Kadın/Woman 2000, December 2021; *21(2)*: 35-45

Identity and the Availability of Emergency Contraception from Pharmacies in Istanbul

İstanbul'daki Eczanelerde Acil Kontrasepsiyonun Kimliği ve Kullanılabilirliği

Mary Lou O'Neil [*]
Bahar Aldanmaz Fidan[**]

Abstarct

Emergency contraception (EC) has been and remains available in Turkey without prescription since 2002. This study attempted to determine the availability of emergency contraception from pharmacies in Istanbul, Turkey and whether the identity of the purchaser had any impact on availability. More specifically, we sought to understand if young women feel shamed or denied access to EC. This study employed a mystery patient/shopper approach where mystery patients attempted to purchase emergency contraception from a random sample of 352 pharmacies in Istanbul. Mystery shoppers, ages 18-22, were trained and provided a standard scenario and identity. The identities included: conservative/ religious female; secular/modern female; and male. After each pharmacy visit, the mystery patients recorded the details of their attempts to purchase EC. In 95.4% of visits mystery shoppers were able to purchase EC. Despite the availability of several types of EC, little choice was given to shoppers. Male mystery shoppers were given more choice of EC than their female counterparts and were more often able to purchase the less expensive form of EC. In the majority of transactions, pharmacists offered no medical instructions or recommendations. EC is widely available from pharmacies in Istanbul but lack of choice and information from pharmacists result in a less than ideal health care experience.

Keywords: *emergency contraception, availability, pharmacies, identity, Turkey.*

Öz

Acil kontrasepsiyon (AK), 2002'den beri Türkiye'de reçetesiz olarak mevcuttur. Bu çalışma, İstanbul, Türkiye'deki eczanelerde acil kontrasepsiyonun bulunup bulunmadığını ve alıcının kimliğinin bulunabilirlik üzerinde herhangi bir etkisinin olup olmadığını belirlemeye çalışmıştır. Daha spesifik olarak, genç kadınların AK erişiminde utanmış veya reddedilmiş hissedip hissetmemelerine eczacıların ve eczane çalışanlarının etkisini anlamaya çalıştık. Bu çalışmada, İstanbul'daki rastgele 352 eczaneden oluşan bir örneklemden gizli hastaların acil kontrasepsiyon satın almaya çalıştığı bir gizli hasta/müşteri yaklaşımı kullanılmıştır. Yaşları 18-22 olan gizli müşteriler eğitildi ve kendilerine standart bir senaryo ve kimlik sağlandı. Kimlikler muhafazakar/dindar kadın; laik/modern kadın ve erkekleri içermekteydi. Her eczane ziyaretinden sonra, gizli hastalar AK satın alma girişimlerinin ayrıntılarını kaydettiler. Gizli müşteriler, ziyaretlerin %95.4'ünde AK satın alabildi. Çeşitli AK türlerinin mevcudiyetine rağmen, alışveriş yapanlara çok az seçenek sunuldu. Erkek müşterilere, kadın müşterilere oranla daha fazla AK seçeneği sunuldu ve ve erkekler daha fazla ve daha ucuz AK satın alabildiler. İşlemlerin çoğunda eczacılar herhangi bir tıbbi talimat veya tavsiye sunmadılar. AK, İstanbul'daki eczanelerden yaygın olarak temin edilebilirken seçenek azlığı ve eczacılardan gelen bilgi eksikliği, ideal sağlık hizmeti deneyimine erişmeyi engellemektedir.

Anahtar Kelimeler: *acil kontrasepsiyon, bulunabilirlik, eczaneler, kimlik, Türkiye.*

[*] Prof. Mary Lou O'Neil, Kadir Has University, Gender and Women's Studies Research Center, Istanbul-Turkey. E-mail: mloneil@khas.edu.tr. ORCID No. 0000-0003-3681-9520.
[**] Bahar Aldanmaz Fidan (PhD Candidate), Boston University, Department of Sociology, Boston-USA. E-mail: aldanmaz@bu.edu. ORCID No. /0000-0002-2006-8219.

Original research article
Article submission date : 31 August 2021
Article acceptance date : 05 December 2021
1302-9916©2021 emupress

Özgün araştırma makalesi
Makale gönderim tarihi: 31 Agustus 2021
Makale kabul tarihi : 05 Aralık 2021

Introduction

Turkey is a sexually conservative society where sex before marriage remains largely taboo, especially for women, and any type of sexual relations outside of marriage are religiously forbidden (Eşsizoğlu et. al. 2011; Diyanet Haber, 2019; Özyeğin, 2009). It is not unusual for young women seeking birth control to be asked by their gynaecologist if they are married although there is no restriction on access to birth control. Government hospitals have notified fathers and husbands of women with positive pregnancy tests Haber Türk, 2012). In recent years, Turkey has also witnessed a return to the pronatalism of its past. From its founding in 1923 until 1965, Turkey prohibited information on contraception, contraceptive devices and abortion (Gürsoy, 1996). In 1965, a rapidly growing population and a stagnant economy prompted a change in the Law on Population Planning, which legalized both contraceptive information and devices and required the state to offer family planning education and services (Gürsoy, 1996). Finally, in 1983, abortion was legalized under further revision to the Law on Population Planning (Nüfus Planlaması Hakkında Kanun, No. 2827, 24/5/1983). The last remains in force today and the title of the law makes clear that issues related to reproduction are viewed through a more collectivist lens of population planning rather than that of an individual right.

Over the past decade a "politics of the intimate" has emerged consisting of a "web of policies, decisions, discourses, laws and norms which regulate intimate and family relationships, sexualities and reproductive capabilities of individuals" (Acar & Altunok, 2013:15). This politics is decidedly pronatalist with the President of the country routinely encouraging women to have at least three children (T24 Haber, 2019), and the government providing promising to provide increasing financial support for each birth (T.C. Aile, Çalışma ve Sosyal Hizmetleri Bankanlığı, 2020). Abortion rights are under attack, and it is increasingly difficult to access abortion services at government hospitals (O'Neil, 2017) while caesarean sections have been restricted to medical necessity (Zeldin, 2012) and the price of oral contraceptives has increased substantially. The President of the country has also made clear his opposition to contraception stating that "a Muslim family does not engage in birth control" (BBC Turkish, 2016) and that he views the contraception movement as a betrayal that will lead to extinction (Bianet, 2019).

Underlying this rhetoric is a government rationality guided by both neoliberalism and neoconservatism (Acar & Altunok, 2013; Cindoğlu & Unal, 2017). The adoption of a neoliberalist orientation has led to the withdrawal of government from the provision of basic services such as education and health care (Acar & Altunok, 2017; Dayı, 2019). This has been paired with neoconservative moral vision manifesting, in part, as a rigid gender order and specifically in the regulation of women's lives (Cindoğlu & Unal, 2017). The heterosexual patriarchal family with multiple children is celebrated as the ideal and any sexuality experienced outside of this framework is deemed unacceptable (Acar & Altunok, 2013; Cindoğlu & Unal, 2017) Both single women (Lordoğlu, 2018) and sexual minorities (Savcı, 2020) have been the targets of repeated political attacks. One way that the state has been monitoring, regulating, and controlling these "non-

conformist" bodies (Kim-Puri, 2005) is by underserving (Puar, 2018) and limiting the availability as well as the quality of healthcare services (Dayı, 2019).

Dayı's recent research (2019) with health practitioners in family health centers and women receiving reproductive care in four different cities of Turkey reveals the negative impact of neoliberal bureaucratic mechanisms (performance measures, increased workload as well as lack of training) on the reproductive care they were able to provide. For instance, nurses and midwives reported that they could not find the time to offer sexual and reproductive counselling and were not willing to insert IUDs. Moreover, in recent years, menstruation activists in Turkey have been fighting against period poverty and menstruation stigma (Aldanmaz, 2020). A critical aspect of this fight includes requesting the government to reduce the 18% value-added tax (TAX) on menstrual products (Eskitaşçıoğlu, 2019). Opposition members of parliament have proposed legislation to reduce taxes on menstrual produces and to require public schools to provide them free of charge, neither proposal has been enacted. Once again raising the issue of accessibility and state control on the bodies of women and sexual minorities in Turkey.

The inaccessibility and limited quality of reproductive health services for single women and sexual minorities in Turkey should also be conceptualized within the justice paradigm. Unfortunately, the importance of virginity and the stigma of experiencing sexual intercourse before marriage is still taboo in Turkey (Ozyegin, 2019). Although research reveals shifting subjectivities about the importance of virginity, sexual purity remains relevant (Aygüneş & Golombisky, 2020). Single women living in Turkey are expected to perform virginity in order to maintain their "respectability" (Ozyegin, 2009). However, pharmacies are a space of confrontation for unmarried people engaging in sexual practices because when they need emergency contraception (EC), the performance of virginity becomes much harder. The importance of access to EC and the role of pharmacists is undeniable, especially for sexual minorities and single women within the Turkish context. Despite both a conservative sexual culture, the rise of pronatalism, and the implementation of health reforms along neoliberal lines, Turkey maintains a progressive law on the availability of birth control and abortion. Birth control, including EC, is available without prescription. This study has two aims: to determine the availability of emergency contraception (ertesi gün hapı) from pharmacies in Istanbul and to understand whether or not identity plays any role in an individual's experience of purchasing EC. In particular, we investigate any attempts to shame or deny young women access to EC.

When first introduced, EC took the form of combined oral contraceptive pills but dedicated EC has been available in Turkey since 2002 (Aksu & Karaöz, 2008). Large doses of oral contraceptive pills can also be used as emergency contraception, but dedicated EC is designed and labeled specifically for use as EC. In recent years, ulipristal acetate (UPA) and levonorgestrel (LNG) types of EC have dominated in pharmacies. EC is available without prescription in pharmacies although it is not kept on open shelves and must be requested. Despite roughly forty years of family planning programs in Turkey, only slightly more than half of all women of childbearing age reported that they had knowledge of EC (HUIPS, 2018). This is in sharp contrast to 97% of women

reporting knowledge of contraception in general (Hacettepe University Institute of Population Studies, 2018). Currently, less than half of all women (46.9%) use birth control and among these women 33% employ a modern method; the most common being external condoms (12.8%) and IUD (9.2%) (HUIPS, 2018). Withdrawal (13.5%) is the main traditional method used (HUIPS, 2018). Although EC is widely available in Turkey, rates of usage remain very low with just 6.8% of women reporting have used EC (HUIPS, 2018). The rate is even lower among university students at 5.4% (Karaduman & Terzioğlu, 2008).

Currently, there are three brands encompassing two types of emergency contraception available in Turkey. One consists of 30mg of ulipristal acetate (UPA) and the other two available brands consist of 1.5 mg of levonorgestrel (LNG). Briefly in 2014, progestin only emergency contraceptive pills were removed from pharmacies but there is no restriction in place today (ECEC, 2018). Aside from the difference in the drugs contained in each brand, there is the issue of a substantial disparity in price. At the time of the study, EC containing UPA sold for 84TL while those that contain LNG were 57TL.

Methods

This study used a mystery patient/shopper methodology to explore the availability of EC from pharmacies in Istanbul. Simulated patient/mystery shopper is a methodology that has been applied since the 1940's to evaluate customer service and to understand customers' perception of the purchase experience. More recently, this approach has been applied to assess pharmacy practices. In a comprehensive review of mystery patient methodology in pharmacy practice research, Bjornsdottir et.al (2020) found 148 separate studies across 52 countries that employed this methodology.

For this study, we created a sample of 352 pharmacies in Istanbul. Pharmacies were randomly selected from a total of 4,970 from the 39 municipalities that comprise the city. Each pharmacy was visited by a single mystery shopper embodying one of three different identities: conservative/religious female; contemporary/non-religious female; non-religious male. Profiles of mystery shoppers and the script they used are shown in Table 1. Pharmacies were not made aware of potential mystery shopper visits. No pharmacy was visited more than once. The study received approval from the Human Subjects Ethics Commission at Kadir Has University (Doc. No. 41458).

In November 2019, we recruited traditional university age young people ages 18-25 to participate as mystery shoppers for the study. Nine individuals, three for each of the identity profiles were selected and trained as mystery shoppers. Once selected, the field researchers attended a training in the mystery patient/shopper methodology and practiced with the provided scripts. Before the actual start of the study, mystery patients conducted a number of pilot visits to pharmacies to ensure the functionality of the script and we revised it as necessary. If a pharmacy was in or around the neighborhood where the shopper resided another location was substituted. This was to safeguard the randomized aspect of the visits but to also ensure the mystery shoppers did not encounter any repercussions due to their participation in the study. Mystery shoppers visited pharmacies over the course

of four weeks in December 2019. Upon completion of each visit, mystery patients recorded a voice memo of the interaction and memos were subsequently transcribed and coded for analysis using IBM SPSS v.26. Frequencies and crosstabulations were calculated and Chi-square test was conducted to derive significance. The significance level was .05.

Table 1. Profiles of Mystery Shoppers and the Script Used

Profile	Script
Single female, "conservative/religious" Participant Identity A is an outwardly religious young woman of approximately 20 years of who wears the Islamic headscarf. She is a university student. She has never used EC before and has engaged in unprotected sexual intercourse within the past two days.	Could I have the morning after pill (Ella) please? How much does it cost? Do you have a less expensive alternative? If given an alternative, which one do you recommend?
Single female "contemporary/non-religious" Participant Identity B is a young woman of approximately 20 years of who shows no outward signs of religiosity dressing in a manner considered to be "modern" and secular. She is a university student. She has never used EC before and has engaged in unprotected sexual within the past two days.	
Single male, "contemporary/non-religious" Participant Identity B is a young man of approximately 20 years of who shows no outward signs of religiosity dressing in a manner considered to be "modern" and secular. He is a university student. He engaged in unprotected sexual intercourse within the past two days. His sexual partner has never used EC before. He is unmarried.	

Mystery shoppers visited 352 pharmacies located in 28 different neighborhoods in Istanbul. Visits were equally distributed among different profiles and each identity profile visited pharmacies 116 times. In addition to the identity of the shopper, we also examined whether or not the location of the pharmacy, the sex of the pharmacist/pharmacy salesperson, or the price of EC exerted any influence on availability. The majority of pharmacists in Turkey are women and this is reflected in the sample where 55.2% of pharmacists were female, 38.8% of pharmacists were male, and 6% of the pharmacies were managed by both male and female pharmacists. At the same time, pharmacies also employ salesperson, however they serve the same function providing information and service similar to that of pharmacists. For the recommendations provided by pharmacists, one of the authors grouped them into the main themes which consisted of: no difference between types of EC; same function; popularity of a brand, trustworthiness of the pharmaceutical company; difference in price; timeframe related to intercourse; side effects; weight issues of patient; UPA EC contains no hormones; no other choice. These were then coded for SPSS in order to derive frequencies.

Results

Mystery shoppers visited a total of 352 pharmacies in Istanbul. In 95.5% of attempts, the mystery patient was able to purchase dedicated EC. During fifteen purchase attempts (4.3%), shoppers were told that EC was out of stock and one shopper was offered oral conceptive pills rather than dedicated EC. The neighborhood and gender of the pharmacist/salesperson had no statistically significant bearing on the ability of shoppers to purchase EC. Despite the fact that choices of EC are available in Turkey, pharmacies often did not offer them. In this study, 48.6% of purchases of EC were UPA while 46.9% were LNG. In just 36.4% of purchase attempts shoppers were given a choice of EC. The EC most often offered was UPA. UPA was offered as the sole choice 41.7% of the time while LNG was the only alternative 19.1% of the time. In the instances when a choice was provided, UPA was presented first in 23.6% of purchases.

Overall, the identity of the mystery patient did not impact availability of EC. All mystery shoppers, regardless of identity were able to purchase EC. However, identity did influence whether or not a choice of types of EC was provided. Men were presented with a choice of EC more often than women ($p<.004$). Men received a choice in 43.8% of purchase attempts while non-conservative women were offered alternatives 33.7% of the time and lastly conservative women were provided a choice in just 31.3% of purchase attempts. A significant relationship also appeared between price and lack of choice ($p<.001$). When no choice was provided, 66.7% of the time the most expensive brand of EC was the only one available.

In 75.2% of the exchanges between the mystery shoppers and pharmacists, there was no counselling or medical information given regarding appropriateness of medication, timeframe, dosage or proper use. Perhaps more interesting was the variety of rationales offered for recommending one type of EC over another. Table 2 shows the variety and frequency of recommendations made by pharmacists regarding the available brands of EC.

Table 2. Rationales for Recommendations by Pharmacists on Brands of EC

Rationale for recommendation	Frequency	Percentage
No difference between UPA and LNG forms of EC	34	38.2%
Both forms of EC have the same function	5	5.6%
Popularity of brand	9	10.1%
Trustworthiness of company	3	3.4%
Price difference between brands	6	6.7%
Based on timing of sexual activity	23	25.8%
Side effects or lack thereof	3	3.4%
Based on the shoppers' perceived weight	3	3.4%
UPA brand contains no hormones	2	2.2%
No choice	1	1.1%

Discussion

This study makes clear that EC is widely available in pharmacies in Istanbul. Although there were a very small number of instances when the pharmacy visited was out of stock, no pharmacy refused service to any of the mystery

patients. While male shoppers were presented more choice than female shoppers, women, regardless of identity, were still able to purchase EC in the vast majority of attempts.

While availability from pharmacies in Istanbul does not appear to be an issue, the lack of alternatives and the fact that choices seem to favor male shoppers are disturbing. The substantial price difference between UPA and LNG forms of EC, and the fact women were often given no choice but to purchase the more expensive UPA EC may hinder availability for some female shoppers. Turkey maintains a highly centralized health system and regulates the price of many drugs. Emergency contraception, like other forms of oral contraception, are not subject to price control. This has resulted in a substantial increase in price over the past few years due to increases in what manufacturers are charging for EC. Although the government does not negotiate the price of emergency contraception it does restrict the additional charges that may be added to the base price of any given medicine. Pharmacies are only allowed to add 25% to the base price of any medicines costing up to 100TL. At the time of the study all available forms of EC cost less than 100TL. While pharmacists are not overcharging for EC, it does appear that price may a factor driving the lack of alternatives offered, which affects accessibility. There is evidence that UPA forms of EC are more effective (Glasier et. al. 2010), but whether or not this merits such substantial price difference, or a restriction of choices is up for debate.

Overall, the interactions between mystery shoppers and pharmacists were overwhelmingly positive. Pharmacists and salespeople provided what was asked for with professionalism. Pharmacists did not shame or refuse to service to any of the mystery patients, however, one pharmacist stated that they did not sell EC and never had. This study reproduces some the findings of two previous studies in Turkey although these studies focus on the knowledge and attitudes of pharmacists towards EC rather than access. Surveying pharmacists, Apikoğlu-Rabus, Clark and Izettin (2012) found that 93% of respondent pharmacists possessed knowledge of EC and 98% stated that they met shoppers' needs for EC. A high rate of respondents also reported that they counselled shoppers concerning timeframe, dosage and efficacy, 89%, 86% and 73% respectively (Apikoğlu-Rabus et al., 2012). The findings presented here diverge substantially with very little guidance offered on these topics. Employing a mystery shopper/patient approach similar to this study, Uzun, Sancar and Okuyan (2019) found that both pharmacists and pharmacy salespeople lacked up-to-date knowledge of EC and routinely failed to provide any type of substantive counselling regarding EC and its use. The lack of counselling may not be surprising given Turkey is a country where discussions of sex and sexuality remain proscribed, and pharmacists/salespeople may wish to hasten any exchange so as to lessen potential embarrassment for either themselves or the shopper. At the same time, the lack of interaction between pharmacist and customer/patient represents a missed opportunity to ascertain whether the unprotected sexual encounter was forced or coerced. A lack of protection is common in situations where sex is nonconsensual sex or the result of an assault and the attempt to purchase EC could be a vital moment to both

support women who are victims of sexual assault as well as refer them to services for further support as needed.

Regardless, the result is a less than ideal health care experience and a wasted opportunity to educate individuals regarding EC and sexual/reproductive health in general. While it is difficult to judge the extent of the knowledge that pharmacists possess regarding EC given that this was not the purpose of the study, the lack of counseling and the amount of misinformation provided during the purchase exchanges made clear that some pharmacists need further training regarding EC and its use.

The main limitation of this study is that it was confined to one city, Istanbul which means the results may not be representative of the country as a whole. At the same time, studies of EC in Turkey generally explore knowledge of and attitudes towards EC (Doğaner et, al., 2011; Koçak et. al. 2016). This study is one of the few that focuses on the availability of EC in Turkey. Given the increased rhetoric of pronatalism in Turkey in recent years (Acar & Altunok, 2013), a focus on the availability of contraception proves particularly important. Moreover, future studies need to investigate the availability of EC from government sponsored health clinics and hospitals. Slightly more than half of women obtain their contraception, including EC when and if available, from government sources such as Family Health Centers and public hospitals (HUIPS, 2018) so this proves an extremely important aspect of accessibility.

In tandem with the rise in prenatal rhetoric, the government has restricted the healthcare system along neoliberal lines. The introduction of neoliberal mechanisms such as decentralization, varying levels of privatization and performance measures has impacted people's ability to access care (Dayı, 2019; Öcek et. al., 2014). In 2003, Turkey began implementation of the Health Transformation Program which transitioned Turkey to a family medicine model and resulted in the closure of Mother and Child Health and Family Planning clinics (Dayı, 2019). These clinics have been replaced by Family Health Centers where a performance-based pay system is strongly prenatal focusing on child immunization, prenatal care and the care of infants (Öcek et. al. 2014). This has resulted in disincentivizing reproductive health care and reduced access to sexual and reproductive health services for those who rely on public sector health services (Dayı, 2019; Topgül et. al. 2017). Restrictions in availability from public sources also forces individuals to rely more heavily on the private sector making availability, including affordability, a crucial issue.

Conclusion

EC is widely available over the counter from pharmacies in Turkey. Identity did not substantially obstruct access although male shoppers were provided more choice than female shoppers. Despite the fact that Turkey remains a culture where sex before marriage, especially for women, is considered unacceptable, there was virtually no outward attempt to shame young shoppers in the course of their purchases of EC. While EC is widely available from pharmacies, and choices of medications are available it is clear that pharmacists often offer only one brand and most often that is UPA. It would appear that the larger profit

margin afforded pharmacists may be a factor. Although availability of EC from pharmacies is not an issue, there is a decided lack of knowledge about the various brands of EC available. Many pharmacists claimed there was no difference between brands of EC or made a recommendation based on medically irrelevant basis. Perhaps the most problematic issue is the shear lack of counseling and medical information provided. Clearly, more awareness raising among women about EC needs to be undertaken along with better education for the pharmacists who provide it to ensure the best possible outcomes.

Acknowledgements

The authors would like to thank the reviewers for their valuable comments and the mystery patients/shoppers for their participation in this research. They also thank the team at Kadir Has University Gender and Women's Studies Research Center for their assistance and supporting of this research.

References

Acar, F., & Altunok, G. (2013). The 'Politics of Intimate' at the Intersection of Neo-liberalism and Neo-conservatism in Contemporary Turkey. *Women's Studies International Forum,* 41:14-23.

Aksu, H. & Karaöz, B. (2008) Acil Kontrasepsiyon Yöntemlerinin Tanıtım Gereksinimi. *Sağlık Bilimleri Dergisi*, 17:63-68.

Aldanmaz B. (2020). An Overlooked Need in Global Emergencies. Think Global Health. Retrieved from https://www.thinkglobalhealth.org/article/overlooked-need-global-emergencies.

Apikoğlu-Rabus, S., Clark, P.M. & Izzettin, F.V. (2012). Turkish Pharmacists' Counseling Practices and Attitudes Regarding Emergency Contraceptive Pills. *International Journal of Clinical Pharmacy,* 34(4):579-86.

Aygüneş, A., & Golombisky, K. (2020). Shifting Subjectivities, Cultivating Safe Spaces: Mothers' Perspectives on Virginity in Contemporary Turkey. *Journal of Research on Women and Gender,* 10(1):23-42.

BBC Turkish (2016). Erdoğan: Müslüman aile doğum kontrolü yapmaz. Retrieved from https://www.bbc.com/turkce/haberler/2016/05/160530_erdogan_dogu m_kontrol

Bianet (08 Haziran 2019). Erdoğan: Doğum Kontrolü Dediler, Neslimizi Kurutma Yoluna Gittiler. Retrieved from https://m.bianet.org/bianet/top lumsal-cinsiyet/209179-erdogan-dogum-kontrolu-dediler-neslimizi-kurutma-yolu na-gittiler.

Diyanet Haber (5.07.2019). Meşru ve Muteber Nikah Olmadan Yaşanan Birliktelik Haram Kılınmıştır. Retrieved from https://www.diyanethaber.com.tr/diyanet-haber/mesru-ve-muteber-nikah-olmadan-yasanan-birliktelik-haram-kilinmistir-h6350.html.

Doğaner, D., Bilgiç, D., Doğaner, A., Umut, Ü., Kürk, H. & Çelik, E. (2011). 15 - 49 Yaş Kadınların Acil Kontrasepsiyona Ilişkin Bilgi ve Tutumları. *Dokuz Eylül Üniversitesi Hemşirelik Fakültesi Elektronik Dergisi,* 4:(4):159-164.

ECEC (European Consortium for Emergency Contraception) (2018). Turkey. Retrieved from https://www.ec-ec.org/emergency-contraception-in-europe/country-by-country-info rmation-2/turkey.

Eşsizoğlu, A.,Yasan, A.,Yildirim, E.A., Gurgen, F. Ozkan, M.(2011) Double Standard
for Traditional Value of Virginity and Premarital Sexuality in Turkey: A University Students Case, *Women & Health*, 51:2, 136-150.

Glasier, A.F., Cameron, S.T., Fine, P.M., Logan, S.J., Casale, W., Van Horn, J. & Gainer, E. (2010). Ulipristal Acetate versus Levonorgestrel for Emergency Contraception: A Randomised Non-Inferiority Trial and Meta-Analysis. *Lancet,* 375: 555-562.

Gürsoy, A. (1996). Abortion in Turkey: A Matter of State, Family or Individual Decision. *Social Science and Medicine*, 42:531-542.

Haber Türk (25.06.2012). Tebrikler Kızınız Hamile. Retrieved from https://www.haberturk.com/ekonomi/makro-ekonomi/haber/753536-tebrikler-kiziniz-hamile.

HUIPS (Hacettepe University Institute of Population Studies) (2018). Turkey Demographic and Health Survey Retrieved from http://www.hips.hacettepe.edu.tr/eng/tdhs2018/ TDHS_2018_main_report.pdf; 2020.

Karaduman, F. & Terzioğlu, F. (2008). Üniversite Öğrencilerinin Acil Kontrasepsiyona Ilişkin Bilgi ve Uygulamaları. *Turkiye Klinikleri Journal of Medical Sciences,* 28:899-908.

Kim-Puri, H.J. (2005). Conceptualizing Gender - Sexuality - State - Nation: An Introduction. *Gender & Society*, 19(2):37-159.

Koçak, D.Y., Duman, N.B., Topuz, Ş., Yılmazel, G., Güngör, G. & Başçı, A.B. (2016). Üreme Çağındaki Kadınların Acil Kontrasepsiyon Ile Ilgili Bilgi, Tutum ve Davranışları. *Jinekoloji - Obstetrik ve Neonatoloji Tıp Dergisi,* 13:112-116.

Lordoğlu, C. (2018). *İstanbul'da Bekâr Kadın Olmak*. Istanbul: İletişim Yayınları.
O'Neil M.L. (2017). The Availability of Abortion at State Hospitals in Turkey: A National Study. *Contraception,* 95:148-153.

Öcek, Z., Çiçekoğlu, M., Yücel, U. & Özdemir, R. (2014). Family Medicine Model in Turkey: A Qualitative Assessment from the Perspectives of Primary Care Workers. *BMC Family Practice*, 15:38-53.

Özyeğin, G. (2009). Virginal Facades: Sexual Freedom and Guild among Young Turkish Women. *European Journal of Women's Studies*, 16(2):103-123.

Puar, J.K. (2017). *Terrorist Assemblages: Homonationalism in Queer Times*. Durham: Duke University Press.

Savcı, E. (2020). *Queer in Translation: Sexual Politics under Neoliberal* İslam. Durham: Duke University Press.

T.C. Aile, Çalışma ve Sosyal Hızmetleri Bankanlığı. Doğum Yardımı. Retrieved from https://www.ailevecalisma.gov.tr/tr-tr/sss/sosyal-yardimlar-genel-mudurlugu/dogum-yardimi.

T24 (2019). Erdoğan: En az üç çocuk diyorum; dinamik genç nüfus yapısını dengede tutmak zorundayız. Retrieved from https://t24.com.tr/haber/erdogan-yaslilar-surasi-nda-konusuyor.

Uzun, G.D., Sancar, M. & Okuyan, B. (2019). Evaluation of Knowledge and Attitude of Pharmacist and Pharmacy Technicians on Emergency Contraception Method in Istanbul, Turkey: A Simulated Patient Study. *Journal of Research Pharmacy*, 23(3):395-402.

Zeldin, W. (2012). Turkey: Law Restricting Caesarean Births. Library of Congress. Retrieved from https://www.loc.gov/law/foreign-news/article/turkey-law-restricting-caesarean-births.