



The Decision of Terminating Pregnancy: The Male and Female Perspective

Gebeliği Sonlandırma Kararı: Kadın ve Erkek Perspektifi

Derya KAYA ŞENOL¹, Semiha AYDIN ÖZKAN², Pınar ÇİÇEKOĞLU³, Nevin ŞAHİN⁴

¹Osmaniye Korkut Ata University Department of Midwifery Faculty of Health Sciences, Osmaniye
• dderya_kaya@hotmail.com • ORCID > 0000-0002-9101-2909

²Adıyaman University School of Health Midwifery Department, Adıyaman
• semihaaydin44@gmail.com • ORCID > 0000-0003-4538-0396

³Mugla Sıtkı Kocman University Department of Nursing, Faculty of Health Sciences, Muğla
• pincarcicekoglu@mu.edu.tr • ORCID > 0000-0003-3738-7248

⁴Istanbul University Cerrahpasa Florence Nightingale Faculty of Nursing, Istanbul
• nevinsahin34@yahoo.com • ORCID > 0000-0002-6845-2690

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Sorumlu Yazar/Corresponding Author: Derya KAYA ŞENOL

THE DECISION OF TERMINATING PREGNANCY: THE MALE AND FEMALE PERSPECTIVE

ABSTRACT

Aim: The aim of this study was to investigate the male and female perspectives in the decision of terminating pregnancy.

Method: This descriptive study was conducted between January 2017 and May 2017. The sample, consisted of a total of 190 individuals including 100 married women and 90 married men. The data were collected using a questionnaire including questions about the views of women and men concerning the decision of terminating pregnancy.

Results: 85% of the women and 63.3% of the men who participated in the study stated that it was up to a woman to make the decision of terminating pregnancy ($p<0.05$). In the study, 72% of the women stated that they had a right to terminate pregnancy in line with their reproductive rights and 70% stated that they would make the decision of planning pregnancy and becoming a mother themselves ($p<0.05$). While 61.1% of the men in the study stated that abortion aiming to terminate pregnancy had to be considered illegal, 37.8% of them stated that women had to be punished after an abortion performed despite having no health problem ($p<0.05$).

Conclusions and Suggestions: In the study, the women and men equally believed that the termination of pregnancy would dispossess fetus of its right to live. The social role and status of women should not play a dominant role, especially in an issue where there are ethical discussions such as voluntary termination of pregnancy, and women should be able to act independently in making decisions regarding their own life. It may be suggested that legal regulations regarding the termination of pregnancy be made in this direction.

Keywords: Woman; Man; Terminating of Pregnancy; Gender Difference.



GEBELİĞİ SONLANDIRMA KARARI: KADIN VE ERKEK PERSPEKTİFİ

ÖZ

Amaç: Bu çalışmanın amacı; gebeliğin sonlandırılması kararında kadın ve erkek bakış açılarının incelenmesidir.

Yöntem: Tanımlayıcı tipte yapılan araştırmanın verileri, Anadolu'da bir devlet hastanesinde Ocak 2017-Mayıs 2017 tarihleri arasında toplandı. Çalışmaya evli 100 kadın, 90 erkek olmak üzere toplam 190 birey katıldı. Verilerin toplanmasında kadınların ve erkeklerin gebelik sonlandırma kararına ilişkin görüşlerini içeren sorulardan oluşan anket formu kullanıldı.

Bulgular: Araştırmaya katılan kadınların %85'i, erkeklerin ise %63,3'ü kendi bedenini ilgilendirdiği için gebeliği sonlandırma kararını kadının vermesi gerektiğini belirtti ($p<0,05$). Çalışmada kadınların %72'si kadının üreme hakları doğrultusunda gebeliğini sonlandırma hakkı olduğunu, %70'i gebeliğin planlanmasına ve anneliğe kendisinin karar vereceğini belirtmektedirler ($p<0,05$). Çalışmada erkeklerin %61,1'i gebeliği sonlandırmak amacıyla yapılan kürtajın yasa dışı kabul edilmesi gerektiğini belirtirken, %37,8'si hiçbir sağlık problemi olmadan yapılan kürtaj sonrasında kadına ceza uygulanması gerektiğini ifade etmişlerdir ($p<0,05$).

Sonuçlar ve Öneriler: Kadın ve erkekler, gebeliğin sonlandırılmasının fetüsün yaşam hakkından yoksun bırakacağına eşit oranda inanmaktadırlar. Özellikle istemli olarak gebeliğin sonlandırılması gibi etik tartışmaların olduğu bir konuda kadının toplumsal rol ve statüsü baskın rol oynamamalı ve kadın kendi yaşamına ilişkin karar alma konusunda bağımsız davranabilmelidir. Gebeliğin sonlandırılması ile ilgili yasal düzenlemelerin bu doğrultuda yapılması önerilebilir.

Anahtar Kelimeler: Kadın; Erkek; Gebelik Terminasyonu; Cinsiyet Farkı.



INTRODUCTION

Abortion is defined as procedure of terminating fetus before it gains the ability of living outside the uterus by using various methods following the pregnant woman's written permission either at her request or due to a medical obligation. When an anomaly or fetus-related disease is diagnosed in the intrauterine period; society, family and expectant parents usually show a tendency to terminate pregnancy (Kurt & Tunca, 2016). In an unintended pregnancy, on the other hand, expectant parents have two options: continue or terminate pregnancy. The decision of continuing an unintended pregnancy in the beginning depends on the consensus between couples concerning child rearing. In addition, the decision of terminating pregnancy may end up taking the responsibility of the decision together or ignoring the decision of one of the couples (Brauer, et al., 2019). Abortion is a social phenomenon with biological, psychological, philosophical, judicial, ethical-political and religious aspects. Fetus had been considered a part of mother and the termination of pregnancy had never been associated with dispossessing fetus of its right to live during (Steinberg, et al., 2018). Deliberate termination of pregnancy

used to be accepted as a crime in many countries in the 1967s, whereas today, it is accepted to be a “woman’s right” (Smith & Dutta, 2014). In addition, the legalization of abortion and the right to terminate pregnancy deliberately affect women’s morbidity and mortality significantly (Van Ditzhuijzen, et al, 2018).

Between 2010–2014, on average, 56 million induced (safe and unsafe) abortions occurred worldwide each year. In developed regions, it is estimated that 30 women die for every 100 000 unsafe abortions. That number rises to 220 deaths per 100 000 unsafe abortions in developing regions and 520 deaths per 100 000 unsafe abortions in sub-Saharan Africa. Each year between 4.7% – 13.2% of maternal deaths can be attributed to unsafe abortion (WHO, 2019). Almost every abortion death and disability could be prevented through sexuality education, use of effective contraception, provision of safe, legal induced abortion, and timely care for complications In Turkey, abortion depends on the permission of the husband if a woman is married; the permission and consent of the parent if she is aged under 18 years; her own consent and the consent of her custodian, as well as the permission of the justice of peace if she is under a custody and is a minor or noncompos mentis. However, if a pregnant woman has no freedom of consciousness due to a mental disability, her consent for uterine evacuation is not sought. If individuals are married, the husband’s consent is also required for sterilization or uterine evacuation (Population Planning Law Republic of Turkey in 2827, 1983). While women are given full authority in the decision of continuing pregnancy; men have no official legal rights in abortion. Although men have no legal rights, they participate in the decision of terminating pregnancy either directly or indirectly (Jones et al., 2011; Vandamme J, et al., 2017).

Decision of becoming pregnant and/or terminating pregnancy has focused on women’s preferences and perspectives throughout history. In addition, it is seen that the perceptions surrounding decisions about pregnancy and unintended pregnancy are usually affected by the male partner (Lee et al., 2018). It is important to concentrate on the present literature focusing on women’s decisions about fertility and giving birth and extend the studies on common decisions [woman and man] about the solution of an unintended pregnancy (Reich & Brindis, 2006). Decision of terminating pregnancy by the physician and/or family due to various reasons may contradict with the social culture and beliefs, ethics, regulations of the country and universal rules of law (Kurt & Tunca, 2016). Woman’s social role and status play a dominant role especially in an issue including ethical discussions like terminating pregnancy deliberately and she cannot be independent in making decisions about her own life. The most important reason of that condition is because the woman is raised in a traditional masculine culture (Karaođlan &, Duman, 2017).

In the literature, it is seen that there is a limited number of studies on the views of women and men concerning the deliberately termination of pregnancy.

METHOD

Study design: The aim of this study was to investigate the male and female perspectives in the decision of terminating pregnancy. The study was conducted as a descriptive study. The data of the study were collected in a public hospital from a small city in central Anatolia (Cankiri) between January 2017 and May 2017. The population of the study consisted of women and/or their husbands who applied to the outpatient clinics of gynecology and obstetrics in the hospital due to gynecological reasons. Sample calculation was done with g power program. The Cohen d effect size was taken as 0.5. When the 5% margin of error was calculated with a 95% confidence interval, it was determined as 90 people in each group. The study was conducted with 90 married men and 100 married women who were voluntary to participate in the study. Inclusion/exclusion criteria for the sample; Being non-pregnant during the data collection period and having had at least one pregnancy before.

Data collection methods and tools: The data were collected using a data collection form which was developed by the researchers. The data collection form includes a total of 28 questions. The form includes eight questions about socio-demographic and general health characteristics of women (age, duration of marriage, education, occupation, social security, chronic illness, smoking, family planning method used by her husband and/or herself), four questions about obstetrical characteristics of women (gravidity, number of living children, number of live births, number of miscarriages/abortions), seven questions about views of women and men concerning the decision of terminating pregnancy, and nine questions about views of women and men concerning legal and religious dimensions of terminating pregnancy. The survey was conducted on 30 people (female 15, male 15). No changes were required in the survey after pilot implementation. The data were collected by the researchers using the face-to-face interview technique with individuals who agreed to participate in the study after giving them information about the study. It took about 10-15 minutes to apply the data collection form.

Data Assessment: The data were analyzed in the SPSS 22 software using number, percentage, arithmetic mean, standard deviation, minimum value, and maximum value. Chi-square test was used for comparing the views of the individuals concerning the decision of terminating pregnancy according to their gender. While interpreting the results, the significance level was used as $p < 0.05$.

Ethical considerations: In order to conduct the study, an ethics committee approval from the Ethics Committee of **Çankırı Karatekin** University with the decision number 2016/03 and a written permission from the public hospital where the study would be conducted were obtained. The individuals were informed that the study data acquired were going to be used and published for scientific purposes

without using the names of the participants and their verbal consent was received in accordance with the Declaration of Helsinki.

RESULTS

In the study, the data of a total of 190 married participants were given in tables. It was determined that the average age was 32.51 ± 7.30 years in women and 38.14 ± 8.84 years in men. 39% of the women and 40% of the men were university graduates and they had similar educational background. When the participants were asked about the family planning methods they used; 54% of the women and 43% of the men did not answer and while women mostly used IUD (14%), men mostly used condom (16.7%) (Table 1).

Table 1. Socio-demographic and general health characteristics of the participants

Variable	Woman		Man	
	<i>X</i> ± <i>SD</i>	<i>Range</i>	<i>X</i> ± <i>SD</i>	<i>Range</i>
Age (years)	32.51±7.30	22 - 43	38.14±8.84	26-45
Duration of Marriage	14.50±10.51	1 - 40	15.73±10.42	1-42
	n	%	n	%
Education				
Primary School	33	(33.0)	22	(28.9)
High School	28	(28.0)	31	(31.1)
University	39	(39.0)	37	(40.0)
Occupation				
Housewife	39	(39.0)	-	-
Worker	15	(15.0)	30	(33.3)
Civil Servant	26	(26.0)	40	(44.4)
Self-Employed	20	(20.0)	20	(22.2)
Chronic Illness				
Available	16	(16.0)	10	(11.1)
N/A	84	(84.0)	80	(88.9)
Smoking				
Yes	26	(26.0)	41	(45.6)
No	74	(74.0)	49	(54.4)
The Currently Used Family Planning Method				
IUD	14	(14.0)	9	(10.0)
Oral Contraceptive	5	(5.0)	5	(5.6)
Condom	12	(12.0)	15	(16.7)
Tube Ligation	6	(6.0)	2	(2.2)
Conventional Methods	9	(9.0)	16	(17.8)
Unresponsive	54	(54.0)	43	(47.8)
Total	100	100	90	100

When examining the obstetrical characteristics of the women, it was determined that average gravidity was 2.42 ± 1.40 , and the average number of miscarriages/abortions was 1.61 ± 0.84 (Table 2).

Table 2. Obstetrical characteristics of the female participants

	<i>Mean</i>	<i>Standard Deviation</i>	<i>Min.</i>	<i>Max.</i>
Gravidity	2.42	1.40	1.00	8.00
Number of Living Children	1.90	0.73	1.00	4.00
Number of Live Births	1.91	0.78	1.00	5.00
Number of Miscarriages/Abortions (n:31)	1.61	0.84	1.00	4.00

When examining the views of the women and men who participating in the study concerning the decision of termination pregnancy, 85% of the women and 63.3% of the men stated that women should decide to terminate pregnancy, because it concerned their own body and the difference between genders was found to be statistically significant ($p = 0.003$). In the study, 72% of the women stated that they had a right to terminate pregnancy in line with their reproductive rights and 70% stated that they would make the decision of planning pregnancy and becoming a mother themselves ($p = 0.001$) (Table 3).

Table 3. The views of the female and male participants concerning the decision of terminating pregnancy

The views of the participants concerning the termination of pregnancy		Woman		Man		χ^2	p
		n	%	n	%		
Should abortion be used as a contraceptive method?	Yes	15	15.0	24	26.7	4.451	0.108
	No	72	72.0	53	58.9		
	Undecided	13	13.0	13	14.4		
Should a woman be punished after an abortion performed without any health problem?	Yes	18	18.0	34	37.8	13.496	< 0.001
	No	62	62.0	33	36.7		
	Undecided	20	20.0	23	25.6		
Should an abortion performed for terminating pregnancy be considered illegal?	Yes	43	43.0	55	61.1	8.733	0.013
	No	39	39.0	18	20.0		
	Undecided	18	18.0	17	18.9		
Should pregnancy be terminated even in an illegal condition?	Yes	23	23.0	13	14.4	4.769	0.092
	No	62	62.0	69	76.7		
	Undecided	15	15.0	8	8.9		
Do you think that abortion is a religious sin?	Yes	59	59.0	62	68.9	3.530	0.171
	No	32	32.0	18	20.0		
	Undecided	9	9.0	10	11.1		

Do you think that the infant will suffer during abortion?	Yes	92	92.0	71	78.9	7.091	0.029
	No	7	7.0	15	16.7		
	Undecided	1	1.0	4	4.4		
Is it a woman's duty to sustain pregnancy and keep the infant healthy until birth?	Yes	70	70.0	63	70.0	4.927	0.085
	No	22	22.0	12	13.3		
	Undecided	8	8.0	15	16.7		

In the study, 61.1% of the men stated that abortion performed for terminating pregnancy should be considered illegal and 37.8% of them stated that a woman should be punished after an abortion performed despite having no health problem. It was determined that there was a statistically significant difference between the answers to the questions according to gender ($p = 0.001$). In the study, 92% of the women and 78.9% of the men thought that the infant would suffer during abortion and the difference between genders was statistically significant ($p=0.029$) (Table 4).

Table 4. The views of the female and male participants concerning the termination of pregnancy

The views of the participants concerning the termination of pregnancy		Woman		Man		χ^2	p
		n	%	n	%		
Should abortion be used as a contraceptive method?	Yes	15	15.0	24	26.7	4.451	0.108
	No	72	72.0	53	58.9		
	Undecided	13	13.0	13	14.4		
Should a woman be punished after an abortion performed without any health problem?	Yes	18	18.0	34	37.8	13.496	< 0.001
	No	62	62.0	33	36.7		
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Should an abortion performed for terminating pregnancy be considered illegal?	Yes	43	43.0	55	61.1	8.733	0.013
	No	39	39.0	18	20.0		
	Undecided	18	18.0	17	18.9		
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	Undecided	1	1.0	4	4.4		
Is it a woman's duty to sustain pregnancy and keep the infant healthy until birth?	Yes	70	70.0	63	70.0	4.927	0.085
	No	22	22.0	12	13.3		
	Undecided	8	8.0	15	16.7		

DISCUSSION

Fetus develops in a woman's body and takes on pregnancy-related bio-psycho-social and lifestyle changes, as well as health risks concerning pregnancy, birth and/or abortion. The standard view in the bio-ethics field is that men should respect the decision of continuing or terminating pregnancy. Decision of getting an abortion is up to women and is a special decision (Hardwg, 2015). When examining the views of the women and men who participating in the study concerning the decision of terminating pregnancy; the women reported that it was up to them to make the decision of terminating pregnancy, because it concerned their own body and they wanted to use their rights to decide to terminate pregnancy as they wished to, which showed a parallelism with the literature. The women stated that they had a right to terminate pregnancy in line with their reproductive rights and would make the decision of becoming a mother themselves. According to the results of the Turkey Demographic and Health Survey (TDHS-2008), half of the women had decided to have an abortion with their partners, whereas one quarter on their own (Hacettepe University Institute of Nüfus Studies. 2013). When examining the TPHP 2018 data, on the other hand; that question was not asked at all (Hacettepe University Institute of Nüfus Studies. 2018). Majority of the women and men stated that the decision of continuing or terminating an unintended pregnancy should be made in common (Vandamme, et al., 2017). In a previous study, it was determined that the perception of making a common decision of terminating pregnancy was higher in men and lower in women (Hirz, et al., 2017). In another study, it was reported that the decision of terminating pregnancy had to be made in common (Lee et al., 2018). In a study conducted in Canada, women defined their partners usually as supportive and coherent concerning the decision of terminating pregnancy (Costescu & Lamont, 2013). On the contrary, in a qualitative study conducted with 30 Greek and Belgian men; two out of the three men stated that they did not agree with their partner's decision of terminating pregnancy (Naziri, 2007). It is important for a woman to not only accept an unintended pregnancy, but also be ready for parenthood and the responsibility of raising a child. In the literature, the decision of terminating pregnancy is considered as a woman's right and the partner's decision is also taken into consideration. The results of the present study show a parallelism with the literature.

Despite the presence of many contraceptive methods, unintended pregnancies occur due to insufficient access and education on this matter and failure of methods to prevent pregnancy one hundred percent. Accordingly, legalization of abortion makes it possible to use it as a contraceptive method. It is seen that in today's modern communities, religion is too effective on applications aiming to prevent pregnancy, especially such as abortion and the religious attitudes are dominant among attitudes of faithful women (Çavlin, et al., 2012). In the present study, both of the genders believed that abortion was a sin. They thought that it was a woman's

duty to sustain pregnancy and keep the infant healthy until birth. Similarly, in a study conducted in the Philippines, especially the male group stated that the procedure of abortion was a “sin” and it had lifelong consequences because of murdering “an innocent child” (Aksakal, 2003). Also in another study, the male participants were worried that God would judge individuals and society after abortion (Hirz, et al., 2017). It is indicated that having an abortion is religiously illicit because of intending to kill the child and the most important resource affecting the attitude toward abortion is religion (Çavlin, et al., 2012). The women who were interviewed stated that the application was a sin and thus, would give offence to God and it would ultimately be wrong to intervene even in unintended pregnancies. In a study conducted with women who were either university students or graduates and had come for an abortion, 54% of the women stated that they believed that they were committing a sin (Aksakal, 2003). In a study conducted by clinicians, the main reasons for conscientious objection to curettage were stated as religious and cultural beliefs (Awoonor-Williams, et al., 2020). Abortion is not only a medical area and but also one of the important discussion areas of bio-ethics. The cultural viewpoint causing these dilemmas also needs to be interpreted.

A great majority of the women (43%) and men (61.1%) gave the answer “yes” to the question, “should abortion aiming to terminate pregnancy be considered illegal?”. However, the Turkish Judicial System in Turkey permits abortion only upon the demand of a pregnant women to terminate pregnancy without seeking any medical indication until the end of the tenth week of pregnancy. Nearly 14% of the Turkish women stated that they have had an abortion at least once in their lives (Hacettepe University Institute of Nüfus Studies, 2018).

Because fetus had been considered a part of mother for a long period of history, primarily during the Ancient Greece and Ancient Rome periods; it was not thought that there was an ethical contradiction between the termination of pregnancy and the dispossessing fetus of its right to live (Steinberg, et al., 2018). The fact that fetus is a part of mother and cannot participate in decisions about itself should never restrict its right to live. Also in abortion, one of the most important ethical problems is to destroy a new life (Kurt & Tunca, 2016). In the study, the women and men equally believed that the termination of pregnancy would dispossess fetus of its right to live. In addition, 92% of the women and 78.9% of the men in the study believed that fetus would suffer during abortion, which also is an important factor for negative viewpoint of abortion.

Another ethical problem discussed in the termination of pregnancy is whether fetus has individual characteristics or not (Larsson & Hilli, 2018). Is fetus an individual? When should it be accepted as an individual? If those who are unborn are accepted as “human beings” or “individuals”, the principle of justice will forbid all kinds of abortions. This condition is evaluated as terminating and destroying fetus

(Sarıtaş, 2012; Van Ditzhuijzen, 2017). Understanding where the fetus' right to live begins and ends causes an ethical dilemma. Unless any health problem is encountered, terminating the possibility for an embryo to be born as a healthy individual seems to be a violation of right to live, which is the most basic human right and reproductive health (Seidu, et al., 2020). On the other hand, despite the aforementioned right to live, the woman whose life will completely change with pregnancy also has a right to make decisions about her own life, which constitutes another dimension of the discussion.

CONCLUSION

According to the research results; In line with reproductive rights, a woman has the right to terminate her pregnancy. Since it concerns her own body, she should decide herself on the decision to terminate the pregnancy, planning the pregnancy and motherhood. According to men, abortion to terminate pregnancy should be considered illegal and a woman should be punished after an abortion without any health problems. In order to prevent the development of unintended pregnancies and abortion, women and men should be able to access to sexual education and medical contraceptive methods easily. The legal abortion permission should not be restricted with "risks in the physical health of mother and infant" only. Women should also access to abortion in healthy environments for free in case of other bio-psycho-social obligations such as pregnancy as a result of rape, physical violence by partner, possibility for family to get harm and poverty. It is necessary to increase studies focusing on women's decisions concerning fertility and child birth and examining the perspective of women and men in unintended pregnancies. It is among important tasks of healthcare professionals to enlighten women and men concerning situations that create ethical dilemmas.

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Authors' Contributions

Design of Study: DKŞ (% 50), NŞ (% 25), SAÖ (% 25)

Data Acquisition : DKŞ (% 50), PÇ (% 25), SAÖ (% 25)

Data Analysis : DKŞ (% 50), PÇ (% 50)

Writing Up : DKŞ (% 50), PÇ (% 25), SAÖ (% 25)

Submission and Revision : DKŞ (% 75), SAÖ (% 25)

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