



Original research article

“It was as if society didn’t want a woman to get an abortion”: a qualitative study in Istanbul, Turkey[☆]

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Abstract

Introduction: In 1983, abortion without restriction as to reason was legalized in Turkey. However, at an international conference in 2012, the Prime Minister condemned abortion and announced his intent to draft restrictive abortion legislation. As a result of public outcry and protests, the law was not enacted, but media reports suggest that barriers to abortion access have since worsened.

Objectives: We aimed to conduct a qualitative study exploring women’s recent abortion experiences in Istanbul, Turkey.

Study design: In 2015, we conducted 14 semi-structured in-depth interviews with women aged 18 or older who had obtained abortion care in Istanbul on/after January 1, 2009. We employed a multimodal recruitment strategy and analyzed these interviews for content and themes using deductive and inductive techniques.

Results: Women reported on a total of 19 abortions. Although abortion care is available in private facilities, only one public hospital provides abortion services without restriction as to reason. Women who had multiple abortions in different facility types described quality of care more positively in the private sector. Unmarried women considered their marital status when making the decision to seek an abortion and reported challenges obtaining comprehensive sexual and reproductive health services. All participants were familiar with the Turkish government’s antiabortion discourse and believed that this was reflective of an overarching desire to restrict women’s rights.

Conclusion: Public abortion services in Istanbul are currently limited, and private abortion services are accessible but relatively expensive to obtain. Recent antiabortion political rhetoric appears to have negatively impacted access and service quality.

Implications: This is the first qualitative study exploring women’s experiences obtaining abortion services in Turkey since the proposed abortion restriction in 2012. Further research exploring the experiences of unmarried women and abortion accessibility in other regions of the country is warranted. © 2016 Elsevier Inc. All rights reserved.

Keywords: Abortion; Turkey; Middle East and North Africa; Reproductive health

1. Introduction

Turkey has one of the most liberal abortion laws in the Middle East and North Africa and is one of only two countries in the region to permit abortion without restriction as to reason [1]. Although family planning was restricted for decades after Turkey’s independence, contraception and abortion were legalized in 1965 and 1983, respectively.

Advocates petitioned for abortion liberalization in large part to address the high maternal mortality ratio (MMR) [2]; by 1959, more than half (53%) of all maternal deaths in Turkey were attributed to unsafe, illegal abortion [3]. Following abortion legalization, Turkey’s MMR declined from 251 per 100,000 births in 1980 to 121 in 1990 [4].

Turkey’s Population Planning Law No. 2827 governs the legal status of abortion. The Law guarantees women the right to obtain an abortion without restriction as to reason through the 10th week of gestation. Unmarried adult women can independently obtain the procedure, while married women require spousal consent and minors under the age of 18 require parental consent [5]. Abortion can also be obtained through 20 weeks’ gestation in cases of life endangerment, fetal

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anomaly, rape or incest [5,6]. The abortion rate in Turkey has declined steadily since the early 1990s, but the procedure remains common; 14% of ever-married women report having obtained at least one induced abortion [7]. Provision patterns suggest that the majority of abortions are obtained from private sector health facilities and that abortion prevalence tends to be higher in urban areas and the western region of the country; Istanbul reports the highest abortion rate [7].

Despite the positive maternal health outcomes associated with abortion liberalization, the right to abortion in Turkey has recently been threatened. At the 2012 International Conference on Population and Development, then Prime Minister Recep Tayyip Erdoğan announced his belief that abortion is murder and that he planned to severely restrict the procedure [8]. A bill drafted in 2013 aimed to limit abortions exclusively to hospital settings and allow physicians the right to deny services based on moral or religious grounds [9]. In light of these proposed restrictions, women's advocacy groups mobilized and protested in major cities across the country. Ultimately, no changes to the law were enacted. Yet Turkish women have reported a host of practical barriers to abortion access since 2012; recent research indicates that only one state hospital in Istanbul provides abortion irrespective of reason through 10 weeks' gestation [10]. Access to medication abortion has also recently been limited. Mifepristone, licensed in nearly 60 countries worldwide, has never been registered in Turkey, and misoprostol, previously available in Turkish pharmacies, was restricted to hospital settings in 2012 [11].

While the government has condemned abortion on moral and religious grounds, its intent to restrict abortion appears to be motivated by a boader pronatalist agenda [12,13]. Since 2008, Erdoğan and other members of the Justice and Development Party (AKP) have repeatedly called for women to bear at least three children in order to grow the population and drive Turkey's economic growth [12–15].

Although the Turkish media have documented barriers to abortion access [10,16,17], the results of rigorous research have not been reported. This context motivated our study to document both married and unmarried women's experiences obtaining abortion services in Istanbul. We were especially interested in exploring women's reflections on the Turkish government's threat to restrict abortion access and determine to what extent the government's antiabortion rhetoric has impacted women's reproductive health experiences since 2012.

2. Methods

2.1. Study site

In the summer of 2015, we conducted in-depth semi-structured interviews with women in Istanbul, Turkey. Istanbul is a city of 14.6 million people [18] that lies at the crossroads of Europe and Asia and acts as a major economic and political hub. The GDP per capita of Istanbul is higher than the Turkish average at \$24,867 [19], yet significant

education and wealth disparities persist among its population. We chose Istanbul as our study site for the unique context it offers as a relatively liberal and diverse community in Turkey with an abundance of both public and private health care providers.

2.2. Data collection

We employed a multimodal recruitment strategy that included engagement with social media, outreach via gender studies and reproductive health organizations, and early participant referrals. In order to participate, women had to be 18 years or older at the time of the interview, have obtained abortion services in Istanbul on/after January 1, 2009, and be sufficiently fluent in Turkish or English to complete the interview.

K.M., a Canadian master's student in the Interdisciplinary Health Sciences program at the University of Ottawa, conducted all interviews with the aid of an interpreter (including D.T.) as needed. Our interview guide began with questions related to the participant's background, demographics and reproductive health history. We then explored the circumstances surrounding the participant's terminated pregnancy/pregnancies, the process of obtaining abortion care and her ideas about how services could be improved. In the final section, we asked women about their opinions toward the current political climate surrounding abortion and reproductive health in Turkey. Our audio-recorded interviews lasted between 60 and 90 min. All participants received 20 Turkish Lira (TL; approximately US\$7.5) as a thank you. K.M. took detailed notes during and formally memoed immediately after each interview. The process of memoing allowed us to critically reflect on participant–interviewer–interpreter dynamics and identify emerging themes [20]. We later transcribed and translated into English (if needed) all interviews.

2.3. Data analysis

We used an iterative analytic approach, such that data collection and analysis occurred simultaneously. During her fieldwork, K.M. debriefed frequently with her supervisor (A.F.), a social scientist with extensive experience conducting reproductive health research in the Middle East, and M.O., a gender studies scholar based in Istanbul, a process that contributed to our initial understanding of the data. Using English transcripts, notes and memos, we analyzed the interviews for content and themes and managed our data using ATLAS.ti. K.M. developed an initial codebook using *a priori* codes and categories based on the study objectives and the interview guide. We then defined and added new codes as we progressed through the analytic process [20,21]. Based on the coded data, we identified key themes, and in the final analytic phase we explored the relationship between these themes and some of the key characteristics of our participants, including nationality, ethnicity, marital status

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