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The Attitudes of Turkish Men towards Family Planning: An Example of Workers in a Railway Factory

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Abstract: The aim of this study was to determine the attitudes of Turkish men towards family planning (FP). The research was conducted descriptively and cross-sectionally with a sample of 233 people working in a railway factory in Ankara. The data collection form and Family Planning Attitude Scale (FPAS) were used to collect the data. The mean age of the participants was 43.53 ± 7.86, and 58.4% were high school graduates. The highest score average possible in the FPAS was 170, whereas in this study, it was found to be 137.59 ± 20.20. The men scored 61.00 ± 10.61 in the "Attitude of Society towards FP" sub-dimensions; 44.61 ± 8.20 in the "Attitude towards FP methods" sub-dimension; and 31.97 ± 6.90 in the "Attitude towards Birth" sub-dimension of the FPAS. As a result of the research, it was seen that age, education, family structure and social security affect the attitude towards FP.

Keywords: Family planning, Men, Thought, Attitude, Nursing

Introduction

The Neo-Malthusian approach, which was formed as a result of the reshaping of Malthus's population approach, which claimed that rapid population growth was an obstacle to development, was used to control the rapid population growth experienced in less developed and developing countries especially after the Second World War. This approach was reflected in the activities of international organizations, and in the 1960s, under the influence of international organizations and various foundations and associations adopting the Neo-Malthusian approach, population control and family planning programs were implemented in many less developed and developing countries of the world. These population policies have ignored the individual needs of women and men, and the conditions in which they live. In order to keep the population under control, practices that attempt to keep the reproductive capacity of women under control have been encountered, and the reproductive rights of women have been violated. However, it is understood that there has been a positive change and transformation in the approach of international organizations over time. At the final population conference held within the United Nations, the 1994 International Conference on Population and Development (ICPD), which is considered the most important in terms of women's rights and gender equality, adopted an Action Programme that embraces equality as one of its principles, and declared that both men and women have reproductive rights throughout their lifecycle. This Action Plan was achieved under the influence of women's rights and women's health advocates, and is in direct opposition to the population policy concepts that prevailed in previous periods. Turkey has made moderate progress in implementing the ICPD Action Programme, which it has signed and pledged to implement; however, this progress is insufficient in terms of ensuring gender equality and empowering women (Karaca Bozkurt, 2011). The purpose of family planning services are the prevention of unwanted pregnancies, and consequently maternal and infant deaths, providing assistance and counseling services to each family for having any number of children at any time, and increasing the level of mother and child health (Kaya et al. 2008). It is reported that there are approximately 300 million couples in the world who

do not want children but do not use contraceptive methods (Gilic et al. 2009). In cases where contraceptive methods are not used adequately, various health and social problems may arise (Akin et al. 2006). In women with unwanted pregnancy, the rate of prenatal care is lower, and infant and maternal mortality is higher (Osmani et al. 2012).

In Turkey FP is inadequate today. According to 2013 TNSA data, if unwanted pregnancies could be prevented, the total fertility rate would be 1.9, but due to the need for unmet family planning (FP) methods, the total fertility rate is 2.26 per woman (this rate is only 0.16 higher than the population regeneration rate of 2.10). This rate, which is not statistically different from the 2.16 obtained in the TDHS in 2008, shows that periodic fertility has not decreased in the last five years, but has stagnated (TDHS 2013). Women still cannot have the number of children they want in Turkey. As our culture is influenced by traditional, conservative and strict rules in Turkey woman's individuality is prevented (Orsal & Kubilay, 2007). For this reason, FP is still seen as the role of women and men avoid taking responsibility. Behaviors are affected by factors such as norms, habits, learning processes, the environment and attitudes. Accordingly, it is important to determine the attitudes of men towards FP and to take responsibility in our society. This is why this research was conducted to determine the attitudes of men towards FP.

Method

Materials and Method

The research was conducted descriptively and cross-sectionally with 233 people working in a railway factory in Ankara. The universe of the study consisted of all employees working in the railways factory in Ankara. The reason for choosing this factory as the place of research was because almost all of the employees are men. The sample of the study consisted of 233 males, who were volunteer participants, who did not have any communication obstacles, and accepted to participate in the study.

The necessary permit was obtained from the relevant institution and ethical approval was obtained from the Research Assessment Authority and Ethics Committee of a University (Institutional Review Board Date 2012 September 30 and Institutional Review Board Number: 431-1132132). The study was conducted in accordance with 'The Code of Ethics' of the World Medical Association (Declaration of Helsinki). The purpose of the research was explained to all men included in the study group. Participation was on a voluntary basis. The participants were assured that all personal information would be kept confidential and written informed consent was obtained from each participant. The pilot study was performed with 10 men who did not participate the study. After the pilot study, necessary corrections and revisions were made to the data collection forms and it was found that the forms took 20-25 minutes on average to complete. The study was conducted between 07 January 2013 – 29 June 2013.

The Data Collection Form and Family Planning Attitude Scale (FPAS) were used to collect the data. The Data collection form consisted of two types of questions; one type had the descriptive characteristics of the participants, and the other type had the thoughts of men. The Family Planning Attitude Scale was developed by Örsal and Kublay in 2006. The scale is a likert type and consists of 34 items. Each expression in the scale is scored from 1 to 5. "Completely Agree" is 1 point, "Agree" is 2 points, "Undecided" is 3 points, "Disagree" is 4 points, and "Completely Disagree" is 5 points. There were no expressions that needed to be coded in reverse. The scale can score at least 34 points and a maximum of 170 points. As the scale scores increased, the FP attitude increased positively. The scale has three sub-dimensions: *"Society's Attitude towards Family Planning", "Attitude on* Family Planning Methods" and "Attitude towards Birth". The number of items constituting the *"Society's Attitude of Family Planning"* among the sub-dimensions of the scale is 15 (questions 1-15) and at least 15 and a maximum of 75 points can be obtained from this subscale. The number of items constituting the *"Attitude on Family Planning Methods"*, which is one of the sub-dimensions of the scale, is 11 (questions 16-26). A minimum of 11 points and a maximum of 55 points can be obtained from this sub-dimension. The number of items in the *"Attitude towards Birth"* subscale of the scale is 8 (questions 27-34) and a minimum of 8 and a maximum of 40 points can be obtained from this subscale. Internal consistency and homogeneity coefficients determined by alpha correlations of the scale were found to be 0.90 for the total FPAS (Orsal & Kubilay 2007).

In the study, the Cronbach's Alpha internal consistency reliability of the scale was 0.84 for the "Society's Attitude towards Family Planning" subscale, 0.87 for the "Attitude on Family Planning Methods" subscale, 0.81 for the "Attitude towards Birth" subscale, and the total FPAS internal consistency reliability coefficient was

0.90. In order to determine the comprehensibility and usability of the questionnaire, 10 men working in the same factory and fulfilling the criteria to participate in the research were pre-applied and after the necessary modifications were made, the questionnaire was finalized. The pre-applied group was not included in the study. Data collection forms were given by the researchers to the men on their breaks during working hours and they were asked to complete the forms. It took the males about 20 minutes to complete the data collection form.

The statistical analysis of the data was performed with a statistical package program. The statistical significance level was accepted to be $p<.05$. Number, Mean, Standard Deviation, Median, Minimum and Maximum were used for descriptive statistics related to the continuous data. In the evaluation of the data, variance analysis and regression analysis were used.

The mean age of the participants was 43.53 ± 7.86, 55.8% of the participants were 45 years old or older, 91.8% were married, the mean age of marriage was 23.92±4.59, 58.4% were high school graduates, 43.3% of their spouses were primary school graduates, and 70% lived in the city center for the longest period. 80.7% live in a nuclear family, 64.4% have equal income, 89.3% of participants are and 96.1% have social security.

Results and Discussion

It was determined that 70.4% of the men used a family planning method and 22.7% of the longest used method of family planning was withdrawal. According to the TDHS 2013 data, 74% of women use FP and the most commonly used traditional method was withdrawal (26%). The TDHS data are consistent with the research results. Withdrawal is the most common traditional method in Turkish society (Table 1). In the study conducted by Gilic et al. in 2009, the rate of withdrawal was 59.6%. In a study conducted by Şentürk Erenel et al. in 2011, shows that withdrawal is used at a rate of 26.7%. In another study conducted in 2014, the rate of withdrawal and other traditional methods was 41.2% (Gur Caliskan et al. 2014). As a result of the research, which shows a change in the use of traditional methods over the years, it is thought that the use of modern methods has increased (Santas & Celik 2018), but not at the desired level. Withdrawal results in reduced pleasure, low back pain and irritability in more than half (62.6%) of men (Ozara Koç, 2009) suggests that this traditional method is actually uncomfortable for men.

The outcomes in this study showed that men (42.9%) stated the chosen family planning method should be a method that the woman would use. To the question of who should decide to use an FP method, 62.2% of the men stated that they and their spouses should decide together. 31.8% of the men stated that using and providing a family planning method is the duty of the woman. To the question of "men's tubes can be tied after having enough children" stated that were disagree (Table 1). Almost half of the men think that the use of an FP method is the duty of the woman, but the spouses should decide together on the method to be used. This result suggests that the thoughts and actions of men are not very compatible with FP. As a result of the study, it was found that FP methods are still seen as the duty of women by men. It is seen that 79.4% of men do not look at tubing positively. The results of Ozara Koç (2009) revealed that women wanted an increase for FP methods for men, even though they state that the use of an FP method is an equal duty of both spouses, however the results of the research show that men do not agree. The results of the study can be considered as an indication that the gender egalitarian approach is still not applicable. On the other hand, in the research carried out by Guldal and his colleagues in Izmir, found that 22.8% of males said "it's the woman who should be protected", while 17.7% said "it's the male who should be protected", and 58.2% said "there is no difference" (Guldal et al. 2001). Examining the study of Sayan Cevirmen and colleagues, it was determined that the rate of participants stating that the responsibility had to belong only to the female (25.3%) is slightly higher than the ones saying that the responsibility should belong to the male (20.2 %). In the same study the rate of protection by vasectomy was found to be the lowest among the males, 0.6%). On the other hand, tubal ligation was preferred by 4.6% of women (Sayan Cevirmen et al. 2010). The findings of Cevirmen et al. show that men view the responsibility of FP belongs more to women.

The most accurate way to obtain information about the attitudes of individuals is to examine their behavior. However, individuals do not always turn their attitudes into behavior. Even if some attitudes turn into behaviors, individuals can still hide their real attitudes (Orsal 2006). The results of the research suggest that individuals hide their true attitudes. As their attitudes are close to the desired level (Table 3), there are differences in their thoughts (Table 1).

Table 1. Men's thoughts on FP (n: 233)

Expressions	Agree n(%)	Disagree n(%)
The chosen family planning method should be the method used by the woman.	100(42.9)	133(57.1)
The joint decision of the spouses is important in deciding on family planning methods.	145(62.2)	88(37.8)
Using the family planning method is the duty of the woman.	74(31.8)	159(68.2)
It is the duty of the woman to provide the family planning method.	80(34.3)	153(65.7)
If the married individual does not have children, he / she should not use a family planning method.	121(51.9)	112(48.1)
It is not appropriate to use a family planning method.	26(11.2)	207(88.8)
Family planning methods negatively affect sexual intercourse.	35(15.0)	198(85.0)
Family planning methods lead to infertility.	22(9.4)	211(90.6)
Family planning methods adversely affect health	33(14.2)	200(85.8)
The protection of the selected family planning method against STDs is not important.	36(15.5)	197(84.5)
After having enough children, women's tubes can be connected.	69(29.6)	164(70.4)
Men's tubes can be connected after having enough children	48(20.6)	185(79.4)
The withdrawal method is a reliable method.	105(45.1)	128(54.9)
The withdrawal method adversely affects men's health.	37(15.9)	196(84.1)
Only married women should use family planning methods.	118(50.6)	115(49.4)
Only married men should use family planning methods.	115(49.4)	118(50.6)
Infertile couples should not use the family planning method.	101(43.3)	132(56.7)
The family planning method used affects the sex of the baby.	13(5.6)	220(94.6)
Women should obtain information from female staff about family planning methods.	128(54.9)	105(45.1)
Men should receive information from male staff about family planning methods.	120(51.5)	113(48.5)
Abortion can be used as a family planning method.	43(18.5)	190(81.5)
It is the most natural right of spouses to have an abortion when an unwanted pregnancy occurs.	71(30.5)	162(69.5)
If my partner does not want pregnancy, I support having an abortion	63(27.0)	170(73.0)
It is a man who has to decide whether a pregnancy ends with abortion.	29(12.4)	204(87.6)

Table 2. Comparison of the mean FPAS scores by the descriptive characteristics of the males (n: 233)

Descriptive Characteristics Age (Year)	n	%	FPAS X±SS	Statistical Analysis
29 and under	12	5.2	142.08±12.74	
30-34	22	9.4	146.36±18.70	
35-39	24	10.3	143.16±13.93	
40-44	45	19.3	137.80±17.85	F= 0.937 p= 0.613
45 and above	130	55.8	134.59±22.14	
Education				
	51		133.60±22.23	F= 0.988

Primary education		21.9		p= 0.511
Secondary education	25	10.7	137.96±21.53	
High school	136	58.4	138.58±19.65	
University	21	9.0	140.42±20.20	
Family structure				
Nuclear Family	188	80.7	138.84±19.89	
Extended Family	37	15.9	130.59±22.02	F= 0.820
Broken Family	8	3.4	140.50±12.67	p= 0.824
Age of Marriage (Years) (n: 224)				
24 and under	137	58.8	138.74±19.40	
25-29	60	25.8	136.21±22.91	
30-34	21	9.0	136.38±18.93	F= 1.427
35 and above	6	2.6	132.83±20.30	p= 0.424
Economic Status				
Income less than expenses	60	25.8	134.68±20.95	
Income equal to expenses	150	64.4	139.26±19.69	F= 1.405
Income is more than expenses	23	9.9	134.26±21.15	p= 0.042
Longest Place of Residence				
Province	163	70.0	133.45±26.23	
District	19	8.2	126.94±22.50	F= 1.427
Village	51	21.9	118.77±25.80	p= 0.035

Table 2 shows the FPAS mean scores according to the descriptive characteristics of males. There was a statistically significant difference between the men's educational level, family structure, age of marriage, economic status, longest living place and mean FPAS score ($p < .05$). Gozukara et al. found similar outcomes (Gozukara et al. 2014). In the research of Günay et al., it was found that the FP knowledge level was affected by educational status and where they live. The level of knowledge of FP increases with education (Gunay et al., Yılmaz et al., Gozukara et al. 2015, Gilic et al. 2009, Katırcı 2008). This finding is similar to the results of the research. The fact that social security and income increases positively affected FP and the difference was statistically significant (Table 2) shows that these individuals increased their access to health services.

Table 3. Distribution of the mean scores of the males from the sub-dimensions and total mean scores of the FPAS, together with the lowest and the highest values of FPAS (n: 233)

Scale Sub-dimensions and Total Scale Scores	FPAS X±SS	FPAS Min-Max	FPAS Min-Max
Society's attitude towards FP	61.00± 10.61	23 - 75	15-75
Attitude on FP Methods	44.61±8.20	11 - 55	11-55
Attitude Towards Birth	31.97±6.90	8 - 40	8-40
Total Scale Score	137.59± 20.20	56 - 170	34-170

When the distribution of the mean scores of the males from the sub-dimensions of the FPAS was examined (Table 3); it was found that they received 61.00 ± 10.61 points from the "Society's attitude towards FP", 44.61 ± 8.20 points on the "Attitude on FP Methods" and 31.97 ± 6.90 points on the "Attitude towards Birth" sub-dimension. Similar results were found by Akin (Akin et al.2006). The results showed that men's FPAS total score was 137.59± 20.20. Another study found that women's FPAS total score was 120.11± 13.8 (Ayaz & Yaman Efe 2009), 124.20± 27.34 (Gozukara et al. 2015). In the research conducted by Cayan (2009) found that the women's average FPAS score was 130.28±13.81. In Tezel et al.'s (2015) study, it was found to be 130.72±26.10. The same research found that women scored 59.13±12.25 in the "Society's attitude towards FP" sub-dimension; 41.41±9.46 in the "Attitude on Family Planning Methods" sub-dimension; and 30.18±7.24 in the "Attitude towards Birth" sub-dimension of the FPAS. This study shows that the mean FPAS of males was found to be higher than women. Ciftcioglu and Karatas (2019) showed that the FPAS of males was found to be higher than women. Although the FPAS means of men were high, Ozara Koc (2009) found the rate of women who stated that they could not use modern methods was because they did not allow their husbands to use modern methods. This result suggests that although male attitudes are positive, other factors are effective in using methods. As a matter of fact, Gilic et al. (2009) stated that nearly half of the women (44.4%) did not plan their birth and Sentürk Erenel et al. (2011), in the same study, revealed that women's knowledge, attitudes and behaviors were not at the desired level (Gilic et al. 2009).

Table 4. Results of Regression Analysis of Variables affecting the use of FP

Independent Variables	Unstandardized Coefficients		Standardized Coefficients	Sig.	95.0% Confidence Interval for B	
	B	Standard Error	Beta		Lower Bound	Upper Bound
Age	-.264	.090	-.196	.004	-.441	-.087
Mariage Status	.438	1.744	.018	.802	-2.998	3.875
Education Level	1.337	.742	.117	.073	-.126	2.800
Family Structure	-3.252	1.537	-.152	.035	-6.281	-.223
Social Security	-8.821	3.455	-.160	.011	-15,630	-2,013

As a result of the univariate analysis, the variables which are statistically significant in linear regression analysis, only age, educational background, family structure and social security affect the attitude towards family planning, which is the sub-dimension of FPAS as an independent risk factor. In other words, it was found that the male participants were young and the family planning attitude was positive. As education level increases, attitudes towards FPAS family planning change positively. Family planning attitudes of the extended family was found to be negative. The presence of social security also affected the attitude positively (Table 4). Calıskan et al. (2014) found that being young and having higher education meant a preference for modern FP methods ($p < .05$). In their analysis of TDHS data in 2018, Santas & Celik found that education level, living in urban areas, health insurance, welfare level and spouse's education level affected the use of modern methods of women. In the study of Cayan (2009), a positive relationship was found between family planning and being a university graduate, discussing family planning issues with his / her spouse, and a perception of a high level of age and income. Conversely, Cayan also found that there was a negative relationship between family planning and having a primary school education, having lived most of their lives in a village and using the traditional method of FP. The results of Cayan's research are similar to those of the present study (Cayan 2009).

Conclusion

It was determined that 70.4% of the men used a method of family planning and 22.7% of the family planning method used for the longest period was the FP method of withdrawal. The males' FPAS scores were at a moderate level. The score was affected by the male participants being young and the nuclear family structure FP towards attitude being positive. It was found that as education level increases, attitudes towards FPAS family planning change positively. The Family planning attitude of the extended family was found to be negative. The presence of social security also affected the attitude positively. Although the attitudes of men are positive, they reveal that they still do not intend to take responsibility for the AP.

Recommendations

As a result of the research, it is suggested that counseling should be given to encouraging men to take equal responsibility with women on family planning methods by the nurses, is required. At the same time, it is suggested that conducting more detailed research investigating why men prefer to use the withdrawal method instead of modern FP methods. Although they have a positive attitude towards FP methods, it is also recommended to conduct research to find out why these attitudes do not turn into behavior.

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