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This chapter presents information on induced abortions, spontaneous abortions, and stillbirths. Stillbirths and spontaneous abortions are important maternal health indicators. The practice of induced abortion can have adverse effects on the health of women.

Induced abortions have additional significance for family planning services since one important goal of family planning is to eliminate unwanted pregnancies. Women may resort to induced abortions either when they have accessibility and availability problems for contraceptive services or when there are other psychosocial barriers that keep them back from using contraceptive methods to avoid unwanted pregnancies or when the pregnancy occur as a result of contraceptive failure.

In Turkey, induced abortion has always been important in fertility regulation, even before the legalization on socioeconomic grounds in 1983 with the enactment of the new population planning law. This law provided safe abortion on request during the first ten weeks of gestation for every woman who needed the service. Since the law was enacted, induced abortion has been available to women at government hospitals for a nominal fee and from the private sector.

In the TDHS-2003, questions were included to determine the total number of induced and spontaneous abortions and stillbirths in the lifetime of women. In the calendar module, detailed information on the duration of each pregnancy ending in an abortion and on the place where abortion occurred was collected for each pregnancy terminated since January 1998. In addition, women who reported ever having a pregnancy ending in a miscarriage/abortion or stillbirth were asked about the month and year in which the last such pregnancy terminated. For last pregnancies that ended in an induced abortion, information was collected on the main reason for the abortion. The TDHS-1998 had included a similar question. However, unlike the TDHS-1998 question, the TDHS-2003 employed an open-ended question to collect this information. For this report, the responses to the open-ended question are categorized into 6 groups including the reasons related to concerns about the health of the woman and child, the woman's desire not to have another pregnancy at all, concern that the pregnancy was too close to a prior pregnancy, and other reasons (e.g., economic or familial).

6.1 Life-time Experience with Pregnancy Terminations

Table 6.1 shows the distribution of ever-married women by the total number of abortions (induced and spontaneous) and stillbirths that they reported ever having had during their reproductive lives. Overall, the table shows that, while relatively few women have had a stillbirth (4 percent), nearly one-fifth of ever-married women reported ever having had a

spontaneous abortion and 24 percent have ever had an induced abortion. Among the women who had had an induced abortion, more than 58 percent had had only one induced abortion.

Number of terminations	Abortions		Stillbirths
	Spontaneous	Induced	
None	79.2	76.1	96.0
1	14.6	13.8	3.5
2	3.9	6.3	0.3
3	1.5	2.3	0.1
4	0.4	0.8	0.0
5 or more	0.3	0.8	0.1
Total	100.0	100.0	100.0
Mean number	0.3	0.4	<0.1

The woman's age and the number of living children she has are strongly associated with the likelihood that a woman will have had an induced abortion. Table 6.2 shows that the percentage of ever-married women ever having had an induced abortion varies from less than 5 percent among women under age 25 up to 41 percent among women age 45-49, with the proportion rising markedly among women age 30 and older. The percentage of ever-married women who have had an induced abortion also increases steadily with the number of living children, from 3 percent of women with no living children to a peak of 33 percent among women with three or four children.

As Table 6.2 shows, the proportion of women ever have had an abortion is higher among urban than rural women (26 percent and 19 percent, respectively). Women in the East region (14 percent) are the least likely to have ever had an induced abortion and women in the Central (28 percent) and West (27 percent) regions are the most likely to report an induced abortion. Considering the pattern for the NUTS 1 regions, the proportion of women ever having had an induced abortion is lowest in Southeast Anatolia (10 percent) and the highest in West Black Sea (31 percent). There is little variation in the proportion of women with an induced abortion by education.

6.2 Current Levels and Trends in Abortion Rates

Table 6.3 shows the rates of abortions (spontaneous and induced) and stillbirths per 100 pregnancies for the five-year period prior to the TDHS-2003. The table reveals that, during this period, 23 percent of pregnancies among ever-married women terminated in other than a live birth. Induced and spontaneous abortions have higher share among non-live terminations. Only about one out of every 100 pregnancies ended in a stillbirth, while there were 21 abortions per 100 pregnancies, of which 11 were induced.

Table 6.2 Induced abortions by background characteristics		
Percentage of ever-married women ever having had an induced abortion, by selected background characteristics, Turkey 2003		
Background characteristic	Ever had an induced abortion	Number of women
Age		
15-19	4.5	238
20-24	4.2	1,045
25-29	12.3	1,479
30-34	21.4	1,488
35-39	30.7	1,420
40-44	37.8	1,330
45-49	41.0	1,073
Number of living children		
0	2.7	736
1	13.4	1,603
2	27.4	2,630
3	33.2	1,566
4	32.6	746
5 or more	27.2	794
Residence		
Urban	26.0	5,752
Rural	18.7	2,323
Region		
West	26.8	3,286
South	21.9	1,028
Central	27.9	1,867
North	21.7	590
East	13.9	1,305
NUTS 1 Region		
Istanbul	28.2	1,470
West Marmara	22.1	348
Aegean	29.6	1,157
East Marmara	22.3	710
West Anatolia	26.7	784
Mediterranean	21.9	1,028
Central Anatolia	23.7	471
West Black Sea	30.6	513
East Black Sea	20.2	291
Northeast Anatolia	23.4	245
Central East Anatolia	14.8	389
Southeast Anatolia	9.9	671
Education		
No education/Prim.incomp	21.3	1,761
First level primary	24.9	4,339
Second level primary	23.2	601
High school and higher	24.8	1,374
Total	23.9	8,075

Table 6.4 presents the trends in the levels of induced abortions during the period between the TDHS-1993 and TDHS-2003. Overall, the results suggest that there was a substantial decline in level of induced abortions during the period covered in the surveys, from 18 abortions to 11 abortions per 100 pregnancies.

Background characteristic	TDHS-1993	TDHS-1998	TDHS-2003
Age			
15-19	3.8	5.8	3.4
20-24	8.3	7.7	5.6
25-29	20.4	12.6	9.5
30-34	27.9	23.3	19.1
35-39	36.2	33.4	25.5
40-44	47.1	42.5	33.7
45-49	47.6	66.2	27.6
Residence			
Urban	21.3	16.1	13.2
Rural	12.4	11.6	7.2
Region			
West	24.9	18.0	14.7
South	16.3	13.7	10.2
Central	19.8	16.7	14.9
North	17.0	15.6	8.8
East	8.7	7.6	5.2
NUTS 1 Region			
Istanbul	NA	NA	15.1
West Marmara	NA	NA	13.0
Aegean	NA	NA	20.4
East Marmara	NA	NA	7.4
West Anatolia	NA	NA	15.5
Mediterranean	NA	NA	10.2
Central Anatolia	NA	NA	10.0
West Black Sea	NA	NA	17.0
East Black Sea	NA	NA	6.3
Northeast Anatolia	NA	NA	10.8
Central East Anatolia	NA	NA	4.4
Southeast Anatolia	NA	NA	3.9
Education			
No education/Prim. incomplete	13.9	11.8	8.3
First level primary	19.4	15.1	11.5
Second level primary	22.6	17.3	12.8
High school and higher	NA	NA	14.8
Total	18.0	14.5	11.3

^a For TDHS-1993 and TDHS-1998 this category refers to secondary+.

Outcome	Number per 100 pregnancies
Abortions	21.3
Spontaneous	10.0
Induced	11.3
Stillbirths	1.3

The level of induced abortions also declined for most of the sub-groups. For instance, among urban women, there were 13 induced abortions per 100 pregnancies at the time of the TDHS-2003 compared to a rate of 21 abortions per 100 pregnancies in the TDHS-1993. With regard to the regions, the proportion of women who have had an induced abortion is the least in the East region as it was in TDHS-1998. The largest absolute declines in the percentages of women who have had an induced abortion are observed in the West (from 25 abortions per 100 pregnancies in the TDHS-1993 to 15 in the TDHS-2003) and in the North (from 17 abortions per 100 pregnancies in the TDHS-1993 to 9 in the TDHS-2003). Compared with the findings of the previous surveys, abortion rates within the various educational categories also have decreased, with the decline being greatest for women with secondary level primary or higher education. As a result, educational differentials in abortion rates appear to be closing in Turkey.

6.3 Patterns of Contraceptive Use Prior to and After Induced Abortion

TDHS-2003 calendar can be utilized to examine the women's use of contraception before and after an induced abortion. An examination of the patterns of contraceptive use before a woman has an abortion is important because pregnancies that end in abortions are often result from the use of ineffective contraceptive methods or from the failure to use methods effectively as well as from not using contraception at all. According to the TDHS-2003 results, all of these factors are related to abortion in Turkey.

As Table 6.5 shows, in the case of around one-fourth of the abortions during the five-year period prior to the survey, the woman was not using any contraceptive method in the month before she became pregnant. Among abortions in which contraception was used immediately prior to the pregnancy, women were more likely to be using a traditional than a modern method. Almost a half of the abortions occurred following a period of use of withdrawal (46 percent), while 23 percent occurred as the women was using a modern method, in particular the condom (10 percent), the pill (6 percent) or the IUD (5 percent).

Table 6.5 Method used before abortion
Method used within one month before pregnancy for the last abortion reported in the five years preceding the survey, Turkey 2003

Method	Percentage using method before abortion
Pill	6.1
IUD	5.0
Injection	0.3
Diaphragm	0.8
Male condom	10.4
Lactational amenorrhea method	2.3
Periodic abstinence	3.5
Withdrawal	46.1
Other	1.1
No method	24.4
Total	100.0
Number	552

Information on the use of contraception in the month following an abortion is presented in Table 6.6. Women did not use any contraceptive method in the month following abortion in the case of almost one-third of the abortions in the five-year period before the survey, and they initiated use of a traditional method, principally withdrawal, in the case of somewhat more than one-quarter of the abortions. Overall, modern family planning methods were adopted in the month following the pregnancy termination in the case of 40 percent of abortions. In comparison with the mix of methods used before abortion, this represented a substantial increase in the use of modern methods. The IUD was the most popular method among women adopting a modern method after an abortion, followed by the pill and condom.

Table 6.6 Method used after abortion
Method used within one month after pregnancy for the last abortion reported in the five years preceding the survey, Turkey 2003

Method	Percentage using method after abortion
Female sterilization	1.5
Male sterilization	0.2
Pill	10.3
IUD	15.9
Injection	1.6
Diaphragm	1.0
Male condom	9.4
Periodic abstinence	1.3
Withdrawal	26.4
Other	0.7
No method	30.7
Unknown	1.1
Total	100.0
Number	552

6.4 Reasons for Induced Abortion

The reasons women gave for having their last induced abortion are presented in Table 6.7. Four of every ten women had the abortion because they did not want to have another child. An additional 17 percent ended the pregnancy because it followed a previous pregnancy too closely. Thus, more than half of women who had an abortion wanted to space or limit their births at the time of the abortion. Among women citing other reasons for the abortion, the majority indicated that they ended the pregnancy because of economic problems or problems within family. Health problems were the main reason for the decision to have the last abortion among 12 percent of the women.

As the age of women increases, the proportion of women who had an abortion because they did not want another child also increases. The desire to delay (space) a wanted birth or concerns about health were cited somewhat more frequently as the reasons for ending the pregnancy among women under age 35 than among older women.

There is comparatively little variation between urban and rural areas in the reasons women gave for having an abortion, with around 40 percent of both urban and rural women saying that they had an abortion because they did not want another child. Urban women are somewhat more likely than rural women to say they had an abortion because it followed a prior pregnancy too closely. In turn, rural women cite other concerns (principally related to economic issues or familial problems) more often than urban women.

Looking at regional patterns, the East and North regions have the highest percentage of women reporting they had the abortion because they did not want another child (46 percent and 45 percent respectively) and the West Region has the lowest percentage (39 percent). Women in the West were the most likely to cite a concern about spacing pregnancies as the reason for abortion. Women in the Central region tended to give economic and familial reasons somewhat more often than women in the other regions.

The desire to limit births is the most frequently reported reason for abortion in all educational categories. Women with higher education are somewhat more likely than women in the other education categories to say that they had terminated the pregnancy because the period since the previous pregnancy was too short. The proportion citing economic or familial reasons for abortion is inversely related to a woman's educational level.

Table 6.7 Reasons for induced abortion

Percent distribution of ever-married women who ever had an induced abortion by reason for last induced abortion, according to background characteristics, Turkey 2003

Background characteristic	Health related to:						Total	Number of women
	Mother	Child	Mother and child	Didn't want another	Previous pregnancy just ended	Other		
Age								
15-19	*	*	*	*	*	*	100.0	12
20-24	(2.7)	(7.7)	(0.0)	(28.2)	(25.3)	(36.1)	100.0	43
25-29	9.8	4.3	0.8	37.8	20.4	26.9	100.0	170
30-34	5.0	4.3	1.7	34.1	23.0	32.0	100.0	305
35-39	7.0	3.2	1.9	36.9	16.9	33.7	100.0	408
40-44	8.7	3.3	1.3	45.0	14.2	27.4	100.0	458
45-49	5.7	1.8	1.0	47.5	13.1	31.0	100.0	401
Residence								
Urban	7.0	3.4	1.3	41.1	18.2	28.9	100.0	1,386
Rural	6.5	2.8	1.6	39.4	13.2	36.5	100.0	409
Region								
West	7.1	2.6	1.3	38.9	20.6	29.6	100.0	819
South	9.4	6.0	2.0	39.9	13.6	29.1	100.0	208
Central	4.9	3.0	0.8	41.1	13.6	36.2	100.0	489
North	6.5	4.5	1.5	45.1	16.6	25.8	100.0	117
East	9,3	3.4	2.3	46.0	14.1	24.8	100.0	162
NUTS 1 Region								
Istanbul	8.0	4.0	1.7	33.7	22.0	29.8	100.0	388
West Marmara	7.5	5.8	1.1	43.2	19.9	22.5	100.0	73
Aegean	4.4	0.3	1.1	41.6	18.9	33.6	100.0	319
East Marmara	6.1	1.2	1.4	46.9	17.4	27.1	100.0	145
West Anatolia	5	2.9	0.9	47.3	13.3	29.7	100.0	194
Mediterranean	9.4	6.0	2.0	39.9	13.6	29.1	100.0	208
Central Anatolia	7.5	4.4	0.0	42.5	11.9	33.8	100.0	103
West Black Sea	2.5	4.5	0.4	33.3	15.8	43.5	100.0	149
East Black Sea	10.3	3.7	2.2	45.2	14.2	24.5	100.0	54
Northeast Anatolia	8.3	2.9	2.9	43.1	11.8	31.1	100.0	51
Central East Anatolia	8.7	1.2	0.0	44.0	17.9	28.3	100.0	51
Southeast Anatolia	10.8	5.8	3.9	50.2	12.8	16.5	100.0	60
Education								
No education/Prim.incomp.	9.6	2.5	2.2	42.2	9.1	34.5	100.0	341
First level primary	6.0	3.3	1.1	39.3	17.6	32.8	100.0	1,001
Second level primary	7.9	2.7	0.3	40.2	22.2	26.7	100.0	130
High school and higher	6,5	4.5	1.8	43.7	21.7	21.3	100.0	322
Total	6.9	3.3	1.4	40.7	17.0	30.6	100.0	1,795

Note: Parentheses indicate that a figure is based on 25-49 unweighted cases. An asterisk indicates a figure is based on fewer than 25 unweighted cases and has been suppressed.

6.5 Timing of Induced Abortions

Although abortions are legal for up to 10 weeks of pregnancy (2.5 months), it is safer for a woman to have an abortion as early as possible. Table 6.8 shows the distribution of ever-married women with an induced abortion in the five-year period before the survey by the number of months that the woman was pregnant at the time of the last abortion. Overall, 73 percent of the abortions occurred in the first month of pregnancy and 22 percent in the second month of pregnancy. Thus, only five percent of induced abortions were performed outside of the recommended time limit. Urban women and women in the Central and South regions are more likely to have had the abortion after the second month of pregnancy than women living in the other regions.

Residence and region	Number of months pregnant			Total	Number of women
	1	2	3+		
Residence					
Urban	72.0	22.4	5.6	100.0	437
Rural	78.7	19.9	1.5	100.0	115
Region					
West	70.6	25.1	4.3	100.0	245
South	73.6	21.2	5.2	100.0	69
Central	76.9	17.3	5.8	100.0	145
North	(73.1)	(22.8)	(4.1)	100.0	27
East	76.1	20.3	3.6	100.0	66
Selected NUTS 1 Regions					
Istanbul	73.0	23.9	3.2	100.0	121
Southeast Anatolia	(65.8)	(27.9)	(6.4)	100.0	28
Total	73.4	21.9	4.7	100.0	552

6.6 Abortion Provider

Table 6.9 presents information on the abortion provider. Nearly four in five women who had an induced abortion in the five-year period preceding the survey reported the abortion took place at a private doctor's office (57 percent) or at a private hospital or clinic (21 percent). Reliance on the private sector for abortion services was greater in the TDHS-2003 than in the TDHS-1998. Women seeking abortion services from public sector providers were more likely to report that they had obtained the abortion at a hospital than from a health center.

Rural women were somewhat more likely than urban women to have had the abortion performed at private doctor's office rather than hospitals or clinics. Highest preference of private hospital and clinic is observed among women living in Istanbul. The proportion obtaining abortion services at a private doctor's office or a private clinic or hospital little variation by region, from 74 percent in the Central to 80 percent in the West Region.

Table 6.9 Abortion provider											
Percent distribution of ever-married women with recent induced abortions by place of provision, according to place of residence, Turkey 2003											
Residence and region	Abortion provider									Total	Number of women
	Govern-ment hospital	Maternity hospital	Health center	SSK hospital	Private hospital/clinic	Doctor's office	Uni-versity hospital	Other	Missing		
Residence											
Urban	10.3	5.1	0.6	3.8	24.3	51.3	2.4	2.9	0.2	100.0	473
Rural	4.8	5.6	0.0	4.3	7.9	76.5	0.0	0.7	0.0	100.0	123
Region											
West	9.2	2.1	0.6	4.3	33.8	45.7	2.1	2.2	0.0	100.0	264
South	11.1	4.5	0.8	0.8	10.2	67.5	1.4	2.3	1.4	100.0	71
Central	9.9	9.3	0.0	5.2	11.6	61.9	2.1	0.0	0.0	100.0	162
North	(6.5)	(6.3)	(1.5)	(8.9)	(3.5)	(73.3)	(0.0)	(0.0)	(0.0)	100.0	27
East	6.5	7.7	0.4	0.8	11.8	66.6	1.6	4.5	0.0	100.0	73
Selected NUTS 1 Regions											
İstanbul	13,9	0,0	1,3	4,6	47,6	26,8	4,2	1,6	0,0	100,0	130
Southeast Anatolia	7,6	3,8	0,0	1,8	21,1	55,9	3,9	5,8	0,0	100,0	31
Total	9.2	5.2	0.5	3.9	20.9	56.5	1.9	1.8	0.2	100.0	597

6.7 Age-specific and Total Abortion Rates

Abortion rates for the five-year period preceding the survey are shown in Table 6.10 by place of residence. Age-specific rates represent the probability that a woman of a particular age will have an abortion during a one-year period. These rates are shown per 1,000 women. A useful summary index of the age-specific abortion rates is the total abortion rate (TAR). This rate is analogous to the total fertility rate (TFR). The TAR is the average lifetime number of abortions a woman would have if she experience the current age-specific abortion rates.

Table 6.10 Total abortion rates			
Age-specific and cumulative abortion rates for the five year period preceding the survey by urban-rural residence, Turkey 2003			
Current age	Urban	Rural	Total
15-19	2	2	2
20-24	12	4	9
25-29	19	9	16
30-34	23	19	22
35-39	18	15	17
40-44	8	6	8
45-49	1	2	1
TAR 15-49	0.42	0.29	0.38
TAR 15-44	0.41	0.28	0.37

TAR = Total abortion rate expressed per woman

The TAR per women is found to be 0.4 for the five years preceding the TDHS-2003. The age-specific rates increase to a peak among women age 30-34, and decline among older women. The rates of abortion are higher in urban than rural settlements at all ages, except the 15-19 cohort where the level is the same.

Total abortion rates by background characteristics are shown in Table 6.11. Central Region has the highest average number of abortion per women while the North has the lowest (0.47 and 0.23 respectively). Differences in TAR are modest by education.

<u>Table 6.11 Total abortion rates by background characteristics</u>	
Total abortion rate for the five year period preceding the survey by background characteristics, Turkey 2003	
Background characteristic	TAR 15-49
Residence	
Urban	0.42
Rural	0.29
Region	
West	0.41
South	0.32
Central	0.47
North	0.23
East	0.29
Selected NUTS 1 Regions	
Istanbul	0,42
Southeast Anatolia	0,24
Education	
No education/ Primary incomplete	0.36
First level primary	0.37
Second level primary	0.40
High school and higher	0.39
Total	0.38
TAR = Total abortion rate expressed per woman	