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Article in *Current Women's Health Reviews* · January 2013

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The Concept of Reproductive Health Care and Abortion: A Small Survey in Turkey and Comparative Ethical Debate

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Abstract: *Objectives:* The aim of this study is to deliberate the dynamics of reproductive health care, abortion and the role of nurses in Turkey in a comparative manner. Terms related to reproductive health have been highlighted in order to bring clarity to the conceptual framework of the topic. This topic has always been evaluated in Turkey from a legislative viewpoint and has not primarily been evaluated from the ethical viewpoint. Furthermore, majority of women in Turkey and all around the world might have not made free decision in certain circumstances. When it comes to practice, there are other factors to consider rather than the legal viewpoint such as women can often communicate better with nurses in the health care institutions than others.

Methods: A small survey was carried out between September 2011 and December 2012. Initially, we prepared a questionnaire for nurses and we learned their attitudes to the topic. 50 nurses in Ankara in two big hospitals and 50 nurses in Istanbul in two big hospitals were interviewed and asked 11 questions about abortion and the female reproductive health care.

Results: It was concluded that abortion has been used as a family planning tool. Women especially from rural areas have not been well educated about reproductive health care and when they have problems they have a tendency to leave the decision to men. Women in rural areas in Turkey cannot access health care service easily because of their socio-economic conditions. Nurses seem to be the center of communication with women in the health care service.

Discussion: There is an ongoing debate about reproductive health care problems and abortion as ethical issues in today's Turkey as well as in today's globalizing world. Since culture dependent factors are crucially important, nurses should be well educated about cultural values, different attitudes, relevant ethical implications and behavioral reflections. Otherwise, techniques and strategies might be applied but without success or convincing results.

Keywords: Abortion, ethics, nurses, reproductive health care, Turkey.

INTRODUCTION

In general terms, "Reproductive Health" is a concept concerning the reproductive functions of both men and women. Physiological, social and pathological issues are relevant to the topic. In Turkey, the concept is quite new and it is considered as a subtopic of women health. Previous terms related to the topic were 'family planning' and 'mother-child health' [1].

Safe and legal abortion is one of the fundamental rights of women. It is therefore pertinent to discuss how it is being implemented under the concept of reproductive health care in Turkey.

Sexual and reproductive health (SRH) is often referred to as "reproductive health", since it also includes sexual health.

Some documents, however, distinguish between sexual health and reproductive health, and respectively between sexual rights and reproductive right.

Reproductive health is "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition is the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with best chance of having a healthy infant [2].

WHO claims the aims of reproductive health as establishing responsible relationships, a safe environment for

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the individuals' decision making process for their reproductive activities and achievable consultation, care and rehabilitation service for the individuals who suffer from the diseases of, or for the protection against, reproductive system problems [1].

In Turkey, the concept of reproductive health is defined as the fulfilling and safe sexual life of the couple; their reproductive ability; and the freedom to decide when and how often to use this ability. This new concept in our country involves both women and men. However, the studies in Turkey concentrate more on the health of the mother and the child. The presence of unhealthy conditions as the principal cause of mothers' dying and the problems experienced by mothers to access health care, to reach centers, physicians, nurses or midwives, play an important role. Focusing on the health of the mother can be justified by physiological realities, such as the reproductive period

(leading to pregnancy and birth) occurring within the body of a woman and breastfeeding to nurture the new born [3].

Furthermore, reproduction and its consequences bear a special importance for women, as women's social status is largely determined by these matters. It can also be argued that health problems specific to women that appear as a result of female physiology and pathophysiology which seriously affects the female reproductive system, must be handled separately with special attention. Different risk groups, that show variation according to age, must also be considered differently in the light of relevant diseases and health conditions.

What Sherwin points out is similar to the viewpoint of the discussions about abortion in Turkey. From the viewpoint of medical ethics, abortion is a moral problem for the health care personnel or the society and from the

Table 1. Replies of nurses to the questionnaire.

| Questions | Answers | Number (n=100) | % |
|--|---|----------------|----|
| 1. What do you think about abortion? | Abortion is used as a tool for family planning | 85 | 85 |
| | Abortion must be applied with the free will of the women | 6 | 6 |
| | Abortion must be applied if the socioeconomic level is not appropriate for the baby. | 9 | 9 |
| 2. Have you and how often have you met pregnant women desiring an abortion? | Never | 20 | 20 |
| | Occasionally | 40 | 40 |
| | Very often | 40 | 40 |
| 3. What are the major problems of for women in Turkey? | Because of lack of information and education about reproductive health problems, they leave their decisions to men. | 56 | 56 |
| | Low socio-economic level and inability to reach health service. | 32 | 32 |
| 4. Could you describe the role of nurses for the follow up of pregnant women in polyclinics? | Routine medical care | 90 | 90 |
| | Education, consultation, giving support to solving their problems. | 70 | 70 |
| 5. How could nurses help pregnant women to make their autonomous decisions? | Informing the pregnant women and supporting the autonomous decision. | 90 | 90 |
| 6. Could women make free and autonomous decisions about reproduction in Turkey? | Yes | 5 | 5 |
| | No | 95 | 95 |
| 7. What do you think about globalization and international working conditions in nursing? | Economic insufficiencies. | 80 | 80 |
| | Lack of information or language. | 80 | 80 |
| | They do not have an idea. | 20 | 20 |
| 8. What kind of effect does globalization have in Turkey? Would nurses prefer to work in different countries? | It might increase quality of service. | 26 | 26 |
| | It is not usually preferred. | 90 | 90 |
| 9. Do nurses get training in different cultures and different customs in reproductive health during their education? | Yes | 50 | 50 |
| | No | 50 | 50 |
| 10. Have you got a role in caring for patients with reproductive health problems from different cultures? | Yes | 5 | 5 |
| | No | 95 | 95 |
| 11. Would you prefer to if the conditions were suitable? | Yes | 70 | 70 |
| | No | 30 | 30 |

viewpoint of feminist ethics it is a strong choice in a woman's life. It is not generally discussed as a woman's self control or autonomy over reproductive functions. It is usually discussed under demographic planning policies, or ethicists discuss it from the aspect of the value of life, social consequences of abortion or the fetus's rights but not often from a woman's perspective [4].

The present study aims to the concept of reproductive health and ethics including abortion from a global viewpoint supported by a small study in Turkey.

MATERIALS AND METHODS

This survey of questionnaire was completed between September 2011 and December 2012. 50 volunteering nurses in Ankara at two different hospitals and 50 volunteering nurses in Istanbul at two different hospitals were interviewed. They were given a questionnaire of 11 open-ended and YES / NO questions about abortion, and the female reproductive health care in Turkey. The nurses had a minimum of ten years experience in the relevant field and they were between 30-50 years old. The main principle was to give the questionnaire to the volunteering nurses who wanted to participate in the study without revealing their names and the name of the institution. Since this is a small study to support a review work on the topic, the qualitative data were analyzed and given as simple frequencies and percentages with the questions and answers in Table 1.

The responses were first read, analyzed and categorized. Numbers of respondents to the categorized responses were matched, and then the frequencies and percentages of the small study were calculated. The survey was completed when the necessary number of nurses by each institution was reached. This was easy since each institution and relevant fields were visited, nurses were interviewed and only volunteering nurses were given the questionnaire. At the satisfaction point of the number of nurses by each institution, the survey was stopped. Then answers were read and if the needed responses were acquired and if nothing dysfunctional was observed, the institution was not visited again.

RESULTS

In our study our results showed that abortion was being used as a tool for family planning. It might be applied with the free will of the women or it might be required relevant to the socio-economic status of women. Most of the nurses in our study either "occasionally" or "often" have met or followed pregnant women desiring for abortion. Women especially from rural areas are not well educated about reproductive health care and when they have problems they have a tendency to leave the decision to men. This is deduced from the study question 6. Most emphasized it should be discussed with their husbands. Women in Turkey cannot access reproductive health care service in an autonomous way because of their socio-economic status.

Nurses either do routine medical examinations of pregnant women or they give education, consultation and support to women to solve their problems about reproductive health. They might have an important communicative role in

informing the women and supporting their autonomous decisions.

Women in Turkey usually cannot give free and autonomous decisions about reproductive health problems. Most nurses in Turkey have not and do not wish to work in other countries but they want to get training about different cultures. They would very much like to compare women from different cultures, have a broad horizon about communication skills and give health care service to women from different cultures (Table 1).

DISCUSSION

In most of the studies relevant to women and health in Turkey, reflections are observed about reproductive health from a female point of view; such as: Demirhan Erdemir's article related to abortion [5], reports of the Turkish Medical Association Ethics Committee about women health [6], the article of Golpinar and Arda entitled "Determination of sex before birth..."[7] the article of Sahinoglu entitled "The question of virginity test in Turkey" [8] and the master thesis of Gursoy named "The opinion and the approach of the nurses and the midwives to the physical examination of the hymen" [9]. When we consider the topics related to "Women and Health", it must be emphasized that it is necessary to plan women's health not only by considering women in their reproductive age but also during the period of babyhood, childhood, adolescence, post-reproductive period – including the menopause and old age, covering all the periods of her life. Reproductive health is in reality a universal subtopic of the problems of women's health. At present, another important group of problems with regards to women's health that must be solved urgently through careful analysis, and require considerable funds, is sexually transmitted diseases including AIDS. Moreover, the failure of adolescent girls to obtain information, education and the services concerning sexual and reproductive health is emphasized as an obstacle with regard to the women's health [10].

In our study nurses declare that women need considerable help and communication to solve their problems. Our study as mentioned is a small scaled study in Turkey to support our review about reproductive health issue, abortion and ethics in the globalizing world. We had prepared and asked 11 open ended questions. Of course a small study has some limitations like reflecting and generalizing it the whole of Turkey. To overcome that problem we chose considerable institutions in big cities to represent Turkey in terms of the cosmopolite structure of their patients. Open ended questions are good to represent, sometimes more than asked, but also sometimes it might lead to unnecessary explanations. However, responses were satisfactory in our case to categorize the responses. We were confident that responses were considerably satisfactory to support in an objective manner our topic.

In Turkey, broad, comprehensive and various issues such as the socio-moral problems that surround infertility, determination of gender, abortion and assisted reproductive techniques, not forgetting the separate issue of violence towards women, must be seriously considered in order to treat women's diseases and solve relevant problems.

Addressing women's reproductive health needs, particularly in conservative societies like Turkey, requires strong commitments on the part of governments as well as non-governmental health and human rights advocates. Although reproductive health issues are sensitive topics for many people, it is important that culturally appropriate discussions of public policy be initiated.

For centuries, abortion has been the most commonly worldwide ongoing debate in studies relevant to women's reproductive health care and medical ethics. Although there are specific laws at present, ethical discussions still dominate. Besides, abortion is a topic that reflexively comes to mind among the problems that have been encountered in the field of reproductive health care in the world and in Turkey. In our study, nurses declare various problems about abortion. As relevant to the topic, it should be emphasized that family structure is defined by civil law in Turkey and the viewpoint is a more holistic and paternalistic than the individualistic. However this understanding has changed to some extent lately. Therefore, in cases like abortion, family planning, organ transplantation etc., permission of the spouse is obligatory and is considered as a socio-moral incentive, as well.

Another important point is that rural and urban areas greatly differ from each other with respect to the subject and in rural areas birth control is not usually applicable or as effective as in urban areas. Either woman has to give birth to an excessive number of children or occasionally choose abortion under unhealthy conditions. In urban areas, families prefer fewer children and use effective methods of birth control. In our study most of the nurses declared that abortion is usually used as a tool for family planning and should not be used for that purpose. This point was clearly expressed in the article of Arda and Aydın [11] who have emphasized that abortion should not be a family planning method and must be placed as one of the priority topics to be stressed during doctors and nurses' ethical training.

IS ABORTION REALLY A WAY OF FAMILY PLANNING IN TURKEY?

Induced abortions have significance for family planning services because one of the important goals of family planning is to eliminate unwanted pregnancies. Women may resort to induced abortions when problems of availability and accessibility to contraceptive services exist or when there are psychosocial barriers that keep them from using contraceptive methods to avoid unwanted pregnancies. Women may also have abortions in order to avoid pregnancy that occurred as a result of contraceptive failure.

The relationship between the incidence of abortion and the change from traditional to modern contraceptive methods was examined in a study of Turkey, primarily based on data from the nationally representative 1993 and 1998 Turkey Demographic and Health Surveys (TDHS). We found that the abortion rate rose sharply after legalization in 1983, but declined steadily after 1988, from 45 abortions per 1000 married women in that year to 25 per 1000 in 1998. During this period of decline in abortion rates, use of traditional methods of contraception declined moderately and use of

modern methods increased. We found that unmet need for contraception (traditional or modern) did not change during the period of decline, suggesting that the reduced levels of abortion were partly due to this shift from less-effective to more-effective methods. By simulating different scenarios and comparing them to the empirical data, the authors conclude that the principal causes (in order of importance) were a lower propensity to abort accidental pregnancies while using traditional methods, a decline in failure rates of traditional methods, and finally, a shift in method mix toward modern contraception.

According to the TDHS 2008 only 4 percent of women have had a stillbirth. One-fifth of ever married women in reproductive age reported ever having had a spontaneous abortion while slightly more than one-fifth of ever married women (22 percent) ever had an induced abortion. In Turkey, 73 percent of currently married women are using a method of contraception. Forty-six percent of currently married women use a modern contraceptive while 27 percent use a traditional method.

The direct impact of the shift from traditional methods to modern methods is, therefore, less important in this analysis than the decline in failure of traditional methods. The authors, however, point out that the shift in method use may also have contributed indirectly both to the decline in the failure rate of traditional methods and to the decline in the propensity to abort pregnancies resulting from traditional method failures: Women at particularly high risk of traditional-method failure, or those who were particularly likely to abort a pregnancy resulting from such failure, may have disproportionately switched to modern methods [12]. The inadequacy of family planning services for abortion clients, which leads many women to go on to have repeat abortions, constitutes a major public health issue in Turkey. The postabortion family planning program was designed to address this important need by establishing linkages between abortion and family planning services. In countries where abortion is common, many observers believe that women prefer abortion to family planning. Our experience in Turkey shows that women turn to abortion simply because contraceptive options are not readily available. Once quality family planning services are made available to abortion clients, they accept family planning methods at high rates.

A recent analysis of abortion trends in Turkey shows that the rate of abortion has declined significantly over the last decade, with the shift away from less-effective traditional family planning methods toward modern methods being an important factor in that decline. These results imply that the postabortion family planning program efforts implemented throughout the 1990s contributed to the decline in abortion, both by increasing the use of contraceptives among women who had an abortion and by tilting the method mix toward more effective methods.

Abortion began to be applied legally in Turkey in 1965. A new law about family planning reinforced it in 1983 that aimed at ending the unwanted pregnancies of women/couples up to the 10th week of pregnancy [13]. While 15.1 out of 100 pregnant women willingly chose abortion in 1984, this number increased to 23.6 in 1987 and to 17.9 in

1993. Although there has been a gradual increase in the number of abortions soon after it became legal, no increase was observed in abortion in Turkey after 1990 [14]. Another point which is as important as these facts is the need to improve the methods of contraception that can be used by men and encourage them to use them regularly. In Turkey, the most common used family planning method by men is the withdrawal method (31%, the ratio among all the methods used in Turkey). The frequency of using condoms is 8.9 %. Vasectomy, the irreversible ligation of male reproductive ducts is a rare choice [15].

According to the demographic planning law, women have had the chance of ending unwanted pregnancies. Abortion might be accepted as only minimizing the possible psychological problems of the women and the family in contrast to the huge socio-economic and moral problems that accompany an unwanted baby.

MORAL DISCUSSIONS ABOUT ABORTION IN THE TURKISH SETTING

According to the law in 1983, married women can undergo abortion until the 10th week of pregnancy with the approval of their spouse. In this manner the permission of the father is sought. After the 10th week of pregnancy it can only be applied if the pregnancy is harmful to the life of the mother or the baby. Regarding abortion, however, much of the problem seems to be related to the family, although the event occurs and ends within the body of the woman.

Catriona Mackenzie mentioned that the responsibility for continuing or ending the pregnancy belongs both to the mother and the father but also emphasized that the responsibility of the women is inevitably higher. As a result, women must decide whether they should give birth to their child or not [16].

Gokcececek mentions that a sanction is applied on women by both patriarchal law and medical practice, and the right of abortion is not given to women without obligation. Women can exercise this right only with the permission of their husband. For this reason, Gokcececek claims that women do not have the right of free reproduction in Turkey [17]. Demirhan Erdemir considers abortion as a latent obtained right of women [5] Aksoy focused on the fetus in his article in which abortion was defined as a destruction of life, and so evaluated the abortion as terminating the life of a living being, and directly concentrated on the moral discussions of this point [18]. Kırımsoy described abortion as a personal right and emphasized that no woman should be forced to give birth to a baby. However, she stressed that in the condition of ending the pregnancy, the fetus in the womb must also be taken into consideration [19].

Kolonkaya criticized the laws passed in 1965 and 1983 as having promoted sexism, and emphasized that these laws limited the right of women as regards their sexual life and reproductive ability as they were not free to make their decisions [20].

ROLE OF NURSES IN A GLOBALIZED WORLD

Starting with the Western societies, the restrictive laws on abortion were liberalized as a public health measure to prevent deaths due to unsafe abortion. Restrictive laws on

abortion have also been liberalized in Turkey following a similar process and abortion on demand has been a part of reproductive health services up to a 10-week time limit since 1983. The secular state authorities with the help of the medical professionals and health care institutions secured the social control on abortion widely [12].

Within the medical profession, the role of nurses might play a crucial role for the care of pregnant women, abortion decisions and family planning strategies worldwide. Since the paternalistic family structure determines the dependent role of women on men in Turkey and similar countries, the only legal, social and friendly communication and support seems to be an important attitude of nurses in the health care area.

In Turkey, the role of nurses also differs greatly in rural and urban areas just like in many other cultures and countries. In the rural areas, nurses are the best consultants and educators of women. They teach family planning even by single home visits, follow women when they are pregnant both medically and socially, and eventually, if they desire abortion, they help them make their free decisions to the best extent and have a safe abortion. In the urban areas, although the conditions are different, nurses in the hospitals are still responsible for the routine follow up of the pregnant women. When women consider abortion, they help them to make their self-decisions as consultants. Since nurses are the women of the same social and cultural context, they might develop empathy with other women [21].

ETHICAL FRAMEWORK OF REPRODUCTIVE HEALTH FROM A GLOBAL PERSPECTIVE

In terms of ethical platform relevant to reproductive health and abortion, the main focus of discussion are the risks to women and maternity, conflict of the right of life of the fetus and the autonomy of the mother and the role of the father during the decision making process [22]. As regards to the transcultural or global approach of health care personnel to reproductive health and abortion, 'Bioethics and Cultural Varieties' are important topics of ethics [23, 24].

In western countries, bioethics emphasizes autonomy, secularity, and individualism. On the other hand, non-western societies emphasize cultural, community and family autonomy. Also, in countries where conventional cultures dominate, there are priorities of dealing with diseases resulting from poverty, priority of preventive medicine, and priority of primary medical service like reproductive health access. Family planning services are not profit-oriented and are generally taken care of by official institutions. Usually, family planning in developing countries is organized by international organizations and usually attempts are made to implement strategies that have been successful in Western societies. In Turkey, since the 1980's IUD (Intra uterine device) and pills have been favored but still withdrawal, and when unsuccessful, abortion might be used as preventive measures by the society [23, 24].

Of course the consent of woman is mandatory in such practices. However, it is influenced by a large number of factors. All these are not rightly brought up for discussion in the manuscript.

We suggest that not only women but also their spouses be educated in family planning. In addition, the reasons for lack of confidence in effective methods and factors preventing women from using effective methods should be investigated, and midwives and nurses should determine the risk groups before performing services for family planning and making home visits to give education for protection of health on a regular basis. Although in Turkey men do not participate in the education programs for family planning for traditional reasons, they play an important role in birth control. An investigation conducted in Turkey indicated that men had little information on reproductive health and family planning. It is known that there are few education programs aiming to inform men about family planning despite their active role in reproduction. Besides, there are some cultural elements preventing spouses from discussing issues related to family planning, sexuality, and reproduction.

To exemplify, family planning programs supported by USA, do not support abortion in countries where it is needed. Each year 46 million women around the world have abortions and 78 % of these women live in developing countries. 25 % of the women live in parts of the world where abortion is permitted only to save a woman's life or by medical indications or is prohibited altogether. The World Health Organization defines 'unsafe abortion' as a 'procedure for terminating an unwanted pregnancy carried out either by a person lacking the necessary skills or in an environment lacking minimal standards, or both'. It is an average estimate that almost 20 million unsafe abortions occur each year with 80,000 deaths related to complications of unsafe abortion. Nearly all-unsafe abortion related deaths are reported to occur in countries with restrictive abortion laws or poor contraceptive services [1].

Sedgh *et al.* emphasize that information on abortion levels and trends could provide information to socio-medical research and policies affecting maternal and reproductive health, but the incidence of legal abortion rate varies widely across the countries in which legal abortion is generally available and has declined in many countries since the mid 1990s [25]. Habiba points out the results of a study from EURO-BIS study group that late termination of pregnancy and feticide as a result of health problems of women and the fetus was not common except in France, Luxemburg and the UK [26]. Levi emphasizes that a public health framework provides an opportunity to identify the role of the nurses in primary, secondary and tertiary prevention strategies that can contribute to the management of unintended pregnancy for the health of women and their families [27]. Ilyas M. reports from Pakistan that approximately 46 million abortions are performed worldwide every year. Pakistan has an estimated abortion rate of 29 abortions per 1000 women of reproductive age, despite the procedure being illegal except to save a woman's life versus the world ratio of 26 induced abortions per 100 known pregnancies. Muslim jurists are unanimous in declaring that after the fetus is completely formed and has been given a soul, abortion is forbidden (haram) [28]. Faundes is reporting from Brazil that unsafe abortion is prevalent in many developing countries, mostly in sub-Saharan Africa, Latin America and South and Southeast Asia where the status of women in society is negotiable and

commitment of governments relevant to the topic is detrimentally important [29]. Hodoregea is reporting from Moldova that despite permissive laws and a well-developed network of facilities, the incidence of unsafe abortion and the resulting maternal mortality is unacceptably high in Central and Eastern Europe and Central Asia, with one-quarter of all maternal deaths reported to occur as a consequence of abortion [30].

Grabner from USA defends that when abortion was illegal in USA; approximately 1,000,000 abortions were performed in unsafe and/or unsanitary conditions and without medical care-often resulting in injury, infection or death and later on legal abortions averted at least 1500 or more pregnancy-related deaths and tens of thousands of life-threatening complications [31]. Ukeles from USA recently reports about an important issue of ethical debate that is informed consent and reproductive choices. It is deliberated that due to state and medical interests in the fetus, information conveyed to patients is biased towards fetal interest, relies on female stereotypes and is still conveyed with the objective authority of the medical profession [32]. From the viewpoint of a recent study reported from French-speaking Switzerland that focused on views of healthcare professionals dealing with legal termination of pregnancy up to 12 weeks of amenorrhea, the professionals usually do not question women's right to abortion but they do diverge over procedures and practices [33]. Another study from Brazil reports that the law about reproductive health that was revised in January 2012 does not unfortunately address the over-medicalization of childbirth and its adverse effects, and the need for safe, legal abortion. It is also emphasized that the content of the law reflects the conflictive nature of public policies on reproductive health in Brazil and how they are shaped by different approaches from government, religious and professional powers [34]. Finer L *et al.* report that there is a global trend toward the liberalization of abortion laws driven by women's rights, public health, and human rights advocates [35].

With regards to ethical discussion, modern technology and globalization have profoundly affected economic, political and social activity in every part of the world. The nursing profession cannot ignore those developments and desperately need an education and experience from a global viewpoint [23, 24]. Many nursing programs in Turkey, China, Latin America and other parts of the world are modeled on USA programs. Non-western nurses argue that the Western nursing paradigm reveals little familiarity with Islamic or Asian perspectives. Values of nursing ethics are very important to give support to women with respect to reproductive health as could be deduced from our study. The autonomous decisions of women, the question of the well-being of children and women, access to health care services, the dignity of women, empathy need to be enforced and solved by nurses [24].

SUGGESTIONS AND CONCLUSION

Though Turkey has legalized abortion but it is pertinent to know its positive and negative fallouts and its acceptance in society.

Induced abortion is an important event in fertility which has been experienced by millions of women for hundreds of years. In most places in the world, it is still practised illegally and under unsafe conditions. In 1983, Turkey took a liberal stand on this issue by legalizing abortions up to 10 weeks of pregnancy. Since then, reported induced abortions have increased. However, almost all abortions are carried out under safe conditions. Abortion practices in Turkey are worth examining further for several reasons. Firstly, Turkey is one of the few countries in the world where induced abortions are performed on a voluntary basis until the 10th week of pregnancy. Secondly, it is quite openly reported when asked, and thirdly, there is a substantial number of women who seek induced abortion during their reproductive years. Although the right to abortion is freely practised by women in Turkey, it is of particular interest to know the characteristics of women who use abortion services instead of family planning services. According to the national policy, induced abortion is not considered a family planning method.

To conclude, reproductive health care problems and abortion are important topics in Turkey and in today's globalizing world. As regards to cultural factors, women are dependent on men, especially in rural areas in Turkey and around the world. In terms of free decisions about topics as abortion, or family planning, nurses seem to be women's best friends, consultants and health careers.

In today's globalizing world, decisions and care about reproductive health and abortion are dependent on cultural factors within a broad range from Europe, to USA and to Asia. In non-western countries, efforts are being made to foster family planning measures from western countries, and abortion is not usually supported as birth control measure. These applications might lead to unsuccessful results since they all eventually depend on cultural factors and social favor.

Finally, nurses have an important role in women's health care and the ethical framework of reproductive health problems. Since cultural differences are crucially important, nurses, health care personnel and if possible women should be educated well about cultural values, different approaches, ethical implications and behavioral differences. Otherwise, techniques and strategies might be applied for reproductive health, but without success or convincing results.

CONFLICT OF INTEREST

The authors confirm that this article content has no conflict of interest.

ACKNOWLEDGEMENTS

Yasemin Genc (Assoc. Prof.) as statistician, Elif Gürsoy (Assist. Prof.) and Gülsüm Ançel (Assist. Prof.) for their support in the field survey.

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Received: October 22, 2013

Revised: January 03, 2014

Accepted: January 07, 2014