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The Effect of Women's Family Planning Method Use on Worry Level

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Abstract

Objectives: The research is aimed to determine the effect of women's family planning method use on worry level.

Methods: The sample of this descriptive study was composed of 339 women who applied to the outpatient clinics of a hospital in Trabzon between 15.05.2019-01.10.2019. Data from the study was collected via the personal data form and the Penn State Worry Questionnaire (PSWQ). Descriptive statistical methods, Cronbach Alpha reliability Test, t test in independent groups and ANOVA test were used to evaluate the research data. Before collecting data, permission to use the scale, research permission, ethics committee permission and written consent were obtained from the women participate in the research.

Results: The average age of the women involved in the study was 31.51±6.53. %51 of the women were high school graduates and %65.8 were housewives. %12.4 of women expressed concern about the family planning method they used. Women received an average score of 54.16±14.39 from PSWQ. The mean scores of women using oral contraceptives, condoms, intrauterine devices and withdrawal methods from PSWQ are respectively 52.19±9.17, 58.20±15.25, 46.84±14.97 and 59.38±13.82 found to be. The PSWQ mean scores of women 25-32 aged between, 6 Months-1 years married, living in a large family, has a pregnancy and a child, the family planning method he uses negatively affects his sexual life and his relationship with his wife, dissatisfied with the family planning method he and his wife use, not trusting the method, worried about the method, fear of pregnancy it was found to be higher than other women and the difference between groups was statistically significant ($p<0.05$).

Conclusion: Worry levels of women using withdrawal method were found to be higher than women using oral contraceptives and intrauterine devices, and worry levels of women were affected by different variables.

Keywords: Family planning, worry, woman, nursing.

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INTRODUCTION

Family planning (FP) is defined as couples' undertaking responsibilities in all respects in line with their decisions and having children whenever they want. FP helps couples to avoid undesired pregnancies, determine the duration between childbirths, decide when to have children by evaluating their age and economic conditions, and help infertile couples to have children. If FP, which has an important place in primary health care services, is not used sufficiently, many health and social problems arise (1). FP methods have two main goals. The first goal is to determine the durations between two pregnancies and the second is to control the delivery of more children. The three main elements that contribute to achieving these goals are knowledge, attitudes, and practices. Any of these factors affect the outcome of family planning (2).

Deciding on the FP method is one of the most sensitive and important issues for spouses. Many factors such as education, religious belief, and ethical and cultural values of the person may change this decision. The diversity of FP methods and applications increases personal freedom and determination (3). It is thought that this high diversity will also lead to indecision in spouses and increase anxiety levels.

Women stop using FP methods due to reasons such as not trusting the protectiveness of the methods, getting pregnant while using a method, pain, infections, difficulty in use, the spouse's unwillingness, dizziness, angriness, stomachache, nausea, weight gain, the thought that there may be a hormonal disorder, and wanting a child. Women who use intrauterine devices stop using them mostly due to bleeding (59.4%) and pain (33.3%); women using the withdrawal method stop using this method mostly since they do not trust the protectiveness of this method (57.4%); women using condoms stop using them mostly because their spouses do not want (46.1%); women using oral contraceptives OCS stop using this method mostly because they experience angriness, headache, and dizziness (54%) (4). These factors that lead women to stop using methods can affect women's psychology negatively.

In the study conducted by Çayan (4), it was determined that 35.6% of women conceived while using the method and that these women were using the withdrawal method (72.5%), condom (15.6%), OCS (3.9%), and intrauterine device (IUD) (%) 1.9) when they conceived. In the study of Helvacıoğlu et al. (5), it was determined that 27.8% of women had worries about the use of OCS and that they were most worried about weight gain (40.8%) and hair growth (25%). Women using the withdrawal method often have worries about conceiving (6,7). It was determined that couples using condoms were most worried about the tearing of the condom during sexual intercourse (8).

The problems women experience while using methods, their trust in the methods they use, the negative effects of the used method on sexual life, the lack of sufficient knowledge about the methods, the fear of conceiving while using the method, and the level of satisfaction with the methods lead to a risk of anxiety and reduced quality of life in women. There is a limited number of studies on FP methods and the worry phenomena in the literature. According to the Turkey Demographic and Health Survey (TDHS) reports, the most commonly used FP methods by women are withdrawal, condoms, intrauterine devices, and oral contraceptives (9,10). In this study, the most commonly used FP methods by women according to TDHS data were evaluated and the effect of these methods on the level of anxiety was examined. It is thought that the results will provide benefit the counseling services of nurses.

METHODS

Research Type, Population, and Sample

The descriptive study was conducted in a state hospital in Trabzon between 05/15/2019 and 10/01/2019. The sample size was calculated using the formula for known populations and 339 women were planned to be included in the study.

According to the calculated sample size, the aim was to reach an equal number of women using oral contraceptives (84 people), condoms (85 people), IUDs (85 people), and the withdrawal method (85 people).

Inclusion Criteria of Research

- Being married,
- Being at least a primary school graduate,
- Being aged between 18-49,
- Not being pregnant,
- Using one of the family planning methods (oral contraceptives, condoms, intrauterine devices, withdrawal) for at least 6 months,
- Not having a psychological problem,
- Not having a gynecological disease that prevents reproduction,
- Not having a sexually transmitted disease,
- Being able to communicate verbally,
- Voluntarily agreeing to participate in the research.

Exclusion Criteria of Research

- Having entered menopause naturally or with surgical methods,
- Using a method other than oral contraceptives, condoms, intrauterine devices, or the withdrawal method.
- Disagreeing to participate in the research.

A total of 339 married women who were at least primary school graduates, who were aged 18-49, who were not pregnant, who were using one of the FP methods (OCS, condom, IUD, withdrawal) for at least 6 months, and who did not have a psychological problem, gynecological disease or sexually transmitted disease were included in the study.

Women who had entered menopause naturally or with surgical methods and women who were using any method other than oral contraceptives, condoms, intrauterine devices, and the withdrawal method were not included in the study.

Data Collection

The research data were collected using a personal information form and the Penn State Worry Questionnaire (PSWQ) from the women who applied to the hospital's outpatient clinics, excluding the mental health and diseases outpatient clinics. The women were informed about the purpose and contributions of the research and the data collection tools were applied to the women who met the research criteria and volunteered to participate in face-to-face interviews. It took approximately 15-20 minutes to implement the data collection tools.

Data Collection Tools

Personal Information Form

The Personal Information Form was prepared by reviewing the literature and includes questions regarding the participants' socio-demographic characteristics (age, age of marriage, education and income level, employment status, family type, duration of marriage, and information about the spouse), obstetric characteristics (number of pregnancies and births, history of risky pregnancy, and loss of pregnancy), the FP method used, and sexual life characteristics (frequency of sexual intercourses, sexual self-evaluation, general communication with the spouse, FP method used for the last six months, duration of using the method, the effect of the FP method on sexual life and the relationship with the spouse, satisfaction of the woman with the FP method, satisfaction of the spouse with the FP method, trust in the FP method, worry about the FP method, and fear of pregnancy).

Penn State Worry Questionnaire (PSWQ)

PSWQ was developed by Meyer et al. in 1990. The Turkish reliability and validity of the questionnaire were established by Yılmaz et al. in 2008. The questionnaire evaluates the severity, prevalence, and controllability of general and persistent worry that is not specific to any subject. It is widely used in the evaluation of clinical practice and research on pathological worry. The questionnaire consists of 16 items. Participants evaluate the extent to which each item describes themselves on a 5-point Likert-type scale ranging from "1 = Does not describe me at all" to "5 = Describes me very well". The original PSWQ is in a single-factor structure. A single total score is obtained by summing the scores of all items. Of the 16 items of PSWQ, 11 are straight-scored and 5 (1, 3, 8, 10, and 11) are reverse-scored. The score obtainable from the questionnaire ranges from 16 to 80. An increase in the total score indicates an increase in the level of pathological worry. The psychometric analyses showed that the Turkish PSWQ has a single-factor structure as in the original version and that the evaluation should be made according to the total score (11,12).

The corrected item-total correlations of the questionnaire ranged from 0.32 to 0.75. The Cronbach alpha and split-half reliability coefficients of the questionnaire are 0.91 and the test-retest reliability coefficient is 0.88 (12).

Ethical consideration

Permission was taken from the author via e-mail to use the Penn State Worry Questionnaire in the study. To carry out the research, permission

(Annex-4) was taken from the Trabzon Provincial Directorate of Health, and institutional permission was taken from the hospital where the research was carried out. Ethics committee approval dated 04/04/2019 and numbered 2019/17 was received from the Clinical Research Ethics Committee of the University of Health Sciences, Kanuni Training and Research Hospital. Written informed consent was taken from the women who volunteered to participate in the study.

Statistical Analysis

The data were analyzed on the computer using the Statistical Package for Social Sciences (SPSS) for Windows 22 package program. Descriptive statistical methods including numbers, percentages, mean, standard deviation, minimum and maximum values for data analysis and Kurtosis and Skewness coefficients were used to check the normality distribution of the data. Independent samples t-test was used for the comparison of paired groups and One-Way Analysis of Variance (ANOVA) was used for the comparison of multiple groups. LSD and Dunnett-C tests were used for further analysis of the differences resulting from the Analysis of Variance. The internal validity of the questionnaire was evaluated using the Cronbach alpha coefficient. The data were tested and interpreted according to the significance level of 0.05.

RESULTS

The mean age of the women was 31.51±6.53 (20-49 years); the mean duration of marriage was 8.71±7.13 years (6 months-29 years); the mean age of marriage was 22.84±3.20 (15-39 years). Of the women, 52.2% were aged between 25-32; 51% were high school graduates; 65.8% were housewives; spouses of 53.4% were high school graduates; spouses of 49.9% were employees; 75.5% got married between the ages of 19-25; 43.7% were married for 1-5 years; 63.1% had a moderate income; 91.2% had a nuclear family; the place of longest residence of 56.3% was a town (Table 1).

The mean duration of the use of a method by women was 3.75±3.72 years. Of the women, 75.8% stated that they had been using the method for 1-5 years; 59% stated that the FP method they used did not affect their sexual life; 70.2% stated that the FP method they used did not affect their relationships with their spouses; 90% stated that they were satisfied with the FP method they used; 88.8% stated that their spouses were satisfied with the FP method they used; 86.7% stated that they trusted the FP method they used; 87.6% were not worried about the FP method they used; 63.4% were not afraid of conceiving (Table 2).

In our study, the mean score of the women on PSWQ was 54.16±14.39 and the Cronbach alpha value was 0.922 (Table 3).

The mean PSWQ score of the women using OCSs was 52.19±9.17; the mean PSWQ score of the women using condoms was 58.20±15.25; the mean PSWQ score of the women using IUDs was 46.84±14.97; and the mean PSWQ score of the women using the withdrawal method was 59.38±13.82. The mean PSWQ scores of the women were statistically different according to the FP method used ($p<0.05$). According to further analysis to determine the

Table 1. Distribution of Women According to Their Descriptive Characteristics (n=339)

Descriptive Characteristics	n	%
Age Group		
18-24 years	35	10.3
25-32 years	177	52.2
33-40 years	88	26.0
41 years and over	39	11.5
Education Level		
Primary school	26	7.7
Middle school	46	13.6
High school	173	51.0
Associate's degree	32	9.4
Bachelor's or higher degrees	62	18.3
Occupation		
Housewife	223	65.8
Government officer	41	12.1
Employee	51	15.0
Other	24	7.1
Education Level of the Spouse		
Primary school	10	2.9
Middle school	37	10.9
High school	181	53.4
Associate's degree	25	7.4
Bachelor's or higher degrees	86	25.4
Employment Status of the Spouse		
Unemployed	9	2.6
Government officer	89	26.3
Employee	169	49.9
Other	72	21.2
Duration of Marriage		
6 months-1 year	4	1.2
1-5 years	148	43.7
6-10 years	78	23.0
11-15 years	37	10.9
16 years and over	72	21.2
Age of Marriage		
18 years and below	28	8.3
19-25 years	256	75.5
26-30 years	50	14.7
31 years and over	5	1.5
Income Status		
Income < expenses	73	21.5
Income = expenses	214	63.1
Income > expenses	52	15.4
Family Type		
Nuclear family	309	91.2
Extended family	30	8.8
Place of Longest Residence		
Village	47	13.9
Town	191	56.3
City center	101	29.8

group from which the difference originated, the mean PSWQ score of the women using the withdrawal method was higher than the mean PSWQ score of the women using oral contraceptives and intrauterine devices (Table 4.)

Table 2. Distribution of Women's Characteristics Regarding the FP Method Used (n=339)

Characteristics	n	%
FP Method Used		
Oral contraceptives	84	24.7
Condom	85	25.1
Intrauterine device	85	25.1
Withdrawal	85	25.1
Duration of the Use of FP Method		
6 months-1 years	18	5.3
1-5 years	257	75.8
6-10 years	51	15.0
11-15 years	3	0.9
16 years and over	10	3.0
Effect of the FP Method on Sexual Life		
Positive	128	37.8
Negative	11	3.2
No effect	200	59.0
Effect of the FP Method on Relationship of Spouses		
Positive	97	28.6
Negative	4	1.2
No effect	238	70.2
Satisfaction of the Woman with FP Method		
Satisfied	305	90.0
Dissatisfied	34	10.0
Satisfaction of the Spouse with FP Method		
Satisfied	301	88.8
Dissatisfied	38	11.2
Trust in the FP Method		
Trustful	294	86.7
Untrustful	45	13.3
Worry about the FP Method		
Worried	42	12.4
Unworried	297	87.6
Fear of Conceiving		
Yes	124	36.6
No	215	63.4

In the comparison of women's mean PSWQ scores according to their descriptive characteristics, the differences found between the groups were statistically significant according to the age group (p=0.011), duration of marriage (p=0.09), and family type (p=0.018). In further analysis, the difference between the age group and the mean PSWQ

score originated from the mean scores of the women in the "25-32 age" group and the "33-40 age" group. The difference between the duration of marriage and the mean PSWQ score originated from the mean scores of the women who were married "1-5 years", "11-15 years", and "16 years and over" (Table 5).

In the comparison of women's mean PSWQ scores according to their obstetric characteristics, the differences found between the groups were statistically significant according to the number of pregnancies (p=0.000) and the number of living children (p=0.000). In further analysis, the difference found according to the number of pregnancies originated from the mean scores of the women who had "two pregnancies", "zero pregnancies", and "one pregnancy". The difference according to the number of living children originated from the mean scores of the women who had "two living children" and "one living child". The mean PSWQ scores were not statistically different according to the history of risky pregnancy and loss of pregnancy, (p>0.05) (Table 6).

Table 3. Descriptive Statistics and Reliability Coefficients of PSWQ

	n	Min.	Max.	Mean	SD.	Cronbach Alpha
Total	339	16.00	80.00	54.16	14.39	0.922

Table 4. Comparison of Women's PSWQ Scores According to the FP Method They Used (n=339)

Characteristics	n	Penn State Worry Questionnaire			
		Mean	SD.	Test Value	P
FP Method Used					
Oral contraceptives[a]	84	52.19	9.17	F=15.620	**0.000**
Condom[b]	85	58.20	15.25		
Intrauterine device[c]	85	46.84	14.97	Difference: a-d, c-d (Dunnett-C)	
Withdrawal [d]	85	59.38	13.82		

F:One-Way Analysis of Variance (ANOVA), Difference:LSD and Dunnett-C, SD:Standard Deviation

In the comparison of women's PSWQ scores according to the characteristics regarding the FP method used, the differences found between the groups were statistically significant according to the effect of the FP method on sexual life (p=0.006), the effect of the FP method on the relationship with the spouse (p=0.005), the satisfaction of the woman and the spouse with the FP method (p=0.000), the trust in the FP method (p=0.018), worry about the FP method (p=0.002), and the fear of conceiving (p=0.002). In further analysis, the difference between the effect of the FP method on sexual life and the mean PSWQ score originated from the mean scores of the women who stated that the FP method had a "negative effect" and the women who stated that the PF method had a "positive effect" and "no effect". The difference between the effect of the FP method on the relationship with the spouse and the mean PSWQ score originated from the women who stated a "positive effect" and the women who stated "no effect". The mean PSWQ scores of the women were not

statistically different according to the duration of the use of the FP method (p>0.05) (Table 7)

Table 5. Comparison of Women's PSWQ Scores According to Their Descriptive Characteristics (n=339)

Descriptive Characteristics	n	Penn State Worry Questionnaire			
		Mean	SD.	Test Value	P
Age Group					
18-24 years[a]	35	54.66	15.26	F=3.803	**0.011**
25-32 years[b]	177	56.42	13.00		
33-40 years[c]	88	50.74	15.16	Difference: b-c (Dunnett-C)	
41 years and over[d]	39	51.13	16.24		
Education Level					
Primary school	26	57.81	15.89	F=0.874	0.480
Middle school	46	52.41	11.20		
High school	173	54.79	15.01		
Associate's degree	32	53.22	14.43		
Bachelor's or higher degrees	62	52.65	14.06		
Occupation					
Housewife	223	54.10	14.84	F=0.346	0.792
Government officer	41	52.88	14.48		
Employee	51	55.78	13.86		
Other	24	53.42	11.12		
Education Level of the Spouse					
Primary school	10	58.70	10.23	F=0.968	0.425
Middle school	37	56.62	15.97		
High school	181	53.72	14.60		
Associate's degree	25	50.76	13.64		
Bachelor's or higher degrees	86	54.53	13.81		
Employment Status of the Spouse					
Unemployed	9	54.56	14.63	F=0.412	0.744
Government officer	89	53.48	14.52		
Employee	169	54.99	15.29		
Other	72	52.99	11.97		
Duration of Marriage					
6 month-1 year[a]	4	58.25	13.23	F=3.435	**0.009**
1-5 years[b]	148	56.74	13.59		
6-10 years[c]	78	54.44	12.26	Difference: b-d, b-e (LSD)	
11-15 years[d]	37	49.05	18.09		
16 years and over[e]	72	50.94	15.10		
Age of Marriage					
18 years and below	28	52.43	15.29	F=0.343	0.794
19-25 years	256	54.03	14.41		
26-30 years	50	55.74	13.88		
31 years and over	5	54.60	16.33		
Income Status					
Income < expenses	73	54.99	14.67	F=0.806	0.447
Income = expenses	214	54.43	14.24		
Income > expenses	52	51.88	14.67		
Family Type					
Nuclear family	309	53.58	14.42	t=2.373	**0.018**
Extended family	30	60.07	12.89		
Place of Longest Residence					
Village	47	57.66	13.35	F=1.626	0.198
Town	191	53.63	14.35		
City center	101	53.51	14.82		

F:One-Way Analysis of Variance (ANOVA), Difference:LSD and Dunnett C, t: Independent Samples t-Test

Table 6. Comparison of Women's PSWQ Scores According to Their Obstetric Characteristics

Obstetric Characteristics	n	Penn State Worry Questionnaire			
		Mean	SD	Test Value	P
Number of Pregnancies (n=339)					
None[a]	50	56.26	15.09	F=6.129	**0.000**
1[b]	114	57.59	12.39		
2[c]	93	49.48	14.89	Difference: a-c, b-c (LSD)	
3 pregnancies and over[d]	82	53.40	14.67		
Number of Living Children (n=289)					
None[a]	15	52.80	14.61	F=6.229	**0.000**
1[b]	106	58.10	12.09		
2[c]	101	49.82	15.13	Difference: b-c (Dunnett-C)	
3 children and over[d]	67	53.18	14.42		
History of Risky Pregnancy (n=289)					
Yes	50	57.12	13.63	t=1.818	0.070
No	239	53.10	14.32		
Loss of Pregnancy (n=289)					
Yes	44	55.98	14.46	t=1.101	0.272
No	245	53.41	14.22		

F:One-Way Analysis of Variance (ANOVA), Difference: LSD and Dunnett C, t: Independent Samples t-Test

DISCUSSION

Worry is considered a cognitive component of anxiety, the reaction that prepares the person for future risks. In two different studies conducted by Castillo et al. (13), the mean PSWQ scores of female participants were found to be 48.86±10.14 and 48.45±10.22. In the study conducted by Rodríguez-Biglieri and Vetere (14), it was found that female participants' mean score on PSWQ was 44.92±10.51. In the study of Bottesi et al. (15), women's mean score on PSWQ was 46.77±12.65. In the thesis study of İnegöl (16), the mean PSWQ score of female participants was reported as 48.47±9.30. In the present study, the mean score of women on PSWQ was found as 54.16±14.39. When the studies carried out with different samples were examined, it was thought that the difference in the mean PSWQ scores was due to the fact that the studies were conducted in societies with different value judgments and cultural characteristics and included different age groups.

Table 7. Comparison of Women's PSWQ Scores According to Their Characteristics regarding the FP Method They Used (n=339)

Characteristics	n	Penn State Worry Questionnaire			
		Mean	SD.	Test Value	P
Duration of the Use of FP Method					
6 months-1 year	18	54.89	14.04		
1-5 years	257	54.45	13.86		
6-10 years	51	51.98	16.36	F=1.296	0.271
11-15 years	3	42.00	28.58		
16 years and over	10	60.10	12.35		
Effect of the FP Method on Sexual Life					
Positive[a]	128	53.38	13.44	F=5.196	**0.006**
Negative[b]	11	67.64	8.12	Difference: a-b, b-c	
No effect[c]	200	53.92	14.92	(LSD)	
Effect of the FP Method on Relationship of Spouses					
Positive[a]	97	50.43	13.49	F=5.370	**0.005**
Negative[b]	4	64.00	25.46	Difference: a-c	
No effect[c]	238	55.51	14.29	(LSD)	
Satisfaction of the Woman with FP Method					
Satisfied	305	53.05	14.28	t=-5.240	**0.000**
Dissatisfied	34	64.12	11.36		
Satisfaction of the Spouse with FP Method					
Satisfied	301	52.92	14.25	t=-5.372	**0.000**
Dissatisfied	38	63.95	11.60		
Trust in the FP Method					
Trustful	294	53.44	14.42	t=-2.374	**0.018**
Untrustful	45	58.87	13.40		
Worry about the FP Method					
Worried	42	60.71	13.33	t=3.199	**0.002**
Unworried	297	53.23	14.31		
Fear of Conceiving					
Yes	124	57.29	13.74	t=3.084	**0.002**
No	215	52.35	14.47		

F:One-Way Analysis of Variance (ANOVA) Difference:LSD and Dunnett-C t: Independent Samples t-Test

The withdrawal method is still one of the most commonly used FP methods in our country since it is cost-free and accessible at any time. Although it is the most widely used FP method, the rate of dissatisfaction with the method is high. In the study conducted by Ateşer et al. (17), it was concluded that 51.6% of women using the withdrawal method were not satisfied with the method. Women who use the withdrawal method often do not enjoy their sexual life as they are worried about conceiving. It was found that 67.3% of women using the withdrawal method in the study of Çiftçioğlu and Erci (7) and 65.2% of women using the withdrawal method in the study of Yanıkkerem et al. (6) had worries about

conceiving. In the study conducted by Budak et al. (18), the rate of women who conceived while using the withdrawal method was found to be 31%. The withdrawal method interrupts sexual intercourse, negatively affects couples' sexual satisfaction and marital adjustment, and reduces sexual desire (19,20,21,22). In the study of Ercan (23), it was stated that the high rate of the use of the withdrawal method negatively affected women's health by causing an increase in undesired pregnancies, frequent births, miscarriages, and maternal and infant deaths. In our study, it was determined that the mean PSWQ score of women using the withdrawal method (59.38±13.82) was higher than the mean scores of those using oral contraceptives (52.19±9.17) and IUDs (46.84±14.97). It is thought that the higher worry level of women using the withdrawal method may be due to factors such as the use of the method by men and lack of control of women, the fear of conceiving, and the negative effects on sexual intercourse and marital adjustment.

It was determined that the mean PSWQ score of the women in the 25-32 age group (56.42±13.00) was higher than the mean PSWQ score of the women in the 33-40 age group (50.74±15.16). It is thought that the higher mean score of women in the 25-32 age group may be due to the fact that they newly started to use the FP method, women had a higher level of fear of conceiving in the early period, and they had uncertain conditions about the future.

In the study, it was determined that the mean score of the women who had been married for 1-5 years (56.74±13.59) was higher than the mean PSWQ scores of the women who had been married for 11-15 years (49.05±18.09) and 16 years or over (50.94±15.10). It can be suggested that the high PSWQ score of women who had been married for 1-5 years might have originated from their worries due to trying to get to know their spouses during this period, assuming new responsibilities along with marriage, and efforts to adapt to married life.

In our study, the mean PSWQ score of the women who had an extended family (60.07±12.89) was found to be higher than the mean PSWQ score of the women who had a nuclear family (53.58±14.42). It is thought that women living in extended families may be more worried due to difficulties in making their own decisions, not being able to maintain their sexual life freely, having more responsibilities compared to individuals in a nuclear family structure, limited social space, and not feeling economically sufficient.

In the 2018 TDHS report, it was reported that the mean ideal number of children for married women aged between 15-49 is 3.0 and the ideal mean number of living children is 2.3 (10). In the study of Yücel et al. (24), it was reported that the ideal number of children for women was 2.0±0.9 on average. In our study, it

was determined that 51.7% of the women had two or more pregnancies and that 58.1% had two or more children. When the relationship between the number of pregnancies and children and the worry levels of women was examined, it was found that the mean PSWQ score of the women who had two pregnancies was lower compared to the women who had one pregnancy and no pregnancy at all and that the mean PSWQ score of the women with two living children was lower than the mean PSWQ score of the women with one child. It is thought that having children at a planned number is effective in changing the level of worry of women according to the number of pregnancies and children. It can be suggested that having children as planned can reduce their worries about the future.

The level of sexual satisfaction affects the relationship of the spouses, the quality of this relationship, and marital satisfaction (25). Some women do not use any FP method since their sexual life is affected negatively and they are dissatisfied (26). It was determined that women who stated that the FP method they used negatively affected their sexual life had a higher mean PSWQ score than the women who stated that it had a positive effect or no effect at all and that the mean PSWQ score of the women who stated that the FP method they used had a positive effect on their relationships with their spouses was lower than the mean score of the women who stated that it had no effect at all. It can be said that women whose sexual life is negatively affected due to the method they use have reduced sexual satisfaction, thus their relationships with their spouses and marital satisfaction are impacted and women may worry about these issues.

It was determined that the mean PSWQ scores of the women who stated that they and their spouses were dissatisfied with the method they used, who were worried about the method they used, who did not trust the method, and who had fear of conceiving while using the method were higher than the mean PSWQ scores of the women who were satisfied with the method used, who were not worried about the method, who trusted the method, and who did not have fear of conceiving. It can be suggested that experiencing side effects and some problems related to the methods used may increase women's fear of conceiving and, accordingly, their worry levels. Furthermore, women who are dissatisfied with the method they use will not feel safe and will exhibit a concerned attitude due to the problems they experience.

CONCLUSION

In our study, it was determined that the worry levels of women who used the withdrawal method were higher than those who used oral contraceptives and intrauterine devices and that the worry levels of women varied according to age, duration of marriage, family type, number of pregnancies and

children, the effect of the FP method on sexual life and the relationship with the spouse, satisfaction of women and their spouses with the method used, trust in the method used, and the fear of conceiving.

According to the results of our research, it is recommended to develop scales that will evaluate women's worries about FP and measure their worry levels, carry out in-depth studies to determine the reasons for women's worries about FP, and examine the relationship between women's worries and FP.

Ethics Committee Approval: Ethics committee approval dated 04/04/2019 and numbered 2019/17 was received from the Clinical Research Ethics Committee of the University of Health Sciences, Kanuni Training and Research Hospital.

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