NEAR EAST UNIVERSITY

INSTITUTE OF GRADUATE STUDIES

DEPARTMENT OF NURSING

EXPLORING STIGMA RELATED TO ABORTION AMONG INTERNATIONAL STUDENTS IN NORTHERN CYPRUS

M.Sc. THESIS

Akudo Divine AMADI

Nicosia

June, 2022

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June, 2022

Approval

We certify that we have read the thesis submitted by Akudo Divine Amadi titled "Exploring Stigma Related to Abortion Among International Students in Northern Cyprus" and that in our combined opinion it is fully adequate, in scope and in quality, as a thesis for the degree of Master of Nursing Sciences.

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Declaration

I hereby declare that all information, documents, analysis and results in this thesis have been collected and presented according to the academic rules and ethical guidelines of Institute of Graduate Studies, Near East University. I also declare that as required by these rules and conduct, I have fully cited and referenced information and data that are not original to this study.

Divine Akudo Amadi

29/June//2022

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Akudo Divine Amadi

Abstract

Exploring Stigma Related to Abortion Among International Students In Northern Cyprus

Amadi, Akudo Divine
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Purpose: The goal of this study is to explore the incidence of abortion among women international students and assess the stigma related to abortion among international students studying in Northern Cyprus.

Materials and Methods: This research design is of relations-seeker and cross sectional study. The population of this study included the international students in Northern Cyprus between August 30, 2021 and April 13, 2022. The sample of this study consisted of 272 students (sampling error=5.9%)**.** The study data collected using a web-based online survey and face to face survey that was created using the student information and the Stigmatizing Attitudes, Beliefs, and Actions Scale (SABAS). In this study data analyzed as using descriptive statistics test and Kolmogorov-Smirnov test, Kruskal-Wallis H test, Mann-Whitney U test.

Findings: It is found that 28% of international students are 18-20 years old, 50% of them are female, 87.5% of them are from Africa and 56% of them are Christian. Condoms are the most commonly used method of contraception in this study. In this study is determined that %13,04 of women international students had an abortion and students take average 34,98±14,16 points from total score of SABAS. In this study, there are not statistically significant difference between age groups, nationality, religion, semester, marital status, having children situation, having sex education and the total score of SABAS. Otherwise, there are a statistically significant difference between gender, department and the total points of SABAS in this study.

Conclusion: It is suggested that Nurses and other abortion service providers can plan awareness educations about abortion stigma and consequences of unsafe and it is to develop sexual and reproductive health services for especially international students in Universities in Northern Cyprus. Particularly, the participation of these groups should be ensured in order to reduce the stigma levels of groups that are found to be at risk in terms of stigma (male students, those studying in the health department).

***Key Words**:* Abortion, Stigma, Women, Abortion, Student

Özet

Kuzey Kıbrıs'ta Uluslararası Öğrenciler Arasında Küretaj ile ilişkili Damgalanmanın Değerlendirilmesi

Amadi, Akudo Divine
Yüksek Lisans, Hemşirelik Programı
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Amaç: Bu çalışmanın amacı, uluslararası kadın öğrenciler arasında kürtaj insidansını araştırmak ve Kuzey Kıbrıs'ta okuyan uluslararası öğrenciler arasında kürtajla ilgili damgalamayı değerlendirmektir.

Gereç ve Yöntem: Bu araştırma, ilişki arayacı ve kesitsel tipte bir çalışmadır. Bu araştırmanın evrenini 30 Ağustos 2021 ile 13 Nisan 2022 tarihleri arasında Kuzey Kıbrıs'ta bulunan uluslararası öğrenciler oluşturmaktadır. Bu araştırmanın örneklemini 272 öğrenci oluşturmuştur (örnekleme hatası=%5.9). Araştırma verileri, öğrenci bilgileri formu ve damgalayıcı tutumlar, inançlar ve eylemler ölçeği (SABAS) kullanılarak çevrimiçi ve yüz yüze olarak toplanmıştır. Bu çalışmada, veriler tanımlayıcı istatistik testleri ile Kolmogorov-Smirnov, Kruskal-Wallis H ve Mann-Whitney U testleri kullanılarak analiz edilmiştir.

Bulgular: Uluslararası öğrencilerin %28'inin 18-20 yaş aralığında, %50'sinin kadın, %87,5'inin Afrikalı ve %56'sının Hristiyan olduğu belirlenmiştir. Çalışmada, prezervatifler en yaygın kullanılan doğum kontrol yöntemidir. Bu çalışmada uluslararası kadın öğrencilerin %13,04'ünün kürtaj yaptırdığı ve öğrencilerin SABAS toplam puanından ortalama 34,98±14,16 puan aldıkları belirlenmiştir. Bu çalışmada yaş grupları, uyruk, din, dönem, medeni durum, çocuk sahibi olma durumu, cinsel eğitim alma durumu ile SABAS toplam puanı arasında istatistiksel olarak anlamlı bir fark bulunmamıştır. Diğer taraftan, çalışmada cinsiyet, bölüm ve SABAS toplam puanları arasında istatistiksel olarak anlamlı bir fark vardır.

Sonuç: Hemşirelerin ve diğer kürtaj hizmeti sunanların kürtaj damgalaması ve güvenli olmayan küretaj sonuçları konusunda bilinçlendirme eğitimleri planlayabilmeleri ve Kuzey Kıbrıs Üniversitelerinde özellikle uluslararası öğrencilere yönelik cinsel sağlık ve üreme sağlığı hizmetlerinin geliştirilmesi önerilmektedir. Özellikle stigma yönünden riskli bulunan grupların (erkek öğrenciler, sağlık bölümünde okuyanlar) damgalanma düzeylerini azaltmak için bu grupların katılımı sağlanmalıdır.

***Anahtar Kelimeler**:* Düşük, Stigma, Kadın, Abortus, Öğrenci

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List of Abbreviations

WHO:	World Health Organization
NC:	Northern Cyprus
SABAS:	The Stigmatizing Attitudes, Beliefs and Actions Scale
NANDA:	American Nursing Diagnosis Association

CHAPTER I

1. Introduction

1.1 Statement of the Problem

Each individual has a right to choose the number freely, time and spacing of their children without any form of discrimination or coercion and to have the necessary information in sexual health if needed to do so (World Health Organization (WHO), 2021). Abortion is defined as the procedure done by terminating a pregnancy to prevent the birth of a child. Abortion is a controversial issue because 3 out of 10 pregnancies result in induced abortion (McCurdy, 2016). Abortions are risky or least safe when they include the consumption of caustic chemicals or the use of dangerous procedures by unskilled individuals, such as the insertion of foreign bodies or the employment of traditional methods. When women, particularly adolescent girls, are faced with unwanted pregnancies and are unable to get a safe abortion, they often resort to unsafe abortion (Haddad et al., 2009).

Unsafe abortion is a major reproductive health issue that can cause maternal deaths and disability in developing and underdeveloped countries (WHO, 2021). The World Health Organization (WHO) report between 2010 and 2014, 45% of all abortions were unsafe (WHO, 2021). Women who have experienced unsafe abortion may suffer a lot of implications that impair their quality of life and well-being, with some having life-threatening problems (WHO, 2021). The risks of unsafe abortion are widely established and include physical complications (sepsis, incomplete abortion, heavy bleeding, uterine perforation, damage of genital system etc.). Also, the physical consequences of unsafe abortion are more severe in teenagers than in older women, and they raise the risk of morbidity and mortality (Frederico et al., 2018; WHO, 2021). The negative result of unsafe abortion, on the other hand, are not confined to the person;

they also influence all of healthcare system, with complications costing a large portion of resources (including hospital beds, blood supply etc.) (Frederico et al., 2018).

Each year, a total of 3.2 million unsafe abortions occur among teenager's ages 15 to 19. This figure accounts for almost 15% of the total worldwide occurrence of unsafe abortion (22 million), and abortion-related death among adolescent women accounts for nearly one-third of abortion-related deaths globally (Shah & Ahman, 2012). In a study carried out in the University of Ibadan in 2015 amongst 300 female undergraduate students between ages 19 to 24 residing at the halls on campus, 55 (18.3%) said they have been pregnant, while out of these 55, the occurrence of unwanted pregnancy was 92.7%. In same study, the prevalence of induced abortion and unwanted pregnancy among all the students was 8.7% and 17%, respectively. And a total of twenty-five (22.5%) of the 111 female students who had ever been in a relationship said they had an unwanted pregnancy while in their relationship (Onebunne & Bello, 2019).

Many factors can affect unsafe abortion (Haddad et al., 2009). For example, stigma can manifest in various ways that may limit reach to safe abortion (Makleff et al., 2019). A mark of shame, humiliation, or disparagement that sets a person apart from others is called a stigma (Cockrill et al., 2013a). Stigma emphasizes that the individual or group stigmatized is distinct from others in society. Furthermore, people stigmatized are said to have a number of unfavourable characteristics (Greeff et al., 2010). In particular, the University students are risky groups for abortion stigma. Abortion stigmatization may lead to anxiety, fear, grief and depression in University Students. Also, the students who avoided experiencing abortion stigma consult to unsafe pregnancy termination methods (Yılmaz & Şahin, 2020). There are many international students in Universities of Northern Cyprus (NC) and There no units providing reproductive health services to young people at these universities. Therefore, abortion Stigma should be prevented and minimised for the protection and promotion of the reproductive health of university students.

Abortion stigma is a worldwide phenomenon that discredits individuals (Cockrill et al., 2013a; Hessini, 2014; Oginni et al., 2018). There are five stages of abortion stigma that are law and policy, media, institutional, community and individual-level stigma (Hanschmidt et al, 2016; Cockrill et al., 2013b). According to Oginni et al's study, women are typically afraid of being judged by others for having an abortion 14 and have a significant amount of internal abortion stigma (43 percent, 66 percent) (Oginni et al., 2018). In Maddow-Zimet et al's Study, at the individual level, about 40% of women and men who stated an abortion (Maddow-Zimet et al., 2021). A similar study in Kisumu, Kenya, revealed that female students reported a high stigma due to abortion and contraceptive usage (Rehnström et al., 2019). Abortion stigma, likewise known as perceived stigma, includes the woman's perception of other people's negative behaviours towards her (Hanschmidt et al., 2016). Similarly, several research on abortion underreporting in the United States have been centred on either individual-level characteristics relationship with underreporting or and have not addressed the potential effect of structural stigma (Lindberg & Scott, 2018; Lindberg et al., 2020; Tennekoon, 2017; Tierney, 2019). Despite the fact that abortion stigma has likely to harm the well-being and mental health of a significant number of women, it has received little research attention (Hanschmidt et al., 2016). In a systemic review study about abortion and stigmatization, it was examined 19 studies between 2014 and 2019, and only 1 of these studies was related to university students (Yılmaz & Şahin, 2020).

Nurses can prevent unintended pregnancy and unsafe abortion through comprehensive sexuality education and counselling on contraceptive methods (Soute et al., 2017). Nurses play an essential role in abortion and should care for women ethically to meet the real needs of these women while respecting their dignity and rights as human beings throughout the lifecycle, preserving their secrets and not discriminating against them. A wide range of current research on the issue of abortion shows specifically how nursing care in abortion situations is induced/triggered (Pitilin, et al., 2016).

Nurses are naturally involved in the care of people seeking abortions in Gender Based Violence and are potentially well positioned to provide meaningful support (Mainey, 2022). According to a research by Maxwell, et al., 2021, they highlighted the challenges nurses and other abortion care professionals face and how they can contribute to normalization at an individual level. First, nurses and other health care professionals should present abortion as unexceptional, routine healthcare to women undergoing it and their other colleagues. While doing this, they help shift the defect position of abortion as stigmatized. Second, presenting overt positivity about their work, focusing on their moral stance on women's right to access abortion and the social significance of what they do would help to 'refocus the conversation' around abortion, emphasizing its proper 'good' and withstanding negative framings (Purcell, et al., 2020, O'Donnell, et al., 2011). Third, effective top-down support by senior nursing professionals is essential to enable frontline health professionals to enact the normalization of abortion. Results revealed that awareness abortion care provider of broader negative abortion narratives and their attempts to contradict or resist these (Maxwell, et al., 2021).

Women who have had an abortion performed one or become involved in abortion controversy are vulnerable to the stigma associated with abortion. These societal attitudes may have consequences for health providers (nurses and doctors), patients, and also researchers who work to facilitate the safety and comfort of women who seek/experience abortion (Aniteye et al., 2016). The social stigma on contraceptive use and abortion is expressed among healthcare personal who provide abortion and contraceptive services are limited. So, understanding their views and attitudes is necessary to ease the unmet need for contraception and prevent adolescent pregnancies (Håkansson, et al., 2018).

The first step in preventing stigma, like in other health issues, will be boosting awareness; as a result, taking into account the notion that determining the stigmatization propensity is the first step in improving societal awareness, level of Abortion Stigma in NC. There is a lack of knowledge in the research on how health-related stigma has formed across a broad socio-

cultural context, particularly how abortion stigma has roots in various countries and how abortion stigma has influenced and will affect these societies (Kumar et al., 2009). In a systematic review study about abortion stigma, it is found that more research is needed to enhance understanding of abortion stigma using validated measures (Hanschmidt et al., 2016). Accordingly, it is thought that nurses have important responsibilities in measuring and preventing abortion stigma and the consequences of abortion stigma.

1.2 Purpose of the Study

The purpose of this study is to explore the incidence of abortion among women international students and assess the stigma related to abortion among international students studying in Northern Cyprus.

1.3 Research Questions/Hypothesis

In this research, answers were sought for four questions.

1) What is the prevalence of abortion among women international students in Northern Cyprus?
2) What is the level of abortion stigma that measures the stigmatizing attitudes, beliefs and actions scale among international students in Northern Cyprus?
3) Are there relationships between the scoring of abortion stigma and socio-demographic characteristics?

1.4 Significance of the Study

The significance of this study is due to the lack of information for abortion in NC. There are also insufficient statistics on the incidence of abortion (Sarpkaya Güder, 2021). Family planning clinics are not available in private or public hospitals, universities, or health facilities and family planning services are insufficient (Sarpkaya and Eroglu, 2011). Uncontrolled curettage instances have resulted in illegal curettage cases in NC (Asit, 2019). There are many international students in NC, are at risk for unplanned pregnancies and unsafe abortions as a result of these reproductive health issues.

The results of this study can contribute to awareness about incidence of abortion and abortion stigma among them. And it is to develop sexual and reproductive health services for them in NC. Also, this study can contribute to inform national and local strategies to reduce social stigma, which has direct results for improved access to abortion and contraceptive services. Another significance of this study is that this is the first research on the issue in NC.

1.5 Limitations

As part of the study, women with perceived abortion stigma among people who were denied an abortion were interviewed. Some of the individuals in the study felt they would be looked down upon by the people in their community or by someone close to them if people around them knew they had sought an abortion.

Another limitation of the study; the research sample group was limited to the students that the researcher could reach.

1.6 Definition of terms

1. Abortion: It is defined as "the procedure done by terminating a pregnancy to prevent the birth of a child" (McCurdy, 2016).
2. Unsafe Abortion: It is defined as "a procedure for terminating an unintented pregnancy either by persons lacking the necessary skills or in an environment lacking the minimum medical standard" (WHO, 1993).
3. Abortion stigma: It is defined as "the negative attributes directed to women who want to terminate a pregnancy; this labels them less of a woman internally or externally" (Kumar et al., 2009).

CHAPTER II

2. Literature Review

2. Theoretical Framework

2.1 Abortion

Abortion is defined as the procedure done by terminating a pregnancy to prevent the birth of a child (McCurdy, 2016). Some believe it is illegal to abort a child due to we appreciate living and not being aborted should therefore not take a human's life through abortion; this is also called the "The Golden Rule" (Gensler, 2013).

2.1.1 Types of Abortion

Abortion types are explained below (Abdillahi, 2019).

I. Spontaneous abortion occurs when an induced abortion occurs when an intentional removal of the fetus terminates a pregnancy via external methods resulting from unwanted pregnancy.
II. Elective abortion is the intentional termination of pregnancy and is performed surgically or medically by administering pills such as misoprostol and mifepristone.
III. Therapeutic abortion occurs when a pregnancy is terminated by removing the fetus from the uterus using external procedures; however, unlike an induced abortion,

that is not planned. Therapeutic abortion is performed as a result of an unwanted pregnancy or several health challenges that might have occurred during pregnancy.

IV. Medication abortion is an alternative to vacuum aspiration, also called surgical abortion, the most common procedure for early termination of pregnancy

2.1.2. Risky Abortion

Unsafe abortion is defined as "a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimum medical standard" (WHO, 1993). An unsafe abortion is a life-threatening method and it includes self-induced abortions, abortions in unhygienic conditions, and abortions performed by a health professional who does not provide suitable post-abortion attention (Akpanekpo, et al., 2017).

Unsafe abortion negatively affects women's health for many reasons. Although safe when performed by experienced people in a controlled environment, surgical abortion can cause bleeding and infection when performed by untrained people in an unhygienic environment. These matters can result in bleeding from placental perforation, uterine infection, and incomplete abortion (Harris & Grossman, 2020). In addition to physical suffering, women who have secret abortions may experience psychiatric complications such as anxiety, depression and low self-esteem (Chhabra, 2018).

Women seeking secret abortions are generally young, poor, and uneducated, which adds to their defenselessness (Viterna & Bautista, 2017). Yet the repercussions of this treatment extend beyond women's immediate injury and mistreatment. After seeking a secret abortion, women who have complications may be reluctant to seek care out of fear of legal repercussions or maltreatment. Thus, women may result from die in their homes from easily treated complications (Aniteye et al., 2016). Furthermore, women who are afraid to seek post-abortion care will not be advised about the proper use of birth control to avoid future unintended

pregnancies. This can cause women to have a higher risk of repeat unplanned pregnancies and thus a higher risk of seeking a secret abortion (Faúndes, 2012).

2.1.3. Complications of Unsafe Abortion

Below are the physical complications of unsafe abortion (Frederico et al., 2018; WHO, 2021):

- "Infection, Sepsis,
- Incomplete abortion (failure to remove or expel of the pregnancy tissue from the uterus),
- Haemorrhage,
- Uterine perforation,
- Damage of genital system and internal organs (by insertion of dangerous objects into the vagina),
- Morbidity and mortality".

2.1.4. Incidence of the Abortion

Correct information on the data of induced abortions is hard to obtain, especially in nations where abortion policies are opposed. In countries where abortion is allowed under broad conditions, data obtained officially on abortion are collected and achieve acceptable levels of accuracy and coverage. In nations where abortion policies are restrictive, legal data are usually unavailable or highly incomplete. The common problem is that some privately performed abortions go unreported and are not reflected in the available data. Furthermore, some nations may comprise spontaneous abortions in the number of disclosed induced abortions (Chae et al., 2017).

According to the report by the WHO, more than 1.2 million abortions have been done globally in 2021 (WHO, 2021). About 40-50 million abortions are performed globally annually, Moreover, more than half of all estimated unsafe abortions worldwide were in Asia and the probability of deaths from an unsafe abortion was reported to be at the peak in Africa (Adekanye, 2021).

It is believed that the abortions performed in NC are unsafe because there is no research on abortion in NC; there is no data available regarding abortion in general and illicit abortion rates.

2.1.5. **Adolescence and Abortion**

Around the world, about 16 million girls between the age of 15–19 and one million girls younger than 15 become pregnant each year. Out of the about 5.6 million abortions that happen annually among adolescent women, 3.9 million are unsafe, resulting to maternal mortality, morbidity and lasting health problems (WHO, 2021).

Adolescents are legally entitled to confidential care for reproductive health issues and confidential counselling options in the event of an unwanted pregnancy. However, if a adolescent decides to have an abortion, she may be affected by involvement laws of parental

Laws taking parental approval for abortion differ from state to state and include parental announcement and parental consent laws (Wellisch & Chor, 2015).

Unsafe abortion is an avoidable cause of maternal mortality. It is common among adolescents and young females as a result of the combination of adolescent pregnancy, socio-economic vulnerability, and inadequate access to healthcare services.

2.2. Stigma

Stigma refers to a mark of disgrace which differentiates a person from others; this is often related to mental health (Gray, 2002). It is defined as negative attitudes or ways of thinking against an individual based on some distinguishing characteristics of the person, which isn't a social norm (Tang & Bie, 2016). This can also be called discrimination. In 2006, a study done in Australia showed that stigma affects people and prevents them from seeking help. Stigma is usually accompanied exclusion and social discrimination, and the direct experience of exclusion and discrimination may be enough to induce fear and high tension, the typical symptoms of anxiety (Varni et al., 2012). People affected by obvious stigma internalize it and demean themselves as a result (Blake Helms et al., 2017; Pachankis, 2007).

Stigma has a high impact on an individual, leading to serious consequences. The individuals affected feel a lack of understanding from others is painful (Caddell, 2020). This can lead to reluctance to seek assistance for fear of being judged by others, self-doubt, bullying, and others (Kumar et al., 2009). The stigma of abortion is considered a hidden stigma; others do not know it except when disclosed. The stigma of abortion is defined as the negative attributes directed to women who want to terminate a pregnancy; this labels them less of a woman internally or externally (Kumar et al., 2009). In a study done in the United States, several women feel the need for secrecy to avoid any stigma from society. About 58% felt it should be a secret kept from even family and friends (Shellenberg, 2014). The stigma that is associated with circumstances or experiences that can be kept secret, like having had an abortion, can take more individual costs connected with behaviors meant to manage the stigma, for example keeping the experience secret, trying to “pass” as a non-stigmatized person in social interactions and keeping under control unintended opinions (Makenzius, et al., 2019). The usage of contraceptives among adolescents is sometimes connected with immorality and a promiscuous lifestyle, and the use is considered physically injurious (Hakansson et al., 2018;

Cleland et al., 2014; Sedgh et al., 2016). Such stigmatizing attitudes can silence and shame young women about their contraceptive needs, which can result in unsafe abortion and unintended pregnancies.

2.3. Abortion Stigma

The stigma of abortion is considered a hidden stigma; others do not know it except when disclosed. The stigma of abortion is defined as "the negative attributes directed to women who want to terminate a pregnancy; this labels them less of a woman internally or externally" (Kumar et al., 2009). According to other definition, it is defined as "a shared understanding that abortion is morally wrong and/or socially unacceptable" (Cockrill et al., 2013b).

According to Goffman, there exists three types of abortion stigma. These are deformations of the body, tribal or group identity and blemishes of character (Goffman, 2009). Abortion stigma is most likely to impact women who have had abortions, but it can also influence other groups, such as abortion providers or spouses of women who have had abortions. Furthermore, abortion stigma may be seen in media discourses, as well as institutional rules and practices, as well as political and governmental structures (Hanschmidt et al., 2016; Kumar et al, 2009; Norris et al, 2011). The experience of abortion stigma among these group varies significantly. For females, abortion may be experienced as a blemish on the character of the woman or even as a social demotion into the category of “bad girls and fallen women” (Cockrill et al., 2013).

2.3.1. Conceptual Model of Abortion Stigma

This is your main subject of study. Therefore, you need to briefly explain all the concepts below, namely the model.

Abortion Stigma: Conceptual Model	
Levels of Stigma	İndividual
	Community
	Institutional
	Law and policy
	Media
Manifestations	İnferior status
	Prejudice
	Discrimination
	Criminalization and Regulation
	Myths and Misrepresentations
Consequences	Unsafe abortion
	Violence
	Social silence
	Legal persecution
	Shame
	Marginalization
	Isolation
	Barriers to healthcare
	Inferior services
	Morbidity/Mortality

Source: Cockrill et al., 2013b

Levels of Abortion Stigma

Kumar et al. explained in detail the varied levels of abortion stigma that are mass media, communications, law and policy, institutions, communities, and individuals (Cockrill et al., 2013b; Kumar et al., 2009). Mass Media and Communications can effect public opinion about abortion. Abortion is framed as a controversial and taboo topic so lack of representation adds to a perception that abortion is an abnormal experience for women. The other level of abortion stigma is law and policy. In some countries, criminal laws threaten to punish abortion providers

or women having abortions. Institutional abortion stigma can effect employed by institutions (often healthcare-related) or by institutional actors (such as healthcare providers) that this may lead to poor abortion care. Community abortion stigma is described as the social norms, prejudicial attitudes, and negative behaviors toward abortion that exist in communities. The last level of abortion stigma is individual stigma that refers to the experience of stigma by individuals. This stigma includes four main manifestations that are internalized stigma (shame and guilt, related to seeking an abortion or having had an abortion), felt stigma (perceptions of negative attitudes etc.), enacted stigma (discriminatory behaviors or negative interactions related to the abortion experience) and stigma management (Cockrill et al., 2022).

Measuring Abortion Stigma

Abortion stigma can involve a variety of tools and methods to measure at level of the stigma. Although there are no standard tools to measure stigma at different levels, there are some scale about measuring level of abortion stigma. For example, the individual level abortion stigma scale, stigmatizing attitudes, beliefs and actions scale community level scales etc. Individual scales and indices are the most prevalent. These instruments can help us understand individual experiences of stigma, as well as community members' and health care professionals' attitudes and behaviours toward the stigmatized (Cockrill et al., 2022).

2.3. Nursing Roles in Abortion and Abortion Stigma

Nurses can prevent unintended pregnancy and unsafe abortion through comprehensive sexuality education and counselling on contraceptive methods (Soute et al., 2017). Nurses play an essential role in abortion and should care for women ethically to meet the real needs of these women while respecting their dignity and rights as human beings throughout the lifecycle, preserving their secrets and not discriminating against them. A wide range of current research

on the issue of abortion shows specifically how nursing care in abortion situations is induced/triggered (Pitilin, et al., 2016).

Nurses have a lot of responsibility to enable frontline health professionals to enact the normalization of abortion. So, they should improve awareness negative abortion narratives and abortion stigma in the community (Maxwell, et al., 2021). Also, nurses have many roles during the care of the abortion case. The main nursing diagnoses, among those approved by North American Nursing Diagnosis Association (NANDA) were reflected in the case of abortion, are "abortion trauma syndrome post-trauma syndrome, acute pain, risk for infection, risk for organ perforation, impaired skin integrity, anxiety, fear, guilt, conflict of decision, risk for spiritual distress, feeling of impotence, social isolation" (Guedes Rodrigues et al., 2017).

Related Research

Yegon et al., 2016, stated that women and adolescent in Kenya have poor knowledge and understanding of the legal context regarding abortion and the availability of safe abortion services. It was stated that there is common perception is that abortion is unsafe. Women with unintended pregnancies can effected fear stigmatization and legal prosecution for unsafe abortion. Therefore, they can't continue seek professional health care and prefer for frequently using outdated methods considered unsafe.

Steinberg et al., 2016 mentioned in their study, it is stated that the sociocultural context is important for women's abortion decision and identifying the importance of perceived abortion stigma.

Håkansson et al., 2018 in their study mentioned that contraceptives were not provided to adolescent girls, as it is believed contraceptives are physically harmful to this age group and associated with immorality and a promiscuous lifestyle.

In Oginni et al's Study, women are typically afraid of being judged by others for having an abortion and have a significant amount of internal abortion stigma (43 percent, 66 percent) (Oginni et al, 2018).

In a study, it is founded that higher levels of partner support about contraception using were associated with increased abortion stigma (Blodgett et al., 2018).

In a systemic review study, 16 studies in relationship of abortion stigma among health care personels, experienced abortion women and university students between 2014 and 2019 was done (Yılmaz & Şahin, 2020).

Moore et al., 2021 stated that abortion stigma could prevent women from obtaining correct information about abortion services and laws, leading to unnecessary increases in costs of care and sizeable delays in care.

In Maddow-Zimet et al's Study, at the individual level, about 40% of women and men who reported an abortion (Maddow-Zimet et al., 2021).

A study measured community level abortion stigma in United State (U.S.) and it found that high stigma in Catholic compared to those with religion and Blacks compared to whites among U.S. adults (Cutler et al., 2021).

CHAPTER III

Methodology

3. Material and Method

3.1 Research Design

This research was modelled based on the pattern of relations-seeker and cross sectional study.

3.2 Population/Participation and Sample

The population of the study included the international students in NC between August 30, 2021 and April 13, 2022. It was stated that a total of 41,219 international university students enrolled in NC between the 2019-2020 academic years (KKTC Milli Eğitim Bakanlığı, 2020). This population was chosen because there are too many international students in Universities of NC, there is not enough reproductive health services for university students, and this group is seen in the risky group for stigma and unsafe abortion.

The sample size of 384 international students in total is determined that the number was calculated using sample size method of *sample size determination* of the unknown population (Confidence level 95%, sampling error of 5%). Due to the fact that the subject is a special one, the number of samples could not be reached. So, the sample of this study consisted of 272 students. It was reached 71% of the targeted sample that the sampling error is calculated as 5.9%. This study used self-selection sampling of non-probability sampling technique.

Below are the criteria for inclusion in the sample group.

İnclusion criteria;

- To speak and understand English.
- To be undergraduate and graduate students
- To be volunteered to participate in the study

3.3 Data Collection Tools/Materials

The study data collected using a web-based online survey and face to face survey that was created using the student information and the stigmatizing attitudes, beliefs and actions scale. In order to collect the data, the online survey link will share by social media and students WhatsApp groups of Universities. Completion of the questionnaire will take almost 10 minutes. Study tools are the student information form and the stigmatizing attitudes, beliefs and actions scale *(Appendix File A).*

3.3.1. Student Information Form

This form was used to collect personal information from the participants that included a total of 15 questions addressing, age, gender, nationality, religion, university, department, semester, marital status, having child, using method of contraceptive method, experiencing of abortion, number of abortion, types of abortion, having and source of sexuality education. The personal information form was developed by the researcher by taking two expert opinion.

3.3.2. The Stigmatizing Attitudes, Beliefs and Actions Scale

The Stigmatizing Attitudes, Beliefs, and Actions Scale (SABAS) was designed to assess abortion stigma in individuals and communities. Shellenberg et al. validated the SABA Scale in Ghana and Zambia in 2013, and SABAS was developed to validate among diverse groups. Each response on the Like et Scale ranges from "Strongly Disagree" to "Strongly Agree. The Like et Scale is made up of 18 questions that range from "Strongly Disagree" to "Strongly Agree," with each response given a number between 1 and 5. Negative stereotypes (8 questions), discrimination and exclusion (7 items), and possible contagion are three major

characteristics of abortion stigma that SABAS measures and identifies subscales (3 items) Total score, negative stereotyping subscale, exclusion and discrimination subscale, and fear of contagion subscale are the four methods to score SABAS. The overall score as well as the exclusion and discrimination subscales should be reverse coded, with a higher score indicating a stigmatizing attitude. With Cronbach's alpha statistics of coefficient alphas of 0.85, 0.80, and 0.80 for the three subscales, and 0.90 for the entire 18-term instrument, SABAS has a very dependable internal consistency. Regardless of whether you are looking at the total SABAS score or the score of individual sub-scales, a higher score represents more stigmatizing attitudes and beliefs about women who have had an abortion. The summed scores of SABAS scale were was categorised as either high (summed score ≥46) or low (summed score<46) (Shellenberg et al, 2014).

3.4. Data Analysis Plan

The data analyzed with Stata/SE 20.0 for Windows. In this study, percentile and mean is used. And according to the Kolmogorov-Smirnov test results, nonparametric tests (Kruskal-Wallis H test, Mann-Whitney U test) were used that showed normal distribution.

3.5. Ethical Considerations

The study was approved by the ethics committee of NEU* University on 26.08.2021 (IRB No. NEU/2021/94-1395). *(Appendix File B).* The researchers obtained the permission to use scale from the researchers who are Shellenberg et al. During the data collection process, the participants were informed about who the researchers do and be and the the objective of the study and then their written informed consent was obtained by the survey.

CHAPTER IV

4. Findings and Discussions

This chapter is presenting the findings of socio-demographic characteristics, sex education and abortion status, scores on the SABAS of students and the comparison of students points taken from the SABAS by socio-demographic based on the research questions of the study.

Table 1. *Socio-Demographic Characteristics of the Students (N=272)*

	Freq.	Percent
Age group		
18-20	77	28,31
21-23	55	20,22
24-26	61	22,43
27 and older	79	29,04
Gender		
Female	138	50,74
Male	134	49,26
Nationality		
African	238	87,50
Middle East	18	6,62
Others	16	5,88
Religion		
Christian	153	56,25
Muslim	39	14,34
Other	80	29,41
University		
Cyprus International University	130	47,79
Near East University	104	38,24
Univerisity of Kyrenia	22	8,09
Kyrenia American University	9	3,31
Eastern Mediterranean University	4	1,47
Others	3	1,10
Department		
Health Sci.	115	42,28
Buss./Eco./Fin./Acc.	44	16,18
Engineering / Architecture	42	15,44
Communication/Int. Rel./Law	37	13,60
Tourism	13	4,78
Others	21	7,72
Semester		
1-2	101	37,13
3-4	62	22,79

5-6	36	13,24
7-8	23	8,46
Post Graduate	50	18,38
Marital Status		
Single	247	90,81
Married	22	8,09
Divorced	3	1,10
Having Child		
Yes	37	13,60
No	235	86,40

In Table1 1, the distribution of the students' descriptive characteristics is given.

It is seen that %28,31 of the students are 18-20 years old, 20,22% of them are between 21-23 years old, 22,43% of them are between 24-26 years old and 29,04% of them are in 27 years and older age group, %50,74 of the students are female and 49,26% of them are male, %87,50 of them are from Africa, %6,62 of them are from Middle East, %5,88 of them are from other nationalities, %56,25 of the students are Christian, %14,34 of them are muslim, %29,41 of the students are from other religions. %47,79 of the participants are taking education from Cyprus International University, %1,47 of them are taking education from Eastern Mediterranean University, %3,31 of them taking education from Kyrenia American University, %38,24 of them taking education from Near East University, %8,09 of them taking education from Univerisity of Kyrenia and %1,10 them taking education from Others universities. %16,18 of the students are from Buss./Eco./Fin./Acc. department, %13,60 of the students are from Communication/Int., Rel./Law department, %15,44 of the students are from Health Sci. department, %4,78 of the students are from Tourism department and %7,72 of the students are from others departments. %37,13 of the students are in their 1-2 semester, %22,79 of the students are in their 3-4 semester, %13,24 of the students are in their 5-6 semester, %8,46 of the students are in their 7-8 semester and %18,38 of the students are post graduating. When we look for the marital status of the participants, we see that %90,81 of them are single, %8,09 of them are married and %1,10 of them are divorced. %13,60 of the participant students have chid, %86,40 of them have not child.

Table 2. *Sex Education and Abortion Status of the Students (N=272)*

	Freq.	Percent
Having Sex Education		
Yes	232	85,29
No	40	14,71
Sources of Sex Education		
Secondary education	96	41,38
Primary education	55	23,71
Family/Fiends	65	28,02
Internet	60	25,86
Bachelors education	18	7,76
Masters/phd education	3	1,29
Other	2	0,86
Using method of contraceptive method		
Abstinence	22	8,09
Condom	98	36,03
Contraceptive pill	22	8,09
Calendar	9	3,31
I am not sexually active	71	26,10
I am not using a contraceptive method	50	18,38
Abortion before (N=138)		
Yes	18	13,04
No	120	86,96
Number of abortion (n=18)		
1	14	77,78
2	4	22,22
Type of abortion (n=18)		
Surgical Abortion	12	66,67
Medical Abortion	5	27,78
Self-induced abortion	1	5,56
Support during the abortion (n=18)		
No	12	66,67
Yes	6	33,33

In table 2, the Sex Education and Abortion Status of the Students is given.

It is seen that %85,29 of the participation students received having sex education, %14,71 of the students did not receive having sex education, %7,76 of the students studied having sex education in bachelors education, %28,02 of the students' educational resource is family/friends, %25,86 of the students' educational resource is internet, %1,29 of the students' educational resource is masters/phd education, %23,71 of the students studied having sex education in primary education, %41,38 of the students studied having sex education in

secondary education and %0,86 of the students educational resource is other. %8,09 of the students using abstinance, %3,31 of the students using calendar, %36,03 of the students using condom, %8,09 of the students using contraceptive pill as a contraceptive method, %18,38 of the students stated that they are not using contraceptive method and %26,10 of the students stated that they are not sexually active. %13,04 of the students had an abortion before, %86,96 of the students had not an abortion before. As we examine the students that had abortion before, we see that %77,78 of the students had 1 and %22,22 of the students had 2 abortions, %66,67 of them had a surgical abortion, %27,78 of them had a medical abortion, %5,56 of them had self induced abortion, %66,67 of them had not get any support during the abortion and %33,33 of them got support during the abortion.

Table 3. *The Descriptives Statistics Students' Scores on The Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS)*

	n	$\bar{x}$	**s**	**Min**	**Max**
Negative stereotyping	272	18,97	8,55	8	40
Exclusion and discrimination	272	11,43	5,46	7	35
Fear of contagion	272	4,57	2,66	3	15
SABAS	272	34,98	14,16	18	88

In table 3, the descriptives Statistics Students' Scores on The Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS) is given.

It is seen that students take average 18,97±8,55 points, minimum 8, maksimum 40 points from Negative stereotyping, students take average 11,43±5,46 points, minimum 5, maksimum 35 points from Exclusion and discrimination, students take average 4,57±2,66 points, minimum 3, maksimum 15 points from Fear of contagion and students take average 34,98±14,16 points, minimum 18, maksimum 88 points from SABAS.

Table 4. *The Comparison of Students' Points Taken from The Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS) by Age Group*

	Age group	**N**	**Mean**	**Std. Dev.**	**Median**	**Mean Rank**	**X^2**	**p**
Negative stereotyping	18-20	77	18,84	9,16	16	133,41	3,510	0,319
	21-23	55	18,35	7,37	18	133,90		
	24-26	61	20,77	9,00	20	152,66		
	27 and older	79	18,15	8,32	16	128,85		
Exclusion and discrimination	18-20	77	11,88	5,85	11	142,81	3,901	0,272
	21-23	55	10,20	3,68	9	124,94		
	24-26	61	12,52	6,33	11	148,26		
	27 and older	79	11,01	5,27	10	129,32		
Fear of contagion	18-20	77	4,64	2,52	3	144,56	2,697	0,441
	21-23	55	4,18	1,99	3	133,61		
	24-26	61	5,05	3,32	3	140,53		
	27 and older	79	4,41	2,63	3	127,54		
SABAS	18-20	77	35,36	14,76	31	136,40	3,157	0,368
	21-23	55	32,73	10,75	31	130,16		
	24-26	61	38,34	16,62	34	151,35		
	27 and older	79	33,57	13,30	29	129,54		

Table 4, shows the results of Kruskal-Wallis H test on the comparison of Students' Points Taken from SABAS by Age Group of the students who are involved in the study.

It is determined that there are no statistically significant differences between age groups and the points of SABAS including its' Negative stereotyping, Exclusion and discrimination, Fear of contagion sub-dimensions ($p>0,05$). Students' from different age groups have been taken similar points from Negative stereotyping, Exclusion and discrimination, Fear of contagion and The SABAS.

Table 5. The Comparison of Students' Points Taken from *The Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS)* by Gender

	Gender	**N**	**Mean**	**Std. Dev.**	**Median**	**Mean Rank**	**Z**	**P**
Negative stereotyping	Female	138	17,49	8,24	16	122,29	-3,027	0,002*
	Male	134	20,50	8,63	19	151,13		
Exclusion and discrimination	Female	138	11,05	5,20	10	130,37	-1,338	0,181
	Male	134	11,83	5,72	11	142,81		
Fear of contagion	Female	138	4,22	2,36	3	127,83	-2,106	0,035*
	Male	134	4,93	2,92	3	145,43		
SABAS	Female	138	32,77	13,38	29	122,38	-3,007	0,003*
	Male	134	37,25	14,62	34	151,04		

**p<0,05*

The Mann-Whitney U test has been applied to compare the points of the students taken from the SABAS by their gender and result is given in Table 5.

When Table 5 is examined, it is found that there is statistically significant difference between gender and the points of Negative stereotyping, Fear of contagion and the SABAS ($p<0,05$). Male students get higher Negative stereotyping, Fear of contagion and the SABAS points than female students and it is seen that this point difference is statistically significant.

There is no statistically significant difference between students' gender and the points of Exclusion and discrimination ($p>0,05$). Male and female students get similar points from Exclusion and discrimination.

Table 6. *The Comparison of Students' Points Taken from The Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS) by Nationality*

	Nationality	**N**	**Mean**	**Std. Dev.**	**Median**	**Mean Rank**	**X^2**	**p**
Negative stereotyping	African	238	19,27	8,66	18	139,14	2,190	0,335
	Middle East	18	16,67	7,86	16	115,36		
	Others	16	17,13	7,40	17	121,06		
Exclusion and discrimination	African	238	11,19	5,31	10	132,84	4,814	0,090
	Middle East	18	13,17	7,31	11	153,64		
	Others	16	13,06	5,14	11	171,69		
Fear of contagion	African	238	4,47	2,58	3	133,87	2,793	0,247
	Middle East	18	5,28	2,93	3,5	156,44		
	Others	16	5,25	3,44	3,5	153,19		
SABAS	African	238	34,94	14,06	30,5	136,62	0,298	0,862
	Middle East	18	35,11	16,73	33,5	128,81		
	Others	16	35,44	13,45	32,5	143,44		

Table 6 shows the results of Kruskal-Wallis H test on the comparison of the SABAS by Nationality.

When Table 6 is examined, it was found that there is no statistically significant difference between nationality and the points of the SABAS including its' Negative stereotyping, Exclusion and discrimination, Fear of contagion sub-dimensions ($p>0,05$). Students from Africa, from Middle East and from other countries have been taken similar points from Negative stereotyping, Exclusion and discrimination, Fear of contagion and The Stigmatizing Attitudes, Beliefs and Actions Scale.

Table 7. *The Comparison of Students' Points Taken from The Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS) by Religion*

	Religion	**N**	**Mean**	**Std. Dev.**	**Median**	**Mean Rank**	**X^2**	**P**
Negative stereotyping	Christian	153	18,95	8,48	18	136,58	2,656	0,265
	Muslim	39	20,90	9,14	21	153,21		
	Other	80	18,09	8,36	16	128,21		
Exclusion and discrimination	Christian	153	10,92	4,87	10	130,21	2,361	0,307
	Muslim	39	12,49	6,82	11	145,18		
	Other	80	11,90	5,76	11	144,31		
Fear of contagion	Christian	153	4,30	2,42	3	129,86	3,256	0,196
	Muslim	39	5,18	3,19	3	145,99		
	Other	80	4,79	2,80	3	144,57		
SABAS	Christian	153	34,17	13,26	30	133,31	1,666	0,435
	Muslim	39	38,56	17,43	34	151,37		
	Other	80	34,78	13,97	31	135,35		

Table 7 shows the results of Kruskal-Wallis H test on the comparison of the SABAS by Religion.

When Table 7 is examined, it was found that there is no statistically significant difference between religion and the points of Negative stereotyping, Exclusion and discrimination, Fear of contagion and the SABAS ($p>0,05$). In general students that are muslim have been taken higher points from Negative stereotyping, Exclusion and discrimination, Fear of contagion and the SABAS than Christian students and students of other religion but this point difference is not statistically significant.

Table 8, shows the results of Kruskal-Wallis H test on the comparison of Students' Points Taken from the SABAS by department of the students who are taken into the study.

Table 8. *The Comparison of Students' Points Taken from The Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS) by Department*

	Department	N	Mean	Std. Dev.	Median	Mean Rank	X^2	p	Fark
Negative stereotyping	Buss./Eco./Fin./Acc.	44	16,48	8,20	15	111,07	10,078	0,053	
	Communication/Int. Rel./Law	37	17,49	7,82	16	124,12			
	Engineering / Architecture	42	19,69	8,49	17	143,61			
	Health Sci.	115	20,68	9,10	20	151,33			
	Tourism	13	16,85	8,68	12	115,62			
	Others	21	17,38	5,59	18	129,12			
Exclusion and discrimination	Buss./Eco./Fin./Acc.	44	10,89	5,47	9	125,51	7,761	0,170	
	Communication/Int. Rel./Law	37	10,32	5,34	9	114,32			
	Engineering / Architecture	42	11,33	5,08	10,5	137,77			
	Health Sci.	115	11,85	5,78	11	143,05			
	Tourism	13	11,38	5,56	9	129,50			
	Others	21	12,48	4,70	11	164,50			
Fear of contagion	Buss./Eco./Fin./Acc.	44	4,48	2,81	3	127,35	6,138	0,293	
	Communication/Int. Rel./Law	37	4,35	3,20	3	117,01			
	Engineering / Architecture	42	4,26	2,05	3	133,51			
	Health Sci.	115	4,75	2,70	3	145,78			
	Tourism	13	5,08	2,81	3	144,65			
	Others	21	4,48	2,27	3	140,12			
SABAS	Buss./Eco./Fin./Acc.	44	31,84	14,76	28,5	112,11	12,008	0,035*	4-5
	Communication/Int. Rel./Law	37	32,16	14,66	29	116,11			
	Engineering / Architecture	42	35,29	12,12	30,5	145,11			
	Health Sci.	115	37,28	14,59	35	150,69			
	Tourism	13	33,31	16,03	30	115,42			
	Others	21	34,33	11,09	30	141,64			

**p<0,05*

It is determined that there are no statistically significant differences between departments and the points of Negative stereotyping, Exclusion and discrimination and Fear of contagion sub-dimensions (p>0,05). Students' from different departments have been taken similar points from Negative stereotyping, Exclusion and discrimination and Fear of contagion subscales.

It is seen that there are statistically significant differences between departments and the points of the SABAS (p<0,05). Students' from Health Sci. department has been taken statistically significantly higher points from The Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS) then students' from tourism department.

Table 9. *The Comparison of Students' Points Taken from The Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS) by Semester*

	Semester	**N**	**Mean**	**Std. Dev.**	**Median**	**Mean Rank**	**X^2**	**p**
Negative stereotyping	1-2	101	19,92	9,23	18	143,21	1,227	0,874
	3-4	62	18,40	8,32	17,5	132,15		
	5-6	36	18,64	8,88	16	132,43		
	7-8	23	18,26	6,36	18	136,00		
	Post Graduate	50	18,34	8,21	16	131,50		
Exclusion and discrimination	1-2	101	11,48	5,81	11	135,98	1,031	0,905
	3-4	62	11,45	5,17	10	140,71		
	5-6	36	11,58	5,21	11	141,44		
	7-8	23	10,83	5,37	8	123,48		
	Post Graduate	50	11,50	5,52	10,5	134,76		
Fear of contagion	1-2	101	4,61	2,42	3	144,49	3,754	0,440
	3-4	62	4,66	2,86	3	138,49		
	5-6	36	4,44	2,74	3	130,17		
	7-8	23	4,35	3,10	3	117,52		
	Post Graduate	50	4,56	2,72	3	131,19		
SABAS	1-2	101	36,01	14,60	33	141,26	0,752	0,945
	3-4	62	34,52	13,62	31	135,90		
	5-6	36	34,67	14,42	30	135,43		
	7-8	23	33,43	13,38	31	129,74		
	Post Graduate	50	34,40	14,47	29	131,52		

Table 9 shows the results of Kruskal-Wallis H test on the comparison of the SABAS by Semester.

When Table 9 is examined and it was found that there is no statistically significant difference between students' semester and the points of Negative stereotyping, Exclusion and discrimination, Fear of contagion and The Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS) ($p>0,05$). In general students that are in their 1-2 semester have been taken higher points from the SABAS and its subscales Negative stereotyping, Exclusion and discrimination, Fear of contagion than students' in their 3-4, 5-6, 7-8 semester and students' in post graduate but this difference that has been detected is not statistically significant.

Table 10. *The Comparison of Students' Points Taken from The Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS) by Marital Status*

	Marital Status	**N**	**Mean**	**Std. Dev.**	**Median**	**Mean Rank**	**X^2**	**p**
Negative stereotyping	Single	247	18,81	8,43	17	135,34	0,644	0,725
	Married	22	20,73	9,84	20	149,36		
	Divorced	3	19,33	11,37	16	137,50		
Exclusion and discrimination	Single	247	11,28	5,15	11	135,93	0,980	0,612
	Married	22	12,55	7,98	11	136,98		
	Divorced	3	15,67	8,50	16	180,00		
Fear of contagion	Single	247	4,53	2,56	3	136,52	1,858	0,395
	Married	22	4,73	3,53	3	129,36		
	Divorced	3	6,67	4,04	6	187,17		
SABAS	Single	247	34,63	13,53	30	135,53	0,442	0,802
	Married	22	38,00	19,25	32	145,07		
	Divorced	3	41,67	23,71	38	153,67		

The Kruskal-Wallis H test has been applied to compare the points of the students taken from the SABAS by their marital status and result is given in Table 10.

When Table 10 is examined, it is found that there is no statistically significant difference between students' marital status and the points of Negative stereotyping, Exclusion and discrimination, Fear of contagion subscales and the SABAS ($p>0,05$). Single, married and divorced participants have been taken similar points from Negative stereotyping, Exclusion and discrimination, Fear of contagion subscales and the SABAS.

Table 11. *The Comparison of Students' Points Taken from The Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS) by having children situation.*

	Having Child	**N**	**Mean**	**Std. Dev.**	**Median**	**Mean Rank**	**Z**	**P**
Negative stereotyping	Yes	37	19,78	10,08	18	138,54	-0,170	0,865
	No	235	18,85	8,31	17	136,18		
Exclusion and discrimination	Yes	37	12,38	6,79	11	145,28	-0,750	0,453
	No	235	11,29	5,23	10	135,12		
Fear of contagion	Yes	37	4,92	3,55	3	132,92	-0,340	0,734
	No	235	4,51	2,50	3	137,06		
SABAS	Yes	37	37,08	17,68	30	141,61	-0,425	0,671
	No	235	34,65	13,54	31	135,70		

Table 11, shows the results of Mann-Whitney U test on the comparison of students' points taken from the SABAS by having children situation.

It is determined that there is no statistically significant differences between the students' having children situation and the points of the SABAS including its' Negative stereotyping, Exclusion and discrimination, Fear of contagion sub-dimensions ($p>0,05$). Students' who have children, get higher points from Negative stereotyping, Exclusion and discrimination, Fear of contagion sub-dimensions and the SABAS than students who have not children, but the point difference that is detected is not statistically significant.

Table 12. *The Comparison of Students' Points Taken from The Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS) by Having Sex Education*

	Sex Edu.	**N**	**Mean**	**Std. Dev.**	**Median**	**Mean Rank**	**Z**	**P**
Negative stereotyping	Yes	232	18,77	8,53	17	134,50	-1,011	0,312
	No	40	20,18	8,72	21	148,10		
Exclusion and discrimination	Yes	232	11,36	5,58	10	133,81	-1,396	0,163
	No	40	11,88	4,76	11	152,13		
Fear of contagion	Yes	232	4,51	2,65	3	134,76	-1,005	0,315
	No	40	4,90	2,74	3	146,61		
SABAS	Yes	232	34,64	14,28	30	134,03	-1,247	0,212
	No	40	36,95	13,44	36,5	150,81		

The Mann-Whitney U test has been applied to compare the points of the students taken from the SABAS by their having sex education status and result is given in Table 12.

When Table 12 is examined, it is found that there is no statistically significant difference between students' having sex education status and the points of Negative stereotyping, Exclusion and discrimination, Fear of contagion subscales and the SABAS ($p>0,05$). Students' who trained about sex education and students' who does not trained about sex education have been taken similar points from Negative stereotyping, Exclusion and discrimination, Fear of contagion subscales and the SABAS.

CHAPTER V

5. Discussion

This study explores the incidence of abortion among international students and assesses the stigma related to abortion among international students studying in NC. In particular, our findings highlight the level of community abortion stigma, the prevalence of abortion among women international students, the relationships between the scoring of abortion stigma and socio-demographic characteristics.

5.1.The prevalence of abortion, using of contraceptive and discussion

According to the report by the WHO, more than 1.2 million abortions have been done globally in 2021 (WHO, 2021). In NC, there are also insufficient statistics on the incidence of abortion (Sarpkaya Güder, 2021). It was found that half of the international students are female and %13,04 of them have had experience of abortion (Tablo 1-2). It is understood that approximately one out of every four female international students has experienced abortion. This is an important finding to be underestimated. There may also be a number of students who did not explain due to shame. International students are at risk for unplanned pregnancies and unsafe abortions as a result of these reproductive health issues. In this study, we see that one of the students had self induced abortion. Also, it is found that majority of the students had not get any support during the abortion and 18% of the students don't use a contraceptive method despite being sexually active (Table 2). Social support for family planning may increase the shame of incidence of abortion and increases its stigma. In a study by Hoggart et al. (2017), they tried to alleviate the feeling of stigma by emphasizing that the majority of women became pregnant while using contraceptive methods. International student risk stigma when seeking

and receiving abortion services. While access safe abortion services are considered a basic human right, about half of all abortion services are unsafe in the World (Yılmaz & Şahin, 2020). There are not these services in public health center or hospital in NC. Private health services are very expensive for students.

5.2.The mean of abortion stigma and discussion

Community abortion stigma is import public health matter. People cannot access abortion care and this can lead to health inequity and disparity. It is important to determine the beliefs, attitudes and actions of the community in reducing abortion stigma. In this study, examining the score of Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS), It was seen that international students take average 34.98±14.16 points, minimum 18, maximum 88 points from SABAS ((Table 3). This score demonstrated not high level of abortion stigma among students (summed score <46). Unlike this result of the study, in a study, found that abortion stigma is high levels (46 points) by students among secondary school students in Kenya (Rehnström Loi et al., 2019). This difference is thought to be due to sociodemographic factors among students. Holcombe et al.'s study, it is seen that midwives have low level (28 points) of abortion stigma (Holcombe et al., 2010). A study measured community level of abortion stigma three scales in U.S. and found midrange scores (Cutler et al., 2021). In a qualitative study reported that women's reactions to antiabortion attitudes may maintain abortion stigma (Gelman et al., 2017).

In the literature, it found studies that mostly evaluated individual abortion stigma (Cockrill et al., 2022; Çetinkaya et al., 2019; Maddow-Zimet et al., 2021; Oginni et al, 2018). Community level of abortion stigma and women's abortion experiences needs to be further investigated (Cutler et al., 2021; Gelman et al, 2017). Community level of abortion stigma is

reflected in a community's attitudes that can be effect people who seek a safe abortion care (Cutler et al., 2021). In addition, community level of abortion stigma is thought to be important in the provision of support system services.

5.3.The relationships between the scoring of abortion stigma and socio-demographic characteristics and discussion

It is very important to identify factors are frequently associated with high abortion stigma. Steinberg et al., 2016 mentioned in their study, it is stated that the sociocultural factors is important for women's abortion decision and identifying the importance of perceived abortion stigma. In this study, there are not statistically significant difference between age groups, nationality, religion, semester, marital status, having children situation, having sex education and the total score of SABAS. Otherwise, there are a statistically significant difference between gender, department and the total points of SABAS in this study. It is found that male students get higher Negative stereotyping, Fear of contagion and SABAS points than female students and it is seen that this point difference is statistically significant. Male students had a higher total mean score for both abortion stigma and contraceptive use stigma compared to female students. In the similar to Rehnström Loi et al.'s (2019) study, male students had a higher total mean score of SABAS compared to female students. Male student can be negative affect his partner about serving safe abortion care. In a study, it is founded that higher levels of partner support about contraception using were associated with increased abortion stigma (Blodgett et al., 2018).

In Cutler et al.'s (2021) study, it found that high stigma in Catholic compared to those with religion and Blacks compared to Whites among U.S. adults (Cutler et al., 2021). In Bommaraju et al.'s (2016) study, it was determined that white women were more likely to experience

abortion stigma. In general students that are muslim have been taken higher points from Negative stereotyping, Exclusion and discrimination, Fear of contagion and SABAS than Christian students and students of other religion but this point difference is not statistically significant in this study.

In Rehnström Loi et al.'s (2019) study, higher scores of Adolescent SABAS were displayed by younger rather than older age groups. In a study done in Turkey, it is found that as the age group increases, the level of individual abortion stigma increases (Çetinkaya et al., 2019). And, in a study by Çetinkaya et al. (2020), as the level of education of participation increases, the level of individual stigma decreases. In this study, there isn't a relationship between the age, education level and the SABAS score of international students. It is thought that the level of individual stigma of the students may be high as the number of students in the 18-20 age group was high in this study (Table 1).

In Grindlay et al.'s (2017) study, it has been determined that women who have experienced abortion generally have these procedures done in secret in order not to be stigmatized when they have abortion because of the fear of having problems in their career and not being unemployed. According the results, it is thought that international students who have experienced abortion can make these procedures in order not to be stigmatized because of fear to not continue their education. In addition, experiencing abortion in the unmarried students may be fear from embarrassing for their family. In this study, the majority of students are single (Table 1). And there is not statistically significant difference between marital status and the total score of SABAS in this study.

CHAPTER IV

6. Conclusion and Recommendations

6.1.Conclusion

- It is found that 28% of international students are 18-20 years old, 50% of them are female, 87.5% of them are from Africa and 56% of them are Christian.
- Condoms are the most commonly used method of contraception among international students, followed by contraceptive pills, abstinence, and a calendar.
- Most of the international students have had sex education before. Most of the students learned sex education at the secondary level, followed by their primary education, on the internet.
- In this study is found that 13,04% of women international students had an abortion.
- It is seen that students take average 18,85±8,58 points from Negative stereotyping, students take average 11,31±5,46 points from Exclusion and discrimination, students take average 4,50±2,63 points from fear of contagion and students take average 34,66±14,13 points from total score of SABAS.
- There are no statistically significant differences between age groups and the points of SABAS, including its' Negative stereotyping, Exclusion and discrimination, and Fear of contagion sub-dimensions ($p>0.05$).
- There is a statistically significant difference between Gender and the points of Negative stereotyping, Fear of contagion, and SABAS ($p<0.05$). But there is no statistically significant difference between students' Gender and the points of Exclusion and discrimination ($p>0.05$); that is, Male and female students get similar points from Exclusion and discrimination.

- There is no statistically significant difference between Nationality and the points of SABAS, including its' Negative stereotyping, Exclusion and discrimination, and Fear of contagion sub-dimensions ($p>0.05$).
- There is no statistically significant difference between Religion and the points of Negative stereotyping, Exclusion and discrimination, Fear of contagion, and SABAS ($p>0.05$).
- There are no statistically significant differences between departments and the points of Negative stereotyping, Exclusion and discrimination, and Fear of contagion sub-dimensions ($p>0.05$), but there are statistically significant differences between departments and the points of SABAS ($p<0.05$). Students' from Health Sci. department has been taken statistically significantly higher points from the SABAS then students' from tourism department.
- There is no statistically significant difference between students' semesters and the points of Negative stereotyping, Exclusion and discrimination, Fear of contagion, and SABAS ($p>0.05$).
- There is no statistically significant difference between students' marital status and the points of Negative stereotyping, Exclusion and discrimination, Fear of contagion subscales, and SABAS ($p>0.05$).
- There are no statistically significant differences between the students' having children situation and the points of SABAS, including its' Negative stereotyping, Exclusion and discrimination, Fear of contagion sub-dimensions ($p>0.05$).
- There is no statistically significant difference between students' having sex education status and the points of Negative stereotyping, Exclusion and discrimination, Fear of contagion subscales, and SABAS ($p>0.05$).

6.2 Recommendations

6.1.1. Recommendations According to Findings

- It is suggested that it is to develop sexual and reproductive health services for especially international students in universities of NC. Also, results of this study can contribute to inform national and local strategies to reduce social stigma, which has direct consequences for improved access to abortion and contraceptive education and services.
- It is suggested that nurses and other abortion service providers can plan a awareness education about abortion stigma and consequences of unsafe among international students. Participation of these groups should be ensured especially in order to reduce the stigma level of male students.
- It is suggested that particularly, the participation of these groups should be ensured in order to reduce the stigma levels of groups that are found to be at risk in terms of stigma (male students, those studying in the health department).
- It is suggested that unsafe abortions from traditional doctors and practitioners which causes increased death rates should be accessed and legislation needs to be passed on it by creating awareness on abortion which will enable confidence in these risky groups and make them feel comfortable to confide in health care providers and systems.

6.1.2. *Recommendations for Further Research*

- It is suggested that more research should be done with larger sample group about community level of abortion stigma and women's abortion experiences.
- It is suggested that qualitative descriptive studies are needed to determine the attitudes and views of the society towards abortion in NC.

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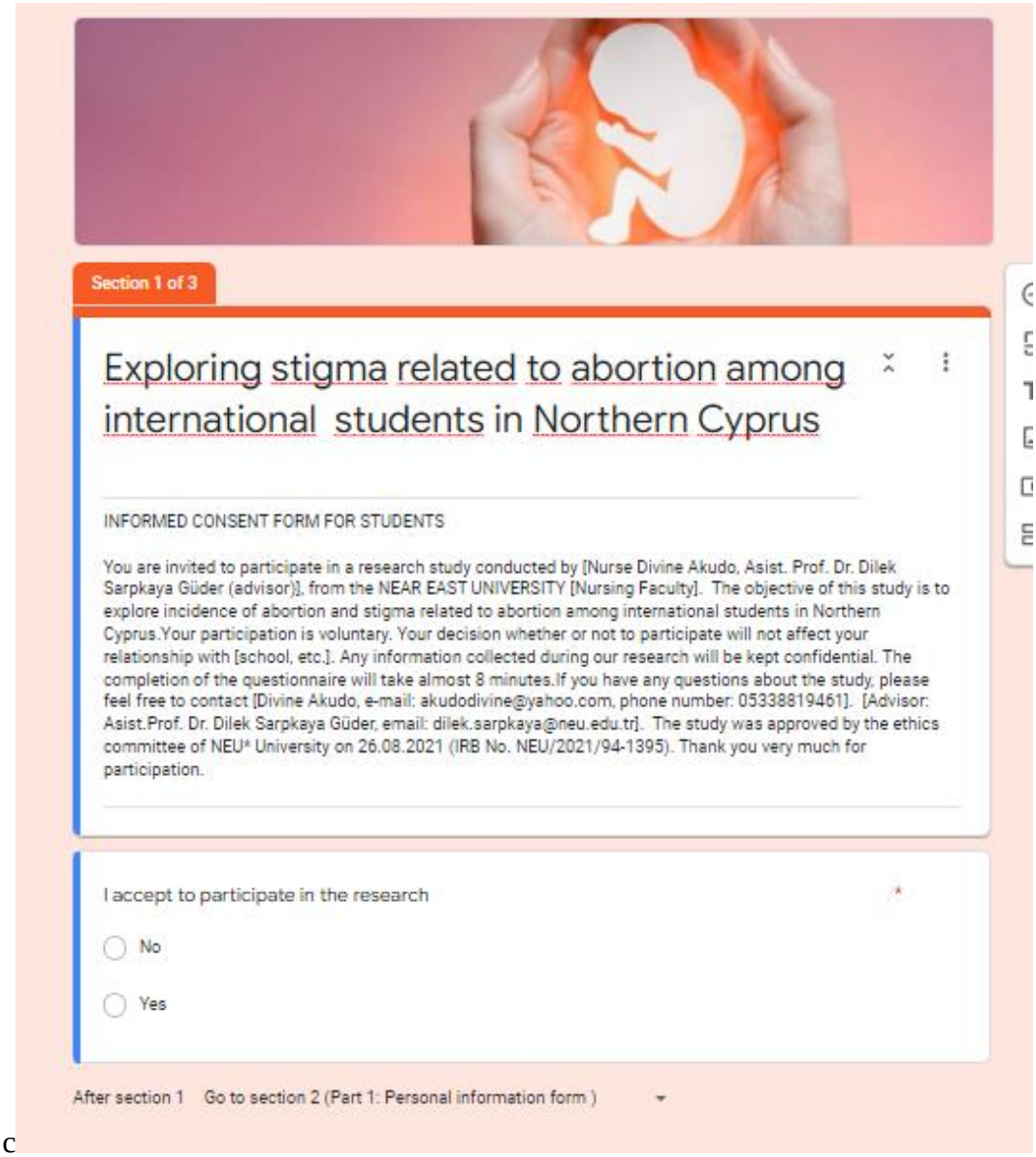
Appendices

Appendix A



Section 1 of 3

Exploring stigma related to abortion among international students in Northern Cyprus

INFORMED CONSENT FORM FOR STUDENTS

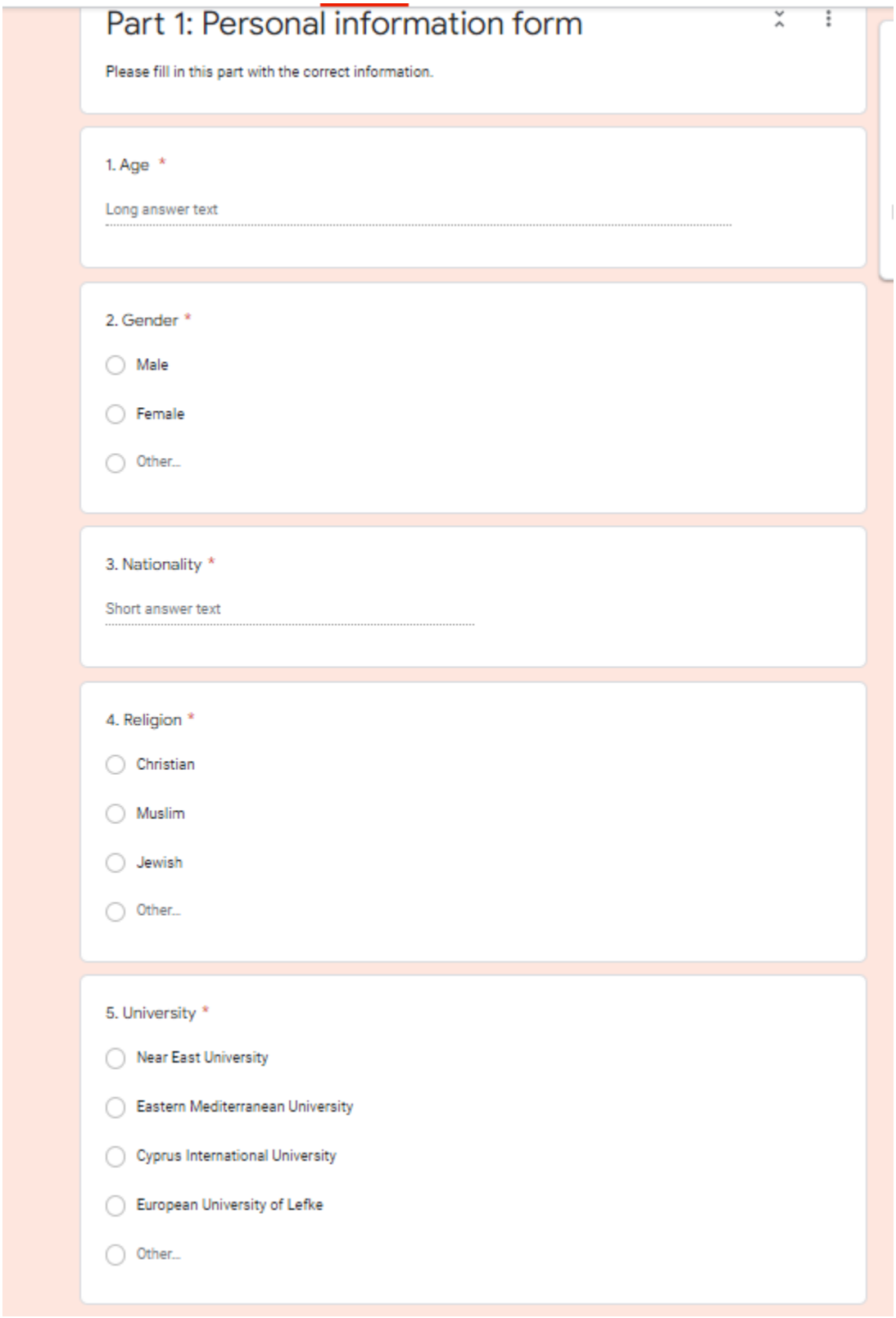
You are invited to participate in a research study conducted by [Nurse Divine Akudo, Asist. Prof. Dr. Dilek Sarpkaya Güder (advisor)], from the NEAR EAST UNIVERSITY [Nursing Faculty]. The objective of this study is to explore incidence of abortion and stigma related to abortion among international students in Northern Cyprus.Your participation is voluntary. Your decision whether or not to participate will not affect your relationship with [school, etc.]. Any information collected during our research will be kept confidential. The completion of the questionnaire will take almost 8 minutes.If you have any questions about the study, please feel free to contact [Divine Akudo, e-mail: akudodivine@yahoo.com, phone number: 05338819461]. [Advisor: Asist.Prof. Dr. Dilek Sarpkaya Güder, email: dilek.sarpkaya@neu.edu.tr]. The study was approved by the ethics committee of NEU* University on 26.08.2021 (IRB No. NEU/2021/94-1395). Thank you very much for participation.

I accept to participate in the research *

- No
- Yes

After section 1 Go to section 2 (Part 1: Personal information form)

C



Part 1: Personal information form

Please fill in this part with the correct information.

1. Age *

Long answer text

2. Gender *

- Male
- Female
- Other...

3. Nationality *

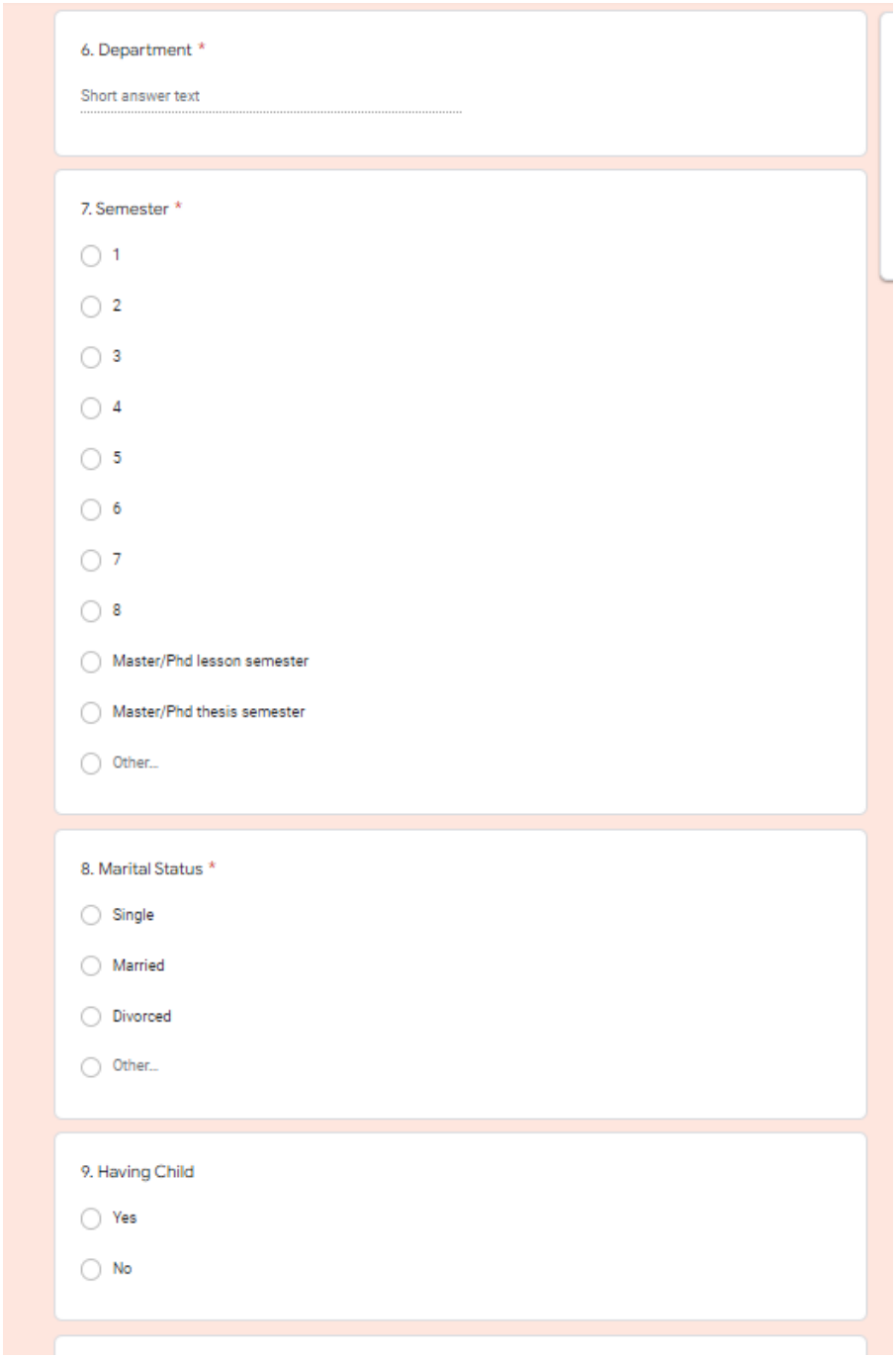
Short answer text

4. Religion *

- Christian
- Muslim
- Jewish
- Other...

5. University *

- Near East University
- Eastern Mediterranean University
- Cyprus International University
- European University of Lefke
- Other...



6. Department *

Short answer text

7. Semester *

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- Master/Phd lesson semester
- Master/Phd thesis semester
- Other...

8. Marital Status *

- Single
- Married
- Divorced
- Other...

9. Having Child

- Yes
- No

10. Using method of contraceptive method *

- ○ I am not sexually active
- ○ I am not using a contraseptive method
- ○ Condom
- ○ Contraceptive pill
- ○ Calendar
- ○ Abstinence
- ○ Other...

11. Have you had any form of Abortion before ? (for women)

- ○ Yes
- ○ No

12. If yes please tell us your abortion experience.

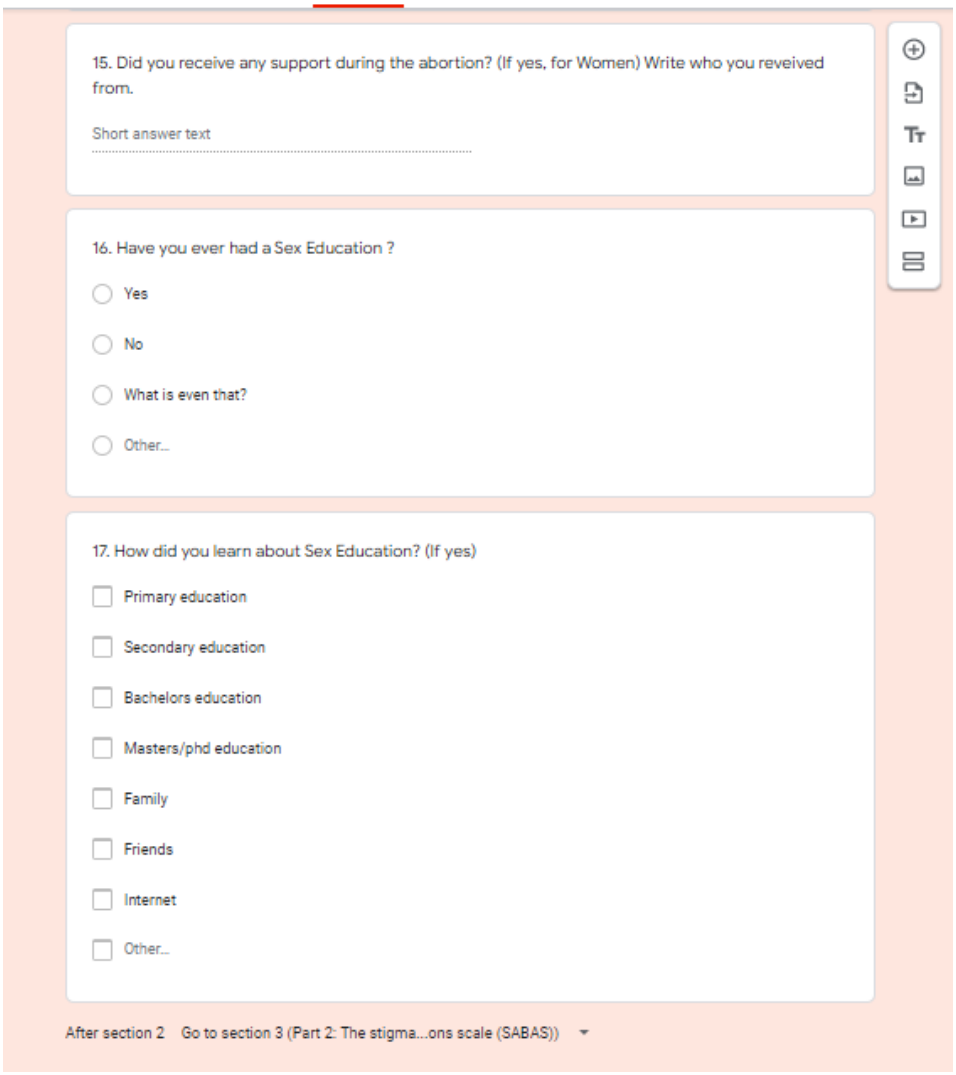
Short answer text

13. Number of abortion (If yes, for women)

- ○ 1
- ○ 2
- ○ 3
- ○ Other...

14. What type of abortion (If yes, for women)

- ○ Medical Abortion (Usage of medication (etc. Cytotec, Mifeprex, vaginal misoprostol) to end a pregnancy
- ○ Surgical Abortion (the removal of the pregnancy via the vagina by surgical means (Suction aspiration abor...
- ○ Self-induced abortion (performed by the pregnant woman herself, or with the help of other, non-medical as...
- ○ Other...



15. Did you receive any support during the abortion? (If yes, for Women) Write who you reveived from.

Short answer text

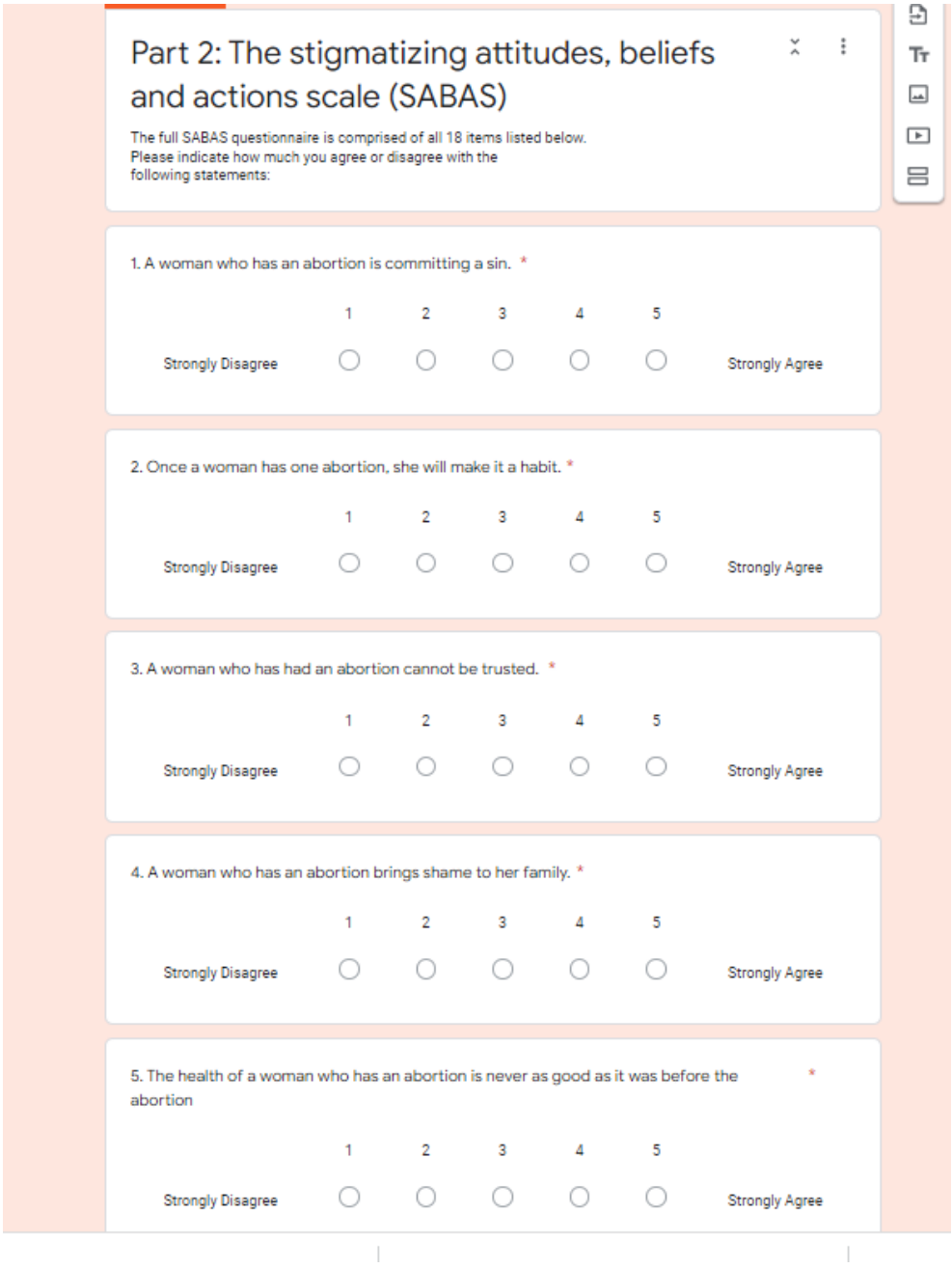
16. Have you ever had a Sex Education ?

- Yes
- No
- What is even that?
- Other...

17. How did you learn about Sex Education? (If yes)

- Primary education
- Secondary education
- Bachelors education
- Masters/phd education
- Family
- Friends
- Internet
- Other...

After section 2 Go to section 3 (Part 2: The stigma...ons scale (SABAS))



Part 2: The stigmatizing attitudes, beliefs and actions scale (SABAS)

The full SABAS questionnaire is comprised of all 18 items listed below. Please indicate how much you agree or disagree with the following statements:

1. A woman who has an abortion is committing a sin. *

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

2. Once a woman has one abortion, she will make it a habit. *

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

3. A woman who has had an abortion cannot be trusted. *

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

4. A woman who has an abortion brings shame to her family. *

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

5. The health of a woman who has an abortion is never as good as it was before the abortion *

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

6. A woman who has had an abortion might encourage other women to get abortions. *

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

7. A woman who has an abortion is a bad mother *

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

8. A woman who has an abortion brings shame to her community. *

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

9. A woman who has had an abortion should be prohibited from going to religious services. *

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

10. I would tease a woman who has had an abortion so that she will be ashamed about her decision *

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

11. I would try to disgrace a woman in my community if I found out she'd had an abortion *

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

11. I would try to disgrace a woman in my community if I found out she'd had an abortion *

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

12. A man should not marry a woman who has had an abortion because she may not be able to bear children. *

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

13. I would stop being friends with someone if I found out that she had an abortion *

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

14. I would point my fingers at a woman who had an abortion so that other people would know what she has done *

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

15. A woman who has an abortion should be treated the same as everyone else *

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

16. A woman who has an abortion can make other people fall ill or get sick.

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

17. A woman who has an abortion should be isolated from other people in the community for at least 1 month after having an abortion. *

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

18. If a man has sex with a woman who has had an abortion, he will become infected with a disease *

	1	2	3	4	5	
Strongly Disagree	○	○	○	○	○	Strongly Agree

Appendix B
Applying Letter of the Ethics Committee

YAKIN DOĞU ÜNİVERSİTESİ
BİLİMSEL ARAŞTIRMALAR ETİK KURULU

ARAŞTIRMA PROJESİ DEĞERLENDİRME RAPORU

Toplantı Tarihi : 26.08.2021
Toplantı No **:** 2021/94
Proje No **:**1395

Yakın Doğu Üniversitesi Hemşirelik Fakültesi öğretim üyelerinden Yrd. Doç. Dr. Dilek Sarpkaya Güder'in sorumlu araştırmacısı olduğu, YDU/2021/94-1395 proje numaralı ve **"Exploring stigma related to abortion among International Students in Northern Cyprus"** başlıklı proje önerisi kurulumuzca online toplantıda değerlendirilmiş olup, etik olarak uygun bulunmuştur.

Y

Prof. Dr. Rüştü Onur
Yakın Doğu Üniversitesi
Bilimsel Araştırmalar Etik Kurulu Başkanı

Appendix C

Turnitin Similarity Report

THESIS

ORİJİNALLİK RAPORU

%23	%18	%11	%10
BENZERLİK ENDEKSİ	İNTERNET KAYNAKLARI	YAYINLAR	ÖĞRENCİ ÖDEVLERİ

BİRİNCİL KAYNAKLAR

1	Submitted to Yakın Doğu Üniversitesi Öğrenci Ödevi	%4
2	ir.jkuat.ac.ke İnternet Kaynağı	%2
3	docplayer.net İnternet Kaynağı	%2
4	ibisreproductivehealth.org İnternet Kaynağı	%1
5	hdl.handle.net İnternet Kaynağı	%1
6	ipas.org İnternet Kaynağı	%1
7	www.tandfonline.com İnternet Kaynağı	%1
8	Kate Cockrill, Leila Hessini. "Introduction: Bringing Abortion Stigma into Focus", Women & Health, 2014 Yayın	%1
	Submitted to European University of Lefke	
9	Öğrenci Ödevi	%1
10	www.ncbi.nlm.nih.gov İnternet Kaynağı	%1
11	Isaac Maddow-Zimet, Laura D. Lindberg, Kate Castle. "State-Level Variation in Abortion Stigma and Women and Men's Abortion	%1

9	Öğrenci Ödevi	%1
10	www.ncbi.nlm.nih.gov İnternet Kaynağı	%1
11	Isaac Maddow-Zimet, Laura D. Lindberg, Kate Castle. "State-Level Variation in Abortion Stigma and Women and Men's Abortion Underreporting in the USA", Population Research and Policy Review, 2021 Yayın	%1
12	abortionservicesx.blogspot.com İnternet Kaynağı	<%1
13	srh.bmj.com İnternet Kaynağı	<%1
14	docs.neu.edu.tr İnternet Kaynağı	<%1
15	dergi.neu.edu.tr İnternet Kaynağı	<%1
16	Submitted to Resurrection University Öğrenci Ödevi	<%1
17	oro.open.ac.uk İnternet Kaynağı	<%1
18	Corinne H. Rocca, Goleen Samari, Diana G. Foster, Heather Gould, Katrina Kimport. "Emotions and decision rightness over five	<%1

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Yayın

19	Submitted to University of California, Los Angeles Öğrenci Ödevi	<%1
20	Submitted to Cyprus International University Öğrenci Ödevi	<%1
21	www.un.org İnternet Kaynağı	<%1
22	Marielle E. Meurice, Beatrice Otieno, Jenny J. Chang, Marlene Makenzius. "Stigma surrounding contraceptive use and abortion among secondary school teachers: A cross-sectional study in Western Kenya", Contraception: X, 2021 Yayın	<%1
23	Submitted to CSU, Dominguez Hills Öğrenci Ödevi	<%1
24	en.wikipedia.org İnternet Kaynağı	<%1
25	knowledgecommons.popcouncil.org İnternet Kaynağı	<%1
26	Miranda Håkansson, Monica Oguttu, Kristina Gemzell-Danielsson, Marlene Makenzius.	<%1

	"Human rights versus societal norms: a mixed methods study among healthcare providers on social stigma related to adolescent abortion and contraceptive use in Kisumu, Kenya", BMJ Global Health, 2018 Yayın	
27	Submitted to Boston University Öğrenci Ödevi	<%1
28	Marlene Makenzius, Grace McKinney, Monica Oguttu, Ulla Romild. "Stigma related to contraceptive use and abortion in Kenya: scale development and validation", Reproductive Health, 2019 Yayın	<%1
29	pubmed.ncbi.nlm.nih.gov İnternet Kaynağı	<%1
30	Submitted to Indiana University Öğrenci Ödevi	<%1
31	Submitted to Kaplan College Öğrenci Ödevi	<%1
32	acikbilim.yok.gov.tr İnternet Kaynağı	<%1
33	dergipark.org.tr İnternet Kaynağı	<%1
34	aphrc.org İnternet Kaynağı	<%1
35	"Oral/Free Communication Session Abstracts", International Journal of Gynecology & Obstetrics, 2018 Yayın	<%1
36	Submitted to International School of Phnom Penh Öğrenci Ödevi	<%1
37	Kristen M. Shellenberg, Leila Hessini, Brooke	<%1

35	"Oral/Free Communication Session Abstracts", International Journal of Gynecology & Obstetrics, 2018 Yayın	<%1
36	Submitted to International School of Phnom Penh Öğrenci Ödevi	<%1
37	Kristen M. Shellenberg, Leila Hessini, Brooke A. Levandowski. "Developing a Scale to Measure Stigmatizing Attitudes and Beliefs About Women Who Have Abortions: Results from Ghana and Zambia", Women & Health, 2014 Yayın	<%1
38	escholarship.org İnternet Kaynağı	<%1
39	Jane Mutegi, Mary Mugambi, Daniel Were, Abednego Musau et al. "Evaluating user-centered interventions in optimizing utilization of HIV and pregnancy prevention services among adolescent girls and young women (AGYW) in Kenya: a study protocol", Gates Open Research, 2021 Yayın	<%1
40	www.sid.ir İnternet Kaynağı	<%1
41	Submitted to University of Nottingham Öğrenci Ödevi	
		<%1
42	internationaljournalofcaringsciences.org İnternet Kaynağı	<%1
	tijoss.com	

40	www.sid.ir İnternet Kaynağı	<%1
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44	www.science.gov İnternet Kaynağı	<%1
45	adreamcatcher.jabir.a2hosted.com İnternet Kaynağı	<%1
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50	article.wn.com İnternet Kaynağı	<%1
51	creativecommons.org İnternet Kaynağı	<%1
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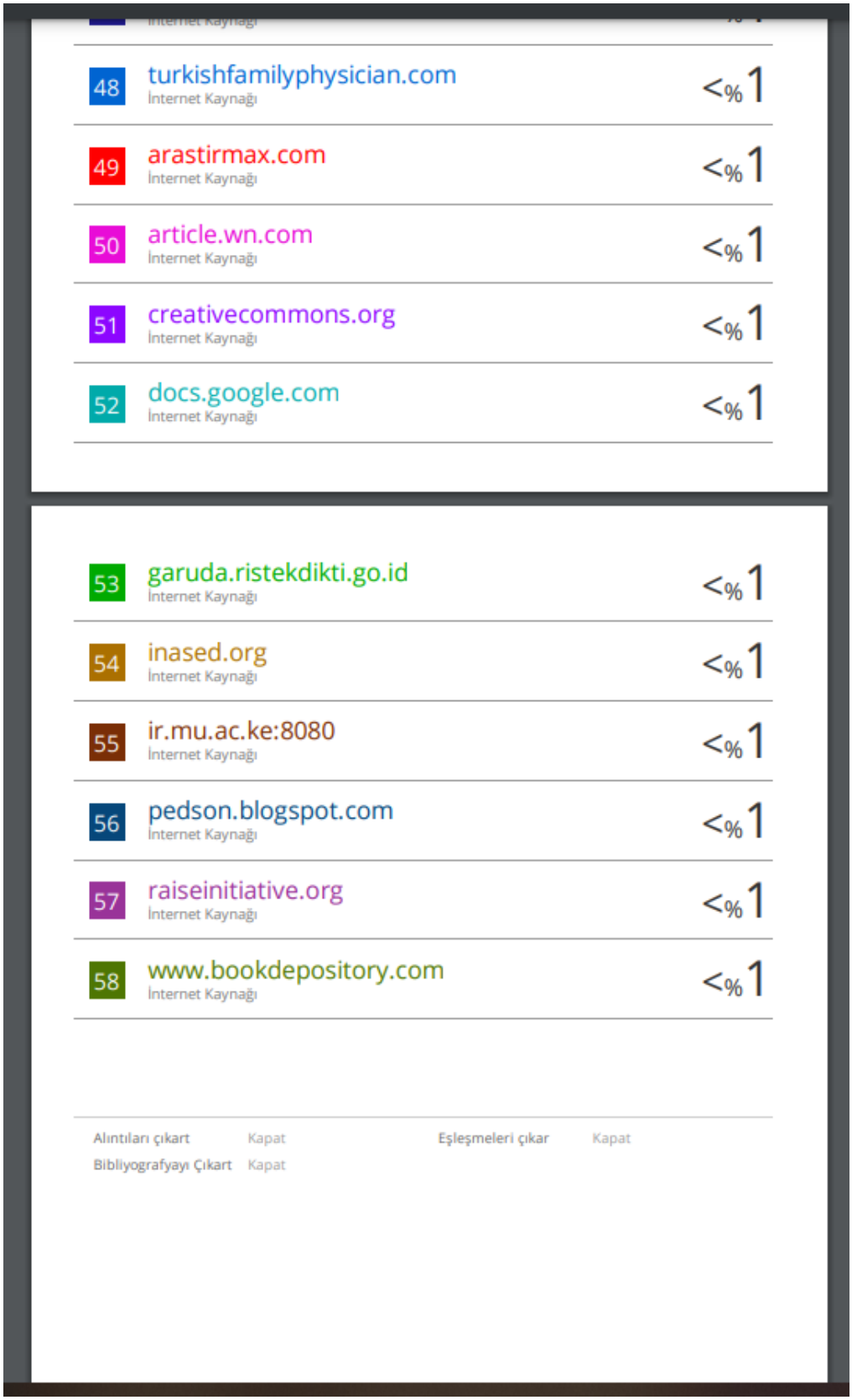
53	garuda.ristekdikti.go.id İnternet Kaynağı	<%1



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