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## Intimate Technologies of Family Making: Birth Control Politics in Cold War Turkey

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**SUMMARY:** In April 1965, the Turkish Parliament passed the law legalizing birth control, including the pills and the use of intrauterine devices. This article examines the beginnings and expansion of family planning in Turkey in the 1960s by tracing the encounters of American experts, Turkish physicians along with bureaucrats, and thousands of urban slum dwelling and rural women and men. Different from the previous historical accounts framing family planning as an insular and state-driven modernization project, it provides a transnational history of family planning in Turkey by unearthing intimate links between the discourses of development and histories of family, sexuality, and reproduction. By using Population Council documents, Turkish official papers, Parliament minutes, visual materials, and national and feminist press accounts, this article demonstrates that family planning practices with new technologies of contraceptives constituted often-neglected but indispensable components of infrastructure in the formation of technologies of governance in Turkey in Cold War context.

**KEYWORDS:** birth control, Turkey, international aid, Population Council, intrauterine device, biopolitics, development, sexuality, reproductive health

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Figure 1. Local women attending the mobile medical team's visit to Türkoba village in rural Ankara. Courtesy of Rockefeller Archive Center. Courtesy of Rockefeller Archive Center, RAC/Population P20 Hecettepe, Turkey-Family Planning, folder 321, Communication Office photographs.

Zooming into the picture on a film reel, four women with curious, confused, and vaguely amused expressions were looking over a small spiral object pointed at them (Figure 1).<sup>1</sup> A typewritten-note at the back of the picture noted that Ms. Sevgi Urgancı, whose hand is visible but who herself is hidden in the picture, was the female physician visiting Türkoba, a village fifty miles away from Ankara. She is holding a Lippes Loop, an intrauterine device (IUD), the source of the curiosity, confusion, and amusement on the faces of the women. In October 1969, she was there to explain the uses of IUD in controlling pregnancies and the significance of family planning. Dr. Urgancı was not alone during her visit that day. As the film reel reveals, she visited the health

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<sup>1</sup> Rockefeller Archive Center (RAC hereafter), Population P20 Hecettepe, Turkey-Family Planning, folder 321, Communication Office photographs.

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center with a midwife and a dietician coming from Ankara in the jeep, which was donated by the Population Council (PC), a Rockefeller Foundation–funded organization that operated at a global scale to conduct research, collect data, and develop policies to find “solutions” to the population growth in “developing” countries. Ted Spiegel, the photojournalist working for the leading humanitarian photography agency Rapho Guillemette Pictures, photographed and captioned the mobile team visit for “the Rockefeller Foundation’s Turkish Birth Control Activities in Turkey.”<sup>2</sup> These were photographic stories of the weekly visits performed by the mobile medical team to the villages around Ankara as well as to newly emerging squatter neighborhoods in the periphery of Ankara. Family planning experts composed of physicians and demographers selected these pilot locations for the family planning projects initiated in Turkey in the 1960s.

This article examines the emergence and expansion of family planning in Turkey in the 1960s by tracing countless encounters between American experts, Turkish physicians, and thousands of families living in urban squatters and rural areas. In 1961, the Turkish Parliament began discussing population planning after abandoning the decades of pronatalist policy.<sup>3</sup> A new law proposed legalizing the dissemination of birth control knowledge and technologies, including the use of pills and IUDs. The attempt to legislate population planning sparked heated debates in Parliament, and discussions in the media lasted several years even after the law was passed. Supporters of the law considered family planning to be a fundamental way to achieve socioeconomic development and modernization by limiting the population growth. They justified these claims also by citing the high maternal-infant mortality rate due to self-induced abortions

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<sup>2</sup> Ibid.

<sup>3</sup> *Türkiye Cumhuriyeti Resmi Gazete* (hereafter *Resmi Gazete*), no. 11976, April 10, 1965, 2–3.

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to make the case for the humanitarian urgency of the legalization of contraceptives. For the law's opponents, on the other hand, population planning signified an unwelcome "Western" intervention into national growth forecasts due to its potential to lead to population decline, disruption in the traditional family structure, and promiscuity among women.

The Parliament passed the Law No. 557 of Population Planning on April 10, 1965, despite the political tensions and after long negotiations. Family planning, birth control, and population studies quickly became a field of development planning and a new scholarly field of social and scientific research and experiments at the universities. Turkish authorities' desires to propagate family planning in rural areas and among newly emerging urban squatters (*gecekondulu*) neatly overlapped with growing funds, expertise, and technological aid launched by international aid organizations such as the PC and the United States Agency for International Development (USAID) for population planning projects in the Global South.<sup>4</sup> Turkish authorities envisioned to maximize the use of funds and expertise by merging maternal and child care along with population planning, although these aid organizations aimed at achieving global population decline only; that is, they did not envisage the project as an issue of health care from the start.<sup>5</sup> Despite policy differences, Turkish and American medical doctors and population experts collaborated over the years in experiments and studies on birth control methods in urban areas such as Istanbul and Ankara as well as through rural-scale projects in Erzurum, Tarsus, and

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<sup>4</sup> For a detailed historical analysis of American aid agencies' domestic and international population planning policies, please see Matthew Connelly, *Fatal Misconception: The Struggle to Control World Population* (Cambridge, Mass.: Belknap, 2008); Elizabeth Siegel Watkins, *On the Pill: A Social History of Oral Contraceptives, 1950–1970* (Baltimore: Johns Hopkins University Press, 1998).

<sup>5</sup> Connelly, *Fatal Misconception* (n. 4), 241–42.

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Yozgat. Aside from family planning objectives, these projects resulted in the development of a new language about the targeted social classes in the form of statistics and questionnaires evaluating fertility trends. Family planning offered a new governance tool for the cultivation of new conceptions about family, gender, and sexuality at the intersections of domestic and global interests. As Asli Zengin discussed, intimacy through sensory apparatus and touch was central to the exercise of state power, and as this article highlights, new contraception technologies such as IUDs and pills facilitated the extension of such power to hundreds of thousands of families as part of a (bio)political project in collaboration with the transnational actors.<sup>6</sup>

The debates in Turkey over population control and contraceptives in the 1960s were an extension of a growing global trend that linked population planning to social and economic development. From the 1950s into the 1960s, a remarkable population growth on a global scale paved the way following the post–World War II reconstruction attempts combined with decades-long scientific research on antibiotics and vaccines helping eradication of epidemic diseases as well as improvement in food production.<sup>7</sup> In Turkey, Egypt, Iran, Tunisia, and elsewhere in Latin America, governments were engaged with Western-driven population growth discourses and family planning practices as means to design social development programs to build productive and governable population.<sup>8</sup> PC, USAID, and Pathfinder Fund played key roles in the

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<sup>6</sup> Asli Zengin, “Violent Intimacies: Tactile State Power, Sex/Gender Transgression, and the Politics of Touch in Contemporary Turkey,” *J. Middle East Women’s Stud.* 12, no. 2 (2016): 225–45, quotation on 226.

<sup>7</sup> Randall M. Packard, *A History of Global Health: Interventions into the Lives of Other Peoples* (Baltimore: Johns Hopkins University Press, 2016), 181–226.

<sup>8</sup> Beth Baron, “The Origins of Family Planning: Aziza Hussein, American Experts, and the Egyptian State,” *J. Middle East Women’s Stud.* 4, no. 3 (2008): 31–57; Laura Bier, “From Birth

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development of national family planning programs by supplying expertise, funds, and pharmaceutical materials.<sup>9</sup> These organizations had a longer history of shaping health institutions in Turkey and elsewhere in the Middle East beginning in the 1920s with investments in public health programs, nurse training, and malaria eradication.<sup>10</sup> While earlier U.S. engagements were packaged as soft diplomacy in the form of humanitarian aid, the Cold War political climate paved the way for the direct U.S. presence on the ground through the implementation of “modernization models” in the form of data survey and foreign investment as part of the developmentalist agenda. An early literature in the history of family planning examined the influx of international aid as postwar colonial initiatives, demonstrating that they targeted communities as subjects for scientific experimentation in the development of new contraception

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Control to Family Planning: Population, Gender and the Politics of Reproduction in Egypt,” in *Family in the Middle East: Ideational Change in Egypt, Iran and Tunisia*, ed. Kathryn M. Yount and Hoda Rashad (New York: Routledge, 2008), 55–79; Omnia El Shakry, “Barren Land and Fecund Bodies: The Emergence of Population Discourse in Interwar Egypt,” *Internat. J. Middle East Stud.* 37, no. 3 (2005): 351–72; Jennifer Johnson, “The Origins of Family Planning in Tunisia: Reform, Public Health, and International Aid,” *Bull. Hist. Med.* 92, no. 4 (2018): 664–93; Firoozeh Kashani-Sabet, *Conceiving Citizens: Women and the Politics of Motherhood in Iran* (New York: Oxford University Press, 2011), 187–206.

<sup>9</sup> Alison Bashford, *Global Population: History, Geopolitics, and Life on Earth* (New York: Columbia University Press, 2014); Lara Marks, *Sexual Chemistry: A History of the Contraceptive Pill* (New Haven, Conn.: Yale University Press, 2001); Gabriela Soto Laveaga, *Jungle Laboratories: Mexican Peasants, National Projects, and the Making of the Pill* (Durham, N.C.: Duke University Press, 2009); Raúl Necochea López, *A History of Family Planning in Twentieth Century Peru* (Chapel Hill: University of North Carolina Press, 2014); Nicole Bourbonnais, *Birth Control in the Decolonizing Caribbean: Reproductive Politics on the Four Islands* (Cambridge: Cambridge University Press, 2016).

<sup>10</sup> Ali Erken, *America and the Making of Modern Turkey: Science, Culture and Political Alliances* (London: Bloomsbury, 2018); Nancy Elizabeth Gallagher, *Egypt’s Other Wars: Epidemics and the Politics of Public Health* (Syracuse, N.Y.: Syracuse University Press, 1990).

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technologies and testing modernization theories.<sup>11</sup> In some cases, these initiatives failed to produce reliable results because people navigated strategies to avoid participation and even succeeded deceiving the experiments.<sup>12</sup> In other instances, women who joined the scientific trials for new contraceptives dropped out due to unannounced health risks and failures of the underdeveloped technologies to prevent pregnancies.<sup>13</sup> In contrast to previous views that framed population control as merely an extension of colonial governmentalities reinforcing Western colonialist agenda, a new body of research emphasized the active role of local governments and activists in allying with global organizations and the roles that family planning played in nation-building processes by refashioning social and political implications of motherhood, reproduction, and family.<sup>14</sup>

Rather limited research on the history of legalization of birth control in Turkey lacks a critical analysis and portrays an institutional history that characterizes the project of family planning as an extension of an insular national public health and state-driven modernization project.<sup>15</sup> Scholars related the lack of discussion within feminist studies to the idea that the

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<sup>11</sup> Laura Briggs, *Reproducing Empire: Race, Sex, Science and U.S. Imperialism in Puerto Rico* (Berkeley: University of California Press, 2002).

<sup>12</sup> Mahmood Mamdani, *The Myth of Population Control: Family, Caste, and Class in an Indian Village* (New York: Monthly Review Press, 1973).

<sup>13</sup> Briggs, *Reproducing Empire* (n. 11), 135–139.

<sup>14</sup> Baron, “Origins of Family Planning” (n. 8), 31–33; Bier, “From Birth Control to Family Planning” (n. 8), 72–73; Johnson, “Origins of Family Planning” (n. 8), 664–66; Kashani-Sabet, *Conceiving Citizens* (n. 8), 205–6; Sunil S. Amrith, *Decolonizing International Health: India and Southeast Asia, 1930–65* (Basingstoke, UK: Palgrave Macmillan, 2006).

<sup>15</sup> Ayşe Akın, “Emergence of the Family Planning Program in Turkey,” in *The Global Family Planning Revolution: Three Decades of Population Policies and Programs*, ed. W. Robinson and J. Ross (Washington, D.C.: World Bank Publications, 2007), 85–103; Belin Benezra, “The

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legalization of birth control had been the result of a top-down endeavor rather than an outcome of grassroots mobilization, as in the cases of Western feminist movements.<sup>16</sup> While there is a growing literature on reproductive rights in the post-1990s, feminist scholars of Turkey explain the silence about the antinatalist era beginning in the 1960s by pointing out that the feminist movement prioritized activism for political and labor rights and that they began to discuss issues involving the body politics in domestic life such as labor, violence, and sexual rights only after the 1990s.<sup>17</sup> Nevertheless, the lack of studies on the history of the legalization of birth control is also closely related to the methodological blind spots that shape the scholarly field of the history of Turkey during the Cold War. Because official and institutional archives that would enable research on population planning are still largely closed to the public access, this study extensively relied on the documents available in the Rockefeller Archive Center along with fragmented selections from the press and pamphlets collected from rare book sellers throughout Turkey.

This article is a social history of birth control in Turkey, and it brings population, medicine, and gender into the historical analysis of social development by arguing that family planning and the contraceptive technologies it introduced were essential biopolitical and geopolitical components of infrastructure building in Turkey. Population control gained a

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Institutional History of Family Planning in Turkey,” in *Contemporary Turkey at a Glance*, ed. Kristina Kamp (Wiesbaden: Springer, 2014), 41–56.

<sup>16</sup> Benezra, “Institutional History” (n. 15), 41–56.

<sup>17</sup> Seda Saluk ve Burcu Mutlu, “Türkiye’de Üreme Sağlığı ve Kürtaj Tartışmaları” [Reproductive Health and Abortion Debates in Turkey], 411, and Hazal Atay, “Beden Tartışmaları: Geç Osmanlı Dönemi’nden Türkiye’ye Kürtaj ve Feminizm” [Debates on the Body: Abortion and Feminism from Late Ottoman Era into Turkey], 425, both in *Modern Türkiye’de Siyasi Düşünce Cilt 10: Feminizm* (İstanbul: İletişim, 2020).



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controversial character and constituted a domain of political contestation within a fragmented political scene dominated by the center-right and center-left in Cold War Turkey. Despite the competing agendas of the political actors, developmentalism functioned as the domain of consensus for state building in the aftermath of the post-coup regime, and it incorporated “population” by way of family planning as an essential component of infrastructure for socioeconomic planning in the same way that development projects for highways, water dams, and energy resources did. Just as impenetrable landscapes, untamed rivers, and unexplored oil reserves, the government selectively tapped into rural and urban dwelling low-income population as a vital resource of labor and production and yet also as potential risks for (bio)political and economic stability if uncontrolled. In conversation with Begüm Adalet’s analysis of the construction of modernization theory in Cold War Turkey, this article frames family planning as a complex transnational domain of experimental modernization initiatives and a biopolitical endeavor in the designated “social laboratories” for the collection, formulation, and rationalization of knowledge pertaining to population, reproduction, and fertility trends.<sup>18</sup> As underlined by Sara Pursley, histories of “the age of development” in the Middle Eastern context predominantly center on the materiality of development often neglect gender and “tend to treat ‘men’ and ‘women’ as self-evident categories.”<sup>19</sup> This article makes the case for a study of developmentalism by centering on the human element upon which it was founded and demonstrates that family planning was set in a transnational domain of negotiations and

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<sup>18</sup> Begüm Adalet, *Hotels and Highways: The Construction of Modernization Theory in Cold War Turkey* (Stanford, Calif.: Stanford University Press, 2018).

<sup>19</sup> Sara Pursley, “Gender as a Category of Analysis in Development and Environmental History,” *Internat. J. Middle East Stud.* 48, no. 3 (2016): 555–60, quotation on 555.

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confrontations over population, family, and reproduction within multifaceted engagements of global, national, and local actors whose priorities often differed and even conflicted.

The first section of the article traces the political context that paved the way for the legislation of the Population Planning Law in the early 1960s. In the post-coup political climate, family planning presented an opportunity for the state to expand its biopolitical and geopolitical endeavors to consolidate the new regime and its conduct of governance. At the same time, international and American institutions made a bid for global governance through family planning while maintaining a ground of collaboration with local actors by employing discourses of technology and development. The second section analyzes the ways in which family planning produced technologies of governance through global and local alliances for the circulation of expertise and funding based on experimental projects in urban low income and rural areas. It details the processes in the formation of urban and rural family planning clinics, operations of mobile teams, and emergence of academic institutions as the new loci for knowledge production, assessment, and, finally, measurement of social change. The third section investigates the objectives and strategies of family planners in promoting new contraceptive technologies, in particular IUDs. Building the analysis on the foundational role of science and technology in the construction of women's bodies, this section discusses how new materiality as well as technological and affective features of contraceptives were received by women and their contribution to the new forms of discourses of family, gender, and sexuality in Turkey.<sup>20</sup>

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<sup>20</sup> Chikako Takeshita, *The Global Biopolitics of the IUD: How Science Constructs Contraceptive Users and Women's Bodies* (Cambridge, Mass.: MIT Press, 2013).

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## On the Way to Family Planning

When the Ottoman Empire dissolved after a decade of wars in 1922, Republican Turkey inherited a population worn down with the physicians who were formerly the planners and practitioners of Ottoman era pronatalist policies. Like in late Ottoman practices, the Early Republican regime under the Republican People's Party (RPP) criminalized abortion in the Penal Law of 1926 and prohibited the use and circulation of birth control practices in the 1930 Law of General Hygiene.<sup>21</sup> The government encouraged reproduction by allocating social aid allowances, tax exemptions, and education grants in the state-funded boarding schools for families with more than five children.<sup>22</sup> Turkish physicians also engaged with the eugenicist trends in the 1930s; and yet eugenicist conversation as a means of pronatalist policy arguably remained as a medical-intellectual conversation among urban-based high-ranking physicians.<sup>23</sup> Early Republican pronatalist policies yielded the desired results pertaining to population growth, in that population of Turkey increased from 13,648,270 in 1927 to 18,790,174 in 1945.<sup>24</sup>

The single-party rule of RPP came to an end with the transition to the multiparty politics and the establishment of the Democrat Party (DP) in 1946. Under the leadership of Adnan

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<sup>21</sup> Tuba Demirci and Selçuk A. Somel, "Women's Bodies, Demography, and Public Health: Abortion Policy and Perspectives in the Ottoman Empire of the Nineteenth Century," *J. Hist. Sexual.* 17 (2008): 377–420.

<sup>22</sup> Benezra, "Institutional History" (n. 15), 44.

<sup>23</sup> Sanem Güvenç Salgırlı, "Eugenics for the Doctors: Medicine and Social Control in 1930s Turkey," *J. Hist. Med. & Allied Sci.* 66, no. 3 (2011): 292; Murat Arpacı, "Modernleşen Türkiye'de beden ve nüfus politikaları: Hıfzıssıhha, terbiye, öjeni" (Ph.D. diss., Mimar Sinan Arts University, 2015).

<sup>24</sup> *Istatistik Göstergeler: 1923–2009 = Statistical Indicators* (Ankara: Devlet İstatistik Enstitüsü Matbaası, 2010), 8.

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Menderes, DP came to power in 1950 and implemented free-market policies, aggressive agricultural development, and diplomatic relations as a close U.S. ally through strategies to join NATO and other anti-Soviet regional alliances. Despite major political differences with the RPP, DP rule did not diverge from the former regime's pronatalist policies. Building a healthy population was a central theme and reflected escalating effects of the Cold War militarism. DP's pronatalist stance is best illustrated in the public health manuals, which were released as a Marshall Plan series for peasant families in 1951.<sup>25</sup> In *The Care of Pregnant Women*, for example, the author emphasized the significance of a healthy and large population, which was depicted as the child-soldiers, as a means of posing a serious threat to the nation's potential "enemies."<sup>26</sup> In other words, population growth was not considered to be an alarming matter yet in the early 1950s. On the contrary, the pronatalist policies advocated even a greater population growth and portrayed a strong nation as a healthy and happy family with multiple children.

What, then, drove a dramatic shift from a pronatalist policy encouraging population growth in 1951 to an antinatalist trend in the late 1950s depicting an increase as such as an alarming threat for national development? Turkey population increased from 20,947,188 in 1950 to 27,754,820 based on the 1960 census.<sup>27</sup> In addition to the increase, the census revealed a shift in Turkey's urban-rural divide: a ratio of 19 to 81 percent urban-rural population in the 1950 census shifted to a ratio of 26 to 74 percent in 1960, signifying an accelerated pace of urbanization. A shared trend in population growth and urbanization was connected to the

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<sup>25</sup> Anonymous, Marshall Planı Sağlık Broşürü No.4: Gebelerin Bakımı [Marshall Plan Health Manual No: 4: The Care of Pregnant Women] (Ankara, 1951).

<sup>26</sup> Ibid., 8.

<sup>27</sup> *Istatistik Göstergeler* (n. 24), 8.

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mechanization and commercialization of agriculture, construction of highway networks, and increased investment in public health. Although a small number of landowners and manufacturers profited from the rural economic growth, many dispossessed peasants migrated to urban centers for work and life opportunities. As Sinan Yıldırım discussed, the post–World War II era changed the way that peasants were viewed as a social class. The political formulation of the single party era desiring to keep the peasants in the rural in their “natural places” by way of village institutes that would cultivate self-sufficient work and life environment and prevent peasants moving to the urban areas was no longer an effective strategy. While peasants were viewed as an idealized component of the labor force and army as long as they engaged with agricultural production outside of the cities, the rapid domestic migration make the peasantry both visible and politicized.<sup>28</sup> In the mid-1950s, “population growth” became a social problem when the intensified domestic migration prompted an unprecedented and sudden encounter of urban and rural divides emphasizing class and cultural differences between the urban residents and newcomers along with a lived experience of housing crisis in urban areas.<sup>29</sup>

Population growth was not simply viewed as a sociological issue. In the 1950s, physicians considered it as a public health matter. Among others, Nusret Fişek, a recent graduate

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<sup>28</sup> Sinan Yıldırım, *Politics and the Peasantry in Post-War Turkey* (London: I.B. Tauris, 2017), 6–13. Please see Asım Karaömerlioğlu, *Orada Bir Köy Var Uzakta: Erken Cumhuriyet Döneminde Köycü Söylem* [A Village Far Away: Discourses on Peasantry in Early Republican Era] (İstanbul: İletişim Yayınları, 2006).

<sup>29</sup> Elif Ekin Akşit, “Geç Osmanlı ve Cumhuriyet Dönemlerinde Nüfus Kontrolü Yaklaşımları” [Approaches to Population Control in the Late Ottoman Empire and Republican Periods], *Toplum ve Bilim* 118 (2010): 179–97; Ruşen Keleş, *Urbanization in Turkey* (New York: Ford Foundation, International Urbanization Survey, 1973).

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of Harvard Medical School and the head of the Institute of Public Health, became one of the most significant advocates of family planning in rural Turkey.<sup>30</sup> According to Fişek, there had been a significant population growth, which occurred alongside high maternal-child mortality, suggesting additional evidence of underdevelopment by way of the state's failure to provide maternal health care. Based on large-scale research among 132,000 participants and 7,000 women from rural areas in the summer of 1958, Fişek concluded that birth, death, and pregnancy were important social issues and that it was not only self-induced abortions and miscarriages that endangered the lives of mothers.<sup>31</sup> Fişek claimed to find a high rate of infant mortality of 166 per 1,000 live births. Survey results linked access to elementary education to fertility tendencies and proposed overcoming the "population problem" through family planning and increasing elementary education among the rural population. Fişek's findings offered a critical analysis to impress and steer policy makers toward a new perspective for population planning. However, it would be interrupted by new political developments.

A military coup on May 27, 1960, ended DP rule. The midlevel officers who performed the coup rationalized the intervention with the increasing authoritarian rule of the government leading to the escalation of violence along with "unconstitutional" practices pursued by the government.<sup>32</sup> The National Unity Committee (NUC) took over power as the temporary

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<sup>30</sup> Asena Günal, "Health and Citizenship in Republican Turkey: An Analysis of the Socialization of Health Services in Republican Historical Context" (Ph.D. diss., Boğaziçi University, 2008), 229.

<sup>31</sup> RAC / Population Council Records (hereafter PC) / Foreign Correspondence File (hereafter FC), Country Turkey, box 185, folder 1764, W. Parker Mauldin Diary, March 6, 1961.

<sup>32</sup> Erik Jan Zürcher, *Turkey: A Modern History* (London: I.B. Tauris, 2003), 242.

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governing body until the declaration of the new constitution and transition to civil government in October 1961.<sup>33</sup> Debates regarding population planning took shape in the transitional post-coup political climate. Initially, the NUC launched the State Planning Organization (SPO) to draft the first five-year development plan, covering the period between 1963 and 1968.<sup>34</sup> A section dedicated to “Population Planning” was the first attempt at describing population growth as a problem in the agenda of the development plan.<sup>35</sup> Second, the NUC passed Law 224 of the Socialization of Health Services in January 1961. The new public health law aimed at enhancing the health care workforce and access to public health services free of charge, especially in rural areas, by offering competitive wages and limiting private practice for state-employed physicians.<sup>36</sup> A province included in the “socialized” health program, by default, received personnel and budget allocations for family planning programs.

The new public health law revealed the biopolitical as well as geopolitical implications of development plans and in that population had been a significant element of public health infrastructure. Instead of following the initial plans to introduce the new public health law in urban areas in western Turkey, the NUC commenced the new public health practices in the rural eastern provinces, where the population was predominantly Kurdish. The militaristic wing of the post-1960 coup regime framed the “eastern question” as a problem of economic backwardness

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<sup>33</sup> Ibid., 242.

<sup>34</sup> Devlet Planlama Teşkilatı, *Birinci Beş Yıllık Kalkınma Planı (1963–1967)* [The First Five Years Development Plan] (Ankara, 1963), Retrieved from <http://ekutup.dpt.gov.tr/plan/plan1.pdf>.

<sup>35</sup> Benezra, “Institutional History” (n. 15), 44.

<sup>36</sup> “Sağlık hizmetlerinin sosyalleştirilmesi hakkında Kanunu,” [The law of socialization of health services] *Resmi Gazete*, no. 10705, 12 Ocak 1961, 3076–79.

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instead of a political matter pertaining to “Kurdish question” and mobilized resources in an effort for a national(ist) integration and, as discussed by Asena Günel, by winning the “loyalty” of the Kurdish citizens in return for “free health care.”<sup>37</sup> This strategic choice was taken to highlight objectives linked to the establishment of a distinct planning as a “developmentalist” response to the Kurdish question.<sup>38</sup> As Adalet demonstrated, modernization projects of the 1950s involved highways as a means of integrating eastern Turkey, “an open territory waiting to be acquired,” through knowledge of its population and landscape.<sup>39</sup> Post-1960 coup reforms exhibited a continuity with the 1950s modernization projects modeled for Turkey by American theorists and Turkish bureaucrats. A pilot socialization program was first launched in 1963 in Muş, a predominantly Kurdish town, the population of which increased by 117 percent between 1945 and 1963 and reached 156,806 according to the 1960 census.<sup>40</sup> Other Kurdish-populated eastern provinces such as Ağrı, Bitlis, Hakkari, Kars, Van, Diyarbakır, Erzincan, Erzurum, Mardin, Siirt, Urfa, Adıyaman, Bingöl, Elazığ, Malatya, and Tunceli were included in the program gradually by 1967.<sup>41</sup>

Then, the members of the NUC government conceived population planning at the intersections of geopolitical and biopolitical matter and opted for framing it as part and parcel of public health policy in the rural east. Despite the presence of a vocal opposition of predominantly right-wing academics, politicians, and journalists, (military) members of the NUC encouraged

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<sup>37</sup> Günel, “Health and Citizenship” (n. 30), 220.

<sup>38</sup> Ibid., 224.

<sup>39</sup> Adalet, *Hotels and Highways* (n. 18), 135, 195.

<sup>40</sup> İsmail Beşikçi, *Doğu Mitingleri'nin Analizi (1967)* [An Analysis of Eastern Meetings] (Ankara: Yurt, 1992).

<sup>41</sup> Ibid., 267.



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Fişek, who became undersecretary of the Ministry of Health during the transitional rule, to draft a bill to replace the existing pronatalist law prohibiting birth control and the contraception use.<sup>42</sup> In what follows, the NUC also “consulted” with the Directorate of Religious Affairs about the compatibility of birth control with Islam. The directorate issued a *fetva*, an official religious statement, that explained the acceptability of contraception with conditions of the consent of women and in circumstances such as war and mobilization that would lead to the lack of proper conditions to raise a child.<sup>43</sup> In Turkey, which was ruled under a state of emergency as a pretext to war, the issuance of a *fetva* signaling the permissibility of contraception was a calculated step to quell growing opposition.<sup>44</sup> The results of the first elections, held in October 1961, revealed a divided political landscape in post-coup Turkey. RPP won the elections by a narrow margin of 36.7 percent to 34.7 percent for the Justice Party (JP), one of the newly founded political parties that inherited the DP’s political and electoral legacy.<sup>45</sup> Turkey’s political climate was dominated by aggressive competition between right- and left-wing parties spearheaded by JP and RPP. “Population growth” became an increasingly politicized phenomenon as a result of the ideological and political polarization between these political parties.

Upon transition to parliamentary politics after the 1961 elections under a RPP coalition government, population planning gained a transnational character when the Ministry of Health hosted two major global players in population planning: the PC and the Pathfinder Fund. The

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<sup>42</sup> RAC/PC/FC, Country Turkey, box 185, folder 1764, W. Parker Mauldin Diary, March 6, 1961.

<sup>43</sup> İsmail Ersoy, *Aile Planlamasına İlişkin İslami Görüşler* [Islamic Views on Family Planning] (Ankara: Aile Planlaması Derneği Yayınları no. 8, 1970), 96.

<sup>44</sup> Ibid.

<sup>45</sup> Ibid., 246.

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Cold War–era political climate played a significant role in dynamic shaping of the U.S.-Turkey collaborations. Population planning projects progressed in an environment of tense diplomatic relations marked by the rise of anti-American sentiments among the worker and youth movements as well as diplomatic confrontations over the “Cyprus issue” in the 1960s and 1970s.<sup>46</sup> In the escalating conditions of the global and local political climate, a group of high-ranking PC representatives conducted meetings with bureaucrats, scholars, officials, workers, and local residents in İstanbul, Ankara, İzmir, Aydın, and Diyarbakır in April 1963.<sup>47</sup> Following PC members’ visit, Mrs. and Mr. Charles Zukoski of the Pathfinder Fund spent the entire month of May and early June 1963 meeting with high-ranking bureaucrats and physicians in Ankara, İzmir, and Istanbul. They also developed close ties with nongovernmental actors such as the Turkish Family Planning Association (TFPA), a new organization founded by a group of doctors, university professors, civil society workers, and philanthropists based in Ankara and Istanbul.<sup>48</sup> After the visit, the PC team presented a report suggesting implementation of an immediate family planning program, a network of programs and personnel training based on the local needs, a preliminary “trial” period for diverse methods of contraceptives and birth control through training and education sessions in pilot regions, and finally tests of methods such as IUDs and oral contraceptives. These recommendations, derived from prior PC projects in Korea, Pakistan, and India that emphasized cost-effectiveness as well as “social and cultural sensibilities

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<sup>46</sup> Cangül Örnek and Çağdas Üngör, *Turkey in the Cold War: Ideology and Culture* (Houndmills, UK: Palgrave Macmillan, 2013), 8–11.

<sup>47</sup> RAC/PC/FC, Country Turkey, box 185, folder 1764, Leslie Corsa and Yusuf Azizoğlu Correspondence, April 18, 1963.

<sup>48</sup> RAC/PC/FC, Country Turkey, box 185, folder 1764, Report of Bernardine E. Zukoski and Charles F. Zukoski, May–June 1963.

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of the users,” constituted the backbone of PC operations in Turkey until they closed their Ankara office in 1971.<sup>49</sup>

While these early contacts with the PC and Pathfinder enabled the government to formulate the extent of the population planning programs, it took four years of media promotion, conferences, and voluntary organization efforts to negotiate the law with the JP-dominated opposition after the first draft of the Population Planning Law was submitted in 1961.<sup>50</sup> The opposition voiced by the JP persisted. Parliament minutes manifest the scale of politicization of the notions of population, body, and sexuality between the proponents and the opponents of the law during the multiple Parliament and senate meetings between February 1963 and April 1965.<sup>51</sup> While the RPP government pleaded for population planning by arguing that the high maternal and infant mortality rate was the motivation for the law, JP members argued that Turkey was underpopulated given the vast quantity of uncultivated agricultural lands. Other JP members suggested that population growth was necessary given Turkey’s geopolitics and Europe’s reliance on guest workers from Turkey as a source of labor.<sup>52</sup> Another JP view berated the international community for enforcing medical solutions rather than making socioeconomic investments to address issues like population growth.<sup>53</sup> Finally, some JP members contended that access to contraceptives would cause a moral crisis in society by promoting extramarital sexual

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<sup>49</sup> Ibid.

<sup>50</sup> *Resmi Gazete*, no. 11976, April 10, 1965, 2–3.

<sup>51</sup> Millet Meclisi Tutanak Dergisi [National Parliament Records Journal] (hereafter MMTD), Dönem [period] 1, Toplantı [meeting] 4, Birleşim [session] 85, April 1, 1965.

<sup>52</sup> MMTD, period 1, meeting 4, session 19, December 8, 1964.

<sup>53</sup> Ibid.

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intercourse and discouraging young women from getting married and reproducing.<sup>54</sup> On April 10, 1965, the law was eventually passed. In July 1965, only three months after the promulgation of the law, the JP took over the government and Süleyman Demirel became the new prime minister. Despite their rigorous opposition during the parliamentary debates, it would be the JP-led government that would oversee the establishment of family planning programs.

### Experimenting with Family Planning, Measuring Social Change

Turkish planners considered population growth a symptom of underdevelopment and a rural matter. In collaboration with American experts, Turkey crafted family planning programs framed around the discourse of social development by cultivating new notions about family, fertility, and birth control in rural areas and in the urban-based squatter neighborhoods that were social and cultural extensions of rural Turkey. As the debates about population planning continued in the early 1960s, Turkish and American family planners collaborated over small-scale experimental projects to formulate scientific, rational narratives on fertility trends, the demand for contraceptives, and social and cultural impulses about birth control. After the promulgation of the law in 1965, the government incorporated family planning into public health services undertaken by the Ministry of Health. A host of new actors including universities, professional medical associations, and nongovernmental organizations advocating for family planning were officially involved in outreach campaigns. In the absence of public health infrastructure in rural Turkey, a new phenomenon of mobile teams carried out the family planning campaigns, which

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<sup>54</sup> Ibid.

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were designed to serve rural and urban-dwelling low-income families. As weaved into the public health services, family planning took the form of an infrastructure for social development centering on the reformulation of “population” among the targeted rural and urban participants to impact local values and practices pertaining to family size, fertility, and gender dynamics.

In the aftermath of the Population Planning Law, Ankara became a pilot area where PC-sponsored family planning programs were launched in both urban and rural areas by the General Directorate of Family Planning (GDFP) and the Ministry of Health. Ankara Maternity Hospital (AMH), where “the women come from all over the city,” started the initial experiments in June 1965 with the collaboration of GDFP and PC under the program titled “Family Planning for the Urban Disadvantaged,” which was also known as the “Post-Partum Program.”<sup>55</sup> Performing 30,000 obstetric and gynecological visits and 11,000 deliveries per year, AMH became the model program in also introducing experiments on such new contraceptives technologies as IUD insertions and oral and injectable contraceptives.<sup>56</sup> To run the program, AMH needed to overcome technological and personnel shortages. Thus, PC initially contributed \$15,000 for a two-year trial by investing in a vehicle for follow-up visits, salaries for three extra nurses, a sound system for on-site hospital announcements, and research materials.<sup>57</sup>

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<sup>55</sup> RAC/PC/Ankara Maternity Hospital, box 70, folder 1301.

<sup>56</sup> Ibid.; RAC/PC/Ankara Maternity Hospital, box 70, folder 104, “Experience with Oral Contraceptives in a Postpartum Program” by Münevver Tuncer, September 8, 1967.

<sup>57</sup> RAC/PC/Ankara Maternity Hospital, box 70, folder 1301, Population Council–Nusret Fişek Correspondence, December 23, 1965.

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In the first two years of PC-funded experimental family planning program at AHM, there had been 13,000 IUD insertions.<sup>58</sup> The injectable contraception experiment remained on a small scale, with sixty-one women participating, thirty-seven of whom discontinued because of side effects such as bleeding, pain, and depression.<sup>59</sup> As for the oral contraceptives, which were provided for free at the beginning, there were 3,500 women participated in the program for access to the medication on a monthly basis. However, when the family planning clinic ran out of pills and began using a prescription-based drug, only 18 percent of the women continued to use the pills. In addition to side effects such as decreased menstrual flow, psychological effects, and cancer concerns, women stopped taking the pills due to unaffordability and difficulty of access to the pills outside of the program.<sup>60</sup> By 1965, there were still no local pharmaceutical manufacturers producing tablets and contraceptives.

The AHM program expanded to include women in the emerging squatter neighborhoods through mobile medical team visits. Civil society and urban-based women's rights advocacy groups such as the Association of University Women (AUW) functioned as an extension of GDFP projects and joined the outreach campaigns on the outskirts of Ankara.<sup>61</sup> Over the course of 1966 and 1967, AUW organized 174 meetings in and outside of Ankara, with an attendance of 15,424 women.<sup>62</sup> As I will discuss in greater detail in the following sections, Serim Yurtören's

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<sup>58</sup> RAC/PC/Ankara Maternity Hospital, box 70, folder 1304, "Experience with Oral Contraceptives in a Postpartum Program" by Münevver Tuncer, September 8, 1967.

<sup>59</sup> Ibid.

<sup>60</sup> Ibid.

<sup>61</sup> RAC/PC/Montague, Joel–Turkey–Reports, box 345, folder 3318, 1970 Annual Activity Report of the Ankara Branch of the Turkish Association of University Women.

<sup>62</sup> Ibid.

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(later Serim Timur) 1963 research, which included over a hundred questions for in-depth interviews with middle-class and low-income women based in Ankara, revealed that women had long used both traditional and nonconventional birth control methods.<sup>63</sup> In other words, women's interests and voluntary participation in the hospital and mobile team activities were driven by their lived experiences and demands for access to reproductive health. The mobile teams of AUW and TFPA offered lectures and trainings to women of reproductive ages as well as their elder counterparts such as their mothers and mothers-in-law.<sup>64</sup> Their collective participation in mobile visits across generations was motivated by the culmination of painful and fatal reproductive experiences. Thus, contrary to the views that women were unaware of the implications of family planning, evidence suggests that they opted for an alliance with family planning agents gain to control over pregnancies and failed contraception methods.

A typical outreach program began with an education session to explain the various birth control methods, both traditional and pharmaceutical, to local women who gathered in the district elementary school.<sup>65</sup> Thereafter, a mobile medical team comprising a physician and nurses performed IUD insertions, following a basic medical examination in the vehicles or in the classrooms, which were converted into temporary clinics.<sup>66</sup> In Istanbul, for example, in addition to squatter neighborhoods, the government employed mobile teams for birth control trainings

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<sup>63</sup> Serim Gülsüm Yurtören, "Fertility and Related Attitudes among Two Social Classes in Ankara, Turkey" (PhD. diss., Cornell University, 1965).

<sup>64</sup> "Üniversiteli Kadınların çabası: istediğiniz kadar çocuk yapın" [University Women's efforts: have as many children as you want], *Cumhuriyet*, May 24, 1967, 5.

<sup>65</sup> Ibid.

<sup>66</sup> Ibid.

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and IUD insertions in the factories for female factory workers exclusively.<sup>67</sup> Daily outreach campaigns carried out by mobile teams became increasingly important for the government in its efforts to establish a developmentalist infrastructure through family planning programs.

When the PC and Turkish planners realized the efficiency of mobile medical teams, outreach campaigns gradually moved into rural Ankara. After being removed from his position as undersecretary when JP came to power, Nusret Fişek became the director of Hacettepe University's Institute of Population Studies. At this new academic home, Fişek championed the most significant experimental program in rural Ankara in 1966, with financial and technological support from the GDFP and PC. Etimesgut became the site of one of the longest-running family planning programs and a social laboratory for testing instructional and medical methods, the efficiency of mobile teams, and local responses to contraceptive methods. Traveling from Ankara with two vehicles provided by USAID, educational and medical teams visited villages for two consecutive days to deliver physical examinations and information about contraception choices (Figure 2). After the completion of the education team's information sessions for the local authorities to "create a climate of acceptance and publicity," they met with women and men in the villages separately for lectures emphasizing "health and family economy" and the health risks of self-induced abortion.<sup>68</sup> The following day, medical teams set up temporary clinics for general physical examination and IUDs insertions for volunteering women. The Etimesgut mobile teams became the key model for the nationwide rural family planning programs in

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<sup>67</sup> "Doğum Kontrol Ekipleri İstanbul'u tarayacak," *Cumhuriyet*, 29 Ekim 1967, 1.

<sup>68</sup> RAC / Ford Foundation Records / Report on the Procedure and Results of Mobile Family Planning Teams in Selected Areas of Turkey, 1967.



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Turkey, especially in the eastern provinces, where family planning gained momentum in the late 1960s.



Figure 2. A hectic scene from Ergazi health center, where Dr. Ayşe Akın advised visitors about their birth control options. Courtesy of Rockefeller Archive Center, RAC/Population P20 Hecettepe, Turkey-Family Planning, folder 321, Communication Office photographs.

The perceived success and efficiency of the mobile medical teams were closely related with the lack of infrastructure including roads and public health facilities in rural Turkey, particularly in the eastern provinces. By the late 1960s, there were 27 million rural residents of 50,000 villages, around only 15,000 of which had road access. The rest of the rural population could be reached only “by jeep or donkey,” illustrating the two extremes of developmentalist

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endeavors.<sup>69</sup> A growing economic and technological dependency on aid from the United States was combined with the desire to maximize the effectiveness of the mobile teams. In 1967, the government negotiated a loan agreement with USAID for the importation of a fleet of 1,400 vehicles and \$300,000 to outfit its rural family planning program.<sup>70</sup> In the absence of sufficient fixed health clinics, mobile teams became the backbone of family planning programs. To summarize the intensive work, in the course of 1968 a mobile team of four professionals visited rural areas by touring 227 villages with a population amounting to 160,500. They provided basic training to 7,000 women during these visits and returned to Ankara after 113 days on the road with a 10.7 percent acceptance rate—twice the national target of a 5 percent acceptance rate—and an overwhelming number of IUD insertions among rural women (Figure 3).<sup>71</sup>

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<sup>69</sup> RAC/PC/Turkey: Correspondence, Reports, Studies, box 185, folder 1767, “Mobile Teams in Action Program” by Nuray Fincancıoğlu, January 1969.

<sup>70</sup> For the full text of the loan agreement between the Republic of Turkey and USAID, see Başkanlık Cumhuriyet Arşivi [Presidency Republican Archives] (BCA hereafter), 30-18-1-2/202.001.016, January 4, 1967; RAC/PC/Turkey: Correspondence, Reports, Studies (Turkey hereafter), box 185, folder 1765, A Report by Russell H. Davis Jr. Outline of the Events on Family Planning, February 12, 1966.

<sup>71</sup> RAC/PC/Turkey, box 185, folder 1767, “Mobile Teams in Action Program” by Nuray Fincancıoğlu, January 1969.

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Figure 3. Dr. Ayşe Akin, along with nurses and midwives, supervises the IUD insertions at Ergazi clinic. Courtesy of Rockefeller Archive Center, RAC/Population P20 Hecettepe, Turkey-Family Planning, folder 321, Communication Office photographs.

Rural family planning programs in Etimesgut and other areas around Ankara served as a model for the programs launched in the eastern provinces. In March 1967, PC received “A Family Planning Project for Erzurum Province,” a joint proposal from the Ministry of Health and the newly established Medical School at Erzurum Ataturk University seeking support to launch a program.<sup>72</sup> The proposal referred to Erzurum, which is located in the northeastern part of the country near the Russian border, as “the least developed and the poorest” region in Turkey. The province covered an area of 9,690 square miles and had a population of 628,856, with 106,301 people living in the Erzurum city center and the rest dispersed throughout thirteen towns and 1,067 villages.<sup>73</sup> Under the new public health law, Erzurum received state funding for the employment of medical personnel for basic health care and family planning activities. Four weeks after the physicians’ appointment, there had already been 86 IUD insertions, and by

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<sup>72</sup> RAC/PC/Montague, Joel–Turkey, box 344, folder 3311, A Family Planning Project for Erzurum Province, March 1967.

<sup>73</sup> Ibid.

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March 1967 the total had increased to 468.<sup>74</sup> The proposal aimed to perform 6,300 IUD insertions per year by reducing population growth by half and reaching 31,500 insertions in five years through collaboration with the military, religious leaders, local radio stations, the malaria control administration, and potential partners such as the Health College and village midwifery school.

In contrast to rural Ankara, the political climate in the rural east highlighted political sensibilities and expectations of the local population from the state, for whom family planning was both a biopolitical and a geopolitical endeavor. The submission of the Erzurum proposal coincided with an increase in political opposition and dissent among the local, predominantly Kurdish, population against the growing socioeconomic and regional inequalities caused by the government's insufficient investments and distribution of welfare services. In the fall of 1967, a group of urban-based young Kurdish intellectuals, politicians, and university students, who were primarily affiliated with the growing Workers' Party of Turkey (TİP), organized a series of public campaigns, called the Eastern Meetings (Doğu Mitingleri), in various eastern provincial centers to voice the collective demands against the government's underinvestment in social welfare services in the eastern provinces.<sup>75</sup> There was a large socioeconomic disparity between the east and west of the country, which was most obvious in the distribution of medical personnel. In Istanbul, there were over 2,500 licensed physicians, whereas there was only one in

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<sup>74</sup> Ibid.

<sup>75</sup> Azat Zana Gündoğan, "Space, State-Making and Contentious Kurdish Politics in the East of Turkey: The Case of Eastern Meetings, 1967," *J. Balkan Near Eastern Stud.* 13, no. 4 (2015): 389–416.

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Bingöl and none in Hakkari.<sup>76</sup> Protesters' demands for equal citizenship and equal access to health care, education, and economic development were quickly dismissed by the government and framed as Kurdish nationalist separatist activities. Nonetheless, key government officials and politicians, as well as the RPP-led opposition, rushed to the eastern provinces to hold local and counterpropaganda meetings.<sup>77</sup>

Family planning, a developmentalist project curated by a military junta in collaboration with global humanitarian aid, generated a political agenda in the east that was primarily motivated by the government's desire to combine public health infrastructure with a national welfare program and a securitization device of governance. On the government side, the Erzurum project exemplified the perfect environment for building a family planning infrastructure to meet the twin goals of public health service and population control. Nevertheless, the PC agreed to support the Erzurum proposal with substantial changes, insisting on a complete separation of family planning from maternal and child care services, and granted \$25,000 for a two-year period beginning on January 1, 1968.<sup>78</sup> This revision begs further elaboration to highlight how priorities for the PC and the Turkish government almost conflicted with each other over the implications of family planning, especially in the rural context. For the PC, facilitating family planning programs simply meant population control through the execution of projects for maximum effectiveness in recruiting IUD and oral contraceptive users, monitoring their submission to the program, gathering information on continuation, obtaining

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<sup>76</sup> Beşikçi, *Doğu Mitingleri'nin Analizi* (n. 40), 22.

<sup>77</sup> Ibid.

<sup>78</sup> RAC/PC/Montague, Joel–Turkey, box 344, folder 3311, Technical Assistance Authorization, n.d.

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statistical data through surveys and computation programs, and translating the data into an assessment measuring fertility trends on a global scale. Therefore, on the PC side, investments for local family planning projects required a standardized research and assessment plan to yield data that were not intended for health care.<sup>79</sup> Nonetheless, for Turkish authorities, family planning programs were substantially linked to health care infrastructure and, particularly in the eastern provinces, the construction of a national health program.

Different from Ankara-based initiatives, there were significant climatic, social, and political circumstances that shaped family planning project attempts in Erzurum and in the entire eastern region. As PC representatives learned firsthand in early 1968 when they were stuck on the train for a week in the middle of a snowstorm in the east, harsh winter conditions and a lack of highways and roads cut off the villages from the provincial centers for many months, depriving the rural population of access to food, health services, and communication.<sup>80</sup> The government considered foreign aid for rural development projects as a strategy to raise funds for competitive wages for health care personnel, especially for physicians, who avoided the area and therefore had to be convinced to work in the region. They also invested in visual materials and broadcasted many programs over local radio stations, which PC considered as a powerful medium in encouraging local families to join the programs.<sup>81</sup> At the end of the second month, the Erzurum program was considered to be successful based on 2,000 IUD insertions, 1,700 of

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<sup>79</sup> RAC/PC/Turkey, box 185, folder 1767, WBW and Lewis Anderson Correspondence, January 23, 1969.

<sup>80</sup> RAC/PC/Turkey: Frierson, John K., box 186, folder 1778, Ismail Ersoy and John K. Frierson Correspondence, March 8, 1968.

<sup>81</sup> Ibid.

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which were performed by mobile teams, and the distribution of 433 cycles of oral contraceptives into the third month of the project. John Frierson, Ankara officer for PC, described the Erzurum family planning program as “one of the best” based on the activities of the medical personnel as well as dynamic family planning propaganda.<sup>82</sup>

Nonetheless, the local educational director in Erzurum depicted a more nuanced picture, revealing gendered, political, and religious dynamics shaping the program. As reported to the PC, local women tended to avoid IUD insertions by male physicians as well as conversations about birth control due to the implications of sexuality.<sup>83</sup> Local women were also concerned about the side effects of IUDs, such as bleeding and increased cancer rates. Communication was another problem. The lack of Kurdish translators among the mobile teams was a setback in addition to the discomfort among the Kurdish population toward family planning, which they considered to be a strategy of the government to eliminate the Kurdish population.<sup>84</sup> As discussed by Günal, in the formulation of the nationalization of the health services law in the 1960s, military authorities decisively excluded proposals for bilingual services.<sup>85</sup> As in other instances involving the government’s indifference to ethnic and linguistic minorities’ presence and demands, the PC did not engage with this account of linguistic barriers and fears of the Kurdish population about family planning as a means of ethnic extermination.<sup>86</sup> In the absence of personnel for trainings, the vehicle drivers, some of whom spoke Kurdish, volunteered for the

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<sup>82</sup> Ibid.

<sup>83</sup> Ibid.

<sup>84</sup> Ibid.

<sup>85</sup> Günal, “Health and Citizenship” (n. 30), 225.

<sup>86</sup> RAC/PC/FC, Country Turkey, box 186, folder 1777, From Lewis Anderson and NRE Fendall Correspondence, November 26, 1967.

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educational work involving distribution of visual materials and posters as well as verbal translations while visiting Kurdish villages.<sup>87</sup> Finally, there were disagreements voiced by local religious authority (*müftü*) toward the family planning programs. A partial agreement was maintained only when the local education director provided translations of religious statements released in Egypt, Pakistan, Jordan, and Iran demonstrating the approvals of religious authorities in other Muslim countries. Yet the *müftü*, who was a state-appointed civil servant, was not convinced by the translations. Upon his request, the director contacted Al-Azhar University in Egypt to obtain the original Arabic version of the decision.<sup>88</sup>

Only one year after the program's launch, in February 1969, Dr. Mithat Torunoğlu, the dean of the Medical School, suggested that PC discontinue the Erzurum program entirely.<sup>89</sup> For Torunoğlu, family planning programs were destined to fail, but not because of a lack of interest among the local population. On the contrary, despite significant demands from rural women, there was a major shortage of medical personnel, which dropped from forty-eight physicians to seventeen due to rotations, that caused program failures. Additionally, despite efforts to reduce the stigma associated with IUDs, local religious authorities persuaded women to cease using them. Nonetheless, Torunoğlu did not raise language barriers or Kurdish inhabitants' concerns about family planning in the report. Despite all the setbacks—voiced or implied—PC insisted on

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<sup>87</sup> RAC/RF/Hacettepe Science Center, box 2, folder 15, "The Long Road to Yiğittaş," by Farnsworth Fowle, in *Foundation Quarterly Report* 4 (1969): 35.

<sup>88</sup> RAC/PC/Turkey: Frierson, John K., box 186, folder 1778, Ismail Ersoy and John K. Frierson Correspondence, March 8, 1968.

<sup>89</sup> RAC/PC/Montague, Joel—Turkey, box 344, folder 3311 Lewis Anderson Correspondence, March 20, 1969.



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continuing the program and considered termination only as a “last resort” because the IUD insertion rates represented a success story.<sup>90</sup>

## IUD Alliances

By the late 1960s, Turkish planners, physicians, and global organizations’ efforts and investments to promote family planning programs had resulted in an increase in IUD and birth control pill use among rural and urban squatter dwelling families in Turkey. However, focusing entirely on data acquired from local clinics, mobile team logs, and annual data analysis may conveniently lead to portraying the family planning programs as a standalone “achievement” on the part of the government and transnational players. On the other hand, rural and urban poor families entered into a negotiation and an alliance with the political and public health authorities about how to navigate new contraceptive technologies while protecting their subjective interests over their own bodies, fertility, and family size. Women played the most significant roles in these alliances and negotiations because their bodies were central to family planning narratives and practices. Knowledge about new contraceptive technologies provided women with new opportunities—other than self-induced abortion—to establish and secure a new form of authority over their own bodies and reproductive choices, which were otherwise dominated by the pronatalist state outside and their husbands at home. At the intersections of the negotiations and alliances, a plastic U-shaped tool took center stage as the Turkish government favored IUD

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<sup>90</sup> Ibid.

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technology as the primary choice of contraceptive method in family planning programs designed for rural and urban poor families.

The popularity of IUDs was directly related to views depicting and structuring body politics, fertility, and sexuality of targeted women based on class and ethnic differences. Despite the dubiousness of IUDs under legal scrutiny in the United States, they quickly became the key tool in Turkey with free donations from the PC as a “technological fix” to population growth and fertility control among rural and urban poor women.<sup>91</sup> In clinics and during the mobile team visits, a regular family planning training provided instruction on both traditional contraception methods, such as withdrawal and douche, and new technologies with pharmaceutical features, such as diaphragms, vaginal gels, condoms, IUDs, and finally pills.<sup>92</sup> Nevertheless, the GDFP officially presented IUDs as the preferable method during outreach campaigns owing to prospects of less expensive technological solution, eliminating the burden of frequent medical visits for refills and ensuring a successful outcome.<sup>93</sup> Following the passage of the legislation, the Ministry of Health quickly incorporated IUDs into family planning programs and provided a three-week IUD insertion training in Ankara to physicians from all across the country. For motivation and better productivity, the ministry even compensated licensed physicians ten liras of incentive payments for every IUD insertion, even though often female nurses and village midwives performed the insertions.<sup>94</sup>

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<sup>91</sup> Watkins, *On the Pill* (n. 4), 70–72; Takeshita, *Global Biopolitics of the IUD* (n. 20), 14–15; Briggs, *Reproducing Empire* (n. 11), 135.

<sup>92</sup> Nüfus Planlaması Teşkilatı, *Nüfus Planlaması* (Ankara: Başbakanlık Devlet Matbaası, 1965).

<sup>93</sup> Ibid.

<sup>94</sup> RAC/PC/Montague, Joel–Turkey, box 344, folder 3311 Lewis Anderson Correspondence, March 20, 1969.

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In the years after 1965, Turkey imported hundreds of thousands of IUDs through donations based on collaborative agreements with international aid organizations. PC provided 50,000 IUDs and 2,500 inserters in 1966 and approved another order of 50,000 IUDs and 2,500 inserters for the next delivery.<sup>95</sup> In February 1966, PC negotiated patent agreements for “non-exclusive, royalty free rights and licenses” for Turkey’s Lippes Loop and Margulies brands of IUDs.<sup>96</sup> Considering Turkey as a new pharmaceutical market for IUD use, PC in collaboration with the Ministry of Health conducted research among Turkish plastic manufacturers for potential local IUD producers to contract production of 350,000 IUDs per year with the preblended polyethylene-barium raw material and the hydraulic injection machine provided by the United States.<sup>97</sup> While such mass production in local scale did not materialize immediately due to low profitability for the local manufacturers, there had been 203,698 IUDs inserted nationwide through the family planning programs by April 1970 based on annual data of 33,056 in 1966, 43,655 in 1967, and 58,669 in 1968, and 57,452 in 1969.<sup>98</sup>

The GDFP’s eagerness to popularize IUDs over other pharmaceutical contraceptives was closely linked with Turkish planners’ portrayal of rural and urban squatter-dwelling women as an underdeveloped social class shaped by illiteracy and poverty and rural in character; however,

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<sup>95</sup> RAC/PC/Turkey, box 185, folder 1765, A Report by Russell H. Davis Jr. Correspondence, February 12, 1966.

<sup>96</sup> RAC/PC/Turkey, box 124, folder 2271, Frank Notestein and Lewis Anderson Correspondence, May 13, 1966.

<sup>97</sup> RAC/PC/Turkey, box 185, folder 1765, A Report by Russell H. Davis Jr. Correspondence, February 12, 1966.

<sup>98</sup> RAC/ Rockefeller Foundation Records (RFR hereafter) / Hacettepe Science Center, box 2, folder 15, Ministry of Health Population Planning General Directorate Quarterly Bulletin, April 5, 1970.

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they were physically robust, strong, and enduring. The GDFP, like their American counterparts, invested the most in IUDs because they did not consider rural and urban low-income poor women to be appropriate consumers of birth control pills since they viewed the pill as a technology of self-discipline and the targeted women were not seen as capable of managing twenty-eight-day pill cycles as well as their educated upper- and middle-class counterparts.<sup>99</sup> This viewpoint was most openly expressed by local physicians during the summer 1968 field trip of John Frierson of PC and Turgut Metiner of GDFP to the eastern provinces including Ağrı, Van, Diyarbakır, and Mardin. One such physician in Diyarbakır advocated for the use of IUDs and questioned the usage of pills among rural women, claiming that “they would not take them regularly and would then get pregnant and bring family planning into disrepute.”<sup>100</sup> In other words, rural women were thought to be unfit to comply with the use of pills; and to counteract the doubts and reluctance about contraceptive technologies, IUDs provided physicians with a better scientific ground of reliable outcomes in preventing pregnancies than pills to convince and recruit women for family planning programs. Physicians, on the other hand, did not consider the common side effects of IUDs to be potential problems for rural women. A 1969 report noted the low rates of side effect complaints and argued that the rural women in Turkey “live on a high protein diet and tend to be very hardy and robust. They are therefore less likely to suffer from anemia that their sisters might be in countries where the diet is more vegetarian.”<sup>101</sup> The use of

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<sup>99</sup> Takeshita, *Global Biopolitics of the IUD* (n. 20), 42–43.

<sup>100</sup> RAC/PC/FC, Country Turkey, box 185, folder 1766, John K. Frierson Correspondence, June 10, 1968.

<sup>101</sup> RAC/PC/Turkey, box 185, folder 1767, “Mobile Teams in Action Program” by Nuray Fincancıoğlu, January 1969.

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IUDs as a contraceptive technology contributed to the perpetuation of a stereotype of rural and urban poor women who were physically well-built and robust and only fit for a “quick fix” to manage their fertility.

IUDs met the desires of family planners and social scientists for easy and efficient methods of experimenting, surveying, measuring, and ultimately manipulating fertility trends, especially in rural areas.<sup>102</sup> Physicians, nurses, and village midwives as well as population researchers contributed to conduct “knowledge, attitude, and practices (KAP)” surveys to track nationwide contraception use, whether traditional or pharmaceutical. To judge the “success” in family planning programs, the GDFP and PC depended heavily on IUD insertion counts, which were documented via insertion coupons, village visit logs, and monthly and annual questionnaires.<sup>103</sup> Through punch card and computation technology, IUD insertion counts were used to generate statistical knowledge about social trends in fertility, values attributed to motherhood, and sexuality. IUD insertion counts were used to formulate production and prediction of sociological trends about gendered and social attitudes and practices as quantifiable and statistical data to measure progress.

In addition to quantitative sociological measures of women’s progress based on IUD insertion, family planning surveys produced a gendered narrative in which eager, collaborative, and yet ignorant rural and urban low-income women were depicted against conservative men, who were viewed as obstacles to family planning programs and thus to social development. In

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<sup>102</sup> Takeshita, *Global Biopolitics of the IUD* (n. 20), 68–69.

<sup>103</sup> Serim Timur and Nuray Fincancıoğlu, “Demographic and Characteristics of Turkish IUD Acceptors,” in *Conference on Turkish Demography, Izmir, 1968*, ed. Frederic Claiborne Shorter and Bozkurt Güvenç (Ankara: Hacettepe U., Institute of Population Studies, 1969), 175–218.

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one case reported in the *Foundation Quarterly Report*, a village headman from Gümüşhane, a small town in central northeastern Turkey, refused the mobile family planning team entry into the village and redirected them to a neighboring village, claiming that “in [their] village, [they] have no such problem,” alluding to family planning as problem-driven matter. Local women, however, gathered to protest the headman and forced him to reinvite the mobile team back to the village, according to the story. “The headman,” as narrated in the *Report*, “caught up with the Health Ministry team in a nearby town and begged them to return: ‘You’ve got to save me from these women!’ He cried. ‘They are after me with sticks and pitchforks.’”<sup>104</sup> Despite the fact that the article was written for a particular audience, namely friends, supporters, and donors of the Rockefeller Foundation, for whom an archetype of illiterate, ignorant women and oppressive conservative men was a common Middle Eastern stereotype, the moral of the story suggests that despite the village headman’s rejection, the village women demanded meeting with the mobile team for their own collective and individual reasons, which may have included the opportunities of medical consultation and health examination without the hassle of going to the center or simply because they were curious to know about family planning at large. In other words, despite the government’s involvement and the opposition of the local men, rural women decidedly formed an alliance with the family planning teams to negotiate their authority over family, reproduction, and health.

The lack of first-person accounts from rural women prevents us from uncovering the motivations behind their demands to meet the mobile team. Family planning surveys often

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<sup>104</sup> RAC/RFR/Hacettepe Science Center, box 2, folder 15, “The Long Road to Yiğittaş,” by Farnsworth Fowle, in *Foundation Quarterly Report* 4 (1969): 21.

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collected systematic data using quantitative and universalizing approaches, but they failed to reflect social factors that encouraged women to use family planning. On the other hand, despite its limitations, print media coverage and scholarly research shed light on urban squatter dwellers' experiences and their rationale for adopting contraceptive technologies. One such study, "Fertility and Related Attitudes among Two Social Classes in Ankara, Turkey," by Serim Yurtören, demonstrates that women were actively exploring and experimenting various contraceptive alternatives long before birth control was made legal.<sup>105</sup> In the summer of 1963, Timur headed to Yenimahalle, a middle-class neighborhood, and Altındağ, an emerging squatter community, both of which were just a few miles away from Parliament, to interview fifty women. One hundred nineteen questions were used in Timur's interview to capture significant details about the decisions women from different social classes made regarding fertility and contraception as well as familial and social factors shaping those decisions at the intersections of reproduction and sexuality (Figure 4).

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<sup>105</sup> Yurtören, "Fertility and Related Attitudes" (n. 63), 133–55.



Figure 4. A fifth-year medical school student conducting a survey in Ankara’s Gülveren neighborhood and conversing with a twenty-year-old mother of five who recently migrated from eastern provinces. Courtesy of Rockefeller Archive Center, RAC/Population P20 Hecettepe, Turkey-Family Planning, folder 321, Communication Office photographs.

Timur’s interviews challenge the stereotype of women’s ignorance about birth control methods by demonstrating that women from both socioeconomic classes “wholeheartedly” supported the idea of birth control, even though it was illegal in Turkey at the time.<sup>106</sup> The research also revealed that in fact many women already practiced withdrawal, douche, and pessary.<sup>107</sup> Condoms were also known and accessible; however, they were a less popular method due to their cost as well as men’s unwillingness to use them with the excuse of condoms’ alleged interference with their sexual pleasure.<sup>108</sup> The participating women believed condoms to be safer,

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<sup>106</sup> Ibid., 132.

<sup>107</sup> Ibid., 135–36.

<sup>108</sup> Ibid., 137.



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especially for spacing. However, Timur argued that “male authoritarianism” failed women in convincing their husbands to use condoms because “it is always the husband who decided what method to use and when to start.”<sup>109</sup> Thus, monitoring fertility and managing birth control methods drew women’s bodies into the focus of family planners as the condoms were dropped from the Ministry of Health’s choice of contraceptive investment because, as the director of GDFP simply stated to a PC representative, “Turkish men won’t use it!” noting the fact that the government never attempted to promote their use.<sup>110</sup>

Despite the widespread belief among women that reproductive capacity was what qualified womanhood and motherhood as acceptable social status in the family and society, women from both classes increasingly explored various contraceptive methods and also shared their personal experiences with each other as they pursued new methods when others failed. The unpredictability of both withdrawal and douche methods contributed to failures in these endeavors. Due to shortcomings of the squatter dwellings, they eventually stopped using birth control methods like douche. For example, 40 percent of Altındağ interviewees lived in single rooms, whereas 48 percent lived in two-room homes, frequently with the extended family.<sup>111</sup> These homes shared an outside toilet with two or three neighbors and had no interior bathrooms or kitchens, meaning there was no running water available inside. Therefore, even though squatter-dwelling women tried traditional methods like douche and failed to avoid pregnancy, they turned to self-induced abortions. Despite the life risks, they employed foreign objects as

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<sup>109</sup> Ibid., 140.

<sup>110</sup> RAC/PC/Turkey, box 185, folder 1765, Bernard Berelson Correspondence “Report on the Trip to Turkey,” August 23–30, 1966.

<sup>111</sup> Yurtören, “Fertility and Related Attitudes” (n. 63), 11.

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well as pharmaceutical injections to induce vaginal bleeding in the absence of menstruation to stop their pregnancies.<sup>112</sup> As a result, when a family planning mobile team emerged in their neighborhood, promoting a new contraceptive technology in the form of a small plastic or coiled spiral or pills, many women seeking to control their pregnancies participated.

Among other new contraceptives, IUDs provided a limited but novel opportunity for rural and urban squatter women to negotiate their reproductive choices with both their husbands, who held the authority over contraception methods, and the government, which sought to fulfill a multifaceted biopolitical agenda that included population control and maternal and child care. There was resistance, too. Some doubts about the safety of IUDs regarding cancer and infertility risks appeared in newspaper articles, and this information spread among women by word of mouth.<sup>113</sup> In the mid-1970s, however, the socialist feminist press leveled a harsher criticism at the Turkish government's family planning programs. Appealing to emerging urban working-class women along with rural (working) women, *Women's Voice*, the official magazine of the Progressive Women's Association, centered feminist discourses and demands along the lines of women's labor both in the workplace as factory, domestic, and agricultural workers and at home as homemakers and mothers. Feminist authors frequently criticized government social policies, or the lack thereof, by highlighting employers' and the state's inadequate provision (and violation) of working women's rights to health care, child care, and lactation rooms. They did this by construing "motherhood" as a discursive ground for political and social rights

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<sup>112</sup> Ibid., 148.

<sup>113</sup> "Doğum kontrol Aracı, Spiral kanser yapar mı?," *Cumhuriyet*, June 16, 1969, 5.

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demands.<sup>114</sup> *Women's Voice's* portrayal of “motherhood” as labor, women’s right to reproduction, and the responsibility of society at large to honor women’s multifaceted labor shaped the feminist narrative regarding family planning programs. Hence, *Women's Voice* advocated for a family planning discourse through a vocabulary of social policy and justice demands by employing reproduction and motherhood as manifestations of labor at home and at work:

Instead of social and moral assistance, the leaders of our social order give us advice of not to reproduce, and if we do, not to leave [children] unattended. This social order, which forces us to work with low wages and in hunger, also give us—other than advice—birth control pills and devices. Hence, in Turkey, birth control and family planning are defined by this useless advice and the pills. This is the *definition*, and they embellish it with fancy words. In reality, we are not against birth control pills, devices, and acquiring birth control information. On the contrary, we believe that these tools and information enable women to freely reproduce and become mothers without jeopardizing their health.<sup>115</sup>

Weekly themes covered in the “Maternal-Child Health Care” column manifested motherhood as a discursive and practical domain of feminist activism with remarkable statements such as “the right to become a mother with access to work, child care, and without risking one’s life” in the late 1970s.<sup>116</sup> Family planning, according to the authors of *Women's Voice*, was just a supplement to social policy encompassing access to health care and reproductive rights for urban and rural working women.

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<sup>114</sup> Gözde Orhan, “From Motherhood to Activism: A History of Women in Transformation” (M.A. thesis, Boğaziçi University, 2008).

<sup>115</sup> *Kadınların Sesi*, August 1, 1975, 4.

<sup>116</sup> *Kadınların Sesi*, October 3, 1975, 1.

## Conclusion

Family planning continued to be a realm of collaboration and political contestation among global, national, and local players in Turkey in the 1970s even after the PC closed their Ankara office to relocate in Tehran. The PC was dissatisfied with the lack of accomplishments because of the JP-led government's reluctance to invest owing to concerns about opposition in Parliament.<sup>117</sup> Collaborations between GDFP and PC were revitalized only after the launch of the Taylor-Berelson method, which led to substantive revisions to incorporate maternal and child health care into family planning.<sup>118</sup> In the 1970s, family planning became a crucial international aid and interdependence mechanism between the West and the Global South, promising significant flows of loan. By the early 1970s, the Turkish government secured funds up to \$7 million for vehicles and contraceptives for rural family planning from the Ford Foundation, Swedish International Aid Agency, as well as USAID.<sup>119</sup> Between 1973 and 1977, the United Nations Population Fund (UNPFA) became a key investor, with a loan agreement for \$10 million between 1973 and 1977 for “family planning services progressively available as a part of maternal and childcare.”<sup>120</sup>

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<sup>117</sup> RAC/PC/Paul Demeny, Turkey, box 419, folder 4011, Rex Fendall and W. Parker Mauldin Turkey Visit, July 20–25, 1965.

<sup>118</sup> Howard C. Taylor and Bernard Berelson, “Comprehensive Family Planning Based on Maternal-Child Health Services: A Feasibility Study for a World Program,” *Stud. Fam. Planning* 2, no. 2 (1971): 1–54.

<sup>119</sup> USAID-Turkey loan agreement contract BCA 30-18-1-2/250.033.019, May 9, 1970. Turkey also imported winter vehicles and contraceptive pharmaceuticals from Sweden with tax exemptions. BCA 30-18-1-2/252.042.010, June 18, 1970 and BCA 30-18-1-2/272.074.007, October 7, 1971.

<sup>120</sup> RAC/PC/Turkey, box 185, folder 1767, Rafael Salas and W. Parker Mauldin Correspondence, May 22, 1973.

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In the social and political climate of the Cold War, family planning in Turkey developed at the nexus of biopolitical objectives and geopolitical concerns customized for a select population in rural and growing urban squatters of the working-class families. As they became a nationwide phenomenon in the 1970s, family planning programs integrated state, civil society, and global aid enterprises for a social development goal embodied in women's bodies by using IUD insertion as the key family planning tool. Between 1970 and 1973, the GDFP envisioned 300,000 women to use IUDs to meet the national acceptance rate of 5 percent, with mobile teams performing 80 percent of IUD insertions.<sup>121</sup> IUDs and pills were supplied by the PC, Pathfinder Fund, and alike and were delivered to rural and urban squatter-dwelling women with mobile teams navigating rough terrain with USAID jeeps. Among many other collaborating civil society institutions, TFPA organized 1,306 group educations in addition to 3,893 IUD insertions reaching approximately 13,500 women and men between 1963 and 1969.<sup>122</sup> By 1976, TFPA had established twenty-nine branches throughout Turkey from east to west. Only in Istanbul did thirteen TFPA-volunteering physicians provide free maternal-child health care on a weekly basis by appointment.<sup>123</sup> In other words, despite the unrealistic goals in the light of the limited resources, family planning combined with public health agenda to build an infrastructure upon a collaboration between global, national, and local actors and tailored for social development and an imagined governable population.

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<sup>121</sup> RAC/PC/Turkey, box 185, folder 1767, "Mobile Teams in Action Program" by Nuray Fincancıoğlu, January 1969.

<sup>122</sup> Oktay Cumhuri Akkent, *İslamiyette ve Türklerde Aile (Nüfus) Planlaması* (İstanbul: Türkiye Aile Planlaması Derneği, 1975), 3–8.

<sup>123</sup> *Ibid.*, 4.

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Women's choice and participation had been central to all planning efforts. To circle back to the opening image of this article, after all, women looked toward the new contraception technologies with both optimism and skepticism. Turkish family planners created a new sociomedical narrative about bodies and moralities of rural and urban squatter-dwelling women based on their choices and "alleged" (in)ability to use new contraceptive technologies. According to surveys and case studies conducted in "social laboratories" in rural and urban areas, family planning programs encouraged the use of traditional and new contraceptive methods among women, who had already been exploring available options to prevent unwanted pregnancies prior to the legalization of contraception.<sup>124</sup> Contraception technologies could potentially provide new avenues for women to acquire control over their bodies and reproduction. Despite the availability and practicality of condom use, qualified as "male contraception method," family planning authorities on global and national levels aggressively opted for IUDs, birth control pills, and vaginal gels, seeking to exert direct control over women's bodies. In other words, birth control was invented on the bodies of women. In the 1970s, research revealed that abortion was commonly used "to correct a contraceptive failure, rather than as a primary means of control."<sup>125</sup> Indeed, the increase in the number of abortions, primarily among urban-dwelling women, whether self-induced or performed illegally with excessive fees by private practice physicians, became a major public issue in the late 1970s.<sup>126</sup> Women's resort

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<sup>124</sup> Ferhunde Özbay and Frederic C. Shorter, "Turkey: Changes in Birth Control Practices, 1963 to 1968," *Stud. Fam. Planning* 1, no. 51 (1970): 4; Nusret Fişek, "An Integrated Health/Family Planning Program in Etimesgut District, Turkey," *Stud. Fam. Planning* 5, no. 7 (1974): 210–20.

<sup>125</sup> Özbay and Shorter, "Turkey" (n. 124), 5.

<sup>126</sup> *Ibid.*

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to self-induced abortions over state-sponsored IUDs and other popularized birth control devices demonstrated what everyone already knew: women's bodies remained the domain of political contestation, and they relied on their bodies as the only bare ground for empowerment even if the cost was fatal and until the alliances paid off.

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