

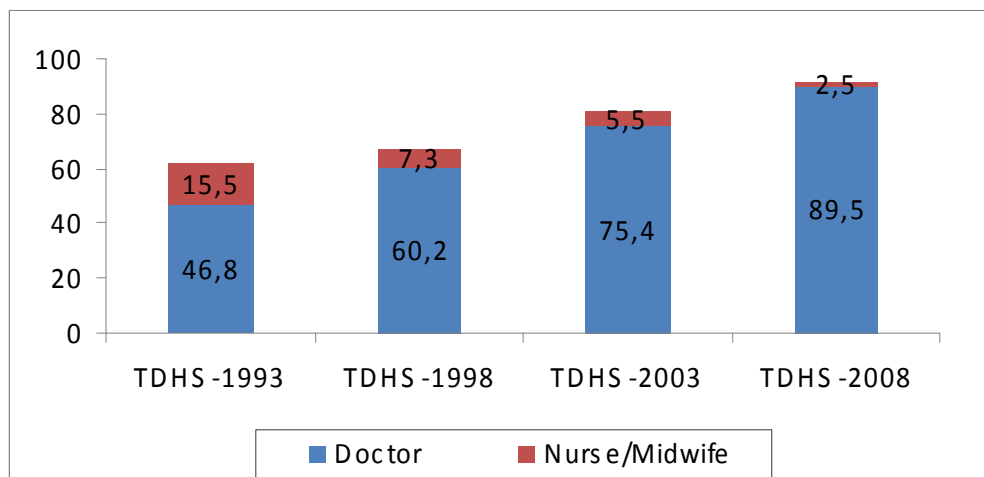
Inequalities in access to reproductive health services in Turkey

The aim of this study is to assess the disparities in access to reproductive health services by different welfare groups in Turkey, using data from the latest Turkey Demographic and Health Survey conducted in 2008 (TDHS-2008).

Two types of questionnaires are used to collect TDHS-2008 data: household questionnaire and individual questionnaire. In the household questionnaire, household income was not asked directly. Wealth status was rather estimated by using the wealth index approach with questions on durable goods belonging to households. The wealth index is a recently developed measure that has been tested in a number of countries in relation to inequalities in household income, use of health services, and health outcomes (Rutstein et al., 2000).

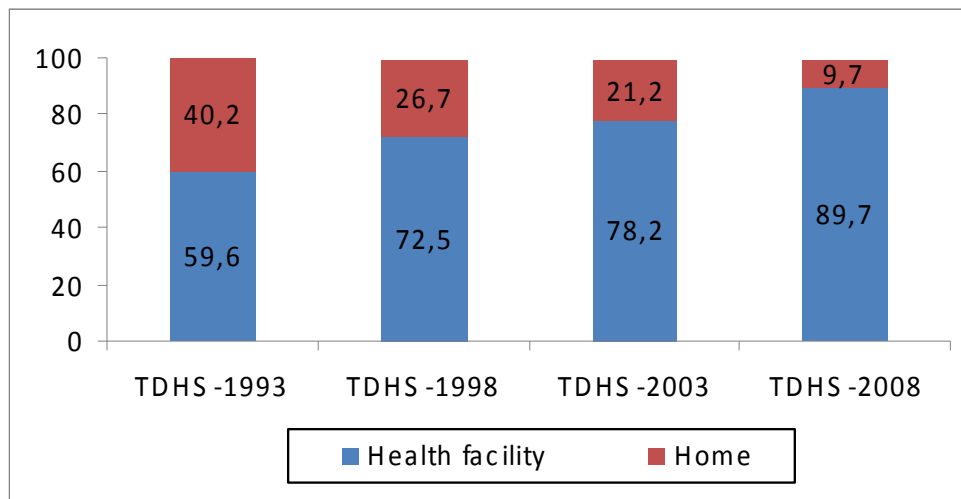
In the individual questionnaire, data on access to reproductive health services and infant mortality are collected. Preliminary results show that the majority of the population has chance to reach reproductive health services in Turkey. The proportion of population receiving reproductive health services such as antenatal care, assistance during delivery and delivery at health facilities reached over 90 percent in Turkey by 2008. Moreover, 81 percent of children aged 15-26 months were fully immunized (Figure 1-4).

Figure 1. Percentage of women who received antenatal care from a health provider



92% of women received antenatal care from a health provider in Turkey according to TDHS-2008. The percentage of receiving antenatal care from a health provider in all wealth groups is more than 90 percent except the lowest wealth quintile. This percentage increases to 99 for the highest quintile and decreases to 76% for the lowest wealth quintile (Table 1).

Figure 2. Percentage of women according to place of delivery



The proportion of delivery at a health facility has increased from 60 to 90 percent in Turkey in the last 15 years (Figure 2). In other words, it seems that delivery at health facilities has become widespread for women, regardless of their welfare group. However, a closer aspect will be useful to understand the disparity between lowest and highest groups. According to the results of TDHS-2008, 29 percent of the women in the lowest wealth quintile still bear their children at home, while this proportion decreases to 1 percent for women in the highest wealth quintile (Table 1).

Figure 3. Percentage of births by person providing assistance during delivery

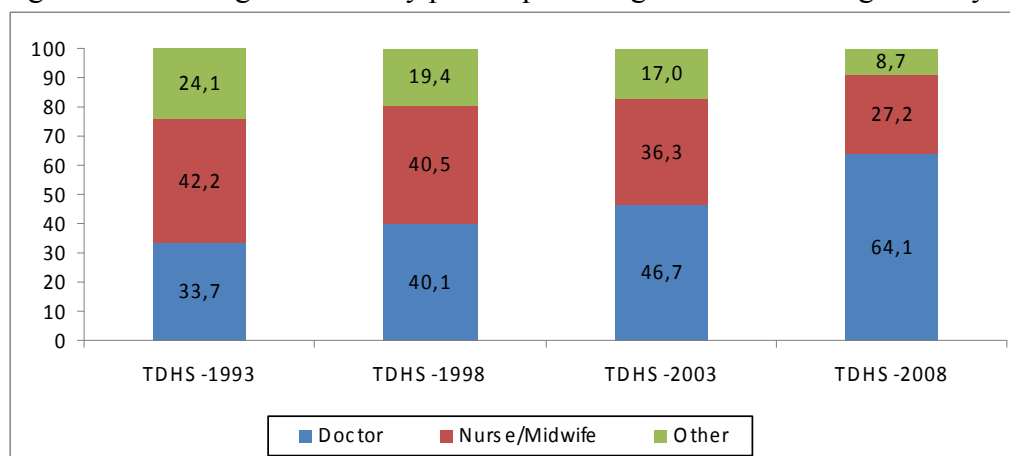
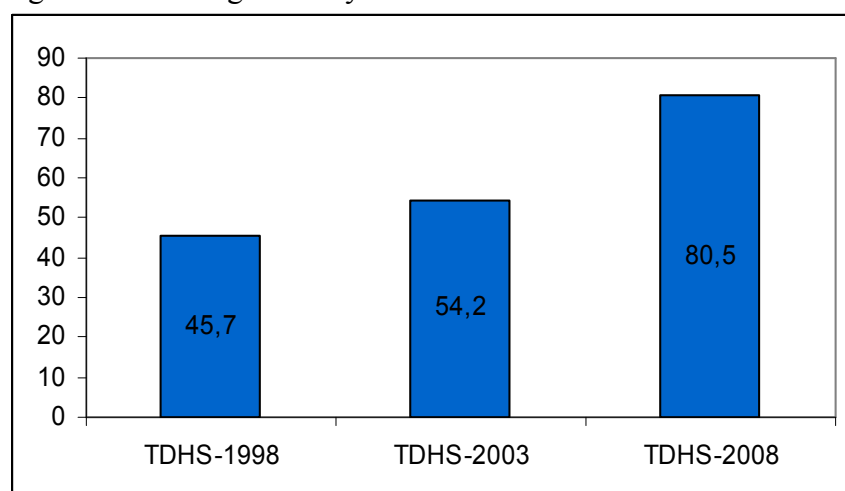


Figure 3 shows that there is remarkable progress in assistance during delivery in Turkey. The proportion of deliveries assisted by a doctor doubled in fifteen years (Figure 3). Similar to the place of delivery, the proportion of deliveries assisted by a health provider vary by wealth quintile. Almost all deliveries in the richest quintile (99.5 %) are assisted by a health provider, while only 73 percent of deliveries in the poorest quintile are assisted by doctor, nurse or midwife (Table 1).

Figure 4 Percentage of fully immunized children



The distribution of the percentage of children aged 15-26 months who are fully immunized is also uneven, with 62.2% and 85.3% for lowest and highest quintiles respectively (Table 1).

Table 1. Access to reproductive health services wealth quintile, TDHS-2008

Reproductive health services	Wealth quintile					Total
	Lowest	Second	Middle	Fourth	Highest	
Percentage of women received antenatal care	76,1	90,6	98,5	98	98,6	92
Percentage of deliveries occurred in a health facility	70,5	91,8	96,4	98,8	98,9	89,7
Percentage of births assisted by a health provider	73,4	93,7	97,7	99,1	99,5	91,3
Percentage of fully immunized children	62,2	81,6	86,2	89,5	85,3	80,5
Infant mortality (risk ratio)*	1,6	1,2	0,6	0,7	0,5	1.00

*Calculated for the ten-year period preceding the survey

Table 2. Early age mortality rates, TDHS-1998, TDHS 2003 and TDHS 2008

Survey	Neonatal Mortality (NN)	Post neonatal Mortality (PNN)	Infant Mortality (1q0)	Child Mortality (4q1)	Under-five Mortality (5q0)
TDHS-2008	13	4	17	6	24
TDHS-2003	17	12	29	9	37
TDHS-1998	26	17	43	10	52

Consequently, infant mortality rate has decreased from a high level of 40 per 1000 live births in 1998 to 17 per 1000 in 2008. However, considering the disparities in household welfare, the risk of dying in infancy period in the lowest quintile is about three times higher than in the highest quintile (Table 1 and Table 2).

Access to reproductive health services is highly associated with infant mortality. As reproductive health services become widespread in Turkey, early age mortality rates decrease. Table 2 shows the progress in early age mortality rates calculated from TDHS surveys conducted in 1998, 2003 and 2008. The question of interest is that, whether the disparities in accessing these services and early age mortality rates between wealth quintiles continue to exist, considering the recent developments in reproductive health services in Turkey.