

# **CURRENT SITUATION on MEDICAL ABORTION in TURKEY**

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# Some Information On Turkey

# Turkey is a middle east country

- Turkey has around 67 million population
- 98% of the population <sup>®</sup> Muslim
- Is a bridge between Asia and Europe
- Over 60% of the population lives in urban places

# **POPULATION POLICIES IN TURKEY**

1923 – declaration of the Republic

**1923 - 1965**

**Turkey followed a PRONATALIST  
population policy**

- **Annual Growth Rate and Fertility Rates**
- **Maternal and Infant Mortality Rates**
- **High Risk Pregnancies and Unwanted Pregnancies**
- **Unsafe Self Induced Abortions Increased**
- **High Number of Maternal Mortalities Due to Induced Abortion was Observed**

Changing the population policy was  
considered

# First Population Planning Law - 1965

***A Bridge to Safe Abortion***

## By This Law:

• IEC on FP methods

• Clinical services for temporary FP methods

• Services for termination of pregnancy only on medical grounds

• Services for surgical sterilization only on medical grounds were accepted.

# After First Population Planning law What Happened?

- 300 thousands induced abortions took place in a year (1981)
- 50 thousands SELF INDUCED abortions occurred in a year
- Induced abortions continues to be a health concern of the women in Turkey
- The restrictive law could not prevent induced abortion

Changing the first antinatalist  
population planning law was  
considered

The advocacy activities to change  
the law

- **Research**
  - DHS type
  - On abortion
  - Introduction of MVA
  - Operation Research
- **Publications**
- **Meetings**
  - Scientific
  - Advocacy

The new law was prepared and submitted to the parliament, for their consideration by the Ministry of Health - 1983

## **The new population planning law includes**

- **authorizing non-physicians to insert IUDs**
- **legalizing induced abortion up to 10 weeks**
- **licensing trained GPs to terminate pregnancies**
- **legalizing surgical abortion**
- **strengthening the intersectorial collaboration to provide FP services in the country.**

**The new population planning law  
(2827) was accepted**

**24 May 1983**

# Impacts of New Population Planning Law - 1983

- Maternal mortalities due to unsafe abortions are almost disappeared
- Hospital beds are not occupied with complications of induced abortions
- Burden of induced abortion on the health care system is decreased.
- Cost of induced abortion for individuals is decreased.
- Prevalence of induced abortion increased at the beginning but after 1990 started to decrease

**Was it enough  
to introduce a new law  
and legalize induced abortion  
in country  
to ensure  
availability / acceptability / affordability  
of the FP services including provision of  
safe abortion ?**

**NO!!!**

# After the New Law

- **A traumatic techniques for pregnancy termination (MVA) were introduced**
- **GPs and obgyn specialists were trained in the new techniques**
- **Continue to collect data on abortions**
- **Post abortion FP programs were introduced**
- **Further analysis of the DHS was initiated (1993)**
- **Medical abortion method has been introduced (mifepristone + misoprostol)**

**Lessons learned  
and  
Conclusions**

Leadership  
was the most effective factor  
in the process

Legalization of abortion made a great impact on prevention of abortion related complications and maternal deaths in the country.

# For Further Improvements

The issue of induced abortion should be seen as a component of comprehensive reproductive health. Therefore it should be dealt within a holistic approach rather than in isolation.

To avoid unwanted pregnancies and reduce the number of induced abortions especially avoiding repeated abortions, contraceptive methods should be widely available and accessible in the country.

# For Further Improvements

New techniques for fertility regulation like medical abortion should be considered in the country, in order to provide less traumatic services for fertility regulation.

# **FIRST RESEARCH**

on

**MEDICAL ABORTION**

**TURKEY**

**1999-2002**

Supported by Population Council

# **4 Research Sites**

**209 WOMEN**

**MEDICAL ABORTION**

**260 WOMEN**

**SURGICAL ABORTION**

**COMPARED**

# ***Objectives***

# **COMPARING MEDICAL ABORTION WITH SURGICAL ABORTION IN TERMS OF;**

- **Their acceptability,**
- **Their effects, side-effects and complications,**
- **Identifying the satisfaction levels Also,**
- **Low dose mifepristone's effectiveness in terminating abortion**
- **Place preference for taking misoprostol,**

# Induced abortion consultansy eligibility criteria

## REFERENCE POPULATION

All women who applied to 4 clinics for induced abortion during data collection phase:

## INTERVENTION POPULATION:

### 1. Medical Abortion

(intervention group ):

- Follow-up visit on the 3rd and 15th day

### 2. Surgical Abortion

(control group):

- Follow-up visit on the 15th day

# **MEDICAL ABORTION**

## **WOMEN WHO WERE ELIGIBLE AND WHO PREFERRED MEDICAL ABORTION:**

**1. 1<sup>st</sup> day (200 mg Mifepriston, 15 min  
follow-up)**

**2. 3<sup>rd</sup> day (400 microgr. Misoprostol)**

**Home or clinic depending on women's  
preference**

# Medical abortion

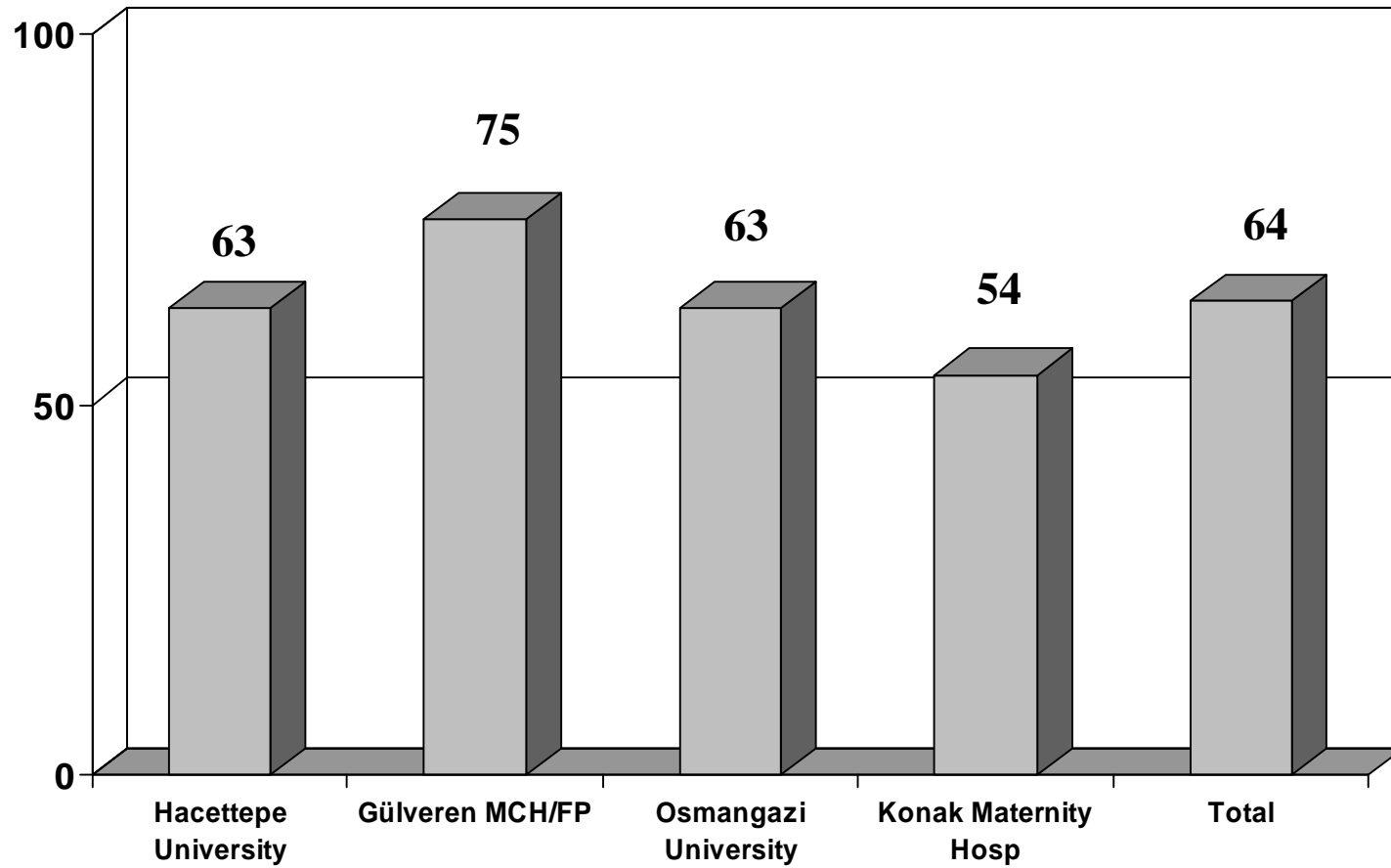
3. 15<sup>th</sup> day (assessment of abortion and follow-up cards) - if needed and if woman accepts :

Extended follow-up

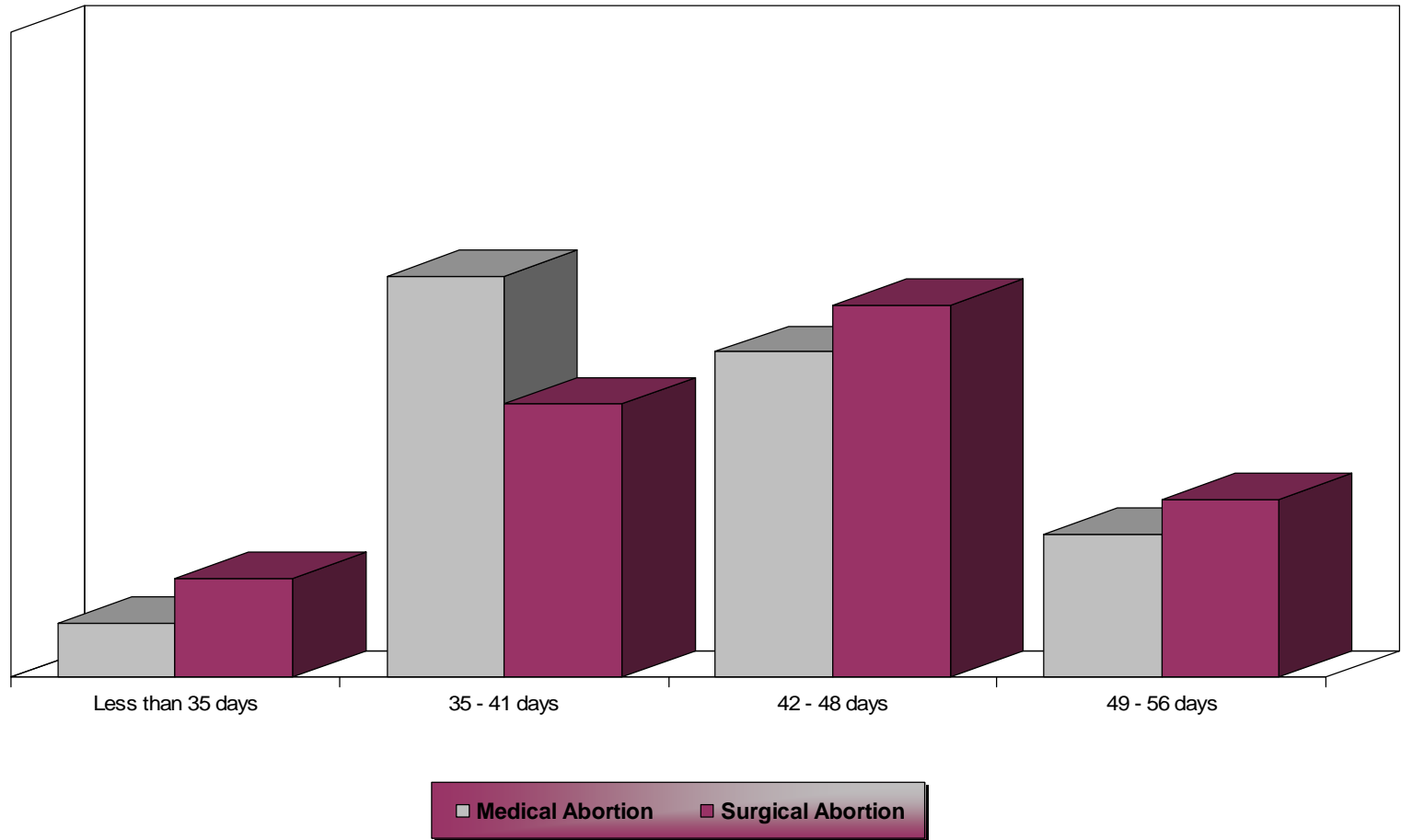
- **5.7 % DID NOT COME FOR THE FOLLOW-UP VISIT**
- **4.7 %MEDICAL ABORTION**
- **6.4 % SURGICAL ABORTION**

# **RESULTS OF THE STUDY**

# ACCEPTABILITY



# GESTATIONAL AGE



# Reasons of their preferences for medical abortion

- Easy 31%
- Less pain 22%
- Afraid of surgical procedure 21%
- Not surgical 12%
- Less harmful 3%
- Safe 3%
- Recommended 3%
- Want to try 2%
- Other 3%

# REASONS FOR NOT PREFERRING MEDICAL ABORTION

- Don't want to want 41%
- New method 39%
- Probability of being unsuccessful 6%
- Don't want to take pill 4%
- Possibility of heavy bleeding 4%
- Other 6%

# Reasons of their preferences for surgical abortion

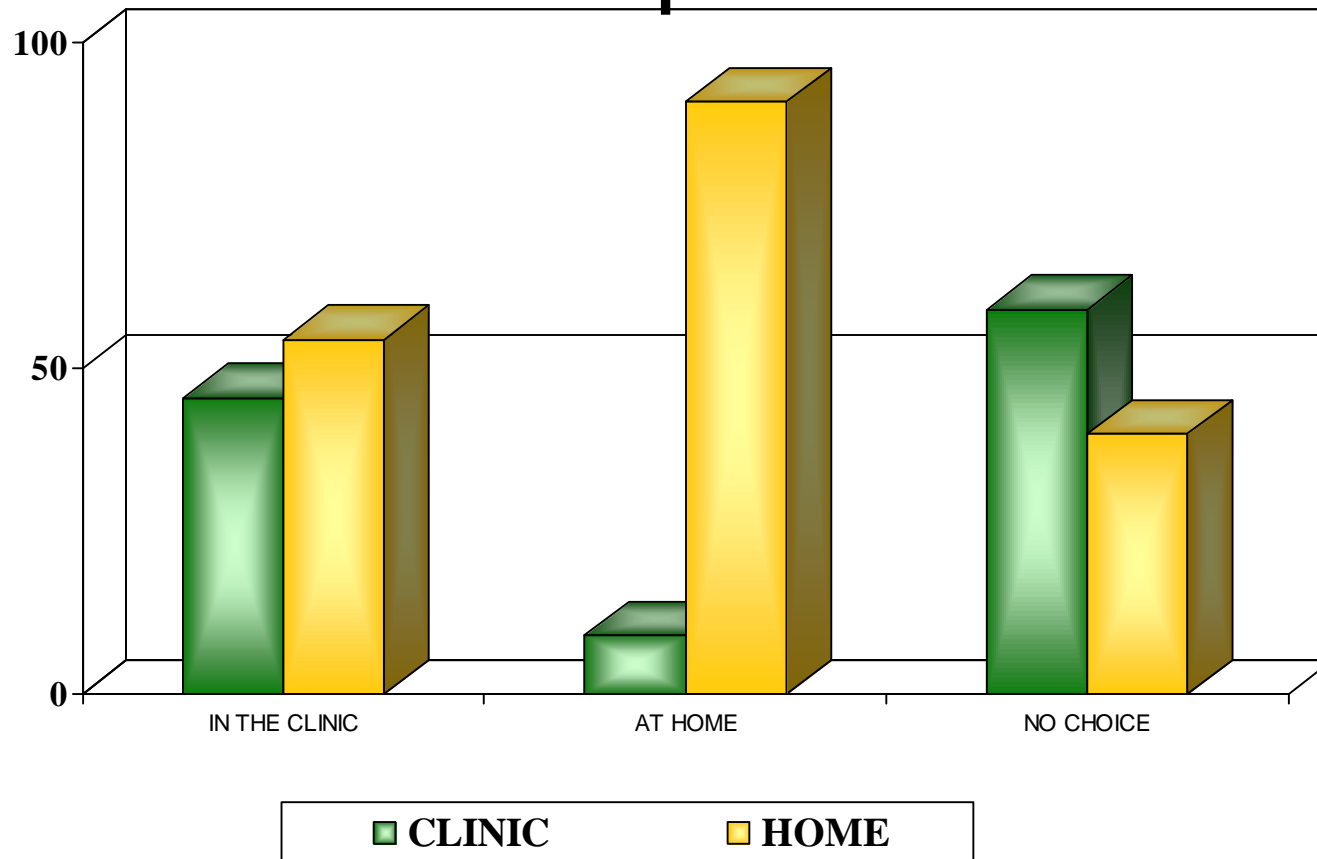
- Takes short time 48%
- Safe 39%
- Had surgical abortion 3%
- Easy 3%
- Other 3%

## REASONS FOR NOT PREFERRING SURGICAL ABORTION

- Fear 47%
- Pain 23%
- Surgical 8%
- Discomfort of experimentation table 7%
- Its difficulty 7%
- Infection risk 3%
- No abortion experience before 3%
- Other 2%

**74.6 % OF WOMEN PREFERRED TAKING  
MISOPROSTOL  
AT HOME**

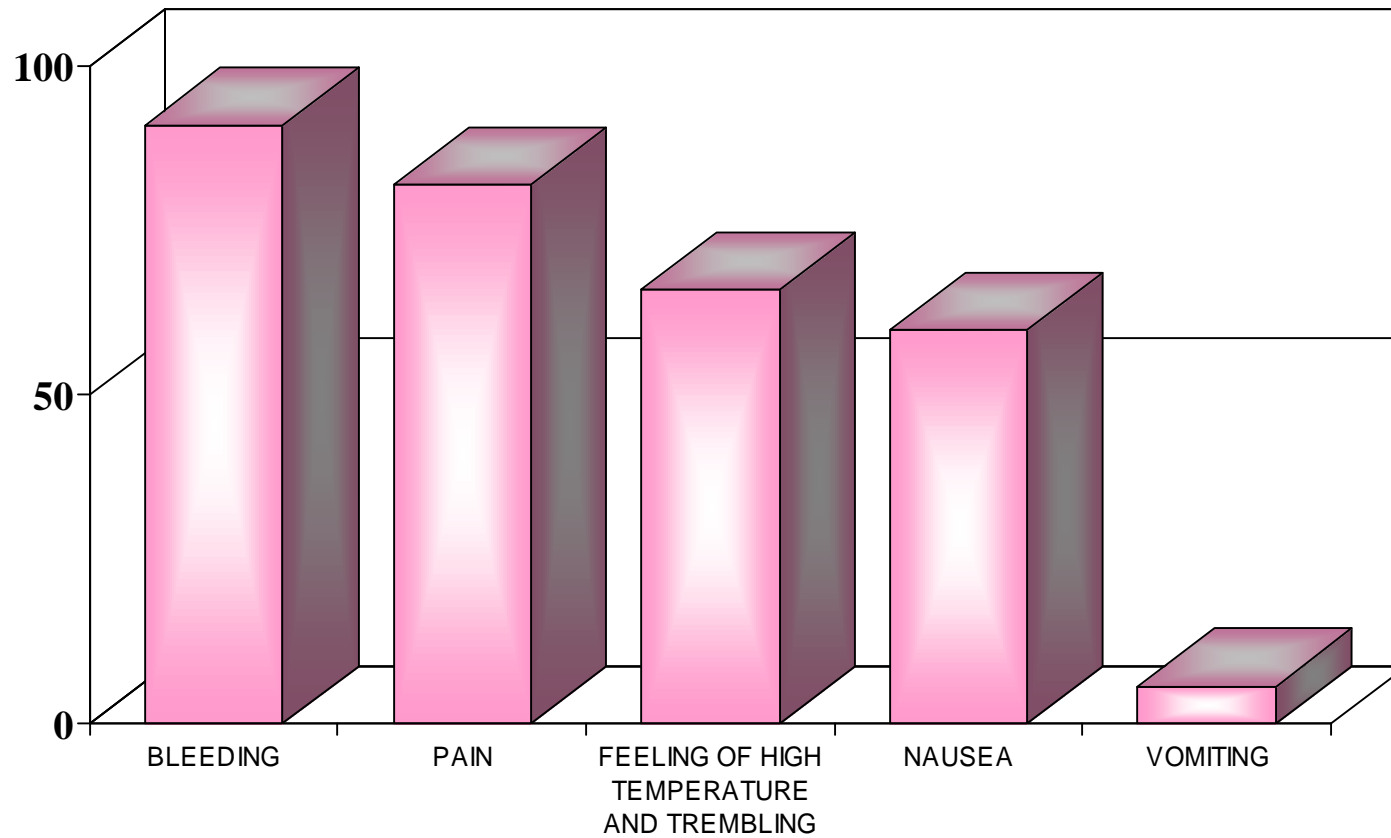
# Place where they preferred taking Misoprostol



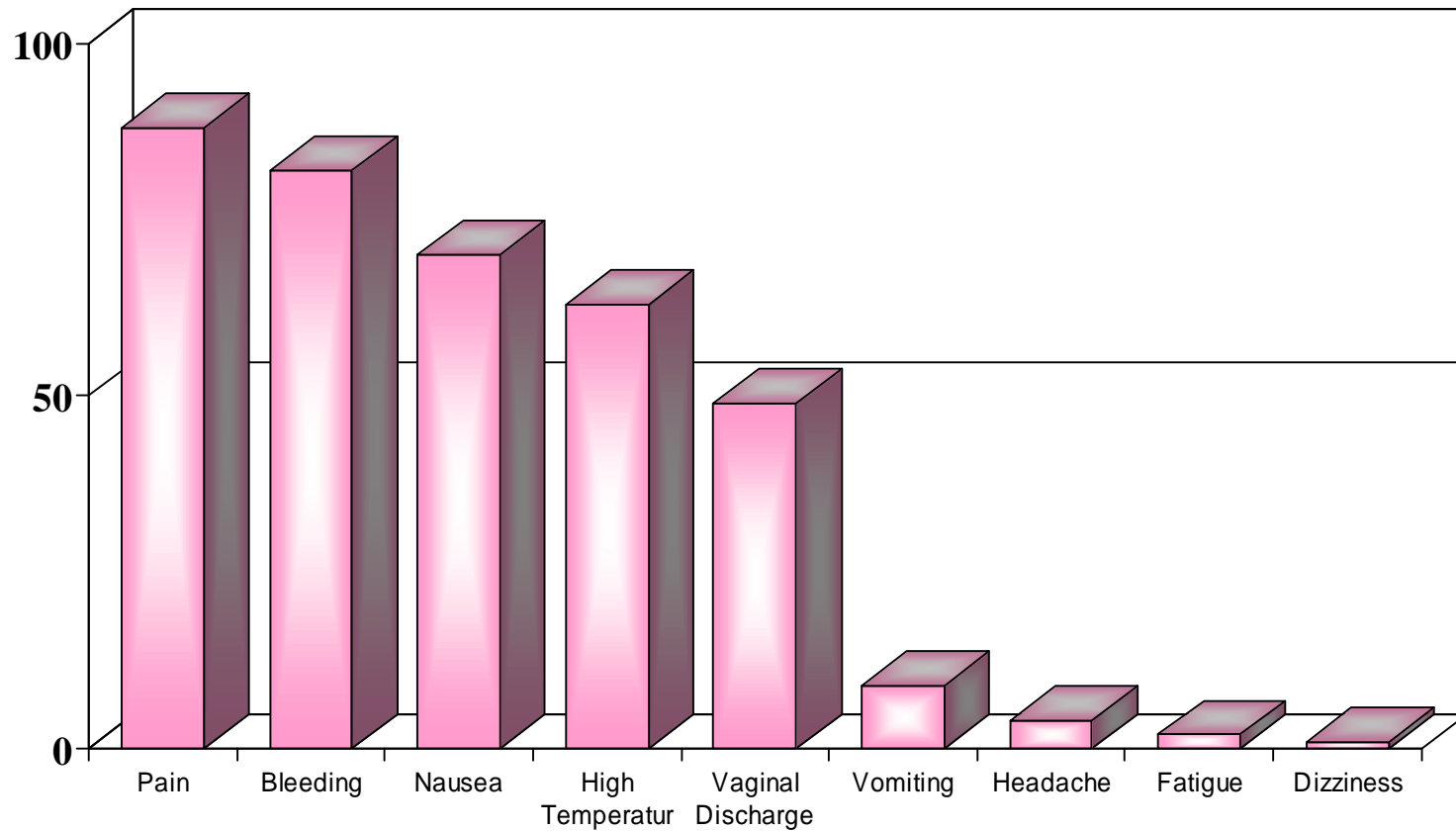
# Why they preferred taking Misoprostol at home?

- Transportation
- Who will take care of the children
- Easy
- Waiting in the clinic is difficult
- There won't be any problem

# SYMPTOMS AFTER TAKING MISOPROSTOL ( FOLLOW-UP CARD – 3<sup>rd</sup> DAY )



# SYMPTOMS AFTER SURGICAL ABORTION ( FOLLOW-UP CARD- 1ST DAY )



# **DAYS OF BLOOD LOSS**

**MEDICAL ABORTION**

**ON THE AVERAGE  $9.7 \pm 4.1$  DAYS**

**SURGICAL ABORTION**

**ON THE AVERAGE  $6.8 \pm 4.3$  DAYS**

# **PAIN**

## **MEDICAL ABORTION**

**ON THE AVERAGE  $3.6 \pm 3.0$  DAYS**

## **SURGICAL ABORTION**

**ON THE AVERAGE  $3.7 \pm 2.9$  DAYS**

# **Surgical intervention**

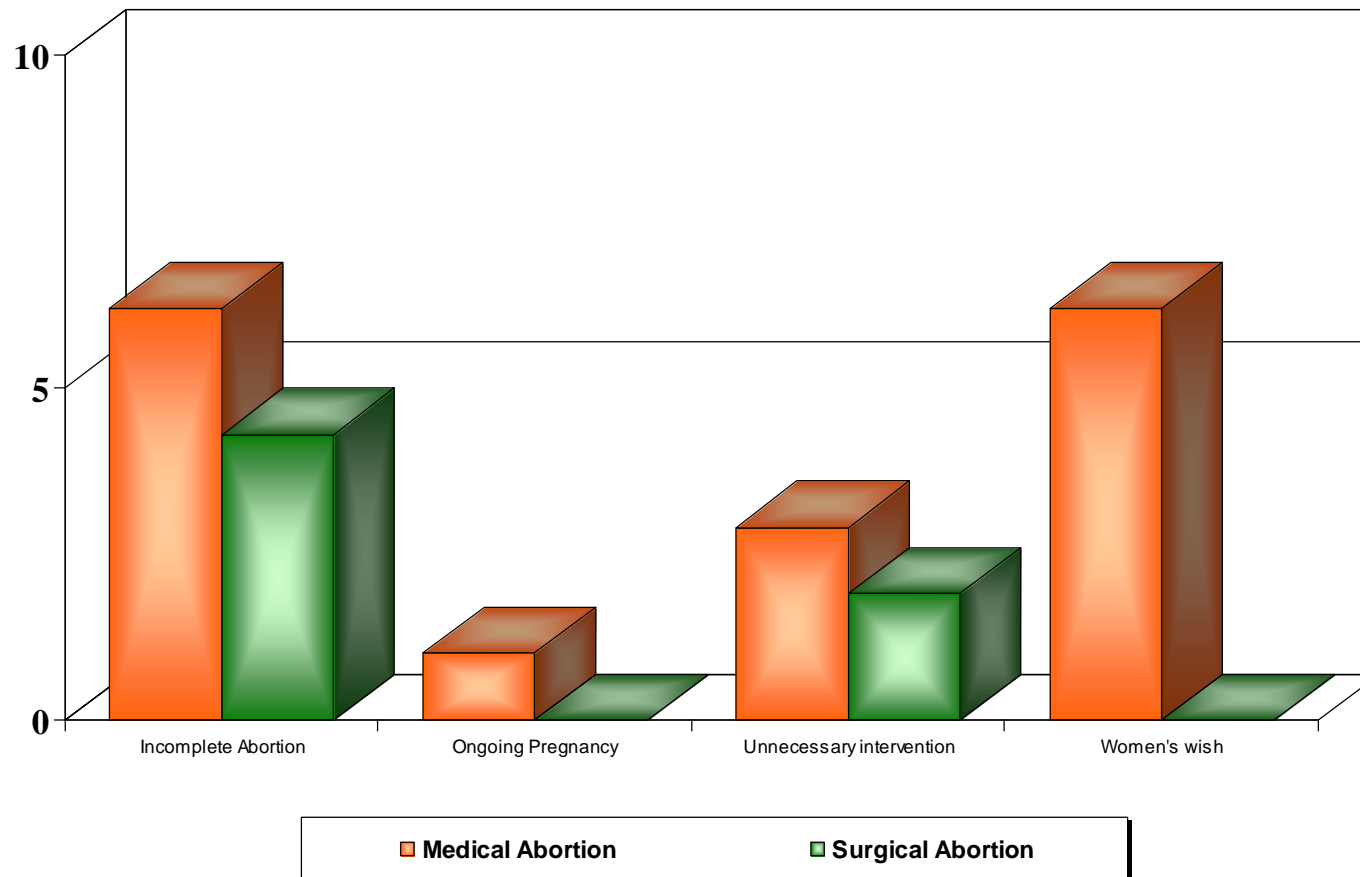
*Medical abortion*

16,3%

*Surgical abortion*

6,2%

# Reasons of surgical intervention



# Failure

*Medical abortion*

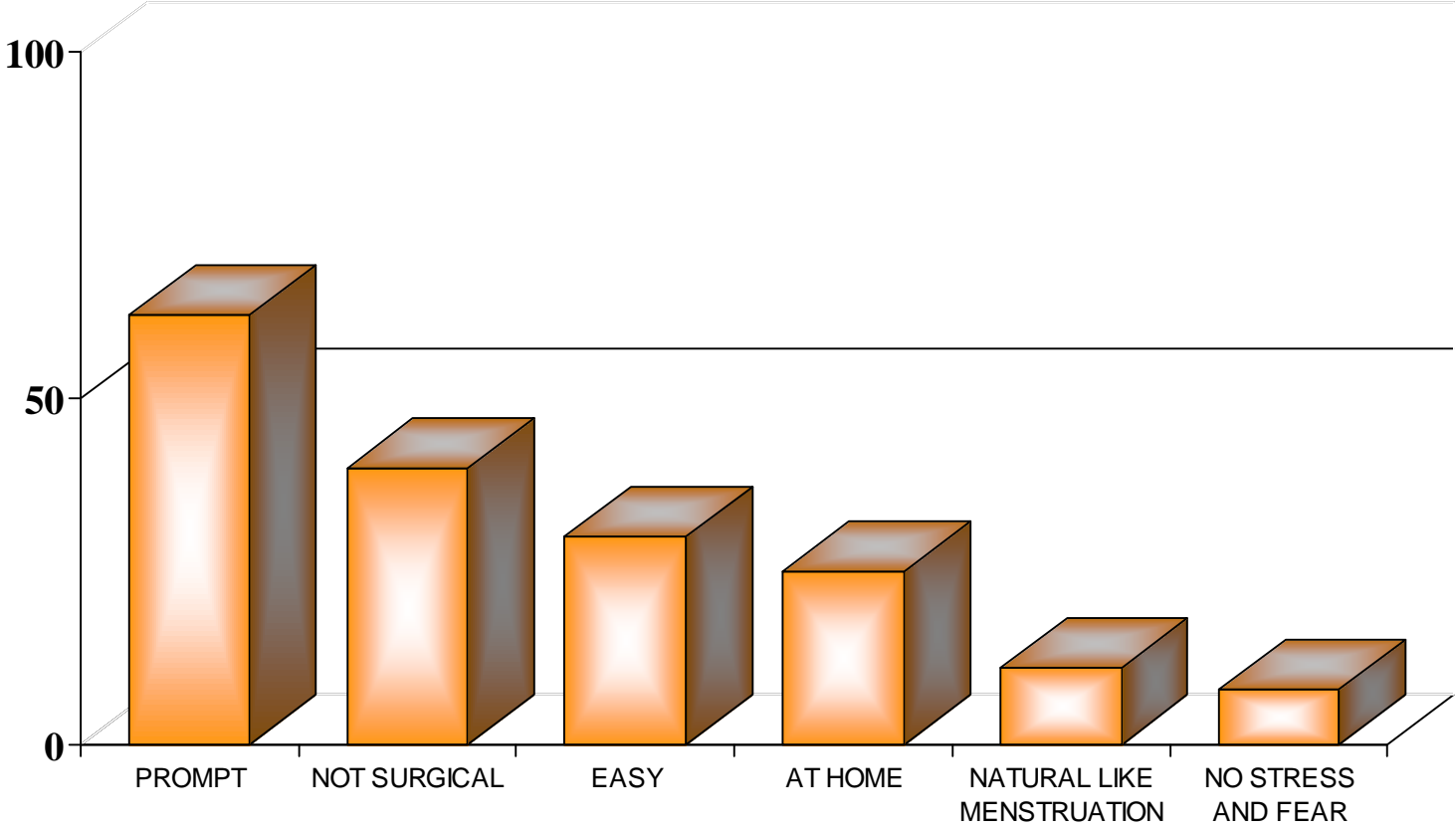
7,2%

*Surgical abortion*

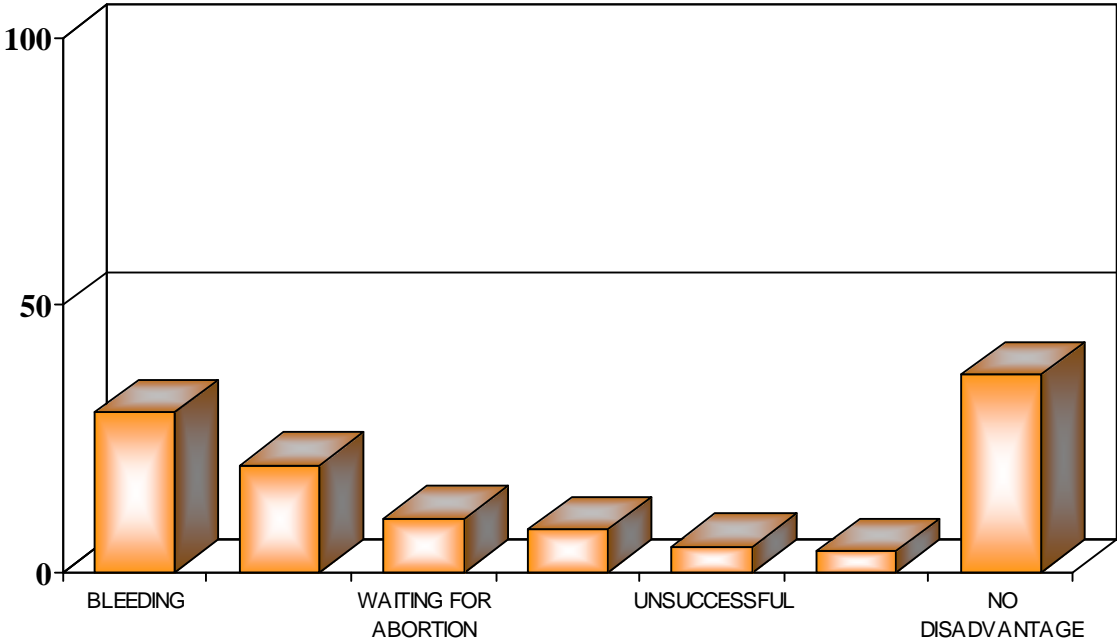
4,3%

**NO LIFE THREATENING EVENT  
OCCURED !!!**

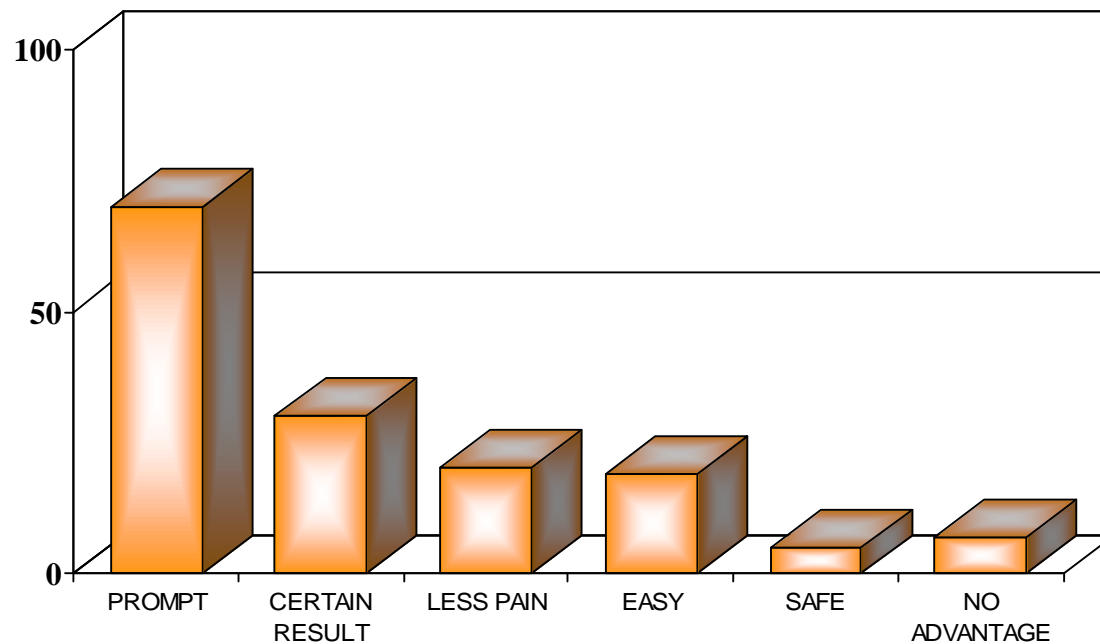
# Advantages of medical abortion



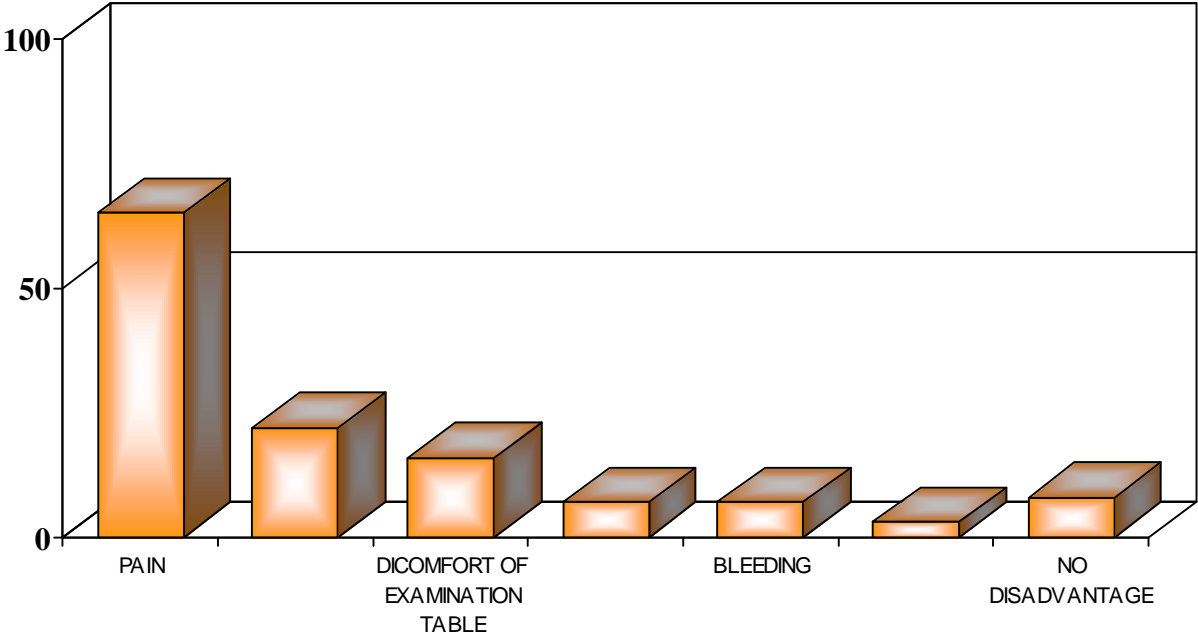
# Disadvantage of medical abortion



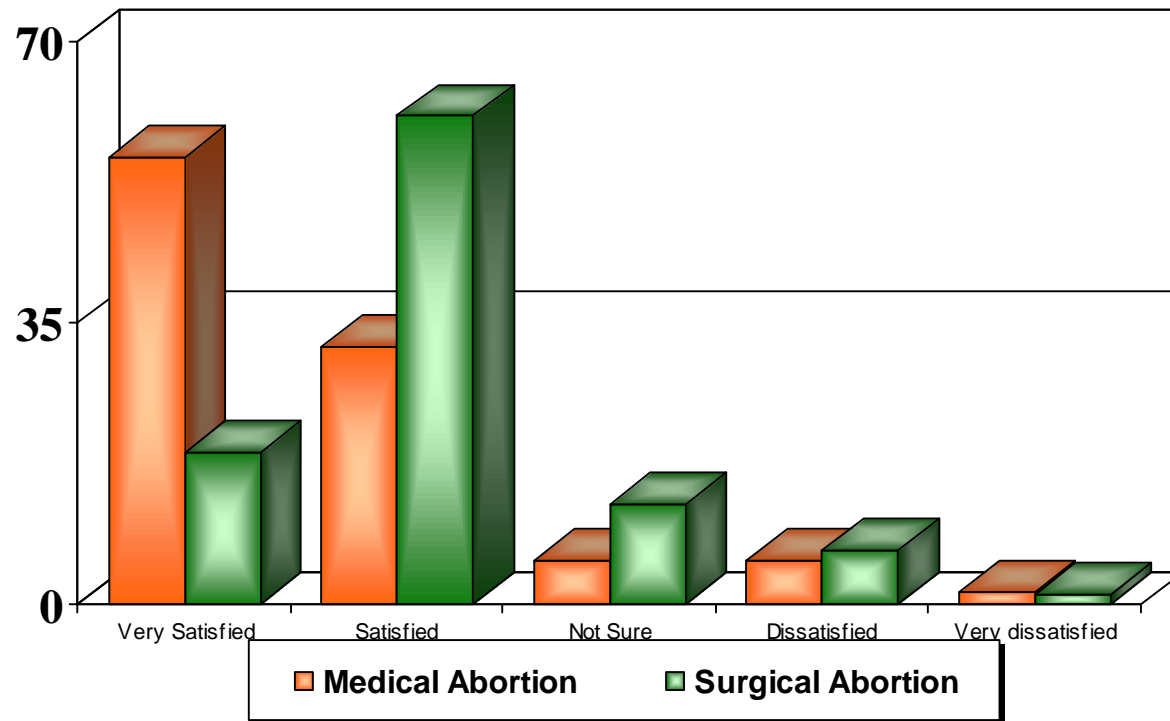
# Advantage of surgical abortion



# Disadvantage of surgical abortion



# LEVELS OF SATISFACTION



# **I am very satisfied!**

- ***71.6 % OF WOMEN***  
**WHO HAD MEDICAL ABORTION,**
- ***28.4 % OF WOMEN***  
**WHO HAD SURGICAL ABORTION**

I will prefer this method again!

- **92.4 % OF WOMEN WHO HAD MEDICAL ABORTION,**
- **71.3 % OF WOMEN WHO HAD SURGICAL ABORTION**

I will recommend this method to  
others!

- **93.9 % OF WOMEN  
WHO HAD MEDICAL ABORTION,**
- **71.0 % OF WOMEN  
WHO HAD SURGICAL ABORTION**

# IN SUMMARY

## MEDICAL ABORTION –

### 200 MG. MIFEPRISTONE + 400 MCG. MISOPROSTOL

- **ACCEPTABILITY** **63 %**
- **SUCCESS** **92.8 %**
- **AVERAGE BLEEDING PERIOD** **9.7 DAYS**
  
- **71.6 % ARE VERY SATISFIED**
- **92.4 % WILL PREFER THIS METHOD AGAIN**
- **93.9 % WILL RECOMMEND THIS METHOD TO OTHERS**

## **Conclusion**

- **It is a safe and an easily applicable method**
- **It has a high rate of acceptability and success**

# During medical abortion process

- No serious complications were encountered,
- Other symptoms were similar to spontaneous abortion and they were well tolerated,
- Women defined the process as “more natural”,
- Both women and service providers had positive impressions and opinions about the method.

# **When Compared with Surgical Abortion;**

- **It does not have the risks that surgical abortion has,**
- **It takes less time for health care personnel and especially for physicians**
- **It provides an alternative for both women and health care personnel**
- **It preserves privacy more than surgical abortion does**

- **According to the results of the present study;**
- **Mifepristone should be licensed**
- **Indications of Misoprostol should be expanded.**

**LASTLY,**

***When medical abortion is widely introduced in the country, the present high unmet needs in induced abortion services will be reduced.***

**SECOND STUDY ON  
MEDICAL ABORTION  
(*MIFEPRISTONE-MISOPROSTOL*) :**

**EXPANDING WOMEN'S CHOICES**

**Population Council**

**Gynuity**

**&**

**Hacettepe University - WHO Collaborating  
Center in RH**

# Number of women who will be enrolled in the study:

- *H.U. OB/GYN Dept. : 50*
- *H.U. Health Center : 50*
- *ZTB Maternity Hosp. : 50*
- *SSK Maternity Hospital: 50*

**TOTAL: 200 WOMEN**

# The Proportion of Acceptability of Four Alternatives Will be Examined:

## Taking Misoprostol

1. - At home  
- in the clinic
2. - orally  
- sublingually

**Current state:**

**Just Approved by Turkish National Ethic  
Committee**