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**Family Planning Training Project**  
**(PAC II)**

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TRIP REPORT

Countries Visited:

Turkey

Dates:

August 9-14, 1987

Travelers:

Tom Milroy

Carla Rull

Purpose of Visit:

To determine the nature  
and scope of PAC II  
activities in Turkey  
over the next two years

Trip Report No.:

76

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### EXECUTIVE SUMMARY

Tom Milroy (PAC II Project Director) and Carla Rull (PAC II Consultant) visited Turkey from August 9 to August 14, 1987. The main purpose of their visit was to determine the nature and scope of PAC II activities in Turkey over the next two years.

Because of an impending reorganization within the Ministry of Health and Social Assistance (MOHSA) many of the detailed discussions relating most closely to the purpose of the trip were put "on hold" pending completion of the changes in MOHSA. It is planned that a RONCO team will return to Turkey in late October, 1987 to complete the discussions.

The following recommendations were made by the RONCO team:

- o That, as soon as the anticipated changes in MOHSA structure and staffing have taken place, RONCO should: (a) pursue the strong MOHSA interest in the provision of RONCO PAC II support for the further development of a decentralized MCH/FP training system. In this regard, there should be an early technical assistance visit to develop an institutional strengthening project which would have the goal of developing such a training system; and (b) proceed to the implementation phase of the project with the General Directorate of Health Training (GDHT); and (c) propose to MOHSA that plans for future FP training activities at the provincial level (especially in Icel and Kayseri provinces) should include provision for training of pharmacists.
- o That RONCO should immediately seek AID/W approval of the proposed subcontract with the General Directorate of Health Training.
- o That the PAC II Project Director should request guidance from AID/W as to whether RONCO should provide the much-needed management training to mid-level and senior-level staff of MOHSA. In this regard, AID/W should be asked to advise RONCO whether the proposed PAC II/FPMT joint visit to Turkey should take place and, if so, at what date. In their discussions with AID/W, RONCO should emphasize that the need is for training of central and provincial staff in management skills and not, at this stage, in the establishment of a MIS (Management Information System) as has been suggested to MOHSA.
- o That, given the great potential for PAC II activity in Turkey and the high level of trust that RONCO has engendered with Turkish FP institutions, AID/W should be requested by RONCO to give an early indication as to the level of funding that will be available for PAC II activities in Turkey over the

next two years.

- o That the final evaluation meeting of RONCO's project with the Family Planning Association of Turkey (FPAT) be supplemented by a three-day strategic planning workshop for members of the FPAT board. At this workshop, board members should be encouraged to: (a) make crucial decisions as to the future direction of FPAT and (b) be briefed on the existence of potential funding sources for supporting future projects of the revitalized FPAT branch associations.
- o That RONCO PAC II should encourage and support close collaboration between MOHSA and the Institute of Child Health (ICH) in Istanbul, particularly as regards the potential role of ICH in any future regional in-service training structure.
- o That, in order to maintain continuity of PAC II activity in Turkey during the forthcoming transitional period at both RONCO and MOHSA, criteria for the selection of future PAC II consultants to Turkey should include a statement that potential consultants should already have provided T/A in Turkey under the PAC II project.

## I. INTRODUCTION AND BACKGROUND INFORMATION

Tom Milroy, RONCO PAC II Project Director, and Carla Rull, RONCO Consultant, visited Turkey from August 9 - August 14, 1987. The objectives of the visit were as follows:

- o to determine the nature and scope of PAC II activities in Turkey over the next two years;
- o to develop an explicit and comprehensive framework for these activities;
- o within the context of this framework to:
  - finalize subcontract with General Directorate of Health Training (GDHT),
  - determine scope of future work with GDMCHFP,
  - finalize RONCO PAC II response to the requests for follow-on PAC II subprojects that have been made by the Institute of Child Health (ICH) in Istanbul and the Family Planning Association of Turkey (FPAT) in Ankara; and
- o to review PAC II reporting requirements with the GDMCHFP.

## II. FINDINGS AND CONCLUSIONS

Certain crucial changes are expected to be made in the organization of the Ministry of Health and Social Assistance (MOHSA) within the next two months. These will have significant impact on both pre- and in-service training of paramedical workers. Dr. Tandogan Tokgoz, Under Secretary of Health, therefore, asked the RONCO team to delay the development of an overall plan for collaboration between RONCO and the MOHSA until October of this year at which time the Ministry will be ready to outline their objectives and strategies for the future.

As the MOHSA is the major employer and trainer of paramedical workers in Turkey, the major purpose of this trip ("to determine the direction and scope of RONCO PAC II activities in Turkey over the next two years") was not accomplished. However, the team was able to review progress to date on all current RONCO projects and discuss options for future directions. The team proposed several ideas to the MOHSA, the FPAT, and ICH for consideration before a proposed RONCO visit in late October 1987 when a country-wide plan for collaboration can be developed.

Following is a summary of the team's discussions and findings grouped by institution and project.

## **A. Ministry of Health and Social Assistance**

### Community Health Network Project

All training activities under the CHN project have been completed with the exception of the final one-day follow-up seminars to be held with the last group of community workers trained. These seminars (one in each province) will be conducted in September 1987.

Dr. Cihangir Ozcan, Deputy Director of the GDMCHFP, cited three direct "spin-offs" of the CHN project. They are:

- o training of community workers and leaders for FP outreach in the UNFPA 17-province project;
- o institutionalization of the role of primary school teachers in health and family planning; and
- o establishment of formal relations between the MOHSA and the Ministry of Religious Affairs for the support of the role of imams (religious leaders) in family planning.

Training of community workers for FP outreach and support has been incorporated into the UNFPA 17-province project. This concept of developing community networks for the support of the midwife in her work in FP was first conceived and tested in the RONCO/GDMCHFP project in Icel and Kayseri provinces. Preliminary indications of project success prompted the GDMCHFP to include this community worker strategy in the second phase of a large project to establish FP services in eastern Turkey; this project is funded by UNFPA. The curricula and approach developed in the RONCO/GDMCHFP project are now being used to train community workers in these 17 eastern provinces in Turkey. Parenthetically, the RONCO team was informed that Ms. Wadad Haddad, the MCH/FP Advisor for the European Region of WHO, has recently retired. Ms. Haddad has worked closely with the GDMCHFP for several years and was responsible for the provision of technical assistance to the UNFPA 17-province project. She will be visiting Turkey to introduce her successor in September.

At the national level the project concept is also being generalized. A formal relationship between the Ministry of Education and the MOHSA regarding the role of the school teacher in health and family planning has been established. Two days of the annual in-service training of primary school teachers (to include 270,000 teachers) will be devoted to the role of the teacher in health and family planning. Also, meetings will be held with provincial directors of education and health to discuss and gain support for the role of the teacher in health and family planning. These activities will lay the groundwork for future

training of these teachers in specific skills for FP outreach and community-based distribution efforts.

Relations are also being established with the Ministry of Religious Affairs. Upon hearing of the Icel/Kayseri project, Mr. Adnan Kahbeci, Advisor to the Prime Minister, requested formal collaboration between the Ministry of Religious Affairs and the MOHSA in the support of the imam's role in FP. A meeting of the two Ministries was scheduled for the 11th of August.

Dr. Ozcan reported that payment still had not been made on a RONCO check to the GDMCHFP for CHN project activities. Mr. Milroy contacted the PAC II Fiscal Officer to wire the necessary funds and investigate why the original check had not been honored by the U.S. bank. It was subsequently discovered that the funds had been held for six months by MOHSA's bank in Ankara and the funds have now been made available to GDMCHFP.

As the contract to train community workers in Icel and Kayseri provinces will be ending this fall, the RONCO team proposed the option of continuing to finance community worker training activities to be conducted by the Icel and Kayseri Provincial Training Teams. The current project focuses on workers in two areas in each province; other areas could now be selected for the training of community networks for FP outreach. More responsibility for project activities and reporting could be given the PPTS thereby lightening the load of the central staff as well as testing the idea of provincial training teams carrying out training without direct involvement of the central office.

While GDMCHFP central staff agreed that the provincial teams were technically capable of carrying out the training without help from the central office, they questioned whether adequate support and assistance would be forthcoming from the provincial health directorate for the training in the absence of specific directives and involvement of Ankara. According to the central trainers, their primary role in the current project is to encourage and provide feedback to the provincial trainers. They see this role as critical to the success--even implementation--of training activities to be conducted by provincial training teams. They felt that without central input to provide support for the training activities and trainers it would be unlikely that the training activities would be carried out.

The central trainers selected a specific case study to support their viewpoint:

The team from Kayseri province had selected two geographical areas for CHN project activities where the local midwives had not yet been trained in FP. As the community worker concept could only work where the local midwife was active in FP outreach and service delivery, the team decided to first train the midwives

and then carry out the community worker training. As no money had been provided in the RONCO contract for this training (it had been assumed that the trainers would select areas where midwives had already been trained under the INTRAH PAC I project), the provincial team developed a training schedule and budget for the midwifery training and presented it to the Provincial Health Director for approval and funding. The Provincial Health Director approved their plans and promised the necessary funds from the provincial level budget. The training was conducted. Everything went according to schedule except for the fact that when the bills for the workshop were given to the Provincial Health Director for payment as agreed, he refused payment. Only after a special request by the Central Trainer working with the Kayseri team did the Director authorize the bills and midwifery per diems to be paid.

The above case study is very significant. The PAC II/MOHSAs strategy involves the establishment of a decentralized training system through which in-service training for FP will be conducted on an ongoing basis at the provincial level as needs are identified and plans to meet these needs are made. This strategy includes the development of provincial training teams that are able to carry out a full training cycle (i.e., assess training needs, design, implement and evaluate appropriate training). In the case study described above, the Kayseri team demonstrated their ability to identify the need for training and initiate and carry out appropriate training activities. Objectives of the strategy at the level of the provincial training team had been realized. However, the example also shows that the necessary systems objectives had not yet been realized. A system is needed through which provincial teams will have the support of the organization to carry out activities to meet training needs they identify.

The development of this system for the organization of in-service training was the focus of the RONCO/MOHSAs strategy meeting conducted in February 1987 (see Trip Report #54). Recommendations from this meeting are now being put into place by the MOHSAs. The establishment of this in-service training structure is critical to the success of the provincial training team strategy.

The case study also once again indicates the critical need for training of managers at each level of the MOHSAs including provincial health directors as well as persons within the training system that is to be established. Management training for MOHSAs staff has been a central recommendation of RONCO teams for some

time. This need will once again be addressed in the "Recommendations" section of this report.

### In-Service Training System

Changes are being effected within the MOHSA for the establishment of a country-wide in-service training system. The strategy selected by the MOHSA includes the establishment of regional training teams who will guide and support provincial teams for in-service training and will liaise with the central Ankara office. Obtaining the necessary institutional support for these changes takes time. Decisions still remaining for the establishment of this system include:

- o division of the country into regions. Criteria for this division could include a consideration of available resources--both human and material, of geographical and transportation factors, and of shared health/demographic and service delivery issues.
- o clarification of roles of each level of the system--central, regional, and provincial and the establishment of procedures to ensure smooth and efficient implementation of in-service training activities.
- o a plan for the development of the regional structure and the remaining provincial training teams.

These issues were previously discussed in a concept paper attached to the February 1987 strategy meeting (Trip Report #54).

### GDHT Training Project

The PAC II project to improve training methods for MCH/FP in midwifery health colleges stands ready for implementation. Dr. Guner Unal, the current General Director of Health Training, reiterated his support for the project. A team of GDHT teachers are currently receiving training at the Institute for Training and Development in Amherst, Massachusetts to prepare for taking leading roles in project activities. At the request of the Under Secretary of MOHSA, the project has been put "on hold" pending the forthcoming changes in the organization of MOHSA, especially as regards training.

### Follow-Up to RONCO Clinical Conference

Staff of GDMCHFP who attended the recent RONCO Regional Conference on clinical family planning (held in Istanbul) indicated that they had benefitted from the conference. They

stated that they were impressed by the high caliber of the other participants. As a result of the conference, new protocols for condom distribution have already been distributed to MOPH service delivery points in Turkey and there are plans to develop protocols for the other methods of FP in the near future. In addition, plans are being made to provide in-service training in FP methods to physicians throughout Turkey.

#### Ideas for Future Collaboration with the MOHSA

The RONCO team discussed four further potential areas of collaboration with MOHSA. They are:

1. Management Training for Mid-Level and Upper-Level Managers. This is a matter which has been of great concern to both RONCO and GDMCHFP for many months. There is a need for RONCO PAC II to be able to explicitly state whether they can provide such training or whether it is an activity which should be undertaken by FPMT.
2. Evaluation and Revision of the Current In-Service Clinical Training Program. There is a need to review the curricula particularly as regards (a) training methodology; (b) FP clinical context; and (c) counselling and client education.
3. Development of Two/Three Regional Training Teams. As part of the proposal to "regionalize" the organization of MCH/FP, in-service training plans for the development of some of the proposed regional teams should be drawn up and implemented.
4. Continued Funding of Community Worker Training in Icel and Kayseri Provinces. There is a need for training in the two pilot provinces to continue and to expand in terms of (a) geographical coverage and (b) introduction of new training initiatives.

It was agreed that each of the above items be discussed when a RONCO team returns to Turkey in late October after the anticipated reorganization of training responsibilities in MOHSA has taken place.

#### **B. Family Planning Association of Turkey (FPAT)**

The RONCO team met with Dr. Aykut Toros, FPAT Board Member, and staff of the Ankara FPAT Central Office to review progress of the "Strengthening FP Program Activities of the FPAT" project and to discuss possibilities of a follow-on project requested by Executive Director Semra Koral. Dr. Koral was on annual leave

during the RONCO visit.

Two workshops have been held with volunteers from six FPAT branches and FPAT central staff. A third workshop will be conducted in October. The series of workshops are designed to improve the ability of participating branches to develop and implement appropriate FP projects. The first workshop conducted in April focused on family planning methods and community attitudes towards family planning. The June workshop introduced participatory education methods and outreach strategies. The third workshop in program planning will focus on the volunteers' development of program plans for the FPAT branches for 1988. A three-day meeting will be held in December to finalize the 1988 programs and prepare for implementation of the plans.

As well as increasing branch association abilities to carry out FP activities, the project is designed to build support networks among the participating branches and between the central office and the branches. Two clusters of branches have been identified and are participating in this workshop series. The Mersin, Adana, and Iskenderun branches form one of these clusters; Antalya, Isparta, and Burdur form the other. The idea is for these branches which are located in the same geographical area to support and give feedback to each other on an ongoing basis. The cluster concept should also facilitate Central Office contact with the branches; central staff will be able to make contact with the group of branches rather than contacting each branch individually each time.

Central staff who participated in the first two workshops described the participating branch members as enthusiastic and motivated. The branches were already making plans for what they could do in their own communities and were trying out some of the new ideas. The Ankara staff remarked on the usefulness of the visit of RONCO Clinical Skills Coordinator Dr. Oluremi Sogunro to the second workshop to clear up some questions on clinical FP that remained from the first workshop.

The RONCO team emphasized the importance of focusing during the workshop series on the skills the branches would need to develop and run effective family planning programs in their communities. The role of central staff will be to guide branches in developing and implementing programs appropriate to the specific needs of their own areas.

The next workshop in the series, scheduled for late October, will be on program planning. It was agreed that Dr. Jane Lucas who was on the RONCO training team for the first two workshops should return with a second trainer experienced in program planning and knowledgeable about FP programs. Ideally this person would have experience with family planning associations either in the U.S. or overseas.

Dr. Toros expressed the Board's concern that funds are

required to support the activities that the branches are planning for 1988. The Board fears that without some outside funding it is not likely that the plans could be realized and the branches would become discouraged. RONCO agreed to consider the branch association plans for funding under the PAC II project and to recommend the plans to other donor agencies if the proposed activities did not fall within the mandate of the PAC II project.

The follow-on project proposed by Dr. Semra Koral was also discussed. The FPAT would like to continue this branch training in other areas after the end of this project. Central staff would assume a more active role in the follow-on project. While the concept of expanding the training to other branches is sound and is a logical follow-on to current activities, it was agreed that the expansion should wait until the current project is evaluated and project experiences could be incorporated into the future plans.

Furthermore, additional efforts to expand branch association activities would need to fit in with long-term FPAT strategy. Currently, the Board is focusing on the development of new branch associations, especially in the eastern provinces. The RONCO team suggested to Dr. Toros that perhaps a focus on improving the already existing branches would be more appropriate.

It was agreed that fewer more active branches would be more effective than several less active associations. In that light, the RONCO team suggested that the FPAT consider in which areas of the country the branch association model utilizing community volunteers is most likely to succeed and the capacity of the Central Office to support branch activities. An analysis of the currently successful branch associations suggests that the type of volunteer that has proved to be effective would be more likely to be found in western urban areas. Dr. Toros, a demographer by training, responded enthusiastically and expressed his personal view that FPAT efforts are most needed at this time in the west where demand for FP services is higher and population needs greater. These questions should be answered before the current training is expanded to new areas.

The PAC II Project Director proposed to Dr. Toros and the central staff persons present that RONCO send a team in early 1988 to evaluate the current project and to conduct a strategy meeting with the FPAT Board. Dr. Toros will discuss the idea with Dr. Koral and other Board members.

### **C. Institute of Child Health, Capa Medical Faculty, Istanbul**

In Istanbul, the RONCO team met with Dr. Olcay Neyzi, Director of the Institute of Child Health, and staff member Dr. Ayse Bulut to discuss a request for funding from ICH to train

health workers in communication skills. The Institute has been conducting workshops for health workers on various health topics including family planning and outreach techniques for health workers in the Istanbul area since the fall of 1985 following a five-day workshop by RONCO for ICH staff members and Ministry of Health staff from the Istanbul area.

As proposed by ICH, doctors and paramedicals from throughout the country would be invited to the Institute for a two-week training course on FP/MCH communication skills. Upon return to their worksites, they would conduct training for others in their area.

The RONCO team pointed out that it was unlikely that the proposed participants would continue the training on a long-term basis unless they were part of a system which supported their role as trainers or unless training was already a part of their specified tasks. While the ICH training could improve the personal skills of those health workers participating, to work effectively on a continuing basis as trainers the participants would need ongoing technical and administrative support for their work.

RONCO also suggested to Drs. Neyzi and Bulut that the Institute could play an important role in supporting and training health workers in the Istanbul area. Concentrating ICH efforts on Istanbul and the surrounding areas would perhaps be more effective as ICH would be able to play a continuing role in the support of those workers. The Istanbul focus would be especially appropriate as Ministry of Health and Social Assistance efforts are currently directed to priority areas in the east and central parts of the country.

The RONCO team discussed with ICH the plans of MOHSA to establish an in-service training system throughout the country and suggested that the Institute contact the MOHSA to offer assistance in the establishment of the system in the Istanbul area.

**D. 1983 Turkish Population and Health Survey, Hacettepe University, Institute of Population Studies**

The report of the 1983 Turkish Population and Health Survey (1983 Turkish Fertility, Contraceptive Prevalence, and Family Health Status Survey) has finally been published by Hacettepe University. The report was reviewed by the team and two of the survey findings were found to be particularly relevant to PAC training, namely:

- o underutilization of MOH facilities; and
- o high usage of pharmacies.

(Reader is referred to Appendix B. for fuller description .)

### III. RECOMMENDATIONS

The following recommendations were made by the RONCO team:

- o That, as soon as the anticipated changes in MOHSA structure and staffing have taken place, RONCO should: (a) pursue the strong MOHSA interest in the provision of RONCO PAC II support for the further development of a decentralized MCH/FP training system. In this regard, there should be an early technical assistance visit to develop an institutional strengthening project which would have the goal of developing such a training system; and (b) proceed to the implementation phase of the project with the General Directorate of Health Training (GDHT); and (c) propose to MOHSA that plans for future FP training activities at the provincial level (especially in Icel and Kayseri provinces) should include provision for training of pharmacists.
- o That RONCO should immediately seek AID/W approval of the proposed subcontract with the General Directorate of Health Training.
- o That the PAC II Project Director should request guidance from AID/W as to whether RONCO should provide the much-needed management training to mid-level and senior-level staff of MOHSA. In this regard, AID/W should be asked to advise RONCO whether the proposed PAC II/FPMT joint visit to Turkey should take place and, if so, at what date. In their discussions with AID/W, RONCO should emphasize that the need is for training of central and provincial staff in management skills and not, at this stage, in the establishment of a MIS (Management Information System) has been suggested to MOHSA.
- o That, given the great potential for PAC II activity in Turkey and the high level of trust that RONCO has engendered with Turkish FP institutions, AID/W should be requested by RONCO to give an early indication as to the level of funding that will be available for PAC II activities in Turkey over the next two years.
- o That the final evaluation meeting of RONCO's project with the Family Planning Association of Turkey (FPAT) be supplemented by a three-day strategic planning workshop for members of the FPAT board. At this workshop, board members should be encouraged to: (a) make crucial decisions as to the future direction of FPAT and (b) be briefed on the existence of potential funding sources for supporting future projects of the revitalized FPAT branch associations.
- o That RONCO PAC II should encourage and support close

collaboration between MOHSA and the Institute of Child Health (ICH) in Istanbul, particularly as regards the potential role of ICH in any future regional in-service training structure.

- o That, in order to maintain continuity of PAC II activity in Turkey during the forthcoming transitional period at both RONCO and MOHSA, criteria for the selection of future PAC II consultants to Turkey should include a statement that potential consultants should already have provided T/A in Turkey under the PAC II project.

APPENDIX A: LIST OF PERSONS CONTACTED

U.S. Embassy (Ankara)

Mr. Robert Finn, Attache

Ministry of Health and Social Assistance (MOHSA)

Dr. Tandogan Tokgoz, Under Secretary  
Dr. Cihangir Ozcan, Deputy Director, GDMCHFP  
Dr. Guler Bezirci, General Director, GDMCHFP  
Dr. Guner Unal, General Director, GDHT  
Fatma Uz, Trainer, GDMCHFP  
Zubeyde Ozanozu, Trainer, GDMCHFP

Family Planning Association of Turkey (FPAT)

Dr. Aykut Toros, Board Member  
Baki Durmaz  
Cahit Isvar  
Tuncer Pamir

Institute of Child Health (ICH), Istanbul

Dr. Olcay Neyzi, Director  
Dr. Ayse Bulut, Professor

traditional methods, the highest figure is withdrawal, followed by the douche (2% of the exposed women), and rhythm (1% of the exposed women). The popularity of withdrawal does not change much by age. However, when we consider all modern methods, the relative frequency of their use among exposed women tends to decrease with age, the only exception being female scientific methods. The use of this method increases by age. We do not observe this tendency for traditional methods.

When we compare the distribution of current users by method being used with those of 1978 TFS, we note a slight increase in the use of modern methods in time. The highest increase can be observed in the use of the IUDs. There are also slight increases in methods such as the pill, the condom, female scientific methods and female sterilization (Table VI-12).

Among traditional methods, we have already noted the sharp increase in the use of withdrawal. Correspondingly there is a slight increase in the use of the rhythm method. But, on the contrary, considerable declines can be observed in the use of douche (68% decrease), and in the other folk methods (80% decrease).

Tables VI-14 and VI-15 give percentages of women currently using specified contraceptive methods by background variables.

Overall, 61% of the exposed women in fertile ages are currently using a method of contraception. Here we note very pronounced differentials. Seven women out of ten, compared to five out of ten in rural areas, in urban areas are currently using a method. The prevalence of use is around 76% (three-fourths of the women) in the Western region, and 30% in the Eastern region. The most outstanding differentials are in the category of woman's level of education: 82% of those with secondary education or beyond, compar-

ed to 46% of those illiterate are currently using contraception. When wife's and husband's education are taken simultaneously, 73% of couples both literate, compared to 33% both illiterate are currently using contraception.

When we focus on the current use of modern methods among exposed women in fertile ages, only one in four (27%) are using a modern method all throughout Turkey. In rural areas only one in five (22%) compared to one in three (32%) in urban areas are currently using contraception. **Regional differentials are more striking in three regions,** namely Southern, Northern and Eastern Anatolia are below the average for Turkey. Those women living in the Western region have a ratio twice that of women living in the Eastern region as current users of modern methods (See Fig. VI-1). Similarly, those women with better-educated husbands have a ratio thrice that of women with illiterate husbands in practising a modern method.

## \*5. AVAILABILITY OF CONTRACEPTIVE METHODS

Choices as to which contraceptive methods are to be used by families who practice family planning methods in a society is closely related to the supply of such services. If the supply of services are inadequate or access is difficult, then those who decide to use contraceptive methods may have to resort to solutions on their own. The situation in Turkey is that there is a high demand for family planning methods; however, there is an inadequate supply of modern and efficient methods. As a matter of fact, it was declared by those who have been supplied with services and are using modern family planning methods, that access to places where the services are provided is difficult. There are regional differences in terms of access

to places where the services are provided in the expected direction. Among those who are using modern methods in Eastern Anatolia, 16% have stated that access is difficult, while only 6% of those women in the Western Anatolia have stated as such. In our country, especially in those regions which experience high fertility, a significant portion of modern method users have difficulty in obtaining the method. An important matter that needs to be examined is the question of where modern method users obtain the method. The findings of the survey show the existence of a pattern different from the one expected. Data on the places where specified contraceptive methods are obtained are presented below in Table VI-16, but is limited to two regions, the East and the West, since they are typical. In both regions, almost all women using the pill obtain it from pharmacies (91.7% in the East, 96.6% in the West). An important portion of women obtain IUD's from private doctors in the West (38.1%). The situation is similar in the East (29.6%). The most apparent difference between the two regions

as to the place of obtainment of IUD's is that in the East health centers and in the West private doctors provide most of the services (30% and 38.1% respectively). The third point to be examined is, the place of obtainment of condoms in those two regions. Among married couples in the West 79.2% and in the East an important portion (44.6%) obtain condoms from pharmacies. A difference between the two regions is that, in the East 35.3% of the married couples obtain condoms from health centres.

One of the most important findings of the 1983 Survey is that in both regions, only a small portion of family planning method users obtain services from family planning clinics and mother and child health centres. It is interesting that less than 10% of modern method users are provided with services by family planning clinics, which aim primarily at supplying these services, and from mother and child health centres, which are mainly responsible for maternal health. This fact is clearly observed in Table VI-16.



**TABLE VI - 16: Percentage Distribution of Women Using Contraceptive Methods in the Eastern and Western Anatolian Regions According to the Place From Where This Method is Obtained**

	Pill		IUD		Condom		Female Scientific Methods	
	East A.	West A.	East A.	West A.	East A.	West A.	East A.	West A.
Pharmacy	91.7	96.6	2.4	--	44.6	79.2	73.8	97.9
Family Planning Clinic	4.5	0.5	4.8	8.3	7.5	9.8	--	.
Mother and Child Health Center	1.9	0.5	4.6	9.2	12.6	2.6	--	--
Health Center	1.8	1.0	30.0	4.3	35.3	2.6	--	--
Hospital	--	0.9	19.1	28.2	--	0.7	--	--
Maternity Home	--	--	9.5	8.7	--	--	--	--
Private Doctor	--	0.5	29.6	38.1	--	--	9.5	--
Midwife/Nurse	--	--	--	2.5	--	1.4	16.5	--
Other	0.1	--	--	0.7	--	1.7	0.2	2.1
<b>TOTAL</b>	<b>100.0</b>	<b>100.0</b>						

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30%, the pill 9%, IUD 9%, condom 5%, female scientific methods 3%, douche 2%, and rhythm and female sterilisation 1% each.

The most outstanding differentials are by the woman's level of education: 82% of those with secondary education or beyond compared to 46% of those illiterate are currently using contraception.

#### AVAILABILITY OF CONTRACEPTION

Concerning the sources of obtainment of contraceptives, pharmacies take the first place in obtaining the pill (over 90%), condom (over three quarters in the West and half in the East), female scientific methods (over 90% in the West, and three-quarters in the East). In conclusion, nearly 95% of these contraceptives are provided by pharmacies in all regions.

In relation to the source of obtainment of IUD, one-third are obtained from private-doctors, and another one-third are obtained from health centers in the East. However, in the West, while over one-third are obtained from private doctors, one-third are obtained from hospitals.

In all regions, family planning clinics provide only less than 10% of contraceptives.

## 6. ABORTIONS

The survey results indicate that with regard to the past abortion experiences of the 7872711 ever-married women, 37% had at least one abortion of any type. The abortion ratios\* for the entire country are found to be 25.6 per 100 live births and 4.6 per 100 ever-married women in child bearing ages (15-49). Besides these figures, the results in view of pregnancies also suggest that abortion is widely practiced in the country. 12.1% of

\* *The ratios are for the period September 1, 1982 August 31, 1983.*

the total pregnancies are terminated by induced abortions, 8% by spontaneous abortions, and 1.1% by still births.

Both spontaneous and induced abortion ratios show significant differences according to some basic background variables. The urban-rural difference is observed mainly in induced abortions. The urban induced abortion ratio for the overall country is 3.7 per 100 ever-married women which is twice the ratio for rural localities.

Findings of the survey has shown marked regional variations in induced abortions, and the most striking difference is between Western and Eastern regions (3.4 and 1.6 per 100 ever-married women respectively). Another point which draws attention in all regions except Eastern Anatolia, is the high induced abortion ratios in comparison to spontaneous abortion ratios. On the other hand, the variation in the spontaneous abortion ratios by region is not as high as induced abortions because spontaneous abortions are consequences of natural biological phenomena whereas induced abortions are more viable to socially adopted behavioural pattern.

Considering the level of education, the results obtained point out that, women with higher education practice induced abortion more widely than less educated women. For instance, the induced abortion ratio for secondary school graduates is about twice the ratio for illiterate women.

Age variations in abortions are also significant. Induced abortion ratios reach high levels at most fecund ages, i.e. 20-34, the peak point being in the age group 30-34, which probably is an age at which desired family size is achieved.