

The European Journal of Contraception & Reproductive Health Care

ISSN: 1362-5187 (Print) 1473-0782 (Online) Journal homepage: <https://www.tandfonline.com/loi/iejc20>

Abortion services at hospitals in Istanbul

Mary Lou O'Neil

To cite this article: Mary Lou O'Neil (2017) Abortion services at hospitals in Istanbul, The European Journal of Contraception & Reproductive Health Care, 22:2, 88-93, DOI: [10.1080/13625187.2016.1276163](https://doi.org/10.1080/13625187.2016.1276163)

To link to this article: <https://doi.org/10.1080/13625187.2016.1276163>



Published online: 12 Jan 2017.



Submit your article to this journal [↗](#)



Article views: 109



View related articles [↗](#)



View Crossmark data [↗](#)

ORIGINAL RESEARCH ARTICLE

Abortion services at hospitals in Istanbul

Mary Lou O'Neil

Gender and Women's Studies Research Center, Kadir Has University, Istanbul, Turkey

ABSTRACT

Objective: Despite the existence of a liberal law on abortion in Turkey, there is growing evidence that actually securing an abortion in Istanbul may prove difficult. This study aimed to determine whether or not state hospitals and private hospitals that accept state health insurance in Istanbul are providing abortion services and for what indications.

Method: Between October and December 2015, a mystery patient telephone survey of 154 hospitals, 43 public and 111 private, in Istanbul was conducted.

Results: 14% of the state hospitals in Istanbul perform abortions without restriction as to reason provided in the current law while 60% provide the service if there is a medical necessity. A quarter of state hospitals in Istanbul do not provide abortion services at all. 48.6% of private hospitals that accept the state health insurance also provide for abortion without restriction while 10% do not provide abortion services under any circumstances.

Key conclusions: State and private hospitals in Istanbul are not providing abortion services to the full extent allowed under the law. The low numbers of state hospitals offering abortions without restriction indicates a de facto privatization of the service. This same trend is also visible in many private hospitals partnering with the state that do not provide abortion care. While many women may choose a private provider, the lack of provision of abortion care at state hospitals and those private hospitals working with the state leaves women little option but to purchase these services from private providers at some times substantial costs.

ARTICLE HISTORY

Received 13 September 2016

Revised 11 December 2016

Accepted 20 December 2016

Published online 11 January 2017

KEYWORDS

Abortion services; availability; Istanbul; state hospitals; private hospitals

Introduction

Since its founding in 1923, Turkey has moved from policies embodying extreme pronatalism to self-determination and appears to be returning once again to an emphasis on procreation. Emerging from both World War I and its own War of Independence with a devastated population, the new republic forbade birth control information, devices and abortion. This approach proved so successful that rapid population growth threatened to imperil an anaemic economy and consequently Turkey instituted reforms. Under the guise of population planning, a new law was promulgated in 1965 which lifted the ban on birth control information and devices while at the same time implementing family planning programs. Abortion, however, remained illegal. In 1983, amidst growing concern over as many as 400,000 illegal abortions per year and 10,000 women reported to have died from complications of illegal abortions, abortion was legalized [1]. It remains legal today.

The current Law on Population Planning No. 2927 allows for abortion through ten weeks of gestation. Married women must demonstrate spousal consent and young women under age 18 need their parents' approval although there is also a judicial bypass mechanism whereby they can apply to the courts for permission. In the case of a threat to the woman's life or severe fetal abnormality, abortion is legal and there is no specified time limit. However, in these cases the procedure must be reported to government health officials. In the case of a pregnancy that results from a crime, the criminal code provides for abortion through twenty weeks of

pregnancy. All abortions must be performed by a licensed doctor specializing in obstetrics and gynaecology or a doctor who has received speciality training in abortion procedures.

Abortion has long been an integral part of the reproductive choices that women in Turkey exercise. Roughly, 14% of women nationwide report having had at least one abortion in their lifetime [2]. In Istanbul, the rate is 6.4/100 pregnancies although this represents a steep decline from 2008 when 17.9/100 pregnancies were terminated [2]. It must be noted, however, these statistics only track ever-married women, and thus under represent the actual numbers of women accessing abortion care.

Interestingly, lower abortion rates in more recent years have not been paralleled by an increase in the use of birth control or a rise in the fertility rate as one might expect. In 2008, 45% of women in Istanbul used a modern form of birth control (pill, intrauterine device, injectables, etc.) while 29% employed a traditional method (periodic abstinence, withdrawal, etc.) [3]. In 2013, these numbers had barely changed; 46% using a modern method and 28% employing a traditional method. In such circumstances one might expect to see a correspondent rise in fertility rates, and yet that is not the case in Turkey. The fertility rate has not witnessed any substantial change [2]. It was 2.38 in 2001 and dropped to 2.14 by 2015 [4]. The question remains as to what accounts for such a large decline in the abortion rate. While this study cannot definitively attribute the substantial decline in abortion rates for Istanbul women to a lack of services, it begins to address the role of availability as a factor.

There is growing evidence that it is often difficult to obtain an abortion in Istanbul [5]. Recent research also suggests that this is a nationwide problem with relatively few state hospitals providing abortions services to the full extent provided in the current law [6]. Since 2012 the political atmosphere surrounding the issue of abortion has soured dramatically. Legalization of abortion was achieved without much fanfare and abortion was not a political issue of any note until in 2012, when then Prime Minister Erdoğan, declared 'abortion is murder' [7]. This was followed by claims that new legislation restricting abortion availability would be introduced. While no new legislation has appeared, the political environment has continued to worsen and pronatalist rhetoric has become much more widespread. There have been repeated calls for women to bear at least three children [8]. Members of the current ruling party have continued to make strident anti-abortion statements creating an atmosphere of insecurity. Most recently, President Erdoğan declared his opposition to birth control stating that it is not part of any Muslim idea of family, and that working women who refuse motherhood are incomplete [9]. Without doubt, these statements are an echo of the extreme ideas of Turkey's past where women were expected to be wives and mothers virtually to the exclusion of all else.

Materials and methods

This paper uses data gathered from a study which employed a mystery client telephone survey approach to ascertain whether or not state and private hospitals which accept state health insurance provided abortions services. The study received ethics approval from the Kadir Has University Ethics Commission (Doc. No. 23370156-4475). The original study comprised a nationwide survey of state hospitals, but the much larger number of private hospitals partnering with the Turkish state health insurance program made a similar effort unfeasible. Thus, only Istanbul-based private hospitals were contacted. The results presented here are limited to state and private hospitals in Istanbul. For information about the availability of abortion services at state hospitals throughout Turkey see O'Neil [6].

The sample consisted of 154 state and private hospitals. Hospitals were contacted between October and December 2015. The list of state hospitals was obtained from the Health Ministry and represented the most up to date list at the time (October 2015). There were a total of 56 state

hospitals in Istanbul. When specialist hospitals were removed ($n=13$), the remaining 43 constituted the list for contact. The names of private hospitals were obtained from a searchable website maintained by the Social Security Administration (SSA), which administers the state health insurance program [10]. The site allows for individuals to search nationwide for private hospitals that have concluded agreements with the SSA. In order to clarify the policy of the Health Ministry regarding the provision of abortion services, a freedom of information petition was also filed.

Working with a prepared script, hospital departments of obstetrics and gynaecology were contacted. All phone calls were made by one person, BA. On one occasion BA spoke directly with a doctor but the remaining information was gathered from either a nurse or receptionist staffing the phones in the respective department. For all the hospitals the basic script was identical beginning with the question of whether or not they performed abortions, and then a follow-up question of whether or not abortions were carried out without restriction to reason, in the case of medical necessity or not at all? The script is provided in Figure 1. This allowed for clarity and standardization of answers. For private hospitals inquiries were also made about the price of the procedure and the coverage and rate paid by the state health insurance. At state hospitals, abortion care is free of charge so this question was unnecessary. While the prepared script was itself limited, some hospital personnel freely added their own commentary. However, in order to ensure standardization to the extent possible, BA did not engage with these statements, but rather returned to the script.

The patient profile constructed centres on a young unmarried woman. Although perhaps a problematic choice, this allowed for testing the availability of abortion services to a greater extent given the still somewhat taboo nature of sex before marriage. Moreover, there exists extensive data on the abortion experiences of married women but little or none on women who have never been married. The use of this patient profile allowed for the beginnings of an understanding of what unmarried women may experience as they try to access abortion care. Finally, the current law is very clear about the requirement that married women must secure spousal consent prior to obtaining an abortion and many of the hospitals reiterated this prerequisite.

Istanbul is home to 43 state hospitals located all over the city and ranging in size from 12 beds to more than 700. Additionally, there are 111 private hospitals which have

Profile	Questions
Ada is 22 years old and single. Ada's sexual partner is not involved with Ada or the process. She is less than 10 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>

Figure 1. Overview of the mystery patient and scripted questions.

entered into agreements with the state to accept the state health insurance. All hospitals regardless of their status as public or private are under the purview of the Ministry of Health which is responsible for all aspects of regulation and compliance.

Abortion care is covered by the state health insurance and, therefore, free of charge at state hospitals. Private hospitals which have concluded agreements with the SSA, however, can also charge an extra fee in addition to the coverage provided by the state insurance that is paid by the patient. As part of the agreements negotiated between hospitals and the state, the amount in excess of the state insurance payment is fixed. In Istanbul, for services related to obstetrics and gynaecology, the rate is fixed at 200% meaning that private hospitals can charge up to twice the state insurance fee [10]. According to the SSA website, the state health insurance rate for termination of a pregnancy under ten weeks is roughly 412TL (109€), which means the private hospitals contacted have a right to charge double that for the procedure, not including examination and any laboratory work deemed necessary [10]. Although only slightly less than a quarter of the private hospitals would divulge price information over the phone, the prices quoted were substantially higher than what is allowed under state regulation.

Results

State hospitals

In total, 154 hospitals in Istanbul, 43 public and 111 private, were contacted to inquire whether or not they provided abortion care. Of the 43 public hospitals, only six (14%) provided abortions without restriction as to reason which is what is allowed under the current law. A further 26 (60%) delivered abortion services if there was a medical necessity. Medical necessity is not defined but determined by a doctor. The remaining 11 state hospitals (26%) did not offer the service under any circumstance as shown in Figure 2.

17 of Istanbul's 43 state hospitals have been designated teaching hospitals which are charged, in part, with training future doctors. Of these 17, 5 (29%) provide abortions on request, 11 (65%) in the case of medical necessity and one refuses to perform abortions under any circumstances.

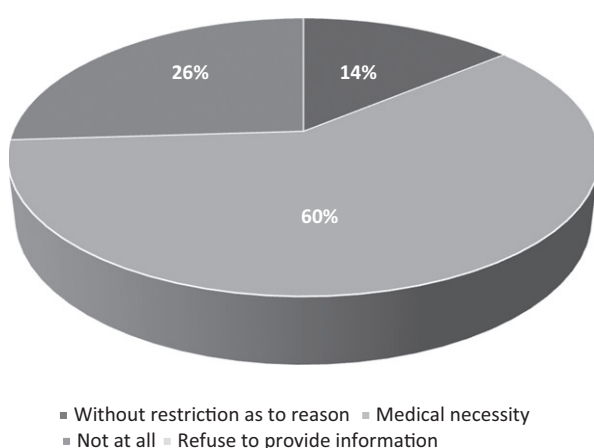


Figure 2. Percentage of state hospitals providing abortions in Istanbul.

Private hospitals

Beginning in 2009, the Turkish state instituted a system whereby citizens can use their state health insurance at specific private hospitals. The program began with 12 hospitals and has since been expanded to include hundreds all over the country. All 111 private hospitals in Istanbul that had concluded an agreement with the SSA were included in this survey. Figure 3 shows that among these hospitals 54 or slightly less than half performed abortions without restriction as to reason. Forty (36%) provide the service if there is a medical necessity and 11 (10%) do not perform abortions at all. Five of the private hospitals refused to provide information over the phone and one reported that it had no department of obstetrics and gynaecology.

Unlike state hospitals, private facilities can determine what services they offer, within the limits delineated by the SSA. Only 24% ($n=29$) of the private hospitals were willing to disclose price information. For those that did, the quoted prices ranged from as low as 500TL (136€) to as high as 4500TL (1230€) as outlined in Figure 4. The average was 1500TL (410€).

Discussion

Findings and interpretation

According to the Health Ministry which responded to my freedom of information request concerning the organization of abortion services, each hospital that is affiliated with the Health Ministry and has an obstetrics and gynaecology clinic performs abortions (10 weeks and above) if there is a medical necessity as demonstrated by a recorded health report that states the medical reasons. Furthermore, each hospital which is affiliated with the Health Ministry and has an obstetrics and gynaecology clinic performs dilation and curettage procedures on request for pregnancies under 10 weeks [11].

Clearly, this is not the case given that only 14% of state hospitals in Istanbul carry out abortions on request and 26% do not perform them at all, despite the fact that they have departments of obstetrics and gynaecology.

The above response from the Ministry of Health also reveals what may be the continued use of dilation and curettage as a method for abortion. The World Health Organization (WHO) makes is very clear that 'dilatation and curettage (D&C) is an obsolete method of surgical abortion

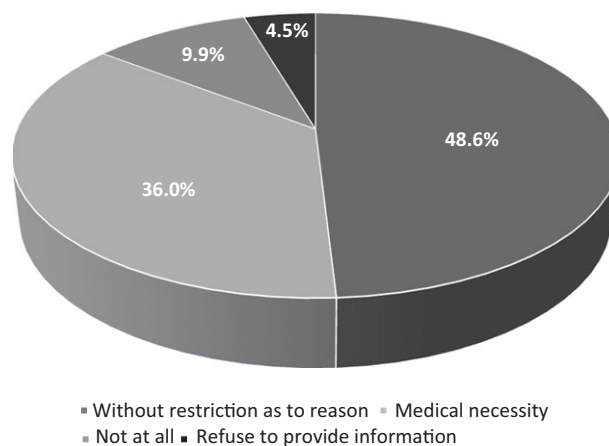


Figure 3. Percentage of Private Hospitals with SSA agreements providing abortions in Istanbul.

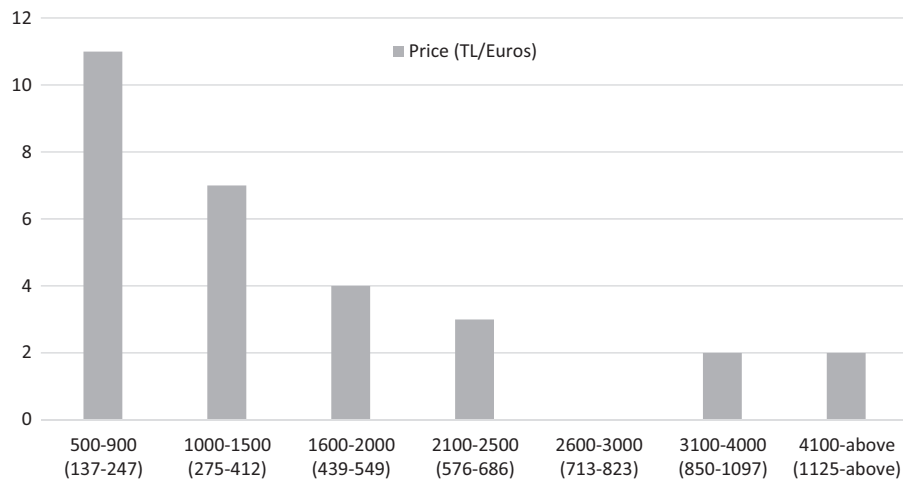


Figure 4. Price range for abortions at private hospitals in Istanbul.

and should be replaced by vacuum aspiration and/or medical methods' [12]. Dilation and curettage (dilatasyon ve kürtaj) is the term that is used in the Health Ministry's searchable database and there may be an issue of translation. Here, curettage most likely refers to induced abortion rather than the name of the actual procedure used. However, this does not mean that D&C as a method is not necessarily employed in Turkey. Unfortunately, there continue to be providers that still employ this outdated and dangerous method [13]. At the same time, a survey of private providers' websites make it clear that the vast majority of them are using vacuum aspiration as their method of choice and as a point of advertisement. What is clear is that abortions performed in Turkey are surgical rather than medical. Until 2012 misoprostol was available without prescription in pharmacies. However, the government has since restricted it to use in hospitals, and only for purposes other than abortion.

Teaching and research hospitals of which there are 17 in Istanbul are, in part, responsible for furthering knowledge and ensuring that doctors are well trained. If doctors in training are not taught how to perform abortions and the latter is not treated as a part of routine reproductive health care, this proves troubling for the future. To this end, a study of medical students in Turkey found that 60% thought abortion should be available, but only 16% said they would be willing to provide surgical abortions [14]. Currently, just five (29%) teaching and research hospitals offer abortion care without restriction as to reason while 11 (65%) provide the service in cases of medical emergency and one refuses to perform abortions. Legal abortion seems fairly meaningless in the face of a future with no providers.

The substantial cost of abortion care at private hospitals may serve as a hindrance for some women seeking care but more troublesome is that 25 of the private hospitals surveyed claimed that the state health insurance did not cover abortions, when in fact it does. These are all private hospitals which have entered into specific agreements with the state so as to accept the state health insurance. It also appears that many of these hospitals are charging in excess of what is permitted under their agreements. The charge for abortions under ten weeks, the legal limit, is fixed at a maximum of roughly 412TL (109€). Even considering an additional examination fee, approximately 67TL (18€), this

is nowhere near what many of these facilities appear to be charging. Once again, the burden of such high prices falls upon those with the least ability to pay. Only slightly more than 50% of women in the lowest wealth bracket have abortions at private facilities compared to 82% of their wealthier counterparts [2].

Three of the private hospitals had also established a price scale of a sort. One hospital charged 1500TL (410€) for abortions through week six of gestation, but between seven and ten weeks, the price changed depending on the size of the fetus. Another had a similar price structure but the cut-off point was eight weeks and beyond that the rate increased while another only performed abortions through eight weeks of pregnancy. This is despite the fact that the law is very clear in allowing abortion through ten weeks. One other hospital stated that the price could differ according to a woman's body shape and shape of her womb. McFarlane et al. [5] reported similar findings regarding the varied pricing of abortion services in Istanbul, ranging from nothing to 3000TL (800€).

Perhaps most disturbing was the readiness of some private hospitals to take advantage of women's desperation. One admitted that they charged unmarried women more for abortion services. Sex outside marriage is still a taboo for many in Turkey so a pregnancy can prove disastrous for an unmarried woman. Two hospitals revealed that they were willing to perform the service beyond the legal limit of ten weeks. Of course, this came with a substantial fee. One facility stated the procedure would cost 3760TL (1028€) and the other 4500TL (1230€). These sizeable fees reflect not only the inherent risk in performing an illegal act, but also the cynical willingness to exploit women in need, especially in a country where the legal time limit for abortions is relatively limited.

The issue of excessive pricing becomes even more important when one considers that 61% of women obtaining abortions do so in a private facility [2]. This can include a private hospital, clinic or doctor's office. Just 34% of women seeking abortion care opted for public hospitals [2]. While it may be premature to categorically state a link between pricing and falling rates of abortion, price can and does often operate as a barrier to access [15]. McFarlane et al. [5] reported that two respondents had their abortions at state hospitals in Istanbul due to the lack of affordability of abortion care at a private facility.

Interestingly, when asked if abortions were performed at the hospital, only one person from a private hospital invoked a moral argument against abortion stating, 'you cannot sacrifice another life, no private hospital would do that, I think you should rethink before you take another life'. Yet, a search of the SSA database shows this hospital as one that supposedly provides abortion services and accepts the state health insurance for this procedure [10]. Although, this type of reaction only occurred once, a mild form of resistance was offered by some of the state hospitals in Istanbul. One hospital personnel even stated that abortion was forbidden while another simply provided a referral to another hospital. Two others claimed that their family planning department would decide so it was necessary to apply in writing to them and one of these hospitals also only performed abortions through 8 weeks, two weeks less than the legal limit. In what might be interpreted as a form of deterrence one hospital claimed to do the procedure without anaesthetic and another individual stated that doctors would not do it. Currently, there is no legal right to conscientious objection on the part of doctors in the performance of abortions. Yet, it appears that in practice some doctors may resist provision of what is a legal right.

Strengths and weaknesses of the study

The fact that the study focuses solely on Istanbul is a limitation that restricts the extent to which the results are generalizable. However, studies by Iğde et al. [16] and O'Neil [6] make it clear that women in rural Turkey are also often without access to abortion care. There are two primary weaknesses of this study: first the use of a mystery patient survey and second the lack of historical data for comparison. The use of a mystery patient survey approach generated a substantial amount of information but, at the same time, reliability may be an issue with this method. Careful notes were kept during each phone call and every effort was made to ensure standardization, however, some variation is bound to occur. Although BA strictly followed the same script for each phone call, there was no way to control the reactions or answers of hospital personnel and those responding to questions may or may not have been adequately trained or informed on the issue. However, phoning a hospital for information on procedures, prices and insurance coverage is a common approach in Turkey so despite these drawbacks, the mystery patient approach most closely resembles the actual experiences of many women who seek information regarding abortion care at hospitals in Istanbul. The mystery patient profile of young, single women although purposefully chosen, may not have yielded the most reliable data. There still exists a stigma regarding sex before marriage, especially for women, and yet abortion continues to be an integral part of reproductive health care in Turkey with at least 14% of women obtaining at least one abortion in their lifetime [2]. Finally, the lack of historical data available does not allow for comparison or conclusions regarding any change in the availability of abortion services in Istanbul. Most research has focused on the number of women obtaining abortions rather than the provision of the service. This study, however, small, represents a beginning and similar studies should be conducted regularly and extended nationwide to

ascertain the whether there is any change in the availability of abortion services over time.

Differences in results and conclusions in relation to other studies

For the last 30 years there has been a general trend toward liberalization worldwide although there are noted exceptions in Europe [17]. Poland, Malta and Ireland all retain some of the most restrictive laws in the world and more recently the Polish government proposed an outright ban [18]. Although, there have been significant moves toward liberalization, more and more countries, particularly those with liberal laws, are also enacting procedural barriers. In 2009, the Slovak Republic enacted a waiting period, mandatory counselling and extended the consent requirement to all minors. Similarly, Russia has established a mandatory waiting period as have a number of states in the U.S. [17]. While Turkey has not yet restricted access to abortion with the exception of ban on the sales of misoprostol, there have been recurrent threats to do so. Moreover, the issue of failing to provide service to the extent provided in law may prove problematic for Turkey as it has for Poland. Poland has run afoul of the European Court of Human Rights for its unwillingness to enforce its own abortion law in ways that echo Turkey's own failures [19].

Relevance of the findings: implications for clinicians and policy makers

This study's relevance is primarily for policy makers. The importance centres on the question of why so few state and private hospitals in Istanbul are offering abortion care to the full extent provided in the current law. This is particularly important in light of the fact that the Ministry of Health insists that all state hospitals with a department of obstetrics and gynaecology are providing the service. Turkey maintains a decidedly centralized health system, whereby the Ministry of Health exercises total control over state hospitals and substantial control over private hospitals, in particular, those that have negotiated agreements for the acceptance of the state health insurance.

Unanswered questions and future research

This research focuses on establishing the current state of affairs with regard to abortion services in Istanbul. The question remains, why there is such a lack of abortion care considering the current existence of a relatively liberal abortion law and what role lack of services plays in recent declines in the abortion rate. Furthermore, nationwide research needs to be conducted on both state and private hospitals over time to determine if there are any changes in the availability of abortion care.

Conclusions

Many state hospitals and private hospitals in Istanbul which have agreements with the Social Security Administration of Turkey are not providing abortion services to the full extent provided by current law. Just 14% of state hospitals

perform abortions without restriction to reason despite claims by the Health Ministry to the contrary. Given the unwillingness of state facilities to offer this service there appears to be the development of a de facto privatization of abortion services in Istanbul. While more private hospitals offer the service, of those with agreements with the SSA less than half (49%) perform abortions without restriction as to reason as outlined in current law. This seems to indicate a further withdrawal of the state from abortion services. Moreover, the private hospitals in this study demonstrated a willingness to charge far in excess of the prices determined by the state as appropriate. This makes it more and more difficult for women to avail themselves of their legal right to abortion, and pushes Turkey closer and closer to the days when abortion was illegal.

Acknowledgements

The author would like to acknowledge the invaluable contributions of Bahar Aldanmaz and all those in the Kadir Has University Gender and Women's Studies Research Center.

Disclosure statement

The author reports no conflict of interest.

Funding

This work was supported by the Kadir Has University Scientific Research Fund [2016-BAP-01].

References

- [1] Aydın E. Changing abortion policy in Turkey. *H.E.C. Forum*. 2000;12:177–180.
- [2] 2013 Turkey Demographic and Health Survey. Ankara (Turkey): Hacettepe University Institute of Population Studies (Turkey); 2014. (Publication no: IPS-HU.14.02).
- [3] 2008 Turkey demographic and health survey. Ankara (Turkey): Hacettepe University Institute of Population Studies (Turkey); 2009. (Publication no: IPS-HU.09.01).
- [4] Temel doğurganlık göstergeleri [Basic fertility indicators] [Internet]. Ankara (Turkey): Türkiye İstatistik Kurumu [Turkish Statistical Institute]; 2015 [cited 2016 Sept 13]. Available from: www.tuik.gov.tr/PrelstatistikTablo.do?istab_id=1592
- [5] MacFarlane KA, O'Neil ML, Tekdemir D, et al. It was as if society didn't want a woman to get an abortion: a qualitative study in Istanbul, Turkey. *Contraception*. Forthcoming. Author's manuscript available at: [http://www.contraceptionjournal.org/article/S0010-7824\(16\)30355-9/fulltext](http://www.contraceptionjournal.org/article/S0010-7824(16)30355-9/fulltext)
- [6] O'Neil ML. The availability of abortion at state hospitals in Turkey: a national study. *Contraception*. Forthcoming. Author's manuscript available at: [http://www.contraceptionjournal.org/article/S0010-7824\(16\)30411-5/pdf](http://www.contraceptionjournal.org/article/S0010-7824(16)30411-5/pdf)
- [7] Özdemir G, Ünsal Ç. Başbakan Erdoğan: Kürtajı 'cinayet' olarak görüyorum [Prime Minister Erdoğan: I see abortion as murder] *Milliyet* [Internet]. 2012 May 25 [cited 2016 Sep 13]; Siyaset (Politics); [about 2 screens]. Available from: <http://www.milliyet.com.tr/basbakan-erdogan-kurtaji-cinayet-olarak-goruyorum/siyaset/siyasetdetay/25.05.2012/1545183/default.htm>
- [8] En az üç çocuk yapın [Have at least three children], *Hürriyet* [Internet] 2008 Mar 8 [cited 2016 Sep 13]; Gündem (Agenda); [about 2 screens]. Available from: <http://www.hurriyet.com.tr/en-az-3-cocuk-yapin-8405007>
- [9] Erdoğan: Müslüman aile doğum kontrolü yapmaz [Erdoğan: Muslim families wouldn't use birth control]. *BBC*. [Internet] 2016 Jun 9 [cited 2016 Sep 13]; Gündem (Agenda); [about 2 screens]. Available from: [http://www.milliyet.com.tr/erdogan-in-calisiyorum-diye-anne-gundem-2259648/](http://www.bbc.com/turkce/haberler/2016/05/160530_erdogan_dogum_kontrol_30_May_2016;_Erdoğan'in_Çalışıyorum diye anne olmayan kadın yarımdayr' sözü final sorusu oldu [Erdoğan's final remarks Mothers who say I am working are half women]. Milliyet [Internet]. 9 Jun 2016 [cited 2016 Sep 13]; Gündem (Agenda); [about 2 screens]. Available from: <a href=)
- [10] Sosyal Güvenlik Kurumu, Sağlık Hizmet Sunucuları Uygulaması, [Social Security Administration, Health Services Application Servers] [Internet]. Ankara (Turkey): Sosyal Güvenlik Kurumu [Social Security Administration] 2016 [cited 2016 Sep 13]. Available from: <https://gss.sgk.gov.tr/OzelSHSBilgi/pages/shsSorgu.faces>
- [11] Ministry of Health, Republic of Turkey. Response to freedom of information petition. 2015.
- [12] World Health Organization (WHO). Safe abortion: technical and policy guidance for health systems. 2nd ed. Geneva: WHO; 2015.
- [13] Toubia N. Pregnancy termination in Turkey: nereden nereye...? *Turk J Public Health*. 2012;10:30–35.
- [14] Mihciokur S, Akin A, Dogan BG, et al. The unmet need for safe abortion in Turkey: a role for medical abortion and training of medical students. *Reprod Health Matters*. 2015;44: 26–35.
- [15] Grossman D, Grindlay K, Burns B. Public funding for abortion where broadly legal. *Contraception*. 2016;94:453–460.
- [16] Igde FA, Gul R, Igde M, et al. Abortion in Turkey: women in rural areas and the law. *Br J Gen Pract*. 2008;58:370–373.
- [17] Finer L, Fine J. Abortion law around the world: progress and pushback. *Am J Public Health*. 2013;103:585–589.
- [18] Davies, Christian. Poland's abortion ban proposal near collapse after mass protests. *The Guardian* [Internet]. 2016 Oct 5 [cited 2016 Dec 10]; Abortion; [about 5 screens]. Available from: www.theguardian.com/world/2016/oct/05/polish-government-performs-u-turn-on-total-abortion-ban
- [19] Erdman J. Procedural abortion rights: Ireland and the European Court of Human Rights. *Reprod Health Matters*. 2014;22:22–30.