



**NEAR EAST UNIVERSITY
INSTITUTE OF GRADUATE STUDIES
DEPARTMENT OF NURSING**

**ATTITUDES OF INTERNATIONAL STUDENTS IN
NORTHERN CYPRUS TOWARDS THE VOLUNTARY
INTERRUPTION OF PREGNANCY: A CROSS SECTIONAL STUDY**

M.Sc. THESIS

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Nicosia

July, 2023

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July, 2023

Approval

We certify that we have read the thesis submitted by Wase Njange Jenet titled “Attitudes of International Students in Northern Cyprus Towards the Voluntary Interruption of Pregnancy, a Cross Sectional Study” 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.

Wase Njange Jenet

03/07/2023

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Thank you.

Wase Njange Jenet

Abstract

Attitudes of International Students in Northern Cyprus Towards the Voluntary Interruption of Pregnancy: A Cross Sectional Study

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Supervisor, Assoc. Prof. Dr. Dilek SARP KAYA GÜDER

July, 2023, 66 pages

Purpose: The purpose of this study is to determine attitudes of international students regarding the voluntary interruption of pregnancy in Northern Cyprus.

Material and Method: This research study was done as descriptive and cross sectional study. The population of the research consists of international students studying at universities in Northern Cyprus. The sample of the research is 245 students between 7 February 2023 and 7 May 2023. The study data was collected using a web-based online survey by researcher. Data collection tools are the international student information form and the Abortion Attitudes Scale. In this study data was analysed as using descriptive statistics test, Independent sample t test, ANOVA and Tukey test.

Findings: Almost half of international students (51.8%) are female, most of them (35.1%) are 25-29 years old in this study. It was found that most of international women students (40.9%) did not get any pregnancy and abortions in this study. It was determined that approximately one out of every 3 international women students has a history of at least one abortion. Most of them (49.3%) had medical abortion and 6.9% had voluntary abortion. International students who take average 21,776±6,0 (min.1-mak.40) points from the Attitudes toward Abortion Scale in this study, have a moderate positive towards abortion. It was found that there is statistically significant difference between age group, religion, status of education, number of abortion and the Attitudes Toward Abortion Scale Scores ($p < 0,05$).

Conclusion: It is recommended that international students display a more positive attitude towards people's abortion decision within the framework of legal limitations by developing awareness programs on medical and voluntary abortion at universities.

Key Words: Abortion, Attitude, Student, Pregnancy.

Summary

Kuzey Kıbrıs'ta Uluslararası Öğrencilerin Gebeliğin Gönüllü Sonlandırmasına Karşı Tutumları: Kesitsel Bir Çalışma

Wase Njange Jenet

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Amaç: Bu çalışmanın amacı, uluslararası öğrencilerin Kuzey Kıbrıs'ta gebeliğin gönüllü olarak sonlandırılmasına ilişkin tutumlarını belirlemektir.

Gereç ve Yöntem: Bu araştırma çalışması tanımlayıcı ve kesitsel bir çalışma olarak yapılmıştır. Araştırmanın evrenini, Kuzey Kıbrıs'taki üniversitelerde öğrenim gören uluslararası öğrenciler oluşturmaktadır. Araştırmanın örnekleme 7 Şubat 2023 ile 7 Mayıs 2023 tarihleri arasında 245 öğrencidir. Araştırma verileri, araştırmacı tarafından web tabanlı çevrimiçi bir anket kullanılarak toplanmıştır. Veri toplama araçları, uluslararası öğrenci bilgi formu ve Kürtaj Tutumları Ölçeğidir. Bu çalışmada veriler, tanımlayıcı testler, bağımsız gruplarda t testi, ANOVA test ve Tukey testi kullanılarak analiz edilmiştir.

Bulgular: Bu çalışmada uluslararası öğrencilerin yaklaşık yarısı (%51,8) kadın, çoğu (%35,1) 25-29 yaş aralığındadır. Bu çalışmada uluslararası kadın öğrencilerin çoğunun (%40,9) gebelik ve kürtaj olmadığı saptanmıştır. Yaklaşık her 3 uluslararası kadın öğrenciden birinin en az bir kürtaj öyküsü olduğu belirlenmiştir. Çoğu (%49,3) tıbbi düşük ve %6,9'u isteyerek düşük yaptı. Bu çalışmada Kürtaja Yönelik Tutum Ölçeği'nden ortalama $21.776 \pm 6,0$ (min.1-mak.40) puan alan uluslararası öğrenciler kürtaja karşı orta düzeyde olumlu görüşe sahiptir. Yaş grubu, din, eğitim durumu, kürtaj sayısı ve Kürtaja Yönelik Tutum Ölçeği Puanları arasında istatistiksel olarak anlamlı fark bulunmuştur ($p < 0,05$).

Sonuç: Üniversitelerde tıbbi ve gönüllü kürtaj konusunda farkındalık programlarının geliştirilerek, uluslararası öğrencilerin insanların küretaj kararına karşı yasal sınırlılıklar çerçevesinde daha pozitif tutum sergilemesi önerilir.

Anahtar Kelimeler: Abortus, Gebelik, Tutum, Öğrenci.

Table of Contents

Approval.....	1
Declaration	2
Acknowledgements	3
Abstract	4
Summary	5
Table of Contents	6
List of Tables.....	8
List of Abbreviations.....	9

CHAPTER I

Introduction.....	10
Statement of the Problem	10
Purpose of the Study	13
Research Questions / Hypotheses	13
Significance of the Study	13
Limitations	14
Definition of Terms.....	15

CHAPTER II

Literature Review.....	16
Theoretical Framework	16
Related Research	28

CHAPTER III

Methodology.....	30
Research Design	30
Population & The Sample Group	30
Data Collection Tools/Materials	31
Data Collection Procedures	31
Data Analysis Plan.....	32
Ethical Considerations.....	32

CHAPTER IV

Findings	33
----------------	----

CHAPTER V

Discussion.....	42
-----------------	----

CHAPTER VI

Conclusion and Recommendations	49
--------------------------------------	----

Recommendations	50
-----------------------	----

Recommendations According to Findings.....	50
--	----

Recommendations for Further Research	51
--	----

REFERENCES	52
------------------	----

APPENDICES	60
------------------	----

List of Tables

	Page
Table 1. Distribution of international students according to socio-demographic characteristics	33
Table 2. Distribution of participants according to pregnancy and abortion status	35
Table 3. Participants' Attitudes Toward Abortion Scale Scores	36
Table 4. Comparison of Attitudes Toward Abortion Scale Scores According to Participants' Gender	36
Table 5. Comparison of Attitudes Toward Abortion Scale Scores According to Participants' Age Group	37
Table 6. Comparison of Attitudes Toward Abortion Scale Scores According to Religion of the Participants	37
Table 7. Comparison of Attitudes Toward Abortion Scale Scores According to the marital status of the participants	38
Table 8. Comparison of Attitudes Toward Abortion Scale Scores according to socio-economic status of the participants	38
Table 9. Comparison of Attitudes Toward Abortion Scale Scores According to the Status of Education for Participants	39
Table 10. Comparison of Attitudes Toward Abortion Scale Scores According to the Number of Pregnancy of the Participants	39
Table 11. Comparison of Attitudes Toward Abortion Scale Scores According to the Number of Living Children of the Participants	40
Table 12. Comparison of Attitudes Toward Abortion Scale Scores According to Number of Abortions	40
Table 13. Comparison of Attitudes Toward Abortion Scale Scores According to Participants' Contraceptive Use	41

List of Abbreviations

TRNC:	Turkish Republic of North Cyprus
VIP:	Voluntary Interruption of Pregnancy
WHO:	World Health Organization
TMM:	Total Maternal Mortality
UN:	United Nations
UNFPA:	United Nations Population Fund
NIH:	National Institute of Health
BPAS:	British Pregnancy Advice Service
NIC:	Nursing Interventions Classification
CDC:	Centers for Disease Control and Prevention
STI:	Sexually Transmitted Infections
ANOVA:	Analysis of Variance
NEU:	Near East University

CHAPTER I

Introduction

In this chapter, a general overview of the research will be presented, including the main problem, the aims as well importance of the research.

1.1. Statement of the Problem

Voluntary Interruption of Pregnancy (VIP) is one of most frequent and important public health issue in the world (Facciola et al., 2018; Senso et al., 2022). VIP has been a contentious topic. Women should be able to freely decide on the initiation and termination of their pregnancy (Ferreira et al., 2015; Senso et al., 2022). World Health Organization (WHO) stated that the proportion of unintended pregnancies that result in induced abortions is 61%, whereas the proportion of unsafe abortions is 45% and most are in developing countries (WHO, 2021). Unsafe abortion can lead to physical, mental, social and financial problems. Therefore, abortion care should be access to safe, timely, affordable and respectful each woman. VIP should be a legal human right in the World (Bearak J. et al., 2020; WHO, 2021). WHO recommended that in the first 12 weeks of pregnancy, VIP may be recommended without a medical reason.

According to the Turkish Penal Code, VIP is legal until the 10th week of gestation. Although VIP is considered a right today, there is a deliberate restriction on access to VIP. It has been shown that the countries that have low abortion rates typically had liberal abortion laws and also provided safe abortion services easily to women (Yanikkerem et al, 2018). Abortion services are not provided in public hospitals in Northern Cyprus. And this services are very expensive in clinical or private hospitals, abortion is very expensive (Külahçı & Gürler, 2021). Family planning services in private and public hospitals in Northern Cyprus are also not sufficient (Sarpkaya Güder, 2021). Given the high number of international students in North Cyprus (YOBIS, 2022), there are equivalently a greater proportion of students at risk of unintended pregnancies, VIP and unsafe abortion: due to the inadequacy of these health services.

Various studies have been carried out to determine the factors related to VIP (Facciola et al., 2018; Ferreira et al., 2015; Hegarty, K., 2020; Senso et al., 2022,

Sudhinaraset, M., et al., 2022; Vilda, D., et al 2021). In Facciola et al.'s (2018) study, it was found that younger, unmarried women with low levels of education had greater rates of VIP in cases where a diagnosis of fetal malformation was not the main reason to undergo a VIP. According to Sudhinaraset, M., et al.'s (2021) study, it was identified that stigma played a very big role in the prevention usage of VIP rights amongst Kenyan women. Another study by Senso et al., (2022) found that as women grew older, the number of VIPs undergone increases. Among the younger Spanish population investigated in this study (19 or younger), 12% of them had undergone VIPs; this figure was 5% higher for foreign women.

Vilda et al's 2021 research, investigated the effects that state issued laws on abortion had on the rate of Total Maternal Mortality (TMM). The results found that there was an increased level of TMM in the states where the policies restricted abortion. This gave an overview on the effects on maternal health when attitudes, on a state level, are negative towards abortion.

Women have been entitled to plan their personal lives, and as part of that right, they should really have access to proper knowledge, reliable birth control techniques and abortion rights, with all of the associated assurances of high-quality, secrecy, and security (Senso et al., 2022). It may reduce the rates of VIP since there will be a greater percentage of individuals using contraception and getting involved in family planning programs (Facciola et al., 2018). In nations where family planning or reproductive and sexual services are not properly utilized, an unintended pregnancy termination may present an opportunity to offer teenagers the proper counseling to prevent future pregnancies (Kokanali, D., et al. (2019). In many nations around the world, there is still a need for education about contraceptive methods (Guttmacher Institute, 2016).

Attitudes towards VIP vary from person to person, regarding their moral acceptance and whether or not they should be legal. Examples of these attitudes vary from political, religious and personal ideals. There are some attitudes about VIP: pro-choice, pro-life, moderate or conditional, personal circumstances etc. People that are pro-choice believe that whatever a woman chooses to do with her body should not be regulated by anyone other than the woman herself, such as undergoing a VIP. A pro-choice attitude advocates for comprehensive sexual education, contraception alternatives, and easily available healthcare facilities. They contend that women's reproductive rights, bodily autonomy, and general health require access to safe and

legal abortions (Cohen et al., 2021).

The pro-life attitudes are held by people who believe once a woman has conceived a child, then at that stage the human life has begun – meaning abortion is thus not moral acceptable. With risk of maternal mortality being an exception they often are willing to make. Pro-life advocates frequently believe that the fetus has the same rights as any other human being, including the right to life (Condic, 2018). People who hold nuanced views towards VIP don't fit squarely in positive or negative. These attitudes tend to be comprised of a range of factors. They may support various limits or laws, such as those relating to gestational age, counseling requirements, waiting periods, or parental approval for minors, while still believing that abortion should usually be permitted and accessible (Rye & Underhill, 2020).

Personal experiences and circumstances have a significant impact on opinions and attitudes towards VIP, too. Women who have experienced difficult pregnancies, medical issues, or traumatic events have attitudes that are affected by their personal experience. When women express their opinions towards VIP through digital storytelling platforms such as through Twitter it is a mechanism promoting the reproductive health of women and an important aspect of advocacy (Michie et al., 2018).

A caregiver who is nursing a woman who wishes to abort is responsible for informing, clarifying, and advising her on the various alternatives, irrespective of how they feel about abortion (Sudhinaraset, M., et al., 2022). Nurses have a lot of roles and responsibilities on caring and administering of abortion. These roles are leadership, guidance, and educational (Carson A., et al. 2022). Nurses stand to be the primary care giver and provide counseling, resources for educational purposes regarding pregnancy options and post-abortion care and all the necessary check-ups. This include post-abortion counseling as well as contraceptive counseling. The responsibilities of nurses also involve a high sense of emotional labor in an attempt to improve the experience of patients (Jia-lu Qian, et al., 2021). This is similar to (Yang. et al., 2016) study, which found that nurses may have been required to conceal emotions, experience mental unease in order to care for their patients.

There are not enough studies about attitudes of VIP and abortion (Amadi, 2022; Yanikkerem et al., 2018). Some studies indicated that family functionality, self-esteem, marital satisfaction, social support, employed status, laws can influence positive or negative attitudes towards VIPs (Facciona et al., 2018; Ferreira, et al.,

2015). In addition to determining the attitudes about VIP, it is also important to determine the factors that affect the attitudes.

1.2. Purpose of the Study

This study aims to determine attitudes of international students regarding the voluntary interruption of pregnancy in Northern Cyprus.

1.3 Research Questions

1. What is the level of attitude regarding voluntary interruption of pregnancy among international students in Northern Cyprus?
2. Is there a significant relationship between sociodemographic and some obstetric characteristics and the attitude regarding the Voluntary Interruption of pregnancy among international students in Northern Cyprus?

1.4 Significance of the Study

There are not enough studies about student perception of VIP in Northern Cyprus. It can be fairly assumed that with most foreigners that come to the island as students, their primary priority would lie in obtaining an education and a degree. This leads to the idea that there is a severe lack of family planning education and counseling amongst a young student populous, most of whom do not have a guardian or parent in their immediate proximity to provide such counseling. Knowledge of their attitudes on VIP can inform the development of supportive policies and services that meet their specific needs while ensuring their reproductive rights are respected and protected. Research on international students' attitudes towards VIP contributes to knowledge base on cross-cultural, cross-national and cross-religious variations in reproductive health beliefs and practices. Future studies, policy discussions, and case-study's on Northern Cyprus, aiming at enhancing foreign students' access to healthcare, support services, and sexual education can benefit from the findings of this research.

It is essential to create a study entailing how all of these challenges can be envisioned, analysed and discussed to hopefully improve the situations of young women and men in relation to pregnancies and family planning. The results of which

can develop contraceptive health services in Universities, but also improve the attitudes of students in the way they develop their sexual relationships at sexual health. It can raise awareness to provide international students with ease of access to VIP services, as well as counselling about how best to avoid the risk associated with unintended pregnancies and unsafe abortions.

Significance of this study for nurses are that they will learn about the attitudes of international students towards VIP and will help change negative attitudes. And, nurses can identify risky groups and plan health education and family planning services. Nurses would benefit from this research as it would explain the varying attitudes of people towards VIP. Understanding the attitudes of individuals towards VIP would thereby allow nurses to provide patient-centred care which would respect the differing values, beliefs, and customs of the women they are treating. This study would help Nurses in NC understand the benefit of adopting a non-judgmental and empathetic approach when caring for patients seeking or considering VIP.

1.5 Limitations of the Study

Due to the nature of study under investigation, the women being interviewed may not necessarily be willing to provide accurate data regarding their sexual activity and or the abortion due to the stigma related with sex and abortion. Another limitation may be that since the forms were filled online. This data collection way may not have been filled in because of technical problems or because there is no google form link. Furthermore, the online forms have a lower response rate, as it is much simpler to ask people one on one to fill in the forms and within specified time frame, whereas with an online link people may be reluctant to fill in the form and be unable to be encouraged, with reminders or gestures of urgency to fill the form quickly. It is considered as an important research limitation in the subject of the study. Men may not have participated, thinking that the attitude towards VIP is not directly related to them. Among the female students, those who had a VIP may not have participated due to abortion stigma. All these may have caused the insufficient size of samples to be reached.

1.6 Definition of Terms

Voluntary Interruption of Pregnancy: "Voluntary Interruption of Pregnancy" (VIP), is a medical procedure performed by a trained healthcare provider using a recommended method that is appropriate for the gestational age to terminate a pregnancy at the request of the pregnant woman (WHO, 2019).

Attitudes: A fixed style of thinking or feeling about anything is what the Oxford Dictionary refers to as an attitude (Oxford, 2023). According to Cambridge University Press & Assessment, attitude is defined as a sentiment or viewpoint, particularly when it manifests itself in conduct (Cambridge, 2023).

Abortion: The National Health Service describes abortion as a method of terminating a pregnancy that can be done either by medication or surgery (National Health Service, 2020). Abortion, according to Encyclopedia Britannica, is the removal of a fetus from the uterus before it has reached the viable stage. An abortion can be intentionally inflicted, in which case it is sometimes referred to as an induced abortion, or it might happen spontaneously, in which case it is also known as a miscarriage (Encyclopedia Britannica, 2023).

International students: According to the Migration Data Portal, an international student is someone who is enrolled in higher education degree programs but is not a citizen of the country in which they are attending school (Migration Data Portal, 2023). This excludes refugees. According to World Education Services, an international student is someone who is enrolled in a higher education program in the United States but is not a citizen, permanent resident, or refugee of the country (WENR, 2009).

CHAPTER II

Literature Review

This research related conceptual definitions, descriptions and information related to the subject that already exists in the literature are given in this chapter.

2.1. Theoretical Framework

2.1.1. Unintended Pregnancy

In accordance with the description given by the CDC (2013), an unintended pregnancy is one that is either unwanted or unintended at the time of conception or mistimed. Finer & Zolna (2011), go on to explain that unintended pregnancies include both accidental pregnancies and pregnancies in which one or both of the partners involved wanted to get pregnant. The concept of unintended pregnancies is an important concern in reproductive health and the developmental use of contraceptives. Ranatunga & Jayaratne (2020), make an important note to the literature in expressing that in certain cases, women or couples may desire to become pregnant but it would happen suddenly or abruptly when they did not desire to fall pregnant. This would be more adequately defined as an unintended pregnancy. Whereas, the Guttmacher institute (2019), make awareness to the fact explaining the factors of what goes into a desire being made is not a very simple task. Therefore, unless the woman specifically intended to become pregnant at the time that she conceived, it may be considered an unintended pregnancy. Furthermore, the stimulation is also made in regards to occasions in which women or couples have no intentions to get pregnant at any given point in the future, but became pregnant nonetheless. This definition would also include couples who have had children born and desire no more children (Santelli et al., 2003).

Prevalence of Unintended Pregnancy.

Unintended pregnancy rates differ between countries and people. Access to contraception, education, financial level, cultural norms, and the availability of reproductive health care all have an impact. According to the WHO, globally, it is

estimated that around 44% of pregnancies are unintended and that unintended pregnancy rates are higher in developing regions compared to developed regions. Sub-Saharan Africa, had the greatest variation of unintended pregnancy rates, of 49 to 145 per 1000, followed by Latin America with 41 to 107 per 1000 women (WHO, 2022).

The Guttmacher Institute provides comprehensive data on unintended pregnancy also highlights demographic differences in the prevalence of unintended pregnancies. The data showed that the demographics which recorded the greatest rates of unintended pregnancy were poor, minorities who were between 18-24 years. In general, the proportion of unintended pregnancies, showed that young women aged 20-24 (81 per 1,000 women) & women with a high school diploma (73 per 1,000), had the highest unintended pregnancy rates (Guttmacher Institute, 2021).

An estimated 120 million pregnancies are recorded every year being either, unintended or simply just mistimed by the expecting couple, accounting for around 45%. Moreover, due to a variety of reasons such as differing culture and general health standard worldwide, this figure varies widely from country to country (UNFPA, 2022).

There is no national data in NC about the rates of unintended pregnancy whether among citizens of the Turkish Republic of North Cyprus (TRNC) (Asut et al., 2018).

Consequences of Unintended Pregnancy.

In the globe, unintended pregnancy frequently results in induced abortion and its associated difficulties, which are frequently brought on by a lack of abortion care facilities, especially in environments with limited resources (Ganatra et al., 2014).

Gharaee & Baradaran (2020) highlighted the consequences of unintended pregnancies on the mother and found that unintended pregnancies may pose complications to maternal health, in areas of health such as potentially increased gestational weight gain, a delay in the start of breastfeeding, as well as increasing the risk of urinary tract infections, gestational diabetes, vaginal bleeding and postpartum depression all of which could be negatively affected by unintended pregnancies (Gharaee & Baradaran, 2020).

In 2021, a study conducted in Eswatini categorized unintended pregnancy as being a cycle of unsafe sexual practices that stemmed from women resorting to transactional sexual practices. The study found that the children born from these pregnancies were vulnerable to being at significant risk of major health, social and

psychological consequences (Hultstrand et al., 2021). The children were at major risk of being abandoned by their mothers; having neither proper clothing, education nor enough food to eat, leading to severe malnutrition. The consequences that the children were susceptible to also included weak immune systems due to lack of medical immunization when they were young. All these risk factors eventually lead to much bigger consequences, in that the children of unintended pregnancies will have poor childhoods and thus be at risk of being vulnerable young adults that continue to make poor life decisions due to lack of adequate guidance and the long term effects will negatively impact their lives and the societies in which they live in (Hultstrand et al., 2021).

Unintended pregnancies may affect the mental health of women by a significant amount (Qiu et al., 2020). In this study, a meta-analysis was done to see in what ways a woman's mental health is affected by pregnancies. The results showed that unintended pregnancies increased the chances of developing postpartum depression (Qiu et al., 2020).

In a study, unintended pregnancies also have a big effect on the educational and career aspirations of students. Unintended pregnancies might interfere with a student's academic progress. It can be difficult to balance the obligations of parenthood with academic commitments and students may experience decreases in academic performance, which may cause students to put off finishing their education or take breaks from their studies (Maemeko, Nkengbeza & Chokomosi, 2018).

2.1.2. Abortion

Abortion is the broad term for the removal of an embryo or fetus before it develops into a mature stages of life (Stirrat, 1990). The National Institutes of Health (NIH) reported that about 30–40% of all pregnancies end in miscarriage. An induced abortion, or "induced miscarriage" to use a less common term, occurs when a pregnancy is ended intentionally (Bankole, Singh & Haas (1998). When done safely and under the supervision of medical professionals' abortion is a safe procedure and in many communities is considered an essential component of medical health for women (Grimes, 2006). For abortions, contemporary techniques employ medication or surgery (Zhang J, 2022). During the first and second trimesters of pregnancy, the medication mifepristone in conjunction with prostaglandin appears to be equally secure and efficient as surgery (Kapp, 2013).

Types of Abortion.

There are a variety of abortion methods accessible for those who choose to terminate a pregnancy willingly. Nonetheless, according to the British Pregnancy Advice Service, or British Pregnancy Advice Service (BPAS) for short, not all therapies are appropriate for all circumstances; they mainly rely on the number of weeks of pregnancy and the medical appropriateness of the specific condition being discussed (BPAS, 2020). According to BPAS, there are essentially two types of abortion techniques. The first is the oral medication, which is used to end the pregnancy, and the second is a surgical abortion, which entails a small surgical procedure. This is also known as an in-clinic abortion since it needs local anesthesia, drowsiness, or, in rare cases, total anesthesia. The pregnancy's gestational age is the primary determinant of which abortion method to choose (BPAS, 2020).

According to Guttmacher Institute and the World Health Organisation an abortion is categorized as safe if it is performed by a physician who is sufficiently trained and uses a safe procedure (WHO, 2020). Less-safe abortions only fulfill one of the two criteria, while least-safe abortions do not meet either (Guttmacher, 2019). Safe abortions according to WHO guidelines are described as follows:

Oral Medication

Misoprostol (Korlym, Mifeprex) and mifepristone are the two medications that must be taken orally in order to undergo a medical abortion (Guttmacher, 2019). The WHO guidelines state that though it is advisable to use together; it is safe for misoprostol to be administered alone with just minor side effects. Combination medication or misoprostol only, is an effective means of first-trimester abortion under the supervision of trained health care professionals (WHO, 2020). Misoprotol is also an effective means of management of un complication incomplete abortion, within the first trimester (WHO, 2019). Women increasingly use medication abortion methods as it is typically more available in highly restrictive jurisdictions, and it can be administered easily through oral means or by inserting in the vagina (Guttmacher, 2019). The WHO guidelines state that is advisable for women to seek professional medical care in cases of heavy bleeding after the procedure has occurred (WHO, 2019).

Vacuum Aspiration

Vacuum aspiration is a surgical method used for the termination of a pregnancy. It is a safe and commonly performed procedure for induced abortion. Vacuum

aspiration, is a surgical method used to remove the contents of the uterus during an induced abortion. It entails dilating the cervix and delicately removing the pregnant tissue from the uterus using a suction apparatus. It is one of the suggested procedures for a risk-free and successful induced abortion. (WHO, 2019). According to WHO guidelines, it can be performed up to 12 weeks of gestation, and it is most safe used during the first-trimester of a pregnancy under the supervision of trained Nurses or Doctors. Furthermore, to treat incomplete abortions in the first trimester and other serious complications, WHO recommends vacuum aspiration (Guttmacher, 2019). Vacuum aspiration is an important procedure in resource-limited nations with packed facilities, because the procedure takes substantially less time compared to other methods such as use of Misoprostol (Guttmacher, 2019).

Dilation and Evacuation

Dilation and Evacuation (D&E) is a safe a surgical method of abortion used for the termination of a pregnancy. WHO guideline recommends it as a safe and effective means of abortion after the second trimester or post abortion care between 13 and 24 weeks gestation (WHO, 2019). The procedure of Dilatation and evacuation involves dilatation (widening) of the cervix and removal of the uterine contents. The WHO makes strict recommendations that the operation is performed in a hospital under sterile settings by highly trained personnel (WHO, 2019).

Prevalence of Abortion.

According to the World Health Organization, access to high-quality medical care, including full-service abortion treatment, is a crucial component of health care. WHO states that each year, from 121 million unintended pregnancies, 60% of them are terminated. This means that around 73 million induced abortions take place worldwide each year (WHO, 2021). According to WHO, unsafe abortions occur in 45% of all abortions, which becomes a health risk, a problem predominantly experienced in developing countries (97%). The rates of abortions among students in considered as a cause concern in many areas of the world. According to the American Civil Liberties Union, In the U.S, around 350,000 pregnancies occur amongst girls younger than 18 and 108500 of these are terminated. Sanni et al. (2022) discovered that of all the women who had ever become pregnant at a public university (18.8%), nearly four out of every five (81.1%) had an abortion, compared to all the women who

had ever gotten pregnant at a private institution (15.9%) (Sanni et al., 2022).

There is no readily available and accessible data on the incidence of abortion in TRNC (KKTC Devlet Planlama Örgütü, 2017). Another research (among 334) found that spontaneous abortion was experienced by 25.4% of women and curettage was performed on 27.5% of women in the Iskele Area in Northern Cyprus (Sarpkaya and Eroglu, 2011).

Consequences of Unsafe Abortion.

Unsafe abortion, is defined as “one that is performed either by an untrained person and/or in a setting that does not meet the bare minimum of medical requirements” by the WHO. Data has shown that by denying women availability of abortion services when they have experienced unintended pregnancy, they typically have no other options than to pursue unsafe methods of abortion (WHO, 2022). Laws that prevent access abortion are another factor that increases unsafe abortion (Hinson et al., 2022). Women who find themselves in these sorts of situations may settle for abortion in places with inadequate medical infrastructure or just simply doing it themselves. As a results the abortion may not be complete or the woman may experience medical complications such as sepsis, haemorrhage, organ damage and in more than 22 thousand cases every year, it leads to maternal mortality (Hinson et al., 2022).

According to the WHO in 2021, they found that the rate of maternal death which was due to unsafe abortion was 4.7–13.2%, making unsafe abortions a leading cause of maternal deaths. These cases are usually due to a lack of abortion care or in some cases, restrictive measures and policies that prevent women from accessing abortion care. As a result of this, the WHO also makes note of the following complications of unsafe abortion: (WHO, 2021)

- Injury from inserting harmful objects into the vagina or anus to the genital system and internal organs,
- incomplete abortion,
- haemorrhage,
- infection,
- uterine perforation

Of the women who survive the health issues associated with unsafe abortions, five million women will be left with long-term to permanent health problems as a

result. Thus, the problem of unsafe abortion is urgent (Guttmacher, 2018).

2.1.3 Voluntary Interruption of Pregnancy (VIP)

Voluntary interruption of pregnancy (VIP) is a common medical procedure that has become a concern for many people due to the legal implications that have been made associated with it (Facciola et al., 2018). Abortion and other medical procedures used to end a pregnancy after sperm and egg have fused are together known as VIP (Bentancor, 2016). The basic idea is that it allows a pregnant woman to end the pregnancy by expelling the baby or embryo from the uterus, which kills the fetus (Bentancor, 2016). The general conditions necessary for the approval of a VIP include firstly; explaining to the woman exactly what all her rights are, as well as providing all the relevant educational information, such as the medical implications and health care support that is altogether documented in the public sections of the Penal code under which their jurisdiction is subjected to. Secondly; that an adequate number of days have elapsed between, providing the information in the penal code and the performance of the procedure (Center for Reproductive Rights, 2018).

Prevalence of Voluntary Interruption of Pregnancy.

Globally the rates of VIP are 35 to 44 per 1000 women, with these figures differing from different regions. In Sub-Saharan Africa it is 29 to 38. In Asia it is around 40-50 women per 1000. While in Latin America, it is 25 to 41. Europe and North America have much lower rates of about 15 to 20 per 1000 women. (Guttmacher Institute, 2018). The CDC reported in that in the United States, there were a total of 620, 327 VIPs registered nationally (CDC, 2020). These statistics comes as a decrease of all the total registered VIPs in the year of 2019 of 629, 898. While the Guttmacher's institute reported a total of 930,160 VIPs registered globally in the year of 2020. This however, comes as an increase of 1.5% from 916,460 registered VIPs in the year of 2019, globally.

Attitudes towards Voluntary Interruption of Pregnancy.

Attitudes towards VIP vary from person to person, regarding their moral acceptance and whether or not they should be legal. Examples of these attitudes vary from political, religious and personal ideals. In this article we will investigate if

students believed that life began at conception or at birth, as well as whether or not they supported female reproductive rights.

These attitudes include:

Pro-Choice

People that are pro-choice no one other than a woman should have a say in what happens to a woman's body, such as undergoing a VIP. A pro-choice attitude advocates for comprehensive sexual education, contraception alternatives, and easily available healthcare facilities. They contend that women's reproductive rights, bodily autonomy, and general health require access to safe and legal abortions. An investigation aimed at finding understanding attitudes of medical students in University College London (UCL) found that a majority of students that had careers specialties where they may encounter abortion were more likely to be pro-choice (Cohen et al., 2021).

Pro-Life

The pro-life attitudes are held by people who believe once a woman has conceived a child, then at that stage the human life has begun – meaning abortion is thus not morally acceptable. With risk of maternal mortality being an exception they often are willing to make. They make an exception for cases in which the mother's life is at risk. Pro-life advocates frequently believe that the fetus has the same rights as any other human being, including the right to life. Pro-life advocates often present scientific reasoning for how life begins at conception (Condic, 2018) while others express consider religious and cultural beliefs to support their attitudes towards VIP (Klusendorf, 2019).

Moderate or Conditional

People who hold nuanced views towards VIP don't fit squarely in positive or negative. These attitudes tend to be comprised of a range of factors. They may support various limits or laws, such as those relating to gestational age, counseling requirements, waiting periods, or parental approval for minors, while still believing that abortion should usually be permitted and accessible. Rye and Underhill (2020) discuss how the attitudes of pro-choice and pro-life do not always define how people feel towards VIP. In their article they explain that people often seek a balance between protecting a woman's right to choose and recognizing the value of fetal life (Rye & Underhill, 2020).

Personal Circumstances

Personal experiences and circumstances have a significant impact on opinions and attitudes towards VIP. Women who have experienced difficult pregnancies, medical issues, or traumatic events have attitudes that are affected by their personal experience. When women express their opinions towards VIP through Digital storytelling platforms such as through Twitter it is a mechanism promoting the reproductive health of women and an important aspect of advocacy (Michie et al., 2018).

Legal Framework of Voluntary Interruption of Pregnancy.

The legal standing of abortion varies greatly across jurisdictions and has evolved over time. Abortion laws may vary from completely legalizing the procedure to strictly limiting it to outlawing it entirely. Abortion gestational restrictions vary by country and territory, with the majority allowing terminations up to 24 weeks for rape, incest, or socioeconomic reasons, and later if the fetus poses a danger to the mother's health or life (International Consortium for Medical Abortion, 2014).

An estimated 93% of women of reproductive age in Africa live in countries with restrictive abortion laws, with 10 out of the 54 African countries entirely not permitting abortion for any reasons. Even in countries where the law allows abortion under limited circumstances, it is likely that few women are able to obtain a safe, legal procedure (Singh et al., 2017). Furthermore, only 4 countries in the entire continent uphold relatively liberal laws in regards to abortion: Zambia only authorizes abortion for medical and socioeconomic reasons, while Cape Verde, South Africa, and Tunisia completely allow abortion for any reason, considering only gestational restrictions (Singh et al., 2017).

Religion, morality, ethics, practicality, and politics all contribute to why abortion remains divisive in many communities. Despite the situations of the country's law preventing legal access to abortion, abortion is still a common undergoing. The Center for Reproductive Rights published a study detailing the legal status of abortion across the world and the various restrictions or exemptions that apply. They displayed a globe map with an in-depth caption that color-coded nations according to the legal status of abortion there (Center for Reproductive Rights, 2022, 2022).

In some case where abortion may not be given unrestricted permission, and is also not fully banned and prohibited entirely, several different circumstances may appear (Center for Reproductive Rights, 2022).

- Law Explicitly includes mental health
- Spousal authorization required
- Sex-Selective abortion prohibited
- Permitted in case of rape
- Parental authorization/notification required
- For the preservation of a woman's physical health
- If incest was committed
- Situations involving fetal impairment
- Permitted on additional grounds
- In cases of a federal system; laws would vary depending upon the state

Abortions are permitted up to the ninth week of pregnancy in Northern Cyprus. After the 8th week, an abortion may still be performed by a doctor if specific conditions are met and after 12 weeks if there are any medical problems. The law also makes certain the situation in relation with married people, as well as minors explicitly. If the girl in question is not married and a high school senior or older; she may make the request on her own. If she is married, both she and her husband must submit a written request to the doctor. If she is underage, her parent or guardian must submit the request. If the abortion is necessary due to a life-threatening medical condition, a formal request is not necessary as long as two trustworthy, scientific conclusions are given by specialists in the field of the problems that are causing this necessity (Department of Regulations, Prime Minister of the TRNC, 2015).

2.1.4. Using of Contraceptive Methods

The rate of contraceptive use among students can vary significantly across countries and regions. Factors such as cultural norms, education, access to healthcare, and socioeconomic conditions influence contraceptive use. Globally, the WHO doesn't provide statistics for students directly; however, it provides estimates for females in reproductive age (15 – 49) with only 44% use modern contraceptives. (WHO, 2020). Deitch and Stark (2019) estimate that 23 million teenage girls in low and middle-income (LMI) countries lack access to contemporary contraception.

The most prevalent procedures that women in the age group of 15 to 49, reported to using were female sterilization (18.6%), the pill (12.6%), LARCs (10.3%), and male condoms (8.7%) (CDC, 2020). The Guttmacher found that in the United States, Condoms were the most popular primary coital technique (15%) among users between the ages of 15 and 44, with withdrawal coming in second (7%). Whereas condom usage was most prevalent (18–20%) among contraceptive users aged 20–34.

In a study by Amadi (2022) in regards to the implications of abortion stigma in Northern Cyprus, showed that 36% of international students were using condom.

2.1.5. Nursing and VIP

Healthcare workers, especially nurses and midwives, might have a significant impact on abortion treatment across the globe (Sutherland, Fontenot, & Fantasia, 2014) Scope of practice is a combination of educational requirements and legal mandates that establishes the parameters within which nurses and midwives may engage in their professional duties (Nursing & Midwifery Board of Australia, 2016). The scope of a nurse's or midwife's work depends on several factors, including the nature of the work environment, the practitioner's experience and comfort level, the population's health status, and the health care system's policies and procedures. More research is needed to understand the role of nurse/midwives in creating abortion care frameworks in order to improve practice and boost women's reproductive health (Singh, 2018). Their level of clinical expertise and the standard of care during abortion procedures may have a major impact on women's physical and mental well-being (Remez, et al., 2018).

The provision of abortion care is expanding within the realm of practice for nurses and midwives across the world. According to a recent analysis, nurses and midwives offer abortion care in many different settings, and those who are properly educated may do the procedure as safely as physicians (Mainey et al., 2020).

Several studies (Sheen et al., 2015; Teffo et al., 2018) have shown the high rates of emotional and secondary trauma, as well as professional burnout, among those who offer abortion care. There is reason for worry since these circumstances have been linked to subpar medical treatment (Ellis et al., 2016). In order to guarantee that the women have access to high-quality care during surgical abortions, it is necessary to

shed light on the perspectives of nurses and midwives who perform such services. There are a lot of role of nursing on VIP.

Counseling

In addition to prescribing pharmaceutical abortions, nurses increase community access to counselling, information about pregnancy alternatives, and post-abortion care in their roles as primary care providers (Carson et al., 2022). No of how they personally feel about the sort of loss, nurses must reach out and console those in need (Catlin, 2018).

Education

It is important that they women who are thinking about having an abortion emotional support, knowledge, and direction. Moreover, it is also important for nurses to provide information about the abortion procedure, associated dangers, available methods of contraception, and post-abortion care (Martin, 2023).

Pain Management

During the course of the VIP procedure, the appropriate analgesics must be administered, and as needed, ongoing pain management must be provided. Clinical nurses should give the management of pain during abortion the utmost attention and may utilize the study results to direct pain management practice in accordance with the provision of medications to ease physical discomforts during the VIP process (Qian et al., 2022).

Emotional support

This involves creating a secure, judgment-free environment, paying attention to people's worries, and providing compassionate care for their emotional needs. This may be through aiding them with feelings of mild to extreme anxiety. The interventions in cases where the woman and her partner are dealing with feelings of guilt, anxiety and depression, it is best to encourage the couple to allow themselves to grieve (Martin, 2023).

2.2. Related Research

A study on abortion stigma (Blodgett et al., 2018) identified a correlation between more supportive partners regarding contraceptive use and more negative attitudes toward abortion. From 2014 to 2019, researchers determined 16 studies on the stigmatization of abortion across three different populations: health care workers, abortion survivors, and college students (Yılmaz & Şahin, 2020). Community-level measures of abortion stigma in the United States indicated that blacks and Catholics had greater stigma than other racial and ethnic groups (Cutler et al., 2021).

In 2018, Facciola et al., conducted an important investigation into the risk factors for voluntary interruption of pregnancy, as well as the measures that the public health personal could do to lower these risks. This study found was conducted by analysing a sample of around 1131 women, who were between the ages of 16 and 50. They found that, in regards to the risk associated with VIP, a diagnosis of fetal malformation was a result of a VIP, in only 4% of the cases. Further investigation into these statistics found, in the remaining 96% of the cases, women who were younger, already had children, were unmarried, unemployed and had lower levels of education, there were significantly more VIP procedures being taken.

The study by (Amadi, 2022) determined that international students in Northern Cyprus, who had scores of 34.98 ± 14.16 points in the SABAS scale, had low levels of abortion stigma.

An investigation into the factors that are related to voluntary interruption of pregnancy in Spain was conducted by Senso et al., (2022). They conducted a cross-sectional study of the series of VIP procedures that occurred during 2018, and found 20 to 24 years old women underwent the most VIPs. They would also find that there was an increase in the chances of women having a second VIP as they got older. They found that these statistics were true for women who were Spanish as well as for foreign women, given that they lived in places with a population size of greater than 50 00 inhabitants and also given that their children were dependent, such as not living with their parents.

The results of Vilda et al.'s investigation of the impact of state-level abortion laws on maternal mortality rates were published in 2021. Their study compared state-level variations in laws banning abortion from 2015 to 2018 using statistics of total maternal mortality (TMM), maternal mortality (MM), and late maternal mortality

(LMM). Additionally, they found that states with a restriction on Medicaid coverage of abortion treatment had a 29% higher TMM, while states with a requirement for licensed physicians had a 51% higher TMM and a 35% higher MM. TMM increased by 7% in the states with higher abortion policy composite index scores. These findings eventually demonstrate that limiting state-level access to abortion services may raise the risk of overall maternal death.

A study was conducted in two University in Turkey, which the mean score of the nursing students' attitude towards voluntary induced abortion was 39.8 ± 7.9 (range: 17-58) (Yanikkerem et al., 2018).

Both Baba et al. (2020) and Subasinghe et al. (2019) supported the association between the status of nursing and views about abortion. They conducted a meta-analysis using 22 research from 15 different countries with 6072 people total. The large sample size would help in producing a very accurate research. In these studies, doctors, nurses, and nursing students from various semester levels were examined.

In Kenya, Loi et al., (2019) conducted a study on students to see in what ways social stigma could impact sexual reproductive decision making, thereby impacting the sexual health of women as well as their attitudes regarding reproductive health practices. It was found that religion played a major role in creating stigma towards abortion, this in turn maintained negative attitude towards abortion by instilling in young people that abortion is shameful sin, and solidifying it in the community because multiple people who thought it like prevalent.

According to Sudhinaraset, M., et al.'s (2021) study, it was identified that stigma played a very big role in the prevention usage of VIP rights amongst Kenyan women. And in same study found that having confidential social support interventions as well as providing more accurate information regarding abortions and VIP especially in the case of unintended pregnancy.

CHAPTER III

Methodology

Information on the study design, participants/sample, data collecting and analytic processes, as well as how the findings was analysed, is provided in this chapter.

3.1 Research Design

This research study was planned as descriptive and cross sectional study.

3.2 Population and Sample

The population of the research consists of international students studying at universities in Northern Cyprus. International students were chosen because there are a lot of international students in Universities of Northern Cyprus and these students are seen in the most at risky group for unsafe abortion and unintended pregnancies. There are a total of 23 universities in Northern Cyprus with a known official total number (50375) of international students in the 2021-2022 academic years (YOBIS, 2022).

It was determined that the size of sample who needed to be reached was 382 with 95% confidence interval and 5% sampling error from 50375 people in the research population. In this study, it was used simple random sampling technique from non-probability sampling methods. The sample size population was calculated according to the known situation. The size of sample of the study is 245 students between February, 7, 2023 and May, 7 2023. The sample size population was calculated according to the known situation. 64.2% of the determined sample number has been reached.

The details of the calculation of the number of samples are as follows;

Size of samples;

N: Number of people in the study population

n: Number of individuals to be sampled

p: Frequency of occurrence (probability of occurrence) of the event under investigation

q: Frequency of non-occurrence of the investigated event (probability of not occurring)

t: Theoretical value found according to the t table at a certain significance level

d: It is the sampling error accepted according to the incidence of the event.

$$n = \frac{N * t^2 * p * q}{(N - 1)d^2 + t^2 * p * q} \quad n = \frac{50375 * (1.96)^2 * 0.50 * 0.50}{(50374)(0.05)^2 + (1.96)^2 * 0.50 * 0.50} = 382$$

Criteria for sample group:

- To speak and understand English
- To be undergraduate and graduate students
- To willingly volunteer to participate in the study
- To be at least 18 years old
- To be third-country international students
- Male and female students with or without a VIP experience

3.3 Data Collection Tools and Procedures

The researcher used a web-based online survey form to collect the study's data between February, 7, 2023 and May, 7 2023. The online survey was made with google form, email addresses of the students as well as student groups on social media and WhatsApp was distributed the survey link. The respondents of the form reached indirectly were not spoken to, as they saw the link either on social media or by friends of friends sharing the link. Student e-mail addresses of some universities and phone numbers of class representatives for whatsapp groups were reached. Before the students began filling out the questionnaire, they were given instructions on how to respond, and sufficient time to complete the questionnaire. After completing the questionnaire and clicking "submit," their responses would be sent back to the Google form as "completed" automatically. The Abortion Attitudes Scale and the International Student Information Form are two tools for data collections in this study. It can fill out the form and the scale in about 5 minutes.

Independent variables of the research are sociodemographic and obstetric

characteristics. And, dependent variable of the research is the level of attitudes regarding voluntary interruption of pregnancy.

3.3.1. International Student Information Form

The student information form is made up of 14 individual questions that includes their age, gender, nationality, religion, university, level of education, marital status, perception of socio-economic status, number of pregnancy, number of living children, number of abortion, type of abortion, contraceptive use and methods. At the introduction of the form, brief information about the research was given for the participants (Appendix A).

3.3.2. Abortion Attitudes Scale

The Abortion Attitudes Scale (Taylor & Whitehead, 2014) uses a 10-item survey and a 4-point Likert scale to collect responses in order to gauge a person's attitude about abortion. Statements receive a 'Strongly Agree, Agree, Disagree, or Strongly Disagree' response. With questions 4, 5, 8, and 9 being reverse-scored, these are then rated from 1 (strongly agree) to 4 (strongly disagree). Higher scores, with a maximum potential score of 40, reflect less favourable opinions about abortion, whereas lower values, with a minimum possible score of 10, indicate favourable sentiments. The Cronbach's alpha value is 0.92 (Appendix B). The Cronbach's alpha coefficient calculated for the reliability of the participants' responses to the Attitudes Toward Abortion Scale was found to be 0.767 in this study.

3.4. Data Analysis Plan

Statistical Package for Social Sciences (SPSS) 26.0 software was used to analysed the data. The distribution of the participants according to their socio-demographic characteristics was determined by frequency analysis. Descriptive statistics were given for the participants' Attitudes Toward Abortion Scale Scores.

The normal distribution of the participants' Attitude Towards Abortion Scale scores was examined. Since the skewness and kurtosis values of the participants' Attitude Towards Abortion Scale scores were between ± 1.5 , it was determined that the

data fit the normal distribution. Since the data fit the normal distribution, parametric tests were used in the study. Independent sample t test was used if the independent variable consisted of two groups, and ANOVA was used if the independent variable consisted of more than two groups. Tukey test was applied as a post hoc test.

3.6 Ethical Considerations

The study was approved by the ethics committee of NEU* University on 26.01.2023 (IRB No. NEU/2023/110-1687) (Appendix C). The participations were informed about the aim of this study and then their written online informed consent was obtained.

CHAPTER IV

Findings

This chapter presents the findings based on the collected data of this study.

4.1. Findings for Sociodemographic Characteristics of the International Students

In this study found that 28.7% of the students are from Near East University, 20.4% of them are from Cyprus International University, 20.4% of them are from Lefke European University, 11.3% of them are from Eastern Mediterranean University, 10.0% of them are Girne American University and 9.2% of them are Final University.

Table 1.

Distribution of international students according to socio-demographic characteristics (n=245)

	n	%
Gender		
Female	127	51.84
Male	118	48.16
Age group		
24 age and below	66	26.94
25-29 age	86	35.10
30-34 age	54	22.04
35 and above	39	15.92
Nationality		
Cameroon	92	37.55
Nigeria	75	30.61
Zimbabwe	15	6.12
Ghana	12	4.90
Liberia	11	4.49
Congo	10	4.08
Senegal	7	2.86
Kenya	7	2.86
Mali	4	1.63
Others*	12	4.90
Religion		
Christian	158	64.49
Muslim	52	21.22
Others	35	14.29

Table 1 (Continue)**Marital status**

Single	170	69.39
Married	75	30.61
Perception of socio economic status		
Income lower than expense	59	24.08
Equivalent to income expense	127	51.84
Income higher than expense	59	24.08
Status of education		
Bachelor student	92	37.55
Master student	108	44.08
Doctorate student	45	18.37

*Chanian, Egyptian, Egyptian, Pakistan, Africa

In Table 1, the distribution of participants according to socio-demographic characteristics is given.

It is seen that 51.84% of the participants are female, 48.16% of the participants are male, 26.94% of the participants are 24 years old or below, 35.10% of the participants are between 25-29 years old, 22.04% of the participants are between 30-34 years old and 15.92% of the participants are 35 years old and above.

The nationality of 37.55% of the participants are from Cameroon, 30.61% of them are from Nigeria, 6.12% of them are from Zimbabwe, 4.90% of them are from Ghana, 4.49% of them are from Liberia, 4.08% of them are from Congo, 2.86% of them are from Senegal, 2.86% of them are from Kenya, 1.63% of them are from Mali, 4.90% of them are from other nationalities.

In this study, it was determined that 64.49% of international students are Christian, 21.22% of them are Muslim, 14.29% of them are from other religions. The marital status of the participants is 69.39% of them are single, 30.61% of them are married. 24.08% of the participants have income lower than expense, 51.84% of the participants have equivalent to income expense, 24.08% of the participants have income higher than expense. When it was examined the participant's education status, it can be see that 37.55% of them are at bachelor student, 44.08% of them are at master student, 18.37% of them are at doctorate student.

4.2. Findings for Some Obstetric Characteristics of the International Students

Table 2.

Distribution of participants according to pregnancy and abortion status

	n	%
Number of pregnancies (for women, n=127)		
0	52	40.94
1	22	17.33
2	27	21.26
3 and more	26	20.47
Number of living children (n=245)		
0	115	46.94
1	43	17.55
2	45	18.37
3	42	17.14
Number of abortion (for women, n=127)		
0	52	40.94
1	39	30.70
2	22	17.33
3 and more	14	11.03
Type of abortion (for women, n=75)		
Medical Abortion	37	49.34
Self-Induced Abortion	19	25.33
Voluntary Abortion	19	25.33
Using contraceptive methods (n=245)		
Yes	228	93.06
No	17	6.94
Contraceptive methods (n=228)		
Condoms	144	63.15
Contraceptive Pill	66	28.95
Withdrawal	12	5.26
Condoms and Contraceptive Pill	6	2.64

In Table 2, distribution of participants according to pregnancy and abortion status is given.

It is seen that 40.94% of the participant women did not get any pregnancy, 17.32% of them have one, 21.26% of them have two, 20.47% of them have three or more pregnancies. 46.94% of the participant do not have any living child, 17.55% of them have one, 18.37% of them have two and 17.14% of them have three living children.

When the abortion history of the participant women is examined, 40.94% of the women did not get any abortion, 30.70% of them have one abortion, 17.33% of them

have two abortions and 11.33% of them have three and more abortions. And it was determined that 49.34% of women with abortion had medical abortion, 7.76% of them had self-induced abortion, 6.94% of them had voluntary abortion. 93.06% of the participants are using contraceptive methods and 6.94% of the participants are not using any contraceptive method. 63.15% of the participants are using condoms, 28.95% of them use contraceptive pill, 5.26% of them use withdrawal, 2.64% of them use condoms and contraceptive pill as a contraceptive method.

4.3. Findings for Research Question I

Table 3.

Participants' Attitudes Toward Abortion Scale Scores

	N	\bar{x}	sd	Min	Max
Attitudes Toward Abortion Scale	244	21.76	6.00	1	40

In Table 3, participants' Attitudes Toward Abortion Scale Scores is given.

It is seen that the participants take average $21,76 \pm 6$ points, minimum 1, maximum 40 points from Attitudes Toward Abortion Scale. According to this scale, higher scores indicate less positive attitudes to abortion. In this study, it is seen that the students have a moderately positive attitude towards abortion.

4.4. Findings for Research Question II

Table 4.

Comparison of Attitudes Toward Abortion Scale Scores According to Participants' Gender

	Gender	n	\bar{x}	sd	t	p
Attitudes Toward Abortion Scale	Female	127	21,85	5,81	0,174	0,862
	Male	118	21,72	5,89		

In Table 4 shows the results of correlations between the points of the participants taken from Attitudes Toward Abortion Scale and gender.

When table 5 examined, it was found that there is no statistically significant difference between gender and Attitudes Toward Abortion Scale Scores ($p > 0,05$). Male and female participants get similar points from Attitudes Toward Abortion Scale.

Table 5.

Comparison of Attitudes Toward Abortion Scale Scores According to Participants' Age Group

	Age group	n	\bar{x}	sd	Min	Max	F	p	Dif.
Attitudes Toward Abortion Scale	24 age and below (1)	66	21,47	5,08	10	37	2,888	0,036*	1-4
	25-29 age (2)	86	20,93	5,63	10	40			2-4
	30-34 age (3)	54	21,83	6,60	10	40			3-4
	35 and above (4)	39	24,15	5,93	11	38			

* $p < 0,05$

Table 5 shows the results of correlations between the points of the participants taken from Attitudes Toward Abortion Scale and age group. When table 6 examined, it was found that there is statistically significant difference between age group and Attitudes Toward Abortion Scale Scores ($p < 0,05$). International students who are 35 years old and older, get higher points from Attitudes Toward Abortion Scale then the student who are 24 years old and below, the student who are between 25-29 years old and the student who are between 30-34 years old.

Table 6.

Comparison of Attitudes Toward Abortion Scale Scores According to Religion of the Participants

	Religion	n	\bar{x}	sd	Min	Max	F	p	Dif.
Attitudes Toward Abortion Scale	Christian (1)	158	20,93	5,84	10	40	7,634	0,001*	1-3
	Muslim (2)	52	22,21	5,32	10	33			2-3
	Others (3)	35	25,03	5,46	17	40			

* $p < 0,05$

In Table 6, the comparison points of the participants taken from Attitudes Toward Abortion Scale by religion is given.

When Table 6 examined, it was found that there is statistically significant difference between religion and Attitudes Toward Abortion Scale Scores ($p < 0,05$). Participants who are from other religions, get higher points from Attitudes Toward Abortion Scale than Muslim and Christian participant.

Table 7.

Comparison of Attitudes Toward Abortion Scale Scores According to the marital status of the participants

	Marital status	n	\bar{x}	sd	Min	Max	t	p
Attitudes Toward Abortion Scale	Single	170	21,80	7,33	10	40	0,425	0,671
	Married	75	22,25	5,33	10	38		

In Table 7, the comparison points of the participants taken from Attitudes Toward Abortion Scale by marital status is given.

When Table 7 examined, it was found that there is no statistically significant difference between marital status and Attitudes Toward Abortion Scale Scores ($p > 0,05$). Single and married participants get similar points from Attitudes Toward Abortion Scale.

Table 8.

Comparison of Attitudes Toward Abortion Scale Scores according to socio-economic status of the participants

	Perception of socio-economic status	n	\bar{x}	sd	Min	Max	F	p
Attitudes Toward Abortion Scale	Income lower than expense	59	22,24	5,75	10	37	1,877	0,155
	Equivalent to income expense	127	21,12	5,82	10	40		
	Income higher than expense	59	22,78	5,87	10	38		

In Table 8, the comparison the points of the participants taken from Attitudes Toward Abortion Scale by their socio-economic status is given.

When Table 8 examined, it was found that there is no statistically significant difference between socio-economic status and Attitudes Toward Abortion Scale Scores ($p > 0,05$). Participants who have income lower than expense, equivalent to

income expense and income higher than expense get similar points from Attitudes Toward Abortion Scale.

Table 9.

Comparison of Attitudes Toward Abortion Scale Scores According to the Status of nursing education for Participants

	Status of nursing education	n	\bar{x}	sd	Min	Max	F	p	Dif.
Attitudes Toward Abortion Scale	Bachelors (1)	92	21,17	5,66	10	40	5,945	0,003*	1-3
	Master (2)	108	21,20	5,27	10	34			2-3
	Doctorate (3)	45	24,44	6,81	10	40			

* $p < 0,05$

In Table 9 show that the results of correlations between the points of the participants taken from Attitudes Toward Abortion Scale and the status of nursing education.

When Table 9 examined, it was found that there is statistically significant difference between the participant's status of nursing education and Attitudes Toward Abortion Scale Scores ($p < 0,05$).

Participants who are at doctorate status, get higher points from Attitudes Toward Abortion Scale then participants who are at bachelor status and participants who are at master status.

Table 10.

Comparison of Attitudes Toward Abortion Scale Scores According to the Number of Pregnancy of the Participants

	Number of Pregnancies	n	\bar{x}	sd	Min	Max	F	p
Attitudes Toward Abortion Scale	0	52	21,77	6,16	10	40	0,096	0,962
	1	22	21,36	4,35	12	30		
	2	27	22,19	6,71	11	40		
	3 and more	26	22,08	5,42	10	36		

* $p < 0,05$

In Table 10, the comparison points of the participants taken from Attitudes Toward Abortion Scale by the number of pregnancy is given.

When Table 10 examined, it was found that there is no statistically significant difference between the women's number of pregnancy and Attitudes Toward Abortion

Scale Scores ($p>0,05$). Women who had no pregnancy, have one pregnancy, have two pregnancies and have three or more pregnancies get similar points from Attitudes Toward Abortion Scale.

Table 11.

Comparison of Attitudes Toward Abortion Scale Scores According to the Number of Living Children of the Participants

	Number of living children	n	\bar{x}	sd	Min	Max	F	p
Attitudes Toward Abortion Scale	0	115	21,23	5,58	10	40	0,728	0,536
	1	43	22,12	5,44	10	37		
	2	45	22,09	5,71	10	40		
	3	42	22,64	7,00	10	37		

In Table 11, the comparison points of the participants taken from Attitudes Toward Abortion Scale by the number of living children is given.

When table 11 examined, it was found that there is no statistically significant difference between the women's number of living children and Attitudes Toward Abortion Scale Scores ($p>0,05$). Women who had no child, have one child, have two children and have three children get similar points from Attitudes Toward Abortion Scale.

Table 12.

Comparison of Attitudes Toward Abortion Scale Scores According to Number of Abortions

	Number of abortion	n	x	sd	Min	Max	F	p	Dif.
Attitudes Toward Abortion Scale	0 (1)	52	20,03	5,15	10	32	5,465	0,001*	1-2
	1 (2)	39	22,17	5,55	10	34			1-3
	2 (3)	22	25,47	6,26	17	40			1-4
	3 (4)	14	23,00	4,42	14	33			

* $p<0,05$

In Table 12, the comparison points of the participants taken from Attitudes Toward Abortion Scale by the number of abortions is given.

When Table 12 examined, it was found that there is statistically significant difference between the women's number of abortions and Attitudes Toward Abortion Scale Scores ($p>0,05$). Women who did not have any abortion, get lower points from Attitudes Toward Abortion Scale, then women who have one abortion, two and three abortions.

Table 13.

Comparison of Attitudes Toward Abortion Scale Scores According to Participants' Contraceptive Use

		Using contraceptive methods	n	\bar{x}	sd	t	p
Attitudes Toward Abortion Scale	Yes		228	21,807	5,892	0,189	0,850
	No		17	21,529	5,161		

In Table 13, the comparison points of the participants taken from Attitudes Toward Abortion Scale by participants' contraceptive use is given.

When Table 13 examined, it was found that there is no statistically significant difference between participants' contraceptive use and Attitudes Toward Abortion Scale Scores ($p>0,05$). Participants who use contraceptive methods and participants who do not use contraceptive methods get similar points from Attitudes Toward Abortion Scale.

CHAPTER V

Discussion

This chapter presents the discussion on the characteristics findings of the international students, the level attitude toward abortion and the relationships between the scoring of attitudes toward abortion scale and socio-demographic and some obstetric characteristics findings in comparison to the studies in the literature.

In this study, it was determined that approximately one out of every 3 international women students has a history of at least one abortion. Most of them (49.3%) had medical abortion and 6.9% had voluntary abortion (Table 2). The women students seem to have had a decision for medical abortion in terms of their own health and health of the fetus. In Northern Cyprus, the units to which international students can apply for reproductive health services are limited. There is doubt as to whether these students receive safe abortion care for medical abortion. It is observed that the number of female students who terminated pregnancy voluntarily is low (Table 2). This may be related to the high number of students using contraceptive methods in the study. In this study, almost all of international students (93.0%) declared that they are using any contraceptive method (Table 2). The fact that the students mostly continue their education at the master's level (Table 1) may have delayed their fertility and used more contraceptive methods. It is understood from the results of this study that condom is most popular choice of contraceptive with 63.15% of the students using it. This is similar to the findings of the Guttmacher institute in 2021, which found the condom usage was most prevalent (18–20%) among contraceptive users aged 20–34. As a result of a similar study conducted in Northern Cyprus, it was found that showed that most of international students (36%) were using condom. Although the high frequency of condom use and the low frequency of withdrawal methods are important findings in the study (Table 2), it is noteworthy that the students did not report the use of modern contraceptive methods other than condoms and pills. Ensuring access for all people to their preferred contraceptive methods are important human right (WHO, 2020).

5.1. The Discussion on Level of Attitude Toward Abortion

In this study, it was determined that international students take average 21,776±6,0 (min.1-mak.40) points from the Attitudes toward Abortion Scale. Almost half of international students seem to have positive attitudes about abortion. A woman has a right to choose to have abortion when the mother's health is endangered or women has unintended pregnancy. On the other hand, it is noteworthy that almost half of students also have negative attitudes thoughts about abortion. Examples of negative attitudes include: the fetus is a living thing and has the right, if it all baby can be born with a defect. And, it should never be terminated voluntarily or involuntarily (Taylor & Whitehead, 2014). Although there is an ethical dilemma but, healthcare professionals need to increase women's positive attitudes towards abortion.

The study by Vongxay et al, 2020 found that among adolescents who had heard of abortion, most of them had negative attitudes towards abortion. The participants of Vongxay et al's., study were negative because they believed abortion to be a religious sin and related to female promiscuity. This attitude stemmed from the religious values that all life is precious even from conception (Vongaxay et al., 2020). In another study, by Munakampe et al. (2018), it was found that young women generally had negative views of abortion for themselves. This was because the communities that they lived in had high levels of stigma associated with becoming a mother before marriage and having an abortion. The levels of stigma in these communities were so high that family would inflict emotional and physical abuse on the women who would not only fall pregnant outside of wedlock but also for those who would have abortions. This would in turn lead to unsafe abortion practices and a negative social narrative would surround abortions with these negative attitudes being held by the communities and young women themselves. The results of these studies is also different from this study as the results expressed the presence of two different attitudes within one population of students. The reason for these differences may also be due to cultural differences.

Rodriguez-Calvo et al's study analysed students' attitudes and intentions towards VIP of medical, nursing and law students. The results of the study showed the students have positive attitudes as opposed to negative attitudes. From the total data sample, 66.5% of the respondents considered themselves to be pro-abortion: which

means they support abortion, while only 15.5% considered themselves to pro-life; which means they do not support abortion. The result of this study supports our study result.

Yanikkerem et al., (2018) conducted a study to evaluate Turkish nursing students' attitudes towards voluntary induced abortion. According to Yanikkerem et al., the students have positively their attitudes regarding abortions (Yanikkerem et al., 2018). The fact that the students included in this study are receiving health education may be the reason why they have a higher positive attitude compared to the results of this study.

A quantitative study was performed by Ferreira et al., 2015 to find the attitudes towards abortion of only the women who had ever at one point undergone a VIP. 40.6% of women was found a positive attitude towards VIP. Given this finding, the study emphasized how social policies that increase acceptance of and provide for abortion may have an impact on public opinion.

In a study taking a look at the decriminalization of abortion in Chile, Baba et al (2020) sought to investigate the attitudes of medical midwifery students towards different dynamics of abortion. The results of the study showed, 82% of all respondents stated that abortion may be a good thing in a particular scenario, with further 70% believing that abortion is a right.

Jozkowski et al. (2018) performed their study with special attention to the legislative powers of state governments in influencing opinions of abortion. They emphasized that people's attitudes towards abortion are heavily complex phenomena which is not always easy to fit into negative or positive, and sometimes fits into something in between the two of them. The study stated that though people who may consider themselves pro-choice, meaning having attitudes that positively support abortion, or pro-life, meaning having attitudes that negatively in support of abortion. The result of this study also supports our study finding.

The study by (Amadi, 2022) determined that international students in Northern Cyprus, who had low levels of abortion stigma. The fact that they have less negative attitudes towards abortion suggests that they have more positive attitudes towards VIP. This finding differs from our study and the reason for the difference may be the sociodemographic characteristics of the students.

5.2. The Discussion on Level of Attitude Toward Abortion and Socio-Demographic Characteristics

It was found that there is statistically significant difference between age group, religion, status of nursing education and the Attitudes Toward Abortion Scale Scores in this study (Table 5-6-9). And there is no statistically significant between gender, marital status, socio-economic status and the Attitudes Toward Abortion Scale Scores (Table 4-7-8). In this study, attitudes towards abortion increase as the education level and age increases positively. In Facciola et al.'s (2018) study, it was found that younger, unmarried women with low levels of education had greater rates of VIP in cases where a diagnosis of fetal malformation was not the main reason to undergo a VIP. Adolescent women may face more stigma about VIP, which may negatively affect their attitude towards VIP. Similar to this study, a systematic review study was found a relationship between education level and abortion decision among the adolescents (Munakampe et al., 2018). In another study, by Alvargonzález (2017), it was revealed that the factors most commonly associated with VIP are age, socio-economic factors, education level, subject of degree, eligiosity, political affiliation, and previous sexual experience. In this study a similarity can be deduced with Alvargonzález (2017), with regards to age, as age in is statistically significant with attitudes towards abortion. In Ferreira et al. (2015) it was seen that women who were older than 30 years are the most represented among women at least one abortion, and that 69.4% of them show a negative attitude towards Voluntary Interruption of Pregnancy; while 54.2% of women of less than or equal to age 29 years show a moderate attitude towards abortion. Another study by Senso et al., (2022) found that as women grew older, the number of VIPs undergone increases. Among the younger Spanish population investigated in this study (19 or younger), 12% of them had undergone VIPs; this figure was 5% higher for foreign women.

In this study we saw that participants who are from other religions, get higher points from Attitudes Toward Abortion Scale than Muslim and Christian participants'; showing that Christians are less accepting to abortion (Table 7). In Kenya, Loi et al. (2019) discovered that stigma against abortion was greatly influenced by religion, which in turn sustained this attitude because it was shared by many individuals. The investigation's findings were consistent with this study, as we can see from the mean score of 20.93 that Christians are the group least accepting of

abortion. According to Loi et al.'s (2019) findings, 89.9% of girls think that having an abortion is a sin, and 73.4% think that having an abortion causes dishonor to her family.

Crock's study (2007), conducted to see the attitudes towards VIP by Catholic students, the findings showed that female participants expressed less accepting attitudes of abortion than males. The study by Crock (2007) showed that among younger students extenuating circumstances appeared to be associated with more pro-choice response. According to Ba et al. (2023), their research found that VIP was more prevalent among women who met certain criteria, including limited formal education or primary education; married; living in an urban area and the amount of exposure to media. In this study, no statistically significant differences were found between the factors highlighted by Ba et al (2023) and attitudes towards abortion.

In Taylor and Whitehead's study, they found that people who were more religious had a less favorable attitude toward abortion than those who were less religious (Taylor & Whitehead, 2014). Higher means scores were seen for people with high socioeconomic perceptions of themselves. This indicates that people with high socio-economic status are the most accepting of VIP. Jones & Jerman (2017) found women with lower socioeconomic status were found to have higher abortion rates, and more positive attitudes towards abortion. This study finding differs from our study.

The study on abortion attitudes by Blodgett et al, (2018) identified a correlation between more supportive partners regarding more negative attitudes toward abortion. In this study it is seen by Table 8 that there is no statistically significant difference between marital status and Attitudes Toward Abortion Scale Scores ($p > 0,05$). This is not necessarily different from Blodgett et al's study, as it being give credence to the fact that people may be married yet may provide support to one another.

The study by (Amadi, 2022) was found that there is a statistically significant difference between the levels of abortion and gender among international students in Northern Cyprus. The finding of the Amadi's study is different from this study due to the sociocultural differences of the students.

5.3. The Discussion on Level of Attitude Toward Abortion and Some Obstetric Characteristics

In this study, it was determined that there is statistically significant difference between number of abortion and the Attitudes Toward Abortion Scale Scores and there is no statistically significant between number of pregnancy, number of living children, contraceptive use and the Attitudes Toward Abortion Scale Scores (Table 10-14).

According to Yanikkerem et al. (2018), the students, who had prior sexual experience, may have experienced an unexpected pregnancy, which may have positively impacted their attitudes regarding abortions.

In Holmlund et al.'s study (2016), found that there may be a relationship between a history of abortion and the ability to be pregnant in the future and thus reducing female accepting attitudes towards abortion. Hendriks et al., 2020 found that for sexually active males, more supportive attitudes towards abortion were reported by those whose female partners had used oral contraception at last sex or ever. The reason for this may be because adolescents' attitudes towards abortion appear to be influenced by their ability to personalise and contextualise the effect of a pregnancy. Associations between less-effective contraceptive use and reduced support for abortion may be explained by a diminished perceived risk of parenthood. These findings have indirect correlation with our study which showed no significant correlation with contraceptive use and attitudes.

Vongxay et al., 2020 found that more than half of respondents (62.1%) strongly agreed abortion can be fatal when performed in unsafe conditions. This reduced the attitudes towards abortion as it made the women believe that higher numbers of abortion is more dangerous for them. This correlated with our study.

Some studies indicated that family functionality, self-esteem, marital satisfaction, social support, employed status, laws can influence positive or negative attitudes towards VIPs (Facciola et al., 2018; Ferreira, et al., 2015). Various studies have been carried out to determine the factors related to VIP (Facciola et al., 2018; Ferreira et al., 2015; Hegarty, K., 2020; Senso et al., 2022, Sudhinaraset, M., et al., 2022; Vilda, D., et al 2021). According to research done in 2018 by Facciola et al., a VIP was occasionally discovered to be the cause of a prenatal abnormality diagnosis. According to the report, sex education programs for teenagers and the usage of contraception are essential for fostering safer VIP settings. Women who were single

and previously had children were observed to have much more VIP operations. This is because they had more positive attitudes towards abortion. In this study, it is seen that there is no statistically significant difference between the women's number of living children and Attitudes Toward Abortion Scale Scores (Table 11). Women who had no child, have one child, have two children and have three children get similar points from Attitudes Toward Abortion Scale. Meaning that this study and Facciola et al., (2018) are not similar.

The study by Senso et al. (2022) examined the variables that are associated with voluntarily terminating pregnancies in Spain. In terms of obstetric features, it was discovered that women's odds of experiencing a second VIP rose as they aged and if they had already given birth to one. Senso et al.'s study was indicated that they had a more favourable attitude about abortion if they had already had one. In this study it was seen that from a review of Table 13, it was found that there is statistically significant difference between the women's number of abortions and Attitudes Toward Abortion Scale Scores ($p>0,05$). Women who did not have any abortion, get lower points from Attitudes Toward Abortion Scale, then women who have one abortion, two and three abortions. This means that women with no abortions were more negative towards abortion. This means that this study and Senso et al's 2022 study have opposite findings.

In the study conducted by Sudhinaraset, M., et al. in 2021, it was shown that stigma had a significant impact on Kenyan women's decision not to use their VIP rights. Additionally, the same study discovered that having private social support interventions further provide more precise information about VIP and abortions, particularly in the event of unplanned pregnancy. Thus, the accessibility of contraceptives was crucial in fostering favourable attitudes toward abortion. In this study however, it was found that there is no statistically significant difference between participants' contraceptive use and Attitudes Toward Abortion Scale Scores ($p>0,05$) (Table 13). Participants who use contraceptive methods and participants who do not use contraceptive methods get similar points from Attitudes Toward Abortion Scale. This shows that the two study's findings are opposite and not similar. This may be because in this study, most of all the students used contraceptives that reducing the credence that contraceptive has since it mainly a common factor.

CHAPTER VI

Conclusion and Recommendations

This chapter presents conclusions based on the research findings according to the questions of the research and gives recommendations accordingly.

6.1. Conclusion

- It was found that almost half of international students (51.8%) are female, most of them (35.1%) are 25-29 years old, most of them (37.5%) are from Cameroon and most of them (66.8%) are Christian.
- It was determined that most of international students (69.3%) are single, almost half of them (51.8%) have medium social-economic status and most of them are master students.
- It was found that almost half of international student (46.9%) do not have any living children. And, most of international women students (40.9%) did not get any pregnancy and abortions in this study.
- It was determined that approximately one out of every 3 international women students has a history of at least one abortion. Most of them (49.3%) had medical abortion and 6.9% had voluntary abortion.
- In this study, almost all of international students (93.0%) declared that they are using any contraceptive method and the first three methods in order used by students using contraception method were condoms (63.1%), contraceptive pill (28.9%) and withdrawal (5.2%).
- It was found that international students take average $21,776 \pm 6,0$ (min.1-mak.40) points from the Attitudes toward Abortion Scale. This result show that international students have a moderate positive towards abortion.
- It was found that there is statistically significant difference between age group, religion, status of nursing education, number of abortion and the Attitudes Toward Abortion Scale Scores ($p < 0,05$).
- International students, who are 35 years old and older, get higher points from Attitudes Toward Abortion Scale then the students who are 24 years old and below, the students who are between 25-29 years old and the students who

are between 30-34 years old. And, international students who are at doctorate status get higher points from Attitudes Toward Abortion Scale than participants who are at bachelor student status and participants who are at master student status. International women students who did not have any abortion, get lower points from Attitudes Toward Abortion Scale, than women students who have one abortion, two and three abortions in this study.

- There is no statistically significant between gender, marital status, socio-economic status, number of pregnancy, number of living children, contraceptive use and the Attitudes Toward Abortion Scale Scores ($p>0,05$).

6.2. Recommendations

6.2.1. Recommendations According to Findings.

- This study recommends that that education of VIP and the subsequent results of undergoing the process be thoroughly explained to patients with VIP history
- It would be advisable to improve education and sexual health center in universities.
- Suggest improve family planning center in Northern Cyprus and free contraceptive method and more access such providing condoms in dorms and making abortion pills accessible using only state insurance.
- Considering this study had moderate Attitudes=not low so education, seminars can be held to reduce negative attitudes.
- This study also recommends organizing informative seminars about legal VIP and places to do.
- Considering students of lower education levels have less accepting levels of VIP, it is suggested that It is suggested that nurses and other abortion service providers can plan an awareness education about abortion for all students of education since first year.
- It was found that students 35 and older are more accepting of abortion, so it is recommended that the younger students get comprehensive counselling a family planning in first and second semester.

6.1.2. Recommendations for Further Research.

- This study recommends descriptive studies on the experiences of international students in health care facilities, to investigate if nurses and health care professionals conduct VIP processes in a safe and non-judgmental environment to ensure patients do not resort to unsafe procedures.
- This study suggests more sample size with research in attitude of students to abortion to increase the number of students and thereby increasing accuracy of the attitudes and qualitative studies among the student have medical abortion.
- It is suggested that qualitative descriptive studies are needed to determine the national prevalence of unintended pregnancy and abortion in Northern Cyprus, as there are no official studies on this.

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APPENDICES

Appendix A

INFORMED CONSENT FORM FOR STUDENTS

Dear Participant,

My name is Jenet Wase, I am a master student currently studying at Near East University in Northern Cyprus who developed interest to conduct a research on 'KNOWLEDGE AND ATTITUDE OF INTERNATIONAL STUDENTS REGARDING THE VOLUNTARY INTERRUPTION OF PREGNANCY IN NORTHERN CYPRUS, A CROSS SECTIONAL STUDY' under the supervision of my course advisor Associate Professor Dr. Dilek SARP KAYA GUDER. The purpose of this study is to determine knowledge and attitude of international students regarding the voluntary interruption of pregnancy 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 about 10 minutes. If you have any questions about the study, please feel free to contact [Jenet Wase e-mail: jenetwase123@gmail.com, Phone: 0538439889]. [Advisor: Assoc. Prof. Dr. Dilek Sarpkaya Güder, email: dilek.sarpkaya@neu.edu.tr]. The study was approved by the ethics committee of NEU* University on (IRB No. NEU/.....). Thank you very much for participation. Please check (X) in the box that corresponds to your response.

1. Gender

Male

Female

2. Age

.....

3. Nationality

.....

4. Religion

1. Christian

2. Muslim

3. Other

5. Marital Status:

1. Single

2. Married

3. Divorced

4. Other.....

6. Perception of socio economic status

1. Low

2. Medium

3. High

7. University

1. Near East University
2. Cyprus International University
3. Girne American University
4. Final University
5. Eastern Mediterranean University
6. European University of Lefke

8. Semester of education

1. Doctoral ()
2. Master ()
3. Bachelors ()

9. Number of Pregnancy (for women)

0. No
1. 1
2. 2
3. 3 and more

10. Number of Living Children

0. No
1. 1
2. 2
3. 3 and more

11. Number of Abortion (for women)

0. No
1. 1
2. 2
3. 3 and more

12. Type of Abortion (for women)

1. Voluntary abortion
2. Medical abortion
3. Self-induced abortion

13. Using contraceptive methods

1. Yes
2. No

14. Contraceptive methods

1. Male Condom
2. Female Condom
3. Contraceptive Pill
4. Other.....

Appendix B

Taylor & Whitehead Abortion Attitude Scale (2014)

The following are questions about your own attitudes and opinions regarding abortion. There are no right, or wrong answers and all answers are completely anonymous. Please indicate your level of agreement or disagreement with each statement.

1. Abortion is not acceptable under any circumstances. ()
2. Abortion is acceptable if the mother's health is endangered. ()
3. If a woman finds out her baby will be born with a defect, she has the right to abort the child. ()
4. The human foetus is a living being and therefore should be protected by law. ()
5. Abortion is murder. ()
6. A woman has a right to choose to have an abortion. ()
7. Parental consent should not be required for an abortion to be performed. ()
8. I believe abortion goes against all morals. ()
9. It is better to have the baby and put it up for adoption than an abortion. ()
10. Depending on the circumstances of conception, a female has the right to determine the best course for the life of her foetus. ()

Strongly agree = 1, Agree = 2, Disagree = 3, Strongly disagree = 4

Appendix D

Applying Letter of the Ethics Committee



NEAR EAST UNIVERSITY
SCIENTIFIC RESEARCH ETHICS COMMITTEE

RESEARCH PROJECT EVALUATION REPORT

Meeting date :26.01.2023
Meeting Number :2023/110
Project number :1687

The project entitled "Attitudes of International Students in Northern Cyprus Towards the Voluntary Interruption of Pregnancy, a Cross Sectional Study." (Project no: NEU/2023/110-1687) has been reviewed and approved by the Near East University Scientific Research Ethical Committee.

L. Çalt

Prof. Dr. Şanda Çalt
Near East University
Head of Scientific Research Ethics Committee

Committee Member	Decision	Meeting Attendance
	Approved (✓) / Rejected (X)	Attended (✓) / Not attended(X)
Prof. Dr. Tamer Yılmaz	✓	✓
Prof. Dr. Şahan Saygı	✓	✓
Prof. Dr. Mehmet Özmenoğlu	✓	✓
Prof. Dr. İlker Etikan	✓	✓
Doç. Dr. Mehtap Tınazlı	X	X
Doç. Dr. Nilüfer Galip Çelik	✓	✓
Doç. Dr. Dilek Sarpkaya Güder	✓	✓

Appendix E

Turnitin Similarity Report

Wase Jenet Tez

ORJİNALLIK RAPORU

% 15	% 14	% 4	% 7
BENZERLİK ENDEKSİ	İNTERNET KAYNAKLARI	YAYINLAR	ÖĞRENCİ ÖDEVLERİ

BİRİNCİL KAYNAKLAR

1	docs.neu.edu.tr İnternet Kaynağı	% 7
2	Submitted to Yakın Doğu Üniversitesi Öğrenci Ödevi	% 1
3	cyberleninka.org İnternet Kaynağı	% 1
4	www.researchgate.net İnternet Kaynağı	% 1
5	jpma.org.pk İnternet Kaynağı	<% 1
6	www.ncbi.nlm.nih.gov İnternet Kaynağı	<% 1
7	coek.info İnternet Kaynağı	<% 1
8	Ç. Yaman, V. Uluişik, G. Hergüner, A. Önal. "Examining the attitudes of physical education teachers towards special education (the handicapped)", Physical education of students, 2018 Yayın	<% 1
9	kongre.akademikiletisim.com İnternet Kaynağı	<% 1