Women's decision making for unintended pregnancies: should I abort or should I go?

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Induced abortion was legalized in Turkey in 1983 and it is currently available on demand for all pregnancies up to ten weeks. Reaching a peak a few years after it was legalized, induced abortions started to decrease parallel to the increase in modern contraceptive use. However, findings from the most recent DHS carried out in Turkey showed that induced abortion was down to 5 per 100 pregnancies from 10 per 100 pregnancies in the 5 year period between TDHS-2008 and TDHS-2013.

Survey date	Induced abortion per 100 pregnancies
1983	12,1
1988	23,6
1993	17,9
1998	14,5
2003	11,3
2008	10,0
2013	4,7

Table 1. Induced abortion in Turkey, 1983-2013

Although on demand induced abortion up to 10 weeks is still available, the declaration of a clear anti-abortion stance by the government in 2012 was followed by debates to shorten the legal time interval for abortion down to 8 weeks. Furthermore, doctors were granted the option of conscientious objection to induced abortion; and number of provider institutions were limited.

In case of an unintended pregnancy, some women decide to give birth while some others end the pregnancy with abortion. In the global level, almost half of all pregnancies and one fourth of live births are unintended. Surveys show that the proportion of unintended pregnancies that end in abortion is higher in developed countries (Bongaarts and Westoff, 2000). Decision making for an unintended pregnancy is not always a process of rational evaluation, but is also affected by individual and social conditions; macro-level conditions like policies as well as the emotional state of women. In countries like Turkey with decreasing trends of abortion, women who go for abortion cloud be a more selective group with distinct individual and social characteristics. In this study, we aim to differentiate women who decide for abortion or birth by analyzing individual and household level characteristics such as education, age, partner's age, parity, place of residence, working status, social security coverage and religious affiliation. We analyze and compare our results for 2003-2008 and 2008-2013 periods in order to see the possible effects of the antiabortion stance of the government. Our analysis will be based on data from the last two DHS surveys carried out in 2008 and 2013 respectively, and will be restricted to the last pregnancy that either resulted in a live birth or was terminated with an induced abortion, leaving pregnancies ending with spontaneous abortions or stillbirths out. We expect to outline a group of women that exists in both surveys who have not stopped utilizing induced abortions services under the circumstances that oppose to it.

Preliminary findings show that the proportion of unwanted pregnancies ending in induced abortion declined from 28 percent to 20 percent from TDHS-2008 to TDHS-2013. Comparing those ending with live births vs. induced abortions, both surveys show that pregancies less often end in abortion in rural areas. Could the public view have influenced the decision regarding induced abortions in case of unwanted pregnancies? Could it be that induced abortion services can now only be accessed by a distinct group of women in Turkey? In the further stage of our study, we will employ logistic regression analysis to figure out the characteristics of women who have higher odds of abortion in case of an unintended pregnancy, for survey years 2008 and 2013 separately.