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***FROM RESEARCH TO PRACTICE: USE OF  
NON-PHYSICIANS IN FAMILY PLANNING  
SERVICES IN TURKEY***

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***From research to practice: use of non-physicians  
in family planning services in Turkey***

*During the history of the Republic of Turkey, there have been two population policies: a pro-natalist policy from 1923 to 1965 and an anti-natalist policy after 1965. This study aims to discuss the population planning activities, including the operation researches, the impact of the population planning laws on maternal health and family planning practices in Turkey, with special emphasis on use of non-physicians in family planning services.*

***De la recherche à la pratique : emploi de para-médicaux  
dans les services de planification familiale en Turquie***

*Dans l'histoire de la République de Turquie, il y a eu deux types de politiques démographiques : une politique pro-nataliste de 1923 à 1965 et une politique anti-nataliste après 1965. Cette étude tente d'examiner les activités de planification familiale en incluant les recherches opérationnelles, l'impact des lois de planification sur la santé des mères et les pratiques de planning familial, avec une attention particulière sur l'emploi de para-médicaux dans les services de planification familiale.*

## **1- Population policies in the history of Turkey**

Around the 1920s, the population of Turkey was only 13 million, so the Turkish population policy at the time was designed to increase the population at a maximum rate to offset manpower losses incurred in wars from 1911 to 1922. That policy prohibited the importation of contraceptives, made abortion illegal, prohibited advertising and public education concerning contraceptive methods and materials, and provided financial incentives for large families (1, 2).

During the history of the Republic of Turkey, there have been two population policies: a pro-natalist policy from 1923 to 1965 and an anti-natalist policy after 1965.

### ***1.1 The Pro-Natalist Population Policy: (4-6)***

Because of the many human losses during the First World War and the War of Independence, a generally high level of infant mortality associated with the poor economy and the need of manpower for agricultural activities, it was perceived that there was a necessity to increase the population growth in Turkey.

During that time, a number of laws passed that had both direct and indirect implications for population growth, e.g. the sale of contraceptives and induced abortions were prohibited by law.

However, as several studies have indicated, despite its prohibition, the practice of abortion continued to be widespread, irrespective of such laws. Approximately one of five pregnancies was aborted, which was an extremely high rate. Induced abortion was one of the leading causes of maternal mortalities during that period.

### ***1.2. The Anti-Natalist Population Policy: (9-11)***

Changing the pro-natalist population policy was not an easy



process. It took quite a long time and involved the efforts of many sectors, individuals and non-governmental organizations (NGOs).

Turkey has a long history of a very efficient tradition of carrying out research to determine scientific evidences and to use those evidences to convince the policy- and decision-makers to make necessary policy/legislative changes. That was the exact process utilized to change the existing pro-natalist population policy. During these processes, there was close collaboration between the media, scientific communities, leaders of thought, Ministry of Health (MoH), Obstetric/Gynecologic (Ob/Gyn) associations, and prominent Ob/Gyns and public health specialists.

In May 1960, a military revolution took place, after which planning in all areas was instituted, and a number of reforms including regulatory/legislative changes were actualized. The new government drafted a constitution that stressed planning and set up the State Planning Organization as a branch of the Prime Minister's Office. Population planning (PP) became a serious objective of the government.

One of the major reasons for changing the population policy was the alarmingly large numbers of abortions each year. Although the exact figure could not be determined, it was believed that the number of illegally induced abortions approached half a million, and some 10,000 deaths occurred as a result of complications of self-induced abortion (1, 9, 10).

In 1961, preparation began for the new PP law, and there was close collaboration between MoH officials and NGOs and individuals who had the foresight to understand Turkey's major problem. Changing the pro-natalist population policy was gradually gaining support in the country, and the medical community and policy-makers began to be convinced. However, much more support and evidence were needed (14).

In early 1963, the government of Turkey requested the Population Council to conduct a field survey. The Population Council arranged a Knowledge Attitudes and Practice (KAP) survey related to family planning (FP) to be conducted throughout the country in 1963. Over 5,000 people in nearly 300 villages and cities were interviewed. This was the first nationwide survey on fertility issues, which revealed a great deal of valuable information and assisted the FP programs that were instituted later (8, 13). The 1963 national KAP survey and other studies demonstrated the magnitude of excessive fertility and its adverse consequences and also the favorable attitude towards to FP among Turkish families.

As summarized above, in the process of revising the population policy, the research results and scientific evidences for advocacy purposes were extremely important among the other data collected. After these preparatory steps, the government of Turkey developed a new law to provide the legal framework for a nationwide FP program. This law was passed by the Assembly and the Senate and was signed by the President on 10 April 1965 (7).

## **2- Population planning activities**

The population planning law was the result of a joint cooperative effort between the government, scientific communities, community leaders, and private bodies, including NGOs, through numerous advocacy activities, conferences and seminars. The law placed authority and responsibility of formulating a national program upon the MoH with the cooperation of other official and voluntary organizations.

The bill stated that the purpose of PP was to allow individuals to have as many children as they wished and that preventive measures (contraception) would be allowed to avoid pregnancy. It also stated the strict conditions upon which abortion or sterilization would be allowed (i.e., only for sound medical

reasons) and the penalties that would be applied for violation of the conditions of the law.

Changing the strong pro-natalist population policy, which had been in force for over 40 years, was a real breakthrough in health and reproductive health but especially in women's health. After accepting the first anti-natalist PP law, the following was observed in the country: Public knowledge on FP methods, prevalence of FP methods in general and prevalence of modern FP methods were increased; however, traditional FP methods were still commonly used. The rates of illegally induced abortion increased. The restrictive law could not prevent induced abortion and its adverse consequences (12, 15, 16).

After the first nationwide survey on fertility issues in 1963, similar nationwide studies were repeated every five years. Thus, trends in the population and in reproductive health issues were well followed in Turkey. In the early 1980s, it was estimated that about 300,000 induced abortions took place annually, of which almost 50,000 were self-induced (1981). Most of the induced abortions took place in the private clinics and were performed by Ob/Gyns at high costs. Unsafe abortions continued to be a health concern for women in Turkey (3, 21). Changing the first anti-natalist PP law was considered, and the following strategies were followed in the preparatory phase of the new law (14).

Scientific Approach: Several local and nationwide epidemiological studies demonstrated the adverse effects/outcomes of illegally induced abortions (2, 11, 12, 19, 20, 25, 26).

- Nationwide Demographic Health Survey (DHS)-type studies were continued at five-year intervals by Hacettepe University's Institute of Population Studies (IPS) and the MoH.
- A multicenter study on the cost of illegal abortion on the health care system with the World Health

Organization/Human Reproduction Program (WHO/HRP) 1980 was carried out by the WHO - Collaborating Center - Hacettepe University Public Health Department (HU-PH).

- Operation research (OR) was conducted with WHO/HRP (1979) on the “Development of FP training methods and materials for non-physicians and physicians”, in which it was demonstrated that trained non-physicians can insert intrauterine devices (IUDs) as successfully as physicians.
- Introduction of safe and simple techniques like manual vacuum aspiration (MVA) for pregnancy termination was carried out by the WHO - Collaborating Center - HU-PH (1981).
- Training of General Practitioners (GPs) in pregnancy termination using MVA (35 GPs were trained and followed for one year) was carried out by the WHO - Collaborating Center - HU-PH (1981). Among all those researches, there were a series of ORs, which had a very significant impact in formulating the items of the new PP law. Within this paper, the steps of those ORs will be highlighted further.

As summarized above, the first PP law was insufficient in preventing maternal mortalities due to self-induced abortion, traditional contraceptive methods were more commonly used than the modern methods and unmet needs in FP remained high; therefore, changing the first PP law was considered seriously. Professor Nusret Fişek, the pioneer for the anti-natalist population policy in Turkey, continued to lead the activities with his team to modify the first PP legislation. Professor Fişek was the head of HU-PH and collaborated extensively with WHO/HRP, until HU-PH eventually became one of the official collaborating centers of the WHO in 1979. Then, a series of ORs were carried out to determine whether the non-physicians (nurses-midwives, NMs) could be trained in providing IUD services in Turkey and whether GPs could be trained to provide services for pregnancy termination (21, 22).



These ORs were designed in the following three phases with the joint collaboration of WHO/HRP (11, 19, 20).

**Phase 2 Study:** This research aimed to determine whether or not non-physicians could be trained in IUD insertion and also to develop the training methodology for such training. The study was carried out in two centers: 1) The Çubuk Research and Training Hospital in Turkey, where Dr. Ayşe Akın was the head of the hospital as well as the principal investigator of the ORs and 2) The Philippines José Fabella Memorial Hospital, in which the principal investigator was Dr. Rebecca Ramos. In both ORs, a step by step “training program” was developed by the research team, and the developed training material was recognized and published in English, French and Spanish by the WHO and recommended to other countries.

**Phase 3 Study:** In this phase, it was aimed to see whether the trained NMs could provide IUD services in the field conditions and to compare their success level with that of the GPs. In this phase, over 10 trained NMs provided IUD services in the same semi-rural area as GPs. The clients requesting IUD insertion were randomly allocated to NMs or GPs; if any contraindications or any problems were encountered, the cases were referred to Çubuk Hospital for consultation. The consultant, who was unaware of who initiated the referral (NMs or GP), evaluated the cases regarding the validity of the diagnosis or indications. This process continued, and all cases who received an IUD were examined one month after the insertion by an independent trained physician to verify the accuracy of the insertion. Overall evaluation of this phase, which took over a year, determined no statistically significant differences in performance between NMs and GPs.

**Phase 4 study:** After proving that NMs could be trained successfully using the developed training method and that they could provide IUD services as effectively as the physicians, the MoH established six training centers in the country with the

collaboration of the Çubuk Training and Research Center (Çubuk-TRC) with similar infrastructures and training methodology. The MoH selected 201 NMs from various provinces to be trained in these six training centers, after which all of them returned to Çubuk-TRC to be tested for the standardization of their training level. They were then sent to their respective provinces to provide FP services in real field conditions. All trained NMs were followed up at designated intervals by trained supervisors and all necessary data were collected for one year, and their services were evaluated. In this phase, it was also arranged for Dr. A. Akın to meet with each trained NM at Çubuk-TRC to evaluate their knowledge and skill level after at least one year of the service provision. Overall evaluation of this phase indicated that the trained NMs could provide health services as successfully in real field conditions. The optimum follow-up interval by a trained supervisor should be six months; the NMs are more successful if they are provided with the necessary equipment for IUD insertion immediately after the initial training and initiate their clinical practice early. In the mid 1970s, all scientific evidences related to unsafe abortion indicated that induced abortion should be legalized in Turkey in order to prevent maternal mortalities as well as unwanted outcomes due to unsafe abortion. However, it was argued that if such legislation was passed, the demand for induced abortion services might increase beyond the capacity of the available staff of public and government health institutions, thus requiring additional manpower in addition to the Gyns. As a result, another OR was carried out by a team at Çubuk-TRC, and the issue was studied in close collaboration with the MoH and with WHO/HRP Geneva.

Objectives of this OR were to ascertain whether or not GPs could be trained in pregnancy termination by MVA method, which was not available in Turkey at that time. For this purpose, 500 MVA kits were imported and 35 GPs were selected by the MoH for training at Çubuk-TRC. The GPs were successfully trained by the principal investigator of that OR. During the training

program, the training method was also developed for national use. All trained GPs returned to their respective provinces in which they work and used their acquired skill in the cases of incomplete abortions. Their work was followed up and evaluated over one year by collecting data at three-month intervals, and no significant problems were encountered. The result of that OR was convincing that trained GPs could be used as an additional manpower for termination of pregnancy services. They were supported by Ob/Gyn specialists.

### **3- How have these research results been used in modification of the first population planning law?**

For the reasons stated above, modifying the first PP law was already considered by the MoH authorities in the late 1970s. At the time, the government was in favor of IUD usage in the country. However, only Ob/Gyn specialists and GPs were allowed to fit the IUDs in Turkey. NMs, although more available in rural areas where unmet needs in FP were higher, were not legally allowed to insert IUDs. Furthermore, female health personnel were more accepted by female patients in many parts of Turkey, especially for FP services, given the traditional nature of the society in matters of intimacy. It was believed that if NMs could be used for such services, the prevalence of effective-modern contraceptive methods could be increased and unmet needs in FP could be decreased.

It was unfortunate that some groups of Gyns were opposed to the proposed items in the new law, such as authorizing NMs to insert IUDs and authorizing GPs to terminate pregnancies. Some of the Ob/Gyn specialists were concerned that their practices would in some way be threatened by authorizing other health personnel to carry out some of their tasks.

For the legalization of abortion, strong opposition arose especially from non-medical decision-makers. Fortunately, no serious religious objections were apparent.

With a joint cooperative effort between MoH, NGOs and Universities, numerous advocacy activities like conferences and seminars were organized to explain the issues and convince the opponents. Television programs and publications in scientific journals and articles in magazines and newspapers on population issues were very helpful to inform the relevant people and sectors. In all advocacy activities, the scientific evidences from research were presented and discussed and were very effective in breaking through the strong opposition.

Based on the favorable results of the research and supportive political atmosphere, preparations for the new law were completed by the General Directorate of Mother and Child Health-Family Planning (MCH-FP) and submitted to the Parliament for their consideration.

On 24 May 1983, the proposed law was debated, and some arguments were put forth about the legalization of abortion; the new PP law # 2827 was then accepted (17, 18).

According to this law:

- Induced abortion up to ten weeks was legalized on request.
- Trained nurses and midwives were authorized to insert IUDs.
- Trained general practitioners were authorized to terminate pregnancies.
- Surgical sterilization for men and women (vasectomy and tubal ligation) was legalized.

As one can easily see, these additions in the new law are the issues that were studied by surveys or ORs in the country for years. The results were then extensively used for advocacy purposes in a timely manner and they were all very helpful in actualizing the changes.



#### **4- What was the impact of the new Population Planning Law–1983 on maternal health and family planning practices in Turkey?**

The following are the most significant impacts of the new law, which resulted in newly created manpower for the provision of FP services, on maternal health and FP practices (21-26):

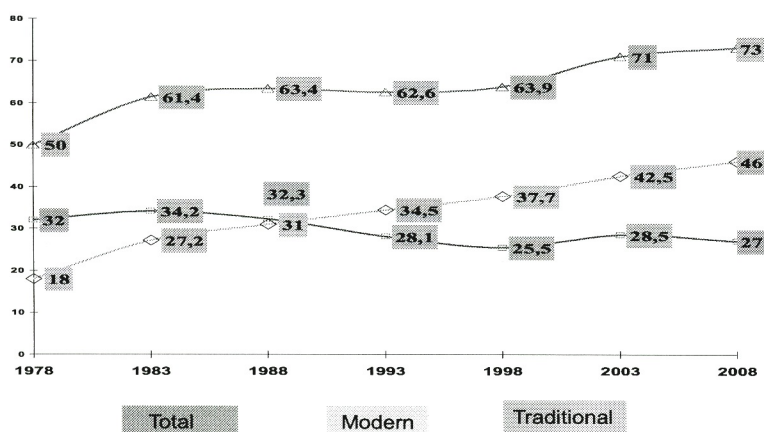
- Legalization of abortion made a great impact on the prevention of abortion-related complications and maternal deaths in the country. Maternal mortalities due to unsafe abortions almost disappeared.
- Hospital beds were no longer occupied with patients due to complications of induced abortions.
- The burden of induced abortion on the health care system was decreased.
- The cost of induced abortion for individuals was decreased.
- In the beginning, the prevalence of induced abortion increased, but the rate began to decrease after the 1990s, and it continues to follow a downward trend (Table 1).
- After the new law, IUD prevalence doubled over the next five years (Table 1).
- For the first time, prevalence of effective contraceptives exceeded the prevalence of traditional methods (Table 1 and Figure 1).

**Table 1**  
**Contraceptive Practices and Induced Abortions in Turkey by Year (1963-2008)**

Method	Year (%)						
	1963	1978	1983	1993	1998	2003	2008
<b>Any method</b>	27,7	50,0	61,5	62,6	63,9	71,0	73,0
<b>Total modern</b>	5,3	18,0	28,2	34,5	37,7	42,5	46,0
Intrauterine device	-	4,0	8,9	18,8	19,8	20,2	16,9
Oral contraceptives	1,0	8,0	9,0	4,9	4,4	4,7	5,3
Condom	4,3	4,0	4,9	6,6	8,2	10,8	14,3
Tubal ligation	-	-	0,1	2,9	4,2	5,8	8,3
<b>Total traditional</b>	22,4	32,0	34,2	28,1	25,5	28,5	27,0
Withdrawal	10,4	22,0	31,1	26,2	24,4	26,4	26,0
Other	12,0	12,1	8,6	3,2	2,8	4,1	1,1
<b>Induced abortion</b>	7,6	16,8	19,0	18,0	14,5	11,3	10,0

Figure 1.

### Family Planning Practices in Turkey By Years (1978-2008)



## 5- Lessons Learned and Conclusions

Leadership, support through scientific evidence (research), advocacy (meetings, publications, media, etc.), and inter-sectoral collaborative communication were the most effective means of

realizing the legal changes in the PP and gaining acceptance of the first and second PP laws in Turkey. In the process of creating additional manpower for the provision of FP services, namely, legalization of the use of non-physicians for providing effective contraceptive methods as well as of GPs for abortion services in the country, scientific evidence generated via nationwide studies and OR series was very supportive in convincing the decision-makers as well as the opposition. Additionally, international support in these efforts, such as through collaboration with WHO-HRP-Geneva, was also very valuable in the process.

In his teaching work, Professor N. Fişek always counseled his team that “a research should never be done only for academic purposes; the research results must be used for the benefit of the people in necessary actions”. The process summarized above using the research results to change the population policy and to create new manpower for the provision of family planning services in Turkey is a concrete example of that philosophy.

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