



Pro-abortion attitude with context of traditional and professional identity dilemma

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Abstract

Background: Nurses are in a key position for reproduction health service delivery. Therefore, it is thought that it would be important to inspect opinions of student nurses, who will be health employees in the future, about self-induced abortion to develop women health and public health.

Objectives: The goal of this study is to inspect opinions of nursing students with different sociocultural specialties, about self-induced abortions.

Research design: It is qualitative type and planned with ethnographic research pattern.

Participants and research context: The study was conducted with 20 last-term students of Kırşehir Ahi Evran University, Faculty of Health Sciences, Department of Nursing, who were chosen by maximum diversity sampling technique. Interviews were made with semi-structured interview form and voice records during the study; data were analyzed with content analyzing method.

Ethical considerations: Permission from the organization, university ethics committee, and personal approvals were taken from participants to conduct the research.

Findings: Based on the analysis, two major themes on self-induced abortion in Turkish nursing students were found: dilemma of traditional perspective and professional identity and occupational awareness.

Discussion and conclusion: It is seen that there is a dilemma between traditional point of view and professional identities about self-induced abortion for nursing students, but they had occupational awareness. It should be recommended to give information about national and international licit legislations for reproductive health, self-induced abortion, and setting up ethical discussion environments for nursing students.

Keywords

Induced abortion, nursing students, opinions, reproductive rights, women's health

Introduction

According to the World Health Organization (WHO),¹ 25% of all pregnancies end in abortion in medical environments or environments inappropriate for health. Half of all abortions were performed in unreliable conditions, and 8 million of these were performed in dangerous environments. Unreliable abortions are responsible for 4.7%–13.2% of mother deaths annually.² According to the WHO, 31% of abortions are unreliable and performed by individuals who do not have medical education using unsafe or old methods. Moreover, 14% of abortions are unsafe abortions, which are conducted by individuals with no medical education, using dangerous materials, such as foreign matter and herbal mixtures. This type of abortions can lead to bleeding; vaginal, cervical, or uterine injury; and infections.¹

Deaths and injuries caused by abortions can be prevented by sexual education, effective contraceptive use, safe and legal abortion, and timely treatment of mild complications of miscarriages. Nevertheless, it is emphasized that poor, single, hopeless women will choose unsafe abortion because of healthcare professionals who are ignorant of contraception and legal and safe abortions or have a negative attitude.³

According to the WHO,⁴ costly service, attitude of the community to self-induced abortions, religious belief and cultural features about pregnancy and motherhood, stigmatization and discrimination against women who willingly terminate pregnancy, and attitude of healthcare professionals to self-induced abortions negatively affect access to service. Studies conducted in Turkey found that approximately half of student nurses refused to terminate or assist in the termination of pregnancy, found self-induced abortions morally wrong, and had a more negative attitude toward self-induced abortions than medical and midwifery students.^{5–7}

Nurses are healthcare professionals with planning of care, counseling, and educational roles in all stages of preventive, curative, and rehabilitative health services. Nurses' attitude about self-induced abortion is important in preventing and developing women health. For this reason, examining the opinions of student nurses, who are the future healthcare professionals, on the subject of self-induced abortion is considered to be a priority and important in the promotion of women's health in particular and health of the whole society in general.

This study aimed to examine opinions of Kırşehir Ahi Evran University, Faculty of Health Sciences, Department of Nursing student nurses who have different sociocultural specialties about self-induced abortion.

Questions of research

1. What are the ideas/opinions of students about self-induced abortion?
2. What are the opinions of students about assisting in the termination of a pregnancy, participating in treatment, and caring of a woman before and after the operation?
3. What are the opinions of students about healthcare professional rejections to participate in the termination of a pregnancy because of conscientious objection?

Methods

Study type

It is a qualitative type and planned with ethnographic research pattern.

Study population and sample

The participants were Kırşehir Ahi Evran University, Faculty of Health Sciences, Department of Nursing last-term students in 2019–2020 academic year fall semester (N = 176). Twenty students were randomly selected due to lack of specific sampling amount in qualitative studies and accepted to join the research.

Table 1. Semi-structured interview questions.

What do you think about willful termination of pregnancy without any medical necessity?
Do you think there are medical situations that require abortion?
Do you participate in education, counseling, treatment, and care initiatives on self-induced abortion?

Data collection tools

Data collection tools consisted of two parts: “Information Form” with introductory information about students and semi-structured “Interview Form.”

1. **Information form:** This form included questions about age, sex, marital status, income level, family type, education levels of parents, the longest lived place, place of origin, and ethnicity.
2. **Semi-structured interview form:** This form included semi-structured questions for determining student nurses’ opinions about self-induced abortion with an in-depth interview. Interview questions were evaluated by an expert about the topic. The semi-structured interview form consisted of three questions that were prepared by literature scanning to determine the opinion of participants about self-induced abortions (Table 1).^{5–8}

Data collection

Data were collected by researchers from 3 to 28 February 2020 with survey forms that included introductory information and using forms with semi-structured interview methods. Questions in the semi-structured interview form are presented in Table 1. The interviews were held in an empty meeting room where students can communicate easily. Questions were asked in the same order, and additional explanations were made when necessary. The interviews were recorded by the researcher using a voice recorder. If there was a repetition of things that were heard at the end of the interview and interviews made before, it indicated that saturation point is reached.⁹ When data had reached the saturation point, interviews were ended. The interviews lasted on average 30 min.

Data evaluation

The content analyzing method was used to evaluate the data. First, the sound recordings were analyzed by one of the researchers, and all expressions were entered on the computer. Then, all data were read several times by two separate researchers and reduced to analytical categories. Subsequently, the themes and subthemes were created by grouping those who have a similar context from the data, associating them with each other and grouping those who form meaning integrity. The data and themes and subthemes were evaluated by obtaining expert opinion, unnecessary coding was removed, those with links were regrouped, the main idea included in the expressions was discovered, and the themes and subthemes were finalized. Themes are supplemented with direct quotes when necessary.^{10,11}

Validity and reliability of qualitative data

In qualitative research, the term “trustworthiness” is used instead of validity and reliability. In qualitative research, it is stated that four basic criteria should be considered for credibility, dependability, confirmability, and transferability.^{10,12}

In this study, long-term interview, participant confirmation, and expert review methods were used to ensure credibility. Before the in-depth interview, necessary information was provided to the participants by creating a reassuring communication environment between the researcher and participants, and the data were collected as long as possible. At the end of the interview, for participant confirmation, the data obtained by the researcher were summarized, and the students were asked to express their opinions about their accuracy. In addition, the students were asked if there was an opinion they would like to add. Annotations made were recorded, and the interview was ended. The interview form created as a result of the detailed literature review was presented for expert opinion and finalized, and the themes were finalized by obtaining expert opinions from two independent researchers who had qualitative research education and experience on the themes created as a result of the content analysis conducted by the authors. Thus, from the initiation of the research to the conclusion, it was attempted to provide credibility by obtaining expert opinion.

To ensure reliability in the study, researcher triangulation (involving more than one researcher in data collection, analysis, and interpretation) and method triangulation (observation and interview) were used.

For approval, interview notes were obtained as raw data and notes about the participants' statements during the interview and the participants' statements were directly included in the research report.

The study sample group was determined based on volunteering among senior student nurses who are candidates for becoming healthcare professionals. It is thought that the results of the research obtained from the interviews with this sample group are capable of being used in similar sample groups in different environments, and thus, the transferability criteria are provided.

Ethical aspects of the study

Permission from Kırşehir Ahi Evran University Faculty of Medicine Clinical Survey Ethics Committee to apply the research was obtained (decreeno. 2020-01/04). The purpose of the study was explained to the participants individually, and consent for participation in the study was obtained. The names of the participants are kept confidential, and the number and sex of the participants were included in the statements instead of the names.

Findings

Characteristics of the participants

The ages of the students included in the study vary between 21 and 23 years and 9 students were female and 11 students were male. Three of the participating students are foreign nationals (Middle East, Balkans, and Central Asia). For Turkey citizens, four students were from Central Anatolia, three students were from Black Sea, three students were from East Anatolia, two students were from Southeast Anatolia, two students were from Marmara, and two students were from Mediterranean. One student identified his ethnicity as Sunni Turk, 15 as Turk, 1 as Turkmen, 1 as Uzbek, and 2 as Kurd.

Twenty interviews were completed to achieve thematic analysis. Based on the analysis, two major themes on self-induced abortion in Turkish student nurses were found: dilemma of traditional perspective and professional identity and occupational awareness (Figure 1). In the study, student nurses reported that not only self-induced abortion affects their opinions about self-induced abortion but also opinions about how their approach would be in their professional life. The themes and subthemes obtained in the research are presented in Figure 1.

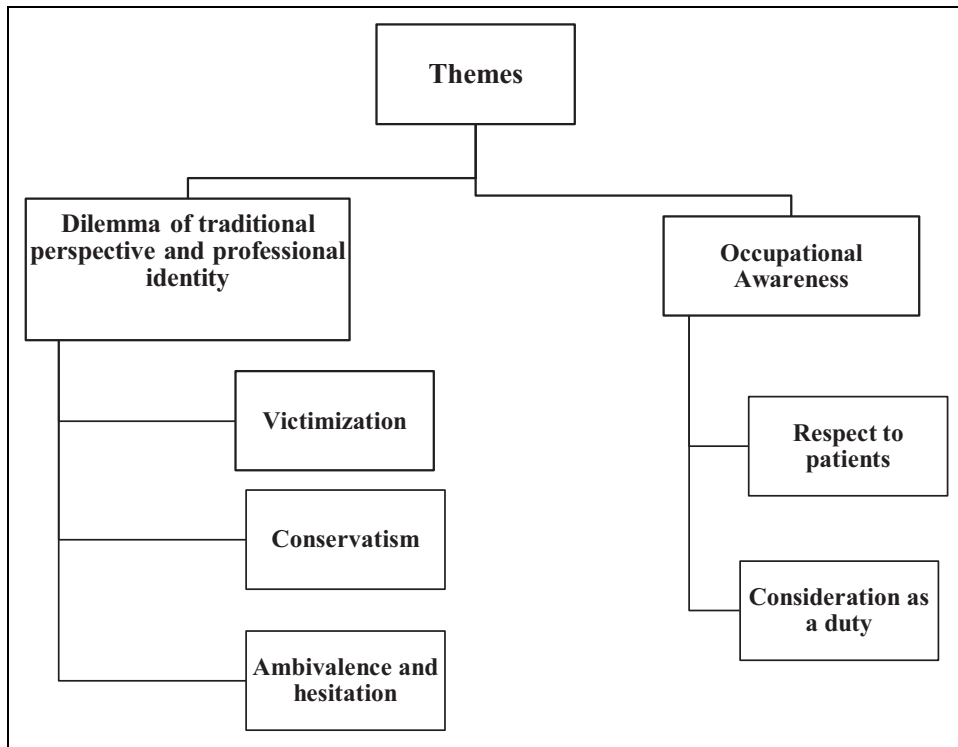


Figure 1. Themes emerging from the interviews.

Theme 1: Dilemma of traditional perspective and professional identity. The interview analysis shows that a majority of students (15 students) have a dilemma between traditional perspective and professional identity about self-induced abortion. The dilemma that students have are defined in three subthemes: (a) victimization, (b) conservatism, and (c) ambivalence and hesitation.

- (a) **Victimization:** In the study, some students doubtedly approved self-induced abortion and declared that they would approve self-induced abortion by putting forward grievances that women had lived or should live. The most common grievances declared by students were rape, fornication, poor economic condition, and mother or baby grievance situations preventing child care because of several reasons.

It is not true according to our religion, but it should be allowed in my opinion, they are applying legal and illegal procedures in the process. For example, a woman should not want to give birth if pregnancy happened because of rape instead of being voluntary. (Participant 8, female, had a sad expression)

Normally I don't confirm. But I have exceptional situations . . . If she would not care, would not love or mother's psychology is not healthy . . . It should be better to terminated. (Participant 17, male)

I don't confirm. I mean if there is no medical necessity, rape, or violence, terminating the pregnancy. (Participant 10, female)

Baby should be impaired and family should not have possibility to care, when imparity determined pregnancy can be terminated. (Participant 12, male)

It is positive if it should end with death or something about medical. Actually it depends on its result. The law must have a content, if there is rape, violence and a bad reason it should be free, law should be limited in this way. (Participant 10, female)

It is true if there is a health problem. It is wrong according to conscience and ethic. Law anticipates medical necessity. It is wrong in my opinion. It shouldn't be done without medical necessity. (Participant 19, male)

(b) Conservatism: Students declared that they do not approve self-induced abortion with religious and cultural reasons, which consider family, pregnancy, and baby as blessed and overrate marriage.

Pregnancy is an important situation for me. It means building a family. Because, otherwise, it is not kindly accepted either for our religion or for society. I mean unofficial pregnancy . . . Pregnancy is very important topic. It is her own baby, why doesn't she want or why does she act like this, I don't understand. (Participant 7, male)

. . . If only woman want this, this can cause disruption of family so I would not give education . . . Because family integrity is important, but if baby would be impaired or if terminating the pregnancy is codecision of parents, I can give education. (Participant 9, male)

At the end of interviews, it was observed that most students (12 students) defined pregnancy as a miracle and remarkable and mentioned emotional life and first day in the uterus.

It is a miraculous situation to bring pregnancy to a new living world something that is only given to women the bond between mother and baby is something very different very special thing. (Participant 20, female)

There is a verse . . . We created him from one drop of water, there is a verse like that. We created human from one drop of water, depending on this I see as a human from the first day in uterus . . . In my opinion he is human from the first day. (Participant 6, female)

In my opinion, life starts when baby occurred in uterus not when he is born and terminating his life must not be another human's hand, even that should be his mother or father. (Participant 14, female)

It is observed that some students declare that they do not approve self-induced abortion even for medical reasons because of their fatalistic approach.

I don't confirm religiously, he has rights too and this is in no one's hand . . . This is something that in appreciation of God, many things are destiny, it is not in my hand, I could tolerate it by saying what can't be cured must be endured. (Participant 6, female)

. . . Family must say that this is my exam and we must care our children regardless. There is no medical reason, in my opinion. (Participant 7, male)

The fact that some students emphasized only the mother in pregnancy protection and child care has made us think that they hold the woman responsible only for these issues.

. . . Intention of woman is important, why is she terminating the pregnancy? Family planning should be done and pregnancy would not occur, if pregnancy has occurred abortion should not be done. (Participant 9, male)

One of the students stated that she completely was against the abortion law in Turkey.

It is not ethic in my opinion. No one should designate any other living life . . . I am also against terminating the pregnancy because of genetic illnesses. If this initiative had given humans this topic would be open to abuses and I think there should be no criteria to limit this. (Participant 14, female)

One student declared that he could provide information to the patient about self-induced abortion while serving, but he would try to convince the patient to do that.

I would mention what pregnancy is, illness of the baby and if he would be cured and difficulties but I would say that situation was an exam too and explain the steps of process. (Participant 17, male)

Two male students evaluated unwanted pregnancies as an unacceptable situation, and it was observed that they provided traditional statements in dealing with this situation for religious reasons.

...I wish they weren't going to start over what they didn't want. After all, pregnancy is a very important issue... I do not understand why do they act like this. (Participant 7, male)

This incident should have never happened, no conception would be allowed... family plan should have done and pregnancy wouldn't occur, no conception would be. (Participant 9, male)

(c) Ambivalence and hesitation: When students' opinions were asked during the interview, it was found that they were ambivalent, indecisive when expressing themselves, and hesitant.

I confirm the operation... Normally I am against to self-induced abortion. I don't approve, but I can take part in the operation since it is my duty. It makes me think that she will have abortion. (Participant 10, female)

... I don't confirm abortion because of child was impaired. But it can be terminated if there is mortal risk for mother and child. (Participant 10, female)

Five of the students had observed that healthcare professionals approach the issue of self-induced abortion on religious and conscientious grounds or reject the procedure as a stressful experience and experience ambivalence in this situation.

It is already wrong if it doesn't conform to her conscience. Because this will injure him later. His conscience does not accept but it is a vocational obligation... while thinking now he must do in my opinion. (Participant 1, female)

... I think it is their decision because of family reason. But it doesn't make any sense now. I don't think health professional's rejection for participating as a conscience right. I partially agree, and partially not agree. (Participant 11, male)

Thirteen students declared opposite feeling and hesitantly commented about their professional life in the future. They would respect that their colleague would be a conscientious objector, dissuade, regret this situation, participate in the operation instead of his colleague, or keep silent.

I will be sad. I try to explain but if he is still on his opinion, it is his choice. If there is something that he omits I try to compensate. (Participant 6, female)

It is their own choice. But I feel bad. I would be sad if physician rejects while I was waiting for operation for my wife. (Participant 17, male)

Theme 2: Occupational awareness. In the study, it is observed that almost all students have occupational awareness. It is found that participating students take a professional attitude about self-induced abortion especially about (a) respect to patients and (b) consideration as a duty.

(a) Respect to patients: It is observed that most students declared at the point of view of patient rights that they would participate in caring for women who choose abortion and provide education

according to human rights, respect to others' opinion, women's decision rights, and access right to safe abortion conditions.

This is not a decision relevant to me, it is family's decision and I have to respect their decision and do my job. I have to respect their decision even the baby is not impaired and healthy. (Participant 11, male)

It is her most natural right and my duty is to do treatment and caring both physically and mentally. I do till the end and I respect everybody's decisions. (Participant 20, female)

People are unconscious about this topic in this era. I especially do to foreigners . . . (Participant 5, male)

. . . Generally these operations are mostly done under the counter . . . These things are seen in low educational level individuals so it is important to inform family. (Participant 11, male)

(b) Consideration as a duty: Most students stated their opinion that they would accept participating public education and advising, assisting self-induced abortion, and treating women according to their professional ability, whatever their own opinion should be.

Although I do not approve voluntarily terminating the pregnancy, I give service that I must do according to my job. (Participant 14, female)

She is not different to normal patients for me, I will do anything according to my duty in legal time intervals. (Participant 15, female)

Twelve students completely opposed healthcare professionals' refusal to participate in the termination of pregnancy due to conscientious objection and stated that they should do whatever they needed to do.

For example this nursing initiative is not a conscience situation. If you have to treat, you do. You have to. (Participant 6, female)

Would it be said patients can be passed away in an operation so I cannot be a part of this? This does not have an end. (Participant 18, female)

In addition, students stated that they would oppose their friends who displayed conscientious objection in their future professional life because of not performing their duties, explain that this was not true, and would complain and be angry, if necessary.

I think he was acting too hard. I think he shouldn't do that, this is not professional. I think he didn't do his duty. I don't think much positive things about him. (Participant 7, male, he seems reactive and nervous)

I explain in my opinion that it is not true in my opinion, I explain it in a suitable style. If he still insists, I might consider reporting the situation to the nurse in charge of the team. (Participant 8, female)

It was also observed that some students (12 students) were worried about being stigmatized by their colleagues because of their views on conscientious objection.

As far as I can see, nurses are very good against each other and are stigmatizing very well behind each other. Whatever we do, they will stigmatize anyway. (Participant 10, female, seems reproachful)

Discussion

It is important to reveal the opinions of student nurses, who are the future health professionals, to ensure that women can access the self-induced abortion service in safe conditions. In this study, it was determined that

student nurses with different sociocultural characteristics exhibit similar attitudes, but their personal and moral values were reflected in their views on self-induced abortions.

Some students have hesitantly confirmed self-induced abortion for reasons such as economic inadequacy, situations where the family cannot meet the financial needs of the child, and conception due to rape. The fact that the same students did not make a statement regarding the psychological, economic, and social support of women in case of violence, changing/correcting situations such as rape and poverty or providing an environment where the baby can be born and grow up well even with conception due to rape, made us think that they see the woman and her baby as victims. Conversely, in a study conducted in Italy, healthcare workers stated that a crisis center should be established before termination of pregnancy and that women should be provided with psychological and legal support.¹³ In this study, the students' failure to make a suggestion to solve the woman's problem and the opinion that confirms that the baby born from the pregnancy resulting from rape would never come to life suggested that they did not imagine a new, different, and good life for the victims.

The family is at the center of conservatism in Turkey, and it is stated that the family, where traditions are formed and implemented, is considered the main institution with the most protection requested according to religion, state, and nation. The family is at the center of the conservative tendency, and women are considered the center of the family. She is expected to continue her heir and honorable character, settle her unequal position in the family, and be a loyal wife or good mother for sustainability of the family.¹⁴ Students made statements that care about marriage, pregnancy, and family in accordance with this cultural structure. In the study, male students made researchers think that they have a traditional attitude because of their qualification that, although they perceive pregnancy positively, they emphasized that, in marriage, not considering the decision of the woman in the family is a sufficient condition to provide education about self-induced abortion but the approval should be obtained from her husband. They describe unwanted pregnancies as unacceptable. In the study, it sets the thinking that the patriarchal mentality is dominant because a student emphasizes that he perceives pregnancy positively but, in marriage, another's opinion of the woman's decision in the family is not an adequate condition to educate about the self-induced abortion and that her husband's approval was also required. Some students stated that they see the responsibility of child caring and family planning for only/mostly in women in accordance with the patriarchal family structure. In a study conducted in Brazil, health professionals stated that women should use contraception if they do not want pregnancy.¹⁵ In Turkey, it is known that only half of women (49.8%) can decide about pregnancy, use of contraceptive methods, and sexual and reproductive health.¹⁶ Men not taking responsibility or being exempted from this issue can strengthen the sexist approach and negatively affect women's and children's health.

In the study, all students evaluated the fetus as a human before it is born. In contrast, according to the Turkish Civil Code, the fetus's personality begins after being born full and right.¹⁷ In this study, it is thought that all students came from the conservative and traditional mind-set because of evaluating the fetus as human before it was born. In addition, some students took a fatalistic approach on religious grounds and stated that disability or illness was given by God and that the given difficulties were a test for humans. One student thinks that self-induced abortion should be illegal, and making laws about abortion in Turkey should be canceled with religious justifications. Two students approved self-induced abortion only in life-threatening situations and thought that situations other than death should not be prevented according to fatalistic approach. This may be due to the students' interpretation of the subject from a religious perspective. In a systematic review in Brazil, it has been determined that healthcare professionals display a moral point of view, self-induced abortions are considered a sin, indicating the termination of someone's life; that God will not accept such a thing; and that he gave his life and that he will only take it.¹⁵ In a study conducted in Zimbabwe, nurses stated that the child was a gift of God, that the individual who performs self-induced abortion did something evil and he would be punished by God, and that he would be humiliated in a society

that was mostly Christian.¹⁸ In a study conducted in Taiwan, nurses stated that they believed in reincarnation and feared that the baby, whose life was terminated by self-induced abortion, would return to the earth and disturb them.¹⁹ According to these findings, it is found that religion and religiosity affect their attitude about self-induced abortion.

Four students in the study stated that the legal regulations should be limited in Turkey. Similarly, in a study conducted in Pakistan, 80.9% of healthcare workers stated that the law should be limited.²⁰ In a study conducted in Argentina, students who were against self-induced abortion stated that the law should be limited to abortion in case of life risk of mother and pregnancy as a result of rape.²¹ However, self-induced abortion is an important issue for women's health. For example, in Turkey, self-induced abortion was rendered free for medical reasons in 1965, although deaths were not prevented from unsafe abortions.²² The fact that students stated that the law should be limited may be because they are ignorant about the importance of the subject. For example, in a study conducted in Turkey, it was determined that 63.2% of student nurses refused to attend the medical abortion process because of lack of sufficient knowledge.⁵

In 12 European countries, mandatory biased counseling and mandatory waiting time are legally mandatory before abortion.²³ An initiative called "woman rights to know" was launched in North Carolina in 2011. Accordingly, the woman who made a self-induced abortion decision had to wait 24 h and had to be trained about the risk of abortion, risk of continuing pregnancy, prenatal care, and laws regarding children.²⁴ According to a study conducted in Turkey, 61.5% of physicians and nurses believe that counseling about abandoning the abortion should be made to a woman or couple who visited the clinic for abortion.²⁵ Similarly, in this study, two students stated that they would provide education to discourage women before the procedure.

In the study, it was observed that the students were sad, hesitant, disappointed, and upset for both the baby and mother when responding to self-induced abortion. Moreover, health professionals stated that the woman who decided self-induced abortion refused her female identity and her motherhood was over. Some defined self-induced abortion as murder and those who perform it as murderers.²⁶ In a study conducted in Zimbabwe, health workers defined self-induced abortion by words such as sinfulness, irresponsibility, cheating, and ignorance.¹⁸ On the contrary, in this study, although the students are against self-induced abortion, it can be said that they show judicious approach for the woman who does not want to give birth and regrets for the baby when pregnancy is terminated.

It is believed that nurses can maintain their professional values and personal thoughts about self-induced abortion.²⁶ Similarly, in this study, it was determined that most students approved self-induced abortion even if they experienced emotional confusion in cases such as fatal defect and mother's illness, although they were hesitant. In a study, it was determined that health workers and students approved self-induced abortion for rape, fatal defect, incest relationship, economic inadequacy, and insufficient capacity of the woman to take care of the child.²⁶ Thirteen students were undecided about conscientious objection and stated that they would respond passively to the person who showed conscientious objection. This situation made us think that students are stuck between personal values and professional principles and take an approach to manage the situation.

In the study, although the students did not approve of abortion, they stated that individuals would participate in the care and treatment of abortion for reasons such as respecting the opinion, seeing abortion and training on this subject as a human right, and seeing it as a professional responsibility. It shows that they tend to take a professional and impartial approach. In a qualitative study on midwives in Colombia, the theme of "reproductive rights protective theme" was determined similarly, and all participants stated that care about self-induced abortion was related to reproductive right and patient right, but their opinions were insignificant when the individual's preference was concerned.²⁷ In addition, although most students remained traditionally influenced by religion and cultural structure, they regarded the abortion law positively and see the woman's decision as determinant about self-induced abortion. The fact that several students stated that the women

should be more decisive than men suggests that they have an egalitarian gender attitude even though they have a traditional attitude. Emphasizing the importance of education and caring in self-induced abortion for refugees and the poor by some students should indicate that they are aware of disadvantaged groups in Turkey and may show the need to offer abortion services in a safe environment. In contrast, studies have identified that healthcare professionals define self-induced abortion with words such as crime, murder, and sin for religious reasons and use stigmatizing expressions for a woman who performs the self-induced abortion procedure.^{13,15,18,26} In a previous study, it has been determined that religious approach affects views on conscientious objection and nurses who express themselves as religious frequently support the conscientious objection.²⁸ Although 18 students defined themselves as moderately religious in this study, 12 students completely opposed conscientious objection due to their violation of professional responsibilities. In a study conducted in Italy, healthcare workers stated that they did not approve abortion but still were not a conscientious objector.¹³ In a study conducted in Finland, approximately half of the students stated that they did not accept conscientious objection under any circumstances because it would create a social conflict.²⁹ In this study, although students mostly have a traditional and conservative attitude, they can think professionally in important issues. A student opposed the healthcare professional's failure to participate in self-induced abortion on grounds of conscientious objection and that similar situations could not be prevented. In this study, seven students stated that they would react instantly to a colleague who showed conscientious objection. However, the students who opposed conscientious objection thought that they would be stigmatized when they participate in the self-induced abortion process, suggesting that healthcare professionals have a predictive and exclusionary attitude.

Conclusions and recommendations

As a result, this study found that the vast majority of student nurses experience a dilemma between traditional perspective and professional identity about self-induced abortion, but they have occupational awareness. Based on these findings, it can be shown that students have a positive attitude toward self-induced abortion, even if it depends on certain conditions.

Moreover, it was found that, in the expressions that students have perceptions of victimization, fornication, inadequate economic situation, and inability to care for the child for various reasons, their religious and cultural values are dominant. Therefore, it can be suggested that student nurses create ethical discussion environments on reproductive health and self-induced abortion issues and use materials such as case reports and movie samples specific to different countries and cultures.

Limitations of the study

The results of the study can only be generalized to the individuals who were interviewed.

Conflict of interest


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