CAN REPRODUCTIVE HEALTH PROGRAM EMPOWER
WOMEN?
A FEMINIST POST-DEVELOPMENT CRITIQUE OF EUROPEAN
UNION FUNDED REPRODUCTIVE HEALTH PROGRAM IN
TURKEY

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Approval of the Graduate School of Social Sciences

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ABSTRACT

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Within the recent human-centered development approach, the mission of development's declared aims are alleviating poverty, increasing choices by reducing of 'risks' and empowering women. In line with the human development framework, Reproductive Health Program aims at improving women's health, enlarging women's choices and engendering reproductive rights. The scope of "empowerment" of the poor women is conceptualized as strengthening their capabilities to prevent reproductive and sexual health risks thereby enlarging their reproductive choices without reflecting on the role of the general political economic structures. This thesis argues that while general health indicators, life choices and rights of the poor women are decreasing due to the neoliberal shrinkage of social policy and flexible working regimes, the sole focus on reproductive health and rights by development agents is irrelevant. In line with this argument, this study draws upon post-development theory in order to argue that development is a historically specific representation of social reality which permits particular modes of knowing while disqualifying others for perpetuating global hegemonic regimes.

Keywords: Feminist Post-Development Theory, Reproductive Health, Neo-liberalism, Women's Empowerment, Bio-politics

ÖZ

ÜREME SAĞLIĞI PROGRAMI KADINI GÜÇLENDİREBİLİR Mİ?
AVRUPA BİRLİĞİ TARAFINDAN DESTEKLENEN TÜRKİYE ÜREME
SAĞLIĞI PROGRAMININ FEMİNİST POST-KALKINMA ELEŞTİRİSİ

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İnsan merkezli kalkınma yaklaşımı çerçevesinde; yoksulluğun azaltılması, 'risklerin' azaltılarak seçeneklerin çoğaltılması ve kadının güçlendirilmesi yeni kalkınma misyonunun amaçlarını oluşturmaktadır. İnsani Kalkınma modelini esas alan Üreme Sağlığı Programı, kadın sağlığının iyileştirilmesini, kadının seçeneklerinin genişletilmesi ve üreme haklarının sağlanmasını amaçlamaktadır. Yoksul kadının güçlendirilmesi; kadının üreme sağlığını tehdit edebilecek riskleri bertaraf edebilmesi için kadınların 'yapabilirliklerinin' arttırılması ve böylece üreme seçeneklerinin çoğaltılması şeklinde, genel politik ve ekonomik yapılara değinilmeden, kavramsallaştırılmıştır. Bu tezde yoksul kadının; neo-liberalizm, sosyal politikanın daralması ve esnek çalışma rejimlerinden dolayı; genel sağlığı, yaşam seçenekleri ve hakları azalırken; kalkınma ajanlarının sadece üreme sağlığı ve haklarına vurgu yapmasının yersiz olduğu savunulmaktadır. Bu argüman doğrultusunda bu çalışma, kalkınmanın, belirli bilme çeşitlerine izin verip diğerlerini imkansız kılarak, sosyal gerçekliği küresel hegemonik rejimlerin sürekliliğini sağlayan bir şekilde tasfir ettiğini öne süren post-kalkınma yaklaşımına dayanmaktadır..

Anahtar Kelimeler: Feminist Post-Kalkınma Teorisi, Üreme Sağlığı, Neo-liberalizm, Kadının Güçlendirilmesi, Biyopolitika

ACKNOWLEDGEMENTS

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CHAPTER I

INTRODUCTION

The theme of this study is the conceptualization and implementation of the European Union (EU) funded Reproductive Health Programme (RHP) in Turkey, which depends on a human centered development concern for engendering sexual reproductive health and rights of women. This approach has been set forth at the 1994 International Conference on Population and Development and the United Nation's Millennium Development Goals (MDGs) where demographic concerns of population increase as an obstacle to development is substituted by enlarging women's empowerment, women's reproductive choices in order to alleviate poverty which have become a salient concern for development theorizing and practice. It analyzes the attempts of the development initiatives urging to produce knowledge on sexual and reproductive health and disseminate ideas on the "appropriate behavior patterns" concerning sexual and reproductive health with a discursive emphasis on alleviating poverty, strengthening reproductive rights and engendering the empowerment of women.

Aim of the Study

The aim of the study is to critically examine the discursive emphasis on the reproductive health and rights propagated by the development initiatives for the empowerment of women, at a time when neoliberal policies initiated by the international development agencies that engendered the privatization of health and social services in Turkey, which has excessively negatively affected poor women's lives. However, the discourse on providing the empowerment of women through granting them reproductive health and rights within the development discourse fail to address the real-life conditions of the poor women. This study attempts to demonstrate that the knowledge produced within the development apparatus

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"colonizes" the reality of the poor women while obscuring their urgent problems such as being deprived of social security and allocating resources with a superficial conceptualization of the empowerment of women. It is argued that a prioritized emphasis on gender based subordination of women which Reproductive Health Program aims at strengthening by granting poor women reproductive health and rights disavows other forms of subordination due to social class and ethnicity.

The aim of my study has been to explore the knowledge production and its inscription in social hierarchies and power networks, and towards this aim, there were two axes of inquiry that I address. The first axis pertains to the production of knowledge the second axis related the knowledge production to the current manifestations of power.

It will be argued that the professional language of Reproductive Health Program enabled to remove the problems of poverty, women's subjugation and reproductive health from the political and economic realms and to assign them in terms of the 'objective', 'neutral' realm of science. The representation of reproductive behavior of subaltern women as 'backward' 'unhealthy' and 'risky' by Reproductive Health Program engendered the disavowal of the prevalent political and social structures that have crippled the wellbeing and life choices of poor women. Moreover by attributing women's natural reproductive cycles to 'pathology' and 'risk', Reproductive Health Program, enhanced the patriarchal medicalization of subaltern women's bodies.

In addition, Reproductive Health Program that depends on a framework that aims to empower the poor women to prevent reproductive health risk situations and enlarge their reproductive choices, without reflecting on or critiquing the role of the general political structures and the processes which were caused by the economic globalization and neoliberal policies. While general health indicators and life choices of the poor and vulnerable women are decreasing due to the neoliberal shrinkage of social services the insistence on increasing reproductive health indicators seems deceitful.

Significance of the Study

I am proposing a discourse analysis which will examine the conceptualization and implementation of the European Union (EU) funded Reproductive Health Programme (RPH) in Turkey, which depends on an extensive notion of sexual and reproductive health as a major objective for development. The scope of this new approach that links reproductive health and rights to a broad extent relies on the global reformulation of population strategies and development as set forth by the 1994 United Nations International Conference on Population and Development at Cairo. A combination of macro-level agenda on the problem of population growth and micro-level concern with reproductive health and rights was proposed which called for the abandonment of the previous targets of demography and family planning. The emphasis on a broader policy agenda was initiated that would address women's lifetime reproductive health needs, women's empowerment, gender equality and the commitment to fight sexually transmitted diseases and advocate universal access to reproductive health services[1]. Population rate targets were abandoned and governments accepted that best way to reduce fertility to a sustainable level was by providing access to information on contraceptives, as well as providing the means of contraception and empowering women to decide for themselves how many children they would like to have. Thus there was a reconciliation of development and human rights in which access to safe abortion, contraceptives and knowledge on reproductive health and rights were compromised to be human rights[2].

Since then this new approach has been prevalent within the projects and policies of global development agencies such as World Bank, United Nations, World Health Organization, and European Union. Moreover, Millennium Development Goals set by World Bank addresses directly to this approach as expressed by the goals of promoting gender equality, reducing child mortality, improving maternal health and

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[1] Sinding, Steven W. "Overview and Perspective." In *The Global Family Planning Revolution: Three Decades of Population Policies and Programs*, eds. Warren C. Robinson and John A. Ross. Washington DC.: World Bank, 2007.

[2] United Nations. *Report of the International Conference on Population and Development (ICPD)*, Cairo, 1994.

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combat HIV/AIDS, malaria and other diseases. Indeed this new approach that emphasizes on reproductive rights and health has been dominant within global scholarly on development, demography and empowerment of women.

The Reproductive Health Program in Turkey is conceptually based on this configuration of reproductive and sexual health and development as expressed by the director of the Department of Maternal and Child and Family Planning of the Ministry of Health Rıfat Köse's words: " Following an evaluation process which took into account the post-Cairo conference country programmes of action, millennium development goals and international perspectives such as the 21 goals in health together with national objectives and priorities, four main reproductive health topics were selected as intervention areas of the Reproductive Health Programme."[3] The programme intervention areas that were formulated according to national objectives and international standards were as follows: eliminating maternal mortality and sexually transmitted infections, family planning, promoting empowerment of women, reproductive and sexual health education for the youth. An analysis of the specific implementation of the European Union funded Reproductive Health Program in Turkey will be important to understand and explore a global tendency that incorporates development, gender and reproductive health as well as the national concerns and strategies.

Although there has been an extensive body of literature concerning development, empowerment of women, reproductive health and rights within development scholarship and reports on development, they rarely conceptualize development as an apparatus to produce knowledge about and exercise of power. This study attempts to contribute to the critical studies on development practice through the analysis of the EU funded Reproductive Health Programme in Turkey. It problematizes the Reproductive Health Program as a developmental practice that produces knowledge on and power effects over poor 'Third World' women. It problematizes the Reproductive Health Program as a developmental practice that produces new regimes of governing the marginalized "target" populations of the

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[3]Köse, Rıfat. "Reproductive Health in Turkey." In In *Entre Nous the European Magazine for Sexual and Reproductive Health* no.65 2007.p. 4.

'Third World' by producing new subjectivities in accordance with the regimes of global and national sovereignty. It draws upon post-development theory in order to argue that development is a historically specific representation of social reality which permits particular modes of knowing while disqualifying others. This discursive effect of development practice colonizes the reality of the Third World.

Scope of the Study

The Reproductive Health Program in Turkey was composed of two components to best achieve its objectives. On the one hand it attempted to improve the infrastructure and the capacity of the reproductive health service providers within the Ministry of Health and on the other hand it attempted to increase the demand for the utilization of services among the disadvantaged groups by the community information activities that were conducted by the non-governmental organizations.

The program supported the activities and policies of the Ministry of Health (MoH) through technical assistance, training as well as support for researches. The Ministry of Health, was strengthened by a technical assistance team in order to provide a strong management capacity for the efficient and effective provision of health services. A massive in-service training was proposed in order to build institutional capacity and equip health care personnel with adequate knowledge and skills on reproductive issues. Through direct support to the Ministry of Health, the programme aimed to strengthen institutional capacity and quality of the services, including training of health facilities and the introduction of quality management mechanisms for an efficient use of resources and knowledge.[4]

All the training manuals that are published throughout the Reproductive Health Program are examined within the scope of the aim of the study. The in-service training manuals are treated as elements that compose the production of knowledge within the development discourse which are used for training reproductive sexual health service providers with adequate knowledge and expertise to gather right kind

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[4] Açıkalın, İbrahim; Biliker, Mehment Ali; Gaertner, Robert; Gural, Demet and Krause, Patric. "The Reproductive Health Programme in Turkey: Overview and Approach." In *Entre Nous the European Magazine for Sexual and Reproductive Health* no.65 2007.

of information. However, this study argues that knowledge is not something that could be merely gathered; it is engaged in social contexts produced in relations of power and connected to different power hierarchies.

In addition, the program aimed at gathering knowledge for better diagnosing sexual reproductive health indicators of women by conducting research. The programme conducted a qualitative study on health seeking behavior, a surveillance study on sexually transmitted infections and it co-funded the Turkish Demographic Health Survey. Since the scope of the study is the conceptualization of the empowerment of women within the Reproductive Health Program discourse, Health Seeking Behavior and Turkish Demographic Health Survey are examined by focusing on the issue of empowerment of disadvantaged women through reproductive health and rights. The surveillance study which aims at gathering information on the sexually transmitted diseases is skipped since it investigated sex workers, transsexuals, gays and drug addicts. The surveillance study is not covered in this study. The researches covered in this study are examined as texts that attempt to produce knowledge which is conceptualized in this work associating in power networks and hierarchal positions.

Besides, the objective to improve the infrastructure and the capacity of the reproductive health service providers within the Ministry of Health, the Reproductive Health Program attempted to increase the demand for the utilization of services among the disadvantaged groups by the community information activities that were conducted by the non-governmental organizations. In order to boost demand and utilization of the health services, direct financial support of 20 million euros were granted to non-governmental organizations that were to be selected by the European Commission[5]. The 88 projects which were considered to respond best to the priorities of the program were granted. The programme aimed to advocate for reproductive rights, increase awareness and strengthen "appropriate behavior patterns" and demand for reproductive health services especially among

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[5] Tunçkanat, Figen. "EU-Turkey: Perspectives in Health-Reproductive Health Programme in Turkey." In *Entre Nous the European Magazine for Sexual and Reproductive Health* no.65 2007.

the disadvantaged and "hard to reach" groups through support to interventions and activities of non-governmental organizations. The target population of the non-governmental organizations is described as the inhabitants of the "high-risk regions, rural and peri-urban areas and underprivileged high-risk groups" who "are not aware of their own service needs or have difficulty in reaching them.[6]" Such a description of the target group renders disenfranchised women and youth of rural and urban poor as well as the sex workers and sexual minorities as the intervention areas of the NGO's. The 88 projects that were granted by EU could be classified in three main areas according to the beneficiaries; empowerment of women, youth friendly reproductive health, elimination of sexually transmitted diseases.

Reproductive Health Program in Turkey is critically analyzed in this study depending on the feminist-post development literature that criticizes the prevalent scope for the empowerment of the women of the 'Third World' within the development literature. The discourse on providing the liberation of the poor women of the 'Third World' within development apparatus has been criticized by feminist post-development scholars. The focus on gender based discrimination of women becomes an alibi to disavow the subordination of these women due to class position.

Research Questions

This qualitative study examines the conceptualization and implementation of the European Union funded Reproductive Health Programme in Turkey. The overall aim of this study is to explore the knowledge production and its inscription in social hierarchies and power networks, and towards this aim, there are two central questions that I will address:

1- What kind of knowledge is produced in the process of EU funded Reproductive Health Programme in Turkey?
Based on the post-development literature, this study considers development as a historically specific representation of social reality likely to orientalist or

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[6] Köse, Rıfat. "Reproductive Health in Turkey." In In *Entre Nous the European Magazine for Sexual and Reproductive Health* no.65 2007.

anthropological representation which permits particular modes of knowing while disqualifying others. Escobar (1994) asserts that the discursive effects of the development apparatus colonize the reality of the 'Third World'[7]. This involves specific forms of knowledge, systems of power which regulate practice, and subjectivities by which people recognize themselves as developed or underdeveloped.

Moreover, it will be argued in this study that the production of knowledge on "other" women engenders 'colonialist move' which posits a hierarchal relation among differences women may have due to class structure and ethnicity as suggested by feminist post-development scholars. This 'colonialist' tendency points to the orientalist representation of women within the discourse of development where "other" women are representation of women as in need of "liberation" and "empowerment" which would be granted by the development intervention. It is asserted that women are victims of their patriarchal, traditional and backward societies which impede their control over their bodies, sexuality and reproduction. When development discourse perpetuated the images of women as helpless victims of patriarchy and tradition, such representations authorized the right to organize a planned liberation of this client population whom are construed of lacking the sovereign power to liberate themselves. However this is a "colonialist move" according to Chandra Mohanty which refers to predicament in which the authority to produce of knowledge is granted to the development expert. This entails specific constructions of the 'Third World' subjectivities in the development discourse which enables the exercise of power over the 'Third World' women[8].

2- What is the relationship of EU funded Reproductive Health Programme and broader social processes?

Through this question, I will try to relate the framework of Reproductive Health Program in Turkey to the new definition of development within predicament of neoliberalism and globalization of the economy. I will try to understand how the

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[7] Escobar, Arturo. Encountering Development: The making and Unmaking of the Third World (New Jersey: Princeton University Press, 1994).

[8] Mohanty, Chandra. "Under Western Eyes: Feminist Scholarship and Colonial Discourses", *Feminist Review*. 30. (1991) 61-88.

Reproductive Health Program is connected to the novel perspectives on development, and the neoliberal changes due to the integration of Turkey to the process of globalization.

It is important to approach Reproductive Health Program, within the conceptualizations on development especially the approach of empowerment. Concerns for integrating the elements of human development through aiming at increasing sexual health indicators of the vulnerable and empowering of women are conceptualized as major themes of intervention of the Reproductive Health Program. The Reproductive Health Program's declared aims are helping the poor women to be educated on "appropriate behavior patterns" to cope with reproductive and sexual "risks" due to over reproduction and lack of knowledge on family planning and sexual reproductive health. Although the development perspective moderated by international institutions have changed through the integration of new elements and introduction of new theoretical frameworks that stress on human centered development models, the terrain which this development approach operate is the proliferation of inequalities caused by the globalization of the economy and the inability of redistributive functions of the national states.

Based on the existing scholarship on feminist post-development theory, I anticipate that broad political and historical processes due to neoliberalism, real-life circumstances and dynamics are ignored, and technocratic and managerial solutions are offered for political problems arising because of the shrinkage of social services including health. Instead of considering the real needs of the poor, slum dweller women whose subordination depends on being poor and having no social security, the program aims at granting reproductive choice which may be immaterial indeed. Following Ferguson, I argue that by reducing issues of poverty and health to a technical problem that could be solved by development management, the question of health and poverty are reduced to problems which can be solved by managerial intervention. This in fact causes the "depolitization" of poverty and illhealth by the

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development apparatus[9] which indeed arise because of the imposed structural adjustment programs of development initiatives and the shrinkage of welfare structures of Turkey.

By addressing this question, it will be argued that Reproductive Health as a phenomena that we tend to think in terms of a-political private domesticity has been transformed by developmental practice, to a power network where global regimes of development and national sovereignty manages the domestic sphere and sexuality of the "marginalized" target groups by imposing new tactics and rationalities while instrumentalizing the notions of welfare and security of the individuals and the nation.

Method of the Research

I employ discourse analysis method to study the documents that are published throughout the implementation of the RHP. These documents include; Turkish Demographic Health Survey, National Maternal Mortality Survey, Health Seeking Behavior Study, In-service Training Manual for the reproductive service providers, Reproductive Health Program Booklet and the Enre-nou Magazine special issue for Reproductive Health Program. As I employ feminist post-development theory, I will consider the production of knowledge within these texts as providing a certain representation of the disadvantaged women. The produced knowledge enabled the development expertise to authorize a planned development management where the problems arising due to neoliberalism such as poverty and illhealth are presented to be treated with the managerial interventions of the program.

The produced knowledge on women's health focuses solely on gender based discrimination of women which perpetuate victimized images of poor women. This entails specific constructions of the subjectivities in the development discourse which enables the exercise of power over the poor women[10]. However this is a

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[9] Ferguson, James. *The Anti-Politics Machine: "Development," Depolitization and Bureaucratic Power in Lesotho.* Minneapolis: University of Minnesota Press, 1994.

[10] Mohanty, Chandra. "Under Western Eyes: Feminist Scholarship and Colonial Discourses", *Feminist Review*. 30. (1991) 61-88.

"colonialist move" according to Chandra Mohanty (1991) which refers to the predicament of the production of discourse under conditions of unequal power which perpetuates specific construction of subjectivities that enable the exercise of power which indeed disavows the ethnic, social, economic and cultural differences among women as well as the real life circumstances of the disenfranchised women.

CHAPTER II

THEORETICAL FRAMEWORK

2.1. Post-Development Theory

Development has been one of the major concerns of not only sociology but also many other disciplines of social sciences since the second half of the twentieth century. This interest in development in social sciences is also related to its significant position in the policy debates during the same era. Development has remained as a key issue of the international/global political agenda both during the period of developmentalism when national development models were advocated for 'Third World' countries to follow the path of already developed countries and also after the crisis of developmentalism, when the development policies failed and they were heavily criticized. Regarding the scholarship on development, it is important to stress that it would be a mistake to consider this scholarship as a monolithic one that includes one line of thinking. It is true that modernization theory, based on the idea that all countries of the world will make progress by following the same path and going through the same stages, exemplified by the classic works of Rostow and Eisenstadt, has been the dominant development framework for a long time[11].

Modernization theory has been critiqued by many scholars and policy makers on the basis of many factors, such as, that it is Eurocentric, technocratic, top-down and assumes a unilinear development path for all countries regardless of their different economic, social and cultural structures[12]. It is also crucial to take into account other influential development perspectives, such as dependency theory which points out the inequality between different countries and regions, and argues that the processes of development and underdevelopment are in fact a single process and the disparities between the center and periphery countries are reproduced through

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[11] Kambhampati, Uma S. *Development and the Developing World*. (Cambridge: Polity Press, 2004),70-71

[12] ibid.,71.

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international trade. According to this paradigm the world economy is consisted of two sectors: the center and the periphery in which production structures results in an international division of labor which enables the exploitation of surpluses produced in the periphery 'Third World' by the center 'First World'[13]. In addition to modernization and dependency theories, we can also refer to various development frameworks such as women in development and human development as other development perspectives which will be remarked in the following chapter on development, population and reproductive health.

Development, both as an agenda to modernize the 'Third World' and also as a body of scholarship, is not without its critiques. Post-development as a perspective emerged as a result of the idea that the decades of development came to an end. Sachs (1992) and the other writers of the *Development Dictionary* are among those post-development scholars, who argue that development did not work as a program or as an idea, as development ideas were biased, historically inadequate, and they provided the basis for Northern interventionism in Southern countries. During the decades of development, rather than Southern countries catching up with Northern countries, global inequalities increased and the development project took the form of North's imposition of Western institutions and habits of consumption on Southern countries. Development has mostly been the Westernization of the world and coming after the period of colonialism, it has carried on the agenda of neo-colonialism.[14]

Focusing on the development discourse, Escobar (1994) stated that this discourse created an apparatus to produce knowledge about and exercise power over 'Third World' countries. Development, as it was applied, was a top-down, ethnocentric, technocratic approach that regarded people and cultures as abstract concepts. It translated 'Third World' people and their interests into research data in accordance

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[13]Kambhampati, Uma S. *Development and the Developing World*. (Cambridge: Polity Press, 2004),74.

[14] Watts, Michael. "The Crisis of Development" In *The Power of Development,* ed. Jonathan Crush. London and New York: Routledge,1995,45,55.

with Western capitalist paradigms. Development has mostly been considered to reproduce colonial conquest not by military power but by through its power of producing truth effects through its discourse[15]. Focusing on the post-development framework, this study argues that European Union funded Reproductive Health Programme in Turkey, as a development program, produces its own structure of discourse and development interventions are then arranged on the basis of that structure. Therefore, from the perspective of post-development, the European Union funded Reproductive Health Programme produces the discursive framework of empowerment of women and reproductive and sexual health and it intervenes through the Reproductive Health Programme, depending on that discursive structure.

2.1.1. Historical Contingency, Neo-liberalism and the Emergence of Post-Development as a Critical Perspective

Beginning from 1970s, significant transformations have taken place both in the developed countries of the West and the underdeveloped countries. With the change in the global economic conditions through the oil crisis, transnationalization of capital, increasing global competition, the neoliberal ideology, became popular in the context of the late 1970s. Keynesianism, with its emphasis on state intervention and the social protections of the welfare state, was abandoned in the 'First World' as a result of neoliberal policies. In a very similar way, the development paradigm for 'Third World' countries which was dominant during 1950s and 1960s came to an end with the introduction of neoliberalism in these countries through the adoption of structural adjustment programs by the IMF, the World Bank and the European Bank of Reconstruction. Arguments in favor of state's dominant role in development were replaced with ones which emphasized the key role of markets in this process. These new ideas were mainly supported and disseminated by the international agencies, IMF, World Bank and European Bank of Reconstruction, and they reflected a new approach to development[16]. Neoliberalism has advocated a

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[15] Escobar, Arturo. *Encountering Development: The Making and Unmaking of the Third World* (New Jersey: Princeton University Press, 1994),5.

[16] Watts, Michael. "The Crisis of Development" In *The Power of Development,* ed. Jonathan Crush. London and New York: Routledge,1995,45.

declining role for governments, decreasing social expenditures, a commitment to free market, private property, individual and civil society incentives. These have also been the fundamental principles of structural adjustment programs.

During the post-war era, beginning from 1950s until 1970s, development was the dominant paradigm especially in relation to 'Third World' countries. Development economics first emerged as a distinct area with the decolonization of Asia, Middle East and Africa. The major goal of development economics was to discover the reasons for chronic poverty and underdevelopment of the 'Third World' countries. However, during the late 1970s and 1980s, the growth rates of most of the countries in the South sharply declined and the existing development paradigm started to be questioned. According to post-development theorists, the oil crisis, which took place in 1973, has been a key event as it marked the beginning of the debt crisis and also the beginning of a new stage of capitalism.[17] During the debt crisis in early 1980s, some Eastern European and 'Third World' countries could not meet their debt obligations. As the banks did not have the capacity to control or regulate their debtors, the International Monetary Fund and the World Bank assumed a central banking or debt manager role for the world. Although some of the countries started to apply the neoliberal measures by their own initiatives, the rise of neoliberalism in the South has mainly been enforced by the International Monetary Fund and the World Bank through the structural adjustment programs imposed on the indebted countries[18]. With the state's regulatory functions also disappearing, these programs led to enormous harm on the economic and social conditions of especially poor people in these countries, which has been a major point that has been emphasized by the critiques of development.

Post-development as a theoretical framework emerged as a result of the idea that "catching up" developed countries which was advocated by the development

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[17] Escobar, Arturo. *Encountering Development: The making and Unmaking of the Third World* (New Jersey: Princeton University Press, 1994).

[18] Watts, Michael. "The Crisis of Development" In *The Power of Development,* ed. Jonathan Crush. London and New York: Routledge,1995,45-46.

initiatives did not succeed. Most of the development projects that aimed at bringing prosperity failed; moreover they worsened the problems in the South. They damaged indigenous economies and deepened inequalities among the social strata. Even in countries where economic growth was experienced, it was observed that economic growth without distribution concerns did not bring welfare as advocated by the development initiatives. Economic growth did not "tickle down" to the whole society but increased social and economical inequalities. It was experienced that rather than bringing welfare, development projects caused the deepening of social inequalities and increased the situations of poverty in the South. Believing that development as an idea came to an end, post-development theorists like Jonathan Crush, Arturo Escobar, Wolfgang Sachs and James Ferguson, offered important insights by conceptualizing development as a discourse; a modernist regime of knowledge and power.

2.1.2. Development as Discourse

Influenced by the post-structuralist methodology and Foucauldian analysis, post-development theorists conceptualize development apparatus as a discourse; an interwoven set of languages and practices which enable certain forms of knowledge, exercise of power and forms of subjectivity. What is distinctive about this approach is that it does not attempt to ease the failures of development or make development work better; but rather tries to analyze development as a historically specific construction of social reality. Post-development scholars focus on the "power-laden local and international context out of which development as a discourse arose and spoke".[19] They attempt to historicize and contextualize development and shows how it is connected to global and local power networks.

The discourse of development, the way it makes its arguments and establishes its authority to know and manage the world is usually seen as self-evident and scientific. The post-development approach attempts to problematize this self-

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[19] Crush, Jonathan. "Imagining Development." In *Power of Development*, ed. Jonathan Crush. (London and New York: Routledge,1995),xiii.

evidence and objectivity depending on the similar concerns with -the problematization of the self-evident- in other disciplines. Crush mentions the theoretical impacts which have influenced the post-development approach as: the post-structuralist, post-modern, post-colonial and feminist thought, that have focused on "the conventions of writing and representation by which Western disciplines and institutions make sense of the world" and "which have converged upon the truth claims of modernism and show how the production of Western knowledge is inseparable from the exercise of Western power"[20]. Discourse is here conceived as the ways of mediating between language, power and knowledge to give meaning to the world which have been disseminating by the Western(ized) modernist institutions and disciplines. The inquiry of the post-development approach to conceive development as discourse is to render the objectivity and universality claims of development as cultural specific and show how this discourse is inscribed in dominance relationships.

Post-development enables the processes and practices of development to be conceived as cultural artifacts which can be elaborated by discourse analysis. Indeed Escobar and Ferguson conceived their work as anthropology of the development apparatus[21] that enabled the investigation of development as culturally and historically specific phenomenon that is liked to Western modernity. An anthropological approach that considers development as discourse problematizes the production of knowledge within the development discourse which enables certain representations of reality to be dominant and others to be devastated. Escobar states that development is a historically specific representation of social reality likely to Orientalist or anthropological representation which permits particular modes of knowing while disqualifying others. Escobar asserts that the discursive effects of the development apparatus colonize the reality of the Third

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[20]Crush, Jonathan. "Imagining Development." In *Power of Development*, ed. Jonathan Crush. (London and New York: Routledge,1995),3.

[21]Ferguson, James. *The Anti-Politics Machine: "Development," Depolitization and Bureaucratic Power in Lesotho.* (Minneapolis: University of Minnesota Press, 1994)
Escobar, Arturo. *Encountering Development: The Making and Unmaking of the Third World* (New Jersey: Princeton University Press, 1994)

world[22]. This involves specific forms of knowledge, systems of power which regulate practice, and subjectivities by which people recognize themselves as developed or underdeveloped. Escobar states how the Third World is produced with the development discourse as follows:

> Development can be described as an apparatus that links forms of knowledge about Third World with the deployment of forms of power and intervention, resulting in the mapping and production of Third World societies. Development constructs the contemporary Third World, silently, without noticing it. By means of this discourse, individuals, governments and communities are seen as 'underdeveloped' and treated as such.[23]

While development discourse presents its practices to be scientific and hence neutral, objective and value free, post development scholarly problematizes the adoption of scientific objectivity claims. By analyzing development as discourse, post-development scholars engage in deconstructing the hegemonic universality and objectivity of the development apparatus, thereby conceptualizing development as a culturally and historically contingent phenomenon that is inscribed in power and dominance relationship. Moreover as Escobar argues development is an intervention and strategy produced by the 'First World' about the 'underdevelopment' of the 'Third World'.[24]

Escobar states that there are three elements that constitute development discourse: material and economic factors such as capital formation, technology, industrialization, agricultural development; cultural elements such as education and modern cultural values and finally institutions such as the World Bank, IMF and

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[22] Escobar, Arturo. Encountering Development: The making and Unmaking of the Third World (New Jersey: Princeton University Press, 1994),5.

[23] Escobar, Arturo. "Imagining a Post-development Era" In *Power of Development*, ed. Jonathan Crush. (London and New York: Routledge,1995),213.

[24] Escobar, Arturo. "Imagining a Post-development Era" In *Power of Development*, ed. Jonathan Crush. (London and New York: Routledge,1995),212.

national planning agencies.[25] He asserts that development discourse is not just the combination of these elements but "the establishment of a set of relations among these elements and systematization of them".[26] Therefore, development forms and arranges certain objects according to specific rules which constitute its discourse. As Escobar argues, 'Third World' is produced by the discourses and practices of development. Through its discourse, development constructs its object, -the underdeveloped Third World- by making it 'visible', 'knowable' and 'manageable' while 'colonizing its reality' by making certain representations of it to be dominant and others to be impossible.

According to him, development as discourse shares structural features with other colonizing discourses such as Orientalism and anthropology which has functioned as a mechanism for the production and management of the 'Third World' by the 'First World'[27]. Likely to Orientalist discourse; the systematic discipline by which European culture was able to manage and produce the Orient politically, sociologically, scientifically and imaginatively during the post-Enlightenment era,[28] development discourse was able to produce an efficient apparatus for producing knowledge about and exercise power over the 'Third World' during the post-war era. Development is a historically specific representation of social reality likely to Orientalist or anthropological representation, which permits particular modes of knowing; enables the problematization and management of 'Third World' in a certain manner while sustaining the hegemony of the West during the postcolonial era. Through analyzing the dynamics of discourse and power within the practices development, post-development scholarly made it possible to unveil

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[25] Escobar, Arturo. Encountering Development: The Making and Unmaking of the Third World (New Jersey: Princeton University Press, 1994),40.

[26] ibid.,41.

[27] Escobar, Arturo. "Imagining a Post-development Era" In *Power of Development*, ed. Jonathan Crush. (London and New York: Routledge,1995),213.

[28] Said, Edward. *Orientalism*. Massachusetts: Vintage Books, 1979,3.

the mechanisms by which a certain order of discourse produces permissible modes of being and thinking while sustaining the hegemony of the West[29].

2.1.3. Professionalization and Institutionalization of Development

Developmentalist discourse constructs itself as politics of truth that is immanent to the two mechanisms that construct it: professionalization and institutionalization. The first mechanism the professionalization of development, defines the processes through which certain space of truth about the 'Third World' is created and fostered. This process contains techniques and disciplinary practices by which knowledge is organized and disseminated[30]. Through this process, everything concerning the 'Third World' is turned in to objects of expert knowledge and Western science. New disciplines such as development economics and development studies are established in the Western universities. Local experts are trained in line with the scientific norms that are produced in the Western institutions. Professional discourse of development succeeds through abstractions; it separates concrete experiences of 'Third World' people from the context and turns them into mere 'cases'.[31] This process normalizes and categorizes 'Third World' reality according to scientific terms, which are considered to be neutral, objective and scientific. Indeed the professionalization of development made it possible to remove the problems of the 'Third World' from the political and cultural realms and to assign them in terms of the 'objective', 'neutral' realm of science. The knowledge produced by professionals of development represents the 'Third World' with a certain regime of truth, which in turn is utilized to construct and manage the 'Third World'.

The other mechanism, which has a role in the construction of development discourse, is the institutionalization of development. It designates established institutional field in which development discourse is produced, modified, recorded

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[29] Escobar, Arturo. Encountering Development: The Making and Unmaking of the Third World (New Jersey: Princeton University Press, 1994),5-6.

[30] ibid.,34.

[31] ibid.,45.

and exercised.[32] This structure contains international institutions such as the World Bank, IMF and national, local agencies such as the State Planning Agency and non-governmental organizations.

2.1.4. Development Discourse as Power-Knowledge

The relation of power and knowledge is explored and theorized by Foucault. He asserts that power produces knowledge and it is impossible to understand power without analyzing knowledge and vise versa. As Foucault states: "power produces knowledge; that power and knowledge directly imply one another; that there is no power relation without the correlative constitution of a field of knowledge, nor any knowledge that does not presuppose and constitute at the same time power relations."[33] The acquisition and production of knowledge inevitably inhibit power relations. In this sense, he bonds the two concepts together in a single concept: power-knowledge. They form an entity because exercising power always creates new objects for gathering knowledge and in return knowledge presupposes and constitutes power relations.[34]

Power-knowledge also refers to the reciprocity between power and truth, since in producing knowledge, power also produces truth. Truth is not outside power relations, it is inscribed in them. Truth is not the representation of the way things are, it rather refers to "system of ordered procedures for the production, regulation, distribution, circulation and operation of statements".[35] Truth is inscribed in systems of power which produce and sustain a 'regime of truth' which Foucault explains as the types of discourse which each society accepts and makes function as true; "the mechanism and instances which enable one to distinguish true and false statements, the means by which each is sanctioned; the techniques and procedures accorded

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[32] İbid.,43.

[33] Foucault, Michel. *Discipline and Punish: The Birth of the Prison,* trans. Alan Sheridan (New York: Vintage Books, 1995),175.

[34] Foucault, Michel. *Power-Knowledge: Selected Interviews and Other Writings*, ed. Colin Gordon (New York: Pantheon Books, 1980),131.

[35] ibid.,,133.

value in the acquisition of truth; the status of those who are charged with saying what counts as true".[36]

The most significant 'regime of truth' is the idea of science which has been attributed an overwhelming status in the modern world. The scientific method is presented as the sole legitimate way of distinguishing true and false statements. The statements derived solely by the techniques and procedures which are defined as 'scientific' have the status of being 'true'. Moreover, those who have the authority to say what counts as true are determined systematically. There is an institutional edifice in which one can claim authority about scientific truth. Universities and research centers, as embodiments of science, have the right to give diplomas and certificates, which makes persons 'scientists'. If any statement is derived from 'scientific' assumptions and by 'scientific' methods, it directly has the status of being 'true'.

In the development discourse, institutions and community of scientists are central in the production and dissemination of the regime of truth. When the development knowledge is produced within such a regime of truth, then they are attributed to the status of 'true knowledge'. In this process, the lived reality of the 'Third World' is rendered to scientifically measurable representations of the regime of truth. The production of knowledge by the development experts depends on the representation of a country's social and economic problems that is deduced from scientific methods and represented in scientific terms. The resources and populations of a country are conceived as cases that could be presented in statistical and demographic data. According to Escobar this attempt to represent the reality within the 'regime of truth' is a modernist conception of objectivity as he states: "the new objectivity ensures accuracy and fairness of representation"[37]. Development has to rely on the production of knowledge that could provide a scientific picture of a country's social and economic problems and resources. Escobar states that this entailed the establishment of institutions and experts within

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[36]ibid. ,131.
[37] Escobar, Arturo. Encountering Development: The Making and Unmaking of the Third World (New Jersey: Princeton University Press, 1994),pp 34.

development apparatus capable of generating such a true knowledge. In this process a whole set of knowledge is excluded, disqualified while the ones that conform to the 'regime of truth' become the legitimate ground for policy formation. The 'regime of truth' or power-knowledge in the development discourse operate to exclude and disqualify indigenous and popular knowledge by defining them as 'unscientific', 'irrational' or 'backward'.

The objectification of resources, population, production and subsistence of the 'Third World', within scientifically measurable calculations of development apparatus, not only enables reduction of the reality of the lives of people into statistical calculations but is the sole condition of the Western development expert to declare itself as the privileged subject who has the capacity to know and manage the 'Third World'. Knowledge produced by the development experts becomes the representative ground of objective truth produced on the 'Third World' which enables the development expert to disavow local knowledge. This constitutes the production of objective knowledge which turns the social and economic predicament of a country into the certainty of representation of the truth regime in which the reference point of truth becomes the privileged subject of development. The truth regime allows the discourse of development expertise to take precedence over and silence the discourse of the local people in the 'Third World'. The truth regime allows the discourse of development expertise to take precedence over and silence the discourse of the local people in the 'Third World'.

2.1.5. Binaries in the Development Discourse: Universality of the West and Deviation of the 'Third World'

The process of constituting the accuracy of scientific representation depends on the regime of truth in which the production and population of a country is turned into scientific representative data and charts. In this process of turning actuality into a scientific picture, the Western development expert positions himself as the "transcendental" where he detaches himself from his object of analysis to gather the representation of its object –Third World- in a rational, scientific totality. The transcendental detachment of the subject of development from the object of

development provides the basis of the development experts' assertions of universality. The detachment is based on rendering the 'Third World' as the "other" of the developed West. Thus the Western civilization is rendered as the sole example of universality which "other" cultures should follow in order to become civilized and developed.

In that sense the relation of two spheres of the world is dichotomized as developed-underdeveloped, rich-poor, industrial-agricultural, and modern-traditional. Furthermore the dichotomization is intrinsic to Western modernist metaphysics in which the object of anthropological, oriental or developmentalist knowledge is represented in a violent *allocromism*. Fabian defines the allocromism of the anthropological representation as the juxtaposition of the anthropological object with –*primitive*- past and anthropological subject with the contemporary; which realizes itself by the subject's denial of *his* coevalness with the object[38]. The denial of coevalness is the assumption of universality of the Western conception of time and history which posits Western civilization to the climax of evolution and development while stigmatizing the object of representation as the embodiment of arrested development, backwardness and tradition.

The binarist logic produces violence on the "other" because the developmental "other" is being conceptualized as lacking what the Western possesses. Here social, cultural and economic differences of societies are being conceived as deviation from the norm –Western Development-. The representation of the 'Third World' as lack, primitive, and deviant within the discourse of development legitimizes the planned interventions of the development processes. Thus the development discourse posits Western development as the universal norm while representing the 'Third World' with abnormalities. Escobar calls the production of abnormalities by the development apparatus as "the medicalization of the political gaze". The representation of the 'Third World' with famine, hunger, extreme poverty, illiteracy, malnutrition, tradition and overpopulation is the expression of racism and the exercise of power that was disguised with the adoption of scientific objective

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[38] Johannes Fabian *Time and the Other: How Anthropology Makes its Object* (Columbia University Press, New York, 1983)

terms according to Escobar[39]. Development discourse legitimizes its universality while inscribing its object with abnormalities: underdeveloped, uncivilized, overpopulated, malnourished, poor, unhealthy, unhygienic, backward, ignorant etc.

2.1.6. Development as Governmentality

Governmentality is a concept developed by Michel Foucault to refer to an idea of government that is not only limited to the control by states; it includes various control techniques, varying from control of the self to the 'biopolitical' control of the populations. The concept has been used by post-colonial[40] and post-development scholars[41] for referring to the apparatus for producing knowledge about and the exercise of power in order to achieve a regime of government over the Third World.

Governmentality refers to the strategies of regulation, that form the modern experience of power that are realized through complex networks that connect up institutions that are assumed to be political with instruments that manage individual and social behavior in accordance with objectives and norms that are considered to be beyond the sphere of the political. As Foucault explains:

> To govern state will mean to apply economy, to set up an economy at the level of the entire state, which means exercising towards its inhabitants, and the wealth and behavior of each and all, a form of surveillance and control.[42]

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[39] Escobar, Arturo. Encountering Development: The Making and Unmaking of the Third World (New Jersey: Princeton University Press, 1994),30.

[40] Bhabha, Homi. "The Other Question: Difference, Discrimination and the Discourse of Colonialism." In *Out There: Marginalization and Contemporary Cultures* ed. Russell Ferguson. (New York: New Museum of Contemporary Art Press, 1990)75.

[41] Escobar, Arturo. Encountering Development: The Making and Unmaking of the Third World (New Jersey: Princeton University Press, 1994),9.
Ferguson, James. *The Anti-Politics Machine: "Development," Depolitization and Bureaucratic Power in Lesotho.* (Minneapolis: University of Minnesota Press, 1994),64,273.

[42] Foucault, Michel. "Governmentality" in M/F no. 3 July 1979,15.

Governmentality operates within constitutive discursive oppositions among state/civil society, domination/emancipation and public/private. As Foucault asserted while the modern techniques of sovereignty discursively separate the realms of the political from the realm of the social there emerges a whole network of devises and techniques for the management of the "life" of the population and the individuals that compose it. Through the de-statization of the state and governmentalization of the society, the modern techniques of sovereignty have been disseminated and proliferated through out the depths of the society while instrumentalizing the notions of the welfare and security of the individuals and the nation.

'Governmental rationality' or governmentality is understood as 'the conduct of conduct': a form of activity aiming to shape, guide and affect the conduct of persons that is realized by structuring the possible field of action of the individual. Power here is made operational by presupposing individual's capacity as agents, proliferating their capacities through 'an open set of practical and ethical possibilities'[43] rather than canceling it. Governmentality is based on the kind of power which takes the freedom as the condition for the exercise of power since only free individuals have the capacity for activity and can be persuaded by and integrated to power relations.

Governmentality is an apparatus of the state, where the individual and the family were to be simultaneously assigned their social duties, accorded their rights; assured of their natural capacities, and educated in the fact that they need to be educated by experts in order to responsibly assume their freedom[44]. The political subject is conceptualized as a citizen, with rights to social protection and social education in return for duties of social obligation and social responsibility, both refiguring and retaining the liberal character of 'freedom' and 'privacy'. Security is combined with

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[43]Gordon, Colin. "Governmental Rationality: An Introduction." In *The Foucault Effect: Studies in Governmentality*, eds. Graham Burchell, Colin Gordon and Peter Miller. (Chicago: University of Chicago Press, 1991),5.

[44] Rose, Nicholas. "Governing 'Advanced' Liberal Democracies." In *The Anthropology of the State A Reader*, eds. Akhil Gupta and Aredhana Sharma. (Oxford: Blackwell Publishing, 2006),152

responsibility in a way that was conducive both to democracy and to liberty.[45] Expertise acquires powerful capacities in promising to align the self-governing capacities of subjects with the objectives of political authorities by means of persuasion, education and seduction rather than coercion.[46]

Expertise plays a major role in the governmentalization of the society for the claims to govern and manage according to "neutral," "rational," and "efficient" solutions of knowledgeable persons. Governmentality therefore is an apparatus of power-knowledge that aims to shape choices, capacities of individual conduct according to governmental rationalities:

> Government is any more or less calculated and rational activity, undertaken by multiplicity of authorities and agencies, employing a variety of techniques and forms of knowledge, that seeks to shape conduct by working through our desires, aspirations, interest and beliefs, for definite and shifting ends and with a diverse set of relatively unpredictable consequences, effects and outcomes.[47]

Knowledge is an essential aspect of governmentality for providing a legitimate ground for the problematization, objectification, calculation and evaluation of human conduct. With the expertise of various positive sciences of economy, medicine, sociology and statistics there emerges a new formula of rule which re-invents the theorization of the"social" which invested a new managerial power through the population. The theory, explanations, advises produced by the expertise knowledge sought to establish integration of individuals in a social form within the state.

Foucault asserts that population becomes ultimate end of government. In contrast to sovereignty, government has as its purpose not the act of government itself, but the welfare of the population, the improvement of its condition, increase of its wealth,

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[45] ibid.152

[46] ibid. 153

[47] Dean, Mitchell. *Governmentality: Power and Rule in the Modern Society.* (London: Sage Publications, 1999),11.

longevity, health; etc. The means that the government uses to attain these ends themselves all in some sense is immanent to population itself on which government will act directly through large-scale campaigns, or indirectly through techniques that will make possible, without the full awareness of the people, the directing of the flow of population and individuals composing it into certain activities for achieving welfare of the population.[48]

Governmentality has been an operational concept for post-development scholars for theorizing development as a governmental power that appropriates, directs and dominates various spheres of activity in the 'Third World'. Development constructed a field of actions in which certain conducts of the 'Third World' people were promoted and fostered while certain actions were rendered invaluable, irrational or unhealthy. Development discourse has been successful in providing rationally, techniques and expert knowledge for conducting conducts of the 'Third World' people. Coming after post-war de-colonization era development as governmentality have been successful in managing the free citizen subjects of post-colonial, post-imperial nations by the apparatuses of knowledge and power.

Escobar (1994) traces the governmentality, the constitution of 'the social' as a domain of knowledge and intervention within the developmental discourses on poverty. He asserts that the conception and management of poverty has undergone two discursive breaks. The first break is the 'modernization of poverty': the transformation of the poor into assisted which became prominent since the nineteenth century and culminating in the twentieth century. The poor increasingly appeared as a social problem requiring new ways of intervention. He claims that it was indeed, in relation to poverty that the modern ways of thinking about the theorization of life, economy, rights and social management came into place[49]. As a domain of knowledge and intervention not only poverty but health, education, hygiene, employment, low quality of life in urban areas were constructed as social

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[48] Foucault, Michel. "Governmentality" in M/F no. 3 July 1979,17.

[49] Escobar, Arturo. "Imagining a Post-development Era" In *Power of Development*, ed. Jonathan Crush. (London and New York: Routledge,1995),22.

problems requiring expert knowledge about the population and efficient means of social planning. The most significant aspect of this phenomenon is that apparatuses of knowledge and power aimed at optimizing life by producing it under scientific terms[50].

Escobar states that the second discursive break for the conception and management of poverty came into practice by the 'globalization of poverty' which became prominent since the post-Second World War era, entailed by the construction of two thirds of the world population as poor. The economic perception of poverty on a global scale is the result of a comparative statistical operation that defines poverty in terms of per capita incomes of countries within development discourse. Here the essential feature of 'Third World' is conceived to be its poverty, which can be solved by economic growth and development. The global perception of poverty of the 'Third World' provided the scientific legitimacy and necessity for the development knowledge and intervention. Escobar contends that state interventionism in the 'Third World' became more noticeable as the increase in production began to be seen as the necessary route to social progress. He further suggests that this awareness is accompanied by a 'medicalizaion of the political gaze' to the extend that popular classes began to be perceived not in racial terms but as diseased, uneducated, backward and weak masses calling for social action[51]. The same principal has been happening with race and racism within the neo-Malthusian problematization of population increase in the 'Third World'[52]. The discourses on population are redeployed within the 'scientific' realm provided by the disciplines of demography, public health and statistics that enabled the problematization of the reproduction of the popular masses not in racial terms but in scientific terms of high percentages of population. The scientific conception of population engendered the scientific and technological instruments to manage it.

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[50] ibid., 23.

[51] ibid.,30.

[52] Ibid., 35.

Following post-development governmentality approach this study argues that knowledge and power relations immanent to Reproductive Health Program invade and manage the spheres of "life" of the populations and the individuals that compose it. It will be argued that sexual reproductive health as a phenomena that we tend to think in terms of a-political private domesticity has been transformed by developmental practice, to a power network where global regimes of development and national sovereignty manages the domestic sphere and sexuality of the "marginalized" target groups by imposing new tactics and rationalities while instrumentalizing the notions of welfare and security of the individuals and the nation.

2.2. Feminist Post-Development Approach

Feminist post-development approach emerged as a framework which focused on the representation of women in the 'Third World' within the discourse of development. The discourse on providing the liberation of disenfranchised women of the 'Third World' within development apparatus has been criticized by the post-development feminists. They claim that the discourse on liberalizing or empowering "other" women is immanent to universalization of the power and knowledge of the Western(ized) agents of empowerment. In her essay 'Feminism and Difference: The perils of writing as a woman on woman" Marnia Lazred addresses the tendency to conceive 'Third World' women as victims of male domination, tradition and backwardness of their societies, where as Western feminist development agents are positioned as the subjects of liberation. When feminist professionals working for development perpetuated the images of women as helpless victims of patriarchy and tradition, such representations authorized their right to organize a planned liberation of this client population whom are construed of lacking the sovereign power to liberate themselves[53].

Furthermore, while taking the Western modernity as their norm and standard they attributed freedom, development and progress to themselves while they attributed

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[53] Lazreg, Marnia. "Feminism and Difference: the Perils of Writing as Woman on Women in Algeria" *Feminist Studies*. 14.1 (Spring,1988):81-107.

the negative image –dependent, underdeveloped, backward- to the "other woman". The authority to produce knowledge is granted to the Western feminist expert. This entails specific constructions of the 'Third World' subjectivities in the development discourse which enables the exercise of power over the 'Third World' women. However this is a "colonialist move" according to Chandra Mohanty which refers to the predicament of the production of discourse under conditions of unequal power which perpetuates specific construction of subjectivities that enable the exercise of power which indeed disavows the ethnic, social, economic and cultural differences among women as well as the real life circumstances of the 'Third World' women.[54]

Following feminist post-development approach, this study argues that while Reproductive Health Program aims at empowering marginalized lower class women in an attempt to "grant them reproductive rights and health" it colonizes the reality of these women. The logic behind the modernist reproductive health project is that women are victims of their patriarchal, traditional and backward societies which impede their control over their bodies, sexuality and reproduction. Thus women have to be liberated from their societies and granted the right to possess reproductive rights. However the people who have the power to authorize the modernist "liberation of women" are the Westernized professional development agents. The "benevolent" urge of the development agent is based on the violence of representation which depends on an unethical relation among the Westernized Turkish elite development agent who realizes the invisibility of her absolute power to know and intervene the reproductive and sexual practices of subaltern women while rendering these women as lacking the power to liberate themselves. Meanwhile the elite development agent renders herself as possessing the power to liberate the "other" woman. The seemingly humanitarian concern conceals the violence of representation, which positions a hierarchal relation among "difference".

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[54]Mohanty, Chandra. "Under Western Eyes: Feminist Scholarship and Colonial Discourses", *Feminist Review*. 30. (1991) 61-88.

The arguments of feminist post-development scholars that critiqued the major assertions of development discourse on 'Third World' women will be investigated in detail as follows:

2.2.1. Gynocentricism of Feminist Development Discourse

Given the very different positioning of 'Third World' women within intersecting structures of oppression, the idea of global sisterhood defined by Western women and the integration of 'Third World' women towards the development process as advocated by women in development approach, is considered to be problematic for feminist post-development scholars. Women in development approach focuses on commonalities in women's exclusion from market and development opportunities in the 'First' and 'Third World' as the common denial of women's ability to act as rational agents and the commonalities on women's domestic roles. However, the selective focus on commonalities in the marginalization of women in development process serves to disguise and disavow the prevalent differences in power, access to resources and interests between women from different ethnic groups or class positions. A focus on commonalities privileges a particular interpretation of women's needs and interests over others. As Kaaber argues, for poor women and women from racially disadvantaged groups, the priorities are usually food, housing, jobs, social security, health and struggle against racism rather than equality with men.[55] It is argued by post-development feminists that the feminist concern with female 'otherness' ignores the possibility of differences among women themselves which they term as feminist gynocentricism[56].

Feminist post-development theorists undermine the fundamental concepts and theories of Western feminism. Mohanty challenges the definition of 'women' as a category defined solely by gendered terms. According to her gender, class and race are relational terms and to define purely in gendered terms assumes that the

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[55] Kaaber, Naila. *Reversed Realities: Gender Hierarchies in Development Thought*. (London and New York: Verso, 1994),32.

[56] Parpart, Jane. "Post-Modernism, Gender and Development." In *Power of Development* ed. Jonathan Crush. (London and New York: Routledge,1995),255.

consciousness of ones womanhood has nothing to do with class and race. She argues that no one 'becomes a woman' purely because she is female, ideologies of womanhood has much to do with class and race as they have to do with sexual difference. She claims that it is the intersections of the systemic networks of class, race and sexuality that position us as 'women'.[57] Moreover she challenges the of public/ private sphere distinctions as defined by Western feminism claiming that the theory of public/private distinction is unable to conceive the situation of working class or racially disadvantaged women. She asserts that there is no private for disadvantaged women in a situation where 'welfare programs and policies have depressed family life', 'sterilization programs have restricted reproductive rights' and 'police forces and criminal justice system arrest and incarnate numbers of ethnic groups'.[58]

Mohanty further claims that especially on the issue of reproductive rights, because of the race and class based practices of population control and sterilization, women of working class and women of color have an ambivalent relation to the reproductive rights as advocated by development initiatives. Reproductive rights as defined by women's right to choose against patriarchal control of female sexuality and reproduction can not be the only basis for feminist politics. Reproductive rights must be conceived in its broadest manner in terms of male-female relationships and in terms of institutional relationships and state policies. Mohanty suggests that in this instance, gender defined as male-female domestic relations can not be a singular focus for theory of feminism and practices of development.

Saunders argues that the insistence of feminist speculations that center on an essential dominative male subject is a problematic binding of (patriarchal) power to the male body since it disavows the heterogeneity of forms power. The critical issue

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[57] Mohanty, Chandra. "Under Western Eyes: Feminist Scholarship and Colonial Discourses." In *Third World Women and the Politics of Feminism*, eds. Chandra Mohanty, Ann Russo and Lourdes Torres. (Bloominghom and Indianapolis: Indiana University Press, 1991),13.

[58] ibid.,9.

is whose interest is served in such a disavowal.[59] She does not to suggest that the substantial nominal references such as women-men, working class-ruling class or North and South, which are necessary strategic concepts that indicate corporal marks of the articulation of diverse forms of power should be abandoned. This is not to claim that the 'women' as a category has not been significant in challenging gender oppression globally but what feminist post-development theorists argue is how such depictions obstructs the ability to tackle other forms of oppression and how this framework has enabled the disavowal and non-recognition of the desire of the Other.[60] The essential depictions of male as dominant and women as subordinate and the practices of the empowerment of women within development discourse has the advantage of being non-threatening to global capitalism

2.2.2. Victimology Narrative of 'Third World Women' in Development Discourse

The capacity to reason and engage in productive labor and the ability to exercise a will independent of patriarchal power is the mark of a woman subject conscious of her location within patriarchal power. Feminist professionals working for development agencies fought for such self recognition but continued to perpetuate images of impoverished 'Third World' women as helpless victims of patriarchy. Such representations authorized their right to organize a planned liberation of this client group whom are construed as lacking the sovereign power lo liberate themselves.[61] Yeğenoğlu suggests that such a humanist, benevolent attempt to" emancipate" "other" woman is an expression of universality claims of the West: "to be western here implies feeling that one is entitled to universalize ones' particular achievements and interests"[62]. While the Western/ized feminist women attempted to

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[59] Saunders, Kriemild. "Introduction: Towards a Deconstructive Post-Developmant Criticism." In *Feminist Post-Development Thought: Rethinking Modernity, Postcolonialism and Representation,* ed. Kriemild Saunders. (London and New York: Zed Books, 2002),10.

[60] ibid.,37.

[61] ibid.,5.

[62] Meyda Yeğenoğlu "Sartorial Fabric-actions: The Enlightenment and Western Feminism", *Colonial Fantacies: Towards a Feminist Reading of Orientalism* (Cambridge University Press, Cambridge, 1998),105.

turn other woman into objects of benevolence they declared their subject position as bearers of universality.

Lazreg addresses the tendency to see gender relations as determined by Islam, which has the effect of stripping Southern women of self-presence which displaces their 'real' existence by a-historical signifiers of tradition and religion.[63] Mohanty contends that a tendency to reduce the heterogeneity of 'Third World' women into a single monolithic subject, overburdened by tradition and Islam religion, is a discursive colonization. In this practice, 'Third World women' are defined as victims of patriarchal violence while Western feminists are positioned as the true subjects of counter-history.[64]

It is argued by Ong that feminism unconsciously echoes a masculine will to power vis-à-vis the non-Western other. The figure of poor women in the 'Third World' that is situated to a victimology narrative that rationalizes the planned management and liberation of women in the Third World by Western(ized) professionals working in development agencies.[65] These depictions of women as victims simultaneously designate a hierarchal distinction among Western(ized) and non-Western(ized) women.

Post-development feminists conclude that the representation of women within the development discourse is considered to provide the rationale for neo-colonial control of the 'Third World'. The depictions of Third World women as victims of tradition and patriarchy of their societies has been an alibi for the development initiatives to assert that Third World must be modernized through infusions of foreign aid, investment and foreign trade while instrumentalizing the 'liberation of

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[63] Lazreg, Marnia. "Feminism and Difference: the Perils of Writing as Woman on Women in Algeria" *Feminist Studies*. 14.1 (Spring,1988):81-107.

[64] Mohanty, Chandra. "Under Western Eyes: Feminist Scholarship and Colonial Discourses." In *Third World Women and the Politics of Feminism*, eds. Chandra Mohanty, Ann Russo and Lourdes Torres. (Bloominghom and Indianapolis: Indiana University Press, 1991)

[65] Ong, Aihwa. "Colonialism and Modernity: Feminist Representations of Women in Non-Western Societiy"*Inscriptions* 3-4:79-83.

women'. Chowdry claims that the theories of economic modernization have updated colonial discourse and reinforced the Northern sense of difference and superiority by utilizing a series of opposed definitions and contrasting images which reinforced negative concepts of 'Third World' societies in terms of comparisons with Western world.[66] The depictions of the image of victimized 'Third World' women' within the development discourse as opposed to the 'liberated modern' Western women should be conceptualized as means for providing the neo-colonial ordering of 'Third World' societies according to market oriented globalization as advocated by development initiatives.

2.2.3. Empowerment: 'Giving Other Woman Voice'

The project of empowerment has become a widespread approach within the development discourse, which points to the attempt to give a subject position to the impoverished Southern women. The tendency to 'empower' or 'give voice to the other' women is interrelated to the post-modern celebration of multiculturalism which attempts to include the silenced voices of the 'other' within the production of knowledge and the discourse on development. According to Jane Parpart (2002), empowerment through giving women voice is the outcome of the partial, fragmentary, relative nature of knowledge production as suggested by post-modernism.

The postmodern inclusion the 'voice of the other' to knowledge production in ethnographic writing is argued by James Clifford. He asserts that the inclusion of the words of the informants to ethnographic texts would engender a non-hierarchal relation with the anthropologist and the informant. He advocates 'plurality' and 'polyvocality which would enable the informants to contribute to the knowledge production as coauthors. In a similar way, the development texts are becoming more 'polyvocal' and 'plural' by the inclusion of the 'voice of the 'beneficiaries' of development.

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[66] Chowdry, Geea. "Engendering Development? Women in Development in International Development Regimes." in *Feminism/Postmodernism/Development,* eds. Marianne Marchard, Jane parpart. (New York: Routledge, 1995),29.

The tendency to include the voices of 'Third World' women to the development discourse could be traced in the texts of international organizations which quote the words of anonymous women or show the pictures of faces of women as well as the incorporation of ethnographic researches for providing life-histories of the 'beneficiaries' in order to establish better development policies. This tendency is visualized as the filling of the 'blank parts' of the of the development discourse by including the subjectivities and cultural details of the beneficiaries.

Spivak criticizes the humanist attempt to 'give voice 'to the subaltern 'Third World' women. She conceptualizes giving voice to subaltern women as 'filling the blank parts of the Western text' this suggests that the Western knowledge production which had not represented the subaltern women until now is considered to include the voice of the other into its discourse. Spivak agrees that such recognition of the otherness is nothing but assimilation of the 'other' woman who is reduced to blanks in a Western text which further claims to encompass all[67].

Therefore the emergence of the words of subaltern women within the development discourse is a further assertion of the Western knowledge production to encompass all by the inclusion of the voice of the other woman. Lazreg (2002) claims that the empowerment through granting Third World woman voice through advocating 'poly-vocality' and incorporation of ethnographic research within development discourse does not alter the subject of knowledge who remains the same Western(ized) elite intellectual agents of development. The substitution of 'bad, unfair, excluding' with 'good, fair, including' representation of 'Third World women' within the discourse of development does not undermine the subject of knowledge. Moreover she conceives the Western feminist desire to 'give voice' to the 'Third World women' by the project of empowerment as the desire of Western(ized) feminists to give 'social birth to the 'Third World women' through

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[67] Spivak, Gayatri Chakravorty. "Can the Subaltern Speak." In *Marxism and the Interpretation of Culture*, eds. Cary Nelson and Lawrence Grossberg. (Urbana: University of Illinois Press,1988),294.

making them speak'[68]. When proposing to carve out a 'space' for previously silenced women, the feminist professionals working for development agencies implicitly locate themselves outside of that space with the authority to order it, to arrange it and to make sense of it. This entails desire for knowledge and power; the desire to carve out spaces for 'other' woman and convene them to speak under the fiction of polyphony and empowerment[69]. The inclusion of life histories as ethnographies, reflect the development experts' interest in 'Third World women' as a field and an object of knowledge. which expands the scope assertions of development expertise to know the' truth'.

The major actors of empowerment are the non-governmental organizations which are funded by international development agencies. These communities are considered to present 'right' kind of information -gathered with the inclusion of the 'voices' of the impoverished 'Third World women'- to the international development agencies in order to authorize a better, humane development programs. The discourse on adding the voices of previously silent women has became a means for building careers of development experts from elite 'Third World' women.

The politics of empowerment of 'Third World women' became a Western project for building woman, from object of development to empowered subject of development. Sounders argues that ironically this subject positioning is still an object of and subject to Western gynocentric feminism[70]. Moreover she suggests that the empowered subject positioning as a feminist project of development has the advantage of being non-threatening to global capitalism.

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[68] Lazreg, Marnia. "Development: Feminist Theory's Cul-de-sac." In *Feminist Post-Development Thought: Rethinking Modernity, Postcolonialism and Representation,* ed. Kriemild Saunders. (London and New York: Zed Books, 2002), 126.

[69] Ibid., 127.

[70] Saunders, Kriemild. "Introduction: Towards a Deconstructive Post-Developmant Criticism." In *Feminist Post-Development Thought: Rethinking Modernity, Postcolonialism and Representation,* ed. Kriemild Saunders. (London and New York: Zed Books, 2002),37.

2.3. Emergence of New Development Paradigm within the Context of Neo-liberalism

2.3.1. Neo-liberalism in Development Thought and Practice

As an ideology, neo-liberalism praises the merits of free markets and judges all state and public interference as harmful to individual freedoms, justice and economic efficiency. Reduction of sate organization and public services sector as to cover solely limited essential functions of state, like security, law, juridical administration and abolition of public social security, health and education systems have been advocated by the neoliberal ideology.

In practice, basic principals of neo-liberalism have been deregulation, liberalization and privatization. Through deregulation, state intervention and public regulation over markets are minimized. Liberalization means opening of and even leaving altogether previously state activity areas like social services, social security, education and health to the private sector and removal of regulative terms concerning international investment and trade. Privatization is the main strategy through which deregulation and liberalization strategies has been pursued.

Neo-liberal policies are oriented to achieve 'marketization', 'privatization' and minimalization of the sphere of public, in favor of those private and civil society. In line with this orientation, social policy has been the initial welfare state institution that came under attack. Redistributive function of social policy which aims to ensure justice in society has started to be removed while leaving the social security services to the private sector.

Main suggestions of neoliberalism are the rule of the market, cutting public expenditure for social services, deregulation and privatization. These principals are endorsed and applied by Thatcher and Reagan governments who both came to power in 1980s and spread to the other countries soon due to the extreme integration of the world economy by the processes of globalization. For the 'Third World' countries, this penetration has occurred through the structural adjustment policies.

Institutionalization of neo-liberalism in world economic system caused fundamental changes in development understanding and practice. Arguments in favor of state's dominant role in development were replaced with ones which emphasized the key role of markets in this process. These new ideas were mainly supported and disseminated by the international agencies, IMF, World Bank and European Bank of Reconstruction, and they reflected a new approach to development[71]. Neoliberalism has advocated a declining role for governments, decreasing social expenditures, a commitment to free market, private property, individual and civil society incentives. These have also been the fundamental principles of structural adjustment programs. The rise of neoliberalism in the South has mainly been enforced by the IMF and the World Bank through the structural adjustment programs imposed on the Third World[72]. As a result development practice has been squeezed to local, regional level and non-public zones while the strategies necessitating the state intervention are rejected.

In line with this frame, the development practice has acquired a private character in terms of the policy agents it mobilizes (civil society organizations, market enterprises), its resources (foreign country funds, donor funding), its operation scale (micro, regional and local), and in terms of the policies it chooses to achieve its objectives (policies that expand the area of markets, encourage integration of extra-market activities to markets, better the institutional perfection of markets).

2.3.2. New Approach to Development Thought and Practice

Examined in its historical course, emergence of the new approach of development understanding and practice finds its roots in the disappointment in traditional

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[71] Watts, Michael. "The Crisis of Development" In *The Power of Development,* ed. Jonathan Crush. London and New York: Routledge,1995,45.

[72] Watts, Michael. "The Crisis of Development" In *The Power of Development,* ed. Jonathan Crush. London and New York: Routledge,1995,45-46.

growth oriented development policies and the post-development criticism. Traditional development policies depending on macro scale economic tools and totalistic indicators of progress has been abandoned due to perpetuation and even propagation of social inequalities, poverty, environmental degradation due to the processes of development practices in the 'Third World'. Development policies have resulted in increased poverty, inability of vulnerable groups to meet their basic needs and environmental depredation. In development literature these events has received harsh criticism which has been the basis of the occurrence of new development paradigm that attempted to ease its failures by the approaches of 'human development' and 'gender, women and development'.

In line with the criticisms directed to the process of development, development thought and practice has accepted that it had created different socio-economic results for different social groups. The consequences of macro economic categories and concerns in development plans on different segments and groups in societies are considered to be recognized and implemented in development strategies. In line with this acknowledgement, totalistic indicators are required to be reshaped in order to reflect these aspects of development process for including indicators of social and human development. Parallel to these concerns, targets, socio-economic analysis, tools and strategies of development have been altered. Aside from economic growth, human and social development has become essential features of development policy targets. The publishing of Human Development Indexes which include indicators of education, life expectancy, gender development have been the embodiment of this new approach to development

Moreover, social inequalities have been accepted to cause implications in development process and the need to eliminate them is recognized within the development discourse. Social inequalities especially related to poverty and vulnerability, are considered to structure and mediate economic processes as well as the development practices. Poverty and vulnerability of different social groups are considered to be articulated to economic processes and development practices. Therefore issues of poverty and vulnerability appeared as prioritized issues in

development agendas. Social inequalities are accepted to counteract against development policies and in order to ensure efficient functioning of development policies, human development aims are to be targeted. In line with this phenomena, development theories and practices has attempted to incorporate the perspectives of feminist, ecologist and other social movements into its theoretical framework. By accomplishing feminist and social perspectives in its framework, development discourse enabled to render itself as the sole agent that is responsible for eliminating social inequalities.

Another mission that has been incorporated to development process is propagation of democratization. In line with the mission of democratization, the implementation processes and actors have been revised and altered. Instead of state, the role of private sector and civil society organizations within the process and implementation of development policies have been expanded and developed. By this means, representation and participation of sub-nation identities have been attempted to be strengthened and supported. Multilevel operation design has been introduced to incorporate differing levels of agents varying from state institutions, international organizations, civil society organizations and local initiatives in design and implementation of development policies.

Therefore, the recognition of differing outcomes of development practice for different social groups as well as the recognition of social and human aspects of development gave way to a broader definition of development. Within this definition, the impacts of social inequalities have been attempted to be addressed and participation of the disadvantaged groups in development processes has been attempted to be accomplished. However what has been achieved by the broad definition of development is the further institutionalization of development as well as the unquestioning of neoliberal principals of development practices.

This study suggests that the Reproductive Health Program is in line with this new definition of development which integrated the human development aspects to cope with ill health situations and limited access to reproductive choices due to lack of

adequate knowledge on reproductive and sexual health. Reproductive Health Program depends on a framework that aims to help the poor and the vulnerable women to prevent reproductive and sexual health risk situations and enlarge their reproductive choices, without reflecting on or critiquing the role of the general political structures and the processes which are caused by the neoliberal policies of development process. This study argues that while general health indicators and life choices of the poor and vulnerable are decreasing due to the neoliberal shrinkage of social services, the insistence on reproductive health as advocated by development should be indicated skeptically. Reproductive Health Program attempts to construct new subjectivities upon women, as a new tactic of governmentality within the current predicament of the dissolution of the welfare state and the regime of the globalized economy where social welfare is reduced to 'alleviation of poverty' and 'risk management'.

3.3.3. The New Development Approach as Neo-Liberal Governmentality

Governmentality is a concept developed by Michel Foucault, to refer to an idea of government that is not only limited to the control by states; it includes various control techniques, varying from control of the self to the 'biopolitical' control of the populations[73]. The concept has often been used by political scientists with reference to neoliberal governmentality, to characterize advanced liberal societies.

Gupta (2006) argues that the current usage of empowerment, democracy, civil society, and good governance discourses points to a reconfigured global apparatus of rule –neoliberalism- that reflects the post-Fordist regime of global capital. The current discourses of "empowerment" and "democratization" are innately related to the novel governmental rule that could be termed as "neo-liberal governmentality."[74] The deployment of these terms within national and international development discourse as governmental strategies depend upon

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[73]Foucault, Michel. "Governmentality" in M/F no. 3 July 1979, 5-21.

[74] Gupta, Akhil and Sharma, Aradhana. "Introduction: Rethinking Theories of the State in an Age of Globalization." In *The Anthropology of the State A Reader*, eds. Akhil Gupta and Aredhana Sharma. Oxford: Blackwell Publishing, 2006.

initiating individual people to increase their capacities, become autonomous agents who can take care of their own welfare and govern themselves. This provides another example of the neoliberal shrinkage of welfare services onto empowered and responsibilized selves and communities who are made complicit within the workings of contemporary power mechanisms.

Thus social insurance, as a principle of social solidarity, gives way to a kind of privatization of risk management. In this new proceduralism, insurance against unemployment, illhealth, old age becomes a private obligation in which the citizen is educated in the ways of calculating the future consequences of actions. The active citizen is obligated to adopt a calculative prudent personal relation to fate now conceived in terms of calculable dangers and avertable risks. Social work as a means of civilization under tutelage, gives way to the private counselor, the self-help manual and the individual helpline, as practices whereby each individual binds themselves to expert advice as a matter of their own freedom. The regulation of conduct becomes a matter of each individual's desire to govern their own conduct freely in the service of the maximization of a version of their happiness and fulfillment that they take to be their own, but such maximization entails a relation to authority in the very moment as it pronounces itself the outcome of free choice[75].

This implies the reversibility of authority and the inscription of subjects as individuals with micro-politics; thus what used to be as a norm to be implanted to citizens is repossessed as a demand by becoming "experts of themselves", to adopt an educated, knowledgeable relation of self-care in respect to their selves, bodies and actions. This new technique of responsible active citizenship is imminent to the discourse of the empowerment of subjects who are stigmatized as the poor and the vulnerable.

While the neo-liberal policies enact measures to reduce the benefits and subsidiaries for the subaltern populations, developmental sermons and projects of empowerment

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[75]Rose, Nicholas. "Governing 'Advanced' Liberal Democracies." In *The Anthropology of the State A Reader*, eds. Akhil Gupta and Aredhana Sharma. Oxford: Blackwell Publishing, 2006.

imposed self responsibility upon them. These changed specifications of the responsibilities of individuals for their own fate obviously bring feelings of suffering to those who are indeed impoverished due to inequalities perpetuated by globalized market economy. However the neo-liberal programs of empowerment respond to the sufferer as if they were the person responsible for their misfortune. It thus follows that they are to "be assisted through their engagement in a whole array of programs for their ethical reconstruction as active citizens –training to equip them with skills of self-promotion, counseling to restore their sense of worth and self-esteem, program of empowerment to enable them to assume their rightful place as the self-actualizing and demanding subjects of an 'advanced' liberal democracy[76]". Therefore, in the light of these arguments, it is possible to approach the Reproductive Health Programme as a new form of neoliberal governmentality, which tries to produce 'responsible poor citizens' who can become empowered through eliminating health "risks" by adopting "appropriate behavior patterns" which were introduced by the development experts.

2.4. Concerns for Population and Reproductive Health in Development Discourse

2.4.1. Early Concerns of Population within Development Discourse

Population has been a major interest for the development policies and theories which has undergone transformations in approach over time. The first association of development with population growth was theorized by Thomas Malthus who was concerned about the growing numbers of people and the problem of stagnating agricultural production during the industrial revolution. A modern manifestation of Malthusianism was recognized during the decade following the end of World War II which concentrated on the growing imbalance between population growth and the resources of the 'Third World'.

Concern for development and overpopulation is based on the ideas of demographic theorist Frank Nostostein. He claimed that population growth in non-industrial

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[76] ibid.,36.

societies is an impediment to economic modernization[77]. Thus, population rates of undeveloped countries such as Turkey were considered to be a causal determinant of poverty and arrested development. Furthermore, rapid population growth was held responsible for economic and political instability which could cause the spread of communism. On the basis of Maltusian logic and the analysis of Nostostein, efforts to curb population growth and lower fertility rates in the 'Third World' have been the major objective of development policies during the 1960's.

It was maintained that political instability would arose resulting from impoverishment and deprivation produced by rapid population growth in poor countries[78]. The primary concern was the malice of rapid population growth which would impede the way to progress and development of the Third World nations. International organizations such as International Planned Parenthood Federation and Rockefeller's Population Council, European governments and World Bank had became major agents for funding family planning programs in developing countries with the convincement that rapid population growth was a major impediment to economic development.

2.4.2. Cairo: The New Development Perspectives on Population and Reproductive Health

The need to address reproductive health as a necessity for poverty alleviation and to advocate reproductive rights and improve women's health for women's empowerment is conceptualized at the International Conference on Population and Development The scope of this new approach that links reproductive health and rights to a broad extent relies on the global reformulation of population strategies and development as set forth by the 1994 U.N. International Conference on Population and Development at Cairo.

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[77] Ali, Kamran Asdar. *Planning the Family in Egypt: New Bodies, New Selves* (Austin, University of Texas Press, 2002).

[78] Sinding, Steven W. "Overview and Perspective." In *The Global Family Planning Revolution: Three Decades of Population Policies and Programs*, eds. Warren C. Robinson and John A. Ross. Washington DC.: World Bank, 2007.

A combination of macro-level agenda on the problem of population growth and micro-level concern with increasing reproductive health indicators and rights was proposed which called for the abandonment of the previous macro-level targets of demography and family planning and the emphasis on a broader policy agenda that would address women's lifetime reproductive health needs, women's empowerment, gender equality and the commitment to fight sexually transmitted diseases and advocate universal access to reproductive health services[79].

Population rate targets were abandoned and governments accepted that best way to reduce fertility to a sustainable level was by providing access to information on contraceptives, as well as providing the means of contraception and empowering women to decide for themselves how many children they would like to have. Thus there was a reconciliation of development and women's rights in which access to safe abortion, contraceptives and knowledge on reproductive health and rights were compromised to be human rights[80].

Since then this new approach has been prevalent within the projects and policies of global development agencies such as World Bank, United Nations, World Health Organization, European Union, in addition Millennium Development Goals set by World Bank addresses directly to this approach as expressed by the goals of promoting gender equality, reducing child mortality, improving maternal health and combat HIV/AIDS, malaria and other diseases. Moreover this new approach that emphasizes on reproductive rights and health has been dominant within global scholarly on development, demography and empowerment of women.

Cairo Conference should be considered as an outcome of the emergence of human development and women in development approaches that have been incorporated to development practice. The development perspective of Cairo Conference is

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[79] Sinding, Steven W. "Overview and Perspective." In *The Global Family Planning Revolution: Three Decades of Population Policies and Programs*, eds. Warren C. Robinson and John A. Ross. Washington DC.: World Bank, 2007.

[80] United Nations. *Report of the International Conference on Population and Development (ICPD)*, Cairo, 1994.

formulated to respond to the necessity to engender reproductive health with alleviating poverty and empowering women as advocated by the new approach to development. In order to understand the rationale behind the reproductive and sexual health as an object of development human development and women development approaches need to be elaborated.

During the last two decades, there has been a reconceptualization of the connections of poverty with health and especially reproductive, sexual health, both in terms of policy and also academically. This interest points to a shift in the conceptualizations of development scholarly and the policies and agenda of international development agents. Mainstream development approach has been redefined during the last couple of decades and it is now widely accepted that development is not just a matter of economic growth. After a long dependence on mainstream development models which argue that economic growth will trickle down to every segment of the society, it was started to be recognized that additional measures to improve the living standards of especially those people who are at the bottom was necessary. This tendency could be recognized with the engagement of "empowerment," "democratization" and "human capital" frameworks within the development literature and policies, where a new conceptualization for poverty alleviation was proposed for the developing countries.

The interest in poverty especially within the context of the 'Third World' has significantly been affected by the efforts of the international institutions. Incorporation of poverty provided a way to integrate more humane elements to mainstream development agenda without challenging its neoliberal ideology. This incorporation took place as the international development initiatives embraced the human development approach into their own development approach. Key concepts of human development approach, such as social capital, poverty alleviation, and enlarging people's choices, were integrated into existing development discourse. Therefore, in this conceptualization, development is not defined as a totally economic process. Building people-centered development models, focusing on

'capabilities' to create a conception of social justice and putting people at the center through promoting poverty alleviation are the suggestions of this approach.

The implementation of perspectives on improving health and education enabled the attempts of international development agencies to alleviate the situations of poverty in the Third World without changing the neo-liberal framework. With regard to increasing the health indicators of a country, improving reproductive and sexual health indicators are made salient, when among the seven international development goals put forward by World Bank four relate to reproductive health; decrease infant mortality, decrease maternal mortality, improve access to reproductive health services and combat sexually transmitted diseases. Within this conception of development, family planning and population stabilization were reconceptualized from the framework of improving mother's and child's health, enlarging women's choices and the commitment to combat sexually transmitted diseases.

Although the integration of human development to development practice has been useful in defining development in broader terms rather than solely focusing on GDP and economic growth, and made 'a strong case for equity and growth along the lines of human capital', still it hasn't challenged neoliberalism and depended on the neoliberal principle of competitiveness. As Nederveen Pieterse (2001) mentions, in this framework, the individual is regarded as the unit of human development, which shows that the intellectual roots of this approach are in liberalism. Moreover, calls for making markets people-friendly, taking policy actions to ensure that people can participate in the operations of the markets, and making states the facilitators to help people share market opportunities, social concerns are merged with market concerns in human development approach. "To the extent, then, that human development does not challenge neoliberalism and the principle of competitiveness but endorses it, human development may enable development business-as-usual to carry on more competitively under a generally 'humane' aura."[81] It was argued by the critiques of human development approach that the idea of human development

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[81] Nevderveen, Pieterse, J. *Development Theory: Deconstructions/ Reconstructions* (London: Sage, 2001),121.

was embraced easily and rather quickly by mainstream institutions because it was an appropriate agenda within the existing conditions of neoliberalism.

This study argues that the Reproductive Health Program is in line with this new definition of development which integrated the human development aspects to cope with ill health situations and limited access to reproductive choices due to lack of adequate knowledge on reproductive and sexual health. RHP depends on a framework that aims to help and empower the poor and vulnerable women to prevent reproductive and sexual health risk situations and enlarge their reproductive choices, without reflecting on or critiquing the role of the general political structures and the processes which were caused by the neoliberal policies of development process. While general health indicators and life choices of the poor women in the 'Third World' are decreasing due to the neoliberal shrinkage of social services, the insistence on reproductive health as advocated by development is hypocritical.

CHAPTER III

POPULATION, REPRODUCTIVE HEALTH AND DEVELOPMENT IN TURKEY

This chapter of the dissertation deals with the issue of reproductive health and population in Turkey within a broad conceptualization that includes the modern manifestation of power that enables the medicalization of women's bodies and management of sexuality, discourse of modernization on women's reproductive duties in Turkey and the international development aid allied with Turkish state to create responsible female citizenry. The first part will explain the Foucauldian approach of modern experience of power in which sex has become a major reference for the regulation of life that have enabled the medicalization of women's bodies for the responsibility they owed to procreation and safeguarding of family and hence society. The second part will explore the modernization discourse on women in Turkey allied with traditional patriarchy that enables medicalization of women's bodies in a particular manner for the constitution of "healthy procreation". Lastly, the third part will present a historical account for the conceptualization of reproductive health of women and population concerns within the discourse of development in which Turkish state allied with international aid help produce disciplined citizenry for the 'beneficiaries' of the development programs.

3.1 Bio-politics, Reproduction and Population

In this chapter the reproductive health and population in Turkey will be elaborated. In fact this part will give a brief introduction to major themes developed by Foucault which are central to the argument of this study. Foucauldian concepts such as governmentality, biopolitics and medicalization are essential for understanding how health in general and reproductive health in particular and how bodies in general and women's bodies in particular are attempted to be managed for the particular ordering of society.

According to Foucault, sexuality is an especially dense transfer point for the manifestation of modern strategies of power that connects individuals to administrative institutions. Power relies heavily on sexuality to manifest itself; it is a vital means for constructing its subjects, for controlling their bodies by constantly monitoring and correcting them. Population control, family planning, reproductive health can all be considered as consequences of power that governments or international organizations manage the sexuality of individuals for the ordering of the society. In the light of Foucauldian analyses, the power strategies that connect sexuality with governmental regimes will be commented within the scope of this study as follows: bio-power: regulation of population and docility of bodies and medicalization of women's bodies.

Bio-power

Foucault explains "bio-power" as the mechanism that "brought life into the realm of explicit calculations and made knowledge-power an agent of transformation of human life."[82] Bio-power is conceptualized as the strategies of regulation that form the modern experience of power that are realized through complex networks that connect up institutions that are assumed to be political with instruments that manage individual and social behavior in accordance with objectives and norms that are considered to be beyond the sphere of the political.

Foucault assets that in the modern era the sovereignty is manifested as the right of the population, the social and individual body to ensure, sustain and improve its life. Power of culminating life manifests itself as a power that exerts a positive influence on life - sustaining the biological existence of the population and individuals-, that attempts to optimize it and increase it in order to subject it to various forms of regulations and controls. Biopolitics refers the production of regulatory mechanisms that problematize and medicalize concepts such as health, nutrition, family planning, education, hygiene, and the like for the particular ordering of society. Bio-

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[82]Foucault, Michel. *History of Sexuality Vol.1: An Intoduction*. trans. Robert Hurley. (New York: Vintage Books, 1990), 143.

power is therefore an important concept to be discussed when issues pertaining to reproductive health, population and family planning are considered.

The power over life or bio-power evolves in two forms which constitutes two poles of development that are linked together by a network of relations.
The first pole is conceptualized by Foucault as "the body as a machine":

> Its (body's) disciplining, the optimization of its capabilities, the extortion of its forces, the parallel increase of its usefulness and its docility, its integration into systems of efficient and economic controls all these was ensured by the procedures of power that characterized the disciplines: anatomo-politics of the human body.[83]

The second pole focused on the "species body":

> the body imbued with the mechanics of life and serving as the basis of biological processes: propagation, births and mortality, the level of health, life expectancy and longevity, with all the conditions that can cause these to vary. Their supervision was effected through an entire series of interventions and regulatory controls: a biopolitics of the population.[84]

Bio-power operates as a double-bind power that puts positive influence on life in order to manage both individuals and populations at the same time. According to Foucault, bio-power is an indispensable element in the development of capitalism and the emergence of nation states; the latter would not have been possible without the controlled insertion of bodies into the machinery of production and the adjustment of the phenomena of population to economic processes and nationalist ideologies. According to Foucault as the development of the institutions of the state ensures the maintenance of production relations, the discourses of anatomo-politics of human body and bio-politics, produces techniques of power present at every level of the social body. The processes of bio-power are utilized by diverse

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[83] İbid.,139.
[84] İbid.,139.

institutions such as the military, education, hospitals and family. These processes operate in the sphere of capitalist economic processes, working to maintain them. Moreover anatomo-politics of human body and biopolitics of the population act as factors of segregation and social hierarchization, exercising their influence on the power of the state and capitalism, guaranteeing relations of domination and hegemony:

> The adjustment of the accumulation of men to that of capital, the joining of the growth of human groups to the expansion of productive forces and the differential allocation of profit, were made possible in part by the exercise of bio-power in its many forms and modes of application. The investment of the body and, its valorization and the distributive management of its forces were at the time indispensable.[85]

This is the background that enables us to understand the importance assumed by sex as a political issue which is immanent to the concerns for reproductive health and the argument of this study. On the one hand it was tied to the disciplines of the body; the discourse on the maintenance of healthy reproductive behavior and on the other hand it was applied to the regulations of populations; the problematization on population increase as an impediment to development. The bio-power or the conception of sex as a political issue fitted in both categories at once, giving rise to various surveillances, permanent controls, measurements, hierarchal orderings for pertaining the management of populations and individuals living under capitalism and nation-states. Obviously capitalism and nation-states during the time of Foucault have altered respectively due to international flows, transnational capitalism, the emergence of supranational organizations and sub-national identities but his theory still provides important insights for understanding the journey of development, reproductive health and population agenda of Turkey. The next part where history of reproductive health and population programs in Turkey will be commented and the next chapter where Reproductive Health Program will be analyzed; the concept of bio-power will be useful for approaching reproductive health from a post-development standpoint.

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[85] İbid.,141.

Medicalization of Female Sexuality

Medicalization is an apparatus of bio-power that submit bodies to the medical profession by rendering them to be monitored, measured and corrected in order to transfer them into more efficient, utilizable entity for the ordering of bodies according to the regimes of modernity, capitalism and nation-states. It is an indispensable element within the processes of modernization and modern medicine where ideas on healthiness and sickness are prospered. The specific mode of the subjection of bodies, their docility, their monitoring and manipulation has enabled the body to be objectified as an object of knowledge for the medical discourse that gained a scientific legitimacy[86]. The medical discourse compares, hierarchizes, homogenizes, excludes certain norms on healthiness enabling some sorts of bodies to be declares as healthy and others to be stigmatized as sick or 'risky'. It enables certain bodies to be normal and others to be pathological by the objectification and subjectification of individuals. It aligns individuals to the processes of power, making them possible for categorizations, classifications, to determine averages and establish norms.

The medicalization processes enable each individual or group to be objectified as a describable and analyzable object. The medicalization reduces each individual or a group to a "case" to be examined, measured and treated according to the medical discipline. Obviously medicalization of women's bodies necessitates a special attention. Foucault calls it as; the "hysterization of women's bodies", which involves a thorough medicalization of their bodies and their sex, depending on the responsibility they owed to the health of their children, the solidity of the family institution, and the safeguarding of society[87]. Although he acknowledges the gender difference within the medicalization processes, he neither uses the term patriarchy in his analyses nor does he put enough emphasis to underline the specific medicalization of women's bodies.

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[86] Foucault, Michel. *Discipline and Punish: The Birth of the Prison,* trans. Alan Sheridan (New York: Vintage Books, 1995).

[87] ibid.147.

Feminists such as Harding (1997), Barkty (2003), Cindoğlu and Sayan-Cengiz (2010) who have been influenced by his work has developed and enhanced the specific medicalization processes pertaining to women's bodies. They have contended that the medicalization of women's lives, whereby natural processes such as menstruation, childbirth and menopause are defined as pathological and in need of medical treatment contributed to women's subjugation. These feminists contend that rendering women's bodies to be monitored, controlled by the male-oriented medical profession is a modern manifestation of patriarchal domination of women's bodies and experiences. Women's experience of their bodies have been defined as medical issues and subjected to medical treatment and control by the modern institutions of medicine. Medicalization of the natural reproductive experiences of women such as menstruation, pregnancy, contraception and menopause that are defined in terms of pathology and sickness is closely related to modernized implementation of patriarchy. As Cindoğlu and Sayan-Cengiz (2010) argues, excessive medicalization of women's pregnancy and childbirth renounces women's authority and autonomy over their own bodies. The gender relations in medicine affects the health care women receive as well. In the name of family planning women's health has been considered secondary to the demographic targets[88]. The health of the children is considered to be more important than the health of the mother[89]. The pregnant women have been excessively encouraged for cesarean births by the medical experts depending on the economic incentives and time efficiencies it offers to health personnel despite health problems it causes on women[90].

Medicalization of women's bodies therefore is central to the development initiatives' attempt for increasing reproductive health indicators of women by

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[88]Hartmann, Betsy. *Reproductive Rights and Wrongs: The Global Politics of Population Control.* Boston: South End Press, 1995.

[89] Cindoğlu, Dilek and Sayan-Cengiz, Feyda. "Medicalization Discourse and Modernity: Contested Meanings Over Childbirth in Contemporary Turkey" In *Health Car efor Women International*, 31:221-243, 2010.

[90] İbid.

eliminating situations of "risk" in order to maintain "healthy" procreation and "healthy" bodies. This attempt of development initiatives is colored by a determination for engendering women's empowerment by granting them reproductive knowledge and choice. However these terms of "risk", "pathology" and "healthiness" are already loaded with ideologies pertaining to the regimes of modernity, patriarchy and global regimes of development. In order to approach Reproductive Health Program from a feminist post-development standpoint it is necessary to ask whether the medicalized conceptualization of women's sexuality will really empower women or on the contrary, legitimize the subjection of women's bodies to the male-oriented medical profession.

3.2. Gender Regimes of Turkish Modernity

Politicization of gender and the women question has been a crucial aspect of post-colonial and post-imperial states' discourses on modernization, secularization, westernization and nationalism[91]. As a post-imperial state, Turkey has been experiencing reforms of modernization and westernization since the foundation of the Turkish Republic in 1923. In the course of westernization and secularism, the women question have been attributed a symbolic value by the founders of the Turkish state, especially Kemal Atatürk. Kemalist reforms engendered the emancipation of women through establishment of legal regulations against traditions that have restrained the participation of women in the public sphere. Establishing a modern, westernized republic necessitated emancipating women, specifically from restrictions of Islamic conservatism. With regard to this necessity, revolutionary changes were introduced, such as the new Civil Code in 1926, which banned polygamy, and granted women equal rights in divorce and child custody. Moreover women were granted enfranchisement in local elections in 1930 and in national elections in 1934. These reforms have been important in emphasizing the democratic aspirations of the new republic which granted women citizenship rights. Moreover, the principal of male-female equality has been defended with refinances

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[91] Abu-Lughod, Lila. "Introduction: Feminist Longings and Postcolonial Conditions" in *Remaking Women: Feminism and Modernity in the Middle East*, ed. Lila Abu-Lughod (Princeton University Pres, 1998)

to Turkish past in Central Asia which reinforced nationalist aspirations of women's equality[92].

These reforms have brought enormous changes to the status of women. Indeed, these reforms helped secularize and westernize the republic and encouraged women to play new public roles in society. Women, who could become educated, now could become professionals expected to be equal to me in public sphere, representing the universal ideas of equality of humanity guaranteed by citizenship.

The sermons of Turkish modernization attempted to eliminate physical segregation and to encourage women to be integrated to the public sphere, however significant aspects of gender inequality has been remained untouched. Sexual division of labor within the public and private domains remained untouched, so as sexual subjugation of women in the society. Kandiyoti (1987) conceives the discursive dilemma of the women question within the practices of Turkish modernization as "emancipated but unliberated"[93]. The granting of political rights and encouragement of women to be educated and take part in the public sphere did not bring for many women equality with men neither in the public nor in the private realm.

Indeed women in Turkey have been exposed to revised duties in the private sphere. The modernization discourse aimed at revising the domestic sphere by "rationalizing" housework and motherhood. The emphasis on motherhood and domestic reform aimed at the creation of a modern citizenry. The responsibility for raising children, the future of the nation, could not be left to uninformed and uneducated women. The reproduction of the nation depended on the scientific reorganization of how and under what circumstances children would be born and raised. To produce new kinds of individuals in the emerging moral order, women needed to be trained and trusted to fulfill this task. Inline with this

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[92] Arat, Yeşim. "The Project of Modernity and Women in Turkey" In *Rethinking Modernity and National Identity in Turkey,* eds. Sibel Bozdoğan and Reşat Kasaba (Seattle: University of Washington Press, 1997)

[93] Kandiyoti, Deniz. "Emancipated but Unliberated: Reflections on the Turkish Case" in *Feminist Studies*, 13, 317-338, 1987)

acknowledgement, despite the emancipatory discourses of Kemalist reforms women's primary duty was states as raising children for the future of the nation[94]. In line with this modern revision of traditional duties attributed to women, vocational schools (girls'institudes) were founded particularly for educating women. With regards to remaking women of the new republic, discourses were revolved around women's duties as mothers and managers of the household, as wives of men and as citizens of the nation. The new wife and mother were in charge of the scientific management of the orderly and hygienic household of the modern nation as well as the rearing and training of children who were conceived as the future citizens of the modern nation. Women of the new nation were educated to fulfill this task by the teachings at the vocational schools that focused on child care, nursing and home economics.

It was argued that female education was encouraged mainly with the concern about women's influence over their male children, who were considered to be the future citizens of the nation[95]. Modern mothers were supposed to be children's first instructors therefore through education modern mothers eligible for raising future citizens of the nation would be brought up. Traditional motherhood, in this instance, is not considered to be eligible for regenerating future citizens. It is emphasized by the founder of the state Kemal Atatürk that modern motherhood is crucial for raising and cultivating the nation's offspring who are considered to be the future citizens of the nation.

> The education that mothers have to provide their children today is not simple, as it has been in the past. Today's mothers have to attain several high qualities in order to bring up children with the necessary qualities and develop them into active members for life today. Therefore, our women are obliged to be more prosperous, and more knowledgeable than our men. If

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[94] Arat, Zehra. "Turkish Women and the Republican Reconstruction of Tradition" In *Reconstructing Geender in the Middle East*, M. Göcek and S. Balaghi (eds.) (New York and Oxford: Oxford University Press, 1994)

[95] ibid.

they really want to be the mothers of the nation, this is
the way[96]

The introduction of women into new domestic roles, the professionalization of housewifery, the scientizing of child raising, women's drafting into nationalist project of producing good sons have initiated new coercive norms and subjected women to new forms of control and discipline. As the domestic reform and emancipation of women may undermine traditional forms of patriarchy, they have subjugated women to modern practices of patriarchy. Here women are not conceived as equal citizens but as mothers, who are made responsible agents for reproducing citizens defined as men.

Cindoğlu and Sayan-Cengiz (2010) juxtapose the women's responsibility of raising future offspring for the nation with the conceptualization of "seed" and "soil" within the anthropological work of Delaney (1991). Delaney's study, that depicts perceptions of gender and cosmology in Turkish village, portrays the reproductive conceptualizations on "the seed" as the men's sperms and the "soil" as the women's uterus where the "seed" grows. Her work explains the patrilinear conception of procreation in which the "seed", men's sperm is conceived as the primary factor of procreation and women's uterus, perceived as a vessel where the seed-sperm grows is devalued as a secondary contributor. Cindoğlu and Sayan-Cengiz (2010) contend that a manifestation of traditional patriarchy and modernity is contested over the meaning of reproduction and regeneration of the nation. Here women's bodies as carriers of the future generation and their new roles as modern mothers connotate that it is the "seed" or the "future generation" that is more important than the mother. Cindoğlu and Sayan-Cengiz (2010) present that the meaning of birth is influenced by patrilinear and patriarchal tradition and reflects the influence of Turkish modernization discourse on women's corporeal experiences. They explain how the modernization discourse and patrilinear conception of reproduction enable the massive medicalization of birthing settings in Turkey. Birthing in this instance

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[96] Atatürk, as quoted in Arat, Zehra. "Turkish Women and the Republican Reconstruction of Tradition" In *Reconstructing Geender in the Middle East*, M. Göcek and S. Balaghi (eds.) (New York and Oxford: Oxford University Press, 1994),46.

has been discursively constructed by the modern regimes of patriarchy and medicine whereby a uniquely female experience of giving birth has became immensely medicalized enabling patriarchal control over women's bodies.

Indeed the modernization discourse has been successful for women to resign medicalized birthing practices by discursive medicalization of pregnancy that rendered pregnancy as a risky, pathological event that necessitated medical treatment. The medicalization of birth that is considered necessary for healthy procreation is an exclusive example for the bio-political ordering of society through the regulation of female sexuality. Moreover in this instance traditional birthing experiences of women performed by midwives are condemned as "unhygienic" and "unhealthy". Thereby male-dominated medical system competed with local midwives, sought dominance in controlling the health and well-being of the women. The effort to reorganize women's healing and birthing practices meant the displacement of midwives by modern medicine.

The modernist arguments regarding women's education, household organization and female birthing practices created opportunities to ensure that the future of Turkish nation would be modern. Here not only procreation and child rearing were important but, rather as Kandiyoti (1998, 1998) argues, the emotional and moral tone of the family was to be reoriented in order to create modern citizens. This mandated new disciplinary mechanisms for both women and men, not only to remake women but to refashion gender and gender relations as well. The modernist discourses attempted to reshape gender by establishing new models of masculinity and femininity to better institutionalize the monogamous, heterosexual, nuclear family[97]. The scientific discourse on "appropriate" reproductive heterosexuality enabled the body and marriage to be removed from the Islamic sacredness and to be

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[97] Kandiyoti, Deniz. "Afterword: Some Awkward Questions on Women and Modernity in Turkey" in *Remaking Women: Feminism and Modernity in the Middle East*, ed. Lila Abu-Lughod (Princeton University Pres, 1998)

realigned to the secularized, medicalized language of modernity[98]. Here early marriages, arranged marriages and age differences between the spouses are condemned because they contaminated the healthy conception of the family and the healthy rearing of the young. Compassionate marriage that is legitimized by a legal marriage contract instead of arranged religious marriage has been proclaimed as modern, healthy and necessary for the Turkish nation to be modern. Not just women but men of modernity had to be refashioned as well. The unruly masculinities should be tamed; the new men of the nation should value his wife and his daughter. All these gendered identities urge to articulate a new morality; a morality of modern citizen subjects that have modern attitudes and tastes.

All these events related to modernity are practices of bio-political ordering of the society in which gender and sex has became a major theme for modernization and modern manifestation of power whereby individuals' private matters has became target of intervention of the state. Earlier I have mentioned that bio-politics has been a regulatory power that hierarchizes, categorizes and segregates for the normalization of certain attitudes and stigmatization of abnormalities. In this instance, like all regulatory discourses of modernity, the new gendered identities and gendered practices needed its "civilizational others" that enabled the normalization of certain forms of sexuality and gender by stigmatizing other forms of sexuality. Thus as against bourgeois domesticity, modern women and men of the nation, the sexuality of the rural people has became a locus of intervention of modernity. The rural hinterland has become the focus of immobility, tradition, backwardness as represented by the depictions of the overfertile, brutalized rural women[99].

Moreover, with the arising migration and inadequate urbanization, not just the rural areas but slums around the urban centers have become conceived as backlashes to modernity and modern practices of gender. Since the earlier years of the republic

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[98]Kandiyoti, Deniz. "Gendering the Modern: On Missing Dimensions in the Study of Turkish Modernity." In Rethinking Modernity and National Identity in Turkey, eds. Sibel Bozdoğan and Reşat Kasaba (Seattle: University of Washington Press, 1997)

[99] ibid.

until the present, a massive effort has been done to "modernize" the attitudes of people living in the rural areas and slums. This was made possible by problematizing and medicalizing the practices of these people's attitudes as abnormal, unhealthy and unhygienic. The efforts of modernization through regulating sexuality of the "stigmatized" has been the foremost attempt of state-led and internationally funded development programs on family planning and reproductive health. Obviously the discourses and practices of modernity and development have altered respectively since the founding of the state until 2010's. Despite revisions and alterations the urge for bio-political ordering of the society and regulation of individual's sexual matters have been continuing with slight differences. In the course of this study, the readers would be able to trace the modernist regulation of the sexual behavior of the "stigmatized" by the development plans of family planning and population control.

However modernism in contemporary era has evolved to post-modernism. Nation-state is not the nation-state in the 1930's, so as institutions of state, development and the conceptualization of health in general and reproductive health in particular. In the analyses part, where Reproductive Health Program will be commented, the post-modernist regimes of development and reproductive health will be exposed.

3.3. Population, Reproductive Health and Development in Turkey: Short History of Population Policies in Turkey

This part of the dissertation exposes a historical account of the bio-political ordering of the society through regulation of sexuality. Here the alterations of population and reproductive health policies and the social historical context on reproductive health will be elaborated as follows: Pro-natalist population policy 1923-65, the move toward anti-natalist policy 1965-1980 and family planning since 1980's until 2001. In the course of this part, the state's and international development agencies' regulation of sexuality of women will be commented.

Pro-Natalist Population Policy, 1923-65

Depending on the heavy human losses during the World War I and the War of Independence, along with the high level of infant mortality, the government believed that population growth should be increased in order to meet the Turkey's defense needs and the shortage of labor power. Even before the declaration of the republic in 1923, Kemal Atatürk addresses the third opening of the Turkish Grand National Assembly and stated:

> Our objective in the field of national health and social assistance is to protect and strengthen the general health conditions, decrease death rate, eradicate communicable diseases, increase the population and, thus, be able to raise a dynamic generation.[100]

Atatürk repeated his desire to increase the population several times and eventually the concept was adopted as a state policy, as indicated in his opening speech to the Grand National Assembly in 1924. During the following years, a number of laws that had direct or indirect implications for population growth were enacted. For example, in 2926, the minimum marriage age was reduced to 18 for men and to 17 for women and in 1938 it was further reduced to 17 for men and 15 for women. Several other laws were also explicitly aimed at promoting fertility. The laws on Local administrations and on Municipalities were passed in 1929 and 1930 that imposed several obligations on local administrations to implement the population increase policy by improving public health and establishing free maternal hospitals. The 1930 law on General Hygiene was passed which imposed obligations on the Ministry of Health to encourage births and to grant monetary awards to women who had six or more children and prohibited the importation and sales of contraceptives. In addition Turkish Penal Code considered abortion to be a crime[101].

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[100] Atatürk, as quoted form Altıok, Esen. "The Development of a Population Policy and its implementation" In *Population Policy Formation and Implementation in Turkey*, (eds) Ned Levine and Sunday Üner (Ankara, Hacettepe University Publications, 1978)

[101] Altıok, Esen. "The Development of a Population Policy and its implementation" In *Population Policy Formation and Implementation in Turkey*, (eds) Ned Levine and Sunday Üner (Ankara, Hacettepe University Publications, 1978)

In addition, a number of laws either granted tax exemptions for children or allocated resources based on the number of children a family had and also gave priority for land distribution to families with many children, gave public sector employees child support payments and provided income tax reduction based on the number of children[102]. During this period, until 1958 the pro-natalist program for increasing population proceeded explicitly and implicitly with the passing of laws and mass media materials.

Moreover, during the pro-natalist era, a number of laws were passes that attempted to prevent abortions. The Turkish Penal Code considered induced abortion to be a crime. An amendment to this law was introduced in 1936 that increased the penalties for induced abortion and penalized any action that attempted to avoid contraception. In another amendment as late as 1953, the penalties for abortion were again increased; however, several studies documented that the practice of abortion continued to be widespread, irrespective of laws[103]. Approximately one out of five pregnancies were aborted, an extremely high rate whereas abortion was one of the leading causes of maternal deaths[104].

All these above state lead concerns of raising population are examples of the bio-political management of female sexuality. With all the laws and amendments, female sexuality is managed as a "docile" body, whose essential function is regeneration and raising the population for the sake of Turkish state. Women's duty as responsible citizens is openly declared as reproduction otherwise she is condemned; she can not get child support payment, moreover if she terminates her pregnancy she is considered to commit a crime against Turkish state. This

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[102] Akın, Ayşe. "Emergence of the Family Planning Program in Turkey" In *The Global Family Planning Revolution: Three Decades of Population Policies and Programs*, eds. Warren C. Robinson and John A. Ross. Washington DC.: World Bank, 2007.

[103] Özbay, Ferhunde and Shorter, Frederic. "Turkey: Changes in Birth Control Practices, 1963 to 1968" In *Studies in Family Planning* 1 (51): 1-7, 1970.

[104] ibid.

represents the citizen status of women, which is colored by a legitimate, modern expression of patriarchy. Her citizenship status is not guaranteed on her equal rights to citizenship, but it is guaranteed unless she becomes a mother of many children. Indeed the heath risks due to over-reproduction and self-induced abortions that threaten the health of women present that women's health had remained secondary to the targets of the state. Here increasing the population has been the primary concern of the state although this policy had terrifying effects on the autonomy of women's bodies and wellbeing of women

Early Considerations for an Anti-Natalist Policy

The first concerns for population increase and the need to control population growth came from obstetricians and gynecologists especially Dr. Zekai Tahir Burak who was a prominent specialist and the head of the department of maternity hospital in Ankara in 1958. He claimed that many women were admitted in serious condition due to self-induced abortions. He documented the hospital cases to demonstrate the magnitude of adverse outcomes on women's health resulting from unwanted pregnancies and unsafe abortions. He sent his repot to the Ministry of Health stating that maternal mortality had increased because of unsafe abortions, that measures should be taken to prevent such deaths, contraception should be legalized[105].

Following Burak's report, the Ministry of Health set up a committee to investigate issues connected with abortion, to determine the associated medical problems, and to discuss countermeasures. In its report, the committee pointed out that despite the strict provisions in the Turkish Penal Code, abortion was practiced on a large scale. The report suggested that members of the medical profession were performing some of these abortions for profit, but that most abortions were carried out in places that lacked medical facilities, resulting in serious medical problems and deaths. The committees report, while acknowledging the law against abortion and accepting that it should remain illegal, indicated that abortion should be permitted under certain conditions of medical necessity. Furthermore, the committee argued that

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[105] İbid.

contraception should be allowed so that women would not have to bear unwanted children and that the law should be changed so women could have the advantage of contraceptive methods and devices[106].

Also in 1958, the Ministry of Health formed an advisory panel of university professors and specialists to carry out an independent evaluation of the health aspects of excessive fertility and to recommend solutions. This panel recommended removing the existing legal barriers to contraception and making contraceptives available. The panel was again, against making abortion legal unless a medical indication existed. The panel submitted the recommendations to the Ministry of Justice for its support; however the Ministry of Justice did not approve the recommendations[107].

In 1959, a survey was carried out in 137 villages by Professor Nusred Fişek. The survey showed that the rural infant mortality rate was around 165 deaths per 1000 births and estimated the maternal mortality ratio at 280 deaths per 100000 births. Furthermore, the survey estimated that 53 percent of maternal deaths were caused by abortions. Professor Nusred Fişek, who directed the survey, became undersecretary of the Ministry of Health after the 1960 military takeover and served in that position for six years[108].

On May 27 1960, the military takeover took place, after which planning was instituted in all areas and a number of legislative and regulatory reforms were implemented. A new constitution was drafted that emphasized planning and created State Planning Organization under the Prime Minister's Office. During the time population planning became a serious objective and Fişek played a vital role.

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[106] ibid.
[107] ibid.
[108] Altıok, Esen. "The Development of a Population Policy and its implementation" In *Population Policy Formation and Implementation in Turkey*, (eds) Ned Levine and Sunday Üner (Ankara, Hacettepe University Publications, 1978)

After the 1960 military intervention and the establishment of State Planning Organization, discussions on population control began among the Ministry of Health and State Planning Organization. The representatives agreed that a change in the traditional population policy was necessary, and an anti-natalist position was taken in both First Five-Year Development Plan and the Population Planning Law that was prepared by the parliament. The First Five Year Development Plan took on a Malthusian attitude arguing that high rate of population growth undermined gross national product growth and that population growth had to be controlled. The plan advocated repealing the anticonception laws, creating a family planning program and providing family planning education to the public[109].

The factors for changing the early population policies for anti-natalist policies is considered to be the high rates of maternal mortality due to illegally induced abortions. More importantly, the increasing mechanization of agriculture that led to rapid urbanization is presented as a necessity for population control programs. The mechanization of agriculture and the need for labor power in cities created a situation whereby many people migrated from rural areas to urban centers. These migrants were living in squatter settlements because the cities did not have sufficient accommodations to support them[110].

The mechanization of agriculture created a mass of unemployed in the urban areas and a need for cheap labor in the cities created situations of rural-urban migration and the enhancement of slum settlements around urban areas[111]. These social-economic changes due to industrialization and capitalism had tremendous demographic effects which needed to be analyzed and managed. In 1963, the government requested the Population Council to send a team of experts to analyze demographic factors, conduct a field survey to determine the feasibility of a

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[109] ibid.

[110] Akın, Ayşe. "Emergence of the Family Planning Program in Turkey" In *The Global Family Planning Revolution: Three Decades of Population Policies and Programs*, eds. Warren C. Robinson and John A. Ross. Washington DC.: World Bank, 2007.

[111] Özbay, Ferhunde and Yücel, Banu. "Türkiyede Göç Hareketleri, Devlet Politikaları ve Demografik Yapı" In *Nüfus ve Kalkınma: Göç, Eğitim, Demokrasi, Yaşam Kalitesi, HNEE* (eds) F. Özbay, B. Yücel, İ. Sezal, A. Toros, H. Y. Civelek. (Ankara, 2001).

nationwide family planning program and provide recommendations for implementing a family planning policy. This led to an agreement on a formal project between the Turkish government and the Population Council. A survey was nationwide conducted by the Population Council to provide knowledge on nationally representative knowledge, attitude and practices on family planning that interviewed more than 5000 people in nearly 300 villages and cities. This was the first survey of its type in Turkey and the first alliance of international development expertise and funding with Turkish government.

The survey report stated that a full 60 percent wanted only two to four children, and most couples older than 30 and married for 10 years did not want any more children. Based on survey data, international analysts argued that there was an emergent need for a family planning program and that overwhelming number of women desired a family planning program operated by government. The results of the report were considered to demonstrate that people had a positive attitude toward family planning by the development experts, although by the time contraception was prohibited[112].

Also in 1964, Turkish personnel were trained in various aspects of family planning in the United States, and a Population Council resident representative expert arrived to assist in planning, initiate local training and help with implementation of the family planning program. Also provisions were made for additional advisers both resident and short term, when needed to work with opinion leaders, non-governmental organizations and communities.[113] All these events helped to propagate developmental Malthusian perspective on population and family planning.

The Population Planning Law 1965 and Collaboration of Population Council with Turkish Government

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[112] Akın, Ayşe. "Emergence of the Family Planning Program in Turkey" In *The Global Family Planning Revolution: Three Decades of Population Policies and Programs*, eds. Warren C. Robinson and John A. Ross. Washington DC.: World Bank, 2007.
[113] ibid..

Population Planning Law was passed by the National Assembly in 1965 which provided the legal framework for international development funding and implementing a nationwide family planning program. The law stated that the purpose of population planning was to allow individuals to have as many children they wished to have and the preventive measures (contraception) to avoid pregnancy would be allowed. The Ministry of Health was given the responsibility of implementing the program, training health personnel in contraceptive administration and providing education of the public. The law also stated the strict medical conditions under which abortion or sterilization would be allowed and penalties for violations. 1965 population policy did not change until the 1980's.[114]

During the population policy's early implementation, numerous steps were taken to guarantee the target of reducing population as set forth by Five-Year Development plan. The Ministry of Education planned to emphasize human reproduction in biology courses in middle and high schools starting in the 1965-66 school year and to incorporate the social, economic and political implications of rapid population growth in social studies courses. Educational programs for family planning were envisaged for armed forces personnel. Both Ministry of Education and Ministry of Defense were assigned functions under the new law. Moreover the Ministry of Health planned and coordinated information programs through the ministries of Rural Affairs and Agriculture[115]. Other information, education and communication programs were directed to other groups, such as married couples, single people, men's and Women's associations, labor unions, staff members of large industries, university students and government employees[116]. The Committee on Contraceptive Medicine, consisting of university faculty and ministry staff members was established at the Ministry of Health to analyze and license contraceptives.

For the development of efficient family planning services, the plan was to use existing facilities and personnel of the Ministry of Health and to have a small

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[114] ibid

[115] Altıok, Esen. "The Development of a Population Policy and its implementation" In *Population Policy Formation and Implementation in Turkey*, (eds) Ned Levine and Sunday Üner (Ankara, Hacettepe University Publications, 1978)

[116] ibid.

central organization to train public health service personnel on the agenda of propagating family planning. The central organization, named The Family Planning Association was established as an independent department of the Ministry of Health. The Family Planning Association managed educational programs on family planning and operated several clinics.

The leading research institution, Hacettepe University established the Institute of Population Studies in 1966 by a funding grant form the Ford Foundation. Training for the first group of students began in 1967 with a two-year program for a master's degree in population dynamics. The institute undertook detailed survey of population and family planning dynamics. The institute published a quarterly bulletin describing family planning efforts. In 1968, it conducted a nationwide study using knowledge, attitude and practice questionnaire. It also fielded later demographic and health surveys in collaboration with the Ministry of Health and supported by Macro International. Also at Hacettepe University, the Public Health Department was established in 1965. As part of medical education , it emphasized preventive aspects of community medicine, including reproductive health. Later, this department helped the Ministry of Health excessively with family planning work, especially by means of its health service research activities, as well as through its training programs in family planning. In 1978, the department became a World Health Organization Collaborating Center for family planning and reproductive health.

All these above instances provided the institutionalization of developmental and demographic concerns of population increase as an impediment to growth. The developmental construction of population engendered the necessity of family planning that is supported by the military government and international funding. Demography and development consciousness is enhanced by the international expertise, establishment of development and demographic disciplines in Turkish universities, scientific data collected by surveys and the establishment of Family Planning Association within the Ministry of Health. With the Malthusian logic of

development discourse, the popular classes in Turkey: the rural people and the migrants of urban cities began to be problematized as over-populated. The problematization of their reproduction legitimized the family planning policies of the state.

A key approach for realizing the developmental target of reducing the population was the establishment of mobile teams. These teams attempted to inform the public on family planning and implement family planning services. In this way, contraceptives, especially the IUD, and the information on family planning were brought to villages and to large squatter communities in big cities[117]. These mobile teams worked in pairs, one providing information and the other providing medical services. Public services offered the IUD, the most subsidized method for free and other methods at cost. The target of the program was declared as to provide services to 5 percent women of childbearing age each year and to culminate effects to improve the health of mothers and child.

With USAID's direct involvement of the family planning policy, IUDs became increasingly available and aggressively introduced to women's lives by the help of mobile teams. The aggressive introduction of highly subsidized IUD's to women living in rural areas and squatter settlements again expose the modernized patriarchal subjugation of women. The IUD insertion can only be made by a medical expert and once the IUD is inserted, it can not be removed by the user without some health risks[118]. It can be effective for eight years, which gives family planning program more control over women and their bodies[119]. The effectiveness of the family planning program depends much less on the women's behaviors and consent.

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[117] ibid..

[118] Riedmann, Agnes. *Science That Colonizes: A Critique of Fertility Studies in Africa.* (Philederphia: Temple University Press, 1993)

[119] İbid.

Family Planning since 1980's

Clearly, the 1965 Population Planning Law was followed by progress in family planning services and in the provision of information about contraceptive methods to the public. However, a review of program implementation in 1980 indicated that services did not fully meet the needs of the public. Traditional methods were still the most frequently used means of contraception. It was not until 1993 that modern methods accounted for more than half of contraceptive methods used.

It was argued that the previous efforts to curb population did not succeed in lowering the targeted fertility needs. During the preparatory phase for modifying the Population Planning Law in 1980, another military government came into power whose leaders looked favorably upon population matters. Based on the supportive political atmosphere, a new law was initiated by the General Directorate of Maternal and Child Health and Family Planning. The new Population Planning law was passed in 1983 which included innovations for lowering the fertility rates such as: authorizing trained nonphysicians to insert IUD, legalizing abortion up to 10 weeks into a pregnancy, legalizing surgical sterilization for men and women on request[120].

Within a few years after the new Population Planning Law came into force the following consequences: maternal deaths caused by unsafe abortions has almost disappeared, IUD prevalence doubled between 1983 and 1988, in 1993 for the first time the prevalence of modern contraceptives exceeded the prevalence of traditional methods. By 2003, the total fertility rate was down to 2.2 births per woman and the 71 percent of couples were using contraception[121].

In 1994 Turkey attended the International Conference of Population and Development in Cairo and adopted its program of action. Accordingly National Strategic and Action Plan for Women's health and Family Planning was developed. The rage of maternal health and family planning services were extended. The plan covered reproductive service delivery, in-service training as well as information

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[120]ibid..
[121] ibid..

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education and communication activities for raising awareness among women. Similarly, a "Population and Development" chapter with broad topics on reproductive health and rights was included in 8th 5-year development plan[122]. The national Strategic and Action Plan was reviewed and updated within the framework of reproductive rights as set forth at the Cairo Conference.

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[122] Köse, Rıfat. "Reproductive Health in Turkey." In In *Entre Nous the European Magazine for Sexual and Reproductive Health* no.65 2007.p. 4.

CHAPTER IV

ANALYSES OF REPRODUCTIVE HEALTH PROGRAM IN TURKEY

As mentioned in the second chapter, post-development theorists conceptualize development apparatus as a discourse; an interwoven set of languages and practices which enable certain forms of knowledge, exercise of power and forms of subjectivity. Post-development approach attempts to analyze development as a historically specific construction of social reality which makes certain representations of "Third World" legitimate while disqualifying others. In the light of post-development this chapter attempts to analyze Reproductive Health Program in Turkey. The first part will reveal the connectedness of development discourse to prevalent hegemonic regimes pertaining to economic globalization and neo-liberalism. The second part will analyze the development intervention of the Reproductive Health Program for "empowering" poor women. The advocated empowerment model of the program is an instrumental conception of "empowerment" that engenders the bio-political ordering of female reproduction. On the other hand real empowerment of women could only be achieved by initiating social policy, strengthening of citizenship rights and reinforcement of women's health.

4.1. DEVELOPMENT DISCOURSE OF REPRODUCTIVE HEALTH PROGRAM AND THE CONTEXT

As post-development theory argues, knowledge produced within development apparatus is not something that could be gathered but it is engaged in social contexts produced in relations of power and connected to different power hierarchies. The expert knowledge produced by development professionals enables certain space of truth about the 'Third World' to be created and fostered. This part of the study elaborates the knowledge production within the Reproductive Health

Program which has become the legitimate ground for policy formation and intervention areas of the RHP. The Reproductive Health Program depends on the production power-knowledge of the development discourse which is marked by the new definition of development and the context of globalization and neoliberalism.

In order to comment on the Reproductive Health Program it is important to expose the power-knowledge immanent to current paradigm of development discourse which provides the rationale of the program. The power-knowledge of development discourse enables certain representations of reality to be possible and others to be devastated in order to preserve its connectedness to global hegemonic regimes. Moreover the power-knowledge in development discourse enhances its hegemonic positioning in constructing reality, thereby legitimizes its claims to solve global crises such as poverty. Indeed the current predicament of poor people around the world is circumscribed by the global capital flows, deregulation, commitment to free-trade, shrinkage of social services which were imposed on "Third World" by the international development establishment through loans and structural adjustment programs. While playing a significant role in the strike enhancement of absolute poverty around the world, the international development agencies could be able to preserve their legitimization in solving global problems by the apparatuses of power-knowledge.

By the apparatuses of power-knowledge, the new development is be able to assert itself as a sole agent in solving the global issues which is considered to be poverty. However poverty was turned into a "mere case" to be analyzed and managed by the development discourse. While turning poverty as an object of knowledge and intervention development discourse provided its own legitimacy. An objectified discursive construction of poverty enabled poverty to be measured and analyzed in diversified ways by the introduction of human development paradigm. Social indicators of poverty are diversified to include health, education, disability and social inclusion. Moreover certain power hierarchies due to ethnicity and gender are taken into consideration. Reproductive Health Program in Turkey depends on such a conceptualization of development which aims at alleviating poverty by increasing

reproductive health indicators among the poor and empowering women through teaching them how to eliminate reproductive health risks. With an emphasis on "reproductive rights" the Reproductive Health Program aimed at educating women on preventing individual reproductive risks thereby assisting them in their struggle against poverty. Within the new concerns of poverty, poverty is closely related to health since people with serious health problems are most likely to become poor. Moreover concerns of poverty also necessitate the empowerment of women as well, if women are empowered through education and participation to the labor, their families could better subsist poverty. However these assertions disseminated by the new development model seem unrealistic when the contemporary health and labor policies are concerned.

The inclusion of humane aspects of development to the development discourse and the proliferation of the indicators of development for reducing poverty comes along with the brutal manifestations of poverty around the world. It seems that diversification of social indicators and acknowledgement certain inequalities for measuring poverty enabled poverty to be constructed as a mechanism of power-knowledge. Poverty turned into an object to be known and managed by the development apparatus, does not engender an ethical mission of providing equal distribution but furthers the legitimacy of the development intervention.

By turning poverty as an object of knowledge development was able to present a certain "regime of truth" in conceptualizing poverty in diverse mechanisms. Hence new relations are produced around poverty such as health and gender that attempt to conceptualize poverty in a multiple way. This multiplicity enables certain problematizations and legitimizations on the issue of poverty. Within the new paradigm, health, education and gender inequality are presented as social indicators of poverty which development attempted to increase in the crusade towards alleviating poverty. Increasing reproductive health has been a salient issue within the discourses of development since it is in the linkage of many other social indicators such as gender inequality, public health, maternal-infant mortality and women's empowerment that are related to poverty.

While acknowledging more humane aspects of poverty into its agenda for constructing its truth regime, many aspects of the real causes of poverty are disqualified. An instrumental conception of poverty represented in diversified social indicators eliminates the real experiences of poor people whose well-being is crippled due to the neo-liberal shrinkage of social policy and flexible labor regimes in a globalized economy. Accordingly, an instrumental conception of empowering women through increasing reproductive health indicators disqualifies the real experiences of the subordination of poor women, whose subordination depends as much to the patriarchal subordination of women as the processes of deregulation and globalization.

In the light of the discussions above, this section of the dissertation will present the avenues of power-knowledge prevalent within the Reproductive Health Program. The first part will explain the production of "truth regime" of Reproductive Health Program, while referring to the human development approach which became a legitimate approach for relating poverty with health. Reproductive health becomes a primary concern when poverty and health are related since it also encompasses other missions of development such as empowering women, eliminating sexually transmitted infections and maternal-infant mortality. The human development approach, and its construction of poverty in its multiple aspects has provided the rationale of the Reproductive Health Program.

Conceptualizing development as a mechanism of power-knowledge necessitates also to historicize and to contextualize development so as to expose the power-laden context out of which development became an omni-present construction of reality. In an attempt to circumscribe the prevalent power-laden context of development discourse, the second part will reveal the connectedness of new forms of poverty to the processes of globalization and deregulation which has been immanent to the sermons of development discourse. While development propagated the benefits of free-market and deregulation, it worsened the well-being of many people living under development. Therefore the second part will present the situation of subaltern

masses whose life chances and choices have been severely crippled by the hegemonic social-economic processes. The third part will comment on the Turkish context on the brutal manifestations of poverty, which the Reproductive Health Program aimed at alleviating. This part will provide information on the setting of the Reproductive Health Program and the program's beneficiary's real life circumstances.

4.1.1. Conceptualization of Poverty and Health within Development Discourse

There has been a discursive break within the conceptualization of poverty within the discourse of development that attempts to construct poverty in multiple ways. This is immanent to the new conceptualization of development that resigned the previous concerns of macro-economy and emphasized on the micro-humanistic conceptualization of development. Truth regime of development has been shifted from a modernist, income oriented, exclusive and top-down attitude towards a post-modernist, human centered, inclusive and demand generating attitude.

This is accompanied by a new interest in solving the issue of poverty, which seems to be perpetuating and brutalizing by the consequences of development intervention around the globe. Although the current manifestation of poverty is closely related to the globalized macro-economic flows, the development discourse attempted to construct poverty as an individual matter, that could be solved by increasing the capabilities of individuals so they can manage to prevent "risk" situations on their own. Thereby, new indicators, new linkages and new theorizations on the issue of poverty are proliferated that construct poverty in a new truth regime.

What is crucial here is that the poverty is reified, it is turned in to an object of knowledge which is attempt to be circumscribed in diversified methods. Making poverty an object to be known and managed by diversified technologies of development enabled poverty to be stripped off from the context and realigned within the a-politic, a-historical, scientific discourse of development. New relations, new theorizations around the incidence of poverty are proliferated with the introduction of human development model, which provides the rationale of the Reproductive Health Program in Turkey.

Although there have been specific periods when poverty became a more critical problem and received more attention, both poverty itself as a phenomenon and also interest in poverty have been ongoing for a long time especially within the discourse of development. The interest in poverty especially within the context of the Third World has significantly been affected by the efforts of the international institutions. The incorporation of poverty provided a way to integrate more humane elements to mainstream development agenda without challenging its neoliberal framework. This incorporation took place as the international development agencies embraced the human development approach into their own development approach. Key concepts of human development approach, such as human capital, poverty alleviation, empowerment of women and enlarging people's choices, were integrated into the discourse of international development.

The developmental emphasis has shifted from "giving people what they need" to "preparing the conditions of an expansion in their freedom of choice" with the introduction of human development model enhanced by Amartya Sen. The human development model has been successful in linking poverty with health by conceptualizing poverty as capability deprivation. The human development approach mostly depended on Amartya Sen's work on capabilities and entitlements (Sen 1983). Sen defined entitlements as "…the set of alternative commodity bundles that a person can command in a society using the totality of rights and opportunities that he or she faces."[123] Depending on these entitlements, an individual can have some capabilities such as being well nourished, being able to read, write and communicate, and fail to have others. Therefore, the failures in entitlement systems lead to poverty as capability deprivation. Development can be seen as a process which increases the capabilities of people through expansion of entitlements. Therefore, in this conceptualization, development is not defined as a totally economic process. Building people-centered development models, increasing choices and putting people at the center through promoting poverty eradication are

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[123] Sen, A., 1983, "Development: Which Way Now?", *The Economic Journal*, 93, pp.pp.754.

suggestions of human development model. We can argue that the European Union funded Reproductive Health Program in Turkey is in line with what is proposed by the human development scholars. RHP depends on a framework that aims to help the poor and the vulnerable women to prevent and also cope with risk situations in reproductive health matters, without reflecting on or critiquing the role of the general political structures and the processes, and also the part the European Union plays in creating those risk situations and poverty that burden the lives of many women in Turkey.

Mainstream development approach has been redefined with the introduction of human development model and it is accepted that development is not just a matter of economic growth. After a long dependence on mainstream development models which argue that economic growth will trickle down to every segment of the society, recognized that it was necessary to take additional measures to improve the living standards of especially those people who are at the bottom. Concepts such as community participation, poverty alleviation, increasing health indicators and empowerment have become indispensable elements of the internationally funded development projects. Moreover, global poverty reduction is now the declared mission of the development initiation[124].

This engendered a shift of focus within the discourse of development in conceptualizing poverty. Poverty has been defined as deprivation in the 1970's debates on development and was voiced with reference to problems in basic needs satisfaction. Basic needs satisfaction and income deprivation has been the dictum of development theorizing and practice. Development emphasized on income deprivation as a cause of poverty. Accordingly, Malthusian demographic approach has become the grounds for family planning which argued that rapid population growth was an impediment to growth since it curtailed gross-national income per capita. The considerations for family planning focused on the need to fight poverty by reducing the number of births and decrease maternal infant mortality. The poor

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[124] Millenium Development Goals

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people needed to be taught on and be convinced to use contraception for the wellbeing of their families and development of their countries.

The emphasis on need for family planning for fighting poverty and decreasing maternal-infant mortality has shifted to "giving people reproductive choice and health" by the development agencies. This is closely related to the new conceptualization of the relations of reproductive health and poverty within the discourse of development. Sen's accounts of capabilities and entitlements provide a new mechanism for engendering health as a mission of alleviating poverty. In Sen's account an individual can have some capabilities such as being well nourished, being healthy being able to read, write and communicate, and fail to have others. These failures in entitlement systems, like illhealth and disability lead to poverty as capability deprivation. Development should become as a process which increases the capabilities of people through expansion of entitlements.

In this conceptualization, development is not defined as a totally economic process as such poverty is not just an outcome of income deprivation. In this approach, entitlements refer much more than just income and income poverty. Entitlements include many factors varying from access to public health, education or to public transportation and availability of social assistance. Thereby poverty becomes a multidimentional problem which is related to a multitude of deprivations of entitlements that can not be solved by a mere increase in income. Thereby development also should increase the health of the individuals through initiating health programs for increasing people's capabilities to fight poverty. The Reproductive Health Program's attempt to decrease risk situations of reproductive health through increasing women's lifetime reproductive health is an example of the juxtaposition of health and poverty. Poor women in Turkey, are attempted to be taught on preventing individual health risks by getting ante-natal care, giving birth at the hospital, doing regular check ups for cancer of reproductive organ, using family planning methods and preventing sexually transmitted diseases. It is suggested that women would be empowered since by reducing reproductive health risks, the risk of becoming poor is evaded.

In addition, human development model that conceptualizes poverty as capability deprivation connotates the fact that different people hold different capabilities and entitlements in society. Thus, equal development benefits and opportunities provided to unequal people do not lead to equality of outcomes for the beneficiaries of development. The recognition of gender inequality is the most relevant example of such an attitude. Given the patriarchal subjugation of women in society, it is not realistic to expect that a given set of entitlements would engender similar capabilities for men and women. The human development model thereby suggests that development expertise should go beyond standard liberal definition of equality of opportunity and should support women in ways to comprehend for the factors that create problems in the translation of entitlements into capabilities. With an emphasis on promoting gender inequality and empowering women, Reproductive Health Program attempted to ease the gender inequality through granting women reproductive choice.

Along with the acknowledgement of inequalities in entitlement system which is central to the conceptualization of gender inequality, the social indicators of development are further proliferated to include for example life expectancy at birth, adult literacy rate, and school enrollment rate instead of totalistic indicators of income per capita. Central to this approach is the Human Development indexes or Gender-Related Human Development Indexes. Another aspect of the new model of development is the emphasis on forms of human deprivation associated with associated with racial or ethnic differences.

The new practices of development engender a vast proliferation of indicators of development instead of totalistic macro-economic indicators. Aside from economic growth, social and human development concerns have became privatized issues of development. Within the population and development concerns, the Cairo conference which is presented as the major influence of the Reproductive Health Program points to the reconceptualization of the new development frame, which focused on a human centered development model within the context of population

and sustainable development[125]. This engenders a focus on different indicators such as maternal mortality, gender equality, incidence of sexually transmitted diseases, reproductive choices and rights of women instead of totalistic indicators of population increase.

The discourse of Reproductive Health Program depends on a broader definition of development which conceptually relates gender inequality, human rights, reproductive health and wider determinants of development, including poverty and vulnerability. The European Commission, following the new approach of development became a major international donor in the health field in Turkey. European Commission Support began in the early 1990s with a policy aimed at poverty reduction and reflecting a clearer understanding of the links between health and poverty. It focused on a number of key issues including improving access to reproductive health services, reduction in maternal mortality rate and the incidence of HIV/AIDS. Within the scope of this policy, several projects in Turkey were supported between 1992 and 1997 from the special budget lines of "HIV/AIDS" and "Population Actions". The volume of health related European Union funding increased substantially from 1995 with the adoption of the Euro-Mediteranean Partnership (MEDA) which stressed on the human aspect of the relations between two regions. After becoming a candidate country from 2002 onwards, Turkey started to benefit from pre-accession funds. Reproductive Health program in Turkey was one of the main recipients of MEDA funding in Turkey.

In line with the new definition of development and reproductive health, the Reproductive Health Program emphasizes on a broader policy agenda that aims to address women's lifetime reproductive health needs, women's empowerment, gender equality, elimination of maternal mortality and the commitment to fight sexually transmitted diseases. Providing access to information on reproductive

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[125] *Reproductive Health Program in Turkey A Framework for Reproductive Health Services in Turkey*,1.

health, and empowering women to decide for themselves how many children they would like to have are conceived as women's rights within this framework.

The indicators of development within the framework of Reproductive Health Program include a vide scope of development indicators varying from family planning, maternal mortality, sexually transmitted infections to women's empowerment and gender equality. Moreover these indicators are made operational by the processes of development knowledge. These indicators are made representable by researches conducted, they are made calculable by the use of statistical measurements and they are made comparable by the use of percentages and charts. The outcome of the manipulation of these varied and abstract indicators in terms of measurement and comparison set the action plan of the Reproductive Health Program which aims at improving these indicators within the society in order to fight poverty and vulnerability of women. The deficiencies and shortcomings of these indicators among the population are defined as 'risks' which obstruct the realization of development target of alleviating poverty. However the increased "risks" that terrify the poor peoples lives by the initiation of neo-liberalism, de-regularized economy are absent within the discourse of Reproductive Health Program

However it has been the case that globalization produces many insecurities and risks especially for the poor. Financial crises all around the world are examples of produced risks of a globalizing world. However these financial crises which had devastating effects for the subaltern groups are considered to be the side-effects of the globalization process which needs to be furthered. Risk is usually regarded as a consequence of globalization but rarely regarded as a major cause of poverty. "Risk" is discursively constructed as an individual matter but not a global systemic side-effect. Reproductive Health Program with its focus on the individual women's risk coping strategies for preserving their reproductive health, is not dealing with the root cause of the problem of poverty and women's subjugation. Moreover, emphasizing solely on "reproductive health" indicators of women expose the patriarchal conception of women's sexuality prevalent within the discourse of

development. Here it seems as women may not have any other health risks due to poor living conditions, severe depression and malnourishment. Other health risks that cripple the well-being of women are not addressed by the program. The sole focus on healing the "reproductive risks" renders that it is only reproductive abilities of women which needs to be amended. The empowerment of women through increasing reproductive health is a manifestation of patriarchal medicalization of women's bodies, whose health is reduced to procreation.

This is a major outcome of the power-knowledge regime of development discourse which makes certain representations of reality to be dominant; such as managing poverty through increasing reproductive health and disqualifies other representations. In this instance, the system produced risks that threaten the health and well-being of the masses are not addressed. The increased absolute forms of poverty which especially emerge as a consequence of the globalization process cannot be dealt with by targeting the individual women whose bodies are reduced to "reproduction".

4.1.2. Contemporary Context of New Poverty and the New Development Approach

In order to understand the contemporary context out of which new development model arose and constructed its discourse, the contemporary global economic flows and their devastating effects on the lives of poor masses has to be explored. Poverty has always been a subject of development but recently it has become a locus of interest as it appears as a problem of crucial significance and manifests itself in new and more visible forms. In order to approach the contemporary situations of poverty, Buğra and Keyder (2003) refer to the concept of "welfare regime" suggesting that" the current manifestations of poverty are largely related to the pressures on different welfare regimes throughout the world"[126].

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[126] Buğra, Ayşe and Keyder, Çağlar. "New Poverty and The Changing Welfare Regime of Turkey" *Report prepared for United Nations Development Programme,* 2003.

The term welfare regime refers to the division of responsibility between the state, labor, market and the family in welfare provisioning. The concept enables to see the beyond the state provided welfare in the exploration of the livelihood of the individual in a given society. The concept considers the totality of formal and informal relations which provide social protection to the individual in "risk situations". Risk situations and poverty is very closely related. Risk such as old age, sickness, disability or unemployment are directly related to causes of poverty.

In developing countries, until the 1970's developmentalist states attempted to provide formal protection against these risk categories. They attempted to foster employment opportunities either directly in state owned enterprises or indirectly in state–protected private sector enterprises. Agriculture sector also benefited from different types of subsidiaries which supported the rural setting. In addition to the support provided to industry and agriculture, developmentalist states have informally contributed to welfare provisioning through patronage relationships, with the family and personal relations of other types playing a major role in providing social protection to individuals. This model worked fairly well in high protected and controlled economies, in the context of "import substitution industrialization strategy"[127].

During the 1970's many of the formal and informal mechanisms of social protection implicit in the ways in which states, labor markets and families functioned throughout the world have come under pressure especially with the structural adjustment imposed on developing countries. Beginning from 1970s, significant transformations have taken place both in the developed countries of the West and the underdeveloped countries. With the change in the global economic conditions through the oil crisis, transnationalization of capital, increasing global competition, the neoliberal ideology, became popular in the context of the late 1970s. Keynesianism, with its emphasis on state intervention and the social protections of the welfare state, was abandoned in the First World as a result of neoliberal policies.

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[127] Buğra, Ayşe and Keyder, Çağlar. "Poverty and Social Policy in Contemporary Turkey" Boğaziçi University Social Policy Forum January 2005

In a very similar way, the development paradigm for Third World countries which was dominant during 1950s and 1960s came to an end with the introduction of neoliberalism in these countries through the adoption of structural adjustment programs by the IMF and the World Bank. Arguments in favor of state's dominant role in development were replaced with ones which emphasized the key role of markets in this process. These new ideas were mainly supported and disseminated by the international agencies, IMF and World Bank, and they reflected a new approach to development. Through the influence of the developed countries and especially through the policies exerted by the IMF and the World Bank, the same paradigmatic shift that took place in the First World was also experienced within underdeveloped countries. Due to this major impact of neoliberal ideology, many of the formal and informal mechanisms of social protection in the ways in which states, labor markets and families functioned throughout the world have come under pressure which is responsible for the proliferation of "risk" situations. Neoliberalism has advocated a declining role for governments, decreasing social expenditures, a commitment to free market, private property and individual incentives which had a significant effect on the "welfare regimes".

Neoliberalism had a tremendous pressure on the "welfare regimes": the totality of formal and informal relations which provide social protection to the individual in "risk situations". Although these different pressures manifested themselves diversely according to the socio-specific characteristics, it is the outcome of these pressures which define the contemporary context of poverty through out the world[128]. These pressures include the transition from Fordist to post-fordist flexible production systems, the initiation of post-industrial societies, forces of economic globalization and demographic pressures.

There occurred a change of production regimes with the recent technological changes that lead to the "flexible production". Many arrangements, which were not possible in the Fordist mass production have become possible. Producing in very small batches, dividing the production process and subcontracting different parts to

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[128] ibid.

different producers, stopping and restarting of production have all become possible. All these possibilities together have led to another possibility, the possibility of highly irregular employment labor. Stable, full-time jobs providing regular "family incomes" have become increasingly rare in Europe and North America and truly exceptional in developing countries[129].

Along with the flexibilization of production and employment, another trend has occurred as the initiation of "post-industrial society" that refers to the new employment creation in the service sector. Although the term generally is used in relation to the novel significance of professional service sector jobs in design, marketing, finance and counseling, in terms of the people employed, the in growth of service sector has been in personal services, primarily domestic help. Tasks such as cleaning, repairing, laundering, and cooking that were previously fulfilled by household are now marked provided. It is the only through the growth of such personal services that the sector would be able to provide the employment outlets for the decline in employment in industry. This engenders a proliferation of highly precarious low-wage occupations hardly able to provide family income along with rising unemployment.

The feminization of work force has been another aspect on new labor markets where the practice of "home work" and domestic service, has become an important factor of the new labor markets around the globe which especially characterize the female labor. Despite very low wages, irregularity of works and the absence of social security characterizing this type of female employment, it has become an important way of enabling women to contribute to the subsistence of the family. Indeed the current feminization of irregular jobs has been crucial in undermining the liberal feminist linkage of female labor to empowerment. Empowerment of women seems impossible when the working conditions and wages are concerned that mark the current female employment.

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[129] ibid.

The increases in irregular employment and the informal economy, created situations where the workers carry a high risk of becoming poor with earrings insufficient to feed their families. Thus, "working poor" has become a significant phenomenon in a situation characterized not only with high unemployment but also the increasing significance of irregular, low paid work that does not constitute a way out of poverty.

The new trend in the labor market is accompanied by demographic factors of massive increase in the size of urban population around the globe. However the urban population growth is not accompanied by a parallel growth in employment in the formal industrial sector as mentioned above. Informal economic activity consists of a significant aspect of the urban population's livelihood that does not provide a way out of poverty. Many of the informal sector workers and "working poor" constitute the slum dwellers of developing country cities with inadequate access to health, education and transportation. These slums form, in other words, the ideal sights to find the constituents of the UNDP's Human Poverty index: high illiteracy, low life expectancy, underweight children, maternal-infant mortality. In slums, poverty becomes an endemic and self-perpetuating feature of the life of the majority, who can not even hope to find an employment as a low waged service employer, because there is not sufficient wealth such as proper clothes or transformation expenses to provide such employment. Extreme polarization of the urban space has also been highlighted as an important feature of post-industrial societies. In the slums, social exclusion has become a self-perpetuating phenomenon, with neither employment creation nor provision of social services as mechanisms of combating poverty.

These structural changes have been accompanied by deliberate policy choices in the direct of liberalization, de-regulation and privatization of economic activity with the imposition of structural adjustment programs by the international development establishment. These have also contributed to the current manifestations of poverty. The demise of "developmentalist" state in developing states occurred in a particular

policy environment, where a strong faith in self-regulating markets made policy makers to seriously underestimate the need for social policy.

Socio-economic insecurity has clearly become a crucial aspect of life for the overwhelming majority of the world's population under the impact of globalization in a deregulated international economy. Freer international trade is an important aspect of globalization. But a much more significant aspect of contemporary globalization is financial liberalization and the overwhelming increase in the international capital flows. In the 1980's, most countries released capital controls and allowed the free flow of capital in and out of the country. Given the acute shortage of capital in the highly indebted developing counties, inflow of capital was a blessing. But it was a rather sad blessing as clearly shown by the financial crises. These volatile private capital flows have generated the last ten years, such as the Mexican crisis of 1994, East Asian and Russian crises of 1997 and 1998 and the Turkish and Argentinean crises of 2001's.each of these crises has led to massive employment and increasing poverty[130].

These crises in question have been instrumental in bringing the seriousness of poverty and the necessity of deliberate policy action to keep it under control on the agenda of some international organizations. The international development agencies came under serious attack after these crises. IMF convened a conference on the question of equity and economic policy in response to these critiques. There Amartya Sen's views were very influential who was suggesting a human development model that emphasized on the necessity of social protection in a globalizing economy. In order to conceptualize and manage the issue of poverty which appeared to be a serious subject matter for the international development initiation, World Bank led to the emergence of a Human Development Network and the World Development Report of 2000/2001 specifically focused on the problem of poverty. The growing concern for poverty by the international development agencies engendered the declaration of United Nations Millennium Development

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[130] ibid.

Goals (2003); which provided a new theorizing about the linkage among gender equality, education, health and poverty in a globalizing world.

 The recognition of poverty in its multidimensional character by the United Nations is clear when these goals are considered:

Goal 1- Eradicate extreme poverty and hunger by halving, between 1990 and 2015, the proportion of people whose income is less than 1dollar a day and halving, between 1990 and 2015, the proportion of people who suffer from hunger.

Goal 2- Achieve universal primary education by ensuring that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

Goal 3- Promote gender equality and empover women by eliminating gender disparity in primary, secondary education, preferably by 2005, and at all levels of education no later than 2015.

Goal 4- Reduce child mortality by reducing by two-thirds, between 1990 and 2015, under five mortality rate.

Goal 5- Improve maternal health by reducing by three-quarters, between the maternal mortality ratios.

Goal 6- Combat HIV/AIDS, malaria and other diseases by having halted by 2015 and begun to reverse the spread of HIV/AIDS, and halving halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

Goal 7- Ensure environmental sustainability: land and air by integrating the principals of sustainable development into country policies and programs and reversing the loss of environment.

The progress towards the achievement of Development Goals seems to be impossible, especially in reducing poverty in a global context of rising insecurities and risks. Buğra and Keyder (2005) suggest that the pessimism towards the achievement of Millennium Development Goals usually lead to an emphasis on the need for policy reorientation with considerable more international development funding allocated to social spending. Perhaps the funding of Reproductive Health Program by the European Union in 2003, after the Turkish economic crises in 2001

is an outcome of the attempt to achieve the Millennium Development Goals. Reproductive Health Program addresses directly to Millennium Development Goals 3,4,5,6 as expressed by the goals of promoting gender equality, reducing child mortality, improving maternal health and combat HIV/AIDS, malaria and other diseases.

As the discourses on "empowerment" revolve around increasing people's capabilities and entitlements for evading situations of poverty, the general policies that used to provide safety nets for the poor are dissolving from the state and assigning to international funding, non-governmental organizations and individual incentives. This is accompanied by the aggressive invasion of international trade, deregulation and shrinkage of social policy. The Reproductive Health Program is well situated in such a concern for development that attempts to further the march of free-trade and engenders the necessity to decrease poor individual's health risks.

The funding of Reproductive Health Program as a human development framework is accompanied by the necessity to enlarge free-trade. The Reproductive Health Program in Turkey as one of the main recipients of EU funding was implemented as a Mediterranean Development Assistance (MEDA) Programme. MEDA Programme provides development assistance to Euro Mediterranean countries of the Barcelona process since 1995, which marked the framework of economic, social and political relations between the member states of the European Union and partners of the Southern Mediterranean. The scope of partnership includes three essential issues; respect for human rights and democracy, progressive establishment of free-trade among EU and its partners and to develop human resources and develop free civil societies[131]. The main aims of the MEDA Programme are stated as supporting economic transition, developing better socio-economic balance, fostering regional integration and gradually creating a Euro-Mediterranean free trade area. MEDA makes economic transition, structural adjustment and free trade the central issue of EU financial cooperation within the Mediterranean region to

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[131] Özgür, Didem. "Euro Medditeranian Partnership and Turkey in the Framawork of MEDA Programme" Turkish Sekretariat for EU Affairs, http://www.abgs.gov.tr (20.8.2007)

achieve sustainable economic development as well as the emphasis put on social developments.

It seems that the new development approach that attempts to be "poverty sensitive" will not ease poverty in the near future. Indeed considering free-trade and deregulation promoted by development agencies, it seems that the condition of subaltern masses around the globe will be worsened unless there occurs a serious consideration for the necessity of social policy. Then what does the new development model do by making poverty an object of development while curtailing the previous mechanism of "welfare regimes" that protected individuals in cases of risk? It seems that without reflecting on the general macro-economic flows in conceptualizing poverty, development produced poverty discursively as an individual matter which can be measured in detailed social indicators that categorize and diversify individuals positioning in society. The circumcision of "high risk groups" as "the poor", "the vulnerable", "the sick", "the uneducated" or "the women" in terms of social indicators of development proliferate new bio-social categorization of individuals in society. Moreover it enables these individuals to be further problematized and medicalized by the development programs.

4.1.3. New Poverty, Social Policy, Health and Development in the Context of Turkey

Post-development approach necessitates seeing the hegemonic structure underneath the discourse of development, thereby contextualizing and historicizing development as a historically specific representation of social reality that is inscribed in dominance relationships. In order to contextualize and historicize the setting of the Reproductive Health Program as a new model of development it is important to expose the current predicament of poverty, social policy and health policies in Turkey. Contextualizing Reproductive Health necessitates describing the current manifestation of poverty which is marked by deregulation, neo-liberalism that expose poor people to diverse forms of brutal risks. Thus firstly, issues pertaining to poverty in Turkey will be addressed.

In addition, Reproductive Health program pertains to a policy shift in dealing with issues of poverty and health. Secondly, the changing regime of social assistance and health will be commented. It will be argued that the changing social assistance and health regimes engender "responsibilation" of poor people within the discourses of "empowerment" as suggested by the Reproductive Health Program. The discourses on empowerment revolve around making individuals become responsible for evading individual "risks" in a social-economic context of increasing insecurities. As Turkish state is decreasing the social spending on social assistance and health, along with privatization in health sector it will be argued that Reproductive Health Program engendered a new bio-political regime for the poor women.

Poverty and the Undermining of Formal and Informal Welfare Regimes

Income related estimations of poverty that measures the percentage of people living on less than 1 dollar is not adequate to evaluate the dimensions and the manifestation of poverty in Turkey[132] as well as the new theorizing of poverty in development discourse. When the Human Poverty and Human Development Indexes are concerned; the indicators of poverty and social exclusion in Turkey lag behind many countries where poverty is very serious. Given the status of Turkey as a candidate for membership in the European Union, Turkey again lags behind human development indicators when compared to other candidate countries. This engenders the necessity for Turkey to manage poverty and inequality on its way to Europe. The funding of Reproductive Health Program should be considered as an attempt for alleviating poverty and increasing human development indicators in order to fulfill the criteria for acceptation.

Since statistical data is not adequate to understand the new manifestations of poverty, there has been an effort to understand the current significance of poverty through qualitative studies[133]. These studies reveal the fact that current poverty in

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[132] Buğra, Ayşe and Keyder, Çağlar. "Poverty and Social Policy in Contemporary Turkey" Boğaziçi University Social Policy Forum January 2005

[133] Buğra, Ayşe and Keyder, Çağlar. "New Poverty and The Changing Welfare Regime of Turkey" *Report prepared for United Nations Development Programme,* 2003.

Turkey is closely related to a series of developments that have undermined the ability of former institutions and relationships to provide social protection to the individual. As I have mentioned above this is closely related to the propagation of structural adjustment programs in Turkey. The welfare regimes; the formal and informal division of responsibility between the state, labor, market and the family; have seriously undermined the ability of these institutions in welfare provisioning.

Contemporary social policy environment in Turkey is shaped by the transition from previously import-substituting industrialization model toward a more outward looking and market oriented strategy of integration in the global economy. As deregulation has gained momentum, the rural and urban poor people's ability to subsist and provide social protection has been undermined respectively in Turkey. Deregulation also engendered the shrinkage of employment opportunities in the formal sector since the demand for labor created by state owned enterprises and private enterprises manufacturing goods for the domestic market have been seriously declining since 1980's[134].

Outward-looking, market oriented development strategy in Turkey led to a further informalization of the labor market which is dominated by flexible working regimes, subcontracting and irregular service sector jobs. The outcome of these developments reduce the chances for an informal sector employee to eventually find work in the formal sector and the proliferation of uncertain, insecure informal employment models. Not only women, doing piece work at home or working as a domestic servant but also workers employed in workshops linked to formal manufacturing sector through subcontracting receive wages below the official minimum wage[135]. Informal work not only implies a lack of social security provisions but also the lack of a reliable work contract which can be easily demolished by the employer. In addition, even the availability of these irregular

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Bora, Aksu. "Olmayanın Nesini İdare Edeceksin? Yoksulluk, Kadınlar ve Hane" In *Yoksulluk Halleri* (ed. Nemci Erdoğan (İstanbul: Demokrasi Kitaplığı Yayınevi, 2002)

[134] Buğra, Ayşe and Keyder, Çağlar. "Poverty and Social Policy in Contemporary Turkey" Boğaziçi University Social Policy Forum January 2005

[135] ibid.

jobs seem to be increasingly limited for men which leads women to find employment opportunities in these irregular jobs for subsisting their families. Women are not stripped off from their traditional house work and caring as well, which leads women to shoulder double-duties of work.

When the non-formal aspects of the welfare regime are concerned, the "gecekondu" area which provides housing to rural migrants takes a primary role in Turkish setting[136]. The gecekondu provided a non-formal welfare assistance to the new immigrants to find housing opportunities in neighborhoods already settled by migrants from the same village or province without regular building permits. It was often possible to regularize the property of the houses through a reciprocal exchange of title deeds with promises to vote for the ruling party. Informal networks based on kinship of co-locality ties were crucial in finding the plot, constructing the house and finding a job. These networks of mutual support as non-formal welfare agents has been significant in determining economic opportunities available to the new comers who were able to take roots in the urban space.

In the 1990's the gecekondu space has become a site of competition by real estate developers and local governments with new capitalist claims on peripheral urban land. New real estate claims on peripheral urban land put an end to the development of gecekondu which has been a major mechanism of integration in urban society[137]. This leads to the loss of the traditional mechanisms of social protection available to new immigrants. Especially for the Kurdish immigrants from eastern and southeastern regions, the absence of social protection has become a specific feature of the urban existence. The Kurdish immigrants' decision to emigrate was based on "push factors" such as the treat of violence, the army razing villages or loss of

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[136] Buğra, Ayşe and Keyder, Çağlar. "Poverty and Social Policy in Contemporary Turkey" Boğaziçi University Social Policy Forum January 2005

[137] Buğra, Ayşe and Keyder, Çağlar. "New Poverty and The Changing Welfare Regime of Turkey" *Report prepared for United Nations Development Programme,* 2003.

livelihood instead of the attraction of economic opportunities in the city[138]. These Kurdish migrants no longer came to established networks of family or co-locals that could assist them in finding work or shelter.

More importantly within the current predicament of social exclusion of slums and the brutality of the incidences of poverty, these networks that provide a traditional welfare assistance to the people can no longer carry the burden placed on them. People can not afford to give social assistance to their families and co-locals[139]. Moreover, it is often the case that those in better position leave the poorer neighborhood and put a distance between themselves and their relatives in need[140]. Thus family ties and co-locality appears to be increasingly less significant as a mechanism of social protection in Turkey.

Changing Regime of Social Assistance and Health

In order to provide social assistance to the poor the most important social assistance scheme was the Fund for Encouragement of Social Cooperation and Solidarity which was established in 1986[141]. Health expenditures constitute the largest item in the Fund's budget. These expenditures were related to a scheme called the "Green Card Program" introduced in 1992, to provide health services to the poor people who are not covered by any social assistance program. After a major economic crisis in Turkey which caused many bankruptcies and massive unemployment, the World Bank has begun to contribute to social assistance provision by the Fund through Social Risk Mitigation Project.

Social risk mitigation is described as seeking to provide instruments to the poor and the vulnerable to decrease the impact of being exposed to risk. Its aim is declared as

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[138] Özbay, Ferhunde and Yücel, Banu. "Türkiyede Göç Hareketleri, Devlet Politikaları ve Demografik Yapı" In *Nüfus ve Kalkınma: Göç, Eğitim, Demokrasi, Yaşam Kalitesi, HNEE* (eds) F. Özbay, B. Yücel, İ. Sezal, A. Toros, H. Y. Civelek. (Ankara, 2001).

[139] Buğra, Ayşe and Keyder, Çağlar. "Poverty and Social Policy in Contemporary Turkey" Boğaziçi University Social Policy Forum January 2005

[140] ibid.

[141] ibid.

"empowering" them to change their behavior so that they can exit poverty and lower their vulnerability. This framework includes not only risk coping strategies that reduce the impact of risk once it takes place, but also risk prevention and mitigation strategies that intend to address the risk before it occurs. It is possible to suggest that the new development frame have been introduced to the Turkish setting by the efforts of World Bank. World Bank, the most influential and powerful development institution worldwide and with its theoretical frameworks, turned into projects, have a big impact on influencing social policy on areas such as poverty alleviation in many countries including Turkey.

The international development discourse, along with the coming of AKP (Justice and Development Party) to power since the general elections in 2002, there has been a severe shift of focus within the conceptualization of social policy which reflects a new conceptualization of poverty and empowerment of poor people in Turkey. The significance of assistance is related to its conditionality on participation in productive activity. Government authorities along with development experts stress that social assistance in the form of unconditional grants entail the danger of fostering dependency and push the recipient to passivity. This engendered the institutionalization of human development approach within the social policy environment in Turkey as expressed by the slogan "teaching people how to fish rather than giving them fish"[142].

Accordingly, social spending of the Fund for Encouragement of Social Cooperation and Solidarity's allocated budget were mostly spend on training programs, micro-credits to small entrepreneurs and in-kind credit operations in the agriculture sector. The idea of microfinance has been received with a lot of enthusiasm among the government since it encouraged extensive collaboration between the financial market institutions and civil society intensives thereby freeing government of generating social policy. According to Buğra and Keyder (2005) this emphasis on social spending to encourage productive activity reflects a clear choice about the

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[142]Buğra, Ayşe and Keyder, Çağlar. "Poverty and Social Policy in Contemporary Turkey" Boğaziçi University Social Policy Forum January 2005

priorities in the allocation of resources for poverty alleviation. The choice reflects a particular outlook where mechanisms of charity mobilized by municipalities, international development funding and non-governmental organizations are seen as relevant means for dealing with poverty, which is considered to be beyond the reach of state's responsibilities.

The same kind of paradigmatic change, as in the conceptualization of social policy, has been happening within the health sector as well. Health and insurance sector in Turkey is in transition with the coming of General Health Insurance along with the privatization of health and insurance sector. Within the current situation, the right to health is curtailed and health is associated with costs and investments that translate illhealth into the 'economic cost of life'[143]. General Health Insurance, performance based payment model for health personnel, quality management techniques adapted to hospitals pertain to the "marketization" of health in Turkey along with the curtailment social spending on health. Now, long-term users of medication has to visit the doctor in order to get one patch of tablets, green-card holders have to renew them each year (it demands to deal with lots of paperwork) and pay a fee for visiting doctors (it used to be free) and people can not benefit old-age pensions until they are 65.

These instances all pertain to a curtailment of right to health among the disadvantaged segments of the society. Those who can afford to get private insurance have the advantage of treatment in luxurious private hospitals where they can get immediate remedy. Those who can not afford, have to wait in exhausting lines for doctor's visits and take overdue appointments for treatment in public hospitals. Of course there are those who do not have any means for insurance and health treatment since there are disadvantaged masses that consist of the working poor or unemployed. The initiation of Reproductive Health program is well situated in a political economy of the cost of life in an age of denial of right to health. With its emphasis on preventive care, Reproductive Health Program

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[143] Donzelot, Jacques. "Pleasure in Work" In *The Foucault Effect: Studies in Governmentality*, eds. Graham Burchell, Colin Gordon and Peter Miller. (Chicago: University of Chicago Press, 1991)

attempts to "empower" the poor women by teaching them how to prevent possible health risks due to reproduction.

It seems relevant to suggest that Reproductive Health Program engenders a post-modern bio-political regime for the poor women. In the previous chapter the modernist regime of bio-politics was elaborated. In the modernist regime of bio-political medicalization of women, women's reproduction had been attempted to be managed for the nationalist causes. As the nation-states' significance of territoriality, economy and population are dissolving with the inflow of international trade, migration, supra-national organizations and sub-national identities we are witnessing a rite of passage from modernist regimes to post-modern regimes of conduct. Along with these instances the conceptualization of bio-political management of female sexuality is evolving from nationalist causes to post-modern causes. Within the current post-modern bio-politics, women's bodies are attempted to be managed for preventing the individual health risks in order to alleviate poverty. In the following sections, the post-modern bio-political ordering of female sexuality will be commented.

4.2. Production of Knowledge and Development Intervention of Reproductive Health Program

As post-development theory argues, knowledge produced within the development apparatus is engaged in social contexts produced in relations of power and connected to different power hierarchies as put forth by this study. The expert knowledge produced by development professionals enables certain space of truth about the 'Third World' to be created and fostered. Through the process of power-knowledge, everything concerning the 'Third World' is turned in to objects of expert knowledge and science as mare 'cases'. As discussed in the previous chapters, the expert knowledge produced by development professionals enables certain space of truth about the 'Third World' to be created and fostered. The knowledge produced by professionals of development represents the 'Third World'

with a certain regime of truth, which in turn is utilized to construct and manage the 'Third World'.

This part of the study elaborates the knowledge production within the Reproductive Health Programme which has become the legitimate ground for policy formation and intervention areas of the Reproductive Health Program. The production of knowledge of Reproductive Health Program depends on the production of truth by the researches and the intervention of the development discourse which are marked by the new definition of development and the context of globalization and neoliberalism. Post-development theory points to the need to analyze the statements derived from development apparatuses of knowledge not for the answers received but for the terms and categories through which the problematization was defined and articulated. In the light of post-development theory, this part of the study elaborates on the production of truth and intervention of the development apparatus of Reproductive Health Program which aimed at strengthening pio-political management of poor women's sexuality

4.2.1. Professionalization of Development

The new practices of development engender a vast proliferation of indicators of development instead of totalistic macro-economic indicators. Aside from economic growth, social and human development concerns have became privatized issues of development. Within the population and development concerns, the Cairo conference which is presented as the major influence of the Reproductive Health Program points to the reconceptualization of the new development frame, which focused on a human centered development model within the context of population and sustainable development[144]. This engenders a focus on different indicators such as maternal mortality, gender equality, reproductive choices and rights of women instead of totalistic indicators of population increase.

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[144] *Reproductive Health Program in Turkey A Framework for Reproductive Health Services in Turkey*,1.

The discourse of Reproductive Health Program depends on a broader definition of development which conceptually relates gender inequality, human rights, reproductive health and wider determinants of development, including poverty and vulnerability. In line with the new definition of development and reproductive health, the Reproductive Health Program emphasizes on a broader policy agenda that aims to address women's lifetime reproductive health needs, women's empowerment, gender equality, elimination of maternal mortality and the commitment to fight sexually transmitted diseases. Providing access to information on reproductive health, and empowering women to decide for themselves how many children they would like to have are conceived as women's rights within this framework.

The indicators of development within the framework of Reproductive Health Program include a vide scope of development indicators varying from family planning, maternal mortality, sexually transmitted infections to women's empowerment and gender equality. Moreover these indicators are made operational by the processes of development knowledge. These indicators are made representable by researches conducted, they are made calculable by the use of statistical measurements and they are made comparable by the use of percentages and charts. The outcome of the manipulation of these varied and abstract indicators in terms of measurement and comparison set the action plan of the Reproductive Health Program which aims at improving these indicators within the society. The deficiencies and shortcomings of these indicators among the population are defined as 'risks' which obstruct the realization of development targets.

2-Recognition of inequalities in terms of Risks and Medicalization of the Political Gaze

The new definition of development accepts that some inequalities related to poverty and vulnerability should be addressed by development interventions. Poverty and vulnerability of different social groups are attempted to be overcome in order to provide 'beneficial' human development models that are considered to ease certain

vulnerabilities of different segments of society. The framework of Reproductive Health Program accepts various forms of inequalities which cause implications in the reproductive health issues and stresses on the need to eliminate them.

The conception of inequality within the Reproductive Health Program depends on the comparisons of the indicators of development among different groups within the society. Reproductive Health Program highlights the need to reduce disparities between and within the regions, between different population groups and among men and women. These disparities which the program aims at reducing depend on the measurement and comparison of development indicators. The conceptualization of disparities in terms of varied indicators enables compartmentalization of 'risky' spaces and 'risky' populations which have been rendered as the target population of the Reproductive Health Program's intervention areas.

Statistical comparisons enable the problematization of different social groups according to measurements and comparisons of the defined indicators in percentages across different settings. Indeed, according to post-development approach, statistical language is the strongest constituent of the developmental apparatuses of power-knowledge and governmentality which enables the problematization of the non-Western world in diverse means by the adoption of apolitical language of science[145]. As a development project Reproductive Health Program co-funded the Turkish demographic Health Survey 2003. The findings of the survey are reflected in the development interventions targeted by the program where problematizations cast by the program are reflected in statistical comparisons of percentages:

> National data shows wide disparities in demographic and reproductive health indicators according to regional, urban/rural and socio-economic characteristics. Total fertility rate remains at 4.2 in eastern part of country despite having reached replacement level in the west. The contraceptive prevalence rate for any modern method is 40.5 % in the west versus 26.7% in the east. Delivery without skilled attendance

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[145]Ferguson, James. *The Anti-Politics Machine: "Development," Depolitization and Bureaucratic Power in Lesotho.* (Minneapolis: University of Minnesota Press, 1994)

is 18.5% countrywide and 46.8% in the east. The Demographic health survey highlights the fact that there are significant differences in utilization of antenatal care in Turkey. Over 60% of women in the East do not receive any form of antenatal care compared to only 14% in the west and almost 50% of births take place without skilled attendance.[146]

The problematizations of the Reproductive Health Program that are represented in statistical calculations are defined as high fertility rate, unskilled birth attendance, under-utilization of antenatal care in the Eastern provinces, rural areas and urban squatter settlements. The percentages of fertility, skilled birth attendance and utilization of antenatal care are presented as social indicators of women's status and health in society which the Program aims at improving. It is further acknowledged that the level of education, autonomy of women and consensual companionate marriage are demonstrably linked to higher acceptance of contraception, skilled birth attendance and antenatal care which are presumably low in the Eastern provinces, rural areas and urban squatter settlements in comparisons to urban western provinces[147].

Ian Hacking (1991) argues that statistics and demography create the notions of 'normalcy' and 'deviancy' in order to regulate populations according to scientific findings. He argues that the emergence of these disciplines in the nineteenth century enabled to study regularities in social life so as to understand the social deviances of suicide, crime, prostitution and madness. He further suggests that survey methods used currently in demographic research are related to this ongoing history of normalization and progress that is linked to data collection and enumeration of deviances. In a similar way Escobar (1994) calls the production of abnormalities by the development apparatus as "the medicalization of the political gaze". This refers to the scientific representation of the 'Third World' with extreme poverty, illiteracy, malnutrition, and overpopulation as the expression of racism and the exercise of

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[146] *Reproductive Health Programme in Turkey Programme Booklet* Ministry of Health of Turkey, General Directorate of Mother and Child Health and Family Planning General Directorate, Ankara, 2007.42.

[147] ibid.

power that was disguised with the adoption of scientific objective terms[148]. He suggests that with the 'medicalizaion of the political gaze' of the development discourse, the popular classes in the South began to be perceived not in racial terms but as diseased, uneducated, backward and weak masses calling for social action[149].

The same principal of 'medicalizaion of the political gaze' has been happening within the discourse of Reproductive Health Program which engendered the problematization of sexual reproductive health behavior of the women living in the Eastern provinces, urban areas and squatter settlements. The discourses on reproductive sexual health that are deployed within the 'scientific' realm provided by the demographic research enabled the problematization of the reproductive behavior of the popular masses not in racial or class based terms but in scientific terms of high percentages of fertility, under utilization of antenatal care and skilled birth attendance. The perception of 'deviancy' provided by the developmental demographic research engendered the scientific legitimacy and necessity for the sexual reproductive knowledge and intervention.

What is crucial about this process is that these scientific representations of sexual reproductive development indicators of Eastern, rural areas and squatter settlements are represented without any references to prevalent political, social, economic or ethnic problems that cripple the well-bring of these populations. The professional language of Reproductive Health Programme enables to remove the problems of popular classes from the political and economic realms and to assign them in terms of the 'objective', 'neutral' realm of science.

Moreover, post-development theory points to the need to analyze the statements derived from development apparatuses of knowledge not for the answers received but for the terms and categories through which the problematization was defined and articulated. Survey questions on acceptance of contraceptives, skilled birth

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[148] Escobar, Arturo. Encountering Development: The making and Unmaking of the Third World (New Jersey: Princeton University Press, 1994),30.

[149] ibid.,30.

attendance, utilization of antenatal care, education of women are queries that are influenced by a modernist paradigm which effectively places women and their behavior patterns on a traditional to modern continuum[150]. Here not using contraceptives, unskilled birth attendance and antenatal care at the hospital are rendered as progressive 'modern' behaviors where as the contrary practices are deemed as 'unhealthy' and 'risky'. Ali (2002) criticizes the survey design of the development apparatus, by emphasizing the embeddedness of demographic research in modernization theory. He argues that the classic transition theory that linked fertility decline, skilled birth attendance and antenatal care historically engaged in western-style socioeconomic modernization, industrialization, modern education, western behavior patterns and political liberalization. Recent shifts in development theory, still retains the evolutionary incentive of modernization. Modernization of behavior leads to the constitution of modern families that are open to adopt modern sexual reproductive behaviors instead of 'risky', 'unhealthy' and 'traditional' behaviors.

3 Compartmentalization of Risky Reproductive Behavior and Development Interventions:

Components of Reproductive Health Program include: family planning, safe motherhood, sexually transmitted infection prevention, specific needs of the young people and specific needs of menopause, combating sexually transmitted infections (especially HIV/AIDS) and cancer of reproductive organs with an emphasis on sexual reproductive rights. The scope and intervention areas expressed by the program priorities point to a redefinition of health within the development approach. Here reproductive health is conceived as calculable, knowable and amendable. The most salient word of the new approach of development is "risk" which is conceived as measurable, calculable consequences of potential health hazards by diverse technologies of development practice and a commitment to ease these potential 'risks' by development interventions. Here, biology is no longer

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[150] Ali, Kamran Asdar. *Planning the Family in Egypt: New Bodies, New Selves.* (Austin: University of Texas Press, 2002)

conceived as fate or destiny but an invested value for improving capabilities of individuals in accordance with development plans.

The conceptualization of risk also engenders new forms of "biosociality" and new technologies are being flourishing around proliferating categories of corporeal vulnerabilities[151]. Collectivities are more and more organized around specific biomedical classifications in terms of health risks which have been significant especially within the human centered development concerns. Bio-social groupings are made objectifiable by circumscribing them in terms of "high-risk groups" which have become the target population of the development practice.

The same conception of risk and compartmentalization of "high-risk groups" prevail within Reproductive Health Program. Here sexual reproductive behavior of certain underprivileged segments of the society are circumscribed as possessing high risk factors that are to be made calculable, knowable and amendable by the development initiations of the program. In the light of the arguments above, the circumscribed risk factors and the interventions of Reproductive Health Program will be commented within the scope of this study as: family planning and safe motherhood which are considered to empower the women of the underprivileged.

Family Planning

The conception of family planning is conceived from the health of the mother and child, enjoyment of reproductive rights and the well-being of the family instead of demographic concerns of reducing the population increase:

> A woman's ability to plan her pregnancy by spacing or limiting has a direct impact on her health as well as on the health of her children and family. Using contraception helps avoiding unwanted pregnancies. The International Conference on Population and Development features quality family planning services as the major tool in exercising

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[151] Rose, Nicholas and Novas, Carlos. "Biological Citizenship" in Ong, Aihwa and Collier, Stephen.(eds.) *Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems* (Oxford: Blackwell Publishing, 2005),442.

women's reproductive health rights which also improves socio-economic status.[152]

Here the concept of risk is made operational by the manipulation of percentages related to unintended pregnancies and their hazardous effects on the woman's and child's health.

> World health Organization states that globally 38 percent of pregnancies are unintended and more than half of them result in induced abortion. Unintended pregnancies underlie the major group of complications and risk factors that lead to maternal and child deaths and long term disabilities[153].

In addition to unintended pregnancies, un-spaced and early or late pregnancies increase the risk factors for mortality: 'Pregnancies with below 20 and above 35 years of age, with birth intervals less than two years or with high multiparity, increase risk of complications and mortality.'[154]

Along with the conceptualization of risk factors which are presented in scientific representations of percentages, circumscription of "high-risk groups" in terms of comparisons of acquired data enable the problematization of underprivileged in diverse technologies of development initiation:

> Turkish Demographic Health Survey (2003) indicates that about two thirds of pregnancies are under risk in Turkey with higher risk at peri-urban and rural settlements and at the eastern geographical areas…According to 2003 Turkish Demographic Health Survey average number of children women have at the end of reproductive age is 2.6. This total fertility rate is in decline but it doubles in east when compared with west and is higher in rural than urban[155].

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[152] *Reproductive Health Program in Turkey A Framework for Reproductive Health Services in Turkey*, 12.

[153] ibid. 16.
[154] ibid. 67.
[155] UNFPA, World Health Organization *Entre Nous The European Magazine for Sexual and Reproductive Health.* Issue on EU Funded Reproductive health Programme in Turkey (12,2007), 8.

Here the lived reality of the people living in these regions are turned into mere "cases" as post-development argues. This is not to say that these observations does not make sense at all but it has to be underlined that when these observations are presented without any references to context, when they are stripped off from prevalent economic and political predicament, these representations exhaust the reality. While development process produced its truth claims, it becomes clear that this truth is not truth in itself, but a discourse of power/knowledge which disqualifies certain truth claims by the manipulation of 'scientific' terms and comparisons. Moreover the compartmentalization of "high-risk groups" in society within scientific representations enables the problematization of the disenfranchised in varied forms which enables to assign the economic and political problems of these regions in terms of the neutral realm of the science. The popular classes are being perceived within this picture as unhealthy, risky population who are in need of development intervention for healthy procreation.

In addition to the conceptualization of risk factors that are presented as a necessity for family planning intervention, the well being of the family is conceived to be threatened by the unintended pregnancies. The framework of Reproductive health aims at reinforcing family planning not for aiming at reducing the population, but for encouraging families to have as many children as they are able to look after. Unintended pregnancies damage the wellbeing of the family. The women and families should be taught on the costs of child bearing and decide for themselves how many children they want to have.

However this understanding of family planning may not be relevant for all. In a situation where extreme poverty makes children mean social security and contribution to family income, the framework for family planning may be immaterial. Without addressing the necessity of redistributive functions of social policy for eliminating situations of poverty, the promotion of family planning may be irrelevant. Moreover a prioritized emphasis on family planning without addressing distributive concerns renounces the –lived reality- of some underprivileged segments of society.

Safe Motherhood

Safe motherhood initiative of the program focuses on reducing maternal and newborn deaths and disabilities resulting from complications of pregnancy and childbirth caused by poor maternal health care. It is stated in the Framework that

> All pregnancies are at risk, notwithstanding most of the pregnancies and births are uneventful… Life threatening complications occur in about 15 percent of pregnancies as world average and many more suffer from long term disabilities… Moreover maternal and neonatal death rates in Turkey are still unacceptable levels with high regional discrepancies which are related to poor utilization of antenatal care and low standards in emergency obstetric care[156].

These observations on risk factors that threaten the health of the mother are combined with comparisons which again circumscribe these factors in the underprivileged segments of the society:

> The findings of Demographic Health Survey (2003) highlights the fact that there are significant differences in utilization of antenatal care in Turkey over 60% of women in the east do not receive any form of antenatal care compared to only 14% in the west and close to 50% of births in the east take place without skilled birth attendance[157].

Unskilled birth attendance and not receiving ante-natal care are presented as increasing risk factors of maternal deaths which are centered in eastern provinces, rural and peri-urban settlements. Here unskilled birth attendance and not receiving ante-natal care during pregnancy are presented as increasing risk factors for causing maternal deaths.

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[156] *Reproductive Health Program in Turkey A Framework for Reproductive Health Services in Turkey*, 12,13.

[157] *Reproductive Health Program in Turkey Programme Booklet* Ministry of Health of Turkey, (General Directorate of Mother and Child Health and Family Planning General Directorate, Ankara, 2007),5.

What is crucial in this instance is that avoiding heath risks are presented as obligations, responsibility of individuals instead of a right for treatment or cure of a citizen. This, points to a redefinition of the social contract among the state and the individual which is marked by neoliberalism; state's withdrawal from social services[158]. Under the old Keynesian contract illhealth confers a right and demands a remedy while under the neo-liberal contract, illhealth has meaning in terms of costs while health has been made a civic responsibility[159]. Health risks occurring due to unskilled birth attendance and not receiving ante-natal care are made civic responsibility of individuals. What about lack of social insurance of these underprivileged women, what about other health problems arising due to poverty, lack of resources, shelter and food? These issues are not addressed by the Reproductive Health Program.

Cultural Barrier and Cultural Explanations

If family planning, skilled birth attendance and ante-natal care are so vital for the health and well being of the mother as the Reproductive Health Program advocate, then why do women resign these benefits? The vociferous answer of Reproductive Health Program is gender: "gender continues to be a major cause of inequality in reproductive health, with large variations in human development levels between men and women."[160] Gender is defined within the Reproductive Health Program as: "economic, social and cultural attributes and opportunities associated with being male or female in a particular point of time."[161] Despite the acknowledgement of gender within a broad scope that embraces the social, economic and cultural expressions and experiences of gender, gender analyses are colored by the

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[158] Donzelot, Jacques. "Pleasure in Work" In *The Foucault Effect: Studies in Governmentality*, eds. Graham Burchell, Colin Gordon and Peter Miller. (Chicago: University of Chicago Press, 1991),278.

[159] İbid.

[160] UNFPA, World Health Organization *Entre Nous The European Magazine for Sexual and Reproductive Health.* Issue on EU Funded Reproductive health Programme in Turkey (12,2007),9.

[161] *Reproductive Health Program in Turkey A Framework for Reproductive Health Services in Turkey*,4.

predominance of cultural experiences of interpersonal relations among men and women within the scope of the program.

The attribution of gender as culture has been a major point of view of the study of 'Third World Women' and women in development approach. As such; Nikki Keddie(1979) suggest in an article about gender and women in the Middle East, that a research agenda for the Middle East should include the study of sexual habits of the people in order to gain a better understanding of gender relations in the Middle East. She claims that an elucidation of sexual relations would aid the comprehension of people's attitudes toward women's emancipation, child birth and their use of contraception. She claimed that researchers would be able to determine the success of family planning policy and empowerment of women only after knowing the intimate details of domestic life in the Middle East[162]. Her position is linked to women in development approach that seeks to modernize the private behavior of couples so that women can gain autonomy by using modern contraceptives.

Similarly, as human development framework argues development and health interventions into communities are bound to fail if they continue to rely on the technical solutions and fail to pay attention to the cultural characteristics of the target populations. Ethnographical accounts for initiating development plans has gained much legitimacy for providing the 'cultural aspect' of the targeted community. Many ethnographers and anthropologists who work with international development agencies specify ideas and practices of people so as to assist development and health planners in formulating programs. A certain form of anthropological input provides a local perspective to development and health policy initiatives. This knowledge is crucial to the design of international development planners because it assures that the 'cultural aspect' of the community or target group is considered. Theoretical changes in the development practice with the introduction of human development and feminist concerns now emphasize the

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[162]Keddie, Nikki. "Problems in the Study of Middle Eastern Women" *International Journal of Middle East Studies*(10, 1979)239.

micropractices of individuals as prime determinant of utilization of modern reproductive and sexual services.

In line with this paradigm, an ethnographic Health Seeking Behavior Study was conducted within the Reproductive Health Program in order to explore and describe the perceptions, health seeking behaviors related to pregnancy, childbirth and contraceptive use in selected urban and rural sites in Turkey. Health Seeking Behavior Study was conducted in order to design interventions contributing the increased utilization of antenatal care, skilled birth attendance and modern contraceptives.

It was conducted in Adana, Afyon and Van provinces, in parts of these provinces where problems regarding antenatal care, skilled birth attendance and modern contraceptives were observed the most. Data were collected through in-depth interview and focus group discussions with 239 women participants of whom 111 were pregnant, the remainder were relatives of the pregnant women and peers. It was stated that 60% of the women were in the 20-29 age group, 59% resided in urban areas and 98% were either illiterate or elementary school graduate and 57% were from extended families[163].

The report stated that these women conceived pregnancy as a natural process which gives a sense of happiness and fulfillment in general and that women found it unnecessary to attend a health care institution unless they have severe complaint. It was suggested in the report that a feeling of shame and embarrassment was present in almost all pregnant women which was claimed to negatively affect to obtain information and accessing antenatal care services. As suggested in the report of the study, according to the pregnant women and their relatives, there were several obstacles impeding access to antenatal care services. The most common obstacle was stated as the gender discrimination and women's rights issues were stated as important determining factors of under-utilization of existing antenatal care

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[163] *Reproductive Health Program in Turkey: Health Seeking Behavior Study*

services. It is claimed that low education level and living in an extended family, where permission of the mother-in-law and husband is required seriously impeded women to have access to information and services.

However the manipulation of "culture" in development texts is condemned as hindering the progress of scientific modes of treatment as Pigs (1997) suggests. The static and objectified notion of culture in development discourse is used to introduce static ideas on gender as phenomena of culture, tradition and patriarchy. Here not using modern contracepcion, ante-natal care and skilled birth attendance are presented as progressive behaviors where as lack of them are attributed to the backwardness of the targeted community. Embedded in this approach, ethnographic research on Health Seeking Behavior Study defines a conception of culture that links acceptability of antenatal care, skilled birth attendance and modern contraceptives with progress. This argument consists of a narrowly construed formulation of culture as interpersonal relations within the household with minimal references to social, political and economic forces of the larger society. It also encompasses the idea that people in traditional cultures are more fatalistic about their fertility outcomes and are willing to leave reproduction to the will of God. This understanding of culture effectively places women and their behavior patterns on a traditional to modern continuum. This does not mean that gender as a systemic understanding of the way women and men are socialized within the society is irrelevant, but as feminist post-development approach argues, gender reduced to 'culture' may lead to silencing and disregarding the experiences of women's oppressions depending on the class position and ethnic discrimination. Gender defined solely in terms of 'culture' has the tendency to reduce the underprivileged women's reproductive behaviors to a-historical accounts stripped off from the socio economic context.

The crucial issue is not how culturally sensitive research can be the basis of more culturally specific of humane development intervention instead of demographic research. The crucial issue according to post development theorists is not a comparison between good science that focuses on cultural accounts versus bad

science that ignores the 'cultural aspect', or anthropological analysis versus demographic research that are used for the initiation of development agendas and policies. It is rather that both macro and micro analysis are embedded in forms of social inquiry that represent reality in a certain way.

The contemporary usage of anthropology in the service of larger development goals that addresses on -gender as culture- should be elaborated skeptically. This skepticism is necessary because the notions of stagnation and progress, tradition and modernity continue to play a major role in developmentalist discourse. As Pigg (1997) claims, anthropologists working for development initiatives need to question the liberal, humanistic and reformist assumptions of anthropology before embarking on a progressive crusade to change the world[164]. These assumptions have their own historical baggage, which in fact in the name of understanding diversity, might in fact homogenize the world. There is always the danger that the use of anthropology to understand native categories and to bridge the gap between differing knowledge forms may in fact serve to reduce all forms of knowledge as a deviation of a universal norm.

4.2.2. Expertise of Development: Expertise Defined in a New Manner

The new definition of development demands professionalization and expertise in a new manner whereby the scope of development focuses on the individual's rights, choices, demands coming from 'below' –the decision of the individual other than from top-down planning. In line with this shift of focus of the development process, target groups of development and development agents are positioned as "needy" groups and "helper" agents.

This conceptualization is based on the new consideration of development as an individual matter and improving the capacities of individuals has become the ultimate end of development process.

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[164] Pigg, Stacy. "Found in Most Traditional Societies: Traditional Medical Practicioners between Culture and Development" In *International Development and Social Sciences*, eds. Frederic Cooper and Randall Packard. (Berkeley: University of California Press, 1997)

This emerges along with a new definition of expert of development who is sensitive to client's rights, choices and demands for an effective human centered development plan. Experts of development should be equipped with enough skills for approaching the clients of development in a human-centered relationship for achieving development targets.

Training of Reproductive Service Providers as Development Experts

Training has been the cornerstone of the program, in order to built institutional capacity and equip health care personnel with adequate knowledge and skills on sexual reproductive health issues, thereby enhancing the quality of services on offer. Reproductive Health Program developed the Framework for Sexual-Reproductive Health Services in Turkey, providing an agreed structure for improving manage performance by providers, improve facility standards and increase overall access and utilization of the services. Based on the priorities set by the Program, the Framework sets out primary activities and the associated competencies (knowledge, skills and attitudes) required by a wide range of service providers within the Ministry of Health.

Client Oriented-Provider Efficient Model

The model focuses on both client's rights and staff needs. There are client's rights to have information, access, choice, safety, privacy and expressions of opinions. Staff needs include facilitate supervision and management, information and development. This model is considered to value client and provider empowerment.

> Although initially some unease was created within sexual reproductive health services, the tools and processes have actually stimulated service managers and service providers to work on this. This is a value shift which has been achieved without displacing key managerial functions and it is consistent with the vider sector forms being promoted nationally. The shift towards a client focus is not just about client's rights, but also about more emphathically giving client's a 'voice'. Clients now are realizing that they will be heard, and that services can become more responsible to

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their needs, but it also means increased client responsibilities[165]

Service standards were adjusted to the Client Oriented Provider Efficient approach and applied to 40 facilities in the North-Eastern provinces of Turkey. Quality of care and provider needs are taken seriously at the facility level after the introduction of service standards. Through client orientation, a dialogue is attempted to be initiated which would lead to a better exchange and understanding, and ultimately to services better targeted to the needs of clients.

Within the -client oriented provider efficient model- expertise is defined in a new manner that focuses on client's special needs and recognizes her reproductive rights but this acknowledgement is presented as a necessity for the success of the development plans. This emerges along with marketization of services: transformation of patient into 'consumer of services and health personnel into service provider. This defines a new relation with the expertise by turning welfare agencies into 'purchasers' who can choose to 'buy' services from the range of options available.

Counseling

Counseling technique is presented as the most important technique which the reproductive health personnel should be equipped with in order to pursue development targets. As soon as the acknowledgement of reproductive health personnel as provider and the visiting women as clients, counseling techniques are emphasized within the in-service training manuals. Five basic steps for counseling include: listening, dealing with the feelings of the clients, giving clear information, questioning and using visual aids. The rationale of counseling is based on the 'need to help a woman decide the correct method of family planning for herself'.

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[165] *Reproductive Health Program in Turkey: In-Service Training Manual.,87.*

(hpttp://sbu.sağlık.gov.tr/tusp/index.asp)

This behavioral model of management technique sought to socialize and acculturate client's to be more efficient and client-friendly. By improving their interpersonal skills through counseling techniques for better communication and presenting themselves as caring and trusting individuals, it was claimed that reproductive service providers could give better advice and help women make decisions on the most suitable kind of contraceptive for them. Counseling hence, is meant to be a mutual exchange of ideas between the provider and the client and not a session in which the providers tell women what to do.

GATHER (KAYNAK) Model

Within the training manuals, the reproductive health personnel as development experts are expected to use client information sheets which enables them to gather 'right kind of information' about the client with the counseling technique. The service providers are thought to memorize an acronym GATHER (KAYNAK) which would be the model for family planning.

G-Greet (K-Karşılayarak Selamlama)

The service providers are taught to greet the clients by being pleasant and nice. They should ask the client to be seated, ask about their well-being and employ a small talk to relax her.

A-Ask (A-Alaka göstererek sorular sorma)

The next step is to ask the client about her personal history, number of pregnancies, number of children, past use of family planning, medical history and sexual history.

T-Tell (Y-Yöntemler konusunda bilgi verme)

The service providers are asked to tell the client about her family planning choices and inform her of all the methods available. how the methods work, their advantages and side effects should be told.

H-Help (N-Ne Tür Yöntem Seçeceğine Yardımcı Olma)

Considering the information gathered from the client, the service providers are supposed to help the client choose the best method for her.

E-Explain (A-Açıklayıcı Bilgi Verme)

The client is to be told how to use the methods correctly. For example, it is deemed necessary to remind clients that pills should not be skipped. Clients are to be told to look out for the warning signs about side effects of IUDs and injectables.

R-Return (K-Kontrole Çağırma)

The service providers are supposed to ask clients to return for regular check-ups. For IUD users, the first return visit is after one month, then six moths, then a year and then yearly. Similarly, women using the injectable method need to come back for their next injection, just as pills users are supposed to return for their next batch of pills.

These modules, as observed above are meant to educate reproductive health service providers to behave less authoritatively toward their family planning clients. These training manuals are based on the human-centered development literature along with health communication studies which focused on -patient's as client's- rights and importance of human-communication centered 'mutual' relation for an effective development intervention. Empathy and mutual relationship in this instance is extremely necessary for effectively delivering the family planning massage.

Active participation of the client to the development targets is attempted to be stimulated by these counseling techniques which focus on 'client's rights' and 'giving 'client a voice'. Through this process the service provider and the patient are supposed to bind in a relationship of mutual relationship. Indeed. Counseling techniques embedded in models of 'listening to the client' as the modules state, are concrete forms through which development initiation seeks to make inroads to the private aspects of women's lives. With an emphasis on and sensitivity to the client's voice, what once happens is a further medicalization of the women's sexuality as an object of knowledge and problematization.

In addition, counseling procedures tend to develop particular forms of self-awareness among women through a language of rights. These procedures are

intended to develop a contractual relationship between women and service providers –as development experts- where women have a right to information and choice of different contraceptive choice out of their "free will." The language of informed consent is used to show the equal nature of the encounter. Women are given options to choose out of their "free will." This supposedly egalitarian language of the client-provider obscures the fact that the provider is the one with the medical knowledge and the client is only to be guided into this knowledge.

It is impotent to bear in mind that the EU donor-assisted Reproductive Health Program seeks not only to enhance the range of individual choice available to women but also to create conditions in which only certain choices may be made. The program forecloses discussions of other viewpoint or practice and, within the discursive terrain set by the program. However liberatory language of individual choice does not engender for example not choosing contraception. The terms of the contract are not freely chosen by all.

Moreover, the constant invocation of individual risks related to multiple childbirth and the social-economic risks of having too many children makes women responsible for their own disempowerment. In the name of individual choice, they are guided into reproductive choices as part of being responsible "biological citizens"[166] It becomes possible to articulate this notion of actively responsible individual due to the development of new apparatuses that integrate individuals into moral network of identifications and alliances in the very processes in which they appear to act their personal choices.[167].

The discourse that specifies the subject of welfare as customer, -as the consumer of health services- defines the subject of government in a new way: as active

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[166]Rose, Nicholas and Novas, Carlos. "Biological Citizenship" in Ong, Aihwa and Collier, Stephen.(eds.) *Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems* (Oxford: Blackwell Publishing, 2005). 65.

[167] Rose, Nicholas. "Governing 'Advanced' Liberal Democracies." In *The Anthropology of the State A Reader*, eds. Akhil Gupta and Aredhana Sharma. (Oxford: Blackwell Publishing, 2006) 123.

individuals who are seeking to "enterprise themselves", to maximize their quality of life through acts of choice.

> Political reason must now justify and organize itself by arguing over the arrangements that are adequate to the existence of persons as, in their essence, creatures of freedom, autonomy and liberty. Within this new regime of the actively responsible self, individuals are to fulfill their national obligations not through relations of obligation and dependency but through seeking to fulfill themselves within a variety of micro-moral domains.[168]

The pedagogical devises of counseling have made it possible to govern in an "advanced liberal way" as Rose asserted since they have provided indirect mechanisms that can translate the goals of political, social and economic authorities into the choices and commitments of individuals, locating them into actual or virtual networks of identification through which they may be governed.

4.2.3. Institutionalization of Development

In addition to new definitions of professionalization and expertise of development, new development model propagates 'democratization' as a mission of development. This mission points to the shift of agents of development from state to private sector and civil society initiatives. This shift of development from macro to micro-level posits the non-governmental organizations as the major agents for progressive chance for human development programs. By this means, representation and participation of sub-nation identities to the development processes are aimed to be attained. Multilevel operation design has been the dominant approach of development which incorporated differing levels of agents varying from state institutions, international organizations, civil society organizations and local initiatives in implementation of development policies.

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[168] ibid.,158.

The mission of 'Democratization', the ability for reaching 'hard to reach groups' in order to boost the demand of reproductive health services and 'empowerment of women' through community education of reproductive health and rights has made the initiations of non-governmental organizations (NGO's) an important feature of the development policy of the Reproductive Health Program. In line with the acknowledgement, non-governmental organizations were funded by European Union for more human-centered development model. In order to boost demand and utilization of the health services, direct financial support of 20 million euros were granted to non-governmental organizations that were to be selected by the European Commission. The 88 projects which were considered to respond best to the priorities of the programme were granted. 88 grand contracts were signed to conduct nation-wide information, education and communication activities. NGO's were encouraged to establish strategic relations with local authorities and other stakeholders and to institute inter-sectoral and multidisciplinary approaches addressing health issues.

Reproductive Health Program aimed to advocate for reproductive rights, increase awareness and strengthen appropriate behavior patterns and demand for health services among to population through support to interventions and activities of NGO's. The programme aimed to advocate for reproductive rights, increase awareness and strengthen "appropriate behavior patterns" and demand for reproductive health services especially among the disadvantaged and "hard to reach" groups through support to interventions and activities of non-governmental organizations. The target populations of the non-governmental organizations are described as the inhabitants of the "high-risk regions, rural and peri-urban areas and underprivileged high-risk groups" who "are not aware of their own service needs or have difficulty in reaching them.[169]"

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[169] Köse, Rıfat. "Reproductive Health in Turkey." In In *Entre Nous the European Magazine for Sexual and Reproductive Health* no.65 2007.

The 88 projects under the Reproductive Health Program Grant are presented below; the marked ones pertain to the scope of this study, which is empowerment of disadvantaged women:

AÇEV- Mother Child Education Foundation (2 Projects)
Literacy for Sexual Reproductive Health and Rights
Empowering Under-resourced Families: A Sexual Reproductive Health and Parent Training Model

Adana Hacı Sabancı Organized Industrial Zone Region Administration
Working Woman and Reproductive Health

Adıyaman Chamber of Physicians
İmproving Self-Efficacy of Young People on Sexual Reproductive Health

Adnan Menderes University Foundation (3 Projects)
Acarlar Model for Safe Adolescence
Use of Religious Personnel to Increase the Level of Reproductive Health
Support Model for Healthy Aging and Reproductive Health in the Elderly

Afyonkarahisar Chamber of Physicians
Youth Friendly Afyonkarahisar Project

AIDS Prevention Society
Training of Healthcare Personnel on Sexually Transmitted Infectcions

Anatolian Contemporary Training Foundation
Rising Awareness on Reproductive Health of Communities Located the Outskirts of Ankara

Anatolian Folklore Training Center Youth and Sports Club Association
Provision of Education on Sexual reproductive Health of Yong People and Adults

Ankara Children with Leukemia Health and Training Foundation

Reduction of Blood Diseases Inherited by Consanguineous Marriages through Counseling and Education in Diyarbakır

Ankara Ortadoğu Lions Club

Cervical Cancer Screening among Women and Reproductive Health Training in Şanlıurfa

Aydın Efeler Lions Association

Creating Awareness about Sexually Transmitted Diseases, Early Diagnosis of Breast and Cervix Cancer

Başak Culture and Art Foundation

Healthy Future for Youth

Bayburt Anti-Tuberculosis Association

Healthy Mother for Healthy Future

The Physically Disabled Association, Muş Branch

Healthy Society Project

Contemporary Education Foundation

Reproductive Health Training for Adolescents

Çankaya Soroptimist Club

Public Health Activation through Survey and Education

Environment, health and Social Solidarity Foundation

Health Café Youth Center

Sexual Training, Treatment and Research Association
Sexual Reproductive Health and Rights Advocacy through National and Local Media

Denizli Health Services Association
Improving Sexual Reproductive Health of Marriage Candidates and Adolescents

Dokuz Eylül Rotary Club
Sexual Reproductive Health Consultancy through Internet for the Young Adults

Dokuz Eylül University Youth and Sports Club
Modern Stork Legends

Aegean Contemporary Education Foundation
To Create Awareness on Sexual Reproductive Health for the Residents of İzmir Yamanlar District

Fethiye Health Foundation
"You Are Not Alone" Civil Society Support for Reproductive Health Program

Unity of Hearts, Culture and Solidarity Association
Enlightening University Youth on Sexual Reproductive Health

Human Resources Development Foundation (2 Projects)
Prevention of HIV/AIDS through Empowering Sex Workers
In-service training for health Service Providers on gender Based Violence and Its Reproductive Health Consequences

Humanitarian Assistance and Solidarity Association
Towards a Healthier Future with Educated Mothers

Serve the Humanity Foundation

Healthy Reproduction of the Elderly and Male in Gazioşmanpaşa District

İstanbul Chamber of Freelance Financial Consultants
Healthy Sexual Life for Freelance and Certified Public Accountants

İzmir Health Facilities Association
Post Delivery Convalescent and Neonatal Home Care Training

Kadıköy Health and Social Solidarity Foundation
Pre-marriage Reproductive Health Counseling Project

Public Research Foundation
Bismil Safe Motherhood and Reproductive Health

Red Crescent Kayseri Section
The Wisdom of Crocus

Association of Kemalpaşa Industrialists and Bussinessman
Kemalpaşa Healthy Industry

Kılıçkaya Culture, Assistance and Solidarity Association
A preventive SRH Framework to Increase Awareness of Access to and Benefit
from Public Services Among 15-49 Years Old Females in Artvin

Red Crescent Kelkit Branch
Maternity and Child Welfare and Family Planning at Gümüşhane

Marmara Health, Education and Research Foundation (3 Projects)
"Happily and Togather"; Improving Partnership among Couples Regarding to
Gender Equity, Reproductive Rights and Women's Rights

A Community Based Intervention Program among Married Women and Spouses on Family Planning Knowledge, Attitudes and Practices

Raising Awareness and meeting Reproductive health Needs of Marmara University Students

National Education Foundation

The Conscious Adolescent

Mudanya Lozan Mübadilleri Association (2 Projects)

Raising Reproductive Health among High School Students

Creating Awareness about Getting Services from Health Personnel During and After Pregnancy

Oncology Nurses Association

"Women to Women Now" Education of Women on Early Diagnosis of Breast Cancer

Pamukkale Health Training Association

To Create Awareness on Reproductive health and Preventable Disabilities

Health and Education Foundation

"Health from Work to Home" Reproductive Health and Family Planning Training among Workers and their Spouses

New Hopes in Health Foundation

Early Diagnosis and Prevention of Cervix Cancer in Van

Semiha Şakir Sarıgöl Foundation for Health, Education and Social Aid

Action for Sexual health Rights of Adolescents

Siirt Province Association of Aid and Education to the Families and Children

Creating a Consciousness and Enhancement of Utilization of Health Services Regarding Family Planning and Safe Motherhood at Siirt

Street Children Rehabilitation Association
Support Line for Children on Sexual reproductive health: Exposure of Sexual Abuse Against Children

Association of Social Services Experts- İzmir Branch
Women's Health and Family Planning

Spina Bifida Association
Women Education on Nasal Tube Defect for Safe Motherhood and Health Generations

Medical Investigation Society
People Education on Human Reproductive and Sexual Health in Van

All Private Education Agencies Employers Union
Project for Awareness Creation on Reproductive health Among Workers and Employers

Turkish democracy Foundation
Youth Education, Sexual Education

Turkish Pharmacists Union (2 Projects)
Project for Raising Awareness among the University Students
Project for Strengthening Reproductive health Services through Social Marketing by Pharmacists

Union of Turkish women Erzurum Branch
"For a Better and Healthier Future" Reproductive Health of Women in 15-49 Age Group

Family Planning Association of Turkey (4 Projects)

Increasing Women's Consciousness on Menopause, Breast and Celvix Cancers and Access to Early Diagnosis Services

The Project on Increasing Awareness of the Youth on Sexual Health

The Project of Contribution to Mother and Infant Mortality by Creating Multi-Sectoral Collaboration

Raising Health Awareness of the Pregnant by Offering High Quality Prenatal Care

Turkish Family Health and Planning Foundation (4 Projects)

Improvement of SRH Services through Metropolitan Municipalities

Sexual and Reproductive Health Advocacy for Youth

The Improvement of Maternal Health through Advocacy, Training and Accessible Services

Raising Heath Awareness of the Pregnant by Offering High Quality Prenatal Care

Turkey Maternal and Child Health and Family Planning Foundation

My Rights, My Happiness, My Health

Turkey National Federation for the Hearing Impaired

Turkish Deaf Community Health Project

Turkish Training and Solidarity Foundation for the Disabled (2 Projects)

First Step for Couples

Sexual Reproductive health project for the Challenged

International Blue Crescent Relief and Development Foundation (3 Projects)

Sexual and RH Project for Young People

Public Awareness Project on the Prevention of HIV/AIDS in Middle and East Black Sea Region

Gaziosmanpaşa District Reproductive Health Project

Uşak Development Foundation
University Students Reproductive Health Project

Uşak Chamber of Physicians
Project of Conscious Mothers at Uşak

Association of Lifelong Women's Reproductive Health
Orientation and Training of Media Workers and Advocacy in Several
Underdeveloped Provinces of Turkey on Sexual Reproductive Health Issues

Once Again Health and Education Association
Reproductive Sexual Health Education among Socially Disadvantaged Adolescents

Yülseliş Economic and Strategic Research Foundation (2 Projects)
Training of Soldiers in the Army on Sexual Reproductive Health
Training of Soldiers in the Army on Sexual Reproductive Health

The mission of democratization and empowerment through the strengthening civil society which characterize many contemporary development programs embody a wish for a kind of 'de-governmentalization of the state' and a 'destatization of the government[170]' This assumes a link to a mutation in the notion of 'the social' by disassembling of a variety of governmental activities to quasi-autonomous non-governmental organizations that are shaped and programmed by development authorities. Neoliberal discourses of 'good governance', democracy and strengthening of civil society operate in a terrain of privatization and the rollback of welfare programs. The current discourses of "empowerment" and

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[170]Gupta, Akhil and Sharma, Aradhana. "Introduction: Rethinking Theories of the State in an Age of Globalization." In *The Anthropology of the State A Reader*, eds. Akhil Gupta and Aredhana Sharma. (Oxford: Blackwell Publishing, 2006)

"democratization" through strengthening non-governmental organizations are innately related to the novel governmental rule that could be termed as "neo-liberal governmentality.[171]"

The deployment of the "empowerment of women" within Reproductive Health Program occur as new governmental strategies depend upon initiating individual people to increase their capacities, become autonomous agents who can take care of their own welfare. This provides another example of the neoliberal shrinkage of welfare services onto empowered and responsibilized poor women who are made complicit within the workings of contemporary power mechanisms with the attempts of NGO's.

The development discourses of empowerment of women, poverty alleviation, and democratization are circumscribed by helping the most vulnerable to decide "what is good for them" without giving them the means to control the material conditions under which they live.

However, real concerns for empowering women or democratization could only be possible by the strengthening of citizenship rights to encompass all the individuals in society. Social policy, equal distribution opportunities should be maintained in order to realize democracy along with women's empowerment. Human rights activists, civil society incentives and feminists should be aware of the hypocrisy of the blessings offered by development initiatives. Instead of pursuing developmental aspirations, they should pursue political concerns for the mobilization of these subordinate groups along for a full realization of empowering women. Feminist and human rights activists should be able to comprehend the limited life choices of subaltern women and their desire for social security in order to pursue the project of empowering women.

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[171] İbid.

4.3. Bio-politics and Medicalization of Poor Women's Bodies

Reproductive Health Program's professional discourse forms and arranges certain objects; sexual reproductive behavior, empowerment of women according to specific rules which constitute its knowledge production. Through its discourse, Reproductive Health Program constructs its object, -the sexual reproductive behavior of marginalized woman- by making it 'visible', 'knowable' and 'manageable' while 'colonizing its reality' by making certain representations to be dominant and others to be disqualified.

The development framework of Reproductive Health Program enables the problematization and management of the reproductive sexual conduct of marginalized women in a certain manner in alliance with state and global sovereignty. Through analyzing the dynamics of discourse and power within the thought and practice of Reproductive Health Program, this study aims to unveil the mechanisms by which a certain order of discourse produces permissible modes of conduct for managing the marginalized women in a certain way. The permissible modes of thought and conduct asserted by Reproductive Health Program disavow the prevalent political and social structures that have crippled the wellbeing and life choices of poor women. This was made possible by attributing high fertility rate, unskilled birth attendance and under-utilization of antenatal care to backwardness, tradition or patriarchal structure of the targeted communities without reflecting on the prevalent political, social and economical problems these communities face.

Reproductive Health Program funded by European Union, through its reliance on knowledge production, and interventions constructs marginalized women as objects of knowledge and intervention, which furthers the governing capacity of the 'globalizing Turkish state. This is what Foucault (1990) explains as "governmentality" or "bio-politics": the mechanism that brought life into the realm of explicit calculations and made knowledge-power an agent of transformation of human life. This mechanism refers the production of regulatory mechanisms that

problematize and medicalize concepts such as health, nutrition, family planning, education, hygiene, and the like for the particular ordering of society. However this kind of power, ordering of social life attempts to optimize life in order to subject it to various forms of regulations and controls. Reproductive Health Program increases the governing capacities to regulate marginalized population by imposing 'appropriate behavior' patterns in accordance with a disciplined citizenry. This engenders the construction of individualities that are made to shoulder responsibility for the potential risk they may pass on to the society.

State's withdrawal from the social policy, creates a responsibility vacuum which is left on the shoulders of individuals with neo-liberal policies. The problems arising due to the lack of social services are rebounded on the people so that individuals are associated to the task of resolving them. In this instance, health becomes a civic responsibility. Accordingly, lists of unhealthy behavior that adversely affect the economy is prepared and public health campaigns seek to target irresponsible social groups that are 'defined in terms of greater pathological risks they present to and the cost they impose on the collectivity.'[172] The individuals are governed through the conversion of the goals of the political, economic and social authorities into their own choices. This new configuration brings new obligations and duties to the individuals[173]. In this framework, social insurance yields to the privatization of risk management; insurance against conditions of unemployment, illness, aging, etc. become private issues.

Reproductive Health Program's framework of 'risky sexual reproductive behavior' is a new form of neoliberal governmentality, which tries to produce 'responsible poor citizens' during a period when neoliberalism transfers the provision of social services to the private sector and to the domestic sphere. These services are either

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[172] Donzelot, Jacques. "Pleasure of Work" In *The Foucault Effect: Studies in Governmentality*. eds. Graham Burchell et al. (Chicago: University of Chicago Press: 1991).273

[173] Rose, Nicholas. "Governing 'Advanced' Liberal Democracies." In *The Anthropology of the State A Reader*, eds. Akhil Gupta and Aredhana Sharma. Oxford: Blackwell Publishing, 2006.

provided in the market or becoming responsibilities of the individuals and families, who are now projected as 'responsible subjects'.

As I have mentioned in the previous chapter, the bio-political medicalization of women's bodies needs a special attention in order to have a feminist standpoint. I have emphasized that the medicalization of women's lives, whereby natural processes such as menstruation, childbirth and menopause are defined as pathological and in need of medical treatment contributed to women's subjugation. Medicalization of the natural reproductive experiences of women such as menstruation, pregnancy, contraception and menopause that are defined in terms of pathology and sickness has been closely related to modernized implementation of patriarchy. As we are in an era of the dusk of modernization, we are witnessing a paradigm shift within the discourses of bio-political medicalization of women's bodies.

Medicalization of women's bodies is central to the Reproductive health Program's attempt for increasing reproductive health indicators of poor women by eliminating situations of "risk" in order to maintain "healthy" procreation and "healthy" bodies. This attempt is influenced by a determination for engendering women's empowerment by granting them reproductive knowledge and choice. However these terms of "risk", "pathology" and "healthiness" are already loaded with ideologies pertaining to the bio-politics of women's bodies, patriarchy and global regimes of development. The medicalized conceptualization of women's reproduction as defined in terms of "risk" legitimizes the subjection of women's bodies to the male-oriented medical profession. It persuades women to conceive their reproduction and their bodies as sites of risk, which engenders a loss of autonomy. Moreover it reduces the health of women' bodies to "reproduction" which is a post-modern manifestation of patriarchy. Increasing the health and well-being of the women necessitate to consider women holistically and individually. It demands to strengthen the right to health and to provide women centered health services accessible for all women. Women's health reduced to reproduction is a patriarchal

manifestation of the reduction of women to reproduction, which is considered to be increased by the male-oriented medical profession.

3.4. Empowering Women

Empowerment of women has gained much legitimacy within the new human centered development model that aimed to increase the women's capabilities for alleviating situations of poverty and increase women's choices and rights. But this gained legitimacy on empowering women is circumscribed by the discourse of development, the political economic context of globalization of economy and the curtailment of state's redistributive functions. Empowering women as advocated by development initiatives presents women and their disempowerment in a narrow sense by unquestioning their situatedness in global economy. Empowerment conceived by development initiatives has the effect of stripping daily struggles of these women of self presence and agency due to the limited conception of empowerment.

In order to critique the prevalent scope of empowerment of women as advocated and initiated by development agencies, I have attempted to critique European Union Funded Reproductive Health Program in Turkey using feminist-post development approach. In order to present a vivid picture of the discourse of empowering women and its inscription in hegemonic structures, first the scope of empowerment within Reproductive Health Program will be commented. This part will deal with the development discourse of Reproductive Health Program and its conception of and means for empowering women will be analyzed and critiqued. Second, I will contemplate on an ethical response to the question of empowerment of women suggesting that women's empowerment curtailed by developmental concerns should be substituted by a feminist insight that can align with the desire of the subaltern women.

The scope of empowerment as advocated by Reproductive Health Program could be analyzed within the conceptualization of empowerment of women through

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enlarging reproductive choice through educating reproductive service providers on reproductive rights and supporting the educational activities of non-governmental organizations.

The conceptualization of empowerment of women and women's reproductive choice are defined within a narrow conception of gender and reproduction that focused on a-historical accounts of culture. Family planning, skilled birth attendance, utilization of antenatal care and knowledge on sexually transmitted infections are presented as social indicators of women's empowerment in society which the Program aims at improving. The deficiencies in acceptance of contraception, skilled birth attendance, antenatal care that are presumably low in the Eastern provinces, rural areas and urban squatter settlements, are related to cultural explanations within the discourse of Reproductive Health Program. The disempowerment of the women living in Eastern provinces, rural areas and urban squatter settlements are related to "patriarchal", "backward" and "traditional" structure of their societies. The inability of women to adopt "modern" sexual reproductive behavior is related to the "cultural barriers" that impede women's empowerment and health.

This represents a-historical accounts on women's reproductive behavior as well as patriarchy.
Reproductive behavior can not be solely related to cultural explanations. Reproductive behavior is also related to class position of women and families. Some underprivileged women may not be able to afford visiting reproductive health clinic to get antenatal care or to give birth at the hospital. Just as for some families more children may mean more contribution to family income.

In addition, patriarchy conceived within dichotomies among tradition and modernity create false assumptions of patriarchal control of women. It has to be acknowledged that patriarchy is not a signifier of backwardness but a system of control that assemblages with contemporary hegemonic structures for reproducing and proliferating gender regimes. Indeed this has been the case in modernization

discourses on women's reproduction in Turkey which has undergone a paradigmatic change with the implementation of the Reproductive Health Program. When the bio-political medicalization of female bodies by development intervention and flexible labor regimes of women are considered "patriarchy as backwardness" tends to reify poverty and renounces the contemporary manifestations of patriarchy. Therefore a-historical accounts of patriarchal control to "backwardness" disavow the prevalent heterogeneity of forms of control that impede women's empowerment and well-being.

Moreover granting subaltern women reproductive rights as defined as women's right to choose against patriarchal control of female sexuality and reproduction can not be the only basis for feminist politics. It is necessity to conceive reproductive rights in its broadest manner that includes not just male-female relationships, but also medical institutions, development projects and state policies. Gender defined as male-female domestic relations can not be a singular focus for theory of feminism and practices of development. Gender defined in terms of male-female relationships and patriarchy defined in dominance of women by men has the effect of disavowing the prevalent disempowerment of women by heterogeneous forms of power.

The restricted accounts of women's empowerment and reproductive choice produce restricted means for empowerment within the initiation of the Reproductive Health Program. The interventions of development engender empowerment of women in a narrow sense which includes the education of reproductive service providers about communication skills and supporting activities of non-governmental organizations for increasing consciousness of reproductive rights among disadvantaged women. The beneficiaries of the program are encouraged by the service providers and NGO's to use family planning, get ante-natal care, give birth at the hospital, and prevent sexually transmitted diseases and cancer of reproductive organs for reducing possible health risks. Here avoiding women's heath risks are presented as obligations, responsibility of individuals instead of their citizenship right for treatment.

This new technique of responsible active biological citizenship prevails within the discourse of the empowerment of subjects who are stigmatized as the marginalized and the excluded. While the neo-liberal policies enact measures to reduce the benefits and subsidiaries for the subaltern women, developmental sermons of empowerment imposed self responsibility upon them. These changed specifications of the responsibilities of individuals for their own fate obviously bring feelings of suffering to those women who are indeed impoverished due to inequalities perpetuated by globalized market economy. However the development program of empowerment responds to the sufferer women as if they were the person responsible for their misfortune.

The globalization of economy along with state's withdrawal from social policy, have created absolute forms of poverty which threaten the lives of the inhabitants along with their life choices. As I tried to give a brief account there are urgent needs of people living in these regions, such as housing, transportation, raising prices, social security, unemployment and poverty. While there are so many urgent problems the development perspective of Reproductive Health Program is only restricted to increasing the usage of reproductive health services in the "high risk" regions in order to alleviate risk situations related to reproductive health.

However what is necessary for empowerment is what Hanna Arend would term as "right to have rights." for every human being there needs to be a legitimate ground for "citizenship rights" that would guarantee their human rights[174]. Without addressing citizenship rights and state's redistributive functions, empowerment of women would not be realized fully. State and citizenship rights should mediate the desire of subordinate groups for a true realization of empowerment. The developmental concerns should be substituted by political concerns for the mobilization of these subordinate groups along with empowerment of women. In addition feminist politics should be able to comprehend the limited life choices of subaltern women and their desire for social security in order to pursue the project of empowering women.

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[174] Arendt, Hannah *The Origins of Totalitarianism* (Harvest Books, 1999)

CHAPTER V

CONCLUSION

As a feminist and socialist activist, I have been involved in several non-governmental organizations which were mostly occupied by initiating development projects that were funded by international organizations. What I observed was that, all the political concerns of gender, class and human rights were hindered by developmental concerns. The sphere of politics has been seriously contaminated by the a-political discourse of development. Indeed all these emerge along with the freer movement of capital and the withdrawal of state from social subsidiaries.

The preoccupation with developmental concerns instead of political concerns has the effect of reifying economic globalization and neoliberalism as if it was a natural environment, an irreversible situation that simply needs to be managed by the progressive interventions of ngo's and international development funding. The development discourses of empowerment of women, poverty alleviation, and democratization are circumscribed by helping the most vulnerable to decide "what is good for them" without giving them the means to control the material conditions under which they live or to comprehend their inscribed location in global economy.

Considering development discourse as an apparatus of power-knowledge has provided me efficient means to theorize the contemporary discursive contamination of social scientific inquiry and human rights issues by the discourse of development. The progressive inclusion of "the poor" and "the women" into its agenda by an attempt to "alleviate poverty" and "increasing women's choices"; development could "colonize" the reality.

Development colonized the reality by making poverty and women's subjugation, an object of knowledge and intervention. But a vain preoccupation of poverty and

women's disempowerment, as an object of knowledge, dislocated these issues from the realm of politics and realigned them into the "neutral" descriptive language of development. Indeed, this enabled development initiation to strengthen its hegemonic positioning in theorizing and curing the problems pertaining to poverty and women's subjugation.

However, as Judith Butler (1992) suggests, the preoccupation with knowledge is very different from the preoccupation with ethics as such that knowing the 'truth' does not guarantee an ethical attitude. Moreover the concern for producing 'truth' is inscribed by power relationships as post-development scholars argue. In the light of post-development literature, the central concern of my dissertation has been rendering the linkage among hegemony and truth within the discourse of Reproductive Health Program, which aims at alleviating poverty by increasing reproductive health indicators of subaltern women.

In my opinion an ethical response to the prevalent contamination of political concerns with the discourse of development would be to unveil the power laden context out of which development as a thought and practice became an omnipresent construction of reality and a sole legitimate ground of policy formation. Providing an ethical response to the prevalent depolization propagated by development discourse, has been my motivation in criticizing Reproductive Health Program. This motive has encouraged me to use post-development theory for approaching Reproductive Health Programme as a historically specific representation of social reality which permits particular modes of knowing for enabling the management of conduct of marginalized masses in the Third World. The aim of my study was to explore the knowledge production and its inscription in social hierarchies and power networks, and towards this aim, there are two axes of inquiry that I addressed.

The first axis pertains to the production of knowledge the second axis relates the knowledge production to the broader social economic context.

Knowledge as asserted by post-development scholars is not something that could be gathered but it is engaged in social contexts produced in relations of power and connected to different power hierarchies. The expert knowledge produced by development professionals enables a certain space of truth to be created and fostered. Professional discourse of development succeeds through abstractions; it separates concrete experiences of 'Third World' people from the context and turns them into mere 'cases'. This process normalizes and categorizes 'Third World' reality according to scientific terms, which are considered to be neutral, objective and scientific. Indeed the professional discourse of development made it possible to remove the problems of the 'Third World' from the political and cultural realms and to assign them in terms of the 'objective', 'neutral' realm of science. The knowledge produced by professionals of development represents the Third World with a certain regime of truth, which in turn is utilized to construct and manage the Third World.

By means of scientific methods, Reproductive Health Program represented the sexual reproductive behavior of marginalized women in a certain apolitical regime of truth. Knowledge produced by demographic and ethnographic research enabled the problematization of the reproductive behavior of the marginalized women not in racial or class based terms but in scientific terms of high percentages of fertility, under-utilization of antenatal care and unskilled birth attendance. A perception of 'deviancy' is achieved by authorizing such representations of women's reproductive behavior. The representations of high fertility, unskilled birth attendance and under-utilization of antenatal care are presented as social medical problems that cripple women's status and health in society which the Program aims at improving.

What is crucial about this process is that these scientific representations of sexual reproductive behavior of women in Eastern, rural areas and squatter settlements in Turkey are represented without any references to political, social, economic or ethnic problems. The professional language of Reproductive Health Program enabled to remove the problems of reproductive health of disenfranchised women

from the political and economic realms and to assign them in terms of the 'objective', 'neutral' realm of science. However the predominant representation of marginalized women in the South in social scientific knowledge production exhausts the prevalent condition and daily struggles of these women.

The terms and categories through which the problematization of Reproductive Health Programme was defined and articulated depended on a normalization of modern, middle class attitudes. Acceptance of contraceptives, skilled birth attendance, utilization of antenatal care, are queries that are influenced by a modernist paradigm which effectively places women and their behavior patterns on a traditional to modern continuum. Here using contraceptives, skilled birth attendance and antenatal care at the hospital are rendered as progressive 'modern' behaviors where as the contrary practices are deemed as 'unhealthy' and 'risky'.

However this is a "colonialist move" according to Chandra Mohanty which refers to the predicament of the production of discourse under conditions of unequal power which perpetuates specific construction of subjectivities that enable the exercise of power which indeed disavows the ethnic, social, economic and cultural differences among women as well as the real life circumstances of the disenfranchised women.

The representation of reproductive behavior of women as 'backward' 'unhealthy' and 'risky' by Reproductive Health Program engenders the disavowal of the prevalent political and social structures that have crippled the wellbeing and life choices of poor women. This was made possible by attributing high fertility rate, unskilled birth attendance and under-utilization of antenatal care to backwardness, tradition or patriarchal structure of the targeted communities without reflecting on the prevalent political, social and economical problems that circumscribe their life choices and attitudes. Defining Third World women in terms of problems or achievements in relation to an imagined normative Western modernity effectively removes them from historical contingency and freezes them in a-historical indicators of tradition and backwardness.

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The second axis of my inquiry relates the knowledge production to the broader social economic context.

The development framework of Reproductive Health Program enables the problematization and management of the reproductive sexual conduct of marginalized women in a certain manner in alliance with state and global sovereignty. Reproductive Health Program increases the governing capacities to regulate marginalized population by imposing 'appropriate behavior' patterns in accordance with a disciplined citizenry. This engenders the construction of individualities that are made to shoulder responsibility for the potential risk they may pass on to the society.

State's withdrawal from the social policy, creates a responsibility vacuum which is left on the shoulders of individuals with neo-liberal policies. The problems arising due to the lack of social services are rebounded on the people so that individuals are associated to the task of resolving them.

In this instance, health becomes a civic responsibility. Accordingly, lists of unhealthy behavior that adversely affect the economy is prepared and public health campaigns seek to target irresponsible social groups that are 'defined in terms of greater pathological risks they present to and the cost they impose on the collectivity.' The individuals are governed through the conversion of the goals of the political, economic and social authorities into their own choices. This new configuration brings new obligations and duties to the individuals. In this framework, social insurance yields to the privatization of risk management; insurance against conditions of unemployment, illness or aging become private issues.

Reproductive Health Program's framework of 'risky sexual reproductive behavior' is a new form of neoliberal governmentality, which tries to produce 'responsible poor citizens' during a period when neoliberalism transfers the provision of social

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services to the private sector and to the domestic sphere. These services are either provided in the market or becoming responsibilities of the individuals and families, who are now projected as 'responsible subjects'. Reproductive Health Programme tries to produce 'responsible poor citizens' who can become empowered through eliminating health "risks" by adopting "appropriate behavior patterns" which are introduced by the development experts.

To sum up, I tried to elaborate the knowledge production and power relations within the discourse of Reproductive Health Program for representing, invading and managing the reproductive behavior of marginalized women. Reproductive health as a phenomena that we tend to think in terms of a-political private domesticity has been transformed by developmental practice, to a power network where global regimes of development and national sovereignty manages the domestic sphere and sexuality of the "marginalized" target groups by imposing new tactics and rationalities.

Reproductive Health Program depends on a framework that aims to empower the poor women to prevent reproductive and sexual health risk situations and enlarge their reproductive choices, without reflecting on or critiquing the role of the general political structures and the processes which were caused by the neoliberal policies. While general health indicators and life choices of the poor and vulnerable are decreasing due to the neoliberal shrinkage of social services the insistence on increasing reproductive health seems deceitful.

In that sense it is clear that the development approach of Reproductive Health Program does not provide an ethical response to the 'desire' of the marginal women. What would be illuminating for approaching the desire of the other women is the process of unlearning as advocated by Spivak: unlearning our privileges as our loss[175]. The process of unlearning is constituted of a total disintegration of the authority to know, to help, to empower the marginalized women. This would mean

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[175] Landry, Donna and Gerald Maclean "Introduction: Reading Spivak" In *The Spivak Reader* (eds.) Dona Landry and Gerals Maclean (New York: Routledge, 1996)

to give up the sovereign position of the subject of knowledge and empowerment in order to approach other woman with an ethical response.

Unlearning one's privilege by considering it as one's loss constitutes a double recognition. Our privileges, whatever they may be in terms of race, class, nationality and gender may have prevented us from gaining a certain kind of Other knowledge; the knowledge that we are not equipped to understand by reason of our social positions.

To unlearn our privileges means on the one hand to do our ethical responsibility, to work hard at gaining some knowledge of others who occupy those spaces most closed to our privileged view. On the other hand it means attempting to speak to those others in such a way, that they might take us seriously and most importantly be able to answer back. Performing the ethical task of unlearning one's privilege marks the beginning of an ethical response to the other.

REFERENCES

Books:

Ali, Kamran Asdar. *Planning the Family in Egypt: New Bodies, New Selves.* (Austin: University of Texas Press, 2002)

Arendt, Hannah. *The Origins of Totalitarianism* (Harvest Books, 1999)

Escobar, Arturo. *Encountering Development: The Making and Unmaking of the Third World* (New Jersey: Princeton University Press, 1994).

Foucault, Michel. *History of Sexuality Vol.1: An Intoduction.* trans. Robert Hurley. (New York: Vintage Books, 1990)

Fabian, Johannes. *Time and the Other: How Anthropology Makes Its Object.* (New York: Columbia University Press, 1983)

Ferguson, James. *The Anti-Politics Machine: "Development," Depolitization and Bureaucratic Power in Lesotho.* (Minneapolis: University of Minnesota Press, 1994)

Hartmann, Betsy. *Reproductive Rights and Wrongs: The Global Politics of Population Control.* Boston: South End Press, 1995.

Kaaber, Naila. *Reversed Realities: Gender Hierarchies in Development Thought.* London and New York: Verso, 1994.

Kambhampati, Uma S. *Development and the Developing World.* Cambridge: Polity Press, 2004.

Nevderveen, Pieterse, J. *Development Theory: Deconstructions/ Reconstructions* (London: Sage, 2001)

Said, Edward. *Orientalism*. Massachusetts: Vintage Books, 1979.

Riedmann, Agnes. *Science That Colonizes: A Critique of Fertility Studies in Africa.* (Philederphia: Temple University Press, 1993)

Reproductive Health Program in Turkey Programme Booklet Ministry of Health of Turkey, (General Directorate of Mother and Child Health and Family Planning General Directorate, Ankara, 2007)

Reproductive Health Program in Turkey A Framework for Reproductive Health Services in Turkey

Reproductive Health Program in Turkey: Health Seeking Behavior Study (Ankara: Hacettepe University, 2006)

Reproductive Health Program in Turkey: In-Service Training Manual (hpttp://sbu.sağlık.gov.tr/tusp/index.asp)

Reproductive Health Program in Turkey: Turkish Demographic Health Survey 2003 (Ankara: Hacettepe University, 2003)

Reproductive Health Program in Turkey: National Maternal Mortality Study (Ankara: Hacettepe University and ICON Institude, 2006)

Ong, Aihwa and Collier, Stephen. *Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems* (Oxford: Blackwell Publishing, 2005)

Articles:

Abu-Lughod, Lila. "Introduction: Feminist Longings and Postcolonial Conditions" in *Remaking Women: Feminism and Modernity in the Middle East*, ed. Lila Abu-Lughod (Princeton University Pres, 1998)

Altıok, Esen. "The Development of a Population Policy and its Implementation" In *Population Policy Formation and Implementation in Turkey*, (eds) Ned Levine and Sunday Üner (Ankara, Hacettepe University Publications, 1978)

Arat, Yeşim. "The Project of Modernity and Women in Turkey" In *Rethinking Modernity and National Identity in Turkey,* eds. Sibel Bozdoğan and Reşat Kasaba (Seattle: University of Washington Press, 1997)

Arat, Zehra. "Turkish Women and the Republican Reconstruction of Tradition" In *Reconstructing Geender in the Middle East*, M. Göcek and S. Balaghi (eds.) (New York and Oxford: Oxford University Press, 1994)

Apffel-Marglin, Frederique and Sanchez, Loyda. "Developmentalist Feminism and Neocolonialism in Andean Communities." in *Feminist Post-Development Thought: Rethinking Modernity, Postcolonialism and Representation,* ed. Kriemild Saunders. (London and New York: Zed Books, 2002)

Barkty, S. L. "Foucault, Femininity and the Modernization of Patriarchal Power" In *The Politics of Women's Bodies: Sexuality, Appearance and Behavior*, (ed.) R. Weitz. (New York and Oxford: Oxford University Pres, 2003)

Bora, Aksu. "Olmayanın Nesini İdare Edeceksin? Yoksulluk, Kadınlar ve Hane" In *Yoksulluk Halleri,* (ed.) Nemci Erdoğan (İstanbul: Demokrasi Kitaplığı Yayınevi, 2002)

Buğra, Ayşe and Keyder, Çağlar. "Poverty and Social Policy in Contemporary Turkey" Boğaziçi University Social Policy Forum January 2005

Buğra, Ayşe and Keyder, Çağlar. "New Poverty and The Changing Welfare Regime of Turkey" *Report prepared for United Nations Development Programme,* 2003.

Butler, Judith. "Contingent Foundations" In *Feminists Theorize the Political,* (eds.) Judith Butler and Joan W. Scott. (New York and London: Routledge, 1992)

Chowdry, Geea. "Engendering Development? Women in Development in International Development Regimes." in *Feminism/Postmodernism/Development,* eds. Marianne Marchard, Jane parpart. (New York: Routledge, 1995)

Cindoğlu, Dilek and Sayan-Cengiz, Feyda. "Medicalization Discourse and Modernity: Contested Meanings Over Childbirth in Contemporary Turkey" In *Health Car efor Women International*, 31:221-243, 2010.

Crush, Jonathan. "Imagining Development." In *Power of Development*, ed. Jonathan Crush. London and New York: Routledge,1995.

Dean, Mitchell. *Governmentality: Power and Rule in the Modern Society*. (London: Sage Publications, 1999)

Donzelot, Jacques. "Pleasure in Work" In *The Foucault Effect: Studies in Governmentality*, eds. Graham Burchell, Colin Gordon and Peter Miller. (Chicago: University of Chicago Press, 1991)

Escobar, Arturo. "Imagining a Post-development Era" In *Power of Development*, ed. Jonathan Crush. (London and New York: Routledge,1995)

Gordon, Colin. "Governmental Rationality: An Introduction." In *The Foucault Effect: Studies in Governmentality*, eds. Graham Burchell, Colin Gordon and Peter Miller. (Chicago: University of Chicago Press, 1991)

151

Gupta, Akhil and Sharma, Aradhana. "Introduction: Rethinking Theories of the State in an Age of Globalization." In *The Anthropology of the State A Reader*, eds. Akhil Gupta and Aredhana Sharma. (Oxford: Blackwell Publishing, 2006)

Harding, Jennifer. "Bodies at Risk: Sex, Surveillance and Hormone Repralcement Therapy" In *Foucault, Health and Medicine*, eds. Peterson, A. and Bunton, R. (Routledge, 1997)

Kandiyoti, Deniz. "Emancipated but Unliberated: Reflections on the Turkish Case" in *Feminist Studies*, 13, 317-338, 1987)

Kandiyoti, Deniz. "Gendering the Modern: On Missing Dimensions in the Study of Turkish Modernity." In *Rethinking Modernity and National Identity in Turkey,* eds. Sibel Bozdoğan and Reşat Kasaba (Seattle: University of Washington Press, 1997)

Kandiyoti, Deniz. "Afterword: Some Awkward Questions on Women and Modernity in Turkey" in *Remaking Women: Feminism and Modernity in the Middle East*, ed. Lila Abu-Lughod (Princeton University Pres, 1998)

Landry, Donna and Gerald Maclean "Introduction: Reading Spivak" In *The Spivak Reader* (eds.) Dona Landry and Gerals Maclean (New York: Routledge, 1996)

Lazreg, Marnia. "Feminism and Difference: the Perils of Writing as Woman on Women in Algeria" *Feminist Studies*. 14.1 (Spring,1988):81-107.

Lazreg, Marnia. "Development: Feminist Theory's Cul-de-sac." In *Feminist Post-Development Thought: Rethinking Modernity, Postcolonialism and Representation,* ed. Kriemild Saunders. London and New York: Zed Books, 2002.

Mitchell, Timothy. "Egypt at the Exhibition" *Colonizing Egypt.* (Cambridge: Cambridge University Press, 1988)

Mitchell, Timothy. "The Object of Development: America's Egypt."In *The Power of Development,* ed. Jonathan Crush. (London and New York: Routledge,1995)

Nanda, Meera. "Do the Marginalize Valorize the Margins? Exploring the Dangers of Difference." In *Feminist Post-Development Thought: Rethinking Modernity, Postcolonialism and Representation,* ed. Kriemild Saunders. (London and New York: Zed Books, 2002)

Özbay, Ferhunde and Shorter, Frederic. "Turkey: Changes in Birth Control Practices, 1963 to 1968" In *Studies in Family Planning* 1 (51): 1-7, 1970.

Özbay, Ferhunde and Yücel, Banu. "Türkiyede Göç Hareketleri, Devlet Politikaları ve Demografik Yapı" In *Nüfus ve Kalkınma: Göç, Eğitim, Demokrasi, Yaşam Kalitesi, HNEE* (eds) F. Özbay, B. Yücel, İ. Sezal, A. Toros, H. Y. Civelek. (Ankara, 2001).

UNFPA, World Health Organization *Entre Nous The European Magazine for Sexual and Reproductive Health.* Issue on EU Funded Reproductive health Programme in Turkey (12,2007).

United Nations. *Report of the International Conference on Population and Development (ICPD)*, Cairo, 1994.

Parpart, Jane. "Post-Modernism, Gender and Development." In *Power of Development* ed. Jonathan Crush. (London and New York: Routledge,1995)

Parpart, Jane. "Lessons from the Field: Rethinking Empowerment, Gender and Development." In *Feminist Post-Development Thought: Rethinking Modernity, Postcolonialism and Representation,* ed. Kriemild Saunders. (London and New York: Zed Books, 2002)

Pearson, Ruth and Jackson, Cecile. "Introduction: Interrogating Development: Feminism Gender and Policy." In *Feminist Visions of Development: Gender Analysis and Policy*, eds. Cecile Jackson and Ruth Pearson. (London and New York: Routledge, 2001)

Pigg, Stacy. "Found in Most Traditional Societies: Traditional Medical Practicioners between Culture and Development" In *International Development and Social Sciences*, eds. Frederic Cooper and Randall Packard. (Berkeley: University of California Press, 1997)

Porter, Marylyn. "Caught in the Web? Feminists Doing Development." In *Feminists Doing Development*, eds. Marylyn Porter and Ellen Judd. (London and New York: Zed Books,1999)

Rose, Nicholas. "Governing 'Advanced' Liberal Democracies." In *The Anthropology of the State A Reader*, eds. Akhil Gupta and Aredhana Sharma. (Oxford: Blackwell Publishing, 2006)

Rose, Nicholas and Novas, Carlos. "Biological Citizenship" in Ong, Aihwa and Collier, Stephen.(eds.) *Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems* (Oxford: Blackwell Publishing, 2005).

Said Edward "Representing the Colonized: Anthropology's Interlocutors", *Critical Inquiry* no. 15 (winter 1989)

Sancar, Serpil. "Otoriter Türk Modernleşmesinin Cisiyet Rejimi." *Doğu-Batı* November 2004.

Saunders, Kriemild. "Introduction: Towards a Deconstructive Post-Developmant Criticism." In *Feminist Post-Development Thought: Rethinking Modernity,*

Postcolonialism and Representation, ed. Kriemild Saunders. (London and New York: Zed Books, 2002)

Sen, Amartya "Development Which Way Now" *Economic Journal*, 99. (1983)

Smith, Ines. "Gender Analysis of Family Planning" *Feminist Visions of Development: Gender Analysis and Policy*, eds. Cecile Jackson and Ruth Pearson. (London and New York: Routledge, 2001)

Spivak, Gayatri Cahkravorty. "Empovering Women" In *Environment* 37(I).

Watts, Michael. "The Crisis of Development" In *The Power of Development,* ed. Jonathan Crush. (London and New York: Routledge,1995)

Williams, Gavin. "Modernizing Malthus: The World Bank, Population and the African Environment." ed. Jonathan Crush. (London and New York: Routledge,1995)