

Review

Pregnancy Termination in Turkey: ‘Nereden Nereye...?’*

Nahid Toubia

Abstract

In her early years as a surgeon, Dr. Toubia came to understand that the many women who came to the Khartoum Teaching Hospital with heavy vaginal bleeding were not suffering from miscarriage, but rather had attempted to terminate their pregnancies themselves. Dr. Toubia became increasingly aware of the difficult circumstances of these married women with multiple children, and practical ways to help them through reproductive health services. When she left Sudan in 1988 for political reasons, she had further clarified her approach to such issues, wondering whether women in the Arab and Muslim countries always suffered from the same fate. As a result of her research, she found out that in Tunisia and Turkey, voluntary termination of pregnancy up to certain weeks was legal. These Muslim countries were basing their legal positions on the Quranic principle that a fetus is first a nutfa (a cluster of cells), then a alagaa (a growth attached to the womb) – a being more like a plant. Accordingly, a fetus does not have a soul, and does not become a human being, until quickening (around 12 weeks of age). Dr. Toubia met a Turkish researcher when she was enrolled in a Master’s Degree at the University of London and decided to conduct research in Turkey. In a project prepared with researchers at the University of Istanbul, she analyzed the effectiveness of abortion services provided in two large public hospitals in Istanbul. Later, she visited Tunisia and provided model trainings to many health professionals and medical students. Dr. Toubia expected that in the intervening twenty years where she did not have much contact with the Turkish medical system, things would have improved in terms of services meeting demand. So it has been a great surprise to her that there have been efforts to change the law to make abortions only up to 4 weeks legal. In her piece, Dr. Toubia evaluates this development from a critical perspective, especially given that Turkey is considered an example of modernization and economic success in the region.

Key Words: Reproductive health services, induced abortions, legal ground, Muslim countries

Türkiye’de Gebelik Sonlandırma: “Nereden Nereye...?”*

Özet

Dr. Toubia, Hartum Eğitim Hastanesi’nde hekimliğinin ilk yıllarında, çoğu evli ve çok çocuklu kadınların kanama nedeniyle acil servise gelip, tamamlanmamış düşük tanısı ile tedavi edildiğini, olayı kendiliğinden düşük olarak bildirseler de, düşüklerin onlar tarafından başlatıldığının anlaşıldığını öğrenmişti. Kadınların yaşamlarındaki zor gerçekler ve pratik çözümler Dr. Toubia’nın üreme sağlığı hizmetlerine olan duyarlılığını giderek artırdı. Sudan’dan politik nedenlerle 1988 yılında ayrıldığında, dünya hakkında daha net bir görüşü vardı. Arap ve Müslüman ülkelerde kadınlar hep aynı kaderi mi paylaşıyordu? Ülkelerin politik ve yasal

* A Turkish expression which is used to point out unexpected changes by surprised.

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durumlarını incelerken iki ülkede, Tunus ve Türkiye’de, belli gebelik haftalarında, isteğe bağlı düşüklerin yasal olduğunu belirledi. Müslüman ülkelerde, ilgili yasal durum, kutsal Kuran’da fetusun ilk olarak Nutfa (bir kaç hücrelik nokta), daha sonra Alağaa (rahime bağlanan kitle) olarak tanımlanarak, bitki gibi bir canlı olduğu, ilk hareketlerinin hissedildiği zaman (yaklaşık 12. haftada) ruhunu kazanarak insan olduğu ifadesine dayanıyordu. Londra Üniversitesi’nde Master Programı öğrencisiyken, bir Türk araştırmacı ile karşılaştığında, araştırma yapmak üzere Türkiye’yi seçti. İstanbul Üniversitesi’ndeki çalışma arkadaşları ile birlikte proje hazırlayarak iki büyük kamu hastanesinde sunulan düşük hizmetlerinin etkinliğini değerlendirdi. Sonraları, Tunus’u da ziyaret etti ve pek çok sağlık meslek elemanı ve öğrencisine bu ülke örneklerini aktararak model eğitimler yaptı. Türkiye’nin sağlık sistemi ile ilgisi yirmi yıl öncede kalan Dr.Toubia, bu süre içinde hizmetlerin ihtiyacı karşılaması açısından daha da gelişmesini beklerken, günümüzde, düşüklerle ilgili yasanın değiştirilerek, 10 haftalık olan gebelik sonlandırma süresinin 4 haftaya indirilmesi için çalışıldığı haberini şaşkınlıkla karşıladı. Bu yazıda Dr. Toubia, bulunduğu bolgede modernleşme orneği ve ekonomik bir dev olarak algılanan Türkiye’de, yaşanan bu gelişmeyi eleştirel olarak değerlendiriyor.

Anahtar Kelimeler: Üreme sağlığı hizmetleri, isteyerek düşükler, yasal durum, Müslüman ülkeler

Pregnancy Termination in Turkey

In 1988, I left my country Sudan for political reasons and went to England and enrolled in a Master’s Degree in Health Planning and Financing at the University of London. I had been the Head of the Pediatric Surgery Department at the Khartoum Teaching Hospital for a few years. During my junior years of clinical work in Sudan, I became acutely aware of the plight of women who come to the emergency department bleeding with what is collectively labeled “incomplete abortion”. The woman always reported it as a miscarriage and we never probed too closely to find out whether she had attempted to terminate the pregnancy. But we could tell. It was the fear mixed with sadness that is different from the sense of loss mixed with sadness. As I chatted with some of the women (mostly married with many children) I learned of the difficult circumstances.

So my gradual awareness of the importance of reproductive health services to women came from the practical and harsh realities of women’s lives. At the time, I did not even know the term “reproductive health” as it had not entered the medical parlance and we just called it Obstetrics and Gynecology. So when I left Sudan years later with a more formulated view of the world, I

started wondering if all Arab and Muslim countries had the same negligent attitude towards women’s lives as my country ¹. As a doctor, women’s health was obviously my main area of interest. I started investigating the laws and policies that determine the kind of services women receive in Middle Eastern countries. To my surprise, I found that in Tunisia and Turkey abortion is legal until 12th and 10th week respectively. What surprised me even more was that it was unrestricted and on-demand, meaning the woman just had to ask for it and does not have to be subjected to any approvals or psychological testing as in some European countries. This made Tunisia and Turkey more progressive in their legal approach than the United Kingdom. My discovery injected me with optimism and enthusiasm that helped me throughout my career. I had discovered not only progressive abortion laws, but also I have found that things can be better in this part of the world and that fairness, concern over women’s lives and common sense can prevail.

The reasoning behind making abortion legal in these two predominantly Muslim countries was simple and profound. It came out of the holy Quran itself which describes the fetus first as a Nutfa (a spot of few cells) then Alagaa (a tendril attached to the womb) before the spirit is blown into it indicated by the first kick which happens around 12th week. The abortion legislation

is based on the understanding that before the entering of the spirit it is a living object just like a plant but it is not a human. This understanding allows pious women and men to feel comfortable with the decision to terminate a pregnancy.

With this optimistic view, I was intent on reaching these countries and learning more about the women's health in these countries. The opportunity to meet a Turkish participant in the London School of Hygiene and Tropical Medicine came first and I later developed a research project with my colleagues at the University of Istanbul. I visited Tunisia a few years later and found quality abortion services linked to one of the best family planning systems in the region. So Turkey was my destiny and destination as a young researcher and, as often happens, I fell in love with the country and its people. I have been teaching the model of progressive Turkey and Tunisia to students and health providers all over the world and most importantly, giving hope to thousands of young people in Muslim countries that they can adhere to Islam and live a life of freedom, justice and equality for everyone and especially for women.

But there was a sad twist to that wonderful beginning. As I got to know the Turkish health system and in particular the abortion services, I came to the same realization that my Turkish colleagues already knew; that it was not favorable to women. Yes, abortion was legal and available on demand but women were suffering rather than benefitting from it.

With support from the Population Council in New York, we started a joint research project with the University of Istanbul to investigate the quality of care of reproductive health services and in particular family planning and abortion in Istanbul public hospitals.

The research team, physicians and social scientists, were joined in the belief that access to abortion was a woman's right and that it will always be necessary to give her the option of terminating the pregnancy when it is accidental, unplanned or due to failure of contraception. But at the time, the situation in Turkey was more like that of

Eastern Europe where poor availability and quality of contraception made legal abortion a contraception method that resulted in added physical risks and psychological stress on women who are better off using modern methods that are safe and efficient.

The research questions were centered on women, their health, their well-being and what they wanted. We wanted to document their experiences of unwanted and unplanned pregnancies, why they happened, why the women wanted to terminate, and whether they preferred contraception to abortion. We also documented the abortion experience itself through questionnaires and qualitative data from a sample of women. The research was focused on how the women were treated before, during and after their termination experience, as reported by the women and using the statements and behavior of the physicians providing the abortion ^{2,3}.

Here are some of the results we found:

- 1) The majority of women were married with 2-4 children, were recent migrants to the city from rural areas, most had elementary school education (20% had no education, 60% had graduated from elementary school, 19% had more education) and some (18% were working, others were housewives) were industrial workers in the burgeoning manufacturing industry of Istanbul. They were poor, living in crowded environments.
- 2) Nearly all the women in the study (99%) stated that using contraception was a better way to regulate fertility than induced abortion. The majority of the women (72%) declared that they had been using a method at the time of conception. However, three out of every four women who said they had been using contraception identified the method as "my husband protecting himself", meaning withdrawal.) Almost all women preferred to have a contraceptive than have to resort to abortion but most had limited

knowledge and awareness of modern contraceptives. Some had tried the IUD and most were depending on coitus interrupts for prevention, a male dependent method with relatively low effectiveness. Husband's disapprovals of modern method was the reason declared by most of the women not to use any modern methods but women are happy too). So they had to rely on their husbands' willingness and techniques and the result was a roll of the dice. This latter method was culturally preferred and mentioned in the holy Quran.

- 3) Although most of the women in the group had experienced at least one unwanted pregnancy during their married life, half of the women had no previous abortion experience, 26% had only one previous abortion, 3.3% had five or more abortions.
- 4) There were differences in the quality of care between the centers providing abortion services. Most women experienced the termination as stressful, painful and emotionally distressing.
- 5) Various methods were used by centers to terminate pregnancies. The center where termination was undertaken by the D&C technique used metal instruments (with local anesthesia), and this carried a high risk of perforation and infection compared to the manual vacuum aspiration (MVA) technique. The MVA had previously been introduced to Turkey and was used in the other center.
- 6) Some physicians (particularly males) treated women with disregard, blamed them for their unwanted pregnancy, gave them no contraceptive counseling before or after the termination. Many handled them roughly during the operation with very poor attention to their

My engagement with the Turkish health system ended over twenty years ago.

fears, pain or distress. The majority of the physicians had poor knowledge of modern contraceptives, were biased against them and women repeated much of the popular misconceptions of the danger of contraception. For instance, in the center that used the D&C method, no family planning counseling or services were offered. The other center was a family planning integrated center in a government hospital; however, the physicians there heavily favored IUDs.

- 7) There was very limited availability of contraceptives except IUDs. Information and counseling on voluntary surgical contraceptives is almost non-existent, except for a few special projects. It is generally accepted that families are not offered proper counseling, and that the only options provided were birth control pills and condoms. If a woman has not been fitted with an IUD or is not taking birth control pills, the only contraception available to her was withdrawal. This results in many unwanted pregnancies and abortion becomes inevitable.

It became evident that while Turkey had a very progressive abortion law, much was needed to improve its reproductive health services, and in particular a better family planning program was needed to improve the quality and increase the choice of contraceptives, as well as to provide better training to health care providers. This is what the Women and Child Health Research and Training Unit of Istanbul University Istanbul Medical School undertook to achieve. In fact, the quality of the services at the D&C using center had greatly improved following the introduction of the research results. For instance, the family planning and abortion clinics were combined, which offered more effective services.

I hope others will reflect on the situation today and tell us what changes have been made in reproductive health since then.

I want to fast forward to 2012, one year after the start of the series of uprisings and revolutions that have swept the Middle East, popularly known as the "Arab Spring". Most of the repressive regimes of these countries touted distortedly liberal or even socialist fronts while at their core they were autocratic and corrupt police states that benefitted a small family or a tribal elite. The repression of socialist groups left the gap of underground resistance to Islamist groups supported initially by the conservative Wahabi project of Saudi Arabia and fuelled by mass migration to the Gulf States. As these dictatorships are toppled by a wave of aspiring youth equipped with modern communication, the Islamists are the only groups who have organizational experience and presence in the community to win the elections. In the meantime, Turkey has become an economic and political giant in the region under the rule of a moderate Islamic political party and a charismatic leader. Many moderate Muslims, non-Muslims and even liberals are hoping that the rising political Islam will model itself after the modernist democratic and civil rule of Turkey, not the regressive harsh and repressive rule of Saudi Arabia, the Taliban or the Congress Party of Sudan. Turkey is very aware of its social and political lead in the region and is keen on using it to increase its economic advantage.

Then comes the news of a proposal to change the abortion law in Turkey to reduce it from 10 to 4 weeks. First we all know that estimation of pregnancy duration is based on the beginning of the last menstrual period, by 4 weeks, there would not be delay of period, so women are not even aware that they are pregnant. This should be a sign of political ignorance on the subject at best! Besides what is the reasoning (if not the political motivation) behind the proposed change? Why is

termination at 4 weeks more acceptable than termination at 10 or 12 weeks, given the religious reasoning based on which abortion was made legal in Turkey that I mentioned above? Does that mean that what Turkey was doing under the eyes and ears of its religious leaders for many years was "haram"? Why should this new interpretation be more valid than the old one? Some conservatives in Turkey may think that they will gain more favour with the Islamic groups in the Middle East if they shift to the right. But the future will be determined by the youth, both women and men, who will cast their eyes away from Turkey if it becomes a replica of the conservative political Islam they are already shunning in their own countries.

And what about Turkish women themselves? Will they be forced to backstreet abortions? Most likely the rich and middle classes will find the services at the right cost inside or outside Turkey. As in everywhere else, it is the poor women who will be left with no choices and end up losing their health or even their lives. Is that what the modern Islamic model of Turkey wants to promote as its image? Al Nahda Islamic party governing Tunisia has promised to protect women's rights, Egypt is struggling under the pressure from the Salafists but the new President of the more moderate Islamic Freedom and Justice party has also promised to keep civil liberties and women's gains unchanged. They are both responding to public demands which are in favour of more civil liberties and women's rights. Is Turkey moving in the opposite direction? We surely hope not.

Making legal abortion safe and affordable is a must for a modern state that cares about its citizenship; and just as we stood firm against poor family planning services that makes abortion a contraceptive method we stand equally firmly in support of Turkish women against removing abortion as an essential safeguard for women reproductive health.

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