

A Pioneering Study in the Field of Healthcare Communication in Turkey: Birth Control and Family Planning Campaigns

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Abstract

The population policies envisaged in Turkey until today and the birth control and family planning campaigns which were implemented in the 1960s in line with the anti-natalist policies, which were a pioneering study in the field of healthcare communication, and the films shown on television in this context have been examined in this article. Focus has been placed on the pro-natalist policies which are desired to be implemented today, in contrast the anti-natalist population policies of that period, in Turkey, which, according to a study conducted by the World Health Organisation in 2014, is the 18th largest country in the world in terms of population and 96th in terms of lifespan.

Keywords: Healthcare communication, Family Planning Campaign films, Anti-natalist Population Policies, Pro-natalist Population Policies, Diffusion Theory

Introduction

This study focuses on the importance of the first public relations films, which reached the wide masses in Turkey and the “birth control and family planning campaign” films, which were made by the publicity and public education office of the State Planning Institute after 1964, and which were shown frequently on television during that time, due to them being a pioneering study in the field of healthcare communication. With the screening of these films on television during that time, positive results were obtained in respect of creating an awareness concerning birth control and family planning. An extremely simple idea lies at the basis of public relations: the importance of people... People and interpersonal relations are of importance in public relations activities. The emotions and thoughts of people, their intelligence, culture, the values they have embraced, their decisions on work and purchases – and in fact to put it more correctly, in every sense, their votes are extremely important. The aim is to gain legitimacy.

It is known that the media is of vital importance for the maintenance of democracy in the modern world. Studies which have been conducted have revealed that people remember 10% of what they have read, 20% of what they have heard, 30% of what they have seen and 70% of what they have seen and heard. Within this context, films which have taken on the role of questioning incidents which have been experienced are among the visual audial media which play an important role in influencing public opinion. Another capability presented by films is to ensure the trust of the public regarding the functions and formation of industry (Demirtaş, 2017, 5). During their duration, motion pictures express much more than what is attempted to be conveyed with thousands of words (Online PR:2011). The impact of films on public opinion has been discussed in hundreds of articles and books. It is known that there are various opinions on this subject. The first of these opinions is that films prevent logical and deep thought. This opinion is also the case for other mass media. Experience gained by putting oneself in the place of someone else – in other words through the eyes of another person (empathetic behaviour), has increased greatly due to films. Films assist in increasing the experiences gained through the eyes of someone else, and the understanding and sympathy of the person regarding the behaviour and emotional experiences of others, while at the same time being a very strong factor in fixing or changing the attitudes of individuals and the attitudes which have become extremely widespread amongst the masses. It has been proven through incidents which have been experienced from time to time that films have the impact of forming public opinion where none previously existed, strengthening existing public opinion, or changing existing opinions, and political forces, which sensed these effects in advance, have endeavoured to prevent them through censorship. Healthcare communication is nested within two interdisciplinary fields – health sciences on the one hand, and communication sciences on the other.

Studies conducted in this area have the aim of creating the desired awareness concerning the beliefs, attitudes and behaviour of society related to health, or covers the activities of communication related to giving direction to society in the desired manner. On the other hand, public relations are one of the most important strategies used in healthcare communication. The public relations strategies which are utilised are directed at the aims of spreading correct and reliable information regarding healthcare, persuading people to behave in a healthy manner, raising awareness concerning the creation of healthcare literacy, establishing an understanding, overcoming misunderstandings, providing knowledge, eliminating biases and strengthening beliefs (Çınarlı, 2008, 72).

It can be said that the first public relations activity undertaken by a state institution, which reached the wide masses in Turkey, were the birth control and family planning campaign films made by the planning and public education office of the Directorate General of Population Planning of the State Planning Institution, in 1964. These films were frequently screened in television broadcasts – which were comprised of a single channel at that time – and it is possible to see these films as the vehicles of a successful healthcare communication campaign. These films played an effective role in obtaining positive results in the television broadcasting period, which was comprised of a single channel. This campaign was created for the purposes of presenting to the public the Population Planning (Birth Control) legislation, which entered into force in 1964, and ensuring that families embraced the idea of a planned number of children. It resulted in a quarter of the families in Turkey accepting the idea of family planning, the educating of all of the doctors and other health personnel on the matter, and the assistance of politicians, by way of the passing of the relevant laws, within two years. Following these important achievements, other public institutions also began to form Public Relations departments, and public relations were adopted into the teaching programmes at universities for the first time, in 1966.

Theoretical Framework

Diffusion theory is based upon first of all drawing attention to a subject and ensuring that interest is taken in it, followed by raising an awareness of the information which has been shared and the information which has been acquired finding a place in life. It can be said that diffusion theory overlaps in particular with the approach of the publicity model to make a subject popular. In the process of healthcare communication, which is the field of activity of the public institutions, it is possible to ascribe roles such as gaining status for the relevant healthcare subjects and achieving legitimacy, to mass communications. In addition to this, the vehicles of mass communications play important roles in the creation of awareness on the subject and the changing of thoughts and attitudes with the agenda which has been created. Within this scope, it is necessary for us to mention diffusion theory. Diffusion – or in other words, expansion – is the process whereby an innovation is conveyed among the members of a social system, in time, through a specific channel. It is a special form of communication, the messages of which have been equipped with new ideas (Rogers, 1983, 6). Therefore, the contribution of public relations practices in respect of the raising of awareness on the subject, the sharing of the subject, which attention has been drawn to, with others and ensuring that it turns into a behavioural pattern, is undeniable. Diffusion theory is based upon first of all drawing attention to a subject and ensuring that interest is taken in it, followed by raising an awareness of the information which has been shared and the information which has been acquired finding a place in life. According to Everett Rogers, this theory, which describes the process of the acceptance of a new idea, is made up of 5 steps (1983):

- The creation of awareness; becoming aware of the principal idea;
- The arousing of interest; feeling the need for more information;
- Sharing; sharing the information which has been acquired with other people;
- Evaluation; the individual becoming aware of whether the ideas are his/her opinions;
- Adaptation; the process of transforming the information which has been obtained to life.

The Concept of Healthcare Communication in General

Campaigns to enlighten the public in the healthcare sector began in the 1970s. The aim of these campaigns was to provide information concerning behaviours which were harmful to health and increase the awareness of the relevant people concerning health issues (Constanze Rossmann, 2010, 1). According to the definition of Hurrelmann and Leppin (Hurrelmann / Leppin, 2001, 11), the general healthcare communication of the period involved the transfer and exchange of ideas, information and emotions between the service provider professionals and patients and other persons, in the healthcare process.

On the other hand, according to Schiavo, healthcare communication is the disciplined policies which are implemented for the purposes of reaching different viewers and sharing information concerning healthcare, influencing individuals, communities, healthcare professionals, private groups and the public, putting forward and presenting arguments in order to make subjects interesting and provide support, and having these embraced (Schiavo, 2007, p.7). In the definition contained in the “National Institutes of Health/National Cancer Institute”, on the other hand, healthcare communication has been stated as the examination and use of communication strategies in order to inform and influence the public on individual and communal decisions which improve health (National Institutes of Health/National Cancer Institute, 2002).

The definition of the term, which is the most popular one today, was provided by Kreps and Thornton, in 1984. They defined healthcare communication with a wider perspective, stating it to be, “a field of study concerning human interactions in the process of healthcare” (Kreps / Thornton, 1984, 2). On the other hand, in an article, Signitzer (Signitzer, Benno, 2001, 22-25, Cited by: Kaluza, 2009, 29), defined the areas of healthcare communication in a similar fashion to Kreps and Thornton:

- The communications behaviour of doctors, dentists, pharmacists, nurses, hospital managers, the healthcare bureaucracy, etc.;
- Communications partners: patients, relatives of patients, health insurance providers, etc.;

In this context, they have stated that communications can be undertaken at various different levels:

- The internal level: When we are thinking about the health of someone and when talking about him or her;
 - The interpersonal level: Discussions or consultations between doctors and patients, doctors and doctors or patients and patients;
 - The organisational level: For example, the public relations activities of a hospital or the communications activities in a hospital;
 - The social level: For example, the healthcare news in the media, the images in the media and news concerning health and diseases; not only medical professional journalism, but at the same time the role of communications in healthcare campaigns and healthcare promotion projects.
- The economic, social, multicultural and ethical issues concerning healthcare communication.

Among the above listed levels, interpersonal communications, which is also known as the process of the exchange of messages between two people or within a small group, and as face to face communications, is of separate importance in the processes of healthcare communication. Tabak and Sur specifically separate interpersonal communications from the other forms of communication (Tabak/Sur, 1997, 65), emphasising that, while communications through vehicles of mass communication, such as television, radio and newspapers are important for informing and shepherding people, interpersonal communications is utilised with the objective of ‘persuasion’, that the function of ‘persuasion’ of communications is of great importance in health education, and that a large part of the messages which are aimed to be transmitted to the target groups with health education are of a considerably private and individual nature, and indeed that some are of a nature which only people who are very close to each other, or who have mutual trust in each other would share. They underline that the interpersonal communications whereby these types of messages are shared is known as *Taboo communications. [*The taboo communications model is among the interpersonal communications models, and in this model healthcare services are performed at the rate at which the provider and the recipient of the services are required to share the information – that is to say at the rate which they establish direct communication. The environments related to interpersonal communications in connection with healthcare may sometimes require the sharing of private information by individuals, such as their sexuality or drug use. Under these circumstances, a need for communication, ensuring that the individual will choose his/her privacy ahead of his/her health. These environments of communication are within the scope of taboo communications. Health workers need to encourage those they are faced with. The taboo communications model adopts the need for the environment of communication to be supportive rather than defensive (Kaya, 20).] Both the source and the recipient are limited to one person, in general, in this type of communication, and in order for this type of communication to be undertaken, they have stated that first of all, there is a need for an atmosphere of trust. In the definition of Dökmen, he describes empathy – which clearly carries great importance in interpersonal communications – as, “the process of a person putting himself/herself in the place of another, understanding the emotions and thoughts of the other person correctly and looking at incidents from his/her point of view, and conveying this situation to the other person (Dökmen, 1995, 136). Empathetic communication is one of the best methods, from the point of view of ensuring the complete participation of the recipient in the communication process. It is a stage of communication which can remove the artificial limitations created by taboo communication and the key to the doors of the private messages which can be opened to a limited number of people.

However, healthcare personnel do need to maintain their objectivity and remain impartial in the process of empathetic communication. They must never forget that they are only playing the role of the person facing them. As a respected 'source' component of the communication process, they need to thaw any possible ice between the 'recipient' and themselves through empathetic communication (Tabak/Sur, 66). It is known that public healthcare institutions in America and Europe undertake their healthcare communication activities with public relations strategies which utilise strategies such as social marketing used to ensure the positive healthcare behaviour of marketing principles, establishing advocacy and, primarily, awareness in the media, in order to ensure that the media concentrates its attentions on the issue, so that it is perceived as an issue of public health, eliminating prejudices, and verifying certain perceptions in order to establish an understanding in that respect (Çınarlı, 2008, 60-73). These three methods are strategies which both support each other and are nested within each other.

Population Policies and Practices

Before examining the population policies within the context of healthcare communication in Turkey, we need to draw attention to the conclusions and recommendations concerning the New European healthcare policy, within the scope of Healthcare 2020. Healthcare 2020 will make important contributions to the establishment of a new mindset, which is necessary in order to be able to progress in governance, in a sound manner, by adopting the eight recommendations listed. We can examine these recommendations as follows (Kickbusch/ Gleicher, 2012, 85-88);

* *The positioning of healthcare*: First of all, the health and wellbeing of the public needs to be a target for the whole of the government and the community. Therefore, Healthcare 2020 needs to apply a healthcare lens and interact with partners outside the healthcare sector in order to be able to reach the heads of governments, members of parliament, the leaders of the business world, mayors and the citizens of Europe. The establishment of the innovation platform for Healthcare 2020 may strengthen such a strategy.

* *Taking the policies related to new measurements as the basis*: The whole of government and the whole of the community need to possess more information in order to be able to better manage the complex dynamics of healthcare management and its determining factors. All actors need to be aware that healthcare increases the quality of life, the productivity of the workforce and the capacity for learning, strengthens families and communities, supports sustainable safe living atmospheres and environments and contributes to the reduction of poverty as a community. Healthcare 2020 can assist countries to determine their new healthcare and wellbeing criteria, on the basis of equality and sustainability, with both objective and subjective data. New types of healthcare reports can be created with new measures – including new vehicles – for the anticipated governance. A systemic endeavour can be started in order to collect solid evidence concerning how the Healthcare 2020 policies impact on health and how health impacts on other policies.

* *Institutionalised processes for approaches directed at the whole state*: The institutionalisation of government structures and processes is seen as the necessary element in order to encourage the solving of problems between sectors and eliminate imbalances of power, and to benefit from health and wellbeing.

These processes require a suitable process for an important change in culture. State institutions require leadership, the sharing of authority, incentives, control, budgeting tools, the collection of resources, sustainable mechanisms and realistic timeframes in order to be able to work on integrated solutions, together. Healthcare 2020 can recommend innovative approaches in order to monitor the advances made in countries, sectors and institutions on the subjects of budgeting and financing. It can provide support to Ministries of Health and public healthcare institutions, for fighting against bad problems and in order to motivate them. This tactic contains the capacity to create new public policies based on systems considerations and information, through cross-sectorial training directed at smart governance, with the cooperation of schools.

* *Innovative partnerships for approaches directed at every section of society*: Many of the healthcare problems of today can be resolved better with communal approaches which consist of the vehicles of mass communications, as well as non-government organisations and the private sector.

Governments, together with the third parties in non-government organisations and the private sector, now have a duty to control the sectors in which they do not specialise. Together with this, governments have worked together with third parties in order to create policies which address local needs and create additional social capital, thereby increasing their legitimacy. Healthcare 2020 can provide support to experts in the Ministries of Health and public healthcare institutions, to reach joint solutions with other both within and outside government. At the same time, it can recommend new programmes, networks and initiatives in order to arouse the interest of European citizens and find new incentive mechanisms.

**The provision of an undertaking of participation for citizens:* The healthcare sector should dedicate itself to the participative nature of smart management for health. In democracies, politicians and some government organs leave their rights of representation to new actors, who hold better and more transparent knowledge on the matters wanted and needed by people. Due to new consumer technologies, people are able to acquire knowledge directly, share this knowledge with others and demand access to this knowledge. Those who receive a better education expect more participation. By revealing the roles of citizens and patients, and the influences they have, governments should create an open agenda for participation. Participation should be seen as a fundamental health service activity, which is to be encouraged in a systematic manner, throughout the processes of creating policies and putting healthcare services into operation. Citizens have the right to access their healthcare information. Healthcare 2020 should begin a dialogue with the citizens of Europe concerning healthcare and welfare, through new information and communication technologies.

**A global perspective:* The new healthcare governance should bring together all of the levels of management in the fields of local government and global government.

Healthcare 2020 can begin a process where policy-makers at several levels are brought together in order to find answers to difficulties. The support required for new types of healthcare diplomacy, which support the consistency between foreign policy, trade, agriculture, development and sectors such as healthcare, should be given.

**A Regional Office which is focused on support, innovative and supportive:* The healthcare sector can support the other branches of government in order to assist in developing policies and reaching targets.

Healthcare 2020 can bring together the reports of the innovative practices on the subject of cooperation with others, for the targets which have been shared in and beyond the European Region. Regular meetings with ministers of health, the heads of public healthcare institutions and representatives of the other sectors can take these innovations forward. Long-term models of cooperation can be established with other sectors, such as the European environment and healthcare and healthcare process, for example, those which will support schools.

**A joint undertaking in order to bring innovation to governance:* The Member States and the European Regional Office should undertake the following within the context of Healthcare 2020:

There is a need to cooperate in a manner directed at healthcare, with national institutes in numerous disciplines, including the development of leadership in the management of healthcare, political debate, training and research, by designing a new measure in the management of healthcare, which focuses on the whole society and all government approaches in order to monitor research, for the purposes of evaluating and observing advances in the governance of healthcare in the European Community and presenting reports about innovation to the European Regional Committee every two years. Setting off from these recommendations and desires, it is possible for us to say that healthcare is the field of activity of the public authorities. These activities become possible by putting into operation public relations activities which are the whole of strategies such as those which are utilised in healthcare communication, which raise awareness by drawing the attention of public opinion to certain issues, which implement the methods of publicity or persuasion based on the texture of the incident, which act as advocates where necessary and the principal aims of which are to ensure services for the benefit of the public and legitimacy.

Population policies are the whole of the conscious decisions and practices which have an impact on the quantity, quality and distribution of the population. Today, attention is paid more to quantities (health – fertility) and qualities (education), rather than the numeric largeness of the population, while at the same time connections are made between the amount and characteristics of the population and the degree of development of countries. When we examine the population policies implemented across the world, in general, we can see that countries with high populations, such as China and India, implement policies directed at reducing the rate of increase in population, by adopting the anti-natalist approach, that countries such as Russia, Germany and France, where the population is decreasing at pace, are endeavouring to increase the rate of increase in population with the pro-natalist approach, and that developing countries, such as Turkey, are implementing policies directed at improving the quantity and the quality of the population.

Population Policies in Turkey

Two different types of population policies were implemented during the history of the Republic of Turkey - pro-natalist policies between 1923 – 1965 and anti-natalist policies after 1965. At the beginning of the 1920s, the population policy of Turkey was established for the purposes of increasing the population at a fast rate, due to the workforce needed by Turkey for the advances to be made by the young republic formed in 1923, in every field. Distinct demographic changes occurred in the population of Turkey, during these periods when a pro-natalist population policy was implemented.

It was shown with various studies that the rate of increase in population was high and that fertility rates had reached a noticeable level. In addition to this, there was also a significant and fast increase in illegal deliberate miscarriages. These factors had a negative impact on the health of the community – and of that of women and children in particular – and therefore, endeavours began to reduce the rate of increase in the population towards the end of the 1950s. An anti-natalist population policy was implemented with the first Population Planning Legislation, passed in 1965. The legislation stipulated that the purpose of the population planning legislation was to ensure that people had as many children as they wanted, and that protective measures in order to prevent pregnancies would be permitted (Akin/Aykut, 2011, 4-6). The change in the strong pro-natalist policy, which had been implemented for 40 years, was a real advance in reproductive health and the field of women's health in particular, and two important factors, which were influential in the success of this process, stood out:

- * The strong activities of advocacy undertaken by various sectors and disciplines;
- * The participation and support of the community as a result of these activities.

With the publicity, persuasion and information campaigns established by the publicity and public education office of the State Planning Organisation for the publicising of the Population Planning (Birth Control) legislation which had come into force in 1964 and the idea of planned children being embraced by families, education was provided to the public in the rural areas as well as to healthcare staff. Healthcare staff went to the rural areas to have face-to-face discussions with and provide education to women from among the public, conveying the importance of birth control, in terms of both the health of women and of children. On the other hand, TRT1, the single channel state television of the time, showed educational short films on the matter, at specific intervals. As a result of the implementation of these campaigns where the “diffusion theory” of Everett Roberts, which is “relies upon the drawing of attention to a subject and arousing interest in that subject, followed by raising awareness in the information which has been shared and the information which has been shared finding a place in life”, was brought to life, a quarter of families had accepted the idea of family planning in Turkey, all of the doctors in the country had been trained in this matter, and the assistance of the politicians – by way of passing the relevant laws – had been ensured within two years. Following these important achievements, other public institutions also began to form Public Relations departments, and public relations was adopted into the teaching programmes at universities for the first time, in 1966.

With television coming into play in the 1960s, matters related to health also began to frequently appear in the media. The change of the strong pro-natalist policies which had been implemented for 40 years between 1923-1965, was a real advance in reproductive health and the field of women's health in particular, in Turkey, which had only been introduced to printing almost 300 years after it had been invented, where the first newspaper was printed close to 200 years after the first newspaper had been released in the world, where the first radio broadcast was 18 years later in 1927, than the first broadcast in the world (1909) and where television broadcasts started 28 years later, in 1964, after the first regular broadcasts in the world (1936). Due to the anti-natalist population policies after 1965 being watched, a series of birth control and family planning campaign films (today known as public spots) were screened in the early periods after television broadcasting was brought to life, and were an important factor in the success of the campaign.

In Turkey, the population has displayed different rates of increase during different periods. The results obtained from population censuses show that the socio-economic conditions which the country found itself in and the population policies which were implemented, did make an impact on the rate of increase in the population. The population fell between 1935 – 1945, during the Second World War. Between 1950 – 1960, the population rose together with the rise in economic investments. Between 1960 – 1975, the increase in the number of people leaving to work abroad and the anti-natalist population policies cause the population to decrease. The military coups and social incidents caused the fall in the population to continue between 1975 – 1980. A rise was seen in the rate of increase in the population between 1980 – 1990, together with the increase in economic investments. After the 1990s, the consciousness of family planning, which had been ongoing since 1965, became even more widespread, leading to a fall in the rate of increase in the population. In recent years, together with the encouragement of President Tayyip Erdoğan, with his slogan of “at least 3 children”, it has been seen that pro-natalist population policies have once again been implemented. The Kurds constitute 18% of the population of 80 million people in Turkey. The studies which have been conducted show that the Turkish population has increased by just a little in the last 20 years, but that in comparison, the Kurdish population has risen by an average of 2.5 percent every year. According to another study, while fertility throughout Turkey in general is 2.23, this rises to 3.65 in the East and South-East. On the other hand, it is also seen that the Kurds who have migrated to the big cities, have tended to behave similarly with the other sub-ethnic groups in their new places of settlement, and are closer to the average for Turkey in respect of increase in population, as a result of urbanisation.

In our opinion, in the face of the highly fertile Kurdish community, the slogan of “at least 3 children”, is the correct guidance. While the annual rate of increase in the population in Turkey, in 2015, was 13.4 per thousand, in 2016 this figure rose to 13.5 per thousand (<http://aa.com.tr/tr/ekonomi/turkiyenin-nufusu-80-milyon-sinirinda/738215>). There are possible difficulties such as gender imbalances, the aging of the population, a fall in the young population and problems in the workforce, when the rate of increase in the population is low. On the other hand, when it is high, higher unemployment is a risk and environmental pollution increases, while tax revenues and production also rise and a powerful army to defend the country can be formed within a short time.

The rates of increase in population in Turkey, by year, are shown in the below graph:

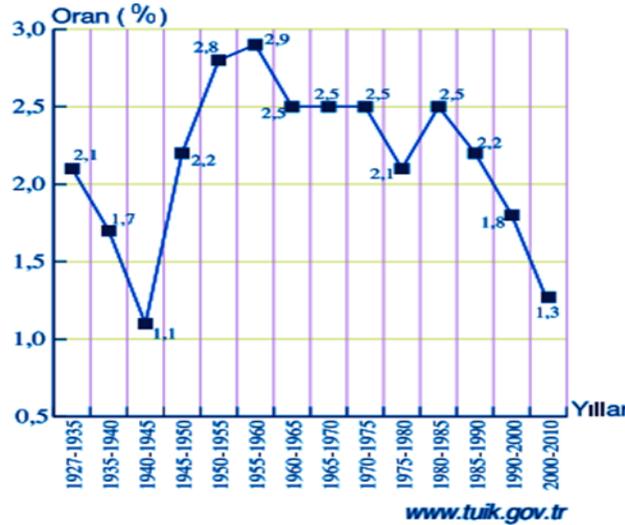
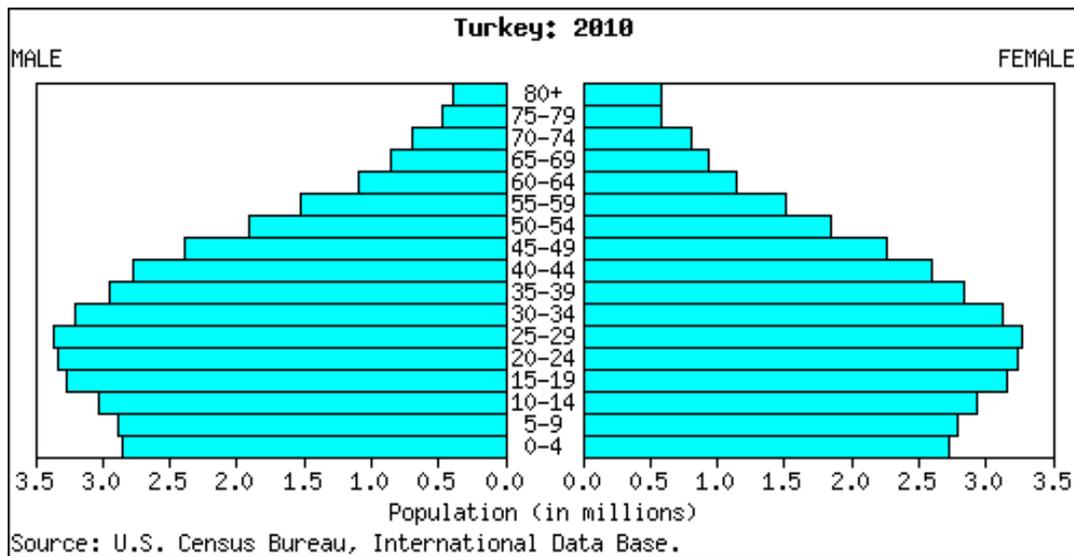


Figure:1 www.tuik.gov.tr.E.T.13.09.2017

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When we examine the population pyramids of Turkey, we see the following results:



Şekil:2 <https://www.census.gov/population/international/data/idb/region.php?N=%20Results%20&T=1&A=separate&RT=0&Y=2017&R=-1&C=TU>, E.T.22.10.2017

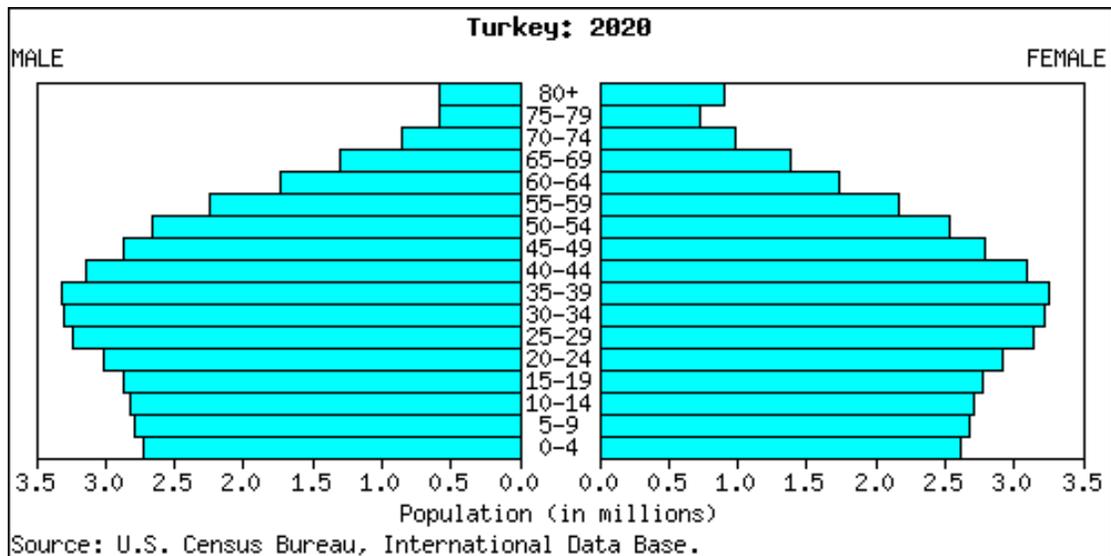


Figure:3 <https://www.census.gov/population/international/data/idb/region.php?N=%20Results%20&T=1&A=separate&RT=0&Y=2017&R=-1&C=TU>, E.T.22.10.2017

Birth Control And Family Planning Films

The films are films which were made with the aim of informing the public of social problems, giving messages directed at the solving of these problems, enlightening public opinion concerning the problems of the country and ensuring that the public opinion in the world was sensitive to some of the issues faced by the country. The utilisation of the visual – audial method, which is more convincing than the other methods is much more effective for the resolution of the problems. To-date, numerous films directed at social issues have made a great impact in public opinion, and in the face of this impact, those in government endeavoured to find remedies for the resolution of the problems, in line with what was desired, and attempts were made to correct any decisions which received an unfavourable reaction from public opinion, in the desired direction. Films were the most correct method to use in order to influence the masses in numerous matters such as the social issues, safety, environmental pollution and healthcare, ensure plausibility and exhibit the problems. From time to time, series of films, such as “traffic monster”, “vaccination campaigns” and “hygiene and dental health”, were shown on television in order to raise awareness amongst the public and educate them on certain subjects, with the Family Planning Organisation being the pioneer of these with its family planning films in 1961. The screening of these types of films on television ensured that larger masses were reached, and positive results were achieved concerning the educating and informing of the public. These types of films are known as Public Spots (Public Information Spots) today, and these short films, which are directed at various issues, are shown frequently on television channels.

All public relations activities which have the objective of changing modes of behaviour reach their aims either by creating public opinion where there is none, strengthening existing public opinion or changing an existing view. The various methods implemented for this establish the foundation and scope of public relations. The aim is to influence the modes of behaviour and views of the public, and various communications techniques are used in order to give direction to these behaviours. The strongest and most effective among these techniques is films, which are a visual and audial tool, and which are known to be 25 times more effective than the other techniques. With public relations activities, being able to motivate the addressed masses towards a desired mode of behaviour can be achieved by creating public opinion or changing an existing view (Demirtaş, 2017, 4).

Films drive the masses to great common sensitivities, and change the modes of living and behaviour and thinking of individuals, moulding them in the desired way, in time. When we consider that people remember 10% of what they have read, 20% of what they have heard, 30% of what they have seen and 70% of what they have both seen and heard, it becomes necessary for us not to forget just how important films are.

Cinema and television, which influences the masses, is today claimed by many to be much more effective than printed materials, and researchers state that images are superior to printed materials when conveying impressions to the man in the street. While there is no benefit of this comparison between the relative importance of printed materials and images, it can be seen clearly that images stimulate communication to a very great extent. A big part of the pictorial stereotypes and personal symbols in America are obtained from cinema and television (Albig, 409). Cinema, radio and television have ensured that different lifestyles, standards and values have become more widespread.

It is possible for us to associate the publicising of the “Birth Control” legislation and ensuring that the idea of a planned number of children is embraced by the public, with diffusion theory. The provision of training to the healthcare staff of the period on the matter, the conveying of information to the citizens residing in the rural areas and the attempts made to ensure they embrace the idea, and the screening of short films at various intervals, in the television broadcasts of the period, speeded up the process of the bringing to life of the information which was acquired, by the people, and as a result, within two years one quarter of the families in Turkey had embraced the idea of planned childbirth.

Conclusion

Prior to Gutenberg, films became much more effective in the public relations undertaken on a face-to-face basis, due to television. Those who constitute a community question how they are going to structure their modes of behaviour in communities where disorder is experienced and where mistakes have been caused by industrialisation, and what types of solutions they can generate for the problems which are being experienced. Films have always had important duties in these discussions. Due to the fact that they have an extensive area of use, films have continued their activities as an important media of communications and information.

Public relations films, which have been entitled as documentary films, educational films, publicity films or films which do not possess the objectives of commercial cinema, were first made by the public institutions in America and Germany, and later, with private institutions also coming into play, importance began to be attached to public relations films being made in every field. On the other hand, in Turkey, the first films made as a product of public relations activities in the real sense, were the films made by the State Planning Institute, which is a public institution, on the subject of family planning in 1961. These films, which were screened on television at regular intervals, made an impact in ensuring family planning was embraced, in the rural areas in particular, and the achievement of successful results in the conveying of knowledge to the public.

It is clear that the films made an impact on the thoughts, attitudes and behaviour of viewers. In particular, American films were influential in spreading American culture to other countries. The Americans conducted numerous studies on the sensitivities of foreigners to the films made by them, and concentrated their efforts to find the mean of public opinion, by especially trying to determine the thoughts of the viewers in the 3rd world, concerning their films. Christine Ogan, a professor from the school of Journalism at Indiana University, also conducted studies on the films viewed at the video shops in two different districts of Ankara, in Turkey, which has also been placed within the scope of 3rd world countries by scientists and researchers, for the same reason. The conclusions that were reached were that the interest in the products of foreign culture increased together with the level of income and education, and decreased with age, with lower levels of income and the strength of certain religious beliefs.

The films which were shown at regular intervals in the single channel state television of the time, in order to ensure that the population planning legislation, which entered into force in 1964, as a result of the public relations activities undertaken by the State Planning Institute – which had been formed in 1961 – was publicised and the idea of planned children was embraced, reached a great mass of viewer in Turkey at that time. The other campaigns which were undertaken also had an impact on ensuring that the idea of population planning was embraced. In addition to this, the dental health and vaccination campaign films and traffic monster series, which were broadcast on television, are also important examples of the public relations films which had been made for their benefit to public health, and which also reached the wide masses. Today, the stop smoking campaign films made by the Ministry of Health as well as public information spots (public relations films directed at social aims) on other topics which may have a negative impact on health are being screened. In Turkey, the population policy became even more widespread after the 1990s, with the consciousness of family planning, which had been continuing since 1965, thus resulting in a fall in the rate of population increases. In recent years, the Social Security Institution began to implement a “Project for the Support of Childcare Services in the Home”, as a form of childcare support for working mothers. In our opinion, the pro-natalist population policies encouraged by President Tayyip Erdoğan, with the slogan of “at least 3 children”, are of importance. Turkey has a population of 80 million, with 75 of these being Turks and 18% being Kurds. According to studies, while the increase in the Turkish population has been constant for the last 20 years, the Kurdish population has been displaying an increase of an average of 2.5 percent every year. According to another study, while the rate of fertility across Turkey in general is 2.23 percent, this figure reaches 3.65 percent in the East and South-East. On the other hand, the Kurds who have migrated behave in a similar manner to the other sub-ethnic groups in their new places of settlement, with these areas being near the average of Turkey in terms of population increases. In our opinion, the appeal for “at least 3 children”, in the face of the Kurdish population, which has a high rate of fertility, seems to be the correct strategy.

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