



Turkey

Moving Toward a National Strategy
for Family Planning IEC

A Needs Assessment

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Moving Toward a National Strategy For Family Planning IEC: A Needs Assessment

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The findings and recommendations are based on the interpretations of the available information by the authors. The opinions expressed are those of the authors and do not necessarily reflect the opinions of the various institutions which have supported this Needs Assessment exercise. Any errors in fact or interpretation are the responsibility of the authors and not the individuals and institutions which supported the effort. This report was prepared by:

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EXECUTIVE SUMMARY

In line with the IEC strategy of "The Strategic Framework for AID Population Assistance to Turkey" (October 1993), Johns Hopkins University, Population Communication Services (JHU/PCS) provided technical assistance in the analysis of current family planning information, education and communication (IEC) situation in Turkey and development of a national IEC strategy. From November 22 to December 13, 1993, a two-person team from JHU/PCS, Sung Hee Yun and Gary Lewis, conducted the assessment of the IEC situation and needs. The results of this assessment are presented in this document.

A summary of the identified IEC needs in Turkey are presented below:

- There is a need for a national IEC strategy to set policy, clarify objectives, and maximize the impact of limited resources.
- There is a need for coordination because of the considerable numbers of IEC activities currently being implemented, and the complexity of the needs for reproductive health information.
- There is little need for demand creation for FP services. Demand already exists. However, there is a need to create demand for specific methods and longer term methods.
- There are a number of subpopulations that are in special need of FP information and services (men, men using traditional methods, post-abortion clients, youth, the military, rural populations, rural-to-urban migrants).
- There is a critical need for information for health providers, because they are a major source of misinformation. The service delivery system is characterized by method-specific biases, procedural barriers to access, and misinformation.
- There is a need to use IEC techniques to combat medical barriers, which are a major constraint to FP use and method choice.
- There is a demand and a need for method-specific information, intended for potential users and service providers.
- There is a need to raise the standards of materials being developed, with a focus on quality, consistency, and content.
- There is a need for increased use of scientific design procedures in the development of family planning IEC materials.
- There is a need to evaluate the IEC materials already developed and in use.
- There is a need for improved training materials (especially to overcome medical barriers and provider biases).
- There is a need to improve the interpersonal communication skills of service providers. This issue, coupled with existing medical barriers, undermines an effective provider-client interaction and limits the quality of care.
- There is a need to develop materials that promote husband-wife communication. Spousal communication can facilitate acceptance and effective use of modern contraceptive methods.
- There needs to be greater use of the modern electronic media, which is unusually influential in Turkey.
- There is a need to increase private sector involvement in the dissemination of appropriate reproductive health information.

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AVSC	Association for Voluntary Safe Contraception
CA	Cooperating Agency
CAs	Cooperating Agencies
FHTP	Family Health Training Project
FP	Family Planning
GOT	Government of Turkey
HRDF	Human Resources Development Foundation
IEC	Information, Education and Communication
IUD	Intrauterine Device
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
JHU/PCS	Johns Hopkins University/Population Communication Services
JICA	Japanese International Cooperating Agency
MCH	Maternal and Child Health
MCH/FP	Maternal and Child Health/Family Planning (Division, MOH)
MOH	Ministry of Health
NGO	Non-Government Organization
SEATS	Service Expansion and Technical Support Project
SOMARC	The Social Marketing for Change Project, The Futures Group
TFHPF	Turkish Family Health and Population Foundation
UNFPA	United Nations Fund for Population Activities
USAID	U.S. Agency for International Development

I. INTRODUCTION

This Needs Assessment is the outgrowth of the long collaborative relationship between the U.S. Agency for International Development and the Ministry of Health. Bilateral development assistance to Turkey was discontinued in 1975. Since that time population assistance has been the only social development aid provided to Turkey by the U.S. All assistance was provided by intermediary organizations called cooperating agencies (CAs). While the overall level of support has not dramatically changed, the complexity of assistance has increased; at the same time the GOT started placing a higher priority on reproductive health and family planning issues, and the assistance that facilitated rapid development in these areas. To help deal with the increasing complexity and facilitate the integration of the many population CAs working in Turkey, a population advisor was placed in the U.S. Embassy. In 1993, USAID decided to undertake the most comprehensive assessment ever of its population support to Turkey. The result of this effort (USAID - Europe Bureau and the Office of Population, Turkey - Strategic Evaluation of A.I.D. Population Assistance, Washington, D.C., June 1993) recommended a continuation of assistance, a gradual phase-down of support, and increasing medium-term support in seminal areas. One of the areas targeted for increased activity was IEC.

The Evaluation was followed by a set of draft objectives prepared by USAID to facilitate CA operations until an overall strategy could be developed. Four preliminary objectives were described that will help Turkey to meet its long-term demographic, social, and economic goals:

- "To increase availability and effective use of modern methods of contraception in order to improve the quality of reproductive health services and decrease reliance on abortion."
- "To facilitate contraceptive use patterns more appropriate to the fertility intentions of Turkish individuals and couples, especially through access to more effective, long-lasting, clinical methods."
- "To expand public sector support for family planning and to strengthen public sector capacity to fund, plan, implement and coordinate the Turkish family planning program."
- "To facilitate an increase in private sector capacity to provide family planning, and to encourage a closer working relationship between the private and public sectors in order to meet increasing demand for family planning services and commodities."

The specific IEC objectives included:

- "Assist in the development of a national strategy for IEC."
- "Provide assistance in IEC targeted towards providers to counter medical barriers and improve quality of care."
- "Focus on provision of method-specific IEC."
- "Coordination of technical assistance in IEC provided to the MOH, SSK and the private sector by AID Cooperating Agencies and other donors."

The Population Communication Services/Population Information Program of Johns Hopkins University was asked by MOH and USAID to help coordinate IEC activities, and take the lead in getting a national IEC strategy drafted. The first step in the process was the implementation of an IEC needs assessment, which resulted in the following report. The development of a need-driven draft national IEC strategy should be the next logical step in the process. This report is intended to facilitate the transition to a strategy. It should also help in identifying the specific operational IEC needs of the program so that the MOH, the CAs, and the private sector should be able to assess whether planned IEC interventions are meeting an identified need and the strategic context of the intervention.

II. THE IEC SITUATION

A. Overall IEC Environment

Turkey has a dynamic and rapidly growing economy, which can legitimately be compared to Europe. The mass media are active, with numerous magazines and newspapers, 12 channels on television (seven private and five owned by the Government), and both national and local radio stations. Contraceptive awareness is widespread, as is demand for services. The private sector has a strong interest in marketing and other aspects of communication. In this context, how does one justify international support for FP communication efforts? Turkey's transition to a modern western economy is impressive, but the growth and benefits have not been equally distributed. The Government is aware of this, and is constantly seeking ways of equalizing social benefits. In the meantime, Turkey continues to wear two faces - the modern one and a more traditional one that bears a closer resemblance to the face of the developing world.

The developing face of Turkey is reflected in various indicators of the status of reproductive health. Some indicators, described below, provide insight into the problems faced by Turkey. Unfortunately, they do not indicate the rapid pace of social development or the strength of the basic health infrastructure of Turkey.

- Maternal mortality is high. The status of women, while better than in most of the Islamic and developing world, is still low, characterized by unequal social, educational, and economic opportunities.
- Levels of modern method use are only slowly increasing. The Turkish Demographic and Health Survey of 1993 found only a 3.5% increase over the levels five years earlier.
- The survey also found that the percentage of prevalence attributed to nonclinical methods (pills, condoms) had declined since 1988. This reflects the power of provider bias in favor of the IUD, despite a large national social marketing campaign specifically promoting pills and condoms.
- The survey results also suggest that public sector sources of supply are increasing their market share at the expense of the private sector (public sector source for pills rose from 16% in 1988 to 24% in 1993, while private sector sources dropped 6.6 percentage points).
- Fertility levels are moderate and going down. The use of FP and abortion explain this trend.
- Demand is constrained by the low quality of services.
- There is a strongly traditional population in the rural areas that has been little affected by the economic growth (unless they have migrated to urban areas).
- Despite the tremendous efforts of the GOT to build a strong rural primary health program, many parts of the country have limited medical personnel. This problem is compounded by the inaccessibility of many communities due to weather or local political turmoil.
- While contraceptive awareness is common, the quality of what is known is very poor. Misinformation, rumors, and biases are common.
- Traditional issues of social status and interpersonal communications make information transfer difficult between providers and clients, parents and children, and between

husbands and wives.

- There are significant geographic differences in culture, attitudes, economic status, and access to information.

While the current FP and IEC situation can be described as problematic, it is also important to note that the potential to change the situation is also great.

- The pace of modernization continues with its concomitant changes in the value of children, the status of women, and access to services.
- The penetration of the mass media, especially television, is impressive (see below).
- The Government has made a public commitment to reducing the population growth rate by reducing fertility levels.
- The private sector is becoming increasingly involved in FP services including information transfer.
- The demand for FP information from the public is great (the Family Planning Association of Turkey's telephone information service has been receiving 100,000 calls per month).
- Training programs are slowly making inroads into the body of health providers who have frequently been under informed and a major source of misinformation and biases.
- Legal constraints to media access for FP information are few.
- The importance of counseling and other forms of interpersonal communication are being recognized and increasingly being incorporated into training, retraining, job descriptions, clinic staffing plans, and evaluation criteria.

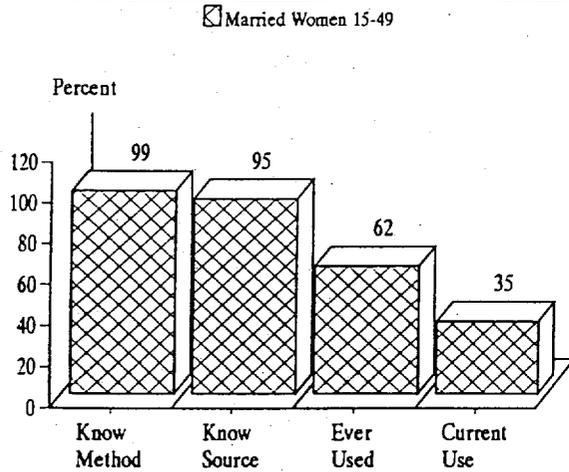
One of the most interesting aspects of the nature of mass media in Turkey is the predominance of electronic media. Print is generally regarded as the least effective form of mass media. Data from the State Statistical Institute confirms the penetration of both television and radio:

- In 1992 there were 2.6 million color televisions in use in Turkey. Five years earlier, in 1987, the number was 700,000.
- In 1989, 21 in every 100 houses had a television. This represents almost a threefold increase over the level (7.7 per 100 houses) reported in 1979.
- There is relatively little difference between urban and rural residents in the proportion of homes with a working radio.
- Radio ownership increases slightly with household income. But radio ownership is common enough at all income levels to suggest that radio is generally within the means of most Turkish households.
- As income goes up, color television ownership goes up (from 8.6 per 100 households in the lowest quartile of income, to 63.9 for the highest quartile in 1992).
- Video recorders are owned by 2.2 households of every 1,000 for the poorest quartile of the population, while the most wealthy quartile owned video recorders at a rate of 18.7 per 1,000 households.

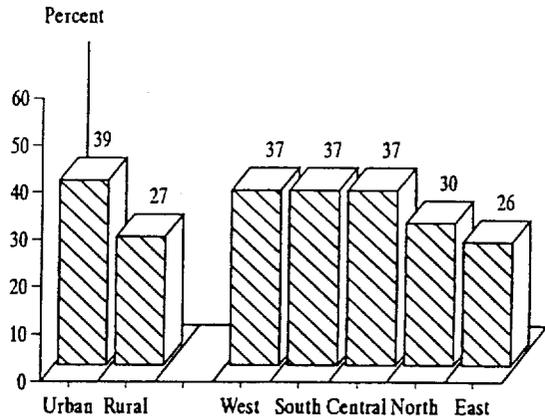
In this changing environment access to all kinds of information, including FP, will expand. It is essential for MOH and other FP organizations to take advantage of the opportunity. With effective planning and implementation, IEC can: speed up the acceptance of FP, support a couple's discussion and action to determine family size, promote the use of contraception to reduce unwanted fertility, increase use of more effective methods, improve use-effectiveness, reduce abortions, help move clients into the private sector or other services that make the national FP program more sustainable, and, one of the most immediate goals, raise the quality of care given to clients.

TDHS - 1993

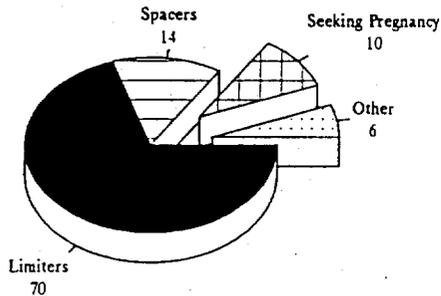
Knowledge and Use of Modern Family Planning Methods



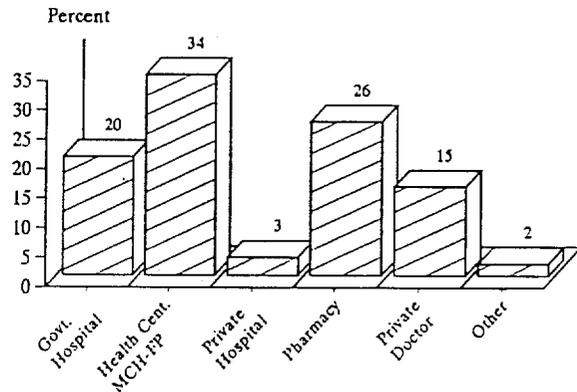
Modern Method Contraceptive Use by Place of Residence



At Risk Population in Need of Family Planning Services



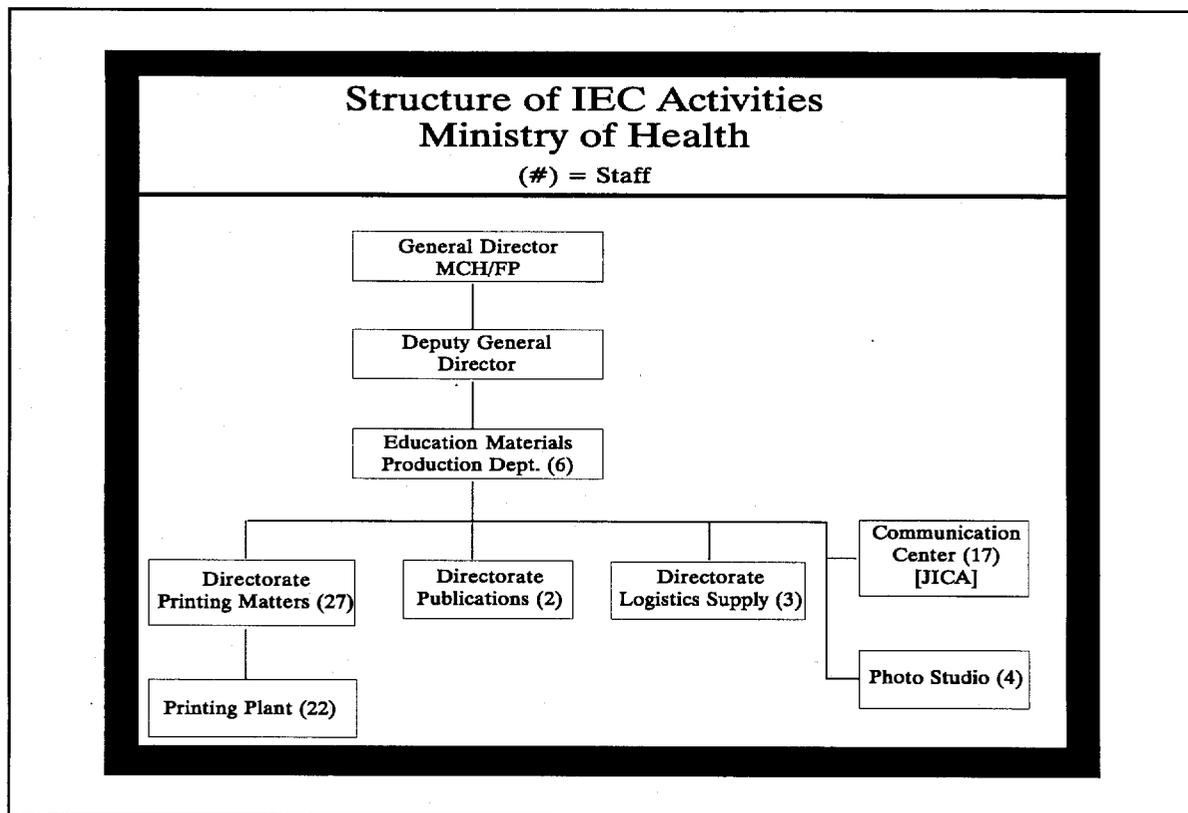
Source of Family Planning Supply For Users of Modern Methods



B. Government IEC Programs

The Government of Turkey manages IEC and all other family planning activities through the MOH and the Directorate of MCH/FP. The MOH takes primary responsibility for oversight, policy change, coordination, and the delivery of services through selected MOH facilities. As in most government agencies of its kind, it is limited by bureaucratic demands, budget, technical capabilities, and manpower. Because of these problems the MOH runs its own IEC program, but encourages the private sector and other organizations to play an active role. Within the MOH there is no central IEC authority or IEC unit. General responsibility falls under the Deputy Director General, but activities are carried out in a number of departments within the MCH/FP Directorate. Different types of mass media activities - printing, training materials, electronic media - are each handled by different departments or projects within the Directorate. The organizational chart below illustrates the structure used in MOH to implement IEC activities. Collaboration in this structure is informal but surprisingly good.

The facilities for the production of print materials are very well established, with MOH turning



out dozens of posters, pamphlets, and other products each year. The major problems with the in-house production capability are competition with other Directorates for time (production is slow unless pushed from high up in the Ministry). The institutional strength is in production and less in the development, design, and testing functions.

The MOH production of materials for the electronic media channels is done in a special externally funded project. JICA has provided the hardware, technical support, and staff training to set up a studio with video and audio capabilities. This "Communications Center" has production, editing, and duplicating capabilities. The technological capabilities of the Center are the equal of anything in the Turkish public or private sectors. The constraint on the Center is its lack of FP technical skills and a lack of experience in the message development process. The directorates are expected to provide the stories/scripts/messages/etc. and some budget for production by the Center. Given the capacity, the Center is under utilized. It is likely that the under utilization will increase, because JICA has asked that the Center focus on FP rather than serve the communication needs of all MOH directorates. The JICA Center's main collaborator in the production of family planning materials has been the UNFPA IEC Project. This project has provided the funding and creative support for the development of a series of short videos and several print items (posters, flip charts, pamphlets).

There is virtually no development and implementation of FP-related IEC activities in other government agencies. Even agencies that could be expected to take an active interest in FP, such as women's affairs, defense, or education, have not been active. There are several possible explanations for this lack of cross-sectoral interest in population issues: The MOH has focused on its own efforts and has not been proactive in cross-sectoral interventions and cooperation; the dynamic nature of the private sector communication field, as it relates to the marketing of health, and FP services and products, diminishes the sense of need for other non-FP agencies; communication is not an activity or skill widely recognized in the Government of Turkey, in part, because these activities are usually implemented in the private sector or in independent government-owned corporations (e.g. Turkish Radio and Television); FP issues have not yet received the high level of policy support required to motivate action by non-health agencies. It is not clear which issue or combination of issues is actually hindering multi-sectoral support for FP communication. It is clear that the lack of cross-sectoral FP IEC activities in the Government offers a channel for the Ministry to exploit as it expands its IEC activities and carries out its coordination role.

Municipal governments have tremendous autonomy in the Turkish system. Interesting pilot service delivery and IEC interventions have been tried by the Municipal Government of Ankara. The IEC component of this project have focused on the use of community workers and using interpersonal communication to recruit and motivate clients. The potential of this approach is limited by the dynamic political environment of the municipalities. For example, recent elections resulted in many municipalities installing a more conservative leadership. This leadership has showed little interest in the use of municipal resources to provide family planning services.

C. IEC Programs in Quasi-Public Sector Organizations

There are several organizations that are neither government nor private sector. They often operate independently of the Government, but may be partially government funded, and are often managed at the policy level by government officials. Examples include: SSK, the social security agency; the trade unions; Turkish Television and Radio; and some health insurance schemes. Some of these groups have undertaken FP IEC interventions, usually in collaboration with technical groups.

The most significant of these is the SSK which is collaborating with the USAID funded SEATS Project to provide FP services through its hospital/clinic system. This project has also done IEC interventions targeted to developing counselling skills, promoting service outlets, and encouraging clients' informed choice from a range of methods. Most IEC interventions are done in the service facility (posters, brochures, and counseling). The materials are designed specifically for the employed workers that are members of SSK.

Pathfinder International is working with the Turkish Trade Union Organization as a channel for promoting FP use among its several million members. The SEATS Project is also working with labor unions through a confederation of unions called TURK-IŞ. The IEC intervention is to work with an existing training structure to incorporate FP messages in membership training programs. This effort is a demand creation effort linked to the SSK program of service provision. The point of considering these semi-public groups is that they have large constituencies, are already active in family planning, and have the potential for other IEC interventions.

D. Private Sector IEC Programs

Turkey has a very vibrant private sector. Its free-market, European-oriented economy has experienced tremendous growth. The commercial interests with an involvement in FP are, as would be expected, in the pharmaceutical industry. There has long been importation of various contraceptives methods, with some local manufacturing of orals. The efforts of the pharmaceutical industry were small, uncoordinated, and not matched by any effort to generate demand. In 1991 the SOMARC Project, using local management support from the TFHPF, began a social marketing project. The project is unusual in that it did not subsidize commodities. The industry procured them and SOMARC supported the various IEC activities associated with the generation of demand for specific products. One pharmaceutical firm procured, distributed, and marketed condoms with SOMARC support. For orals, a joint agreement between the three major manufacturers allowed the project to promote a generic low-dose pill logo, which all three firms incorporated into their packaging. From an IEC perspective there are several things that are notable about the Project's involvement in family planning:

- The pharmaceutical industry has channels of communication to 13,000 pharmacies nation-wide. The pharmacists are perceived to be a legitimate source of family planning information, despite serious questions about their capabilities.

- FP has proved itself as a profitable, sustainable product line in the commercial sector, so there should continue to be interest in promotion of specific methods and family planning in general.
- The industry has developed the international contacts to facilitate procurement, packaging, and marketing, so small investments in promoting the private sector should result in large pay-offs.
- FP commodities were not subsidized in the commercial sector, so the issues of subsidies, competition, and sustainability, which are the most common barriers to collaboration between the public and private sectors, are not relevant in Turkey.
- The project has already broken down many of the barriers to the use of the mass media to communicate FP messages.

While one can question the demographic impact of the project, the policy and economic realities would argue for supporting effective communication activities which promote private sector involvement.

Another component of the private sector is private medical practitioners. A good proportion of physicians and nurse/midwives maintain a private practice, often on a part-time basis. These providers make an important contribution to contraceptive prevalence. Organon, the drug company, estimates that private practitioners insert 100,000 IUDs per year. The TDHS reports that when asked their source, 28% of IUD current users reported private sources. For female sterilization the rate was 16%. Many of the private practitioners work in Government health facilities, and use their private practice to augment salary. Interventions targeted at overcoming provider biases and misinformation in the public sector would also have an immediate effect on the private sector. For this reason, little has been done to target the information needs of private practitioners.

E. Educational Institutions

There are several major government-supported and private universities in Turkey. To date, little has been done to involve the universities in FP. The universities with communication departments tend to specialize in commercial communication (marketing) and pay little attention to social applications. There is considerable research capability in the university system, but it has historically taken a demographic orientation. There is no health communications specialty at the university level. There is some related training (interpersonal communication, social work, etc.) in some of the schools of education, but it is not focused specifically on communication or health-related issues.

There appears to be some institutional constraints to the recognition of the reproductive health needs of students. Students are not provided information on family planning, nor are services generally available in the student health facilities. University and college student populations represent a legitimate audience for an IEC intervention.

The university system also represents an opportunity to do institution-building through the development of new programs and getting related departments interested in the issues of family planning IEC.

F. Interpersonal Communication and Counseling

The role of interpersonal communication and counseling in Turkey is changing. In health-related areas there is no tradition of provider-client communication. Medical personnel have high status and training. Clients have lower status, especially if the provider is male and the client is female. The flow of information, if there is a flow, is from the provider to the client. Frequently, the client would not be asked about method preference or if she had any questions. This situation is rapidly changing. The MOH and its cooperating agencies have identified the lack of interpersonal communication as a major constraint to the provision of high-quality care. Training curricula now include sessions on provider-client communication. Trained counselors have been added to the staffs of selected FP facilities on an experimental basis. While the process of changing the traditional ways clients are educated about family planning has begun, there is still a considerable amount of work to do. A recent Situation Analysis found while observing clinic operations that midwives recently trained in interpersonal communication still counseled only about 6 of every 10 clients. Even when the counseling took place, the midwife tended to provide all the information with almost no questioning of the client. Interpersonal communication skill is an area needing major support if improved quality of care is to be a FP program objective.

G. Summary and Conclusions

The above efforts at describing the environment for FP IEC activities in Turkey attempt to cover a wide range of issues. Summarizing themes that cross several issues will probably be more useful to the reader of this report.

There is a basic mass-media infrastructure available in Turkey. There are established electronic and print media, and high-quality expertise for the creative aspects of developing IEC interventions.

The electronic media are the most important channel of mass media. They have close to true national coverage, audience penetration, and considerable credibility.

There is already significant demand for family planning and fertility control. The use of abortion and traditional methods is a clear indication that a major transition in fertility attitudes has already taken place in Turkey. It remains only for the information and service delivery structures to catch up with the Turkish people.

There is little or no infrastructure for developing interpersonal communications skills. There are severe cultural constraints to interpersonal communication. Also, there are few academic programs producing a professional cadre of counselors, trainers, or researchers in the field of

interpersonal communication.

Misinformation and biases are one of the major constraints to the provision of quality FP services in Turkey. Both clients and providers have wrong information, method-specific biases, and few channels to correct misinformation.

Provider biases are initiated in the medical education system. Recent efforts at improving pre-service training and providing in-service training have begun the process of changing the quality of provider technical skills. There are, however, a considerable number of providers with no formal family planning training or, if trained, no recent update training.

The private sector communications capabilities are under-utilized. Despite considerable production activity and capacity, there are few collaborations between the FP program and the private sector.

The absorptive capacity of the Government to manage and implement new IEC interventions is limited. New interventions will require increased support from the private and NGO sectors.

The political commitment to FP is strong, especially at the operational levels. This would suggest that interventions are much more likely to be effective, and that the process of a fertility transition is likely to continue.

The NGO structure in Turkey is still weak but growing rapidly. Many countries have used NGOs to augment government services in FP communication, but in Turkey this capacity has only recently been developed. Development of the NGO structure is one useful strategy for doing institution-building and improving the long-term sustainability of FP communication capabilities.

General IEC interventions are less appropriate than targeted interventions in the current situation. The program needs interventions focused on: sub-populations, specific methods, long-term methods, providers, unconventional communication techniques (e.g. *Enter-Educate*), correcting specific misinformation, and ending procedural barriers set up by providers.

While limited, IEC resources are sufficient to have substantial impact on FP attitudes and behavior. The resources of the three donors and the GOT suggest that efforts at coordination, efficiency, and increased national impact could dramatically change the FP environment in Turkey in a very few years.

III. IEC NEEDS, ISSUES AND CONSTRAINTS

A. Introduction

The unique environment for FP in Turkey makes periodic and in-depth reviews of the situation essential for effective planning. This is especially true of IEC. Factors which must be considered include: high levels of awareness and demand for FP, the limits of the service delivery system, a very sophisticated Western-style media industry, heavy private-sector involvement in FP, and government involvement in IEC. While a number of organizations involved in FP in Turkey have an interest in IEC, to date none has done a national IEC needs assessment. The team from JHU/CCP was asked to assess current environment for IEC activities in Turkey.

Participants in the FP program of Turkey have long recognized the need for an IEC needs assessment. An in-depth review of the situation is required because of the large number of organizations with IEC activities, which could use the results for long-term and strategic planning. The assessment is also a necessary precondition to the effective development of a national IEC strategy, as recommended by the Strategic Evaluation of June 1993 and the Expert Group on Family Planning of the State Planning Organization.

The Population Communications Services/Population Information Program of Johns Hopkins School of Hygiene and Public Health was asked to undertake the needs assessment as part of its mandate to develop a more coordinated IEC effort among USAID projects in Turkey. The Ministry of Health, MCH/FP Directorate also supported the assessment as a way to facilitate their planning, management, and coordination roles. The assessment was carried out by two specialists with backgrounds in communication, project design and evaluation, and previous experience in Turkey. Information on the IEC situation was collected in a series of in-depth interviews, a review of recent literature, and examination of various IEC projects and outputs. The results of these efforts are reflected in the national-level findings, presented below.

B. IEC Needs Assessment Findings for Turkey

1. National Program Related Needs

A national IEC strategy is needed.

Strategies for FP service delivery, or any of the ancillary services that go with service delivery, such as IEC, logistics, training, etc. are in the formative stages. There is a strong need for the MOH to strategically consider its IEC objectives, formulate a strategy, involve the implementing agencies in its final structure, and evaluate current activities in light of their contribution to the strategy. Planning the future structure of IEC activities based on a national IEC strategy was recognized and recommended in the USAID Strategic Evaluation, and is being recommended by the Expert Group on Family Planning of the State Planning Office in preparation for the next Five-Year Plan. The strategy

would constitute the results of the MOH's efforts to identify its long-term goals in IEC. The strategy would facilitate more consistency in messages, maximize the impact of limited resources, open new channels of communication, allow the MOH greater flexibility in coordination, and allow setting of long-term IEC objectives. The development of an IEC strategy would integrate well into the MOH's efforts to develop a national FP strategy with component strategies for policy, service delivery and training. It is important to note that any effort to develop a national IEC strategy should involve the various agencies active in family planning and IEC. These groups will bear the responsibility for implementing the national strategy.

Greater coordination of IEC activities is needed.

There are several groups in Turkey involved in FP communication. Some are involved in mass media, while others are interested in interpersonal communication. Both public and private sector groups have communication activities. Groups are involved in training, message development, dissemination and evaluation. Even in the MOH, IEC responsibilities are divided among three divisions, and there is no identified lead IEC technical unit. In this complex working environment it is not surprising that an assessment would find a need for greater coordination. What is surprising is the level of informal coordination that is currently going on among the various family planning organizations. The informal coordination has resulted in considerable sharing of materials, inter organizational reviews, and sharing of research and evaluation results. Unfortunately the informal coordination has also resulted in gaps in communication, redundancy in design and production, inefficiencies in development and testing, and less widespread use of some of the excellent materials.

Virtually all groups involved in family planning expressed an interest in greater coordination of IEC. There are a number of potential benefits that arise from closer cooperation:

- Greater information sharing among organizations
- Greater ease of strategic/long-term planning with a single responsible agency
- More control over misinformation - both operational and programmatic
- Improved production efficiency (economies of scale)
- Improved quality of messages
- Greater consistency of messages
- More focus on national IEC needs and less on project-specific activities
- Greater use of alternative channels of communication (mass-media, community-based approaches, traditional channels of information).

Greater coordination of IEC activities would benefit both public and private sector agencies trying to use IEC interventions to speed up the pace of changes in social attitudes and behavior.

Increased private sector involvement in family planning IEC is needed.

The large and vibrant market economy of Turkey has already developed a sophisticated and diverse communication industry. The industry is involved in entertainment, education, marketing and advertising, and information system. Capabilities are housed in firms that are specialists in communications, and in other types of firms that use communication to market their products. Turkey's use of the private sector for FP IEC in the past has had significant impact. The low-dose pill campaign of the Social Marketing Project and the "There Is Always Hope" television serial are just two examples of the successful use of the private sector to deliver FP messages. This cooperation is irregular however, and does not take advantage of the full potential of the private communication industry. The FP program should be using private sector resources to: increase the promotion of specific contraceptive methods, incorporate FP messages into ongoing television and radio production, promote positive attitudes towards service providers, use the media to correct common misconceptions about FP, and educate consumers on the issues of quality of care. Since working relationships are already established between the FP program and the communication industry, the development of more ongoing activities and support should be achievable.

There is a need to increase the use of the scientific process in the development and application of IEC materials.

In reviewing many of the materials recently developed, the assessment team noted that many had not gone through what is commonly called the scientific process or review. This process involves objective testing of materials, and modification based on the results of the tests. The process is an important way to ensure quality, efficiency, and impact on the desired audience. The usual scientific process, as applied to an IEC intervention, would include: formative research and a needs assessment, audience segmentation, determining baselines and setting objectives, design, pretest, redesign, retest, finalization and testing if required, implementation, monitoring of the intervention, periodic redesign of the intervention based on monitoring results, and final process/impact evaluation. The scale of the scientific process can vary depending on the complexity of the intervention, previous experience, available resources, and/or technical skills. To some degree, however, the scientific process should be incorporated into all IEC interventions. To date "focus group discussions with the cleaning ladies" are as close as many organizations have come to using the scientific process. Efforts should be made to develop a few well-documented IEC interventions which can be used as models for the scientific process, and staff training on the process should be a high priority for the organizations involved in IEC activities.

A review of current materials and evaluation of ongoing IEC activities would be very helpful to the CAs and USAID.

With a few exceptions there has been relatively little evaluation of IEC interventions

carried out by the MOH or the CAs. A review of the overall experience of IEC interventions, and integration of the various lessons learned from UNFPA, JHU/PCS/PIP, Social Marketing, SEATS, the various vasectomy interventions, etc. could provide a useful guide to the upcoming round of new interventions.

2. Service Provider Related Needs

There is an immediate need to develop the messages and channels of communications to service providers in order to improve provider knowledge and communication skills and so ultimately influence quality of care.

A variety of program reviews have pointed out that quality of care is one of the most important reasons for the unmet need for FP in Turkey. The Strategic Assessment Report identified the two major reasons for the poor quality of care as "provider ignorance, misinformation, and bias", and poor provider-client communication. Both reasons represent major needs to be targeted by the IEC programs of the MOH and cooperating public and private sector groups. The best way to improve the quality of care is training. Both in-service and pre-service training curricula for providers (doctors, nurses, and midwives) are being upgraded. But this is a slow process and does not help the providers who were trained in the past. Beyond training, communication interventions are required to combat misinformation, update/increase technical skills, and sensitize providers to quality of care issues. Communication interventions are especially essential until the formal training structures can train the thousands of service providers already in the system, as well as those entering the system in the next few years.

The first set of problems - ignorance, misinformation, and biases - are a significant medical barrier to contraceptive use. Providers are often biased for the IUD and against the pill, resulting in a limiting of the client's choices. Providers use irrelevant contraindications to screen clients (IUDs - vaginal erosion or redness). Providers often encourage clients to take a "rest period" from contraceptive use. They set procedures which are burdensome to clients, but have no medical justification (three month waiting periods for abortion or postpartum clients to get an IUD). These problems, as described by Turkish specialists, are the product of old information (e.g. contraindications based on high dose pills), biases based on a lack of up-to-date information, and poor procedures or procedures instituted for other reasons that get inappropriately transferred to FP services. Solving these problems is hindered by the difficulty of getting information to the thousands of doctors, nurses, and midwives spread all over the country. The problem is also compounded by the hierarchical structure of medical services in Turkey, which results in the older least informed medical personnel training and supervising younger providers, who are often better informed about family planning.

Another identified problem, at the provider level, is the lack of provider-client communication skills, which is a serious constraint to the provision of high quality of

care. Facilities designated as family planning centers have special counselors and some do group education. Interpersonal communication with the doctor is unlikely, as is any opportunity for information exchange based on a two-way dialogue between clients and providers. The problem is the product of traditional social distances between medical professionals and women, the unquestioning respect for medical opinion held by clients, and the pressures of heavy workloads. The MOH has placed a high priority on increasing information transfer through the providers, but it is still too early to assess the effectiveness of these efforts. Considerably more needs to be done, however, to support and test approaches to increasing providers' skills and clients' expectations of the counseling and interpersonal communication of service providers.

It should be noted that these two problems, provider misinformation and lack of skills in transferring information to clients, are widely recognized in Turkey, and so do not represent new findings from this assessment. Because of the widespread awareness, the Ministry of Health and its cooperating agencies have already started trying to solve the problem. Largely through Hacettepe University, Institute of Population Studies, JHU/PCS/PIP, recently in collaboration with the SEATS Project, has translated, published, and distributed thousands of copies of selected issues of Population Reports. The Human Resources Foundation is publishing a popular newsletter on contraceptive technology. The MOH and JHPIEGO have produced FP clinical guidelines. HRDF is publishing a clinicians pocket reference book on contraceptive methods. Training programs have incorporated trial curricula on counseling skills. AVSC and Pathfinder have been testing the use of counselors in selected medical facilities. Still, considerable work needs to be done. A systematic review of the situation is needed. Training curricula need to be expanded and tested. Materials that help guide the counseling sessions need to be produced. More resources are required to train trainers of interpersonal communication. The program also needs training materials and session guidelines to help facilitate interpersonal communication with high-risk clients (post-abortion, high parity, other medical contraindications to pregnancy) and nontraditional clients (youth, men, unmarried women, commercial sex workers, and those with high risk of sexually transmitted diseases).

There is a need for improved pre-service training for providers.

Many of the identified IEC needs focus on service providers and the barriers they represent to high quality of care. There is already considerable effort being put into modifying curricula for the pre-service training of doctors, nurses and midwives. The process needs to be more intense, receive policy-level support, and develop systems for follow-up and quality control.

There is a need to improve the presentation of training materials for providers and others.

Several previous needs have suggested problems which are best addressed in a training environment. Current training efforts are hindered by a lack of high quality training materials. The issue is not content, which is being updated (MOH, JHPIEGO, AVSC and FHTP), but the presentation and ease of use of the materials. Some resources are needed to ensure that training materials are able to effectively communicate their messages. Also, materials are often produced in insufficient supply to meet the needs of the training programs or the service providers.

3. IEC Needs Related To The General Population

There is a need for IEC messages that go far beyond the traditional demand creation functions.

Turkey has little need for traditional IEC activities focused on creating a demand for family planning services. Demand already exists:

- Over 69% of Turkish women report using some method (modern or traditional) to prevent unwanted pregnancy (TDHS-1993).
- Awareness among currently married women of a modern method is over 99%.
- There is substantial use of abortion to control family size, estimated at one abortion for three live births and even higher in selected subpopulations.
- Ever-use is considerably higher than current use, suggesting considerable demand for fertility control, and limited ability to implement desires.
- Expressed desire to control fertility is similar at all socio-economic and educational levels, suggesting an almost universal demand for services that help couples achieve their desired family size.
- Of currently married women 35+ years of age, 90% want no more children.

The above data clearly suggest that the traditional IEC activities that focus on demand creation - small family norms, increasing birth intervals, acceptability of FP, and benefits of FP - are less useful for Turkish couples than messages tied to motivation and the use of more effective and long-term methods.

Efforts to improve spousal communication are likely to have a significant impact.

There is both logical and empirical support for the positive association between spousal communication and effective contraceptive use. A variety of Turkish experts agreed that the cultural constraints to a couple discussing family planning are strong. This is despite the use of withdrawal by men and generally high levels of support for reducing family size. An IEC intervention that increases spousal communication on family size and contraceptive use will almost certainly have an impact on overall contraceptive use, and an even stronger impact on method mix.

There is a need for method-specific information.

There are three simple characteristics of family planning use in Turkey that explain the need for method-specific information. 1) The FP program in Turkey can be described as a single-method program - with heavy emphasis on the IUD. 2) Method-specific biases, originally held by providers but now transferred to clients, are very strong, especially against the pill. 3) The level of misinformation about all methods is significant among both providers and the general population. In this environment it is essential to increase method-specific knowledge to ensure freedom of choice, use of appropriate methods, and effective use of methods, and to overcome misinformation that prevents clients going to a provider who can correct their misconceptions. Future IEC efforts need to focus, not on demand creation, but on knowledge of methods and sources.

There needs to be more information and efforts to reduce reliance on abortion to control family size.

As previously mentioned, abortion is quite common. It has grown as a phenomena since it was legalized in 1983. With studies only recently being initiated, there is relatively little information available on the use of abortion. Who uses abortion? Are specific groups more likely to use abortion? What are the reasons for using abortion in a program that has effective methods available? Is abortion being used as a back up to traditional methods or as a family planning method? What is the cost to the system of provision of abortion (cost benefit of FP vs. abortion)? What are social attitudes towards abortion? How do individual couples agree to have an abortion? How safe are medically provided abortions? In the absence of this information, it is difficult to understand the nature and the magnitude of the problem. Turkey has been successful in making abortion a medical procedure, and so there is little evidence of high risk self-induced or nonmedically supervised abortions. While the safety of the procedure is high, it is still an invasive procedure that carries risks. Abortion also imposes a tremendous cost on MOH facilities that provide it free and on the clients who buy abortion services in the private sector. There is a clear need for more information on abortion, and consideration of interventions to reduce the use of abortion. Since IEC is the most effective way to initiate behavior change, abortion issues should be considered in any national IEC strategy or campaign development. IEC interventions might focus on: post-abortion contraceptive counseling to avoid repeat abortions, spousal communication on the use of abortion, promoting pregnancy tests and use of abortion services earlier in the pregnancy to reduce risk, the use of medically appropriate service providers (if research identifies problems in the sources of services), and providing information and services to women with medical risks from pregnancy.

There are a number of special subgroups with unique problems and communication needs.

While one can address national issues in Turkey, the tremendous variation in culture, attitudes, education, and economic status argues for recognition of the special needs of subgroups that do not have ready access to information that is appropriate for them. The appropriateness of messages can be determined by language, culture, access to communication channels, unique problems, social identity, types of misinformation, and access to services. Regardless of the nature of the constraints which limit access to information, the need for correct and appropriate information, addressed specifically to these groups, still exists. Future IEC programs should consider these needs, prioritize target groups, and develop appropriate channels of communication and messages to influence the contraceptive behavior of these groups. Some possible subgroups identified in the needs assessment process are described below. The list is not exhaustive, no priorities are assigned, and there has not been sufficient data collected or analysis of these groups and potential impact to make recommendations on specific audiences, channels, or messages. The list is provided to illustrate the need, and to identify groups widely recognized as needing specialized information services.

- Postpartum and Post-abortion clients - In Turkey almost all maternity and abortions cases are medically supervised. This captive audience of fertile and at-risk women is rarely available to family planning services. Some are counseled, but it is rare for services to be provided. Facilities that regularly provide family planning services can offer appointments for services two or three months later. These couples need information on their options and providers need information to overcome medical and procedural barriers to service provision.
- Rural-to-Urban Migrants - Turkey shares the common problems generated by rural families migrating to urban areas for the perceived economic and social benefits. The Turkish migrants quickly become neither urban nor rural. While holding many traditional values, they want to become "modern" and so are open to changing their behaviors. An example of this is the success of some Turkish community-based FP project sites in maintaining high prevalence levels long after the project has stopped providing services, and even though there has been about a 30% turnover in population. It appears that new migrants adopt the contraceptive practices of the community they live in as part of their effort to be "modern." The change in the value and cost of children makes urban migrants want services to help them limit their family size. The migrants want to control their own fertility, but traditional spousal communication, poor knowledge of service sites, lack of confidence, lack of access to mass media, and considerable misinformation make it difficult for the couples to get the services they desire.

- Youth - The widely held opinion of Turkish specialists is that there is not yet a significant problem with unwanted pregnancy among youth. But behavior, attitudes, and circumstances are changing, and the problems are expected to increase. Because it has not been perceived as a serious problem, and the issues is very sensitive, there has been little research on the attitudes, practices, concerns or communication channels of the youth of Turkey.
- Armed Forces - Turkey has mandatory military service for all men. Yet this captive group, soon to enter the family formation stage of life, receives no instruction in contraception and the benefits of FP.
- Men / Men Using Traditional Methods - Men traditionally are not involved in FP discussions and yet they play a major role in fertility decision-making. Interestingly, Turkish men have played a very active role in controlling fertility with relatively little information or support. One of the most common contraceptive methods is withdrawal, a male initiated method. Also, abortion, which is widely used, requires the husband's permission. Despite an active role in fertility control, men have been provided little information specifically to address male issues and concerns.

There needs to be a greater effort to bridge the information gap to rural areas.

There are a number of reasons that make it difficult to transmit FP messages to the rural areas of Turkey. The residents are traditional in their values. Mass media channels are more limited than in urban areas. Services are often not easily available even if demand is created. Rural populations have cultural differences that often require different messages. In the eastern provinces political instability limits travel. Populations are sparsely settled, making communication difficult and expensive. While the problems are extensive, the failure to provide services of all sorts is one of the reasons for the heavy migration out of rural areas and into the urban centers. There is a need to continue to explore cost-effective ways of reaching rural couples so as to reduce the wide and growing disparities in service availability between rural and urban populations.

There is a need to motivate men to take a more active role in FP.

It is a safe generalization that the role of men in informed fertility and family planning decision making needs to be expanded. What is unusual about Turkey is that men already play a major role in fertility decision-making, but their efforts are ineffective because they lack the knowledge. Surveys show a high level of use of withdrawal as a method. While not a particularly effective method, it does require full participation of the man. Abortion is also commonly used to limit family size and it requires the written consent of the husband. Both these situations would suggest that men are already involved in efforts to control fertility. The current roles are not sufficient or productive, however, and place a major medical burden on the woman. There is also little spousal communication on fertility and family planning. The use of male methods,

other than withdrawal, is rare. The pattern these factors suggests is that men, while interested in controlling fertility, are less aware of the contraceptive options available, the safety and ease of modern methods, the unreliability of withdrawal, the economic and medical costs of abortion, the need to motivate their partners to ensure effective use, and the benefits of family planning. There is a need to increase male involvement in family planning by providing men the information they need in a manner that is acceptable. The communication interventions should focus on raising method-specific knowledge to make men aware of their options, to increase spousal communication to improve planning, and to generate mutual motivation to achieve family size and timing desires. The benefits of changing male behavior could include: reduced use of abortion to backup less effective methods, use of more effective methods, improved spousal communication, and possibly increased use of male methods.

IV. STRATEGIC AND OPERATIONAL DEVELOPMENT

A. Introduction

One purpose of this Needs Assessment was to collect the available information in order to facilitate the Government of Turkey's efforts to develop a national IEC strategy. The IEC strategy that is developed will have to focus on contributing to the program objectives, as summarized from various working documents:

- Increased availability
- Increased effective use of modern methods of contraception
- Improved quality of reproductive health services
- Decreased reliance on abortion
- Facilitate access to more effective, long-lasting, clinical methods
- Expand public sector support for family
- Facilitate increased private sector capacity to provide family planning.

To achieve the above objectives and the concomitant demographic goals of Turkey, there are several strategic approaches the program may wish to incorporate into a national IEC strategy. Briefly described below are a number of program and operational strategic options. It is important to note that the options provided are presented as discussion points for future IEC strategic development by the Ministry of Health and its allies in the national family planning program. Issues of priorities, resources, or current implementation plans have not been considered in the following listing.

B. Systemic Strategies

The objectives of these strategies are to develop an efficient, cost-effective, sustainable, multi-sectoral system for supporting the communication needs of the national family planning program.

1. A National IEC Strategy:

IEC should be a national program with strategies in place at the national and sub-national level, workplans, coordination and periodic reviews of objectives, activities and outputs. Strategic IEC interventions could include:

- The Ministry, in collaboration with the donors, NGOs and other agencies, needs to develop a national multi-sectoral IEC strategy. The Strategy should then be provided to other ministries, and provincial and local governments as a model for the development of similar strategies.
- With a strategy in place, workplans to operationalize the strategy can be prepared. The workplans could include goals, objectives, interventions, budgets, schedules of implementation, and indicators.
- The Ministry should support mechanisms for improved coordination of IEC efforts to

maximize efficiency and maintain the focus of IEC activities on the larger program objectives.

- The strategy and the associated activities should be review periodically to assess continued relevance, outputs, impact, and a changing political, social and media environment.

2. Setting Priorities:

The national strategy exercise should lead to a prioritization of objectives, strategies, interventions, target audiences, and resource allocations. There are a large number of options available to the program and to the Ministry. A failure to set priorities could lead to a lack of focus, wasted effort and resources, and the inability to meet the objectives of the program and the reproductive health needs of Turkey.

3. Private Sector Initiatives:

IEC activities should attempt to use the private sector mass media as much as possible to reduce costs and support long-term sustainability. Strategic IEC interventions could include:

- A private sector media advisory panel, organized by the Ministry, to facilitate collaboration between the family planning program and the private and semi-private media sector.
- Development of materials and programs to expose media writer, editors, directors to the issues of family planning, gender, and reproductive health. The materials could be produced both locally and internationally.
- A Ministry or a collaborating agency contact point for private sector media staff in need of information or technical support on family planning and reproductive health issues.
- Programs to reward and support the incorporation of family planning or other social messages in private sector media production (television, radio, periodicals, etc.).
- Agreements between the public and private sectors to do cost sharing for production or distribution for special activities (eg. social dramas for television).
- Allocation of a portion of government resources or activities to the private sector to ensure involvement and an expanding capability outside the public sector.

4. Quality in IEC Interventions:

IEC activities should stress quality by using scientific procedures in the design and implementation all IEC interventions. Strategic IEC interventions could include:

- The institutionalization of communication capabilities through training, provision of high quality IEC materials to serve as models and a broad base of institutional involvement in communication activities.
- The regular utilization of evaluation procedures to access the quality and impact of the IEC materials and programs.
- The regular utilization of media data and studies, audience analysis and other techniques that allow the program to assess public response and needs.

- The use of the MOH coordination function to set standards for quality for all IEC activities.
- The use of the MOH coordination function to ensure consistency in IEC messages.

5. Policy and Coordination:

The Ministry of Health should take the lead in getting national policies and programs incorporated into the policies, priorities, budgets and programs of other government agencies. Reproductive health and family planning are legitimate concerns for a number of government ministries and organizations. Strategic IEC interventions could include:

- Appointment of a coordinating officer in MOH and the other agencies to facilitate communication.
- Ministry development of projects specifically targeted to the constituency of the other agencies (eg. soldiers for the Ministry of Defense).
- Developing high level political support for collaborations between MOH and other agencies.
- Technical support in the development of appropriate IEC materials for use by the other ministries.
- Provision of trainers to work with the training component of the other ministries to see that quality reproductive health issues are incorporated in ongoing training programs.

6. Supply-side IEC Issues:

IEC activities should be matched and consistent with the actual structure and capabilities for service delivery. Possible problems which should be monitored include:

- Creating demand for services that can not be met with the existing service delivery infrastructure.
- Creating demand for services for which services providers are not trained.
- Creating demand for methods where providers can not provide minimum quality of services.
- Creating demand for methods for which the procurement and logistics management systems are not in place to support dramatic increases in use.
- Promoting providers who do not have the skills or the desire to provide the services.
- Creating demand for services that are not sustainable in the long run (eg. free contraceptive commodities).
- Creating expectations on the part of providers on the availability of commodities, training or other resources that can not be met.
- Creating expectations among consumers that services are more available or cheaper than they are.
- Creating an image for family planning that is inconsistent with the complex cultural and socio-economic divisions of Turkey.
- Failure to adequately prepare consumers for the introduction of new methods.
- Alienating less well informed service providers whose training in family planning has not been updated.

7. Cost-effectiveness in IEC Programs:

When designing and implementing IEC interventions, the program should incorporate the issues of cost effectiveness into any activity. This issue can be addressed by:

- Considering the size of the population coverage of any activity.
- Developing materials with multiple uses or users.
- Giving priority to materials that will be useful for a longer time.
- Developing materials that will focus on the cue to action - that calls for the consumer to take action.
- Developing materials that can be used in both the public and private sectors.
- Adapting internationally produced materials for use in Turkey, when appropriate.
- Coordinating to ensure that all activities and products carry a consistent message.
- Determining long-term needs to allow larger procurement and reduced unit cost.
- For time-sensitive materials ensure that only the quantities needed are produced to minimize over production, storage costs and management.

C. Provider Strategies

The objectives of these strategies are to maximize access to quality family planning services by removing medical barriers and improving the provider's ability to effectively inform clients on family planning and reproductive health.

1. IEC and Quality-of-Care:

IEC interventions should address the information needs of reproductive health and family planning service providers. Strategic IEC interventions could include:

- Improved pre-service training for providers (in progress).
- Improved inservice training for providers (in progress).
- Increased availability of print and audio-visual training materials to improve technical skills.
- Ministry administered testing and certification program for providers to ensure technical capabilities, motivate providers to update information and skills, and to communicate the Ministry's commitment to high quality family planning services.
- Regular monitoring of quality-of-services using standard evaluation techniques (situation analysis, client intercept surveys, etc.) to identify problems and misinformation leading to rumors.
- Development of a provider mailing list and supporting distribution systems to facilitate the transmission of materials to providers.
- Increase client information and awareness of the issues of quality-of-service to create informed consumers.
- Regularly mount campaigns against commonly held pieces of misinformation (eg. pills are unsafe, condoms are unreliable, etc.).
- Carry out a study to identify those administrative and operational procedures used in

service points that limit the access of clients to information or quality services (eg. delays in scheduling appointments, unreasonable waiting times, uncomfortable waiting rooms for clients, etc.).

2. Client-Provider Interaction:

The IEC program should attempt to address the cultural and social constraints to effective interpersonal communication between providers and clients. Strategic IEC interventions could include:

- Improved training in interpersonal communication skills.
- Setting standards and guidelines for provider-to-client information transfer. The purpose would be to more clearly define and reaffirm the issued of informed consent in contraceptive method selection.
- Using other channels to inform clients so the providers are not the only source of information.
- In Ministry facilities, designated "counselors" with special training can be placed to upgrade staff and to provide counselling services. The counsellor could be a new staff person or be recruited from the facility's current staff and trained.

D. Client Strategies

The objectives of these strategies are to increase the use of effective and long-term contraceptive methods, while reducing the use of traditional methods and abortion. The strategies should also contribute to improving the image of methods to increase their acceptability and provide clients with method choices appropriate to specific needs.

1. Method-specific Information:

Communication interventions targeted to the general population should focus on specific methods rather than general family planning issues. The high level of communication sophistication would suggest that messages be rational and appeal to reason rather than emotion. Although emotion, especially in messages incorporated in entertainment (Enter-Educate), is appropriate if used consistently with the overall rationality of the family planning messages. Strategic IEC interventions could include:

- Development of method-specific information for use in clinics and hospitals.
- Development of videos and other audio-visual materials with method-specific information. These materials could be used in family planning facilities, on the radio and television and could be circulated for use by consumers in their home.
- Production of method-specific print materials for national distribution. The materials might be varied in design for distribution to the general population and then to specific sub-populations such as men, university students, the military, etc.
- Programs could be developed to get satisfied users of specific methods to promote the method and recruit new users.
- Develop passive or risk free sources of information (eg. telephone, handouts at

workplaces, magazine articles, etc.) to facilitate the provision of basic information and the knowledge of where to get additional information.

- Monitor misinformation and rumors in order to counteract them with correct information.

2. Post-Abortion Counseling:

Communication interventions should promote modern method use and reduced reliance on traditional methods and abortion. Strategic IEC interventions could include:

- Provision of post abortion counseling services at facilities that provide abortion services.
- Development of materials and channels to communicate with men so that they are better informed of more effective contraceptive options.
- Training of service providers to provide immediate family planning services to abortion clients.

3. Culture and Interpersonal Communication:

IEC should attempt to address the cultural and social constraints to effective interpersonal communication between husbands and wives, and parents and children on family planning issues. Strategic IEC interventions could include:

- Working with the private sector to incorporate positive role models for family communication in popular entertainment.
- Development of materials and campaigns that encourage couples to talk about family size and contraception.
- Development materials and campaigns that promote inter-generational communication.
- Development of special counseling and education programs which focus specifically on couples.
- Develop materials and programs which target younger engaged couples. These programs and materials could address communication issues, the need for planning, contraception, and other informational needs

4. Targeting Special Groups:

The IEC strategy should recognize the specific information needs of selected population subgroups, like men, adolescents and the military. Strategic IEC interventions could include:

- A needs assessment to identify sub-populations that are most at risk and would benefit most from the interventions.
- Media campaigns targeted to specific sub-populations.
- Training of service providers in the special service needs of sub-populations.
- The Ministry, using its coordination function, could assign responsibility for priority subpopulations to cooperating agencies and NGOs to ensure the information and service support needs are being met (within the constraints of available resources).

5. Informational Needs of Special Populations:

IEC activities need to incorporate the major social divisions of Turkey - urban, rural and the rural to urban migrants that are neither urban nor rural. Strategic IEC interventions could include:

- Targeting media and messages to the specific groups by using appropriate models, language, messages, and channels (see previous strategy).
- Broadening and simplifying messages so that they will reach all social groups. This is usually done using logos, slogans, jingles and broadly attractive models like athletes to carry the message. This approach is generally associated with simple, repetitive messages using multi-media approaches. The simplicity of the message may have limited applicability for the family planning program given the refined informational needs of Turkey (described above in other strategic issues). Possible uses could be logos to increase awareness of sources of quality service or jingles to support specific methods or types of providers.

6. Promoting Providers:

The Ministry should recognize that they are promoting two products to clients - contraception and service providers. Promoting providers creates a sense of association with the family planning program, increases motivation to provide services and can raise the quality of services. Strategic IEC interventions could include:

- Incorporating providers into IEC messages as positive and supportive role models (eg. Berdel).
- The development of programs to reward and publicly promote high quality service providers.
- Providing identification (badges etc.) that recognizes the provider as a trained specialist in family planning and reproductive health.
- Encouraging local administrators to publicly promote providers and generate community recognition of their contributions.

In conclusion, there are a number of strategic IEC issues to be addressed. The three major issues are 1) institutionalization of IEC support for the program, 2) supporting the development of informed service providers and 3) improving the contraceptive knowledge of the general public so that they are able to achieve their reproductive desires. To achieve the objectives of the national IEC strategy will requires commitment, coordination, planning and action. It is also essential that the program set priorities to ensure that limited resources are utilized efficiently to maximize impact and develop a sustainable program.

RESOURCE PERSONS FOR THE NEEDS ASSESSMENT

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Association for Voluntary Surgical Contraception

John Pile - Country Representative

Hacettepe University - Institute of Population Studies
Ergül Tunçbilek - Director

Family Planning Association of Turkey
Semral Koral - Executive Director

ZET Nielsen
Günta Özler - Executive Director