

Politics, policies, pronatalism, and practice: availability and accessibility of abortion and reproductive health services in Turkey

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Abstract: Turkey has maintained liberal contraception and abortion policies since the 1980s. In 2012, the government proposed to restrict abortion; a bill limiting abortion was later drafted but never passed into law. Since the proposed restriction, women have reported difficulty accessing abortion services across Turkey. We aimed to better understand the current availability of abortion and reproductive health services in Istanbul and explore whether access to services has changed since 2012. In 2015, we completed 14 in-depth interviews with women and 11 semi-structured interviews with key informants. We transcribed all interviews and completed content and thematic analyses of the data. Key informants had good knowledge about the political discourse and the current abortion law. In contrast, women were familiar with the political discourse but had mixed information about the current status of abortion and were unsure about the legality of their own abortions. There was consensus that access to services has become more limited in the last five years due to the political climate, thus advocacy to prioritize reproductive health services, and abortion care in particular, in the public health system are needed. © 2016 Reproductive Health Matters. Published by Elsevier BV. All rights reserved.

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Introduction

The Republic of Turkey has a longstanding legacy of progressive reproductive health policies. Despite restrictions on contraception and abortion at the outset of the Republic, Turkey implemented a robust family planning program in the 1960s that introduced reproductive health clinics, reduced pronatalist propaganda, and promoted the use of traditional and modern contraceptive methods.¹ At that time, abortion was permitted if the woman's health was at risk or in cases of foetal anomaly but remained restricted in most circumstances²; thus the practice of illegal, unsafe abortion was exceedingly common throughout the 1960s and 1970s.¹ In 1983, Turkey took another step in advancing maternal and women's health when the government legalized abortion without restriction as to reason.² As part of Population Planning Law No. 2827, abortion is permitted through 10 weeks' gestation

without restriction as to reason. Married women and minors must obtain consent for the abortion from the spouse or parent, respectively.² In the Middle East and North Africa context, Turkey's reforms were historic; Tunisia was and remains the only country in the region with a more liberal abortion law.³

Legalization of abortion in Turkey was followed by a dramatic reduction in the maternal mortality ratio, from 251 deaths per 100,000 live births in 1980 to 121 deaths per 100,000 live births in 1990.⁴ The abortion ratio has steadily decreased from 1990 to 2008, when the number of reported induced abortions per 100 pregnancies went from 20.6 to 10.0.^{5,6} The decrease in the abortion ratio has coincided with increased use of modern contraceptive methods and more effective use of traditional methods.⁷ Nonetheless, abortion remains a vital component of maternal and reproductive health services in Turkey;

the 2013 Turkish Demographic Health Survey estimated that 14% of ever-married women have had at least one induced abortion.⁸

Despite the essential role of abortion in comprehensive reproductive health, the current Turkish government initiated a vocal anti-abortion campaign in 2012. On May 25, 2012, then-Prime Minister Erdoğan announced his opposition to abortion and the Ministry of Health soon after publicised plans to restrict the existing abortion law.⁹ Immediate public outcry stalled the proposed legislation thus leaving the 1983 law intact. However, since mid-2012 activists and women have reported that abortion has become more difficult to obtain. In 2014, the Turkish Society of Obstetrics and Gynecology reported that the code for induced abortion had been removed from the electronic record system in public hospitals across Turkey, thus preventing the scheduling of abortion procedures.¹⁰ A 2015 report found that only three public hospitals in Istanbul provide abortion without restriction as to reason and only one of these provides through 10 weeks' gestation.¹¹ This lack of public sector availability has been echoed in research documenting women's experiences obtaining abortion services in Istanbul.¹² Since 2012, access to misoprostol, the only form of medication abortion available in Turkey, has also been limited.¹³

The Turkish government has also endorsed pronatalist population planning to encourage women to bear a minimum of three children.¹⁴ As a result, abortion is only one of the reproductive health services targeted. In 2012, the Turkish government equated both abortion and caesarean sections with murder and later legally restricted the provision of caesarean sections to cases of medical necessity.¹⁵ Proponents of this ban have argued that the procedure impedes women from having three or more children.¹⁵ Progestin-only emergency contraceptive pills were removed from pharmacies and made briefly unavailable in 2014 only to later be replaced by ulipristal acetate, which is significantly more expensive.¹⁶ Given this politically charged context, we wanted to explore both key informants' and women's perspectives on the availability and accessibility of reproductive health services, in general, and abortion, in particular, in Turkey.

Methods

In the summer of 2015, we completed a multi-methods qualitative study that included key informant interviews and in-depth interviews with

women who had obtained an abortion. For the key informant component, we aimed to elicit the perspectives of a range of professionals,¹⁷ including academics and researchers, representatives from women's rights, human rights, and other non-governmental organizations, clinicians, government officials, and religious and community leaders. We identified participants through publicly available information, study team networks, and early participant referral. Once an invitee accepted our invitation to participate, we tailored our interview guide for that individual and used open-ended questions to explore the participant's career and professional activities, experiences in the sexual and reproductive health arena, knowledge of and perspectives on the changing political attitudes toward abortion and reproductive health and the consequences for service accessibility and availability, and ideas about how policies and services could be improved in Turkey. We audio-recorded interviews, which lasted 45-60 minutes.

As detailed elsewhere,¹² to be eligible for the second component of our project, women had to be aged 18 or older at the time of the interview, have obtained at least one abortion in Istanbul on/after January 1, 2009, and be sufficiently fluent in English or Turkish to answer questions. Our multi-modal recruitment strategy included social media posts, outreach through gender and women's organizations, and participant referrals. Our interview guide began with questions about the participant's background and reproductive health history, circumstances surrounding the terminated pregnancy, and the abortion process. We then asked questions about how abortion and reproductive health services could be improved. We closed by asking women their opinions about the current government and its stance on reproductive rights and health. Audio-recorded interviews lasted 60-90 minutes.

KM conducted all in-person or telephone/Skype interviews for both components with the aid of a Turkish interpreter (including DT and EÇ) as necessary. A Canadian master's student in Interdisciplinary Health Sciences at the University of Ottawa, KM received training in qualitative research from her supervisor (AF), a medical anthropologist with extensive abortion-related research experience, and guidance during her fieldwork from gender studies specialist MO. KM took detailed notes during and debriefed with members of the study team after each interview. She also engaged in formal memoing to reflect on the interviewer-interviewee-interpreter

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