STRENGTHENING ACCESS TO WOMEN'S HEALTH SERVICES IN DISASTER AND CRISIS SETTINGS:

A REPORT ON EXAMPLES OF INTERVENTIONS
TO IMPROVE WOMEN'S HEALTH
2025

TAPV
Turkish Family Health and Planning Foundation

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A BRIEF OVERVIEW OF TAPV

Established in 1985 under the leadership of Vehbi Koç by a group of business people, academics, and representatives of worker and employer organizations, the Turkish Family Health and Planning Foundation (TAPV) aimed to support maternal and child health and family planning initiatives offered within the scope of preventive health services.

The Population Planning Law, enacted in 1965, granted individuals the freedom to have children when and in the number they desired. In 1983, a further legislative step expanded family planning options by including surgical methods, and the voluntary termination of pregnancies up to 10 weeks was legalized. During the years when efforts were underway to expand public services aimed at reducing maternal and infant mortality rates, TAPV, believing that the private sector should also assume responsibility in this domain, began developing projects to support the Ministry of Health work in the field.

By the 1990s, through communication campaigns and extensive fieldwork, the concept and methods of family planning had achieved high levels of public awareness. To address knowledge gaps and misconceptions regarding the use of family planning methods and to increase utilization rates, social marketing programs were implemented, and steps were taken to apply this model to family planning service delivery in the private health sector.

The UN ICPD, held in Cairo in 1994, fostered a more holistic approach to this field under the concept of reproductive health, and a service approach centered on access to reproductive rights was established as a common strategy for all countries. Furthermore, influenced by this conference, the Interagency Working Group (IAWG) on Reproductive Health in Crises was established a year later under the guidance of the UN. In light of these developments, and within the scope of reproductive health, our areas of work were expanded to include sexual education, safe motherhood, reproductive health risks, fertility regulation, sexual health, and Sexually Transmitted Infections (STIs). We also aimed to incorporate a rights-based approach grounded in gender equality into our programs.

Starting from the 2000s, adolescents and young people joined our working groups, and training initiatives were launched. These initiatives targeted university students through peer projects, and adolescents and teachers through school-based sexual health education. Reducing maternal and infant mortality rates required widespread and determined efforts.

Through its safe motherhood programs, TAPV implemented training programs for pregnant and postpartum women and healthcare providers, as well as conducting community-based fieldwork.

Structural deficiencies in meeting the sexual health needs of the young population, coupled with high population mobility, accentuate sexual risks, leading to a progressive increase in the spread of STIs and HIV. We strive to support efforts to raise awareness regarding sexual health and to expand counseling and screening services.

Local governments have always endeavored to address the priority needs of the public, and in recent years, services targeting women and children have progressively increased. TAPV, within the framework of its collaborations with municipalities nationwide, has launched awareness and training initiatives aimed at empowering women and girls.

ABBREVIATIONS

AÇSAP/MCHFP	Maternal and Child Health and Family Planning
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CSMD	The Association for Struggle Against Sexual Violence
DDD	Doctors of the World Association (Türkiye)
EU	European Union
FHC	Family Health Center
FP	Family Planning
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
ICPD	International Conference on Population and Development
INSEV	Human Health and Education Foundation
KEDV	Foundation for the Support of Women's Work
LHF	Turkish Local Humanitarian Forum (LHF)
MEDAK	Medical Search and Rescue Association
MISP	Minimum Initial Service Delivery Package
MoH	Ministry of Health
NGO	Non-Governmental Organization
NICU	Neonatal Intensive Care Unit
OECD	Organization for Economic Co-operation and Development
SAMS	Syrian American Medical Society
SGDD- ASAM	Association for Social Development and Aid Mobilization
SRH	Sexual and Reproductive Health
SRP	Solidarity, Respect and Protect Association
STIs	Sexually Transmitted Infections

TAPV	Turkish Family Health and Planning Foundation
TDHS	Türkiye Demographic and Health Survey
TTB	Turkish Medical Association
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNFPA	United Nations Population Fund
WHO	World Health Organization
YAHA	Youth Approaches to Health Association

INTRODUCTION

"Women perceive health not as something one person administers to another, but as a process founded on a reciprocal relationship. The bond formed through this relationship is, for both parties, life-giving and life-enriching. They view the body, mind, and spirit as integral aspects of human nature and believe that health impacts each component of this tripartite nature. These women have chosen to accompany, assist, teach, and care for others in their pursuit of wholeness."[1] This definition is illuminating, as it reveals that women approach health within the framework of 'a relationship, a habitat,' perceiving healing as an integrated whole that encompasses nature, self-knowledge, and physical well-being. However, it is recognized that gender inequality leads to women's health being evaluated solely on the basis of physical health, rather than holistically. This situation poses a barrier to the provision of comprehensive healthcare services. Therefore, definitions of women's health that identify this inequality and encompass other aspects of life are crucial for reminding us that health is a matter of community well-being, not commerce. Indeed, the WHO states that sexual health "is a state of physical, emotional, mental and social well-being in relation to sexuality."[2] The emphasis in this definition on well-being being determined by factors beyond the physical is significant. It underscores that SRH cannot be viewed solely as a medical issue. Moreover, by encompassing social elements, SRH also provides insights into a country's societal inequalities, such as those related to age, gender, and economic status. Therefore, developments and the prevailing context in this field are shaped by social, cultural, legal, and political factors. Consequently, sexual and reproductive health is of great importance not only for individual health but also for societal development and welfare.[3] Indeed, a new global analysis published jointly by the Guttmacher Institute and the UNFPA documents the significant benefits of investing in sexual and reproductive health services in several key areas.[4] These key areas include: contraceptive services; pregnancy, childbirth, and newborn care; services and medications for pregnant women living with HIV; and treatment for four other common STIs. The research demonstrates how these investments lead to savings in health expenditures, as well as the additional needs that would arise if these existing needs are not met. Furthermore, the analysis emphasizes that this impact is not limited to women's lives but also extends to society as a whole, owing to the interconnectedness of women, families, and communities. As another example, the "Decade for Women," spanning 1975-1985, was recognized at the UN Third World Conference on Women as a milestone in achieving the goals of "equality, development, and peace."[5] At the same conference, under the themes

[1] Achterberg, J. (2009). Woman As Healer (B. Altınok, Trans.). Istanbul: Everest Publications.

[2] WHO. (2015). Sexual Health, Human Rights and Law. (Defining sexual health, Section 1.1).

[3] Glasier, A., Gulmezoglu, A.M., Schmid, G.P., Moreno,C.G., Van Look, P.F. Sexual and reproductive health: a matter of life and death. In The Lancet, Vol. 368, No. 9547 (2007), pp 1595-1607.

[4] Singh S, Darroch JE and Ashford LS, Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014, New York: Guttmacher Institute, https://www.guttmacher.org/sites/default/files/report_pdf/addingitup2014-estimation-methodology.pdf

[5] CEID,Norms and Standards in Access to Gender Equality (2021), 40, ISBN: 978-625-7666-04-6, https://ceidizler.ceid.org.tr/dosya/toplumsal-cinsiyet-esitligine-erisimde-normlar-ve-standartlarpdf.pdf

of "employment, health, and education," health services for women were addressed. The scope of women's health was expanded by considering women's health needs not solely in their capacity as "mothers" but also by evaluating their other health service requirements as individuals. Similarly, the 1994 ICPD in Egypt recognized women's reproductive health rights as human rights.[6] This marked a turning point in recognizing women's rights over their own bodies. The Cairo+20 review also highlighted the connection between SRH and equality and justice, asserting that sexual and reproductive health rights should be equal for all individuals and must be integrated into the 'Sustainable Development Goals.'.[7] Furthermore, influenced by this conference, the Interagency Working Group (IAWG)[8] on Reproductive Health in Crises (IAWG) was established one year later under the guidance of the UN.

However, despite these expanded definitions and practices, women's reproductive rights in some countries continue to be restricted by cultural and religious barriers. A brief examination of these barriers reveals that gender inequality and access-related challenges are predominant. Particularly in developing countries, women have limited access to safe family planning and postnatal care services. In some regions of Africa, Asia, and Latin America, these problems are even more acute. Furthermore, in many countries, women still face significant legal barriers concerning their sexual and reproductive health and rights, the age of marriage, contraception, and unintended pregnancies. For example, in the United States, recent years have seen a significant struggle over the protection of abortion rights, with some states imposing bans or restrictions on abortion.[9] As a consequence of these barriers, an average of 800 women die each day from preventable maternal causes. Every year, 200 million women have an unmet need for family planning; only 55% of women are able to make their own decisions regarding sexual and reproductive health and contraception; and 500,000 women die annually from complications related to pregnancy and childbirth, with 1% of these deaths occurring in developed countries and 99% in developing countries.[10]

Unintended Pregnancies

According to UNFPA's 2022 World Population Report, an average of 331,000 unwanted pregnancies occur every day and 121 million unintended pregnancies occur annually.[11] At least three out of five unintended pregnancies result in abortion. An estimated 45% of abortions

[6] Joar Svanemyr, b, Avni Amin, Venkatraman Chandra-Mouli M.B.B., M.Sc. a. (2015). Twenty Years After International Conference on Population and Development: Where Are We With Adolescent Sexual and Reproductive Health and Rights?, Journal of Adolescent Health Volume 56, Issue 1, Supplement, January 2015, 1-6.

[7] İlçioğlu, K., Keser, N., Çınar, N. (2017). Women's health and influencing factors in Türkiye. Journal of Human Rhythm, 3(3), 112- 119.

[8] https://iawg.net/

[9] Mueller E. and Carl R.Roberts. (2022), The right to abortion in the United States: the end of the Roe/Wade decision. https://tr.boell.org/tr/2022/06/16/amerika-birlesik-devletlerinde-kurtaj-hakki-roewade-kararinin-sonu

[10] TAPV – Sexual and Reproductive Health Situation Analysis Report in Türkiye (2021). ISBN-10(13) 978-605-70326-3-8

[11] UNFPA The case for action in the overlooked crisis of unintended pregnancy (2022). https://www.unfpa.org/sites/default/files/pub-pdf/EN_SWP22%20report_0.pdf

performed are unsafe, primarily occurring in countries where abortion is illegal or restricted, or where safe procedures are unavailable. Unsafe abortions lead to the hospitalization of approximately 7 million women worldwide each year and are also cited as a leading cause of maternal mortality. It is also important to note that the unmet need for modern contraceptive methods is concentrated among women who wish to avoid pregnancy and live in the poorest households, those with lower levels of education, adolescent girls, and residents of rural areas. Thus, the severity of the issue varies according to economic class, intra-country inequality, and disparities between countries.[12]

Maternal and Infant Health

According to Darroch's 2014 "Adding It Up" report, more than 40% of the 125 million women who give birth each year in developing countries do not receive the minimum four antenatal care visits recommended by the WHO. The same report also states that approximately 290,000 maternal deaths, 1.9 million stillbirths, and 2.3 million neonatal deaths (deaths in the first month of life) occur annually. Furthermore, although the global maternal mortality ratio decreased by 34% between 2000 and 2020, a 2023 WHO report indicates that progress has significantly stagnated in recent years.[13] However, as stated by the Director of the Technical Division at the UNFPA, Dr. Julitta Onabanjo, "The death of any woman or girl during pregnancy or childbirth is a serious violation of human rights." We can further assert that unless all unmet needs in women's health—not just maternal and infant mortality—are addressed by tackling issues such as gender inequality, socioeconomic disparities, discrimination, poverty, and injustice, solutions will only benefit a select group of women. For this very reason, a sexual and reproductive health service system designed with a gender perspective is necessary.

HIV and Other STIs

According to a WHO report, an estimated 39.9 million people were living with HIV at the end of 2023[14], 4.5 million of whom are children. Mother-to-child transmission of HIV decreased globally by 20% between 2015 and 2020 as a result of worldwide efforts, with a 24% reduction in high HIV burden countries. However, a WHO report also states that 4.5 million people living with HIV are children, and reports that 90,000 children died from AIDS-related causes between 2015 and 2020.[15]

Pregnant women living with HIV have heightened sexual and reproductive health needs, including treatment for their own health and measures to prevent HIV transmission to their babies. Annually, 273,000 infants become infected with HIV during pregnancy, childbirth, or breastfeeding.[16]

[12] Guttmacher Policy Review / Vol. 18, No. 1 / Winter 2015, https://www.guttmacher.org/sites/default/files/article_files/gpr180101.pdf

[13] WHO, Sexual and reproductive health for all: 20 years of the Global Strategy. (2024). https://www.who.int/news/item/16-05-2024-sexual-and-reproductive-health-for-all-20-years-of-the-global-strategy

[14] WHO (2024)

[15] Akyol D. , Deniz G. (2023). Evaluation of Birth Control and Pregnancy Management in HIV-Infected Women, Kimlik Dergisi, 39-44, 10.36519/kd.2023.4252. https://www.klimikdergisi.org/tr/2023/03/06/hiv-kohortunda-dogum-kontrolu-gebelik-yonetimi/

[16] Barot S. (2015). Sexual and Reproductive Health and Rights Are Key to Global Development: The Case for Ramping Up Investment, Guttmacher Policy Review, Vol. 18, No. 1, p:3.

The health sector can be identified as one of the areas most adversely affected by recent negative global trends. Factors such as environmental disasters, diminished access to water resources, deteriorating sanitation conditions, and the spread of infectious diseases directly impact women's sexual and reproductive health.[17] These adverse trends include structural shifts like health sector privatization and climate change, alongside acute disruptions such as the COVID-19 pandemic. For instance, the COVID-19 pandemic is a significant recent development that has affected women's health. The pandemic hindered access to healthcare services globally, overwhelmed health systems, and caused major disruptions in women's access to sexual health services. Particularly in low-income countries, access to contraceptive services and pregnancy monitoring was severely hampered.[18] Additionally, the psychological stress caused by the pandemic has adversely affected women's mental health. Climate change, in turn, is creating long-term impacts, particularly on women's health.
Alongside these challenges, technological advancements and developments such as the increased focus of women's movements on women's health are facilitating women's active role in solving their own problems and highlighting approaches that call for policy changes in women's health. Digital health applications for women's health, remote counseling services, and mobile health technologies are assisting women in accessing health services more rapidly and effectively. Particularly in developing countries, such technologies can enhance the accessibility of health services. Furthermore, the growing influence of women's rights movements and feminist groups has served as a significant driving force for improving legislation related to women's health and increasing societal awareness. These movements are particularly advocating for the removal of legal barriers concerning sexual health and reproductive rights, and for increased participation of women in decision-making processes.

Overall Situation in Türkiye

Discussions surrounding sexual and reproductive health (SRH) in Türkiye tend to be polarized, often framed around opposition and support. Therefore, in order to fully understand the state of SRH in the country, it is essential to adopt a rights-based approach while also taking into account the political challenges and constraints that shape the context. Indeed, addressing SRH in conjunction with its societal dynamics can facilitate our understanding of the conservative shift that undermines the autonomy of sexual health policy, the impacts of neoliberal developments on healthcare service delivery and structure, and the role of a rights-based approach within SRH practices.[19]

Türkiye is known to have initiated planning and actions for sexual and reproductive health service delivery starting in the 1960s.[20] The 1970s were a period when FP was integrated with primary healthcare services and women's rights, and population issues were addressed

[17] Irfat Ara I., Maqbool, M. (2022). Reproductive Health of Women: Implications and attributes, International Journal of Current Research in Physiology and Pharmacology, Vol 6, Issue 3

[18] Hasuder (2020), Sexual Health and Reproductive Health in the COVID-19 Pandemic. https://korona.hasuder.org.tr/covid-19-pandemisinde-cinsel-saglik-ve-ureme-sagligi/

[19] Willis P., Yilmaz V. (2020), Challenges to a Rights-Based Approach in Sexual Health Policy: A Comparative Study of Türkiye and England, Social Policy, Institute for Graduate Studies in Social Sciences & Social Policy Forum Research Centre, Bogazici University, Türkiye, Societies 2020, 10(2), 33; https://doi.org/10.3390/soc10020033

[20] Furtuna, S. (2024). The Transition of Turkish Women and the Family in the 1950s and 1960s and its Subsequent Impact on Fertility decline and Contraceptive attitudes, Annales de démographie historique 2024/1 n° 147, 137

interdisciplinarily through FP resources alongside maternal and child health services.[21] Law No. 557 of 1965 and Law No. 2827 on Population Planning of 1983 assign the MoH the responsibility for educating the public on fertility, ensuring widespread service provision, and maintaining the continuous availability of contraceptive methods in public health institutions.[22] Similarly, the Constitution holds state institutions responsible for protecting the public in matters affecting public health and for regulating health services.[23] Examples of significant legal regulations in the field of SRH include:[24]

1- In Türkiye, FP services are regulated by Law No. 2827 on Population Planning and its associated regulations. This legislation ensures individuals' access to modern contraceptive methods, enabling them to consciously regulate their fertility.

2- Law No. 2827 on Population Planning permits the termination of pregnancy under specific conditions and within a defined gestational limit. This regulation ensures women's access to safe and legal pregnancy termination services.

3- The Public Health Law and other relevant legislation include provisions for the prevention, diagnosis, and treatment of STIs. This legal framework aims to protect public health and prevent the spread of infectious diseases.

4- Another significant development in this field was the legalization in 1983 of women's right to terminate pregnancies up to ten weeks of gestation.

5- The National Action Plans for Combating Violence Against Women (2003) aim to enhance the quality and ensure the accessibility of reproductive health services. The "National Strategic Action Plan for Sexual and Reproductive Health 2005-2015" is also a key resource demonstrating the framework within which sexual and reproductive health are addressed in Türkiye. In this action plan, SRH was addressed with a specific focus on the following issues: High Maternal Mortality, High Rates of Unwanted Pregnancies, Sexually Transmitted Infections, Inequalities between Regions and Settlements in terms of Sexual Health (SH) and Reproductive Health (RH), and Low Levels of Sexual Health/Reproductive Health (SH/RH) among Youth.

As previously stated, there is a relationship between the potential of a rights-based approach to sexual health to shape global and local policies and the prevailing political dynamics. And this interplay does not always yield negative outcomes. For example, steps taken by feminist activists to transform the understanding of sexual and reproductive health policy, particularly in the 2010s, contributed to the strengthening of a global anti-sexual rights alliance.[25] In Türkiye, the Law on Combating Violence Against Women and Domestic Violence, which entered into force in 2012, and the signing of the Istanbul Convention in 2015, represented significant advancements for women's sexual and reproductive rights. However, Türkiye's

[21] TAPV, A History of Family Planning in Turkey. https://www.tapv.org.tr/history/

[22] Willis p., Yılmaz V. (2020), Challenges to a Rights-Based Approach in Sexual Health Policy: A Comparative Study of Turkey and England, Social Policy, Institute for Graduate Studies in Social Sciences & Social Policy Forum Research Centre, Bogazici University, Turkey, Societies 2020, 10(2), 33; https://doi.org/10.3390/soc10020033

[23] ARTICLE 56- Everyone has the right to live in a healthy and balanced environment. It is the duty of the State and citizens to improve the environment, protect environmental health, and prevent environmental pollution.

[24] Toker S. (2023), "Sexual Health and Reproductive Health Problems in Women in the World and Türkiye: Current Data", ERÜ Journal of Health Sciences Faculty 2023; 10(2): 31-38

[25] Willis P., Yilmaz V. (2020), Challenges to a Rights-Based Approach in Sexual Health Policy: A Comparative Study of Türkiye and England, Social Policy, Institute for Graduate Studies in Social Sciences & Social Policy Forum Research Centre, Bogazici University, Türkiye, Societies 2020, 10(2), 33; https://doi.org/10.3390/soc10020033

withdrawal from the Istanbul Convention in 2021 has been interpreted as a significant setback for women's rights and efforts to combat violence.[26] This decision is anticipated to have adverse effects on women's health and safety rights.
Another key legal development for women's health is the Law on Combating Violence Against Women (2012). Türkiye adopted this law to combat violence against women. Significant provisions were introduced for the protection of women in situations of sexual and domestic violence. However, shortcomings and challenges persist in its implementation. It is recognized that when domestic law is reinforced by international agreements, women's rights can be comprehensively protected and upheld.[27] The CEDAW and the Istanbul Convention are significant international agreements in this context.

With Law No. 2827, FP methods and services became accessible under preventive health services and progressively widespread.[28] Until the mid-1990s, FP methods were received as donations through international programs; thereafter, they began to be procured by the MoH and provincial health directorates. Based on our field observations, with the health transformation program, challenges in accessing FP services began to emerge, and in recent years, access to FP supplies has nearly ceased. However, due to political, religious, and cultural barriers, access to these services remains challenging in some regions. Particularly in rural and conservative regions, issues of limited information and access concerning family planning persist.[29] For example, according to MoH statistics (2018), there are 13.6 maternal deaths per 100,000 live births; however, this rate increases to 24 in the Northeastern Anatolia region.[30] It is important to recall that these rates increase not only due to regional disparities but also according to economic class, literacy levels, prior earthquake experience, and disability status. For example, it is important to note that while agriculture is a primary sector in many regions, the number of individuals employed in agriculture increased following the earthquake, partly as a result of people who had lost their jobs seeking employment in this sector. Nearly all women employed in the agricultural sector work as unpaid family laborers (78.7%, compared to 20.2% for men);[31] consequently, they are deprived of social security benefits, health insurance, and trade union rights, and are subjected to poor working conditions and low wages. This signifies that women employed in the agricultural sector are unable to access healthcare services. One study found that 70.6% of married women working as seasonal agricultural laborers had never used any contraceptive method. Likewise, "the unmet need for modern methods to prevent unintended pregnancies is 32% among women living in households with the lowest welfare status, whereas it decreases to 11.9% among women in households with the highest welfare status."[32]

[26] Sexual and Reproductive Health and Rights (SRHR) Platform Press Release 12.04.2021

[27] Bright Pie Sh. (2017), "International Conventions on the Protection of Women and the Position of Türkiye", Journal of the Union of Turkish Bar Associations (TBB Dergisi) 2017 (special issue). s.48 https://tbbdergisi.barobirlik.org.tr/m2017-2017-1715

[28] Koçak, S., Demir, B. (2023). Evaluation of Family Policies in Türkiye in Terms of Sustainable Development and Social Services. Journal of Social Policy Conferences, JSPC 2023, 85, 65-77 DOI: 10.26650/jspc.2023.85.1299286. https://dergipark.org.tr/tr/download/article-file/3152082

[29] Some key data on the SRH status of women in Türkiye can be found on page 10 of the IPSOS and TAPV report titled "SRH Services Research Report in Six Provinces". https://www.tapv.org.tr/haberler/6-il-ozelinde-cinsel-saglik-ve-ureme-sagligi-csus-hizmetleri-arastirma-raporu-yayinda/

[30] Health Statistics Yearbook 2018, Ministry of Health of Türkiye, https://dosyamerkez.saglik.gov.tr/Eklenti/36134/0/siy2018trpdf.pdf

[31] Uygur, G. (2023). Gender Analysis in Earthquake Zones: Women's Access to Justice and Legal Aid. Council of Europe, December 2023, p 23. https://rm.coe.int/tur-2023-wa2j-deprem-bolgelerinde-toplumsal-cinsiyet-analizi/1680ae1fad?

[32] Şemsinnur Göçer et al., Determining the Family Planning Status of Female Seasonal Agricultural Workers, Journal of Health Services and Education; 2016; 2(1): 40-46. p57. https://www.halksagligiokulu.org/Kitap/DownloadEBook/04d93d69-3dcc-4085-9cdb-e81ea55eea28

According to Türkiye Demographic and Health Survey (TDHS) data, one in ten married women was found to have an unmet need for family planning, and this rate doubled between 2013 and 2018, reaching 12%.[33] Furthermore, according to the TDHS, 53% of women indicated at the time of the survey that they were not considering having another child. When considering SRH needs from the perspective of adolescents and youth, according to the TGA-2023 results, only 3% of young people seek services from a health facility to obtain methods for preventing pregnancy or STIs.[34] According to the same report, between 2007 and 2023, the proportion of individuals lacking information about STIs rose from 6% to 30%. Adding to these data the economic challenges in accessing FP materials[35]—which are expected to be supplied free of charge by public institutions but encounter difficulties in procurement and distribution—underscores the importance of ensuring the accessibility and free provision of counseling services and FP materials for young people.

It can be argued that similar issues are pertinent for Syrian immigrant women as well. The TDHS report found that 39 out of every 100 adolescents and young women (aged 15-19) were either already mothers or pregnant, and the total fertility rate in this group was notably high at 5.3 children per woman. According to the same report, the most commonly used modern contraceptive method among Syrian women is the intrauterine device (IUD), at a rate of 13%. The unmet need for family planning among Syrian women was determined to be 21%. In addition to this information, it has been observed that there are persistent difficulties in regularly accessing family planning materials, particularly at Migrant Health Centers. These challenges reportedly lead women to resort to unreliable contraceptive methods or seek private healthcare services. Furthermore, it can be argued that immigrant and refugee women are at a greater disadvantage in accessing all SRH services.[36] For example, studies have found that immigrant women participate in cervical cancer screenings at lower rates than non-immigrant women.[37] Moreover, it has been observed that breast cancer screening tests are conducted far less frequently among immigrant women compared to their non-immigrant counterparts.[38]

Earthquakes and Women's Reproductive Health

It must be remembered that interventions designed to meet needs in the aftermath of an earthquake will exclude women unless strategies are developed to eliminate inequalities. From this perspective, well-structured recommendations are significant not only for currently implemented projects but also for their potential to serve as exemplars for all subsequent projects in this domain. For example, following the determination that hygiene kits distributed during earthquakes inadequately addressed women's needs, dignity kits specifically for women were developed,[39] and these kits continue to be utilized. Alternatively, following the

[33] Hacettepe University Institute of Population Studies. (2018). The Main Findings of the Population and Health Survey of Türkiye 2018 http://www.sck.gov.tr/wp-content/uploads/2020/08/TNSA2018_ana_Rapor.pdf

[34] For an assessment of the earthquake from a Sexual and Reproductive Health (SRH) perspective, see: https://www.tapv.org.tr/wp-content/uploads/2024/07/6-Subat-Depremlerinin-Ardindan-Ergenler.pdf

[35] https://cisuplatform.org.tr/istenmeyen-gebeligi-onleyici-yontemlere-ucretsiz-erisim-zorlasti/

[36] Kaya, M. (2025). Barriers And Bridges: Syrian Women's Access To Sexual And Reproductive Healthcare And Migrant Health Centers In Türkiye. Ankara: Social Sciences of Middle East Technical University.

[37] Taylor, R. J., Morrell, S. L., Mamoon, H. A., Wain, G. V. (2001). Effects of screening on cervical cancer incidence and mortality in New South Wales implied by influences of period of diagnosis and birth cohort. Journal of Epidemiology and Community Health, 55(11), 782-788. https://doi.org/10.1136/jech.55.11.782

[38] Holk, I. K., Rosdahl, N., Pedersen, K. L. D. (2002). Acceptance of mammographic screening by immigrant women. Ugeskrift for Laeger, 164(2), 195–200.

[39] https://www.usaforunfpa.org/whats-in-a-unfpa-dignity-kit/

determination that socio-cultural centers were not sufficiently safe for women and did not include SRH services, safe spaces for women and girls were developed, and SRH services began to be provided in these areas. For instance, following the Haiti Earthquake, "Safe Spaces" dedicated to Women's Health were established, and these spaces served as a model for subsequent interventions. In Kenya, to enable even women with low literacy levels to assist with childbirth, basic delivery material kits were distributed in refugee camps.[40] Another example is the establishment of dedicated SRH counseling hotlines for LGBTQ+ individuals during the Nepal earthquake.[41] Following the realization that services were not accessible, particularly for women unable to reach health institutions, telephone health counseling services were provided after the 2011 Tohoku Earthquake in Japan; this service was subsequently mainstreamed in government institutions.[42] As will be detailed later, the inclusiveness of services in disaster and crisis situations is a significant indicator determining the extent to which these individuals may be excluded from such services. The youth-friendly clinics established by the UNFPA Moldova in every district and municipality between 2002 and 2017 also serve as an important example of young people's inclusion in services.[43] In these clinics, free counseling services were offered to young people aged 10-24 through gynecologists, urologists/andrologists, internal medicine specialists, midwives, nurses, psychologists, and social workers. This practice was later disseminated by the OECD as a best practice.

In the region affected by the February 6, 2023 earthquake centered in Kahramanmaraş, Türkiye, 8% of the 3.5 million households are headed by women and include at least one child, while 54% of the population aged 60 and above are women.[44] Furthermore, in the eleven provinces[45] that experienced the earthquake, 226,000 pregnant women of reproductive age who survived were identified, and it was projected that an estimated 25,000 of these women would give birth within one month.[46] These figures indicate that assessing the needs and consequences of the earthquake, particularly for children and women, is imperative. This is imperative because the earthquake caused a significant decline in medical facilities and healthcare personnel, and women are among the priority groups most affected by this situation. Indeed, in March 2023, 60% of obstetrics and gynecology services were non-operational.[47] Only 30% of the doctors and nurses who were active before the earthquake are currently able to work.[48] Research conducted by the MEDAK also indicates that services requiring regular follow-up, particularly within preventive healthcare and beyond outpatient examinations, diagnosis, and medication-based treatment, have been severely disrupted.[49]

[40] Tribaquip Africa. Accessed April 16, 2025. https://tibaquipafrica.com/product/basic-maternity-delivery-set-instruments-in-kenya/?srsltid=AfmBOopxG0BMyJHCxQnRnjhTe-Jy56bYbAhRjncbgwR3uodFHJ5ZW7Va

[41] Find a Helpline. Accessed April 16, 2025. https://findahelpline.com/countries/np/topics/gender-sexual-identity

[42] Natural Disasters and Gender Statistics: Lessons from the Great East Japan Earthquake and Tsunami. From the "White Paper on Gender Equality 2012". Gender Equality Bureau Cabinet Office, Government of Japan November 2014, p.12. https://unstats.un.org/unsd/gender/mexico_nov2014/Session%207%20Japan%20paper.pdf

[43] Turkish Family Health and Planning Foundation (TAPV). (2024). *Adolescents After the February 6th Earthquakes; Report on Supporting Adolescents in Disaster and Crisis Situations*. https://www.tapv.org.tr/wp-content/uploads/2024/07/6-Subat-Depremlerinin-Ardindan-Ergenler.pdf

[44] United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), (2023). Women And Girls After The Earthquake. s.16. https://eca.unwomen.org/sites/default/files/2023-07/her_aftermath_turkce-1.pdf

[45] Adıyaman, Gaziantep, Kilis, Hatay, Malatya, Diyarbakır, Adana, Osmaniye, Kahramanmaraş, Şanlıurfa, and Elazığ.

[46] Nations Population Fund Türkiye (UNFPA), (2023). https://turkiye.unfpa.org/tr/depremden-kurtulanlar-arasinda-226-bin-hamile-kadin-var-bb.

[47] HOPE (2023). Türkiye Earthquake Response: Adiyaman, Gaziantep and Kahramanmaraş Rapid Needs Assessment Raporu. https://reliefweb.int/report/turkiye/turkiye-earthquake-response-rapid-needs-assessment-adiyaman-gaziantep-and-kahramanmaraş

[48] UNFPA (10 March 2023) Türkiye Earthquake Situation Report #5. https://reliefweb.int/report/turkiye/unfpa-turkiye-earthquake-situation-report-5-march-10-2023

[49] Medical Search and Rescue Association (MEDAK), (March 2023). Sexual Health and Reproductive Health Status Assessment Report in the Provinces Affected by the Earthquake. p 8. https://www.medak.org.tr/wp-content/uploads/2023/04/MEDAK-Deprem-Bolgesi-CSUS-Durum-Degerlendirme-Raporu-SUBAT-MART-2023.pdf

Consequently, in disaster situations, access to antenatal care, FP services, and gynecological diagnosis and treatment processes within reproductive health are interrupted. For example, according to preliminary data from studies conducted by Doctors of the World between February and September 2024, health problems such as edema, proteinuria, and hypertension were detected in 25% of pregnant women as a result of difficulties in accessing services, while 26% were diagnosed with anemia. According to the same study, "STIs were the second most common cause of morbidity among beneficiaries in Hatay, and observed in 12% of them."[50] Furthermore, 6% of diagnosed illnesses consisted of health problems affecting female reproductive organs and related areas." Similarly, due to factors such as damage to buildings or the vaccine cold chain, and at times the absence of healthcare personnel, vaccination follow-up for pregnant women, infants, and children could not be conducted during the initial months following the earthquake. Another consequence of this disruption was that access to contraceptive supplies and protective materials against sexually transmitted infections became extremely difficult in the region during the earthquake period. According to the Turkish Medical Association's (TTB) 2012 field observation report, women, specifically in the context of earthquakes, experience reproductive health problems such as "vaginal infections, breast pain or masses, and pregnancy-related concerns or complications;[51] intestinal problems and associated constipation due to fear and stress; increased genital infections due to inadequate sanitation and the prevalent use of communal, unhygienic showers, bathrooms, and toilets; and menstrual irregularities."[52] Furthermore, regarding the impact of the earthquake on maternal health, research by the MEDAK found that "prenatal follow-ups decreased by 60%, with pregnant women notably preferring to seek care outside the province."[53] In addition, earthquakes occurring during pregnancy can cause high levels of stress, anxiety, and trauma in pregnant women. This stress is associated with adverse health effects on the mother, including an increased risk of mental health problems such as depression and PTSD (Post-Traumatic Stress Disorder). Premature birth is also a problem that can be encountered following an earthquake. Research indicates that women who experience significant stress from natural disasters such as earthquakes are more likely to have premature births. Physiological and psychological stress can trigger premature birth.[54] Furthermore, there is a higher risk of low birth weight among infants whose mothers experienced an earthquake during pregnancy. Stress hormones, inadequate nutrition, and insufficient prenatal care contribute to this outcome. Finally, women exposed to earthquakes during pregnancy face an increased risk of miscarriage or stillbirth due to trauma and the physical stress exerted on the body.

The importance of early diagnosis units and Cancer Early Diagnosis, Screening, and Education Centers (KETEMs) is another issue underscored in the aftermath of disasters. The insufficient number of KETEMS and FHCs in the region poses serious challenges to women's access to healthcare services and leads to significant disruptions in the reproductive health

[50] Doctors of the World. (December 2024). Post-Earthquake Needs and Proposed Solutions. Access link https://dunyadoktorlari.org.tr/app/uploads/2024/12/Deprem-Sonrasi-Hatayda-Ihtiyaclar-ve-Cozum-Onerileri_Aralik-2024.pdf

[51] Çuvadar A. (2023). For the Aftermath of the Kahramanmaraş-Centered Earthquakes. Academic Recommendations.; ISBN (PDF): 978-975-447-613-2. s.643.

[52] Turkish Medical Association. (07.02.2023) Health Problems and Solution Suggestions in the Earthquake Zone from the Earthquake Crisis Desk.php?Guid=8bc51ca0-a6f7-11ed-b4b5-486b41055497

[53] Medical Search and Rescue Association (MEDAK), (March 2023). Assessment Report on Sexual and Reproductive Health in Provinces Affected by the Earthquake. Graph 3. https://www.medak.org.tr/wp-content/uploads/2023/04/MEDAK-Deprem-Bolgesi-CSUS-Durum-Degerlendirme-Raporu-SUBAT-MART-2023.pdf

[54] Dağlı E., Reyhan F., Topkara N.F. (March 2024). The Stress Experienced by Pregnant Women Living in the Earthquake Zone, and Pregnancy Effect on Perceptions Thereof. TOGÜ Journal of Health Sciences. 4/1. ISSN:2791-8653. https://dergipark.org.tr/tr/pub/togusagbilderg/issue/83969/1293554

services they require. According to the Kahramanmaraş Earthquakes Second Year Assessment report by TMMOB,[55] while Hatay Training and Research Hospital's officially licensed bed capacity is defined as 550 beds, in practice, it operates with approximately 350 beds. There has been a 50% decrease in the number of specialist and sub-specialist physicians on the staff roster. While 56 FHCs in Hatay were destroyed in the earthquake, only three new FHCs have been built since. Far from new FHCs being constructed, demolition orders were recently issued for an additional 10 FHCs, forcing them to provide services in containers. Across Hatay, 50 family practice units are vacant, meaning 105,135 people do not have a family physician. Post-earthquake, for other public employees (e.g., police, military), the region's socioeconomic development (SEG) level was reclassified to the sixth tier, and incentive measures were introduced to encourage service in the area. However, it has been reported that similar measures were not implemented in the healthcare sector; consequently, physicians and healthcare workers are not seeking assignments in the region, and existing staff are requesting transfers to other provinces.

Crisis situations, such as earthquakes, can be described as a litmus test, revealing existing inequalities and rendering them both visible and critical. Therefore, 'as women were already vulnerable due to pre-existing inequalities, this vulnerability was further exacerbated and deepened during the earthquake; moreover, their status as earthquake survivors with higher mortality rates[56] constituted a secondary disadvantage, causing them to experience multiple crises.' We can assert that women living with disabilities and older women experience these disadvantages much more intensely. For example, findings indicate that three years after the 2005 Pakistan earthquake, women with paralysis were socially, emotionally, and financially isolated, whereas men received full social and emotional support.[57] Similarly, the confluence of earthquakes and poverty also presents an obstacle for women seeking solutions to their health needs or attempting to access services. Due to poverty, women's inability to find the time and resources necessary to access health services adversely affects their health.[58] Furthermore, women's roles in maintaining family health are further complicated by poverty. Women typically shoulder the caregiving burden within the family, which in turn places additional pressure on their own health.

Natural disasters, such as earthquakes, are known to have adverse effects on women's physical and mental health. Consequently, an impact relationship exists between mental health and gender inequality-based issues, such as the post-disaster disruption of reproductive health services, prenatal care, FP services, and gynecological diagnosis and treatment processes.[59] Just as the failure to fully meet mental health needs can lead women to deprioritize their specific health requirements, unaddressed chronic women's health issues directly impact their overall well-being. For example, post-disaster, women face health problems such as infections; increased stress during pregnancy leads to premature births and perinatal

[55] TMMOB Chamber of Computer Engineers, (2025). 2 Of earthquakes. year Evaluation Report. https://www.tmmob.org.tr/sites/default/files/ikinciyil_degerlendirme.pdf

[56] AIt has been reported that in disaster-stricken areas, mortality rates for women and children are 14 times higher than for men. Guide to Pharmaceuticals and Health Services in Disasters and Emergencies, Ema Medical Bookstore Publishing Ltd. Co. (pp. 109-115).

[57] H. Irshad, Z. Mumtaz, A. Levay. (2011). Long-term gendered consequences of permanent disabilities caused by the 2005 Pakistan earthquake. Sociology Disasters. The Journal of Disaster Studies.36(3):452-64 DOI 10.1111/j.1467-7717.2011.01265.x

[58] Kocabacak S. (2014). Women's poverty and its reflections on women's health. Social Security Journal of the Association of Social Security Specialists. 6: 135-161.

[59] Koç B., Şahin, E., Şener, A., E., Yıldız, Ö., Yüksel, B. (2013). A Gender Approach to Women's Health in Disasters. http://tip.baskent.edu

complications; and the rise in domestic violence and sexual abuse after earthquakes generates a need for trauma-informed services.[60] In summary, women are at risk due to the post-earthquake disruption of these two critical health services.

During disasters, healthcare services can be severely disrupted, posing life-threatening risks, particularly for vulnerable groups. One of the most significant initiatives developed to address the aforementioned risks and problems is the Minimum Initial Service Delivery Package (MISP) for SRH. The MISP is a life-saving health intervention that can be rapidly implemented in crisis situations. It helps communities become more resilient by minimizing healthcare service disruptions caused by disasters. By rapidly deploying essential reproductive health services in crisis situations, the MISP reduces maternal and infant mortality, prevents sexual violence, and curbs the spread of STIs. For example, in a region where health infrastructure is damaged after an earthquake, it can prevent maternal and neonatal deaths by providing safe delivery kits and emergency obstetric care. Similarly, it can offer medical and psychosocial support to survivors by implementing protective measures against the increased risk of sexual violence in refugee camps. Furthermore, it protects public health by providing condoms and testing services to prevent the spread of HIV and other infections.
The six objectives of the MISP can be listed as follows:

1- Ensuring the health sector identifies an organization to coordinate the implementation of the MISP.

2. Preventing sexual violence and responding to the needs of survivors.

3. To prevent the spread of HIV and other STIs and to reduce associated morbidity and mortality.

4. To prevent excessive maternal and neonatal morbidity and mortality.

5. To prevent unwanted and/or high-risk pregnancies.

6. To plan for the integration of comprehensive SRH services into standard primary healthcare services as soon as possible.[61]
To work collaboratively with health sector stakeholders to address the six health system building blocks. While the six points outlined here constitute minimum standards for all groups, they require separate consideration for other groups (e.g., persons with disabilities, adolescents, etc.). For example, during the implementation of the MISP for adolescents, fundamental protective and preventive activities include: provision of shelter, fuel, water, food, and hygiene supplies; ensuring adolescents' safe access to these resources; well-lit pathways to toilets and washing facilities; safe and sex-segregated toilets and bathing facilities; and provision of secure sleeping areas, particularly for unaccompanied adolescents.[62]

In disaster and humanitarian crisis situations, the effectiveness of sexual and reproductive health services is directly linked to women's ability to access various contraceptive methods. In this context, as stated in the Inter-Agency Field Manual on Reproductive Health in Human-

[60] Kara P., Nazik, E. (2023). The Impact of Earthquake-Related Disasters on Women's Health and the Responsibilities of Nurses. Uluborlu Journal of Vocational Sciences. Volume: 6, Issue: 2, pp. 103-117, 30.12.2023.

[61] Turkish Family Health and Planning Foundation (TAPV) (2023). Information Note on Sexual and Reproductive Health Rights in Disasters.
https://cisuplatform.org.tr/wp-content/uploads/2023/08/Afetlerde-cinsel-saglik-ve-ureme-sagligi.pdf-1.pdf

[62] Turkish Family Health and Planning Foundation (TAPV). (2024). *Adolescents in the Aftermath of the February 6th Earthquakes; Report on Supporting Adolescents in Disaster and Crisis Situations*. p. 8.

itarian Settings[63] (2018), while limited methods may be offered in the initial stages of the emergency response, it becomes crucial to offer a wider range of methods as the situation stabilizes.

It should be taken into consideration that women may require different contraceptive methods based on their living conditions, health status, and personal preferences. For example, while some women may prefer oral contraceptives for privacy reasons, others may opt for long-acting methods (e.g., intrauterine devices) due to difficulties in accessing health centers. Others still may choose methods that offer additional benefits such as protection from pregnancy and amenorrhea.

In disaster and crisis situations, ensuring women's access to a variety of contraceptive methods allows them to choose the most suitable method according to their living conditions and health status. This is an inclusive approach, both in terms of protecting individual rights and achieving public health goals. This right to choose also applies to protection from unwanted pregnancies. Indeed, after the February 6th earthquake, women not only lacked access to pregnancy termination services but were also deprived of post-abortion care services. In cases of termination threatening maternal health, women were referred to hospitals in the nearest provinces for care.

Finally, it must be stated that SRH services cannot be assessed without a gender equality framework. Indeed, the goal of effectively addressing SRH requires inclusive and culturally sensitive interventions. For example, the UNFPA report (2023)[64] highlighted the relationship between earthquakes and gender-based violence (GBV). The report stated that all inequalities are exacerbated in disaster situations, particularly forms of GBV such as intimate partner violence, rape, sexual exploitation, and early and forced marriage. Considering that institutions such as women's shelters, women's contact points, and violence prevention and monitoring centers (ŞÖNİM) were damaged in the earthquake, thereby disrupting post-violence referral mechanisms, it can be stated that case management and reporting specific to GBV could not be undertaken. According to the report, in earthquake-affected regions, reporting processes do not fully capture GBV cases, particularly due to challenging living conditions in tented areas where case management is difficult. Sexual violence and harassment, forms of GBV, continue to be serious problems in Türkiye. More comprehensive measures must be taken to ensure women's safety, and access to psychological support and rehabilitation services must be provided. Therefore, access to sexual health services in disaster situations also plays a critical role in enabling survivors of violence to receive medical support and enter the recovery process.[65]

[63] The Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings (IAFM) https://www.iawgfieldmanual.com/manual

[64] United Nations Population Fund (UNFPA) (June 2023), UNFPA's Earthquake Recovery and Resilience Offer in Türkiye. https://eeca.unfpa.org/sites/default/files/pub-pdf/unfpas_recovery_resilience_offer_2.pdf

[65] Kelebek Küçüklarslan G. (2024). Feminist Group Study for Women who have Been Subjected to Sexual Violence. Kafkas University Faculty of Economics and Administrative Sciences KAUIIBFD Vol., 15, Issue 29, 2024 ISSN: 1309 – 4289 E – ISSN: 2149-9136. https://dergipark.org.tr/en/download/article-file/3645198

1. BARRIERS AND CHALLENGES IN THE PROVISION OF SRH SERVICES DURING DISASTERS

Many challenges are encountered in the provision of sexual and reproductive health services during disaster periods. These challenges stem from cultural, economic, and legal barriers, as well as infrastructural deficiencies, security risks, and inadequacies in service delivery.

1.1. Cultural Barriers and Issues

1- In post-earthquake crisis situations, gender norms can affect women's access to health services. In some regions, it may be difficult for women to move without male chaperones or to act independently. Women may face cultural barriers, such as social pressure or shame, when seeking health services.

2. In post-earthquake regions, particularly in rural and low-income areas, women may have limited knowledge regarding healthy lifestyles and hygiene. This situation can lead to women not giving due importance to their own health.

3. In some societies, there may be a lack of information about women's health rights or cultural barriers to their right to equal access to health services. Gender-based discrimination can pose a serious obstacle to women's access to health services.

4. Sexual and reproductive health services are considered taboo in many societies. During disaster periods, individuals wishing to access these services may fear stigmatization.

5. In some communities, the provision of sexual health services, particularly concerning topics such as contraceptive methods and abortion, may not be accepted for religious and cultural reasons.

6. Women, adolescent girls, LGBT+ individuals, and persons with disabilities may face increased discrimination in disaster settings and experience difficulties in accessing health services.

7. Women may experience fear and hesitation due to the perception that sexual protection is solely their responsibility and because their partners may refuse to use contraception.

1.2. Economic Barriers and Issues

1- Following an earthquake, demand for services typically increases due to damage to health infrastructure, yet resources are often limited. Furthermore, disaster-stricken areas may experience shortages of materials and equipment for SRH services. The procurement of medical supplies can be restricted due to post-disaster economic constraints, thereby hindering women's ability to meet their reproductive health needs. Women, particularly in low-income areas, may face financial difficulties in accessing health services.

2. Mobile health teams play a crucial role in disaster-stricken areas. However, establishing and sustaining these teams entails high costs. In disaster-affected areas, the lack of sufficient financial resources from the state or non-governmental organizations (NGOs) can impede the provision of mobile health services.

3. Damage to infrastructure following an earthquake can further complicate women's access to health services. Limited transportation options can pose a significant barrier, especially for pregnant women and women with children.[66]

4. The impact of disasters on health workers can lead to workforce shortages and complicate the delivery of sexual health services.

5. Following an earthquake, families' livelihoods are generally adversely affected. Women may lose their economic independence, which can limit their access to health services. Furthermore, economic inequalities in intra-family decision-making processes can also pose a significant barrier to women's ability to spend on health services. Additionally, due to the disaster, women may lose their jobs or find their employment opportunities diminished. Low-income women, in particular, may experience difficulties accessing health services and supplies. Due to loss of income, women may neglect sexual health services or struggle to obtain them.

6. In the aftermath of a disaster, vulnerable groups such as refugees and displaced persons may face economic barriers in accessing health services. Refugees in Türkiye may lack insurance coverage during a disaster, which can complicate their access to sexual health services. After disasters such as earthquakes and floods, access to health services can become an economic barrier for women without social security, and it may become difficult to provide basic health services to uninsured individuals in the affected area.

1.3. Legal and Policy-Based Barriers and Issues

1- Women in earthquake-affected regions can be impacted by situations such as GBV. However, these incidents of violence are often underreported, or legal processes are obstructed. Securing women's access to their legal rights can be challenging due to the increased complexity of the legal system post-earthquake.

2- The uncertain legal status of individuals displaced by disasters can hinder their access to health services. They may be unable to access services due to the loss of identification documents or an inability to complete official procedures.[67]

3- Incidents of sexual violence may increase during disasters, yet survivors' access to legal support and health services may be inadequate. Due to security vulnerabilities during disasters, women become more susceptible to sexual violence and abuse.

4- In some societies, women's independent access to health services may be legally restricted, or they may require permission from their husbands. Such barriers can make it difficult for women to access sexual health services during disasters. For example, in some regions

[66] TAPV Workshop on the Accessibility of Women's Health Services in Disaster and Crisis Conditions, (2024). Adana https://www.tapv.org.tr/haberler/afet-ve-kriz-kosullarinda-kadin-sagligi-hizmetlerinin-erisilebilirligi-calistayi/

[67] TAPV Workshop on the Accessibility of Women's Health Services in Disaster and Crisis Conditions, (2024). Adana.

of Türkiye, abortion may still be a socially controversial issue, and this can negatively affect women seeking emergency abortion services, particularly during a disaster. Women accessing this service may face psychological or physical barriers due to social pressures. Similarly, in Türkiye, adolescents' (under 18 years of age) access to sexual health services may be contingent upon parental consent. This situation can hinder adolescents' access to SRH services, especially during emergencies such as disasters. For instance, young people's access to contraception, services for STIs, and safe delivery services may be impeded by requirements for family approval or social barriers.

5- Human trafficking and forced prostitution are also forms of exploitation that lead to women, particularly migrant and refugee women, being targeted by human traffickers.

6- A lack of legal and medical support for survivors of sexual violence can also be observed in the aftermath of an earthquake. In disaster-affected areas, adequate psychological, legal, and health support may not be available for rape survivors.

7- In some areas post-earthquake, mobility may be restricted due to security concerns. This situation can further complicate women's access to health services, particularly if health centers are located in remote areas.

8- Reluctance from state institutions regarding the termination of unwanted pregnancies and the logistics of FP supplies can result in women, and by extension families, being forced to assume responsibility for children they are not prepared to care for, or it may reinforce the notion that childbearing is a duty for women.

9- Post-earthquake, health policies implemented by state or local governments may overlook women's health needs. Deficiencies may be observed, particularly in services specific to women's health, such as sexual health services or antenatal and postnatal care. These challenges regarding SRH services have been discussed in detail above. However, examples of such outcomes include the lack of safe delivery options for pregnant women leading to maternal and infant mortality, and abortions performed under unsafe conditions due to legal restrictions or inadequate medical support, which pose life-threatening risks.

10- It is important to note that resolving these issues is contingent not only on women acquiring knowledge about potential solutions, but also on their being empowered with the tools to apply this knowledge and effect change. Therefore, when addressing issues related to sexual health, it is crucial to underscore not only the responsibilities of non-governmental organizations (NGOs) but also those of women themselves. For instance, in a study led by Assoc. Prof. Dr. Duygu Güleç Şatır from Ege University Faculty of Nursing, titled 'Identifying the Experiences and Health Needs of Postmenopausal Women Following the Earthquake Based on the Transition Theory,' it was noted that women affected by disasters such as earthquakes need to develop strategies to cope with the physical and psychological symptoms experienced during the menopausal period.[68]

[68] Eugeajans (25 June 2024). With this project, the health needs of menopausal women after the earthquake will be determined.
https://www.euegeajans.com/index.php/2024/06/25/bu-proje-ile-deprem-sonrasi-menopozal-donemdeki-kadinlarin-saglik-ihtiyaclari-belirlenecek

1.4. SRH-Specific Issues

1- Reduced accessibility of SRH services within healthcare due to the exclusion of SRH from disaster planning.[69]

2- One-time distribution of products requiring mandatory monthly use, such as sanitary pads and monthly FP supplies.[70]

3- Inadequate antenatal and postnatal (pregnancy) care and follow-up.

4- Very limited provision of health services via mobile units, and the restricted availability of SRH services in existing mobile units.

5- Problems arising from the failure to provide nutritional and vitamin supplements to pregnant women and mothers in the initial months (e.g., decreased milk production, anemia).

6- Termination of unwanted pregnancies through unsafe methods.

7- Increase in GBV rates and unwanted pregnancies resulting from sexual violence.

8- Increase in infections, STIs, and HIV rates.

9- Problems with a high emotional burden experienced by pregnant women, leading to issues affecting the fetus (e.g., risk of premature birth).[71]

10- Consequences of trauma experienced during the earthquake and the negative psychological impact of post-earthquake life on mothers (e.g., breastfeeding difficulties).

11- Post-earthquake deterioration of hygiene conditions, leading to the spread of infectious diseases and particular difficulties concerning menstrual hygiene.

12- Lack of adequate toilet and shower facilities for women, increasing the risk of infection.

13- Urinary tract infections, fungal infections, and other health problems caused by inadequate hygiene conditions.

14- Women feeling uncomfortable and an increase in health problems due to the lack of private hygiene areas in crowded shelter settings.

15- Difficulties in supplying medical materials, medicines, and hygiene products due to damage or dysfunction of health facilities (hospitals, clinics, pharmacies) in disasters.[72]

16- Increased vulnerability of fragile groups, such as women and children, to sexual violence and abuse during disaster periods. Increased difficulty in accessing safe healthcare services.

17- Lack of sufficient information among people in disaster-affected areas about available health services, absence of an updated SRH service map, and ensuing difficulties due to this information gap.

18- Adverse effects on the health of pregnant and lactating women and their babies due to inadequate nutrition.

[69] Turkish Family Health and Planning Foundation (TAPV) Workshop on the Accessibility of Women's Health Services in Disaster and Crisis Conditions, (2024). Adana.

[70] TAPV Workshop, (2024)

[71] Kipay S. (2023). The Earthquake Reality and Its Implications for Women's Health. Izmir Katip Çelebi University Journal of Faculty of Health Sciences 2023; 8(2): 855-860. https://dergipark.org.tr/tr/download/article-file/3018628

[72] TAPV Workshop, (2024)

19- Difficulties arising from delayed diagnoses of cancer and STIs due to limited opportunities for early diagnosis and treatment.

20- Shortage of hygiene products like pads and tampons can place women in a vulnerable health situation. Using alternative methods increases the risk of infection.

21- Lack of specialist support for gynecological and other health issues, or difficulties in patient follow-up due to doctors, particularly gynecologists and obstetricians specializing in SRH, working on rotation for extended periods.[73]

22- Lack of data collection on approaches and referral mechanisms specific to SRH for youth and LGBTI+ individuals.

23- Difficulties in patient follow-up arising from doctors working on rotation during disaster periods.

24- Exclusion of SRH/FP service provision, as well as FP counseling, clinical services, and IUD insertion in FHCs, from performance criteria.[74]

25- Difficulties in data collection and pregnancy follow-up due to: the continuation of the performance-based system for family physicians post-disaster and crisis; the exclusion of pregnancy and vaccination follow-up from their performance criteria without an alternative system; post-disaster population mobility; damage to FHCs; and individuals residing in container cities distant from their registered FHCs after the earthquake.

26- Women's inability to allocate time for themselves and access health services due to the time they spend on caregiving labor.[75]

27- Absence of anonymous HIV testing centers.

28- Perception of SRH counseling services in state institutions as a service offered exclusively to married women. Difficulties in providing counseling to unmarried women or women prior to menopause.

1.5. Other Issues

1- Coordination problems among different units of the health administration. For example, research conducted by the Public Health Specialists Association (HASUDER) following the February 6 earthquake particularly emphasized the coordination problems between primary healthcare services and women's and reproductive health services.[76] However, coordination challenges are not limited to those among health institutions; issues in coordination among various state agencies indirectly involved with health also create difficulties in supporting women's health from multiple perspectives. In Türkiye, coordination among ŞÖNİM (Violence Prevention and Monitoring Centers), law enforcement agencies, Provincial Directorates of Family and Social Services, and Provincial Public Health Directorates is crucial for the effectiveness of women's health services and their support through complementary services.

[73] TAPV Workshop, (2024)

[74] Yılmaz Volkan (2020), Monitoring Report on SRH Services in Türkiye Before and During the Pandemic, TAPV https://www.tapv.org.tr/portfolio/pandemi-oncesi-ve-sirasinda-turkiyede-csus-hizmetleri-izleme-raporu/

[75] Women Workers Solidarity Association (2023) , Paid-Unpaid Labor of Women in Cities Affected by the Earthquake. https://www.kadinisci.org/wp-content/uploads/2024/01/Kadin-Isci-Depremden-Etkilenen-Kentlerde-Kadin-Emegi-Raporu-2023-1.pdf

[76] Association of Public Health Specialists (Hasuder) 6 February Earthquakes Hatay Province Field Report. (2023). s.41. https://hasuder.org/Dokumanlar/EkIndir/685dbfab-3fd8-c8e8-64ed-3a098be9c5f6

A lack of coordination among these institutions leads to deficiencies in case referrals and in providing multifaceted support to women and girls. Furthermore, inter-institutional collaboration holds significant potential for capacity building in areas complementary to an institution's primary field of expertise.

2- The inadequacy and de-prioritization of psychosocial support services, resulting in women's inability to access psychological recovery resources and professionals.

3- Post-disaster, women typically bear responsibility for the household and children, while simultaneously facing economic and social pressures. This situation causes women to postpone or disregard their own needs.[77]

4- The exclusion of disadvantaged groups—such as youth, persons with disabilities, individuals aged 65+, and LGBTI+ individuals—from services due to the absence of targeted measures, resulting in these groups facing compounded disadvantages and remaining underserved.

5- Negative consequences arising from the influence of political ideologies on the service delivery of state institutions can adversely affect coordination among institutions associated with differing political views, and, as previously mentioned, can lead to detrimental outcomes such as the politicization of purely medical issues like the procurement of FP supplies.

6- The failure to incorporate initiatives for male engagement in services provided by state institutions and Non-Governmental Organizations (NGOs), coupled with SRH efforts predominantly targeting women, leads to limited male awareness and reinforces the perception that responsibility for protection (e.g., contraception, prevention of STIs) lies solely with women.[78]

7- Finally, security concerns also constitute a factor affecting access to health services. The increase in incidents of violence, abuse, and harassment in the region severely and negatively impacts women's lives. The inadequacy of women's shelters in the earthquake zone and the insecurity of public spaces represent major hardships faced by women. Furthermore, security concerns in container sites equipped with shared toilet and hygiene facilities cause women to postpone their toilet needs at night, creating serious adverse impacts on women's health.

8- The unplanned delivery of large quantities of humanitarian aid supplies to the affected region in the initial days following the earthquake.

[77] TAPV Workshop, (2024)

[78] TAPV Workshop, (2024) (the 3rd, 4th, and 5th Items)

2. EXAMPLES OF INTERVENTIONS OF EFFORTS TO STRENGTHEN ACCESS TO WOMEN'S HEALTH

2.1. Evaluation Criteria for the Case Examples

SRH projects implemented during disasters are interventions requiring considerable sensitivity and meticulous attention. The effectiveness of these projects extends beyond merely ensuring the accessibility of health services; it also depends on crucial criteria such as gender equality, cultural sensitivity, and inclusivity. In disaster settings, the sexual and reproductive health needs of vulnerable groups, such as women and young people, necessitate that health services be tailored according to specific requirements. In this context, various factors must be considered to ensure the success of disaster response interventions. These factors include elements such as adherence to international health standards, a comprehensive needs assessment conducted with the target population, cultural sensitivity, and the inclusion of local stakeholders in the process.

Project design and implementation should be planned considering the existing state of health services in the disaster-affected area, geographical accessibility barriers, and the broader societal context. Moreover, it is crucial to provide services, including through mobile units, in areas where local health infrastructure is deficient. Factors such as gender, age, disability status, ethnic origin, and socioeconomic status must be meticulously considered in the design of such projects. Educational materials should also be developed in a manner appropriate to the age and cultural characteristics of the target audience. Awareness-raising activities concerning sexual and reproductive health topics should be conducted in a manner that empowers and educates participants, taking into account the impact of post-disaster trauma.

Another crucial aspect is enhancing the capacity of health personnel in the disaster-affected region. In this process, by establishing data collection and program evaluation mechanisms, services should be continuously improved and scaled up in light of the obtained findings. Furthermore, collaborating with state institutions, NGOs, and UN agencies to develop integrated solutions for intersecting issues such as GBV and poverty will enhance the effectiveness of these projects. Comprehensive sexuality education, improved access to contraceptive methods, as well as advocacy initiatives and policy development efforts, are of critical importance for the success of these projects.

The examples of intervention presented in the next section have been evaluated against the following criteria and subsequently included in this report. However, the criteria outlined below are shared not merely for the selection of examples for this report, but also because they are considered a valuable resource for project development and planning.

2.1.1. Project Adherence to International Health Standards

Adherence to International Health Standards signifies that a project is designed and imple-

mented in accordance with globally recognized health protocols and guidelines. These standards are generally based on the health and rights frameworks established by international organizations such as the WHO, the UNFPA, and UNICEF. These encompass topics such as the quality of health services, accessibility and inclusivity, respect for human dignity and rights, and comprehensive education and awareness. UNFPA, in projects conducted with its implementing partners, is known to uphold principles such as "leaving no one behind" and "Accessibility and Transportation," and to carry out monitoring and evaluation of these initiatives.

2.1.2. Effective Needs Analysis

Needs assessment is a crucial step that should be undertaken prior to project design and can be reiterated throughout the project lifecycle. Since needs analysis studies are now regarded as an integral component of projects and a key factor influencing donor approval, the focus has shifted from merely whether an analysis was conducted to how it was performed and how its findings are utilized. The effectiveness of an analysis is enhanced by incorporating diverse data collection methods; integrating environmental factors such as economic conditions and technological developments; broadening the study's scope beyond the target population to include various stakeholders like mukhtars (village/neighborhood heads), provincial/district health directorates, FHCs, and different non-governmental organizations; and finally, ensuring that analytical questions are aligned with strategic project objectives and are actionable. Among the needs analyses conducted by non-governmental organizations following the February 6 earthquake, the study by the Association of Public Health Specialists serves as a notable example. Before initiating interventions, these public health specialists consulted with local governments, state institutions, trade unions such as the TTB and SES (Health and Social Service Workers' Union), and women in the earthquake-affected zone. Based on these consultations, they developed both an initial and a long-term intervention plan.[79]

Following its work in Hatay, the Solidarity, Respect and Protect Association (SRP) identified the limited access of Afghans and Uzbeks living in Ovakent and Syrians in İskenderun Yıldırımtepe to non-governmental organizations and state services[80], and subsequently became the first non-governmental organization to provide services in this area. The MEDAK is another organization that has expanded its needs assessment efforts in this field, not only by identifying areas of need but also by pinpointing areas where minimal work has been done. Consequently, it conducts activities such as health screenings for seasonal agricultural workers and health literacy and first aid training for refugee women.

As services in the post-earthquake reconstruction period were primarily directed towards container cities, the INSEV, based on needs identified through its fieldwork, conducted activities in Defne and Antakya to support access to health services, particularly for women and children residing in tents and shelters outside container cities using their own resources.

[79] Field Report on the February 6 Earthquakes in Hatay Province – Association of Public Health Specialists , 21.02.2023, https://hasuder.org/Dokumanlar/Detay/halk-sagligi-uzmanlari-dernegi-6-subat-depremleri-hatay-ili-saha-raporu/3e04abd4-09a2-a7ed-7812-3a098be96a05

[80] Refugee Platform's rapid needs assessment for Türkiye Earthquake, 27.02.2023 https://www.srp-ngo.com/haberler/turkiye-earthquake-srp-rapid-need-assessment-tuerkiye-depremi-srp-hizli-ihtiyac-degerlendirmesi

Another good example of an effective needs analysis was conducted by the Seyhan Municipality. Seyhan Municipality both conducted activities to enable women affected by the earthquake to benefit from services at the Women's Solidarity Center and, based on feedback from women visiting the center, initiated the production of sanitary pads for women in the center's workshop.[81]

A final example is DDD, which, in the initial months following the earthquake, identified the difficulty in finding nurses in hospitals capable of inserting intrauterine devices (IUDs) and consequently included a staff member trained in IUD insertion in its team.

2.1.3. Cultural Sensitivity and Inclusivity

This heading encompasses the implementation of interventions that promote universal access to SRH rights while respecting cultural norms and religious beliefs. It involves the inclusion of local leaders and stakeholders in the process, actions to include disadvantaged groups, and consideration of factors such as physical accessibility in service programming and delivery, different age groups, financial accessibility, temporal accessibility, socioeconomic status, language and communication accessibility, ethnic origin, and sexual orientation. For example, women should be informed about available health services through methods appropriate for them. Health services need to be offered at flexible hours to accommodate women's diverse daily routines. Mobile health services should be provided for women who are unable to leave their homes or access health centers. For instance, the SGYD kept its center open on weekends, recognizing that young people attend school on weekdays, and conducted health-focused activities with them. Another example is the Turkish Family Health and Planning Foundation (TAPV)'s practice of selecting its staff from local communities and tailoring the quantity and variety of FP materials based on feedback from these personnel. Similarly, the KAMER Foundation, in its service delivery, has revised the content of its training programs to align with linguistic and cultural sensitivities. This was achieved by incorporating questions on cultural sensitivity into its interim monitoring activities with beneficiaries and by recruiting a portion of its staff from the local community.

Applications developed by MEDAK and the UNFPA, enabling women to access information on sexual and reproductive health, can be cited as an example of inclusivity due to their multilingual nature. Another example is DDD, which, to promote inclusivity not only among its beneficiaries but also in its staffing, has undertaken efforts to employ women with disabilities.

The call center established by the Health Rights Association has also provided an important channel for women who cannot physically access health centers, enabling them to obtain information on women's health via telephone. Sened Association's SRH training programs for women with disabilities, who face difficulties accessing health centers, are a good project

[81] Efeoğlu O., Kılıç K. (February 25, 2023). AA News. "Seyhan Municipality in Adana Working to Support Women Affected by the Earthquake". https://www.aa.com.tr/tr/asrin-felaketi/adanada-seyhan-belediyesi-depremzede-kadinlar-icin-mesaide-/2830805#

example because they focus on the theme of disability, which is often overlooked in SRH initiatives.

Due to the political climate in Türkiye, services for LGBTI+ individuals are among the most challenging areas concerning inclusivity. Although policy proposals and on-paper commitments suggest that all institutions are open to working with LGBTI+ individuals, an examination of data, such as that from the Regional Refugee and Resilience Plan (3RP) and case referrals, reveals that almost no non-governmental organizations have taken specific actions to reach and serve LGBTI+ individuals. As a result, the number of individuals reached remains significantly limited. The “Türkiye Key Refugee Group”, facilitated by the UN, has coordinated efforts in this area, including those addressing significant sexual health cases, and has undertaken important capacity-building initiatives. KAMER, in its case management, and Mor Dayanışma (Purple Solidarity) can be cited as examples of effective practices in this field due to their inclusion of LGBTIQ+ individuals in public announcements for all their activities and their incorporation of this theme into empowerment meetings with women.

Another implemented method is for institutions to include an expert on inclusivity in their teams or to seek consultancy for a specific period to enable the evaluation of all their programs from an inclusivity perspective. Institutions such as the SGDD-ASAM, SENED, Save The Children, and Care are organizations that have inclusivity experts in their teams. However, among these institutions, SGDD-ASAM and SENED, in particular, are conducting work in the field of SRH that integrates earthquake response and inclusivity issues.

2.1.4. Capacity Building Initiatives

These initiatives involve providing staff with up-to-date training on sexual and reproductive health, ensuring these trainings are developed considering diverse factors such as age, disability status, disaster conditions, and mobile and on-site service delivery, and enhancing staff’s facilitation skills.

Sexual and Reproductive Health and Rights Platform Turkey(https://cisuplatform.org.tr /) as an open source, it is an important entity both in terms of informing about current information and projects related to the field of SRH, forming working groups, and conducting data- and evidence-based advocacy, monitoring, and awareness-raising activities. The platform’s establishment of partnerships and collaborations with national or international non-governmental organizations and platforms working in this field is also effective in terms of aiming for capacity-building efforts that bridge local and international levels.

SGDD-ASAM serves as a good example in terms of capacity-building initiatives, as its provision of regular and systematic supervision for both GBV and SRH cases enables the follow-up of training outcomes through ongoing supervision.

The ongoing work by the WHO and UNFPA to adapt pre-developed SRH content for crisis situations is also a significant effort demonstrating the importance of interdisciplinary knowledge for capacity building.[82]

[82] TAPV, (March 19, 2025). International Webinar on Sexual and Reproductive Health in Crisis Situations. https://www.tapv.org.tr/haberler/kriz-durumlarinda-cinsel-saglik-ve-ureme-sagligi-uluslararasi-webinari/

Finally, the collaborative work of the Women's Coordination Group for Disaster with Adana municipalities and mukhtars can be mentioned. In this initiative, Gender-Sensitive Disaster Management activities were carried out with executives from the Metropolitan, Seyhan, Tarsus, and Mezitli municipalities, city council units, mukhtars, and Non-Governmental Organizations (NGOs) actively working in the field.

2.1.5. Effective Awareness Campaigns and Training Services

Awareness campaigns and training services are important strategies aimed at increasing efficiency in this field and enhancing participants' knowledge levels regarding the process. However, field observations indicate that these activities are often not implemented using beneficiary-friendly techniques (e.g., tailored for youth, considering literacy levels, or disability status). They are frequently conducted from a perspective where women are objectified as passive listeners rather than empowered as active participants, and the connection between acquiring information and women's empowerment is not integrated into these awareness efforts. Instead, awareness activities should be designed as women's gatherings, using techniques that enable them to actively share their experiences, feelings, and needs, rather than positioning them solely as recipients of information, which can instill a sense of inadequacy.

Through its 'Health Mediators' initiative, the Health Rights Association has connected with women who can act as ambassadors to disseminate accurate health information and, following the ambassador training program, establish solidarity circles with 20 women in their communities. This initiative is significant as it demonstrates both that awareness training can be conducted in different formats and that the impact of awareness efforts can be expanded only if they are implemented with a community-based approach.

Neighborhood meetings conducted by various organizations and formations such as Serinyol Emekçi Kadınlar (Serinyol Working Women), Deprem Dayanışması (Earthquake Solidarity), and KAMER are gatherings, similar to the Health Rights Association's practice, aimed at disseminating information on GBV and SRH by local women within their communities. KAMER has also occasionally included public institution representatives in these meetings, thereby both bringing together public officials and local women, and enabling women to directly communicate their problems to state institutions. Through this approach, it can be said that an outcome serving both advocacy and community-based approaches is also achieved from awareness activities.

Another example is the Women's State of Solidarity (DAKAHDER), which established a Feminist Support Tent for women in Adıyaman, facilitating discussions on psychological, legal, sexual and reproductive health, and similar topics during informal women's gatherings (traditionally known as 'kısır günleri').[83] Through this initiative, women were able to come together around one of their pre-earthquake rituals 'kısır days' (informal social gatherings centered around a traditional bulgur salad called "kısır") and found an opportunity to discuss their problems in an environment where they felt relatively at ease.

[83] https://www.dakahder.org/

2.1.6. Monitoring and Evaluation Studies

Monitoring and evaluation are critical activities aimed at assessing women's access to reproductive health services, as well as the quality and impact of these services. These activities are necessary to enhance the effectiveness of health policies and programs. These activities involve service access and accessibility analyses, monitoring of service quality, evaluation of policy and program effectiveness, and data collection and analysis. Monitoring and evaluation activities are crucial not only for evaluating current projects but also for identifying timeframes, such as post-earthquake periods, where program content must be adapted on a monthly basis. Indeed, the practice of associations such as SGDD-ASAM and KAMER conducting monitoring activities not only at project completion but also during interim periods has enabled them to implement program modifications responsive to the different phases of the earthquake's aftermath. Organizations such as UNFPA and the Turkish Red Crescent (Kızılay) have also modified kit contents following interim monitoring and evaluation activities.

Another activity in this field involves monitoring scientific research on women's health and reproductive health, and assessing its utilization by policymakers and healthcare providers. An example of this is the information note prepared in collaboration with ANKA-SRH concerning the needs of women affected by the earthquake who relocated to Mersin.[84] Organizations such as UNFPA, WHO, and TAPV have also produced numerous research reports in the field of earthquakes and women's health.[85]

2.1.7. Developing Collaboration and Networking Strategies

This involves collaboration with government institutions, NGOs, UN agencies, and local communities, and developing a distinct collaborative approach to address intersecting issues such as GBV, education, and poverty.

The aforementioned SRH Platform serves as a viable example, being part of an international network and facilitating information flow between local and international levels by organizing relevant seminars. The dialogue initiated by the SRH Platform with IPPF during its 2022 working visit to Brussels, which, immediately after the earthquake, led to a collaboration between IPPF and HASUDER (a Platform member) to launch women's health services in Hatay in March 2023, further demonstrated the effectiveness of existing collaborations and networks in disaster and crisis situations.

Online health sector meetings facilitated by WHO in the initial months following the earthquake represented a networking and coordination effort, bringing together and coordinating organizations working in this field across all earthquake-affected provinces, with the aim of rapidly responding to emergent health issues. Women's health meetings facilitated by UNFPA, specifically for Hatay, which brought together government institutions and NGOs, also served the same purpose.

[84] SRH Platform, (SEPTEMBER 2023). Policy Brief: Access to Sexual and Reproductive Health Rights for Women and Girls Displaced to Mersin Due to the Earthquake. https://cisuplatform.org.tr/wp-content/uploads/2023/09/Anka-CISU-Mersinde-Deprem-Sonrasi-CSUS-bilgi-notu.pdf-3.pdf

[85] For TAPV Earthquake research, see https://www.tapv.org.tr/e-kutuphane/

TAPV, as an organization that conducted SRH activities through volunteer trainers in numerous provinces even before the earthquake, contacted these trainers after the earthquake. This enabled TAPV to monitor current needs in the region and to support its trainers from other provinces in delivering training in the earthquake-affected areas. Through this approach, for instance, TAPV was able to conduct a women's health seminar in Hatay using sign language for women with hearing impairments, thanks to an expert trainer proficient in sign language from Izmir Metropolitan Municipality.[86]

The Association of Public Health Specialists, in collaboration with the MoH's Provincial Directorate of Public Health, jointly conducted awareness-raising activities. This approach is effective both for enhancing the impact of awareness-raising activities and for fostering networks between government bodies and NGOs.

Similarly, Doctors of the World, through a protocol with the Provincial Directorate of Public Health, employed a doctor from the District Health Directorate on a part-time basis for its project, an initiative aimed at strengthening the network between government bodies and NGOs.

Following the earthquake, due to damage sustained by KETEMs (Cancer Early Diagnosis, Screening, and Training Centers), the Youth Approaches to Health Association and TAPV, in collaboration with District Health Directorates, arranged transportation for beneficiaries to the remaining KETEM facilities in the city.

Another example is the establishment of mobile health clinics through a collaboration between the Turkish Red Crescent and the MoH. These clinics provided health services for women, including gynecological examinations, FP, antenatal care, and psychological support.

Additionally, numerous NGOs specializing in various fields convened to collaborate and implement joint activities. Examples include: Solidarity, Respect and Protect Association (SRP) collaborating with HASUDER for SRH services while providing maternal and child health services in Ovakent; Lider Kadınlar Association providing SRH training in collaboration with SENED; the Youth Approaches to Health Association conducting training within local women's groups; and TAPV implementing community-based SRH initiatives for women, pregnant women, and postpartum mothers three months after the earthquake, in partnership with Adana Metropolitan Municipality and Seyhan Municipality.

Another significant example of collaboration, as implemented by TAPV, HASUDER, and SGDD- ASAM, involved reaching pregnant and postpartum women, whose follow-up care was disrupted by the earthquake, through the TTB and public institutions to ensure continuity of care.

A final example in this area is the LHF, launched by the Support to Life Association. LHF was established immediately after the February 6 earthquakes by members of the Localization Advocacy Group (YSG) to enhance the participation of local and national NGOs in earthquake coordination efforts.

[86] TAPV, Project titled "Empowerment of Earthquake-Affected Women and Girls Through Sexual and Reproductive Health", Adana, https://www.tapv.org.tr/depremden-etkilenen-kadinlarin-ve-kiz-cocuklarinin-cinsel-saglik-ve-ureme-sagligi-csus-ile-guclendirilmesi-projesi-adana/

2.1.8. Advocacy and Policy Development

This refers to advocacy and policy initiatives addressing specific issues such as restrictive laws or practices that limit access to SRH services. Examples of initiatives and organizations working specifically on earthquake-related issues in this field include the SRH Platform,[87] the CSMD,[88] Mor Dayanışma,[89] the Feminist Solidarity Group for Disaster,[90] KEDV, SES, and TTB. [91]

An important perspective in advocacy is that it should be conducted *with* women, not *on behalf of* them. The women's meetings organized by KEDV in container cities serve as an example of this approach. It is known that in these meetings, KEDV discussed earthquake-specific issues directly with the women and subsequently facilitated their access to relevant application processes. For example, facing difficulties in accessing hospitals post-earthquake, a group of women collectively drafted a petition and presented it during a visit to the municipality.

2.1.9. Community-Based Approach

In project implementation, it is essential to view women, the target audience, not merely as recipients but as active participants involved in the processes. Identifying women's needs, developing solution proposals, and ensuring their active participation in health education enhance cultural sensitivity and inclusivity. In this context, collaboration with local leaders, women's non-governmental organizations (NGOs), and community members should be encouraged. A notable example of this approach is the Women's Defense Network, which established women's solidarity tents in Hatay to create a safe environment for women, LGBTIQ+ individuals, and children, and arranged meetings with local leaders and women in these tents.[92] Another example is the Feminist Solidarity Group for Disaster, which brought together women from earthquake-affected provinces, ensuring that on-the-ground needs were communicated to the coordination center and addressed. This framework is important for its ability to rapidly respond to periodically changing needs on the ground, for ensuring the visibility of volunteer/activist efforts conducted outside of NGOs, and for placing the needs of women in earthquake-affected provinces on the agenda of international feminist organizations. Furthermore, the Feminist Solidarity Group for Disaster, being an organization with a feminist perspective, has ensured that needs and solution proposals are presented through an assessment of their links to male violence and state responsibility.

As a result of this approach, many of the aforementioned institutions have prioritized the employment of Syrian or Arabic-speaking healthcare personnel in their SRH activities, particularly in areas with a high concentration of Syrian women within their service regions.

[87] SRH Platform, Information Note on Sexual and Reproductive Health Rights in Disasters, https://cisuplatform.org.tr/wp-content/uploads/2023/08/Afetlerde-cinsel-saglik-ve-ureme-sagligi.pdf-1.pdf

[88] Association for Struggle Against Sexual Violence (CSMD), Information Note: Risks of Sexual/Sexualized Violence and Support Services After Disasters (March 2023), https://cinselsiddetlemucadele.org/wp-content/uploads/2023/03/Afet-Sonrasi-Cinsel_Cinsellestirilmis-Siddet-Bilgi-Notu.pdf

[89] Mor Dayanışma Derneği (Mor Solidarity Association), Notes from the Earthquake Zone (2023), https://www.mordayanisma.org/dosya/deprem-bolgesinden-notlar/

[90] https://www.instagram.com/afeticinfeministdayanisma/

[91] Reports on the February 2023 Earthquakes prepared by the Turkish Medical Association (TTB) and the Health and Social Service Workers' Union (SES) supported the identification of SRH needs in the earthquake zone, as well as evidence-based advocacy and policy development in this field.

[92] Uygur, g. (2023). Gender Analysis in Earthquake Zones: Women's Access to Justice and Legal Aid. Council of Europe, December 2023, p. 41.

The neighborhood meetings and discussions mentioned in the 'Effective Awareness Campaigns and Training Services' section also serve as examples of a community-based approach. Similarly, the Women Workers' Initiative conducted neighborhood-based sexual and reproductive health discussion visits with migrant women and published the findings.

2.2. Services of Humanitarian Aid Organizations in the Field of Women's Health

Feminist Solidarity for Disaster

Feminist Solidarity for Disaster, as a community of women volunteers, has undertaken various initiatives addressing GBV and women's health, particularly focusing on the specific problems and needs experienced by women during major disasters such as the earthquakes in Türkiye. Regarding women's health, during and after disasters, it has formed health teams to address women's specific sexual health, reproductive health, and hygiene needs, and distributed hygiene kits for women. Additionally, in collaboration with various organizations, it has provided information and support to women on issues such as birth control, pregnancy follow-up, and combating sexual violence.

United Nations Population Fund - (UNFPA)

The UNFPA is implementing various projects to meet the sexual and reproductive health needs of women in earthquake-affected regions.

Women and Girls Safe Spaces: UNFPA establishes Women and Girls Safe Spaces in earthquake-affected areas, providing sexual and reproductive health services to women and girls. In these centers, obstetricians, midwives, nurses, and health educators are employed; services such as pregnancy follow-up, postnatal care, FP counseling, and the prevention of STIs are provided. Furthermore, women's hygiene kits and mother-baby kits are distributed to meet basic needs. In addition to fixed centers, UNFPA also provides services through mobile health teams.

Awareness and Training Activities: UNFPA organizes training sessions in earthquake-affected areas to raise awareness among women and girls on sexual and reproductive health issues.

Association for Struggle Against Sexual Violence - (CSMD)

The CSMD conducted monitoring and evaluation studies specific to the earthquake context, reported the findings, and organized workshops in coordination with municipalities.[93]

Doctors of the World Association (Türkiye)

Doctors of the World, in collaboration with the UNFPA, provides SRH services in disaster-stricken areas. Within this scope, various services are provided to women and girls in Hatay.

[93] The Association for the Fight against Sexual Violence (CSMD) and the Foundation for Solidarity with Women (KADAV). (2022). Field Observation Report of the February 6 Earthquake. https://cinselsiddetlemucadele.org/wp-content/uploads/2024/02/Hatay-Rapor.pdf

Safe Spaces for Women and Girls: Doctors of the World, in coordination with UNFPA and other stakeholders, establishes safe spaces for women and girls, ensuring their access to necessary health and protection services. In these spaces, services such as pregnancy follow-up, antenatal and postnatal care, family planning counseling, prevention and treatment of STIs, and counseling related to HIV/AIDS are offered.

Füsun Sayek Health and Education Development Association

The Füsun Sayek Health and Education Development Association, with the support of the Civil Society Support Foundation, conducted free health screenings, information and awareness campaigns on breast cancer, hygiene kit distribution, and various events and social activities in Hatay.[94]

Migrant Women's Platform

Following the earthquakes that occurred in Türkiye on February 6, 2023, the Migrant Women's Platform has offered various projects and services specifically to meet the health needs of women and girls. These services aimed to ensure earthquake survivors' access to information on sexual and reproductive health and to provide basic hygiene supplies.

Safe Spaces for Women and Girls: The Platform established safe spaces for women and girls in the earthquake zone. In these spaces, women and girls came together to share their experiences and receive psychosocial support. Additionally, services included the distribution of hygiene materials, provision of information and referrals regarding health services, and, when necessary, support in accessing health services.

HASUDER

HASUDER played a significant role in providing women's and reproductive health services following the Kahramanmaraş-centered earthquakes on February 6, 2023. HASUDER, in collaboration with Hatay Metropolitan Municipality and the International Planned Parenthood Federation (IPPF), established a Women's and Reproductive Health Services Unit in the Mersin Metropolitan Municipality Tent City in Hatay's Defne district.[95] Subsequently, the association continued its work in Hatay, providing health services in FP counseling, monitoring of pregnant and lactating mothers, and treatment of STIs.[96]

INSEV[97]

Following the earthquakes in Türkiye on February 6, 2023, INSEV has offered various projects and services, particularly in Hatay province, to meet the health needs of women and children. These services aimed to ensure earthquake survivors' access to information on sexual and reproductive health and to provide basic hygiene supplies.

INSEV provided "Health Trainings for Women and Children" and increased access to clean water by installing water purification filter systems.

[94] https://www.fusunsayek.org/

[95] Mesude, E. (08/04/2023). Diken Newspaper. "HASUDER and Hatay Metropolitan Municipality Provide Reproductive Health Services to Women in the Earthquake-Affected Region". https://www.diken.com.tr/hasuder-ve-hatay-buyuksehirden-deprem-bolgesinde-kadinlara-ureme-sagligi-hizmeti/

96 Hasuder (April 2023). February 6, 2023 Earthquakes Second Month Field https://www.ttb.org.tr/udek/userfiles/files/HASUDER_2_Ay_Rapor.pdf?ut

[97] insev.org.tr

Women's Solidarity Foundation

"Through its "Establishing Solidarity with Earthquake-Affected Women Project," the Foundation conducted activities in Adıyaman, Diyarbakır, Hatay, and in Ankara and Mersin—cities that received post-earthquake migration—targeting women at risk of or subjected to violence. It also distributed essential kits to support women's access to basic food and hygiene products.[98]

KAMER Foundation

KAMER Foundation has provided psychosocial support, health screenings, and emergency health and SRH services for women subjected to violence.

In cooperation with the UNFPA and KAMER Foundation, and with financial support from the Government of Japan, Women's Health Counseling Centers have been established in Adıyaman and Malatya. These centers offer sexual and reproductive health counseling for women and girls, as well as services for the prevention of and response to violence against women. Additionally, they aim to raise societal awareness by organizing awareness-raising sessions.[99]

KEDV

Under its "Access to Clean Water, Hygiene, Public Health, and Protection of Women and Children Against Risks" project, KEDV provided support to meet the public's needs for clean water, hygiene, and sanitation, including toilets, showers, hygiene kits, baby kits, winter kits, menstrual kits, and accessible toilets for persons with disabilities.[100]

We Need to Talk Association

We Need to Talk Association is a NGO that combats period poverty and menstrual taboos. During disaster periods, particularly following the February 6, 2023 Kahramanmaraş earthquakes, it has offered various projects and services to meet women's menstrual hygiene needs. The association has prepared the "Post-Disaster Menstrual Hygiene Guide" to emphasize the importance of menstrual hygiene during disasters and crises. Additionally, menstrual sharing circles have been organized in disaster-affected areas to create safe spaces where women can share their experiences. In these circles, women and young girls have shared their experiences on topics such as menstrual hygiene, menstrual irregularities, and increased pain. Finally, the association distributed menstrual care kits to earthquake-affected regions.[101]

Medical Search and Rescue Association - (MEDAK)

It is a NGO that conducts medical search and rescue activities in disasters and emergencies. The association implements various projects to increase access to health services and improve community health literacy. MEDAK, particularly noted for its projects on women's health, ensures that women in disaster-affected areas are informed about sexual and reproductive health issues. Furthermore, MEDAK's projects include initiatives such as health

[98] https://www.kadindayanismavakfi.org.tr/en/ , https://siviltoplumdestek.org/desteklediklerimiz/desteklediklerimiz-2023/

[99] kamer.org.tr

[100] Foundation for the Support of Women's Work (KEDV). What Did We Achieve in 2023 Through the Power of Hope and Solidarity? https://www.kedv.org.tr/icerik/umut-ve-dayanismanin-gucuyle-2023te-neler-basardik?

[101] https://konusmamizgerek.org/

screenings for seasonal agricultural workers, and health literacy and first aid training for refugee women. These projects aim to enhance access to health services for disadvantaged groups and raise their health awareness.

MEDAK has developed a mobile health application called HERA[102] to support women's health. HERA is a free, open-source platform specifically designed to facilitate access to health services for refugee women and children.[103]

Youth Approaches to Health Association - (YAHA)

Following the earthquakes that occurred in Türkiye on February 6, 2023, the Migrant Women's Platform has offered various projects and services specifically to meet the health needs of women and girls. These services aimed to ensure earthquake survivors' access to information on sexual and reproductive health and to provide basic hygiene supplies. Information and referral activities were conducted in this area, and essential hygiene and health materials such as sanitary pads, panty liners, pregnancy tests, and condoms were provided to women. The center also provided services such as psychosocial support and social and cultural activities. Services were delivered both from a fixed location and through mobile outreach.[104]

Health Rights Association

The "Woman to Woman Healing Project," implemented by the Health Rights Association and supported by the Borusan Sustainable Benefit Program, aims to raise awareness of women's health problems during disaster periods. In January 2024, a "Health Rights Mediators " training program was organized in Hatay, where ambassadors aimed to increase health literacy by sharing the knowledge they acquired with women in their communities. Additionally, through its "Reproductive Health for Women" project in Hatay, the Association aimed to enable young Turkish and refugee women to protect their own health by addressing their knowledge gaps about reproductive health issues—including pregnancy and childbirth complications, violence and abuse, STIs, psychological problems, and insufficient access to reproductive health services—thereby enhancing their level of information, especially for young refugee women.[105]

SENED Association

SENED Association's work on women's health and individuals with disabilities focuses on the health and protection needs of women with disabilities, aiming to improve their quality of life.

SENED Association offers various services to meet the health and protection needs of women with disabilities. Notably, in collaboration with the UNFPA, it actively conducts fieldwork to address the reproductive health and social protection needs of women with disabilities and their caregivers. The association has provided hygiene kit support, conducted awareness sessions, and carried out psychosocial support activities.[106]

[102] heradigitalhealth.org
[103] medak.org.tr
[104] https://sagliktagenc.org/
[105] sivilalan.com
[106] https://sened.ngo/tr

Doctors Without Borders (MSF)

MSF has established "NEFES" centers in Adıyaman, Malatya, and Kahramanmaraş provinces, targeting all earthquake survivors, particularly women and girls. These centers have provided laundry and shower facilities. Additionally, private nursing rooms are available for mothers with newborn babies.

Water and sanitation services were provided in earthquake-affected areas, specifically to address the hygiene needs of women. MSF aimed to improve hygiene conditions by installing water tanks, toilets, and showers in temporary shelter areas.[107]

Association for Social Development and Aid Mobilization (ASAM- SGDD)

The Association for Social Development and Aid Mobilization (SGDD- ASAM) provides various women's health services in Hatay. In particular, the "Safe Spaces for Women and Girls Project" is being implemented within the Women's Health Counseling Centers established through a partnership between the UNFPA and the Republic of Türkiye Ministry of Health under the SIHHAT Project. Furthermore, in the Safe Spaces for Women in Hatay and Adıyaman, SGDD has provided SRH Counseling, Sexual Abuse Detection and Referral, Maternal Health Counseling and Antenatal Follow-up, awareness-raising activities, Support for Accessing Health Services, and Hygiene Kit Distribution.[108]

Solidarity, Respect and Protection Association (SRP)

SRP is conducting various projects on women's health in Hatay. Specializing in issues concerning breastfeeding mothers and postnatal health, SRP, in collaboration with resident medical specialists, has implemented the 'Mother and Baby Program.' As part of these projects, health literacy training for women, Pilates classes, and workshops with children in social areas are being organized.[109] SRP conducts home visits to families with newborns, providing information on maternal and infant health. To monitor the health status of mothers and babies and provide necessary medical support, it also organizes health screenings and information sessions on these topics.[110]

Syrian American Medical Society - (SAMS)

Following the earthquakes in Türkiye on February 6, 2023, the SAMS has offered various projects and services, particularly in the field of women's health. These services aimed to meet the health needs of earthquake survivors and improve their quality of life. Its interventions included rapidly addressing the health needs of women and children through emergency medical response teams; providing prenatal and postnatal care for pregnant women, delivery services, and neonatal care; operating mobile clinics; and supplying medical equipment and materials to health facilities.

[107] Youtube (2021). Taking a Position at Doctors Without Borders and the Reality of Our Life: An Earthquake. https://www.youtube.com/watch?v=m-r4Qp3uJ04 https://www.msf.org/

[108] sgdd.org.tr

[109] data.unhcr.org

[110] srp-ngo.com

Turkish Family Health and Planning Foundation - (TAPV)

The project titled[111] Empowerment of Earthquake-Affected Women and Girls Through Sexual and Reproductive Health, the fieldwork of which was carried out in Adana between May and December 2023 by the Turkish Family Health and Planning Foundation, and the Empowerment of Women in Hatay Through Sexual and Reproductive Health Project,[112] the fieldwork of which was conducted between March 2024 and January 2025 in Hatay, aimed to enhance the knowledge of and access to sexual and reproductive health rights and services for women and girls living in Adana and Hatay following the earthquake As part of the projects, separate fieldworks were conducted in the Seyhan, Yüregir, Sarıçam, Yumurtalık, Antakya, Defne, and Samandağ districts. Activities included providing information, counseling, and referrals on women's health, safe motherhood, and reproductive health to women, pregnant women, postnatal mothers, and breastfeeding mothers through household visits and psychosocial support activities; awareness sessions for adolescents and parents; establishing support groups for pregnant and postnatal women; counseling on fertility regulation; and supporting access to FP methods.

Following the Hatay project, TAPV conducted an impact assessment based on the fieldwork and published the Hatay Impact Analysis Report.[113] The "International Webinar on Sexual and Reproductive Health in Crisis Situations",[114] organized by TAPV in March 2025 in collaboration with the WHO, IPPF, the International Confederation of Midwives (ICM), and UNFPA Türkiye, addressed international standards in SRH during disasters and crises, UN initiatives, the role of midwives, examples of work implemented through local and international cooperation, and community-based approaches. These two initiatives also demonstrated that enabling women to make autonomous decisions about their fertility, strengthening their relationship with their bodies, health, and sexuality, and empowering pregnant and postpartum women through safe motherhood messaging contribute to providing psychosocial support.

Turkish Red Crescent

The Turkish Red Crescent has established a WhatsApp hotline to meet the urgent needs of earthquake survivors for items such as sanitary pads, underwear, clothing, and hygiene supplies. Through this hotline, female volunteers provide one-on-one support to earthquake survivors. The Turkish Red Crescent has offered primary healthcare services, particularly to disaster victims in rural areas, by deploying mobile health vehicles in earthquake-affected zones. These vehicles provided services such as medical examinations, medication distribution, X-rays, ECGs, and pulmonary function tests. They also distributed hygiene kits, cleaning supplies, and personal care products to meet the hygiene needs of earthquake survivors.[115]

[111] TAPV, Project titled "Empowerment of Earthquake-Affected Women and Girls Through Sexual and Reproductive Health", Adana, https://www.tapv.org.tr/depremden-etkilenen-kadinlarin-ve-kiz-cocuklarinin-cinsel-saglik-ve-ureme-sagligi-csus-ile-guclendirilmesi-projesi-adana/

[112] TAPV, Empowerment of Women Project Through Sexual and Reproductive Health, Hatay, https://www.tapv.org.tr/hatay-cinsel-saglik-ve-ureme-sagligi-csus-ile-kadinlari-guclendirme-projesi/

[113] TAPV (2025), "Impact Assessment Report for Empowerment of Women in Hatay Through Sexual and Reproductive Health Project", https://www.tapv.org.tr/portfolio/hatay-csus-ile-kadinlari-guclendirme-projesi-etki-arastirma-raporu/

[114] We held TAPV (2025), Sexual and Reproductive Health in Crisis Situations International Webinar on March 19, 2025 with the participation of 329 people from Türkiye and abroad, https://www.tapv.org.tr/haberler/kriz-durumlarinda-cinsel-saglik-ve-ureme-sagligi-uluslararasi-webinari/

[115] https://www.kizilay.org.tr/Haber/KurumsalHaberDetay/7221

Alliance Doctors Association (AID)

AID implemented the “Pregnancy School Project” to help expectant mothers navigate their prenatal and postnatal periods more healthily. Through this project, AID provided information to expectant mothers and delivered pregnancy follow-up, prenatal and postnatal care, child health services, and psychological support.[116]

2.3. Services of Professional Organizations and Unions in Women’s Health

Turkish Medical Association - (TTB)

Following the February 6, 2023 earthquakes, the TTB implemented a series of important initiatives and services in the field of women’s health. The focus of these services was on meeting women’s health needs, ensuring hygiene, and guaranteeing their safety. Health education, with a particular focus on SRH information, was provided through regular and scheduled visits to women in hard-to-reach neighborhoods within the earthquake zone. Sterile materials required for childbirth were provided. TTB ensured the delivery of sanitary pads and other basic hygiene materials to earthquake survivors. Additionally, vaccination campaigns were organized for women in the earthquake zone, with a particular priority on childhood vaccinations and vaccines important for sexual health.

Health and Social Service Workers’ Union - (SES)

SES, in cooperation with the TTB, provided contraceptive methods, gynecological examinations, and sexual health services for women during and after the earthquake.[117]

Revolutionary Health Workers’ Union

By establishing mobile health teams and temporary health facilities, it provided services for women’s reproductive health.

Confederation of Public Employees’ Trade Unions (KESK)

KESK established Coordination Tents and Crisis Desks in earthquake-stricken regions to provide referrals to relevant institutions and coordinate incoming aid. Hygiene supplies for women were also distributed at these desks. Furthermore, by setting up Women’s Tents in all provinces, KESK provided private spaces for women and offered support with a dedicated volunteer team to identify and coordinate women’s needs.[118]

2.4. Municipalities

Adana Metropolitan Municipality

Establishment of Women’s Life Center: Adana Metropolitan Municipality established the Women’s Life Center to support the safety and health of women and children in the earthquake-stricken region.[119] Additionally, Adana Metropolitan Municipality, in collaboration with

[116] https://www.aidoctors.org/deprem-calismalari/

[117] TTB and SES - 2nd Year Evaluation Report on the February 2023 Earthquakes. https://www.ttb.org.tr/userfiles/files/subat-2023-depremleri-2-yil-degerlendirme-raporu.pdf

[118] https://kesk.org.tr/2023/02/15/deprem-koordinasyon-alanlari/

[119] https://www.adana.bel.tr/tr/haber/saglikli-toplum-yolunda-kadin-yasam-merkezi-acildi

the Women's Coalition and the Association for Women's Freedom and Equality (KÖVED), organized training. This training aimed to ensure that the work of institutions collaborating with the Women's Life Center in disaster and emergency situations incorporates a gender perspective.[120]

Furthermore, in the post-earthquake period, Adana Metropolitan Municipality, in collaboration with non-governmental organizations (NGOs), conducted activities supporting SRH. The Turkish Family Health and Planning Foundation (TAPV), in collaboration with Adana Metropolitan Municipality and Seyhan Municipality, implemented the "Empowerment of Earthquake-Affected Women and Girls through SRH" Project. This project aimed to improve knowledge of and access to services regarding sexual and reproductive health and rights for women and girls living in Adana, and to ensure their referral to relevant support mechanisms for protection against GBV.[121]

Adıyaman Municipality

Adıyaman Municipality provided physiotherapy and rehabilitation services for women who were injured or experienced limb loss in the earthquake. As part of this service, delivered at the Healthy Living and Sports Complex, patients were picked up from their homes, treated under the supervision of a physiotherapist, and supported with pool exercises.[122]

Adıyaman Municipality organized vocational training courses for women affected by the earthquake. In these courses, held at centers in the Fatih and Bahçecik neighborhoods, women received a stipend, and free childcare services were provided for their children.[123]

In collaboration with Adıyaman Municipality, Adıyaman University Women's Issues Application and Research Center, and the Faculty of Health Sciences Midwifery Department, an event titled "Improving Women's Reproductive Health" was organized at the Vartana Temporary Living Area. During the events held as part of International Midwifery Week, women received comprehensive training over two days.[124]

Hatay Metropolitan Municipality

Following the earthquakes on February 6, 2023, Hatay Metropolitan Municipality has offered various projects and services to support women's health. The following are some of the key initiatives undertaken in this area:

Reproductive Health Services: Hatay Metropolitan Municipality, in collaboration with HASUDER, provided reproductive health services to women in the earthquake-stricken region. As part of these services, over 15 days, 267 packs of contraceptive pills, 1,788 condoms, 168 pregnancy tests, and 10 emergency contraceptive pills were distributed.[125]

[120] https://www.adana.bel.tr/tr/haber/depremin-yarattigi-zor-kosullar-ve-esitsizlikle-mucadele-amaclaniyor

[121] https://www.adana.bel.tr/tr/haber/depremden-etkilenen-kiz-cocuklarinin-ve-kadinlarin-guclenmesi-projesi

[122] https://www.adiyaman.bel.tr/Depremzede-Turkan-ozer-Adyaman-Belediyem

[123] https://besniekspres.com/gundem/adiyaman-belediyesinden-depremden-etkilenen-kadinlara-buyuk-destek

[124] https://besniekspres.com/saglik/adiyamanda-ureme-sagligini-gelistirme-etkinligi-duzenlendi/

[125] Erşan M. (08/04/2023). Diken Newspaper. Reproductive health services for women in the earthquake zone from HASUDER and Hatay Metropolitan Municipality. https://www.diken.com.tr/hasuder-ve-hatay-buyuksehirden-deprem-bolgesinde-kadinlara-ureme-sagligi-hizmeti/

Hatay Metropolitan Municipality, within its Department of Health and Social Services, has established a Coordination Center for Women, Persons with Disabilities, and the Elderly. This center provides psychosocial counseling, guidance services, training, and information on social support.[126]

Through the Early Childhood Development and Disability Detection Project, Hatay Metropolitan Municipality and UNICEF are collaborating on initiatives such as detecting developmental delays in children in the earthquake-stricken region and establishing play areas for children with disabilities.[127] Psychologists, early childhood development specialists, social work specialists, and disability specialists are involved in this project.

Gaziantep Metropolitan Municipality

Gaziantep Metropolitan Municipality has established Women and Children's Centers to support the safety and health of women and children in the earthquake-stricken region. These centers offer health services for women, psychosocial support, and educational activities for children. The municipality has provided medical equipment and prosthetic support to facilitate the lives of individuals who have become permanently disabled with the project "We are Overcoming Obstacles Together in the Disaster of the Century". Within the scope of the project, many medical materials ranging from battery-powered and manual wheelchairs to walkers, from patient beds to balance canes have been distributed free of charge.[128]

Mersin Metropolitan Municipality

Mersin Metropolitan Municipality, through its "Women's Health Counseling Center", has provided support to women affected by the earthquake.[129]

Mersin Metropolitan Municipality distributed personal hygiene kits to women affected by the earthquake.[130]

Şanlıurfa Metropolitan Municipality

Under the 'Health and Support Center for Migrant Women and Youth' Project, the municipality implemented a project to enhance access for disadvantaged women to quality SRH services provided by municipalities. Additionally, the Municipality's health units have assisted women in maintaining their health by offering services such as physical health screenings and gynecological examinations. In addition, during health screenings, women were provided with general health information, and examinations for early diagnosis were conducted.[131] To enhance the accessibility of these services, the municipality inaugurated the Narlıkuyu Healthy Living and Women's Support Center, thereby expanding health and support services for women at this facility.[132]

[126] https://hatay.bel.tr/hbb-kadin-engelli-ve-yasli-danisma-merkezi-kuruyor

[127] https://www.hataybasin.com/gundem/uluslararasi-yardim-kuruluslarinin-deprem-bolgelerine-destek-olmasi-lazim-h14579.html

[128] https://www.megahaber27.com/haber/gaziantep-deprem-sonrasi-sefkatin-ve-dayanismanin-merkezi-oldu-295399.html

[129] https://www.mersin.bel.tr/haber/buyuksehir-kadin-sagligi-danisma-merkezinden-binlerce-kadina-destek-1729758865

[130] https://www.mersinkentgazetesi.com/buyuksehirden-kadinlara-hijyen-seti-dagitimi-11837

[131] https://www.sanliurfa.bel.tr/icerik/15200/21/kadinlarin-umudu-destek-merkezleri-sicak-yuvalari-oldu

[132] https://www.sanliurfa.bel.tr/icerik/17145/21/buyuksehir-modern-bir-merkezi-daha-kadinlarin-hizmetine-sundu

3. RECOMMENDATIONS

3.1. Emergency Response Integration and Needs Assessment

1- A rapid needs assessment is essential to ensure the integration of emergency response. Urgent assessments should be conducted to determine the SRH needs of the affected population, including pregnant women, adolescents, and refugees. Repeating this needs assessment at shorter intervals and across various locations specific to the emergency context will facilitate a better understanding and continuous updating of the identified needs.

2- Developing a checklist for emergency services and prioritizing those services included in the list would be beneficial. Examples of such services include: Access to safe births, emergency contraception, services for care following sexual assault and rape, and the prevention and treatment of STIs.

3- A group of community volunteers should be formed to assist with emergency social support and referrals; this group should receive appropriate training to enable them to support these services effectively.

4- The development of an emergency response plan that addresses GBV, the inclusion of persons with disabilities and older persons, child protection strategies, refugee-friendly and youth-focused approaches, conditions with potential for discrimination (such as chronic diseases and HPV), and social determinants like poverty is crucial for the project's inclusivity, as it necessitates distinct measures in health service emergency preparedness. The same approach should also be specifically structured for SRH concerning pregnant women and newborns, individuals living in collective or rural settings, those with high-risk health conditions, adolescents and youth, and refugees and migrants.

5- In post-disaster camps and shelters, dedicated spaces for women and girls must be provided, and SRH services should be offered in these areas.

6- Potential difficulties in data collection during disasters should be discussed in advance. To mitigate these challenges, it is necessary to designate focal persons and utilize offline data collection methods. When collecting data, factors such as age, gender, disability status, and refugee status must be taken into consideration.

7- Successful inclusive practices implemented post-disaster should be documented and disseminated.

8- Essential SRH supplies, such as emergency contraceptives, birth kits, hygiene kits, and STI medications, should be stockpiled pre-disaster.

9- Drawing necessary lessons from rights violations experienced in disasters, personnel working in the field should receive training on what health services should entail in disaster and crisis situations, the importance of SRH services, and the criteria for preparing and implementing the MISP, including its content.[133]

10- All healthcare personnel should receive MISP training.

11- Well-equipped mobile units specifically for SRH should be procured, and these vehicles must undergo regular maintenance.

12- The contents of kits distributed in emergencies should be designed to include not only primary items but also supplementary materials (e.g., providing not just sanitary pads, but also menstrual support items like soap and underwear).

13- Planning for supply chain management during emergency response, especially concerning the procurement of the materials listed below, and efforts to expedite emergency procurement and distribution procedures to mitigate potential delays, are crucial for addressing disaster-induced disruptions in supply chains.

> Contraceptives

> Women's hygiene kits (including menstrual hygiene products) and mother-infant kits

> Antiretroviral treatment for HIV

> Essential support materials for safe childbirth

3. 2. Service Delivery

1- Planning services, where possible, through both mobile and fixed delivery models, and establishing temporary healthcare service areas, facilitates adaptation to evolving post-disaster logistics and locations.

2- To integrate SRH services into humanitarian response, expand service coverage, and enhance impact, preliminary planning is recommended on how to collaborate and coordinate with Non-Governmental Organizations (NGOs), state institutions, and international organizations operating in the field. This planning effort should include developing a service map in an easily updatable format that identifies focal persons from each institution. Pre-identifying potential collaborations with organizations specializing in disadvantaged groups (such as persons with disabilities and older persons) and the types of support that can be requested will also expedite the process.

3- Regular capacity-building activities should be planned for healthcare providers. Service providers should be supported with training to enable them to deliver services using trauma-sensitive, anti-discriminatory, patient-centered, and interdisciplinary approaches.

4- Establishing a monitoring and feedback mechanism specifically for the disaster period will also support the needs assessment process. For an effective monitoring and feedback mechanism, it is important to have clear objectives and indicators (e.g., contraceptive use,

133 TAPV, International Webinar on Sexual and Reproductive Health in Crisis Situations.

maternal and infant mortality rates, number of births, reported and managed GBV cases) and to use both quantitative (e.g., service uptake) and qualitative (e.g., participant feedback) criteria.

5- Feedback initiatives should aim to facilitate service improvements by involving both beneficiaries and staff in the evaluation process, using anonymous and face-to-face methods. To maintain transparency and build trust, it is recommended that findings be shared with stakeholders, including the community.

6- Establishing a mechanism for reporting good practices during the process will be beneficial for disseminating effective approaches from disaster experiences and will also contribute to institutional motivation.

7- Mental health services should be integrated into SRH initiatives. This integration may involve providing mental health services in collaboration with SRH services to individuals who have experienced trauma, particularly women and young people, or training healthcare providers to address both the physical and emotional needs of SRH service users.

8- It is necessary to train and employ community members to lead initiatives or to build capacity within local communities to ensure the continued provision of SRH services post-crisis.

9- In areas where physical access is limited, the use of telehealth platforms should be expanded to provide SRH counseling and referrals.

10- Conducting regular outreach visits to workplaces, industrial sites, and similar locations where men are concentrated will help ensure their inclusion in SRH services and encourage them to view themselves as responsible agents, particularly in family planning.[134]

11- Advocacy efforts should be undertaken to address issues such as insufficient time allocated per person for counseling services, shortages of physicians and materials, and difficulties in scheduling appointments.

12- During recovery periods following disasters and crises, performance-based systems should not be implemented; instead, a monitoring system tailored to the specific conditions and needs of the region should be established. If a performance-based system is in place, SRH/FP service delivery should be incorporated into the MoH's performance criteria, and education, counseling, and services for maternal and child health and family planning should be provided (e.g., establishment of Maternal and Child Health and Family Planning Training Centers should be ensured. (AÇSAP/MCHFP)

13- Health facilities with infrastructure damaged by disasters and areas where populations have densely resettled post-disaster should be rapidly identified.

14- In the post-disaster period, online health services should be offered for SRH counseling and referrals in regions where physical access is limited but internet infrastructure is adequate.

[134] TAPV Workshop on the Accessibility of Women's Health Services in Disaster and Crisis Conditions, (2024). Adana.

15- The leadership of midwives should be supported in disaster situations.[135]

16- Advocacy and monitoring efforts should be undertaken to address the reluctance of state hospitals regarding the termination of unwanted pregnancies.

17- To ensure that SRH services are delivered in a manner that respects privacy and prevents violations of personal space, staff training should be provided, monitoring and evaluation systems developed, and appropriate physical conditions ensured.[136]

3.3. Working with Disadvantaged Groups

Developing a dedicated service map for disadvantaged groups and ensuring that non-governmental organizations (NGOs) providing SRH services regularly consult with specialized NGOs in these fields will contribute to the delivery of appropriate and effective services to these groups.

Incorporating awareness-raising activities into service delivery, where cultural codes can be openly discussed, is beneficial for capacity building.

Collaboratively preparing a sample service and activity document for vulnerable populations, with the participation of other non-governmental organizations (NGOs), will be beneficial for disseminating this approach and encouraging its adoption by other NGOs. Two examples of such initiatives can be seen below.

Pregnant Women and Newborns

> Provision of maternal health services and mother-infant kits

> Establishment of delivery rooms and prenatal monitoring points in temporary shelters

> Identification of high-risk pregnancies through a joint strategy with Provincial Public Health Directorates and ensuring referral systems to hospitals for these cases.

> Provision of Postpartum Psychological Support Services

> Establishment of necessary follow-up and advocacy systems to ensure that girls and adolescents who become pregnant following child marriage are not excluded from services.

> Identifying state hospitals and local health service points lacking interpretation services, coordinating with non-governmental organizations (NGOs) that provide such services, and concurrently conducting advocacy for the assignment of interpreters to these facilities.[137]

> Identification of pregnant women post-disaster, establishment of prenatal classes, and creation of a system for providing vitamin support to these women. (These prenatal classes should also offer psychological support for women experiencing post-earthquake trauma.)

> Development of a system for more consistent maintenance and data collection using pregnancy risk assessment forms, which were not regularly kept during the earthquake.

[135] TAPV, (2025). International Webinar on Sexual and Reproductive Health in Crisis Situations.

[136] TAPV Workshop on the Accessibility of Women's Health Services in Disaster and Crisis Conditions, (2024). Adana.

[137] TAPV, (2025). International Webinar on Sexual and Reproductive Health in Crisis Situations.

Adolescents and Youth

> Creating a dedicated section for youth in needs assessment studies and incorporating an understanding of their evolving responsibilities post-disaster into the analysis.

> Establishment of a separate registration system for youth. (This will allow for the collection of data on their sexual behaviors, attitudes, needs, and the resources they access to address these needs.)

> Provision of age-appropriate SRH education and services tailored for adolescents (including menstrual hygiene and health, physical and psychological changes during adolescence, STIs, unplanned or unwanted pregnancies and their complications, unwanted pregnancy and childbirth among adolescents and youth, sexual violence, unprotected sexual intercourse, and risky sexual behaviors, etc.).

> Conducting a dedicated content study on the interconnections between dating violence, sexual violence, and GBV.

> To reach youth and adolescents, establishing a protocol with the Ministry of National Education to organize awareness-raising activities in schools, and, where feasible, conducting weekend programs for young people.

> Creation of youth-friendly spaces to address SRH concerns.

> Establishment of youth committees or youth ambassadors to engage in activities during the post-disaster recovery phase.

Women Aged 45 and Above

> Establishment of a system providing pre-menopause and menopause education, supported by psychological counseling.

Individuals in high-risk groups—such as those over 65 years of age, those with chronic diseases, pregnant and postpartum women, and persons with disabilities—should be identified, and health screenings should be conducted by Provincial Health Directorates.

3.4. Inclusivity

1- An analysis of which groups may be excluded from which services during pre- and post-disaster phases must be conducted.

2- The inclusion of all groups in the development of SRH and GBV prevention strategies must be ensured.

3- Accessible materials (e.g., Braille, sign language interpretation) must be prepared for individuals with hearing and visual impairments.

4- Specialized services addressing the health needs of women aged 45 and over, as well as post-menopausal women, must be provided.

5- Safe and non-discriminatory SRH services must be provided, and LGBTI+-friendly health-care professionals should be assigned.

6- Youth-friendly spaces must be established, and specialized health counseling for adolescents must be offered.

7- SRH services must be delivered via mobile health teams, particularly in hard-to-reach rural and off-camp areas.

8- SRH services must be delivered via mobile health teams, particularly in hard-to-reach rural and off-camp areas.

9- Efforts should be undertaken to raise awareness among men regarding family planning.

3.5. Collaboration and Coordination

1- Organizing joint workshops with municipalities to conduct needs assessments, and subsequently taking action to ensure that specific measures are implemented to address identified issues, will empower local governments to assume an active role and responsibility in problem resolution. Similarly, establishing focal points within state institutions, organizing meetings to convene priority institutions requiring coordination, and developing a joint needs analysis and action plan with the participation of all relevant state institutions in coordination meetings will contribute to this shared role and responsibility.

2- To ensure project sustainability beyond external funding, the development of local capacity specifically for SRH should be supported.

3- Regular meetings with local leaders, religious figures, and local organizations are recommended to ensure activities are conducted in a culturally sensitive manner and to promote disaster-related SRH services. In addition to these meetings, utilizing mass media, social media, and community networks to inform the affected population about available services will enhance service promotion.

Additional Policy Recommendations for Syrian Women's Access to Services

1- The number of interpreters in public hospitals should be increased, and complaint mechanisms in Migrant Health Centers (MHCs) should be made more active.

2- Awareness-raising training and seminars for Syrian women, particularly in the field of SRH, should continue.

3- Healthcare professionals should receive training on the health perceptions, traditions, and specific needs of Syrian women.

4- Free access to all SRH services must be ensured not only for Syrian women under temporary protection but also for women without identity registration. For example, flexible registration mechanisms should be developed to facilitate access to health services for women who lack identification or temporary protection documents.[138]

5- Registration difficulties encountered in accessing health facilities, arising from address verification problems and travel, must be addressed by increasing the number of personnel managing these processes and/or by adding further conditions for the cancellation of relevant identification documents. New health sector policies must adopt a holistic approach, recognizing that addressing healthcare access and social exclusion, and integrating health interventions with efforts to combat societal racism, xenophobia, and systemic discrimination, are all part of a broader framework.

6- In FHCs located in areas with high Syrian populations and which are not designated Migrant Health Centers, the employment of Arabic-speaking personnel must be ensured.

7- Social workers should be employed in these institutions in order to manage social tension in health institutions where Syrian women receive joint services with local women.

8- Syrian women should be encouraged to be trained as health ambassadors to increase SRH awareness within their own communities.

9- Joint projects with Non-Governmental Organizations (NGOs) should be conducted to increase Syrian women's access to services addressing GBV and reproductive health.

10- Information about SRH services should be disseminated through social media platforms and messaging applications frequently used by Syrian women.

[138] Kaya, M. (2025). Barriers And Bridges: Syrian Women's Access To Sexual And Reproductive Healthcare And Migrant Health Centers In Türkiye. Ankara: Social Sciences of Middle East Technical University. p. 120.

4. CONCLUSION

This report addresses the general state of women's reproductive health services in Türkiye, detailing the challenges faced, especially during disaster periods, and proposing solutions. Large-scale disasters, such as earthquakes, significantly restrict access to health services, thereby complicating women's ability to utilize SRH services. It is observed that cultural, economic, legal, and logistical barriers impede the provision of health services in disaster conditions. Overcoming these barriers will be achievable through increased societal awareness and the implementation of more inclusive policies.

The women's health services provided by non-governmental organizations, professional bodies, trade unions, and municipalities, as examined in this report, play a crucial role in the post-disaster recovery process. These actors contribute to minimizing harm to women during this process through various activities, including enhancing access to health services, distributing hygiene kits, providing psychosocial support, and conducting reproductive health awareness campaigns. However, greater coordination and financial support are necessary for these services to be sustainable and reach broader populations.

Recommended policies and practices aimed at strengthening access to women's health services should not be confined to disaster periods but must also incorporate long-term structural solutions. Ensuring women's uninterrupted access to health services, particularly during crises, necessitates the development of an inclusive health policy and collaborative action between local and central governments.

In conclusion, for the effective provision of women's reproductive health services during disaster periods:

> Stronger collaboration must be ensured among non-governmental organizations, local governments, and public institutions,

> The integration of SRH services into disaster preparedness plans must be enhanced,

> Financial resources for women's health must be strengthened and made sustainable,

> Societal awareness initiatives must be increased and cultural barriers overcome,

> Emergency response mechanisms, such as mobile health teams and field hospitals, must be expanded in disaster-affected areas.

Accordingly, the development of holistic and inclusive policies to protect women's health rights, and the adoption of a healthcare approach founded on gender equality, are of paramount importance. The analyses and recommendations presented in this report aim to contribute to the more effective delivery of women's health services in future disasters.

REFERENCES

Achterberg, J. (2009). *Women healers* (B. (Altınok, Trans.). Everest Publishing.

Adana Metropolitan Municipality. (2023). *Report of the Women's Life Center Project.*

Akyol, D., Deniz, G. (2023). Evaluation of birth control and pregnancy management in women infected with HIV.

Association for Monitoring Gender Equality (CEİD). (2021). *Norms and standards in access to gender equality* (ISBN: 978-625-7666-04-6).

Barot, S. (2015). Sexual and reproductive health and rights are key to global development: The case for ramping up investment. Guttmacher Policy Review, 18(1), 3-6.

Chamber of Computer Engineers (TMMOB). (2025). *2 Of earthquakes. year evaluation report.*

CSMD and Women's Solidarity Foundation (KADAV). (2022). February 6 Earthquake Field Observation Report.

CSMD. (2023). *Information note: Risks of sexual/sexualized violence after a disaster and support services.*

CSMD. (2023). *Monitoring report on sexual violence during the disaster period.*

Çuvadar, A. (2023). Academic recommendations for the aftermath of the Kahramanmaraş-centered earthquakes.

Dağlı, E., Reyhan, F., Topkara, N. F. (2024, March). The impact of stress experienced by pregnant women living in the earthquake zone on their perception of pregnancy.

Doctors of the World Association (Türkiye). (2023). *Report on the Implementation of Women's Health Protocols in Hatay.*

Doctors of the World. (2024, December). Post-earthquake needs and solution suggestions.

Doctors Without Borders (MSF). (2023). *Annual report of NEFES centers for women.*

Efeoğlu, O., Kılıç, K. (2023, February 25). Seyhan Municipality in Adana: Services for Women Affected by the Earthquake. *Anadolu Agency.*

Ege University Faculty of Nursing. (2023). *Research on the health needs of women during menopause after the earthquake.*

Erşan, M. (2022, August 11). Reproductive and sexual health services exist in law, but not in practice! *Diken Newspaper.*

Erşan, M. (2023). Reproductive Health Services for Women in the Earthquake Zone by the Public Health Specialists Association (HASUDER) and Hatay Metropolitan Municipality. *Diken Newspaper.*

Eugeajans. (2024, June 25). This project will identify the health needs of menopausal women in the post-earthquake period.

Family Planning Foundation of Türkiye (TAPV). (2024b). *Adolescents after the February 6 earthquakes; report on supporting adolescents in disaster and crisis situations.*

Feminist Solidarity Group for Disaster. (2023). *Post-Disaster Women's Health Intervention and Monitoring Report.*

Furtuna, S. (2024). The transition of Turkish women and the family in the 1950s and 1960s and its subsequent impact on fertility decline and contraceptive attitudes. *Annales de Démographie Historique, 2024*(1), 137.

Glasier, A., Gülmezoglu, A. M., Schmid, G. P., Moreno, C. G., Van Look, P. F. (2007). Sexual and reproductive health: A matter of life and death. *The Lancet, 368*(9547), 1595-1607.

Guttmacher Institute UNFPA. (2014). Adding it up: *The costs and benefits of investing in sexual and reproductive health.*

HASUDER – *Association of Public Health Specialists. (2020). Sexual health and reproductive health in the COVID-19 pandemic.*

HASUDER - *Association of Public Health Specialists. (2023). February 6, 2023 earthquakes second monthly field report.*

HASUDER – *Association of Public Health Specialists. (2023). Monitoring report on post-earthquake services in the field of women's health.*

Holk, I. K., Rosdahl, N., Pedersen, K. L. D. (2002). Acceptance of mammographic screening by immigrant women. *Ugeskrift for Laeger, 164*(2), 195-200.

HOPE. (2023). *Earthquake response in Türkiye: Adiyaman, Gaziantep and Kahramanmaraş rapid needs assessment report.*

ICPD – International Conference on Population and Development. (1994). *Programme of action, Cairo.*

İlçioğlu, K., Keser, N., Çınar, N. (2017). Women's health and influencing factors in Türkiye. *Journal of Human Rhythm, 3(3), 112-119.*

Inter-Agency Working Group on Reproductive Health in Crises (IAWG). (2018). *Field manual on reproductive health in humanitarian settings.*

International Doctors Association (AID). (2023). *The report of the pregnant school project.*

IPPF – International Planned Parenthood Federation. (2023). *Emergency response report: Hatay.*

Irfat Ara, I., Maqbool, M. (2022). Reproductive health of women: Implications and attributes. *International Journal of Current Research in Physiology and Pharmacology.*

Irshad, H., Mumtaz, Z., Levay, A. (2011). Long-term gendered consequences of permanent disabilities caused by the 2005 Pakistan earthquake.

Joar Svanemyr, J., Amin, A., Chandra-Mouli, V., Mburu, G. (2015). Twenty years after International Conference on Population and Development: Where are we with adolescent sexual and reproductive health and rights? *Journal of Adolescent Health, 56*(1 Suppl).

Journal of the TTB. (2017). *Special issue*, p. 48.

Kara, P., Nazik, E. (2023). The impact of earthquake-induced disasters on women's health and the responsibilities of nurses.

Kaya, M. (2025). Barriers and bridges: Syrian women's access to sexual and reproductive healthcare and migrant health centers in Türkiye.

KEDV. (2023). *A report on neighborhood meetings with women.*

KEDV. (2023). *What did we achieve in 2023 through the power of hope and solidarity?*

Kelebek Küçükarslan, G. (2024). Feminist group work for women subjected to sexual violence.

Kipay, S. (2023). The earthquake reality and its implications for women's health.

Koç, B., Şahin, E., Şener, A. E., Yıldız, Ö., Yüksel, B. (2013). A gender-based approach to women's health in disaster settings.

Kocabacak, S. (2014). The impact of poverty among women on their health.

Koçak, S., Demir, B. (2023). An assessment of family policies in Türkiye from the perspective of sustainable development and social services.

Legislation of the Republic of Türkiye. (2012). *Population Planning Law No. 2827, Public Hygiene Law, Law No. 6284.*

MEDAK. (2024). *Women's health monitoring and evaluation report in disasters.*

MEDAK. (March 2023). *Sexual health and reproductive health status assessment report in the provinces affected by the earthquake.*

Mesude, E. (2023). Reproductive Health Services for Women in the Earthquake Zone by the Public Health Specialists Association (HASUDER) and Hatay Metropolitan Municipality. *Diken Newspaper.*

MoH. (2018). *Turkish Health Statistical Yearbook.*

Mor Solidarity Association (2023). Notes from the Earthquake Zone.

Mor Solidarity. (2023). *Gender-based disaster response report.*

Mueller, E., Roberts, C. R. (2022). *The right to abortion in the United States: the end of the Roe/Wade decision.*

Natural Disasters and Gender Statistics. (2014). *Lessons from the Great East Japan Earthquake and Tsunami.* From the "White Paper on Gender Equality 2012".

Parlak Börü, Ş. (2017). International conventions on the protection of women and Türkiye's position. *TBB Journal,* (Special Issue), 48.

Republic of Türkiye. Ministry of Family and Social Services. (2003). *The national action plan to combat violence against women.*

Revolutionary Health Workers' Union (Dev Sağlık-İş). (2023). *Mobile health services post-disaster activity report.*

Şanlıurfa Municipality. (2023). *Implementation report of the municipalities for women's health project.*

Şemsinnur Göçer et al. (2016). Assessment of Family Planning Status Among Female Seasonal Agricultural Workers. *Journal of Health Services and Education.*

Sexual and Reproductive Health and Rights Platform (CİSÜ) Press Release (2021)

Sexual and Reproductive Health and Rights Platform (CİSÜ). (2022). *Policy notes and SRH advocacy document.*

Sexual and Reproductive Health and Rights Platform (CİSÜ). (2023). *Access to the right to sexual and reproductive health of women and girls who came to Mersin after being affected by the earthquake policy summary.*

SGDD – Social Development and Solidarity Association. (2023). *Earthquake zone SRH reports.*

Singh, S., Darroch, J. E., Ashford, L. S. (2014). Adding it up: *The costs and benefits of investing in sexual and reproductive health 2014. Guttmacher Institute.*

Solidarity, Respect and Protect Association. (2023a). *Research on service access of migrant women after disasters.*

Solidarity, Respect and Protect Association. (2023b). *Refugee Platform's rapid needs assessment for Türkiye Earthquake.*

Solidarity, Respect and Protect Association. (2023c). *A study on migrant women's access to services.*

TAPV (2025), Impact Assessment Report for "*Empowerment of Women in Hatay Through Sexual and Reproductive Health" Project.*

TAPV Workshop on the Accessibility of Women's Health Services in Disaster and Crisis Conditions. (2024). *Adana.*

TAPV. Adana Project for the Empowerment of Women and Girls Affected by the Earthquake through Sexual and Reproductive Health.

TAPV. Hatay – "Empowerment of Women Through Sexual and Reproductive Health" Project.

Taylor, R. J., Morrell, S. L., Mamoon, H. A., Wain, G. V. (2001). Effects of screening on cervical cancer incidence and mortality in New South Wales implied by influences of period of diagnosis and birth cohort.

Toker, S. (2023). Sexual and reproductive health problems in women in Türkiye and globally: Current data.

TTB and Health and Social Service Workers' Union. February 2023 Earthquakes: 2nd Year Assessment Report.

TTB. (2012 2023). *Post-Disaster Women's Health Intervention and Monitoring Reports.*

TTB. (2023, February 7). Health problems in the earthquake zone and proposed solutions from the earthquake crisis desk.

Turkish Family Health and Planning Foundation (TAPV). (2021). Sexual and Reproductive Health Situation Analysis Report in Türkiye (ISBN: 978-605-70326-3-8).

Turkish Family Health and Planning Foundation (TAPV). (2023). Information note on sexual and reproductive health rights in disasters.

Turkish Family Health and Planning Foundation (TAPV). (2024a). *Report on Case Studies: Strengthening Access to Women's Health in Disaster and Crisis Conditions.*

Turkish Family Health and Planning Foundation (TAPV). (2025). *International webinar on sexual and reproductive health in crisis situations.*

Turkish Family Health and Planning Foundation (TAPV). *A history of family planning in Türkiye.*

Turkish Red Crescent (Kızılay). (2023). *Hygiene supports for women and mobile health service report.*

Türkiye Demographic and Health Survey (TDHS). (2013 & 2018). *Hacettepe University Institute of Population Studies Publication.*

UNFPA. (2023). *Earthquake response and GBV observation reports - Türkiye.*

UNFPA. (2023, March 10). *Earthquake Status Report – Türkiye #5.*

UNFPA. (2024). *Sexual and reproductive health for all: 20 years of the global strategy.*

UNICEF. (2023). Joint intervention reports on women's health in disasters.

United Nations Entity for Gender Equality and the Empowerment of Women - (UN Women). (2021). *The relationship between gender-based violence and disasters.*

United Nations Entity for Gender Equality and the Empowerment of Women - (UN Women). (2023). Women and Girls in the Aftermath of the Earthquake.

United Nations Population Fund - (UNFPA). (2022). *The case for action in the overlooked crisis of unintended pregnancy.*

United Nations Population Fund - (UNFPA). (2023, June). *UNFPA's earthquake recovery and resilience proposal in Türkiye.*

United Nations. (1979). *Convention on the Elimination of All Forms of Discrimination against Women - (CEDAW).*

Uygur, G. (2023). *Gender Analysis in Earthquake Zones: Women's Access to Justice and Legal Aid.*

We Need to Talk Association. (2023). *A guide to menstrual hygiene after a disaster.*

WHO. (2015). *Sexual health, human rights and law: A study on defining sexual health.*

WHO. (2023). *MISP guidelines.*

WHO. (2024). *Sexual and reproductive health for all: 20 years of the global strategy.*

WHO. (2024). *Sexual and reproductive health for all: 20 years of the global strategy.*

Willis, P., Yılmaz, V. (2020). Challenges to a rights-based approach in sexual health policy: A comparative study of Türkiye and England. *Societies.*

Women Workers' Solidarity Association. (2023). *Paid-unpaid labor of women in earthquake-stricken cities.*

YAHA. (2023). *Youth friendly CSUS education report after the disaster.*

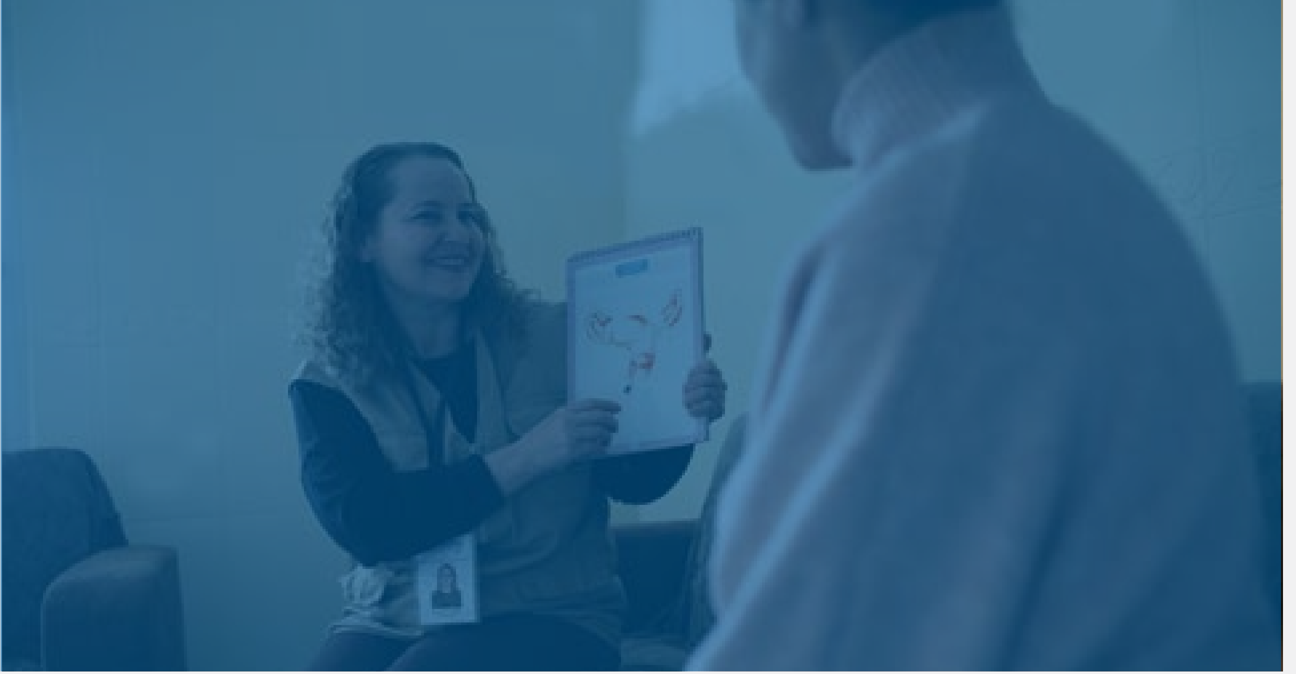
Yılmaz, V. (2020). *SRH services monitoring report in Türkiye before and during the pandemic.*

Legal Framework

Republic of Türkiye. *(1983). Law No. 2827 on Population Planning.*

Republic of Türkiye. *(1930). Public Hygiene Law No. 1593.*

Republic of Türkiye. *(2012). Law No. 6284 on the Protection of the Family and the Prevention of Violence against Women.*



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