

Weak Ring of Family Planning Trainings: Patient Rights

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Abstract

Family Planning (FP) services are services offered for individuals to have children on whenever and in the number they wish. For the success and sustainability of Family Planning services, it is necessary to provide a service respecting patient rights by health professionals. One of the most important reasons for violations of patient rights is lack of knowledge of healthcare professionals regarding this issue. However, patient rights are not discussed enough in trainings of FP.

The aim of this study is to propose a training program for the purpose of increasing awareness and to gain skills about patient rights for healthcare professionals rendering service in the field of FP. The training program is proposed as three days. During the program, an interactive training environment would be provided, and methods such as interactive presentations, small group works, and role play would be used. It is expected at the end of the training that participants gain enough skills in the subject of recognizing patient rights and rendering services which are respectful for patient rights. Six months after training, participants will be contacted to evaluate the use of objectives in professional life and how they are transferred to work. As we suggested, regular trainings for continuous professional development of healthcare professionals, who work in the FP field would increase quality of health care.

Key word: Family planning, training of patient rights, healthcare professional, medical ethics

INTRODUCTION

Reproductive health is the state of complete mental and social well-being and not merely the absence of a disease or disability in all fields of reproductive system, its functions, and process. Having a satisfactory and safe sexual life, people's reproductive abilities, and having the freedom to decide if they will use this ability and when and how frequently they will use it are considered within this scope (1).

Reproductive health was one of the main themes of International Conference on Population and Development (ICPD) held by the United Nations in 1994 in Cairo. The decision of making reproductive health services universally accessible for all individuals until 2015 has become a global objective in this conference with the approval of 179 countries including Turkey. These objectives have been reviewed after 5 years and extended to include sexual health and rights in the previous commitments (2). Objectives and strategies of ICPD have been reflected on Turkey's 8th Five-Year Development Plan including the years 2001-2005 (3).

The most important component of reproductive health concept is Family Planning (FP). FP services are provided to help individuals determine the desired number of children at desired time. FP services, which were generally offered only by gynaecologists on the limited services until 1980s in Turkey, can now also be given by practitioners, midwives and especially nurses in addition to gynaecologists with the law no 2827 enacted in 1983. So, FP was an important nursing practice in Turkey. Voluntary abortion until 10th week have also been permitted with the same law (4). A significant progress has been made in the field of reproductive health after the way was paved for these services. For instance, while the usage rate of modern FP methods was 31.0% in 1988, this rate has increased to 47.4% in 2013. However, the need for FP services has increasingly continued. Turkey's young population rate is growing and the population in reproduction phase is expected to increase at the rate of 40% until 2025. 47% of married women are not willing to have any other children and 5 of every 100 pregnancies result in induced abortion. It has been determined that in Turkey young women adopt FP to delay their pregnancies or extend the

time period between them; whereas, older women adopt FP to finalise their pregnancies (3, 5).

While women in Turkey are aware of averagely 8 FP methods, the rate of women who is aware of at least one method is 99%. 73.5% of married women in the age group of 15-49 years use any FP method. While 47.4% of these women prefer modern methods, 26.0% use traditional methods. The most commonly used ones among modern methods are intra uterine devices (16.8%) and male condoms (15.8%). Coitus interruptus is the most common traditional method (25.5%). The usage rate of modern methods is 49% in urban areas and 40% in rural areas. The use of any contraceptive methods varies between regions; this rate is 83% in Western Anatolia while it is 60% in Southeastern Anatolia. The usage rate of methods among women who did not graduate from primary school is 63%; on the other hand, this rate is 75% among women who received education in high school level and above. However, only 27% of all women accurately know the period with the highest possibility of getting pregnant (5).

Modern FP methods are mostly supplied from public health sector (56%) in Turkey and the rate of private health sector is lower, which is 37%. Consequently, almost all of individuals that want to benefit from FP services apply to public health institutions (5). This situation shows the need of consultancy services in the health institutions and importance of these services.

Those who apply to receive FP services are defined as "clients". The first step of these services is to evaluation of the client and the consultancy process. Consultancy is the enlightenment of the individual by experts on a certain subject in order to help them establish their own opinions, choices, and decisions. Consultancy is not a tool to persuade; it helps individuals choose the options that are most suitable to them by presenting the method options. The fact that couples have more options as FP methods compared to the past and new options are long-term effective methods increases the importance of consultancy in choosing the right method (6, 7). Consultancy also reduces the failure of methods by ensuring conscious selection of methods and their accurate, regular and long-term use. At the end of the consultancy process, the individual may choose interventional methods that require surgical practices as well as medical methods.

As in all other medical practices, the client also has some rights based on human rights during both the consultancy process and the application of the method. The client-consultant relationship can be handled largely in the context of healthcare staff-patient relationship. The client is the subject of the patient rights (PRs) while utilizing medical services. PRs are the extension of main human rights in the field of health and are protected by legal legislations. The specific legal legislation on this subject in Turkey is Regulation of the PRs which was enacted in 1998. The regulation is revised from time to time. In this regulation, the fact that leading a healthy life is the most fundamental human right, everybody has the right of protecting and developing themselves, easy accessibility to healthcare delivery is essential without any discrimination, individuals would not undergo any medical

intervention without their informed consent and would not be included in trials and confidentiality of private life is essential, everybody has the right to receive all kinds of health services in accordance with the privacy is emphasised as main principles (8-10). However, violations of PR in practices are still one of the most significant agenda topics in the field of health. According to the 2011 data of the Republic of Turkey, Ministry of Health; almost half of the complaints/applications made to Units of PR throughout the country (46%) during the year at a total number of approximately 180 thousand are because of failure to access to healthcare services. This problem is a main and rooted subject of discussion related to health system that goes beyond doctor-patient relationship. However, subjects of other applications made related to healthcare staff-patient relationships including the aspect related to health system are the lack of receiving respect and comfort (22%), not being informed (6%), not receiving consent (1%), and violation of privacy (1%) (11). It's accepted that most of human rights' violations are based on lack of knowledge (12). Even if both sides act in well-intentioned in healthcare staff-patient relationship, conflicts may be inevitable. Knowing rights, duties, and obligations and putting them into practice while delivering services shall prevent such conflicts as much as possible. It is important to provide healthcare staff with continuous trainings on this subject. Some studies have revealed that it is important to offer continuous training in this field to the healthcare staff. In China, a survey was conducted including physicians, nurses, pharmacologists and other staff about informed consent, protecting the privacy, and some other ethical issues. It revealed that almost half of the professionals had no regular ethics education, and that only 15% knew the Nuremberg Code, 17% knew the Declaration of Helsinki, and nearly all of them believed that ethical education was necessary (13). In another study conducted in Finland including physicians and nurses was found that half of them said that they had insufficient knowledge of the PR regulations and that they believed that it was important (14). Similar results were found in studies in Turkey. In a study from Izmir, 40% of physicians didn't know PR regulations and 63% of them didn't read any legislation regarding this issue (15). Another study in the Gülhane Military Medical Academy showed that 41% of nurses had no training for the rights of patient and 64% of them were informed of the human rights just from the media (16).

FP services in Turkey are provided interprofessionally. Practitioners, nurses, and midwives as well as gynaecologists are also included in the delivery of these services. These professional groups provide the same population with the same services except for surgical methods. Therefore, it is appropriate to provide all healthcare staff together with the same training in order to ensure that clients receive a standard service. In Turkey, training is continuing under the Turkish Reproductive Health Project. Reproductive rights are included in the module of introduction to reproductive health in these courses. However, internalisation of these rights provided as a theoretical list of rights without being based on any philosophical and legal basis and putting them into practice in medical practices do not seem likely. However, due to the fact that they are provided only as a theoretical list of rights without

Table 1. Objectives, contents, and methods of “Training Program of Patient Rights for Healthcare Staff Rendering Service in the Field of Family Planning”.

Objectives	Contents	Methods	
		Theoretical	Practical
Reviewing Family Planning (FP) Methods	Introduction of modern and traditional methods Effect mechanisms of methods How to use the methods	Interactive presentation	-
Comprehending FP consultancy	Definition Characteristics expected from consultant	Interactive presentation	-
Reviewing Patient Rights (PR) and related regulation	Definition Historical development Ethical and legal aspect PR in Turkish Health Legislation	Interactive presentation	-
Evaluating FP services in terms of PR	Problems/Violation of rights experienced during consultancy and application	Interactive presentation	Discussing Individual 'Action Plans' Small group study (case-based, role play)
Comprehending importance of communication skills	Basic communication skills (verbal/nonverbal communication, listening, empathy) Client-centred communication in consultancy services	Interactive presentation, Videos watching	Small group study (case-based, role play)
Comprehending informed consent	Definition ethical and legal aspect	Interactive presentation	Small group study (case-based, role play)
Comprehending respect to private life and confidentiality of personal information	Definition ethical and legal aspect	Interactive presentation	Small group study (case-based, role play)

being based on any philosophical and legal basis, internalisation of these rights and putting them into practice in medical practices do not seem likely. The absence of practice in this module of the training is also a significant deficiency (17). Healthcare staff should receive applied training in this field in order to establish/reinforce a bond between PR and medical practices or provide right-based services. This study, conducted based on this requirement, offer a training model related to PRs that they can adapt to their own professional lives for healthcare staff rendering service in the field of FP, and a proposal model for the evaluation of training effectiveness.

Proposed Family Planning Trainings Program and Explanations/Related Statements

In this study, a 3-day training program for doctors, midwives, and nurses working in the field of FP was planned in accordance with adult learning principles and an androgogical approach. In order to motivate adults to learn something, the training should be relevant to their needs and previous experiences, participation should be active, the problem experienced by them should be dealt with and the solutions should be instantly practicable in their work life and an education environment which they respect and trust should be ensured (18). Those who provide FP services have certain needs such as training, information infrastructure, self-expression, respect, feedback (19). Not only the needs of providers but also the needs of clients play an important role in FP services. For most of the clients, it is difficult to make reproductive behavior decisions which will influence their both individual and family lives. Therefore, their needs are prominent for providing services as well (19). It is necessary to avoid imposing our own views and

solutions in relation to the problems of the clients while providing service in the face of universal principles of medical ethics (20). Though there is no big difference in the structure of services, it is reported that client-centered communication models yield to better client results than provider centered models (21). Therefore, during the preparation program, adult education principles, and the knowledge, skills, and attitude suggestions specified by both national and international norms for the providers of FPs were all taken into account. Additionally, the needs of clients, experiences and demands of the expected participants, working conditions and transferability of program objectives to work were also taken into consideration simultaneously (22).

It has been planned to include theoretical education on the first two days and practices aiming to gain skills on the third day within the scope of the program (Table 1). In this training, planned for groups consisting of a maximum 20 people, it has been aimed to create an interactive training environment. For this purpose, a U-shaped seating order, where instructors and participants can easily interact with each other, will be provided and educational methods and techniques such as small group studies, role playing and case studies will be used in addition to interactive presentations (23, 24). Case-based learning (CBL), which is often used in clinical medical education, is a method that guides learners to work together in the case of writing, knowledge, and supporting the improvement of clinical reasoning and judgment. CBL, which is a flexible method can be integrated with role play (24). Role plays function to target acquisitions by complying with reality, teaching new skills and behaviors, are less stressful, and are more secure in a controlled environment. Further, the participants are left unharmed, and it provides opportunities for testing without damage (25, 26).

Box 1. One of the scenarios created by the education team on the subject

S.T., who is a 36 years old, married, with three children, housewife, does not want more children. Until now she and her husband have used coitus interrupts method, but she got pregnant and had an abortion. She learned from her neighbour that IUD (Intrauterine Device) is a contraceptive method which prevents for a minimum of 5-years and she goes to the Family Planning Centre to utilize their services. She is met kindly by the consultant who is a physician. The consultant informs her of all methods and after the gynaecological examination he says that she has cervical erosion. She has to take some medicines and she is not permitted to use an IUD until she is healed. After he learned that her husband is a low-income worker, with three children and they live in rental house, the consultant proposed her to perform the tubal ligation. He said she will have no risk of becoming pregnant and applying the method is free of charge. But she is rather confused because she was proposed a method that she never thought of before. She received the prescription and went back to her home to talk with her husband. When she mentioned the issue, her husband gives a negative reaction. He believes that the consultant proposed to this method due to in fact that they are poor. So, S.T. never goes to control because of that fear. While the couple again use the coitus interrupts method for up to 3 months, everything is disturbed due to her menstrual delay.

What is the main problem of the case?

What is the proper behaviour in this case?

Please, role play the proper behaviour in this scenario.

On the first day of the training, following introduction and receiving expectations from the training, a “Pre-test” corresponding to the objectives of the program shall be applied in order to measure the current knowledge levels of participants. Through receiving expectations from the training and applying the preliminary-test, it is aimed to share participants’ expectations, increase motivations for the training, and support transferring what is learnt into the forthcoming practices (27). On the first day of the training, FP methods and practices, and FP consultancy shall be discussed in the light of the up-to-date information. Later on, historical development of the concept of PR, international declarations and national regulations shall take place. On the second day of the training, the topics of evaluation of FP services in terms of PR, informed consent, respecting private life and confidentiality of personal information will be shared with interactive presentations. At the end of the 2nd day, each participant will be asked to prepare an “Action Plan” discussing a problem in order to solve this problem or improve the current capacity so as

to put into practice in their own fields of study after the training as a preparation for the 3rd day participants will be given a form related to the Action Plan and asked to define their plans in detail in the context of the problem, its cause(s), their solution suggestions, required labour force, resources, application stages and timing on the form. On the 3rd and last day of the training, action plans will be presented, problems and the solution suggestions they developed will be discussed. Within another practice of the 3rd day, small group studies will be performed according to four scenarios where client-centred communication, the topics of informed consent, respecting private life and confidentiality of personal information which will be created by instructors are discussed; and problems and solutions in each scenario will be enacted through roleplaying (Box 1). A feedback process related to the enactions will be performed after these practices (Table 2).

In the last stage of the training, the test applied to participants on the first day will be reapplied and their development related to the theoretical content of the course will be shared with them. The training will be ended by receiving written feedback from participants related to the training’s content, training methods and its contribution to practices in addition to the general discussion. Therefore, data related to the evaluation of the course will be obtained through preliminary and post-test application, daily evaluations at the end of the 1st and 2nd days, the written feedback, and the general discussion (28).

It has been planned to use icebreakers at the beginning of some sessions during the training. The use of icebreakers especially in the training environments where there are inter-professional participants will ensure that participants get to know each other in informal ways and interact with each other, overcome the effect of possible hierarchy and power differences they brought from their daily practices, and the group feels more comfortable (26, 29)(Box 2).

Box 2. The ice-breaker to be used on the first day in the afternoon (15-20 minutes)

Everyone says the name and briefly the subject of a movie regarding human rights one by one. Movie names are written on the board. It is explained that those movies which can be collected until the end of the course will be shared with all the participants as a packet.

Table 2. The schedule of the Training Program.

	1 st Day	2 nd Day	3 rd Day
Morning Session	<ul style="list-style-type: none"> • Introduction • Receiving expectations • Pre-test test • Presenting the objectives of the course • General overview on Family Planning (FP) methods • FP consultancy 	<ul style="list-style-type: none"> • Ice-breaker • Evaluation of FP services in terms of PR • Basic communication skills • Client-centred communication in the FP consultancy services 	<ul style="list-style-type: none"> • Ice-breaker • Problems encountered in the practice and solution suggestions, presentation and discussion of the Action Plans • Case-based small group study
Afternoon Session	<ul style="list-style-type: none"> • Ice-breaker • Historical development of Patient Rights (PR) and international declarations • Legal legislations in the Turkish Health Legislation related to patient rights • Evaluation of the day 	<ul style="list-style-type: none"> • Ice-breaker • Informed consent • Respecting private life and confidentiality of personal information • Distribution and introduction of ‘Action Plan’ forms • Evaluation of the day 	<ul style="list-style-type: none"> • Role plays • Post-test • General evaluation /discussion • Receiving written feedbacks • Certificate ceremony and closing

Table 3. Pre-test/Post-test question examples

	Responses
1- Since contraception methods are really technical, it is particularly unnecessary for the consultant to explain all the methods to clients with low levels of education.	C*.. I**.. C... I...
2- Consultant should be insistent on the client regarding the appropriate method when necessary.	C... I...
3- Clients who prefer surgical sterilization method should be granted with 24 hours of decision review.	C... I...
4- If any other person except for the consultant has access to obstetric history of the client, it is considered as violation of privacy.	C... I...
5- Family planning is not a universal right but it is a service which can be met in accordance with the conditions depending on state preferences.	C... I...

C*: Correct **I**:** Incorrect

The purpose of this study is also to evaluate the effectiveness of PR training program proposed for FP. Different methods are proposed to evaluate training programs. Connections with the participants, follow-up studies, evaluations made before and after the training, evaluations during the training, online survey implementations, requests to share experiences, individual or group interviews, self-assessment and etc. are some of those methods (27, 28). In order to evaluate the efficiency of the proposed training program in this study, evaluations of the end of the day, pre-test and post-test, general discussions and written feedback at the end of the course will be carried out. In addition, participants will be contacted after 6 months to evaluate the use of objectives in professional life and how they are transferred to work. Therefore, questions to collect participant views on course and post-course consultancy practices as well as self-assessment will be addressed to participants in the forms to be sent them (Table 3, Box 3, Box 4).

The data to be collected via the methods and instruments to evaluate the proposed FP training program will guide the development of new training programs.

CONCLUSION

FP services are important in terms of not only sexual health and reproductive health of individuals, but also preserving/improving general health. Today, reproductive health and FP are considered as a right for every person and FP methods are known by a great majority of the society.

Receiving an informed consent, client-centred communication, respecting the person’s private life and confidentiality of personal information are the prominent subjects in delivery of FP services. The respect shown to PR by healthcare staff rendering service in this field will not only reinforce the relationship of trust established with the client but also ensure that the preferred FP method is applied and maintained successfully. It is important to provide doctors, nurses, and midwives working in the field of FP with regular trainings on the subject for their continuous professional developments.

Improving the delivery of FP services affects benefiting from services positively (30). It is important to not only improve the physical infrastructure but also ensure that service providers provide clients with services based on a right-based approach. For this purpose, healthcare staff should be trained through programs

Box 3. End-of-course evaluation form

Please express your views regarding the course with the statements below by making evaluations from 1 to 3. (1: I do not think it is useful. 2: I think it is useful. 3: I think it is very useful)

Course content	Your score
Modern and traditional Family Planning (FP) methods	
The definitions of FP and the characteristics expected from the consultant	
Patient Rights (PR) and historical development of the relevant regulations	
PR ethics and legal aspect	
PR in Turkish Health Regulations	
Problems/violations of rights encountered in FP consultancy	
Basic communication skills (verbal/non-verbal communication, listening, empathy)	
The importance of communication skills in FP consultancy	
Definition of Informed Consent, ethics and legal aspect	
Ethical and legal aspect in terms of Respect for Privacy	
Ethical and legal aspects in terms of privacy for personal details	

Please express your views regarding the statements below by evaluating from 1 to 5. (1: I strongly disagree. 5: I strongly agree.)

Questions regarding the course period	1	2	3	4	5
The questions in pre-test and the scope of the training were consistent.					
Training objectives of the course were consistent with my role as a consultant.					
Cases used in the practices were appropriate for their purposes.					
Role plays were useful for us to acquire skills.					
I think I can use what I learnt from the course while I am providing consultancy.					
Training methods and instruments in the course were appropriate for the purpose.					
The time allocated for the subjects was enough.					
Training environment was positive during the course.					
Performance of the trainers was satisfactory (knowledge, skills and attitudes)					

Do you have any opinions that you want to add about the course program?

Box 4. The feedback form which will be sent to the participants after 6 months.

Dear Consultant,
 6 months have passed since the course we carried out with you. We wish to receive your experiences regarding the practice and feedbacks regarding the period after the course through this form. The responses you will give will contribute to the creation and implementation more effective training programs. Thanks in advance for filling out the form.
 The date you received your training: Age Sex

How long have you been working as consultant?.....

Please evaluate the influence of the training on your consultancy skills/ to what extent it has improved/progressed your consultancy skills based on the following rating; 1: there is no improvement/progression 2. There is only a little improvement/progression, 3. There is some improvement/ progression, 4. There is a lot of improvement/progression, 5. There is immense improvement/progression. If you think that you have sufficient knowledge prior to training, put an X in the relevant box.

	1	2	3	4	5	Had sufficient knowledge previously
Introduce modern and traditional Family Planning (FP) methods to clients						
Follow expected practices from FP consultant						
Have a proper approach to patient rights during consultancy						
Being sensitive to problems experienced and/or violation of rights during FP consultancy						
Utilize proper approach in accordance with basic communication skills (verbal/ nonverbal communication, listening, empathy)						
Establish communication which is client-centered						
Obtain informed consent in accordance with ethical and legal standards						
Respect for private life						
Consider the importance of private data						

Please specify your recommendations to improve the training program in the light of your experiences.

complying with national/international norms and United Nations Reproductive Health Global Objectives and based on standard attitudes, information and skills. In such trainings, not only the aspect of communication skills, but also applied values including philosophical, social, and legal problems should be involved.

Trainings to be provided in the field of FP should be planned in accordance with adult learning principles and an androgical approach, a learner-centered training environment where participants would feel comfortable and could securely express themselves should be provided, the training should be suitable for their previous experiences and the situations they encounter in their daily practices, an environment of trust and respect should be created and training's outcomes should be usable in FP consultancy practices (17, 31). It is also an important aspect to

investigate if the applied educations reach targeted results in the long term and if they are reflected on participants' professional practices (28, 32).

The subject of rights has been discussed on a very limited and only theoretical level within the scope of the modules of the Turkish Reproductive Health Training Program which is in force in Turkey since 2004. Educational objectives and activities for ensuring the comprehension of philosophical and legal basis required by the field and gaining of skills are absent. In the circumstances, obtained certificates/diplomas will not be sufficient for competence in the field of FP consultancy. As rights cannot be internalised by healthcare staff; the probabilities of tending easily towards violation, directing the client by imposing the consultant's personal values and his own options, or limiting the right of free choice grow stronger. Such practices lead to inefficacies such as FP methods not sufficiently adopted by client, misuse of the method or quitting the method.

The model planned and recommended based on these requirements is thought to be effective in closing the gap in this field and contributing to the achievement of UN's 2015 objectives in this field. The data obtained via methods and tools proposed for evaluation of the program will shed light on the development of new programs.

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