

# Access to Formal Abortion Services and Demand for Medical Abortion in Turkey: A mixed-method study

Hazal Atay<sup>1</sup>, Bilge Eylem Dedeoglu<sup>2</sup>, Ugur Berkay Balkanci<sup>3</sup>, Efehan Sadak<sup>4</sup>, and Rebecca Gomperts<sup>4</sup>

<sup>1</sup>Sciences Po

<sup>2</sup>Warrington and Halton Hospitals NHS Foundation Trust

<sup>3</sup>University of Minnesota School of Public Health

<sup>4</sup>Women on Web International Foundation

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## Abstract

**Objective:** To analyse perceived barriers to access to formal abortion services and the demand for medical abortion in Turkey  
**Design:** Mixed-method study  
**Population sample:** Pregnant women in Turkey who filled the consultation survey on Women on Web website between 1 January 2013 and 12 October 2020  
**Method:** Our dataset includes anonymized responses of 620 women to the online consultation survey and anonymized email correspondences of 138 women with the WoW help desk. We conducted a cross-sectional analysis of the survey data and a content analysis of email correspondences. Main outcome measures: Perceived barriers to formal abortion services in Turkey  
**Results:** The surveyors listed various reasons for requesting an abortion; while 59.68% of them mentioned that they just cannot have a child at this point, financial constraints (49.84%), wanting to finish school (31.77%) and being too young (31.29%) were among the leading reasons. Several barriers to access to formal abortion services were reported; the most frequently cited barriers include cost (48.31%), the need to keep abortion secret from partner or family (42.69%) and unavailability of abortion pills (44.94%). Our qualitative analysis of women's email correspondences has demonstrated some additional barriers to and concerns over the formal abortion services. These include censorship of abortion information and misinformation, denial of care, concerns over spousal consent, cost, abortion method, trust, and confidentiality.  
**Conclusions:** We conclude that despite the legal framework, abortion remains difficult to access and approach for women in Turkey due to legal barriers and concerns over formal abortion services.

## Introduction

Abortion was legalized in Turkey in 1983 as per the Population Planning Law 2827 (1). The law allows abortion on request to be performed until the end of the tenth week of gestation. However, it requires spousal consent for married women (1). The Turkish Penal Code further allows abortion up to the twentieth week of gestation if the conception occurred as a result of a criminal act (2). Despite the legal framework, abortion has been highly contested in the Turkish political landscape in the last decade. Many studies have shown that abortion services have been gradually discarded by hospitals and the number of medical doctors who are willing to provide abortion services has decreased in recent years (3,4).

Moreover, medical abortion with pills combining mifepristone and misoprostol is still not available in Turkey (5). While misoprostol is registered for gastrointestinal indications, it has been withdrawn from outpatient pharmacies in 2012 due to alleged "misuse" (6). Insofar, no studies analysed the use of misoprostol outside the formal healthcare and the potential demand for medical abortion in the Turkish context. In this article, we analysed the consultation surveys and email correspondences that Women on Web (WoW) received from

women in Turkey to construe perceived barriers to formal abortion services and the demand for medical abortion in Turkey.

## Methods

We conducted a mixed-method study analysing the requests received by Women on Web (WoW), an international organization providing medical abortion services, from Turkey between 1 January 2013 and 12 October 2020. Our dataset includes anonymized responses of 620 women to the online consultation survey and anonymized email correspondence of 138 women with the WoW help desk. We conducted a cross-sectional analysis of the survey data and a content analysis of email correspondence to analyse perceived barriers to formal abortion services in Turkey and to examine women's motivations in requesting medical abortion from the WoW website.

The WoW consultation survey consists of 25 questions that can be found on the WoW website homepage. The consultation process has been described in previous studies (7,8). As a part of the WoW consultation survey, women were asked for consent for their data to be used anonymously in research (8). The cross-sectional analysis was conducted on SAS 9.4.

## Findings

### Quantitative Findings

The mean age of the participants was 26.55 with a range of 18 to 54. Overall, 74.19% of respondents requested an abortion within the first seven-week of gestation. Only 11 out of 620 surveyors requested abortion with an LMP later than 70 days (10 weeks). 83.31% of the women in the study had at least one previous pregnancy and 32.57% of them had at least one child before their current gestation. In the sample, 74.87% of respondents indicated that they have never undergone an abortion before. 22% of them had a history of c-section. 355 (58.39%) surveyors reported not using any contraceptives prior to their current pregnancy while 219 (36.02%) participants reported contraceptive failure and 34 (5.59%) of them reported rape among the reasons for unwanted pregnancy. Only less than one percent of them were using an intrauterine device, a long-acting contraceptive method. When asked about access to formal healthcare services, 97.74% of them reported having a hospital within a sixty-minute drive. **Table 1** summarizes the background characteristics of survey respondents.

The reasons for wanting an abortion were asked with a predefined list of reasons where individuals were allowed to choose all that applies. The responses are summarized in **Table 2**. 59.68% of respondents chose "I just cannot have a child at this point in my life" while 49.84% of them indicated "I have no money to raise a child." The two runner-up reasons were "I want to finish school" as chosen by 197 participants (31.77%) and "I am too young" as chosen by 194 women (31.29%).

When the surveyors' reasons for requesting abortion through Women on Web were asked, the most frequent barriers to formal services were detailed as cost by 48.31%, unavailability of medical abortion by 44.94%, need to keep their abortion a secret from their partner or family by 42.69%, and preference for an at-home abortion by 39.32% of the women. The responses are summarized in **Table 3**.

### Qualitative Findings

#### Misinformation, Censorship and Denial of Care

In their email correspondence with WoW, several respondents reported being denied abortion services in public and/or private healthcare settings. One woman wrote: *"Yes, I called public hospitals and asked for abortion services, but they told me that abortion is illegal in Turkey."* Another woman also wrote: *"Most private hospitals do not perform an abortion upon request."* The respondents also reported state-implemented censorship of abortion information. One woman wrote: *"Abortion is so-called legal in Turkey, but I can't even open your website. Our public hospitals reject performing an abortion."*

#### Affordability

Several respondents in our study reported high and arbitrary out-of-pocket fees requested by private health-care settings as barriers to accessing abortion within formal health care. One woman wrote: *“Abortion is legal but none of the public hospitals perform it. Private hospitals and practices are very expensive.”* Another woman wrote in a similar vein: *“In Turkey, hospitals charge 2000- 3000TRY for abortion. I don’t have any money.”*

#### Demand for Medical Abortion

Several respondents expressed concerns over the quality of formal abortion services, notably surgical abortion methods and associated risks. One woman wrote: *“In Turkey, medical abortion is not available. I cannot risk my health by having a surgical procedure (abortion).”* Another woman reported previous poor experience with surgical abortion methods: *“My husband wants a D&C in the hospital, but I do not want to be on the operating table after having a D&C for the miscarriage of my 12-week-pregnancy in the past.”* Some respondents expressed a preference for medical abortion at home:

*“I do not want to undergo curettage for my first pregnancy. I want to have a medical abortion with my husband’s help at home.”*

#### 4. Trust and Confidentiality

Women expressed concerns over doctors, especially family medicine specialists’ and other primary healthcare workers’ approach toward confidentiality over their sexual and reproductive status and history, and also expressed distrust *vis-à-vis* formal healthcare workers’ knowledge, skills and attitude toward medical ethics of abortion. The participants also specifically highlighted concerns related to centralized permanent healthcare records and healthcare workers’ universal access to their healthcare records without requiring an explicit consent. Email excerpts below epitomize these shared concerns among different women:

*“I was raped, and I will be killed if my family learns. If I go to the doctor, my pregnancy will be documented, and my family physician will call my house.”*

*“The ministry of health called my mother about my pregnancy because my insurance is via my mother’s plan.”*

*“I could not have found a physician in Turkey whom I can trust because there are prejudices against abortion.”*

*“Public hospitals give only advice and I am tired of advice. I feel humiliation and can see the judgment in their eyes. They even offered for me to see a psychologist because I don’t want to have a baby.”*

*“I did not go to the hospital because my relatives are doctors and doctors have access to healthcare records. I don’t think that I can go to the hospital to confirm my pregnancy.”*

*“The ministry of health monitors all pregnancies, and every gynecologist must report pregnancies. If my husband and I do it (abortion) legally, we will be tagged and monitored (by the government) which I do not wish to have in my life.”*

#### Spousal Permit

Several participants, particularly those who lived in a women’s shelter or who were seeking shelter from intimate partner abuse, reported that the spousal permit requirement in the Turkish abortion law prevents their access to safe abortion within formal settings:

*“I am subjected to violence and harassment by my husband. I left the house, but a spousal permit is sought to terminate this pregnancy. Please help me or he will destroy me.”*

*“This controller (her husband) prevents me from leaving the house alone without being in the company of him or his family. He has complete financial control over me. Even to buy something to eat, I depend on his permission. However, hospitals are saying that they do not perform the procedure without his permission.”*

*“I have a 6-month-old daughter and I am 10-week pregnant. My husband forced me to be pregnant because he wants a son. He did not let me use contraception. He did not give me any money. He does not let me go*

*outside of the house.”*

## Refugees and Migrants

Refugee women and foreigners mentioned concerns over affordability, and accessing help and information on abortion. One woman mentioned that refugees are subject to exploitation in their abortion search in Turkey.

*“I am a Syrian refugee resident in Turkey, I do not have the possibility of abortion for financial reasons.”*

*“I’m learning this topic is very widely disliked here and I worry as a foreigner it can be a dangerous subject to approach or ask for help about.”*

*“All the Syrian women here are subject to exploitation by illegal clinics where people do not have work experience. There are hundreds of those in need of help, please respond immediately.”*

## Discussion

Our study shows that abortion remains difficult to access and approach for women in Turkey. While unavailability of abortion within formal services appears to be a significant barrier to accessing safe abortion, cost, concerns over privacy and confidentiality, as well as misinformation and censorship appear to hinder women’s access to formal abortion services even where it is supposedly available. We noted that the spousal consent requirement for married women violates women’s autonomy and becomes particularly problematic in cases of intimate partner violence. Our qualitative analysis revealed that women share some serious concerns with regard to healthcare workers’ attitudes toward patient confidentiality and having an electronic health record of their sexual and reproductive history. We also find it significant that additional difficulties were experienced by refugees and foreigners who feel disempowered and exploited in their search for safe abortion within formal healthcare in Turkey.

A major finding of our study was that 45% of the survey respondents indicated that they requested abortion through WoW because they prefer to have a medical abortion, which is not available in the country. This demand for medical abortion was further explained in some email correspondences with its capacity for autonomy such as at-home use or being with friends and/or relatives during the abortion process and concerns over surgical abortion methods and their risks.

This study reveals the unmet need for abortion care in Turkey is caused by policies and practices which hinder women’s access to abortion within formal services through women’s experiences. To increase the availability and affordability of formal abortion services, abortion services should be provided in all public and private healthcare settings in accordance with the abortion law. The spousal consent requirement for married women should be removed. The combined regimen for medical abortion (with mifepristone and misoprostol) should be made available for hospital use and home use, given the demand and its proven safety and benefits (9–11). Efforts shall be made to combat misinformation and censorship of abortion information. Key healthcare workers including but not limited to obstetrics and gynaecology specialists, family medicine specialists, midwives, nurses and reception staff should be trained in abortion regulations and counselling to provide accurate information and support to women in order to increase the approachability of these services (12).

## Strengths and Limitations

This study has several limitations. The WoW website and its survey were designed to be used in many countries hence were not tailored to investigate the themes particular to the context of Turkey. The website was first translated into Turkish in 2013 and was censored on 9 September 2016 by the government. The censorship limited women’s access to the website, as it remained only accessible to those with private virtual networks (VPNs). One question asking for reasons for wanting an abortion through Women on Web was added to the consultation survey on 30 November 2017, which left us with asymmetrical data and prevented us from conducting a longitudinal analysis for all data units. Several observations remained missing, as some questions in the consultation were not mandatory.

Despite these limitations, the study has significant potential to contribute to the literature on access to formal

abortion services and the demand for medical abortion in Turkey. Our quantitative and qualitative analyses reveal that women have been facing significant barriers in accessing safe abortion in Turkey. Although we have not been able to demonstrate the overall demand for medical abortion, we have been able to map some preliminary insights into women's specific needs and preferences for medical abortion.

## Conclusion

We conclude that despite the legal framework, abortion remains difficult to access and approach for women in Turkey. Our study shows that legal restrictions around spousal permit and medical abortion, concerns over affordability, privacy, confidentiality, secrecy, abortion stigma, as well as preference for the comfort of at-home abortion with pills drive women to search for abortion outside the formal healthcare.

## Contribution to authorship:

HA and BD conceived the study, BD prepared the study protocol and the IRB application. RG, HA and ES collected and processed the data. The cross-sectional analysis was conducted by BD and UB and was discussed by all co-authors. Email correspondences were translated from Turkish to English by HA and ES, who are both native Turkish speakers. Content analysis was conducted at the manifest level by HA and BD and discussed by all co-authors. All co-authors approved the final version of the manuscript.

## Ethics approval:

Koc University Institutional Review Board in Istanbul, Turkey examined the analysis plan and deemed it IRB-exempt with application number 2021.049.IRB3.030.

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## Disclosure of interests:

Authors HA, ES and RG work for or are affiliated with Women on Web International Foundation.

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