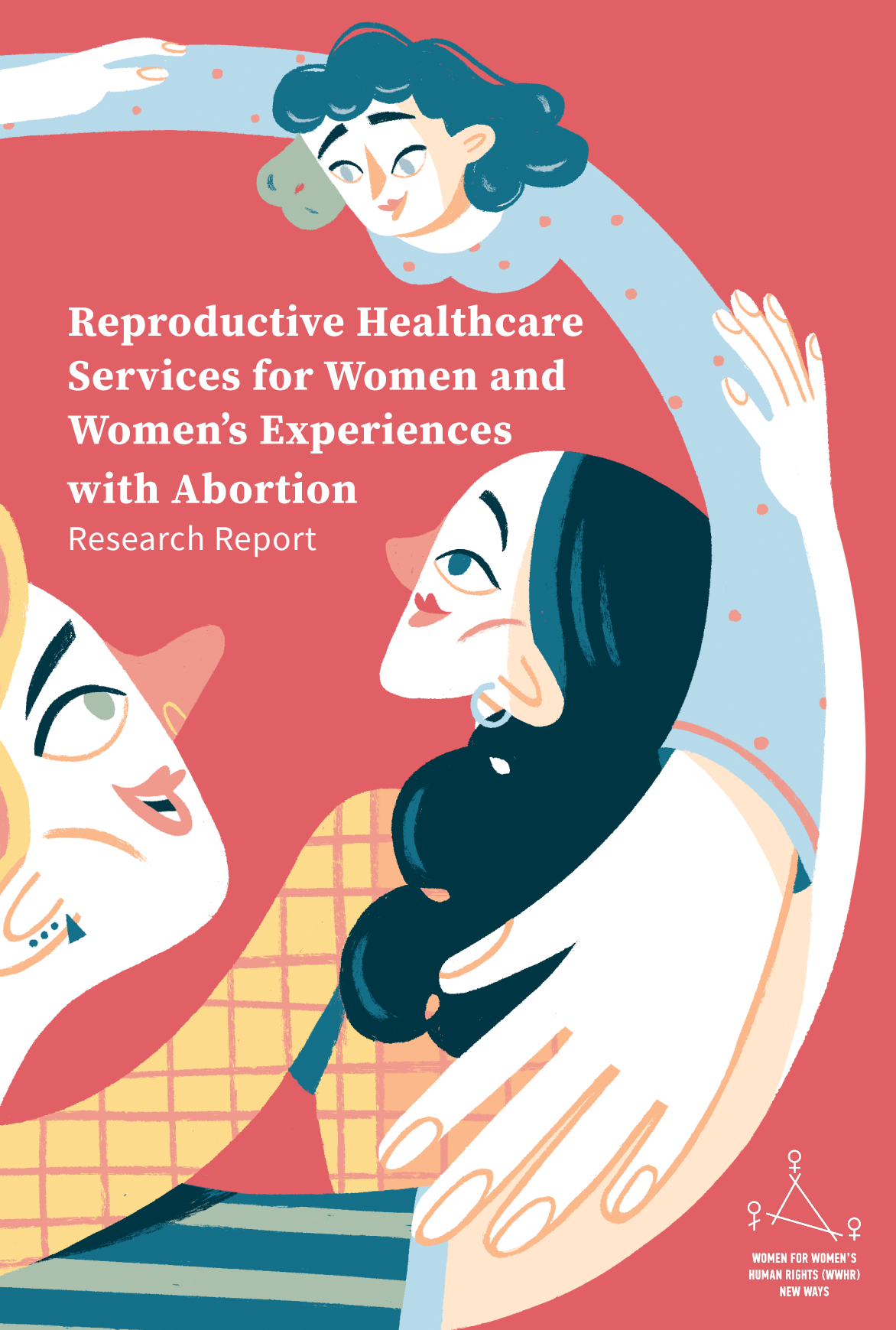

Reproductive Healthcare Services for Women and Women's Experiences with Abortion

Research Report

WOMEN FOR WOMEN'S HUMAN RIGHTS (WWHR)
NEW WAYS

Reproductive Healthcare Services for Women and Women's Experiences with Abortion

Research Report

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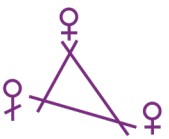

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PREFACE

Abortion is still completely prohibited without any exceptions in 26 countries across the world. 39 countries allow abortion only if the woman's life is at risk and 56 countries allow it if the woman's health is at serious risk.[1] Legislative proposals restricting women's right to abortion, particularly in Poland and in some states of the United States of America, carry the risk of solidifying repressive policies aimed at controlling and regulating women's bodies and sexuality. These policies against women taking control of their own bodies, sexuality and lives are not limited to abortion bans. Unsurprisingly, it is obvious that the groups against gender equality are also against abortion. Indeed, conservative politics, which bases its population policies on imposing control over women's bodies, is not content with using merely legal bans and restrictions to regulate women's prerogative over their bodies. For instance, although it appears legally possible in many countries, including Turkey, to access abortion rights safeguarded by laws, it is in fact de facto impossible, challenging or conditional.

The abortion ban in Turkey was lifted by the law no. 2827 on Population Planning which took effect in 1983. According to the law, it is legally possible in Turkey to have an abortion upon request until the end of the 10th week of gestation. However, on average, the earliest that a woman begins to suspect pregnancy is around the sixth week after the last menstrual period. Therefore, after finding out she is pregnant, a woman only has a short window of time around four weeks to decide to have an abortion and act on it. Given the other legal and administrative requirements to be fulfilled in such a short time, it becomes almost impossible for a woman to have an abortion within the legally permitted timeframe of 10 weeks. The law allows abortion for pregnant women over 10 weeks of gestation if the pregnancy puts the woman's life at risk or may cause severe disability for the to-be-born child, provided that the expert physicians present a report justifying the abortion. If the pregnancy is a result of a sexual assault, the period for abortion can be extended up to 20 weeks if it is supported by a judge's decision. Meanwhile, the law requires spousal consent for married women to have an abortion and parental consent for girls younger than 18 years of age. The consent of pregnant women with mental disabilities is not sought, but rather the consent of their guardian and a permission of a magistrate are required for them to have an abortion.

1 "The World's Abortion Laws", Center for Reproductive Rights. https://maps.reproductiverights.org/worldabortionlaws

Notwithstanding that abortion in Turkey is a right safeguarded by law, we see that in practice access to abortion, abortion on demand in particular, is subject to de facto restrictions and prohibitions. Research conducted in 2020 based on interviews in 295 public hospitals in Turkey reveals that only 10 of these hospitals provide services for voluntary abortion (these 10 public hospitals are located in eight provinces.)[2] In Istanbul, which is not among these provinces and where a quarter of the total population of Turkey lives, there is only one public hospital that provides voluntary abortion care for up to eight weeks of pregnancy. According to the same research, 55 of the interviewed hospitals provide wrong and misleading information, stating that "abortion is banned or illegal". When Mor Çatı Women's Shelter Foundation conducted a similar research in 2015 and made it public, the Ministry of Health made a statement that abortion was not banned, and that it was not feasible to obtain information by calling hospitals and asking questions, adding that "termination of gestation is a private matter that needs to be discussed and considered between a patient and a physician".[3] In addition to the fact that the Ministry's statement is very different from women's experiences, another point worth stressing regarding this statement is the lack of sources of information to find out which hospitals provide abortion services on demand for women. For instance, healthcare providers at public family health centers state that they do not know where to refer patients demanding voluntary termination of pregnancy.[4] To terminate an unwanted pregnancy, women who cannot have an abortion at public hospitals are forced to go to private hospitals that provide abortion services. Abortion services at private hospitals cost almost as much as the minimum wage.[5]

2 *Legal But Not Necessarily Available: Abortion Services at Public Hospitals in Turkey-2020,* Kadir Has University Gender and Women Studies Research Center, 2020. https://gender.khas.edu.tr/sites/gender.khas.edu.tr/files/inline-files/Abortion-Report-2020-ENG-new.pdf

3 "Mor Çatı Women's Shelter Foundation: Sağlık Bakanlığı Kürtaj Yapan Hastanelerin Listesini Açıklasın" [The Ministry of Health Should Announce the List of Hospitals that Provide Abortions], BİA Haber Merkezi, 26.02.2015. https://m.bianet.org/biamag/kadin/162621-mor-cati-saglik-bakanligi-kurtaj-yapan-hastanelerin-listesini-aciklasin

4 Volkan Yılmaz, *Monitoring Report on Sexual and Reproductive Health Services in Turkey Before and During the Pandemic.* Turkish Family Health and Planning Foundation, 2020, 26. https://www.tapv.org.tr/wp-content/uploads/2021/07/Monitoring-Report-on-Sexual-and-Reproductive-Health-Services-in-Turkey-Before-and-During-the-Pandemic.pdf

5 Cemre Baytok, *The Istanbul Convention, Gender Politics and Beyond: Poland and Turkey*, Hafıza Merkezi Berlin, 2021, 14. https://www.hm-berlin.org/wp-content/uploads/2021/06/HMB_Pub2_ENG_v2.pdf

Abortion is a legal right in Turkey, but it is de facto blocked through discursive attacks as well as by the transformation in the health system. Abortion services were completely removed from primary health care services when Mother and Child Healthcare and Family Planning Centers were closed as part of the Transformation in Health Program introduced by the Ministry of Health in 2003. Reproductive health services at Family Health Centers and Community Health Services, established by the family practice system, were excluded from the performance system, and were left entirely to the personal interests and initiatives of healthcare professionals.[6] As a result of the obstructed access to abortion as well as the decline in available information on sexual health and contraceptive methods, the "unmet need for family planning" (the percentage of women who do not want to bear any more children but are not using any method of contraception) which was 6% in 2013 doubled to 12% in 2018. Similarly, the rate of those who do not use any contraceptive methods rose from 27% to 30% in the period between 2013 and 2018.[7]

Anti-abortion discourse and the rising conservatism are not only against abortion but also see access to sexual health services only as a concern for married women. For instance, family physicians may skip the required follow-up questions related to sexual health when their patients are unmarried women or they may refrain from giving information on sexual health. The fact that abortion requires spousal consent for married women and that there is an unlawful and arbitrary attempt to even make IUDs (intra-uterine devices) subject to spousal consent is a significant indicator that women's bodies are not considered as their own and health services adopt a patriarchal and conservative approach. Ultimately, women's restricted access to information on sexual health and related services leads to a rise in the number of unwanted pregnancies, while the difficulty in access to abortion services prevents women from terminating such unwanted pregnancies.

6 Ceren Topgül et al. *Sisteme Değil, İsteğe Bağlı Hizmet: Sağlık Çalışanları Gözünden İstanbul'da Kürtaj ve Aile Planlaması Hizmetlerinin Durumu* [Not Regulatory But Arbitrary Service: The Situation of Abortion and Family Planning Services in İstanbul From the Viewpoint of Health Care Professionals], Turkish Family Health and Planning Foundation, 2017, 28. https://www.tapv.org.tr/wp-content/uploads/2019/06/Sisteme-De%C4%9Fil-%C4%B0ste%C4%9Fe-Ba%C4%9Fl%C4%B1-Hizmet-Sa%C4%9Fl%C4%B1k-%C3%87al%C4%B1%C5%9Fanlar%C4%B1-G%C3%B6z%C3%BCnden-%C4%B0stanbulda-K%C3%BCrtaj-ve-Aile-Planlanmas%C4%B1.pdf

7 *2018 Turkey Demographic and Health Survey,* Hacettepe University Institute of Population Studies, Ankara, Turkey, 2019, p.101-103. https://dhsprogram.com/pubs/pdf/FR372/FR372.pdf

Activism, Advocacy and Policy Making on Abortion: What Research Tells Us

The purpose of this research was to both demonstrate women's experiences, perceptions, and emotions with respect to their bodies, sexuality, childbearing and abortion and to safeguard the right to abortion, legal yet inaccessible in Turkey, while also identifying effective feminist methods of activism and advocacy strategies. Our primary concern was to bring the struggle for abortion back on the agenda of feminist policy and rights advocacy and reveal women's experiences in face of the de facto ban on abortion-a severe rights violation and state of unlawfulness. At the same time, we held the opinion that we needed to develop strategies by debunking prejudices against advocacy for the right to abortion, a difficult and controversial area in its own right. We also wanted to find out what discourse to adopt and which stakeholders to appeal to in order to advocate for medical abortion, an easier method to administer in comparison to an operation, which is widely used across the globe and recommended by the World Health Organization but prohibited in Turkey. Consequently, Dissensus, our research partner, included in-depth interviews with 23 women and conducted three focus groups consisting of physicians, family physicians, nurses, public health professionals, experts, and defenders in scope of the research. As a result of our meetings with Dissensus, we agreed to omit the in-depth interviews with physicians, family physicians, nurses and public health professionals from the report to strengthen our discussions within the feminist movement and strengthen the struggle for rights. We will instead separately consider the outcomes of these interviews to advocate for the right to abortion in Turkey and determine our advocacy strategies. Still, we thought it made sense to also provide a brief assessment of this unpublished part of the research further below, assuming that it would be complementary.

The interviewed women state that the decision whether to bear children should belong to them and that abortion should be a right in the face of the conditions imposed on women by patriarchy, however, they lack a clear understanding of what the concept of right fully entails or how to access their rights. Our research reveals that as we wage a feminist struggle to ensure abortion is a right, it is essential to produce and share feminist information on what our rights are and how to access our rights. The causality formed by non-feminist women between rights and exigencies in respect of the right to abortion requires advocacy on the issue to make visible varying experiences

and emotions from the perspective of gender equality. The fact that women, feminist or non-feminist alike, place the burden of women's fertility only on themselves without mentioning the responsibility of men demonstrates that it is necessary to bring to the fore the responsibilities of heterosexual cisgender men from the perspective of gender equality. The interviews show how the hetero-patriarchal regime controls women's lives, pointing also to the fact that it is not possible to properly discuss issues related to reproductive life unless sexual liberation is achieved for women. Therefore, it is necessary to defend the right to access to comprehensive sexuality education and gender equality from an early age. It is also necessary to both provide access to information on women's bodies, sexuality and reproductive health and rights and also develop an approach indicating that matters related to fertility do not fall merely under the responsibility of only women.

As the research shows, women may have widely varying reasons to have an abortion, including unwillingness to bear children or due to circumstances specific to their experience, which are both innate to women. Therefore, while developing a political discourse on abortion, it is of high importance to construct a narrative from a political perspective that makes non-consensual relations, sexual assaults and violence visible. At this juncture, it is worth recalling that, for instance, forced pregnancy or restricting or denying access to contraceptive methods is a form of violence. While constructing this political narrative, it is crucial to put marital sexual violence on the agenda and highlight women's right to have a say on their fertility. It is also important to underline the importance of access to information on a number of points including the legal definition of spousal consent, reasons women become pregnant unintentionally, and contraceptive methods. Accordingly, an intersectional narrative that will encompass different experiences and opinions must be constructed in a way to consider women's control and prerogative over their bodies.

Interviewees who approach this matter politically are of the concerted opinion that abortion is a right and that rights advocacy should target the state, while some other interviewees say that the matter could be addressed from the perspective of the right to health. One argument we should hold is every woman should have the right to safely access to abortion care services without discrimination or any barriers. Ensuring safe access to abortion and providing abortion care extensively and with respect of human dignity is

crucial for women to partake in social life as free individuals. It is obvious that access to information on safe abortion, sexual health, reproductive health, reproductive rights and contraceptive methods would facilitate women's free decision-making and give them more say over their own lives. In addition to all of these, health professionals, particularly those who provide sexual and reproductive health services, should steer clear of approaches that make women feel ashamed of their bodies and refrain from objectifying women and ignoring their wishes, desires, and circumstances. Such attitudes further isolate women in the patriarchal system, hence we see that it is important for health professionals to adopt a rights-based perspective as well and that it is necessary to mobilize and advocate for this as well in order to transform patriarchal approaches.

Abortion is related to many issues including freedom of women; access to quality and safe health services and justice; gender equality and women's survival strategies in the face of conditions imposed by the patriarchal system, and economic difficulties. Therefore, we see that adopting different advocacy methods for different stakeholders will contribute significantly to the political struggle. For instance, one of the challenges expressed by women interviewed is physicians resisting to provide abortion care services. The reasons for such resistance may include the de facto ban practiced by the state, the influence of social conservatism on physicians and the impact of the performance system introduced by the transformation project in the health system. In this context, it is important for physicians, who are unable to provide abortion services due to the unavailability of health centers, to be aware of where these services are available and accordingly refer women to these places. One suggestion is to engage in advocacy pertaining to information on sexuality targeting young women and to disseminate such information using social media. The state must disseminate information on contraceptive methods in the same manner as it provides information and services for safe, quality, and accessible abortion care. The research reveals that most physicians are uninformed about medical abortion, pointing to the fact that the advantages and conveniences medical abortion offers women should be better explained. In order to open medical abortion to discussion in Turkey and to develop advocacy thereof, a target could be set both to make widely available the information that medical abortion is a safe, quality, and accessible method and to raise awareness of physicians so physicians themselves advocate for the practice. Feminist physicians are

more likely to be aware of the method; non-feminist gynecologists are biased towards this method due to their lack of knowledge. In fact, medical abortion is an important method since women can self-administer it in the comfort of their homes and it provides women the opportunity to have the right to exercise choice over their bodies. Medical abortion, under well-informed and proper conditions, is a safe option that empowers women in their relations with their bodies. It thus comes to the fore as a subject matter that should be advocated for in Turkey, while also developing a feminist discourse in the movement and directing advocacy towards health professionals.

Another point raised by the interviewees is that physicians do not obtain much information on sexual and reproductive health during their medical education, indicating the importance of raising awareness of medical students on sexual and reproductive health. Physicians' lack of knowledge leads to a lack of information they provide to their patients. It goes without saying that in addition to the responsibility of family physicians to provide information to their patients, nurses are also responsible for imparting the accurate information. That is why there is a need for awareness raising activities aimed at both medical students and health professionals in general. Another problem is that contraceptive methods are not widely available in health institutions. It is thereby important to provide access to information and services at the primary level of health care. Transformation is required in the context of physicians, who blame women seeking to have an abortion and resort to discourse amounting to psychological violence, refusing to provide abortion services based on their personal believes and convictions, and failing to refer women to alternatives. Physicians who adopt feminist discourse emphasize that women should have the say over their own bodies and lives and that physicians should stay out of this.

Considering the results of the research, we have summarized the suggestions that will strengthen access to abortion in the "Conclusion" section of this report. We will continue our struggle to ensure that abortion is safe and accessible to everyone, that we have full control over our own bodies and fertility, and that we have unrestricted access to all means, especially information, in order to enjoy this right.

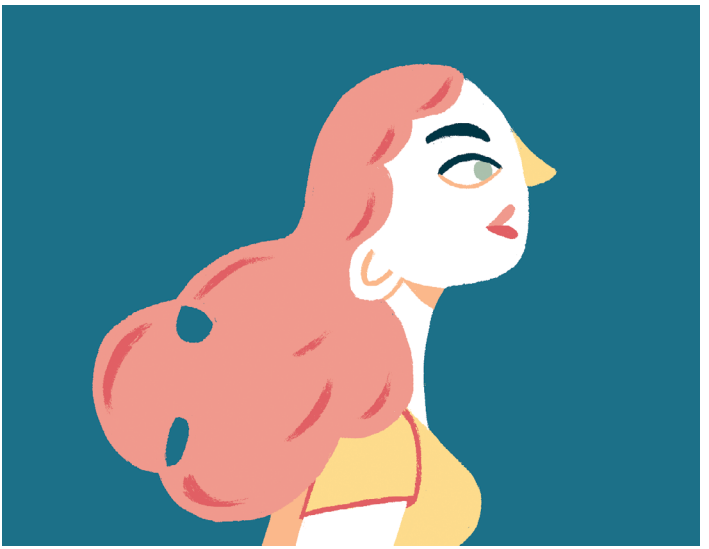
Aslı Elif Sakallı, Berfu Şeker, Ezel Buse Sönmezocak, Selime Büyükgöze from Women for Women's Human Rights - New Ways and Mor Çatı Women's Shelter Foundation

Reproductive Healthcare Services for Women and Women's Experiences with Abortion

Research Report

Terminology

Different groups, actors and stakeholders use intersecting and interchangeable terms related to women's reproductive health. We used a combination of medical terms and colloquial terms throughout this report. We kept the terms as they were used by women in our interviews. We employed the most common terms used in society in the interview questions. We were mindful of using scientific terms in our own text.

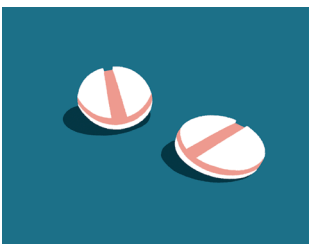


GESTATION We opted for the term **gestation** throughout the text as a medical term. We adhered to the terms chosen by women such as **pregnancy** and getting pregnant in their own narratives.

ABORTION/TERMINATION OF PREGNANCY Expulsion from uterine cavity of an embryo or fetus weighing less than 500 grams in the first 20 weeks of gestation is called *miscarriage (abortus)* (1977, World Health Organization). The term **abortion** is commonly used in Turkey for all methods of terminating gestation. The term "termination of gestation" refers to all surgical and medical interventions used to terminate gestation. This report uses the term abortion and termination of gestation in reference to this medical, cultural, social and ethical topic of discussion.

MEDICAL ABORTION The medical term **medical abortus** refers to abortion done by oral or vaginal administration of medication. We employed the term **medical abortion** in the report.

REPRODUCTIVE HEALTH *Reproduction, fertility and family planning* are terms used to define, develop policies on and exert control, over women's reproductive capacities and their bodies in various ways. This report addresses the processes of gestation and termination of gestation in terms of women's reproductive health. We also used a concept we coined as **"women's reproductive life"** to show that these are a part of women's bodies and lives.



1
Introduction

This research examines the attitudes and behaviors of women living in Istanbul with respect to abortion within a sociological and cultural context. It addresses how women experience abortion within the context of social structures, codes and institutions and in relation to cultural practices, norms, attributed meanings, and emotions and how they cope with the consequences of abortion.

We would like to draw attention to two points to guide our readers:

1 Qualitative research using the methodology of in-depth interviews is based on limited data. This type of research allows for a more focused and in-depth approach to the subject at hand; hence it does not lead to generalizations based on outcomes of statistical studies. The purpose of producing such information through qualitative research is to analyze how and in which context the structures, practices and ideologies that typically shape life are experienced in everyday life and which categories and concepts are employed in describing them.

2 Concepts and categories used daily in social life carry certain values and are accepted as either right or wrong based on these values. Field data of this research include numerous concepts and categories pertaining to these values. Concepts and categories, often used to define Turkish society and also frequently employed by the women we interviewed, including *conservative, Muslim, secular, religion, tradition, modern, educated, eastern/western, responsibility and rights* are laden with various connotations. In other words, these concepts as expressed by interviewees are included in the report as *field data* as opposed to *analytical categories.*

1.1 Termination of Pregnancy in Turkey and in the World

Methods of termination of pregnancy keep evolving both around the world and in Turkey depending on many factors including laws, social norms and practices as well as technological and medical progress. Worldwide, women's access to abortion is shaped by both the intervention of political power and the discourse and objections of the feminist movement. As is the case in any other field, the laws define the relations between institutions and individuals with respect to abortion. Nevertheless, as an abundance of research indicates, the law is as much a source of ambiguity as it is definitive in social relations and life. **The law no. 2827 on Population Planning** adopted

in Turkey in 1983 guarantees the rights related to giving birth and abortion. According to articles 5 and 6 of the law “the uterus may be evacuated upon request until the end of the 10th week of gestation, provided that there are no medical contraindications for the health of the mother”, which prioritizes primarily the will of the woman; however, if the woman is married, spousal consent is required and if she is younger than 18, the consent of her parent or guardian is required.

Abortion has mostly been decriminalized in Europe and in Turkey since the 1970s, gradually becoming available in waves with certain restrictions. In Turkey and in Europe, an argument in favor of women’s right to life and health has surfaced against pro-natalist policies, forming the basis for legalization. On the other hand, it can be said that the argument and law in North America rather operates based on the right to choose and the right to privacy (Francome, 2015). In parallel to legalization, the increasing prevalence of sexual health education and advanced birth control methods has prevented women from suffering the consequences of unwanted pregnancy, also reducing abortion rates over time (Francome, 2015).

The current legislation in Turkey stipulates that in the first 10 week of gestation, unmarried women can have an abortion of their own accord, married women need the consent of their spouses and women aged under

18 are required to have the consent of their parents to have an abortion. The law allows abortion for pregnant women after 10 weeks of gestation if the pregnancy poses or will pose a threat to the woman's life or is considered to potentially lead to grave grievances for the child to be born and the next generations. There is not a time limit set for termination of such gestation. However, physicians are obligated to provide information to the health authorities including the identity of the woman, the operation to be performed and a justification for the operation beforehand. In cases of emergency, the operation must be performed within 24 hours.

While the legislation defines legal boundaries and a framework for abortion, it also leaves all types of abortion that fall outside this framework subject to criminal law. **Article 100 of the Turkish Penal Code** foresees up to one year of imprisonment or a judicial fine for women who terminate their pregnancy after 10 weeks of gestation. The person who performs the abortion after 10 weeks, regardless of whether he/she is a competent physician, faces two to four years of imprisonment according to **article 99**. The Turkish Penal Code allows for abortion up to 20 weeks of gestation in cases of pregnancies that occur as a result of sexual assault. Abortion care at state hospitals is covered by state health insurance (O'Neil et al., 2020).

The statement of the then Prime Minister in 2012 saying that "Every abortion is yet another case of Uludere" can be regarded as a watershed in terms of **access to abortion** in Turkey. The ensuing process entailed a

stricter supervision of the spousal consent, with state hospitals increasingly refusing to provide abortion services, price hikes in private health services and new de facto restrictions such as questioning and deterrent practices for the operation (Badamchi, 2014; Uyumaz and Yasemin, 2016; Atay 2017; Eskitaşçıoğlu, 2017; Sayar and Öztürk, 2018). Social pressure, violation of privacy, economic hardships and denial of women's demands have made it difficult for women to access abortion services. Legal rights have become ambiguous due to inconsistent practices (Ünal and Cindoğlu, 2013; Macfarlane et al., 2016, 2017; Berer, 2017). This ambiguity has turned into a de facto ban on abortion over time (Çabak and Çelebi, 2019; Karakaş, 2019). Research conducted in 2014 and 2015 by the Women Shelters and Solidarity Centers Council show that only two out of 37 public hospitals in Istanbul provided abortion services (Shelters Council, 2015).

The fact that the Turkish Penal Code allows for termination up to 20 weeks of gestation in case of sexual assault and abuse creates challenging situations in practice. Indeed, it is difficult to establish whether the gestation is a result of a crime. "Because while determination of whether a crime is committed is a 'judicial matter', the determination of whether a woman is pregnant or even how she has become pregnant remains a 'medical matter'" (Işık, 2015, p. 35). The hesitation and concerns of women in reporting violence inflicted on them and the lack of crisis centers women can apply in case of sexual violence, compounded by lengthy investigation and prosecution processes cause a serious de facto challenge for terminating pregnancy within the 20-week period.

Looking at the case of Turkey, it is possible to assert that the laws do not always cover and apply to the real-life situation. Research conducted in 2016 and 2020 by the Gender and Women Studies Center of Kadir Has University shows that the rates of abortion on demand performed in state hospitals which gynecology departments have fallen from 8% to 3% in 4 years. This means that it is almost impossible to have an abortion in Turkey except in private hospitals and clinics. Both the research cited above and this report reveal that the attitude adopted by physicians, and chief physicians in particular, determine whether abortion services are to be provided despite the fact that there is no ban against abortion.

It is also telling that there is very little medical research on **termination of pregnancy** in Turkey, particularly in medical faculties and hospitals (See

Topgül et al., 2017). Thus, termination of pregnancy is becoming a field in which knowledge is no longer generated and put into practice. On the other hand, abortion is getting cheaper, more accessible, and safe thanks to advances in medicine. Medical abortion is becoming a more common birth control method in lieu of surgical intervention in Europe and South American countries such as Argentine (Fielding et al., 2002; Berer, 2005; Ramos, S., Romero, M., & Aizenberg, L., 2014). Significant research on medical abortion has also been conducted in Turkey (Akın et al., 2005, 2009). In our interview with Prof. Ayşe Akın, a public health specialist who oversaw the above-mentioned research, she said that **medical abortion** could prove to be an important and appropriate alternative to surgical termination of pregnancy in Turkey; however, improvements are needed in legal regulations and primary health care services to make this possible.

Research carried out in Turkey indicated that the success of abortion services will increase as the personnel who perform abortions gain experience and women trust these procedures and the health professionals (Akın et al., 2004; see. Senlet, 2001; Sığınaklar ve Da(ya)nışma Merkezleri Kurultayı, 2015). Nevertheless, this accumulation of knowledge is not sufficiently reflected in services because of the anti-abortion discourse and the obstacles in practice.

There is a need to study abortion in terms of its social, empirical and cultural aspects, in addition to its medical, legal and demographic elements (Çavlin et al., 2012; Topgül et al., 2017). Researchers who approach abortion from a medical perspective focus more on the woman's body (For instance, Akın et al., 2012). Those who adopt a legal perspective come under criticism from feminists for constricting women's experience through concepts such as "preference", "private life" and "rights". (Poovey, 1992; Doyle, 2009). Feminist human rights defenders, who call on researchers to address abortion from a much wider perspective, also disclose how state policies on population, neoliberal formation of society and the patriarchal perspective prevailing in the field of bioethics devalue these experiences (Trybulski, 2005; Ünal and Cindoğlu, 2013; Mor Çatı, 2015; Bloomer et al., 2019; Little et al., 2018). One of the most prominent studies on Domestic Violence Against Women conducted by Hacettepe University, draws attention to the complicated relation between pregnancy, abortion and violence, by attempting to overcome these constraints. Feminists emphasize the importance of placing women's experiences at the center of the analyses.

The point of view, which we frequently encountered in this research, that "women figure out a way" with respect to women's experiences with abortion should be questioned as well. (Poovey, 1992; Banet-Weiser et al., 2020). This view suggests that women possess the will and wisdom beyond legal and medical regulations, however it also prevents us from fully comprehending the relation women have with fertility and abortion. Our findings, in parallel to other similar research, suggest questioning of fixed and monist stereotypes such as "pious", "traditional", and "modern", while exploring the aggrievement of women experiencing violence, abortion and impoverishment. (See Çavlin et al., 2012; Badamchi, 2014; MacFarlane et al., 2016; Chiweshe, 2017; Eskitaşçıoğlu, 2017; Baird and Miller, 2019). From this standpoint, women's experiences related to their body, sexuality and sex, their emotional well-being and their prospects to establish solidarity relations should play as much a part in the research on abortion as the impacts of religious belief, economic and social status on the approach to abortion and birth control methods.

We think that this research shows that to the extent that abortion is an exceptional situation that throws life into disarray it is also an issue inherent to the daily flow of life and the reproductive life of women. Therefore, our aim for this research is to contribute to the understanding and regulation of abortion in light of its everyday, emotional and social dimensions.

1.2 The Method and The Research Universe

We first conducted around an hour long or an hour and a half long in-depth interviews with 23 women in scope of the research. We tried to understand under which context women experience their own bodies and fertility and how the meanings they attribute to them as well as what emotional patterns emerge in this regard. We traced their experience of gestation, termination of pregnancy, miscarriage and birth-giving by asking open ended questions. Through the filter of feminist anthropology and sociology, we tried to explain how the cultural concepts cited by respondents (blessing, life/soul, decision, obligation etc.) affect their attitudes and behaviors.

Second, we conducted two-hour interviews with eight experts including physicians, family physicians, nurses and public health workers, where they talked about their professional experience. Finally, we held three focus group discussions with experts and advocates to explore the level of

knowledge on women's reproductive life, expectations of advocates and their recommendation for an advocacy strategy.

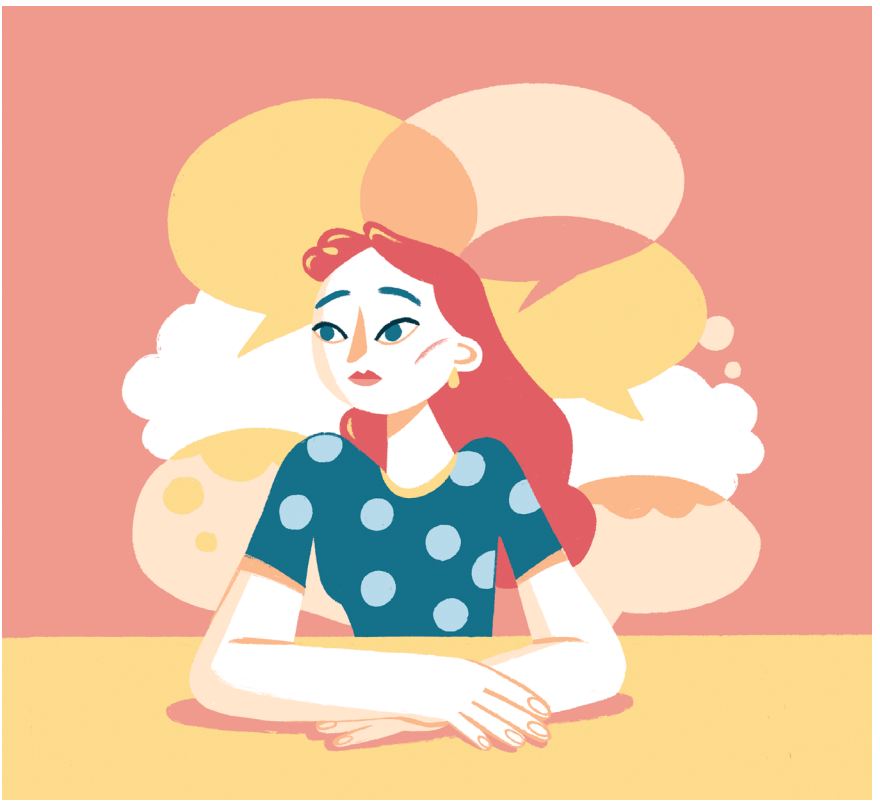
This report includes the analysis of data collected about women's experiences.

We paid attention to maintain diversity among respondents with respect to demographic criteria such as age, education, profession, and ideological factors such as their worldview. Fourteen out of the 23 women we interviewed, aged between 22-71, have had at least one abortion. The opinions of these women on abortion were quite varied. While few women argued that abortion should be completely banned or entirely free with no restrictions, most women, regardless of the fact whether they had an abortion or not, were inclined to think abortion should be legal under certain conditions. Throughout the report, we tried to show the hesitations, conflicts and diversity in women's perspectives.

2
Women, Body, and Motherhood

The most general context of the discussions on abortion centered around a perception of the woman's body and a feminity shaped by motherhood. Motherhood, a social position based on family and kinship, has been normalized and turned into a tradition in Turkish society. According to this normalcy, a sacred bond forms between mother and child. The relationship between the mother and the child is placed on top of the hierarchy of family relations. It is considered that the primary duty of a woman and her body is to feed and develop this relationship. This priority rarely varies in the society in Turkey even in different cultural, ideological or religious settings. Therefore, it is essential to understand and question the normalcy and everydayness of motherhood to develop a sociological approach that examines this sacred bond.

On the other hand, fertility is not perceived in the same fashion as motherhood since it is related to the body. It is degraded on the grounds

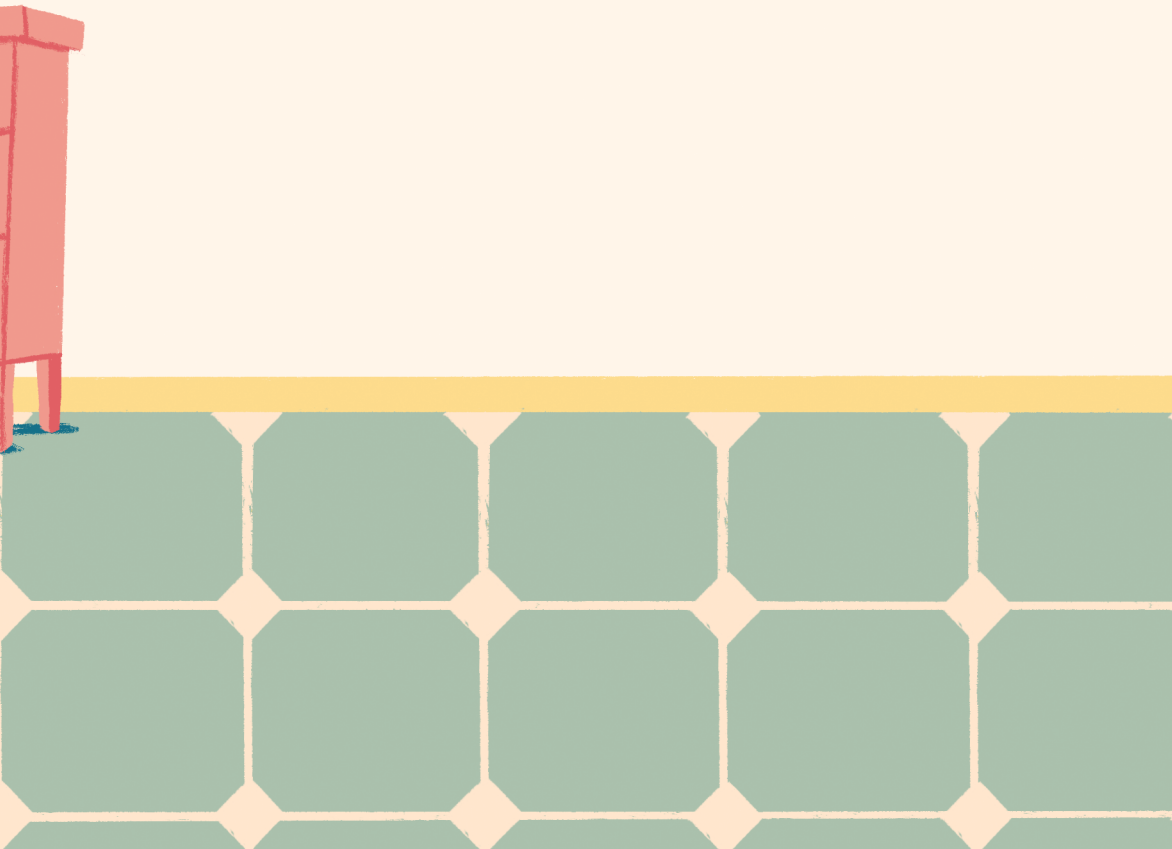


that it is related to the filthiness and contagion that is related to the body; in other words, the worldliness of the body as opposed to the divine side of life. Never talking about matters related to the body or only being able to talk to one's peers (married women talking to other married women, or single young women talking to their peers etc.) and considering anything related to the body as shameful is an indicator of this approach. Traditions as such involve these aspects. Since abortion is related to fertility, it is a matter that is considered shameful and not talked about. Most significantly, it is associated with sexuality, the most shameful topic of all that is not to be talked about. Fertility stands at an interesting point in this regard. It is related to sexuality on the one hand and to motherhood on the other. It becomes unspeakable to the extent that it is related to sexuality, however it becomes an easier subject to talk about in relation to motherhood. In fact, we saw during this research that women almost never mentioned sexuality while talking about their bodies. However, we also witnessed that they were quite comfortable with sharing their experiences pertaining to their reproductive life in a women-only setting. **These sharp distinctions between sexuality, fertility and motherhood are worth noting.**

Women who participated in the field study did not define motherhood as a care-free relationship. On the one hand, they emphasized the naturality and sacredness of motherhood, on the other hand they said that motherhood is a virtue that requires a learning process. When asked "does every woman have to be a mother?", some women suggested that women should get a training and pass psychological tests before they become mothers. In other words, we can say that femininity is not considered merely as motherhood, and motherhood is not considered to be simply about fertility. Women we interviewed defined motherhood individually and based on their own experiences, without using general or scientific references to the body.

I liked being pregnant, I love children very much, I would like to have a big family. I did not have a second child because I do not have enough time to focus on another child and I'd be worried I would neglect the second child. I mean I think there are conditions that apply to being a mother. (MK 7)

3 Termination of Pregnancy in Women's Lives



This research showed that:

- Fertility constitutes an inseparable part of women's lives,
- That is exactly the reason women make a connection between abortion and fertility,
- Women think about abortion always in connection with their previous or next pregnancy and birth-giving.

In other words, abortion takes on a meaning in the context of women's reproductive life. Women want privacy, respect to their bodies, the right to choose, support and approval throughout their reproductive lives. We will individually elaborate on these concepts in the following pages of the report.

Abortion is a women's issue, but this research shows that this decision is not left to the women. Secret abortions or forced abortions women told us about refer to the huge gap between what women would like to do and what they can actually do. Patriarchal society is as determining in defining what women want as it is in defining what women should do. **In short, abortion should be addressed in the context of women's position in a patriarchal society.**

When women regard child-bearing as their own will and duty, they are generally more easily against abortion. Women say that their own wishes and decisions affect their lives and bodies, even affecting whether they suffer from nausea during pregnancy. They claim that even the birth-giving becomes easier when the decision is their own. **Women point to the world's resistance to their will as an explanation for the gravity of their illnesses and the pain they endure.**

I do not know if it is the subject of this research, but I think child-bearing, pregnancy are greatly interconnected with sexual life, your harmony with your spouse, your emotional bond with your spouse. It is very much related to these. I see it around me, my friends who get pregnant when they are going through a rough patch with their husbands have a more difficult pregnancy. That is, the spouse factor has a great impact. For instance, I have a friend who cannot get pregnant, she is also affected by the disconnect in her emotional relations. ([interviewee with the code name MK 14, aged 33]. Hereafter: [MK 14, 33]).

Women's views on abortion are shaped by their life experiences rather than certain common or ideological approaches. It needs to be stressed that it is not possible to categorically explain these experiences of women. In other words, **having an abortion or not having an abortion and child-bearing are not mutually exclusive choices, nor are these choices only made once in a lifetime.** Women may experience seemingly conflicting emotions in different moments in life.

Pregnancy and motherhood are absolutely great, yet I did not feel bad at all when I had an abortion. (MK 9, 40)

3.1 Uncertainty of Life and the Necessity of Access to Abortion

Most women interviewed under the research held different judgments about abortion; all the same, they agreed that abortion should be made available as a choice. It is worth noting that only one woman argued that abortion "should be banned completely". Women believe that they themselves, or other women, may wind up considering abortion due to the uncertainty of life and the fact women have limited power to control their life. Since unwanted pregnancy is always a possibility, women would like to have the availability of abortion as a choice.

When asked the question "Why does a woman want to terminate her pregnancy?", the responses women gave indicate their inability to control their lives: not being married, not being on good terms with their husbands, getting pregnant as a result of rape, economic reasons, not wanting to have children and not being ready (the report will thoroughly discuss these reasons in the next chapter). One of the responses demonstrates that the breadth and multitude of conditions that shape women's lives:

There may be lots of reasons. For instance, off the top of my head, she may have a husband who drinks too much, who does not provide for home. She may already have problems. She would not want to bring a child to this kind of household. She may be suffering from cruelty herself; she would not want to give birth to a child. She may have had an unwanted pregnancy. It does not matter at all whether the woman is single or married. If the pregnancy is not her will or if she got pregnant in

adverse conditions, then yes, she would want it [to terminate her pregnancy] (MK 13, 50)

The above quote reveals the diversity and unpredictability of the conditions under which women live and the existence of several problems related to femininity. Women are hesitant to make a decision on child-bearing when they are subject to conditions they do not set themselves. They also face the same difficulty in making a prediction and deciding to have an abortion if they are under the same uncertain conditions. **Therefore, women ask for flexibility in the face of the uncertainty of life.** Access to abortion is a means to provide such flexibility.

3.2 Women's Reasons

The women we interviewed had varying attitudes towards abortion. Some stressed that abortion was not a matter worth thinking too much about, while others thought abortion was not a decision to be taken lightly. While interviewees listed the reasons women had an abortion they were generally of the opinion that some of these reasons were legitimate and necessary. For some women, although these reasons could be put forward, they were still not legitimate or acceptable. Most of the women we interviewed emphasized that the decision to have an abortion should be based on a justification that they regarded as legitimate. However, justifications which are regarded as legitimate also vary.

Women list various reasons for or against making abortion legal. While examining these reasons, it is necessary to keep in mind that the attitudes towards abortion are not always consistent with the worldview of the women or whether they have had an abortion. A woman who has previously had an abortion may be against abortion. On the other hand, a woman who would not have an abortion due to her religious beliefs states that the choice of abortion should still be available even though she would not choose it herself:

I think abortion should be made legal. Abortion stirs up something bad in my mind. I mean the idea of abortion is very disconcerting. That is the picture that comes up in my mind after mentioning it... Even though it is very upsetting to me, I still think it should be made legal. Because not every woman has to think the way I do. I think the (unborn) child is a life preordained by the will of God. (MK 22, 34)

3.2.1. Why Women Find Abortion Legitimate

The reason listed as "not being ready to have children" covers a wide range of issues including not wanting to have children, not being of an age mature enough to have children, psychological and physical illness, or having recently given birth. Not being ready is seen as a legitimate reason for a woman who does not want to have children. For instance, having recently given birth is regarded as a legitimate reason by women to opt for an abortion, since it refers to a condition of femininity in which a woman who has just given birth might be crushed under the onerous burden of motherhood. The term "not being ready" may refer to not wanting to have children ever. The idea of not wanting to have children because one does not feel ready is sometimes regarded by women as not taking life seriously; still, most women see abortion as a legitimate solution when a woman does not want to have children.

Women stressed that poor relations with spouses and partners, who are "fathers-to-be", as a common and sometimes legitimate reason for abortion. This in fact shows that women consider child-bearing in view of their relations with the men they live with. While marriage introduces a socially defined bond between women and men, having a child together is regarded as a bond that would not be severed even by divorce. In summary, abortion is seen as legitimate when women do not want to give birth on the grounds that they do not trust their husbands.

I think the main reason is the spouse. If a woman does not have a husband whom she loves or trusts, she may want to terminate her pregnancy. This is the most common reason in my opinion. (MK 14, 33)

Women argued that getting pregnant as a result of rape or getting pregnant out of wedlock or living in poverty are valid justifications for abortion that would be accepted without question by everyone. An interviewee, who defined motherhood as an instinctual situation, explained the conditions that fall outside of such "instinct" by referring to all the above-mentioned reasons as below:

Why would a woman want to terminate her pregnancy? It may be due to an unwanted experience. Or she may have financial constraints and think "I cannot offer a future to this child". In other words, there may be factors in place other than instinctual reasons. (MK 16, 29)

3.2.2. Arguments Against Abortion

Reasons stated for being against abortion include attitudes such as defining oneself as Muslim, not being able to end a life that has a beating heart, complying with faith (or accepting a preordained life bestowed upon one) or in face of economic challenges that "the born child comes with her or his livelihood".

Finally, it has to be stressed that the majority of women are not in favor of abortion being completely legal. Women hold varying opinions on week limits on abortion, consent of husbands or parents and health reasons; however, when all is said and done, most women draw some sort of limit. This limit is expressed in the context of the above-listed reasons/justifications.

Some of the interviewees who questioned the legitimacy of pro-abortion arguments expressed that using birth control was the responsibility of women. Interviewees, who were opposed to abortion on the grounds that it was used as a birth control method, base their argument on the presumption that women could have absolute control over methods of contraception.

At the end of the day, I see it as ending a life, that is why it should not be something that is easily accessible and legal. I think lack of availability of abortion would also lead to this: that it should not be easy to get pregnant. Women should not think of it as an easy way out of pregnancy thinking "I'll have an abortion if it comes to that" and take the risk of becoming pregnant easily. For what it's worth, it is a living being in my opinion. It makes more sense to me to eliminate the conditions before it occurs. (MK 14, 33)

3.3 Information and Access

We asked women what they knew about pregnancy, birth-giving, abortion, medical abortion, the health system and reproductive rights. These questions were aimed at understanding what they knew about health issues and the services available in Turkey. Moreover, we asked the interviewees about the source of their information, and where, when and from whom they obtained such information.

We addressed the women's knowledge about abortion under two frameworks:
EXPERIENCE: What did the women hear and experience, what happened to their bodies and what kind of information did they gather from these?
IN GENERAL: What is happening in Turkey, what is lacking and what should be in place?

We saw that women gathered their information mostly from their own experiences and the experiences of others around them. The primary source of information for women is other women from their families and their circles. Such information can sometimes lead women in the right direction but sometimes can be based on hearsay and misleading.

For instance, my mother would always tell me. When I had an abortion during my first pregnancy, she told me "Daughter, why on earth did you have an abortion? Yes, it would have been stillborn but why did you not just let it be and have a miscarriage instead?". They would say that a baby would not be conceived again because of the abortion, that it was harmful. I do not know. (MK 7, 50)

I always had a bad image of c-section, I thought it was a dreadful and difficult thing. Having a normal labor on the other hand meant "being a real woman to the core", I overheard these types of descriptions a lot from neighbors, relatives, older women such as "She is blessed with an abundance of breast milk, she is nursing" etc. (MK 14, 33)

We saw that these women had little knowledge of regulations and practices related to abortion in Turkey and that there was a lack of general resources that they could access to make an informed decision. The information they obtain from hospitals, the state and public debates may be inaccurate or incomplete.

I think it was not my first time but the second time. I think it was at that time that abortion was generally banned in Turkey. As they put it, it was not possible to get an abortion upon request anymore. I wanted to get an abortion back then. I called a hospital, again. I called and they told me "No we do not perform abortions. It is banned. You need a medical reason to terminate your pregnancy". Something to that effect... (MK 13, 50)

Except for two women who had applied to Mor Çatı Women's Shelter Foundation, the interviewees said they did not receive any guidance or helpful information from any institution. The most common and accessible source of information, in addition to one's close circle, is the internet.

Our elders would tell us. But it was shameful to discuss anything about it, so you cannot really learn anything. What is it that you learn? You cannot learn anything from your mother, it is shameful. Your older sister guides you. Or if your close friend gets married, she provides guidance. But there has been some progress. You can learn everything from the internet. (MK 12, 49)

Women can access useful information on the internet; but information available online is usually incomplete and misleading. Women may come across offensive content about abortion on social media and websites. Solidarity groups set up on the internet may sometimes provide real support based on their political or ideological orientation (feminist groups in particular); still, women may sometimes be judged and exposed to psychological violence.

There is that photo going around on the internet of a dismembered baby whose limbs were lined up, etc. We used to see this photo on the internet years ago. That photo always comes to my mind and haunts me... It always makes me sad. (MK 16, 29)

When I was seven months pregnant, a close female friend of mine added me one evening to the Facebook group X as soon as it was set up, you know this group so well. I think I am one of the first ten members. I received such an intense emotional support from the women in the group, a support that I have never experienced before in my life even physically. I too shared my experiences and similarly helped other women. May they prosper, thanks to them I got over my maternal loneliness. (MK 2, 35)

It is not only a basic need for women to have knowledge about their own bodies and what to expect during an abortion but also important for women to be emotionally at ease. The need for such information is not directly related to the level of women's education. In other words, women,

be it the most or the least educated ones, need information on abortion. As previously mentioned, women feel better when they "decide themselves" and when they know "what to expect":

The first time, I woke up crying. The second time, I woke up happy. It feels good to know about the process. I think the major concern is to have knowledge, and I speak from my own personal experience. Information is very important. Correct information, really accurate information, whether it comes from the state or from another source. It is as simple as that, isn't it? Abortion. Do you still not know about it, are you ignorant? We are all ignorant. I think we need to accept this fact. (MK 6, 35)

3.4 Medical Abortion: "I do not know, but it is dangerous!"

We found that the women had almost no knowledge about medical abortion. All respondents, regardless of whether they were pro-abortion or anti-abortion, hardly knew about medical abortion. Still, when they heard about the idea of medical termination of gestation, the most common and quickest reply they gave was: **"I do not know, but it is dangerous!"**

Some interviewees had little information about medical abortion. They were mostly feminists, younger women, university students, women who witnessed this method being used abroad, or learned about it online but could not access it.

After we explained the medical abortion process to the women we interviewed and then when tried to find out their opinion, we saw that one respondent could give multiple replies. The most common response was that medical termination of pregnancy was dangerous. Some women stated their opposition to medical abortion on the grounds that they were against abortion to begin with. Some women, on the other hand, said medical abortion could be a good method although they knew little about it.

The reaction the women give to the idea of medical abortion reveals their lack of knowledge and prejudices about the method. Some women expressed that they would prefer well established medical methods over a new medical method. Some interviewees liken medical abortion to older practices of using herbal mixtures and find surgical methods more modern.

Some state that making abortion easily accessible would be dangerous. While some interviewees say that the method is not legal, others say they do not know anything about it.

I think it is dangerous to administer it at home. It is after all a medical procedure and may be risky. So, I find it dangerous to administer it at home. Also, if a woman has an abortion at home and encounters a problem, it may be too late to ask for help from a hospital. Because after all, what is the advantage of doing it at home? I find it dangerous. I trust medical doctors. (MK 1, 71)

This is dreadful, human life is reduced to such levels that it turns into a zit on your face to pop, use the medicine and get it over with. But it is not, it is a life. I mean one has to be aware of this fact. There are rights granted left and right to animals, to this and that. So, are we not to give any rights to a fetus in its mother's womb? Also, this is such an uncontrolled thing, this may be abused. You can force someone to take this drug. I have never heard of this. Where is it used? (MK 21, 32)

I believe it is illegal in Turkey. I may be wrong, but I think it is not a method that is used. (MK 3, 31)

The first thing that comes to my mind is, if you get this drug from a pharmacy, you will most likely be put on the [official] records. (MK 6, 35)

I do not know. This is news to me. Um, I don't know, but it is risky. I don't know whether... This is really risky for a woman. (MK 13, 50)

Some interviewees found medical abortion to be a positive option for women. These women said that they regarded medical abortion positively since it is an easier method, does not require anesthesia, it is preferable to surgical intervention, it is easier to access, it can be administered at home or at the hospital and that women organizations could provide it in places where abortion is banned.

Nevertheless, even women who held a positive view on medical abortion had little idea about its advantages. We observed that women were surprised and confused when we talked about this method. It was striking that one the respondents convinced herself medical abortion would be a good method while she was telling us about her fears and concerns:

I would probably be a little afraid to use a pill to have a miscarriage. Because it is something I would do at home by myself and I do not know the process, you cannot follow up, whether there will be bleeding, etc. I panic in these situations. That is why I'd find it rather frightening, but it would be much easier psychologically. As I said, I do not have many qualms about getting an abortion, you know psychologically, such as "it is also a living being" or related to taking anesthesia, etc. but in fact it is not a very pleasant thing. I wanted to learn how it exactly it was done before I had an abortion and the idea that they are vacuuming out something inside of you is not very pleasant. Even if you do not feel it. So that is why I think a pill would be easier for many people. I mean it would be more comfortable. And if you run into a problem, you can go to a physician. (MK 15, 22)

4
Abortion as a Topic of Public Debate

Abortion brings to light the fundamental problems created by a patriarchal society and thus points to unsurmountable conflicts. The most pertinent of these are questions of **"where does life begin"** and **"what is the limit of sexuality"**. Although some women who participated in the research were totally against abortion or some vehemently argued in its favor as a right, the majority of women held conflicting opinions that ranged in a contentious area between these two standpoints.

A significant number of women who are against abortion state that life begins at the moment that the fetus is formed in the womb, for religious or other reasons. These women think that women should not have an abortion at any point of the pregnancy. Nonetheless, even some of these women voiced reservations about banning abortion.

I think this is very difficult to answer. Yes, in fact women should have this right. I mean, one can have an unwanted pregnancy and may not feel ready to raise a child or may not want to be a mother. This is a right, but what about the child? It also amounts to killing, ending a life. That is why I cannot do it. (MK 22, 34)

Another problematic area, as mentioned above, is the limits of sexuality. While society constantly limits sexuality on the one hand, it is confronted with the unruliness of sexuality on the other hand. The body and sexuality lead to unpredictable outcomes. If pregnancy is a result of women's sexuality and the fertility of her, then abortion is a display of the unruliness of sexuality. That is why society needs several measures to control the uncontrollable. Women, the subject of these measures, are forced to control either their bodies, their desires or their fertility.

Sexuality almost never came up during this research on women's reproductive life. This is indicative of a distinction defined by society between women's fertility and sexuality. Fertility can be described as a phenomenon which ascribes a social meaning to women's sexual lives, both designating an area for the use of sexuality and at the same time obscuring, veiling and ignoring it. For instance, a respondent stated that she did not go to a gynecologist before getting married lest she would be shamed:

You know people say "what a hysterical girl, she went to see a doctor before getting married," etc. As if gynecological examination is only for women who are brazen and brassy. As if more conservative and coy women would never do such a thing, as if it was a bad deed. This was the general sentiment. So, I could not go to see a doctor. (MK 14, 33)

An interviewee was critical about women who failed to draw a line between sexuality and fertility, that is the women who could not control their fertility because they failed to control their sexual pleasure:

I do not understand why they give birth. They should not give birth. If you want to chase men, do so. Do not give birth. Indulge yourself in the pleasure then. I am very upset with this type of mothers. I mean... as I said. There are mothers who try so hard, but they cannot get pregnant. But this type keeps getting pregnant and gives birth one after the other. She gives birth merely for the fun of it. (MK 12, 49)

What is actually criticized here is the failure to put adequate distance between women's sexuality and fertility. These expressions, based on the notion that women who fail to abide by social moral norms and pursue pleasure should not bear children, show that sexuality is regarded as a shameful act whereas fertility is held sacred.

On the other hand, for many women, abortion signifies that a line cannot be that easily drawn between sexuality and fertility. For the women we interviewed, abortion was an unpleasant subject they did not want to talk about. An interviewee who got uncomfortable and spoke with pauses when asked about abortion ranted about "immoral sexuality" at some point:

When I look at today's society, I see some girls are indeed that way, I don't know, it's not about marriage, it is about how things are these days, when I look at girls, I react. I hear about women who get an abortion. I do not know what to say about that either. I wish all these goings-on were banned. Some families are ok with it, but some do not accept it. They throw their daughters out to the street. May Allah spare us all from these, but when it happens, I do not know. (MK 12, 49)

On the other hand, there were respondents who kept their pregnancy and abortion secret precisely out of fear of reactions against "immoral sexuality". Abortion is regarded as shameful like sexuality and thus many women hide it when they have an abortion:

We did not tell. We have not said anything until recently. My mother did not tell anyone about it, I told my sister only 1,5 months ago. So, it is quite recent. (MK 3, 31)

Women feel shame about their inability to control their fertility as well as their bodies and desires. Women who try to abide by social norms think that, even if they are to freely experience their sexuality, they should be able to control their fertility with the help of education and will power. Middle class women feel as much ashamed of themselves as they are towards society with respect to abortion. For these women, abortion refers to their lack of knowledge on birth control and lack of inability to direct their own lives. **"Failure to control" is a defeat for them**. Women do not want to feel defeated due to certain secular or conservative meanings ascribed to womanhood.

There is this feeling of shame about having an abortion. I think this is one of the reasons why abortion is not revealed. I still sometimes... I mean there is something called protection. How can you overlook that? Such a mistake, then turns into a mistake that everyone knows about, and it brings along the feeling of shame. Only she experienced that sexuality...There is also the part one has to say Yes, I am sexually active. There is also the nagging and embarrassing thought in one's mind "how could I overlook something this simple and put myself in this situation". I felt very embarrassed. I call myself a feminist, I am a smart person, I boast that I know about these things, and I find myself in this situation, damn it, I felt. (MK 6, 35)

Honestly, I did not see the same physician in all my abortions. I deliberately went to different doctors; I think I felt somewhat embarrassed. Although it is a controllable thing and I failed to control it, that's why I chose not to see the same physician, it was not because I was displeased with the physician. (MK 5, 36)

Another important finding was that women could also be driven to feel shame about getting pregnant in marriage because of their existing conditions. Regardless of whether they have an abortion or give birth, many women feel shame when their pregnancy is not under appropriate conditions. They feel embarrassed about being pregnant for several reasons including having a new-born, or having a baby at an older age or having other older children or appearing lascivious:

It was not like I wanted to hide it or anything, but it happened so suddenly that I felt embarrassed talking about it, as if I would appear to be acting in a hurry. (MK 11, 24)

I did not tell anyone when I got pregnant either. One feels embarrassed. For instance, I only shared it with my sibling, the person closest to me. I told my husband. I did not tell others most of the time. (MK 8, 31)

An interviewee stated that her mother considered abortion because she was ashamed of her pregnancy but in the end, she had cold feet and did not have an abortion:

My mother was very worried, felt very ashamed about it and my brother is 10 years my senior, my older sister is 16 years my senior, she considered it for a while, worrying how she could manage it and the thought crossed her mind, but in the end they could not go through with it. I heard tell of this. (MK 22, 34)

As we asked the question of why abortion was a problem, there was of course a fact that should not be overlooked: There were interviewees who had abortion without any qualms about it. Some interviewees described their experiences of abortion without referring at all to the two problematic areas that manifest themselves as **sexuality** and **life of the fetus**:

I never felt any regrets. I never thought I was taking a life. Maybe it is wrong. I did not think and did not want to think, that an embryo biologically was living, feeling at the time of abortion. Because my main priority was not to go through the pregnancy and not give birth to that child. I thought about myself and did not ponder on moral arguments. (MK 1, 71)

I find it normal. It does not stir up any feelings. I mean it is like eating a food that I dislike. I do not want to eat it. (MK 9, 40)

Abortion remains a problem also for some women who would like to have legal abortion as a right:

I do not accept abortion when it is taken as an initiative, but I also think it should be available as a right. (MK 22, 34)

In other words, these discourses which place gender norms at their center against the discourse of freedom create this dichotomy: Social norms cause women who see abortion as a right to be labelled as women who live as they please and who take moral rules lightly. Women taking initiative about their own bodies is not welcomed according to this perspective. Still, abortion does remain an option for women who only resort to abortion **out of necessity** within the confines of a life in compliance with gender norms.

Another controversial area that came up in the research was some women not wanting to bear children. **We see here a dichotomy between "not**

wanting" and "an obligation". Does the woman have to have an abortion? Or does she not want to give birth? The reasons cited above by women (having a toddler, being older, being unmarried, etc.) are reminders of the burden they have to bear in life: It is the woman who takes care of the child, it is difficult for her to get help from her spouse or from the state; older women should not have a sexual life; having sex out of wedlock is immoral. Living their lives according to these truths imposed by patriarchy is, in and of itself, a burden on women. As soon as the question of why women do not want to bear children is posed, all these conditions of living under patriarchy reveal themselves. Therefore, it would be illuminating to look into what women have to say about not wanting to bear children rather than why they want to have an abortion.

There is the attitude that this [giving birth] is not an option at all or that it should not be an option and it makes me feel quite desperate. How will I afford it financially on the one hand and how am I supposed to go through it on the other? Will it be in a safe place? I don't know what will happen, I don't know how it is done, etc. I felt quite desperate and got really scared. Because I need to have an abortion. What if I can't? I must do it. I don't want to have this child; I never wanted to. I don't know what I'd do if I did not have access to it… (MK 15, 22)

What is upsetting is some would say "I make love if I want to, I'll get pregnant if I want to, I'll have an abortion if I want to". It is upsetting that these are taken too lightly. I felt at the time that it should not be taken lightly. I still feel this way sometimes. (MK 3, 31)

The widespread opinion is that it should be very normative and take place in matrimony. A single woman or a man, that is a single person. Let's not consider this in the context of gender-binary. The idea is that a single and alone person cannot have a child… And also this… This really struck me when I got pregnant. When I shared with my close circle that I was pregnant, they behaved as if I needed to have an abortion right away. We never even discussed any other probability; can she give a birth, do you want to give birth, what do you want to do? None of these came up but it was like "I know a good, reliable physician." The point of discussion

was not how I could give birth and take care of the baby. I thought about this only by myself. I mean I never shared this with anyone. I mulled over myself whether I could take care of a child by myself. So, I was treated as if I definitely needed to have an abortion as a young, single and unemployed woman. (MK 20, 26)

A point worth stressing at this juncture is the difference between having to have an abortion and being coerced. There are women who are coerced into having an abortion against their will:

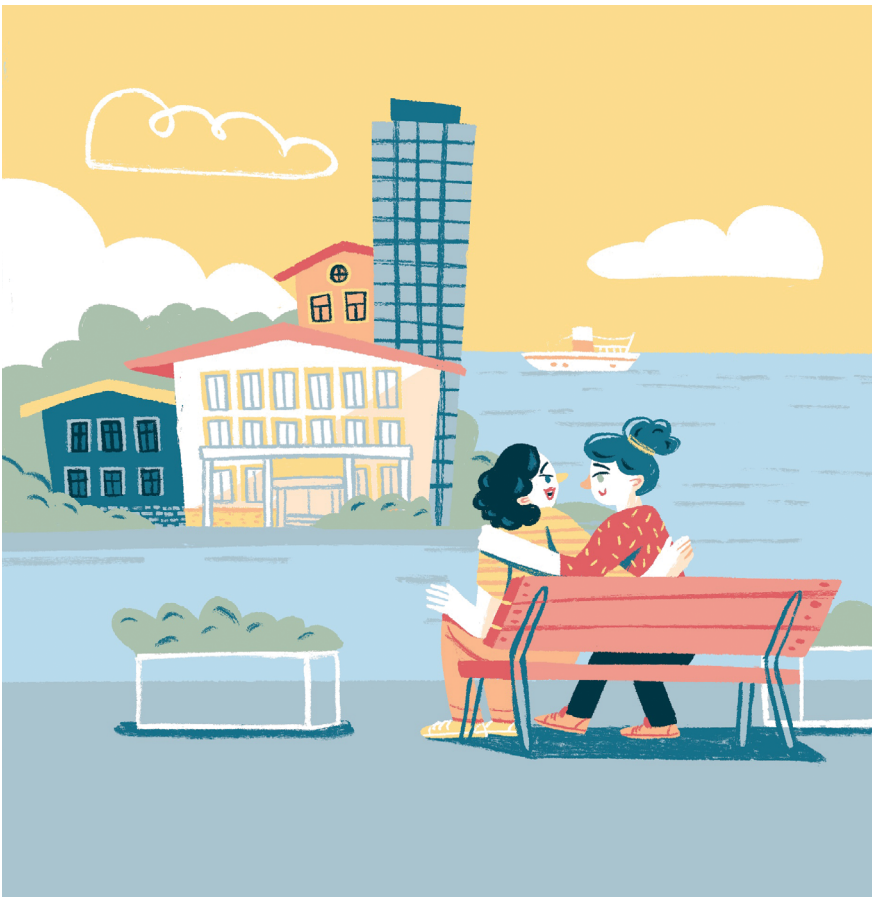
He somewhat forced me to have an abortion, he did not want the child. But look at what's happened afterwards? Everything became a mess. You make someone cry and force them to go and have an abortion. And without saying anything to my family either. They found out about it afterwards. Everyone was mad. My family said "We wish we could have supported you. We would have taken you in with us". My mother-in-law was mad at her son. I mean they were all furious...He does not give you that right at all, but if I had been wiser then, as wise as I am today, I would have divorced him and kept the baby. I mean why on earth am I so hesitant? I mean, worried about my family too... He has oppressed you so much that you cannot say anything. (MK 12, 49)

QUESTION: **Have you had an abortion?**
ANSWER: **My husband took me there, you know. He made me have an abortion.**
QUESTION: **So, it was because of your husband? Do you mean you had an abortion against your will?**
ANSWER: **He made me do it. He made me have an abortion against my will when I was pregnant.**
QUESTION: **Did you not get any support from your close circle? From your neighbors for instance?**
ANSWER: **I called my mother. "He had told me to abort the baby and that he doesn't want it." I told my mother. She said "Let him do that. What would you want to have his baby for anyways?" I said "You did this to me. At least let me have a child". I don't have anyone to support me.** (MK 10, 40)

Abortion is a necessity for women who live by a patriarchal definition of morality, who live their lives within the boundaries drawn by this morality and who exist in a body whose possibilities and obligations are defined by this life. The common voice of the interviewees shows that when women speak, they stress these moral boundaries and underline their obligations.

4.1 What Does Women's Decision Mean?

As can be seen from the above quotes, the process that leads women to abortion involves many actors, motivations, hesitations and emotions. It is important to understand the underlying conditions when women speak of deciding to have an abortion, being forced to get an abortion, being



coerced, or getting an abortion willingly or against one's will. Therefore, we explored to what extent it is possible to talk of women's decision when it comes to abortion.

While I was going through that experience, I did not have a question in my mind about whose decision it was. Still, it was somewhat not my decision either. While I was having an abortion, it was actually society that made the decision. It was not really me who made that decision. I was not left with any other options. (MK 3, 31)

Women face all kinds of problems at every stage of their lives. **Women express that their bodies, decisions and privacy are not respected in all public hospitals and in some private hospitals**. It is problematic if they get married or if they don't get married, it is problematic if they study or if they don't study. They need the support of public institutions and their own circles in order to do what they want in life, even to survive for that matter. Access to health services is a good example of this. Support expected from the state is either not provided or, if provided, it brings along other problems. Support from their own circles is always conditional and renders women dependent in other ways. If women persist in getting their own way, then both the state and their own circle undercut their efforts.

4.1.1. Services and Support

The women we talked to received free reproductive health services including maternity services, vaccination and other first step services, infant care support and maternity pay. An interviewee, who had been subjected to violence, received protection and support services from the office of the district governor, the municipality and the gendarmerie in her own town and was transferred to another province for protection. Interviewees, who were not married, received private health services and had an abortion without the requirement of consent of the family or the husband.

Women can sometimes get support for reproductive health services and abortion from their circle of family and relatives such as spouses, mothers, aunts, big sisters, siblings, other relatives or neighbors; however, there is no guarantee that they will get this support. Such support is helpful to women in accessing state services but the lack of it makes it quite difficult for women to access services.

In addition to the support of their family members, women may also receive instantaneous and out-of-system support. They may get financial support from their partners and friends when they need to have an abortion. Some women describe their female friends who provide such support as a "second family". We even had interviewees who had received support and information from the social media solidarity and maternity groups that they were a member of.

Women's access to abortion services is much easier if they can find a feminist, trans friendly gynecologist or one who is merely respectful to privacy.

Women who contacted women's organizations and feminist solidarity networks for support found it easier to access both health services and services for protection from violence.

Women seek privacy at private hospitals when they need to give birth or have an abortion. However, it is economically very difficult for most women to access private hospitals. This leads to an increasing need for "support": the need for money, psychological/emotional support as well as the need not to feel alone and to have one's decision validated become much more important.

It needs to be stressed that it remains a problem that women need support mechanisms outside the health system to access abortion and reproductive health services. Although instantaneous and out-of-system support may be available with the best of intentions, it still may not fulfil the needs and expectations of women. Or it may be the case that women who received support from their families end up financially and emotionally indebted to the family.

4.1.2. Barriers and Stumbling Blocks

Women's narratives reveal the systematic problems that present barriers to their access to reproductive health services provided by the state. At the forefront of such barriers are gender inequality and class inequality facing women at each step of their need to access services. Physicians who make women feel inadequate about making their own decisions stand out as a systematic barrier created because of this inequality. Another systematic problem pointed out by our interviewees is the fact that women are not

allowed to decide on the type of local/general anesthesia in a health system where preferences of the individual, as the service receiver, is ignored.

More specifically, the fact that illiterate women face problems in getting online appointments on the internet, as well as the requirement of spousal consent for having an intrauterine device (UID) fitted -even though it is not required per law- inter alia, are the result of women's secondary position in a gender inequality regime which is reinforced by class inequality.

There are many barriers to women's demand to have an abortion. Women are worried that their personal data will not be protected in the public health system and that they will be flagged when they register for an abortion. The abortion pill is available only at hospital pharmacies. Most importantly, abortion is not actually performed at state hospitals although it is not banned. Among the women we interviewed, those who have had an abortion in the last five years have all received this service at private hospitals and practices. In addition to systematic stumbling blocks, women also face restrictions

that are instant and out of the system, which keep coming up throughout their lives, slowing down and complicating their applications to institutions. Women face several challenges in their access to abortion and reproductive health services in general, including **restrictive and judgmental attitudes of family members; misinformation and misguidance from neighbors, friends or the internet; judgmental expressions of nurses, registry officials and care givers who are in fact supposed to facilitate their access to service.**

Women are rendered completely helpless when their families turn out to be a stumbling block as well in situations where they cannot receive services in the first place. Women who are confronted with so many obstacles cannot access health services they require even if the service in question is available.

4.1.3 Cultural Context of the Decision to Have an Abortion: Decision, Approval, Loneliness and Exigence

It is important to stress that it is the patriarchy which shapes both the services and barriers in the health system as well as the support and the stumbling blocks encountered by women. Women gain ground more expeditiously in the system if they are to give birth; still, they grow weary of getting unequal and unsafe service that is not respectful of their privacy. If they are to get an abortion, then they are usually left isolated. Privacy is completely trivialized. It becomes totally impossible to receive free services.

Women use certain cultural concepts to attribute meaning to their experiences of birth-giving and abortion, both for the sake of themselves and their circles. They use expressions such as **comes with her blessing, fate or living soul** for situations where they do not terminate the pregnancy; whereas they use the terms **necessity, life, conditions** and even **social pressure** when they refer to the termination of their pregnancy. Most of these social/cultural concepts show that women cannot quickly take initiative on their own lives by saying “I want to do this” or “I don’t want to do this”.

The women we interviewed say that they would like to be seen as both women and mothers and spouses and that they do not want to feel alone in these positions. They want to be able to receive free health services from the state; they do not want to go to the doctor alone or be judged by an accompanying family member; and when faced with some difficult

questions or need to get information, they want to be able to seek answers by asking the institutions, their circle of friends and family without the fear of being judged. Women feel lonely and left alone when they cannot receive unconditional support from their family and services from the state. Many women mention this feeling of loneliness. They want to feel safe, receive support from their close circle and get adequate service from the state when they give birth, have an abortion or just have a gynecological examination, or even go through routine practices such as smear tests. Employing socially accepted concepts when speaking is perhaps seen as a way to get approval and overcome the feeling of loneliness.

There is a fine distinction at this juncture: Women would also like to make decisions on their own and want the right services for them to be made accessible without the intervention of others. Women, who are obligated to get approval from their close circle, find it impossible to make their own decisions regarding their own bodies and take action accordingly.

Approval and loneliness constitute mutually defining concepts. Many women described the lack of approval as loneliness. Approval in itself points to an interesting set of relations. On the one hand, there are certain degrees of approval: Being accepted, supported, acknowledgment of the injustice even though it is not accepted, or being completely isolated and condemned. On the other hand, there is the question of who is expected to give approval: Approval from one's own conscience, from the mother, the husband, the family, the neighbor, the physician, close friend, the society, the state or from Allah. Thus, the factor of approval and the approving parties play a crucial role in women's decision-making over their own bodies.

It must be stressed at this point that women overwhelmingly say that the decision is the woman's when it comes to abortion: **I would not do it myself, but it is the woman's decision, I had an abortion, and it is the woman's decision, I was forced to have an abortion, but it is the woman's decision.** Nonetheless, women also point to the obligations that affect their decisions as well as the involvement of their families, close circle and the state in their decisions. This decision may have been taken together with someone else, or it may have been totally their own decision, or they may have been coerced into making this decision. It is necessary to examine these obligations and the role their relations with others play in arriving at their decisions.

Women usually use the word exigence to express the state of deadlock caused by an unwanted pregnancy. While most women who find themselves in this deadlock say that the decision belongs to the woman, they are aware of the fact that the decision is actually about the woman's life. They are as mindful of the difficulty of deciding to have an abortion as of the adverse impacts of having an unwanted child on a woman's life. For women who see abortion as a right, deciding to have an abortion means empowerment and the ability to determine the course of their own lives:

To be able to determine your own life... I mean if a woman can make that decision, then she can decide everything. (MK 3, 31)

I think, above all, a woman would become more of an individual this way. It is a state of seeing the woman as an individual. I think of it as women becoming visible. Because after all, women are invisible in so many spheres of life... I think this would make a woman visible in this regard, make her visible with respect to her own body. (MK 13, 50)

Conversely, the below quote from a young woman who describes abortion as a trauma explains why it is a difficult decision to make when one is compelled to have an abortion:

It would have been a trauma for the child if I had given birth. So, I'd rather have a trauma myself instead of causing multiple traumas...I terminated my pregnancy thinking of all the things I wanted to do for myself. I terminated it because my financial status was not good. Also, the things I hear from some women. She has two kids; she grew tired of taking care of them and does not want to do it. She does not want to take responsibility. It may be just because she is tired, even if she is financially stable or has time on her hands. In my case, it was because I was too young. I was at a young age. I was not planning this. I did not want it. It was an unexpected pregnancy. (MK 20, 26)

This package called exigency is the biggest barrier to empowerment: It is patriarchy itself. Patriarchy deems it shameful; a sin, a murder when a woman claims her own body. The concept of **exigency**, observed here in

its most general sense, points to other relations which may be downplayed in everyday life but are in fact sine qua non conditions of patriarchy. For instance, the expression "I have just given birth to a child" is indicative of the unpaid care work imposed on women. The expression "I did not actually want it" may as well be in reference to marital rape in as it is the impossibility of forcing men to use contraception. The fact that single motherhood is not acceptable points to the imposition of patriarchy to have a nuclear heterosexual family; and the expression "having an unwanted experience" shows that women are frequently raped in this society and it cannot be named for what it is.

Exigency may arise from not only life conditions, but also from other values that steer life. A case in point is an interviewee who was put in a position in conflict with her values but decided to support her friend all the same:

This is how I feel. We all know since our childhood that abortion is a grave sin. So, I thought I was committing a sin, that I was a sinner. I was very upset about this. But there is also the joy of helping out a friend. What if I am not there for her, she will be unconscious, to whom can I hand her over when we get out? I had to go with her out of obligation. I pray that Allah forgives me for this. I struggled a lot about this decision. It was hard for me to go with her, but I did so because I had to. Because she was a very dear friend of mine. (MK 17, 61)

Most women we talked to expressed the tension and resentment they felt in reaching a decision shaped by these intertwining challenges and exigencies that pulled them in different directions:

Why on earth can I not make a decision concerning my body? For instance, even the fact... The last time I had an abortion, yes, I wanted to keep the baby, but we decided to abort it because my husband did not want the baby. I felt both dilemmas. I asked myself why with respect to two points: Why can't I decide what is to happen to my own body? I mean, my husband decides for me, he tells me to have an abortion. But I was quite angry that I followed his decision even though I wanted to keep the baby. I also felt resentment toward the state about the abortion, yes, the state

itself of all things. When I called a private hospital asking about abortion, I was told "No, it is banned by law. That is why we do not perform abortion." What is it to you, this is my body. I decide if I want to keep the baby, and I decide if I don't want to keep the baby. Everyone else had a say in this decision except for me. So actually, I did not have a say in any part of the decision-making. It is my body but everyone else had a say on my body. And I am really mad, still mad, and I cannot ever accept it and I always tell my husband "I will always be mad at you for this, because it was you who made the decision. It was my body. If our child is supposed to be a mutual decision, it was you in the end who decided. It was your decision, not mine. We never met each other halfway." (MK 13, 50)

In short, abortion is not an easy decision to make. An interviewee who says that **"becoming a mother cannot be a decision"**, at the same time states that **"every woman must decide on her own"** and adds **"it is difficult to decide by yourself, in any case it must be the woman who decides"**, (MK 20, 26) illustrates the dilemma facing women with respect to abortion.

It is hard to distinguish whether this dilemma, this state of being of two minds, is caused by the women's own perspectives or their position in the society. As this study shows, women themselves may use the discourse of marginalization, saying that "some women" have an abortion for pleasure, and some enjoy their sexuality for pleasure and become mothers even though they don't deserve it. This obviously has an impact in general on women struggling to decide on abortion and feeling lonely. Therefore, while women are vulnerable and feel in a tight spot internally, they also have to stand strong in the face of stigmatization by external actors. This is yet another exigency: The need to stay strong.

In brief, it is both desirable and unsettling to be in a position to be able to decide on abortion. It is desirable because women at least have a sense of a little bit of control over their lives, make the decision themselves. It is unsettling because of the difficulty of this decision in itself, and because there is not even a decision to make sometimes. Women also say there should be birth control before it comes to abortion. However, it is a well-known fact that women have restricted control over contraceptive methods. Under these conditions, the term **exigence** functions as a key word that

concurrently refers to both having reached a decision and the inability to reach a decision.

The term **exigence** sometimes carries different meanings for younger women. On the one hand, life conditions force them to go in certain directions, on the other hand, they describe pregnancy and abortion as a process of self-exploration and reflection. A young interviewee talks about feeling awkward as she realized that her body was fertile while she experienced her sexuality. This new state of awareness introduces the idea of the unruliness of sexuality and fertility and the necessity "to do something" about it to their lives:

I was 23 years old then, it was 1.5 years ago when I first found out, I didn't want it. I was studying at university. I was not ready at all to face this as I was only starting to realize for the first time that I could actually reproduce... And also, because it was horrifying, because I am quite obsessed about anything to do with the body. "My body is now undergoing something that I don't want, I am somehow interfering with it and changing it. It is terrible." (MK 23, 25)

It can be said that the young female university students we talked to experience a state of confusion when they are faced with the fact that a situation they thought they knew about takes on different meanings through experience, and they see that the body itself has a language, life and consequences:

...Until I got pregnant, I thought that abortion was a very ordinary thing, that I had it figured out. I thought that if I ever got pregnant, abortion would be an easy process for me. But it was nothing like that. I mean the bond that I formed, the feeling that I had. I had to consider it over and over again; I mean I held a very different opinion before I actually had it happen to me. I still feel... I have somewhat recovered now. My situation at the time, economic challenges, the fact that I was very young, and that I was a woman living alone, away from my family, all of these might have made it more difficult. It was not only about the bond that I formed. The fact that I broke up with the person I was in a relationship with, that I could not get along with him, or get any support from him. That was what it was like. (MK 20, 26)

A young interviewee says that young women, including those under 18 years of age, should be supported and be able to make their own decisions without any manipulation. At this point, we can state that feminist women dream of a femininity which is disentangled from social relations to the extent possible and can make her own decisions:

Yes, and they should not be manipulated. I mean by her family and close circle. It is important that they see a psychologist because she is not considered an adult by law. She can be easily manipulated by her close circle to get her to change her mind. It may be better for her to see a psychologist in this process. (MK 20, 26)

4.2 The Relation between Rights and Decisions

In order to talk about how women make decisions, it is first necessary to scrutinize what women understand from the concept of rights. The way women define the concept of rights affects their replies to the question of who should make the abortion decision. Looking into both of these questions also reveals the grey areas of the perspectives on abortion.

A large majority of interviewees rebel against the invisibility of women, their lack of say over their own lives and bodies. They have grown weary of others interfering with their lives and, before they claim any right for themselves, they question the right to intervention of others (men, the state, family, society, etc.). They expect almost nothing from the state. The term right is very ambiguous for women. Most women are not aware of their rights and there is no place they can turn to to learn the ways to claim rights. Therefore, women do not know how to claim their rights. Women cannot receive the service they expect with respect to reproductive health; they are the object of scorn most of the time and their privacy is violated. They act on what they learn from random encounters, getting pulled in unexpected directions or directions that do not fulfil their needs. Therefore, the field of reproductive health turns into an obscure and unsafe field. This being the case, how do women use the concept of rights in these conditions?

Some women see abortion as a right; some do not see it as a right but would like to have it available as an option and there are those who are against abortion. When asked the question **“Is abortion a right for women?”**, the replies given by women show that **the variety of positions they hold in regard to abortion as a right:**

- Those who see abortion as a right and describe it as the right to have control over one's body
- Those who describe abortion as a conditional right, depending on certain circumstances
- Among the women who see abortion as a right, those who say that this right should be defined in relation with normative conditions and exigencies
- Those who describe the right to abortion as a right not to give birth, as opposed to a somatic matter
- Those who do not see abortion as a right
- Those who say that women are completely invisible in society and defend the right to abortion on the grounds that it amounts to recognition of women's rights and of the existence of women in a broader framework

  Those who see it as a right for women but still say it amounts to taking a life in their opinion

The interviewees, who said that abortion is a woman's right to have control over her own body, were upper middle class and educated women and most of them were women with a critical perspective who identify themselves as feminists. The women who said that abortion is not a right per se mainly put forward their faith and values as an argument.

Most of the women we interviewed stand in a grey area between the stance that abortion is a right and the perspective it is not a right. Women think abortion should be legal depending on certain conditions. These conditions vary: Physical health, psychological health, the right of the fathers to have a say, economic challenges, and the condition that abortion should be granted as a right only to educated women with an awareness.

Getting pregnant out of wedlock or in a bad marriage...Abortion in such situations is a right for women. (MK 11, 24)

The term "right" is a very loaded concept for non-feminist women. When the question whether abortion should be free is posed together with the question on rights, it is apparent that women see the concept of rights as a situation arising out of certain exigencies, which should not allow complete freedom. Rights serve as an insurance for certain exigencies. In other words,

it is a function that legitimizes and validates the situations where women are compelled to have an abortion. **Complete freedom**, on the other hand, is a more problematic concept. It connotes arbitrariness and immorality. Therefore, women take up a conflicting stance on abortion, stating that it is **a right, all the same, it should not be completely free without restrictions**. For women, having it as a right does not necessarily mean that it should be completely free. Complete freedom points to a much more dangerous and unruly situation in terms of gender norms. These women think that women should not act too freely and should be controlled.

Abortion is a right for a woman who is in a bad situation, whose marriage is going downhill, and she cannot afford to have a child. But if she wants to abort the child out of the blue and without letting her husband know, then it is not a right. (MK 8, 31)

While women's right to have control over their own bodies is a feminist and liberal discourse, non-feminist women mostly defined it as a **right not to bear children**. Women who speak on the basis of the right not to bear children actually use a conditional discourse. This discourse has two functions. First, they define the conditions of not bearing children by placing women in the center. Such a discourse makes it possible not to see abortion as an intervention to life, fetus or the baby, in other words freeing it from being fetus-centered.

Second, asserting that women have the right not to bear children on the grounds that their life conditions or psychology is not suitable amounts to expanding this **right** to women who do not want to become mothers. As mentioned above, listing a set of conditions does not necessarily always amount to rendering women invisible or victimizing them. When women put forth their life conditions as an argument for the right not to bear children, the right is stripped of its quality as an absolute demand for freedom. In other words, as women distance themselves from arguing for a life that does not fit into social morality norms, they say that they see abortion as a last resort.

It should also be free of charge. Because if you come to that point and decide to have an abortion, what business is it to anyone else? Women are pulled into a horrible process, an unwanted pregnancy, an unwanted child. The pressure that comes with it. I also wonder about, for instance, a child born out of wedlock, a young woman. Who is to take the responsibility of that child? This woman needs time even to stand on her own feet, and on top of that, she is faced with the pressure of having a child and the social pressure, etc. I mean, one wishes it did not happen, yes, but it did happen at the end of the day. And when it happens to you, and if the only option is abortion, then it should be made free and, as I said, it should even be free of charge. (MK 19, 35)

In fact, most women openly state, in so many words, that women are living faced with great inequality and a state of unworthiness. Women may adopt different moral attitudes with respect to sexual freedoms, nevertheless, they generally raise a common voice when it comes to the secondary status of women. When asked the question "Is abortion a right?", women reply that women are already invisible as things stand and this invisibility should come to an end. Two women who were coerced by their husbands into having an abortion express the feeling of unworthiness as follows:

He doesn't give you that right at all, if I had been as wise then as I am today, I would have divorced him, I would have given birth to that child... If our women politicians could only be a little more dominant, if they could only place more importance to what women want, we would gain much ground and be at a much better

position, but regrettably, they are not valued in today's Turkey. Women have no value, I mean. Regrettably. (MK 12, 49)

They make you wear a dress you don't want to wear. It doesn't matter how many times you say you don't want to; they force you to wear it. You can't do anything about it. That really makes women… Because you want to live as you like, but you can't. And if you do live as you want, you'll end up dead for it. (MK 10, 40)

Women who have not been coerced into having an abortion talk about their own experiences to explain the invisibility, the worthlessness of women and how their wishes are ignored:

Because (women) have always been oppressed, always scorned. Secondary… You are always behind a man, you see. They would even walk behind the man. My mother always walked behind my father. I mean I never remember my father holding my mother's hand. Things have changed now of course but it is actually way worse now even though we say that the opposite is true. Now we have femicides. Now they are killing women straight away. They don't respect women; they kill them straight away. This is why it is so difficult. (MK 9, 40)

What man cares about a woman's life? (MK 8, 31)

Besides the difficulties of being a woman, most women also emphasize the beauty of being a woman. The most striking statement in this regard was made by an interviewee who started to love femininity after she discovered feminism:

For the last three years, I have been reaping the rewards of being a woman. I really feel this way. Because I have a lot of beautiful women around me. I am now part of circles where I am accepted and not judged. Once you have this, it is a beautiful thing to be a woman after all. (MK 3, 31)

As to the question of whose decision it is to have an abortion, most women held the same opinion, albeit in varying forms, that **women should be the**

decision-maker. Most of the women we interviewed stated that abortion is a decision to be made by only women. Although some of them stressed that abortion was a difficult decision to make, they still underlined the fact that the decision belonged to women. Some women, on the other hand, expressed that the decision should be mutual between men and women.

Let the woman make the decision by herself. I mean I don't know the particulars of the situation for that woman. That child was conceived with the man's will, it turned out that the man did not want the child. It is up to the woman to know whether she has the power to bring that child to life and raise it. Because I don't know. (MK 10, 40)

Another point worth stressing with respect to rights is that motherhood is also considered as a right:

First of all, I believe everyone has a right to become a mother. Nobody can take that right away from a woman in my opinion. This is basically what I can say on the matter. However, I don't think there needs to be provisions in place. I believe these provisions should be provided by the social state. (MK 5, 36)

Women who unconditionally defend the right to become a mother, also defend the right to have unconditional access to abortion.

We also talked to women who saw motherhood as a pleasure or a blessing, something one has to experience rather than a right per se; and we received some answers stating that only some women could become mothers:

Being a mother is very difficult. It is a very difficult vocation. I mean there is not a school for motherhood, it is a totally different feeling because you learn it by experience. I mean it does not happen to everyone, not everyone is destined to be a mother, but I would wish for everyone, who can become a mother, who has become a mother and who does not have a disease or any physical incapacity, to enjoy the pleasure of motherhood. It is a very sweet feeling. (MK 17, 61)

Not every woman should become a mother. We see the examples around us. (MK 12, 49)

Women stress the difficulty of the decision to become a mother in the context of their bodies, emotions and social status. The statements of the women on motherhood reveal that they do not see motherhood as a natural outcome of their reproductive life. Some of the women we talked to underline the fact they decided to become a mother:

I really wanted to become pregnant with N. I got very excited when I first found out. But I was a little shaken by Y's reaction afterwards. It took a while to decide on whether to give birth. It took three to four weeks. I was a little worn out during that time. I did not forget our conversations back then. I still have resentments about that. (MK 2, 35)

Some of the interviewees expressed that the traditional society does not let women make the decision about becoming a mother:

You see, it depends on the family. For some women it is her husband's wish. So there is not even a decision to make or anything to discuss. You see, she was born to be a mother. If you take a look at Eastern societies, she has to become a mother. And if she does not become one, then she is labelled as infertile and thrown out. I don't know what they do with those women, for instance they inflict psychological violence, etc. But for Western women, that is, in more modernized family structures, this is a decision. She wants to become a mother and it is a mutual decision between husband and wife. (MK 22, 34)

On the other hand, when the focus was shifted from the woman's body, her emotions and social position to having a child, women also defined the task of raising a child as a difficult decision that requires contemplation. Many respondents said that having children also requires decision-making, but it is not the case in our country.

Well, it is sometimes by happenstance, so it may be accidental, but I think it is very good if it is a result of a decision-making process. I

mean it is my opinion, but I speak generally. It would be really great if people would think about it and make a decision as mothers and fathers before they have children. Both for the sake of the child and for their future. It would be so good for the distribution of labor as well. (MK 17, 61)

There is the sense that yes, it is about time for me to have a child or by contrast, no, let's not, it is not time yet. Having a child in our society is, well…I think some parts of the society see it as a duty… A certain segment of society thinks this way: "I was born, I grew up. Now it is time to get married. Now it is time for me to have a child". I think it is like a duty, as if it is in the order of things to do. (MK 22, 34)

Currently, Tayyip Erdoğan has an imposition on the number of children to have. There are families that put this in practice. There are definitely families that follow his instruction. But I think this is a family matter. So it is a decision for the mother and the father to make. It is to do with their spiritual capacity to become mothers and fathers. That is, how ready they are for this, because the more children you have the more effort you have to put in, and how ready they are financially. So the two points are connected. (MK 13, 50)

An interviewee explained the conditions of having children in the context of religious responsibility:

Making a decision to have children is a great luxury in my opinion. And it brings along a great awareness. I think most people stumble into parenthood. The water runs and takes you there. I think most people get married and have children this way… But as I said, as a Muslim, I ask myself, can I afford it, I mean can I afford it physically, emotionally, and financially? This is what draws the line for me. (MK 14, 33)

Therefore, although women may see the act of "making a decision to have a child" as a normative requirement, when we look at what women actually experience, i.e. the reality, we can assert that having children is in fact not

a “decision” per se. Women lay down this difference by saying “I may have made this decision, but I know for a fact that other women cannot”. Women referred to traditions, the notions of duty, faith and instinctive emotions as processes that determine whether one would have children and the number of children to have. It transpires that the decisions to have children, become a mother or have an abortion should be understood by researchers, social policy developers and women’s rights defenders in the context of exigence, that is, a normative requirement. Notwithstanding that decisions and rights are inter-connected concepts, they still do not carry the same meanings. While a right is a norm that safeguards decision-making, a decision should always depend on the actual conditions for women who do not trust that the abstract concept of rights would protect them. The experiences of the women we encountered show that not every matter defined in the context of rights turns out to be a de facto matter of individual decision in life. Women see that the context they are in and any decisions they took or failed to take has an impact beyond their individual lives. When women say, **“I made the decision”**, it is their way to explain that their behavior is in compliance with the norm; when they say **“women should make the decision”**, they again refer to the liberal norm; when they say **“women cannot make the decision”**, they make a distinction between women who can decide by themselves and those who cannot. In this context, when women say, **“it is my decision”** and invite other women to adopt this normative position, their point is that they want to influence the consequences of their decisions, in other words, they want to have more of a say on life. Women want to have more influence on the world and suffer from not having as much agency as they would like to have in life.

In conclusion, the overarching voice of all the women we talked to, with all their conflicts, can be summarized as follows: **Abortion is a right, it should have limits, the woman’s decision should be the norm.**

5 Conclusion

In Turkey, women have very limited access to information on **their bodies, their health situations, fertility** and **abortion**. Similarly, they have very limited information about **the rights to access health services** in general and **abortion laws** as well as **the experiences of other women** in Turkey. Furthermore, they are not aware about the developments in the world and new methods such as medical abortion. At the same time, conflicting information and partially misinformation women obtain over time eventually undermine them in the face of challenges. It is difficult for women to access medical and legal information that would be helpful for them. Not only do they not know what to demand from the state and the physicians, they also face moral attitudes that restrict them from seeking and finding such information.

In Turkey, abortion-deterrent policies shape women's expectations and experiences with respect to abortion. They are disinclined to use medical abortion in particular because it recalls traditional methods and they do not know its advantages over surgical methods, and they think that medical abortion may cause moral corruption by making it easy to have an abortion.

Women experience the consequences of their inability to control their reproductive life in every sphere of their lives. Having unwanted children and spouses causes them to live a hard life. Being a woman in patriarchy means having the conditions always defined by others. Women are ill-at-ease about making the decision to have a child in conditions that are not set by themselves. Under such ambiguous conditions, they also struggle in having the foresight to reach a decision about abortion. Consequently, women want flexibility in the face of the uncertainty of life.

Women cannot claim their rights due to lack of information and the barriers they face in the state and legal system. They also cannot receive the service they demand in the health system. They try to get approval and support for health services which concern their bodies, such as abortion, and which should be accessible in the first place when they demand it. Under these circumstances, they become compelled to stay in the family, figure it out in the family and seek support from their close circle of spouses, relatives and friends.

Since women are not confident that the abstract concept of rights would provide protection for them, they answer questions about rights by speaking of tangible life conditions. As women live their lives facing gender inequality, they always put forth several conditions to be able to make decisions regarding their bodies including becoming a mother, whether to give birth or have an abortion. They stress that there is a right time for becoming a mother, that abortion is necessary under certain conditions, the importance of raising a child and the restrictive norms of society. Women say that individually and abstractly defined rights do not empower them enough to make their own decisions in the face of the impositions of society. Researchers, social policy developers and women's rights advocates should evaluate the capacity of women to make decisions over their bodies in the context of exigencies, in other words, social norms. **Exigencies** describe the life conditions of women. Rather than talking about what they want with respect to difficult topics such as abortion and child-bearing under these life conditions, women express their decisions in a more acceptable framework by stating their obligations. **Exigencies** also offer a way for women to convince themselves to adopt behaviors which, in their opinion, fall outside the traditional norms. By describing the exigencies facing them in a patriarchal system, women are putting forward demands such as **not to give birth should be a right, not wanting to have children is a justification in itself, let women decide, abortion should be legal with certain restrictions**. Women who hold a feminist perspective, on the other hand, defend the right to access abortion by unconditionally saying **my body, my life**.

Women want to have control over their lives and have more say. This is why they use the concepts of **rights** and **exigencies** together. For women, having the option of abortion is an insurance that helps alleviate the burden of life and reduce the pressure of the patriarchy.

Some of the women we talked to in this study want to live in a certain degree of harmony with social norms. They do not want to give up social support and approval when they make decisions about their own bodies and lives. As they live their lives in this normality, they remain distant from a life that does not comply with the morality norms of society. Nonetheless, adopting a perspective that considers general states of femininity, they want to have the option of abortion, even if they are personally against the idea. In this framework, the fact that abortion is defined as a last resort shows that on

the one hand, women abide by the norms but on the other, they look for a safeguard against the hardships in life. This is exactly why access to abortion proves to be an indispensable necessity in life for women; thereby emerging as a women's human right.

In conclusion, when it comes to abortion, women revise the feminist discourse by picking out certain conditions of the gender regime they are living in: **Abortion is a right, it should have limits, the woman's decision should be the norm.**

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EPILOGUE

Right-wing populist authoritarian regimes on the rise across the world increasingly implement laws and policies that control women's sexuality, fertility, and reproductive life. Anti-human rights and anti-gender governments, groups and actors attempt to undermine the progressive provisions defined by multilateral institutions in the context of gender and sexuality and eliminate the oversight powers of human rights institutions over the states. In the meantime, they also try to increase hetero-patriarchal control over women's bodies and sexuality at the national level. While the government of Poland and the state of Texas in the USA almost entirely limit women's access to abortion, some countries which legally recognize the right to abortion but allow it only in a limited timeframe by law, introduce further de facto restrictions in implementation, including making it optional for physicians to refuse to provide abortion services; making women listen to the fetal heartbeat; enforcing mandatory waiting periods before abortion, and establishing persuasion rooms.[8] Abortion clinics are few in number and found at only city centers, forcing women living in countryside to embark on long travels to get to these clinics. This situation increases the likelihood of women, who cannot access to services and live on the poverty line, to resort to methods that may put their health and lives in jeopardy. In some cases, this leads to women bearing children whom they neither want nor are able to take care of. Access to contraceptive methods still is restricted; in some countries such as Hungary and North Macedonia, far-right governments or groups spread distorted information targeting comprehensive sexuality education.

Neoliberal authoritarian governments surely have a number of reasons for their attempts to control fertility: massification of poverty, expansion of the right-wing grassroots, the growth of the cheap labor market and the aspiration to be rid of the financial burden by absolving itself of its responsibility of providing care and unloading it onto women, etc. Consequently, rather than addressing abortion with respect to women's right to life and their right to exercise choice over their bodies or equality or liberation of women, abortion is discussed from a religious and moral perspective based on conscience in

8 For more information on abortion legislation and its implementation in Europe and Central Asia, please see the report *The IPPF EN Partner Survey: Abortion Legislation and its Implementation in Europe and Central Asia: Threats to Women's and Girls' Reproductive Health*, 2021: https://www.ippfen.org/sites/ippfen/files/2020-06/The%20IPPF%20EN%20partner%20survey%20Abortion%20legislation%20and%20its%20implementation%20in%20Europe%20and%20Central%20Asia.pdf

line with patriarchal patterns, with an effort to have it criminalized. Right-wing governments and groups in many countries, including Turkey, passionately defend discourses that women are biologically different and gender roles are a natural necessity of their disposition. Given the governments' efforts to block access to abortion through legal and de facto barriers and their tendency to interfere with the reproductive rights of particularly transgender persons, migrants or minorities, it is essential to consider sexual and reproductive health and rights from a holistic perspective. This challenging political environment, where hetero-patriarchal powers are on the offense in the context of sexuality, body and gender, leads us to consider a variety of courses to follow with respect to the policy feminist discourse and struggle for the right to abortion.

Suggestions

LEGAL REGULATIONS:

- Turkey should lift all unlawful and arbitrary de facto barriers against access to abortion services, although legal, remains de facto inaccessible. Health institutions that provide abortion services should become widespread so that women nationwide can easily access services without having to travel or incur expenses.
- The legal time limit for abortion on demand should be extended.
- Turkey should stop the practice of requiring spousal consent for married women prior to abortion, a requirement rarely followed in the world but still in place in Turkey.
- Authorization by a judge should not be required to access to abortion in the case of a pregnancy that is the result of sexual assault; physicians should immediately provide abortion services based on the woman's statement.[9]
- Parental consent should not be required for girls who are under 18 years of age who request to have an abortion. The requirement of

9 For example, Israel and the Republic of North Macedonia do not impose any time-limits or additional requirements to provide access to abortion for survivors of sexual assault. In cases of sexual assaults, Norway provides abortion services on the basis of a mere personal statement. See: *The IPPF EN Partner Survey: Abortion Legislation and its Implementation in Europe and Central Asia: Threats to Women's and Girls' Reproductive Health*. https://www.ippfen.org/sites/ippfen/files/2020-06/The%20IPPF%20EN%20partner%20survey%20Abortion%20legislation%20and%20its%20implementation%20in%20Europe%20and%20Central%20Asia.pdf

parental consent may leave adolescent girls vulnerable to violence from their family.

- In the case of pregnant girls, a professional should provide support and lead the process by considering the case in terms of the best interest of the child.
- It is a human rights violation not to seek consent to abortion from women with mental disabilities; this practice should be rectified immediately.

MEDICAL ABORTION:

- Barriers to medical abortion, a method defined as "safe and effective" by the World Health Organization and easily accessible and frequently preferred in many countries,[10] should be lifted and the method should be made legal in Turkey. On the one hand, health institutions that provide surgical abortion services should be increased in number and on the other hand, these institutions should be well-equipped to also provide medical abortion. Support units, such as phone lines for consultation, should be established to ensure that medical abortion can also be administered in the comfort of women's homes.[11]
- Awareness raising activities on abortion should be held with women. These activities should be based on scientific data stripped off any gender myths and should also provide information about practices followed in other countries.

ACCESS TO CONTRACEPTIVE METHODS:

- Contraceptives, deliberately ignored due to the government's pronatalist policies, should be disseminated and become widely available, prioritizing the right of people to determine the number and spacing of their children.
- Quality access to information on contraception, services and means, which has been put in the back burner in primary healthcare services with the advent of the performance system, should be reintroduced.

10 For example, 96% of all abortions in Sweden in 2020 were medically induced. socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/statistik/2021-5-7373.pdf.
11 For example, Germany allows counselling before abortions over the phone or by video. See: https://www.politico.eu/article/how-coronavirus-is-changing-access-to-reproductive-health/

Primary healthcare institutions should provide free contraception options such as condoms and birth control pills and should be able to administer fittings of IUDs.

ACCESS TO INFORMATION AND EDUCATION:

- Sexual and reproductive health is not limited to pregnancy and childbearing; it is a comprehensive issue that covers physical development and sexual experiences as well. Hence, it needs to be addressed holistically and the whole planning process should be gender sensitive. The approach to adopt should not only focus on protection from unwanted pregnancy but also encompass protection from sexually transmitted infections and focus on a healthy sexual life that makes people feel good and centers on mutual pleasure-giving. Comprehensive sexuality education should be provided to everyone from an early age covering bodily integrity, physical development, sexuality, reproduction, pregnancy, protection from diseases, consent and empowerment/awareness against abuse and violence.
- All sexual health practices, including information dissemination awareness raising activities, trainings and services in particular, should be developed in consideration of the fact that it is not only women but also men who are responsible for protection from unwanted pregnancy and diseases as well as an ensuring a satisfying and safe sexual life.

HEALTH SYSTEM AND HEALTH PROFESSIONALS:

- The health system should be shaped in a way that prioritizes the decisions and privacy of service receivers. People's right to access health services should not be arbitrarily restricted because of the personal choices of physicians, nurses or health professionals or their interpretations of social or religious norms; quality health services should be provided to everyone from a rights-based perspective.
- Education and vocational training of healthcare service providers, physicians and nurses in particular, should include information on how to develop relations with patients from the perspective of gender equality. These trainings should impress upon health professionals that they are responsible for granting patients the right to have a say over their bodies and lives and offering them all appropriate options.

The trainings should include proven treatment options and protection methods, surgical abortion and medical abortion. Furthermore, the Ministry of Health and relevant public institutions should support health professionals to always prioritize the sexual wellbeing of their patients.

- Abortion should be reinstated in primary healthcare institutions as a feasible health service and health centers that will provide this service should become widespread. The performance system should be abandoned in order to adopt practices that are deliberately left out of the system such as abortion services and contraception methods and to ensure widespread, high quality and safe implementation of abortion and reproductive health services.

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WOMEN FOR WOMEN'S
HUMAN RIGHTS (WWHR)
NEW WAYS

Reproductive Healthcare Services for Women and Women's Experiences with Abortion

Research Report

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