participating in the postabortion family planning program in Istanbul. (These surveys covered a total of 128 private- and public-sector health facilities, 26 of which provided abortion services.) The first of these surveys, conducted in 1998, was used as a baseline for the program and the surveys were to be repeated every 18 months.

**Early Results**

The Istanbul expansion phase of the postabortion family planning intervention began in September 1998 and is ongoing. Since 1998, 14 additional hospitals have been included in the program, all but two of which are private, bringing the total number providing organized postabortion family planning services in Istanbul to 17.

Figure 1 illustrates the progress that the 14 Istanbul hospitals made from 1998 to 2000. Prior to the intervention, on average, 37% of clients at these facilities accepted a method of family planning after their abortion.28 At the end of the first month of the intervention, during which on-site training workshops were conducted, that average had increased to 44%.29 Since interventions were started at individual hospitals at different times, the cut-off times for follow-up data collection were also different, although all sites were followed up for at least nine months; by that time, hospitals reported an acceptance rate of 72%.

Preliminary results from this third phase of the intervention highlight the similarities and differences in the public and private sectors. In both types of facilities, family planning acceptance rates increased in the early period of the intervention. Acceptance rates then stabilized and remained constant, an indication of sustainability in both sectors. However, acceptance rates in the private hospitals plateaued at a lower level. For example, the three public hospitals in Istanbul involved in the second phase—Zeynep Kamil and two government Social Insurance facilities SSK Bakiroy and SSK Goztepe—achieved acceptance rates of more than 90% (see Table 3), while the level was around 70% in the 14 hospitals in Istanbul (see Figure 1). This somewhat lower prevalence of postabortion method acceptance primarily results from private physicians’ preference to delay giving their abortion clients a method until a return visit after the procedure. These physicians claim that it would be inappropriate to ask the client to pay for two services—an abortion and a family planning visit—at the same time.

USAID’s plans to expand the postabortion family planning initiative have been achieved by the inclusion of seven additional private hospitals in Istanbul as of March 2001. The completion of this last phase means that all major public and private facilities providing abortion in Istanbul have now established family planning services for abortion clients.

USAID’s final plan for the postabortion program in Turkey was to expand the initiative to the heavily populated Cukurova region in southern Turkey. In 2000, postabortion family planning was established in one public maternity hospital in Cukurova, and the program will be added to two more public hospitals there in 2001.

Follow-up surveys on quality will provide additional data on the program’s progress.

**Conclusions**

The inadequacy of family planning services for abortion clients, which leads many women to go on to have repeat abortions, constitutes a major public health issue in Turkey. The postabortion family planning program was designed to address this important need by establishing linkages between abortion and family planning services. In countries where abortion is common, many observers believe that women prefer abortion to family planning. Our experience in Turkey shows that women turn to abortion simply because contraceptive options are not readily available. Once quality family planning services are made available to abortion clients, they accept family planning methods at high rates.

A recent analysis of abortion trends in Turkey shows that the rate of abortion has declined significantly over the last decade, with the shift away from less-effective traditional family planning methods toward modern methods being an important factor in that decline.30 These results imply that the postabortion family planning program efforts implemented throughout the 1990s contributed to the decline in abortion, both by increasing the use of contraceptives among women who had had an abortion and by tilting the method mix toward more effective methods.

The most encouraging aspect of the postabortion family planning approach is that it is highly replicable and sustainable. The program’s model was replicated successfully in Turkey in almost all of the selected sites. Of the 11 large public hospitals that initiated postabortion family planning services as part of the overall intervention, 10 continue to provide postabortion services several years afterward, with no external assistance. Postabortion family planning services were successfully replicated in the private sector as well. The services delivered in the private sector faced additional challenges in terms of sustainability, however. Of the 12 original private-sector hospitals that initiated postabortion family planning services, all of them continue to provide these services.

The delivery of postabortion family planning in Turkey also has proven cost-effective, since any additional costs of integrating family planning services into existing abortion services are minimal. Facilities providing abortion services have an existing infrastructure and staff, which can be built upon with little cost, to provide family planning services. Thus, postabortion family planning creates a synergy by bringing together the existing resources of two types of services without the need for many additional ones.

The postabortion family planning model requires a systematic and integrated approach, however. Many elements are necessary for success, including the commitment and motivation of decision-makers, clinical and counseling training for staff, relevant educational materials for clients, and adequate space and family planning commodities. Each of

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**Sources:** Preintervention data—Istanbul Family Planning Quality Survey, 1998 (see reference 27); Intervention data—Postabortion program management information system, 1998–2000 (see reference 29).