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"It was as if society didn't want a woman to get an abortion": a qualitative study in Istanbul, Turkey☆

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Abstract

Introduction: In 1983, abortion without restriction as to reason was legalized in Turkey. However, at an international conference in 2012, the Prime Minister condemned abortion and announced his intent to draft restrictive abortion legislation. As a result of public outcry and protests, the law was not enacted, but media reports suggest that barriers to abortion access have since worsened.
Objectives: We aimed to conduct a qualitative study exploring women's recent abortion experiences in Istanbul, Turkey.
Study design: In 2015, we conducted 14 semi-structured in-depth interviews with women aged 18 or older who had obtained abortion care in Istanbul on/after January 1, 2009. We employed a multimodal recruitment strategy and analyzed these interviews for content and themes using deductive and inductive techniques.
Results: Women reported on a total of 19 abortions. Although abortion care is available in private facilities, only one public hospital provides abortion services without restriction as to reason. Women who had multiple abortions in different facility types described quality of care more positively in the private sector. Unmarried women considered their marital status when making the decision to seek an abortion and reported challenges obtaining comprehensive sexual and reproductive health services. All participants were familiar with the Turkish government's antiabortion discourse and believed that this was reflective of an overarching desire to restrict women's rights.
Conclusion: Public abortion services in Istanbul are currently limited, and private abortion services are accessible but relatively expensive to obtain. Recent antiabortion political rhetoric appears to have negatively impacted access and service quality.
Implications: This is the first qualitative study exploring women's experiences obtaining abortion services in Turkey since the proposed abortion restriction in 2012. Further research exploring the experiences of unmarried women and abortion accessibility in other regions of the country is warranted.

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

1. Introduction

Turkey has one of the most liberal abortion laws in the Middle East and North Africa and is one of only two countries in the region to permit abortion without restriction as to reason [1]. Although family planning was restricted for decades after Turkey's independence, contraception and abortion were legalized in 1965 and 1983, respectively. Advocates petitioned for abortion liberalization in large part to address the high maternal mortality ratio (MMR) [2]; by 1959, more than half (53%) of all maternal deaths in Turkey were attributed to unsafe, illegal abortion [3]. Following abortion legalization, Turkey's MMR declined from 251 per 100,000 births in 1980 to 121 in 1990 [4].

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

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

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

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

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

2. Methods

2.1. Study site

In the summer of 2015, we conducted in-depth semi-structured interviews with women in Istanbul, Turkey. Istanbul is a city of 14.6 million people [18] that lies at the crossroads of Europe and Asia and acts as a major economic and political hub. The GDP per capita of Istanbul is higher than the Turkish average at $24,867 [19], yet significant education and wealth disparities persist among its population. We chose Istanbul as our study site for the unique context it offers as a relatively liberal and diverse community in Turkey with an abundance of both public and private health care providers.

2.2. Data collection

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

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

2.3. Data analysis

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

and year of abortion. Regular meetings between K.M. and A.F. guided our final interpretation.

2.4. Ethical considerations

Our study received ethics approval from the Social Sciences and Humanities Research Ethics Board at the University of Ottawa. Throughout this paper, we use narrative vignettes to provide a picture of the women we interviewed and quote participants to showcase central themes. We have masked or redacted all personally identifying information and use pseudonyms throughout.

3. Results

3.1. Participant characteristics

We conducted 14 interviews with women who had obtained abortion care in Istanbul. Ten of our participants were Turkish citizens, and four were expatriates from Australia, the United Kingdom and the United States living in Turkey. Women's ages ranged from 21 to 44, and 7 of our Turkish participants and all of our expatriate participants had completed or were completing at least a bachelor's degree. At the time of the interviews, half of our participants were unmarried, and half were married (n=6) or divorced (n=1).

Since January 1, 2009, our 14 participants had obtained 19 abortions in Istanbul; three women had two abortions, and one woman had three abortions. Three abortions were performed in a public hospital, eight were in private hospitals, and eight were in private clinics. All abortions were obtained within the first 10 weeks of gestation, and in 12 cases, women were able to obtain the abortion within a week of making the decision. Five abortions were obtained before the attempted abortion restriction in May 2012, and 14 were obtained afterward.

3.2. Private sector abortion care is relatively easy to obtain but expensive

> I don't know, I kinda feel like it was such an easy process, like to contact the [clinic] and three days later, you're done. (Natalie, age 38)

Consistent with Burcu's story (Fig. 1), women who went to a private sector facility overwhelmingly described the process of obtaining abortion care in Istanbul as "easy" or "straightforward." Women reported that scheduling was generally quick; six participants were able to obtain an abortion within 24 h of making initial contact with the facility, and almost all women were able to obtain the abortion within 10 days. Only one participant reported waiting more than two weeks for an abortion at a private sector facility. In contrast, all women who had abortions in a public hospital waited at least a week for their care.

Burcu's concern that some women might have difficulty affording care in private sector facilities was borne out by the experiences of our participants. The amount that women paid ranged tremendously, from nothing to 3000TL (US$1125), and averaged just under 1000TL (US$375). Many of the women who received their abortion in the private sector reported that they received some kind of discount, typically through personal or professional connections. As Damla, a 39-year-old woman who was referred through a nongovernmental

Burcu's Story

Burcu is a university student living in a suburb about 20km outside of central Istanbul. Burcu obtains all of her health services in the private sector and was able to find a private gynecologist through a family friend. She is in a long-term relationship and has used condoms, oral contraceptive pills, and emergency contraceptive pills on several occasions.

Burcu and her partner were using withdrawal as their main method of contraception when she became pregnant in 2014. When she first suspected she was pregnant, Burcu took a home test and it came back negative. She soon did another test and the second time it came back positive. Initially, she was extremely scared because she thought she might have passed the 10-week gestational limit. She told her mother and boyfriend right away and she immediately went to her doctor. Burcu was able to obtain her abortion care that same day and learned she was only six weeks pregnant. She was not asked about her age or her marital status and she did not require consent from a parent or her partner. Normally, abortions at this clinic are 800 TL (US$300) but she paid 300 TL (US$112) because of her family's connection with the doctor.

Overall, Burcu described her abortion as affordable and easy to obtain. However, she felt like abortion was too expensive for other women. She felt lucky because her clinician was not judgmental about the fact that she was unmarried. She was very satisfied with the pain management and treatment from other medical personnel. Burcu also mentioned that she felt lucky for obtaining care in the private sector, because she had heard that when a woman seeks abortion in the public hospital, personnel might notify the woman's family.

Fig. 1. Burcu's story.

Dilan's story

Dilan is in her early 30s living on the outskirts of the European side of Istanbul. She is married with three small children. Dilan did not plan on having more children and had an IUD inserted after the birth of her youngest child. When she became pregnant 4 years later, she knew that she wanted an abortion. Private hospitals were far too expensive and Dilan was referred to the only public hospital in the city that provides abortion.

Dilan was able to make the appointment in 1 week's time, but the providing hospital was over an hour away and she had to have three separate appointments prior to her abortion in 2015. Her husband had to accompany her on the day of the abortion and sign a consent form. Dilan said there was a line of women waiting for the procedure: she felt like she was at a butcher and the women were like sheep being herded.

Although she was happy with her doctor, she found the overarching process to be stigmatizing and judgmental. There was very little privacy and nurses were openly shaming women for getting pregnant. Dilan had been told to wear a skirt and she was not provided with a hospital gown or a clothfor the procedure. She described feeling scared, isolated, and in pain and worried she might die.

Dilan described the process as extremely emotionally and logistically difficult. She was very worried about the possibility of a future pregnancy: "What am I going to do if this happens again? I can't afford [a private facility] and the public hospital is too far."Dilan strongly believes that every public hospital should provide abortion care.

Fig. 2. Dilan's story.

organization (NGO), explained, "And we paid 350TL [US$131]. Initially they asked for 750TL [US$281], but I paid less because of the ongoing [NGO] project."

Women who obtained abortion care at a public hospital typically did not report fees, although one did pay 150TL (US$56). Two of our participants obtained their abortions at a public hospital because private sector procedures were unaffordable.

> If you're rich in Istanbul, you have no problem. You can go to a private clinic. It's the women who can't afford private insurance, who don't have access, who can't go to a doctor alone without their husband looking over their shoulder...They don't have their own money a lot of the time, so they have to go to a state hospital and then they say, "Oh I'm sorry, you're gonna just have to have the baby." (Kathleen, age 32) (Fig. 2)

3.3. Women's assessment of quality of care varied by facility type

> In [the private clinic], everything went well. They were very attentive. But in [public hospital], it did not go that well… They didn't really care how I was feeling. I asked them to tell me what they were doing, but they didn't seem to care. That's the difference between a public and a private hospital. There wasn't much humane care. (Damla, age 39)

Almost all of the women who obtained abortion care in the private sector reported being satisfied with the care they received including the background information about the procedure, pain management, quality and cleanliness of the facility, and interactions with medical personnel. In contrast, women who obtained their abortion care at a public hospital were generally dissatisfied. As exemplified by Dilan's story, these women described feeling judged by public health service personnel, lacking privacy and receiving inadequate pain management.

Two of our participants had their first abortion at a public hospital and their subsequent abortion(s) in the private sector. These women were well positioned to directly compare facility types and were especially critical of the public sector, as Yasemin's story shows (Fig. 3).

3.4. Unmarried women face and fear judgment

> There is no law that states that women can't be in a sexual relationship before marriage, but the moral, unwritten laws [make] it difficult to seek and receive reproductive health care. These already existed, but they have gotten worse with this current government. (Melek, age 24)

Notably, some of the unmarried women in our study discussed how their marital status influenced their decision to have an abortion. In addition, Yasemin felt that she was charged a higher price and received a lower quality of care because she was unmarried. Even though abortion care in the private sector was generally described as nonjudgmental, some unmarried women anticipated that they would be judged by providers, especially because of the recent negative publicity surrounding abortion in the media, and were surprised when they received nonjudgmental care. As Burcu explained: "I heard a lot of bad stories about the abortion so...it was okay I think, because he [the doctor]

Yasemin's story

Yasemin is a university student living in central Istanbul. She experienced three unplanned pregnancies with her long-term partner, all within a six-month period. She had been using the oral contraceptive pill, but stopped taking it regularly when her doctor told her that smoking would make the pill less effective. When she became pregnant, she knew immediately she wanted an abortion – she was still a student and she was deeply concerned about her family's reaction because they are very conservative: "The child would have lived but [my family] would either kill me or force me to marry someone I didn't want to marry. I would have been isolated from life. So I chose abortion."

Her first abortion was at a public hospital in 2013. She had to wait three weeks to obtain her abortion because she and her partner needed to find 150 TL [US$56] to cover the costs. Yasemin explained her difficulties in obtaining the abortion: "It was difficult for me to get the appointment. They kept sending me to different places. I walked all around the hospital, even to the dental clinic because that's where they directed me. It was as if society didn't want a woman to get an abortion so everyone was sending me to a different place." When she asked questions, the staff said that she "could get up and leave, that they didn't have to answer [her] questions." She was awake during the abortion and experienced so much pain that she was unsure if they had administered the promised drug. Regarding quality of care, Yasemin explained: "I thought it was bad. There was no doctor-patient relationship. I felt like a test subject."

Yasemin also received negative treatment for being young and unmarried. Personnel at the hospital accused her of lying about her age and made her show three pieces of ID before accepting that she was over 18. The staff also publicly discussed that she was unmarried and Yasemin believes that she would not have had to pay had she been married.

For her two subsequent abortions, also in 2013, Yasemin went to a private clinic; the procedures cost her 400 TL [US$150] each. Although expensive,Yasemin reports that the service was much better: they had a shuttle service offering transportation, the pain management was superior, and the clinician was kind and supportive. She did not feel that she had sufficient knowledge to prevent her pregnancies and mentioned that she had only learned about EC six months ago.

Fig. 3. Yasemin's story.

didn't behave like I was guilty [because] I didn't marry and so I feel a little bit lucky."

The stigma surrounding abortion care for unmarried women appears to be fundamentally tied to the deep-seated sociocultural taboo surrounding premarital sex. Natalie described the phenomenon: "It [abortion] is very common [in Turkey] because premarital sex is condemned. So [unmarried] women do have sex and they do get pregnant so then they abort." The perception that single parenting is unacceptable in Turkey was a significant consideration in the decision-making process for six participants; more than one woman expressed that she would have had to get married had she continued the pregnancy, and two participants feared that they would have to leave the country if they carried the pregnancy to term as unmarried women. Some unmarried women did not disclose their pregnancy to family members because of their family's religious or traditional values. Esin, age 30, explained: "This unexpected pregnancy would have been a problem; my family is a traditional Turkish family after all. They are not narrow-minded, but the mindset is still kind of traditional in that sense. This is why I decided to terminate."

3.5. Women feel their rights are being violated by government rhetoric and action

> I get angry [at the government] because…I know that if I were to [have given] birth, I wouldn't have [had] a chance to study or live my life by my beliefs and dreams. It would cost me something. I am angry that some women should pay for what others think. (Sevda, age 22)

All of our participants were aware of the Turkish government's desire to restrict abortion access. Although the abortion law was not changed, four participants felt that they had been personally affected by the government's stance on reproductive issues; several participants specifically referenced the unavailability of abortion in public hospitals. As Pinar explained, "In the law it says that we [can have an abortion] in public hospitals, but…sometimes they don't do it." Melek felt that the government's rhetoric has created an antiabortion and anti-reproductive-health climate that impacts access to services.

> [The political situation affects] my access to the pill, or just simply going to the Ob/Gyn. I get scared to go to the doctor. It takes away my right to access medical care…I

> feel like Erdoğan is lying in bed with me, because he is everywhere, saying many inappropriate things and getting so involved in personal lives…This government needs to go so that maybe…we can regain our abortion rights.

Kathleen obtained two abortions, one before and one after 2012, and described her first abortion as "ideal." Yet for her second abortion, while she had a positive interaction with her clinician, she felt like she had been affected by the government's antiabortion discourse: "Somebody was making this hard for me, unnecessarily. Something that I needed and wanted and was willing to pay for, and they were interfering with my life in a personal way." In addition, at least one participant was directly affected by the fact that most public hospitals have limited or stopped providing abortion services.

Overall, participants expressed frustration and anger over the government's stance on reproductive issues and the expressed pronatalist agenda. As Damla stated, "I'm just angry. They [the government] want more children, but they do not think about the children's future. How will they grow up? Nobody thinks about that."

4. Discussion

Members of the Turkish ruling party have described abortion as "murder" [12] and threatened to restrict the procedure in almost all circumstances. AKP members have stated that women pregnant as the result of rape should bear the child and the mayor of Ankara, Melih Gökçek, went so far as to say that a woman seeking abortion should "kill herself instead" [22]. The political discourse of the AKP has also defined abortion, along with cesarean sections, as a barrier to the state's population planning objectives [12,13,23]. The government has gone so far as to ban non-medically-indicated cesarean sections, arguing that this procedure impedes women from having three or more children [23]. The public discourse around abortion has quieted since 2012, but pronatalist values continue to be unapologetically promoted [24]; in 2014, Erdoğan spoke at a prominent Turkish wedding and said that the use of contraception should be considered "treason" [25].

The importance of this political rhetoric cannot be understated. Legality does not guarantee access, and the oppressive political discourse has coincided with recent barriers to public sector abortion care. The majority of our participants were still able to obtain high-quality abortion care after 2012, but this care was generally obtained in the private sector and came at a significant cost. Our participants consistently commented that the main reason they could obtain an abortion was because they had sufficient financial resources to do so.

Abortion services have been more available in the Turkish private sector for decades, but this trend appears to have worsened. In the early 1990s, four public hospitals in Istanbul provided abortion, and even then, researchers suggested that low-income women's access was limited [26]. The population of Istanbul has since more than doubled, and the number of providing public hospitals has declined. As well as being more difficult to access, our participants described the quality of their public sector abortion experiences more negatively than their private sector abortions. Thus, identifying ways to expand public sector capacity for abortion provision while continuing efforts to improve the quality of services is a top priority.

Despite the acceptability of abortion among the Turkish public [27], stigma continues to play a role in women's lived experiences involving reproductive health, particularly for unmarried women. Premarital sex remains highly stigmatized in Turkish society; the 2013 Turkey Demographic Health Survey found that nearly three quarters (73.3%) of women agree that a woman should be a virgin on her wedding night [7]. Similar views exist among clinicians [28]. Thus, unmarried women may be perceived as not requiring contraceptive services and may encounter judgment for seeking abortion care. However, carrying a pregnancy to term and parenting as an unmarried women are also not socially acceptable. For unmarried women in our study, marital status affected both pregnancy disclosure and the decision to seek abortion care. As the age of first marriage increases in Turkey [7,29], it is expected that the incidence of sexual activity prior to marriage will increase, and thus, sexual health education and resources targeting unmarried women appear warranted.

4.1. Limitations

As is true of all qualitative research, our findings are not generalizable or representative. Our study focused on Istanbul and does not shed light on the experiences of women accessing abortion in more conservative or rural regions of Turkey. Finally, the positionality of our study team members, including nationality, educational level and language fluency, influenced the researcher -interpreter -participant encounter. We attempted to understand these influences through debriefings, team meetings and memoing, an approach that we believe enhanced the credibility and trustworthiness of the study.

4.2. Conclusion

High-quality abortion care remains readily available in the private sector but is limited in the public sector in Istanbul. The findings from our study support Turkish media reports that abortion has become more difficult to access since 2012 and suggest that the political discourse surrounding abortion has negatively impacted women's experiences.

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