

## SUMMARY OF FINDINGS

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The 2003 Turkey Demographic and Health Survey (TDHS-2003) is a nationally representative sample survey designed to provide information on levels and trends on fertility, infant and child mortality, family planning and maternal and child health. Survey results are presented at the national level, by urban and rural residence, and for each of the five regions in the country. The TDHS-2003 sample also allows analyses for some of the survey topics for the 12 geographical regions (NUTS1) which were adopted at the second half of 2002 within the context of Turkey's move to join the European Union.

Funding for the TDHS-2003 was provided initially by the Government of Turkey, as a project in the annual investment program of the State Planning Organization, and further funding was obtained from the European Union through the Turkey Reproductive Health Program implemented by the Ministry of Health.

Hacettepe University Institute of Population Studies (HUIPS) carried out the TDHS-2003 in collaboration with the General Directorate of Mother and Child Health and Family Planning, Ministry of Health. TDHS-2003 is the most recent in the series of demographic surveys carried out in Turkey by HUIPS and it is the third survey conducted as part of the worldwide Demographic and Health Surveys program.

The survey was fielded between December 2003 and May 2004. Interviews were completed with 10,836 households and with 8,075 ever-married women at reproductive ages (15-49). Ever-married women at ages 15-49 who were present in the household on

the night before the interview or who usually live in that household were eligible for the survey.

### **CHARACTERISTICS OF HOUSEHOLD POPULATION**

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Turkey has a young population structure; 29 percent of the population is under age 15. The population age 65 and over accounts for 7 percent of the total population in Turkey. The mean household size in Turkey is 4 persons, varying from an average of 3.9 persons in the urban areas to 4.5 persons in rural areas.

The majority of the population in Turkey has attended school. Among the population with schooling, about one-third of both males and females have completed at least second level primary school. The proportion of population with at least high school education is 23 percent for males and 14 percent for females. However, the indicators for successive cohorts show a substantial increase over time in the educational attainment of both men and women.

### **CHARACTERISTICS OF RESPONDENTS**

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A third of women interviewed in the TDHS-2003 were less than 30 years of age; ninety-five percent were married at the time of interview. A significant proportion of women (17 percent) had completed at least high school. Survey results show considerable improvement in the educational levels of women in reproductive ages. While 42 percent of women had been in employment during the 12 month period

preceding the survey, women's earnings meet almost none or less than half of the expenditures of households for 6 in 10 cases. Independent decision making with regard to the use of earnings show variation according to age, place of residence and level of education of women.

## **FERTILITY BEHAVIOR**

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### **Levels and Trends**

The findings of the TDHS-2003 indicate that if a woman was to maintain the current fertility rates throughout her reproductive years, she would be expected to have 2.2 children on the average by the end of her reproductive years. Women in Turkey experience their prime reproductive years during their twenties with age-specific fertility peaking in the 20-29 age group. Fertility has fallen sharply in Turkey over the past several decades.

### **Socioeconomic and Demographic Differentials**

The urban-rural gap in fertility levels appears to be closing. However, some regional differences remain. Except for South and East Anatolia, fertility is below replacement level. Despite a pronounced decline in fertility in recent decades, period fertility in the East is still well above three children. Fertility decreases rapidly with increasing educational level. Women with no education have on average two more children than that of women who have high school and more education. Another important trend is the steady rise in the age at first birth among women in Turkey. Younger women are much less likely than older women to have given birth to their first child while they were in their teens.

### **Age at Marriage**

In Turkey, marriage is very important from a demographic perspective, because, besides

being prevalent throughout the country, almost all births occur within marriage. Therefore, age at first marriage is a significant demographic indicator since it represents the onset of a woman's exposure to the risk of pregnancy.

The TDHS-2003 results document an increase in the median age at first marriage across age cohorts, from 19.2 years for the 45-49 age group to 21 years for the 25-29 age group. The results also show pronounced differences in the age at first marriage by educational level of women. Among women age 25-49 there is a difference of almost seven years in the timing of entry into marriage between those with no education and those who has at least high school education.

## **FAMILY PLANNING USE**

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### **Family Planning Knowledge**

Knowledge of family planning methods is almost universal among women in Turkey. Almost all women interviewed in the survey had heard of at least one modern method. The IUD and pill are the most widely known modern contraceptive methods among women followed by the male condom, female sterilization and injectables.

### **Levels and Trends**

Ninety percent of both ever-married and currently married women have used a family planning method at some time in their life. Overall, 71 percent of currently married women are using contraception, with 43 percent depending on modern methods and 29 percent using traditional methods. The IUD is the most widely used modern method (20 percent) followed by male condom (11 percent). Withdrawal continues to be the most widely used traditional method. Twenty six percent of currently married women report current use of withdrawal.

### **Differentials in Use**

The use of contraceptive methods varies by age. Current use of any method is the highest among currently married women (81 percent) in the 30-34 age group. The use of withdrawal peaks among women in the 40-44 age group (50 percent) while the highest level of IUD use (26 percent) is found among women age 30-34. Current use of contraceptive methods also varies according to urban rural residence, region, level of education, and number of living children.

### **Discontinuation of Use**

Discontinuation of contraceptive use can highlight program areas that require improvement as well as groups of users who have particular concerns that need to be addressed. The TDHS-2003 results indicate that 40 percent of contraceptive users in Turkey stop using a contraceptive method within 12 months of starting use. The IUD, which is not generally intended as a short-term method, has the lowest discontinuation rate (11 percent). Coitus-related methods are more easily discontinued. For example, 45 percent of condom users discontinue within one year of use. Regarding future use, almost half of currently married non-users intend to use family planning at some time in the future.

### **Provision of Services**

The public sector is the major source of contraceptive methods in Turkey. Fifty-eight percent of current users obtain their contraceptives from the public sector. In the public sector one-third of the users obtain modern contraceptive methods from health centers or MCH/FP centers. Pharmacies are the second most commonly used source, providing contraceptive methods to one-fourth of all users of modern methods.

## **INDUCED ABORTION**

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Overall, 22 percent of pregnancies during the five-year period before the survey terminated in other than a live birth. Induced and spontaneous abortions comprised the greatest share among non-live terminations, with relatively few women having had a stillbirth. There were 21 abortions per 100 pregnancies, of which 11 were induced. The total abortion rate (TAR) per woman is 0.4 for the five years preceding the TDHS-2003. The age-specific rates increase to a peak among women age 30-34, and decline among older women. Women living in the East region and in rural settlements are the least likely to have ever had an induced abortion.

The main reason for obtaining an abortion is to stop childbearing (41 percent). Overall, a substantial proportion of abortions (73 percent) took place in the first month of pregnancy. Private sector providers are preferred for having had an abortion (77 percent). The need for family planning counselling after an abortion is highlighted by the finding that, in the month following an induced abortion, 31 percent of women did not use any method and 26 percent used withdrawal.

## **NEED FOR FAMILY PLANNING**

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### **Fertility Preferences**

Sixty-nine percent of currently married women say they do not want to have more births in the future or are already sterilized for contraceptive purposes. An additional 14 percent of the women want to wait at least two years for another birth. Thus, four out of every five currently married women can be regarded as in need of using family planning services either to avoid or to postpone childbearing. Among the currently married women, the mean ideal number of children is 2.5 for women indicating that most women want small families. Results from

the survey suggest that, if all unwanted births were prevented, the total fertility rate at the national level would be 1.6 children per woman, or 0.7 children less than the actual total fertility rate.

### **Unmet Need for Family Planning**

The total demand for family planning is 76 percent, and 92 percent of this demand is satisfied. The demand for limiting purposes is three times as high as the demand for spacing purposes (58 and 18 percent, respectively). The total unmet need among currently married women is 6 percent, lower than that recorded in the previous two surveys.

## **CHILD MORTALITY**

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### **Levels and Trends**

For the five years preceding the TDHS-2003, the infant mortality rate is estimated at 29 per thousand, the child mortality rate at 9 per thousand, and the under five mortality rate at 37 per thousand. For the same period, results show that the neonatal mortality rate is higher than the postneonatal mortality rate. All the indicators of infant and child mortality have declined rapidly in recent years.

### **Socioeconomic and Demographic Differentials**

The TDHS-2003 findings point out to significant differences in infant and child mortality between regions and by urban-rural residence. They also show that the educational level of mother is an important correlate of infant and child mortality. In addition to the differentials observed between socio-economic groups, infant and child mortality rates also correlate strongly with the young age of the mother at birth, high-birth order and short birth intervals, with children in these categories facing an elevated risk of dying compared to children

in other subgroups. In addition, low weight at birth affects children's chances of survival.

## **MATERNAL HEALTH**

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### **Care during Pregnancy**

Eighty-one percent of mothers received antenatal care during the pregnancy preceding their most recent birth in the five years preceding the survey, with 75 percent receiving care from a doctor. Overall, 71 percent of women made an antenatal care visit before the sixth month of pregnancy, and more than half of the woman made more than four visits. Younger, low parity women, women living in urban areas and in the regions other than the East, and women with at least first primary level education are more likely to have received antenatal care compared to other women.

### **Delivery Care and Postnatal Care**

In Turkey, 78 percent of all births in the five years preceding the survey were delivered at a health facility. Public sector health facilities were used to a much greater extent for delivery (65 percent) than private facilities. The proportion of all births delivered with the assistance of a doctor or trained health personnel is 83 percent.

## **CHILD HEALTH**

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### **Childhood Vaccination Coverage**

Universal immunization of children under one year of age against the six vaccine-preventable diseases (tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis, and measles) is one of the most cost-effective programs in reducing infant and child morbidity and mortality. Among children age 12-23 months, 54 percent of them had received all of the recommended eight vaccines. The percentage of children who were fully vaccinated by 12 months of age was 48 percent.

The percentage of children who are fully vaccinated is lowest in the rural areas and in the Eastern region. The vaccination coverage percentages are also related to mother's education and the children's sex and birth order.

### **Prevalence and Treatment of ARI**

Acute respiratory infection (ARI) is the most prevalent disease in Turkey among children under age five during winter months. In the two weeks preceding the survey, 29 percent of children had experienced ARI, and 40 percent had fever. Four in every ten children received some kind of treatment from a health facility or a health provider for these illnesses.

Among all ever-married women age 15-49, 28 percent reported that they smoke regularly or rarely. According to maternity status, 15 percent of pregnant women and 20 percent of breastfeeding women report that they smoke. Smoking more than 10 cigarettes is most common among women age 35-49.

## **NUTRITION INDICATORS FOR CHILDREN AND WOMEN**

### **Breastfeeding and supplemental feeding**

Breastfeeding is almost universal in Turkey; 97 percent of all children are breastfed for some period of time. Complementary feeding is common among very young children. In the first two months of life, only 44 percent are exclusively breastfed. The median duration of breastfeeding for all children is 14 months. Among children who are breastfeeding and younger than six months, 18 percent received infant formula.

### **Iodization of Salt**

Iodine deficiency contributes to higher rates of childhood morbidity and mortality. According to tests conducted during the survey,

the table salt in 30 percent of the households did include neither iodide nor iodate. Iodized salt is not used in about half of rural households. Less than half of the households in Central and Southeast Anatolia use iodized salt.

### **Nutritional Status of Children**

By age five, 12 percent of children are stunted (short for their age), compared to an international reference population. Stunting is more prevalent in rural areas, in the East, among children of mothers with little or no education, among children who are of higher birth order, and among those born less than 24 months after a prior birth. Wasting is a less serious problem. Four percent of children are underweight for their age.

Obesity is a problem among mothers. According to BMI calculations, 57 percent of mothers are overweight, of which 23 percent are obese. BMI increases rapidly with age, exceeding 25.0 for the majority of women age 25 and older.

## **HIV/AIDS KNOWLEDGE AND ATTITUDES**

Awareness of acquired immune deficiency syndrome (AIDS) is high in Turkey. Ninety percent of women reported having heard of AIDS. Despite this widespread awareness, 31 percent of ever-married women do not know any way to avoid AIDS. Educational level is positively related to knowing about ways of avoiding AIDS. The percentage who knows HIV/AIDS is higher among urban ever-married women than among their counterparts living in rural area.