



Contraceptive Method Choice and Partner Decision-Making in Primary Care: A Cross-Sectional Study

Birinci Basamak Sağlık Hizmetlerinde Doğum Kontrol Yöntemi Seçimi ve Partnerin Karar Verme Süreci: Kesitsel Bir Çalışma

  Beyza Arpacı Saylar¹,  Fatma Karasabanoglu²,
 Sabah Tuzun³,  Mustafa Resat Dabak³

¹ Eyüpsultan District Health Directorate, İstanbul, Türkiye

² Haseki Research and Training Hospital, Department of Obstetrics and Gynecology, İstanbul, Türkiye

³ Haseki Research and Training Hospital, Department of Family Medicine, İstanbul, Türkiye

ORCID ID: Beyza Arpacı Saylar: <https://orcid.org/0000-0002-5810-115X>, Fatma Karasabanoglu: <https://orcid.org/0000-0002-2768-8218>

Sabah Tuzun: <https://orcid.org/0000-0002-8859-934X>, Mustafa Resat Dabak: <https://orcid.org/0000-0002-0200-5409>

***Sorumlu Yazar / Corresponding Author:** Beyza Arpacı Saylar e-posta / e-mail: bsaylar@biruni.edu.tr

Geliş Tarihi / Received : 03-03-2026

Kabul Tarihi / Accepted: 18-03-2026

Yayın Tarihi / Online Published: 30-04-2026

Arpacı Saylar B, Karasabanoglu F, Tuzun S, Dabak MR. Contraceptive Method Choice and Partner Decision-Making in Primary Care: A Cross-Sectional Study, J Biotechnol and Strategic Health Res. 2026;10(1):11-19

Abstract

Aim	Understanding contraceptive method preferences is essential for improving family planning services and reducing unintended pregnancies. In Türkiye, community-based evidence on contraceptive preferences and associated factors at the primary care level remains limited. To examine contraceptive method preferences and factors associated with method choice among sexually active women aged 15–49 years in Türkiye.
Materials and Methods	This cross-sectional study was conducted at a family health center in the Bağcılar district of Istanbul between January and March 2020. A structured 7-item questionnaire was administered to 223 sexually active women aged 15–49 years. Data on sociodemographic characteristics, parity, age at marriage, smoking status, current contraceptive method, and decision-maker regarding method choice were collected. Associations between contraceptive method preference and categorical variables were explored using chi-square or Fisher's exact tests, as appropriate.
Results	The most frequently reported contraceptive methods were male condoms (33.2%) and intrauterine devices (IUDs) (25.1%). Contraceptive method preference differed significantly according to decision-maker, age group, educational level, age at marriage, and parity (all p<0.001). Condom use was more common among younger women and when the male partner was the primary decision-maker, whereas IUD use was more frequent among women aged 30–39 years and those with higher parity. Smoking status was not associated with contraceptive method preference (p= 0.863). Multinomial logistic regression analysis showed that higher age and parity were independently associated with permanent method use, while male partner–driven decision-making significantly increased the likelihood of traditional method use compared with modern methods.
Conclusions	Contraceptive preferences among women of reproductive age attending primary care in Türkiye vary according to demographic characteristics and decision-making dynamics between partners. These findings highlight the importance of individualized, context-sensitive family planning counseling in primary care settings. Given the cross-sectional design, causal relationships cannot be definitively established. In particular, involving male partners in counseling processes may help reduce reliance on less effective traditional methods.
Keywords	contraceptive methods, family planning, intrauterine devices, condoms, primary care, Türkiye

Öz

Amaç	Kontraseptif yöntem tercihlerini anlamak, aile planlaması hizmetlerini geliştirmek ve istenmeyen gebelikleri azaltmak için esastır. Türkiye'de, birinci basamak düzeyinde kontraseptif tercihler ve ilişkili faktörlere ilişkin toplum temelli kanıtlar sınırlı kalmaktadır. Türkiye'de 15–49 yaş arası cinsel olarak aktif kadınlar arasında kontraseptif yöntem tercihlerini ve yöntem seçimi ile ilişkili faktörleri incelemek.
Gereç ve Yöntem	Bu kesitsel çalışma, Ocak–Mart 2020 tarihleri arasında İstanbul'un Bağcılar ilçesinde bir aile sağlığı merkezinde yürütülmüştür. 15–49 yaş arası cinsel olarak aktif 223 kadına yapılandırılmış 7 maddelik bir anket uygulanmıştır. Sosyodemografik özellikler, parite, evlenme yaşı, sigara içme durumu, mevcut kontraseptif yöntem ve yöntem seçimine ilişkin karar verici hakkında veriler toplanmıştır. Kontraseptif yöntem tercihi ile kategorik değişkenler arasındaki ilişkiler, uygun olduğunda ki-kare veya Fisher'in kesin testi kullanılarak incelenmiştir.
Bulgular	En sık bildirilen kontraseptif yöntemler erkek kondomları (%33,2) ve rahim içi araçlar (RIA) (%25,1) olmuştur. Kontraseptif yöntem tercihi, karar verici, yaş grubu, eğitim düzeyi, evlenme yaşı ve pariteye göre anlamlı olarak farklılık göstermiştir (tüm p <0,001). Kondom kullanımı genç kadınlar arasında ve erkek partnerin birincil karar verici olduğu durumlarda daha yaygınken, RIA kullanımı 30–39 yaş arası kadınlarda ve daha yüksek pariteye sahip olanlarda daha sık görülmüştür. Sigara içme durumu kontraseptif yöntem tercihi ile ilişkili bulunmamıştır (p = 0,863). Çok kategorili lojistik regresyon analizi, daha yüksek yaş ve paritenin kalıcı yöntem kullanımı ile bağımsız olarak ilişkili olduğunu, erkek partner odaklı karar verme sürecinin ise modern yöntemlere kıyasla geleneksel yöntem kullanım olasılığını anlamlı derecede artırdığını göstermiştir.
Sonuç	Türkiye'de birinci basamak b aşur an üreme çağındaki kadınlar arasında kontraseptif tercihler, demografik özelliklere ve partnerler arasındaki karar verme dinamiklerine göre değişmektedir. Bu bulgular, birinci basamakta bireyselleştirilmiş, bağlama duyarlı aile planlaması danışmanlığının önemini vurgulamaktadır. Kesitsel tasarım nedeniyle nedensel ilişkiler kesin olarak kurulamaz. Özellikle, danışmanlık süreçlerine erkek partnerlerin dahil edilmesi, daha az etkili geleneksel yöntemlere olan bağlılığı azaltmaya yardımcı olabilir.
Anahtar Kelimeler	doğum kontrol yöntemleri, aile planlaması, rahim içi araçlar, prezervatifler, birinci basamak sağlık hizmetleri, Türkiye

INTRODUCTION

Family planning (FP) is a fundamental component of sexual and reproductive health and is closely associated with improved maternal and child health outcomes, as well as the prevention of unintended pregnancies.^{1,2} Despite advances in contraceptive technologies and expanded access to FP services, unintended pregnancies remain a significant public health concern globally and particularly in middle-income countries.³

According to the Türkiye Demographic and Health Survey (TDHS) 2018, a substantial proportion of women of reproductive age report no desire for additional children; however, nearly one-third of these women do not use any family planning method.⁴ The most commonly used contraceptive methods in Türkiye are withdrawal, male condoms, intrauterine devices (IUDs), and tubal ligation.⁴ This discrepancy between fertility intentions and contraceptive practices highlights persistent gaps in effective counseling, informed decision-making, and access to appropriate contraceptive methods within the Turkish healthcare system. Previous studies have demonstrated that contraceptive method preference is associated with multiple demographic and relational factors, including age, educational level, parity, age at marriage, and partner involvement in decision-making.^{5,6} In sociocultural contexts where reproductive decisions are shaped by family structure and gender dynamics, partner participation particularly shared or partner-dominated decision-making has been shown to influence contraceptive choice and continuation.^{7,8}

Although national surveys such as the TDHS provide valuable population-level data on contraceptive use, community-based studies focusing on contraceptive method preferences and their associated demographic and relational factors remain limited in Türkiye. In particular, the influence of decision-making dynamics between partners on contraceptive method selection has not been sufficiently explored at the primary care level. Therefore, this study aimed to examine contraceptive method preferences and

factors associated with method choice among sexually active women aged 15-49 years in Türkiye.

MATERIALS and METHODS

Study Design and Setting

This study was designed as a cross-sectional, descriptive survey conducted at a family health center located in the Bağcılar district of Istanbul, Türkiye. Bağcılar is characterized by marked socioeconomic and cultural diversity, which was considered relevant for examining contraceptive preferences within a heterogeneous urban population.

Study Period

Data were collected between January 2020 and March 2020, prior to the declaration of the COVID-19 pandemic in Türkiye. The study was completed before pandemic-related disruptions to healthcare access and utilization.

Participants

The study population consisted of sexually active women aged 15–49 years who attended the family health center during the study period.

Inclusion criteria were:

- Female sex
- Age between 15 and 49 years
- Being sexually active
- Voluntary participation and provision of verbal informed consent

Exclusion criteria were:

- Pregnancy at the time of the survey
- Postmenopausal status
- Inability to complete the questionnaire due to cognitive or communication barriers

Sampling Method and Sample Size

A convenience sampling method was used, enrolling eligible participants who presented to the family health center during the study period. While this approach facilitated

feasibility, it limited the generalizability of the findings.

Sample size estimation was performed using G*Power version 3.1. The calculation was based on detecting a moderate association (Cohen's $w = 0.30$) between contraceptive method preference and key categorical variables (such as age group and parity) using the chi-square test, with a type I error rate (α) of 0.05 and a power of 95%. The final sample size exceeded the minimum required number.

Data Collection Tool

Data were collected using a structured 7-item questionnaire administered face-to-face by trained healthcare personnel. The questionnaire included the following domains:

1. Sociodemographic characteristics (age, educational level, age at marriage)
2. Parity (number of living children)
3. Smoking status (smoker/non-smoker)
4. Current contraceptive method used (IUD, condom, bilateral tubal ligation, withdrawal, oral contraceptive pills, health professional guidance, or no method). The category "health professional" represented participants who reported receiving contraceptive counseling from a healthcare provider but did not specify a particular contraceptive method during the survey.
5. Decision-maker regarding contraceptive method choice was assessed with a single structured question asking participants who primarily decided on the contraceptive method used. Response options included: female participant, male partner, joint decision, or no expressed preference.

This variable was self-reported by participants during the face-to-face interview.

Choosing a contraceptive method was defined as the current use of any family planning method, regardless of fertility intention. Participants who reported not using any method were categorized as "no choice made." For regres-

sion analyses, contraceptive methods were grouped into three categories: traditional methods (withdrawal and other traditional methods), modern temporary methods (condoms, oral contraceptives, IUDs, and injections), and permanent methods (tubal ligation and vasectomy).

Ethical Approval

The study was approved by the Ethics Committee of Health Sciences University Haseki Training and Research Hospital (Approval No: 09/12/2020–226). All procedures were conducted in accordance with the Declaration of Helsinki. This study was derived from the medical specialty thesis of the first author.

Statistical Analysis

Statistical analyses were performed using IBM SPSS Statistics for Windows, Version 25.0 (IBM Corp. Armonk, NY, USA). Descriptive statistics were presented as frequencies and percentages for categorical variables, and as mean \pm standard deviation (minimum–maximum) for continuous variables.

Associations between categorical variables and contraceptive method preference were initially assessed using the chi-square test. Subsequently, multinomial logistic regression analysis was conducted to determine independent predictors of contraceptive method categories (traditional, modern temporary, and permanent methods). Contraceptive methods were grouped into three categories for regression analysis: traditional methods (withdrawal and other traditional methods), modern temporary methods (condoms, oral contraceptives, intrauterine devices, and injections), and permanent methods (tubal ligation and vasectomy). Modern temporary methods were used as the reference category. Only women currently using a contraceptive method were included in the regression model. Women who reported no contraceptive use were excluded from the multivariable analysis. In cases where expected cell counts were below five, Fisher's exact test was applied. A p-value of <0.05 was considered statistically significant.

RESULTS

A total of 223 women were included in the study. The mean age of the participants was 36.3 ± 7.3 years (range: 21–49). Regarding educational attainment, 59.1% had completed primary school, 15.2% high school, and 8.9% university education. Most participants had married between the ages of 18 and 24 years (70.4%), and 82.5% had two or more children. Eighteen percent (18.3%) of the participants reported current smoking.

The distribution of current contraceptive method preferences is presented in Table 1. The most frequently reported methods were male condoms (33.2%) and intrauterine devices (IUDs) (25.1%), followed by bilateral tubal ligation (13.5%), withdrawal (11.7%), and oral contraceptive pills (4.5%). A proportion of participants (8.0%) reported not using any contraceptive method.

Associations between contraceptive method preference and demographic or relational characteristics were explored using subgroup analyses (Table 2). In addition, a multinomial logistic regression analysis was performed to identify independent predictors of contraceptive method type after adjusting for potential confounders. Contraceptive preferences differed significantly according to the decision-maker for method selection ($p < 0.001$). When the male partner was the primary decision-maker, condom use was more frequent, whereas IUD use was more common when women reported making the decision themselves.

Contraceptive method preference also varied by age group ($p < 0.001$). Condom use was more frequent among women aged 20–29 years, while IUD use was most common among those aged 30–39 years. Among women aged 40–49 years, higher proportions of permanent or long-term methods were observed.

Educational level was significantly associated with contraceptive method preference ($p < 0.001$). Higher educa-

tional attainment was accompanied by increased condom use, whereas IUD use was more prevalent among women with lower educational levels. Similarly, age at marriage showed a significant association with method preference ($p < 0.001$), with condom and oral contraceptive pill use increasing among women who married at later ages.

		% (n)
Age (years)	20-29	21.1 (47)
	30-39	39.9 (89)
	40-49	39.0 (87)
Education Level	Illiterate	3.1 (7)
	Literate but uneducated	13.4 (30)
	Primary School	59.1 (132)
	High School	15.2 (34)
	University	8.9 (20)
Marriage Age (Years)	<18	15.6 (35)
	18-24	70.4 (157)
	25-34	13.9 (31)
Contraceptive method	IUDs	25.1 (56)
	Condoms	33.2 (74)
	Bilateral Tubal Ligation	13.5 (30)
	Withdrawal	11.7 (26)
	Oral Contraceptive Pills	4.5 (10)
	Health Professional	4.0 (9)
	No Choice Made	8.0 (18)
Parity (Number)	0	7.1 (16)
	1	10.3 (23)
	≥ 2	82.5 (184)
Smoking Status	Non-smoker	81.6 (182)
	Smoker	18.3 (41)

IUDs: Intra Uterine Devices. "Health professional" indicates participants who reported relying on healthcare provider counseling without specifying a specific contraceptive method.

Parity was significantly associated with contraceptive method preference ($p < 0.001$). Women with two or more children more frequently reported IUD use and permanent methods compared with women with lower parity. In contrast, smoking status was not significantly associated with contraceptive method preference ($p = 0.863$). After

Table 2. Distribution of contraceptive method preferences according to demographic and relational characteristics								
Character-istic	Condoms % (n)	IUDs % (n)	Bilateral Tu-bal Ligation % (n)	Withdrawal % (n)	OCP % (n)	Health professional % (n)	No method % (n)	p-value
Decision-maker								
Female	31.7 (39)	41.4 (51)	9.8 (12)	0.8 (1)	8.9 (11)	4.1 (5)	3.3 (4)	<0.001
Male	35.0 (21)	5.0 (3)	26.7 (16)	30.0 (18)	–	1.7 (1)	1.7 (1)	
Joint deci-sion	64.3 (18)	17.9 (5)	–	17.9 (5)	–	–	–	
No expressed preference	16.7 (2)	16.7 (2)	41.7 (5)	25.0 (3)	–	–	–	
Age group (years)								
20–29	44.7 (21)	10.6 (5)	–	12.8 (6)	10.6 (5)	8.5 (4)	4.3 (2)	<0.001
30–39	33.7 (30)	36.0 (32)	11.2 (10)	7.9 (7)	2.2 (2)	5.6 (5)	3.4 (3)	
40–49	26.4 (23)	21.8 (19)	23.0 (20)	14.9 (13)	3.4 (3)	4.5 (4)	5.0 (5)	
Education level								
Illiterate	–	85.7 (6)	–	–	14.3 (1)	–	–	<0.001
Literate, no formal education	20.0 (6)	20.0 (6)	23.3 (7)	13.3 (4)	3.3 (1)	10.0 (3)	10.0 (3)	
Primary school	25.8 (34)	27.3 (36)	17.4 (23)	15.2 (20)	3.0 (4)	6.1 (8)	5.3 (7)	
High school	50.0 (17)	20.6 (7)	–	5.9 (2)	5.9 (2)	11.8 (4)	5.9 (2)	
University	85.0 (17)	5.0 (1)	–	–	10.0 (2)	–	–	
Age at marriage (years)								
<18	5.7 (2)	28.6 (10)	40.0 (14)	8.6 (3)	2.9 (1)	8.6 (3)	5.7 (2)	<0.001
18–24	33.8 (53)	28.0 (44)	9.6 (15)	13.4 (21)	3.2 (5)	5.7 (9)	6.3 (10)	
25–34	61.3 (19)	6.5 (2)	3.2 (1)	6.5 (2)	12.9 (4)	6.5 (2)	3.2 (1)	
Parity								
0	37.5 (6)	6.2 (1)	–	–	12.5 (2)	6.2 (1)	6.2 (1)	<0.001
1	41.7 (10)	12.5 (3)	–	16.7 (4)	–	16.7 (4)	12.5 (3)	
≥2	31.5 (58)	28.3 (52)	16.3 (30)	12.0 (22)	4.3 (8)	5.4 (10)	2.2 (4)	
Smoking status								
Non-smoker	32.8 (60)	25.7 (47)	25.7 (47)	10.4 (19)	4.9 (9)	6.0 (11)	3.0 (6)	0.863
Smoker	35.0 (14)	22.5 (9)	12.5 (5)	17.5 (7)	2.5 (1)	5.0 (2)	5.0 (2)	
Abbreviations: IUD, intrauterine device; OCP, oral contraceptive pill. Statistical note: Chi-square test was used unless expected cell counts were <5, in which case Fisher's exact test was applied. While subgroup analyses were exploratory, multivariable regression was additionally performed to identify independent predictors. p-values represent univariate associations obtained from chi-square or Fisher's exact tests.								

excluding women who reported no contraceptive use, multinomial logistic regression analysis including age, educational level, parity, age at marriage, smoking status, and decision-maker demonstrated that increasing age and higher parity were independently associated with a greater likelihood of using permanent contraceptive methods compared with modern temporary methods ($p < 0.05$). Earlier age at marriage was also significantly related to permanent method use. Furthermore, when the male partner was the primary decision-maker, the likelihood of using traditional methods rather than modern methods increased significantly, even after adjustment for other variables ($p = 0.001$). This association remained significant after controlling for age, education, parity, and smoking status, indicating an independent effect of partner decision-making on contraceptive method type. Detailed multinomial logistic regression results, including adjusted odds ratios (aORs) with 95% confidence intervals, are presented in Table 3. Male partner-driven decision-making was strongly associated with traditional method use compared with modern temporary methods (aOR=12.65, 95% CI: 4.62–34.74)

DISCUSSION

This study examined contraceptive method preferences and factors associated with method choice among women of reproductive age attending a primary care setting in Türkiye. The findings indicate that contraceptive preferences differ according to demographic characteristics, parity, age at marriage, and decision-making dynamics between partners. To our knowledge, this is one of the few primary care-based studies in Türkiye evaluating partner decision-making dynamics in contraceptive choice. These results contribute to the limited community-based evidence on contraceptive preferences in Turkish primary care settings.

Consistent with data from the Türkiye Demographic and Health Survey (TDHS), male condoms and intrauterine devices (IUDs) emerged as the most commonly preferred

contraceptive methods in this study.⁷ While national survey data report high rates of traditional method use, including withdrawal, the relatively higher prevalence of modern methods observed in the present sample may be related to the primary care setting and access to counseling services. Differences between national estimates and local findings have also been reported in previous Turkish studies and may reflect regional, socioeconomic, and health-care access variations.^{8,9}

Table 3. Multinomial logistic regression analysis of factors associated with contraceptive method type

Predictor	Traditional vs Modern temporary aOR (95% CI)	p	Permanent vs Modern temporary aOR (95% CI)	p
Age (per 1-year increase)	1.07 (0.99–1.17)	0.092	1.13 (1.02–1.24)	0.014
Age at marriage (per 1-year increase)	0.82 (0.70–0.97)	0.021	0.83 (0.70–0.98)	0.031
Education level (per 1-level increase)	0.54 (0.25–1.16)	0.115	0.82 (0.42–1.60)	0.560
Parity (per additional child)	0.52 (0.27–0.99)	0.047	1.58 (1.08–2.30)	0.018
Smoking (yes vs no)	0.93 (0.27–3.23)	0.904	0.70 (0.20–2.54)	0.591
Decision-maker: male partner (vs female)	12.65 (4.62–34.74)	<0.001	6.10 (2.14–17.35)	0.001

Modern temporary methods were used as the reference outcome category. Women who reported no contraceptive use were excluded from the regression analysis. Traditional methods consisted primarily of withdrawal in this dataset.

Decision-making dynamics played an important role in contraceptive preferences. The multivariable analysis further confirmed that male partner-driven decision-making was independently associated with a higher likelihood of traditional method use, even after controlling for socio-demographic and reproductive variables. When contraceptive decisions were made jointly or by female participants, IUD use was more frequent, whereas condom use predominated when male partners were the primary decision-makers. Previous studies have emphasized that

partner involvement and shared decision-making are associated with greater satisfaction and continuity of contraceptive use.^{6,7} In sociocultural contexts where reproductive choices are influenced by family dynamics, understanding the role of decision-makers may help tailor counseling strategies in primary care settings. This finding can be interpreted within the framework of gender power dynamics and reproductive autonomy, where male-dominated decision-making may limit women's access to or acceptance of more effective modern contraceptive methods. These findings support the concept that contraceptive decision-making is not solely an individual behavior but a relational process shaped by partner dynamics within the household. Age and parity were also associated with contraceptive preferences. These findings suggest that reproductive life stage strongly influences the shift from temporary to permanent contraceptive strategies. Younger women more frequently preferred condoms, whereas IUD use was most common among women aged 30–39 years and those with higher parity. This pattern aligns with previous studies indicating that women with completed or near-completed family size tend to favor long-acting or permanent methods, while younger women prefer reversible methods that allow flexibility in fertility planning.¹⁰⁻¹² Educational level and age at marriage were similarly associated with method choice, suggesting that life course factors and reproductive planning trajectories may influence contraceptive behavior. However, this association did not remain statistically significant after adjustment in the multivariable regression model.

Smoking status was not associated with contraceptive preferences in this study. This finding is consistent with previous research indicating that lifestyle factors may play a limited role in method selection compared with demographic and reproductive characteristics.¹³

The timing of data collection represents an important contextual consideration. Data were collected in early 2020, prior to the COVID-19 pandemic. Since then, significant

changes have occurred in healthcare access, service delivery, population mobility, and sociodemographic structures in Türkiye, partly influenced by the pandemic and regional migration related to neighboring conflicts.^{14,15} These factors may affect current contraceptive preferences and access patterns, and therefore the findings should be interpreted within the context of the pre-pandemic period. Several limitations should be acknowledged. First, the cross-sectional design precludes causal inference, and the observed associations should not be interpreted as cause-and-effect relationships. Second, the use of convenience sampling limits the generalizability of the findings. Third, socioeconomic status was not directly measured, which represents an important limitation given its known influence on contraceptive access and choice. Fourth, multiple subgroup comparisons were conducted as part of exploratory analyses; although appropriate statistical tests were applied, the results should be interpreted with caution. Future studies incorporating longitudinal designs, comprehensive socioeconomic measures, and larger, more representative samples are warranted. Additionally, contraceptive use and decision-making variables were self-reported, which may have led to underreporting of traditional method use due to social desirability.

CONCLUSION

Despite these limitations, the findings underscore the importance of individualized and context-sensitive contraceptive counseling in primary care. Addressing demographic characteristics, reproductive history, and decision-making dynamics between partners may enhance informed choice and satisfaction with contraceptive methods. Strengthening family planning services at the primary care level remains essential for reducing unintended pregnancies and improving reproductive health outcomes in Türkiye. In addition to demographic and reproductive factors, partner decision-making dynamics appear to play a critical role in contraceptive method choice. Integrating couple-centered counseling approaches into primary care family planning services may improve the uptake of effec-

tive modern contraceptive methods and reduce reliance on less effective traditional practices.

Ethical Approval

The study was approved by the Ethics Committee of Health Sciences University Haseki Training and Research Hospital (Approval No: 09/12/2020–226). All procedures were conducted in accordance with the Declaration of Helsinki. This study was derived from the medical specialty thesis of the first author.

Peer-review

Externally and internally peer-reviewed.

Authorship Contributions

Concept: B.A.S., F.K., S.T., M.R.D., Design: B.A.S., F.K., S.T., M.R.D., Data Collection or Processing: B.A.S., F.K., S.T., M.R.D., Analysis or Interpretation: B.A.S., F.K., S.T., M.R.D., Literature Search: B.A.S., F.K., S.T., M.R.D., Writing: B.A.S., F.K., S.T., M.R.D.

Conflict of Interest

No conflict of interest was declared by the authors.

Funding

–The authors declared that this study received no financial support.

References

1. Starrs AM, Ezeh AC, Barker G, et al. Accelerate progress—sexual and reproductive health and rights for all: Report of the Guttmacher–Lancet Commission. *The Lancet*. 2018;391(10140), 2642–2692. [https://doi.org/10.1016/S0140-6736\(18\)30293-9](https://doi.org/10.1016/S0140-6736(18)30293-9)
2. Gavin L, Moskosky S, Carter M, et al. Providing quality family planning services: Recommendations of the CDC and the U.S. Office of Population Affairs. *MMWR Recommendations and Report*. 2014;63(RR-04), 1–54.
3. Howard SA, Benhabbour SR. Non-hormonal contraception. *Journal of Clinical Medicine*. 2023;12(14), 4791. <https://doi.org/10.3390/jcm12144791>
4. Hacettepe University Institute of Population Studies. Türkiye Demographic and Health Survey 2018. Ankara, 2019; Türkiye. http://www.sck.gov.tr/wp-content/uploads/2020/08/TNSA2018_ana_Rapor.pdf
5. Mody SK, Cansino C, Ribbe R, et al. Contraceptive use among women with medical conditions: Factors that influence method choice. *Seminars in Perinatology*. 2020;44(5), 151310. <https://doi.org/10.1016/j.semperi.2020.151310>
6. Robinet L, Jeffredo A, Clesse C. Factors influencing contraceptive choice during the postpartum period: A qualitative systematic review. *Journal of Midwifery & Women's Health*. 2023;68(2), 265–286. <https://doi.org/10.1111/jmwh.13471>
7. Bianchi-Demicheli F, Perrin E, Bianchi PG, et al. Contraceptive practice before and after termination of pregnancy: A prospective study. *Contraception*. 2003;67(2), 107–113. [https://doi.org/10.1016/S0010-7824\(02\)00475-4](https://doi.org/10.1016/S0010-7824(02)00475-4)
8. Vural F, Vural B, Çakıroğlu Y. The effect of combined antenatal and postnatal counselling on postpartum modern contraceptive use: A prospective case–control study in Türkiye. *Journal of Clinical and Diagnostic Research*. 2016; 10(4). <https://doi.org/10.7860/JCDR/2016/16931.7641>
9. Özsoy S, Aksu H, Akdolun-Balkaya N, et al. Knowledge and opinions of postpartum mothers about the lactational amenorrhea method: The Turkish experience. *Breastfeeding Medicine*. 2018; 13(1), 70–74. <https://doi.org/10.1089/bfm.2017.0046>
10. Téfouet NM, Vouking MZ, Essi MJ. Couples' competencies in immediate postpartum family planning. *Pan African Medical Journal*. 2019;32, 172. <https://doi.org/10.11604/pamj.2019.32.172.15050>
11. Rutaremwa G, Kabagenyi A, Wandera SO, et al. Predictors of modern contraceptive use during the postpartum period among women in Uganda. *BMC Public Health*. 2015;15, 262. <https://doi.org/10.1186/s12889-015-1611-y>
12. Podolsky V, Gemzell-Danielsson K, Marions L. Contraceptive experience and perception among Ukrainian women. *BMC Women's Health*. 2018;18(1), 159. <https://doi.org/10.1186/s12905-018-0651-8>
13. Harrison MS, Zucker R, Scarbro S et al. Postpartum contraceptive use among adolescents and young adults. *Journal of Pediatric and Adolescent Gynecology*. 2020; 33(4), 393–397. <https://doi.org/10.1016/j.jpag.2020.03.012>
14. World Health Organization. Maintaining essential health services: operational guidance for the COVID-19 context. 2020; WHO.
15. United Nations High Commissioner for Refugees. Türkiye: Operational update. 2022;UNHCR.