

Socio demographic characteristics of women who leave their babies to social services after giving birth in Turkey

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Abstract

Context: It has been known that parents leave their newborn babies under government protection due to various social, cultural, and economic reasons, unwanted pregnancies being one of the most important reasons.

Aims: The aim of the study was to examine the sociodemographic and life characteristics of mothers who had to leave their newborn babies to social services after giving birth.

Settings and Design: Using a qualitative research approach, this research was conducted in the qualitative document analysis design.

Materials and Methods: The data were obtained from the social review reports (electronic) of 66 mothers who gave birth and left their newborn babies to social services between 2010 and 2019 in a hospital in the city center of İzmir, Turkey.

Statistical Analysis Used: The electronic data (number: 1–66) in these reports were analyzed by descriptive and content analysis methods.

Results: Most of the mothers were had 2 years of education ($n = 17$), were not officially married ($n = 31$), and worked in an environment open to abuse ($n = 6$). Six themes were obtained from the data analysis including family status and living with the spouse/partner, pre- and post-pregnancy residence, the process of abandoning the infant, pregnancy process and health problems, sharing pregnancy news and safety, and the conception of pregnancy and the legal process.

Conclusions: This study revealed that mothers who leave their infant to social services have several high-risk sociodemographic and life characteristics, predominantly related to lifestyle, residence, pregnancy experience, and sexual violence. Midwives and other healthcare professionals can help improve mother/infant health by considering these risk groups, while providing the prepregnancy, pregnancy, delivery, and postpartum care services and by providing support to mothers who want to leave their infant to social services.

Keywords: Care, High risk, Infant, Lifestyle, Midwifery, Social protection, Women's health

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INTRODUCTION

Some of the babies born out of unwanted pregnancies or those who cannot be cared for by their parents are abandoned in the early or late postnatal stages to social institutions or in unsafe environments. This increases the mortality, disease rates, and abuse of babies. In addition, being under institutional care has been shown to affect the growth and development of infants.^[1-3] There are legislations regarding the protection of unwanted babies in Turkey.^[4,5] According to these regulations, parents who are unable or unwilling to take care of their babies are allowed to leave the infant to care units or hospitals affiliated with the Social Services and Child Protection Agency. In addition to preventing unwanted pregnancies, midwives have important responsibilities in protecting unwanted babies and reducing infant illnesses and deaths due to abandonment. In this context, identifying the characteristics of mothers who may need to put their infant under social protection after birth is an important issue that should be investigated as it will create an opportunity to take protective measures.

It has been known that parents leave their babies under government protection due to various social, cultural, and economic reasons, unwanted pregnancies being one of the most important reasons. According to the most comprehensive population and health research conducted in Turkey (2018), unwanted pregnancies constitute 15% of births.^[6] Some of these infants are left in the hospital by their parents to be placed under social protection. It has also been reported that 14,214 children are currently cared by institutions affiliated with the General Directorate of Child Services of the Ministry of Family and Labor in Turkey and that 0.06% of children aged 0–18 grow up without parents (as orphans).^[7]

Previous studies have investigated different aspects of infants abandoned or taken under protection. In one study, 5.7% of the children under social protection in Turkey were reported to have been abandoned by their parents.^[2] Two studies have reported, based on newspaper reports in Turkey, that 87 infants were abandoned in 2013 and 2017; a significant portion of these infants (38 infants) were found dead.^[8,9] In a study of infant deaths in China, deaths due to abandonment (traumatic brain injury) (4.8%) were also included among the causes of neonatal death.^[10] Another study reported the neglect or abuse of the infant among the causes of late neonatal death (0.1%).^[11] A study of the children left to social care in institutions affiliated to a provincial directorate in Turkey in 2013 reported that the number of girls was higher, the majority of children had fragmented families, families had low socioeconomic

and educational levels, and the majority of children did not continue their secondary or high school education. In the same study, sexual and physical abuse in or outside the family, the desire to live away from the family, the desire to be free, the disapproval of the social environment they live in, and the desire for better living conditions were reported among the reasons to leave children to social care.^[12]

A study conducted in Malaysia reported that 472 infants were abandoned between 2000 and 2010, and 258 of these infants were found dead.^[13] It was reported that approximately 100,000 newborns are abandoned in China every year due to congenital anomalies.^[14] A study based on infant autopsy results in China reported abandoned infants to constitute 2.3% of infant deaths.^[10] A study in South Africa reported that more than 3500 infants were abandoned in 2010, 65% of these were newborns, and 70% were abandoned in unsafe environments.^[15]

Taking infants who are not cared for by their parents in the early postpartum period into social protection is an essential practice that can prevent these infants from being left in inappropriate environments and from serious negligence and abuse in the later life stages. There are related legislative and administrative procedures in Turkey regarding the protection of unwanted babies in the early postnatal period and are implemented successfully.^[5] On the other hand, it is well known that there are significant problems in the growth and development of children under protection. In this context, it is important to carry out studies to prevent infants from going through this process. There are a limited number of studies on issues related to various aspects of children under the protection and their families. A previous study in Turkey reported that women wanted to leave their babies in the hospital due to social reasons such as hiding pregnancies from family members (78%).^[16] A study of Razali *et al.* reported that, in Malaysia, infants were abandoned in unsafe areas such as dumps (8.9%), places of worship (7.5%), by a river, pond, or beach (7.0%), or roadside (9.1%).^[17] In a study conducted in England, it was reported that 77.4% of the abandoned infants were newborns and 78.1% of these infants were abandoned to unsafe outer areas.^[18] Identifying the individual and sociocultural characteristics of the mothers who put their infant under social protection would be the first and an important step in taking preventive measures. It was decided to do research with document analysis design of the qualitative research approaches for deeply understanding the issue.

Aim and the research questions

This study was conducted to examine the sociodemographic and life characteristics of mothers who had to put their

infants under social protection after birth. The study questions were as follows:

1. What were the sociodemographic characteristics of these mothers, how were their pregnancy processes and health status?
2. How were their relationship with their spouse/partners, family union, and residence characteristics?
3. How was the process of leaving their newborn babies?
4. What were the experiences of the mothers about legal processes and sexual life?

MATERIALS AND METHODS

The study design

This research was conducted in the qualitative document analysis design, a qualitative research approach. In qualitative research, the existing events or cases are evaluated in their natural environment without any intervention with a realistic and holistic approach using the data collection techniques such as observation, interview, and document analysis. Document analysis is done through the examination of printed and electronic documents.^[19] Qualitative research through document analysis involves five stages: (1) accessing the documents, (2) checking the authenticity of the documents, (3) understanding the documents, (4) analyzing the data, and (5) using the data.^[19]

The data source, accessing the documents, and checking their authenticity

The data were obtained from the files of a hospital in Izmir metropolitan area. The study electronic documents were constituted by the social review reports (SRRs) of 66 mothers who gave birth and left their newborn babies to social services between 2010 and 2019 in the hospital. These documents were obtained with official permission from the hospital administration. The documents used in the study were original and created by a social work specialist who carries out related studies at the hospital.

Understanding the documents and the analysis and use of data

The documents were examined to understand the variety and content of the data. These documents alone constituted the entire data set of this research. Descriptive and content analysis methods were used to analyze the data. With descriptive analysis, the findings were summarized and presented along the lines of the research questions.^[19] In content analysis, inductive analysis approach was used to analyze data. With this approach, it was aimed to reveal the underlying concepts and the relationships between these concepts by coding of the data.^[19] Content analysis was made according to the study purpose and questions,

and the preliminary codes, subcategories, and themes were created based on the data obtained from the SRRs and were associated and combined with each other.

Ethical aspects of the study (using the data)

In order to conduct the research and use the related documents as a data source, official permission has been obtained from the hospital administration. In addition, the research protocol was approved by the local ethics committee at the hospital (meeting no: 2, decision no: 16). In the study, the consent of the mothers whose documents were examined could not be obtained. However, special care was taken not to include any expressions that allow the identification of mothers in this report.

Reliability and validity of the study

Validity and reliability should be demonstrated to confirm the credibility or quality of the results obtained in qualitative research.^[19] To improve reliability in this study, the five stages reported by Yıldırım and Şimşek were followed.^[19] To ensure the internal reliability of the study, the coding of the data was done by AD and ZK, providing for consistency among the authors. In order to ensure the external validity of the research, where and how the data were obtained, the analysis process, and how the conclusions were reached were explained in detail.

RESULTS

The average age was 23.94 ± 7.45 years (range: 12–40) for the mothers included in the study; 22.72% were in the range of 12–17, and 25.75% were in the range of 20–25. In terms of education, 11 dropped out of school, 17 primary school graduate, five were high school graduates, one had a college degree, and eight student (high school/university/graduate student). Most of the mothers did not have an official marriage license ($n = 31$) and some were divorced ($n = 13$). Mothers were found to have worked in various environments open to abuse including selling vegetables and fruits in open bazaars ($n = 1$), selling corn as a street vendor ($n = 1$), working at taverns, discos, or bars ($n = 3$), working in jobs not approved by her family ($n = 1$), and having sex in exchange for money ($n = 1$) [Table 1]. Three were found to quit their jobs once their pregnancy was noticeable.

Six themes were identified through the analysis of the data from the SRRs. The first theme was “*family status and living with the spouse/partner*” and included two categories: “*living with the spouse/partner*” and “*information about family status.*” The subcategories and preliminary codes for these categories were given in Table 2. The second theme was

Table 1: Sociodemographic characteristics of mothers

Characteristics	n (%)
Age	
12-17	15 (22.72)
18 and 19	9 (13.63)
20-25	17 (25.75)
26-30	10 (15.15)
31-35	11 (16.66)
36-40	4 (6.06)
Education	
Illiterate/literate	5 (7.57)
Primary (5 years)	17 (25.75)
Primary (8 years)	15 (22.72)
High school	5 (7.57)
University	1 (1.51)
Dropped of school	11 (16.66)
Student (high school/college/postgraduate)	8 (12.12)
Unknown	4 (6.06)
Marital status	
No formal marriage	31 (46.96)
Formal marriage	17 (25.75)
Divorce	13 (19.69)
Unknown	5 (7.57)
Employment status and job characteristics	
Unemployed: Take a break from work (n=1), worked for 3 months (n=1), gave up when the pregnancy began to become apparent (n=3)	5 (7.57)
Worker: Stallholder (n=1), cleaner (n=3), factory laborer (n=1), cashier (n=1), sell corn on the street (n=1), working at taverns, discos, or bars (n=3), working in jobs not approved by her family (n=1), sex for money (n=1), job change decision (n=1)	13 (19.69)
Unknown	48 (72.72)

“pre- and post-pregnancy residence” and included two categories: “history of prepregnancy residence” and “history of postpregnancy residence.” These categories consisted of a total of ten subcategories [Table 3]. The third theme was “the process of abandoning the infant” and included three subcategories: “the reason for abandoning,” “the possibility of taking the child back,” and “the final decision to abandon” [Table 4]. The fourth theme was “pregnancy process and health problems” and included three categories: “finding out about the pregnancy,” “demand for health care,” and “health problems.” The subcategories and preliminary codes for this theme were given in Table 5. The fifth theme was “sharing pregnancy news and safety” and included two categories: “sharing” and “safety” with three subcategories each [Table 6]. The sixth theme was the “conception of pregnancy and the legal process” and included two categories. The “conception of pregnancy” category included the subcategories of “rape/coercion,” “biological father is known,” “biological father is not known,” and “result of incest.” The “communication with security forces” category included the subcategories of “complaints due to rape,” “protection,” and “complaints about the father” [Table 7].

DISCUSSION

This study was carried out to examine the sociodemographic and life characteristics of mothers who had to place

their infant under social protection after birth by examining the SRRs of 66 mothers in a document analysis design, a qualitative research approach. In the study, important information was gathered about these mother’s sociodemographic characteristics, residence characteristics, lifestyles, pregnancy process, family and health status, the process of abandoning their infants, legal procedures, and sexual life. These data were valuable in reflecting on our cultural characteristics and facilitating the improvement of social and health services that can be offered to mothers who need to place their infants under social protection.

In the “family status and living with the spouse/partner” theme, it was found that most of the mothers did not have a happy marriage and lived separately from their parents. Previous studies similarly reported that children who were abandoned or left to social care institutions were members of fragmented families.^[2,20,21] Accordingly, it can be said that it is important to consider the children who are growing up without their parents and the individuals and families with problematic marriages as high-risk groups and to support these groups.

In the “pre- and post-pregnancy residence” theme, it was found that some of the mothers had stayed at foster care as a child, fled from home due to violence, or lived in unsafe places (i.e., streets). It has been reported that girls, adolescent girls, and homeless people are at the highest risk for sexual violence.^[22] Basar and Demirci reported that some women flee from home in the face of violence.^[23] In the National Research on Domestic Violence Against Women in Turkey, it was reported that women had little knowledge about and various prejudices against the charities serving violence victims.^[24] Avşar reported that women did not have sufficient information about how to reach women’s shelter and exercise their rights when faced with violence.^[25] These results indicate that it is important to provide a safe living environment for women.

In the “process of abandoning the infant” theme, the most emphasized code was “unwillingness to take the infant and not having the means to take the infant” as the reason for the infant’s abandonment. In a previous study examining the sociodemographic characteristics of the mothers who left their newborn infants in the hospital in Ankara, Turkey, it was found that 62.7% did not work.^[16] In another study in Isparta, Turkey, it was reported that the primary reason for families to place their children under social protection was economic concerns.^[2] In a study conducted in Malaysia, the parents of the abandoned infants were reported to be under the age of 18, student, and unemployed.^[17] According to these results, it can be

Table 2: Family status and life style of mothers with spouses/partners

Categories	Sub-categories	Preliminary codes	n
Theme: Family status and living with spouses/partners			
Living with the spouse/partner	Marriage status	The lack of a happy marriage (n=6), marry by witness (n=3), starting to live together again (n=2), living separately with her husband while pregnant (n=2), marrying her mother's step-son (n=1), marrying her boyfriend due to pregnancy (n=1), not having a marriage plan (n=1), engaged with relatives (n=1), marriage not continuing (n=1), asking to leave (n=1), whether the spouse calls (n=1), the spouse's request to leave (n=1), formal In the process of divorce (n=1), not wanting to divorce his wife (n=1), not officially divorcing from his wife (n=1), not ending his marriage (n=1)	25
	Polygamy	The second spouse (n=6), pregnancy from another person (n=6), the partner is married and polygamous (n=3), the promise that the partner is single (n=2), the promise of separation and marriage from the spouse (n=2), getting pregnant from her boyfriend while she is in the process of divorce (n=1)	20
	Extramarital sex	Short term friendship (n=6), A relationship that lasts for 1.5 years (n=5), short-term friendship (n=1), 2 week friendship (n=1), leave due to distrust (n=1), boyfriend refuses to break up (n=1), living with the cause of pregnancy (n=1), promise of marriage if a baby (n=1), promise to register the baby population (n=1), promise of marriage after DNA test (n=1)	19
	Reason for divorce	Asking her husband to leave (n=2), not caring for her children (n=2), negative behaviour to herself and her children (n=1), accepting what happened at a young age (n=1)	6
Information about family status	Information about her family status	Parents separated (n=15), being from her mother's second marriage (n=7), returning to her own family home (n=5), meeting with her family (n=4), expelling her father from home (n=2), with father their relationship is good (n=2), her father does not want to see (n=2), given to uncle (n=2), her family is very upset (n=2), her family accepts the situation (n=2), unable to return to her family's home (n=1), she was born out of wedlock (n=1), not being able to call her brothers (n=1), being from her father's fourth marriage (n=1), never seeing her father (n=1), having too few meetings with her mother (n=1), her mother's words of constant pain (n=1), her mother passed away 3 years ago (n=1), her father passed away (n=1), her sister did not want (n=1), her family could not agree (n=1), her brother was in prison (n=1), her sister expelled due to the approach of birth (n=1), tell her father that the baby is dead (n=1), her mother's stay in the nursing home (n=1), her father lives with another woman with religious marriage (n=1), brothers leaving home (n=1), brother not helping (n=1), being embarrassed with family (n=1)	62
	Way of meeting with spouse/partner	In the environment of friends (n=44), at school (n=6), at the workplace (n=4), on the internet (n=2), friend of your brother (n=1), the relative of his father (n=1)	58
	Information about her husband's family status	Having severe violence from her husband (n=6), the father of the baby is uncertain (n=6), doubting whether or not to be the father of the baby (n=4), being miserable (n=4), being very unhappy (n=3), the child also witnessed violence (n=2), no change in the spouse's bad behavior (n=2), the partner continues to be disturbed (n=1), threatened (n=1), very disturbed during the divorce (n=1), her husband's refusal to accept her (n=1), her husband's marriage to another with religious marriage (n=1)	33
	Relationship with their children	The child is in custody of himself (n=5), his son is in custody of his father (n=2), living with her children (n=2), giving her first baby to the kindergarten (n=2), taking care of her son (n=1), accepting two of her children with her new partner (n=1), having no problem explaining children with formal marriage (n=1), not accepting the baby with the partner (n=1), not having any problems in meeting with the ex-spouse's children (n=1), two kids living in another city (n=1), experiencing violence in spouse and family (n=1)	17
	Social support	Lack of support for relatives (n=1), help of acquaintances and tradesmen (n=1), assistance of a boyfriend working in the same market (n=1), avoiding giving information about himself (n=1)	4

said that the abandonment of the infant after birth is a more common phenomenon, especially among individuals with a low socioeconomic background. Providing these individuals with safe environments that allow protection for their infants is critical in terms of protecting neonatal health and preventing infant abuse and death.

In the “*pregnancy process and health problems*” theme, the majority of mothers were in the subcategory of “*requesting termination of pregnancy*.” Several studies have reported that women who encounter unwanted pregnancies make similar requests.^[26-29] In a study evaluating abortion and family planning services from the point of view of health-care workers in Istanbul, it was reported that these services

were not available or limited in public health institutions, and some health workers reported a lower gestational week than the legal limit for abortion (10 weeks).^[30,31] Thus, it can be said that termination of unwanted pregnancies is a significant women's health problem, safe abortion services should be widely available, and training should be provided about the subject, primarily for health-care professionals.

In the “*sharing pregnancy news and safety*” theme, it was found that some mothers could not share the news about their pregnancy with their families and close circles. In a study in Turkey, the primary reason indicated by women for leaving their infants in the hospital was social reasons (62.7%), among which the most common was to

Table 3: Pre- and post-pregnancy residence of mothers

Categories	Sub-categories	Preliminary codes	n
Theme: Pre- and post-pregnancy residence			
History of pre-pregnancy residence	Unsafe places/situations	Staying in the home as a child (n=3), escaped from home as a child (n=3), she did not live in her own home (n=1), has often escaped from home for the past 3 years (n=1), she lives on the streets (n=1), fleeing home constantly because of the violence (n=1), when she was 7-8 years old, the police placed her (n=1), 14 years old does not want to stay in the nest (n=1), she lived with her mother until the age of eight (n=1), mostly lived with girlfriend (n=1)	14
	Her families	She lives with her own family (n=5), with her mother (n=2), with her children with her family (n=2), sometimes with her older sister (n=1), with her mother and brother (n=1)	11
	Relatives/friends	With her aunt and her mother (n=1), her grandmother (n=1), mostly with the girlfriend (n=1)	3
History of post-pregnancy residence	House/hotel	Stayed in the hotel (n=2), lived alone for a while (n=1)	3
	Uncertainty	She was sent out of the city due to pregnancy (n=10), had to leave home due to pregnancy (n=6), left her home (n=4), has no fixed place (n=4), social services did not want to stay (n=3), unable to communicate with shelter staff (n=2), now it seems illegal (n=1), does not have homes and lives outside (n=1), her family is working outside the city (n=1), too much in the shelter leaving without having (n=1)	33
	State agency	Shelter (n=17), to transfer to another entity that is pregnant (n=1)	18
	Her families	When the family moved to a different address (n=5), she started living with her family after birth (n=1), lived with her father (n=3), started living with her sister (n=1), and was sent out of town with her mother. (n=1), her mother did not leave her alone (n=1), she came to her older sister outside the city (n=1)	13
	Family elders/acquaintances	Staying with a girlfriend (n=3), with a colleague (n=2), friends who helped her (n=1), home of a familiar and reliable person (n=1), living with a friend because they cannot afford to rent the house (n=1), that she was sent to her aunt with her older sister (n=1), where her mother lived with her grandmother (n=1)	10
	Her/someone else's home	Separate housekeeping (n=3), someone else's house (n=3)	6
	Spouse/partner and family	With her boyfriend's family (n=1), the prenatal leaves the shelter because she makes peace with her father (n=1)	2

Table 4: Status of mothers regarding the process of abandoning their infant

Categories	Sub-categories	Preliminary codes	n
Theme: The process of abandoning the infant			
Way of abandoning the baby	The reason for abandoning	Not wanting her baby (n=49), no conditions to take her baby (n=30), no feeling for the baby (n=2), her family does not want the baby (n=12), the current spouse does not want the baby (n=3), inability to take care of the baby due to physical disability (n=1), not being able to financially and morally (n=1), lack of suitable living conditions for the baby (n=1), threat of not showing her other daughter (n=1), decision to reunite with her husband (n=1), needing care because of caesarean section (n=1), currently only able to take care of the other child (n=1), not wanting to have a new child in her family (n=1), her mother is old and not in a position to look after (n=1), three disabled individuals in the family cannot take care of the child (n=1)	106
	The possibility of taking the child back	Not wanting to be adopted (n=11), wanting to take her child in the future (n=10), her father's desire to take the baby (n=3), undecided (n=3) to go to visit the baby (n=2), to protect the baby temporarily wanting to give (n=2), according to the forensic report (paternal DNA) that the baby can take (n=1), not wanting to leave (n=1), after the baby has grown a little, the desire to take her baby by explaining her desire to be a foster family to a child in the nursery (n=1), not wanting to put the baby in the nursery (n=1), unable to take care of the baby until she started working and corrected her own conditions (n=1), thinking that she could get it if she suffered remorse in the future (n=1), she might regret it (n=1)	38
	The final decision to abandon	The decision to give the baby to the nest (n=11), to accept adoption (n=5)	16

hide the pregnancy from family members (78%).^[16] These results are important for suggesting that these infants were born out of extramarital relationships not approved by their social environment. The rate of pregnancies out of wedlock is much lower in Turkey (2%–3%) as well as in Japan and Korea compared with some other countries such as Mexico (67%), Iceland (70%), and Chile (73%).^[32] A case report described extramarital pregnancies as a risk factor for suicide due to social pressure on women, since different societies have different perceptions of extramarital relationships.^[33] Accordingly, pregnancies

that result from extramarital relationships pose a risk for maternal and infant health in some societies.

In the “*conception of pregnancy and the legal process*” theme, it was found that some mothers filed a legal complaint due to rape and conceived as a result of the rape/incest. Previous studies have also shown that extramarital pregnancies, rape, and incest were cited as common causes of unwanted pregnancies.^[16,22] In previous studies, it was reported that women applied to government institutions or nongovernmental organizations,^[24] police stations, courts,

Table 5: Pregnancy process and health problems of mothers

Categories	Sub-categories	Preliminary codes	<i>n</i>
Theme: Pregnancy process and health problems			
Finding out about the pregnancy	Way of finding out about the pregnancy	Understanding pregnancy (<i>n</i> =23), learning about pregnancy when she consult a doctor due to leg pain (<i>n</i> =16), learning that she was 7-8 months pregnant when she went to hospital with abdominal pain (<i>n</i> =10), having a pregnancy test (<i>n</i> =6), with suspicion of her mother she went to the hospital (<i>n</i> =4), the baby did not feel his movements (<i>n</i> =4), she went to the hospital with the warning of her friend (<i>n</i> =3), it was not clear for up to 6 months (<i>n</i> =3), when the baby felt her movements, her went to the hospital (<i>n</i> =2), suspects nausea (<i>n</i> =2), denies the situation because she does not want to accept it (<i>n</i> =1), thinking that she can enter menopause (<i>n</i> =1), she went to the hospital with the warning of her boss (<i>n</i> =1)	78
	Time to learn pregnancy	When 6 months old (<i>n</i> =12), 7-8 months old (<i>n</i> =10), 5 months old (<i>n</i> =9), 3 months old (<i>n</i> =8), 4 months old (<i>n</i> =6), 8 weeks old (<i>n</i> =4), 1 month later (<i>n</i> =3), inability to understand pregnancy until the last week (<i>n</i> =1), at birth (<i>n</i> =1)	54
Demand for health care	Abortion	Inability to have an abortion because the baby is growing up (<i>n</i> =31), drinking medications she found to make miscarriage (<i>n</i> =3), give up abortion (<i>n</i> =3), not having knowledge about abortion law (<i>n</i> =1), thinking that there will be no pregnancy again due to recurrent abortion (<i>n</i> =1), not finding money for abortion (<i>n</i> =1), her partner found unsafe places (<i>n</i> =1), not having an abortion because it is a sin (<i>n</i> =1), afraid that her baby will be tortured (<i>n</i> =1), her partner gave 10 pills to be menstrual (<i>n</i> =1), where his brother kicked her abdomen (<i>n</i> =1), jumped through the wall to make a miscarriage (<i>n</i> =1)	46
	Pregnancy follow-up	Not being able to go to the pregnancy check-ups (<i>n</i> =5), going to the hospital due to abdominal pain (<i>n</i> =5), at the private clinic (<i>n</i> =4), going to check 2-3 times (<i>n</i> =3), not being taken by the baby's father (<i>n</i> =1), going to the hospital with the onset of pain as a result of falling on her back in the bathroom at the age of 26 weeks (<i>n</i> =1)	19
Health problems	Drug and substance use	Smoking (<i>n</i> =16), painkillers (<i>n</i> =12), antibiotics (<i>n</i> =5), X-ray shots (<i>n</i> =5), alcohol (<i>n</i> =5), stomach medicine (<i>n</i> =3), psychiatric medicine (<i>n</i> =3), trying to reduce pregnancy after learning (<i>n</i> =2) nausea medications (<i>n</i> =1), blood medication (<i>n</i> =1)	52
	Physical problems	Having nausea (<i>n</i> =3), physically handicapped (<i>n</i> =3), epileptic patient (<i>n</i> =3), mental retardation (<i>n</i> =2), migraine (<i>n</i> =2), giving birth in the emergency room at the age of 26 weeks (<i>n</i> =1), poor nutrition (<i>n</i> =1), COPD diagnosis (<i>n</i> =1), always wanting to sleep during pregnancy (<i>n</i> =1), varicose veins (<i>n</i> =1), history of liver and gallbladder surgery (<i>n</i> =1), some inability to say the letters (<i>n</i> =1), blind (<i>n</i> =1), congenital left side partial paralysis (<i>n</i> =1), history of Mediterranean fever (<i>n</i> =1), remit when a baby (<i>n</i> =1), asthma (<i>n</i> =1)	25
	Mental problems	Psychological treatment (<i>n</i> =3), when she learned the pregnancy, her psychology deteriorated (<i>n</i> =2), her psychology deteriorated (<i>n</i> =2), took her mother to the psychologist (<i>n</i> =2), suicidal attempt in the 5 th month of her pregnancy (<i>n</i> =1), crying spells (<i>n</i> =1), life energy is exhausted (<i>n</i> =1), he wants to be alone (<i>n</i> =1), unable to use psychiatric medication due to pregnancy (<i>n</i> =1), wanting to receive postpartum treatment (<i>n</i> =1), treatment while in the shelter wanting to be (<i>n</i> =1), wanting to be with his mother (<i>n</i> =1), being stressed after leaving with his wife (<i>n</i> =1)	19
	Baby's health problems	Hospitalization in the neonatal service (<i>n</i> =2), premature birth (<i>n</i> =2), low birth weight (<i>n</i> =1), respiratory distress (<i>n</i> =1)	6

COPD: Chronic obstructive pulmonary disease

Table 6: Sharing pregnancy news and safety situations of mothers

Categories	Sub-categories	Preliminary codes	<i>n</i>
Theme: Sharing pregnancy news and safety			
Sharing	Sharing the with baby's father	Abandonment with the emergence of pregnancy (<i>n</i> =18), end the relationship by accepting that the baby's father (<i>n</i> =7), this person doesn't want them already (<i>n</i> =6), cold reception when calling by phone (<i>n</i> =5), inability to reach the baby's father (<i>n</i> =5), unaware of the baby (<i>n</i> =4), not seeing this person again (<i>n</i> =4), not being protected from pregnancy (<i>n</i> =2), her brother (<i>n</i> =2), not remembering his surname (<i>n</i> =1), swearing at her on the phone (<i>n</i> =1), bringing herself to her father with her child (<i>n</i> =1), currently married to someone else (<i>n</i> =1), in prison (<i>n</i> =1), being accused of not being protected from pregnancy (<i>n</i> =1)	60
	Inability to share with family and immediate environment	Relatives and neighbours do not know about pregnancy (<i>n</i> =22), nobody including family (<i>n</i> =9), father does not know (<i>n</i> =8), brother does not know (<i>n</i> =5), family does not know (<i>n</i> =4), their relationship with family it is broken (<i>n</i> =3), her daughter does not know (<i>n</i> =1), her children do not know (<i>n</i> =1), she does not know how to tell her daughter (<i>n</i> =1), she cannot tell her mother with the thought that she will share with her father (<i>n</i> =1)	55
	Sharing with family and immediate environment	Her older sister and her mother knew (<i>n</i> =9), the family knew (<i>n</i> =8), mother/father knew (<i>n</i> =6), knowledge of relatives and their immediate environment (<i>n</i> =4), what she told her aunt (<i>n</i> =1), her daughter knew (<i>n</i> =1), told her neighbor (<i>n</i> =1), informed her neighbours' mother at birth (<i>n</i> =1), meeting her family (<i>n</i> =1), sharing the rape with her mother (<i>n</i> =1)	35
Safety	Fear and threats	Inability to share with the family because she was afraid (<i>n</i> =8), fear of being killed by her father (<i>n</i> =7), thinking that her father will be angry (<i>n</i> =3), threatened (<i>n</i> =3), fear of being killed by her brother (<i>n</i> =1), fear of being killed by her 15 years old son (<i>n</i> =1), family fear of being harmed by (<i>n</i> =1)	24
	Refusal	She wanted to leave her husband and return to her family, but she was not accepted because she was pregnant (<i>n</i> =4), her father and older brother did not agree (<i>n</i> =3), her mother did not want (<i>n</i> =3), because her father did not want her daughter to come home (<i>n</i> =1)	11
	The effort to hide pregnancy	Wearing loose clothes (<i>n</i> =5), telling her family that she has a cyst (<i>n</i> =2), telling her neighbours that she has an appendectomy (<i>n</i> =1)	8

Table 7: Mother's experiences about pregnancy conception and legal process

Categories	Sub-categories	Preliminary codes	n
Theme: Conception of pregnancy and the legal process			
Communication with security forces	Complaints due to rape	Being with her own consent, not complaining (<i>n</i> =6), not telling anyone about her experiences (<i>n</i> =3), not complaining because she was afraid of being heard (<i>n</i> =3), having complained to the prosecutor's office upon learning that her brother had been forced into a relationship with her sister. (<i>n</i> =2), not being able to complain about not seeing anyone (<i>n</i> =1), complaining (<i>n</i> =1), giving testimony for rapes at the child branch (<i>n</i> =1)	17
	Protection	Reported to the children's department (<i>n</i> =6), the family was found with the help of the police (<i>n</i> =1), the police surrendered to her family (<i>n</i> =1), the police were hesitant to send them home because of her angry (<i>n</i> =1), and being taken to the mental and nervous diseases hospital according to the procedure (<i>n</i> =1), where safety measures are taken in the hospital (<i>n</i> =1)	11
	Complaints about the father	To complain about the person concerned when pregnancy occurs (<i>n</i> =1), to request DNA testing from the prosecutor's office (<i>n</i> =1), to complain about the father when she does not accept the baby (<i>n</i> =1)	3
Conception of pregnancy	Rape/coercion	Having a drink with her friend by adding medicine (<i>n</i> =8), rape (<i>n</i> =7), forced sexual intercourse (<i>n</i> =5), when she awoke, she did not remember anything (<i>n</i> =4), harassment in high school (<i>n</i> =3), unable to understand whether there was sexual intercourse (<i>n</i> =3), recurrent rape (<i>n</i> =2), half naked (<i>n</i> =2), spraying something in the face at the bus stop (<i>n</i> =1), construction when he was awake (<i>n</i> =1), changed clothes when he woke up (<i>n</i> =1), and aching legs when he was awake (<i>n</i> =1), bleeding (<i>n</i> =1), burning sensation in the genital area (<i>n</i> =1), not wanting to explain what they experienced (<i>n</i> =1), bleeding after the event and hiding from relatives (<i>n</i> =1)	42
	Knowing of biological father	Partner (<i>n</i> =15), ex-husband (<i>n</i> =1)	16
	Not knowing of biological father	One of two different customers (<i>n</i> =1), being with several different people in the same period (<i>n</i> =1), a person whom she did not know or familiarize (<i>n</i> =1)	3
	Result of incest	Tell her mother what her brother did (<i>n</i> =2), exposure to her brother's sexual assault (<i>n</i> =1)	3

health institutions, or municipal governments^[34] when they found their situation unbearable. On the other hand, it was also reported that some women, who are constantly subjected to physical violence, do not tell anyone.^[24,35,36] These results underline the awareness of sexual abuse and violence against women and children and demonstrate the need for radical measures.

CONCLUSIONS

By examining the SRRs, the following themes were obtained for mothers who had to place their infant under social protection just after birth: family status and living with the spouse/partner, pre- and post-pregnancy residence, the process of abandoning the infant, pregnancy process and health problems, sharing pregnancy news and safety, and the conception of pregnancy and the legal process. It was found in general that these mothers did not have a happy marriage, were separated from their parents, were sent out of the town due to pregnancy, did not want to keep the infant, and did not want to be put the baby for adoption because of the possibility that the child might be returned to them. In addition, it was found that some were drugged and forced to have sexual intercourse, some knew who the biological father was, some could not understand that they were pregnant, and therefore could not terminate the pregnancy in the advanced stage, some were abandoned by their partners as they learned about the pregnancy, their relatives and neighbors had no knowledge of pregnancy, and they did not share this information with their families out of fear.

The data obtained in this study may contribute to the identification of high-risk individuals and families to abandon their newborns, taking protective measures, and designing and developing services to solve their problems. It is important that the midwives question the medical and family history of pregnant women in detail, make a comprehensive assessment for the possibility of abuse while getting information about their marriage/relationship and pregnancy, and be informed about what to do when faced with high-risk pregnant women. Local government and nongovernmental organizations should provide training to raise social awareness about the social protection for infants. Midwives and midwife instructors may contribute to the development of awareness in the society and among other health-care professionals by including this issue in formal and nonformal educational programs. Health-care administrators and policymakers may create programs that can identify, reduce, or prevent high-risk groups who would put their infant under social protection and advocate for legislative action to provide counseling and support services for them. In addition, more comprehensive quantitative and qualitative studies may also help to guide the processes to improve the delivery of social services.

Conflicts of interest

There are no conflicts of interest.

Authors' contributions

Contributor 1: Concepts, Design, Definition of intellectual content, Literature search, Clinical studies, Data acquisition,

Data analysis, Statistical analysis, Manuscript preparation, Manuscript editing, Manuscript review, Guarantor.

Contributor 2: Clinical studies, Data acquisition.

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