

Original research article

# The availability of abortion at state hospitals in Turkey: A national study<sup>☆,☆☆</sup>

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## Abstract

**Introduction:** Abortion in Turkey has been legal since 1983 and remains so today. Despite this, in 2012 the Prime Minister declared that, in his opinion, abortion was murder. Since then, there has been growing evidence that abortion access particularly in state hospitals is being restricted, although no new legislation has been offered.

**Objectives:** The study aimed to determine the number of state hospitals in Turkey that provide abortions.

**Study design:** The study employed a telephone survey in 2015–2016 where 431 state hospitals were contacted and asked a set of questions by a mystery patient. If possible, information was obtained directly from the obstetrics/gynecology department. I removed specialist hospitals from the data set and the remaining data were analyzed for frequency and cross-tabulations were performed.

**Results:** Only 7.8% of state hospitals provide abortion services without regard to reason which is provided for by the current law, while 78% provide abortions when there is a medical necessity. Of the 58 teaching and research hospitals in Turkey, 9 (15.5%) provide abortion care without restriction to reason, 38 (65.5%) will do the procedure if there is a medical necessity and 11 (11.4%) of these hospitals refuse to provide abortion services under any circumstances. There are two regions, encompassing 1.5 million women of childbearing age, where no state hospital provides for abortion without restriction as to reason.

**Conclusion:** The vast majority of state hospitals only provide abortions in the narrow context of a medical necessity, and thus are not implementing the law to its full extent. It is clear that although no new legislation restricting abortion has been enacted, state hospitals are reducing the provision of abortion services without restriction as to reason.

**Implications:** This is the only nationwide study to focus on abortion provision at state hospitals.

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*Keywords:* Abortion; Turkey; State hospitals; Access

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## 1. Introduction

The Turkish Republic, founded in 1923, implemented its first law on population planning in 1926 and it embodied an extreme pronatalist stance [1]. World War I and the Turkish War of Independence, which quickly followed, decimated Turkey's population. Seeking to repopulate, the state banned all information on contraception, devices and outlawed abortion. In 1965, facing population growth that promised to

outpace economic development, and reports that as many as 12,000 women per year were dying from complications due to illegal abortions [2], Turkey implemented the Law on Population Planning No. 557, which legalized contraceptive devices and information and established a robust family planning program [3]. Finally, in 1983 Turkey legalized abortion and that law remains in effect today [4].

As of September 2016, abortion is legal without restriction to reason through 10 weeks of pregnancy and 20 weeks if the pregnancy is the result of a crime. Spousal consent is required as is that of a parent or judge for those under the age of 18. If a pregnancy presents a threat to the woman's life or there is substantial fetal abnormality, the law states no gestational time limit. However, in such instances, the doctor must notify health authorities of the women's identity, the procedure to be performed and the rationale

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before the procedure is performed if possible, and in cases of emergency within 24 h. Interestingly, the law makes no mention or provision for abortion in the case of a threat to the woman's physical health. Aspiration abortion as opposed to medication abortion is the norm in Turkey and is covered by state health insurance. Until 2012, misoprostol was available without prescription; however, the state has since banned the sale of the drug [5].

Unlike in many other countries, until recently, abortion in Turkey has not been a substantial political issue. Several generations of women have matured under a liberal abortion law and 14% of Turkish women report having had at least one abortion in their lifetime [6]. However, in 2012 then Prime Minister Erdoğan declared that “abortion is murder” and that his government would draft legislation to restrict abortion [7]. While no actual legislation been introduced, there is growing evidence that it is more and more difficult to obtain an abortion [8]. Single women report being denied access to abortion [9], while other women have suffered humiliating treatment or been refused anesthetic during the procedure [10]. Additionally, women's organizations assert that relatively few state hospitals are willing to perform abortions on request [11,12]. However, to date, there has been no nationwide scientific survey of abortion services at state hospitals. Thus, this study surveyed state hospitals in Turkey to determine whether or not they performed abortions and for which indications.

## 2. Methods

### 2.1. Study design

The original design of the study sought to use the freedom of information act in Turkey which binds all public institutions. The law, implemented in 2003, purports to ensure the equality, neutrality and openness that is necessary for a democratic and transparent administration [13]. The law provides a relatively simple application procedure using an electronic petition. Notwithstanding, the statute also contains several important grounds for rejection of a request. If the information request is for the purposes of research, examination or analysis, the request can be rejected.

I sent a single request for information regarding the provision of abortion services at state hospitals to each of the 712 state hospitals in Turkey. Despite a provision in the law that requires a response within 15 days, only 44 hospitals responded, including one outright rejection due to the fact that the purpose of the request was research.

Given that the freedom of information act did not allow for the collection of the necessary data, I then employed a phone survey. This aspect of the study received approval from the Ethics Committee of Kadir Has University (Doc. No. 23370156-4475). All 44 of the hospitals that provided freedom of information responses were also included in the phone survey to ensure the integrity of those results. The list of hospitals was the latest available from the Turkish

Ministry of Health as of October 2015. The list of all hospitals in Turkey totaled 712, but once specialist hospitals were removed ( $n=67$ ), the remaining 645 hospitals constituted the initial sample. This sample was then further refined to exclude hospitals that do not have a department of obstetrics and gynecology, which is required for the provision of abortion services.

Using a prepared script, the survey was conducted between October 2015 and April 2016. The survey took the form of a mystery patient seeking information. No personal information was provided to the hospital unless specifically requested. The most commonly asked question concerned marital status (unmarried) and gestational age of the fetus to which I answered less than 10 weeks to avoid any difficulties with legality. Once contact with the hospitals was made, I asked to be directed to the department of obstetrics and gynecology where the survey began with question of whether or not abortions were performed at the hospital. For clarification, the next question focused on the indications for the provision of abortion. The first being whether abortions are performed without restriction as to the reason, and the second asked if they were provided in case of medical necessity. If the answer was negative for each of these questions, I asked for confirmation of the statement, so abortions are not performed at all. I have provided a profile of the mystery client as well as the script in Fig. 1. To ensure standardization of data, the same script was followed with each hospital. Although the script was quite limited, some hospital personnel felt free to add their own commentary which took different forms including misinformation and refusal to provide information. At no point, however, did I engage with these comments other than to reiterate the need for information in a further attempt to elicit answers to the scripted questions.

### 2.2. Data analysis

Using SPSS, the data were coded so that the survey responses could be analyzed according to hospital type and region, as well as the answer regarding the provision of abortion. Each answer provided in the survey was coded and accounted for in the data set. The data set was then analyzed for frequency and cross-tabulations were performed. For further analysis, teaching hospitals with departments of obstetrics and gynecology ( $n=58$ ) were extracted from the sample and examined to determine whether or not they offered abortions services and whether or not the results proved statistically significant.

## 3. Results

The final sample comprised 431 hospitals for contact. Of the 431 hospitals which constituted the sample, I contacted 428. Despite repeated attempts to reach the remaining three hospitals, I was unable to obtain a response either due to a lack of up to date contact information or no answer to calls.

Profile	Questions
Ada is 22 years old and single. The father of the fetus is not involved with Ada or the process. She is less than ten weeks pregnant and believes she may be between 6-8 weeks pregnant. She wants to terminate her pregnancy.	<p>Are abortions performed at the hospital?</p> <p>Are they performed without restriction as to reason?</p> <p>Are they performed in the case of medical necessity?</p> <p>If the answer was no to all of the above, I asked for confirmation of the statement "so, abortions are not performed at all".</p>

Fig. 1. Overview of the client and scripted questions.

A further six hospitals (1.4%) refused to provide information regarding abortion services over the phone demanding instead that someone appear in person to receive information. Out of 431 state hospitals, 34 (7.8%) provide abortion care without restriction as to reason through 10 weeks of pregnancy, which is what is allowed under Turkish law. A further 336 (78%) provide abortion services if there is a medical necessity. Medical necessity, however, is not clearly defined but determined by a doctor. Fifty-one (11.8%) hospitals refuse to provide abortion care under any circumstances, even though they possess a department of obstetrics and gynecology (Fig. 2).

3.1. Teaching and research hospitals

Turkey has 76 education and research hospitals which are, in part, charged with providing training for medical professionals. Of these 76 hospitals, 58 have departments of obstetrics and gynecology. Of the 58, 9 (15.5%) teaching hospitals in Turkey provide abortion care without restriction to reason, whereas 38 (65.5%) will do the procedure if there is a medical necessity. Eleven (11.4%) of these hospitals refuse to provide abortion services under any circumstances. These results proved statistically significant (Fig. 3).

3.2. Regional results

An examination by region reveals that the general lack of state hospitals providing abortion without restrictions is a nationwide occurrence. However, there are two regions, West Marmara and East Black Sea, which currently have no state hospital providing abortion care without restriction to reason which is allowed for under the law (Figs. 4 and 5).

3.3. Misinformation and refusal

Although the survey elicited a large amount of information, I did encounter some misinformation and refusal to provide information. Four hospitals reported that abortion was illegal, while a further four claimed that doctors do not want to provide abortion care. Finally, six hospitals refused to provide information over the phone insisting that a patient should physically appear at the respective hospital.

4. Discussion

As part of the project, I submitted a freedom of information request to the Ministry of Health as to whether there existed a policy governing the organization of abortion

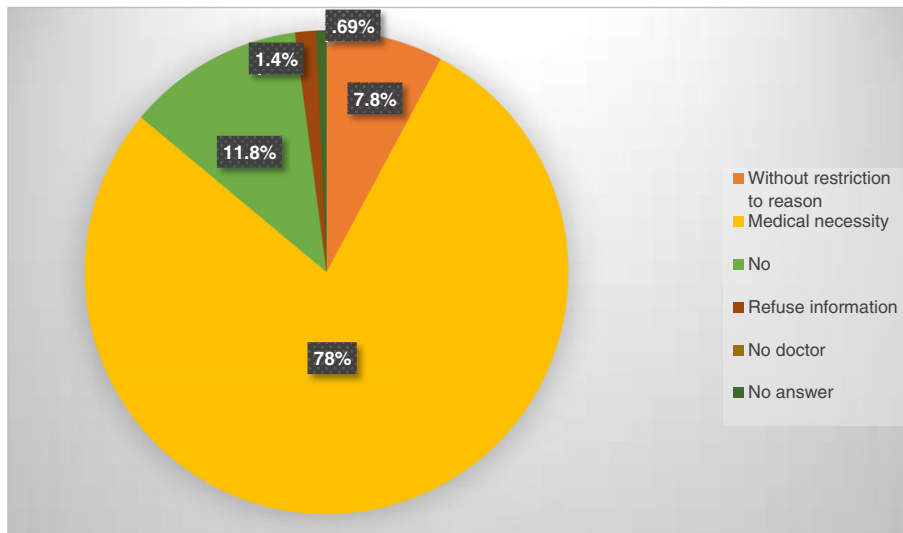


Fig. 2. Percentages of state hospitals providing abortion care by indication.

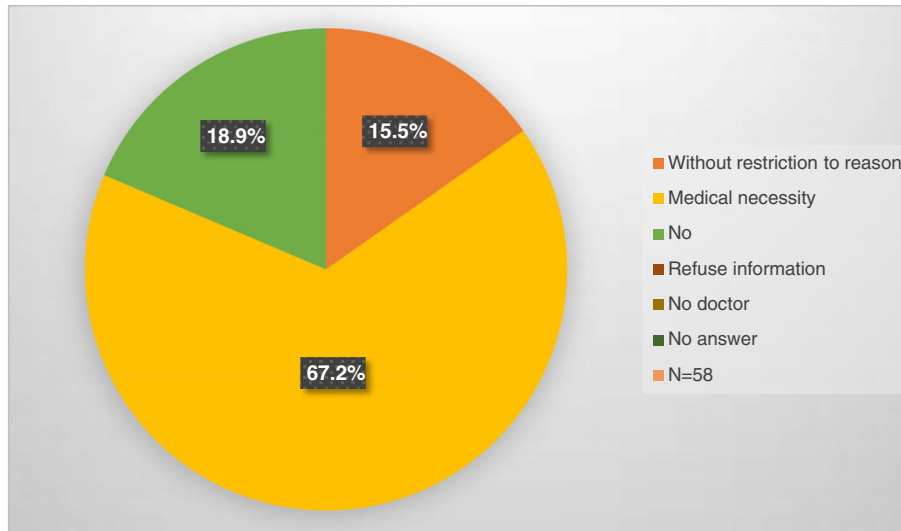


Fig. 3. Percentages of teaching hospitals state hospitals providing abortion care by indication.

services in Turkey to the effect that only certain hospitals performed abortions (i.e., teaching hospitals or maternity hospitals) or that one hospital per a certain amount of population would provide the service. In a response dated October 5, 2015, a Ministry official stated that,

[E]ach hospital that is affiliated with the Health Ministry and has an obstetrics and gynecology clinic performs abortions (10 weeks and above) if there is a medical necessity as demonstrated by a recorded health report which states the medical reasons. Furthermore, each hospital which is affiliated with the Health Ministry and has an obstetrics and gynecology clinic performs dilation and curettage procedures without restriction to reason for pregnancies under 10 weeks [14].

This research demonstrates that this is simply not the case. Despite the claims of the Ministry of Health, just 34 of 431 hospitals with obstetrics and gynecology departments are performing abortions without restrictions as to reason.

It is clear that despite legislation that provides for abortion without restriction through 10 weeks of pregnancy, relatively

few state hospitals in Turkey are providing this service. The recent change in the politics of abortion in Turkey while certainly echoing a pronatalist past must also be viewed in the context of a “politics of the intimate” where there has been a trend to regulate topics such as reproductive health through the language of morality [15]. There have been repeated demands for women to produce at least three children [16] and declarations that women who reject motherhood are incomplete [17]. Recently, the President pronounced that Muslim families should not engage in family planning or use contraception [18].

With just 9 of 58 teaching hospitals performing abortions without restriction as to reason, this poses potential problems for the future of abortion provision in Turkey. If doctors are not being trained to perform the procedure and/or abortion care is not viewed as an integral part of reproductive health services for women, it is difficult to imagine a future where abortion care is widely available. A recent study of medical students in Turkey found that 60% thought abortion should



Fig. 4. Map of Turkey by region.

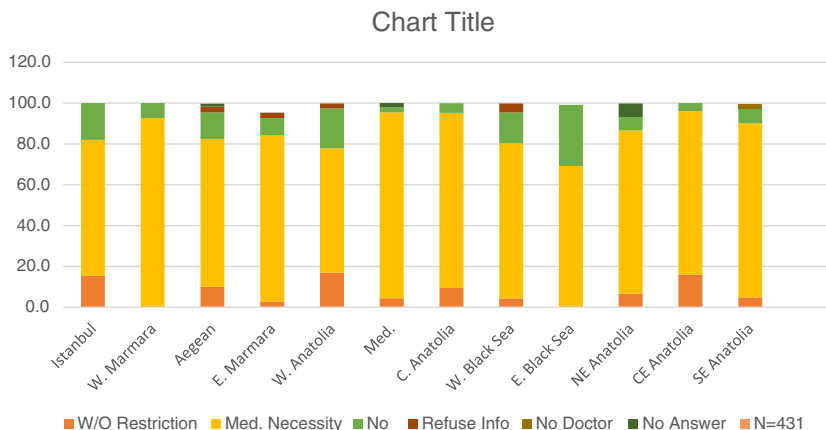


Fig. 5. Percentages of hospitals by region providing abortion care by indication.

be available, but only 16% said they would be willing to provide surgical abortions [19]. Clearly, a future without abortion providers may already be upon Turkey.

In some areas of Turkey, it may not be necessary to wait for the future. Two regions do not have a state hospital where abortions services are provided without restriction to reason. These two regions have a combined population of women of childbearing age (15–49 years) of 1.46 million [20]. Perhaps not surprisingly, the regions with the most abortion services in state hospitals are those with major population centers. Istanbul is a region unto itself, West Anatolia includes the capital city Ankara and the Aegean region is anchored by the city of Izmir. The exception to this pattern is Central East Anatolia, which is decidedly less populous. Despite this one area, women in rural regions are less likely to have access to abortion care without restriction at state hospitals and more likely to live in a region where state hospitals do not provide abortions services at all. This confirms the fact that rural women are often left with less reproductive care options than their urban sisters [21].

While no policy changes have been announced, it does appear that there has been a chilling effect with regard to abortion. In a public opinion survey conducted in January 2016, 56.9% of people in Turkey reported that they believed Turkey has a health system that inhibits women from obtaining abortions [22]. In the course of conducting this survey of hospitals, I witnessed both misinformation and resistance. Hospitals reported that abortion was illegal and that the hospital does not perform the procedure. Resistance took several forms, with the most obvious being the refusal to give information. Others claimed that doctors do not want to perform the procedure or that not all of them will do it, although there is not a conscientious objection provision in the law on abortion. Personnel also employed avoidance through referrals to other hospitals that may or may not perform the service and stated that the process would be difficult including many tests, reports and, in some cases, the necessity of a petition to the proper hospital authorities.

Finally, some hospital employees resorted to shame and/or punishment explaining that they did not perform abortions for fun, that the doctor would not kill a live baby and one hospital openly admitted that they perform the procedure without any anesthetic.

### 5. Limitations

The largest limitation of this study stems from the use of a mystery patient survey approach. While the survey yielded a tremendous amount of information, the inherent weakness of this approach may affect its reliability. Answers were not recorded, although careful notes were kept during each telephone call. Despite every effort to ensure standardization, some variation and human error in note taking are inevitable. More importantly, the use of this method required an interaction with hospital personnel that may not have been adequately trained or fully informed concerning the information that was requested. Finally, in posing as a client rather than as an academic, I forewent the potential power advantage that may have resulted from that position. Academics are still afforded a certain regard in Turkish society, especially in state institutions. At the same time, the mystery patient approach, I believe, yielded a more realistic rendering of what women experience when they try to access abortions services at state hospitals in Turkey.

### 6. Conclusion

The vast majority of state hospitals in Turkey do not provide abortions without restriction as to reason which is provided for in the current law. This is despite the fact that the Ministry of Health states that all hospitals with departments of obstetrics and gynecology perform this service and there has been no new legislation introduced to change the current law on abortion.

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