

Where Are Women In Social Security In Turkey?

Analysis Of Social Securities And Universal Health Security Law No. 5510 In Terms Of Gender

KEiG

kadın emeđi ve istihdamı giriřimi
women's labor and employment initiative



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Preface

Social security is a human right necessary for the development of our dignity and personality. And, it is one of the guarantees for women not to be dependent on anyone else.

In 2008, as KEİG Platform, we prepared a report analyzing the promises of the Social Securities and the Universal Health Security, and the rights provided for women and the losses. In this report, we expressed that the rights that are already restricted will be further restricted.

After the bill was enacted and as a result of bag laws that were passed, it was of utmost importance to reevaluate women's position in the social security system in Turkey. Moreover, the complicated language of the law and further articles which were added or removed brought up the need for the presentation of these important issues that is important for all the women in a plain language. Hence, this report analyzes the social security system for women with a perspective of women.

Where are women in social security system in Turkey? Are the works carried out by women domestically or non-domestically recognized by the social security system? Are the regulations within this system meet the needs of women? This report that we commenced to prepare with these questions in mind aim to open a field of discussion and evaluates the social security system for women.

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WHERE ARE WOMEN IN SOCIAL SECURITY IN TURKEY? ANALYSIS OF SOCIAL SECURITIES AND UNIVERSAL HEALTH SECURITY LAW NO. 5510 IN TERMS OF GENDER

I. INTRODUCTION¹

The aim of this study is to discuss the Social Securities and Universal Health Insurance Act No. 5510 which constitutes the reference point of social security practices with regard to women. Like all practices of social policies, the social security system needs to be analyzed with a perspective of gender. Firstly, the scope of social securities by the individual will be explained. In this section, the relevance of insurance will be studied within the scope of mandatory insurance and voluntary insurance; who will and will not be considered insured will be explained along with the elements of voluntary insurance. In the second section, the branches of social security will be studied. Within this scope, the types of short- and long-term insurances will be analyzed. In the third section, universal health insurance will be studied. In the last section, a general evaluation will be made.

“Security” is an important need since the dawn of humanity. The need for protection against the risks of sickness, disability, old age and death forced people to take precautions individually or collectively. This need, which is as old as the history of humanity, increased with transition to industrial societies; this situation strengthened the view that the traditional techniques of social security alone will not be effective in fighting against the social risks, and played an important role in the birth and development of more institutional social security systems created by the government.

Social security has an important place among the programs and practices of social policies. There are two important features that make social security important among other practices of social policies². The first is the universal nature of social security. In its broad sense, social security does not only concern people who are employed, but the whole society because it also covers their dependents and persons who are outside of working life. Secondly, social security

¹ This report was prepared with by Dr. Fatma Şenden Zırhlı and Assist. Prof. Nagihan Durusoy Öztepe and thanks to invaluable contributions of KEİG and KEFA members.

² Y.Alper, Social Security Theory Lecture Notes, Ankara 2006; 2.

is not specific to a certain period in life. It is in every period of life, from birth to death, and also after death, covering those left behind.

In its most general sense, social security refers to the measures taken by the government to meet the needs of livelihood and survival of persons whose incomes or earnings are cut off or reduced permanently or temporarily due to occupational, physiological or socioeconomic risks, and persons whose expenses increased for various reasons. In this sense, social security covers risks that reduce or cut off the income of the individual such as old age, death, unemployment, as well as perils that can be considered as positive life events such as marriage and birth, but can constitute risk from a social security perspective, because they increase the household expenses. The primary function of social security is to compensate the losses in income of the individual after these risks emerge.

ILO 102 Social Security Minimum Standards Convention defines eight social security risks. These are work accidents and occupational diseases, sickness, maternity, unfitness for work, old age, unemployment and family allowances insurances. In Turkey, on the other hand, the social security risks cited above are listed under four discrete insurance branches. Short-term insurance branches include the risks of work accidents and occupational diseases, sickness, and maternity; long-term insurance branches include the risks of unfitness for work, old age and death. Unemployment insurance and universal health insurance are created as separate insurance branches. Family allowances insurance is not yet established in Turkey.

In Turkey, the formation of social security branches and bringing people with different insurance statuses under the umbrella of social security are spread over a long period³. The expansion of the coverage of social insurances in time led to the regulation of rights and obligations of workers, subject to various social security laws in Turkey. This situation also brought about the disruption of norms and standards among the social security practices until recently. In order to ensure this standardization, Social Security Institution was established by Law No. 5502 in 2006. Thus, Social Insurances Institution (SII), General Directorate of Retirement Fund and the General Directorate of Social Security Organization for Artisans and the Self-employed (Bağkur) were projected to be brought together under one roof. The process of ensuring common norms and standards continued with Social Insurances and Universal Health Insurance Law that went into effect on October 1, 2008⁴. However, it is not possible to speak of a significant unification, since the statuses 4/a, 4/b, and 4/c emerged. Status 4/a covers the SSI insured, status 4/b covers the Bağkur-insured, and 4/c covers those insured under the Retirement Fun, subject to the Law no. 657.

3 See Appendix 1. History of the Social Security System in Turkey.

4 <http://www.sgk.gov.tr/wps/portal/tr/kurumsal/tarihce>

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Social security in Turkey in essence operates through two systems: contributory and non-contributory. The contributory system comprises of “Short” and “Long” term branches of insurance, unemployment⁵ and universal health insurance. The non-contributory system, which is regulated by various laws, comprises of Social Assistance to protect the individuals in need and Social Services covering the services provided to those in need of protection and care such as families, children, the disabled and the elderly.

The concept of social security is based upon the 22nd article of the Universal Declaration of Human Rights. According to this article, “Everyone, as a member of society, has the right to social security.”⁶ Although the right to social security is a human right required for the free development of everyone’s dignity and personality, it has not yet been accomplished for the majority of the world’s population. Especially women, who are secondarized group in the society and whose labor is made invisible, take the first place among those who are excluded from the right to social security. Social security for women carries a huge importance as a guarantee of living without being dependent on anyone. However, only a portion of women can take place under this umbrella of security. Moreover, these women face several criteria and constraints such as higher premium rates, longer premium payment days and the condition of age.

5 While unemployment insurance is a social security branch and its premiums are made to Social Security Institutions, its execution is carried out by İŞKUR (Turkish Employment Agency).

6 Universal Declaration of Human Rights, <http://www.tbmm.gov.tr/komisyon/insanhaklari/pdf01/203-208.pdf>

II. THE SCOPE OF SOCIAL SECURITIES BY INDIVIDUAL

2.1. Compulsory Insurance Relationship

Compulsory insurance relationship is a public relationship among Social Security Institution, the insured and the employer created in accordance with the provisions in the social security law, independent of the will of the parties⁷. Therefore, those who have to be insured under this Act are deemed mandatorily insured. The mandatory nature of the insurance means that the parties do not have the will to remove or reduce the rights and obligations of the insured arising from this law. We will explain those who are insured, those who are partly-insured by some insurance branches and those who are not insured within the scope of this law.

2.1.1. Insured Women

1. Women who are employed under a service contract by one or more employers are called 4/a insured according to Law no. 5510. 4a insurance covers those who were covered by the former Social Insurances Institute (SSI) Law No. 556. According to this, women who are regarded as 4/a insured are the following:

- Those who are elected as the heads or members of board of directors of labor unions, confederations and their branches,
- Artists of film, theater, performance, show, voice, instrumentalists, those who work in the branches of fine arts including music, sculpture, decorative arts and other similar activities, thinkers, and writers, who are employed by one or more employers and listed in the table specified by the Ministry of Culture and Tourism,
- Foreign nationals, migrants and asylum-seekers who work with a service contract⁸,
- Protection watchmen/women who are employed by the presidencies or councils of farmer property protection⁹

7 Y. Alper, *Türk Sosyal Güvenlik Sistemi Sosyal Sigortalar Hukuku* [Turkish Social Security System Social Insurances Law], 2014.

8 Except for those who are citizens of countries with a social security agreement based on the principle of reciprocity.

9 Those who are employed in accordance with the Protection of Farmers' Goods Law No. 4081 dated July 2, 1941.

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- Sex workers¹⁰
- Those who are employed as qualified instructors in the courses organized by the Ministry of Education,
- Substitute teachers employed in public administration,
- Those who are employed under the coverage of subparagraph C of article 4 of the Law on Civil Servants no. 657.
- Those who benefit from social work programs organized by İŞKUR (Turkish Labor Agency)¹¹

2. Exempt from of service contracts, those are self-employed or independent contractors are regarded as 4/b insured under this Act. 4/b insurance covers those who were covered by the former BAĞKUR Law No. 1479 and agricultural BAĞKUR Law No. 2926. According to this, women who are regarded as 4/b insured are the following:

- Village and neighborhood headmen/women,
- Among those who are self-employed without of a service contract or independent contractors,
 - Those who pay simple or actual income taxes due to commercial or self-employment income,
 - Those who are exempt from income tax and registered to artisans and craftsmen registry,
- Those who have partnership in a corporation,
- Those engaged in agricultural activity (farmers)
- Jockeys and trainers¹²

10 Women referred by the Public Hygiene Law No. 1593 dated April 24, 1930.

11 The responsible body for the premium payments of these people is İŞKUR (Turkish Labor Agency). However, İŞKUR is neither the workplace nor the employer of these people.

12 Those who operate under the scope of “Law on Horse Races” No. 6132 dated June 10, 1953.

3. Those who work in public administration¹³ are considered to be 4/c insured under this law. Accordingly, civil servants who work under statutory law, contracted personnel who are not laid down to be insured like those under the coverage of 4/1-a, those who are appointed as deputies and were not a civil servant before in accordance with the article 86 of Civil Servants Law No. 657 are deemed to be 4(c) insured.

As presented in table 1, the proportion of women with mandatory insurance is much lower than men in Turkey. This situation largely stems from the lower participation of women in working life. The nature of social security in Turkey, based on working and contributing by paying premiums, excludes many women who cannot join the work life from access to social security. A significant proportion of women can benefit from social security social security over their spouses under the status of “dependently insured” or they remain outside the umbrella of social protection.

Table 1. The proportion of women who are mandatorily insured under the 4th article of Law No. 5510, 2013

4-1/a mandatorily insured		4-1/b mandatorily insured				4-1/c mandatorily insured	
		Self-employed Insurance Law No. 1479		Engaged in agricultural activity Insurance Law No. 2926			
Woman	Man	Woman	Man	Woman	Man	Woman	Man
25.5%	74.5%	20.8%	79.2%	14.7%	85.3%	32%	68%

Source: Compiled from the statistics of Social Security Institution (SSI).

Overlapping of insurance cases

Another regulation that is in the Law No. 5510 is article 53 which envisages the overlapping of insurance situations. According to this, if the insured person has the statuses of (a) and (b) simultaneously with the status (c) under the law, this person is insured primarily under the coverage of the subclause (c) of the same article. In the case that the insured person has the statuses both 4(a) and 4(b), this person is regarded as insured under the status of 4(a).

¹³ In article 3/21 of Law No. 5510 Public administration is defined as “the public administrations and public economic enterprises, stated in item (a) of the first paragraph of Article 3 of Law Number 5018 on Public Financial Management and Control dated 10/12/2003, and their affiliated administrations, partnerships, organizations and enterprises, and partnerships and enterprises, of which the above-mentioned institutions own more than 50% of the paid in capital and which are not subject to Turkish Code of Commerce and other public institutions which employ personnel in accordance with special laws”.

However, those who are regarded as insured under the status of 4(a) are considered to be in the status of 4(b) in terms of the premiums they started to pay after a written request and rights provided under the scope of work accidents and occupational health insurance; and under the status of 4(a) in terms of other short-term insurance branches (including maternity insurance) and benefit provided under the scope of long-term security branches.

2.1.2. Partly-Insured Women¹⁴

Those who are partly-insured, are not considered to be insured under all the branches of security but only some security branches.

2.1.3. Uninsured Women

1. Wives and children of the employer working for free in the workplace,
2. Those who work in the chores of household living the same home with relatives up to 3rd degree without the participation of any other person,
3. Students who work in building and repair works in the vocational and art schools established by the permission of legal authorities within their de facto normal educational periods and as a part of their training,
4. Those who work in treatment services in rehabilitation centers for the aim of familiarization with the job and the patients and invalid (unfit for work) people in rehabilitation,
5. Those under the age of 18¹⁵,
6. Those who are engaged in agricultural activities and document that their average monthly income after the expenses of this activity are subtracted from their annual revenue is less than the lower limit of monthly income for the premium (gross monthly income); and those who apply among those who are older than 65.
7. Those whose gross income is lower than the lower than the basis of the premium and who are self-employed,
8. Those who are employed in foreign representative offices of public administration and document that they are insured by the social security institution of the country in question,
9. Those who are employed in all kinds of activities of youth and sports organized by the Ministry of Youth and Sports, General Directorate of Sports, Turkish Football Federation and independent sports federations

14 Aside from those described under this heading, disabled war veterans, those entitled to pensions in accordance with anti-terrorism act, those who receive compensation of job loss within the scope of Privatization Law, and Turkish workers who are taken abroad to work by the employers are also deemed party insured under the scope of this law.

15 To be insured within the scope of 4(b) and 4(c) of the Law No. 5510, there is the condition to be at least 18 years old; whereas, there is no age limit for those working within the scope of 4(a).

and those who are employed in camps, trainings and preparation activities related to these sportive activities are exempt from insurance relationships with the condition that the work is not continuous¹⁶.

In particular, the fact that “the spouse and children of the employer working without salary” are not considered within the scope of mandatory insurance constitutes a problematic situation in terms of women’s access to social security. According to 2013 data from TÜİK (Turkish Statistical Institute, TurkStat) the ratio of female employers among all employers is only 7.9%¹⁷. Thus, the proportion of women who are insured by being an employer is very low. Although, the principle that spouses in marriage should not oversee a financial interest while helping each other is adopted in the Civil Code, the ownership of the workplace is mostly on men’s name and all the rights and benefits resulting from the ownership of the property are again owned by men. If this practice aims the continuity of family unity and to increase the welfare of the family, the existence of the working relationship should be accepted and women should be insured regardless of who owns the workplace.

Another practice that constitutes an obstacle for women’s access to social security is that they are not considered to be insured for the chores of the household performed among those who live in the same home, including relatives up to third degree without the participation of any other person. Living in the same house prevents many women from accessing social security. For example, an aunt taking care of her nephew’s child has to be registered to the institution for insurance due the childcare work if they are not dwelling in the same house; whereas, this obligation does not apply if they are dwelling in the same house¹⁸. Thus, regardless of whether they dwell in the same house, or independent of the existence of kinship between them, women should be insured if there is a “relationship of service” in the house.

16 Apart from those cited above, Law No. 5510 also excludes privates and noncommissioned officers in the military, students of military schools, those who document being subject social security abroad, the self-employed and the independently employed in Turkey, and reside abroad and subject to the social security of that country are also kept outside the scope of mandatory insurance.

17 TÜİK İstatistik Yılığ (TurkStat Statistical Yearbook) 2013, p. 185. http://www.tuik.gov.tr/Kitap.do?metod=KitapDetay&KT_ID=0&KITAP_ID=1

18 <http://www.sgk.gov.tr/wps/wcm/connect/e0008d3e-7d2f-4e60-a751-2d3bdc1896e3/ev+hizmetleri.pdf?MOD=AJPERES&CACHEID=e0008d3e-7d2f-4e60-a751-2d3bdc1896e3>

2.1.4. Women with Specially Regulated Insurance

Agricultural Workers

Workers with a permanent service contract in agriculture will continue to benefit from Agricultural SSI by Law No. 2925. However, to be under the coverage of universal health insurance, those who are insured with Law No. 2925 have to pay universal health security premiums at a rate of 12.5%.

After the SSUHI Law No. 5510 came into force, some articles (art. 1, art. 5, art. 17, art. 24, art. 33, art. 35) of Law No. 2925 were repealed. This regulation left seasonal agricultural workers, who are employed in temporary jobs in agriculture, out of the umbrella of social security. However, due to reactions shown, an additional article 5 was added to Law No. 5510 with the Law No. 6111 in 2011. Thus, the insurance relationships of those who work in Agriculture and Forestry Affairs with a temporary service contract were specially regulated specially and taken under the scope of Law No. 5510¹⁹. They pay premiums at a total rate of 34.5% of the amount they set, provided that it is between the lower and upper limits of the gross income (the basis for the premiums). Twenty percent of this premium is for the long-term insurance branches premium, 12.5% of it is for Universal Health Insurance (UHI), and 2% of it is for insurance premium for work accidents and occupational diseases. In 2015, temporary agricultural workers pay premium for 22 days and considered to be insured for 30 days. As of 2023, they will be paying premium for 30 days like others. That is, workers who find jobs only in certain periods and earn less than 30 TL a day (10 USD) can be insured by paying very high premiums every month on their own dime.

While the premiums for agricultural insurance 2925 for those with a start date on or prior to April 30, 2008 are 195.24 TL between January 1 - June 30, 2015 and 206.94 TL between July 1 - December 31, 2015.

Premiums for those with a start date on or prior to May 1, 2008 are 303.98 TL between January 1 - June 30 2015 based on minimum wage, and 322.20 TL between July 1 - December 31, 2015, also based on minimum wage.

Those with a recruitment date before 2008 pay premiums based on lower limit of actual earning, that is gross income and for 15 days; whereas, those with a recruitment date after 2008 pay for 22 days.

¹⁹ “Ülkenin en garibanları sigortasız çalışır” [The poorest of the country work uninsured], Ali Tezel, retrieved on November 3, 2014.

Women Working in Household Services

Under the scope of bag Law No. 6552 enacted on September 11, 2014, a new regulation is made for women working in household services by the addition of article 9. According to this, those who are employed by one or more persons (these are considered employers) and whose number of work days, based on the total work hours in a month, is 10 or more, are regarded as insured under the scope of 4(a).

For those who have fewer than 10 work days based on the work hours in a month, a work accidents and occupational diseases insurance premium at a rate of 2% of the lower limit of daily gross income (the basis of premium) is paid by the people who employ them (these people are not considered employers according to the law). Women in this situation cannot benefit from sickness insurance. For the insured in this situation to receive benefits provided under the scope of work accidents and occupational diseases insurance branches, s/he must be registered at least 10 days prior to the accident and have ongoing insurance. In addition, there is the condition of full payment of all premiums and all debt related to premiums in order to receive temporary or permanent disability benefits due to work accidents or occupational diseases, or pensions for disability, old age, and death.

Thus, those with fewer than 10 work days are considered 4(a) insured, provided they pay premiums at a rate of 32.5% of the same income (20% for disability, old age, and death insurance, 12.5% for universal health insurance) until the end of the month that follows the month in which premium was paid on their behalf. However, the right to pay this premium is foreclosed unless it is paid during this period. On the other hand, given the difficulties faced by women working in household services and their low income, this period should not be kept that short and they should be able to pay these premium afterwards.

Although, Law No. 5510 left household workers outside the umbrella of social security prior to the bag law, the decisions of the Supreme Court opened up the possibility for them to be insured even if they go to the house they work at only once a week, regardless of the duration of employment. However, the regulation by the bag law invalidated the Supreme Court decisions that opened up the possibility of domestic workers to be insured.

2.2. Voluntary Insurance Relationship

Voluntary insurance is regulated under the article 50 of Social Insurances and Universal Health Insurance Law No. 5510. According to this article, voluntary insurance is being insured with long-term insurance branches (invalidity, old-age and death) and universal health insurance by paying voluntary premiums.

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To be voluntarily insured under this scope, the following conditions have to be satisfied:

- Being a resident of Turkey,
- Not working in a way that requires mandatory insurance,
- Working with insurance, but fewer than 30 days a month or not full-time.
- Not receiving pensions due to previous insurances,
- Being at least 18 years of age.

The premium liability is at least 32% of gross minimum wage and it is at least 384TL between January 1, 2015 and June 30, 2015. However, due to the severity of the terms, demand for voluntary insurance is both insignificant and gradually declining, as seen in Table 3.

While voluntary insurance was regulated separately for those who are insured by SSI, Bağkur and the Retirement Fund before 2008, it was re-regulated as being the same as the 4(b) insurance relationship by the Law No. 5510. According to this regulation, to qualify for the old-age pension, the voluntarily insured are required to be at least 58 years of age for women and 60 years of age for men, and to have reported 9,000 days of insurance premiums for disability, old-age, and death insurances. After the enactment of the law, the premium amount was raised to 4(b), that is 9,000 days of premium that the Bağkur-insured have to pay (Article 51 - Additional paragraph: April 17, 2008-art. 5754/31). To qualify for old-age pensions, women who are 4(b) insured must be 58 years of age and have reported at least 9000 days of invalidity, old-age and death insurance premiums. That is, they have to have worked for 25 years. Therefore, the retirement of women who work fewer than 30 days a month is almost impossible. This situation explains the drop in the number of the voluntarily insured, as seen in the table.

Table 2. The Number of Voluntarily Insured Persons by Year

	2008	2009	2010	2011	2012	2013	2014*
Voluntarily insured persons(4/b)	235,069	389,791	374,535	270,780	195,557	166,333	129,995

Source: SSI statistics

(*): November

On the other hand, Law No. 5510 regulated the conditions where mandatory and voluntary insurance relationships can be applied concurrently. According to this, those who are in mandatory insurance relationship with less than 30 days a month are given the opportunity to voluntarily owe for the remaining days for the long-term insurance branches, upon demand. For groups working part-time, the duration that the voluntary insurance premiums are paid is added to the number of paid days of their mandatory premiums. However, these added days are considered as insurance under the scope of 4(a) (as workers or previously SSI insured), According to October 2014 data of SSI, 275,248 people are in this status.

Voluntary insurance premiums are between the lower and upper limits (6.5 times the lower limit) of gross income and 32% of the gross monthly income determined by the insurer. Twenty percent of this constitutes the invalidity, old-age and death insurance premiums and 12% of it constitutes the universal health insurance premium. The voluntarily insured are not considered under the scope of short-term insurance because they do not pay short-term insurance premiums. Therefore, the insured in question do not receive temporary incapacity benefits. On the other hand, considering the low levels of wages in the labor market in Turkey, the virtual nonexistence of constant job security and decent working relationships, it is almost impossible for a person who works, say 10 days, to pay the remaining 20 days within the scope of voluntary insurance and become fully insured, due to high premiums. Moreover, in addition to the conditions of being 61-63 years old and having paid premiums for 7200 days, the low levels of retirement benefits show that the reality of voluntary insurance does not match the conditions of labor market.

III. SOCIAL SECURITY BRANCHES

3.1. Short-term Insurance Branches

Short-term insurance branches cover work accident and occupational disease, sickness and maternity insurance branches (art. 3). With the regulation made on Law No. 5510 in 2013, the premium rate of short-term branches was increased to 2% of the gross income (the basis of the premium). This premium is payable entirely by the employer. The Council of Ministers is authorized to reduce this premium to 1.5% or increase it to 2.5%. Previously, this rate was between 1% and 6.5% and the authority to determine these rates resided with the Social Security Institution.

3.1.1. Work Accident and Occupational Disease Insurance

Work accidents occurring in the workplace and occupational diseases stemming from the nature of the work are extremely important problems in the work life. Such problems can be controlled up to a significant extent with the precautions of worker health and work safety. Although “Occupational Health and Safety Law” No. 6331 enacted on June 30, 2012 regulated the existing conditions of health and safety in workplaces, Soma disaster and similar work accidents that happened afterwards showed the need for more stringent controls by the public so that the law is not only on paper.

As a result of such incidents, in-patient treatment or precautions like intensive care at home might be necessary for the worker to recover. If the premiums for work accidents and occupational diseases insurance have been paid, the worker’s hospital expenses are paid by the Social Security Institution. On the days that the insured is out of work, the employer does not pay a wage and a payment under the name of temporary incapacity benefit is made to the worker by the Institution.

If the health of the worker is severely damaged as a result of work accident or occupational disease, the worker may lose the capacity to earn income in her/his profession. In this case, the institute provides permanent incapacity allowance to the worker.

Finally, in the case that the work accident or occupational disease results in death, the spouse, children and other dependents are pensioned as beneficiaries, death allowance is paid and in the case that the children marry, marriage benefit is granted.

To be entitled to permanent incapacity allowance due to sickness or disability resulting from work accident or occupational disease, it must be determined that the worker has lost at least 10% of the capacity of earning income in her/his profession based on reports from health commissions authorized by the Social Security Institution. However, the fact that the determination is conducted not by an independent commission, but by an institution affiliated with the very institution to make the payment, casts suspicion in terms of the criterion of objectivity. This authority of determination should not be given to a commission of the institution that will be paying the gained benefits, but to a commission with participatory representation that can act independently.

Permanent incapacity income is calculated by the ratio of the insured's loss of the capacity to earn income in his/her profession. In permanent full incapacity, the pension is the 70% of calculated monthly income (art. 19).

In partial incapacity, the pension to be paid to the insured is calculated as in full incapacity income and the amount equivalent to the degree of incapacitation is paid to him/her. If the insured is in need of continuous care of someone else, the pension is applied at a rate of 100%. However, Social Insurances Law No. 506 (repealed) read as follows: "If the permanently partially or permanently fully incapacitated insured is in need of continuous care of another person, this income is increased by 50%." (art. 20).

In case of work accidents and occupational diseases, the temporary incapacity allowance is half of the daily income for inpatients and two thirds for outpatients (art. 18). In this respect, the provision of Law No. 506 is not changed.

Self-Employed and Employer Women

Previously, self-employed women did not receive temporary incapacity allowance in case of work accidents or occupational diseases. Under the scope of 4(b) of Law No. 5510, self-employed women can receive temporary incapacity allowance in case of work accident or occupational disease. However, it is required that the premiums and all debt pertaining to the premiums are paid, including universal health insurance. Incapacity allowance is paid for the duration of inpatient treatment and the duration of recovery required after the inpatient treatment, documented by a medical report.

3.1.2. Sickness Insurance

In the case that those who are subject to sickness insurance under the scope of 4(a) are incapacitated due to sickness, incapacity allowance is paid for every day, starting on the third day of incapacitation, provided that at least 90 days of short-term insurance premiums were reported within one year prior to the day that the incapacitation started.

Self-Employed and Employer Women

According to Law No. 5510, self-employed women do not receive temporary incapacity allowance in case of sickness.

3.1.3. Maternity Insurance

Maternity insurance, which is among the branches of short-term insurance, is regulated by articles 15, 16, 17, 18, 22, 23, and 24 of the Law No. 5510. Due to Universal Health Insurance regulated by Law No. 5510 the needs for health services arising from pregnancy and maternity is provided for the universal health insured and her dependents within the frame of Universal Health Insurance.

Rights Provided to Worker Women by Maternity Insurance

Female worker who works for one or more employers through a service contract and is subject to 4(a) (formerly SII) insurance status, is covered by maternity insurance in the case that she gives birth. Additionally, prisoners and detainees who are employed in facilities, workshops or similar places in penal institutions and prisons, and who are considered insured, as well as workers taken to workplaces abroad by employers who do business in countries where there is no social security agreement, are also under the coverage of maternity insurance.

During the period of incapacity due to pregnancy and maternity from the onset of pregnancy up to eight weeks after delivery or up to 10 weeks after delivery in the case of multiple pregnancies, known as the maternity period, the insured woman is paid incapacity allowance for each day she does not work along with a one-time breast-feeding allowance for each child.

If the insured woman delivers preterm, the unused period of unfitness for work, and the duration of the working period in the case that she works until three weeks before delivery on her own will and the consent of a physician, can be added to the post-delivery maternity leave and she has the right to receive temporary incapacity allowance for these periods.

In order to benefit from temporary incapacity benefit, she must have paid insurance premium for at least 90 days within one year before the delivery; in order to benefit from breastfeeding allowance, they must have paid at least 120 days of insurance premium. However, in Law No. 506, it was sufficient to have paid 90 days of insurance premium to receive breastfeeding allowance. Therefore, there is a regression in terms of breastfeeding in the new law.

The right to breastfeeding allowance for women who were entitled to breastfeeding allowance as per Law No 506, but had their insurance terminated due to dismissal from work, is preserved in Law No. 5510 as well, if they give birth within 300 days of insurance termination date. To benefit from this right, they must have paid at least 120 days of premiums within 15 months before the delivery.

Law No. 5510 preserves the right to maternity insurance for women who receive income or allowance due her own work, that is pension or disability allowance, due to a change in Law No. 506 in 2003²⁰.

Self-Employed and Employer Women

Law No. 5510 entitled self-employed women for maternity insurance.

4(b)-insured self-employed (formerly Bağkur) women who did not benefit from maternity insurance can now benefit from it.

In order to benefit from temporary incapacity allowance, women with this status, must have paid insurance premium for at least 90 days within one year before the birth; in order to benefit from breastfeeding allowance, they must have paid at least 120 days of insurance premium. Additionally, all the debts of premiums including the universal health insurance and debts related to it have to be paid.

²⁰ Breastfeeding allowance is 112.50 TL in 2015. The deadline in breastfeeding is five years from the date this right is acquired. The breastfeeding allowance is paid to the qualified insurance holders by identifying the information related to the newborn through the Identity Sharing System and without a condition of request. However, in the case that the allowance is not paid because the information is not received by the system of Social Security Institution, women should apply to the provincial directorate/social security center where they are located. A demand petition and birth certificate are required.

The incapacity allowance that will be payable to self-employed women within the scope of maternity insurance is half of the daily income for inpatients and two thirds for outpatients.

The issue for self-employed women to bear in mind is to report that they did not work during the period they were in maternity leave to the Social Security Institution to be entitled to temporary incapacity allowance. If the institution is not notified, they will forfeit these rights since they will appear to have worked.

Housewives whose spouses work under the scope of 4(a) or 4(b)

Granted by Law 506, the right of unemployed women whose spouses are SII insured to benefit from maternity insurance via their spouses, continues. One of the changes in Law No. 5510 regarding maternity insurance that did not exist in Law No. 506 is the introduction of right to benefit from maternity insurance for unemployed women whose spouses work as 4(b)-insured.

The spouses of unemployed housewives who work as 4(a)-insured must have paid at least 120 days of short-term insurance premiums within one year before the birth, who work as 4(b)-insured must have paid at least 120 days of short-term insurance premiums and all the premiums and debts related to premiums including the universal health insurance (art. 16).

In Law No. 5510, the uninsured spouse of man who receives income or monthly payments due to his own work, i.e.; retirement or disability pension, is also entitled to benefit from maternity insurance. The insured who are in this status are required paid at least 120 days of short-term premiums, and all the premiums and debts of premiums including universal health insurance, within one year prior to delivery.

However, women who benefit from maternity insurance via their spouses, cannot receive incapacity allowance because they are not actively insured.

3.2. Long-term Insurance Branches

This insurance branch comprises of old-age and death insurances.

3.2.1. *Old-Age Insurance*

Old-age insurance is a branch established to ensure the livelihood of the insured who suffer from decreased income due to diminishing power to work owing to old age. Following payments are made under the scope of old-age insurance:

- old-age pension
- lump sum of old-age

The Law No. 5510 determines the terms of entitlement for pension from old-age insurance based on general and special conditions. General conditions are defined by the age and day count of insurance and premium payment according to the laws in effect on the day of being insured for the first time, and special conditions are defined by with regard to special situations like invalidity and the rate of loss of capacity.

1) General Conditions

The general conditions of entitlement for the old-age pension fall into three categories depending on the first day of insurance:

- a) Before September 8, 1999 (exclusive),
- b) Between September 8, 1999 (inclusive) and April 30, 2008 (inclusive)
- c) After 30.04.2008 (exclusive).

The pension of those whose insurances start before September 8, 1999 and who retire after October 1, 2008 comprises of the total of three partial pensions for the periods before September 8, 1999, between September 8, 1999 and April 30, 2008, and after October 1, 2008, calculated separately.

The Retirement Status of 4(a)-insured Women Who Work for an Employer with a Service Contract

Legal provisions to be applied to the old-age pensioning of those working with a service contract vary based on the first initiation date of insurance.

1. Women who were insured before September 8, 1999 (inclusive)

a) Women who completed 18 years of insurance as of September 8, 1999 become entitled to old-age pensions under the following conditions:

- are at least 50 years of age and have paid at least 5000 days of disability, old-age and death insurance premiums, or

- are at least 50 years of age, insured for 15 years and have paid at least 3600 days of disability, old-age and death insurance premiums, or

- Under 50 years of age, but insured for 20 years and have paid at least 5000 days of disability, old-age and death insurance premiums. They must have paid the premiums of invalidity, old-age and death insurances for the above cited days to be entitled to old-age pension.

b) The insured who do not fulfill these conditions on September 8, 1999 are laid down to be entitled to pensions provided that they fulfill the conditions of minimum insurance duration, age and number of premium payment days indicated in the table below, depending on their insurance duration by May 23, 2002.

c) Those who cannot fulfill these conditions as of May 23, 2002 are entitled to pensions in the age indicated in the table below according to the date range in which they can fulfill these conditions.

- Women fulfilling conditions between May 24, 2002 and May 23, 2005 - at age 52,

- Women fulfilling conditions between May 24, 2005 and May 23, 2008 - at age 54,

- Women fulfilling conditions between May 24, 2008 and May 23, 2011 - at age 56,

- Women fulfilling conditions after May 24, 2011 - at age 58.

In case they reach the age indicated between the date ranges above, they are entitled to old-age pensions.

2. Insured women who started to work for the first time with a service contract between the date of September 8, 1999 and April 30, 2008 are entitled to old-age pensions if they fulfill one the conditions below:

- At least 58 years of age and 7000 days of premium payments for invalidity, old-age and death insurances, or
- At least 58 years of age, insured for 25 years and at least 4500 days of premium payments for invalidity, old-age and death insurances.

3. Insured women who started to work for the first time with a service contract after April 30, 2008, become entitled to old-age pensions in accordance with the conditions specified in the Law No. 5510. According to Law No. 5510, women who fulfill one of the following conditions become entitled to old-age pensions:

- Insured women who reach 58 years of age and have paid 7200 days of premiums for disability, old-age, and death insurances by 2036,
- After 2036, insured women who have reached the age limit within the date range in which they fulfill the condition of number of days, in the case that they meet the requirement of 7200 days of premium payments of disability, old-age, and death insurances.

Table 3: Age of retirement with respect to the date on which the condition of premium days is fulfilled according to Law No. 5510

Applicable Law	The date range in which the condition of 7200 days of premium payments is fulfilled for 4(a) insured who work with a service contract	Minimum value required on the date of allotment request		
		Age		Days of Premium Payment
		Woman	Man	
5510	May 1, 2008 - December 31, 2035	58	60	7200
	January 1, 2036 - December 31, 2037	59	61	7200
	January 1, 2038 - December 31, 2039	60	62	7200
	January 1, 2040 - December 31, 2041	61	63	7200
	January 1, 2042 - December 31, 2043	62	64	7200
	January 1, 2044 - December 31, 2045	63	65	7200
	January 1, 2046 - December 31, 2047	64	65	7200
	January 1, 2048	65	65	7200

Source: SSI, http://www.sgk.gov.tr/wps/portal/tr/Emeklilik/yaslilik_ayligi/4a_hizmet_akdi

As presented in table 2, the age of entitlement for the old-age pension will be equal for women and men as 65 years as of 2048 with this regulation.

The Retirement Status of Self- and Independently Employed 4(b) Insured Women

1. Women who were insured before the date of September 8, 1999 (inclusive)

a) Insured women who are entitled to the pensions as of October 1, 1999, and those who have two full years or less until entitlement can benefit from old age pension, provided that they fulfill one of the following conditions:

- 20 full years of premium payments, or
- 50 years of age and 15 full years of premium payments.

On the date that 4(b) insured request pensions, they must have no unpaid premiums or premium-related debts.

b) If, as of October 1, 1999, the insured women have more than two years for their entitlement to pensions, and have completed 20 full years of premium payments as of June 1, 2002, the terms of their old-age pension are determined by the rules of gradual transition.

c) According to third paragraph of tenth article of Law No. 1479, if the insured women entitled to pension meet the 50 years of age requirement as of October 1, 1999, but have more than two years complete 15 full years, they are still subject to the gradual transition process.

2. Women with 4(b), insured between September 8, 1999 (included) and April 30, 2008 (included), and women regarded as insured for the first time between September 8, 1999 and April 30, 2008, can benefit from old-age pension if they meet one of the following conditions:

- 58 years of age and 25 full years of insurance premium payments, or
- 60 years of age and at least 15 full years of premium payments.

3. Women with 4(b) insurance after April 30, 2008

The provisions of Law No. 5510 apply for the entitlement to old-age pensions of those insured after April 30, 2008. According to Law No 5510 the following can be entitled to old-age pensions:

- Insured women who turn 58 by 2036 and have paid 9000 days of premiums of disability, old-age, and death insurances, and
- After 2036, in the case that the requirement of 9000 days of premium payments for disability, old-age, and death insurances, is fulfilled, based on the age limits within the date range in which they meet the condition of days .

2) Special Conditions

Law No. 5510 provided easier conditions of retirement to insured women who were invalid (unfit for work) before starting to work, who have less than 60% loss of capacity to work, who age prematurely and who work in mines, and those who have a severely disabled child dependent on the care of someone else. The section below describes the conditions of insurance of women with a severely disabled child.

Insured Women with a Severely Disabled Child

Among insured women requesting pensions, those who have a severely disabled child dependent on the continuous care of another person, will have one fourth of the number days of premium payments after the enactment of this law added to the total number of days of premium payments; and this added duration shall be deducted from the retirement age limits.

According to this regulation, the times that will be added to the insurance duration of the woman will be determined based on the following conditions:

- Whether the initiation of insured woman's insurance is before or after the enactment of Law No. 5510,
- Child's date of birth,

- In the case of death, the date of death,
- The beginning and ending dates of severe disability and dependence on the continuous care of another person,
- Whether the child is married,
- If the insured woman is divorced, whether she has custody of the child,
- Whether the child is adopted by the insured woman,
- Whether the number of severely disabled children dependent on the continuous care of another person is greater than one,
- Whether the severely disabled child benefits from services of protection, care and rehabilitation paid or free, continuously or as a boarder in accordance with the provisions of Social Services and Child Protection Agency.

This additional duration provided to insured women is valid for the duration of the lifetime of the severely disabled child dependent on the continuous care of another person. In the case of death of the child, additional services are not provided to the woman for her work after the date of death of the child.

That the child is adopted does not affect the benefiting from these rights. Also in the case that the child adopted by the woman, alone or with her spouse, is found to be severely disabled and dependent on the continuous care of another person, the insured woman benefits from these rights.

However, if the insured woman has more than one severely disabled child dependent on the continuous care of another person, the insured woman benefits from these rights only for one of her children. In this case, SSI provides services for the child whose date of disability is the earliest. Additional services duration is not added to the insured woman for other disabled children.

If the severely disabled child dependent on the continuous care of another person, benefits from the services of protection, care and rehabilitation, paid or free, continuously or as a boarder, in accordance with the provisions

of Social Services and Child Protection Agency, no additional service is provided to the insured woman for the duration of this benefit.

In the case that the insured woman gets divorced and the custody of the severely disabled child dependent on the continuous care of another person, is transferred to someone else, additional services are not provided to the insured woman for the work after the custody is transferred.

Although granting of this right is beneficial for insured women with a severely disabled child, it hosts some gaps and discriminatory attitudes in its application. First of all, social security legislation considers the care of child as a responsibility of women, in parallel with the traditional point of view commonly held in the public. Secondly, the fact that women can benefit from these applications only for one child when she has more than one severely disabled children, contradicts the purpose of this regulation. If the purpose of the regulation is to make a positive discrimination for women in this situation by providing the possibility of an early retirement, Social Security Institution should provide additional service times to the insured woman for each severely disabled child without the concern of increased expenses. Another contradictory situation in practice is that the insured woman cannot benefit from the right to early retirement if the disabled child benefits from the services of protection, care and rehabilitation, paid or free, continuously or as a boarder, in accordance with the provisions of Social Services and Child Protection Agency. The services of care and rehabilitation are fundamental welfare services that should be provided to the disabled independent from all other practices. The right to early retirement granted to the insured woman with a severely disabled child should be considered independently of these services.

3.2.2. Death Insurance

Death insurance is the insurance branch that aims to compensate the loss of income of spouse, children and parents who are the beneficiaries after the death of the insured. Death insurance provides the following allowances:

- Death pensions
- Lump sum death payment
- Marriage allowance
- Funeral allowance

For the beneficiaries of the insured, who deceased after the enactment of Law 5510, to be entitled to death pensions, the following conditions must be fulfilled:

- For the 4(b)- and 4(c)-insured, at least 1800 days of premium payments of invalidity, old-age and death insurances,
- For the 4(a)-insured, at least five years of insurance excluding all kinds of loan terms and 900 days of premium payments of invalidity, old-age and death insurances.

As one can see, the difference in the scopes of insurances brings about a significant discrimination among the workers.

The Conditions of Allocation of Death Pensions for the Beneficiaries of the Deceased Insured

The shares of spouse, children and parents who benefit from the death pension are different. If the total of pensions provided to the spouse and children exceeds the pension of the insured, their pensions are reduced proportionately with their shares.

a) Conditions of Allocation of Pension to the Spouse

For the allocation of pension for the spouse widowed by the death of the insured, the spouse must be insured and there must be an official marital relationship at the time of death. Having a religious marriage or domestic partnership does not grant a beneficiary status.

The spouse's employment subject to Law No. 5510 or to the legislation of a foreign country or receiving monthly pay or income from these bodies does not constitute an obstacle for the allocation of pension.


Example:




Zeliha, who receives death pension via her deceased husband, works full-time in childcare without insurance. Out of fear of losing the pension she receives through her husband, she rejects the insurance proposal of the landlord. In fact, Zeliha can continue to receive death pensions of her husband and work under insurance at the same time. Her insurance is not an obstacle to receive pensions.

Marriage of the spouse forecloses beneficiary status and pensions are discontinued. Moreover, pensions of those who are found to co-habit with latter spouses out of the wedlock to not lose pensions from deceased husbands, shall be terminated and wrongfully received payments shall be reclaimed. As can be seen, the obligation of civil marriage causes a loss of rights of those who are under religious marriage or cohabit out of the wedlock. On the other hand, there is a mentality that makes the woman dependent on the husband through the bond of marriage. The care women dedicate to their spouse is disregarded and their privacy is invaded. The widowed wife of the insured deceased receives 50% of the monthly death pension; if the widowed wife without a pensioned child, is unemployed or receives no income or payments through her own insurance, she gets pensioned at 75%.


Example:

 If the spouse is not employed and does not receive any monthly income or payment through her own insurance, and does not have any beneficiary children, her share of the death pension is 75%.

Example:

 If the spouse receives monthly pays due to her own work, the death pension share is 50%.

Example:

 If the spouse is not employed, does not receive any income or monthly payment through her own insurance, but her child, also a beneficiary, receives pension, her share of the death pension is 50%.

Before Law No. 5510, women with two deceased husbands received pensions from two husbands even if they worked under the scope of two different social security institutions. However, under this law, they receive only the preferred monthly pay. Another loss of rights is experienced by women who are employed. Before that law, women used to receive the 75% of their pensions even if they were employed; however, under the scope of this law, the share they can receive is diminished to 50%.

b) Conditions of Allotment of the Children to Pension

In the case of death pension allotment, children who were born under the wedlock, or children who were adopted by the insured and the spouse, or children who were recognized or whose lineage is adjusted, or children whose paternity is legally resolved are beneficiaries. The common condition for children in terms of being beneficiaries is “not being employed under the scope of Law No. 5510 or any other foreign legislation or not having any income or pensions due to own insurance.” Other conditions for children vary based on whether the offspring is male or female, or invalid or not.

Sons

To receive pensions, the son has to be under 18 if he is not a student, 20 if he is in middle education (high school level), 25 if he is in higher education. In the case that middle education is completed before the age of 20 and higher education before 25, these pensions are discontinued without waiting for these ages.

Daughters

Daughters receive death pensions regardless of their ages if they are not married, or married but divorced or widowed. The condition of being a pupil/student up to a certain age does not apply to daughters. The pensions that daughters receive from their mothers or fathers are discontinued when they get married or start to work with social insurance. They are entitled again to receive the pensions when the employment or marriage is terminated. Pensions of daughters who are confirmed to be living with their ex-spouse are terminated and the wrongfully received payments are reclaimed. The study conducted by Alper et al. (2015)²¹ showed that the termination of the death pensions in the cases of marriage or employment from one of the parents either pushes women towards unregistered employment or makes them reluctant to enter work life. To overcome this situation which may be considered to be positive in legality, but negative in practice, marriage and employment, just like their own insurance, should not be causing termination of the death pensions.

21 Alper Y. et al., (2015), “Ölüm Sigortasından Bağlanan Aylıkların Kız Çocuklarının İşgücüne Katılımına ve İstihdamına Etkisi” [The Effect of Pensions Granted to Daughters due to Death Insurance on their Participation to the Workforce and Employment], *Siyaset Ekonomi ve Yönetim Araştırmaları Dergisi* [Journal of Research on Politics, Economy and Administration], 16. Çalışma Ekonomisi ve Endüstri İlişkileri Kongresi Özel Sayısı [Labor Economics and Industrial Relations Congress, Special Issue].

Invalid (Unfit for Work) Children

Death pension is provided to the children who are confirmed by the decision of the Health Council of the institution to have lost at least 60% of their capacity for work. The conditions of age, studentship, and being single are not sought in invalid children.

The share rate of the death pension for each beneficiary child (sons, daughters, invalid children) of the insured deceased is 25%.

However, the share rate of the death pension to be provided to the children who lose both parents with the death of the insured is 50%.

c) Parents

The following conditions are sought for the entitlement of parents to death pension:


- The income of the parents must be less than the net amount of the minimum wage (if the mother and father are married, both the mother's and the father's situations are evaluated together),
- They must not have income and/or monthly pensions except those acquired through other children (the income and the monthly pensions of the mother and father are assessed separately),
- Availability of shares remaining from spouse and the children who are beneficiaries (if the mother or father is over 65, this condition is not sought)
- On or after the date of the insured's death, if the total of the pensions allotted to the spouse and children is less than the calculated pension, the remaining part of the pension is paid to mother and father in equal shares. However, the total share of the mother and father cannot exceed 25% of the death pension. Therefore, when both parents are entitled to the pension, the ratio of 25% is divided by two and their shares are determined to be 12.5%.

In the case that the parents are older than 65, they are entitled to pensions regardless of the availability of remaining shares.

Marriage Allowance

According to Law No. 5510, in the case that daughters, whose income and monthly pensions are to be discontinued due to marriage, get married and file a request, they receive a one-time marriage allowance in cash equal to two years of pensions.

Example:

 Ayla who got married while receiving 200TL/month death pension through his father, gets paid two years' pension amount as marriage allowance.

Marriage allowance: $200 \times 24 \text{ months} = 4800 \text{ TL}$.

The calculated amount is paid as a one-time marriage allowance. If Ayla, who received marriage allowance, is divorced from her husband within two years, she will have to wait for two years to be entitled to the death pension again. However, those who are in this situation are deemed to be under universal health insured until the end of this period.

IV. UNIVERSAL HEALTH INSURANCE (UHI)

Universal Health Insurance, regulated in Law No. 5510 (art. 60) and designed for the first time, to cover the whole population mandatorily, was enacted on January 1, 2012 after a long debate.

4(a)-, 4(b), and 4(c)-insured and those with voluntary insurance are deemed to be Universal Health Insured. Additionally, the children, disabled, women and elderly who are in the institutions affiliated with the Ministry of Family and Social Policies are automatically covered by UHI. As it concerns women, “those with a warrant of protection in accordance with the provisions of Protection of Family and Prevention of Violence against Women Law” are also automatically covered by UHI.

Moreover, children under the age of 18 who have no universal health insurance and no dependents, are also covered by UHI without an income assessment.

Universal health insurance premium is 12.5% of the gross income for those who are subject to one of the short- or long-term branches of insurance. Five percent of this premium is paid by the insured and 7.5% of it is paid by the employer.

Those who are considered to be universal health insured subject to 4(a) insurance status, benefit from universal health insurance for ten days after their mandatory insurance ends. If they have 90 days of mandatory insurance within a year before the date their insurance ended, they and their dependents can benefit from health services for 90 days after the date their insurance ended.

Those who are outside the status cited above can be covered by UHI without paying UHI premium, only if they prove that per capita income in their family is less than one third of the minimum wage. If the household income exceeds the specified amount, they have to pay UHI premiums for one of the three income groups defined.

While defining per capita monthly amount that will be determined by test methods and data specified by the institute, it is described as “taking into consideration the expenses, estates, assets and rights arising from them.” Therefore, persons who have no income in the family but appear to have income greater than one third of the minimum wage face UHI debt.

Universal Health Insurance system defines the UH-insured and dependent persons. Those who have no insurance or do not get voluntary insurance and who do not have an income or monthly payment due to their own insurance are within the scope of dependents of the universal health insured. Accordingly, the spouse; unmarried children who are under 18, or under 20 if they attend high school or equivalent, or under 25 if they attend higher education, and unmarried sons and daughters who are found to be invalid (unfit for work) according to this Law, and parents whose livelihood is confirmed to be provided by the universal health insured. However, persons whose conditions of coverage are terminated are obliged to pay UHI premiums.

With a regulation made in 2013, if daughters who were born before October 1, 2008 have the right to receive health benefits before that date, they will not have to pay UHI premiums after the age of 18, for example even though they do not attend higher education, they will continue to benefit from the UHI of their fathers. Similarly, women who are divorced will be able to benefit from the health insurance of their fathers again unless they are under the coverage of any other insurance. However, daughters who were born after October 1, 2008 will be UHI-insured when they reach the age of 18, or the age limits with reference to education condition cited above. This situation stands out as a factor increasing dependency since it will push women to marry.

Children who benefit from health services due to attending high school or the equivalent can continue to benefit from health services for 120 days after finishing their education, provided it does not go beyond the date they turn 20.

In the system, health care providers are classified as primary, secondary and tertiary levels by the Ministry of Health. In this classification, family physicians are listed as primary-level health care service providers. The universal health insured and the dependents have to comply with the chain of referral determined by the Social Security Institution; otherwise, the universal health insured pays co-pay or additional fees depending on the level of the services used. Additionally, the universal health insured and their dependents must have paid at least 30 days of premiums within the one year before the date they apply to a health care provider.

Those who are confirmed to be within the scope of UHI must apply to Social Assistance and Solidarity Foundation within one month after the date they are notified about the application of income assessment. For those who do not apply for income assessment within the said one-month duration, the monthly per capita amount of the household income as of the initial confirmation date is taken as twice the minimum wage, and their premiums are accrued accordingly²².

22 Considering that the gross minimum wage is 1,273.50 TL in July-December 2015, the amount to be paid is 305.64 TL. This period is six months after the notification of “application to income assessment” for those who are determined to be under the scope of subparagraph 60/1 c-1 of the Law.

Table 4. Premium amounts due according to the results of the income assessment (July-December 2015 period)²³

UHI Status	Income Status	Premium Due (2015)
60/1(c-1)	Less than one-third of the minimum wage <424.50	Borne by the state
60/1(g-1)	From one-third of the minimum wage to minimum wage (424.50 - 1,273.50)	$(1273.50 / 3) \times 12\% = 50.94$ TL
60/1(g-2)	From the minimum wage to twice the minimum wage (1,273.50 - 2,547.00)	$(1273.50) \times 12\% = 152.82$ TL
60/1(g-3)	More than twice the minimum wage > 2547.00	$(1273.50) \times 2 \times 12\% = 305.64$ TL

The fact that the Universal Health Insurance system is set up on the rationale of en-debting, leaves many people, and women within a part-time employment relationship aggrieved. Moreover, they cannot even benefit from Universal Health Insurance within the periods of debt. However, the entry date to the Universal Health Insurance system must be as of the date that the person starts to benefit from health care services. Therefore, all accrued UHI debts of the universal health insured subject to income assessment should be written off.

UHI premiums of part-time workers

Those who work part-time or on-call according to Labor Law No. 4857, and those who work in domestic services less than 30 days a month according to the same Law, while 4(a) insured, are obliged to complete the premiums of the missing days of their universal health insurance to 30 days. These insured people must have an income assessment by applying to Social Assistance and Solidarity Foundations and complete their remaining periods to 30 days by paying premiums in accordance with their income level determined by the income assessment.

²³ Within the scope of the Bag Law No. 6552 enacted in September 11, 2014, debts of premium of universal health insurance are restructured. According to the Law, those with premium debts to the Institution have to apply until November 3, 2015. If those who have never undergone the income assessment process apply by September 9, 2015, their premium debts will be recalculated according to the results of the income assessment and they will be able to pay their debts without interests provided that they pay the actual figure in its entirety by November 30, 2015 (temporary art. 4).

Co-payment (Copay)

Social Security Institution is authorized to determine the methods of diagnosis and treatment, and the types, amounts and usage duration of health services to be financed.

The situations regarding the UH insured and their dependents, where no copay, is due are defined as family physician visits and preventive health services for individuals. Provided that it is certified by a medical report, chronic diseases, vital external prostheses, orthosis, and transfers of organ, tissue and stem cells, as specified by the Institution are also among services with no copay.

However, copay at various rates are payable for outpatient physician and dentist visits except for family physicians, drugs provided in outpatient treatment, external prostheses and orthosis, assisted reproductive therapy, health services financed in inpatient treatment according to the disease groups designated by the Institution.

The costs of the health services are taken as the basis in the calculation of copay. The methods of payments of copay are regulated by the codes issued by the Social Security Institution. Social Security Institution is authorized to designate the health services with no copay, and Health Services Pricing Commission is authorized to designate the health service costs that will be paid by the Social Security Institution.

Health care providers with private contracts, including the foundation universities, can demand additional fees up to twice (200%) the prices of health services costs determined by the Health Services Pricing Commission (art.73). However, this rate was only 20% when the law was enacted. Later it was increased to 100%. Additionally, the Council of Ministers is authorized to designate the ceiling of this rate.


Example 1:



Zeliha has been working part-time as 4(a)-insured since July 2015. Zeliha provides at-home care for a patient, her insurance is paid for 15 days a month and for these 15 days, she receives a salary of half the minimum wage. Since she has to pay the UHI premiums for the remaining 15 days, she has to be subject to income assessment. Zeliha's 15-day gross salary is $1,273.50 / 2 = 636.75$ TL. The UHI premiums that Zeliha has to pay are calculated as follows with respect to the income amount calculated in the income assessment:


Zeliha must pay 25.47 TL, which is half of 50.94 TL, the amount payable by those whose income is between 424.50 TL (one third of the minimum wage) and 1,273.50TL (minimum wage).

Example 2:

 Filiz graduated from university when she was 24 in 2014 and she has not started to work yet. Since she is a university graduate, to determine whether Filiz is required to pay UHI premiums, it has to be checked if she was under the coverage of her father's insurance prior to 2008.

Since she was under the coverage of the insurance of her working father before the date of October 1, 2008, which is the critical date for premium payments of women, Filiz will continue to benefit from universal health insurance of her father after her graduation as long as she does not work.

Example 3:

 Necla was unemployed and benefiting from the insurance of her husband when she got divorced in March 2015. Necla has the custody of her five-year-old child, and raises her/him alone with the money she earns by making crafts at home, without insurance. Since Necla was not under the coverage of her father's insurance prior to October 1, 2008, she must have an income assessment after her divorce. Had she not had the income assessment done, she would have to pay UHI payments at the highest rate based on the income level greater than the twice of the minimum wage, even though she does not work.

Necla took the income assessment after her divorce. Since her income was assessed to be less than one third of the minimum wage, her UHI premiums will be paid by the state, and she and her child will be able to benefit from the health care services within the scope of universal health insurance.

V. CONCLUSION

Social security, which covers every period of life, from birth to death, and also after death, for those left behind, is a universal right. However, social security systems are not handled with this mentality in all parts of the world. In Turkey, it is not established on the basis of a universal right, but as a social security insurance system financed by premiums. In our country, where participation to workforce is low and the rate of undeclared work is high, benefiting from the system via premium payments is limited. This situation leads to serious problems especially for women.

In Turkish Social Security system, the social security of women is regulated in three ways²⁴. These are, women benefiting from social security through their own jobs, through their spouses as unemployed women, and as daughters.

Women's access to social security by their own job is the most guaranteed and continuous way of receiving social security²⁵. In these cases, women benefit from all kinds of social security benefits; and become entitled to retirement through their own insurance. Situations such as marriage or divorce do not forfeit the rights they acquired due to their own insurance. However, this situation is closely related to women's penetration into the work life. According to the 2014 statistics of TurkStat, while women make up half of the population of Turkey, they participate in workforce at the ratio of 1/4 compared to men²⁶. This situation shows that women benefit at a much lower rate from the insurance benefits based on working and paying premiums, as actively insured compared to men.

Another situation that women benefit from social security in Turkish Social Security system is when they are unemployed and benefit from social security as passively insured through their spouses. In this case, the woman benefits from health insurance as long as her spouse is alive, and from the death pension when her spouse passes away. However, the existence of such a relationship requires a formal matrimonial bond between the spouses. When spouses divorce, the woman is left completely without social security. In such a situation social security is not a right for women, but an opportunity that can be accessed by women via the mediation of men.

24 Alper Y. et al., (2015), "Ölüm Sigortasından Bağlanan Aylıkların Kız Çocuklarının İşgücüne Katılımına ve İstihdamına Etkisi" [The Effect of Pensions Granted to Daughters due to Death Insurance on their Participation to the Workforce and Employment], *Siyaset Ekonomi ve Yönetim Araştırmaları Dergisi* [Journal of Research on Politics, Economy and Administration], 16. Çalışma Ekonomisi ve Endüstri İlişkileri Kongresi Özel Sayısı [Labor Economics and Industrial Relations Congress, Special Issue], 341.

25 Ibid, 341.

26 <http://www.tuik.gov.tr/PreHaberBultenleri.do?id=18619>

Another situation where women benefit from social security is as “daughters” through the universal health insurance or death pensions of their parents. In both cases, the right acquired by the daughters is discontinued when they start to work or marry. Disentitlement of women to this right due to marriage or divorce can keep women away from the work life.

Social security system in Turkey is established typically on the basis of work life and premium payments and also under the assumption of male employees. In this regard, for women to become beneficiaries of social security, they have to work in an insured job in the formal sector; otherwise, they have to be dependent on a man.

In addition, low rate of female employment, undeclared work also excludes women from the system with premiums even though they work in income-generating jobs. Moreover, regulations of social security ignore women working as unpaid family workers and compel them to a life dependent on the male members of their family until the end of their lives. Few women who are in social security system are defined under conditions similar to men. Furthermore, women who can manage to take part in the formal sector, are under a severe threat of precarity due to atypical employment becoming widespread. Temporary/leased employment, which is desired to be spread via private employment agencies, constitutes a serious risk for women.

As indicated above, being in the social security system is only possible by paying premiums. The possibility of voluntary insurance is provided for women who work in undeclared jobs and who work as unpaid family workers to take place under this umbrella. However, both the high level of premiums and the difficulty of fulfilling the conditions leave the voluntary insurance on paper. Additionally, the security that is offered falls behind compared to other categories of insurances. It is almost impossible for women who are in temporary employment relationships or left with no option but to work part-time to have security of future by fulfilling the required conditions. In addition to having a narrower scope than other categories in terms of the opportunities it provides, voluntary insurance covers only women whose income can meet the premium payments.

As KEİG Platform, we prepared a report analyzing what Social Insurances and Universal Health Insurance (SIUHI) meant for women in 2008. In this report we indicated that women are not defined as individuals, but as dependent to the male members of the family and that social security system, reliant on premium payments, leaves the majority of women outside the protective umbrella of social security. In 2015, it would be safe to say that the social security system remained within the same framework in the past 7 years, and even moved backwards in some areas. For example, the “additional article 9” added to the Law No. 5510 and the Law No. 6552 enacted in 2014, invalidated the

decision of the Supreme Court that opened up the possibility for domestic workers to be insured even if they go to the house they work at only once a week.

The mentality that defines women as dependent on the male individuals of the family instead of considering and supporting them as people who contribute to production is still widespread in the society. The low level of social security provided is another problem to be emphasized. Although it appears like the system is going through standardization, there is no significant unification. The social security system ignores many works done by women both in and outside the household. Furthermore, many regulations made for women in the field of social security repel women from the work life or encourage undeclared work. For example, discontinuation of death pensions of daughters from their parents when they start to work push many women towards working in undeclared jobs or they are reluctant to enter to the workforce with concern of discontinuation of the death pension.

Some of the regulations made in the field of social security contain practices which are incomplete or lack equality for women. For example, the condition of insurance prior to military service is not sought for men to benefit from military debt; whereas the condition of being insured prior to child birth is sought for women to benefit from birth debt. Additionally, the right to early retirement for insured women with a disabled child is far from reaching its goal due to many restrictions. For example, while women with more than one disabled children can benefit from this right for only one of the children, they cannot benefit from any such right if the disabled child benefits from the services of protection, care and rehabilitation in accordance with the provisions of Social Services and Child Protection Agency continuously or as a boarder, paid or free.

In short, in Turkey, when it comes to social security, women are defined not as individuals but within the framework of family and matrimony. As KEİG Platform, we would like to underline the fact that social security is a fundamental human right. We believe that it is of utmost importance to establish a system which ensures taking all the individuals, regardless of their income status or recorded employment, under the umbrella of social security within the framework of human rights.

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