

ATINER CONFERENCE PAPER SERIES No: HEA2012-0350

**Athens Institute for Education and Research**

**ATINER**



**ATINER's Conference Paper Series**

**HEA2012-0350**

**Poverty vs. Health of Women**

**Seda Kocabacak**

**Research Assistant**

**Health Administration Department**

**Hacettepe University**

**Turkey**

Athens Institute for Education and Research  
8 Valaoritou Street, Kolonaki, 10671 Athens, Greece  
Tel: + 30 210 3634210 Fax: + 30 210 3634209  
Email: [info@atiner.gr](mailto:info@atiner.gr) URL: [www.atiner.gr](http://www.atiner.gr)  
URL Conference Papers Series: [www.atiner.gr/papers.htm](http://www.atiner.gr/papers.htm)

Printed in Athens, Greece by the Athens Institute for Education and Research.  
All rights reserved. Reproduction is allowed for non-commercial purposes if the  
source is fully acknowledged.

**ISSN 2241-2891**

22/11/2012

## An Introduction to ATINER's Conference Paper Series

ATINER started to publish this conference papers series in 2012. It includes only the papers submitted for publication after they were presented at one of the conferences organized by our Institute every year. The papers published in the series have not been refereed and are published as they were submitted by the author. The series serves two purposes. First, we want to disseminate the information as fast as possible. Second, by doing so, the authors can receive comments useful to revise their papers before they are considered for publication in one of ATINER's books, following our standard procedures of a blind review.

Dr. Gregory T. Papanikos  
President  
Athens Institute for Education and Research

This paper should be cited as follows:

**Kocabacak, S.** (2012) **“Poverty vs. Health of Women”** Athens: ATINER'S Conference Paper Series, No: HEA2012-0350.

## **Poverty vs. Health of Women**

**Seda Kocabacak**  
**Research Assistant**  
**Health Administration Department**  
**Hacettepe University**  
**Turkey**

### **Abstract**

Poverty is defined not only by a lack of material goods and opportunities, and determining its borders is difficult. Poverty includes a lot of concepts such as shortage of income, lack of education, inadequate nutrition and being unhealthy. Although poverty is serious problem for large masses everywhere, women are disproportionately poor. In Turkey the poverty rate is 17.10% for men and 19.03% for women (TurkStat 2009).

Women may face gender discrimination in all spheres of social life: employment, social and economic, political rights and moral obligation. Some socially regressive beliefs or poverty of families lead to keeping of girls away from school. Lack of education or low level of education results in unemployment or working at low-paying jobs that require no specific qualifications. In Turkey the labour force participation rate of women in 2010 was 27.6%. Of these, 45.9% were employed in the agriculture sector and 37.8% worked as no-wage family workers (TurkStat 2010). Another important problem is that many women are working in the informal sectors. The unregistered employment is estimated to be 60.5% for women in Turkey (TurkStat 2010).

Gender equality or inequality is a major determinant of poverty and poor health. Above mentioned restrictions and inequalities have a direct effect on women's health and well-being. Educated women are particularly useful for improving health of women, their children, their family, and even entire communities. In Turkey for example, rate of maternal mortality in 2005 was 28.5 (per 100,000 live births) but in western Anatolia (large of amount of educated women) this rate decreased to 7.4.

The purpose of this paper is to discuss firstly the relationship between poverty of women and their health, followed by an evaluation of the current situation in Turkey done on the basis of statistical relation of women's poverty vs. health.

**Contact Information of Corresponding author:**

## **Introduction**

Poverty is a serious problem for all societies. Poverty induces malnutrition, poor health, illiteracy, bad housing, poor environmental conditions and limited political opportunities (Smith 2006). According to World Bank's statistics, 13,74 million people (25 percent of population) lived on less than \$1,25US a day (PPP) in 2005 (Worldbank 2012).

Defining the magnitude and effects of poverty are difficult issues. There are narrow and comprehensive views concerning poverty definition. The narrow definition of poverty focuses on income alone and this focus leads to ignoring some disparities and deprivations. Absolute poverty means inability to command sufficient resources to satisfy basic needs and is measured by amount of people whose incomes fall below the absolute poverty line (Smith, 2006). On the other hand comprehensive poverty definition such as human poverty, was defined in 1997 Human Development Report, and refers to limitations of choices and opportunities of people, and includes concepts such as life years, illiteracy, health status, malnutrition, and clean water (Fukuda-Parr 1999).

### *Poverty and Women*

Some social groups are particularly affected by severe poverty and these groups are the poorest of the poor in many societies because of inequalities and deprivations. Due to gender inequality, women are generally poorer than men. Poverty impacts men and women differently, and women experience the harshest deprivation. Women are more likely to suffer from inadequate nutrition, heavy workload and they have deeper disadvantage in access to health care, social protection, clean water, sanitation, education, formal sector employment and other benefits (WHO 2005; OECD 2003; R. Dodd, 2006; Smith, 2006). For example, there are 800 million illiterate people and more than two-thirds of them are women. Also, there are 110 million children who are out of school and three-fifths of them are girls (Fukuda-Parr, 1999).

Women often experience gender discrimination in employment and therefore employment rate for women is lower than that of men in many countries. Current estimates from the World Bank reveals that women have lower employment rates than men in 27 countries. For example in Mexico, while rate of employment for women is 43.1%, this rate for men is 91.5%. In Switzerland employment rate of women and men is respectively 59% and 90.6% and these rates in Greece are respectively 51.4% and 86.6%. Also women work frequently in low-paid or unpaying jobs. Proportion of women who are unpaid is 10.3% in Greece and 12.2% in Poland. As a result, women are poorer than men and the poverty rate of women is higher. Poverty rates among women and men are respectively 13.3% and 9.2% in Ireland, 11.5% and 9.1% in United Kingdom and lastly in Unites States 14.4% and 11.4% (Worldbank 2012). Also, women work frequently in agriculture sector especially in developing countries (WHO 2009).

### *Female Health*

Health is one of the fundamental rights of every human, but many women throughout the world suffer from poor health due to several reasons in relation to human biology and significantly due to socioeconomic factors (Cohen, 1994).

Life expectancy is an important indicator for health status and prosperity but it is not the best indicator. Generally, females who have genetic and behavioural advantages live longer than males, however long life doesn't mean excellence of health. Nevertheless, in some underdeveloped countries, women tend to smoke more and they have shorter life expectancy. Furthermore, WHO Report demonstrates that female life expectancy in high-income countries was higher than low-income countries in eastern and southern African countries. Also causes of death in these countries are different. In high-income regions, women die usually after the age of 60 years because of chronic disease such as heart disease, cancers. Whereas in low-income countries, most deaths occur among women resulting from maternal and perinatal conditions as well as communicable diseases. While risk of premature death was 6% in high-income countries, it increased to 21% in the South-East Asia Region and 42% in the African Region. Moreover, maternal conditions was the sixth death cause among women in low-income countries (442 deaths per 1000 birth), but was not among the 10 leading female death causes in middle and high-income countries (WHO 2009).

There is a bi-directional link between health status and poverty. While poor people are more likely to get ill, ill people provide much less contribution to economy. Investments in health are important to break out of the cycle of poverty (Dodd, 2006).

### **The Purpose of the Study and Method**

The relationship between poverty, health disparities and gender is multidimensional. Health and poverty eradication are basic objectives of development and Millennium Development Goals (MDGs) based on poverty, education and ill-health. Gender inequality affects not only poverty but also ill health due to women facing inequalities in access to resources for health. These limitations have effects on women's health status and also on their children's health, a consequence of their roles as household managers and careers (OECD 2003). Health is at the heart of the MDGs and health of poor people should be improved more for the eradication of extreme poverty, illiteracy and gender inequality (WHO 2005).

In this paper, the published national statistics (Turkish Statistical Institute (TurkStat), Ministry of Health of Turkey) and data from international organizations (WHO, OECD, World bank) were used.

## Results

### *Women poverty in Turkey*

Although women's poverty is important issues for all countries, it has turned out serious problem especially for developing countries such as Turkey. In Gender Equality National Action Plan between 2008 and 2013, it was emphasized that women's economic and social situation in Turkey has not been at the desired level. The most important inequality issues between women and men in Turkey were stated as schooling for girls, women's access to health care services, equal participation in employment and decision-making processes (The Republic of Turkey Prime Ministry General Directorate On The Status Of Women 2008).

Previously, women had limited access to education. According to statistics more women than men are illiterate. For instance literacy rate was 80.4% for women compared to 96.0% for men in 2006. Actually, primary education of eight years (age group 6-14) is compulsory for girls and boys since 1997<sup>1</sup> according to the National Basic Education Act. However, from the results in Table 1, it is concluded that schooling rate primary education level for girls was 90.8% in 2000 and 2001, and 96.0% in 2008 and 2009. Moreover, there are differences among regions and this rate decreased for socio-economically underdeveloped regions. Results of 2003 Turkish Demographic and Health Survey (TNSA) showed that the net schooling rate for female children was lowest in South-Eastern Anatolia with 70.9% and highest in Aegean Region with 95,6% (The Republic of Turkey Prime Ministry General Directorate On The Status Of Women 2008).

The level of education is an important determinant for the economic participation of women. Low education level lead to low-paid working and so lower educated women often do not prefer working. In 2010, 35.2% of women were employed as unpaid family workers and also 22.2% of these women were illiterate. There are various reasons to keep girls away from school such as low family income level or norms and values about women's social roles. Deprivations of women in education reflect on employment. In 2010, labour force participation rate of men was 70.8%, whereas this rate for women was only 27.6% (figure 1). In addition, employment rate has differed greatly by gender, these rates for men and women were respectively 62.7% and 24.0% in 2010 (figure 2). Therefore, female unemployment rate was 13.0% and non-agricultural female unemployment rate was 20.2% (figure 3) (The Republic of Turkey Prime Ministry General Directorate on the Status of Women 2008; TurkStat 2010; Turkstat 2012).

It is observed that in Turkey, major sub-sectors which employ women are agriculture (48.5%) and then service sector (37.1%), industry sector being last (14.4%). Women do not have equal opportunities with men in relation to education, qualifications, and careers and so they are obliged to hold jobs that

---

<sup>1</sup>It has been undergone 8-year compulsory education with law No. 4306 dated 18.08.1997 since 1997/98 school year.



require no specific qualifications. They work as domestic workers, as baby-sitters, carry out home-based sewing and knitting or work in the clothing, textile, packing sectors and food manufacturing for low income levels. As a result of these inequalities in employment, they earn less than men (The Republic of Turkey Prime Ministry General Directorate on the Status of Women 2008).

Indeed, there is an important reason for low labour force participation rates of women and that is: unregistered employment. Household Labour Force Surveys documented that unregistered employment rate is 66% for women (42.3% for men). Especially agriculture and manufacturing sectors have unregistered workers. It was estimated; in 2006 almost two-thirds of women worked in the unregistered sector. While 70% of women who graduated from university worked in formal sectors, this rate for women with lower education decreased to 22%. In 2010, 59.50% of women were employed as unregistered and 47% of them graduated only from primary schools. Moreover, only 2% of them were high-school graduates. In brief, with the increasing level of education of women, rate of unregistered working tends to decrease (figure 4) (The Republic of Turkey Prime Ministry General Directorate on the Status of Women 2008; TurkStat 2010).

Due to above mentioned arguments about education and employment limitations women face deep deprivation and poverty. The Table 2 shows that total poverty rate was 18.1% (in 2009) and this rate for men and women were respectively 17.1% and 19.0%. Briefly, increasing of female education provides considerably to decreasing of their poverty (Turkstat 2012).

On the other hand, women were restricted by familial roles and working prohibitions. For instance, according to statistics women cannot work for reasons such as child care, role of housewife. While in the western region, 35% of women declared child care; a large portion of women who live in the eastern region and rural areas said roles of housewife were the reason for not working. Also their families or husbands would not allow them to work. For example 27% of women stopped working due to marriage. Also, men and women have varying responsibilities, men must be bread earners and women must be caregivers. Fundamental difference between these two works is that men are paid but women are not paid (figure 5) (Cohen, 1994; Hacettepe University Institute of Population Studies 2009).

#### *Poor women's health in Turkey*

Poverty's negative effects on health have been demonstrated by research. Like many countries, in Turkey women have limitations in nutrition, education, health, employment, equality and consequently most women do not have healthfull. On the other hand, statistics show that some improvements have been provided in women's health in recent years. While expectation of life for women was 69.5 years in 1990, it had risen to 73.1 in 2000 and 76.8 in 2012. However, as mentioned above long life doesn't mean excellent health status. The research proved that female life expectancy years was longer than male but

years of life lost due to disability (YLD) for women was more than men (figure 6) (Ministry of Health of Turkey 2004; Turkstat 2012).

Health status is also related to gender. Female biological factors are important for female health and especially for reproductive health. Also traditional and social specialities are determinants of women's health. For instance, fertility rate varies by the level of education and regionally which are different in terms of socio-economic. In the western region where women are more educated fertility rate was 1.73 in 2008 whereas in the eastern region where women have limited opportunities this rate was 3.27 in 2008 (Hacettepe University Institute of Population Studies 2009). There are different fertility rates due to educational level and regions. Total fertility rates were found for rural and urban respectively as 2.68 and 2.00 in Hacettepe University Institute of Population Studies (TDHS) in 2008. On the other hand this rate for non-educated women was discovered as 2.65 while this rate for high school and higher educated women was 1.53 in 2008. Consequently, fertility rate decreased with an increase in the education level. In National Action Plan (2008-2013) it was predicted that the decline in the fertility rate will provide better health indicators for women in the coming years. Also another important indicator in relation to fertility is childbearing age and surveys showed that while women in 20-24 years age group have highest fertility rate of recent years, nowadays 25-29 age group has the highest fertility rate. This issue is important because of adolescent fertility which effects health. Adolescent fertility increase risk of illness and death. Adolescent fertility rate decreased from 7.9 in 1998 to 3.9 in 2008. However, fertility rate for rural areas did not decrease equally. While adolescent fertility rate for rural areas was 7.4 in 1998, it was 6.5 in 2008. Very young mothers, especially those who are under age 18, face probable risk of adverse pregnancy outcomes, maternity-related mortality. Also teenage mothers miss opportunity of education and employment. Moreover, there are variations in fertility rate concerning wealth status. In contrast to fertility rate of women in the lowest wealth quintile was 3.39, fertility rate of women in the highest wealth quintile was 1.36. In addition to, birth intervals have variations depending upon education, region, and wealth. Increase of wealth and education level leads to pregnancy with longer birth intervals (TUBITAK 2009; Hacettepe University Institute of Population Studies 2009; Turkstat 2012).

The surveys demonstrated that developments in reproductive health have been provided recent years in Turkey. Firstly, when looked at the TDHS surveys which were made in 2003 and in 2008, we can see that proportion of women received antenatal care have risen from 81% in 2003 to 92% in 2008 and approximately 50% decrease was provided in the proportion of women who didn't receive antenatal care. Nevertheless, there are still inequalities in access to antenatal care. While in east this proportion of women who received antenatal care was only 79%, it was much more than 90% in other regions. It seems that there is a linear relationship between education level and receiving antenatal care. Mostly educated women tend to receive antenatal care. Likewise, above 98% of wealthy women received antenatal care. Furthermore,

increasing number of births led to rising proportion of births without health provider. 26.9% of sixth and higher order births didn't have assistance of health provider. However, assistance of trained health provider insures reduction of maternal and neonatal mortality (Hacettepe University Institute of Population Studies 2009).

Maternal mortality is regarded as an indicator of development and is connected significantly with education, gender equality, nutrition and poverty. Statistics showed that the pregnancy-related mortality ratio and the maternal mortality ratio varied by regions. Whereas mortality ratio was 12.4 ( $\pm 5$ ) in Western Anatolia, it was 93.3 ( $\pm 17.2$ ) in Northeast Anatolia per 100.000 live births. In addition, 13.0 percent female deaths in Northeastern Anatolia resulted from pregnancy. Maternal Mortality Study of Turkey (2005) discovered that the pregnancy-related mortality ratio was 28.2( $\pm 3.1$ ) in urban and 53.7 ( $\pm 5.5$ ) in rural areas per 100000 live births for the period of June 2005-May 2006. Moreover, maternal mortality was found as 20.7 in urban and 40.3 in rural per 100000 live births for the same period (Koç at all., 2005).

Statistics showed that distributions of number of female deaths by major disease concerning cardiovascular, other infectious diseases, maternal and perinatal conditions, diabetes, neuropsychiatric symptoms, nutritional deficiencies and musculoskeletal symptoms were higher than total distribution including women and men (Table 3).

Table 4 shows that in 2004, total YLD occurred 10.7% from unipolar depressive disorders, 7% from iron-deficiency anemia, 5.8% from osteoarthritis, and 3.8% from maternal conditions. Furthermore, nutritional deficiencies constituted 10.0% of female total YLD. Balanced nutrition is necessary for growth and good health. Poor nutrition may cause important health problems. For instance, if height of pregnant women is in the range of 140-150 centimetres, she is likely to have delivery problems (Ministry of Health of Turkey 2004; Dodd, 2006; Hacettepe University Institute of Population Studies 2009).

Women may have various limitations for using health services. Women may not have enough income for transportation to health institutions. On the other hand women face some risks in relation to their health culture. For example they may have prohibitions for mobility and interaction with male health providers in some societies (WHO 2009). As a result of these, women have to live with health problems and unhappily. Statistics showed that women's general level of happiness was higher than men's (figure 7). In addition to, health was determined as the most important source of happiness for women (76.2%) (figure 8). However, statistics indicated that women's satisfaction from their health is lower than men's. According to statistics, in 2003 year 51.8% of women were very satisfied or satisfied from their health, in contrast to 12.7% of them were not satisfied or not satisfied at all from their health. These proportions in 2010 were respectively 60.5% and 18.6% (figure 9) (TurkStat 2010).

## Discussion

Gender equality is important for all societies and no country has yet managed to eliminate the gender gap. Some improvements in relation to social, economic and political equity issues have been made in the past three decades but especially undeveloped and developing countries still have significant problems of gender inequality. For instance, risk of death resulting from pregnancy complications for women is more than 180 times in Africa as compared to Western Europe (Lopez-Claros&Zahidi, 2005).

In 2005, World Economic Forum published Women's Empowerment: Measuring the Global Gender Gap. In the report, measurement of women's empowerment was related to five main criteria which were economic participation, economic opportunity, political empowerment, educational attainment, health and well-being. Also it was emphasized that there were gender inequalities especially in developing and middle-income countries in relation to maternal health and primary education. Women are more illiterate than men and they constitute more than two-thirds of illiterate adults in world. In Turkey, as well as an improvement such as increased literacy and school enrolment, still female education indicators have been found to be behind men, and in particular there are barriers for women in accessing education in the rural areas and the eastern and southeastern regions (Lopez-Claros&Zahidi, 2005). Maternal mortality was found as 20.7 in urban and 40.3 in rural areas per 100000 live births in the years 2005 and 2006. Also another important indicator in relation to fertility is the childbearing age which effects health. Adolescent fertility increases risk of illness and death, and adolescent fertility rate for rural areas was still 6.5 in 2008 (Poverty Reduction and Economic Management Unit Europe and Central Asia Region 2003; TurkStat 2012).

Additionally, the report touched on traditional roles of women which was connected with economic freedom for women. Sweden was determined as the most successful country to close the gender gap. Other successful countries were ranked as Norway (2), Iceland (3), Denmark (4), Finland (5), New Zealand (6), Canada (7), United Kingdom (8), Germany (9) and Australia (10). According to research results, overall rank of Turkey was 57 among 58 countries, and rank of economic participation was 22, rank of economic opportunity was 58, rank of political empowerment was 53, rank of educational attainment was 55 and rank of health and well-being was 50 in 2005 (Poverty Reduction and Economic Management Unit Europe and Central Asia Region 2003).

As for female health status in Turkey, complex social and cultural structures have effects on female health directly. Women frequently face limitations in access to health care and more women than men said that they were unhappy or very unhappy about their health status (this ratio was 18.6 for women and 9.6 for men) (TurkStat 2012). On the other hand years of life lost due to disability for women (for 2583 years) was more than men (for 2278 years) (Ministry of Health of Turkey 2004). Also, major health risks faced by women have significant differences among regions. Accessibility and utilization of health

services should be examined and monitored closely in relation to gender, region and economic status.

**Tables:**

**Table 1: Schooling rate by educational year and level of education (8-year compulsory 4.1 education), Turkey, 2000-2010**

| Years     | Primary Education |        |      | Secondary Education |        |      | Higher Education |        |      |
|-----------|-------------------|--------|------|---------------------|--------|------|------------------|--------|------|
|           | Total             | Female | Male | Total               | Female | Male | Total            | Female | Male |
| 2000-2001 | 95,3              | 90,8   | 99,6 | 43,9                | 39,2   | 48,5 | 12,3             | 11,4   | 13,1 |
| 2004-2005 | 89,7              | 86,6   | 92,6 | 54,9                | 50,5   | 59,1 | 16,6             | 15,1   | 18,0 |
| 2008-2009 | 96,5              | 96,0   | 97,0 | 58,5                | 56,3   | 60,6 | 27,7             | 25,9   | 29,4 |

Ministry of National Education Turkish Statistical Institute, 2010

**Table 2: Poverty rate according to gender and educational status, Turkey, 2009**

| Education Level                                   | 2009  |      |        |
|---|-------|------|--------|
|   | Total | Male | Female |
| Poverty rate                                      | 18,1  | 17,1 | 19,0   |
| Illiterate or literate without a diploma          | 29,8  | 30,3 | 29,5   |
| Primary school                                    | 15,3  | 16,9 | 13,8   |
| Secondary school and equivalent vocational school | 9,8   | 10,9 | 7,8    |
| High school and equivalent vocational school      | 5,3   | 5,7  | 4,8    |
| University, faculty, masters, doctorate           | 0,7   | 0,9  | 0,4    |

TurkStat, 2012

**Table 3: Distribution of The Number of Deaths by Major Disease Groups and Gender, Turkey, 2004**

|                           | Male   |            | Female |            | Total  |            |
|---------------------------|--------|------------|--------|------------|--------|------------|
|                           | Number | Percentage | Number | Percentage | Number | Percentage |
| Cardiovascular            | 102386 | 43,89      | 103071 | 52,27      | 205457 | 47,73      |
| Other infectious diseases | 20186  | 8,65       | 17860  | 9,06       | 38046  | 8,84       |
| Maternal and perinatal    | 13124  | 5,63       | 12704  | 1,44       | 25828  | 6          |
| Diabetes                  | 46     | 1,61       | 5803   | 2,94       | 9549   | 2,22       |
| Neuropsychiatric          | 3072   | 1,32       | 3015   | 1,53       | 6087   | 1,41       |
| Nutritional deficiencies  | 1179   | 0,51       | 1452   | 0,74       | 2631   | 0,61       |

Ministry Of Health of Turkey, 2004

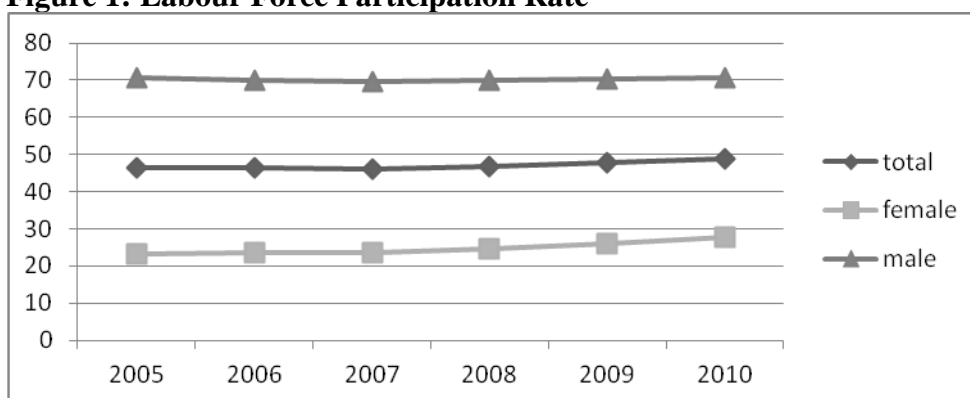
**Table 4: YLD Numbers and Their Percentage of Major Disease for Women, Turkey, 2004**

| Disease group                 | YLD(000) | Percent of total |
|-------------------------------|----------|------------------|
| Unipolar depressive disorders | 276576   | 10.7             |
| Iron-deficiency anemia        | 180828   | 7                |
| osteoarthritis                | 150154   | 5.8              |
| Maternal conditions           | 95882    | 3.7              |
| Iodine deficiency             | 47944    | 1.9              |

Ministry Of Health of Turkey, 2004

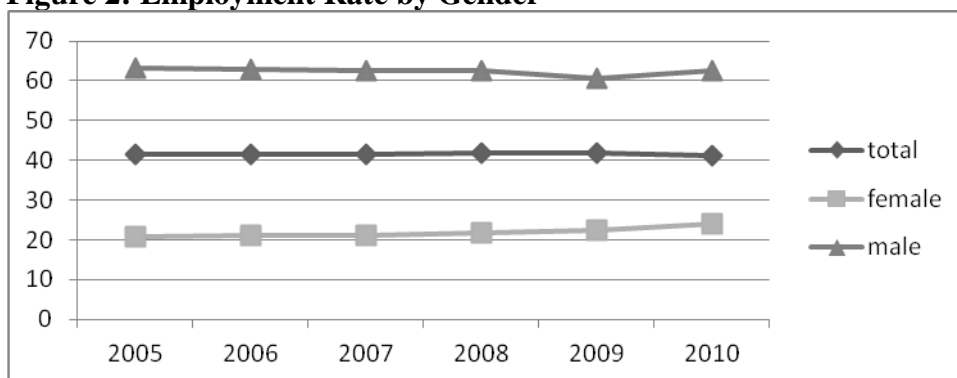
**Graphics:**

**Figure 1: Labour Force Participation Rate**



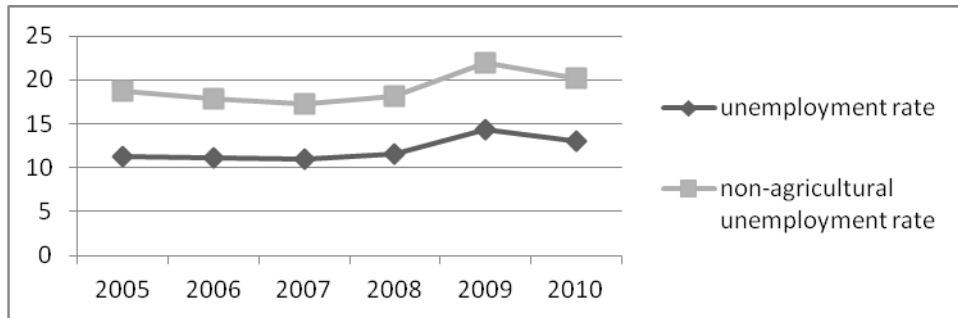
TurkStat, 2010

**Figure 2: Employment Rate by Gender**



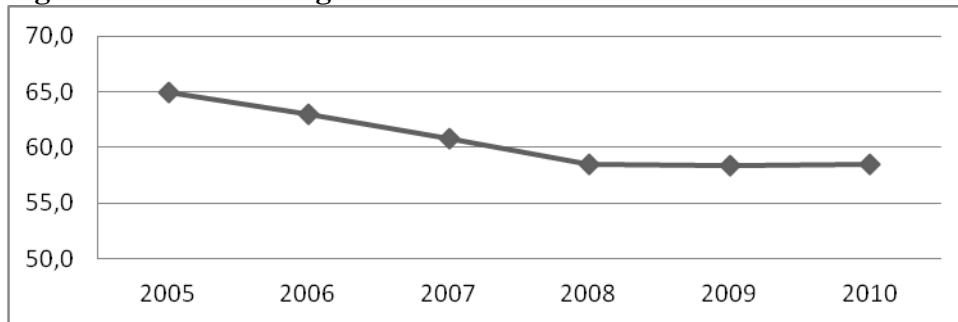
TurkStat, 2010

**Figure 3: Unemployment Rate and Non-Agricultural Unemployment Rate for Women**



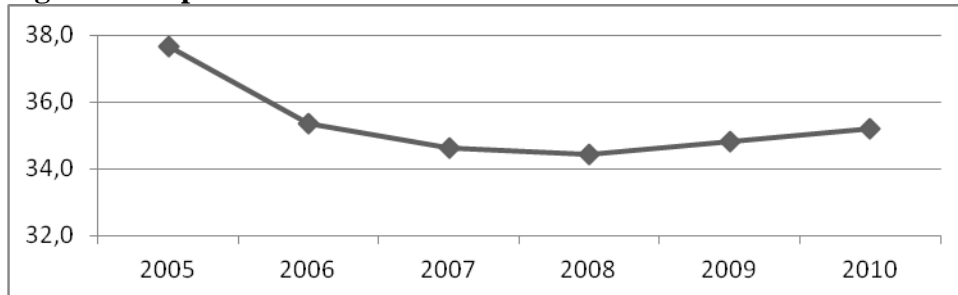
TurkStat, 2010

**Figure 4: Female Unregistered Workers Rate**



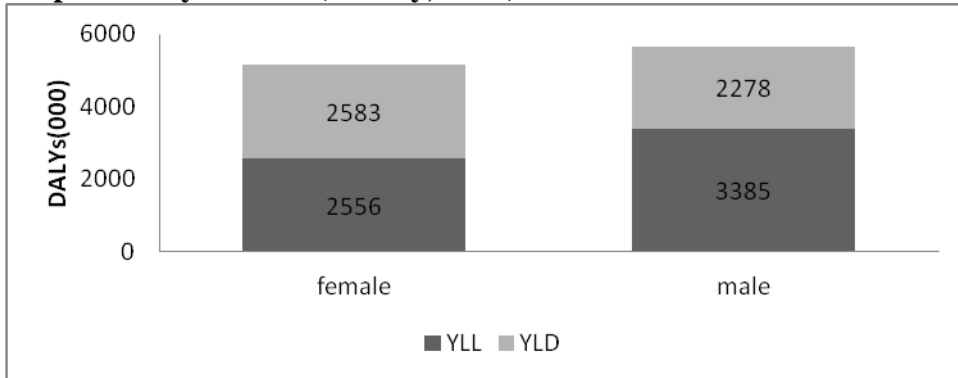
TurkStat, 2010

**Figure 5: Unpaid Female Worker Rate**



TurkStat, 2010

**Figure 6: Distribution of the Burden of Disease (DALY) with Burden of mortality (YLL) And Years Of Life Lost Due To Disability (YLD) Proportion by Gender (Turkey, 2004)**



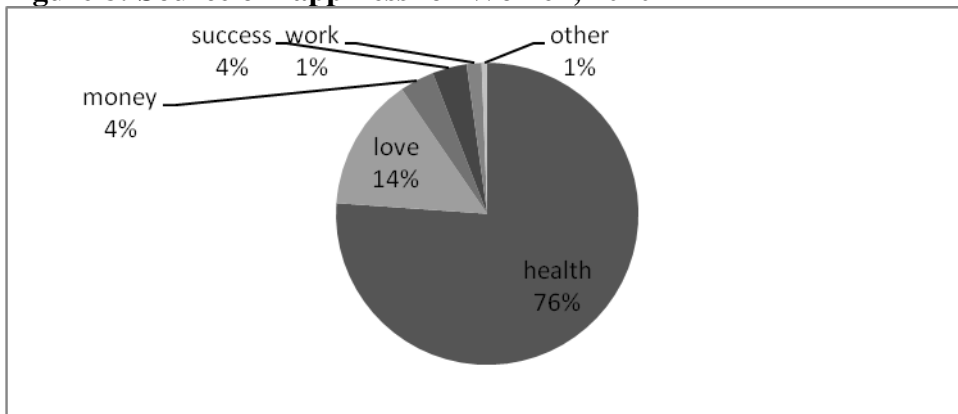
Ministry Of Health of Turkey, 2004

**Figure 7: General Level of Happiness by Gender**



TurkStat, 2010

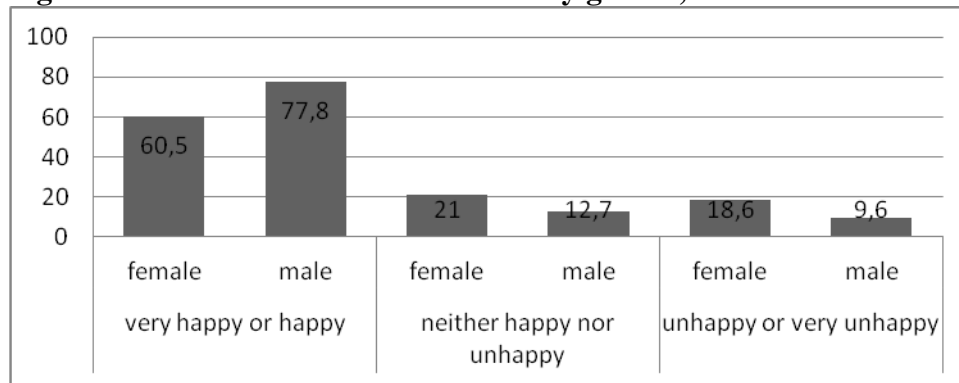
**Figure 8: Source of happiness for Women, 2010**



TurkStat, 2010



**Figure 9: Satisfaction from own health by gender, 2010**



TurkStat, 2010

## References

- TUBİTAK (The Scientific and Technological Research Council of Turkey). (2009). *Turkey Demographic and Health Survey 2008 Preliminary Report*. Ankara: TUBİTAK
- TurkStat (Turkish Statistical Institute). (2010). *Women in Statistics 2010*. Ankara: TurkStat
- Cohen, M. (1994). "Impact of poverty on women's health." *Canadian Family Physician*, 40: 949-958.
- Fukuda-Parr, S. (1999). "What Does Feminization Of Poverty Mean? It Isn't Just Lack Of Income." *Feminist Economics*, 5(2): 99-103.
- Ministry Of Health of Turkey. (2004). *Turkey Burden of Disease Study 2004*. Ankara: Turkish Ministry of Health (Refik Saydam Hygiene Center Presidency (RSHMB), School of Public Health Directorate)
- İsmet Koç, R. S., Oona Campbell, Sinan Türkyılmaz, Banu Ergöçmen, İlknur Yüksel (2005). *National Maternal Mortality Study 2005*. Ankara: Hacettepe University.
- OECD. (2003). *Poverty and Health in Developing Countries: Key Actions*. Paris: OECD (2003).
- R. Dodd, A. C. (2006). "Health, development and the Millennium Development Goals." *Annals of Tropical Medicine & Parasitology* 100 (5 and 6): 379-387.
- Todaro, M.P. & Smith S. C. (2006). *Economic Development*. 9nd. ed. United States of America: Pearson Education Limited.
- Hacettepe University Institute of Population Studies. (2009). *Turkey Demographic and Health Survey 2008*. Ankara, Hacettepe University; Ministry of Health; Prime Ministry State Planning Organization. Ankara: Ministry of Health General Directorate of Mother and Child Health and Family Planning, T. R. Prime Ministry Undersecretary of State Planning Organization and TUBİTAK.
- Turkstat. (2012). Official Statistical Programme. [http://www.tuik.gov.tr/Start.do;jsessionid=dY5HP5XGSTpzZ7WDBqPBplYB\\_89pLBTJ\\_pbznn71H\\_ZjpDhM Cf6ydmL!-1357427477](http://www.tuik.gov.tr/Start.do;jsessionid=dY5HP5XGSTpzZ7WDBqPBplYB_89pLBTJ_pbznn71H_ZjpDhM Cf6ydmL!-1357427477)
- WHO. (2005). *Health and the Millennium Development Goals*. France: WHO.
- WHO. (2009). *Women And Health: Today's Evidence Tomorrow's Agenda*. France: WHO.
- The Republic Of Turkey Prime Ministry General Directorate On The Status Of Women. (2008). *National Action Plan Gender Equality 2008-2013*.

- Worldbank (2012). Health Statistics. Worldbank. <http://data.Worldbank.org/topic/health>
- Worldbank (2012). Poverty Statistics. Worldbank. [http://povertydata. Worldbank .org/poverty/home/](http://povertydata.Worldbank.org/poverty/home/)
- Ministry of National Education Turkish Statistical Institute. (2010). *National Education Statistics Formal Education, 2010-2011*.
- Lopez-Claros A. and Zahidi S. (2005). *Women's Empowerment: Measuring the Global Gender Gap*. Switzerland: World Economic Forum