

FAMILY PLANNING PRACTICE AND RELATED FACTORS OF MARRIED WOMEN IN THE REPRODUCTIVE AGE IN ISTANBUL

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ABSTRACT

Aim: The purpose of this study was to assess the utilization of family planning and associated factors among married women of reproductive age who presented at the Kartal Dr. Lutfi Kirdar City Hospital Education Family Health Centre.

Methods: The cross-sectional study was completed with 304 participants. The study data were collected with a data collection questionnaire created by the researchers. The data of the study were analyzed in SPSS 28.0 software. In all tests, the significance level was accepted as $p < 0.05$.

Results: The mean age of the participants was 36.3 ± 6.5 years. It was observed that 26.0% ($n=79$) of the participants had a history of unintended pregnancy and 54.2% ($n=165$) of the participants were using one of the modern family planning methods. The most commonly used method was a condom (40.6%; $n=67$). The most common sources of information about family planning were the TV and the Internet. There was a significant relationship between the contraceptive status of the participants and the employment status, and between the time between pregnancies and contraception.

Conclusions: It was observed that the rate of modern method use was not adequate. Taking measures to increase the use of modern methods will be beneficial in preventing unwanted pregnancies.

Key words: Contraceptives, family planning, primary care, unwanted pregnancy

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INTRODUCTION

Family planning (FP) is a practice that enables individuals to be protected from unwanted pregnancies, to decide on the interval between pregnancies, to have children when they want and in the desired number, and to have children for individuals for those couples who do not have any [1]. In Turkey, family planning services were legalized in 1965 and their use has now become widespread. Their aim is to provide individuals with the family planning services they need and to enable them to freely make informed decisions about their fertility [2]. According to the Turkish Demography and Health Survey (TDHS) 2018 data, the rate of not using modern FP methods in our country is 37% [3]. From this point of view, it can be said that there is a low FP utilization rate in our country. However, excessive fertility and risky pregnancies are known to result in maternal and infant mortality in societies where FP methods are not used. Family planning reduces infant and child mortality by positively affecting the survival, health, and development of infants and children. The negative impact of excessive fertility on maternal health can also be prevented by family planning services. Using family planning services is becoming more and more important in the prevention of rapid population growth and the formation of a healthy society [4]. In national studies, the rate of unmet contraceptive need is reported to be 7.9% [5]. Women are influenced by various factors when choosing contraceptive methods. These can be summarized as the reliability of the method, false beliefs and

misapplications of the method, expectations of the society, and the attitudes of the individual and family [5].

In order for health personnel to provide family planning services effectively, the individuals' use of family planning methods and their beliefs regarding these methods should be determined and the training and counseling services they need should be provided to enable them to develop positive behaviors towards their use [1].

The aim of this study was to determine the family planning use status and related factors of women of reproductive age (18-49 years) who presented at the Kartal Dr. Lutfi Kirdar City Hospital Education Family Health Centre.

Methods

The study population comprised married females aged 18-49 years who sought care at the Kartal Dr. Lutfi Kirdar City Hospital Education Family Health Centre between 01.02.2023 and 31.07.2023. The number of participants expected to apply within this period was determined by determining the sample size at 49% prevalence from the known population with a power of 80%, type 1 error level of 5%, and confidence interval of 95% (n=288). The study was completed with 304 participants. Married women under 18 years of age and menopausal women in this age group were excluded from the study.

Data were collected with a data collection questionnaire created by the researchers. The questionnaire included sociodemographic characteristics including age, occupation, partner's occupation, educational status, partner's educational status, marital status, as well as questions about the family structure, health status, age at marriage, obstetric history, obstetric characteristics such as age at first pregnancy, number of miscarriages, number of curettages, number of live children, family planning use, and the level of knowledge about family planning. The questionnaire has 40 questions and the internal consistency was adequate (Cronbach $\alpha=0.775$). This questionnaire was administered to all women by the researchers through face-to-face interviews.

Before the study, ethics committee approval with the decision dated 25.01.2023 and numbered 2022/514/236/7 was obtained from the Kartal Dr. Lütfi Kırdar City Hospital Clinical Research Ethics Committee. All participants gave informed consent.

The study's data were analyzed in the SPSS software (IBM Corp. Released 2021. IBM SPSS Statistics for Windows, Version 28.0. Armonk, NY: IBM Corp). Descriptive values were expressed as numbers, percentages, mean \pm standard deviations, and medians (maximum-minimum). The Kolmogorov-Smirnov test was used in the distribution of normality of the data. Frequency, percentage, median, maximum, and minimum values were used as descriptive statistics. The Chi-square and Fisher's exact tests

were used to compare categorical variables. An Independent samples t-test was used to compare the means. The Mann-Whitney U test was used to compare the medians. The chi-square test was used to test whether the observed frequency and the expected frequency were significant, whether there was a difference between two or more groups, and to determine whether there was a relationship between two variables. In all tests, the significance level was accepted as $p<0.05$.

Results

The mean age of the 304 participants included in the study was 36.3 ± 6.5 years. It was observed that 31.9% ($n=97$) of the participants had 8 years of education or less and 71.8% ($n=218$) were not employed. The mean age at marriage was 23.1 ± 3.8 years and the mean age at first birth was 24.7 ± 4.1 years. The median number of pregnancies was 2 (0-8), the median number of births was 2 (0-6), and the median number of living children was 2 (0-6). The general characteristics of the participants are given in Table 1. It was observed that 26.0% ($n=79$) of the participants had a history of unintended pregnancy. Among the participants with such a history, 68.3% ($n=54$) of the pregnancies had resulted in labor, 20.3% ($n=16$) in abortion, and 11.4% ($n=12$) in spontaneous abortion.

Table 1: General features of the participants

		% (n)
Age (years)	36.3±6.5	
Education	8 years or less	31.9 (97)
	9 years or more	68.1 (207)
Husband's education	8 years or less	28.3 (86)
	9 years or more	71.7 (218)
Working status	No	71.7 (218)
	Yes	28.3 (86)
Family type	Nuclear	94.7 (288)
	Expanded	5.4 (16)
Marriage age	23.1±3.8	
Age at first birth	24.7±4.1	
Gravida (median) (min-max)	2.0 (0.0-8.0)	
Parity (median) (min-max)	2.0 (0.0-6.0)	
Live child count (median) (min-max)	2.0 (0.0-6.0)	
Wanted child count (median) (min-max)	2.0 (0.0-7.0)	
Interpregnancy interval	Less than 2 years	14.8 (45)
	More than 2 years	60.2 (183)
	First pregnancy	14.5 (44)
	No pregnancy	10.5 (32)
Curettage	Yes	14.5 (44)
	No	85.5(268)
Abortion	Yes	27.0 (82)
	No	73.0 (222)
Unintended pregnancy	Yes	26.0 (79)
	No	74.0 (225)

The percentage using one of the modern family planning methods was 54.2% (n=165). The most commonly used method was a condom

(40.6%; n=67). The most common sources of information about family planning were the TV and the Internet (Table 2).

Table 2: Contraceptive use features of participants

		% (n)
Use of contraceptive method	Modern methods	54.2 (165)
	Traditional methods	20.1(61)
	No methods	25.7 (78)
Traditional methods	Withdrawal	90.1 (55)
	Other	9.9 (6)
Modern methods	Intrauterine Device	27.3 (45)
	Oral Contraceptives	12.1 (20)
	Condom	40.6 (67)
	Tubal ligation	13.9 (23)
	Other	6.1 (10)
How long have you been using the method?*	1 year	2.4 (4)
	2 year	32.7 (54)
	3 year and above	64.9 (107)
Reason for choosing the method *	Reliable	36.4 (60)
	Accessible	12.7 (21)
	Comfortable	32.7 (54)
	Few side effects	13.9 (23)
	Other	4.3 (7)
Method decision*	Own	39.4 (65)
	Husband	4.8 (8)
	Joint	43.6 (72)
	Other	12.2 (20)
Informing about Family Planning *	Doctor	21.2 (35)
	Health care staff	30.9 (51)
	TV/Internet	38.1 (63)
	Other	9.8 (16)

*Only modern method users

The relationship between the contraceptive status of the participants and sociodemographic characteristics is given in Table 3. Among these variables, there was a significant relationship between contraception and the employment status

and between pregnancies. Use of contraceptive methods was significantly higher in employed women (22.3% vs. 33.3%; $p=0.022$) and those who had never been pregnant (7.2% vs. 13%; $p=0.027$).

Table 3: The relationship between family planning use and general characteristics

		No method% (n)	Modern method*	p
Age (year)		36.6±6.4	36.0±6.6	0.490 ^a
Education	8 years or less	34.5 (48)	29.7(49)	0.368 ^c
	9 years or more	65.5 (91)	70.3 (116)	
Husband's education	8 years or less	30.2 (42)	26.7 (44)	0.494 ^c
	9 years or more	69.8 (97)	73.3 (121)	
Working status	No	77.7 (108)	66.7 (110)	0.033 ^c
	Yes	22.3 (31)	33.3 (55)	
Family type	Nuclear	97.1 (135)	92.7 (153)	0.087 ^c
	Expanded	2.9 (4)	7.3 (12)	
Marriage age	23.1±3.8	22.9±3.8	23.4±3.8	0.280 ^a
Age at first birth	24.7±4.1	24.4±4.1	25.1±4.2	0.176 ^a
Gravida (median) (min-max)		2.0 (0.0-8.0)	2.0 (0.0-8.0)	0.402 ^b
Parity (median) (min-max)		2.0 (0.0-6.0)	2.0 (0.0-6.0)	0.057 ^b
Live child count (median) (min-max)		2.0 (0.0-6.0)	2.0 (0.0-6.0)	0.058 ^b
Wanted child count (median) (min-max)		2.0 (0.0-7.0)	2.0 (0.0-6.0)	0.142 ^b
Interpregnancy interval	Less than 2 years	15.8 (22)	13.9 (23)	0.029 ^{c,d}
	More than 2 years	56.8 (79)	63.0 (104)	
	First pregnancy	20.1 (28)	9.3 (16)	
	No pregnancy	7.2 (10)	13.8 (22)	
Curettage	Yes	15.1 (21)	13.9 (23)	0.773 ^c
	No	84.9 (118)	86.1 (142)	
Abortion	Yes	29.5 (41)	24.8 (41)	0.363 ^c
	No	70.5 (98)	75.2 (124)	
Unintended pregnancy	Yes	21.6 (30)	29.7 (49)	0.108 ^c
	No	78.4 (109)	70.3 (116)	

*Only modern method users

^aIndependent samples t-test, ^bMann-Whitney U test, ^cChi-square test, ^dSubgroup analysis shows the difference between the first pregnancy group and the other groups.

Discussion

The rate of family planning method use was 54.2%. The most commonly used family planning method was a condom (40.6%). No significant relationship was found between method use behavior and any other characteristics except the employment status and time between pregnancies.

According to TDHS 2018, the rate of modern method use is 49%. The most frequently used methods are condoms and intrauterine devices (IUD) [6]. In another national study, the most frequently used family planning method was found to be an IUD, with a rate of 56% [7]. These rates vary between 40% and 60% in national studies [8-11]. Based on data from the World Health Organization (WHO), globally only 12% of married women use a reliable contraceptive method [12]. Although the rates of modern method use are similar to national studies, there are study-based differences in the most frequently used methods. The main reason for this may be the differences in access to modern methods in the study areas. On the other hand, the ease of use of the methods and publications about these methods in the media may affect the situation.

When we looked at the duration between the last two pregnancies of the participants, it was found that the duration was two years or more in 50% of them. In a similar study conducted in Diyarbakir, it was found that 62.4% of the women had duration of over 24 months between their last two pregnancies [13]. In another study conducted in Erzurum, this rate was found to be 78% [14].

According to the Turkish Demographic and Health Survey (TDHS) 2018 study, it was found that there was less than two years after the previous birth in 21% of the births, other than the first birth [6]. Extending the pregnancy interval to the ideal interval for our country will provide significant benefits to the general national economy with effective family planning and important contributions to maternal and infant health.

The source recommending and providing information on the current family planning method was found to be the TV/Internet in 38.8%, health care staff in 30.5%, and the physician in 21.1%. In the study conducted by Oztas et al., 40.8% of the family planning methods used was recommended by the physician, 20.7% by the health care staff, 33.1% by neighbors and friends, and 5.4% preferred the method they used through TV/Internet [15]. Although the impact of health care staff seems to have increased in terms of method use and information sources, the impact of TV/internet cannot be underestimated. In this respect, while health care staff is encouraged to provide information on family planning practices, the TV and the Internet can be used more effectively.

Regarding the decision-maker, it was observed that 43.2% of the decisions were made jointly with the spouses, 35.8% by themselves, and 10.9% by their partners. According to TDHS 2018, 75% reported that this decision was made jointly with their spouses, 22% by themselves, and 2% by their partners [6]. It can be said that while

joint decision-making behavior in deciding on family planning practices has decreased, the influence of women has increased. This may be due to the differences in the educational level, employment status, and income level of the women participating in the current study.

Considering the history of unintended pregnancy experience in our study, 24.8% had experienced an unintended pregnancy and 44.4% of these pregnancies had resulted in a miscarriage or abortion. In a study by Arslan et al. involving 407 participants, the rate of women with a history of unintended pregnancy was found to be 17.3% [8]. In a study conducted by Oltuluoglu et al. on 1600 women in the Malatya province, it was found that 36.6% had experienced an unwanted pregnancy and 40.3% of these unwanted pregnancies had resulted in a miscarriage or abortion [16]. Font-Ribera et al. found that 41% of their subjects had experienced unintended pregnancies and 60% of these pregnancies had resulted in an abortion [17]. Nazik et al. found that 16.4% of their subjects had experienced unintended pregnancy [18]. In the literature, there is a majority of publications showing that unintended pregnancies are higher in couples who do not use any family planning method and in couples who use traditional methods [19, 20]. On the other hand, there are publications showing that there is no difference in terms of method use and unintended pregnancy [21]. The region where the studies were conducted and the study design may be responsible for these differences.

In conclusion, conducting in-depth studies is crucial in order to address inadequate use of modern methods by the participants. These studies can focus on understanding the underlying causes for this situation. Factors such as lack of awareness, cultural or religious beliefs, limited access to contraceptive methods, or misconceptions about their effectiveness may contribute to the low utilization of modern methods. By acquiring a deeper understanding of these factors, effective interventions and strategies can be developed to promote the use of modern contraceptive methods and ultimately prevent unwanted pregnancies. It is important to note that while the study mentioned was conducted at a single center, its findings can still provide valuable insights and serve as a starting point for further research that can be generalized to a larger population.

Conflicts of interest: The authors have nothing to disclose.

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