



ARAŞTIRMA / RESEARCH

Attitudes of couples towards withdrawal method in birth control

Çiftlerin doğum kontrolünde çekilme yöntemine yönelik tutumları

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Abstract

Purpose: The aim of this study was to determine the attitudes of couples towards withdrawal method.

Materials and Methods: 245 couples (490 individuals) between the ages 15-49 who use the withdrawal method took part in the study. Data was collected using a questionnaire and the Withdrawal Method Attitude Scale were used for data collection..

Results: The study shows that average scores and positive attitudes towards the withdrawal method was higher in women than men, higher in people with lower levels of education than high levels of education. The differences in all cases were statistically significant. Women also recorded higher scores and more positive attitudes than men when it came to the five sub dimensions of the withdrawal method attitude scale and the differences between them were statically significant.

Conclusion: This study provides important information for health professionals, due to the positive attitudes of couples towards the withdrawal method. It is recommended that the withdrawal method should be integrated into the education and consultancy services provided in the field of family planning.

Keywords: withdrawal method, family planning, couples, attitude

Öz

Amaç: Bu çalışmanın amacı çiftlerin geri çekme yöntemine ilişkin tutumlarının belirlenmesidir.

Gereç ve Yöntem: Çalışmanın örneklemini geri çekme yöntemini kullanan 15-49 yaş aralığında olan 245 çift (490 birey) oluşturmuştur. Verilerin toplanmasında anket formu ve Geri Çekme Yöntemi Tutum Ölçeği kullanılmıştır..

Bulgular: Araştırmada, kadınların ölçek puan ortalaması erkeklerden, eğitim düzeyi düşük olan çiftlerin puan ortalaması, eğitim düzeyi yüksek olan çiftlerden daha yüksek ve yöntemle ilişkin tutumlarının daha olumlu olduğu ve aralarındaki fark istatistiksel olarak önemli bulunmuştur. Geri çekme yöntemi tutum ölçeğinin beş alt boyutuna ilişkin kadınların puan ortalamasının, erkeklerden daha yüksek ve yöntemle ilişkin tutumlarının daha olumlu olduğu ve aralarındaki farkın istatistiksel olarak önemli olduğu belirlenmiştir.

Sonuç: Bu çalışmada, çiftlerin geri çekme yöntemine ilişkin tutumlarının olumlu olması nedeniyle sağlık personeline önemli bilgiler sağlamaktadır. Geri çekme yönteminin aile planlaması alanında verilen eğitim ve danışmanlık hizmetlerinin içerisine entegre edilmesi önerilmektedir.

Anahtar kelimeler: Geri çekme yöntemi, aile planlaması, çiftler, tutum

INTRODUCTION

It is estimated that one in 10 families worldwide use traditional family planning methods and that the most widely used traditional method is the withdrawal method (3.1%). Use of the withdrawal method is most common in western Asia (14.5%) and southern Europe (14.4%)¹. In Turkey the withdrawal method is the most widely used family planning

method among couples (26.2%), despite the fact that it can lead to unwanted pregnancies² of the 210 million pregnancies that occur worldwide each year, approximately 75 million are unwanted or planned and 46 million end in abortion³. Studies show that 40% of women say that the last method they used before abortion was the withdrawal method^{4,5}. One in three women didn't use any family planning after an abortion^{2,4} and approximately one in four continued to use the withdrawal method^{2,6}. The main

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reason for using the withdrawal method is because of worries about the side effects of modern contraception^{2,5-7}. In countries such as Turkey (26.2%)² and in Romania (25.5%), Bulgaria (19.6%) and Mauritius (26.4%)¹. Despite the fact that the risk of pregnancy is higher with the withdrawal method than with any other method of contraception, it appears to be a more culturally acceptable method in some societies as it has been used for a long time.

There are many cultural factors affecting the use of the withdrawal method⁸. One of these factors is gender. Men are often the decision makers when it comes to fertility matters⁹ and women believe that men should make the decision about whether they usually use the withdrawal method¹⁰. The fact that it increases male pride also makes it an acceptable method for men¹¹ because it is seen as a method that can be used by men with good sexual control. Other factors affecting the use of withdrawal method are ethnicity⁸ and religion^{12,13}. For example, religious beliefs influence use of the method in Muslim countries¹⁴. However, it is also widely used in countries with dominant Christian and Jewish populations⁸.

The feelings, beliefs, thoughts and tendencies of users and health professionals could influence their negative or positive views on the withdrawal method^{8,15}. For this reason, the values that societies have regarding family planning affects whether individuals the withdrawal method¹⁶⁻¹⁸. It is important to understand the views of both genders towards the withdrawal method in developing countries in order to improve family planning¹⁹. It is particularly important to understand the views of women who cannot access health services without the permission of their male partner.

There are many research studies that aim to improve family planning services, but few that measure attitudes to contraception^{8,20,21}. This lack of knowledge about people's attitudes is very important obstacle at it can stop couples from fully benefiting from the family planning services offered by health professionals. It is also clear that greater knowledge of people's attitudes towards use of the withdrawal method by both researchers and healthcare professionals could lead to improved family planning services.

The aim of this study was to explore couple's attitudes to the withdrawal method of birth control as a cross-sectional field work.

MATERIALS AND METHODS

This research were granted ethics approval from Hacettepe University Board of Ethics Committee. The couples who took part in the research were provided with information on the purpose of the research and provided their written consent before the data was collected (Project number: 011D04401001). The study included 2,449 couples aged between 15-49 living in a city in the northeast region of Turkey²², including 245 couples (490 people) who use the withdrawal method²³. The data were collected with the use of a half constructed questionnaire prepared by examining the related literature^{8,14,24-43}.

Surveyors were used to collect data. Nine, third and final year students (four female and five male) were chosen from the city university health related, health professionals department and were trained using a surveyor handbook prepared by the researchers. The training included basic knowledge of family planning, the research objectives, the survey and scale being used in the study and subjects that should be approached carefully. Before they carried out any interviews with the study subjects, the students completed four to five trial interviews using the questionnaire.

Data collection

In addition the questionnaire was tested out on 25 couples (50 people) before the main study to ensure that it was easy to use and understand. This data did not form part of the main study and these couples did not take part in the main research. The surveyors employed the questionnaire and Withdrawal Method Attitude Scale to collect data from 245 couples (490 people) living in the north east region of Turkey who used the withdrawal method of contraception.

Twenty-five couples decided they did not want to take part in the study and 14 interviews were excluded because the data collection was incomplete or wrong. The data was collected between 25 July 2011 and 30 October 2011. The couples, who were chosen by the simple coincidental sampling selecting method, were contacted by phone and appointments made to interview them at home. During the visits the couples were interviewed in different rooms, women participants by female surveyors and men participants by male surveyors. The questionnaires were filled out during face-to-face interviews. The Withdrawal Method Attitude Scale was given to the

couples in closed envelopes and were collected in closed envelopes after they had been filled out. Data collection took approximately 45-60 minutes per couple.

Statistical analysis

Data was evaluated using SPSS for Windows 11.0. The socio-economic aspects of the couples - marriage history, pregnancy, birth and family planning history - were independent variables while WMAS points were dependent variables. For the statistical tests significance level $p < 0.05$ value was accepted.

The 36 WMAS answers were evaluated using the total points given for each item. The items in the scale were evaluated using a five-choice Likert-type scale: "I absolutely don't agree", "I don't agree", "I am

indecisive", "I agree" and "I totally agree". The couple's positive attitude regarding the withdrawal method ranged from five points if they totally agreed to one if they absolutely did not agree. The couple's negative attitude regarding the withdrawal method ranged from one point if they totally agreed to five points if they absolutely did not agree⁴⁴.

Five sub dimensions of the scale were evaluated: reliability (five items), the nature of the sexual activity (eleven items), usability (ten items), effect on the health (five items) and religious or social influences (five items). In addition, the couples were evaluated as negative, partially positive or positive depending on their responses to the WMAS questions and the distribution of the scale according to the point gap distribution (Table 1).

Table 1. Couples' WMAS and sub dimensions minimum, maximum points and distribution according to the point intervals

	Minimum	Maximum	WMAS Negative	WMAS Partially Positive	WMAS Positive
WMAS	36	180	36.00-93.59	93.60-122.39	122.4-180.00
Reliability	5	25	5.00-12.99	13.00-16.99	17.00-25.00
Nature of the Sexual Activity	11	55	11.00-28.59	28.60-37.39	37.40-55.00
Usability	10	50	10.00-25.99	26.00-33.99	34.00-50.00
Effect on Health	5	25	5.00-12.99	13.00-16.99	17.00-25.00
Religious and Social Aspects	5	25	5.00-12.99	13.00-16.99	17.00-25.00

The Shapiro test, independent t-test, one directional variance analysis (ANOVA) and LSD (Least Significant Difference) tests were used to analyse the percentages, mean and standard deviation.

Reliability and validation of the Withdrawal Method Attitude Scale

The couples' attitude to the withdrawal method was assessed using the Withdrawal Method Attitude Scale (WMAS). The reliability and validation of the scale was carried out by Türk & Terzioğlu (2011-2012). The scale consists of 36 items and five sub dimensions: 1) reliability, 2) the nature of the sexual activity, 3) usability, 4) effect on health and 5) religious and social effects. It has been determined that there is statically significant difference between all the items in the scale ($p < 0.01$). The Kaiser Meyer Olkin value of the scale is 0.875, the scale explanation ratio of the five sub dimensions of the scale is 46.079% and the Cronbach Alfa reliability is 0.86 for the 36 articles⁴⁵.

RESULTS

The WMAS measured the couples' attitude to the withdrawal method and this revealed the average score and scores for the following five sub-dimensions: reliability, the sexual activity, effect on the health, usability and religious and social influences.

The WMAS point average was higher for than for men. It was higher for couples with elementary school, middle school and, high school education, than those with a university education. Couples who had lived longest in villages had a higher average score than couples living in the city and town. The average was higher for Kurdish speaking couples than Turkish speaking couples. It was higher for couples with large extended families (mother, father, children, grandparents etcthan couples with smaller nuclear families (just mother, father and children. Couples who did not work scored higher than working couples. Couples whose spending exceeded

their income scored a higher average than couples whose income and spending were equal and couples whose income exceeded their spending. The differences were statistically significant (Table 2; $p < 0.05$).

The point average for couples under the age of 30 years was higher than couples older than 41 (. Couples with social insurance scored higher than couples with no social insurance but the difference was statistically insignificant (Table 2; $p > 0.05$).

Table 2. Distribution of WMAS scores according to couples' socio- demographic characteristics (n=490)

Characteristics	Number	Mean \pm S.D.	Analysis		Difference
			t	P	
Gender					
Women	245	110.60 \pm 12.981	4.514	0.000	-
Men	245	104.52 \pm 16.620			
Age			F	P	
<30 Years	157	107.69 \pm 12.896	0.012	0.988	-
31-40	225	107.55 \pm 16.498			
>41 Years	108	107.41 \pm 15.626			
Education Status			F	p	
Primary School	146	111.97 \pm 13.71	10.988	0.000	1-3/1,2,3-4
Secondary School	83	109.95 \pm 14.96			
High School	149	106.17 \pm 16.57			
University	112	101.90 \pm 13.29			
Longest Time Resided Provincial Place			F	p	
Province	355	105.43 \pm 5.138	14.967	0.000	1-3
Shire	42	109.86 \pm 4.359			
Village	93	114.68 \pm 3.563			
Mother Tongue			t	p	
Turkish	363	106.09 \pm 14.684	-3.677	0.000	-
Kurdish	127	111.78 \pm 15.921			
Family Type			t	p	
Nuclear	372	106.48 \pm 15.224	-2.817	0.005	-
Extended	118	110.97 \pm 14.690			
Working Status			t	p	
Working	276	104.30 \pm 15.938	-4.948	0.000	-
Not Working	214	111.78 \pm 13.082			
Social Security			t	p	
Yes	470	107.50 \pm 15.284	-0.251	0.802	-
No	20	108.91 \pm 13.718			
Income Level			F	p	
Expenses > income	34	103.09 \pm 14.642	5.417	0.005	1,2-3
Expenses = income	242	106.07 \pm 14.241			
income < Expenses	214	109.97 \pm 16.016			

The point average for couples whose first marriage took place at the age of 17 or younger, was higher than couples who married aged 18-25 age or 26 and over. Couples who had been married for 16 years or more had higher averages than of those married for six to ten years.

The point average of the couples whose marriage partner was chosen by their parents was higher than those who chose their own marriage partner and the

point average of couples with arranged marriages was higher than those who chose to marry their partner themselves - their attitude regarding the withdrawal method were more positive (Table 3; $p < 0.05$). The point average of the couples who were already relatives before they married were higher than couples who were not already related attitudes were more positive but the difference was more statistically insignificant (Table 3; $p > 0.05$).

Table 3. Distribution of WMAS mean score according to the couples' marriage story (n= 490)

Marriage Story	Number	Mean ± S.D.	Statistical analysis		Difference
First marriage age			F	P	
< 17 ages and under	68	114.41±13.681	11.270	0.000	1-2,3/2-3
18–25	301	107.57 ± 14.728			
>26	121	103.69 ± 5.924			
Length of marriage			F	P	
5 Years and under	126	106.18 ± 14.436	3.190	0.023	2-4
6–10 Years	106	104.87 ± 15.816			
11–15 Years	107	107.95 ± 15.507			
16 Years and Over.	151	110.33 ± 14.845			
Status of deciding to get married			t	p	
Own decision	337	105.97 ± 15.309	-3.487	0.001	-
Mother/father	153	111.08 ± 14.407			
Type of marriage			t	p	
Prearranged by families	230	109.32 ± 15.817	2.493	0.013	-
Flirt	260	105.98 ± 14.481			
Status of kinship			t	P	
Yes	138	109.50 ± 14.914	1.743	0.082	-
No	352	106.86 ± 15.269			
Degree of kinship			t	P	
First	46	110.98 ± 13.444	0.632	0.529	-
Secondary	92	108.72 ± 15.648			

Table 4. Distribution of WMAS sub-dimension mean scores according to some socio-demographic characteristics of couples (n=490)

Variables	Reliability				Efficiency Of Sexual Activity				Usability				Effects On Health				Religious and Social Factors						
	N	Mean. ± S.D.	t	p	Mean. ± S.D.	t	p	Dif r.	Mean. ± S.D.	t	p	Dif r.	Mean. ± S.D.	t	p	Dif r.	Mean. ± S.D.	t	p	Dif r.			
Gender	24	16.80 ± 2.872	3.39	0.00	29.97 ± 8.198	-	0.75	-	37.93 ± 5.589	6.426	0.00	-	13.78 ± 3.418	2.70	0.007	-	12.12 ± 3.298	2.60	0.00	-			
Woman	24	15.93 ± 2.803	1	1	30.22 ± 9.313	0.319	0.75	-	34.21 ± 7.114	6.426	0.00	-	12.85 ± 4.140	1	0.007	-	11.30 ± 3.695	6	9	-			
Men	5	2.803																					
Age	N	Mean. ± S.D.	F	p	Dif r.	Mean. ± S.D.	F	p	Dif r.	Mean. ± S.D.	F	p	Dif r.	Mean. ± S.D.	F	p	Dif r.	Mean. ± S.D.	F	p	Dif r.		
30 and under	15	16.10 ± 2.876				30.36 ± 8.182				35.68 ± 6.203				13.71 ± 3.552				11.84 ± 3.346					
31-40	22	16.32 ± 2.783	2.25	0.10	6	30.16 ± 8.989	0.27	0.76	3	36.11 ± 6.543	0.567	0.56	8	13.14 ± 3.909	1.25	0.287	3	11.80 ± 3.526	0.83	0.43	6	4	
41 and over	10	16.85 ± 2.995				29.57 ± 9.161				36.56 ± 7.500				13.10 ± 3.998				11.32 ± 3.764					
Education Level	N	Mean. ± S.D.	F	p	Dif r.	Mean. ± S.D.	F	p	Dif r.	Mean. ± S.D.	F	p	Dif r.	Mean. ± S.D.	F	p	Dif r.	Mean. ± S.D.	F	p	Dif r.		
Primary	14	17.04 ± 2.458				31.01 ± 8.355				38.29 ± 5.250				13.53 ± 3.846				12.09 ± 3.578					
Secondary	83	16.41 ± 3.084	5.96	0.00	1-4	30.75 ± 8.256	1.400	0.24	2	36.77 ± 6.325	11.49	0.00	1-3	14.33 ± 3.596	4.04	0.007	1-3	11.70 ± 3.638	1.93	0.12	1-4	3	
High School	14	16.31 ± 2.977	1	1	1-3	29.69 ± 9.585				35.16 ± 7.037	3	0	1-4	13.17 ± 4.229	9		2-3	11.84 ± 3.698	7	3	2-4		
Univercity	11	15.54 ± 2.866				28.97 ± 8.456				33.86 ± 7.115				12.47 ± 3.165				11.05 ± 3.049					
Resident Place	N	Mean. ± S.D.	F	p	Dif r.	Mean. ± S.D.	F	p	Dif r.	Mean. ± S.D.	F	p	Dif r.	Mean. ± S.D.	F	p	Dif r.	Mean. ± S.D.	F	p	Dif r.		
Province	35	16.08 ± 2.971				29.31 ± 8.750				35.50 ± 6.845				12.95 ± 3.736				11.59 ± 3.502					
Shire	42	16.88 ± 2.634	7.01	0.00	1-3	30.98 ± 8.984	5.936	0.00	1-3	36.14 ± 6.280	6.338	0.00	1-3	14.17 ± 3.642	5.99	0.003	1-2	11.69 ± 3.475	0.95	0.38	1-3	5	6
Village	93	17.25 ± 2.334				32.72 ± 8.251				38.23 ± 6.622				14.32 ± 4.014				12.16 ± 3.624					

Dif r: Diference; S.D: Standard Deviation

At the results sub dimension of the withdrawal method The women's point average, was higher than the men's and their attitude was more positive and the difference was found to be statistically significant (Table 4; $t:3.391$, $p<0.05$). The women's usability sub dimension point average was higher than the men's point average, their attitudes were more positive and the difference was found to be statistically significant (Table 4; $t:6.426$, $p<0.05$). The women's attitude point average for the health effect sub dimension, was higher than the men's, their attitude was more positive and the difference found to be statistically significant (Table 4; $t:2.710$, $p<0.05$).

The women's attitude point average regarding the religious and social effects sub dimension was higher than the men's, their attitude was more positive and the difference was found to be statistically significant (Table 4; $t:2.606$, $p<0.05$). The women's sub dimension point average regarding the nature of the sexual activity was lower than the men's, their attitude was more negative and the difference was found to be statistically insignificant (Table 4; $t:-0.319$ $p>0.05$).

DISCUSSION

The withdrawal method is used in many societies to control fertility and it is one of the oldest known family planning methods^{10,14,24}. In this study, which looked at couples' attitudes to the withdrawal method, the WMAS point average for women who used the withdrawal method was higher than the men's and their attitude towards the withdrawal method was more positive ($p<0.05$). We think that this could be influenced by factors such as concerns about the side effects of modern family planning methods and the fact that they were happy with the man taking responsibility for contraception.

Education level is an important variable affecting family planning related behaviour and attitudes⁸. In our study, university graduates' had a lower WMAS point average than couples with lower education levels and attitudes toward the use of the withdrawal method became more positive as education level decreased. Güngör et al found that couples with more than 12 years of education used the withdrawal method more effectively than couples with less than five years of education²⁶. Bulut et al found that women using the withdrawal method had lower levels of education than women using other family planning methods. In the same study, only 4% of the 182 couples who used the withdrawal method had been

educated to middle school or higher education level⁴⁶. A study carried out in two different regions of Italy also found that the withdrawal method was widely used among couples with lower levels of education⁴⁷. However, Rutenberg et al (1991) found that education didn't effect the use of the withdrawal method. In our study, couples with higher education levels had lower average WMAS scores than couples with lower levels of education⁴⁸. This could be because they were more able to assess information on the reliability of different methods of contraception and fertility.

Ethnicity and language also affect use of the withdrawal method. In our study, couples who spoke the Kurdish native language had a higher WMAS point average (than couples who spoke the Turkish native and their attitude toward the use of the withdrawal method was more positive According to the TNSA 1998 advanced analysis result, the withdrawal method is more widely used in Turkey by couples of Kurdish origin (41.1%) than couples of Turkish origin (7.8%)⁸.

In our study, we evaluated the couples' attitude regarding the withdrawal method in five sub dimensions. When it came to the reliability sub dimension, the women's point average was higher than the men's and their attitude regarding the withdrawal method sub dimension was more positive. In the reliability sub dimension, the attitudes they expressed included that the "withdrawal method prevents unwanted pregnancies", "it's more effective compared to the other protection methods from pregnancy" (contraceptive pill, devices inserted in the vagina, condoms etc). In other studies, half of the women^{28,43} or one third⁴⁹ believe that the withdrawal method protects them from pregnancy. A focus study by Gilliam et al found that women thought that if men used the withdrawal method better it would effectively prevent pregnancy³⁸. We believe that the women in our study were more positive than the men when it came to the reliability of the withdrawal method as their knowledge, use and experience suggested that the withdrawal method was effective and could prevent unwanted pregnancies.

The use of the withdrawal method among couples, compared to other pregnancy prevention methods could be explained by the fact that it does not cost anything^{14,40} there is no need for any chemicals or extra equipment and it can be used in any situation¹⁴. In our study, the women's point average on the usability sub dimension was higher than the men's

and their attitudes on usability sub dimension were more positive. In the usability sub dimension they expressed attitudes such as “it has no cost”, “it’s easy to use” and “couples who use it are happy”. A study conducted by Kulczycki showed that 56% of women found the method easy to use⁴⁹. According to the 1998 TNSA advanced analysis results, women said that the reason they used the withdrawal method was because they and their partner were happy to use the method and other methods could be unsuccessful⁸. Other studies found that men and women were happy to use the withdrawal method^{28,30}. We believe that the women in our study were more positive than the men about the withdrawal method because they don’t like the side effects of other family planning methods and because it is easy to use, doesn’t cost anything and could be effective.

Another factor affecting the use of the withdrawal method is concerns in certain societies about the side effects of modern methods. In studies conducted in countries such as Turkey, Romania, Bulgaria and Mauritius, where the use of the withdrawal method is high, the main reason people use this method is because they believe that modern methods could have side effects⁵⁻⁷. Also, many men could prefer the withdrawal method to condoms because “condoms can cause the loss of erection”⁴⁹. In our study the women’s point average in the health sub dimension was higher than the men’s point average and their attitude was more positive. Comments included “it can cause pain in the legs of men” and “it can deteriorate mental health”. A number of studies have shown that individuals were afraid of using modern methods because of health problems and side effects^{6,51-54}. In our study, we think that women being “partially positive” and men being “negative” about the health effects of the withdrawal method could be because men who use this method are concerned about negative effects, pains in the legs or waist or deteriorating mental health. However, the women see it as a more healthy method.

Another factor affecting the use of the withdrawal method is religious beliefs. From a cultural perspective, religion plays an important role in people’s lives⁵⁵ and religion has been identified as a key variable affecting the use of family planning methods^{12,13}. Couples’ attitudes to the use of the family planning methods, especially if it is against their religion, play an important role in the decision to use the withdrawal method^{56,57}. In the religious and social effects sub dimension the women’s attitude

point average was higher than the men’s and their attitude toward the method was more positive. The attitudes they expressed included “it’s a shame to use it”, “it shows that women are not valued” and “it’s a sin from a religious perspective” were noted.

In studies conducted in Turkey, where most of the population is Muslim, it has been determined that use of the withdrawal method is deemed religiously appropriate and religious leaders support this method^{5,6}. Akin found that 39.1% of women in the city of Van, eastern Turkey, thought that using modern family planning was a sin, compared to 10.3% in Ankara, the capital⁵⁸. Another study concluded that religions limit the use of modern family planning⁵⁹. Ergöçmen et al found that 44.5% of the couples who felt that family planning methods was not a religious issue used the withdrawal method, compared with 36.1% who felt that family planning use was a religious issue⁸. These studies underline the effects that religion can have on the use of the withdrawal method.

A study conducted in Sicily showed that women felt grateful to their husbands for valuing the use of the withdrawal method and praised their spouses for using it. In the same study, women felt that their spouse used the withdrawal method because they respected them⁶⁰. In our study, we believe that the women were more positive than the men about the withdrawal method in the religious and social effects sub dimension because they felt it was religiously appropriate and a sign that their partners valued and respected them.

When we evaluated the sexual activity sub dimension, we found that the women’s point average was lower than the men’s but the difference was statistically insignificant. Attitudes expressed included “it prevents women from actively involving in sexual intercourse”, “it break sexual intercourse”, “it causes sexual coldness” and “it causes tension in sexual intercourse”. Studies have showed that a quarter of the women who use the withdrawal method felt their sex life was negatively affected²⁷ and were not sexually satisfied^{28,29}. A further study found that most of the men, and some of the women, felt that using the withdrawal method had a negative impact on their sexual satisfaction³⁴.

It can be seen that even though the withdrawal method contributes substantial value to family planning, it can have a negative effect on sexual intercourse. The literature confirms that there are no

medical side effects regarding its use, but that interrupting the plateau phase of sexual intercourse can reduce the sexual satisfaction of couples. For example, it can negatively affect the woman's ability to have an orgasm⁶¹⁻⁶⁴. The fact that women were more negative attitudes than men about the method in the sexual activity sub dimension could consider that women have problems with their sexual lives.

Marriage between relatives has been defined as a marriage between cousins⁶⁵. There are a number of factors why such marriages are sometimes preferred: the estate is not divided, ethnic roots, religious factors, geographical reasons, to increase the dependence factor in the family, high expectations between the couples, belief that the marriage will last, ease of communication and sense of trust⁶⁶. A study in Pakistan on marriage between relatives found that the three most important reasons for such marriages were religion, economy and culture⁶⁷.

In Turkey approximately one out of five couples are relatives and half of them are first degree relatives⁶⁸. In our study, we found that the frequency of marriage between relatives was 28.2% - 33.3% were first degree relatives and 66.7% were second degree relatives. Our study found that the average points were higher among related couples than non related couples and that their attitudes were more positive. However, the difference was not statistically significant. According to the TNSA 1998 advanced analysis results, people learn about the withdrawal methods from their friends or culture⁸. In our study, it is thought that cultural values and interaction within family members have positive effect on attitudes concerning withdrawal method among the couples having kinship before marriage too.

The research included couples living in Kars city centre who used the withdrawal method and the findings cannot be assumed to apply to other cities and regions of Turkey.

As a result, the withdrawal method of contraception is used by a quarter of the couples in Turkey and this ratio has not been changed over the years. We hope that the results of our study will help to inform the ongoing development of family planning services, including consultation and training, and that they will be of value to healthcare professionals working in this area. In addition, qualitative research should be conducted to determine the reasons for using the withdrawal method. In order to determine the factors affecting the family planning method preference of

couples, comparative studies can be done for couples who prefer withdrawal method and couples who prefer other family planning methods. The withdrawal method is the attitude of the scale of Turkey's geographical location and is recommended to be applied in the wider population.

Yazar Katkıları: Çalışma konsepti/Tasarımı: RT, FT; Veri toplama: RT; Veri analizi ve yorumlama: RT; Yazı taslağı: RT, FT; İçeriğin eleştirel incelenmesi: RT, FT; Son onay ve sorumluluk: RT, FT; Teknik ve malzeme desteği: RT; Süpervizyon: RT, FT; Fon sağlama (mevcut ise): yok.

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