Selective Abortion: The New Face of Eugenics

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Abstract
Improvements in gene technology promise the achievement of faultless human production through artificial insemination. New prenatal screening technology makes it possible to abort babies with disabilities or illnesses by identifying them in the mother’s womb. Certain legal amendments have paved the way for this practice. In many countries around the world, including Turkey, voluntary abortion is legal until a definite number of weeks. However, abortion could be allowed past the previous limit by extending the laws in the case of disability in a fetus. There is the idea that modern medicine is objective and that doctors make the best decisions. The public opinion that prenatal scanning tests give freedom to women, as well as the current public perception of aesthetics and ideal bodies, could influence women to abort babies with disabilities and support eugenics. The ethical and religious issues in opposition to eugenics and abortion would likely not prevent an increase in eugenic practices in future.

Keywords
Prenatal Scanning Test, Disabled Fetus, Abortion, Selective Abortion, Eugenics
History of Eugenic Policies

It was Francis Galton, cousin of Charles Darwin, who was struck with the idea to apply his theories on the evolution of animals to humans. In his 1869 book, *Hereditary Genius*, he investigated the genealogy of 300 families consisting of intelligent people throughout the history of England. He found that the intelligent features shown by these families—regardless of the impact of nurturing and their environment—pass down via genetics. He concluded that in order to ensure continuity, families should intermarry, and marriage with families of lower intelligence should be prevented. In 1883, Galton used the term “eugenics,” Greek for “innate” and “nobility in kin,” to define above mentioned families. He was elected the chair of the Eugenics Education Society, founded in 1907. The society supported the idea of creating a master race through the use of eugenics (Hall, 2002).

Eugenicists asserted that any problem emerging in the evolutionary process caused a disability, and that people with disabilities were the biggest obstacles in the generation of a master race. For them, it was not enough to marry women and men from the master race in order to pass on their genetics to their children; they should also be prevented from giving birth to children with flawed features. The eugenicists believed that when these two practices were conducted simultaneously, the number of “fit” people with superior qualities would increase, and “unfit” people who have undesirable qualities would be eliminated with the progress of time; thus, a superior human race would be generated.

Since the first days of the eugenic movement, many scientists, politicians, businessmen and artists supported it. This paved the way for eugenic practices to become a state policy in some countries. Despite having no legal basis, eugenic practices in the United States were legalized in 1899. In 1907, India instituted mandatory sterilization of people with mental disabilities, and 236 males with mental disabilities were sterilized by 1912.

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1 The 1926 (British) Eugenics Society in 1926, which was renamed the Galton Institute in 1989, published the *Eugenics Review* magazine in the years between 1909—1968.

2 In 1866, John Langdon Down attributed the syndrome, which today is referred to by his name, to the crossbreeding of the Mongolian race with the white races and called this “mongolism.” According to Down evolutionary theory that places non-white races at the lower levels of evolution conflated the terms “disability” and “lower race.” In the freak shows shown at the end of 19th century, people with disabilities and people from different races were seen as creatures who were half human, half animal (Baynton, 2013, p. 23).
In 1920, eugenicists began collecting information about families in Kansas to identify the ones that presented negative genetic characteristics (Kevles, 1999 p. 436). Margaret Sanger, an important representative of the birth control movement, suggested the implementation of legal birth control policies in addition to encouraging Anglo-Saxon American women to have children in order to prevent non-white immigrants and people with disabilities from breeding.

In 1919, an agreement was signed between the American Birth Control Movement and American Eugenics Society, and their lobbying activities began. Their policies on sterilizing people with disabilities, especially people with mental disabilities and epilepsy patients, were developed and supported. Propaganda posters featuring women with disabilities were produced with the aim of spreading birth control. As a result of these lobbying efforts, a new immigration law was enacted in 1924. Immigrants from Eastern and Southern Europe were barred from entry into the U.S., and immigrants from Northern Europe and U.K. were welcomed (Wellman, 2011, p. 218). Immigrants from Turkey were subjected to mandatory IQ testing; immigrants from Eastern and Southern Europe, who did not speak English and were not literate, were subjected to mandatory sterilization due to low scores in IQ tests (Kevles, 1999, p. 436). In the “Bell v. Buck” case of 1927, sterilization laws were enacted in many states. The Supreme Court had ruled that the sterilization of people with disabilities was legal. The law initially applied only to people with mental disabilities; then it began to include alcoholics, drug abusers, and individuals with non-traditional sexual inclinations. It has been estimated that almost 200 thousand people were subjected to mandatory sterilization between 1930 and 1970 in the U.S. (Kaelber, 2012).

In Sweden, one of the countries that supported eugenics research, eugenicists met under the “natural aristocracy” movement. They wanted the implementation of Mendel’s laws to improve the human race. Support for eugenics had spread rapidly, especially among right conservatives, and thousands of people were subjected to forced sterilization in the 1930s (Bjorgman & Widmalm, 2010, pp. 379-381).

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3 The case in which John Hendren demanded the sterilization of Carrie Buck by stating that Bell was “mentally retarded” became famous.

4 The law is still valid in 20 states.
The movement had a wide impact on the countries around Sweden. Anthropologists, doctors, and scientists in Germany adopted the practice of eugenics. This infrastructure of eugenics caused the implementation of eugenic sterilization laws, which was enforced after the Nazis came to power in 1933 with little to no opposition (Bjorgman & Widmalm, 2010, p. 380). The doctrines on eugenics and hygiene were even included in the syllabi of faculties of medicine.

In a law titled, “Preventing the Diseases Spreading Genetically,” people with mental disabilities, people with visual impairment, and anyone with a genetic disease in their family, were deemed to sully the German race. Furthermore, German women were prohibited from having an abortion except for eugenic reasons. Within the scope of the law, there were the decisions made to euthanize children with disabilities up to three years of age; they were taken from their families and killed in clinics via gas or lethal injection. One method used by some doctors to kill children with disabilities was to leave them hungry and deprive them of treatment, as these doctors believed that killing by partial injection or lethal injection was not ethical. To prevent families from asking questions about their dead children and from showing any opposition to these practices, they were told that their children died from a contagious disease and that they were burned in order to prevent the disease from spreading. Upon hearing these rumors, the Lutheran Church investigated the case of the dead children and entered a protest against the hospitals. It is estimated that 300 to 400 thousand Germans were subjected to mandatory sterilization between the years 1933 and 1939. In 1939, other psychiatric patients were included in the eugenics law and approximately 70 thousand patients in psychiatric clinics were killed in 1941. Children older than three years were subject to euthanasia laws that same year.

The Nazis also justified their eugenic practices for economic reasons. In 1935–36, there were questions in high school math courses asking students to calculate the cost of sheltering mentally retarded individuals in institutions (Hubbard, 1988, pp. 80-81). The goal was to impress upon children and youth the idea that people with mental and physical disabilities were worthless and an economic burden on society. Alexis Carrel, who won the Nobel Prize in
Physiology or Medicine in 1912, stated in his 1939 book that euthanasia and the creation of a master race was a humanistic endeavor and with economic benefits.

In his 1933 article “The Vital Importance of Eugenics,” Julian Huxley suggested mandatory sterilization for mentally retarded individuals who were unable to support themselves. Moreover, he stated that many mental disabilities are genetic, and that individuals who carry these diseases despite appearing normal should be sterilized. He wrote that, regretfully, this practice was not currently feasible due to current socioeconomic conditions.

In 1942, psychiatrist Foster Kennedy asserted that the children with mental disabilities older than 5 years were a burden for their families and for society, and that for this reason they should be killed (Hubbard, 1988, p. 80). “Nature” magazine, an important scientific publication of that period, promoted the idea that sterilization practices conducted by the Nazis on people with disabilities were a positive measure for protecting and developing the human race (Davis, 2013, p. 7). Eugenicists wanted to include in their mandatory sterilization practices not only people with disabilities but also the poor, arguing that they were all a burden to the state (Rogers & Bousingen, 1995).

In 1946–47, several Nazis were judged before the Nuremberg courts for crimes against humanity. However, they were not asked about mandatory sterilization, as the same policies were implemented in many countries in those years and were supported by the scientific community of the time. In an article published in 13 November 1945 Frankfurter Rundschau Gazette stated that mandatory sterilization was not also classified as a crime against humanity, because German people with disabilities were viewed as worthless. Professionals who participated in mandatory sterilization continued to work in institutions (Poore, 2007, p. 184).\footnote{In the Nuremberg trials, there were no euthanasia cases for the German people with disabilities; this issue was also not handled in the German courts. The penalties for these cases in the German courts were stricter during the period in which the allies occupied Germany. In a 1946 case, a doctor and a nurse who killed Germans with mental disabilities were hanged. In 1949, after the foundation of Federal Germany, the number of euthanasia cases regarding Germans with disabilities decreased and the penalties that were enforced before were dropped. For example, in 1947, the penalty of two doctors who were given the death penalty was delayed at first; however, in the mid-1950s, the doctors were released (Poore, 2007, p. 188). Germans with disabilities who were in institutions were subjected to ill treatment. Because of unequal distribution of resources, people with disabilities were not fed. It is estimated that approximately 20 thousand people with disabilities died because of insufficient nutrition or starvation in the years between 1945 and 1949 (Poore, 2007, p. 184).}
Eugenic practices continued until the end of the 1970s in many countries. In the case of Baby Doe in the mid-1980s, eugenicists’ attitudes towards children with disabilities continued in a different manner. In this case and similar cases, babies with disabilities were left to die by being deprived of treatment by their families or doctors.

**Prenatal Screening, Selective Abortion, and the New Eugenics**

With the increasing number of studies aimed at understanding human DNA, there is now the option of pre-determining a baby’s gender, physical features such as eye and skin color, and intelligence and abilities in a laboratory. Thanks to artificial insemination, preventing the birth of babies with disabilities through pre-determination has become possible.

Some scientists who work in the field of gene technology predict a return to eugenics. Robert Edwards, one of the scientists who helped develop artificial insemination, stated that improvements in medicine and genetics studies have made it possible to achieve a world in which the quality of children can be pre-determined. He asserted that it would be the biggest sin of families to knowingly give birth to a baby with a disability (Neumayer, 2005). James Watson, coordinator of the revolutionary human genome project and winner of the 1962 Nobel Prize in Physiology or Medicine, stated that the gene for defects in DNA can now be identified thanks to new research, and the society could be cleansed of such people in future (Mendelsohn, 2000). The bio-ethical argument in favor of these practices is that it is cruel and selfish to knowingly give birth to a baby with a fibroses diagnosis, who will almost certainly die when he or she is 40 years old, whereas a normal life span is 70 years in developed countries (Terzo, 2013).

The most widespread eugenic practice implemented in today’s world is the abortions that are decided through prenatal screening techniques. Since the ending of the 1980s, a dual test is being applied using ultrasound technology. 

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6 Linus Pauling, winner of the Nobel Prize in Chemistry, offered to define the gene characteristics of children, who would be given a symbol on their forehead at birth (Mendelsohn, 2010).
within 11 to 14 weeks of pregnancy. Next, triple and quad tests are implemented using the results of this dual test within 16 to 20 weeks of pregnancy. In the event that the test results show that there is a high risk for a baby to be born with a disability, amniocentesis is done for a chromosome analysis of the baby, in spite of the fact that this step will cause a miscarriage in one of the 200 or 400 cases. Amniocentesis, which is recommended only for pregnant women 40 years and older, is applied as a routine test for pregnant women in their 30s. As a result of these practices, Down syndrome, which was previously seen in one in 1,000 babies in 1972, has decreased in prevalence in today’s world (Star, 2008).

In modern societies, the influence of doctors regarding the decision to give birth or not seems to be increasing as compared with that of the mothers. This is mostly because a doctor is believed to provide objective suggestion based on scientific logic, whereas mothers are more moved by their emotional nature and may end up making a decision that may harm themselves and the fetus. However, some doctors object to giving birth to babies with disabilities (Faden et al., 1987). Part of the reason why many women who learn that they will have a baby with a disability have an abortion within the first three days after testing is that their doctor pressurizes them to make a fast decision by asserting that delay by each day increases the health risks of an abortion (Masden, 1992).

Research shows that most English families choose to terminate pregnancies with Down syndrome and Klinefelter syndrome-positive fetuses (Alberman, Mutton, & Ide, 1998, pp. 809-810). In the United Kingdom, 10 651 fetuses were diagnosed with Down syndrome between 1989 and 1997; 92% of these pregnancies were terminated via abortion, 1.9% were terminated by miscarriage, 1.5% were terminated by stillbirth, and 5% of babies died shortly after birth. One in four pregnancies past 23 weeks were terminated via abortion and 23% were terminated by miscarriage, stillbirth, or death shortly after birth. Furthermore,

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7 Dual tests, which are 80%–90% reliable, are widely employed in Turkey and do not give any information about the neural tube defect. The rate of the triple tests, with which the neural tube defect can be found and which is used to diagnose babies with Down syndrome, is 60%–65%. The rate of quad tests is 80%. For detailed information, please see http://www.bursakadindogum.org/index.php?sayfa=tarama-testleri

8 The American Association for Gynecologists asserts that all pregnant women should be examined for fetal Down syndrome regardless of age.

9 Some feminists assert that the decisions on pregnancy and birth are taken away from women and given to medical experts. For detailed information, please see (Masden, 1992).
9 out of 10 pregnancies diagnosed with spina bifida fetuses are terminated via abortion. Down’s Syndrome Association has stated that prenatal screening tests encourage abortion of Down syndrome fetuses and demanded that doctors give objective information to families regarding the decision to have an abortion (Star, 2008). Research shows that only women with strong religious convictions reject prenatal diagnosis or do not choose abortion after prenatal diagnosis (Will, 2005).

In recent years, studies have been conducted to determine whether a baby is will have a disability or not by investigating blood samples taken from the mother within the first three months of pregnancy. The most widespread of these methods is MaterniT21 testing, which is used to identify babies with Down syndrome by using blood samples from the mother within 11–13 weeks of pregnancy. It is estimated that approximately 150-200 thousand American pregnant women requested this test in 2013. As the margin of error in blood tests is 5%, some doctors persuaded the mother to make her decisions based on the results of amniocenteses after 15 weeks of pregnancy (Bindley, 2013). There may be an increase in future years in the number of abortions as a result of the predetermination of disabled fetuses in the early weeks of pregnancy.

While abortion was a medical procedure conducted under certain mandatory legal conditions in the 1960s, it came to be used as a birth control method in the 1970s. Today, following the improvements in prenatal screening tests in the 1990s, it has started to be used as a method of getting rid of babies with disabilities (Sharp & Earle, 2002, p. 140). While selective abortion is allowed up to 12 weeks of pregnancy in 56 countries, this time limit can often be extended up to the second half of pregnancy because of health conditions of the mother and disability or disease of the fetus (Çorbacıoğlu & Yüksel, 2012, p. 88).
U.K. is one of the countries where abortion is easily accessible. Thanks to laws enacted in 1967, there is no need to state a reason for terminating a pregnancy up to 24 weeks. After 24 weeks, abortion is allowed on the condition that there is a serious physical or mental disability, or other health problems present in the fetus. In such cases, the pregnancy terminated via an injection that causes the mother to have a stillbirth through labor induction.\textsuperscript{15} U.K., which had previously declined to do so, published its abortion statistics beginning in 2011 as a result of a lawsuit from an anti-abortion group. According to these statistics, 1189 out of 18 thousand abortions that were conducted because of disability between 2002 and 2010 were conducted after the 24 weeks of pregnancy. Furthermore, 144 out of 2307 abortions conducted because of disability in 2011 were conducted after 24 weeks of pregnancy, and 19 were conducted after 32 weeks (U.K. Parliament, 2013, p. 8). Ambiguities surrounding the term “severe disability” in the U.K. have caused certain abuses of the law (Will, 2005). The abortion of a 28-week-old fetus with cleft lip and palate in 2001 demonstrates how far modern eugenics can go. So-called “crippled” babies are being denied the opportunity to live and are being removed from society.

In recent years, despite opposition to the mass abortion of girls or people of various ethnic groups, the voices speaking out against the abortion of disabled fetuses are not sufficient.\textsuperscript{16} Women in the so-called “right to breed movement,” including members of many feminist groups, are pushing to make abortion legalized in all cases. Feminists believe that the fetus is a product of a woman’s body, and that women have the right to terminate a healthy or disabled fetus via abortion.\textsuperscript{17} A substantial number of feminists support prenatal screening, as it allows women to control their own fate (Saxton, 2000).\textsuperscript{18} Right conservative women, however, advocate against the societal pressure for women to abort

\textsuperscript{15} English disability rights activists oppose this article, as people without disabilities and people with disabilities are not deemed equal, which causes negative perceptions towards people with disabilities (BBC, 2003).

\textsuperscript{16} In recent years, feminist bio-ethics experts state that selective abortion for gender reasons should be distinguished from the abortion of disabled fetuses. For them, babies with disabilities make women feel pain. Furthermore, the time, money, and resources allocated for babies with disabilities are wasted. For more information on the views of feminist bio-ethics experts on this issue, see (Petchesky 1984; Scully, Baldwin-Ragaven, & Fitzpatrick, 2010).

\textsuperscript{17} Some women oppose this feminist argument, as they think that prenatal scanning techniques allow them to make a choice. However, these techniques close the door for other options, and these women assert that the process is turning into a quality-control method that is causing pressure to abort disabled or ill fetuses (Saxton, 2000).

\textsuperscript{18} Some writers criticize feminists as advocating for routine prenatal screening in a large age range (see Saxton, 2000).
disabled fetuses (Hubbard, 2013, p. 83). Moreover, many people who are opposed to abortion in general are in favor of aborting disabled fetuses. The increasing prevalence of prenatal screening demonstrates the extent to which the values of eugenics have unconsciously become part of our society (Kaplan, 1993). In the U.S., where debates on abortion are heated, eugenic abortion is largely protested only by religionists (Luker, 1984).

One of the justifications for selective abortion is the idea of terminating the pain that a baby with a disability will inevitably feel. Some pregnant women assert that they have abortion because they cannot bear to think of the pain that their baby would feel. For example, a 2013 article in the New York Times reported on a woman carrying twin fetuses, one male and one female, for 23 weeks. The male fetus had a disease of the diaphragm and would have had lifelong breathing problems. Therefore, the woman made the decision to have an abortion because she did not want to let her baby feel pain. She thought that it would be better to terminate his life via abortion and was ultimately satisfied with her decision (Stark, 2013).

The professionals in health sector who think in the same way assume that people with disabilities do not enjoy with their lives, but these professionals are not there to witness the good times in the lives of people with disabilities. Activists for people with disabilities assert that to dispel this misconception, health workers, biologists, and geneticists should observe and interact with people with disabilities in their everyday lives; this is the only way to get a clear picture of the quality of their lives (Society for the Protection of Unborn Children, 2014).

Today, some who defend eugenic abortion cite the cost–benefit analysis, which was used by eugenicists before. In line with this view, disability should be prevented because people with disabilities do not serve any function in society

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19 Activists for people with disabilities accuse those opposed to abortion as being two faced, because they do not support any policy aimed at improving of quality of life for people with disabilities and prevention of social isolation despite of being opposed to the abortion of disabled fetuses.

20 Paul A. Lombardo, based on the case of “Bell against Buck,” speaks of the impact of eugenicists on the American legal system and the process by which the sterilization of people with disabilities was legalized. One side of the debate believes that the freedom to choose whether to abort a disabled fetus should be left to the mother. On the other side, some argue that the state should decide in these matters. However, the act of supporting the freedom of the mother to choose implies the acceptance of the practice of abortions. Lombardo says that this situation is a “great dilemma” and that people with disabilities end up losing in both cases. For detailed information, please see (Lombardo, 2008).
(Hubbard, 1988). For those in favor of eugenics, giving birth to babies with disabilities leads to even more overconsumption of already insufficient national and global resources (Hubbard, 2013).

The reason why many Western women have selective abortions is that, white, highly educated, high-income women have access to information about prenatal screening and they can choose to have these tests. This situation is more prevalent in countries where the costs are covered by the state. In France, Down syndrome testing is available to all women regardless of age, and amniocenteses is available to women older than 38 since 1997. Within the scope of population policies implemented by the state, despite the situation in which the examination costs of pregnant women are covered by the Ministry of Health, these tests are generally chosen only by educated, high-income women. Women of lower socioeconomic status are unaware of these tests (Khoshnood, 2004, pp. 484-488). In countries where the cost of examination is not covered by the public budget, this expensive testing is only affordable for women from high-income groups. For example, the cost of these tests in the U.S. is $200 for women who have insurance and $2800 for women who do not; thus, poor women cannot undergo these tests.\(^{21}\)

Many American writers state that the poor conditions in which poor African-American and Hispanic women give birth, often resulting in babies becoming disabled from preventable causes, is a tragedy. These writers demand that the government cover the cost of prenatal screening and abortions of disabled fetuses, arguing that the cost would be lower than the public expenses of mothers giving birth to babies with disabilities and allowing them to live. They also want to contribute to world peace by utilizing the funds saved in the prevention of poverty and war (Heuman, 1990). Discussion of the costs resulting from allowing disabled fetuses to live also leads to discussion of issues surrounding the treatment and care expenses of elderly people and people with disabilities. The question becomes, “Is it economically beneficial to remove elderly people and people with disabilities who are not productive in society?” Many believe that the fetus is not a person yet and thus this situation should be evaluated from another angle.

\(^{21}\) Tests aiming to identify prenatal abnormalities garner attention as the field of genetics grows rapidly. In 2010, the market was worth 1.28 billion dollars and it is estimated that the market will reach 1.6 billion in 2017.
Negative eugenic attitudes and behaviors directed at people with disabilities continue after birth. The question often asked to doctors when a baby comes into the world is, “Is the baby normal?” What this really means is that “Is the baby disabled or not?” Research shows that while the first reaction of a mother who sees her baby is happiness and pride, her attitude and reaction changes when the spina bifida of the baby is shown to her. Sometimes she says that the baby is not hers as a result of shock (Furedi, 2001).

There is a widespread public belief that people with disabilities cannot gain pleasure from life, that they do not have a high quality of life, and that having a child with a disability is the worst tragedy that a family may experience in life. This situation causes domestic problems and leads to divorce, economical, and mental problems. Therefore, abortion of a disabled fetus is accepted as the appropriate attitude (Saxton, 1997).

In recent years, the number of “improper birth” lawsuits filed by families who have babies with disabilities against their doctors has increased. The American Association of People with Disabilities (AAPD) opposes these improper birth cases because they facilitate the spreading of negative stereotypes of people with disabilities and this does not comply with American Disabilities Act. As a result of campaign made by groups opposing abortion and by AAPD, abortion has been prohibited in Dakota in 2013 by showing current or potential genetic abnormality diagnosis as reason. This law is hailed by disability rights activists as an important step toward ending discrimination against people with disabilities from the time they are a fetus and throughout their lives (Chew, 2013). The American Civil Liberties Union, which has campaigned for access to abortion, opposes the prohibition of improper birth lawsuits because of the potential that doctors who are against abortion may lie to pregnant women about the results of their prenatal tests.

Bio-ethics culture concentrated on the treatment of babies with disabilities in the 1980s and also on prenatal examination in the 1990s. Many bio-ethics experts

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22 There may be some problems when we want to apply the concept of “normality” (a statistical term) in conjunction with medical terms such as “healthy,” “sick,” and “disabled.” (Asch, 1999, p. 1650). For example, the average height of people changes over time. Similarly, people who are accepted as normal and healthy in the past decades may be below average in health as per the contemporary standards; they may be considered disabled.
who participated in these discussions emphasized the importance of “being healthy,” evaluated “being disabled” as a defect which should be corrected, and believed that disabled babies should not live, as they believed that disabilities decrease quality of life. They asserted that the decision should not be made by families in order to decrease the pressure on them (Petersen, 2011, p. 16). Feminist bio-ethic experts opposed prenatal testing and abortion of disabled fetuses. Adrian Ash wrote that these misunderstandings were the result of an absence of social relations between geneticists and bio-ethics experts and people with disabilities (Asch, 2001). 23

Bio-ethics experts and geneticists chose radical methods for removing disabilities in the 2000s (Scully, 2008, p. 797). For example, Peter Singer, bio-ethics expert and active animal rights defender, opposes the care services given to babies with Down syndrome, spina bifida, and lower birth weight; he states that these babies are given more care than required and are not allowed to die. For Singer, allowing a baby with a disability who feels pain to die is no different from terminating the life of a disabled fetus via abortion (Hari, 2004). Bio-ethics expert Allen Buchanan opposes the birth of disabled fetuses, stating that the biotechnology, which has developed in recent years, presents the possibility of generating a superior and developed human race, and there will be various problems between the master human race and the so-called normal human race (Buchanan, 2009, p. 377).

It is estimated that the number of selective abortions may increase in developed countries as a result of the development of prenatal testing and the decrease in costs (Munsterhjelm, 2011, p. 179). Thus, it can be anticipated that there will be a decrease in the number of babies with disabilities who will be born in the future.

**Eugenics and Selective Abortion in Turkey**

Founders of the Republic of Turkey desired to found a young, strong, and dynamic state instead of the Ottoman Empire, which was referred as the “Sick man of Europe” in its last year. The founders tried to create national awareness

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23 Adrian Asch, who was visually impaired, died in 2013 at the age of 67.
by emphasizing the Turkish identity of this new state, and there were many studies aimed at determining the characteristics of the Turkish race. Scientists and politicians in Turkey were impressed by the eugenic policies that were widespread in Europe and the U.S. in the first year of the new Republic. Mazhar Osman organized a conference on eugenics in 1939, titled “Role of Heredity in Protecting the Race and the Ways to Protect Origin from Corruption.” Fahrettin Kerim Gökay emphasized the importance of having healthy children in order to prevent the corruption of the Turkish race (Öztan, 2006). On May 19, 1938, when Mustafa Kemal arrived in Samsun, the first “Commemoration of Atatürk Youth and Sports Day” was held with the theme of “a healthy mind in a healthy body.” This day was aimed at the youth, whose worth was defined in terms of both mental and physical health.

The decrease in the population of Turkey as a result of World War II and the War of Independence made it necessary to enact policies aimed at increasing the population. Under these new policies, abortion was prohibited in 1926 under the Criminal Code, numbered 765, Article 468 of the Crime of Intentional Miscarriage Act section. Women that terminated their pregnancy were punished with a prison sentence of 2–5 years.

This policy was changed under the Crimes against Unity and Health of Race policy of 1936. The goal in the 1950s was to increase the population. As a result of social and economic problems in the 1960s, the birth rate declined to 6.5%. The Law on Population Planning was enacted in 1965 and the policies enhancing population growth were left ignored. It became legal to import, distribute, and use contraceptives. Selective abortion became legal for the first time with the Law on Population Planning of 1983, and the term “miscarriage” was changed to “uterine evacuation.” Abortion was allowed within finite rules and on the condition that the abortion was performed within the first 10 weeks of pregnancy. The state gave freedom of choice to woman while protecting certain rights of the fetus (İşık, 2008). Article 5.2 of the law allowed eugenic abortion by allowing the performance of an abortion within additional weeks under the circumstance that a severe disability of the fetus was identified; this was deemed a “medical obligation.” Annex 2 stated that abortion be allowed within additional weeks
under the circumstance that a threat to the life of the mother or fetus were present. Threats considered legitimate included oligophrenia, schizophrenia, psychosis, manic depressive disorder, paranoia, and drug addiction or alcoholism. Also included were congenital defects such as Down syndrome.

There were different ways of interpreting Annex 2. Some doctors asserted that the list included diseases and disabilities of the mother, such as bladder exstrophy. This condition was included in the chapter covering congenital defects and was present in one in 30 thousand women, who required bladder exstrophy surgery. The presence of Down syndrome also included Down syndrome present in the mother and was considered a hereditary disease that presented a high risk of giving birth to a baby with an illness or disability—meaning that the disease or disability may pass from the mother or father to the baby (Çorbacıoğlu & Yüksel, 2012, pp. 88-89).

Some doctors believe that aborting a disabled or diseased fetus was the appropriate thing to do, as they believe that a baby with an illness or disability would be a socioeconomic burden to women, families, and the society (Çorbacıoğlu & Yüksel, 2012, p. 90).

Lawyers have various ideas on whether the term “severe disability” means a disability of the mother or of the fetus. On the basis of the abovementioned law, some lawyers assert that giving birth to a baby with a disability negatively affects the mental health of the mother, and therefore there is no problem with terminating such a pregnancy (Dönmez, 2007, p. 120). Other lawyers assert that Turkish Criminal Code Article 99.2 gives the right to doctors to abort a fetus without the consent of the mother because of the health conditions of the mother. This article can be misinterpreted to mean that doctors can terminate a pregnancy even if the mother wants to give birth to the baby. However, it is illegal, in fact, to perform an abortion under this circumstance; the law is complex and there is a need to clarify this article (Kiziroğlu, 2013, p. 81).

To perform an abortion in Turkey because of any of the reasons given in this list, it is mandatory to submit the final clinic and laboratory results to the Turkish

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24 It is stated that the list should be re-arranged because the list prepared in 1983 is based on the screening tests of that period, and that contemporary gene technology identifies more diseases in early periods. For detailed information, see (Çorbacıoğlu & Yüksel, 2012, p. 90).
Gynecology and Obstetrics Society Ethics and Law Committee, which makes decisions about late abortions. The committee states that it is beneficial to abort fetuses that have diseases that would be a detriment to the life of the mother, and to the family and society at large. It is required that the decision on abortion of fetuses that have diseases such as Down, Turner, or Klinefelter syndromes within 10–12 weeks of pregnancy should be made not only by a doctor but also by the committee, and that there should be the authorities from the fields of ethics, law, and psychology in the committee in addition to doctors. They agree that it is not appropriate to have an abortion after 22 weeks of pregnancy (Dölen, 2012a, 2012b, p. 77). The exclusion of individuals with disabilities from participation in the committee suggests that people with disabilities are not perceived by the committee as having the ability to make their own decisions.

It is predictable that people who oppose abortion because of religious convictions believe that religious authorities should have influence over these decisions. The reaction shown against fatwa of R.T. Presidency of Religious Affairs on not to abort disable babies show that religious sensitivity is ignored by public. Note that the writers who criticize the fatwa asserted that it could be the case that the disabled children may not want to be born given a choice, and that their families go through a trauma, similar to the cases in other countries. Whether there should a religious functionary in the council to discuss the abortion decision is a choice that can be left to the mother and family.

There are no reliable statistics in Turkey on the rate of abortions performed after the 10 weeks of pregnancy because of the diagnosis of a disability in the fetus. Research conducted in Antalya found that the abortion rate of 29% in women younger than 30 increases to 63.6% in the women between ages 40 and 49 (Yılmaz et al., 2010). This may be explained by a decrease in the willingness of women to have a baby at older ages or with the increase of health risks presented by a baby with a disability. One reason for using abortion as a birth control method may be a lack of sexual health education.

25 While the Orthodox and Catholic Churches oppose abortion, the Anglican Church allows it when the fetus is disabled. For detailed information, please see https://www.spuc.org.uk/youth/student_info_on_abortion/religion

26 See (Mengi, 2005).

27 It was seen in a research that 60 of women who have abortion use traditional birth control methods, 85% of them uses intrauterine devices and 44.7% undergo after-abortion family-planning education (Yilmaz et al., 2010, p. 159).
The first study done in Turkey examining the attitudes and behaviors towards abortion was done in 1975. It was found that 74% of women viewed abortion positively when a child is conceived out of wedlock, 71% viewed abortion positively when the health of the mother is in danger, 71% viewed abortion positively when there is a disability present in the fetus, and 26% viewed abortion positively when performed without any specific reason (Tezcan & Akadlı, 2012, p. 40). In another study conducted with 229 women, 83% of women approved of abortion under the circumstance that the baby will be disabled or when the health of mother is in danger, 74% approved when the family is poor or when the family has too many children, and 57% approved when the decision was purely taken by the woman. On the other hand, 9% of women disapproved of abortion under any circumstances (Gürsoy, 1996, p. 533). Among 109 women who had an abortion in Konya in 2009, 47.6% cited number of children as their reason for having an abortion, 37.9% cited economic problems, 27.2% cited their own health problems, 16.5% cited their drug use and 3.9% cited a medical problem present in the fetus. Further, 20% of women who use drugs chose to have an abortion due the high likelihood that their baby would be born with a disability (Yılmaz et al., 2010, p. 158). Studies also show that families in Turkey are inclined to choose abortion when the baby would be born with a disability. An increase may be seen in the number of early period abortions because of disability may be seen with the improvements in early diagnosis technology in Turkey.28

Eugenic attitudes toward people with disabilities are expressed in a timely manner in Turkey for various reasons. For example, in 2009, the Kocaeli Social Services Committee discussed the possibility of sterilizing women with mental disabilities who were victims of rape, which generated many public discussions. When this news was reported in the media, several associations for people with disabilities asserted that the state was failing to prevent crimes against individuals with disabilities (“Utanç verici teklif”, 2010).

Studies on the attitudes, perceptions, and behaviors of members of the public toward people with disabilities should be done in several segments of society to determine the extent and depth of the problem.

28 Harmony test that is used in USA has begun to be used in several laboratories of Turkey in 2013 (“Amniyosentez korkusunda sona doğru”, 2013).
Conclusion

Improvements in medicine and genetics research and technology give the opportunity for more healthy babies to be born, and to avoid the birth of disabled fetuses. Many dream of a world in which there are no people with illnesses or disabilities, and this attitude is found within science, art, and law. It is said that the resources dedicated to people with disabilities throughout their lifetime could instead be used to prevent poverty and war. Moreover, those who prefer to give birth to babies with disabilities are accused of being sinful and these families are made to feel guilty.

The question of to what degree is society civilized, merciful, and caring can be answered by examining the perceptions, attitudes, and behaviors toward women, children, elders, people of different religions and ethnic groups, and toward people with disabilities who are defined as disadvantaged groups.

People with disabilities are arguably the weakest of the weak in society. The negative attitudes and behaviors toward people with disabilities, which begin as early as in the prenatal period of their lives, result in a decrease in humanitarian values and raises serious ethical issues. The idea of forming a society of smart, healthy, good people comes with an approval of aborting or preventing the existence of babies with illnesses or disabilities in the future.

The eugenic attitudes and behaviors directed at disabled fetuses cannot be eliminated in a short time. It is not realistic to expect families to stop choosing eugenic abortions unless a social and economic structure is established that takes into consideration the differences in society. Policies must be enacted that ensure the participation, to a degree similar to that of non-disabled people, and not segregation of people with disabilities in social life.
Kaynakça/References


