



The Opinions of Married Women Living in the Metropolitan Area of Turkey on the Family Planning Method they Use: A Qualitative Research

Türkiye'de Büyükşehirde Yaşayan Evli Kadınların Uyguladıkları Aile Planlaması Yöntemine İlişkin Görüşleri: Nitel Bir Araştırma

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Abstract

Objective: This research was conducted to examine the views of women on four different types of family planning they use.

Materials and Methods: The period of time for this qualitative study was January through February 2023. 33 Istanbul-based women made up the study's sample. In order to create the greatest possible diversity, the study's participants' women were divided into groups according to their use of intrauterine devices (IUDs), combination oral contraceptives (COC), condoms, and withdrawal methods.

Results: Based on information from 33 interviews with Turkish women, this qualitative research. Four different family planning strategies, the decision-making process, attitudes regarding the impact of family planning on sexual life, and four major themes were identified in the article. It has been observed that women are influenced by the environment and health personnel in family planning method choices and decision-making processes, they benefit from the internet, and their spouses are competent in the decision-making process.

Conclusion: In this study, it was found that gender norms gave men the authority to decide on reproduction; this means that their partner usually has the final say on the number of children a woman has or planning a pregnancy. The fact that women do not have their own preferences is beneficial in terms of documenting these preferences and concerns of health personnel, as well as integrating them into the design, implementation and evaluation of the intervention, taking into account their caution towards interventions.

Keywords: Family planning, condom, combined oral contraception, intrauterine device

Özet

Amaç: Bu araştırma, kadınların kullandıkları dört farklı aile planlamasına yönelik görüşlerini incelemek amacıyla yapılmıştır.

Gereç ve Yöntem: Nitel tipte yapılan bu araştırma Ocak-Şubat 2023 tarihleri arasında gerçekleştirildi. Araştırmanın örneklemini İstanbul'da yaşayan 33 kadın oluşturdu. Araştırmaya katılan kadınlar rahim içi araç (RİA), kombine oral kontraseptif (KOK), kondom ve geri çekme yöntemlerine göre kategorize edildi ve maksimum çeşitlilik örnekleme tekniğiyle sağlandı.

Bulgular: Bu nitel çalışma, Türkiye'de yaşayan kadınlarla yapılan 33 görüşmeden elde edilen verilere dayanmaktadır. Makalede dört farklı aile planlaması yöntemi, karar verme süreci, aile planlamasının cinsel yaşama etkisi ile ilgili inançlar ve 4 ana tema belirlenmiştir. Kadınların aile planlaması yöntem seçimlerinde ve karar verme sürecinde çevre ve sağlık personelinin etkilendikleri, internetten yararlandıkları ve karar verme sürecinde eşlerinin yetkin oldukları görülmüştür.

Sonuç: Bu çalışmada cinsiyet normlarının erkeklere üreme konusunda karar verme yetkisi verdiği; bu, bir kadının sahip olduğu çocuk sayısı veya hamileliği planlaması konusunda son sözü genellikle eşlerinin söylediği anlamına gelir. Kadınların kendi tercihlerinin olmaması, sağlık personelinin bu tercih ve kaygılarının belgelenmesinin yanı sıra, müdahalelere karşı temkinli olmalarını dikkate alarak, müdahalenin tasarımı, uygulanması ve değerlendirilmesine entegre edilmesi açısından faydalıdır.

Anahtar Kelimeler: Aile planlaması, kondom, kombine oral kontraseptif, rahim içi araç.

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Introduction

Family planning (FP) programs should adopt the principle of informed choice as well as guidance with the goal of providing individuals with a wide choice of birth control methods. Giving everyone equal choice is a fundamental right and it is necessary to meet the individuals diverse needs. However, a number of barriers, including both supply and demand factors, limit an individual's reach and actual choice. This is because there are 214 million women in developing countries who need unmet modern birth control methods.^{1,2} In these countries, the high number of births ranks first among the causes of maternal death. Therefore, the effective provision of FP services makes significant contributions to the protection and development of women's and children's health as well as the health of society by preventing excessive fertility, which adversely affects maternal and infant health.^{3,4}

FP services were legalized in Turkey in 1965 and it is aimed to spread their use day by day until today. Current data still report that the use of low-reliability traditional methods is quite common.^{5,6,7} Family planning and sexual health concerns are still taboo subjects to discuss in Turkey according to studies on access, method choice, and attitudes.^{8,9,10} Individuals' knowledge about FP methods, their beliefs, and their accessibility to FP methods significantly affect their decisions and choices whether to use methods or not.⁸ Although the use of modern methods is not common among women who use of family planning methods, it will be a guide for the development of reproductive health to identify the confounding factors related to the whole process in women who use any method.^{9,10} Presenting a perspective on the cause of the problem is to prevent excessive fertility that adversely affects maternal and infant health. There are very few studies on women's access to FP methods, their use problems or their disuse. This study was conducted in qualitative type in order to examine the views of women on family planning method used.

Method

Study Desing

This study was conducted in a qualitative type in order to examine women's views on the family planning method they use. COREQ notification was used in the design and notification of the study.¹¹

Population and Sample Size of the Study

In the study, a maximum diversity sampling method was used from purposeful sampling methods to determine the individuals to be sampled.⁹ Purposeful sampling is a sample selection method that makes it possible to obtain rich content information appropriate to the purpose of the study, which is especially preferred in qualitative research.^{12,13}

In qualitative research, the sample can be an individual, a group, a culture, an event, or a specific phenomenon experienced by the individual. The sample is determined in line with the research question and purpose. Sample size varies according to the qualitative research approach, the variety of the selected sample, and the participant's ability to provide sufficient information. On the other hand, due to the nature of qualitative research, as in the case study, an individual alone can constitute a research sample.^{14,15,16}

In this context, the intrauterine device was categorized into four groups: combined oral contraceptives, condoms, and women using the withdrawal method. 33 women were interviewed, including women with OCS 7, intrauterine device (IUD) 8, withdrawal 10, and condom 8. The sampling inclusion process was stopped after being repeated and interviewed by two more different women. The study included women who were active in sex life for eleven years, who had been using current family planning management regularly for the past year, and who volunteered to participate in the study. Women who had a barrier to speech and comprehension had sexual health problems and were pregnant or planning pregnancy during the research were not included.

Data Collection Tools

The semi-structured questionnaire prepared by the researcher by scanning the literature consisted of questions including age, education and marital status, occupation, and duration of using family planning methods.^{17,18} The form consisting of six questions was arranged to provide detailed data on the subject and to guide the researcher during the interview.

Data Collection Method

Data were collected from women who applied to a private hospital in Istanbul and volunteered to participate in the study. The data were collected by individual in-depth interview method using a semi-structured interview form. In semi-structured interviews, participants and researchers may deviate from the list of topics and ask questions as needed. The one-on-one interviews took place on the internet platform at times that were convenient for each participant. The relaxed and conversational interview format, which gave each participant a chance to speak and included flexibility to make it easier for the participants to convey their feelings, views, and experiences, attracted attention. Before the interview, each participant was made aware that audio and video recording will take place and their voluntary agreement was sought. At the volunteer's request, the interviews were audio and video recorded. Using a computer software, the interviews were recorded verbatim and evaluated. Each interview lasted between 60 and 90 minutes total.

Evaluation of Data

The descriptive data obtained from the questionnaire forms were reported numerically. In analyzing the data, the participants' voice recordings were converted into a text word by word. The data obtained from the interview were analyzed through content analysis. Content analysis requires an in-depth analysis of the collected data and allows for the uncovering of previously unclear themes and dimensions. The basic process of content analysis is to bring together similar data within the framework of certain concepts and themes and to interpret them by arranging them in a format that the reader can understand. After the one-on-one interviews were over, the audio recordings were listened to repeatedly by the researchers and transferred to the computer environment as the participants said. The written statements were read again and again, and the same, similar, and different expressions were grouped. The grouped expressions were re-evaluated within and the most repeated expressions and the main themes and sub-themes of the research were determined. Integrity was ensured by checking the relationship of the sub-themes that make up the themes among themselves and the relationship of each theme with the others. No statistical program was used in the analysis of qualitative data. In the coding, analysis, and preparation of the research report of the data, support was received from a faculty member who is competent in the field of qualitative research. For reliability, the encoders (2 people) were evaluated independently of each other and 80% similarity was obtained. Each participant's own abstract was read and eligibility was obtained. To ensure the internal reliability (consistency) of the research, all of the findings were given directly without comment. In the interview data, findings, and discussion section; it was indicated exactly as it was in quotation marks and in italic font.

Ethical Approval

Permission was obtained from Non-Interventional Clinical Research Ethics Committee before the research (Ethics Committee Date: 25.01.2023 No: 7). At the beginning of each interview, participants were informed about the study. The consent, which stated that the participation was voluntary, and that all data would be stored securely and kept confidential, was obtained from each participant before the interview. It was ensured that the records obtained were kept by paying attention to the articles of the law on the protection of personal data.

Results

The mean age of the women included in the study was 31 ± 6.40 years. Of the women, 39.4% (n=13) reported that they were university graduates, 75.8% (n=25) reported that their income was equal to their expenses, and 24.2% (n=8) had no children. Participants reported using existing FP methods for 3.42 ± 1.47 years.

The data obtained from the interview were collected under 4 main themes.

- Decision-making process
- Effect on sexual life
- Disadvantages of the method
- Opinions about the method

Decision-Making Process

The issue of how the process of deciding and starting the family planning method used by women within the framework of the first theme and the factors affecting it was examined. It was seen that women were most affected by the environment and health personnel, benefited from the internet or their husbands decided to choose the method (Table 1).

Table 1: Selection/Decision Making Process of Family Planning Method Used by Women (n=33)

	Method	Codes
Family Planning Method Selection/Decision Making Process		
	Retraction (n=10)	Spouse's desire (n=5), Shame (n=3), Hearing from the environment (n=2), Increasing pleasure (n=2) , Simple (n=2)
	Condoms (n=8)	Clean (n=4), Hearing from the environment (n=4), Self-will (n=3)
	COC**(n=7)	Medical personnel (n=3), Internet (n=4)
	IUD (n=8)	Absolute Protection (n=4), Health Problems (n=3), Reliable (n=4), Medical personnel (n=2), Comfortable (n=2)

* Intrauterine device, ** Combine oral contraceptive

Below are examples of expressions related to the process of deciding and starting the family planning method used by women.

- Retraction 1:** "... My husband decided to herself that she said so she chose. "
- Retraction 2:** "... We didn't decide to choose any method that would be the simplest, easiest and most comfortable, and that's what I heard from around...", "... What can I do if my husband wants to? ... "
- Retraction 4:** "... because my husband was uncomfortable with the condom, and because it made me itch. My husband told me that there was a risk of getting pregnant that I also investigated it. The people at the health clinic wanted to give counseling, but I didn't want to, I was ashamed...", "... My husband is a bit backward..."
- Retraction 7:** "... I explained the situation to the nurse lady at the family health center and she told me about the withdrawal method."
- Retraction 9:** "... When I first got married, I was so embarrassed...", "... For the first 2 months of our marriage, my husband used the withdrawal method..."
- Condom 1:** "... I didn't get a consultation, and I didn't know I was given a counseling for it...", "... I've always gotten ideas from the people around me who use it..."
- Condom 2:** "... I heard that it was a condom that protected pregnancy in the most precise way, so we used it..."
- Condom 3:** "... They suggested condoms, my husband was not very interested in using condoms, he asked about other methods, we decided to use condoms because he was against me using pills..."
- Condom 4:** "When we first got married, I told my husband that I found the condom more hygienic..."
- COC 4:** "... The midwife at the health clinic told me the methods, told me to come to regular check-ups if I had a spiral fitted, and I didn't want to be examined from below all the time..."
- COC 5:** "... That legendary pool of information called YouTube..."
- COC 6:** "... In fact, the biggest factor in my preference for this method is that I can use the secret from Murat whenever I want and I can leave it whenever I want, so in fact, the ropes are in my hands..."
- IUD 1:** "... I had health problems. I think IUD is the right protection to provide..."
- IUD 3:** "... we chose this method because it is such a guaranteed method than other methods."
- IUD 4:** "... The doctor said what do you intend to use as a method of contraception, come to the hospital after you are forty and look at our family planning without an appointment...", "... I went to family planning and they immediately welcomed me and asked if I had a method in mind...", "... the spiral came the most logical because it doesn't bother..."

The Effect on Sexual Life

The effect of the family planning method used by women within the framework of the second theme on sexual life was examined. While the majority of women who used the withdrawal and IUD method had a positive effect on their sexual life, it was found that those who used condoms had a negative effect and COC did not affect it (Table 2).

Table 2. The Effect of the Family Planning Method Used by Women on Sexual Life (n=33)

The Effect of Family Planning Method on Sexual Life	Method	Codes
	Retraction (n=10)	It had no effect (n=3), increased pleasure (n=5), increased pleasure (n=3)
	Condoms (n=8)	No effect (n=2), Reduced pleasure (n=6), Presence of plastic (n=4)
	COC **(n=7)	There was no effect (n=7),
	IUD (n=8)	No effect (n=2), Positive effect (n=4)

* Intrauterine device, ** Combine oral contraceptive

Below are examples of expressions related to the effect of the family planning method used by women on sexual life.

- Retraction 1:** "... it didn't make an impact..."
- Retraction 4:** "... He (his husband) gets more pleasure..."
- Retraction 5:** "... We can enjoy it more..."
- Condom 1:** "... It doesn't affect my sex life very much..."
- Condom 3:** "... We get less fulfillment..."
- Condom 7:** "... I feel like something plastic is out there...", "... we can't enjoy it..."

Condom 8: "... my husband said it was like you didn't feel anything, so I mean, you don't feel anything like a plastic thing throwing a stone into a well..."

COC 3: "... I don't think it affects much..."

COC 4: "... He didn't do anything to me because of reluctance..."

IUD 1: "... positively impacted our sex life..."

IUD 3: "... nothing changed, and I felt safer..."

IUD 8: "... negatively affected my sex life..."

Disadvantages of the Method

The disadvantages of the family planning method used by women within the framework of the third theme were examined. Those who used the withdrawal method from women saw the fear of pregnancy, those who used condoms as expensive, interrupting intercourse and reducing sexual pleasure, those who used COC saw the fear of forgetting the drug, and those who took the medication every day and those who used IUDs saw the increase in bleeding as a disadvantage (Table 3).

Table 3. Perceived Disadvantages of the Family Planning Method Used by Women (n=33)

Perceived Disadvantages of the Family Planning Method	Method	Codes
	Retraction (n=10)	
Condoms (n=8)		Costly (n=5), Negative impact on sexual life (n=5)
COC ** (n=7)		Taking medication every day (n=7), fear of forgetting the medicine (n=4), Cost (n=4), Weight gain (n=3), Reducing the amount of bleeding (n=2)
IUD (n=8)		Increasing the amount of bleeding (n=7), Going to controls (n=1)

* Intrauterine device, ** Combine oral contraceptive

Below are examples of statements about the disadvantages they perceive regarding the family planning method used by women.

Retraction 1: "... If my period is delayed by a day, I wonder if I am pregnant..."

Retraction 4: "... I didn't encounter any negativity..."

Retraction 5: "... What I'm most afraid of in this is that if he can't keep himself. Fear is that. What if it can't hold? ... "

Retraction 6: "... my partner's interruption of the relationship, causing me to lose my sexual satiety, my lack of certainty of being able to conceive under my partner's will and control..."

Retraction 8: "... I wish I could trust my husband and keep it that way, but I don't trust her..."

Condom 1: "... the burning sensation increases, and even itching and irritation..."

Condom 2: "... it breaks up the relationship, which means it causes premature ejaculation..."

Condom 3: "... Economically costly...", "... It has negatively affected our sex life...", "... Before we used to use condoms, we had sexual intercourse more often..."

Condom 4: "... What if it's a bit pricey..."

COC 1: "... To be on medication every day..."

COC 2: Caused a lot of weight gain...", "... I began to experience spiritual changes...", "... because you have to drink every day, you drink according to your hour, for example, you should not forget, if you forget, it will be a problem..."

COC 4: "... there was a decrease in the amount of bleeding...", "... I had nausea, weakness and nervousness...", "it wasn't cheap..."

IUD 1: "... It prolongs the bleeding..."

IUD 2: "... I have a lot of currents..."

IUD 3: "... I bleed a lot of things..."

Opinions about the method

Within the framework of the fourth theme, women's views on family planning, customs and religious beliefs were examined. The vast majority of women stated that they did not hear, care or other methods were not permissible to use family planning in accordance with their religious beliefs, customs, and traditions (Table 4).

Table 4. *Women's Beliefs About the Use of Family Planning (n=33)*

Beliefs about the Use of Family Planning	Method	Codes
	Retraction (n=10)	Not a sin (n=6), I don't know (n=3), Another method is ghough (n=1)
	Condoms (n=8)	Not a sin (n=4), I don't know (n=3), Another method is ghough (n=2)
	COC ** (n=7)	It concerns me (n=2), not a sin (n=2),
	IUD (n=8)	Not permissible (n=2), Not a sin (n=3), Does it concern me (n=3)

* Intrauterine device, ** Combine oral contraceptive

Below are examples of expressions related to women's beliefs such as customs, customs, religious beliefs, and genders related to family planning.

Retraction 1: "... I think the woman should use the method; the man should not be given this right..."... I think it is not a sin, because it makes the most sense to be protected rather than to multiply without fuss, and it is also very suitable for our religion..."

Retraction 2: "... Even if it is contrary, I think it is better than having an unwanted pregnancy..."

Retraction 3: "... Do you know what's wrong with religion, having a woman tie her tubes..."

Condom 2: "... Why shouldn't it be in accordance with our customs and traditions, I think the reason for the children who wander outside is because of the families who think that it is customary..."

Condom 4: "... I don't think it's right to have a tube connected or something..."

COC 4: "... I don't think it's against our religious beliefs or our customs..."

IUD 3: "... They say it is not permissible from a religious point of view. I don't care..."

IUD 4: "... Religious beliefs don't interest me very much..."

Discussion

This qualitative study is based on data from 33 interviews with women living in Turkey. In the article, beliefs about four different family planning methods, the decision-making process, the effect of family planning on sexual life, and 4 main themes were determined. It was seen that women were influenced by the environment and health personnel in the family planning method choices and decision-making process, that they benefited from the internet, and that their husbands were competent in the decision-making process. In this study, it is stated that gender norms give men the authority to make decisions about reproduction; this means that their partner usually has the final say on the number of children a woman has or planning the pregnancy. It was reported that the sex lives of women who used withdrawal, which is one of the traditional methods, were positively affected. Women reported certain disadvantages in the 4 methods they used. In the study, the women's religious beliefs did not significantly influence their family planning decisions.

The challenges of increasing the use of modern contraception in Turkey and addressing the unmet need are well documented in health statistics and examined from various angles in the literature.^{18,20,21} According to the Turkish Demographic Health Survey (TNSA) 2018 data, 48.9% of married women are currently using a modern birth control method. Modern contraceptive use shows that according to 2013 data, it increased by only 3% in 2018.¹⁴ She reported that the women who participated in the research decided to use the method due to environmental factors, health personnel, and their spouses. In particular, while health personnel are effective in deciding the use of modern methods such as IUD and COC, spouses determine the use of traditional applications. In the study, women "... My husband decided to herself that she said so, she chose..." were seen. In a study, it was found that a high percentage (30.5%) of women used the withdrawal method due to the request of their husbands.²² In other studies, the rate of using the withdrawal method due to spouse preference varies between 28-62%.^{23,24} In the research examined, spousal preference has the highest rate in using the withdrawal method. The findings are consistent with our research. This shows that spouses have an effect on women's decision-making levels in the use of family planning methods. In addition, revealing the reasons why women prefer the FP methods they use plays a guiding role in the planning of FP services for health professionals. In this context, it is thought that planning consultancy

and training for the benefits of using safe and effective FP methods will be important in preventing the preference for FP methods with limited effect.

In Turkish society, sexuality and FP issues are seen as taboo due to the fact that they cannot be easily discussed and are among the difficult topics to talk about. It is necessary to provide FP counseling by health professionals so that women can talk about their sexual lives and decide on FP methods together with their partners, and the effects of FP methods on sexual life should be taken into consideration during the decision-making process.²⁴ In this context, it is extremely important to reveal the effect of FP methods on sexual functions and quality of sexual life. When the effect of the family planning method used by women within the framework of the second theme on sexual life was examined in the study findings, it was seen that the majority of women who used withdrawal and IUD methods had a positive effect on their sexual life, while those who used condoms had a negative effect because they reduced pleasure, and COC did not affect it. In the women's statements, especially those who use condoms "... *I feel like something plastic is out there...*", "... *we can't enjoy it...*" In a study, it was found that sexual function and quality of sexual life were moderate in women using the FP method.^{24,25} In other study findings, it was found that women who used the FP method had moderate sexual quality of life.^{20,25}

According to the Turkish Demographic Health Surveys (TNSA) 2018, the most frequently used FP methods by married women include withdrawal. This method is followed by condoms, IUDs, and tubal ligation, respectively. Similarly, in the studies carried out in our country, condoms, IUDs and tubal ligations are among the most common modern FP methods used by women, and withdrawal is the first among traditional FP methods.^{23,24} Among modern methods, the first place of the condom as the FP method used is thought to be due to its easy accessibility, ease of use, and protective feature against sexually transmitted diseases and cancer. In addition, this finding can be evaluated positively in terms of showing that women share the responsibility with their spouses in the choice of the FP method. The women included in the study were included as women who used condoms, OCS, IUDs, and withdrawals, which are among the most commonly used family planning methods. In the studies, it was determined that women chose the FP methods they used mostly because they were safe, easy to use, and the spouse's preference, while in this research, they were preferred for similar reasons; When the disadvantages of the methods were questioned, women who used the withdrawal method saw the fear of getting pregnant, those who used condoms were expensive, interrupting the relationship and reducing sexual pleasure, those who used COC were afraid of forgetting the drug and the thought of taking medication every day and those who used IUDs saw the increase in bleeding as a disadvantage.

The cultural values, attitudes, beliefs, and behaviors of the society affect the lifestyles and health conditions of the people. Fertility and family planning are associated with method use, religious beliefs, individual and community education level. Especially in Muslim countries, religious beliefs are the most important factor that constitutes an obstacle to the use of family planning methods on the basis of having many children.^{25,26} In our country, it is observed that social structure, traditions, and religious beliefs have an impact on individual and community life.²⁷ Within the framework of the fourth theme, women's beliefs such as customs, customs, religious beliefs, and gender-related to family planning were examined. The overwhelming majority of women claimed that some of the portions about using family planning in accordance with your religious beliefs, customs, and traditions are not something they hear, care about, or otherwise embrace. Looking at the expressions of women, "... *They say it is not permissible from a religious point of view. I don't care...*" statements. In a study, 29.8% of women stated that they do not use family planning methods because it is a sin.²⁰ In one study, they stated that women with unmet FP needs were in a fatalistic approach. Their fatalistic approach has been very effective in not being protected from pregnancy at all, not being protected from pregnancy with an effective method, and not using their chosen methods of contraception regularly. In general, they have displayed an attitude about having children as 'If Allah will give it, it will be so and so will happen'. Women who believe that it is permissible to prevent pregnancy from a religious point of view and that it is a sin to miscarry willingly should be supported that it is religiously more appropriate to protect them with an effective method so that they do not experience an unwanted pregnancy and do not have to terminate this pregnancy with a voluntary miscarriage.

Conclusion

For family planning research and interventions to be successful in ensuring equitable and rights-based access to the FP, they must adopt a community- and women-centered approach by collaboratively exploring the norms, religion, and lifestyle factors surrounding the FP. In the findings of the research, it was reported that the spouses were effective in making decisions, that their sexuality was not affected, that they were not affected religiously, and that they saw some disadvantages in its use. Fertility preferences play an important role in explaining low FP intake. However, while gender norms limit women's choice of reproduction, they also cause conflicting norms about fertility planning. More research is needed that explores the role of religion and destiny in determining family planning decisions; How these issues might prevent people from making their own decisions on FP and

children interval should be specifically questioned. The study serves as a starting point for efforts intended to raise awareness of the FP's alleged advantages for women's health and to improve access to them. Considering that women do not have their own preferences, it is important to make sure that health professionals are aware of their preferences and concerns and that they are taken into account during the design, implementation, and evaluation of the intervention. Midwives and nurses need to provide appropriate counseling and raise awareness, especially to women who apply to family health centers.

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