal and infant death rate (Karaca Bozkurt, 2011, p. 68). Despite the abortion was not legal, nearly 10,000 maternal

deaths due to 500,000 illegal unsafe abortions were taking place per year inferentially at the end of 1950s (Fişek, 1998). Although pro-natalist policies were in place, the population did not grow as expected due to World War II. Even though Turkey did not participate in the war, men were called to arm hence the expected population expansion could not be observed until the end of World War II (Çoruh, 1983). After 1945, the population started to expand, and negative health consequences of earlier pronatalist policies started to be discussed. As a result of broader political changes in the early 1960s and the pressure that medical doctors created by emphasizing the negative consequences of these policies, parallel to the emergence of family planning agenda at the global level, the Turkish state changed its policies towards an anti-natalist approach in the 1960s.

Medical doctors put so much effort to emphasize the negative consequences of pro-natalist policies and the importance of the availability of contraceptives and safe abortion (Akın, 2007, p. 88). In 1963, the first Five-Year Development Plan was created, and it emphasized the importance of social welfare and presented a high population growth rate as an obstacle to achieving higher social welfare (State Planning Organization, 1963). While anti-natalist policies replaced the earlier pronatalism, it is not possible to claim that the policies were oriented towards individual empowerment and women's rights. The plan aimed to increase the female employment rate and decrease the maternal death rate. Hence, the shift in the approach was a product of a new economic development strategy: national developmentalism. In 1965, Population Planning General Directory was established and the new Population Planning Code came into force. The new code enabled easy access to temporary contraception through public hospitals. But in the new code, there was no emphasis on abortion. The new approach to reproductive health brought

positive educational results too. Reproduction chapter was included in the biology class of secondary education, reproductive health education was provided to soldiers and army staff, and new non-formal educational programs were organized for university students, unmarried people and families with many children (Akın, 2007, p. 92). Despite the new law, the maternal death rate did not fall as expected due to unsafe abortions. Therefore, making safe abortion available started to be discussed among healthcare providers and decision-makers. It took another two decades for Turkey to allow access to safe abortion. Eventually, in 1983, the new Population Planning Code legalized safe abortion. As a result of this new code, a dramatic decrease in maternal and infant death rates was observed (Akın, 2007).

In the 1990s, the right-based approach to SRH started to gain importance globally and the International Conference of Population and Development (ICPD) Action Plan was signed by 179 countries, including Turkey, in 1994. The approach of the Turkish government has shifted from the maternal health-focused approach to the women's health-focused approach that is a more comprehensive, life-cycle approach. The preparation of the Women's Health and Family Planning Strategic Plan is the first sign of the change towards this end (Özvarış et al., 2004, p. 120). Observable progressive policy changes after the ICPD Action Plan started to appear with the influence of social movements and civil society such as the cancellation of labour contracts because the pregnancy was implicitly forbidden (2004) and increasing the minimum age of marriage to avoid early and forced marriages (2002). In 2005, Maternal-child Health and Family Planning Centers (AÇSAP) were opened. These centres were especially important because they were providing free access to family planning and abortion services specifically and had a youth-friendly

approach. This was an important step to increase the accessibility of family planning services.

After 1994, new policies and services had been developed with the support of international organizations such as UNAIDS, UNFPA, European Union, European Commission and WHO. According to Özvarış et al. (2004), these organizations facilitated policy diffusion in SRH towards Turkey and contributed to the increased compatibility between domestic policies and the international agenda in SRH. But in some cases, even though donors' agenda was not applicable to Turkey, these organizations insisted on financing the services that are on their agenda while giving up supporting a well-functioning existing domestic program because it was out of the agenda for them.

Beginning from 2007, a new conservative discourse emerged especially around abortion according to Telli et al. (2019). After 2007, the population policies started to slowly move towards the pronatalist approach. While abortion does not have a politically challenged history in either Republic of Turkey (Telli et al., 2019, p. 3) or Ottoman (Balsoy, 2015), then the Prime Minister stated in 2012 that 'Every abortion is a murder' (NTV, 2012). Just after this speech, a new draft law that reduces the legal time limit of abortion to 4 weeks and banning induced abortion was proposed. The draft did not pass into law, but this process has made having an induced abortion especially in public providers very challenging for women. Even though abortion is still a right for women, only 7.8% of public hospitals perform induced abortion and no hospital performs induced abortion in 53 cities of Turkey out of 81 (O'Neil et al., 2016). Also, the research of MacFarlane et al. (2016) showed that the pronatalist and conservative approach of the Turkish state has created a 'chilling effect' and women started to give up seeking abortion anymore.

The shift in political discourse towards pronatalism is also observed in the Prime Minister's emphasis on the number of children people should have (NTV, 2009) and social policy support for the couples having children (Telli et al., 2019, p. 7). Another policy is the restriction of C-section to health conditions in Turkey. According to MacFarlane (2016), this is a policy that is in line with the shift towards the pronatalist approach because a C-section limits the number of children a woman can have due to possible health complications (Macfarlane, 2016). In 2014, the United Nations Population Fund (UNFPA) Turkey Office also stated that the pronatalist strategy of the Turkish government and conservatism make their work harder (UNFPA, 2014).

The 2003 reform in the Turkish healthcare system is another factor that affected SRH services. After 2003, the healthcare system started changing due to the structural transformation that the reform provided. Telli et al. (2019) identified two important structural changes that occurred with this reform. First, the reproductive health services provided earlier are not available in the new system. The number of Maternal-Child Health and Family Planning Centers (AÇSAP) was decreased and the services they were providing are not covered in the new system. Second, family planning and abortion services were not included in the 2007 Health Budget Law and performance-based system for practising physicians. Therefore, healthcare providers' incentive to perform family planning and abortion services substantially decreased (Telli et al., 2019, p. 8). Moreover, the 2003 reform promised to integrate family planning services to primary healthcare provision through Family Health Centers (ASM). Dayı (2019) suggested that the reform did not fulfil its promise as family planning services were not included in the performance targets for Family Health Centers. The targets of these centres are determined by the Ministry of Health and if

the centre cannot meet its target, they risk losing 20% of their income. Therefore, this new system encourages primary care providers to perform services that are in the targets. Since family planning and consultancy takes time and does not help much to meet their targets, primary care providers may choose not to perform them. Additionally, the increased workload due to new performance measures of these centres decreases the quality of services and the time healthcare providers spend per patient (Dayı, 2019). The study of Öcek et al. (2014) also supports that family planning could be neglected in the family medicine model due to the low-performance points they will gain to the centre. With the transition to Family Health Center model in primary care, the number of key SRH providers such as midwives and nurses has been decreased (Yılmaz, 2020). These imply that SRH services were downgraded after the launch of Family Health Centers and the number of AÇSAP centers were decreased.

Another shortcoming of SRH services in Turkey today is access to contraceptives. The supply of contraceptives was financed by international organizations until the 2000s. High rates of economic growth in Turkey moved the country into a new income level, which led to the withdrawal of international organizations from contraceptive support. While this withdrawal was on the condition that Turkey would finance contraceptives, changing domestic policy discourse made it hard to meet this condition. As a result, public providers including Family Health Centers started to face a shortage of contraceptive supply.

According to the research conducted in Istanbul (Topgül et al., 2017), even healthcare providers do not have accurate information related to family planning and abortion. It is not possible to have an abortion in primary care health service and the supply of contraceptives does not meet the need as it has to be. In the research,

medical doctors stated that the demand for abortion has declined, and it might be related to past unmet demand. People might stop asking for the services when they noticed those services are not provided. Additionally, in their article, Özcan et al. (2013) claimed that healthcare workers have a vital responsibility to promote sexual and reproductive rights and nondiscriminatory, empowering, and rightful sexual and reproductive health services.

On the other hand, the services related to HIV and AIDS are covered under the universal social insurance benefits package in Turkey and there is no backlash regarding the coverage despite a more conservative narrative. Even though HIV and AIDS-related services are covered, prevention services are not very effective and efficient since there is a significant rise in HIV prevalence in Turkey (Yılmaz & Willis, 2020, p. 7). Although the policy approach at the government level in Turkey is getting more conservative in family planning and abortion, there are impressive improvements at the municipality level especially in relation to HIV and AIDS services. In 2015, Şişli Municipality in Istanbul established a Consultation and Anonymous Sexually Transmitted Infections Testing Center (GDTM) with the support of UNFPA Turkey and LGBTI NGOs. Beşiktaş Municipality in Istanbul, Çankaya Municipality in Ankara, Konak Municipality in Izmir, Nilüfer Municipality in Bursa and Mersin Metropolitan Municipality followed Şişli Municipality to meet the need. Rights-based NGOs were involved in the process of planning and implementation. The strong collaboration between civil society and municipalities helped to reach a higher number of people including people from key populations. According to Yılmaz and Willis (2020), there is political polarization around SRH, and a clear tension between the central administration and local governments can be considered as ‘local manifestation over a right-based approach to sexual health’ (p.

6). These positive developments at the municipal level, however, have met with backlash from the anti-sexual rights groups. At the end of 2019, a group in the municipal council protested against the condom distribution of the Mersin Metropolitan Municipality in a public university campus and it was publicized on social media (Haberler.com, 2019). Although the centre in Mersin is not closed officially, its services have been suspended for an unknown term.

Despite the fact that the Ministry of Health (MoH) can get affected by protests of conservative groups, the policy approach of MoH is different from the approach of the government (Yılmaz & Willis, 2020). Unfortunately, the autonomy of the ministry is getting eroded day by day therefore, the intention of the ministry cannot always be implemented. For example, a new and progressive HIV and AIDS Control Program was announced in 2019. An increasing number of people are getting infected with HIV in Turkey (Türkiye HIV/AIDS Kontrol Programı, 2019, p. 10) and this has created a need to have a roadmap to restrain the number of new cases. The programme has three main objectives that are decreasing the number of new HIV infections, improving the healthcare services related to HIV and AIDS, and preventing discrimination towards and maltreatment of people living with HIV. To achieve these goals, the programme aims at increasing awareness of 60% of the population, ensuring sustainability in healthcare services and reaching the key populations including men who have sex with men, transgender people, sex workers, and young people. In the programme, the Ministry of Health aims to collaborate with the Ministry of Education to include HIV and AIDS information in the educational system and collaborate with local authorities to improve and increase the number of GDTMs. In the action plan of the programme, NGOs and civil society have been mentioned many times as stakeholders of the Ministry to collaborate with. This is

promising to see the willingness to collaborate with NGOs in terms of inclusion of target groups in decision-making and implementation processes, although it does not necessarily mean that all parts of the action plan will be implemented.

Lastly, the commitment of Turkey to the ICPD+25 Conference in Nairobi supports the pronatalist approach of the government. Turkey's commitment for the next 10 years is zero preventable maternal death (ICPD+25 Commitments, 2019). Although, Nairobi Statement (Nairobi Statement on ICPD25: Accelerating the Promise, 2019) has zero unmet need for family planning and involvement of adolescents and youth goals, Turkey did not officially commit itself to these goals. Unlike the previous anti-natalist approach of Turkey, the commitment is very much healthcare and reproduction centred rather than having a comprehensive approach to SRH. On the other hand, the NGOs' and universities' commitments are inclusive and sexual rights centred. Even though there are still right-based demands coming from civil society organizations, the state promises to follow a pronatalist path.

Demographic and Health Surveys of Turkey presents the contemporary trends in SHR in Turkey. According to Demographic and Health Surveys of Turkey (TNSA), the average number of children increased from 2.16 in 2008 to is 2.3 in 2018. The number of children desired also rose from 2.5 in 2008 (TNSA, 2008) to 2.8 in 2018 (TNSA, 2018). This slight increases in fertility and the number of desired children might be a result of pronatalist policies. On the other hand, the usage of contraceptives gets more common with a slight increase over the years. While 46% of married women in 2008 stated that they use modern birth control methods, this ratio increased to 49% in 2018. This is surprising because the availability of family planning services was restricted in this period. One explanation might be people access contraceptives, especially condoms, through the market by paying out of

pocket. Unfortunately, access through the market does not include consultation or information. Although the usage of contraceptives is high, the effectiveness of the use of these contraceptives in preventing unwanted pregnancies is not covered in the abovementioned data.

3.2 The state of sexual and reproductive health for young people in Turkey

Turkey has the 5th youngest population among OECD countries (OECD, 2020) with almost 13 million young people that make up 15.6% of the total population (TUİK, 2019). Besides the young population that holds Turkish citizenship, 1.8 million young Syrian refugees are living in Turkey (Directorate General of Migration Management, 2020). Therefore, young people's specific needs in SRH should be acknowledged and recognised in Turkey as a country with a significantly big young population. In this part, I will summarize young people's current state of health with a specific focus on SRH.

According to the Turkish Statistical Institution (2019), perceived health status seems to be the first source of happiness for 52.3% of young people. However, perceived health status does not necessarily refer to satisfaction from healthcare services. Young people tend to be healthier due to their age and this might be affecting their level of happiness regarding health. More specifically, in the SRH field, no up-to-date research on young people and their sexual behaviours is available in Turkey. Two important pieces of research explored the SRH state of young people in Turkey. The first research, Turkey Youth Sexual and Reproductive Health Survey (Özcebe et al., 2007) was conducted in 2007 and its sample was nationally representative. The results of the survey showed that young people do not have accurate knowledge about sexual and reproductive health. For example, 38.9% of

young people could not name the organ that the baby grows in. Most young people heard about HIV and AIDS but they do not have accurate knowledge about transmission ways of HIV. Besides the missing information they have, 96.3% of young people are in favour of receiving sexuality education in schools. Education and professional consultancy are the most popular channels through which young people wish to access sexuality education. Almost half of the young people stated that they prefer to get sexuality education in the school (Özcebe et al., 2007, pp. 156-168).

The second research, Turkey Adolescent Profile Survey, was conducted by the Ministry of Family and Social Policies in 2013, 55% of the adolescents who participated in the research stated that they have faced difficulties of adapting to the changes happening in puberty (2013, p. 31). In the same research, one-fourth of the adolescents stated that they did not get any information related to sexuality. Mothers are the primary source of information (24%) about sexuality for the adolescents who stated that they are informed (p. 34). The adolescents see family and schools are the channels they would like to access information about sexuality (p. 35). The research findings are especially important to see youth preferences about the sources of information on sexuality. Considering that their parents did not get a proper sexuality education, it is unknown what kind of information they are sharing with the adolescents. Additionally, schools do not provide any kind of sexuality education in Turkey currently apart from one section on human reproduction as part of the biology classes.

Despite their methodological limits, a few research examined the current state of SRH of young people. Research conducted with the students of Namık Kemal University showed students think that sexuality education is necessary and 73.5% of

the students get information from private hospitals when they need it (Saraçoğlu et al., 2014). In the study of Akın et al. (2003), the students of Cumhuriyet and Hacettepe universities stated that only one-tenth of the student population received SRH service and the majority of those receiving the service from private hospitals. In both studies mentioned above, young people mentioned private hospitals as a source of SRH information and service rather than public hospitals. The privatization of healthcare services increased the number of private hospitals and eased their accessibility. This might explain the increasing number of students who get SRH services from private hospitals, but it is interesting to see that young people do not feel comfortable in public hospitals. The study by Çelik and Esin (2016) showed that adolescents who participated in the study are not informed enough to demand sexual health services. Because they do not even know what they need due to the absence of accurate knowledge. Additionally, the families and society might get judgemental and are not supportive of sexual behaviours. Therefore, adolescents become shy to ask for services or to use the existing services. Adolescents in the study stated they would use the services if they are not seen by other people and if the environment of the healthcare service would be youth-friendly.

ICPD suggests young people (aged 15-24) have specific needs regarding sexual and reproductive health. Therefore, the services should be targeting young people by including them in decision-making processes (1994, p. 37). ICPD's approach was partially adopted by the Turkish policymakers until the shift towards pronatalism and conservatism in the 2010s. For example, Sexual and Reproductive Health: National Strategies and Action Plan 2005-2015 for Healthcare Sector prioritized increasing young people's awareness about sexual and reproductive health (AÇSAP, 2005, p. 41). Not only information about sexual health but also

healthcare services regarding reproductive health is vital for young people especially the ones aged between 19 and 24 (Karaca-Bozkurt, 2011, p. 106). The Mother and Child Health Centers (AÇSAP) started targeting young people beginning from the 2000s in terms of information and healthcare services. The number of these centres (AÇSAP) was 41 by 2009. In addition to these centres, Youth Consultation and Health Centres were opened in 13 universities (Karaca-Bozkurt, 2011, p. 107). Youth Consultancy and Health Centres (YCHC) were established by the Ministry of Health in collaboration with UNFPA and UNICEF in 2005 as a part of a project for 5 years. These centres were integrated into the primary care health system. Even though YCHC could achieve its goals and healthcare providers suggested enlarging its scale (Sarılar, 2011), the centres were closed down. The number AÇSAP Centres was decreased and today only a few AÇSAP Centres are in operation (Yılmaz, 2020). Although the reasons and closure processes are essential to understand the background, the relevant documents could not be accessed due to the renewed websites of the ministries and universities.

Almost one-third of new HIV infections are happening among young people aged between 15 and 24 globally (UNAIDS, 2019), while in Turkey, the rate is much higher: almost half of the new HIV infections are happening among young people (Directorate General of Public Health, 2020). Young people constitute slightly more than one-third of people living with HIV and AIDS (Directorate General of Public Health, 2020). Despite the high proportion of young people among the newly infected and people living with HIV, there is no specific service targeting the young population in Turkey.

As mentioned before, there is no sexual and reproductive health education available as a part of the official curriculum currently. In middle school, reproductive organs

are taught as a part of biology class but the graphics showing the reproductive organs have been dismounted from the schoolbooks (Ülkar, 2014). In Turkey, sexuality education is led by mostly NGOs. Even though the work of NGOs is important, it cannot meet the need of youth like an institutionalized sexuality education can do (Gürsoy & Gençalp, 2010). Previous research showed that young people acquire information about sexuality informally through media and friends hence, they have misleading information (Civil and Yıldız, 2010; Çetinkaya et al., 2007; İncesu et al., 2007; Kukulu et al., 2009; Özcebe et al., 2007).

3.3 Conclusion

The SRH policies and services in Turkey have been developing in parallel with the global trends. Until the 1960s, the policies were pronatalist and aiming to increase the population that shrank due to wars. The SRH policies started shifting towards a more anti-natalist direction in the 1960s due to the need for female employment, high rate of maternal deaths and retrogressive health status of women. This shift was a result of the enormous efforts of medical doctors and accompanying social movements of women throughout the years. Induced abortion was legalised in 1983 and finally a significant decrease in maternal and infant rates was observed. The ICPD has significantly influenced the policy direction in Turkey. With the ICPD, Turkey gradually shifted its SRH policy direction toward a rights-based approach that recognises individuals as SRH rights bearers.

A negative trend is evident in Turkey's SRH policy and services since the 2000s. First, the health reform in 2003 undermined the institutional basis upon which SRH services were made universally available. Second, in the 2010s, the government's SRH discourse and policy have changed towards a pro-natalist

direction again. As a result, for instance, although abortion is not forbidden, it is not accessible especially in public hospitals. The political discourse encourages families to have more children while restricting the accessibility of contraceptives and family planning services.

Turkey is a home for 13 million young people that are considered as a key group with specific needs regarding SRH (ICPD, 1994). However, the policies do not seem to be capable of responding to their specific needs. Despite almost half of new HIV cases are aged between 15 and 24, there is not a specific HIV policy targeting young people. Moreover, there is no sexuality education available as a part of the official curriculum and there are no youth-friendly health services available. Youth targeting SRH policies started emerging at the beginning of the 2000s but after the 2010s, youth-friendly health services started to decrease and finally all of the centres that provide youth-friendly health services were closed. The informants who were interviewed for this study have not witnessed the rising youth targeting policies and services as they were children in the 2000s, but rather they read and listened about these policies and services. Currently, a lack of relevant policies and services targeting young people might lead to worse sexual and reproductive health outcomes for young people.

The background chapter examined the current state of SRH related policies and politics around SRH in Turkey with a specific focus on youth. Unfortunately, the literature on Turkey also lacks a focus on youth and SRHR, which makes it hard to reach conclusions about the current state of SRHR and SRH services for young people. Acknowledging the need for research to understand young people's needs and demands around SRH in Turkey, this thesis explores the needs, demands, aspirations of the SRHR youth advocates. The analysis here will situate these

activists and the challenges they face in advocating for SRHR within the institutional and political context that this chapter presented.

CHAPTER 4

FINDINGS AND ANALYSIS

This chapter offers an analysis of the main problems that youth activists identify in sexual and reproductive health services and policies, the barriers that the youth activists face when they advocate for the change of these perceived problems and how effective they see their advocacy efforts.

In Turkey, youth involvement in SRH started in the early 2000s – a growth period for Turkish civil society organizations in general after the liberalization of the legal framework for establishing and running associations. While the Turkish Family Planning Foundation, Human Resource Development Foundation, and Positive Living Association are pioneering organizations engaged in SRHR advocacy, this thesis focuses only on youth-led and youth-focused organizations working for the rights of young people in SRH. Therefore, with an acknowledgement of their contribution to the field of sexual and reproductive health and rights of young people, the abovementioned NGOs and their activities are beyond the scope of the analysis here.

The youth activism around SRHR in Turkey has an almost two-decade-long history, and thus it has accumulated experience and knowledge. There are two types of youth organizations working in the field of SRHR in the Turkish case. The first type is youth-led advocates who are mostly peer trainers. The second type is medical students who are part of international or regional medical student networks. In this introductory section, these types will be introduced with their brief histories in Turkey.

In 2004, UNFPA Turkey translated Y-PEER Peer Education Manual to Turkish and started organizing Training of Trainers about Reproductive Health in different cities of Turkey. Peer education was considered an important method to involve young people and supported by the Ministry of Health (Youth Consultation and Health Provision Center Managerial Guideline, 2007). With the participation of experts, a generation of peer educators started organizing peer education sessions mainly on university campuses starting from 2005. Community Volunteers Foundation started implementing the project with the technical and financial support of UNFPA Turkey. The peer trainers who finalized training of trainers successfully have become a part of an international youth network Y-PEER. An increasing number of peer trainers created the Y-PEER Turkey network in years. In 2015, the network consisting of generations of peer trainers registered as an NGO called Youth Approaches to Health Association (YAHA). YAHA is still working actively and the only NGO working for youth's sexual and reproductive health and rights. In 2019, YAHA organized ICPD youth consultation and participated in the Nairobi Summit to voice the demands and commitments of youth NGOs in Turkey.

The second youth organization is medical students' organizations. In Turkey, there are two different medical students' organizations. The first one is the European Medical Students' Association (EMSA) which is working regionally. It was established in the 1990s and has been working in many health-related fields including SRHR. The organization became a part of ICPD youth consultation in 2019 and made commitments related to increasing awareness of medical students in SRHR related issues as well as advocating for the sexual and reproductive rights of young people. The second medical students' organization is the Turkish Medicine Students Council (TURKMSIC). TURKMSIC is a part of the International

Federation of Medical Students' Associations and works internationally as well as nationally. Like EMSA, TURKMSIC works in various health-related fields including SRHR. TURKMSIC has been involved in all ICPD related processes in Turkey. They were also a part of ICPD youth consultation and committed to raising awareness of medical students in SRHR related issues and advocating for youth's SRHR.

Youth advocates and youth-led organizations in Turkey use common methods that consist of peer education, social media campaigns, awareness-raising activities, and building alliances. 1st December Youth Initiative is an important example of a youth alliance for SRHR promotion in Turkey. This initiative was established by youth advocates in 2011 with the technical and financial support of UNFPA Turkey. It aimed to gather organizations working for youth rights and mainstreaming youth rights related to HIV and AIDS. Even though it has not been working regularly, most of the years the organizations gathered for 1st December and planned a campaign together. This is the only youth and HIV related collaboration that has sustained for years. The initiative is still active. In addition to the initiative, the youth organizations constantly collaborate with other youth and adult organizations.

This chapter offers the thematic analysis of qualitative data collected from 18 youth activists. The chapter firstly will focus on the problems in SRH policy and services that youth activists identified. Secondly, the barriers to youth activism around SRHR in Turkey will be discussed. Lastly, enabling factors for their activism will be introduced.

4.1 Perceived problems in sexual and reproductive health policy and services in Turkey and activist demands for improvement

This section focuses on the problems that youth activists perceive. Mainly, difficulties in access to reliable information and essential products and perceived difficulties in accessing SRH services are the major themes that the activists mentioned in the interviews.

4.1.1 Difficulties in access to reliable information about sexual and reproductive health

Comprehensive sexuality education (CSE) does not exist in the schools' curricula as mentioned in the background section. The absence of CSE is considered one of the critical deficiencies of Turkey's SRH services and policies by youth activists. Even in medical school curricula, information about sexual and reproductive rights is often not available for medical students. In addition to this, the activists considered the spread of wrong information through the internet as a difficulty accessing reliable information. The difficulty in accessing reliable information about SRH might suppress the demand of young people for SRH services and policies, according to the youth activists.

4.1.1.1 The absence of comprehensive sexuality education

CSE is not available in Turkey, with a few private school exceptions. Only a few private schools open CSE classes using their resources without getting neither financial nor content-wise support from the state. One informant mentioned the hardness of getting reliable information about SRH as follows:

> Most of us cannot get information from our families. When you think about the educational system, no reliable information is provided in primary or

> secondary school. I remember when I was in high school, there was only some information about HIV in the health textbook, as part of the health class, reading that it is a deadly virus. There was no other information available. (Organisation 2, Informant 6) (See Appendix E, 1)

The absence of CSE is a critical problem for child development and it should be available from an early age, according to the youth activists. For instance, one informant mentioned the importance of CSE at early ages as:

> The most important thing is [getting information] before being sexually active. Children should be educated, and their questions should be answered clearly by their young age without judging them. (Organisation 1, Informant 4) (See Appendix E, 2)

Another informant touched upon CSE's scope and importance of its integration to the school curricula as:

> We think that we can inform people about gender equality, sexual orientation, gender identity, sexually transmitted infections, protection methods, birth control methods or why discrimination should not exist, through CSE integrated into primary and secondary school curricula. (Organisation 1, Informant 1) (See Appendix E, 3)

The activists frequently mentioned the absence of comprehensive sexuality education not only in primary and secondary school curricula but also in medical schools' curricula. The decision of inclusion of CSE into the curriculum is made by the medical schools' administrations in Turkey. As it is not mandatory, most medical schools do not provide CSE for their students and professional ethics classes with a specific focus on non-discrimination. The youth activists mentioned not only the importance of CSE for their well-being as individuals but also its positive future effect on their professional practice. For example, one of the informants referred to the importance of CSE for non-discriminatory service provision as follows:

> I have learnt all I know in an elective course. As a medical student, I would prefer at least this course to be mandatory for medical students. People are not educated. As physicians, even though we think we belong to the upper

> class, physicians might also have discriminatory thoughts and behaviours like their peers. So, in my opinion, physicians should also be informed about these issues. (Organisation 3, Informant 4) (See Appendix E, 4)

The need for access to reliable information about SRH is evident. The activists stated that reliable information should be available for all layers of society, starting from primary school to specified pieces of training based on occupational needs.

4.1.1.2 Spread of inaccurate information through the internet

The internet enables easy access to information. However, not all the information accessed is reliable. The youth activists were concerned about the way the information about SRHR is spread through the internet. Because easily accessed information is not always reliable according to the activists, and the people do not always check the accuracy of the information. One of the informants stated their concerns as follows:

> For example, when you google something, incoherent news comes up. We cannot access reliable information. I do not think that people search for academic articles and read them. So, there should be reliable and easily accessible sources of information.[1] (Organisation 1, Informant 6)

As the quote above demonstrates, the informant expressed the need for a reliable online source of information about SRHR. The youth activists were not against online platforms or information sharing through the internet. However, the internet might create damage by spreading inaccurate information until some reliable sources becoming available. Therefore, their concern is concentrated on easy access to false

[1] Mesela Google'a bir şey yazdığımız zaman abuk sabuk gazete haberleri çıkıyor, doğru bilgiye de ulaşamıyoruz. Ben insanların bu konuda açıp da makale okuyacaklarını hiç sanmıyorum. Bu yüzden doğru, ulaşılabilir bir bilgi kaynağının olması gerekiyor.

information. From their perspective, the creation of digital and reliable sources about SRHR topics can make information search through the internet safer.

4.1.1.3 Consequently, suppressed demand for sexual and reproductive health services

The last influential point youth activists made about access to reliable information is the suppressed demand. An informant stated,

> You cannot ask for something that you do not know.[2] (Organisation 2, Informant 1)

They mentioned that the people, who cannot access information, cannot ask for further service or information.

4.1.2 Perceived difficulties in access to sexual and reproductive health services and essential products

Youth activists identified some perceived difficulties, such as discrimination and confidentiality issues, that practically affect the accessibility of SRH services. Discrimination can be based on age, gender, marital status, sexual orientation, gender identity, citizenship status while accessing SRH services. Besides perceived difficulties, there are restrictions to the services such as abortion and HPV vaccination and shortages in essential products such as contraceptives and menstrual hygiene products.

4.1.2.1 Perceived discrimination in access

[2] Bilmediğin bir şeyi talep de edemiyorsun.

The youth activists identified discrimination as an important barrier to access to SRH services. People prefer not to use the services as they feel threatened, not safe, and not being listened. Therefore, a vital problem of accessibility occurs even if the services are high quality and widespread. Discrimination can be against various identities or characteristics. The youth activists emphasised age, gender, marital status, gender identity, sexual orientation, and citizenship status as common characteristics that people face discrimination against.

4.1.2.1.1 Based on age

The youth activists specifically mentioned age as a significant characteristic as age discrimination (against young people) is one of the fundamental issues they are advocating against. They emphasised that young people have age-specific needs. The healthcare provider's attitude, the institution's physical inclusiveness, and even working times affect young people's decision to use the service. Meeting the needs becomes more decisive for young people's decision to use the SRH services because of the taboos attached specifically to sexuality. An informant explained this as follows:

> Youth-friendly health services were easily accessible in the past, which is not possible today. Getting healthcare services for young people is very hard from the hospitals we use; communication is challenging. People prepare lists of youth-friendly, non-discriminatory gynaecologists in different cities because there are a little number of them so that you can make a list. (Organisation 2, Informant 1) (See Appendix E, 5)

Youth-friendly healthcare services were considered as important to increase young people’s accessibility to healthcare services by youth activists. Unfortunately, these services are not available in Turkey anymore and youth activists suggested these

services might decrease the age-based discrimination against young people in healthcare services.

4.1.2.1.2 Based on gender and marital status

According to the youth activists, unmarried women face discrimination while getting sexual and reproductive health services. One of the informants considers this discrimination as a violation of all rights:

> Not only one or two of my rights but all of my rights are violated if I cannot get gynaecological service, if I am forced to change hospitals 3-4 times, if I am dismissed from the hospital because I ask for vaginal ultrasound as an unmarried woman or if I am the target of the judgemental gaze of the people when I want to get an abortion. (Organisation 2, Informant 6) (See Appendix E, 6)

Unmarried women face discrimination in SRH services not only due to their gender but also due to their marital status according to the youth activists. This discrimination goes further than verbal discrimination and can affect their physical access to the services.

4.1.2.1.3 Based on sexual orientation and/or gender identity

Sexual orientation and gender identity can become the target of discrimination while getting SRH services, according to the youth activists. The attitude of the healthcare professionals can be discriminatory towards the patients if they are perceived as queer or transgender. As mentioned before, healthcare professionals provide healthcare services for people from different backgrounds, but they are not trained to be more inclusive. Consequently, they do not know the right way to approach the patients, or even if they know, they do not think that they are obliged to be inclusive

for everyone. An informant refers to a common form of mistreatment towards LGBTI+ patients as follows:

> When there a patient comes, we should not ask where they get the virus, or if they are lesbian or transgender.[3] (Organisation 1, Informant 3)

Another informant mentioned that the discrimination towards LGBTI+ people is not a few isolated cases, rather a part of a broader political issue:

> In my opinion, this [The informant refers to discrimination against LGBTI+ people] is the most problematic topic in state policies. Because this group [LGBTI+ community] is considered responsible all the time. In my opinion, categorising is not right. Because all of us, in the end, are individuals in a society. We try to protect these rights as activists. Actually, these rights should protect these groups rather than us protecting the rights. (Organisation 1, Informant 4) (See Appendix E, 7)

LGBTI+ people face discrimination in different layers of social life. According to the informants, LGBTI+ people are discriminated against in healthcare services and this is only a part of a broader political issue.

4.1.2.1.4 Based on citizenship status

Youth activists also mentioned the challenges refugees, asylum seekers and persons under temporary protection face in access to healthcare services. Considering the high number of refugees (legally, Syrian nationals under temporary protection) living in Turkey, activists considered their access to SRH services as a key component of their assessment of SRH services. Especially the language difference was emphasised as one of the main barriers as the following quote states,

> Many refugees are living in our country. For example, when they go to the doctor, they might face communication problems most probably. There could

[3] Bir hasta geldiği zaman sen bu virüsü nereden kaptın ya da sen lezbiyen misin ya da sen transseksüel misin vs. bunları dememiz gerekiyor.

> be translators available in all healthcare institutions to understand refugees' problems.[4] (Organisation 1, Informant 6)

Citizenship status is one of the reasons for discrimination. The attitude of the community towards non-citizen residents also affects their own well-being. Additionally, in healthcare services accessibility is affected by language differences.

4.1.3 Concerns about patient confidentiality

Youth activists considered patient confidentiality as an essential component of providing SRH, but they argued that this could not be achieved in healthcare institutions. There is a common concern about the private information being shared with the families without the young patients' consent. For instance, an informant said:

> It can be any procedure or conversation [Here, the informant refers to a session with a physician]. I do not know if this information will be shared with my family by ignoring me even if I am an adult.[5] (Organisation 2, Informant 3)

The concerns of the patients about confidentiality may affect their decision on using healthcare services. While SRH is considered a social taboo, ensuring confidentiality therefore becomes vital to improve accessibility to SRH services.

4.1.4 Restricted access to abortion services in public hospitals

Besides the discrimination-related challenges in accessing existing SRH services, youth activists underlined that some services are restricted and, in some cases, not

[4] Çok fazla mülteci var ülkemizde mesela onlar da bir doktora gittiğinde iletişim problemi yaşıyorlardır diye düşünüyorum muhtemelen, her sağlık kuruluşunda bir çevirmen olabilir, onların derdini anlayacak.

[5] …gittiğimde yapacağım herhangi bir işlem olabilir ya da görüşme olabilir bunun aileme yansıyıp yansımayacağı gibi beni yok sayıp ve reşit olmuş bir insan olarak bunun ulaşıp ulaşmayacağını bilememek.

available, such as the abortion services in public hospitals. As mentioned in the background section, although abortion is not forbidden legally in Turkey, it is practically not accessible in many public hospitals. An informant specifically mentions its effect on young people as follows:

> Abortion is legal for up to 10 weeks in Turkey, but if the baby is not disabled, it is impossible to get an abortion in public hospitals. The baby should have a serious mental or physical problem; otherwise, you can get an abortion in private hospitals, but a student or a young person who needs an abortion cannot afford this amount of money. (Organisation 3, Informant 2) (See Appendix E, 8)

As the abovementioned quote suggests, even though abortion is not legally banned, there are de facto problems in access to abortion services in the form of free-of-charge public services. While only private hospitals provide the service, it cannot be accessed by everyone due to financial restrictions. Especially for the young people who study or do not work, getting an abortion in a private hospital is not affordable.

4.1.5 Shortages in sexually transmitted infections related services and products

According to the youth activists, there are shortages in sexually transmitted infection-related services. There are prevention, testing, and treatment services related to sexually transmitted infections (STIs). However, they are either not adequate in terms of resources or not accessible for everyone. The informants emphasised the high-quality healthcare service of voluntary consultancy and testing centres (GDTM) for HIV, established by a few municipalities in collaboration with the Ministry of Health. Unfortunately, the number of the centres are minimal, as an informant put,

> It is a right to be tested for HIV or any other STI and securing their confidentiality as a patient. There are volunteer consultancy and testing

> centres for that, for example. In my opinion, increasing their capacity [The informant refers to the number of the centres] should also be considered a right.[6] (Organisation 1, Informant 1)

Additionally, some of the preventive health products related to STIs are not covered by social health insurance, such as HPV vaccination. While HPV is a prevalent infection and can be deadly for especially females, youth activists stated that the vaccination should be covered by social health insurance. For instance, an informant said,

> HPV vaccination is not accessible because it is not free of charge. It can be made free of charge.[7] (Organisation 1, Informant 6)

Moreover, although condoms are available on the market, they are not accessible for everyone because they are costly. Considering that condoms are preventive for unwanted and unplanned pregnancies and transmission of many STIs, the affordability of condoms gains more importance. According to an informant, condoms should be covered by social health insurance:

> In my opinion, access to condoms is socially easy but financially a bit hard. … it is expensive for a health product. It should be covered by health insurance for people over a specific age at least. But considering it is sold in the supermarkets, it is not hard to access. (Organisation 3, Informant 4) (See Appendix E, 9)

In Turkey, condoms are distributed by Family Health Centres without any payment, but discrimination related concerns that people might have, and not being informed create accessibility problems. In some Family Health Centres, condom stocks are not renewed, or the physicians do not inform patients that they can access condoms free of charge from these centres. Problems related to the affordability and

[6] İnsanın kendi HIV veya başka bir cinsel yolla bulaşan enfeksiyonların testini yaptırması ve kimliğinin isterse saklı kalması bir hakkıdır, bunun için mesela gönüllü danışmanlık merkezleri var, bunun arttırılması da bence bir haktır.
[7] HPV aşısına erişim sağlanamıyor ücretli olduğu için, bunlar ücretsiz hale getirilebilir.

accessibility of condoms might lead to suppressed demand for SRH products, as youth activists previously mentioned.

4.1.6 Restricted access to menstrual hygiene products

Menstrual hygiene products are another set of essential SRH products that youth activists find unaffordable. This is mainly because the tax rate on menstrual hygiene products is high, even though they are necessary basic hygiene products for all people who menstruate. This financial burden creates inequalities in access to menstrual hygiene products. Also, the social codes in small towns and the challenges in access may create fundamental problems of accessibility, especially for girls. One informant explained it as:

> Hygiene in the menstruation period should be observed by using pads. Sometimes girls face challenges going to school because of the inaccessibility of pads.[8] (Organisation 2, Informant 1)

According to the informant, girls might refrain from going to school because of the inaccessibility of pads. Considering that menstrual hygiene products are basic needs, problems accessing them for girls may lead to school absenteeism. This shows how restriction in access to services or products can affect children and young people's lives.

4.2 Barriers to youth activism in sexual and reproductive health and rights in Turkey

In the first section, youth activists' perceived problems in the SRH services and policies were examined. The identified problems are the basis of their right based SRH activism. With advocacy, they aim to change or make decision-makers change

[8] Menstruasyon süreci, ped ile hijyenin sağlanarak dikkat edilmesi gereken bir noktayken pede erişimin olmamasından dolayı kimi zaman kız çocukları özellikle okula gitme konusunda sıkıntı yaşayabiliyor.

the problems in SRH services and policies. However, it is not an easy process, and they face challenges while doing activism, especially about sexual rights. Based on the interviews with the activists, this section identifies external and internal challenges they face during SRH advocacy.

4.2.1 External factors I: Politically challenging atmosphere

A politically challenging atmosphere is the first thing that youth activists mentioned when explaining the challenges they face while advocating. According to the activists, the politically challenging atmosphere is not peculiar to the SRHR related issues; instead, it is a part of a broader negative trend. They mentioned that the broader politically challenging atmosphere affects their activism related to SRHR. For instance, an informant said:

> We are living in times in which we do not know which crime is judged how. Therefore, being accused of something that we have never thought we might be accused, does not seem impossible because we hear and see much news like that.[9] (Organisation 2, Informant 4)

As the interviewee mentioned, the activists expect all ranges of possibilities, including a possible ban on their organisations and activities. Some university student clubs have already been banned, but the size of the town may change the frequency of bans and the level of the pressure on the activists, according to an informant:

> For example, my local student club was banned last year, and then it was reopened. The reason was that our student club organised a sexual orientation and gender identity workshop in the university. The rectorship clearly states that you cannot organise events like this. This can happen even in the cities,

[9] Bir kere şöyle bir dönemde yaşıyoruz, gerçekten hangi suçun hangi şekilde yargılandığına dair hiçbir fikrimiz yok. Dolayısıyla hiç düşünmediğimiz, kendi içimizde bile hiç kurgulamadığımız bir yerden bir şeyle suçlanma riski bize hiç uzak gelmiyor çünkü gün içerisinde buna dair bir sürü haber görüyoruz, bir sürü şey duyuyoruz.

> but in small towns, in eastern cities, there are more problems like with shopping mall administrations including saying that 'you cannot inform people about HIV and AIDS in this shopping mall'. The shopping mall administrations do not let us. Our rector does not give permission. (Organisation 1, Informant 2) (See Appendix E, 10)

In some cases, the organisations or student clubs are not banned, but they are being investigated due to the complaints of people and hence the members of the organisations feel the pressure constantly. For instance, an informant said,

> … or if there is a lynch campaign, how would this affect us? Would the organisation be banned? Besides the ban of the organisation, we are five people creating content, and we are afraid that one of us will get arrested.[10] (Organisation 2, Informant 6)

Another informant mentioned even the social media posts or tweets could pose a threat:

> When I saw the social media posts, especially about Istanbul Convention, I thought if the person sharing that post is blacklisted, even if I am not sharing it. Even if I am not affected directly. Because I know that I am an advocate, and this person might be an advocate too. If something bad happens to them, even if it does not happen to me, I would feel sorry because this person will be blacklisted just because they advocate for their rights. This is sad. (Organisation 3, Informant 6) (See Appendix E, 11)

Another informant also stated:

> Our university was reported because of an event we organised last year, and we felt responsible for it. In the end, some people are totally against because they think these kinds of topics should not be spoken or they believe these things [SRHR related topics] do not exist, those are the plots of America [referring to the U.S.], and external powers are leading us. They think we misinform people. These kinds of complaints made me feel suppressed. (Organisation 3, Informant 1) (See Appendix E, 12)

[10] Ya da ufacık bir linç kampanyası dahi olsa acaba bu da buradan bize dokunur mu, dernek kapanır mı, derneğin kapanmasını geçtim içerik üreten 5 kişiyiz beşimizden birini alırlar mı gibi bir kaygı oluyor.

Accusing SRHR advocates based on their alleged links with external powers such as the U.S. are consistent with the broader political atmosphere. Such accusations sometimes lead to real threats to those advocates, which increases the risks associated with engaging in SRHR activism.

Despite the lack of any legal obstacles in promoting SRHR, the constant fear of being banned or reported creates auto-censorship among or softening the political statement of the youth activists and organisations. For instance, abortion has become a hotly contested issue, according to an informant:

> We think institutionally and individually that this is a right and should be accessible. However, while making a statement, we chose softer ways not to attract the government's or opposition groups' [referring to anti-abortion groups] attention and not being lynched. (Organisation 2, Informant 1) (See Appendix E, 13)

Another informant also stated:

> I remember that I felt exhausted when I was writing a declaration. I was worn out by the censorship they [The informant refers to their colleagues here] asked and the auto-censorship I did to myself. Because all of us were thinking, 'I wrote it, but I hope it will not get me into jail.' It is only one of the challenges that living in an authoritarian regime creates. (Organisation 1, Informant 5) (See Appendix E, 14)

Finally, an interviewee expressed their feeling of not being protected in case of an attack from other civilians,

> Because no matter what, a politician cannot arrest you just because you are talking about condoms, but someone from the community can come and beat you saying how dare you to talk about these things.[11] (Organisation 1, Interviewee 3)

[11] Çünkü ne olursa olsun toplumumuzda siyasi birisi gelip sen burada prezervatiften bahsediyorsun diye seni tutuklamaz ama toplumdan birisi gelip sen nasıl bunlardan bahsedersin deyip seni dövebilir. Bunlar maalesef olan şeyler.

The abovementioned quote indicates that potential attacks from civilians also pose a threat to young SRHR activists alongside discretionary restrictions imposed by public authorities.

Nevertheless, the fear of being banned or reported does not prevent many youth advocates and organisations from organising events about SRHR related topics. Youth activists found ways of organising their activities by using a broader framework, for example:

> The school asks them [The informant refers to the student club that organises the event] only what is the event and who are the speakers. The topic of the event is extensive, and the club does not mention the subtopics. There are a few subtopics related to sexual rights. The speakers are experts of SRHR topics, but they are not specifically activists of sexual rights. So, they hosted the events about SRHR by finding this kind of side-tracks. (Organisation 3, Informant 5) (See Appendix E, 15)

The abovementioned quote shows how youth activists continue their activism in a challenging political atmosphere in which they are afraid of being arrested, banning of their organizations or getting attacked by oppositional, conservative groups without feeling protected by the state.

4.2.2 External factors II: Adults as patronizing youth activism and youth activists are not listened to

In this challenging political atmosphere, collaborations between youth and adult activists are vital to sustaining SRHR activism. Youth activists acknowledge the importance of collaborating with adults, but they also mention that collaborating with adults can become challenging. For instance, as the quote below suggests, even the communication could become challenging,

> Sometimes, I feel like I am not listened just because I am younger, or I am a woman, or I am just a student yet. Many times, I think I am talking in vain.[12] (Organisation 1, Informant 5)

Another informant shared a similar perception of working with adults:

> Most of the time patronising. Their attitude is not like 'do whatever you want' but 'do this specific thing' [that the adults want]. They have difficulties in understanding how to approach young people because of not only the age but also the level of experience. They might not understand the demand voiced by the youth approach… They might take your ideas or plans out from the plan of a speech that you will give. (Organisation 2, Informant 1) (See Appendix E, 16)

When young people are not listened to or trusted, they might stop believing in themselves. For instance, an informant said,

> I do not think I will be trusted no matter how informed or how powerful an advocate I become.[13] (Organisation 3, Informant 4)

Therefore, adults finding youth-friendly ways of communication seems important because stronger communication might serve for the creation of stronger collaborations and increasing the number of empowered and self-confident youth activists. Hence, this might provide mutual benefits for both adults and youth activists.

4.2.3 Internal factors: Organisational limitations of youth organisations

In addition to the external factors, there are internal factors that affect youth activism negatively. Internal factors generally focus on organisational issues. The first factor is that human resources in these organisations are very dynamic and the rate of turnover is often high. Young people join the organisations or student clubs for the

[12] Yaşım küçük olduğu için ya da henüz öğrenci olduğum için ya da sadece bir kadın olduğum için kimi zaman dinlenilmediğimi hissettiğim oluyor. Ben bunu boşuna anlatıyorum dediğim zamanlar çok oluyor.
[13] Ben ne kadar bilgili ne kadar savunucu olursam olayım gelmiyor, inanılacakmışım gibi gelmiyor.

term they study and contribute to these organisations as much as they have time. In addition, staying in an organization for a long time requires financial means for young people to sustain their lives. Therefore, people in organisations change frequently. This is explained by an informant as follows:

> But we have a disadvantage. For example, last year X was here but this year X is not here; instead, I am here. Next year, I will not be here. The circulation in our organisation makes working in civil society harder. It is really challenging.[14] (Organisation 1, Informant 1)

The high rate of circulation, that the interviewee mentioned, negatively affects institutional sustainability and keeping institutional ties intact with the other NGOs. Therefore, a proper and regular handover process becomes vital for youth organisations.

Another organisational issue that has been mentioned is the sustainability of human resources. An informant stated:

> But we face difficulties about the people who start being volunteers but do not remain in the organisation for a long time. They participate in several events, but then, they do not continue. When we look for a volunteer who is well-informed and qualified, we do not have many. I think there are some problems we cannot solve. (Organisation 1, Informant 5) (See Appendix E, 17)

The issue of keeping volunteers longer in the organisation creates the problem of investing in the existing human resource. As most of the people in the organisation are newcomers, organisations have to tailor their content for beginners. This focus on beginners makes going deeper in advocacy and content creation harder for youth organisations.

[14] Ancak bizim şöyle bir dezavantajımız var, mesela geçen sene X vardı ama bu sene yok, bu sene ben varım seneye ben olmayacağım, bizdeki bu sirkülasyon hızlı olduğu için genelde STK bazlı çalışmalarımız zor oluyor, gerçekten zor bir şey.

4.3 Enabling factors for youth activism

Despite the factors discussed before that negatively affect youth activism in SRHR in Turkey, the analysis here demonstrates that two enabling factors keep young people in SRHR advocacy. These factors are supportive adult professionals and the perceived positive impact of youth activism.

4.3.1 Supportive adult professionals

In the previous section, the perceived negative impact of adults on SRHR advocacy of young people had been discussed. Interestingly, the informants also mentioned adults as an enabling factor for their advocacy efforts. Considering the challenging political atmosphere, youth activists see the presence of supportive adults as a form of protection. For example,

> Despite that Turkey has a specific [meaning, challenging] political atmosphere, there are many professors, physicians working in this field [SRH]. This is one of the relieving points for me.[15] (Organisation 1, Informant 2)

Another informant stated that they feel safe because the dean of their faculty is supporting them:

> We organise events for medical students. We do not get any dangerous reaction from them because the dean is supporting us. So, I have never felt in danger politically or physically.[16] (Organisation 3, Informant 4)

Moreover, youth activists stated that supportive adult professionals enable young people to be listened to by other adults. For instance:

> The first reaction I got [from a municipality] was, 'Who are you? You cannot train us because you are a kid yet. You are very young.' This was what I

[15] Türkiye'nin belli bir siyasi atmosferi olsa da bu alanda çalışan cidden çok fazla hocamız var, çok fazla doktor var, bu beni rahatlatan noktalardan bir tanesi.'

[16] Bu alanda açıldığımız kişiler tıp öğrencileri oluyor onlardan da tehlike bir unsur alamıyoruz çünkü arkamızda dekan var. O yüzden politik veya fiziksel anlamda kendimi hiç tehlikede hissetmedim bu alanda.

> experienced when I started working, but how did this change? Of course, I worked very hard, but the professor I was working with was a well-known professor. She has worked with the municipality before. The professor introduced me as a young professional who is very good at her profession. This changes the prejudices of the people there. My efforts were not enough. This could be achieved thanks to the efforts of a respected [adult] person. (Organisation 2, Informant 3) (See Appendix E, 18)

Similarly, another informant emphasises the importance of the mediation role that the supportive adult professionals play between youth organisations and public authorities:

> But it is not possible to enter the adults' world without collaboration [with adults]. I mean, we cannot participate in the municipalities' meetings. We cannot participate in the meetings that the Ministry of Health organises. We cannot show our work properly to the donors. Collaboration enables these opportunities. (Organisation 2, Informant 6) (See Appendix E, 19)

Based on the interviews, youth activists recognize the supports that adult organisations and individuals provide to them in two ways, despite the challenges they might face. The adults might provide a form of protection for youth activists which is significant in a politically challenging context, and they might mediate the relationships of youth with other stakeholders in the field of SRHR such as municipalities, ministries, etc.

4.3.2 The perceived impact of youth activism

I observed that youth activists' motivation is high because they deeply believe that their activism creates social change. Starting a discussion about sexual and reproductive rights, enabling people to discuss issues that are not discussed, empowering civil society about SRHR topics, demanding the rights and voicing the demands of others are the actions that the youth activists consider as creating social

change in the long run. This section will examine how youth activists perceive the impact of their activism.

4.3.2.1 Making sexual and reproductive health topics part of the public discussion

The first impact of youth activism that the activists mentioned is making SRH topics a part of public discussion. Sexual rights and sexual and reproductive health-related topics are seen as taboos, but the young people's activism helps at least young people to start discussing these issues. An informant elaborated the impact of their activism as the following:

> Even visibility creates change, making it [The informant refers to SRHR related topics] heard. Even when we share a visual of a penis, it shows that a visual of a penis can be shared. Standing upright by saying that it is an organ, can create social change. There were times that we could not share these visuals. So, I believe even this creates social change. (Organisation 2, Informant 1) (See Appendix E, 20)

Visibility of the topics, discussions and even the health-related issues is very important and carrying these topics to the public space can be a political act as the informant suggested.

4.3.2.2 Mainstreaming sexual rights approach within the broader civil society landscape

In addition to making sexual health topics a part of public discussion, youth activists think that their activism helps to mainstream sexual rights among other civil society organisations. An interviewee explained that their activism does not change the attitudes of anti-sexual rights groups, but it has a positive impact on the people who are engaged in different civil society organisations

> I will make a distinction here. One side is supportive, advocating, or aware of the importance of sexual and reproductive rights; the other side is the

> opposite, not supportive or very against them. Supportive side, as I see, improved itself by communicating about their different working fields. For example, the people who are working with the people living with HIV are informed about sex work; the youth workers are empowered about LGBTI+ topics; the people who are advocating about justice and law are maybe informed about the people living with HIV. I mean, this group empowered itself. The reason for this might be that these groups are organising events for each other, they advocate together, they have solidarity among themselves. (Organisation 2, Interviewee 4) (See Appendix E, 21)

Although the advocacy work of youth organisations is not reaching out to the anti-sexual rights groups, empowering the civil society organisations they are in contact with seems to be motivating for youth activists. Inability to reach out to anti-sexual rights groups is not considered an endogenous problem for youth organisations as young advocates express fear of possible attacks that such a contact could trigger from these groups.

4.3.2.3 Voicing demands for sexual and reproductive health services

Another significant impact that youth activists think their activism creates is voicing and creating demands for sexual and reproductive health services. An informant explained the impact of NGOs in the establishment process of voluntary consultancy and testing centres:

> If they [The informant refers to the NGOs] would not exist, GDTMs might not be established. Now there is a backlash, but it could be worse without NGOs.[17] (Organisation 2, Informant 2)

Another informant summarised how they see youth activism's role as the following:

> We have an important role in politicising the demands and voicing those demands by finding mechanisms to reach the decision-makers. On the one hand, there is a certain agenda that has been discussed all the time, but various youth groups are not included. Our role is to make those groups a part of the agenda. On the other hand, we try to compensate for the information

[17] … onlar olmasa belki de Anonim Danışmanlık Merkezleri bile açılmayabilirdi. Şu an mesela geriliyor, sivil toplum kuruluşları olmasa daha da gerileyebilirdi.

> deficiency that the state has created. This is also our role. (Organisation 2, Interviewee 6) (See Appendix E, 22)

Voicing demands and even finding alternative ways to reach decision-makers to voice these demands, are the perceived impacts that youth activists mentioned. They do not think that the backlashes against SRH services and rights have emerged because of the inadequacy of the activists. On the contrary, they think it could have been worse if there would not be any civil society pressure on the decision-makers.

4.3.2.4 Contributing modestly to a better future in the long run

Although youth activists do not think that they have succeeded in creating positive and sustainable change in SRH today, they see their current efforts as an investment for the future. Such investments include informing participants of SRH needs and rights and making them question their discriminatory attitudes, which means that there will be a higher number of supportive adults and professionals in the future. An informant explained it as:

> We cannot see the change in five years in the sexual and reproductive health field, but I believe the fruits of the activists' efforts will create a huge change within ten years. Maybe not ten years, but in the medium-long term, I think there will be a change in the field… The number of NGOs has been increasing, the number of volunteers has been rising, the number of projects has increased. Therefore, a change will definitely occur. I have full faith in this. (Organisation 1, Informant 5) (See Appendix E, 23)

Another informant also believed that they create change in today's generation,

> Therefore, I believe we create change in the generation growing today. Considering that this generation will be the future's adults, I see this as an investment for the future.[18] (Organisation 3, Informant 3)

[18] O yüzden bence alttan yetişen toplumda özellikle ciddi bir fark yaratıyoruz. Bu alttan yetişen toplumun da geleceğin erişkin grubu olacağını düşünürsek, geleceğe yönelik bir yatırım olmuş oluyor.

Even if the youth activists do not believe that they create change today, they consider their efforts as an investment. According to the activists, the accumulation of all efforts will create change in the long run.

4.3.2.5 Providing a safe and enabling environment for young people to engage in peer-to-peer communication about sexual and reproductive health issues

Lastly, the space that youth activism creates, empowers young people by providing them with a safe and enabling environment where they can talk about SRH issues. Young people feel more comfortable communicating with their peers, especially about SRH topics that can hardly be discussed in public. One of the informants explained,

> For instance, I might not talk the same with my mother and father, but I can talk with a friend. At least I can make my friend understand me more. So, this is meaningful.[19] (Organisation 3, Informant 2)

Another informant mentioned their experience of peer informative sessions:

> I think those informative sessions are effective because when a professor explains those topics, we have many classes about those topics in our university, students might not ask the questions they have in their minds to the professor directly. However, when a peer is explaining, you can openly ask whatever question you have. (Organisation 3, Informant 2) (See Appendix E, 24)

In addition to the easiness of exchanging knowledge and information between peers, engaging in youth activism empowers the participants and provides them with credibility. Being a part of a community makes other people listen to young people, as an informant suggested,

> Because it becomes a power. People take you seriously because it is an organisation. When you explain by yourself, people do not listen, but when

[19] Ben mesela aynı şeyi anneme babama anlatamayabilirim ama bir arkadaşıma anlatırım, en azından beni biraz daha anlamasını sağlayabilirim, bu açıdan da anlamlı bence.

> you are representing an organisation and conduct training, they listen.[20] (Organisation 1, Informant 3)

Being a part of a youth-led organisation can help young people to discuss SRH issues, that may be discussed in the public freely, with their peers and exchange knowledge. Additionally, young people may feel safer in an organisation by the feeling of not being alone with the support of their peers.

4.4 Conclusion

This thesis examined the problems that young SRHR activists identify in the Turkish sexual and reproductive health policies and services, the challenges they face in advocating for SRHR rights of the youth and enabling factors for their activism in a challenging political context.

First, the analysis showed that youth activists identify 6 major problems in sexual and reproductive health policy and services in Turkey. The first problematic area is accessing reliable information about SRH. The absence of CSE in formal education and medical education, and the spread of inaccurate information through the internet prevent people from accessing information quickly and safely. As a result of this, activists reported that young people do not know the scope of the available services, their rights and necessary information about their bodies. Activists suggested that the combined impact of these is visible in the limited demand of young people for further services or policies. The second problem youth advocates identified is in access to SRH services and related products. They see that access is restricted by discrimination based on age, gender, marital status, sexual orientation,

[20] Çünkü bir güç olmuş oluyor, topluluk olduğu için insanlar bunu daha çok ciddiye alıyor. Sen tek kişi anlattığın zaman seni dinlemiyorlar ama bir kuruluş olarak oraya geldiğinde, bir eğitim verdiğinde dinliyorlar.

gender identity and citizenship status. In addition to discrimination, they voice concerns about patient confidentiality. Besides the discrimination-related problems in accessing existing SRH services, youth activists underline the unavailability of some essential services and products such as abortion or menstrual hygiene products. Having identified these problems in the Turkish SRH policies and services, the analysis also sheds light on the demands of youth activists. These demands include universal access to SRH services for all regardless of citizenship status. One of the most pronounced demands that youth activists voice was the inclusion of CSE into the national curriculum. They argued that a comprehensive sexuality education targeting all layers of the population will change the attitude of the people.

Second, concerning the challenges youth activists face when advocating for improving the above-mentioned issues in SRH services and policies, this thesis identifies internal and external factors influencing youth activism. External factors are politically challenging atmosphere and patronising adults. A politically challenging atmosphere creates the fear of the possibility of organisation bans, arrests of the youth activists, and not being protected in case of an attack coming from a violent opposition group. The fear leads youth activists and organisations to find side-tracks, soften their political statements and auto censorship to keep their activities going. In this context, the youth activists find alignments and collaborations with adults and adult organisations vital. Nevertheless, collaboration with adult organisations might become challenging because of the patronising approach and tokenism. Lastly, the internal factor that negatively affects youth activism is the rapid circulation of their human resources that restricts their organisational sustainability.

Third, the analysis here demonstrates that there are two major enabling factors for youth activism in SRHR. Surprisingly, adults were considered as one of the enabling factors while they were also mentioned as a challenge. This shows that collaboration with adults can go both ways. When adults and their organisations adopt a supportive attitude toward youth activists, it makes youth activists feel protected and supported in the challenging political atmosphere. In some cases, adult professionals created connections between the youth organisations and the decision-makers as well as public authorities. Additionally, the accumulated knowledge of adult organisations has been fruitful for the youth organisations' improvement.

The other enabling factor was the youth activists' perception of the positive impact of their activism. They believed that their efforts make sexual and reproductive health topics a part of broader public discussion and mainstream these topics within the civil society. Moreover, the space youth activism provides for young people enabled discussion and communication among peers and liberated them from talking about not publicly spoken topics. Voicing young people's demands and increasing young people's knowledge about SRHR are other contributions they think they make as right-based advocates. Although they reported that they could not see the positive impact of their activism at the policy level in the short run, they believed that their efforts would create positive social change in the long run.

CHAPTER 5

CONCLUSION

Comparatively, Turkey has a strong health care infrastructure including a legacy of family planning services. While the country's healthcare system has achieved universal health coverage albeit with limitations in serving the rural population, a reverse trend was observed in sexual and reproductive health care service provision. These restrictions have become more pronounced especially after the emergence of a backlash against SRH services and rights in recent years. Despite the backlash, Turkey still has a vibrant civil society, academics and public organisations with strong know-how and service-provision experience in SRH.

Even though youth activism around SRHR has an almost 20-year history in Turkey, there is a clear lack of research on youth activism. It is in this context that this thesis offers an analysis of youth activism around SRHR in Turkey by focusing on the activists' perceptions of the current SRH policies and services, the ideals they have in improving these policies and services and the challenges they face in advocating for SRHR.

One of the main benefits of this study is; therefore, it introduces an understudied social actor, youth activists, into the literature on SRHR politics and services using Turkey as a case-in-point. Youth activism in SRHR has also existed for more than two decades and continue to be an important player in SRHR advocacy in Turkey. Youth activists as a social actor who is not visible as much as health professionals or politicians have a very progressive understanding about SRHR. They are not only engaged in advocacy but also in health promotion in the form of service provision and the creation of safe spaces for other young people. They

undertake peer training around SRHR issues which enable young people to discuss the issues that are not appreciated to be discussed publicly.

Turkey offers a case-in-point to explore the ongoing complexity of politics around SRHR in countries where significant backlashes to the SRHR framework have been observed especially after the 2010s. The thesis demonstrates that the youth activism around SRHR sustains despite the political challenges and insecurities. More importantly, the findings of this study demonstrate that young SRHR activists perceive and interpret the weaknesses of SRH services and the current backlash to SRHR in Turkey in political terms rather than in cultural terms. This understanding that is observed among youth activists falsifies the monistic and culturalist representations of the Turkish society in politics that is used to justify backlashes to SRHR and sometimes in the literature to explain such backlashes.

Another contribution of this thesis is that youth SRHR activists offer a rich source of information about the strengths and weaknesses of SRH policies and services in a specific country context. This is in contrast to the mere focus that the existing literature has on public health specialists, medical doctors and other health practitioners in exploring these. While the professional knowledge and expertise of these groups make their accounts more authoritative, focusing on young activist perspectives renders other advantages. One of such advantages is that youth activists bring forward not only their aspirations but also issues that have become key demands of a wide range of social movements that might otherwise go unnoticed in professional accounts. This is evident in the findings of this study as young activists put special emphasis on politically loaded issues such as the intersection of LGBT rights and SRHR and abortion. Connected to this point, youth activists think that they mainstream SRHR related issues among other civil society organizations.

Hence, the influence of youth activism in Turkey goes beyond the small-scale activities that these activists undertake as part of their organizations.

The thesis also provides insights into the ongoing discussions in the literature on how to involve young people in SRHR services and decision-making processes. This focus on youth involvement in the literature resonates with that of the global policy trends. Although ICPD emphasizes the importance of youth inclusion, it does not suggest a clear prescription of how to achieve youth inclusion. While there are methods of achieving meaningful youth participation, the indicator for youth inclusion could not go beyond the number of young attendees in particular meetings. Having relied on in-depth interviews with youth activists, this study shows that the youth activists do not feel meaningfully included and sometimes complained about the tokenistic attitude of the adults towards young people. In their eyes, adults often portray youth as a group that should be reached out and activated, but sometimes fail to listen to those who are already involved in SRHR activism. This shows the importance of focus on continuous youth engagement rather than aiming at reaching out to the youth. The efforts of reaching young people can only be meaningful if these reached and empowered young people are approached as possible sources of knowledge and meaningful stakeholders whose voices should be heard in the service provision and decision-making processes.

The thesis also demonstrates that adults are not only seen as an obstacle to youth participation in SRH provision and decision-making. The informants' emphasis on the supportive adults and adult organizations is vital to understand how valuable adult support gets for youth-led organizations and youth activists especially where the political atmosphere can be very challenging for sexual and reproductive rights activism. Considering young people and adult organizations as stakeholders,

the communication and support are two-sided. In social movements, various agendas might co-exist, but achieving common goals often requires a healthy dialogue between the holders of these agendas. The support of adult organizations is essential and natural to sustain the youth social movement around SRHR. Two interrelated conclusions might be reached from this insight. First, adult activists and professionals in the field of SRHR should support youth organizations further because the benefit it creates is useful for the whole social movement including youth and adults. Second, the youth people who are already involved in the SRHR field should be in contact with adult activists and professionals, inform them about their agendas and get involved in decision-making and service provision.

As a small-scale exploratory qualitative study, this study has certain limitations. The first limitation is that all informants are well-educated and living in an urban environment. Thus, the informants are not representative of the young people in Turkey. Even though it is a limitation, these demographic characteristics of the informants were expected as having these qualities increase one's likelihood of taking part in civil society organisations. In addition, because sexual and reproductive health issues are considered taboos, the youth should have the means such as a private room, internet connection, time and ability to get permission for socialization, digital devices, etc to get engaged in SRHR activism. Most of the informants are medical students and they are exposed to medical information about SRH in the education they are enrolled in. Other informants are well-educated mostly in social science departments of well-known universities and have access to the information they wish to access.

The second limitation is the absence of the voices of refugee youth in this study. The refugee youth population's needs and demands are vital and should be

taken into consideration to have a wider picture. Many NGOs and institutions work for the improvement of the SRH situation of refugees. Youth specific focus on refugees' SRHR situation and the role of refugee youth in the SRHR movement is a topic that is not studied yet. This thesis only looks for the youth activism lead by young people with Turkish citizenship. In the interviews, informants mentioned the discrimination against refugees in healthcare services, but their activism was not targeting specifically refugee youth. Comprehensive research on refugee youth would be a valuable contribution.

Despite the constraints, the thesis provides insights into youth activism around SRHR. Introducing youth activism around SRHR in Turkey is useful to understand social movements around SRHR and the importance of the youth movement. This is also a starting point to appreciate 20 years of accumulated effort and experience.

APPENDIX A

BOĞAZIÇI UNIVERSITY HUMAN RESEARCH INSTITUTIONAL

EVALUATION COMMITTEE APPROVAL

Evrak Tarih ve Sayısı: 09/11/2020-209

T.C.
BOĞAZİÇİ ÜNİVERSİTESİ
SOSYAL VE BEŞERİ BİLİMLER YÜKSEK LİSANS VE DOKTORA TEZLERİ ETİK İNCELEME KOMİSYONU
TOPLANTI TUTANAĞI

Toplantı Sayısı	:	8
Toplantı Tarihi	:	30/10/2020
Toplantı Saati	:	13:00
Toplantı Yeri	:	Zoom Sanal Toplantı
Bulunanlar	:	Prof. Dr. Ebru Kaya, Dr. Öğr. Üyesi Yasemin Sohtorik İlkmen, Prof. Dr. Özlem Hesapçı Karaca, Prof. Dr. Fatma Nevra Seggie
Bulunmayanlar	:	

Dağlar Çilingir
Sosyal Politika

Sayın Araştırmacı,

"Genç Aktivistlerin Türkiye'de Cinsel Sağlık ve Üreme Sağlığı Politika ve Hizmetlerine Bakış Açıları: Sorunlar, Engeller, İdealler" başlıklı projeniz ile ilgili olarak yaptığınız SBB-EAK 2020/38 sayılı başvuru komisyonumuz tarafından 30 Ekim 2020 tarihli toplantıda incelenmiş ve uygun bulunmuştur.

Bu karar tüm üyelerin toplantıya çevrimiçi olarak katılımı ve oybirliği ile alınmıştır. COVID-19 önlemleri kapsamında kurul üyelerinden ıslak imza alınamadığı için bu onam mektubu üye ve raportör olarak Fatma Nevra Seggie tarafından bütün üyeler adına e-imzalanmıştır.

Saygılarımızla, bilgilerinizi rica ederiz.

Prof. Dr. Fatma Nevra SEGGIE
ÜYE

e-imzalıdır
Prof. Dr.Fatma Nevra SEGGIE
Raportör

SOBETİK 8 30/10/2020

APPENDIX B

INFORMANT INFORMATION AND CONSENT FORM

KATILIMCI BİLGİ ve ONAM FORMU

Araştırmayı destekleyen kurum: Boğaziçi Üniversitesi

Araştırmanın adı: Genç Aktivistlerin Türkiye'de Cinsel Sağlık ve Üreme Sağlığı Politika ve Hizmetlerine Bakış Açıları: Sorunlar, Engeller, İdealler

Proje Yürütücüsü: Doç. Dr. Öğretim Üyesi Volkan Yılmaz

E-mail adresi: vyilmaz@boun.edu.tr

Telefonu: +90 212 359 75 63

Araştırmacının adı: Dağlar Çilingir

E-mail adresi: daglarcilingir11@gmail.com

Telefonu: +90 536 440 40 76

Sayın katılımcı,

Boğaziçi Üniversitesi Sosyal Politika Anabilim Dalı öğretim üyesi Doç. Dr. Öğretim Üyesi Volkan Yılmaz ve Sosyal Politika Yüksek Lisans öğrencisi Dağlar Çilingir tarafından "Genç Aktivistlerin Türkiye'de Cinsel Sağlık ve Üreme Sağlığı Politika ve Hizmetlerine Bakış Açıları: Sorunlar, Engeller, İdealler" adı altında bilimsel bir araştırma projesi yürütülmektedir.

Araştırma kapsamında Türkiye'de değişen cinsel sağlık ve üreme sağlığı politikaları ve siyasi dilin, cinsel haklar ve üreme hakları alanında çalışan gençlik kuruluşları üzerindeki etkisi ve cinsel haklar ve üreme hakları alanında savunuculuk yapan gençlik kuruluşlarındaki gençlerin Türkiye'de görmek istedikleri cinsel sağlık üreme sağlığı politikaları anlaşılmaya çalışılacaktır. Araştırmada politikalarda gerçekleşen değişikliklerden cinsel haklar ve üreme hakları alanında faaliyet gösteren gençlik kurumlarının, çalışma düzenlerinin ve politik söylem üretme süreçlerinin ne derece etkilendiği, genç aktivistlerin Türkiye'deki cinsel sağlık üreme sağlığı politikalarına dair fikirleri ve kendi yaptıkları aktivizmi Türkiye siyasetinin neresine konumlandırdıkları konuları araştırılacaktır. Bu amaçla Türkiye'de cinsel sağlık üreme sağlığı ve hakları alanında faaliyet gösteren 3 aktif gençlik kuruluşundan siz de dahil olmak üzere toplam 24 genç aktivist ile derinlemesine mülakat yapılacaktır.

Bu çalışma, cinsel sağlık üreme sağlığı ve hakları alanında aktivizm yürüten bir genç olarak sizin yürüttüğünüz savunuculuk ve hizmet sunumu faaliyetlerinin bu alana etkisini, cinsel sağlık üreme sağlığı politikalarına ilişkin değerlendirmelerinizi ve bu alana ilişkin politik taleplerinizi anlamak amacıyla yapılmaktadır. Görüşme yaklaşık kırk beş dakika sürecektir. Sorular katılımcılara yönelik psikolojik ya da hukuki herhangi bir risk oluşturmamasına özen gösterilecek biçimde hazırlanmıştır. Mülakat esnasında da herhangi bir rahatsızlık yaşamamanız için azami özeni göstereceğim. Bu araştırmaya katılmak tamamen isteğe bağlıdır ve çalışmaya katılımınız karşılığında herhangi bir ücret veya ödül verilmeyecektir. Bu çalışmaya katılmaya onay verdiğiniz takdirde çalışmanın herhangi bir aşamasında herhangi bir sebep göstermeden çalışmadan çekilme hakkına sahipsiniz. İstemediğiniz soruları cevaplamak zorunda değilsiniz.

Aktardığınız deneyimlerin ve görüşlerin doğru yansıtılması için ses kaydına ihtiyaç duyulmaktadır. Ses kayıtları yazıya aktarılırken gizliliğin korunması açısından isimler ve kişisel bilgiler değiştirilecek ve anonim hale getirilerek kodlanacaktır. Ses kayıt dosyaları ve ses kayıtlarının yazıya dökülmüş halleri çalışma tamamlandıktan sonra imha edilecektir.

Bu formu imzalamadan önce, çalışmayla ilgili sorularınız varsa lütfen sorunuz. Daha sonra araştırma projesi hakkında ek bilgi almak istediğiniz takdirde sorunuz olursa, proje araştırmacısı Dağlar Çilingir (e-mail: daglarcilingir11@gmail.com; telefon: +90 536 440 40 76) ve/veya proje yürütücüsü Volkan Yılmaz (e-mail: vyilmaz@boun.edu.tr; telefon: +90 212 359 75 63) ile temasa geçiniz. İlgili proje hakkında sorularınız ve şikayetleriniz için Boğaziçi Üniversitesi Sosyal ve Beşerî Bilimler Yüksek Lisans ve Doktora Tezleri Etik İnceleme Komisyonu ile iletişime geçiniz.

_____

Bana anlatılanları ve yukarıda yazılanları anladım. Bu formun bir örneğini aldım / almak istemiyorum (bu durumda araştırmacı bu kopyayı saklar).

Katılımcının Adı-Soyadı:.....

İmzası:.....

Tarih (gün/ay/yıl):...../...../.....

Araştırmacının Adı-Soyadı:.....

İmzası:.....

Tarih (gün/ay/yıl):...../...../.....

APPENDIX C

SEMI-STRUCTURED INTERVIEW QUESTIONS (TURKISH)

1. Kısaca kendinizden bahseder misiniz?
2. Yaşınızı öğrenebilir miyim?
3. Öğrenci misiniz, çalışıyor musunuz? Hangi bölümde okuyorsunuz? Hangi bölüm mezunusunuz?
4. Cinsel haklar ve üreme hakları ile ilgili yaklaşık ne zamandır çalışma yürütüyorsunuz?
5. Bu alanda şimdiye kadar ne tür faaliyetler yürüttünüz ya da ne tür faaliyetlerin içinde yer aldınız?
6. Cinsel haklar ve üreme hakları dendiğinde aklınıza neler geliyor? Bu hakların kapsamı sizce nedir?
7. Türkiye'de cinsel haklar ve üreme hakları konusundaki mevcut durumu gençler açısından nasıl değerlendiriyorsunuz? Alanda bulunduğunuz süre içinde Türkiye'de gençlerin cinsel haklar ve üreme hakları alanında bir değişim olduğunu düşünüyor musunuz? Olduysa bu değişimi nasıl tarif edersiniz?
8. Cinsel haklar ve üreme hakları alanında aktivizm yapmaya nasıl başladınız?
9. Bu alanda aktivizm yapma motivasyonunuzun kaynağı nedir? Bu alanda çalışmanın size nasıl bir katkısı var?
10. Cinsel sağlık ve üreme sağlığı alanında neden özellikle gençler ile ilgili çalışmalar yürütüyorsunuz? Gençler derken hangi yaş grubunu baz alıyorsunuz?
11. Bu faaliyetleri yürütürken güçlüklerle karşılaştınız mı? Karşılaştıysanız bu güçlükler nelerdi? Bu güçlükleri aşabildiniz mi? Aşabildiyseniz, nasıl aştınız?

12. Cinsel haklar ve üreme hakları konusunda hizmet ve/veya danışmanlık sunmanız, aktivizm yapmanız politik olarak tedirginlik yaşamanıza yol açıyor mu?
13. Bugüne kadar yürüttüğünüz çalışmalarda yetişkinlerle ne kadar ilişki içindeydiniz? Kurumunuzdaki içerikleri hazırlarken, hizmet ve danışmanlıkları sunarken veya savunuculuk faaliyetleri yürütürken destek aldığınız başka kurum ya da uzmanlar var mı?
14. Sizce Türkiye'de cinsel haklar ve üreme hakları alanında gençlik odaklı ve gençler tarafından yürütülen sivil toplum kuruluşlarının nasıl bir rolü var?
15. Bu alanda yaptığınız çalışmaların toplumsal bir değişim yarattığını düşünüyor musunuz? Evetse nasıl bir değişim yaratıyor, hayırsa sizce neden değişim yaratamamasının sebepleri nelerdir?
16. Bugüne kadar yürüttüğünüz çalışmalarda edindiğiniz deneyimler ışığında sizce Türkiye'de gençlerin cinsel haklar ve üreme hakları konusunda nasıl bir politika izlenmeli? İdeal bir politika reçetesi çıkaracak olsaydınız nelerin kesinlikle dâhil edilmesi gerekirdi?
17. Sizce genç aktivistlerin ve gençlerin yürüttüğü cinsel sağlık ve üreme sağlığı kuruluşlarının bu ideale ulaşmada nasıl bir rolü var?
18. İdeal bir durumda genç aktivistlerin ve gençlerin yürüttüğü cinsel sağlık ve üreme sağlığı kuruluşlarının nasıl bir rolü olurdu?
19. Daha önce hiçbir karar alıcıyla tanışıp bu fikirlerinizi ilettiniz mi? (örn. Belediye, bakanlık, milletvekili, BM, GIZ, AB gibi donör kuruluşlar…) Evetse deneyiminizi paylaşabilir misiniz?
20. Sizce yetişkinler bu alanda yeterince sorumluluk alıyor mu? Evetse örnek verebilir misiniz? Hayırsa yetişkinler neyi daha iyi yapabilir?

APPENDIX D

SEMI-STRUCTURED INTERVIEW QUESTIONS (ENGLISH)

1. Could you introduce yourself shortly?
2. How old are you?
3. Are you currently a student or working? What is your major?
4. How long have you been advocating in the field of sexual and reproductive health and rights?
5. What kind of activities have you conducted or got involved?
6. How would you define sexual and reproductive rights? What is the scope of those?
7. How do you see the current situation of young people regarding sexual and reproductive rights in Turkey? Have you observed any significant change in sexual and reproductive rights while you have been involved in sexual and reproductive rights field? If so, how would you define this change?
8. How did you start advocating in the field of sexual and reproductive rights?
9. What is the source of your motivation to keep advocating in this field? How do you think you get benefit by advocating, if you think?
10. Why are you targeting young people in SRHR field? How do you define young people?
11. Have you ever faced any challenges while you are conducting your activities? If so, could you overcome these challenges? If you could, how?
12. Have you ever feel politically insecure due to your activities about sexual and reproductive rights?

13. How is your relationship with adults and adult organizations? Do you get any support from other organizations or experts in service provision, consultancies, advocacy activities or content preparation?
14. How do you see the role of youth-led and youth-targeted organizations in sexual and reproductive rights in Turkey?
15. Do you think the activities you are conducting create social change? If yes, how? If no, why not?
16. Based on the experience you have in the field; how would you define an ideal policy for young people's sexual and reproductive health and rights in Turkey? If there would an ideal policy prescription, what are the things that should be definitely involved?
17. How do you think youth-led SRHR organizations contribute to this ideal?
18. Assume that the ideal scenario is achieved, what would the youth organizations that work for SRHR do?
19. Have you ever met with a decision-maker and expressed your opinions (i.e. Municipality, Ministry, MPs, donor organizations such as UN, GIZ, EU…)? If yes, could you share your experience?
20. Do you think adults act responsible enough to achieve sexual and reproductive health and rights of young people? If yes, could you exemplify? If no, how can they do better?

APPENDIX E

LONG QUOTATIONS OF THE INFORMANTS (TURKISH)

1. Çoğumuz ailemizden bu bilgilere erişemiyoruz, aldığımız eğitimlere baktığımızda ne ilkokulda ne ortaokulda ne lisede doğru düzgün bu bilgilere erişemiyoruz. Liseden hatırladığım bir sağlık dersinde sağlık bilgisi kitabında HIV'in öldüren bir şey olduğu falan yazıyordu, başka hiçbir bilgi yoktu.

2. Çünkü en önemlisi çocuk yaşta bu işin çok daha aktif dönemine girmeden. Cinsel olarak aktifleşmeden. Eğitim verilmesi ve sorulduğunda tepki alınmaması karşı taraftan, sen daha çok küçüksün niye bunları konuşuyorsun gibi değil bu konuda açık bir şekilde yönlendirilmeli gerektiğini düşünüyorum.

3. Kapsamlı yapılandırılmış cinsellik eğitimi belli bir şekilde ilk, orta, lise eğitimlerine entegre edildiğinde aslında toplumsal cinsiyet, cinsel yönelim, cinsiyet kimliği, cinsel yolla bulaşan enfeksiyonlar, korunma yöntemleri, doğum kontrol yöntemleri veya ayrımcılığın neden olmaması gerektiği, insanların enfeksiyonla yaşayıp nasıl korunacakları, nasıl yaşamaları gerektiği gibi şeyleri aslında en temelde kapsamlı yapılandırılmış cinsel sağlık, cinsellik eğitimiyle verebileceğimizi düşünüyoruz.

4. Ben bu söylediğimi üniversitede seçmeli bir ders alarak öğrendim, bunu en azından zorunlu bir ders olarak almak isterdim, bir tıp öğrencisi olarak. Bu anlamda eğitimsizlik çok fazla ve doktorlarımız her ne kadar biz doktor desek de toplumun bir üst kademesi diye düşünsek de onlar da yaşıtları gibi belli ayrımcılıklara sahip olabiliyorlar. Doktorların da bu anlamda bilinçli olması gerektiğini düşünüyorum.

5. Geçmişte daha rahat ulaşılabilen gençlik merkezleri ve genç dostu sağlık hizmetine erişim şu an mümkün değil. Gittiğimiz hastanelerde gençlere yönelik hizmet almak çok zor, iletişim anlamında çok zorluk yaşıyorlar. Genç dostu ve ayrımcılıktan uzak jinekolog listeleri oluyor şehir şehir yapılıyor çünkü çok az, listesi yapılacak kadar az.

6. Çünkü bekar bir kadın olarak jinekolojik hizmet alamıyorsam 3-4 hastane değiştirmek zorunda kalıyorsam, gittiğim hastanede hemşire seni vajinal ultrasona alamam çünkü sen evli değilsin deyip beni o hastaneden gönderiyorsa ya da kürtaja erişmek istediğimde o aşağılayıcı bakışlarla karşı karşıya kalıyorsam zaten bir yerde yine tüm haklarım ihlal edilmiş oluyor, bir tanesi iki tanesi değil yani.

7. Devlet politikalarında en çok sıkıntı yaratan konu bu bence öncelikli olarak. Çünkü her zaman o grup o sorumlu tutuluyor, bence zaten gruplandırmak da doğru değil. Çünkü hepimiz bir bireyin toplumun içinde aslında. Bu hakları korumaya çalışıyoruz aslında biz bu şekilde aktivist bireyler olarak. Aslında bizden çok bu hakların bu grubu koruması gerekiyor.

8. Türkiye'de 10 haftaya kadar kürtaj yasal ama devlet hastanelerinde çocuk engelli değilse hiçbir şekilde kürtaj yapmıyorlar, yani çocuğun ciddi bir problemi olması lazım zihinsel ya da bedensel, onun dışında özel hastanelerde bunu yapabiliyorsunuz. Ama bir öğrencinin ya da bir gencin, gerçekten buna ihtiyacı olan birinin o parayı karşılama ihtimali çok düşük.

9. Bence kondoma erişim sosyal olarak kolay ama maddi olarak biraz zor. … genel olarak fiyatı fazla, bir sağlık ürününe göre. En azından sigorta kapsamında olmalı diye düşünüyorum, belli yaştaki insanlara. Ama markette bile satıldığını düşünürsek bence erişim o kadar zor değil kondoma.

10. …mesela geçen sene bir yerel birliğim kapatıldı ve sonra tekrar açıldı. Bunun nedeni de mesela bizim cinsel yönelim ve cinsiyet kimliği çalıştayımızın okul gruplarında duyurusunun yapılması ve rektörlük direkt diyor ki böyle şeyler yapamazsınız. Merkezlerde bile yaşanmakla beraber küçük şehirlerde, doğuda AVM izinlerinin sıkıntıya girmesinden tutun, AVM'de HIV/AIDS anlatamazsınız diyor, AVM yönetimi izin vermiyor, rektörümüzden onay çıkmıyor.

11. Özellikle İstanbul Sözleşmesi konusunda, paylaşımları gördükçe ben mimlenmesem bile acaba bu paylaşımı yapan kişi mimlenir mi düşüncesine girmişliğim oldu, den doğrudan etkilenmesem bile. Çünkü biliyorum ki ben bir savunucuyum ve bu paylaşımı yapan kişi de bir savunucu olabilir, bana bir şey olmasa bile ona bir şey olması beni üzer. Çünkü kendi hakkını savunduğu için bu mimlenmeye maruz bırakılacak ve bu beni üzen bir durum.

12. Geçen seneki bir etkinliğimizde üniversitemiz şikayet edilmişti ve bu konuda biraz sorumluymuş gibi hissetmiştik. Sonuçta bazı insanlar bunlara tamamen karşı çünkü konuşulmaması gerektiğini düşünüyorlar ya da aslında yok öyle şeyler falan, bunlar Amerika'nın oyunları, dış kuvvetler bizi yönlendiriyor, siz yanlış bilgi veriyorsunuz gibi şeyler olabiliyor bazen. Bu tarz şikayetlerle kendimi baskılanmış hissettim.

13. Oluyor, kürtaj konusunda mesela. Kurum olarak da bireysel olarak da bunun bir hak olduğunu, erişilmesi gerektiğini düşünüyoruz ama dile getirirken daha yumuşak yolları seçtik ki bu hakkı talep ederken hükümetin ya da karşı olan grupların dikkatini çekmeyelim, linç yemeyelim.

14. Bir bildiri yazarken gerçekten tükenme noktasına geldiğimi hatırlıyorum. Hem bana uygulanan sansür hem benim kendime uyguladığım oto sansür beni çok yıpratmıştı orada çünkü hepimizin içinde bir noktada "bunu yazdım ama tutuklanmasam bari" tadında, otoriter rejimle yaşamanın sıkıntılarından sadece bir tanesi diyebilirim.

15. Okulları onlardan etkinliğin ne olduğunu ve konuşmacıların kimler olduğunu duymak istiyor sadece. Etkinlik çok geniş çaplı olduğu için altındaki alt başlıklardan bahsetmiyorlar. Bu alt başlıkların içinde cinsel haklarla ilgili birkaç tane oturum da var. Gelen konuşmacılar da bu konularda yetkin ama

spesifik olarak da sadece bu konunun aktivisti olmayan insanlar. O yüzden o tip bir alt yol izleyerek, böyle oturumlara da kendi üniversitelerinde ev sahipliği yaptılar.

16. Çoğu zaman patronluk üstünden. İstediğinizi yapın değil de bunu yapalım tarzı bir yaklaşım sahibi olabiliyorlar. Sadece yaş ayrımcılığı değil deneyim olarak da fark olduğu için kişiler, genç yaklaşımını anlamakta zorluk çekebiliyorlar. Gençlik yaklaşımının talebini anlamayabiliyorlar. … Sizin fikriniz ya da yapmak istediğiniz konuşmada eklemek istediğiniz cümleleriniz çıkartılabiliyor.

17. Ama şey konusunda sıkıntı çektiğimizi düşünüyorum, gönüllülüğe başlayıp da uzun süre devam ettirmek konusunda, insanlar bir iki etkinliğe geliyor ama devamı gelmiyor. İleri düzey bilgide bir gönüllü bulmaya çalıştığımızda, sayıda biraz daha sıkıntı yaşıyoruz gibi geliyor bana. Bu noktada aşamadığımız bazı engeller var bence.

18. İlk önce karşılaştığım tepki, sen kimsin, sen bize eğitim veremezsin çünkü sen daha çocuksun, daha çok gençsin gibi bir algı vardı, benim genel olarak karşılaştığım buydu. Ama bu nasıl kırıldı, tabi ki bireysel olarak çok fazla çabamın da etkisi vardı ancak yanında çalıştığım hoca vardı, zaten alanda çok bilinen, orada daha önce çalışmış, birçok insan tarafından tanınan ve onun beni insanlarla bir profesyonel meslek elemanı, genç işinde çok iyi, bu algıyı tamamen yıkacak konuşmaları yapmasıyla oldu. Genç olarak ben çabaladım da oldu değil. Saygı gören başka bir insanın çabasıyla oldu.

19. Ama bu iş birliği olmadığı takdirde de yetişkinlerin olduğu alanlara giremiyoruz. Yani belediyelerin toplantılarına giremiyoruz, Sağlık Bakanlığı'nın düzenlediği toplantılara giremiyoruz, fon veren kurumlara yaptığımız işleri doğru düzgün gösteremiyoruz, bu alanları da bu iş birliğiyle açıyoruz.

20. Görünür olmak bile yaratıyor, bir şekilde duyuluyor olması. Bir penis görseli paylaştığımızda bile onun paylaşılabilir olması, bir organ olduğuna dair cevap verilebilir olması bile toplumsal bir değişime neden olabilir. Paylaşamadığımız zamanlar da olmuştu çünkü bunun bile bir toplumsal değişime etken olduğunu düşünüyorum.

21. Burada şöyle bir ayrıma gideceğim, bir kısımda cinsel haklar ve üreme haklarına sıcak bakan, olumlu bakan, destekleyen, savunan ya da cinsel hakların ve üreme haklarının öneminin farkında olan insanlar, bir de bunun tam tersi tamamen olumsuz bakanlar ya da nefret besleyenler falan. Destekleyenler kısmında gördüğüm, o grup kendi içerisinde kendini çok geliştirdi, alanlar arası çok geliştirdi. Mesela HIV ile yaşayan insanlarla çalışan gruplar seks işçiliği konusunda bilgilendi, gençlik alanında çalışanlar LGBTİ+ konusunda çok güçlendi, kenarından köşesinde hukukla ilgili aktivizm yapan bir grup belki HİV ile yaşayanlar konuşunda bilgilendi. Yani bu grup kendini kendi içerisinde daha çok güçlendirdi diye düşünüyorum. Bunun sebebi de belki bu gruplar yine kendi arasında etkinlikler yapıyor, kendi arasında savunuyor, dayanışıyor vs.

22. Bir yandan talepleri politize etmek için yani bir yandan da duyurabilmek için, talep etmek için, karar mekanizmalarına iletebilecek araçlar bulabilmek belki o yolları açabilmek için önemli bir rolümüz var. Bir yandan belli başlı hep konuşulan gündemler varken o gündemin dışında kalan gençlik gruplarını gündemleştirebilmek gibi bir rolümüz var. Bir yandan devletin tamamlamadığımı ve yapmadığı eğitime ve bilgiye erişime eksikliği kapatmaya çalışıyoruz, böyle bir rolümüz var.

23. 'Cinsel sağlık ve üreme sağlığı alanında böyle kitlesel bir değişim 5 yılda göremeyiz ama şu anda çalışan alandaki aktivistlerin emeğinin karşılığının 10 yıllık bir vadede çok büyük bir değişim göstereceğini düşünüyorum. 10 yıl demeyeyim de en azından orta-uzun vadede bir değişim göstereceğini düşünüyorum, alan adına…STK sayısı giderek artıyor, gönüllü sayısı giderek artıyor, proje sayısı giderek artıyor onun için bir değişim muhakkak ki gerçekleşecek. Bu konudaki inancım tam.

24. Bunların efektif geçtiğini düşünüyorum çünkü bunu bir hoca gidip sınıfta anlattığında, bizim okulda bu dersler çok fazla veriliyor, öğrenciler hocalara kafalarındaki şeyi direkt soramayabiliyorlar. Ama karşındaki bir akran olunca gerçekten tamamen şeffaf bir şekilde sorabiliyor merak ettiği her şeyi.

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