

A FEMINIST CRITIQUE OF DEMOGRAPHIC INDICATORS WITHIN THE SDGs FRAMEWORK IN TÜRKİYE

TÜRKİYE'DE SÜRDÜRÜLEBİLİR KALKINMA AMAÇLARI ÇERÇEVESİNDE DEMOGRAFİK GÖSTERGELERİN FEMİNİST ELEŞTİRİSİ

ASLIHAN KABADAYI*

ABSTRACT

This study aims to evaluate selected demographic indicators from a feminist demography perspective within the framework of the Sustainable Development Goals (SDGs) in Türkiye. Feminist demography advocates that demographic indicators should be analyzed in a more comprehensive manner as an approach that examines gender inequality and structural inequalities faced by women. The study questions the extent to which indicators such as maternal mortality ratio, under-five mortality rate, neonatal mortality rate, adolescent fertility rate and the proportion of women aged 20-24 years old who were married before the age of 18 reflect women's life experiences and gender based inequality. These indicators should not only measure fluctuations in health and fertility but also provide insight into women's access to rights and the social challenges they encounter. The study suggests analyzing these data from a feminist demography perspective to better highlight the effects of social structures and power dynamics. The study concludes that it is needed a framework that better reflects the gender dimension of the SDGs and highlights the importance of policies on women's reproductive sexual health rights, fertility decisions, and economic independence.

KEYWORDS: Feminist demography, gender equality, Sustainable Development Goals (SDGs), Türkiye.

*Doktor adayı ve TÜİK Uzmanı, Türkiye İstatistik Kurumu (TÜİK) Devlet Mah. Necatibey Cad. No:114 06420 Çankaya. aslihan_kabadayi@yahoo.com /ORCID: 0009-0002-2646-1166.

Makale Gönderim Tarihi / Received on: 28/08/2024.

Makale Kabul Tarihi / Accepted on: 15/10/2024.

ÖZET

Bu çalışmanın amacı, Türkiye’de Sürdürülebilir Kalkınma Amaçları (SKA) çerçevesinde seçilmiş demografik göstergeleri, feminist demografi perspektifinden değerlendirmektir. Feminist demografi, demografik göstergelerin kadınların karşılaştığı toplumsal cinsiyet eşitsizliği ve yapısal eşitsizliklerin yol açtığı durumları daha kapsamlı bir biçimde analiz etmesi gerektiğini savunmaktadır. Çalışma anne ölüm oranı, beş yaş altı ölüm hızı, neonatal ölüm hızı, adölesan doğurganlık hızı ve 20-24 yaş grubunda olup 18 yaşından önce evlenmiş kadınların oranı göstergelerinin, kadınların yaşam deneyimlerini ve toplumsal cinsiyet eşitsizliğini ne ölçüde yansıttığını sorgulamaktadır. Bu göstergelerin, sağlık ve doğurganlığın ötesine geçerek kadınların haklara erişimini ve karşılaştıkları toplumsal engelleri yansıtması gerektiği düşünülmektedir. Çalışma, feminist demografi perspektifinden bu verilerin analiz edilmesini önererek SKA kapsamında toplumsal cinsiyet boyutunun daha iyi yansıtılması ve kadınların cinsel sağlık ve üreme sağlığı hakları, doğurganlık kararları ve ekonomik bağımsızlığına ilişkin politikaların önemini vurgulayan bir çerçeveye ihtiyaç duyulduğu sonucuna varmaktadır.

ANAHTAR KELİMELER: Feminist demografi, toplumsal cinsiyet eşitliği, Sürdürülebilir Kalkınma Amaçları (SKA), Türkiye.

INTRODUCTION

The 2030 Agenda for Sustainable Development, adopted by the United Nations in 2015, outlines a global plan to promote peace, prosperity, and sustainability. Central to this agenda are the 17 Sustainable Development Goals (SDGs), designed to address global challenges like poverty, inequality, health, and education (UN, 2023). SDG 5, focused on achieving gender equality and empowering all women and girls, is essential for the realization of all other SDGs. Gender equality influences the success of other goals, as empowering women and girls enhances development outcomes across various domains. To this end, SDG 5 specifically targets gender equality and the empowerment of all women and girls, stressing the importance of ending all forms of discrimination, violence, and harmful practices such as child marriage and female genital mutilation. Additionally, it advocates for equal opportunities for women’s participation in decision-making processes at all levels of political, economic, and public life.

SDG 5 calls for reforms to ensure women have equal access to economic resources, property, financial services, and social protection, while emphasizing that equal responsibility between men and women in caregiving and domestic work is crucial for achieving gender equality. It emphasizes the importance

of shared caregiving responsibilities between men and women to achieve gender equality, as well as universal access to sexual and reproductive health and rights, and women's control over their sexual and reproductive decisions. Achieving gender equality under SDG 5 is not only a human rights issue but also critical for global development, as empowering women can accelerate progress in education, health, and economic development. To achieve this, urgent action is needed, including eliminating discriminatory laws, enforcing legal protections, and implementing policies that promote gender equality. By addressing these issues, SDG 5 can foster societal and economic change, supporting the success of all other SDGs.

The process towards achieving gender equality within the framework of SDGs has been carried out with significant contributions not only from UN and UN Women but also from various civil society organizations around the world. Feminist organizations advocating women's rights and gender equality paved the way for many non-governmental organizations to participate in this process.

This study evaluates selected gender equality indicators and their data within the SDG framework, using a feminist demography perspective. In this context, what is meant by gender-sensitive data and indicators and why gender indicators are needed is first explained. Then, as an analysis approach, feminist demography is defined and some selected demographic indicators and related data within the scope of SDGs is evaluated within the scope of feminist demography. These indicators should ideally be analyzed within the scope of intersecting inequalities, such as migration, disability, and race/ethnic structure. However, the lack of data on these breakdowns has made this analysis impossible in the current study, highlighting the need for further research in this area.

Feminist demography

Feminism is a movement that advocates for equal rights and opportunities for women and men. The women's movement, which emerged from the 18th and 19th centuries, aimed for women to gain a stronger position in the public sphere and aimed to eliminate gender inequality. This movement fought on issues such as women's suffrage, the right to education, and equality in business life. The feminist movement has had significant effects on the concept of gender. The first-wave feminist movement fought for fundamental rights such as women's suffrage and ensured greater representation of women in the public sphere. The second wave feminist movement, on the other hand, questioned and changed the status and roles of women in areas such as state administration, business life and education (Nalbant, 2019, pp. 165-186).

Feminists argue that demographic research is crucial for feminism, highlighting its political impact on feminist causes. Demographic research provides important insights into gender and population dynamics, addressing issues like reproductive rights, gender inequality, and women's empowerment. Feminists recognize the importance of demographic studies in shaping and informing policy. Demographic studies support feminist arguments, highlight challenges faced by women in different subpopulations, and promote gender equality in healthcare, education, and the workforce. On the other hand, feminists should work to transform, as they have in other disciplines, demographic research practices and then utilize demographic methods to fight the various manifestations of gender inequality. Moreover, feminists emphasize the importance of a gender-sensitive demography approach. They contend that demographic analysis should look deeper into the social structures and power dynamics that influence demographic processes rather than just focusing on gender as a single variable (Williams, 2010, pp. 198-208).

In a feminist perspective, gender indicators not only measure differences between men and women but also examine the reasons behind these differences. These indicators reveal the fact that women may face problems such as being economically at risk of poverty, unemployment, low wages, gender-based discrimination and violence. In the feminist perspective, while gender indicators are used to measure the differences between men and women, the reasons for these differences are also examined. These reasons include cultural, social and economic factors, and these factors are believed to create systemic inequalities that prevent women and men from enjoying equal rights.

In this study, the focus will be on how selected demographic SDG indicators address gender as a social structure and highlight gaps in gender data.

Gender and gender sensitive data

Gender inequalities are associated with gender-based discrimination and disadvantages faced by women. These inequalities prevent women from having equal rights and opportunities in economic, social, political and cultural fields. Women may face problems such as under-representation, scarcity of leadership positions, salary inequality, violence and sexual harassment. Therefore, gender equality highlights the need for societies and cultures to fully support women, protect their rights and freedoms, challenge gender roles and expectations, and promote gender equality. Achieving gender equality is an important step for women to realize their potential and to ensure full participation in society.

The feminist perspective focuses on gender indicators that reflect the different experiences of men and women. In this context, the main objective in examining gender indicators is to reveal the differing experiences of women and men in terms of equality, justice, and human rights.

Gender-sensitive data aims to address inequalities and discrimination in society, empower marginalized groups, and uncover hidden disparities by considering the social and cultural dimensions of gender. While gender-disaggregated data is essential for gender-sensitive analysis, not all gender-sensitive data must be disaggregated by gender. For example, maternal mortality statistics, although not explicitly disaggregated, are considered gender-sensitive as they reflect women's unique experiences and the health risks associated with motherhood. Such data provides a comprehensive framework for understanding the inequalities women face in society and serves as a crucial tool for evaluating the impact of gender-based policies and interventions (Yüksel-Kaptanoğlu, Arslan & Akyıldırım, 2021, pp. 18-20).

A variety of methods can be used to evaluate and monitor gender-sensitive data. Performance-based and rights-based monitoring methods can provide an effective approach to assessing gender equality and progress towards achieving gender equality or gender mainstreaming.

Performance-based monitoring approach is used to evaluate the effectiveness of policies and programs. It can be used to monitor progress and measure results against set targets and indicators. For example; the some indicators of "Gender Equality" goal, which is one of the SDGs, such as women's labor force participation rate, women's political representation, and gender pay inequality can be accepted as performance-based indicators. These indicators track progress in gender equality using actual data. These indicators can be useful in assessing the impact of policies and programs and inform policy makers. However, performance-based monitoring tools also have some limitations. The process of choosing indicators and gathering data may be biased, which could result in a partial reflection of societal change.

Rights-based monitoring approach, on the other hand, are based on international standards accepted in the field of gender equality and aim to protect the rights of individuals. This approach evaluate progress on gender equality by monitoring issues such as women's right of access, equal participation, equal treatment and prevention of violence. Rights-based monitoring tools set norms based on legal frameworks and encourage policy makers and practitioners to comply with these norms. Therefore, gender sensitive data can play an important role in rights-based monitoring processes and contribute to the achievement of gender equality and the protection of women's human rights. Monitoring in the rights-based approach, unlike the others, is multi-actor and civil society actors are an indispensable part of this

process (Yüksel-Kaptanoğlu, Arslan & Akyıldırım, 2021, p. 24).

Sustainable development means that individuals and societies have fundamental rights such as the protection of human rights, equality, access to justice, participation, freedom and dignity. Therefore, sustainable development indicators should be compatible with rights-based monitoring indicators and reflect a human rights perspective. For instance, the indicators used to measure the “Equality” objective are related to rights-based monitoring indicators like gender equality and the decline of social and economic inequalities. These indicators are important criteria for achieving the sustainable development goal of a society where the rights of individuals are respected, opportunities are equally distributed and discrimination is reduced.

While gender-sensitive data aims to provide a comprehensive perspective on inequalities, the gender data gap underscores the persistent lack of adequate and reliable data to fully capture these disparities. Bridging this gap requires integrating qualitative and quantitative methods to ensure a more inclusive understanding of gender dynamics.

In this study, the framework adopted for monitoring gender equality is a combine both rights-based and performance-based approaches. It is thought that multiple monitoring tools and methods can be used together. This study will assess whether selected demographic SDG indicators are gender-sensitive and will analyze them through the lenses of both rights-based and performance-based monitoring approaches.

Demographic SDG indicators

The SDGs are a complex agenda that integrates the social, economic, and environmental dimensions of development. SDGs are designed to address the most pressing global challenges, including poverty, inequality, and climate change. A critical aspect of the SDGs is the set of indicators used to measure progress towards their achievement. These indicators provide a quantitative basis for tracking performance and identifying areas where targeted action is needed, ensuring that no one is left behind. Each SDG is accompanied by specific indicators that allow for monitoring at global, national, and local levels (United Nations, 2015). While some indicators are directly linked to specific targets, others aim to capture broader aspects of development. For instance, SDG 5 on Gender Equality includes indicators that assess the prevalence of violence against women, the proportion of women in decision-making roles, and access to reproductive health services. These indicators not only facilitate the tracking of progress but also provide crucial data to inform evidence-based policies, helping to accelerate the achievement of the SDGs.

Since its establishment, the UN has made significant strides in promoting gender equality and empowering women, adopting key agreements like the 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the 1995 Beijing Declaration and Platform for Action, which set international standards for gender equality and women's rights. The UN's efforts include advancing gender equality in political, economic, and social spheres, as well as preventing violence against women. To further these goals, the UN established UN Women in 2010 to address gender equality challenges and coordinate efforts across development, human rights, humanitarian aid, and peace and security fields. UN Women not only advocates for policy at the international level but also works with countries to implement projects, ensuring progress toward gender equality (Akin & Türkkel, 2020, pp. 8-9; UN Women, 2023).

The UN uses CEDAW and other human rights mechanisms to advance accountability and commitment to the Sustainable Development Goals (SDGs). This is primarily because the two approaches have complementary strengths. Human rights mechanisms add an accountability dimension that is missing from the SDG framework, enabling monitoring and evaluation of implementation from a feminist and human rights perspective. At the same time, the SDGs' concrete and time-bound targets, indicators and timetable add a more concrete timeframe to the implementation of human rights treaties and conventions. This integration creates a synergy that strengthens both the protection of human rights and the achievement of SDG targets (SDGs and UN Human Rights Mechanisms, 2021).

The SDGs consist of 17 goals, 169 targets, and 248 indicators. After the adoption of Agenda 2030, Türkiye assigned the responsibility of tracking 218 indicators to relevant institutions. Firstly, in 2019, Türkiye published its SDG Indicators Set, comprising 83 indicators. While the ratio of indicators produced was higher for SDGs 3, 7, 9, further work was needed for indicators on SDGs 1, 2, 12, 13 and 14 indicators (TurkStat, 2019). The Turkish Statistical Institute (TurkStat) follows up on the international process for determining the global SDG indicators. TurkStat takes on the central role of tracking progress on Agenda 2030. According to the portal on the TurkStat web site, it is reported that the number of indicators currently published is 163 (65.7%), the number of exploring data is 46 (18.5%), the number of non-statistical indicators is 37 (14.9%) and the number of irrelevant indicators to the country is 2 (0.8%) (TurkStat, 2024).

This study discusses selected demographic indicators from the TurkStat SDG portal. These indicators were chosen for their ability to reflect core issues in the pursuit of SDGs 3 and 5, as they allow for an analysis of how demographic factors influence public health and gender equality. Furthermore,

these indicators are essential for assessing the effectiveness of policies and interventions aimed at improving health outcomes and advancing gender equality, both of which are key to achieving sustainable development. It is thought that the selected indicators provide a comprehensive view of critical aspects of public health and gender equality. The study focuses on maternal and child mortality rates, adolescent fertility, and early marriage indicators to contribute to understanding the intersection between demographic trends, health outcomes, and gender inequalities.

Table 1. Selected Demographic SDG Indicators

Goal	Target	Indicator
Goal 3: Ensure healthy lives and promote well-being for all at all ages	3.1. By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1. Maternal mortality ratio
	3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	3.2.1. Under-five mortality rate 3.2.2. Neonatal mortality rate
	3.7. By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.2. Adolescent fertility rate per 1000 women in 15-19 age group
Goal 5: Achieve gender equality and empower all women and girls	5.3. Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation	5.3.1. Proportion of women aged 20-24 years old who were married before age 18

Source: TurkStat, SDG Portal, 2024

RESULTS

Ensure healthy lives and promote well-being for all at all ages (Goal 3)

Maternal mortality ratio

The goal is to reduce the global maternal mortality rate to under 70 per 100,000 live births by 2030. This indicator is defined as the number of maternal deaths per 100 000 live births in a year. Maternal death refers to the death of a woman during pregnancy or within 42 days after pregnancy ends, due to pregnancy-related complications. It is comparable over time and at country level (TurkStat, 2024).

Maternal mortality in Türkiye, while lower compared to developing countries, remains a significant public health issue. According to the National Maternal Mortality Study conducted in 2005, the maternal mortality rate in Türkiye was estimated at 28.5 per 100,000 live births. The study emphasized

significant gaps in the collection and reporting of maternal mortality data, particularly highlighting that the MERNİS (Central Population Administration System) database does not include information on the location of death. This highlights the need for improvements in the existing registration systems and for more meticulous reporting to ensure more accurate and reliable data on maternal deaths. Furthermore, to prevent maternal mortality, it is crucial to enhance the accessibility and quality of healthcare services at all levels. In this context, ensuring equal access to health rights for women is a critical step in improving maternal health (HUIPS, 2006).

In Türkiye, the maternal mortality ratio is monitored through performance-based monitoring. However, it should be considered that it is a rights-based monitoring indicator in terms of women's equal access to health rights. Within the framework of the 12th Development Plan of Türkiye, the maternal mortality rate is targeted to be 12.6 per 100,000 live births in 2023 and 12.0 per 100,000 live births in 2028 (Strategic Planning and Budget Directorate, 2023).

The general health status of women is closely related to their status in society. The result of a pregnancy and the resulting maternal mortality are under the direct influence of conditions such as environmental factors, the economic situation of the woman, her place and role in society. A woman's status is often defined by factors such as her income level, economic independence, employment status, education, health and fertility, role and value in the family and society. In addition, the status of women is also affected by the way society perceives women's roles and the value they place on these roles. In regions with high maternal mortality, women's social status is low, and their needs are often ignored. Gender discrimination contributes to maternal mortality and this fact cannot be ignored. Since the sources about maternal mortality and their causes are generally obtained from hospital records, only biomedical and clinical causes are focused on, while socio-cultural causes can be ignored (Akın & Mıhçıokur, 2003).

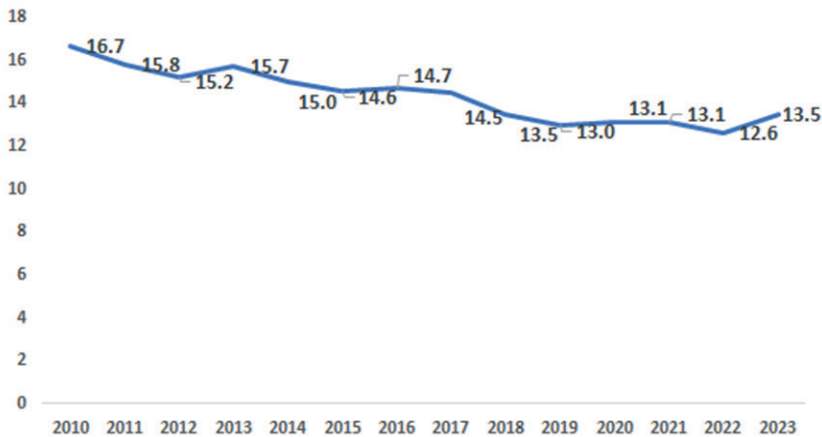
Maternal mortality rates in Türkiye display significant regional differences, with a pronounced gap between rural and urban areas. These disparities highlight the need for urgent action, particularly for vulnerable groups, to prevent further widening of existing inequalities. The tracking and reporting system for maternal deaths, while a positive development, must be continuously monitored to ensure its effectiveness. Additionally, interventions addressing these regional differences should be implemented without delay, focusing on reducing the inequality in access to quality maternal healthcare. A comprehensive approach to women's health, involving multidisciplinary teams, is essential to bridge these gaps and ensure equitable healthcare access for all women, regardless of their geographic location (Akın & Türkçelik,

2018, p. 41).

As previously mentioned, the goal is to reduce the global maternal mortality rate to under 70 per 100,000 live births by 2030. Türkiye is among the most successful countries in exceeding the 2030 global target for maternal mortality. The share of direct maternal deaths within total maternal mortality continues to decline. However, despite the achievements of the past 35 years, further efforts are required to achieve the Nairobi Summit’s commitment to “zero preventable maternal deaths.” While the journey becomes increasingly challenging as the goal approaches, success demands unwavering determination (HUIPS, 2020).

Focusing on the socio-cultural causes behind maternal mortality and addressing this situation in various contexts is an issue of interest to feminist demographics. If we examine the maternal mortality indicator for Türkiye within the scope of the SDGs, it is seen that there is only one data set for Türkiye as a whole. The Graph 1 shows that while the maternal mortality rate was 16.7 per 100,000 live births in 2010, it was 13.5 per 100,000 live births in 2023 in Türkiye. The maternal mortality ratio demonstrates fluctuations over the years between 2010 and 2023. After an initial decline from 16.7 in 2010 to 15.2 in 2012, the ratio increased slightly to 15.7 in 2013 before resuming its downward trend. A notable decrease is observed from 2014 (15.0) to 2018 (13.5), followed by a consistent reduction, reaching the lowest point of 12.6 in 2022. However, a slight reversal occurred in 2023, with the ratio rising to 13.5.

Graph 1: Maternal Mortality Ratio for Türkiye, 2010-2023

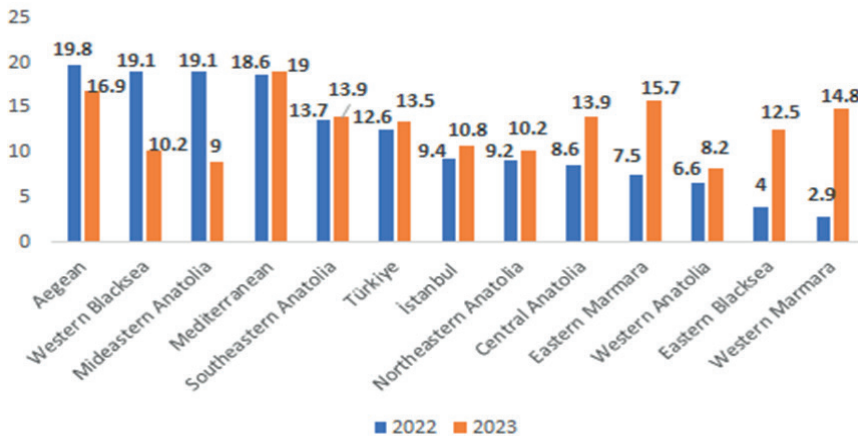


Source: TurkStat, SDG Portal, 2024

General Directorate of Public Health, Health Statistics Yearbook, 2022, 2023

Maternal mortality varies significantly across different regions in Türkiye, as demonstrated by the data for 2022 and 2023. The national maternal mortality ratio increased slightly from 12.6 per 100,000 live births in 2022 to 13.5 in 2023. Regionally, the Aegean Region had the highest ratio in 2022, with 19.8 per 100,000 live births, which decreased to 16.9 in 2023. Conversely, the Mediterranean Region saw an increase from 18.6 in 2022 to 19 in 2023, making it the highest regional ratio in that year. Notable changes were also observed in regions like Western Blacksea and Mideastern Anatolia, where significant reductions occurred, while Western Marmara and Eastern Marmara experienced considerable increases. Monitoring maternal mortality at the regional level within the framework of the SDGs is crucial to understanding the relationship between women’s status, health outcomes, and social structures. The Ministry of Health’s detailed regional statistics highlight these disparities, emphasizing the importance of incorporating disaggregated data into SDG indicators to address local inequalities and inform targeted, equitable policy interventions.

Graph 2: Maternal Mortality Ratios by NUTS-1 Regions in Türkiye, 2022-2023



Source: General Directorate of Public Health, Health Statistics Yearbook, 2022, 2023

Maternal mortality ratio is an indicator that is aimed to be reduced in development plans and Ministry of Health strategy documents. As mentioned before, within the framework of Türkiye’s 12th Development Plan, the maternal mortality rate was targeted to be 12.6 per 100,000 live births in 2023 and 12.0 per 100,000 live births in 2028; however, Türkiye did not achieve this target in 2023, with only 6 regions reporting rates below 12.6 per 100,000 live

births at the regional level.

On the other hand, 6 regions, including the Aegean, Mediterranean, Southeastern Anatolia, Central Anatolia, Eastern Marmara and Western Marmara exceeded this target. This highlights the need for more tailored strategies and policies for these regions to address disparities effectively. Setting a national target is crucial for monitoring progress, but ignoring regional inequalities risks overlooking significant challenges that disproportionately affect certain areas. Policies aligned with these goals should emphasize addressing regional disparities, ensuring that women's health outcomes in underperforming regions are prioritized. Moreover, achieving equity requires accounting for structural inequalities in education, employment, and societal roles, and these must be tackled alongside efforts to reduce maternal mortality on a regional level.

Under-five mortality rate and neonatal mortality rate

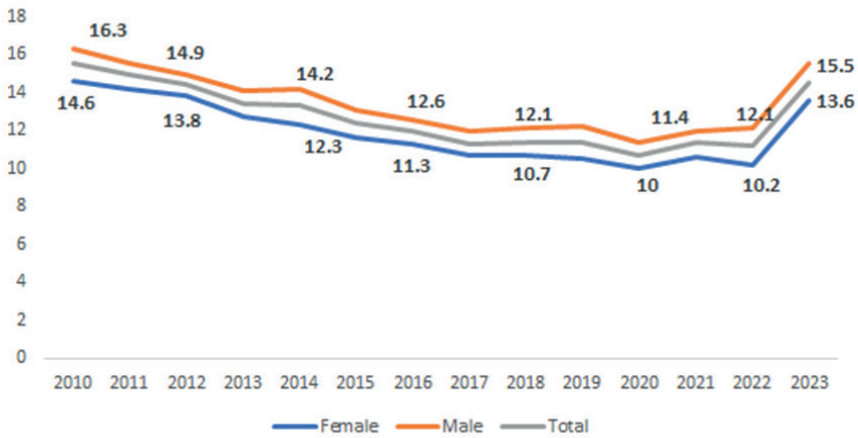
By 2030, the global target is to eliminate preventable deaths of newborns and children under the age of five. This goal includes achieving neonatal mortality rates of no more than 12 per 1,000 live births and under-five mortality rates of no more than 25 per 1,000 live births across all countries. The under-five mortality rate is defined as the number of deaths of children under five years of age per 1,000 live births in a given year. Similarly, the neonatal mortality rate refers to the number of newborns dying within the first 27 days of life per 1,000 live births. Both indicators are critical for assessing child health outcomes and are methodologically comparable over time and across countries, enabling robust analyses of trends and disparities at the national level (TurkStat, 2024).

Both under-five and neonatal mortality rates are monitored through performance-based monitoring. There is still a high number of infant and child deaths worldwide. Because it is known that most of these deaths can be prevented with relatively low-cost interventions, improving child health is accepted by international societies as an indispensable indicator of development. For many countries around the world, raising healthy born and healthy children is among the priority issues. For this reason, these indicators should also be evaluated as a rights-based monitoring indicators. Under-five mortality rate and neonatal mortality rate are multidimensional structure. This structure encompasses health policies and reforms in social, demographic and economic contexts. Maternal and child health policies are very important for these indicators. The indicators of under-five mortality rate and neonatal mortality rate are indicators that needs to be addressed within the framework of changes in population structure, economy, education and gender.

In Türkiye, under-five and neonatal mortality rates are monitored at the

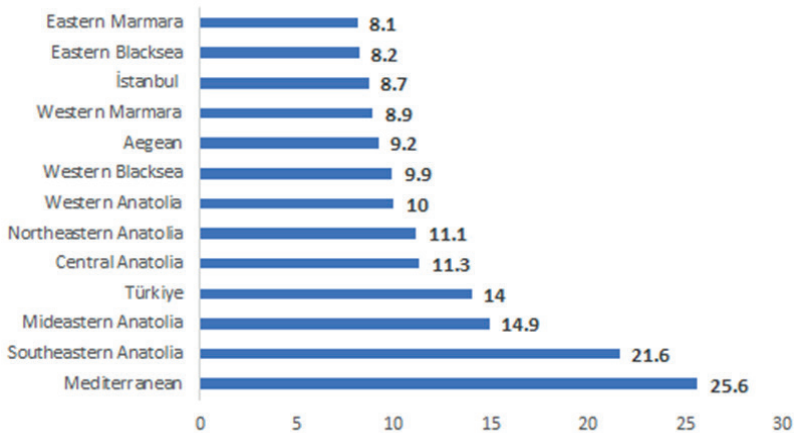
provincial level and disaggregated by gender. However, the absence of data at more localized levels (e.g., district-level) or for marginalized communities (e.g., rural areas, refugees) limits a comprehensive understanding of inequalities. Monitoring under-five and neonatal mortality rates at the regional level is crucial for addressing disparities in maternal and child health outcomes in Türkiye. Regional data can highlight inequalities in access to healthcare services, maternal education, and socio-economic conditions, particularly for marginalized communities such as rural populations or refugees. To effectively address these disparities, data collection should also consider factors like maternal employment, education, and regional healthcare infrastructure. Aligning policies with international best practices and implementing rights-based approaches, such as gender-sensitive training for healthcare providers, can help Türkiye achieve equitable outcomes in maternal and child health. Awareness campaigns promoting shared parenting roles can further contribute to this goal.

Feminist theory seeks to improve society by empowering women through education, employment, and active societal involvement. On the other hand, feminist theory also emphasizes the importance of understanding how gender intersects with other social categories, such as class, ethnicity, and socioeconomic status, to shape lived experiences and opportunities. Women's education, employment, and societal roles not only directly influence their own empowerment but also have cascading effects on their children's access to health services, good nutrition, and healthy growth. Feminist theory positively impacts child health by promoting women's empowerment and equal rights, which in turn enhances children's access to essential health services, proper nutrition, and overall well-being. By addressing these interconnected issues, feminist theory highlights how systemic inequalities - such as poverty, discrimination, and restricted access to resources - affect both women and their children. For this reason, feminist demography goes beyond analyzing gender as a singular variable and instead focuses on the broader social structures, power dynamics, and systemic inequalities that affect critical indicators like under-five and neonatal mortality rates. This approach allows for a deeper understanding of how gender-based inequalities operate in different contexts and provides a foundation for more inclusive, intersectional policies that promote gender equality and improve public health outcomes.

Graph 3: Under-five mortality rate in Türkiye, 2010-2023

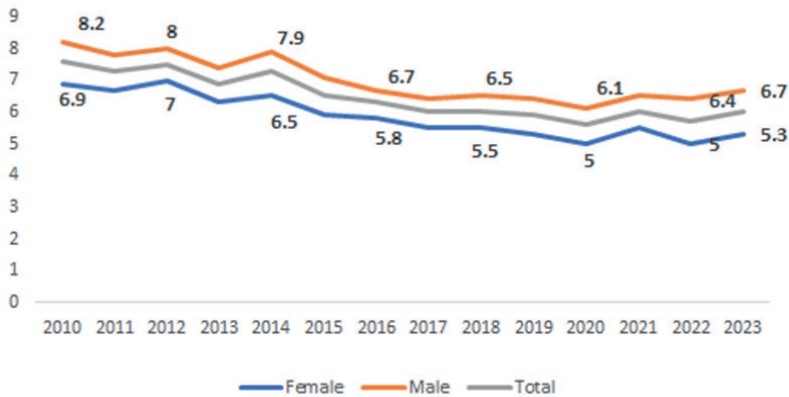
Source: TurkStat, Death and Causes of Death Statistics, 2023

According to Graph 3, Türkiye's under-five mortality rate significantly declined from 15.5 per thousand in 2010 to 11.2 per thousand in 2022. However, in 2023, the rate increased to 14.5 per thousand, marking a notable rise after years of decline. When examined by gender, it is evident that the mortality rate for boys consistently exceeds that of girls throughout the years. For instance, in 2023, the under-five mortality rate for boys was 15.5 per thousand, compared to 13.6 per thousand for girls. This trend aligns with global patterns, where boys generally have a higher probability of dying before age five than girls due to biological and physiological factors (UN IGME, 2018). The persistence of a gender gap in Türkiye, as well as the recent increase in overall rates, suggests the need for further investigation into the contributing factors, such as healthcare access, biological resilience, and cultural practices.

Graph 4: Under-five mortality rate by NUTS-1 Regions in Türkiye, 2023

Source: General Directorate of Public Health, Health Statistics Yearbook, 2023

The under-five mortality rates reveal significant regional disparities in Türkiye, with the highest rates observed in the Mediterranean Region (25.6 per 1,000 live births), followed by Southeastern Anatolia (21.6) and Mideastern Anatolia (14.9), while the lowest rates are in Eastern Marmara (8.1), Eastern Black Sea (8.2), and İstanbul (8.7). These disparities may be influenced by variations in women's education levels, access to prenatal care, and rates of institutional deliveries across regions. The elevated mortality rates in regions such as the Mediterranean and Southeastern Anatolia highlight the need for targeted interventions to address underlying socio-economic and healthcare access-related challenges. Further research is necessary to explore how these factors interact and contribute to the observed inequalities, as well as to assess the potential impact of policy measures designed to reduce regional disparities and improve child health outcomes nationwide.

Graph 5: Neonatal mortality rate in Türkiye, 2010-2023

Source: TurkStat, Death and Causes of Death Statistics, 2023

Graph 5 shows that while the neonatal mortality rate was 7.6 per thousand in 2010, it decreased to 6 per thousand in 2023. Notably, the mortality rate for boys is consistently higher than that of girls. However, this indicator lacks a regional breakdown, which is crucial for a comprehensive understanding. The lack of regional monitoring fails to account for important socio-economic disparities among women across regions. To align with the principles of the Sustainable Development Goals (SDGs), it is essential to incorporate regional analyses into this indicator. This would allow policymakers to address region-specific challenges and reduce inequalities in neonatal health outcomes. In this context, it is also important to consider the infant mortality trends. Recent data shows the infant mortality rate rose from 9.2 per thousand in 2022 to 10.0 per thousand in 2023, with infant deaths increasing slightly from 9,555 to 9,575 (TurkStat, 2023). This unexpected increase may be partially attributed to the devastating earthquake that occurred in 2023, which severely impacted healthcare infrastructure and access in affected regions. Furthermore, this trend underscores the importance of the 12th Development Plan's goal to reduce the infant mortality rate to 8.5 per thousand in 2028 by improving the quality of health services and ensuring financial sustainability. Achieving these objectives requires a nuanced regional approach that addresses socio-economic disparities and ensures disaster preparedness and recovery capabilities.

Demographic studies can help identify high-risk infants and children by analyzing biodemographic factors and fertility behaviors. It can lead to strategies to reduce the risk of infant and child mortality, such as encouraging

longer birth intervals ((HUIPS, 2019). Providing women with equality in areas such as education, health care and job opportunities, as well as biodemographic factors, can contribute to reducing infant and child mortality. Educated and labor force women often have access to better health care and better care for their families. This can help reduce infant and child mortality. At the same time, it is important for women to be able to make informed decisions about their sexual and reproductive health, to have access to birth control methods, and to be able to choose to become mothers whenever they want. As a result, infant and child mortality may be reduced by reducing the risks of unwanted pregnancies and miscarriages. Health awareness of women can increase their access to prenatal and postnatal care and support the healthy growth and development of infants. Finally, reducing infant and child mortality is closely tied to social structure and gender equality. This issue requires a focus on educating women, raising awareness, and improving healthcare services before and after birth.

Adolescent fertility rate per 1 000 women in 15-19 age group

By 2030, it is aimed to ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes. This indicator is defined as the average number of live births per 1 000 women in the 15-19 age group. This indicator is comparable over time and at country level (TurkStat, 2023).

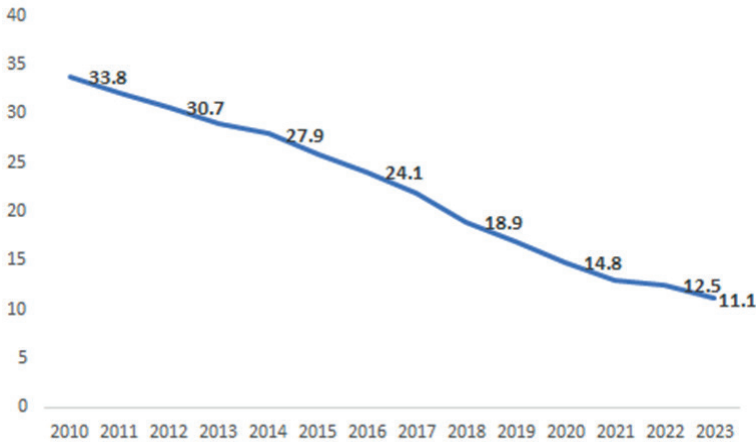
The adolescent fertility rate is evaluated using performance-based monitoring. However, childhood, early and forced marriages and the resulting adolescent fertility are a violation of rights that adversely affect the physical and mental development of girls and bring the risk of maternal mortality and various health problems due to pregnancy/birth before their physical development is completed. Thus, it should be seen as a rights-based indicator.

Adolescence is a period of significant changes in sexual and reproductive health. Feminism supports young girls to be informed about their sexual and reproductive health and to make their own decisions about their bodies and sexuality. This enables adolescents to make informed decisions about fertility and access sexual health services. Feminism also increases the freedom of young girls to plan their own futures and choose their lifestyles by focusing on their education, professional development and social participation. This, in turn, can influence young women's fertility decisions. For example, young women with educational and career goals can make more informed and controlled decisions about fertility planning (Şen, 2018, pp. 69-71).

According to Graph 6, it is seen that while the adolescent fertility rate was 33.8 per thousand in 2010, this rate decreased to 11.1 per thousand in 2023.

In other words, the number of live births was 11.1 per thousand women in 15-19 age group in 2023. The decreasing adolescent fertility rate in Türkiye should be analyzed through a feminist demography lens, considering factors such as education, socioeconomic status, access to sexual health services, and early marriage.

Graph 6: Adolescent fertility in Türkiye, 2010-2023



Source: TurkStat, Birth Statistics, 2023

It is crucial to focus on gender equality, responsible sexual behavior, and the need for training during this developmental stage of adolescence. Overlooked by most platforms and programs, adolescents must have access to sexual and reproductive health services. Additionally, young men should be educated about women's health and share responsibility for contraception use. Since sexual health is also defined as a part of reproductive health, problems related to family planning, sexually transmitted diseases, HIV prevention, sexuality, gender relations and adolescents should be addressed from the perspective of feminist demography.

Achieve gender equality and empower all women and girls (Goals 5)

Proportion of women aged 20-24 years old who were married before age 18

This indicator aims to eliminate harmful practices like child, early, and forced marriage, and female genital mutilation. It is calculated by dividing number of women who were married before age 18 and now in the 20-24 age group

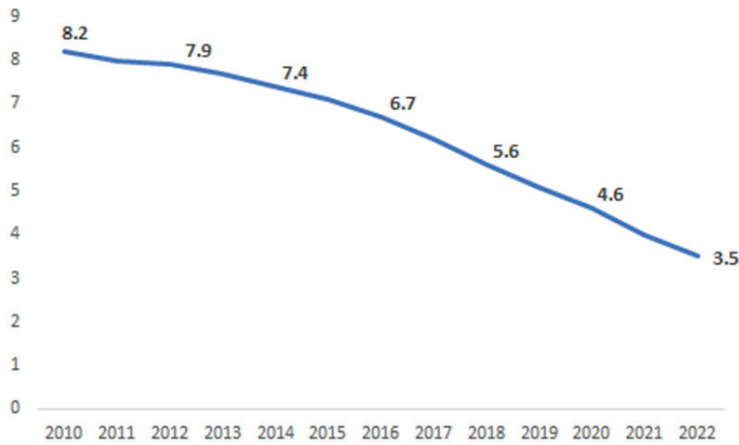
to the total women population in the same age group. Data is derived from administrative registers and includes only formal marriages. It is comparable over time. Since it serves as a proxy indicator for the 'Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18', it differs slightly from global metadata (TurkStat, 2023).

This indicator is evaluated using a performance-based monitoring approach. However, it should be taken into account that child marriage is a rights-based monitoring indicator, as it is a violation of child and human rights. Marriage marks adulthood, and the legal age for marriage is defined by law. However, in some societies, social norms may override legal regulations, leading to an early end to childhood for some children. Due to their immaturity and the fact that they marry before completing their social and physiological development, children in this paradoxical situation face numerous social and economic constraints. Marriage at an early age, when these children should be in school, limits their right to education.

Early marriages violate children's rights and create problems in education, poverty, and the economy. Early marriages restrict children's access to education, have a negative impact on their ability to participate in the workforce at a later age, and hinder their social development. It is one of the forms of discrimination against girls. These marriages, which both men and women are exposed to, are an example of gender-based violence and serve as a sign of gender inequality. Early marriages continue their existence with established traditions in societies. Early marriage, which is a multidimensional issue, is defined as a form of discrimination and a public health problem, an internationally accepted crime, as well as an obstacle to sustainable development and one of the forms of gender-based violence (Yüksel-Kaptanoğlu, Ergöçmen & Keskin, 2020, pp. 13-15).

According to the Turkish Civil Code, persons who have reached the age of 18 can marry without the consent of anyone. Persons aged 17 can marry with the consent of their parents. Persons aged 16 may marry in extraordinary circumstances (decision of a judge). According to the provisions of our country's civil law, no one under the age of 16 can marry under any circumstances. This indicator, obtained from the Marriage Statistics compiled by TurkStat, covers official marriages before the age of 18 within the legal framework defined by the Turkish Civil Code. Informal marriages (religious wedding ceremony) or people living with a partner before the age of 18 are not included in this indicator. This indicator is therefore not comparable at the global level. Beyond comparability, the unknown proportion of women who were married or had a sexual relationship before the age of 18 in a society is a major obstacle to the empowerment of girls and women.

Graph 7: Proportion of women who were married before age 18 in Türkiye (%), 2010-2022



Source: TurkStat, SDG Portal, 2024

According to Graph 7, the proportion of women in the 20-24 age group who were married before the age of 18 was 8.2% in 2010, decreasing to 3.5% in 2022. It would be more accurate to evaluate this indicator together with other official statistics. For instance, based on the findings of the 2018 Turkish Demographic and Health Survey (HUIPS, 2019), it was determined that 14.7% of individuals aged 20-24 years old were married before the age of 18. Furthermore, among this group, 2.0% were married before the age of 15. These statistics highlight the concerning prevalence of early marriages in Türkiye, indicating that a significant proportion of individuals enter into marriage at a young age, potentially before they have reached the legal age of adulthood.

According to the 2021 Family Structure Survey conducted by TurkStat every 5 years, 15% of individuals reported getting married before the age of 18. While 4.4% of men reported marrying before age 18, the proportion among women is significantly higher at 24.2%. Given that these figures represent Türkiye as a whole, regional disparities, particularly for women, are likely to be even more pronounced. Another finding from the same survey reveals that while 98.6% of married individuals had civil wedding ceremonies, 90% also had religious wedding ceremonies. Accordingly, it should be taken into account that religious wedding ceremony is a common practice in Turkish society, and that the proportion of women with religious wedding may be high apart from civil wedding ceremony (TurkStat, 2021).

These additional statistics examined show that when evaluating this SDG

indicator, examining only formal marriages will cause a scope error. While the rate of women in the 20-24 age group who stated that they got married before the age of 18 in official marriages in 2018 was 5.6%, this rate was 14.7% according to the TDHS results. Due to its methodology, this indicator, which is based solely on official marriages, can be viewed as an indicator that overshadows gender inequality in terms of feminist demography. It is important to calculate early marriages in a way that considers the entire society and make the results public. This is because early marriages prevent girls and women from exercising many of their rights, including the right to participate in education and the workforce, the right to sexual and reproductive health, and the right to live without violence, leaving them in a position of social and economic weakness.

Early marriages reinforce gender inequalities that prevent women from exercising many of their rights, such as the right to education and employment, sexual and reproductive health rights, and the right to live without violence. For this reason, it should be handled by considering its social and economic causes and effects. Additionally, since there are regional differences in the status of women in Türkiye, this indicator needs to be evaluated at the regional level or the rural-urban divide. It is recommended to add the ratio of men to this indicator and to assess the situation of boys in early marriages in light of the fact that early marriage is a problem not only for girls but also for boys.

CONCLUSION

Monitoring gender equality using demographic indicators involves assessing how well gender equality goals are being achieved and evaluating the impact of related policies and programs. The rights-based approach to monitoring gender equality requires states to meet their obligations to protect and promote gender equality, including the adoption of laws and policies that promote gender equality and eliminate discriminatory practices and attitudes.

In our country, women continue to face significant challenges in exercising bodily autonomy due to restrictive cultural norms, legal barriers, and societal expectations. Very few women make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care. The extent to which laws prevent or enable access to relevant health care and information is critical to this decision-making ability. Restrictive laws and limited access to reproductive health services make it harder for women to control their own bodies. For example, strict rules about abortion or the lack of medical abortion pills prevent women from ending unwanted pregnancies safely. Limited access to birth control methods in healthcare facilities or cultural pressures also make it difficult for many women to prevent pregnancies. These barriers

affect women the most, especially those in disadvantaged groups. Removing these obstacles is important to protect women's health and support their equality in society. Women and girls should have the laws and regulations needed to guarantee full and equal access to sexual and reproductive health and rights. In this context, the SDGs can serve as a tool to accelerate progress in fulfilling human rights obligations.

The feminist perspective examines gender indicators by emphasizing the differing experiences of men and women. The primary objective is to highlight disparities in equality, justice, and human rights between women and men. Feminist theory can also contribute to the prevention of discrimination based on gender roles by raising awareness about gender equality. Educating individuals about gender equality is a vital step toward fostering a more equitable society.

In 2023, Türkiye's maternal mortality ratio was 13.5 per 100,000 live births. Reducing maternal mortality is a key objective in development plans and Ministry of Health strategies. However, efforts must extend beyond improving access to antenatal and postnatal care to achieve this goal. It is crucial to address the broader issues related to women's reproductive decisions, particularly among those living in rural areas, with lower education levels, and lacking economic independence. Women should be empowered to make informed choices about their fertility by improving access to contraception and ensuring safe options for reproductive health decisions. Moreover, it is important to recognize the connection between maternal mortality rates and gender-based discrimination, including factors such as education level, employment status, societal roles, and women's value within society. Adopting a gender perspective, policymakers should focus on eliminating these disparities and monitoring progress in reducing maternal mortality rates.

Although preventable infant and child mortality rates have declined over the years, they remain high. Promoting gender equality in areas such as education, healthcare, and employment opportunities for women can significantly contribute to the reduction of infant and child mortality. Women who receive education and participate in the workforce often have better access to healthcare services and are better equipped to care for their families. Empowering women not only improves individual autonomy but also leads to better health outcomes, economic growth, and more inclusive societies. This improved access to healthcare can help decrease the rates of infant and child mortality. Additionally, it is crucial to empower women to make informed decisions regarding their sexual and reproductive health. This includes providing access to contraception methods and supporting their ability to choose when to become mothers. Minimizing the risks of unwanted

pregnancies and promoting healthier pregnancies will further reduce infant and child mortality rates. Enhancing women's health awareness can also improve their access to prenatal and postnatal care, thereby promoting the healthy growth and development of infants. In conclusion, addressing infant and child mortality requires a comprehensive approach that addresses both social structures and gender dynamics. This entails raising awareness among women, providing them with education, and delivering necessary healthcare services before and after childbirth. By adopting such measures, significant progress can be made in reducing infant and child mortality rates.

It is thought that the marriage rate and adolescent fertility rate in the 16-17 age group are still at a high level in our country. By monitoring feminist demographic indicators such as early marriage and adolescent fertility, strategies including education for women and girls, empowerment, legal reforms, and social change can help reduce these rates. Education serves as a cornerstone for achieving gender equality, as it equips individuals with the knowledge and tools to challenge discriminatory norms and practices.

The effectiveness of ignoring or trivializing women's needs, of drafting laws and policies that directly affect women without considering women, should be openly questioned. Thus, producing and monitoring feminist demographic indicators is essential. In conclusion, achieving gender equality and reducing maternal and infant mortality requires a multi-faceted approach that involves education, healthcare access, and societal change.

NOTES

- 1- The opinions expressed in this study are entirely those of the author and do not reflect the views of the Turkish Statistical Institute.

REFERENCES

- Akın, A., & Mıhçıokur, S. (2003). Kadının Statüsü ve Anne Ölümleri. *Toplumsal Cinsiyet Sağlık ve Kadın*. Hacettepe Üniversitesi Kadın Sorunları Araştırma ve Uygulama Merkezi (HÜKSAM). HÜ Yayınları, Ankara.
- Akın, A., & Türkçelik, E. (2018). *Sağlık Hizmetlerine Erişimde Toplumsal Cinsiyet Eşitliği Haritalama ve İzleme Çalışması*. Ankara.
- Akın, A., & Türkel, E. (2020). *Sağlık Hizmetlerine Erişimde Toplumsal Cinsiyet Eşitliği*. Ankara.
- Hacettepe University Institute of Population Studies (HUIPS) (2020). *Nairobi commitments: Towards three zeros*.
- Hacettepe University Institute of Population Studies (HUIPS) (2019). *Türkiye Demographic and Health Survey, 2018*. Hacettepe University Institute of Population Studies, Ministry of Development and TÜBİTAK, Elma Printing,

- Ankara.
- Hacettepe University Institute of Population Studies (HUIPS) (2006). *Turkey National Maternal Mortality Study*. Ankara.
- Nalbant, F. (2019). *Feminist Teori Temelinde Toplumsal Cinsiyet Eşitliğinin Türkiye Bağlamında Değerlendirilmesi*. ACU International Journal of Social Sciences, 5(2), 165-186.
- Sustainable Development Goals and UN Human Rights Mechanisms from a feminist perspective (2021). Retrieved Retrieved November 22, 2024, from <https://sdgs.un.org/sites/default/files/2021-07/SDG%20from%20a%20Feminist%20Perspective%20-%20SDGs%20and%20CEDAW.pdf>
- Şen, Ç. K. (2018). *Radikal Feminizm Açısından Erken Evlilikler Üzerine Nitel Bir Çalışma*. Hacettepe Üniversitesi Yüksek Lisans Tezi.
- Strategic Planning and Budget Directorate (2023). *12th Development Plan, 2024-2028*. Retrieved Retrieved June 22, 2024, from https://www.sbb.gov.tr/wp-content/uploads/2023/12/On-Ikinci-Kalkinma-Plani_2024-2028_11122023.pdf
- TurkStat (2019). *Press Release: Sustainable Development Indicators, 2010-2017*. Retrieved Retrieved June 22, 2024, from <https://data.tuik.gov.tr/Bulten/Index?p=Sustainable-Development-Indicators-2010-2017-30860>
- TurkStat (2021). *Press Release: Family Structure Survey, 2021*. Retrieved Retrieved June 22, 2024, from <https://data.tuik.gov.tr/Bulten/Index?p=Turkiye-Family-Structure-Survey-2021-45813>
- TurkStat (2023). *Press Release: Death and Causes of Death Statistics, 2023*. Retrieved Retrieved June 22, 2024, from <https://data.tuik.gov.tr/Bulten/Index?p=Death-and-Causes-of-Death-Statistics-2023-53709>
- TurkStat (2024). *Sustainable Development Goals*. Retrieved Retrieved November 22, 2024, from <https://sdg.tuik.gov.tr/en/>
- UN (2023). Retrieved Retrieved June 22, 2024, from <https://sdgs.un.org/goals>
- UN Women (2023). Retrieved Retrieved June 22, 2024, from <https://www.unwomen.org/en/about-us/about-un-women>
- United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) (2018). *Levels & Trends in Child Mortality*. Retrieved Retrieved June 22, 2024, from <https://www.unicef.org/media/47626/file/un-igme-child-mortality-report-2018.pdf>
- United Nations. (2015). *Transforming Our World: The 2030 Agenda For Sustainable Development*. Retrieved Retrieved June 22, 2024, from <https://sdg.tuik.gov.tr/assets/download/agenda-2030.pdf>
- Williams, J. R. (2010). Doing feminist-demography. *International Journal of Social Research Methodology*, 13(3), 197-210.
- Yüksel-Kaptanoğlu, İ., Arslan, H., & Akyıldırım, O. (2021). *Toplumsal Cinsiyet Eşitliğine Duyarlı Veri ve Göstergeler*. CEİD, Ankara.
- Yüksel-Kaptanoğlu, İ., Ergöçmen, B., & Keskin, F. (2020). *Türkiye'de Çocuk Yaşta, Erken ve Zorla Evlilikler*. HUNEE, UNPA.