




Preference of Contraceptives of Married Women Between 18-49 and Causes of Discontinuation

18-49 Yaş Arası Evli Kadınların Kontraseptif Yöntem Kullanma Tercihleri ve Bırakma Nedenleri

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ÖZ

Amaç: Bu çalışmanın amacı, 18-49 yaş arası evli kadınların kontraseptif yöntem kullanma tercihleri ve bırakma nedenlerinin belirlenmesidir.

Yöntem: Araştırma Mart-Temmuz 2019 tarihleri arasında bir Aile Sağlığı Merkezine başvuran 200 evli kadın ile tanımlayıcı tipte yürütülmüştür. Araştırma verileri araştırmacılar tarafından oluşturulan katılımcı tanıtım formu ile elde edilmiştir.

Bulgular: Kadınların yaş ortalamasının 35.80±7.35 olduğu, %93'ünün (modern yöntem: %63.9, geleneksel yöntem: %36.02) bir yöntem kullandığı belirlendi. Geri çekme ve kondom yöntemlerinin kullanım kolaylığı nedeniyle (%46.2-%37.5), RİA'nın ise yüksek koruyuculuk nedeniyle (%62.5) kadınlar tarafından en sık tercih edilen kontraseptif yöntemler oldukları saptandı. Kadınların %22.5'inin kullandığı yöntemden memnun olmadığı, %56.5'inin yöntem kullanımını bıraktığı bulundu. En sık bırakılan yöntemlerden kondomun partner isteği (rahatsızlık) nedeniyle (%82.5), kombine oral kontraseptif ve RİA'nın sağlık sorunları nedeniyle (%48.5-%70), geri çekmenin ise istenmeyen gebelik nedeniyle (%60) bırakıldığı belirlendi. Yöntem kullanma durumu ile ekonomik durum, istenmeyen gebelik öyküsü ve danışmanlık alma öyküsü arasında istatistiksel olarak anlamlı bir ilişki bulundu (p<0.05).

Sonuç: Kadınların yöntem tercih etme nedenleri arasında çoğunlukla; kullanım kolaylığı ve yüksek koruyuculuğun yer aldığı saptandı. Kadınların kullandığı kontraseptif yöntemi veya yöntemleri gelişen sağlık sorunları, istenmeyen gebelik durumu ve gebe kalma isteği gibi nedenlerle birçok kez bıraktığı belirlendi. Bu nedenle sağlık profesyonelleri tarafından kontraseptif yöntemlerin etkin kullanımının artırılması amacıyla çiftlere kontrasepsiyon danışmanlığı verilmelidir.

Anahtar Kelimeler: Kontrasepsiyon, kontraseptif, kadın sağlığı, üreme sağlığı, evli kadın

ABSTRACT

Objective: The purpose of this study was to determine the contraceptive preferences of married women between the ages of 18-49 and the causes of contraceptive discontinuation.

Methods: The research was conducted descriptive type with 200 married women who applied to a Family Health Service between March-July 2019. The data were collected through the participant introduction form created by the researchers.

Results: It was determined that the mean age of the women was 35.80 ± 7.35, 93% of them used a contraceptive (modern method: 63.9%, traditional method: 36.02). It was found that the withdrawal and condom were the most preferred contraceptives by women due to the ease of use (46.2% -37.5%) and the IUD because of high protection (62.5%). It was found that 22.5% of the women were not satisfied with the contraceptive they used, and 56.5% of them discontinued using contraceptive. It was determined that condom was discontinued due to partner request (discomfort) (82.5%), combined oral contraceptive and IUD due to health problems (48.5% -70%), and withdrawal due to unwanted pregnancy (60%). A statistically significant relationship was found between the use of the method and economic status, unwanted pregnancy, and counseling (p <0.05).

Conclusion: Among the reasons for women to prefer a contraceptive are mostly; ease of use and high protection. Women discontinued using the contraceptive method or methods they used many times due to health problems, unwanted pregnancy, and desire to become pregnant. Therefore, contraception counseling should be provided to couples by health professionals in order to increase the effective use of contraceptive methods.

Keywords: Contraception, contraceptive, women health, reproductive health, married woman

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Introduction

Contraception is the information, tools, and methods that enable individuals to decide whether and when to have children. This includes barrier methods such as pills, implants, intrauterine devices (IUD), surgical procedures, and condoms, and non-invasive methods such as the calendar method (UNFPA 2020). Contraceptive services are a Sustainable Development Goal that aims universal access to sexual and reproductive health services by 2030. (WHO 2018a). In 2019, out of 1.9 billion women of reproductive age, 842 million used contraceptive methods and 270 million had unmet contraception needs. The prevalence of using modern contraceptives among women of rose from 55% to 57.1% worldwide between 2000 and 2019 (Kantorová et al., 2020). According to the Turkey Demographic and Health Survey (TDHS) 2018 findings, frequency of use of any contraceptive methods of married women was 70% and 49% of them were modern contraceptives and 21% were traditional contraceptives THDS 2018). Contraception is a low-cost and effective way to save lives. Contraception enables women to determine the size of the family, to expand the time frame between births, and reduce the need for unsafe abortions by reducing the rate of unwanted pregnancy (UN 2019).

It is important that contraceptives are widely available and easily accessible to anyone who is sexually active, including adolescents. Contraceptives are not used by couples for many reasons including difficult geographical conditions, economic problems, health problems or side effects, low decision-making power, cultural and religious reasons, lack, or absence of contraceptive services (WHO 2018b). In women using contraceptives, dissatisfaction with the use of the contraceptive method is high. Approximately 50% of female contraceptive users report that they quit using a method because of dissatisfaction. Contraceptives dissatisfaction causes women to misuse or change the contraceptives frequently. It has been found that women perceive some contraceptives as safer, more effective and useful than others, and there is a relationship between the rate of using a particular method and perceived positive characteristics (Marshall et al., 2016). Having knowledge about contraceptives, increasing access to contraceptives significantly affects the choice and its effective use (Gavas and Inal, 2019).

The problem of unwanted pregnancy arises as a result of not using contraceptives effectively and

correctly. Unwanted pregnancies carry health risks such as delaying prenatal care, neglect of pregnancy, low birth weight, unsafe miscarriage, and child abuse (Bamufleh et al., 2017). Unwanted pregnancies can be prevented by correct and continuous use of contraceptives. Approximately 95% of unwanted pregnancies occur in one-third of women at risk who do not use contraceptives during the month of conception or use a method inconsistently or incorrectly. Contraception counseling by health professionals helps prevent unwanted pregnancies by encouraging sexually active individuals and couples to adopt and use the most appropriate and effective contraceptive methods for them (Pazol et al., 2015). However, there is no clear information on how best to provide contraception counseling to meet client needs and satisfaction (Cavallaro et al., 2019). The World Health Organization (WHO) 2016 Selected Practice Recommendations include guidelines for counseling content for each method (primarily side effects and protection against STDs), while the WHO 2018 Global Handbook for Family Planning Providers include recommendations on interpersonal qualities (including respect and confidentiality). Guidance is limited to the types of consulting services such as face-to-face and digital support (WHO 2016; WHO 2018c). In a study conducted by Zapata et al., it is recommended to address psychosocial determinants of behavior (e.g. perceived benefits or barriers to contraception use) and setting goals as components of contraception counseling. The focus has been on focusing on the quality of the interaction between the counselor and the client (e.g. establishing relationship), adapting the discussions to meet the individual needs of the patients, and the importance of contraception counseling (Zapata et al., 2015). In addition, for the provision of effective contraceptive services, it is necessary for health professionals to know the factors affecting the selection and use of contraceptive methods (Kutlu et al., 2014).

In this way; in our study aims to shed light on the importance of contraception counseling, the preferences of married women between the ages of 18-49 on the use of contraceptives and causes of discontinuation were examined.

Methods

This study was carried out between March-July 2019 with the aim of determining the preferences of married women between the ages of 18-49 on using contraceptives and the causes of discontinuation as a descriptive research. The sample of the study

consisted of the 200 married women in the age range of 18-49 who applied to the Family Health Centre, who were 18 years of age and older, mentally healthy, and agreed to participate in the study. After the researchers provided information about the study, the Informed Consent Form was signed by the participants. Data collection was carried out through face-to-face interviews in Family Health Centre. Data collection took an average of 10-15 minutes. The data collection form was prepared by the researchers based on the relevant literature (Gavas ve Inal, 2019; Johnson et al., 2013; Kutlu et al., 2014; Pazol et al., 2015;). Expert opinion was received after the the data collection form was created. The data collection form consisting of 30 questions (16 closed-ended and 14 open-ended questions) including sociodemographic characteristics (age, education level, economic status etc.), obstetric characteristics (age of menarche, number of pregnancies and abortions, number and type of births, unwanted pregnancy status etc.) and characteristics of contraceptive

method use (contraceptive method preference reasons, contraceptive method usage period, contraceptive method discontinuation reasons and complaints etc.) of participants. The analysis of the data was performed with the SPSS 20 package program using percentage, frequency, average, Kruskal-Wallis test and, Mann-Whitney U test.

Results

The mean age of the women participating in the study was 35.80 ± 7.35 , and the mean duration of marriage was 13.07 ± 8.48 years. 46% of the women were primary school graduates and 44% of them had an income equal to expenditure (Table 1). The mean age of first menstruation was 13.00 ± 1.65 and 52% of the women had a normal menstrual cycle frequency (21-28 days). The mean first gestational age was 22.88 ± 6.89 . 13.5% of the women had a history of miscarriage, 18% had a history of abortion, and 14.5% had a history of unwanted pregnancy (Table 2).

Table 1. Socio-demographic characteristics of women (n = 200)

Variable	X±SD	Min-Max
Age	35.80±7.35	20-49
Spouse age	39.36±8.29	22-61
Marriage age	22.73±4.46	12-40
Duration of marriage	13.07±8.48	1-31
Age groups	n	%
≤30	54	27.0
31-40	92	46.0
40 <	54	27.0
Education level		
Primary and middle school	92	46.0
High school	53	26.5
University and above	55	27.5
Spouse education level		
Primary and middle school	82	41.0
High school	74	37.0
University and above	44	22.0
Economic status		
Income less than expenditure	57	28.5
Income equal to expenditure	88	44.0
Income mor than expenditure	55	27.5

When women's history of contraceptive use was examined, it was found that most of the women (93%) used a method. 63.9% of the women who used a contraception used a modern method, while 36.0% used the traditional method. The most commonly used contraceptives were withdrawal (36%), condoms (34.4%), and IUD (17.2%), respectively. In the decision of using contraception, the couple's desire to use the contraceptive was 36%

effective, contraception counseling was 21.5%, and only their own desire was 20%. When the reasons for preferring contraception among women were examined, the most common reason for preferring withdrawal and condom method was the ease of use (46.2%-37.5%), high level of protection (64.5%) as the reason for preferring IUD, and the reason for preferring combined oral contraceptives was frequent therapeutic use (44.4%). All women stated

that they no longer want to have children as the reason for preferring the tubal ligation method. All of the women who did not use contraceptives stated that they did not use it because they wanted to get

pregnant. 53.5% of the women were using the current method for 1-5 years. 22.5% of the women who used a contraceptive were not satisfied with the contraceptive they used (Table 3).

Table 2. Menstrual and obstetric characteristics of women (n = 200)

Variable	X±SD	Min-Max
Menarj age	13.00±1.65	10-19
First gestational age	22.88±6.89	15-49
Number of pregnancies	2.22±1.60	0-10
Menstruation cycle frequency (days)	n	%
<21	31	15.5
21-28	104	52.0
28<	65	32.5
Menstruation time (days)		
≤7	163	81.5
7<	37	18.5
A history of abortion		
Yes	27	13.5
No	173	86.5
A history of miscarriage		
Yes	195	97.5
No	5	2.5
A history of unwanted pregnancy		
Yes	29	14.5
No	171	85.5

When women's cases of discontinuation contraceptives were examined, 56.5% of women had changed the contraceptive they used previously. 16.7% of women who changed their contraception method had changed two or more methods. The methods that were discontinued were condom (35.3%), combined oral contraceptive (30.9%), IUD (26.5%), and withdrawal (26.5%), respectively. 82.5% of the women reported the discomfort of their spouse as the reason for not using condoms. 48.5% of them stated amenorrhea, hypermenorrhea, and health problems due to weight gain and headache as the causes of discontinuation combined oral contraceptive. Similarly, 70% of women who no longer used IUD reported the reason as due to mostly hypermenorrhea and menorrhagia, embedded IUD, and health problems due to the displacement or expulsion of IUD. As a striking result, 60% of women who discontinued the withdrawal stated that they had an unwanted pregnancy. It was found that 25% of the women received contraception counseling and they mostly received counseling from midwives and nurses (52%) (Table 3).

A significant relationship was found between the use of a contraception method and economic status, unwanted pregnancy, and counseling. It was found

that women whose economic status is "income less than their expenditures", who have an unwanted pregnancy history, and who did not receive counseling services on contraception used traditional methods more (p< 0.05) (Table 4.)

Discussion

In this study, the preferences of married women between the ages of 18-49 on contraception method use and causes of discontinuation were examined. As a result of the study, it was determined that the majority of women used a contraceptive. According to World Bank data; in 2014, the rate of contraceptive use in the world was 62.4%, 71% in OECD countries, 69% in high-income countries, 64% in middle-income countries, and 52% in low-income countries (Worldbank 2020). In a study conducted, 80.3% of women use a contraceptive with 48.6% using modern while 31.7% used traditional contraceptives (Karacali and Ozdemir, 2018). According to the Turkey Demographic and Health Survey 2018 data, 70% of women in Turkey use a modern or a traditional contraceptive method (THDS 2018). Since our work was conducted in a large metropolis, the rates of using contraception methods are thought to be significantly above averages of Turkey and the World Bank data.

Table 3. Characteristics of women using contraceptives (n = 200)

Variable	n	%
Current contraceptives usage status		
Yes	186	93.0
No	14	7.0
Contraceptives type(n=186)		
Modern methods	119	63.9
Traditional methods	67	36.0
Contraceptives (n=186)		
Withdrawal	67	36.0
Condom	64	34.4
IUD	32	17.2
Tubal ligation	13	6.9
Combined oral contraceptive	9	4.8
Calendar method	1	0.5
Decision of using contraceptive (n=186)		
Couple's desire	72	38.7
Contraception counselling	43	23.1
Own desire	40	21.5
Spouse desire	18	9.6
Advice of relatives	13	6.9
Reasons for preferring withdrawal (n=67)*		
Ease of use	31	46.2
High level of protection	24	35.8
Concerns and negative perceptions about other methods	24	35.8
Others (spouse factor, religious reason etc.)	10	14.9
Reasons for preferring condom (n=64)*		
Ease of use	24	37.5
Concerns about other methods	20	31.2
Spouse desire	12	18.7
High level of protection	10	15.6
Reasons for preferring IUD (n=32)*		
High level of protection	20	62.5
Protection for a long time	12	37.5
Ease of use	4	12.5
Reasons for preferring combined oral contraceptive (n=9)		
Therapeutic use	4	44.4
High level of protection	3	33.3
Ease of use	2	22.2
Contraceptive usage time		
1-5 years	107	53.5
5-10 years	54	27.0
10 years and above	39	19.5
Contraceptive satisfaction		
Yes	155	77.5
No	45	22.5
Change contraceptive status		
Yes	113	56.5
No	87	43.5
Number of contraceptive changes (n=113)		
One time	94	83.1
Twice	15	13.2
Three times	4	3.5
Discontinued contraceptives (n= 113)*		
Condom	40	35.3
Combined oral contraceptive	35	30.9
IUD	30	26.5
Withdrawal	30	26.5
Combined contraceptive injection	4	3.5
Condom causes of discontinuation (n=40)		
Partner request (due to discomfort)	33	82.5
Economic reason	4	10.0
Unwanted pregnancy	3	7.5

Table 3. (Devam) Characteristics of women using contraceptives (n = 200)

Variable	n	%
Combined oral contraceptive causes of discontinuation (n=35)		
Health problems	17	48.5
- Amenorrhea and hypomenorrhea	12	34.2
- Weight gain and headache	5	14.3
Pregnancy desire	13	37.1
IUD causes of discontinuation (n = 30)		
Health problems	21	70.0
- Hypermenorrhea and menorrhagia	10	33.3
- Embedded IUD	7	23.3
- IUD displacement or expulsion	4	13.3
Pregnancy desire	7	30
Withdrawal causes of discontinuation (n=30)		
Unwanted pregnancy	18	60
Partner request (due to discomfort)	12	40
Receive contraception counseling		
Yes	50	25
No	150	75
Health professional providing contraception counselling		
Doctor	24	48
Nurse and midwife	26	52

* More than one option

Table 4. Comparison of women's characteristics of contraceptive use with sociodemographic characteristics (n = 200)

Variable	Use of contraceptives				Test and p value
	Modern		Traditional		
	n	%	n	%	
Age groups					
≤30	35	18.7	17	9.1	.732
31-40	52	27.8	34	18.2	p=.694
40 <	32	17.1	17	9.1	
Education level					
Primary and middle school	51	27.3	37	19.8	1.944
High school	33	17.6	14	7.5	p=.163
University and above	35	18.7	17	9.1	
Economic status					
Income less than expenditure	16	8.6	37	19.8	38.903
Income equal to expenditure	68	36.4	14	7.5	p= .000*
Income mor than expenditure	35	18.7	17	9.1	
A history of unwanted pregnancy					
Yes	23	12.3	6	3.2	5.244
No	97	51.3	74	33.2	p= .022*
Receive contraception counseling					
Yes	48	25.9	2	0.5	-5.626
No	71	38.4	68	35.1	p=.000*

Man Whitney U test Z value(Z_{MWU}), Kruskal Wallis test X² value (X²_{KW}) * p < 0.05

Contraceptive use as well as the rates of using modern and traditional contraceptives are important for success. In a study conducted on the use of contraceptives in America and European countries, it was found that combined oral contraceptive and condoms were used frequently in all countries (Johnson et al., 2013). In a study conducted in Iran,

it was found that women most frequently used combined oral contraceptive, withdrawal, and condoms (Sarvestani et al., 2017). 70% of women in our country used a contraceptive and the most common contraceptives are withdrawal, condom, and IUD (THDS 2018). This result is consistent with the results of studies carried out in Turkey

while it is different from other studies. It is thought that this difference is caused by socioeconomic and cultural factors on a country basis.

Withdrawal is used commonly as a traditional contraceptive method. The use of traditional contraceptives increases the rate of unwanted pregnancy. In a study conducted in Iran, it was reported that 24% of women used the withdrawal, and the main reason for using the contraceptive was the perception that the withdrawal was reliable and negative perceptions of modern contraceptives. It was found that 73% of women were concerned about the risk of method failure and unwanted pregnancy (Sarvestani and Khoo, 2019). In another study conducted with 300 women in Iran, it has been determined that the average length of using the withdrawal is 6.5 years, that it is preferred more in terms of its cost, that it doesn't require medical advice, no side effects, and ease of use (Rahnama et al., 2010). In the study examining the knowledge, perceptions, and experiences of women in Turkey related to withdrawal, the reasons for its frequent use was that it is reliable, that it is the spouse's preference, that it is safer, and it is easier or more convenient than other contraceptives (Yanikkerem et al., 2006). According to the TDHS 2018 data, the withdrawal is the most frequently used contraceptive with a rate of 20% (THDS 2018). Socio-economic status and education level, support or barriers to the use of contraceptives by men, having no costs and being accessible in all situations, and not having any religious objection to the use of the method are influential in the preference of the withdrawal method (Turk and Terzioglu, 2012). Similarly, as a result of this study, it was determined that the withdrawal, which is the most frequently used contraceptive, was used for its ease of use, high level of protection, concerns, and negative perceptions about modern methods, spouse desire, and religious reasons. What stands out among these reasons is undoubtedly the belief of women that the contraceptive has a high level of protection. The success of the withdrawal depends on personal factors, and most of the unwanted pregnancies occur among the couples using this contraceptive. Unwanted pregnancies are associated with a range of adverse health, economic, social, and psychological consequences affecting women and children, families, and society. In a study, it was found that 17% of total pregnancies were unwanted and there was a high rate of interest in the withdrawal (Sarvestani and Khoo, 2019). Another study conducted with 4634 women in the USA

reported that 33% of women at risk of unwanted pregnancy used the withdrawal at least once in 30 days (Jones et al., 2014). In a study conducted in Turkey, it is reported that unwanted pregnancies occurred in 53.1% of women using the withdrawal method, 54.3% of women using modern contraceptive methods, 16.3% of women (Ay et al., 2012). As a result of this study, it was found that women who used the withdrawal method had more unwanted pregnancy history. In a study, it was determined that the withdrawal is often preferred due to its advantages such as having no side effects, ease of access and cost and that spouses want to take responsibility in family planning and to protect their spouses from the possible negative effects of contraceptives. In addition, the lack of quality care and knowledge in existing family planning services and avoiding visiting a healthcare facility, which requires time and money and can be intimidating, were perceived as additional advantages by some users (Ortayli et al., 2005). The frequently preferred of withdrawal should not be ignored. Within the scope of contraception counseling, the withdrawal method should be discussed free from prejudices, as a contraceptive option and the reasons for its preference should be determined, and counseling should be supported with information about the fertility period and easy access to emergency contraception.

Determining the causes of contraceptive discontinuation is important in ensuring the continuity of the method. The Family Planning Organization reported that 38% of women discontinued using a modern contraception method in the past, most frequently due to side effects/health reasons, method failure, and the desire to use a more effective method. (Family Planning 2016). In a study conducted by WHO in 19 countries; 38% of women found that they discontinued using methods due to method-related reasons (WHO 2012). In a study conducted, it was reported that 7-12% of women were not satisfied with the method they used and that the most common reasons for changing their methods were pregnancy desire, being uncomfortable with side effects, and health risks related to use (Johson et al., 2013). In a study conducted with 4224 women, it was found that the most common causes of contraceptive discontinuation were the desire to become pregnant (6.56%) and method failure (2.76%) (Sato et al., 2020). Similarly, in another study conducted with 6927 women, it was found that the pregnancy desire (45.6%), method problems (30.1%), and the use of

methods with the questions of getting pregnant while using it (O'Fallon et al., 2018). In this study, it was determined that 22.5% of women were not satisfied with the contraceptive they used due to health problems, unwanted pregnancy, and difficulty in accessing the method. Within the scope of contraception counseling, information should be provided about the method's protection mechanism, its level of protection, potential health problems and side effects, and clients should be evaluated according to the individual characteristics and a contraceptive recommended accordingly.

The availability and accessibility of contraception services facilitate the choice of contraceptive methods suitable for women's personal characteristics and health conditions (Kirici et al, 2020). In a study conducted with 334 women, it was found that the IUD, condom, and combined oral contraceptive were the most common contraceptives that women thought to choose before consulting, while it was found that the preference of IUD among women increased and the preference of other methods decreased after counseling. In addition, it was determined that women thought that the most important factor affecting the choice of the method after contraception counseling was that they thought the method was safer, and 95.2% of them preferred the first method recommended by the contraception counseling staff (Kirici et al., 2020). In another study, it was found that the advice and information about the use of contraception from a general practitioner or specialist physicians have the greatest effect on women in choosing the type of contraceptives. However, it was found that contraceptive pills and condoms were the most recommended contraceptive methods for women by physicians and this result was consistent with the rate of use (Sarvestani et al., 2017). As a result of this study, women who receive counseling preferred modern contraceptives more. Based on the study results, contraception counseling is an important factor in women's preferences of contraception methods and increases the use of modern methods. In addition, within the scope of contraceptive counseling, rather than recommending a certain contraceptive to a couple, it is necessary to offer appropriate method options according to the individual characteristics and needs of the individuals. The choice of method should be made by the client, not the consultant.

In this study, it was found that the use of traditional methods was higher in women with low income and who did not receive counseling.

According to the TDHS 2018 data, the unmet need for contraceptive methods in our country is 12% (THDS 2018). The high level of using traditional methods and not using methods in women with low income or who think they have a lack of information is important as it may indicate inequalities in access to health services. Contraception counseling plays a key role in women's choice of method. For this reason, accessible and quality counseling services should be provided to all adolescents and adults in need of contraception.

Conclusion and Recommendations

As a result of this study, it was found that although most of the women used a method, withdrawal was the first preferred method. Women discontinued using contraceptive many times for many reasons. It was determined that contraception counseling plays an important role in the use of modern contraceptives. Therefore, contraception counseling should be provided to couples by health professionals in order to increase the effective use of contraceptives. Given the fact that counseling is often provided to women, contraception counseling should aim to reach couples by involving men at all levels of services. Within the scope of this service, it is recommended to provide training on the use and benefits of contraception, correct misconceptions about contraception, increase accessibility, and services at institutional levels. In addition, more extensive studies are needed on the different factors that prevent the use of contraception and how these factors can be addressed.

Ethics Committee Approval: The approval of the ethics committee was obtained from the Istanbul University Social and Humanities Research Ethics Committee (No:2018/113552). Permission was also obtained from the Family Health Center where the research was carried out. The information in the voluntary consent form was explained to the participants, and their verbal consents were obtained. In this research, the principles of the Declaration of Helsinki were followed.

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What did the study add to the literature?

- Most of the women used a method, withdrawal was the first preferred method.
- Women using the withdrawal method are at risk of unplanning pregnancy.
- Contraception counseling plays an important role in the use of modern methods.
- Among the reasons for women to prefer a method are mostly; ease of use and access, concerns and negative perceptions about other methods, and high protection.
- Women mostly abandoned the method they used for reasons such as developing health problems, unwanted pregnancy, and desire to become pregnant.

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