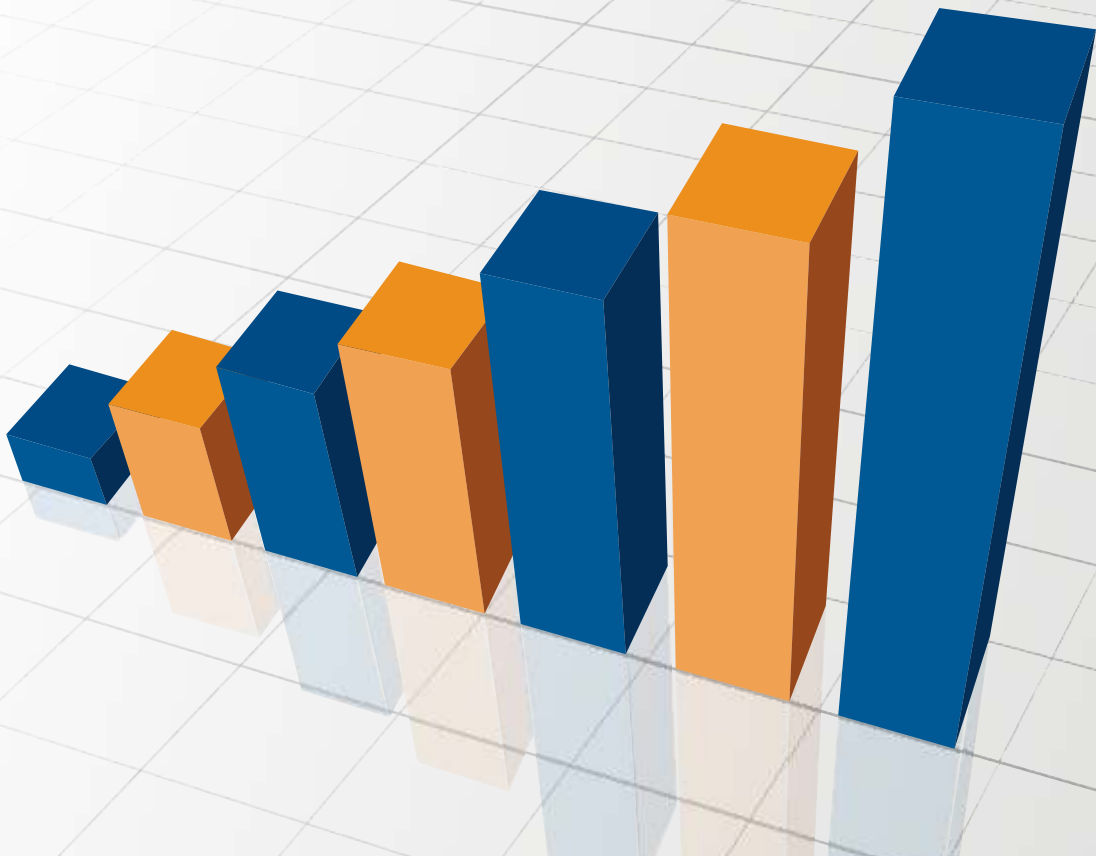


2007 Turkey Youth Sexual and Reproductive Health Survey

Summary Report





2007 Turkey Youth Sexual and Reproductive Health Survey

Prepared by

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December 2007
Ankara

2007 TURKEY, YOUTH SEXUAL and REPRODUCTIVE HEALTH SURVEY

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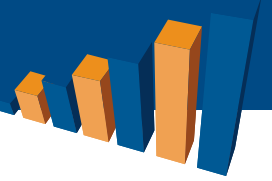
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The financial support for printing of this book has been provided by the United Nations Population Fund (UNFPA).

First Print : December 2007

Printed by : **Damla Matbaacılık, Reklamcılık ve Yayıncılık Tic. Ltd. Şti**
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Acknowledgements

2007 Turkey, Youth Sexual and Reproductive Health Survey, which was conducted with the collaboration of the Population Association and the United Nations Population Fund (UNFPA), is a survey aiming at collecting data on the youth's reproductive and sexual health experiences, behaviours and attitudes, as well as their level of knowledge, their needs and their service expectations on the issue by reaching the youth in 3500 households. The survey is not the first of its kind in Turkey in terms of its subject matter. However, it is considered as the first survey since it reached the youth in the 15-24 years age group across Turkey on household basis. In addition to this, it is the first in terms of being the largest survey of the Population Association of Turkey, which was founded in the year 2004 and has carried out various projects in its field of interest. Therefore, we can say that the meaning of this project is beyond conducting research on an issue that we consider important. Conducting such a comprehensive survey, wherein a large number of people involved consisting entirely by our association members was an important experience for the association.

In this context, I would like to thank to the core project team, consisting of the consultants Prof. Dr. Hilal Özcebe, Assoc. Prof. Turgay Ünalın, Dr. A. Sinan Türkyılmaz, Yedigir Coşkun, the project coordinator A. Mesut Deren and the project assistants Ece Koyuncu and Nihan Yolsal, for their devoted efforts at various stages of the survey. This project primarily came out of their intensive efforts. I am also grateful to Prof. Dr. Füsün Çuhadarođlu Çetin and Dr. Ayşegül Esin, who supported the project team at certain points of the project, for spending their valuable time for us and enabling us benefit from their expertise.

Beside the project team, I also appreciate the cooperation of the United Nations Population Fund (UNFPA) and I would particularly like to emphasize the significance of multifaceted support and close support offered by UNFPA representatives Dr. Selen Örs and Dr. Gökhan Yıldırımka. They had been involved in the project from the very beginning and formed an essential part of the project team.

In a field survey, where data is collected through face to face interviews with respondents from a large number of households, field staff's working discipline, sense of working, harmony, dynamism, problem solving skills, and enthusiasm is crucial for the outcome. In this context, I extend my thanks to all supervisors, field editors and interviewers, whose names could not be listed here, for carrying out all the field tasks starting from pretesting the questionnaires, with great patience, attention and enthusiasm. The high response rates that we were able to attain (90 percent household response rate, 74 percent male response

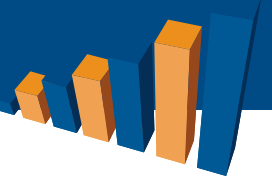
rate, and 86 percent female response rate) are primarily the achievement of our friends working in the field.

In a survey, adopting an approach that covers the accomplishment of all stages with the same preciseness, the attention and responsibility of every staff not only towards their specific tasks but to the whole, and also working with the pleasure of learning and sharing, guarantee a healthy implementation process. I believe that 2007 Youth Sexual and Reproductive Health Survey involved such a sense of working. Consequently, for the Population Association of Turkey, this survey has brought in not only a new research project but also researchers, who had experienced working together in a tough and tiring survey process, and new members, who are experienced in team works and who also enjoyed 'being part of the youth survey team'.

In addition to all of these, I thank sincerely to all individuals, who accepted us into their homes and provided us with their private information; and all young women and men, who shared with us numerous issues that are regarded as 'forbidden and shameful' and their opinions on these issues, for trusting us and for not hesitating at telling us about their private lives.

We as the Population Association of Turkey hope that this survey will meet us with the individuals and institutions working in similar fields, will strengthen our cooperation with them, and will enable taking new steps directed to the improvement and proliferation of 'youth friendly' services that can meet the reproductive and sexual health needs of youth.

Assoc. Prof. Filiz Kardam
President of the Population Association



Foreword

Demographers point out the aging of the population in Turkey. However, it is a fact that the number of young population continue to increase even though its share in the total population is decreasing.

Although the crude birth rate has been declining recently depending on the changing fertility trend, we cannot observe an explicit decrease in the number of annual births because of the increase in population at reproductive ages.

Young people are defined as the 10-24 years age group by the World Health Organization. The size of this age group in Turkey is over 15 million. This number is larger than the total population of some European countries.

Recently, the awareness of the service sector as regard to the notion that youth can have various health needs and expectations, especially about the reproductive health issues is rapidly increasing.

Although our information-publication stock is not yet at the point where we desire them to be, we, as the Ministry of Health, General Directorate of Mother and Child Health and Family Planning, identified the “improvement, increased accessibility and effectiveness of the health services directed to youth” as one of the four priorities among our service strategies.

I believe in the necessity of building up data rapidly about our youth's health.

I am pleased to see that this study has the potential to close a gap; it is so comprehensive as to provide serious contributions for planning new service policies; and it offers comprehensive, up-to-date, and vivid data about youth.

I am grateful to the United Nations Population Fund and its Country Office for their significant support, to the Population Association for enabling the implementation of this survey under its roof, and to all the team members conducting this study.

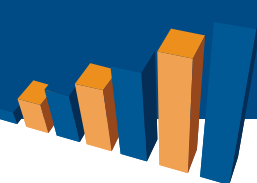
Dr. Mehmet Rifat Köse
General Director
Mother and Child Health and Family Planning
Ministry of Health

Introduction

Physical, psychological, and sexual growth and development are experienced during adolescence, a period accepted as transition from childhood to adulthood (10-19 years of age). On the other hand, youth (15-24 years of age) is a special period within which adult life style is shaped. In this period, a person experiences an important process of change by which s/he forms her/his own philosophy of and approach towards life. Youth adopt numerous norms, values, and approaches in this process and reflect them to their behaviour. They are influenced by many individual and social elements while adapting some sexual and reproductive behavior norms and values in this period.

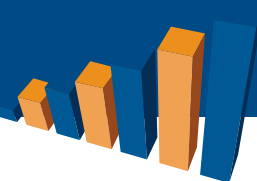
In Turkey, the data on youth's sexual and reproductive health knowledge, attitudes, and behaviours is generally based on young people attending the secondary or higher education. These studies indicate the fact that most of the youth have limited knowledge on reproductive and sexual health issues. A great many youth living in Turkey don't proceed with their education after primary school. Therefore, it is considered that the data related to youth is limited.

For further improvement of youth's level of sexual and reproductive health, relevant services should be conveyed to them. In order to plan, direct and implement services according to youth's sexual and reproductive health needs, regular collection of data is required. Hence, this survey was planned and implemented for the purpose of determining sexual and reproductive health knowledge of 15-24 years old youth, knowledge on and approaches towards reproductive and sexual rights, opinions and approaches as to gender, sexual and reproductive health needs (information, services, etc.) and expectations about services concerning sexual and reproductive health.



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● Methodology and Survey Design

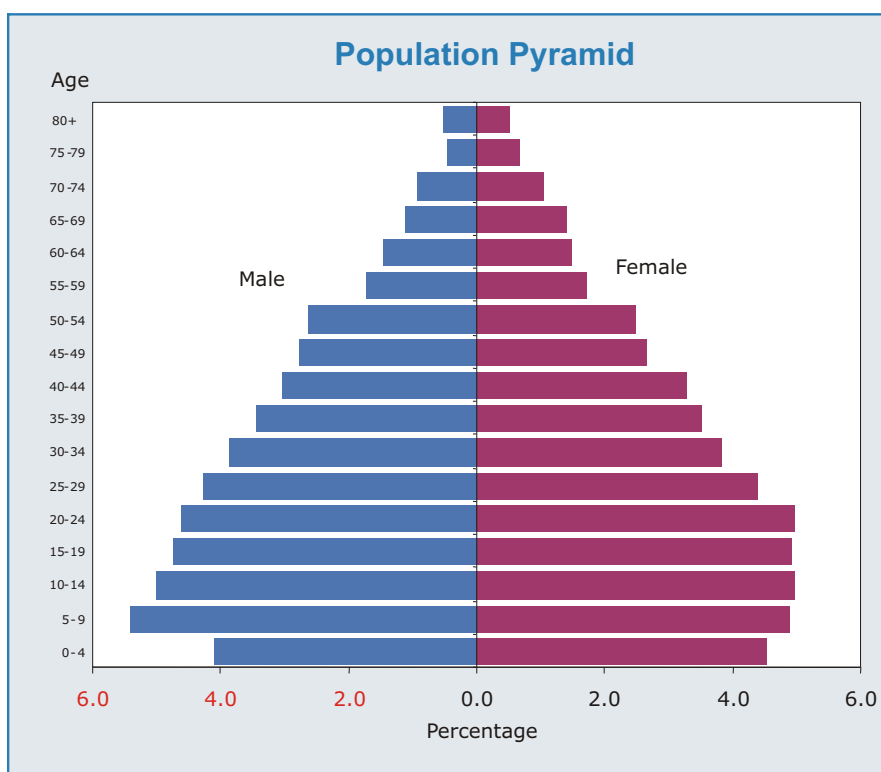
2007 Turkey Youth Sexual and Reproductive Health Survey (TYSRHS) was conducted with the collaboration of the Population Association and the United Nations Population Fund. The survey sample was designed to measure sexual and reproductive health knowledge, attitudes, and behaviors of 15-24 years old youth and to produce statistically significant estimates for 15-19 and 20-24 year age groups by sex.



Out of 3506 households selected from 146 clusters across the country, 2963 of them (85 percent) were interviewed in 2007 TYSRHS. Response rate for 1232 males (15-24 years age group) living in the interviewed households, is 74 percent, while it is 86 percent for 1237 females.

The wide base of the population pyramid, which was formed using the data on population distribution by age and sex, indicates the weight of the population under age 15 (28 percent).

In the interviewed households, 7,6 percent of 15-19 year old females, and 11,4 percent of 20-24 year old females had no formal education at



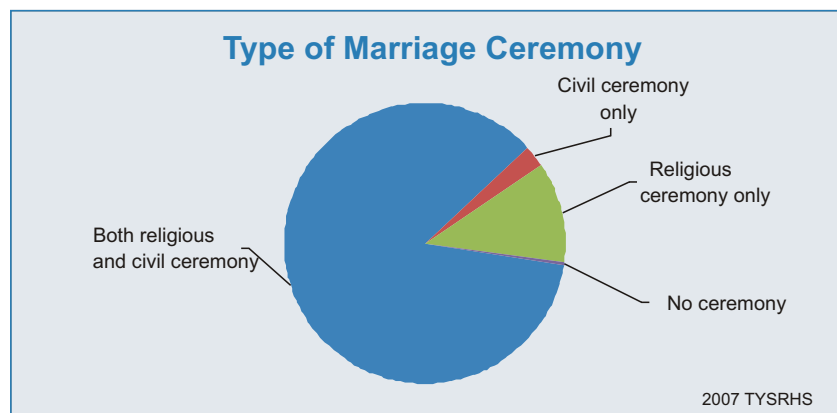
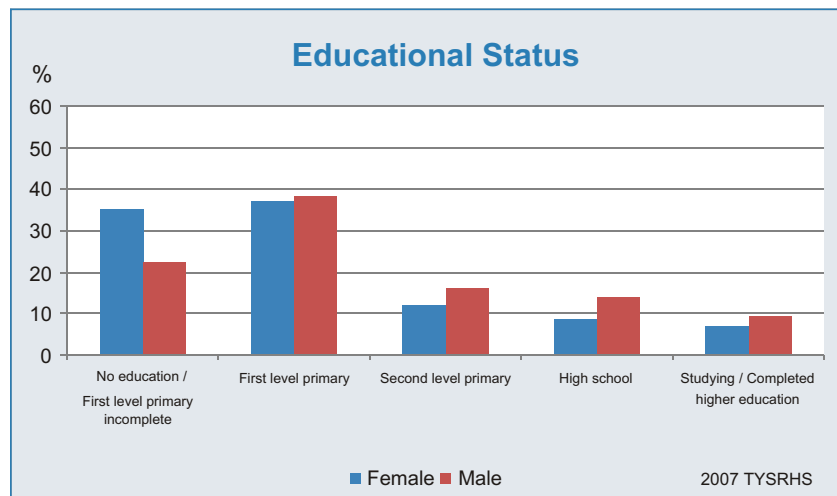
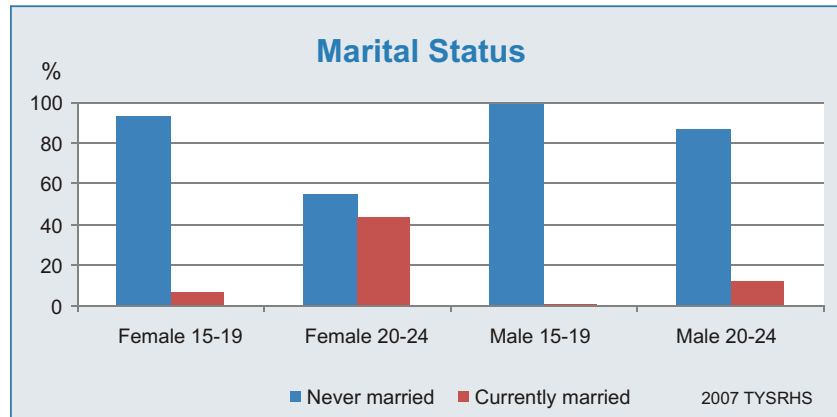
all. For males, these percentages are 3,1 percent and 3,9 percent, respectively.

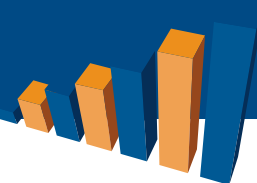
When the educational status of 15-24 year old youth is examined, it is observed that proportions of males, who had completed primary education, high school or higher education, are higher than those of females. In urban areas, proportion of those who had completed the second level of primary education or secondary school or more (8 years and above), is 84,1 percent among males, while it is 70,4 percent among females. In rural areas, this gap becomes even larger; 79,7 percent among males, compared to 47,2 percent among females.

Among the 15-19 years age group within the household population, proportion of the currently married is below 1 percent for males, while it is 7,5 percent for females. On the other hand, among the

20-24 years age group, almost half of the females are married, whereas less than one seventh of the males are married. Proportion of the ones not having a civil marriage ceremony is 12,0 percent among 15-24 year old and married.

Almost half of the 15-24 year old males and approximately one third of the same age females work for a paid or unpaid job. On the other hand, approximately one fourth of the females and almost one third of the males are not covered by social security.

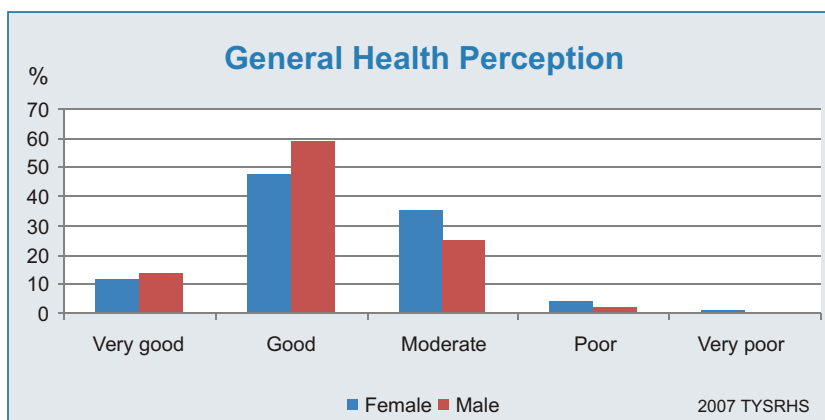




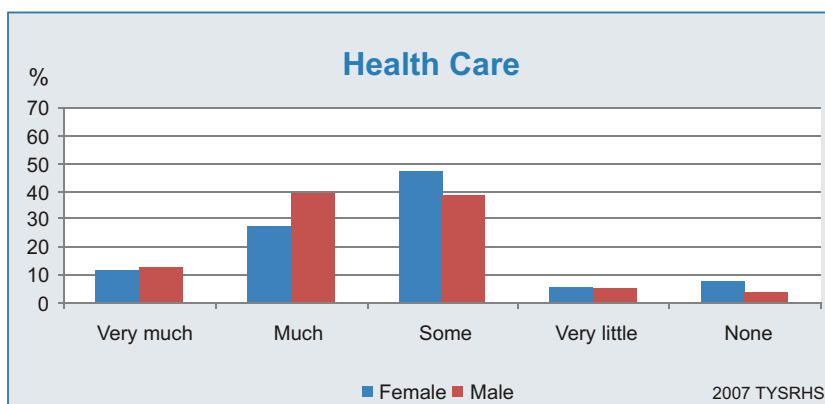
● Life Style of Youth

In general, youth perceive themselves as healthy; however they note at the same time that they don't care about their health. 65,0 percent of the youth assessed their health as "very good" or "good" in general and 45,7 percent of the youth reported that they care "very much" or "much" about their health.

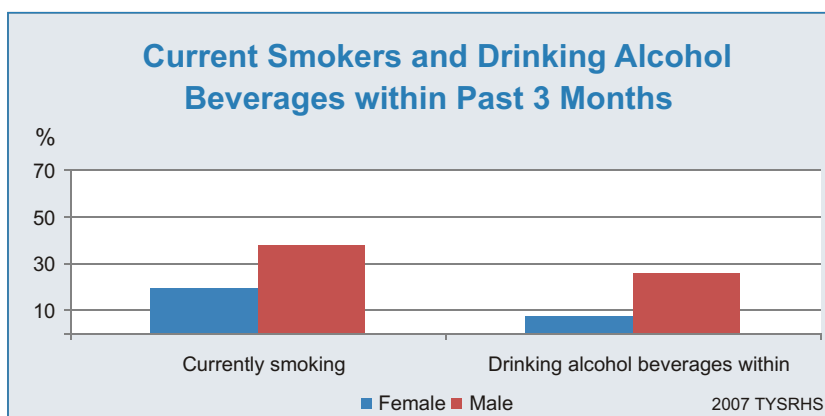
The overall proportions of both males assessing their health as "very good" or "good", and males stating that they pay "much" attention to their health are higher than those of females.



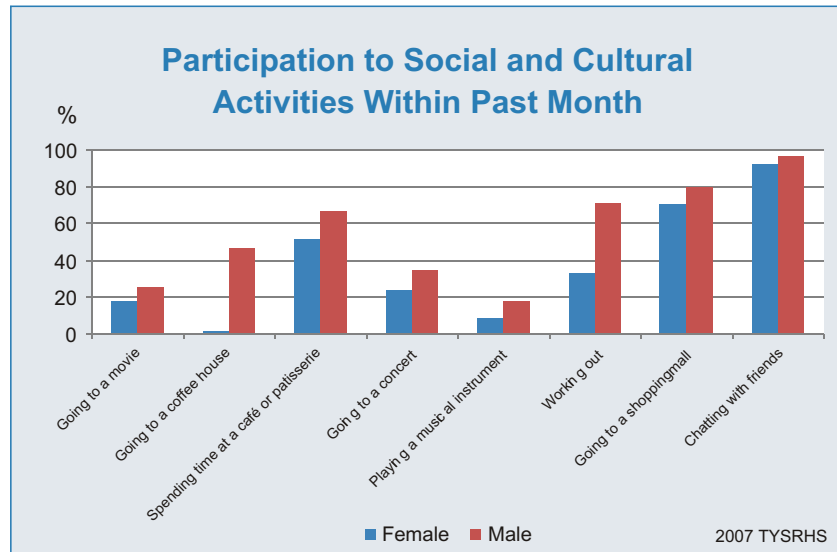
Smoking is quite common among youth, especially among the males. 19,2 percent of the females and 37,7 percent of the males reported as smokers. Proportion of drinking alcoholic beverage at least once within the past 3 months is 25,9 percent among males, and 7,5 percent among females. Among the males, who had drunk alcoholic beverages at least once within the past 3 months, 5,7 percent stated that they had been drunk at least once within the past 3 months. Besides, 18,9 percent of the males said that they had been warned because of drinking alcoholic beverages.



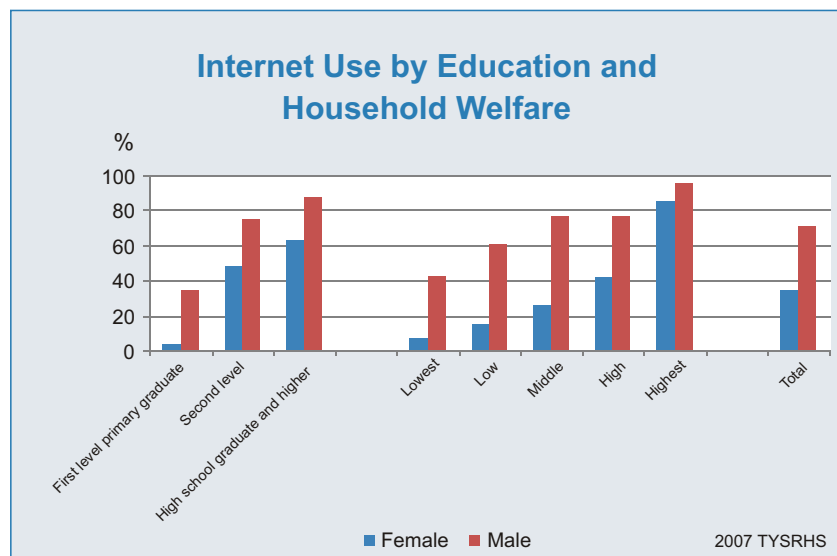
In general, participation in social and cultural activities is more common



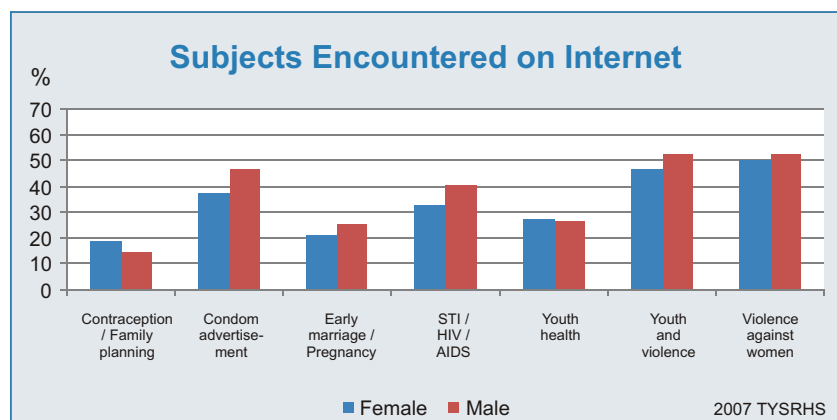
among males. The most common activity among youth (both males and females) is gathering and chatting with friends. Following activity is “going to shopping malls” for both sexes. Spending time at a cafe or patisserie and working out are the following common activities.

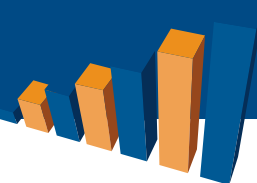


Internet use is much less common among females than among males (34,4 percent among females and 71,1 percent among males). A direct correlation is observed between the low level of internet use and living in the rural areas, having low levels of education and household welfare.



Youth reported encountering sexual and reproductive health information on the internet. Most commonly encountered issues are “youth and violence”, “condom advertisement”, and “sexually transmitted infections/HIV/AIDS”. 36,0 percent of young female internet users and 41,8 percent of the males consider the information on the internet as “reliable”. Especially the information on the website of the Ministry of Health and on university websites were reported to be considered as reliable by youth.





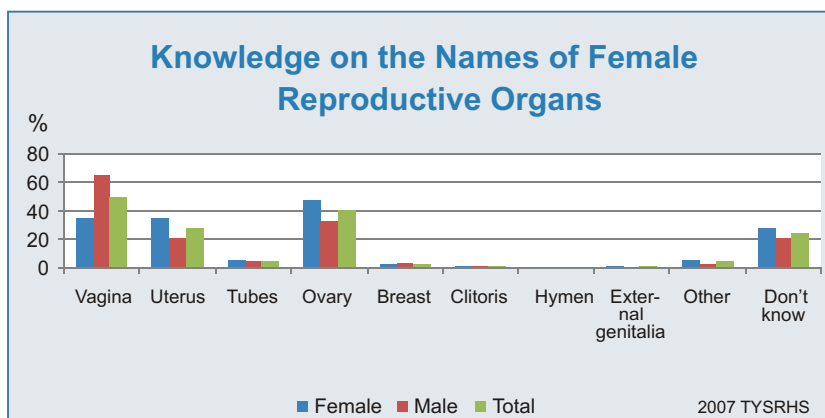
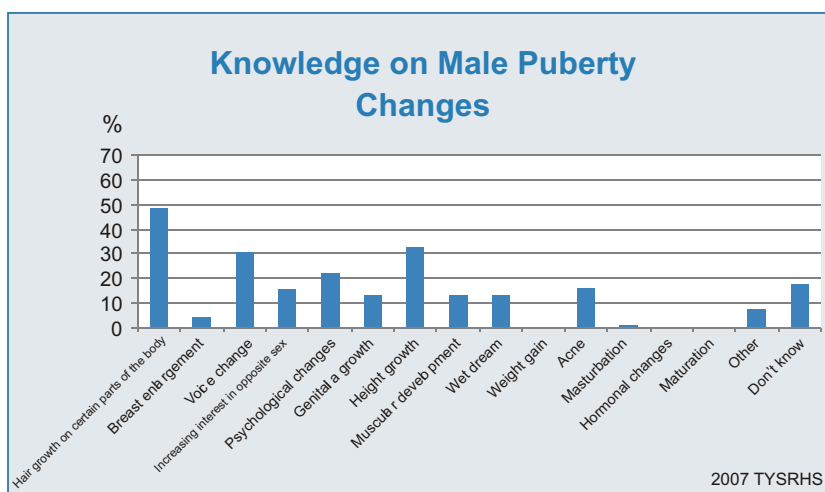
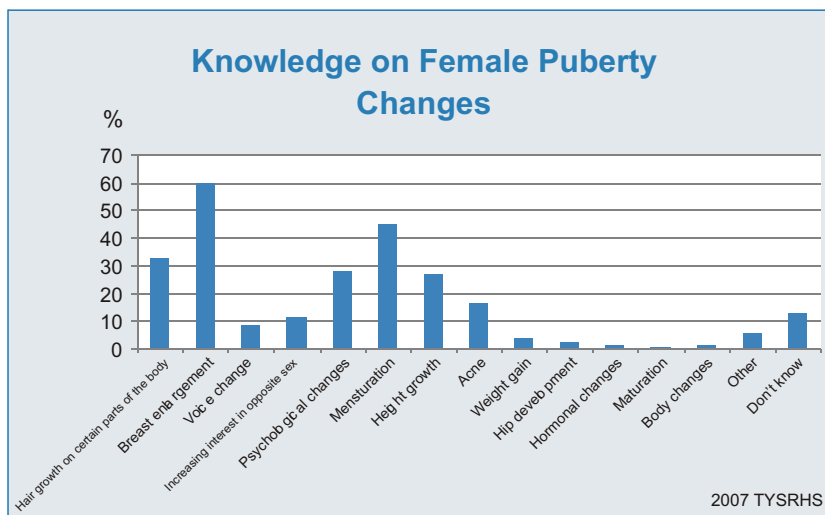
● Reproductive Health Knowledge

The three most frequently indicated female puberty changes are breast development (59,9 percent), menstruation (45,0 percent) and hair growth on certain parts of the body (32,9 percent).

The three most frequently indicated male puberty changes are hair growth on certain parts of the body (48,4 percent), height growth (32,6 percent), and voice change (31,2 percent).

When asked to list female reproductive organs they know, 49,7 percent of the youth mentioned vagina, 40,2 percent mentioned ovaries, and 27,9 percent mentioned uterus as female reproductive organs. 21,1 percent of the males and 27,7 percent of the females gave the answer “I don’t know”.

41,0 percent of the youth named uterus as the organ where a baby grows (48,6 percent among females and 33,4 percent among males) whereas 38,9 percent of them reported that they don’t know the organ where a baby grows (35,3 percent among females and 42,5 percent among males).



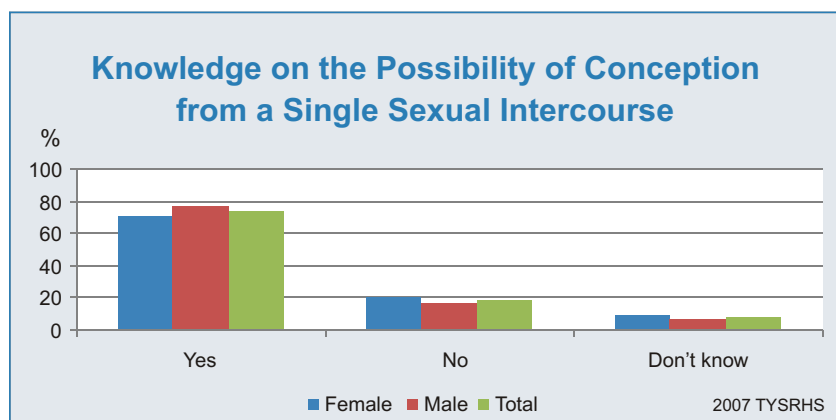
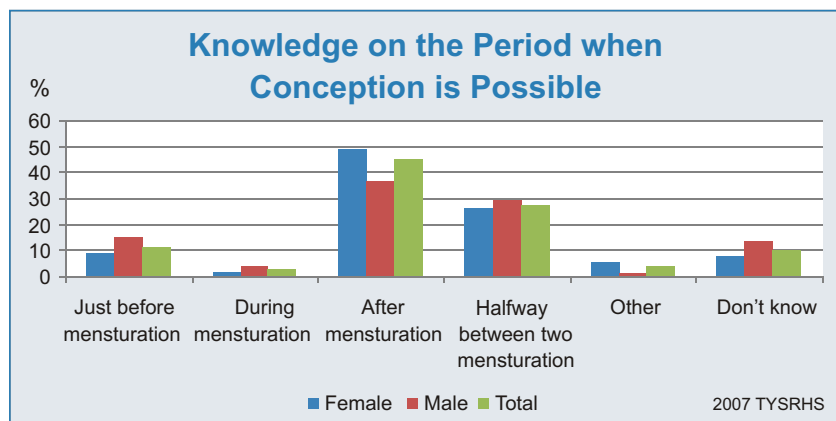
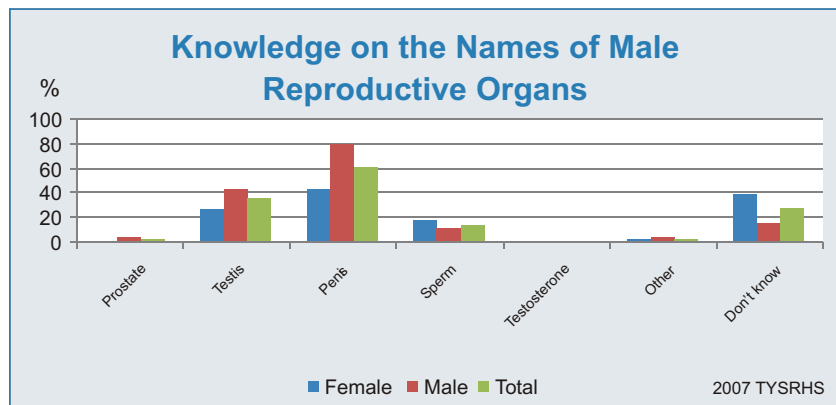
When the youth were asked to list male reproductive organs they know, 60,9 percent mentioned penis, 35,2 percent mentioned testis and 2,9 percent mentioned prostate. 15,7 percent of the males and 39,5 percent of the females gave answer as “I don’t know”.

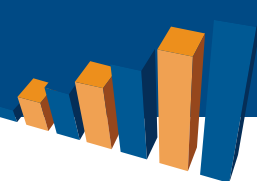
The overall percentage of knowing the presence of “sperm” in the semen is 79,9 percent, while it is 72,6 percent among females and 87,3 percent among males.

41,6 percent of the youth are aware of the presence of a specific period for a woman to become pregnant (ovulation period). Proportion of the answer “I don’t know” is 24,8 percent among females, while it is 51,0 percent among males. Among youth who reported to have

knowledge on conception time, the proportion of the ones who have the correct knowledge is quite low (27,4 percent). 73,8 percent of the youth think that a single sexual intercourse may end up with conception.

Young females stated that they know oral contraceptives (79,9 percent), intra uterine device (54,1 percent), and condom (50,6 percent) when they were asked to list the contraceptive methods they know. When it is probed, high proportions of them remembered tubal ligation (61,6 percent), withdrawal (48,7 percent) and injectable contraceptives (46,9 percent). Among males, the ordering of contraceptive methods is

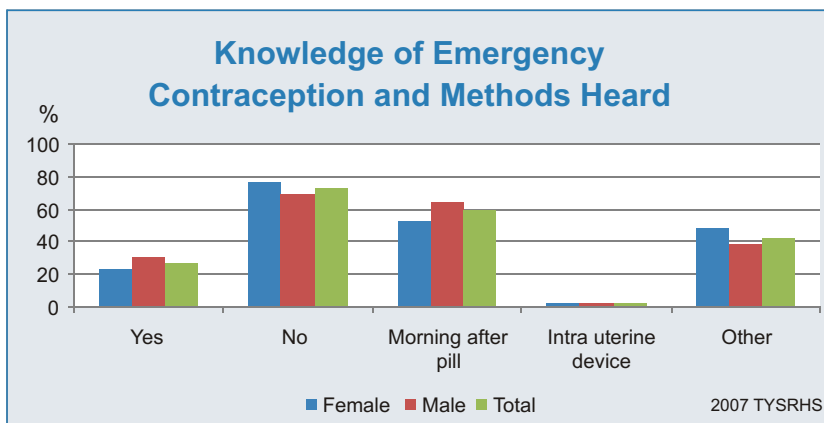




similar to that of females, although the percentages are much lower compared to females.

27,0 percent of the youth stated that they have heard of emergency contraception*. This proportion is higher

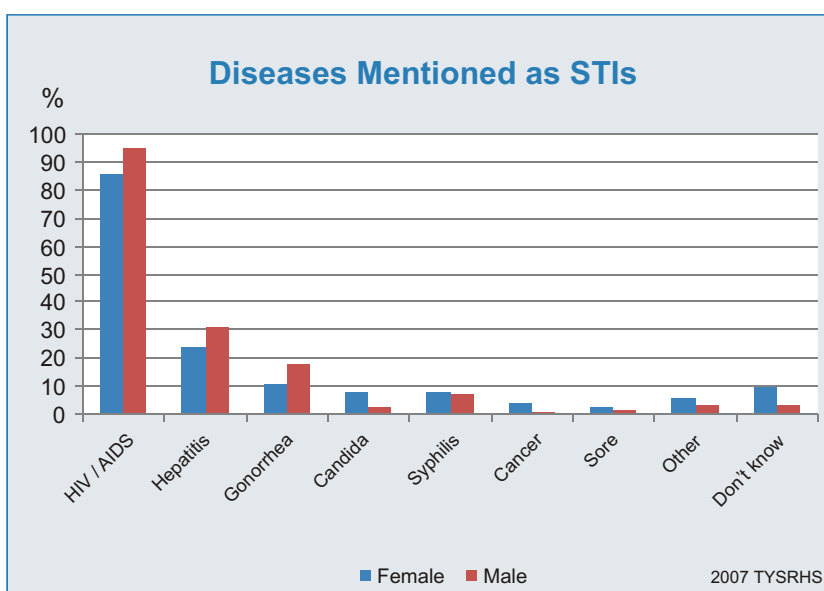
among males than among females (30,7 percent and 23,2 percent, respectively). Among the youth who reported that they know about emergency contraception, the most commonly stated method is “the morning after pill” (59,4 percent overall, 64,7 percent for males, and 52,5 percent for females). Other methods that were indicated as emergency contraception by the youth are incorrect.



● Knowledge on Sexually Transmitted Infections

83,7 percent of the youth stated that they had heard of sexually transmitted infections; this proportion is 79,9 for females, while it is 87,5 percent for males. Among those who have heard of STIs, HIV/AIDS is the most frequent answer among the youth (90,6 percent), followed by hepatitis (27,8 percent) and gonorrhea (14,3 percent).

65,1 percent of the youth who have heard of STIs, stated that they don't know “the symptoms of sexually transmitted infections among males” (73,7 percent for females and 57,2 percent for males). On the other hand, 72,2 percent of the youth who have heard of STIs, stated that they don't know “the symptoms of sexually transmitted infections among females” (69,5 percent for females and 74,6 percent for males).



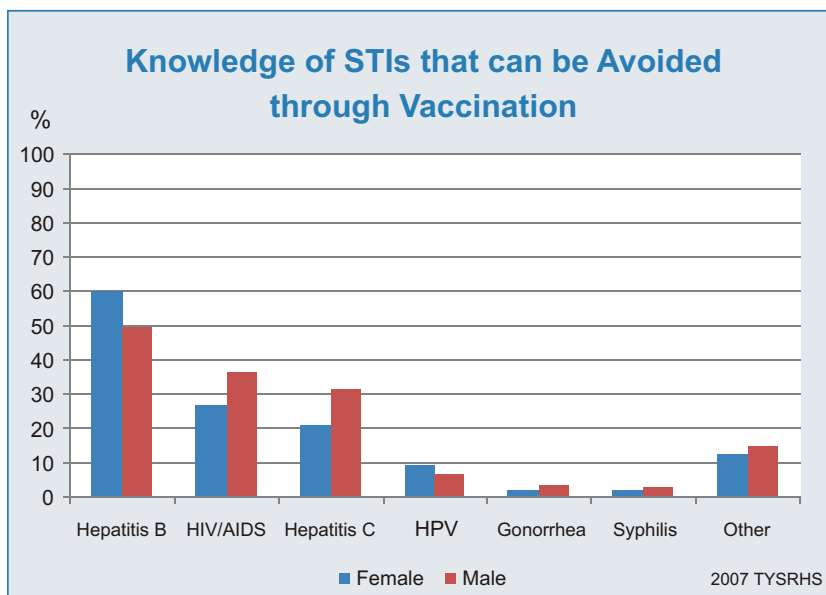
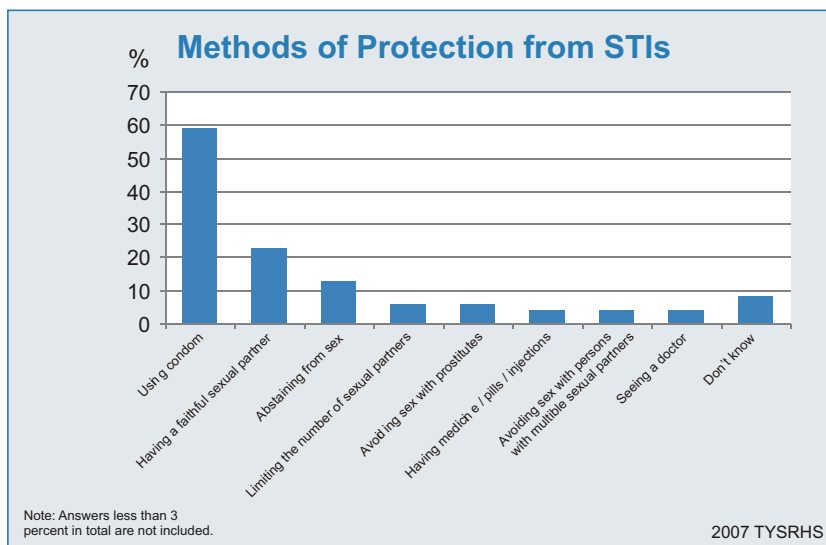
* *Emergency Contraception: General definition used for methods that prevents pregnancy after unprotected sex without using any effective contraception.*

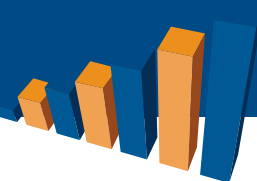
83,5 percent of the youth who have heard of STIs think that infection may occur by a single sexual relationship; and 85,1 percent think that protection from STIs is possible. This proportion is 81,3 percent among females, while it is 85,4 percent among males.

85,1 percent of the youth who have heard of STIs, stated that it is possible to be protected from these infections (78,8 percent among females and 91,0 percent among males). Among those who have heard of STIs and stated that it is possible to be protected, 59,1 percent of them named condom as the method of protection.

14,0 percent of the youth who have heard of STIs, stated that there are sexually transmitted infections that can be avoided through vaccination. This proportion is 15,0 percent among females and 13,1 percent among males. However, very few of them could name a disease that can be avoided through vaccination.

94,7 percent of the youth, who have heard of STIs, indicated that infections would cause permanent health problems unless they are treated.





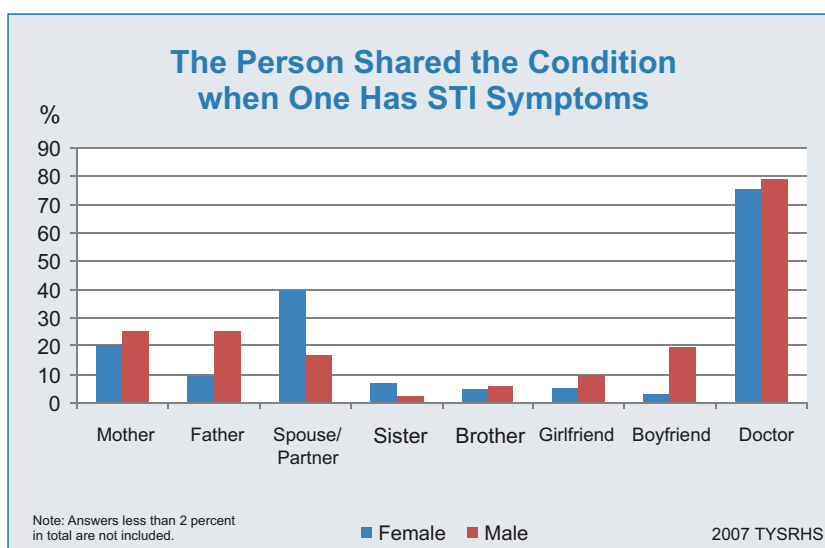
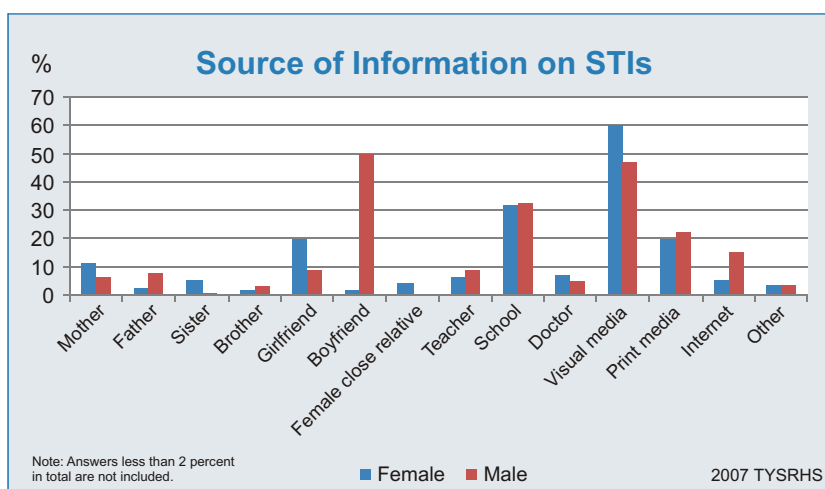
Health Problems Reported by the Youth Who have Heard of STIs and Who at the Same Time Indicated that These Infections would Cause Health Problems unless They are Treated (Percentage)

	Females	Males	Total*
Infection in the reproductive organs	3,0	4,3	3,7
Chronic inguinal pain/Discharge	0,6	4,1	2,4
Infertility	11,5	15,5	13,6
Sexual apathy	4,4	8,7	6,6
Psychological problems	8,5	10,3	9,4
Death	35,8	36,9	36,4
Spread of the disease to other organs	7,7	5,6	6,6
Cancer	5,6	1,6	3,5
Causing other diseases	3,3	1,4	2,3
Transmission to other people	3,0	2,0	2,5
Transmission to one's own child	3,0	1,4	2,2
Don't know	23,8	22,0	22,9
Number	621	668	1289

* Percentages that are below 2% in total are not shown in the table.

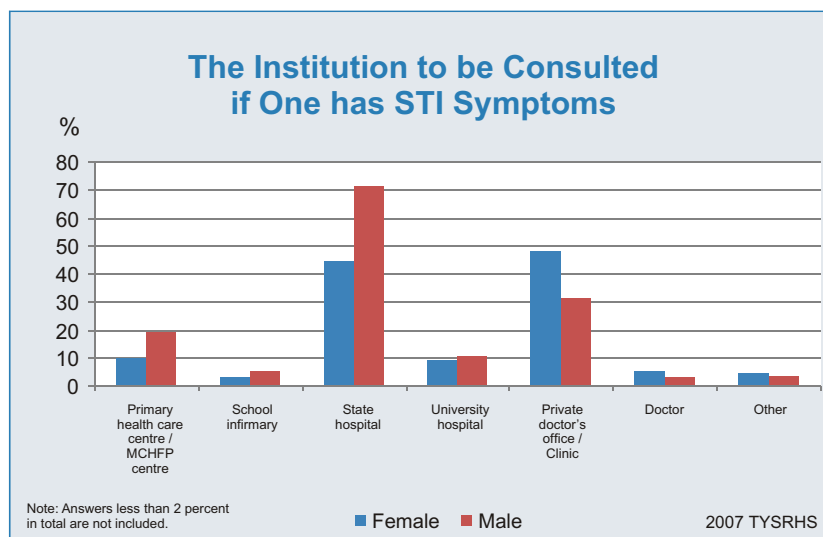
Media is the leading source of the information about STIs indicated by both females and males, who had heard of STIs. 53,2 percent of the youth mentioned visual media, while 21,0 percent stated printed media as the source of information. Friends of same gender are observed to have an important place in the young males and females' sources of information.

77,7 percent of the youth, who had heard of STIs, and who at the same time were able to address disease symptoms, stated that one should share this problem with a doctor if she has it. The second



most frequent answer is “spouse” for both sexes (26,8 percent).

Young females indicated private doctors’ offices/clinics (48,0 percent), and state hospitals (44,7 percent) as the health institutions to be consulted at first whenever the symptoms of sexually transmitted infections are identified. For males, state hospitals are at the top of this list (71,1 percent) followed by private doctors’ offices/clinics (31,1 percent).



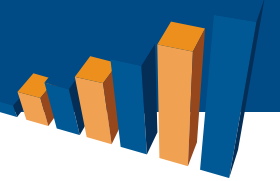
● Knowledge on HIV/AIDS

In this survey, 91 out of every 100 youth named HIV/AIDS spontaneously as a STI. Six out of nine youth, who didn't mention HIV/AIDS spontaneously, remembered it when it is probed.

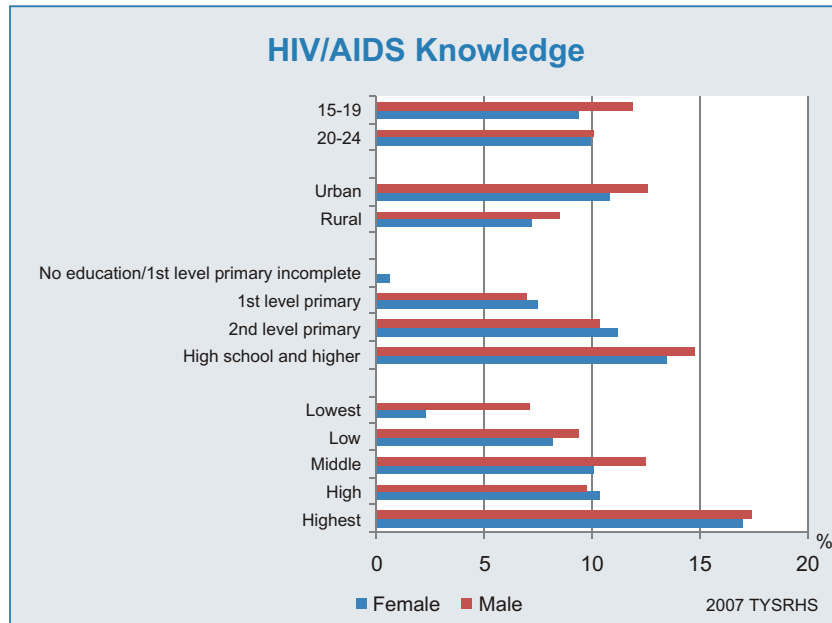
In order to measure youth's knowledge on HIV/AIDS, the indicator that is constructed for youth and accepted in the United Nations General Assembly Special Session on HIV/AIDS* was used.

A person can do something to prevent HIV transmission.	83,1 percent
Risk of HIV transmission can be reduced by having sex with only one faithful, uninfected partner.	76,4 percent
A healthy-looking person can have HIV.	74,4 percent
The risk of HIV transmission can be reduced by using condoms.	72,3 percent
A person cannot get HIV by sharing a meal with someone who is infected.	52,0 percent
A person cannot get HIV from mosquito bites.	36,9 percent

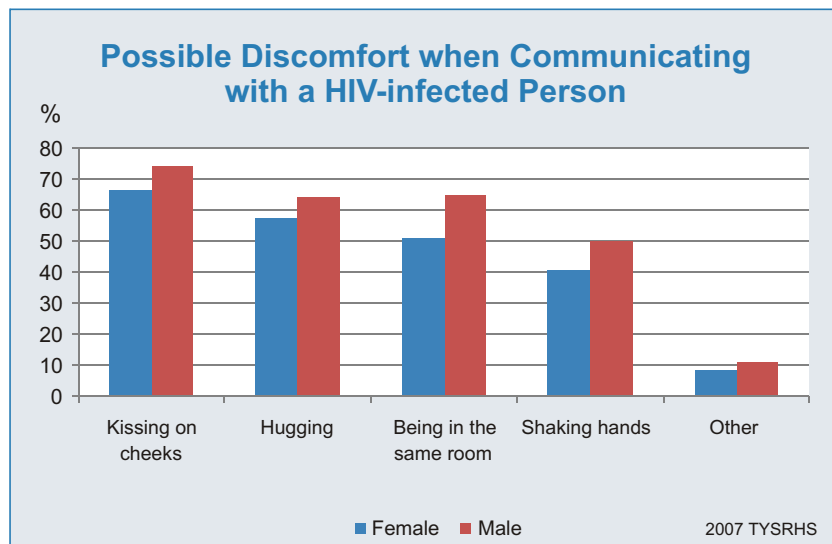
* UNAIDS, (2002). *United Nations General Assembly Special Session on HIV/AIDS: Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators*, pp. 43-44



Proportion of the 15-24 years old youth, who have correct knowledge about HIV/AIDS (the ones with full index score) is 11,2 percent among males, and 9,6 percent among females. Although this proportion doesn't differ significantly by age group for males and females living in urban areas had higher index scores compared to those in rural areas.

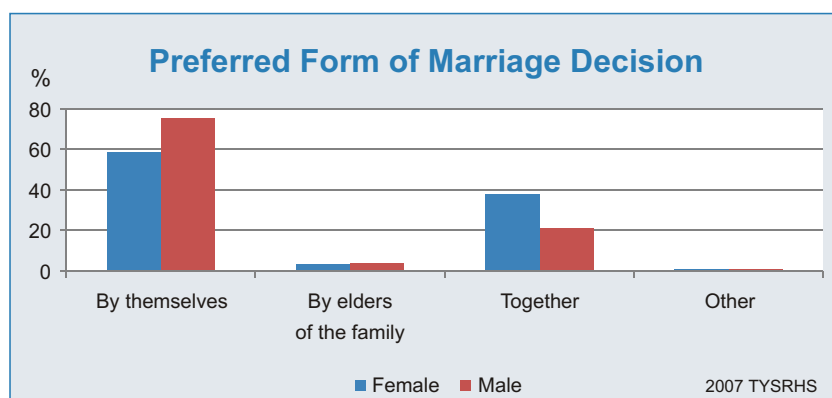


70,2 percent of the youth, who had heard of HIV/AIDS, reported that they would feel disturbed from kissing an HIV-infected person on cheeks; 61,0 percent would feel disturbed from hugging; 57,9 percent would feel disturbed from being in the same room; and 45,4 percent would feel disturbed from shaking hands.



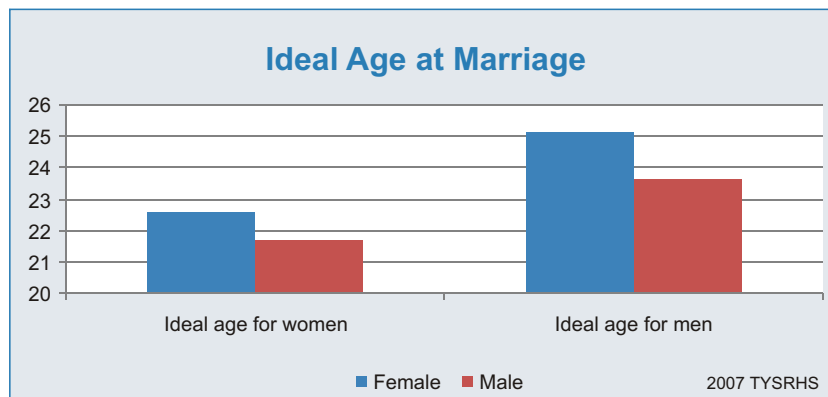
● Youth's Opinions on Marriage and Having Children

Three-fourth of the young males and nearly three-fifth of the young females stated that, a man and a woman should make their own decisions to marry. Proportion of the ones, saying that decision

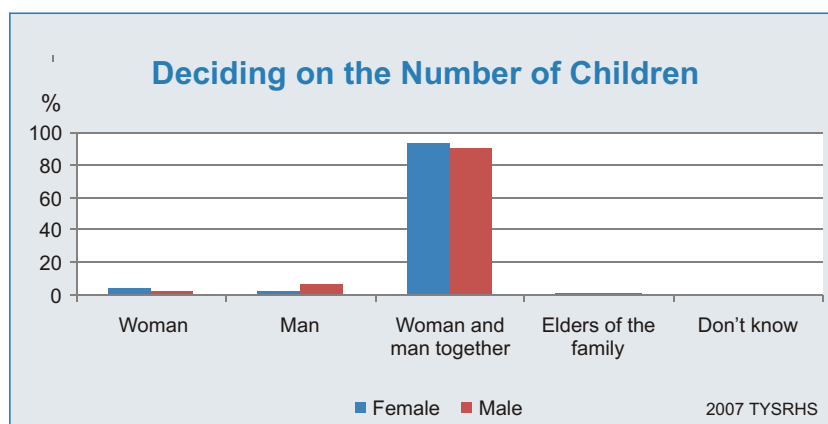


should be made together with the elders of the family, is higher among the young females than males (38,0 percent compared to 20,5 percent).

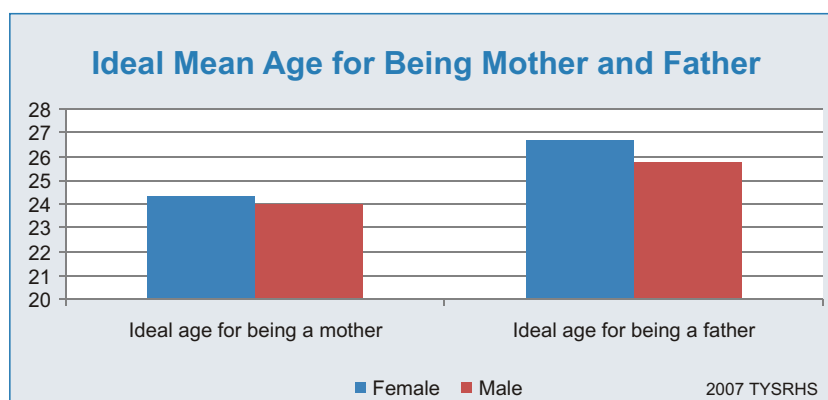
The average ideal age at marriage was reported to be 22,2 for women, whereas it is 24,3 for a man. Compared to males, the young females stated higher average ideal ages both for women and men compared to males (an average of 21,7 compared to 22,6 for women's ideal age at marriage; and an average of 23,6 compared to 25,1 for men's ideal age at marriage).

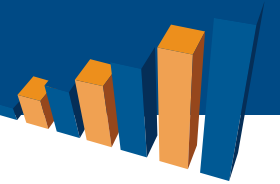


A large majority of both females and males stated that couples should make their own decisions for the number of children they will have (93,1 percent among females, 90,5 percent among males).

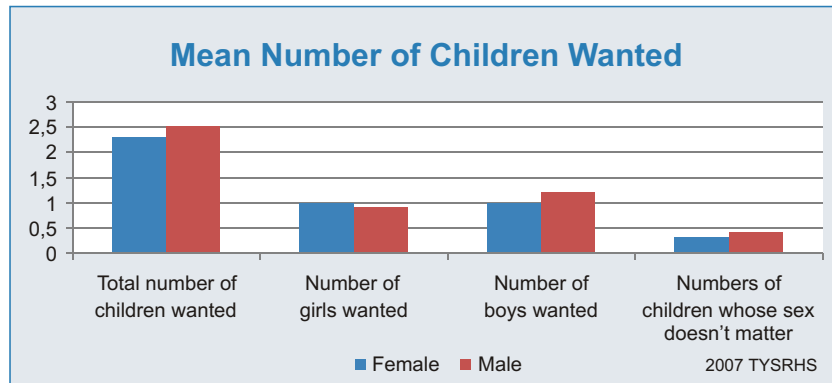


The average ideal age for being a mother was calculated as 24,2, whereas the average ideal age for being a father is 26,2. It can be observed that females reported slightly higher ideal ages for being a mother or a father compared to males.





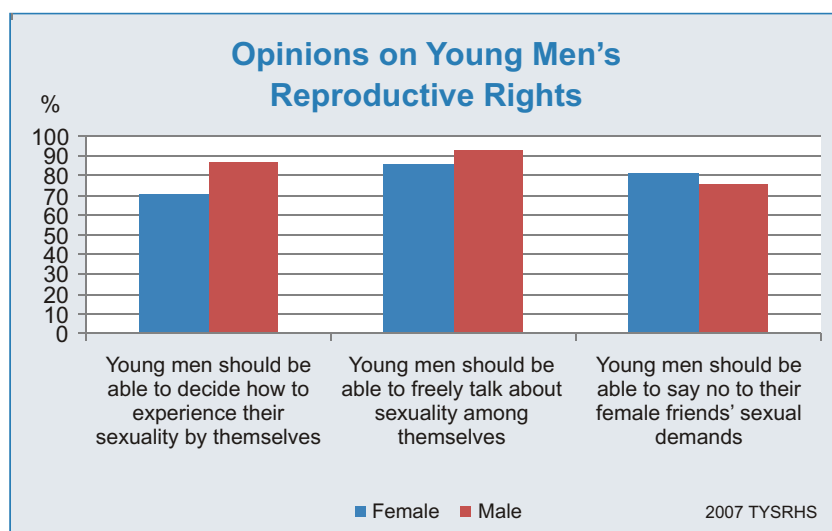
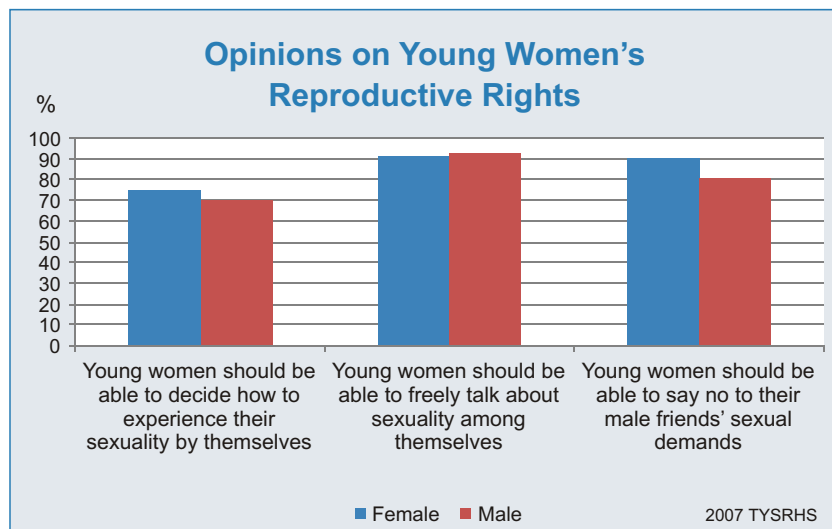
The average number of children that the youth want to have is 2,4 (2,3 among females, 2,5 among males). Female respondents want to have a girl and a boy on the average, whereas males want to have 0,9 girl and 1,1 boy.



● Some Opinions on Reproductive and Sexual Rights and Behaviours

Youth have the right to freedom of decision making, freedom of expressing themselves, freedom of enjoying sexuality, freedom of having a safe sexual life, freedom of choosing to marry and freedom of preventing unwanted pregnancies.

72,7 percent of the youth stated that “Young women should be able to decide how to live their sexuality by themselves”; and 78,6 percent stated that “Young men should be able to decide how to live their sexuality by themselves”. 91,7 percent of the youth agreed with the statement “Young women should be able to freely talk about

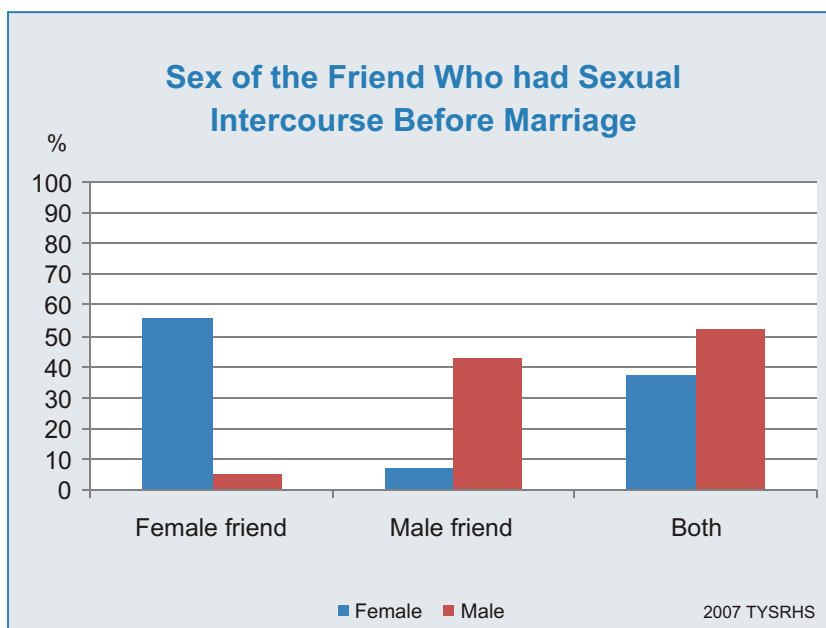


sexuality among themselves”, while 89,3 percent agreed with the statement “Young men should be able to freely talk about sexuality among themselves”. 85,8 percent of the youth supports young women’s right of “being able to say no to their boyfriends’ sexual demands”; and 78,5 percent supports young men’s right of “being able to say no to their girlfriends’ sexual demands”.

42,8 percent of the youth reported to have a friend who had sexual intercourse before getting married; this proportion is 34,5 percent among females, while it is 51,1 percent among males.

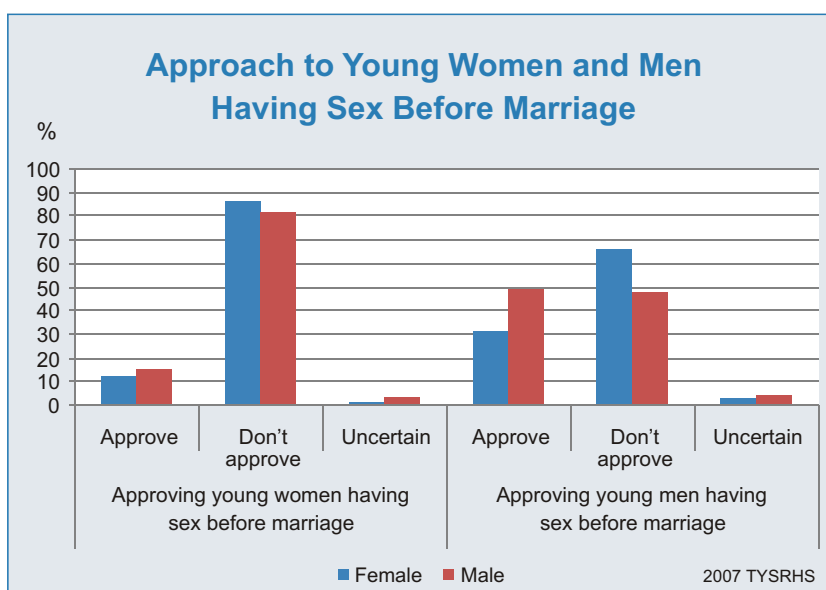
The median ideal age at first sexual intercourse for men is “20” for female respondents, “18” for male respondents, and “19” for all youth. The median

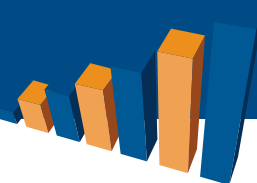
ideal age at first sexual intercourse for women is “20” for female respondents, “19” for male respondents, and “20” for all youth.



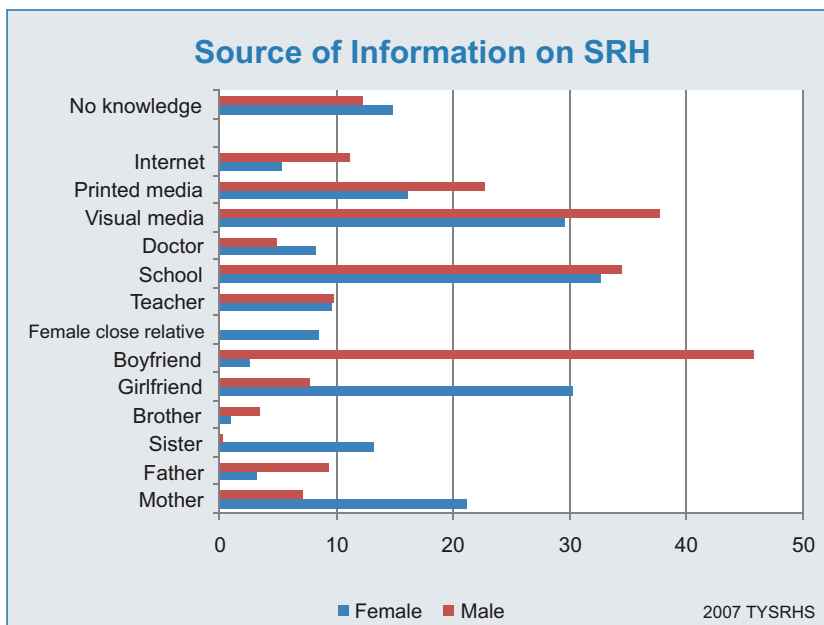
83,9 percent of the youth don’t approve of women’s having sex before marriage, whereas 56,8 percent don’t approve of men’s having sex before marriage. 12,0 percent of the female respondents approve of young women’s having sex before marriage while this proportion is 15,2 percent among males. However, proportion of approving the statement that men “should not have sex before marriage” is 31,4 percent among females while it is 48,7 percent among males.

Youth have the right to get knowledge about sexuality contraceptives, and





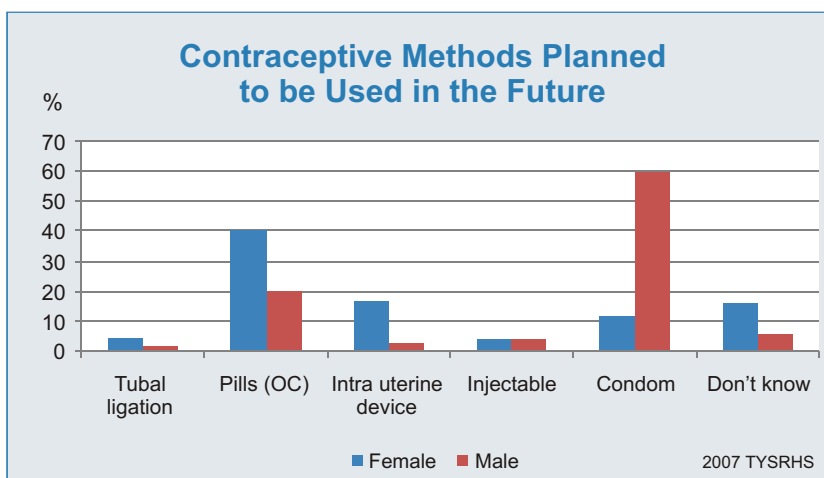
STIs/HIV/AIDS. Leading individual sources of information for young females are female friend (30,3 percent), mother (21,2 percent), and sister (13,2 percent). Leading individual source of information for young males is male friend (45,7 percent). On the other hand, the media, especially the visual media was pointed to as a source of information (33,6 percent) among the youth (37,7 percent among males, and 29,6 percent among females).



The right to protect one's self and to be protected by others includes protection from unwanted pregnancies, sexually transmitted infections/HIV/AIDS, and sexual abuse. 54,8 percent of the youth plan to use a contraceptive method in the future.

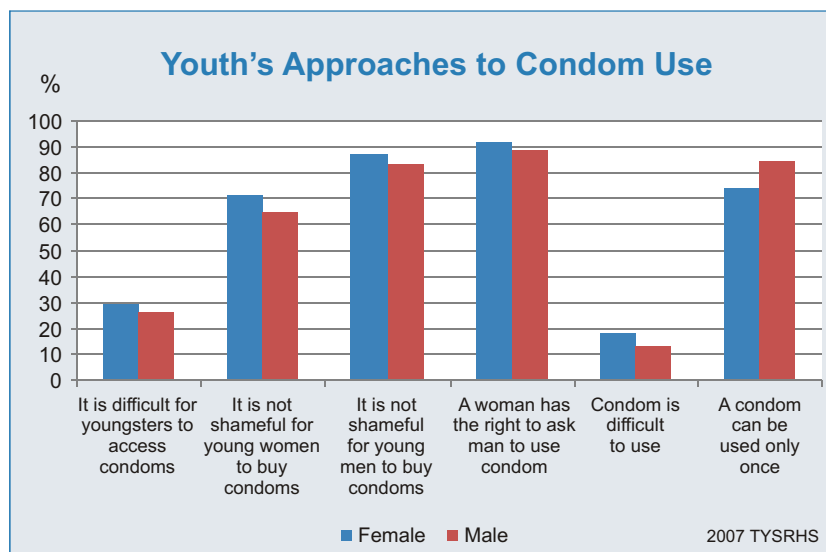
An important portion of the youth (84,8 percent) who plan to use contraception in the future, stated that they would use one of the modern methods (79,3 percent among females and 90,5 percent among males). Oral contraception is the most commonly named method among females (40,2 percent); and condom (59,7 percent) and oral contraception (20,1 percent) are the most commonly named methods among males.

64,7 percent of the youth reported "pharmacies" as their preferred place to obtain contraceptive methods (48,4 percent among females and 79,3 percent among males).



Opinions Concerning Condom Use:

- 27,6 percent of the youth agree with the statement “It is difficult for young people to access condom”,
- 67,7 percent agree with the statement “It is not shameful for young women to buy condoms”,
- 85,2 percent agree with the proposition “It is not shameful for young men to buy condoms”,
- 90,1 percent agree with the proposition “A woman has the right to ask a man to use condom”,
- 15,4 percent agree with the proposition “It is difficult to use condom”,
- 79,7 percent agree with the proposition “A condom can be used only once”.



Some Experiences Concerning Adolescence and Reproductive Health

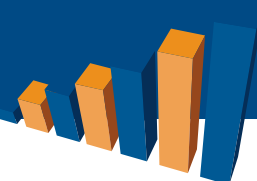
Some Experiences of Females Concerning Adolescence

83,4 percent of the young females reported that they had been worried by changes they experienced puberty. Young females reported that they shared their biggest worry mostly with their mothers (51,0 percent), their female friends (41,6 percent), and their sisters (26,6 percent).

Experience of Worry During the Growth and Development of Body, the Most Important Worry, Sharing the Worry with Someone, Consulting a Health Institution, and Continuation of the Worry among Young Females (Percentage)

	Experience of worry			Among those who had worries				Number
	Didn't have	Had	Number	The most important worry	Sharing the most important worry	Consulting health institution as to the most important worry	Continuing worry	
Height	71,0	29,0	816	25,7	70,1	20,1	52,5	237
Breast enlargement	70,9	29,1	816	16,6	63,1	20,4	40,2	237
Regularity of menstruation	67,4	32,6	816	29,1	68,9	26,3	51,0	266
Weight	64,3	35,7	816	27,0	72,4	23,5	56,7	291
Growth of body hair	75,9	24,1	816	20,0	64,2	23,1	52,7	197
Acne	63,0	37,0	816	25,9	70,5	27,5	46,5	302
Psychological status	70,4	29,6	816	36,1	61,5	20,9	42,2	242
Communication with the opposite sex	84,8	15,2	816	20,3	59,0	21,5	49,7	124
Other	97,4	2,6	813	(47,6)	(59,2)	(39,6)	(25,9)	21

() Number of unweighted cases is between 25-49.



22,6 percent of the young females stated that they reported to have consulted a health institution concerning their the most important worry. Consulted institutions are state hospital (58,3 percent), private doctor's office/clinic/hospital (25,7 percent), and primary health care centre/MCHFP centre (11,8 percent). 60,1 percent of the young females, who consulted a health institution, stated that they were satisfied with the service.

Some Experiences of Males Concerning Adolescence

65,9 percent of the young males were reported to had been worried by puberty changes. Young males stated that they shared their the most important worry generally with their male friends (53,6 percent), their mothers (35,4 percent), and their fathers (31,3 percent).

Experience of Worry during the Growth and Development of Body, the Most Important Worry, Sharing the Worry with Someone, Consulting a Health Institution, and Continuation of the Worry among Young Males (Percentage)

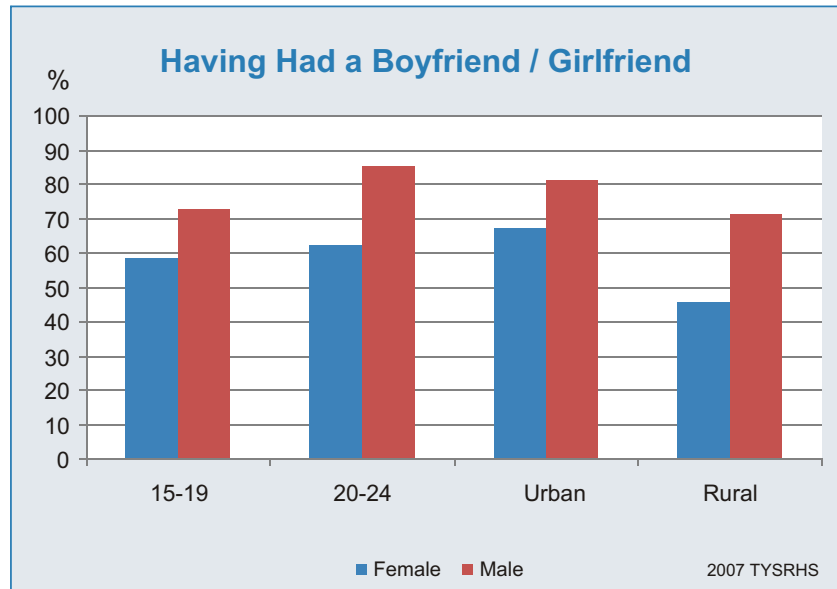
	Experience of worry			Among those who had worries				Number
	Didn't have	Had	Number	The most important worry	Sharing the most important worry	Consulting health institution as to the the most important worry	Continuing worry	
Height	82,0	18,0	813	43,0	59,0	15,7	55,3	146
Breast enlargement	91,5	8,5	813	22,5	65,8	9,9	64,9	69
Size of the sexual organ	92,5	7,5	813	(31,4)	(46,0)	(2,2)	(64,4)	61
Weight	77,5	22,5	813	18,6	60,7	16,9	46,0	183
Growth of body hair	85,1	14,9	813	14,1	64,2	17,4	54,5	121
Acne	64,8	35,2	813	26,6	63,1	31,4	62,2	286
Psychological status	86,5	13,5	813	39,8	63,9	15,3	53,8	110
Communication with the opposite sex	82,6	17,4	812	33,4	48,6	7,3	46,9	141
Other	97,8	2,2	812	(*)	(*)	(*)	(*)	18

(*) Percentage is not indicated because the number of unweighted cases is less than 25.
() Number of unweighted cases is between 25-49.

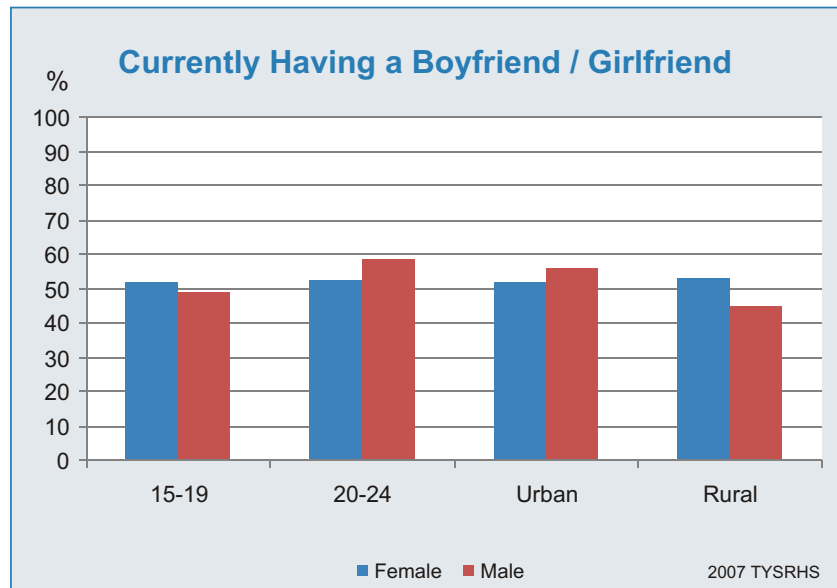
21,3 percent of the young males were reported to have consulted a health institution concerning their biggest worry. State hospital (57,6 percent) is the most frequently consulted institution followed by private doctor's office/clinic/hospital (19,6 percent) and primary health care centre/MCHFP centre (17,3 percent). 55,9 percent of the young males, who consulted a health institution, stated that they were satisfied with the service.

Some Experiences Related to Having a Boyfriend/Girlfriend

68,9 percent of the youth reported that they have had a boyfriend/girlfriend. This proportion is 60,2 percent among females while it is 77,6 percent among males. Males to have girlfriends at younger ages.



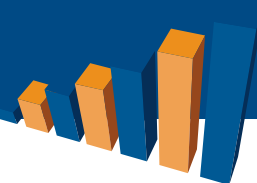
52,3 percent of the youth, who had a boyfriend/girlfriend, stated that they currently have a boyfriend/girlfriend (52,0 percent among females and 52,5 percent among males).



Fertility History of Married Females

74,8 percent of the young females stated that they have regular menstrual cycles. This proportion is 72,3 percent for the 15-19 years age group and 77,4 percent for the 20-24 years age group. 73,0 percent of the urban females and 78,4 percent of the rural females stated that they have regular menstrual cycles.

“Not started having regular cycles yet” and “not started yet” are the leading declared reasons behind irregular menstrual cycles (16,8 percent). Diseases have a total share of 13,0 percent, while current pregnancy and past partum amenorrhea have a share of 15,0 percent. Proportion of the irregularity caused by stress and depression is 11,0 percent, while irregularity based on seasonal changes is 2,0 percent. 30,0 percent of the young females stated that they don’t know the reason behind their menstrual irregularity.



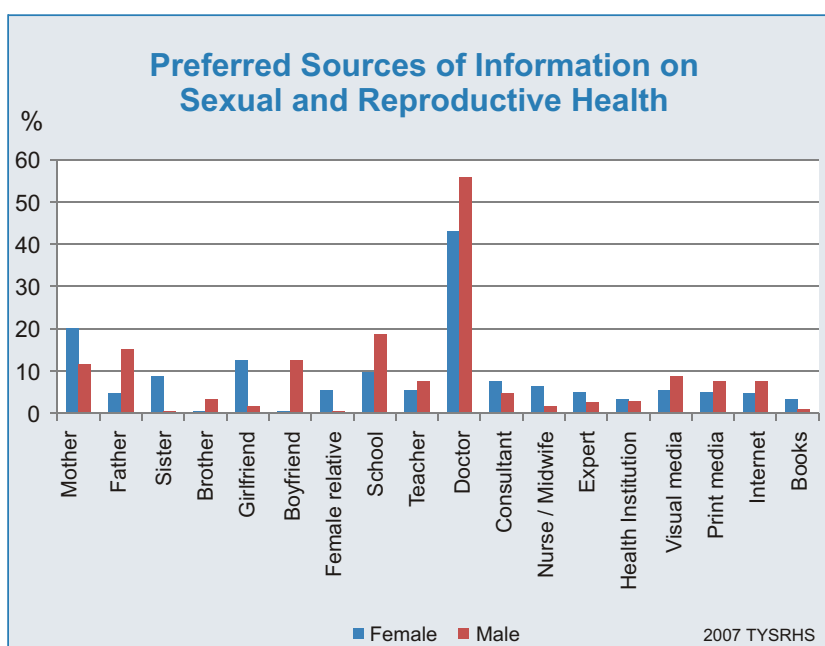
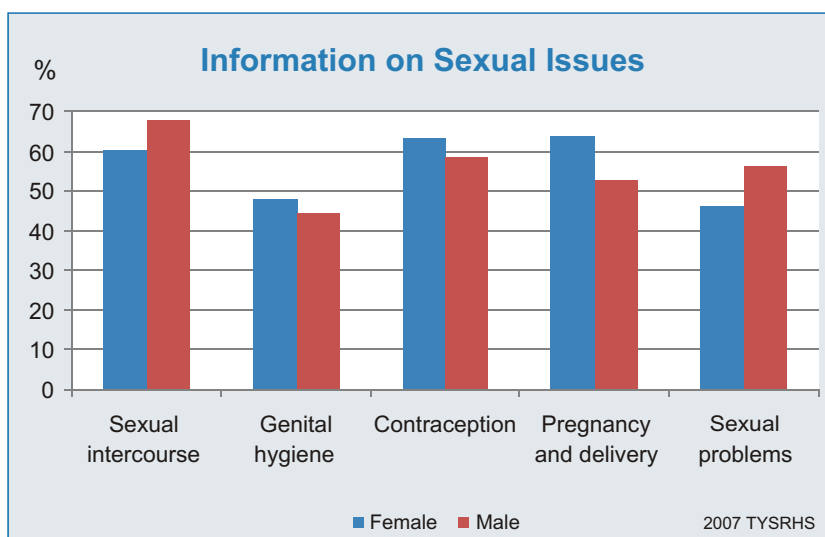
Fertility histories of the married young females;

• Having a prior pregnancy:	86,9 percent
• Having a live birth:	84,9 percent
• Having an induced abortion:	14,5 percent
• Desire more children in the future:	69,8 percent
• Currently using a contraceptive method:	60,6 percent
• Currently using a modern contraceptive method:	45,4 percent

● Opinions and Expectations Related to the Provision of Information and Health Services

64,0 percent of the young females reported that they have received information about pregnancy and delivery, 63,2 percent about contraception, and 60,4 percent about sexual intercourse. The issues on which the females see themselves as less informed are genital hygiene, sexual problems, and other issues concerning sexuality. Males are mostly informed about sexual intercourse, contraception, sexual problems, pregnancy and delivery, and genital hygiene.

When asked about their preferred source of information they stated doctor (49,3 percent), consultant (11,7 percent), nurse (3,8 percent) and



expert (3,6 percent) among health personnel. School (14,2 percent) and teacher (6,4 percent) were also mentioned as the source of information. On the other hand, although 9,1 percent of the males reported they they received information at military; military service was only mentioned by 1,2 percent of males as preferred source for information.

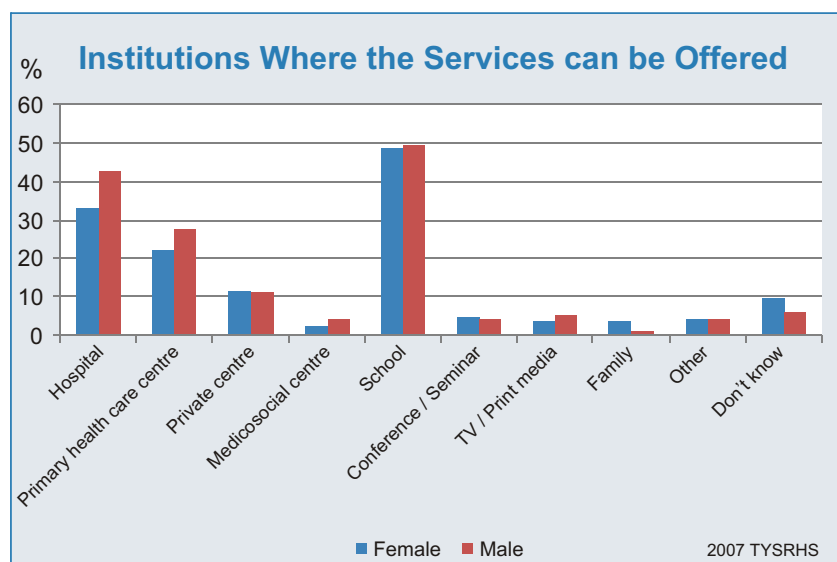
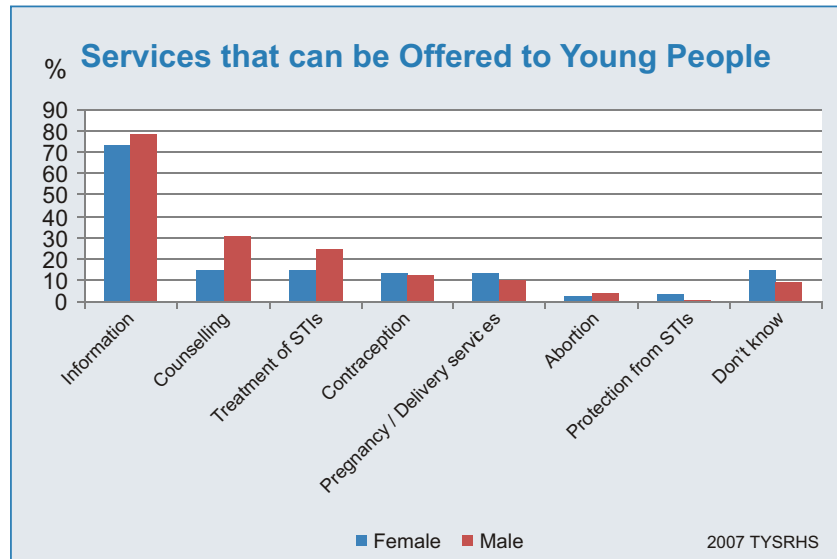
96,3 percent of the youth (95,5 percent of the females and 97,1 percent of the males) respond positively to the provision of reproductive and sexual health services. This proportion increases among the urban youth, and as the levels of education and household welfare increase. The services demanded by youth to be provided as

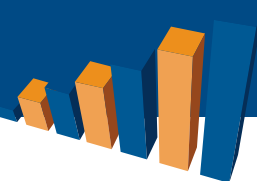
part of the reproductive and sexual health services, are: Informing (76,0 percent), counselling (22,7 percent), treatment of sexually transmitted infections (20,1 percent), contraceptive services (12,9 percent) and pregnancy and delivery services (11,9 percent).

Approximately half of the youth (49,0 percent) demand the provision of these services from schools. “Health institutions” are also among the institutions, from which the youth demand provision of the services.

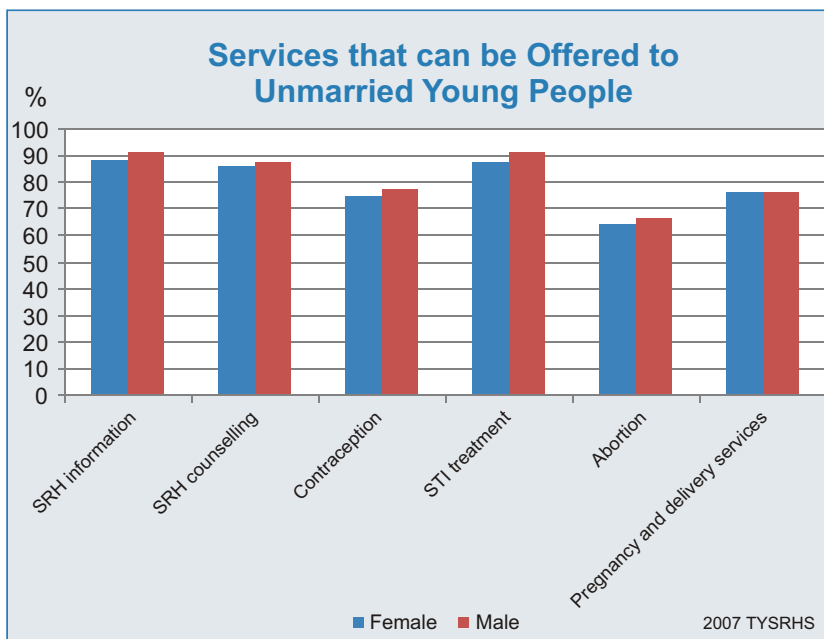
72,5 percent of the youth demand the provision of reproductive and sexual

health services from doctors, 15,1 percent from nurses, 12,6 percent from psychologists, and 11,7 percent from experts. Teachers are also stated (14,5 percent) among the personell that could be responsible from providing reproductive and health services.

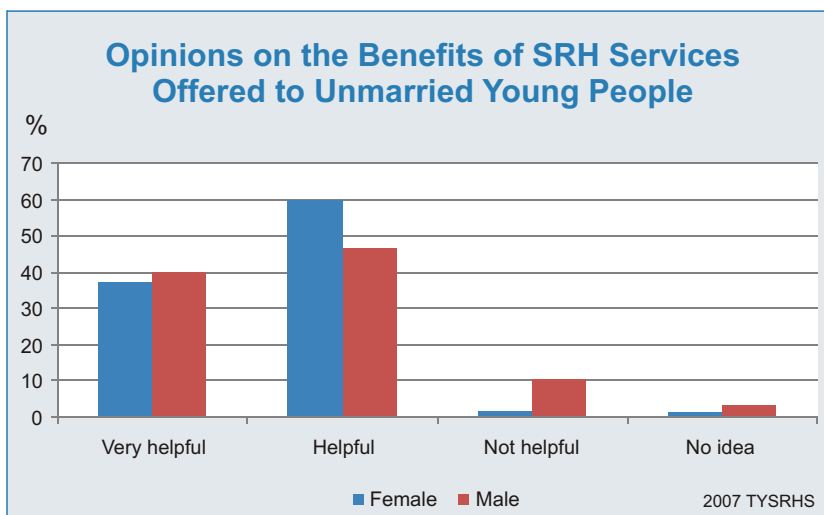




Reproductive and sexual health services, which are proposed to be extended to youth who are not married are informing (89,9 percent), treatment of sexually transmitted diseases (89,4 percent), and counselling about sexual and reproductive health (86,8 percent).



91,6 percent of the youth consider the sexual and reproductive health services directed to young people as “very helpful” and “helpful”. There is not clear differentiation by age group, residence, levels of education and household welfare with regard to the usefulness of provision of reproductive health services directed to unmarried youth.



● Conclusions

Approximately two out of ten people in the society are in the youth age group (15-24 years). 88,5 percent of the males, and 74,6 percent of the females aged six and over had completed a 5-year education, which constitutes the first level of primary education (please note that an important portion of population aged 6-14 years are still attending primary education at the time of survey). In Turkey, proportion of the currently married males in the 15-19 years age group is below 1 percent, whereas that of currently married females is 7,5 percent. In the 20-24 years age group, 47,7 percent of the females and 21,9 percent of the males are currently married.

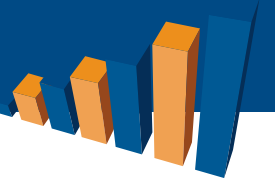
Youth consider themselves healthy in general; however, they don't think that they pay sufficient attention to their health. 19,2 percent of the females and 37,7 percent of the males stated that they are currently smoking. The proportion of drinking alcohol beverage at least once within the past 3 months is 25,9 percent among males and 7,5 percent among females.

Youth emphasized that they consider their experiences of sexual development as important while they were commenting on the puberty changes. It is observed that the youth have insufficient knowledge on both female and male reproductive organs and physiology. Although they had heard of the presence of sexually transmitted infections, the youth were observed to have inadequate knowledge on the issues of symptoms of STIs, the health problems that these infections can cause unless they are treated, and protection from these infections. In the same manner, although they had heard of HIV/AIDS, it is seen that the youth do not have an indepth and sufficient knowledge on the issue and they adopt a prejudiced approach towards HIV-infected individuals.

Sexual and reproductive health knowledge increases among the youth, with the advancement of age, in the urban settlements, and as the educational status and the level of household welfare rises.

In terms of reproductive and sexual issues, the youth can be considered as stucked in between making their own decisions and adopting societal values in terms of. Males and females, especially females are considered to have conservative behaviours related to decisions concerning sexuality and sharing sexual issues. Youth's approaches towards their reproductive and sexual rights and opinions favoring their own decision making are considered to develop with the advancement of age, in the urban settlements, and as the educational status and the level of household welfare rises.

Majority of the young females and males define the changes occurring during the growth and development of body in the adolescence as "worries". They have a difficulty in coping with the puberty changes. Young females share these problems with the women



around them; and young males share their problems with the men around them. Almost one fourth of the youth consult a health institution related to these problems.

Approximately seven out of every ten youth have had a boyfriend/girlfriend; and half of these young people currently have a boyfriend/girlfriend.

Fertility has begun for most of the married females; almost seven out of ten young females want to have children in the future; and six out of ten youth are currently using contraceptive methods.

The youth get sexual and reproductive health information mostly from the media and same sex relatives and friends; however, they express their wish to get sexual and reproductive health information from the staff working in the health institutions, especially from doctors. The youth supports the provision of sexual and reproductive health services to young people.

● Suggestions

Diverse strategies are required for ensuring that the youth, especially the rural youth and females, can have access to educational institutions.

Youth need to have access to the required knowledge and training programs in order to lead their reproductive and sexual life in a healthy manner. This need would be met by the provision of reproductive and sexual health information beginning in the early childhood; and by covering this information especially in the formal education curriculum. Immediate measures should be taken in order to meet this need, and to minimize the inequalities in this field (gender, level of household welfare, urban-rural).

Powerful strategies are required related to the provision of correct information especially in the school programs and in the media for the youth to learn and adopt their reproductive and sexual rights. ***Reproductive and sexual health information should be systematically covered in the formal education curriculum.***

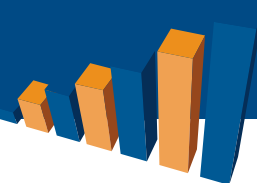
Information and counselling services directed to the youth's needs should be provided through a coalition between educational institutions and health institutions.

Reproductive and sexual health information, counselling and services directed to the youth should be provided youth friendly by the health institutions.

The services aiming to follow the growth and development in the adolescence should be broadened. During this follow up, the worries of adolescents caused by the growth and development should be resolved by providing professional information and counselling services. This kind of a service should be developed especially as part of primary health care.

It is required that the number and allocation of health institutions, which offer easily accessible information, counselling, and health services directed to the youth, should be increased.

Reproductive and sexual health services should be offered to everybody, regardless of the marital status.



● Following the Survey*

In the 1994 International Conference on Population and Development (ICPD), countries agreed upon the article “information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility. This should be combined with the education of young men to respect women’s self-determination and to share responsibility with women in matters of sexuality and reproduction.” (ICPD Programme of Action, paragraph 7.41) This article was later on reviewed in the ICPD +5 (1999) and Beijing +5 (2000), and a consensus was reached on taking certain special measures including trainings and youth-friendly health services for the improvement of adolescent** sexual and reproductive health. In terms of the implementation of the ICPD Programme of Action, Turkey is one of the leading countries, which adapt the policies that are in question to the national agenda, notably safe motherhood, empowerment of women’s status, and development of sexual/reproductive health (SRH) services directed to youth.

In our country, comprehensive programs aimed at meeting the SRH needs of youth have been carried out especially in recent years. However, policy makers and executors are confronted with a crucial problem, namely, the lack of national and original data, which would give the opportunity to determine the needs and priorities in the field perceptibly. In order to meet this important need, the United Nations Population Fund (UNFPA) provided technical and financial support for 2007 Turkey, Youth Sexual and Reproductive Health Survey (TYSRHS) within the framework of the 4th Country Programme (2006-2010).

We believe that in our country, where approximately one fourth of the population consists of youth and half of the population consists of individuals under 28 years of age, this survey, being the first in terms of its national representativeness, its subject matter, and its target group, will provide readers and users from different fields with a certain number of objective inputs, data and contributions. We hope that, in line with its content, its up-to-dateness, and its national representativeness, this data will shed light on the issue notably for education and health sector in accordance with the subject matter or field of work, for academicians, policy makers, decision makers, administrators, service providers, and of course for the youth.

We, as UNFPA Turkey Office, plan to discuss these findings at the meetings and workshops held with the concerning sectors working in this field, in the forthcoming period. We are hoping to come together in the policy and practice work that will be

* Written by UNFPA Turkey Country Office based on the findings of the survey.

** WHO has defined adolescents as persons in the 10–19 years age group, youth as persons in the 15–24 years age group, and young people as persons in the 10–24 years age group.

developed to meet unmet needs in this field. We think that, sharing some fundamental findings and examining the overall picture prior to these works, will pave the way for them.

In our country, where the young demographic structure is often expressed at various levels as a window of opportunity, the necessity of meeting the needs of this young population properly and bringing them into life and production in a stronger and healthier condition is undeniable. As manifested by the fundamental findings of the survey, one of the priorities is the youth's need for information and services in the field of sexual health.

Rendering the youth more prepared in every possible aspect of life, and more capable of managing their own biological process of change would diminish the COSTS and RISKS of NOT KNOWING. Furthermore, increasing youth's competence and proficiency in the field of SRH will render them and the society happier, reconciled with themselves, and healthier.

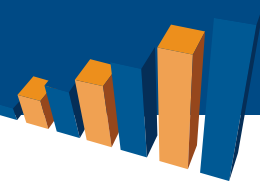
The common agenda for youth in this century, established by the World Health Organization (WHO), United Nations Children's Fund (UNICEF), and UNFPA covers;

- encouraging the postponement of early marriage and early pregnancy through creating a safe and supportive environment by increasing the access to education, training, and income opportunities;
- providing correct knowledge and life skills for them to be able to make appropriate decisions
- increasing the access to affordable, accessible, confidential, and non-judgemental health services, including also the reproductive health services;
- providing counselling especially in the crisis situations;
- offering health trainings for parents, social groups, schools, institutions, media, and peer groups for them to be able to support the youth in the process of maturation in terms of sexual behaviours and reproductive health.

It is assumed that, in parallel with the world trend, the age at first sexual intercourse has been gradually decreasing, whereas the age at marriage has been increasing in Turkey. The decrease in the age at first sexual intercourse can bring about serious risks.

85 out of every 100 adolescents in the world live in the developing countries; and more than one tenth of all newborns, namely 15 million babies, are born to adolescent mothers. Lack of knowledge, not being able to access contraceptive methods, and abuse are the most serious risks factors in terms of unwanted pregnancies in this age group.

Adolescents, who got pregnant before the age twenty, face gravidic nephropathy and difficult delivery more often compared to other women. Low birth weight, premature births, pre-natal, natal and neo-natal deaths are more common among the babies who are born to adolescent mothers. Within the findings of this survey, we can find data indicating



the insufficiency of youth's knowledge on the physiology of development and pregnancy.

Frequency of sexually transmitted infections (STI) among youth has been rising in all over the world. This brings about significant problems in terms of public health. STI give rise to important medical and psychosocial problems for individuals. STI can cause a series of dramatic outcomes ranging from infertility to cancer and death. In addition to this, HIV/AIDS transmission can turn into a more serious threat in our country, especially among the youth. The only possible way of avoiding these risks, which turn into a distinct economic and social problem especially for the developing countries, is to ensure correct knowledge and positive behaviours. Another remarkable finding of the survey is that, in Turkey, only one out of ten youth has the correct knowledge about HIV/AIDS.

Development of the skills to make right choices about sexuality is also important for individuals to lead a healthy and happy life. A healthy decision making process, youth's taking over the responsibility of their own behaviours, their ability of struggling against possible problems are important requirements and life skills that need to be met promptly. The fundamental steps for youth to become proficient on this issue are;

- being able to know the processes of sexual development,
- having basic knowledge and life skills on the issue,
- having a respectful and human rights-based approach to other people's life space,
- being conscious and sensitive in terms of bearing the responsibility of their experiences and sharings,
- having the right and opportunity to gain these basic knowledge, skills and foresights at the right time and from healthy sources.

Youth will always face the costs and risks of not knowing in terms of sexual life unless the society prepares required substructure in this field, particularly the formal education, and makes it accessible to youth. Moreover, this cost will not only be limited to their years of youth but it will constitute a burden throughout their life. Naturally, this cost will also be reflected to the society in social, health, and economic terms. For example, infertility, which can be caused by an STI that is possible to be avoided by very simple means, can lead to social outcomes such as stigmatization or divorce as well as economic problems like high treatment costs.

At the first glance, sexually transmitted infections, early pregnancies, unwanted pregnancies, miscarriages, early motherhood, and the youth who are forced to have sex and to marry come into prominence when we examine the relationship between sexual behaviours and risks. Innumerable related health problems and social problems follow these basic risks. One of the most effective means of managing these risks is to introduce the required knowledge and skills to youth promptly for rendering them proficient in terms of coping with these problems. The most EFFECTIVE, INEXPENSIVE, and

ACCESSIBLE means of this is the FORMAL EDUCATION.

With the emergence of the idea of youth's sexual education, debates over different point of views on the issue have started. While it has been asserted that sexual health education will cause a decrease in the age at first sexual intercourse by boosting youth's interest into sexual issues; there has also been a notable number of people suggesting that sexual health education will not give rise to such a consequence.

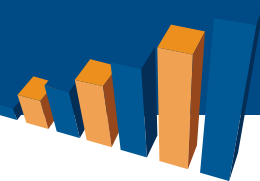
In the countries, where sexual health education programs has been carried out in schools, debates don't focus on the presence or absence of this kind of an education but rather on its aim and content, as it actually should be.

In a study carried out by the World Health Organization in 1993, numerous studies on sexual health education programs were examined and following conclusions were put forward in general terms:

- None of the studies demonstrated that the sexual health education causes a decrease in the age at first sexual intercourse and increases sexual activity. On the contrary, a couple of them demonstrated that the education delays the first sexual intercourse.
- The study confirms that the percentage of safe sexual behaviours on the part of sexually active adolescents increases with education.
- Programs and approaches that only promote the postponement of the sexual intercourse were founded out to be less accepted and less effective among the youth compared to structured sexual education programs.
- The studies denoted that the priority in developing effective sexual health education programs is the conscious social support provided through advocacy works. Therefore, it was emphasized that these programs should cover all segments of society, including parents, teachers, politicians, society leaders, and the media.

Again in a comprehensive study carried out by the World Health Organization, research reports of developed countries, which cover sexual health education under the framework of their formal education, were examined; and neither in this study, was there any concrete evidence supporting that the education encourages sexual intercourse or directly brings down the age at first sexual intercourse. Besides, approaches carrying out sexual health education and HIV/AIDS programs together were found out to postpone the first sexual intercourse, to decrease the sexual activity level, and to enhance the acceptance of safe sexual behaviours.

Making sexual health education a part of the compulsory education program, and covering it within the curriculum as necessary had become a standard practice in many countries although this couldn't be succeeded yet in our country. Hence, the youth are deprived of correct, easily and inexpensively accessible knowledge; and they almost wrestle with this period of their life. They try to overcome this lack by getting the needed information from



their friends, newspapers, magazines, and websites. Especially the hearsay information obtained from pornographic websites or friends can have a negative influence on sexuality. Over and above this, families have quite a limited contribution to the youth's sexual health knowledge.

Our country constitute one of the best examples of adult aducation and public education practices, which are tried to be implemeted in the societies, where the need of youth can't be met, in order to overcome resulting health problems. The missed opportunities become much clearer when the difficulty, cost and belatedness of these general health education programs directed to adults are considered. Significant financial and human resources are allocated for numerous adult education programs in order to overcome the health problems emerging in the field of SRH, and to make a positive change in the health indicators. These efforts have limited influences although they bring about a serious economic cost and loss of labor.

This fact holds for our country as well, where sexual health education is not yet carried out in schools although the efforts aimed at this rise gradually. Various parts of the survey involve youth's perceptions and assessments related to the inadequacy and necessity of sexual health education. These findings will not be repeated here since they are involved under the relevant titles.

Innumerable adult programs that have been carried out in the field of SRH constitute a striking evidence in terms of the acceptance of the unmet need by all segments of the society and by the service providers. However, meeting this need scientifically and on the right time would not only decrease the big cost but would also ensure countless advantages for individuals by providing the timely attainment of knowledge and behavioral skills. The actual problem is nothing more than bringing forward the education, which is accepted to be necessary and for which great efforts are made. In our country, the formal education, especially the second level of compulsory education, constitutes the best opportunity for this matter. Transferring this approach and its aims to an already existing substructure will render it possible to offer a crucial public health service on the right time and at a lower cost; and this will have a strong reflection in the health and social indicators of the society.

Consequently, sexual health education programs are seen to be an important and effective way of protecting and improving youth's sexual health. Therefore, every country should implement sexual health education programs in line with its own conditions. However, supporting of these education programs also by proficient health care personnel during the provision of routine health care services and during planned health screenings should be an inseparable part of the implementation.

The fast urbanization process that has been experienced in our country almost for the past

half century has also been bringing along important social problems, and a fast process of social change has been experienced. In this process, the youth are deprived of the chances of attaining reliable knowledge and the skills of behaving healthy. Sexuality keeps its powerful position among the taboos and myths, which are spoken the least although they are worried upon. However, besides this negative atmosphere, the fact that the formal education is an important opportunity to offer sexual health education has been spoken out more and more. This demand is also expressed in the survey.

For this purpose, works, which will be led by pedagogues and health care providers with the effective participation of the youth, will enable the creation of healthier and better qualified environments in the field of sexual health for youth.

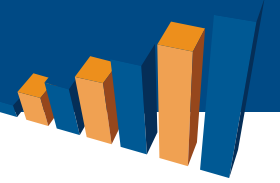
Steps to be taken to this end are;

- Accomplishment of the required adaptation in the formal education curriculum,
- Training of teachers and candidate teachers for the implementation of these programs,
- Preparation and dedication of required training equipments and documents,
- Enriching and supporting the developed curriculum with the peer education practices.

UNIVERSAL SEXUAL AND REPRODUCTIVE RIGHTS THAT ARE ALSO VALID FOR YOUTH (*)

- The Right to Life
- The Right to Liberty
- The Right to Equality
- The Right to Privacy
- The Right to Freedom of Thought
- The Right to Information and Education
- The Right to Choose Whether or Not to Marry and to Found and Plan a Family
- The Right to Decide Whether or When to Have Children
- The Right to Health Care and Health Protection
- The Right to the Benefits of Scientific Progress
- The Right to Freedom of Assembly and Political Participation
- The Right to Be Free from Torture and Ill Treatment

(*) *Charter on Sexual and Reproductive Rights by the International Planned Parenthood Federation (IPPF)*



Youth of our country should be able to enjoy these universal rights at the highest level; and more importantly, they should be empowered in terms of knowledge and awareness for being able to claim their rights.

Implementation of the approaches, which feature strategies and action plans directed to meet the youth's basic needs in the policy documents (Millennium Development Goals, 2007 - 2013 Ninth Development Plan, National Strategic Action Plan for the Health Sector, Sexual and Reproductive Health 2005 - 2015, UNFPA 4th Country Programme (2006-2010), Reproductive Health Programme of Turkey, etc.), will actually bring along a good deal of developments. Providing the participation of sectoral cooperations and youth to these works will strengthen them by accelerating achievement to the aims.

When we look at Turkey, the development of a service provision model based on youth friendly service provision especially in the field of health services and efforts to generalize this model in line with the available resources are observed with appreciation. However, it is watched with worry that the same systematic approach could not yet be reflected in the sector of education. It shouldn't be ignored that these two fields are inseparable parts of a whole. To give an example, today's health sector often points out the fact that the improvement of sexual health education would promote and enhance the use of youth friendly health services.

If we care that our youth and future generations live their adolescence and their years of youth as being healthier, more conscious, more reconciled with themselves and with the society, happier and safer, we as the society should accept the fact that the provision of sufficient sexual health knowledge and youth friendly reproductive health services on the right time is natural and required. We should promptly meet the services they need in this field. Otherwise, primarily our youth, and then our society will continue to pay the social, health related and economic costs of not knowing.

UNFPA Turkey Office, reflecting its tradition and accretion of more than 35 years in the field of reproductive health, has a strong desire and commitment to take concrete steps in collaboration with relevant public institutions, universities, non-governmental institutions, youth and all the relevant actors. Once more through this report, we want to express our belief that a strong common will and approach shaped around this issue will create very beneficial outcomes for the country as experienced in the past.

Hoping to meet in the works whereby future policies and practices will be discussed following the findings of this survey, and believing that the survey will provide positive contributions for the youth and the overall society, we would like to greet everyone, and thank to all persons and institutions that supported the survey for their significant contributions.

Yours faithfully,
United Nations Population Fund
Turkey Country Office

