e-ISSN:2687-2145

BANDIRMA ONYEDİ EYLÜL ÜNİVERSİTESİ SAĞLIK BİLİMLERİ VE ARAŞTIRMALARI DERGİSİ
BANU Journal of Health Science and Research

DOI: 10.46413/boneyusbad.1419115 ***Özgün Araştırma / Original Research***

Determining the Stigmatizing Attitudes, Beliefs and Actions of Unmarried Women at the Ages of 18-49 Living in Turkey Towards Abortion

Türkiye'de Yaşayan 18-49 Yaş Arası Bekar Kadınların Kürtaja Yönelik Damgalayıcı Tutum, İnanç ve Davranışlarının Belirlenmesi

Kerime Derya BEYDAĞ [1] **Nursel ALP DAL** [2]

[1] *Prof., Yalova University Faculty of Health Sciences Department of Nursing, Yalova, Turkey,*

[2] *Assoc.Prof. Munzur University Faculty of Health Sciences Department of Midwifery, Tunceli, Turkey*

Corresponding author

Kerime Derya BEYDAĞ

kderyabeydag@gmail.com

Geliş tarihi / Date of receipt: *13.01.2024*

Kabul tarihi / Date of acceptance: *30.04.2024*

Atıf / Citation: Beydağ, K. D., Alp Dal, N. (2024). Determining the stigmatizing attitudes, beliefs and actions of unmarried women at the ages of 18-49 living in turkey towards abortion. *BANÜ Sağlık Bilimleri ve Araştırmaları Dergisi*, 6(2), 252-261. doi: 10.46413/ boneyusbad.1419115

ABSTRACT

Aim: *The purpose of this study is to determine the factors that affect the stigmatizing attitudes, beliefs and actions of unmarried women at the ages of 18-49 living in Turkey towards abortion.*

Materials and Method: *This descriptive study was carried out with an online survey between 1 December 2021 and 20 February 2022 with the participation of 1016 unmarried women. The data were collected using a Demographic Information Form and the Stigmatizing Attitudes, Beliefs and Actions Scale.*

Results: *The mean Stigmatizing Attitudes, Beliefs and Actions Scale score of the participants was found as 29.49 ± 10.428, and statistically significant relationships were determined between the mean scores of the participants and their age, education level, income status, number of siblings, status of being sexually active, place of residence for the longest time, region of residence, belief status, and views about abortion in family and inner circle ($p<0.05$).*

Conclusion: *It was determined that the abortion-related stigmatizing attitude, belief and action levels of the participants were low, but their attitudes were influenced by several variables. Healthcare professionals should evaluate the attitudes of women towards abortion and make the appropriate interventions based on the social stigma levels of women.*

Keywords: *Abortion, Belief, Stigmatizing attitude*

ÖZET

Amaç: *Bu araştırmanın amacı, Türkiye'de yaşayan 18-49 yaş arası bekâr kadınların kürtaja yönelik damgalayıcı tutum, inanç ve davranışlarına etki eden faktörleri belirlemektir.*

Gereç ve Yöntem: *Tanımlayıcı tipteki araştırma, 1 Aralık 2021- 20 Şubat 2022 tarihleri arasında çevirim içi anket yolu ile elde edilmiş; 1016 bekar kadın örneklemi oluşturmuştur. Araştırma verileri, demografik soru formu ve Genç Kadınlarda Kürtaja Yönelik Damgalayıcı Tutum, İnanç ve Davranışlar Ölçeği ile elde edilmiştir.*

Bulgular: *Araştırma kapsamında yer alan kadınların Kürtaja Yönelik Damgalayıcı Tutum, İnanç ve Davranışlar Ölçeği puanlarının ortalaması 29.49 ± 10.428 olarak bulunmuştur. Araştırmaya dahil olan kadınların Kürtaja Yönelik Damgalayıcı Tutum, İnanç ve Davranışlar Ölçeği puanları yaş, öğrenim düzeyi, gelir durumu, kardeş sayısı, aktif cinsel hayat durumu, en uzun yaşanılan yer, yaşanılan bölge, inanç durumu ve ailesinde ya da yakın çevresinde kürtajın karşılanma şekli değişkenlerine göre istatistiksel olarak anlamlı farklılık göstermektedir ($p<0,05$).*

Sonuç: *Kadınların, kürtaja yönelik damgalayıcı tutum, inanç ve davranışlarının düşük seviyede olduğu, ancak pek çok değişkenin tutumları üzerinde etkili olduğu saptanmıştır. Sağlık çalışanları, kürtaj yaptıran kadınları değerlendirirken damgalanmaya maruz kalma durumlarını da göz önünde bulundurmalı, toplumsal damgalamayı yüksek düzeyde yaşayabilecekleri fark edebilmeli ve tespit ettiğinde uygun girişimlerde bulunmalıdır.*

Anahtar Kelimeler*: Kürtaj, İnanç, Damgalayıcı tutum*

INTRODUCTION

Abortion is a gynecologic intervention that is in the scope of sexual and reproductive healthcare services and prevalently performed. Termination of pregnancy is accepted as an indicator of the need for family planning services which may not be met in developing countries. It is known that one in every five pregnancies in the entire world ends in an abortion. Additionally, it has been reported that in some developing countries, because abortion is not legal or accessible, the fertility of women is affected, approximately half of all abortions are performed under unsafe conditions, and this increases maternal mortality and morbidity rates (Shellenberg et al., 2014; Hanschmidt et al., 2016). While the prevalence of abortions was reported as 10% in Turkey according to the 2008 data of the Turkey Demographic and Health Surveys (TNSA), this rate decreased to 6% for 2018 (TNSA 2018). This decrease in abortion rates may be considered a positive development. On the other hand, the reduced rate of applications to health institutions suggests that the tendency of women to have miscarriages without getting help from healthcare personnel increases.

Abortion is a concept that is still at the center of debate and discussed in many political, economic, medical, religious or racial contexts (Şeşen & Ünalan, 2019). It was revealed that although abortion is a basic component of sexual and reproductive health services, most women encounter social, cultural and legal barriers to safe abortions (Makleff et al., 2019). In many societies, there is a noticeable uncertainty about whether abortion is legal or moral (Hanschmidt et al., 2016; Cockrill & Biggs, 2018). Abortion may be viewed as a marginal and unnecessary reproductive health service based on negative attitudes about social roles and the sexual actions of the woman (Millar, 2020). Stigma about abortion leads women to experience negative thoughts and feelings about abortion, and therefore, prevents the access of women to safe abortion practices. Previous studies have shown that many women who decide to have an abortion may face social stigma as a consequence of their decision (Afhami et al., 2016; Güner & Öztürk, 2021). It was also reported that women who had abortions (two in every three women) expected to be stigmatized if someone heard about it, while more than half of them believed that they should hide their abortion from their inner circle and family (Shellenberg, 2014).

Stigma is the degradation of an individual through a certain characteristic they have due to their violation of social expectations, and it varies based on individual characteristics such as religious beliefs, cultural values and economic status (Steinberg et al., 2016). It is seen that the views of religious references about women and women's rights throughout history have had a significant role in the determination of the social status of women. Such that, from time to time, religion has prevented science from advancing based on discourses on concepts such as "conscience" and "murder" (Özdemir, 2014). It was reported that the negative, stigmatizing attitudes of service providers in Ghana towards women were influenced by the denial of abortion practices in socio-cultural and religious norms (Aniteye et al., 2016).

In societies where social norms disapprove of abortion, women may have concerns about others knowing about their abortion due to the stigma they perceive about exclusion, gossip or judgments of their families, members of society and healthcare providers, or negative reactions (Cockrill et al., 2013; Makleff et al., 2019).

As a result of women's experiences of stigma due to abortion, conditions such as anxiety, depression and physiological problems develop more prevalently among these women. This situation leads women to isolates themselves from society (Hanschmidt et al., 2016). Moreover, it was stated that women who were not excluded by society due to their termination of pregnancy felt less guilt and embarrassment than those who were excluded/stigmatized (Patev et al., 2019).

Understanding stigma towards abortion will allow the development of strategies for reducing stigma in the process of increasing access to healthcare and providing better healthcare services. Therefore, while they are examining women of reproductive age, healthcare professionals should consider the attitudes of these women towards abortion, notice their possibility of experiencing high levels of social stigma by considering their status of exposure to stigma, and when such a situation is noticed, make the appropriate interventions. In the literature, there have been discussions about the effects of abortion on women's lives, reproductive health and rights in several different contexts (Citernesi et al., 2015; Şeşen & Ünalan, 2019; Güner & Öztürk, 2021). However, answers to questions about what

women experience especially in the context of stigma and what affects this situation remain limited.

The purpose of this study is to determine the factors that affect the stigmatizing attitudes, beliefs and actions of unmarried women at the ages of 18-19 living in Turkey towards abortion.

Research Questions

1. What is the level of stigmatizing attitudes, beliefs and behaviors of single women between the ages of 18-49 towards abortion?
2. What are the factors affecting the stigmatizing attitudes, beliefs and behaviors of single women between the ages of 18-49 towards abortion?

MATERIAL AND METHOD

Research Type

This is a descriptive study.

Place and Time

The study was carried out with the online survey method via social sharing networks between 1 December 2021 and 20 February 2022.

Study Population and Sample

According to Turkish Statistical Institute 2021 data, the number of women aged 18-49 is 18 million 840 thousand (TÜİK, 2021). The sample size was made according to the sample calculation when the population was known and was determined as 664 people with a 99% confidence interval and a 5% margin of error. The sample of the study included 1016 women at the ages of 18 to 49 who were living in Turkey, not married, used social sharing networks, and agreed to participate in the study. Women under the age of 18, over the age of 49 and women using social networking sites were excluded from the research. Data was obtained through an online survey using the snowball sampling method.

Data Collection Tools

The data of the study were collected using a Demographic Information Form and the Stigmatizing Attitudes, Beliefs and Actions Scale.

Demographic Information Form: This form includes 9 questions that examine the women's age, education level, income level, number of siblings, place where they have lived the longest, geographical region where they live, religious status, whether they have an active sexual life, and their environment's approach to abortion.

Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS): SABAS was developed by Shellenberg et al. (2014) and tested for validity and reliability in Turkish by Güner and Öztürk (2021). The scale consists of 18 items and three dimensions (negative stereotyping, exclusion and discrimination, fear of contagion). It is a 5-point Likert-type scale in which each item has scoring options ranging from 1 (absolutely agree) to 5 (absolutely disagree). Only the 15th item of the scale is inversely scored. There is no cutoff score for the scale, whereas higher scores indicate higher levels of stigmatizing attitudes, beliefs and actions about abortion. The Cronbach's alpha internal consistency coefficient for the total scale was reported as 0.90. In this study, the Cronbach's alpha coefficient for the total scale was determined as 0.91.

Ethical Consideration

Before data collection, permission to use the scale was obtained from the authors who performed the validity and reliability study of the scale. Ethical approval was obtained from the Ethics Committee of a university with the decision (Date: 29.11.2021, and Aproval Number: 2021/09). In the data collection form, the purpose of the research and the inclusion criteria were explained, and they were asked to mark the question in the survey form indicating that they approved to participate in the research.

Data Analysis

The collected data were analyzed using the IBM SPSS Statistics 26 package program. As descriptive statistics, frequencies and percentages were used for the categorical variables, while mean and standard deviation values were used for the numeric variables. The normality assumptions of the numeric variables were tested using Kolmogorov-Smirnov test, and it was found that the variables were normally distributed. Therefore, parametric statistical methods were used in this study. Differences between two independent groups were analyzed using independent-samples t-test, while those among more than two groups were analyzed using one-way analysis of variance (ANOVA). When a difference was identified as a result of the one-way ANOVA, the source of the difference was determined using Tukey's multiple comparisons test. In the analysis, the level of statistical significance was accepted as $p<0.05$.

RESULTS

As seen in Table 1, 75.6% of the participants were 18-25 years old, 73.5% had university or higher degrees, and the incomes of 55.7% were equivalent to their expenses. While 66.6% of the participants had 1-4 siblings, 81.4% were sexually active, and 69.4% had lived in a city/metropolitan city for the longest time in their lives. It was determined that 43.8% of the participants lived in the west of Turkey (Marmara, Aegean), 87% defined themselves as moderately religious, and the families or inner circles of 49.5% had negative views about abortion.

Table 1. Distributions of Demographic Characteristics (N=1016)

Variables	**n**	**%**
Age (years, X ± SD=24.09 ± 6.390) (min: 18 - max: 49)		
18-25	768	75.6
26-33	139	13.7
34 or Older	109	10.7
Education Level		
Primary-Secondary School	20	2.0
High School	249	24.5
University or Higher Degree	747	73.5
Income Status		
Income Lower Than Expenses	314	30.9
Income and Expenses Equivalent	566	55.7
Income Higher Than Expenses	136	13.4
Number of Siblings (X ± SD=4.22 ± 3.115) (min: 1 - max: 11)		
1-4	677	66.6
5 or more	339	33.4
Sexually Active		
No	189	18.6
Yes	827	81.4
Place of Residence for the Longest Time		
City/Metropolitan City	705	69.4
District/Town/Village	311	30.6
Region of Residence		
West (Marmara, Aegean)	445	43.8
Center (Black Sea, Central Anatolia, Mediterranean)	198	19.5
East (Eastern Anatolia, Southeastern Anatolia)	373	36.7
Belief Status		
Highly Religious	51	5.0
Moderately Religious	884	87.0
Less Religious	81	8.0
Views of Family or Inner Circle about Abortion		
Negative	503	49.5
Positive	68	6.7
Neither Positive nor Negative	445	43.8

X: Mean, SD: Standard Deviation

Table 2. Descriptive Statistics on the Stigmatizing Attitudes, Beliefs and Actions Scale and Its Dimensions

	Mean	**Standard Deviation**	**Minimum**	**Maximum**
SABAS	29.49	10.428	18	86
Negative Stereotyping	14.37	5.752	8	40
Exclusion and Discrimination	10.54	4.189	7	33
Fear of Contagion	4.57	2.300	3	15

As seen in Table 2, the mean total SABAS score of the participants was 29.49 ± 10.428, while their mean scores in the SABAS dimensions were 14.37 ± 5.752 for "Negative Stereotyping", 10.54 ± 4.189 for "Exclusion and Discrimination", and 4.57 ± 2.300 for "Fear of Contagion".

Table 3. Total Scale and Subscale Scores Based on Demographic Characteristics

	Scale Total X ± SD	**Negative Stereotyping X ± SD**	**Exclusion and Discrimination X ± SD**	**Fear of Contagion X ± SD**
Age (years)				
1) 18-25	30.15 ± 10.571	14.86 ± 5.867	10.56 ± 4.180	4.73 ± 2.387
2) 26-33	27.50 ± 9.166	13.03 ± 5.092	10.33 ± 4.090	4.14 ± 1.960
3) 34 or Older	27.35 ± 10.402	12.67 ± 5.144	10.61 ±4.403	4.06 ± 1.916
F	6.444	11.554	0.202	6.962
p	**0.002***	**0.000***	0.817	**0.001***
Difference	1-2,3	1-2,3	-	1-2,3
Education Level				
1) Primary-Secondary School	39.85 ± 13.088	18.50 ± 6.802	14.90 ± 5.794	6.45 ± 2.946
2) High School	30.91 ± 10.980	14.96 ± 6.171	10.94 ± 4.340	5.00 ± 2.553
3) University or Higher	28.73 ± 9.969	14.07 ± 5.524	10.29 ± 4.016	4.38 ± 2.148
F	14.526	7.616	13.706	13.971
p	**0.000***	**0.001***	**0.000***	**0.000***
Difference	1-2,3 2-3	1-2,3	1-2,3	1-2,3 2-3
Income Status				
1) Income Lower Than Expenses	30.42 ± 11.108	15.02 ± 6.059	10.52 ± 4.431	4.87 ± 2.477
2) Income and Expenses Equivalent	29.42 ± 10.405	14.25 ± 5.713	10.66 ± 4.175	4.51 ± 2.247
3) Income Higher Than Expenses	27.61 ± 8.534	13.40 ± 5.009	10.04 ± 3.627	4.16 ± 2.001
F	3.480	4.088	1.205	5.100
p	**0.031***	**0.017***	0.300	**0.006***
Difference	1-3	1-3	1-3	1-3
Number of Siblings				
1-4	28.44 ± 10.094	13.83 ± 5.497	10.22 ± 4.079	4.38 ± 2.220
5 or More	31.58 ± 10.777	15.45 ± 6.098	11.16 ± 4.340	4.97 ± 2.405
t	-4.483	-4.115	-3.382	-3.806
p	**0.000***	**0.000***	**0.001***	**0.000***
Sexually Active				
Yes	27.31 ± 9.717	12.64 ± 5.059	10.52 ± 4.245	4.15 ± 2.024
No	29.98 ± 10.526	14.77 ± 5.830	10.54 ± 4.179	4.67 ± 2.349
t	-3.191	-4.639	-0.049	-3.114
p	**0.001***	**0.000***	0.961	**0.002***

Continuation of Table 3. Total Scale and Subscale Scores Based on Demographic Characteristics

Place of Residence for the Longest Time				
City/Metropolitan City	28.50 ± 10.511	13.80 ± 5.768	10.30 ± 4.141	4.40 ± 2.298
District/Town/Village	31.73 ± 9.895	15.67 ± 5.511	11.08 ± 4.253	4.98 ± 2.255
t	-4.593	-4.805	-2.753	-3.761
p	**0.000***	**0.000***	**0.006***	**0.000***
Region of Residence				
1) West (Marmara, Aegean)	27.68 ± 10.031	13.50 ± 5.568	9.98 ± 3.979	4.19 ± 2.159
2) Center (Black Sea, Central Anatolia, Mediterranean)	29.04 ± 9.860	14.06 ± 5.263	10.53 ± 3.996	4.45 ± 2.172
3) East (Eastern Anatolia, Southeastern Anatolia)	31.88 ± 10.740	15.58 ± 6.016	11.20 ± 4.441	5.10 ± 2.431
F	17.520	13.922	8.730	16.687
p	**0.000***	**0.000***	**0.000***	**0.000***
Difference	3-1,2	3-1,2	1-3	3-1,2
Belief Status				
1) Very Religious	37.08 ± 13.064	18.51 ± 7.075	13.24 ± 5.133	5.33 ± 2.812
2) Moderately Religious	29.65 ± 10.244	14.51 ± 5.650	10.51 ± 4.161	4.64 ± 2.319
3) Less Religious	22.88 ± 5.780	10.28 ± 2.865	9.17 ± 2.923	3.42 ± 1.011
F	31.711	36.260	15.317	13.644
p	**0.000***	**0.000***	**0.000***	**0.000***
Difference	1-2,3 2-3	1-2,3 2-3	1-2,3 2-3	3-1,2
Views of Family or Inner Circle about Abortion				
1) Negative	32.48 ± 11.452	16.50 ± 6.278	11.03 ± 4.566	4.95 ± 2.605
2) Positive	26.19 ± 8.241	11.19 ± 4.071	10.84 ± 3.756	4.16 ± 1.672
3) Neither Positive nor Negative	26.61 ± 8.363	12.46 ± 4.270	9.93 ± 3.711	4.21 ± 1.919
F	44.605	80.241	8.374	13.624
p	**0.000***	**0.000***	**0.000***	**0.000***
Difference	1-2,3	1-2,3	1-3	1-2,3

*X: Mean, SD: Standard Deviation, F: One-Way ANOVA, t: Independent-Samples t-Test, *: p<0.05, Difference: Tukey's Test*

The participants of this study who were 18-25 years old, those who had primary-secondary school degrees, those whose income levels were lower than their expense levels, those who had 5 or more siblings, those who were not sexually active, those who had lived in districts/towns/villages for the longest time in their lives, those living in the east of Turkey (Eastern Anatolia, Southeastern Anatolia), those who were very religious and those whose families or inner circles had negative views about abortion had higher mean total SABAS scores and higher mean scores in the "Negative Stereotyping" and "Fear of Contagion" dimensions of SABAS (Table 3).

The participants who had primary-secondary school degrees, those who had 5 or more siblings, those who had lived in districts/towns/villages for the longest time in their lives, those living in the east of Turkey (Eastern Anatolia, Southeastern Anatolia), those who were very religious and those whose families or inner circles had negative views about abortion had higher mean scores in the "Exclusion and Discrimination" dimension of SABAS (Table 3).

DISCUSSION

In this study, which was conducted to determine the factors that affect the stigmatizing attitudes, beliefs and actions of women at the ages of 18 to 49 living in Turkey towards abortion, 49.5% of the participants stated that their families or inner circles had negative views about abortion (Table 1). According to Islam, the power to procreate belongs to God, since God forms the fetus in the womb and gives the spirit to the fetus, not the womankind. This reasoning follows that women do not have the right to terminate their pregnancy according to their own will. Additionally, given that Turkey has a unique position owing to its blend of Islamic laws on abortion and secular laws from Western society, it approves abortion on demand until the 10th week of gestation. However, therapeutic abortion can still be performed beyond 10 weeks of gestation to save

the life of the mother and avoid serious complications of the fetus upon the decision of a committee of physicians (Ekmekçi, 2017). A study conducted with midwives in Iran reported that 68.7% of the participants had negative views about abortion (Afhami et al., 2016). As opposed to the result of this study, two different studies carried out in the US determined that almost all participants thought abortion should be legalized in any case (Woodruff et al., 2018; Thomas et al., 2017). These results were interpreted as that cultural and belief-related differences of countries affect attitudes towards abortion differently.

In this study, while the mean total Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS) score of the participants was 29.49 ± 10.428, their mean scores in the SABAS dimensions were 14.37 ± 5.752 for "Negative Stereotyping", 10.54 ± 4.189 for "Exclusion and Discrimination", and 4.57 ± 2.300 for "Fear of Contagion" (Table 2). These results showed that the participants had low levels of stigmatizing attitudes, beliefs and actions about abortion. The fact that the vast majority of the women who participated in this study were young and had university or higher degrees may have affected this result. In contrast to the result of this study, more stigmatizing attitudes, beliefs and actions about abortion have been reported in studies in the literature conducted with samples including women and men, as well as individuals with different cultural and religious beliefs. In their study which was performed with women and men at the ages of 18 to 54 in Ghana and Zambia, Shellenberg et al. (2014) found the mean total SABAS score of their participants as 48.9 ± 14.2, in addition to a mean "negative stereotyping" score of 25.7 ± 7.48, a mean "exclusion and discrimination" score of 15.72 ± 5.79, and a mean "fear of contagion" score of 7.54 ± 3.41. In their study that was carried out with students aged from 13 to 21 in western Kenya, Rehnström Loi et al. (2019) reported the mean total SABAS score of their participants as 46.27 ± 9.57, in addition to a mean "negative stereotyping" score of 27.68 ± 5.91, a mean "exclusion and discrimination" score of 12.94 ± 4.61, and a mean "fear of contagion" score of 5.68 ± 2.26 (Rehnström Loi et al., 2019). In another study, the mean total SABAS score of young people living in a semi-urban area in western Kenya was reported as 47.19 ± 9.27 (Makenzius et al., 2019). The mean total SABAS score of public health workers in India was found as 33.9 (Nandagiri, 2019). In their study that included male and female teachers at a high school in western Kenya, Meurice et al. (2021) found a mean total SABAS score of 38.4 ± 9.0, as well as a mean "negative stereotyping" score of 23.2 ± 7.0, a mean "exclusion and discrimination" score of 11.1 ± 3.2, and a mean "fear of contagion" score of 4.0 ± 1.4.

The participants of this study who were 18-25 years old, those who had primary-secondary school degrees, those whose income levels were lower than their expense levels, those who had 5 or more siblings, those who were not sexually active, those who had lived in districts/towns/villages for the longest time in their lives, those living in the east of Turkey (Eastern Anatolia, Southeastern Anatolia), those who were very religious and those whose families or inner circles had negative views about abortion had higher mean total SABAS scores and higher mean scores in the "Negative Stereotyping" and "Fear of Contagion" dimensions of SABAS. Moreover, the participants who had primary-secondary school degrees, those who had 5 or more siblings, those who had lived in districts/towns/villages for the longest time in their lives, those living in the east of Turkey (Eastern Anatolia, Southeastern Anatolia), those who were very religious and those whose families or inner circles had negative views about abortion had higher mean scores in the "Exclusion and Discrimination" dimension of SABAS (Table 3).

These results show that women with low education levels, low income levels, large families, living in rural and eastern regions, and self-identified as extreme believers, view abortion more negatively. Individuals with these characteristics may tend to live in traditional and closed communities. These communities may have harsher attitudes towards issues such as abortion, and these attitudes can influence individuals' perspectives. There are studies in the literature showing similar results. In Yegon's (2016) study, it was determined that stigmatizing attitudes and behaviors were more common in individuals with low education levels (Yegon et al., 2016). In Mosley's (2017) study conducted in South Africa, it was found that stigmatizing attitudes towards abortion were negative in the low-income group (Mosley et al., 2017). In Cockrill's (2013) study, it was determined that those who defined themselves as religious and extremely religious viewed abortion more negatively (Cockrill et al., 2013). Adalı and Çavlin (2019) determined that the ages and belief

levels of women influenced their abortion-related attitudes. It has been reported in other studies in the literature that religious beliefs and traditions are effective on fertility-related decisions such as the ideal family size, abortion, and the use of family planning methods (Shapiro, 2014; Patev et al., 2019; Fidan, 2021). Rehnström Loi et al. (2019) identified high levels of negative attitudes towards abortion among their participants at young ages (Rehnström Loi et al., 2019). In a study that investigated the effects of belief levels on the acceptance of abortion among university students studying medicine and midwifery in Chile, the participants who were religious had more negative attitudes towards abortion (Baba et al., 2020). A study carried out with midwives in Ethiopia determined more negative attitudes towards abortion among young and highly religious midwives (Holcombe et al., 2018). Saadeh et al. (2021) stated that individuals living in towns/villages and larger families had more negative abortion-related attitudes.

Limitation

A strength of the study was that it was carried out with women from all geographical regions of Turkey and in a large sample. As the data were collected online with a survey shared on social sharing networks, the inability to include individuals who did not have accounts on these networks may be considered a limitation**.**

CONCLUSION

In this study, although the stigmatizing attitude, belief and action levels of the women were found low. The participants of this study who were 18-25 years old, those who had primary-secondary school degrees, those whose income levels were lower than their expense levels, those who had 5 or more siblings, those who were not sexually active, those who had lived in districts/towns/villages for the longest time in their lives, those living in the east of Turkey (Eastern Anatolia, Southeastern Anatolia), those who were very religious and those whose families or inner circles had negative views about abortion. Just as the stigmatizing attitudes of women towards abortion may affect their future intentions and decisions about abortion, they may also affect their possibility of explaining their abortion-related views and attitudes to their social environment (e.g., friend, parent, partner) and create a negative effect on their future fertility and health. Understanding stigma towards abortion will allow the development of strategies for reducing stigma in the process of increasing access to healthcare and providing better care. Thus, while they are examining women who are sexually active, healthcare professionals should consider the attitudes of these women towards abortion, notice their possibility of experiencing high levels of social stigma by considering their status of exposure to stigma, and when such a situation is noticed, make the appropriate interventions.

Ethics Committe Approval

Ethics committee approval was received for this study from the İstanbul Gedik University Ethics Committee For Social And Human Sciences (Date: 29.11.2021, and Aproval Number: 2021/09).

Author Contributions

Idea/Concept: K.D.B., N.A.D.; Design: K.D.B., N.A.D.; Supervision/Consulting: K.D.B., N.A.D.; Analysis and/or Interpretation: K.D.B.; Literature Search: K.D.B., N.A.D.; Writing the Article: K.D.B., N.A.D.; Critical Review: K.D.B., N.A.D.

Peer-review

Externally peer-reviewed

Conflict of Interest

The authors have no conflict of interest to declare.

Financial Disclosure

The authors declared that this study has received no financial support.

Acknowledgments

The authors would like to thank all the participants of this study.

REFERENCES

Adalı, T., Çavlin, A. (2019). Türkiye'de kürtajın yaygınlığı ve kürtaj kararını etkileyen faktörler. *İstanbul Üniversitesi Sosyoloji Dergisi, 39*(2): 359-378. doi:10.26650/SJ.2019.39.2.0105

Afhami, N., Bahadoran, P., Taleghani, H. R., Nekuei, N. (2016). The knowledge and attitudes of midwives regarding legal and religious commandments on induced abortion and their relationship with some demographic characteristics. *Iranian Journal of Nursing and Midwifery Research 21*(2):177-187. doi:10.4103/1735-9066.178244

Aniteye, P., O'Brien, B., Mayhew, S. H. (2016). Stigmatized by association: Challenges for abortion service providers in Ghana. *BMC Health Services Research 16*(1): 1-10. doi: 10.1186/s12913-016-1733-7

Baba, C. F., Casas, L., Ramm, A., Correa, S., Biggs, M.

A. (2020). Medical and midwifery student attitudes toward moral acceptability and legality of abortion, following decriminalization of abortion in Chile. *Sexual & Reproductive Healthcare*, *24*, 100502. doi:10.1016/j.srhc.2020.100502

Citernesi, A., Dubini, V., Uglietti, A., Ricci, E., Cipriani, S., Parazzini, F., Italian Aogoi Study Group on Violence on Women. (2015). Intimate partner violence and repeat induced abortion in Italy: a cross sectional study. *The European Journal of Contraception & Reproductive Health Care*, *20*(5), 344-349. doi:10.3109/13625187.2014.992516

Cockrill, K., Biggs, A. (2018). Can stories reduce abortion stigma? Findings from a longitudinal cohort study. *Culture, health & sexuality*, *20*(3), 335-350. doi:10.1080/13691058.2017.1346202

Cockrill, K., Upadhyay, U. D., Turan, J., Greene Foster, D. (2013). The stigma of having an abortion: development of a scale and characteristics of women experiencing abortion stigma. *Perspectives on Sexual and Reproductive Health 45*(2):79-88. doi:10.1363/4507913

Ekmekci, P. E., (2017). Abortion in Islamic ethics, and how it is perceived in Turkey: A secular, Muslim country. *Journal of Religion and Health 56*(3):884-95. doi: 10.1007/s10943-016-0277-9

Fidan, A. (2021). Relıgion And Women's Fertility in Turkey: An Islamic Context. *Adıyaman Üniversitesi Sosyal Bilimler Enstitüsü Dergisi 14*(39): 123-157. doi: 10.14520/adyusbd.923350

Güner, Ö., Öztürk, R. (2021). Turkish Validity and Reliability Study Of Stigmatizing Attitudes, Beliefs And Actions Scale Towards Abortion. *IAAOJ Health Sciences 7*(1):65-80.

Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü. 2018 Türkiye Nüfus ve Sağlık Araştırması, Temel Bulgular. Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü, T.C. Cumhurbaşkanlığı Strateji ve Bütçe Başkanlığı ve TÜBİTAK. Ankara, Türkiye; 2019.p.159-170

Hanschmidt, F., Linde, K., Hilbert, A., Riedel-Heller, S. G., Kersting, A. (2016). Abortion stigma: A systematic review. *Perspectives on Sexual and Reproductive Health 48*(4):169- 177. doi:10.1363/48e8516

Holcombe, S. J., Burrowes, S., Hailu, D., Scott, R., Berhe, A. (2018). Professional pragmatism and abortion stigma: assessing the performance of the stigmatizing attitudes, beliefs and actions scale (SABAS) among Ethiopian midwives. *African Journal of Reproductive Health*, *22*(2):26-39. doi:10.29063/ajrh2018/v22i2.3

Makenzius, M., McKinney, G., Oguttu, M., Romild, U. (2019). Stigma related to contraceptive use and abortion in Kenya: scale development and validation. *Reproductive health*, *16*(1), 1-10. doi:10.1186/s12978-019-0799-1

Makleff, S., Wilkins, R., Wachsmann, H., Gupta, D., Wachira, M., Bunde, W., Baum, S. E. (2019). Exploring stigma and social norms in women's abortion experiences and their expectations of care. *Sexual and Reproductive Health Matters 27*(3):50-64. doi:10.1080/26410397.2019.1661753

Meurice, M. E., Otieno, B., Chang, J. J., Makenzius, M. (2021). Stigma surrounding contraceptive use and abortion among secondary school teachers: A cross-sectional study in Western Kenya. *Contraception: X*, *3*, 100062. doi: 10.1016/j.conx.2021.100062

Millar, E. (2020). Abortion stigma as a social process. *Women's Studies International Forum 78,* 102328. doi: 10.1016/j.wsif.2019.102328

Mosley, E. A., King, E. J., Schulz, A. J., Harris, L. H., De Wet, N., Anderson, B. A. (2017). Abortion attitudes among South Africans: Findings from the 2013 social attitudes survey. *Culture, Health and Sexuality*, 19(8): 918–933. doi:10.1080/13691058.2016.1272715

Nandagiri, R. (2019). Like a mother-daughter relationship: Community health intermediaries' knowledge of and attitudes to abortion in Karnataka, India. *Social Science & Medicine*, *239*, 112525. doi:10.1016/j.socscimed.2019.112525

Özdemir F. (2014). Muhafazakârlık ve Piyasa Kıskacında Kürtaj Hakkı. *Toplum ve Hekim 29*(5):387-398.

Patev, A. J., Hood, K. B., Hall, C. J. (2019). The interacting roles of abortion stigma and gender on attitudes toward abortion legality. *Personality and Individual Differences 146*, 87–92. doi:10.1016/j.paid.2019.04.005.

Rehnström Loi, U., Otieno, B., Oguttu, M., Gemzell-Danielsson, K., Klingberg-Allvin, M., Faxelid, E., Makenzius, M. (2019). Abortion and contraceptive use stigma: A cross-sectional study of attitudes and beliefs in secondary school students in western Kenya. *Sexual and Reproductive Health Matters*, *27*(3), 20-31. doi: 10.1080/26410397.2019.1652028

Saadeh, R., Alfaqih, M., Odat, A., Allouh, M. Z. (2021). Attitudes of Medical and Health Sciences Students towards Abortion in Jordan. *BioMed Research International*, doi: 10.1155/2021/6624181

Shapiro, G. K. (2014). "Abortion law in Muslim-

majority countries: an overview of the Islamic discourse with policy implications," *Health Policy and Planning 29*(4): 483–494. doi:10.1093/heapol/czt040

Shellenberg, K. M., Hessini, L. Levandowski, B. A (2014). Developing a Scale to Measure Stigmatizing Attitudes and Beliefs About Women Who Have Abortions: Results from Ghana and Zambia, *Women & Health 54*:7, 599-616, doi: 10.1080/03630242.2014.919982

Steinberg, J. R., Tschann, J. M., Furgerson, D., Harper, C. C. (2016). Psychosocial factors and pre-abortion psychological health: The significance of stigma. *Social Science & Medicine*, *150*, 67-75. doi:10.1016/j.socscimed.2015.12.007

Şeşen, E., Ünalan, D. (2019). Framing Of News About Abortion Law in Written Press: Hurriyet, Evrensel And Yenı Safak Sample. *Dördüncü Kuvvet 2* (1):53-66. doi:10.33464/dorduncukuvvet.539772

TÜİK. (2021). https://data.tuik.gov.tr/Bulten/Index?p=Istatistiklerle-Kadin-2021. Erişim tarihi: 15.11.2021

Thomas, R. G., Norris, A. H., Gallo, M. F. (2017). Anti-legal attitude toward abortion among abortion patients in the United States. *Contraception 1*;96(5):357-364. doi:10.1016/j.contraception.2017.07.166

Woodruff, K., Biggs, M. A., Gould, H., Foster, D. G. (2018). Attitudes toward abortion after receiving vs. being denied an abortion in the USA. *Sexuality Research and Social Policy 15*(4):452-463. doi:10.1007/s13178-018-0325-1

Yegon, E. K., Mwaniki, P. K., Echoka, E., Osur, J. (2016). Abortion related stigma: A case study of abortion stigma in regions with high and low incidences of unsafe abortion. *East African Medical Journal*, 93: 107–116.