

TÜRKİYE'DE ÜÇÜNCÜ BASAMAK BİR SEVK MERKEZİNDEKİ YASAL İSTEMLİ DÜŞÜK VAKALARININ İNCELENMESİ

A REVIEW OF LEGAL INDUCED ABORTIONS IN A TERTIARY REFERRAL CENTER IN TURKEY

Şule ÖZEL, MD;¹ Yaprak Engin-ÜSTÜN, MD;¹ Ayla AKTULAY, MD;¹ Demet KOKANALI, MD;¹ Rifat Taner AKSOY, MD;¹ Necati HANÇERLİOĞULLARI, MD;¹ Nedim ÇİÇEK, MD;¹ Salim ERKAYA, MD¹

¹Department of Obstetrics and Gynecology, Zekai Tahir Burak Women's Health Education and Research Hospital, Ankara, Turkey
Geliş tarihi: 10/04/2017 Kabul tarihi: 19/07/2017

Yazarlar herhangi bir finansal destek kullanmamış olup yazarlar arasında çıkar çatışması yoktur.

ÖZ

AMAÇ: Türkiye' de gebeliğin başlangıcından 10. haftaya kadar isteğe bağlı düşük yasaldır. İstenmeyen gebeliklerin periyodik olarak değerlendirilmesi, doğum kontrol hizmetlerindeki boşluklar ve bu hizmetlerin kullanımına ait eğilimleri izlemek açısından önemlidir. Bu çalışmada, üçüncü basamak bir sevk merkezinin bir yıllık süreye ait istemli düşük verileri analiz edilmiştir.

GEREÇ VE YÖNTEMLER: Hastanemizde bir yıllık süre içinde gerçekleştirilen toplam 1.500 istemli düşük vakası geriye dönük olarak analiz edilmiştir. Yaş, gebelik sayısı, doğum sayısı, iki gebelik arasında geçen süre verileri kaydedildi. Hastaların eğitim seviyeleri, düşükten önceki doğum kontrol yöntemi ve düşükten önceki obstetrik anamnezleri medikal kayıtlarından temin edildi. İki eğitim kategorisi (ilköğretim veya daha az ve ortaöğretim veya daha yüksek) kullanıldı.

BULGULAR: Ortalama gebelik süresi $54,5 \pm 5,3$ gündü. Hastaların yaş ortalaması $31,8 \pm 6,5$ yıld. Medyan parite 2 (0-11) olarak bulundu. İstemli düşükten önce kullanılan doğum kontrol yöntemi vakaların %17,1'inde prezervatif, %8,2'sinde combine hormonal doğum kontrol hapt ve %59,7'sinde diğer yöntemlerdi (genellikle doğal yöntemler ve geri çekme). Kadınların %8'i herhangi bir doğum kontrol yöntemi kullanmamıştı. Gebeliklerin %24'ü doğum kontrol yönteminin hatalı kullanımı veya başarısız olmasına bağlı idi. Kadınların %97'si düşükten sonra bir doğum kontrol yöntemi kullanmaya karar vermiş idi. İstemli düşük işlemi gerçekleştirilen kadınların sadece %30,3'ü yüksek eğitim seviyelerine sahipti.

SONUÇ: Eğitim seviyesinin ve doğum kontrol yöntemi kullanımının etkililiğinin yükseltilmesi, istemli düşük sayısının azaltılmasına yönelik temel müdahale alanları olabilir.

Anahtar Kelimeler: İstemli düşük, yasal, Türkiye

Yazışma adresi/Correspondence Address: Dr. Şule ÖZEL, Department of Obstetrics and Gynecology, Zekai Tahir Burak Women's Health Education and Research Hospital, Ankara, Turkey
Tel: 0312 3065051 e-mail: sule.ozel71@gmail.com

ABSTRACT

OBJECTIVE: *Abortion on request is legal in Turkey for up to 10 weeks after conception. Periodic assessments of abortion incidence are important for monitoring trends in unintended pregnancy and gaps in contraceptive services and use. This study analyzes the induced abortion data of a tertiary referral center, in one year period.*

MATERIAL AND METHODS: *A total of 1500 cases of induced abortion cases performed at our hospital in one year period were retrospectively analyzed. Data on age, gravida, parity, inter-pregnancy interval between two pregnancies were recorded. Information on the highest educational attainment, contraceptive method before abortion and obstetric history before abortion was drawn from medical records. The two education categories (primary education or less and secondary or higher) were used.*

RESULTS: *The mean gestational age was 54.5 ± 5.3 days. The mean age of the patients was 31.8 ± 6.5 years. Median parity was 2 (0-11). Contraceptive methods used before induced abortions were condoms in 17.1 % of the cases, combined hormonal contraceptive pill in 8.2 %, and other methods (mainly natural methods and withdrawal) in 59.7 %. Eight percent of women did not use any contraceptive method. Twenty four percent of pregnancies were caused by contraceptive misuse or failure. Ninety seven percent of women planned to use a contraceptive method after abortion. Only 30.3 % of women undergoing induced abortion had high levels of educational attainment.*

CONCLUSION: *Improving education and the effectiveness of contraceptive use are likely to be the key interventions to reduce induced abortions.*

Keywords: *Induced abortion, legal, Turkey*

INTRODUCTION

An abortion can occur spontaneously, in which case called a miscarriage, or it can be purposely induced. The term abortion most commonly refers to the induced abortion of a human pregnancy. Accessible and good quality health services (to provide safe, legal abortion) are vital to women's human rights (1). Each year, nearly 22 million women worldwide have an unsafe abortion, almost all of which occur in developing countries. Efforts are needed to make abortion safe in developing countries (2).

Abortion on request is legal in Turkey for up to 10 weeks after conception. Thereafter; a legal abortion is permitted only to save the life or health of the pregnant woman and in cases of fetal impairment. The procedure must be performed by a gynecologist with additional training in abortion procedures. The pregnant woman's consent is required. If the woman is married, the husband must consent to the abortion.

Until 1983, abortion in Turkey was permitted only to save the life or preserve the health of the pregnant woman and in cases of fetal impairment. (Penal Code of 1 March 1936; Law No. 557 of 1 January 1965, and Ordinance of 12 June 1967). In the early 1980s, the increase in incidence of unsafe abortion in Turkey and the resulting morbidity and mortality led the Government to liberalize the law further and make abortion widely available. Under the Population Planning Law of 24 May 1983 (Law Number 2827, sections 5 and 6, and Ordinance No. 83/7395 of 14 November 1983, issued under the Law), an abortion may be performed on the request of the pregnant woman up to 10 weeks of pregnancy after conception (3).

Periodic assessments of abortion incidence are important for monitoring trends in unintended pregnancy and gaps in contraceptive services and use. This study analyzes the induced abortion data of a tertiary referral center, in a one year period.

MATERIAL AND METHODS

A total of 1500 cases of induced abortion cases performed at our hospital in one year period were retrospectively analyzed. Our hospital as a tertiary center in Turkey has approximately 17000 deliveries per year.

Data on age, gravida, parity, inter-pregnancy interval between two pregnancies were recorded. Information on the highest educational attainment, contraceptive method before abortion and obstetric history before abortion was drawn from medical records. The gestational age was determined by first-trimester ultrasonography (crown-rump length) in all cases. The education categories used were illiterate, elementary school, middle school (sixth, seventh, eighth grade), high school, university and master of education.

Statistical analysis of the data was performed with the software package SPSS for windows 15.0 (Statistical package for social sciences; SPSS Inc. Chicago, IL).

RESULTS

The mean gestational age was 54.5 ± 5.3 days. The mean age of the patients was 31.8 ± 6.5 years. Median parity was 2 (0-11). Table 1 shows the educational level of the group.

Table 1: Education status

	N (%)
Illiterate	54 (%3.6)
Elementary school	796 (%53.1)
Middle school (sixth, seventh, eighth grade)	192 (%12.8)
High school	330 (%22)
University	94 (%6.3)
Master of education	30 (%2)

Contraceptive methods used before induced abortions were condoms in 17.1 % of the cases, combined hormonal contraception in 8.2 %, intrauterine device in 4.5 %, and other methods (mainly natural methods and withdrawal) in 59.7 %. Approximately 8.5 % of women did not use any contraceptive method.

Twenty four percent of pregnancies were caused by contraceptive misuse or failure. Ninety seven percent of women planned to use a contraceptive method after abortion. About 19 % of women had had induced abortion, 34% of them neither use contraception nor abortion. Only 30.3 % of women undergoing induced abortion had high levels of educational attainment (Table 1).

DISCUSSION

The present study aims to analyze the induced abortion data of a tertiary referral center, in a one-year period. We also evaluated induced abortions in the association with maternal education.

Improving education is likely to be one of the key interventions to reduce induced abortions. Government and non-governmental agencies should assist in making modern contraceptives widely available. In Viet Nam, the overall induced abortion percentage was 19.4 per 100 pregnancies. Mother's age of 35 or older, having more than three living children, and ever used female contraception methods significantly doubled or more the odds of having an induced abortion and significantly tripled the odds of having repeated abortions (4).

The induced abortion rate in sub-Saharan Africa rose in high-exposure countries relative to low-exposure countries when the Mexico City Policy was reintroduced (5). Reduced financial support for family planning may have led women to substitute abortion for contraception.

The policy and program change that led to declines in abortion-related mortality in Romania, South Africa and Bangladesh. In all three countries, abortion policy liberalization was followed by implementation of safe abortion services and other reproductive health interventions (6).

Estimated abortion rates and their correlates can help policy makers and program planners identify sub-groups of women who are in particular need of services and counseling to prevent unwanted pregnancy. The annual general abortion rate was 5.5 abortions per 1,000 women in Tehran; the general abortion rate peaked at 11.7 abortions among those aged 30-34 (7).

CONCLUSION

As a conclusion, improving education and the effectiveness of contraceptive use are likely to be the key interventions to reduce induced abortions.

REFERENCES

- 1)Kismödi E, de Mesquita JB, Ibañez XA, Khosla R, Sepúlveda L. Human rights accountability for maternal death and failure to provide safe, legal abortion: the significance of two ground-breaking CEDAW decisions. *Reprod Health Matters*. a. 2012; 20: 31-9.
- 2)Shah IH, Ahman E. Unsafe abortion differentials in 2008 by age and developing country region: high burden among young women. *Reprod Health Matters*. 2012; 20: 169-73.
- 3)The Population Planning Law. Law No. 2827 of 24 May 1983.
- 4)Nguyen PH, Budiharsana MP. Receiving voluntary family planning services has no relationship with the paradoxical situation of high use of contraceptives and abortion in Viet Nam: a cross sectional study. *BMC Womens Health*. 2012; 1: 14.
- 5)Bendavid E, Avila P, Miller G. United States aid policy and induced abortion in sub-Saharan Africa. *Bull World Health Organ*. 2011; 89: 873-880.
- 6)Benson J, Andersen K, Samandari G. Reductions in abortion-related mortality following policy reform: evidence from Romania, South Africa and Bangladesh. *Reprod Health*. 2011; 8: 39.
- 7)Erfani A. Induced abortion in Tehran, Iran: estimated rates and correlates. *Int Perspect Sex Reprod Health*. 2011; 37: 134-42.