Sağlık Akademisyenleri Dergisi
http://dergipark.gov.tr/sagakaderg

Sağ Aka Derg, 2025; 12(2): 194-204

Research Article / Araştırma

Family planning attitudes of Syrian refugee women living in Türkiye and related factors

Türkiye'de yaşayan Suriyeli mülteci kadınların aile planlaması tutumları ve ilişkili faktörler

Melek Kaya Yağlı[1], Besey Ören[2]

[1] Sultangazi County Health Department, Istanbul, Turkey, kayamelek111@gmail.com, 0000-0002-5312-5654
[2] University of Health Science, Hamidiye Faculty of Nursing, Department of Medical Nursing, Istanbul, Turkey, besey_oren@yahoo.com, 0000-0003-4182-7226

ABSTRACT

Introduction: Maintaining reproductive health is a very pressing issue for women. **Objective**: The study was conducted to determine the attitudes of Syrian refugee women towards family planning and to examine the factors associated with these attitudes. **Methods**: The cross-sectional and descriptive study was conducted with 320 refugee women in Istanbul. Data were collected by the researcher using the Personal Data Form and the Arabic Attitude Scale towards Family Planning. **Results**: The average age of the participating refugee women was 30.1±8.6 (15-49) years, all were married, and 47.80% had completed primary school. It was found that 40.6% of the women had been living in Turkey for more than five years, and 50.60% had received family planning counseling services in Turkey. It has been determined that there exists a statistically significant association between the mean scores of all subscales of the Family Planning Attitude Scale and the duration of stay of refugee women in Türkiye. The mean scores of the attitude towards pregnancy sub-dimension of those who stated their duration of residance as three years (3.56±1.03); It was found to be significantly higher than those who expressed one (2.57±0.53) year of residance in Türkiye ($p<0.05$). The participants in the age group of 45-49 (3.63±0.72); The mean score of the attitude towards pregnancy sub-dimension was significantly higher than the participants in the 15-19 age group (2.97±0.80) ($p<0.05$). **Conclusion**: Refugees living in Turkey for an extended period, receiving family planning counseling, using family planning methods, planning pregnancies, and having a higher number of pregnancies had more positive attitudes towards reproductive health and protection. Family planning services provided to refugees should be planned considering cultural differences and family planning counseling services should be widespread and easily accessible to all refugees population.

Key Words:
Family Planning, Community Health, Women, Refugees

Anahtar Kelimeler:
Aile Planlaması, Toplum Sağlığı, Kadın, Mülteci

Corresponding Author/Sorumlu Yazar:
University of Health Science, Hamidiye Faculty of Nursing, Department of Medical Nursing, Istanbul, Turkey, besey_oren@yahoo.com, 0000-0003-4182-7226

DOI:
10.52880/sagakaderg. 1461391

Received Date/Gönderme Tarihi:
03.04.2024

Accepted Date/Kabul Tarihi:
17.03.2025

Published Online/Yayımlanma Tarihi:
30.06.2025

ÖZ

Giriş: Mülteci kadınların üreme sağlığının sürdürülmesi oldukça önemli bir konudur. **Amaç**: Çalışma 15-49 yaş aralığındaki Suriyeli mülteci kadınların aile planlamasına yönelik tutumlarını belirlemek ve bu tutumları ile ilişkili olan faktörleri incelemek amacı ile, kesitsel ve tanımlayıcı olarak yapıldı. **Yöntem**: Çalışma; İstanbul'da mültecilere sağlık ve eğitim hizmeti sunan bir kuruluşta, 320 mülteci kadın ile yapıldı. Veriler araştırmacı tarafından, Kişisel Veri Formu ile Aile Planlamasına Yönelik Arapça Tutum Ölçeği kullanılarak toplandı. Veriler tanımlayıcı ve parametrik testler ile analiz edildi $p<0,05$ anlamlı kabul edildi. **Bulgular**: Çalışmaya katılan mülteci kadınların yaş ortalaması 30,1±8,6 (15-49) yıl olup, tamamı evliydi ve %47,80'i ilkokulu bitirmişti. Kadınların %40,6'sının beş yıldan uzun süredir Türkiye'de yaşadığı, %50,60'ının Türkiye'de aile planlaması danışmanlığı hizmeti aldığı saptandı. Aile Planlaması Tutum Ölçeği'nin tüm alt ölçeklerine ait puan ortalamaları ile mülteci kadınların Türkiye'de kalış süreleri arasında istatistiksel olarak anlamlı bir ilişki olduğu saptandı. İkamet süresini üç yıl olarak belirtenlerin gebeliğe yönelik tutum alt boyutu puan ortalamaları (3,56±1,03); Türkiye'de ikamet süresini bir yıl (2,57±0,53) olarak belirtenlerden anlamlı derecede yüksek olduğu bulundu ($p<0,05$). 45-49 yaş grubundaki katılımcılar (3,63±0,72); Gebeliğe Yönelik Tutum alt boyut puanı ortalaması 15-19 yaş grubundaki katılımcılardan anlamlı düzeyde (2,97±0,80) yüksek bulundu ($p<0,05$). **Sonuç**: Türkiye'de uzun süreli yaşayan, aile planlamasına yönelik danışmanlık hizmeti alan, aile planlaması yöntemi kullanan, gebeliği planlı olan, gebelik sayısı fazla olan mültecilerin özellikle üreme sağlığına ve korunmaya ilişkin tutumları olumluydu. Mültecilere sunulacak aile planlaması hizmetleri kültürel farklılıklar gözetilerek planlanmalı ve aile planlamasına ilişkin danışmanlık hizmetleri yaygınlaştırılarak tüm mültecilerin kolay ulaşabileceği şekilde sunulmalıdır.

Atıf | Reference :Kaya Yağlı, M. & Ören, B. (2025). Family planning attitudes of Syrian refugee women living in Türkiye and related factors. *Sağlık Akademisyenleri Dergisi*, 12(2), 194-204

INTRODUCTION

Türkiye is the country with the largest refugee population in the world, exposed to illegal and irregular migration of thousands of people in recent years. It is reported that more than 3.5 million refugees live in Türkiye as of June 2022 (Ministry Interior of Turkey, 2023). The largest group of these populations are often unskilled Syrian refrugees. Syrians are followed by Afghans, Iraqis, Iranians and Somalis (Icduygu and Nimer, 2020; Baban and Ilcan, 2017). Istanbul is the preferred city of residance for most Syrian refugees (Ministry Interior of Turkey, 2023).

Refugees who have been forced to flee their countries face significant challenges as they attempt to integrate into new societies in order to sustain their livelihood and maintain their health. In many cases, this process is impeded by a range of obstacles such as lack of security, limited access to adequate housing, and difficulties in accessing healthcare services and employment opportunities. These gender-based barriers to accessing services and support can have far-reaching implications for the reproductive health of women. The United Nations Population Fund (UNFPA) has reported that the last half century has witnessed a marked increase in the number of women migrating, with many countries seeing women constitute up to 80% of the migrant population (WHO, 2015). These demographic changes have contributed to an increased incidence of reproductive health problems for refugee women (Gümüş at al., 2017). Top of form reproductive health risks are at the top of the list of problems refugee women face5. It is reported that the severity and length of conflict in the countries of immigration are significantly related to gynecological conditions (Masterson at al., 2014). Additionally, it is stated that refugee women should be considered a risk group due to reproductive ability and many problems tied to migration (Icduygu and Nimer, 2020), and women's special needs need to be urgently addressed (WHO, 2015)

"Refugee families in Türkiye, who mostly have a patriarchal family structure, face significant challenges in terms of maternal and child health. A considerable proportion of refugee families (47%) have at least one child born in Türkiye, and are at risk of miscarriage in unsafe conditions (Gümüş at al., 2017; Yağmur and Aytekin,2018; Kampların dışında yaşayan suriyeli kadın mültecilere ilişkin rapor ,2014). Furthermore, birth complications have been reported to be common among Syrian refugee women in Lebanon, with 36.8% of the women experiencing such complications and having a higher risk of low birth weight and preterm birth (Masterson at al., 2014). The situation is further complicated by the rising incidence of HIV and other sexually transmitted diseases among young refugees (Patel et al., 2014), highlighting the urgent need for young displaced people to have access to protection methods and family planning services. Morever family planning attitudes for refugee women may be different from women living in the society to which they have to migrate.

For all the afforementioned reasons, one of the first focuses of health policies aiming to reduce health risks should be to protect maternal health. Therefore, it is crucial to adopt a multidisciplinary approach and provide professional services to enhance the health of refugee women.

The aim of this study is to investigate the attitudes of married refugee women aged 15-49 living in Türkiye towards family planning. The study also aims to identify factors associated with these attitudes and contribute to the literature on family planning services for this often overlooked group.

Methods

The cross-sectional and descriptive study was conducted in a district of Istanbul between January-April 2019; with Syrian refugee women who applied to a foundation that provides voluntary health and education services to refugees. In this foundation, for Syrian refugees recieve volunteer health services in the field of gynecology, pediatrics, teeth and eyes provided by Syrian doctors, nurses and midwives. This region of Istanbul was chosen because it is a district with dense populations of Syrian refugees can be found. Data were collected face-to-face by a researcher accompanied by an Arabic-speaking translator.

Sample size: The population of the study consisted of all married refugee women between the ages of 15-49 in the Sultangazi district of Istanbul. The sample of the research is refugee women who applied to polyclinics providing health services in a state-affiliated foundation in Sultangazi district. The study consisted of 350 refugee women who agreed to participate in the study and met the study criteria. In the evaluation made with the sample calculation method in groups with a known population, the minimum number of people to be sampled was calculated as approximately 315, with a 95% confidence interval. . However, the study was completed with 320 refugee women, as 30 people did not answer all the questions and were therefore excluded from the study.

Inclusion criteria in the study: Refugee women aged between 15-49, literate in Arabic, married, without any mental illness, were included in the study. Since early marriage is common among Syrian refugees, the age range has been kept wide. Consent was obtained from the parents of participants under the age of 18.

Exclusion Criteria for the Study: Refugee women who are not between the ages of 15-49, who are single, who are illiterate, and who do not speak Arabic were not included in the study.

Research Question

What is the family planning attitude scale score of Syrian refugee women? What are the factors affecting this attitude?

Data Collection Tools

Personal information form: The data of the study was prepared by the researchers in line with the literatüre (Gültaç and Balçık, 2018; Çelik, 2015; Humud et al., 2020), an information form consisting of 25 questions, 5 of which were open-ended, related to demographic, obstetric and family planning.

Family Planning Attitude Scale (FPAS): The original scale is a 5-point Likert-type scale consisting of 34 questions developed in Turkish by Örsal and Kubilay in 2006. The validity and reliability of the Turkish scale in Arabic language were made by Kaya and Ören in 2019 and it was found valid and reliable (Kaya, 2019). Arabic scale consists of 29 items and 5 sub-dimensions. A minimum of 29 and a maximum of 125 points are obtained from the scale. As the total score obtained from the scale increases, the family planning attitude also increases positively. The Cronbach's alpha value of the original Turkish version of the scale is 0.90. In this study, the Cronbach's alpha value of the arabic version was found to be 0.89.

Statistical analysis: The obtained data were evaluated in SPSS 15.0 program. Data determined to be normally distributed by Kolmogorov-Smirnov normality test were analyzed with parametric tests. In the analysis of data; descriptive statistics, student t test in independent groups, one-way analysis of variance in independent groups, two-way manova analysis in independent groups, general model (multivariate) were used and $p<0.05$ was considered significant.

Ethical approval: The research was conducted in accordance with the Helsinki Declaration of Human Rights. Ethics committee approval from the Non-Interventional Research Ethics Committee of University of Health Science in Istanbul (10.07.2018/ E183511); Written permission was obtained from the foundation where the study was conducted. Written informed consent was obtained from the women participating in the study with an informed consent form describing the purpose of the study.

Results

All of the women in the research group are Syrian immigrants; sociodemographic and obstetric characteristics are presented in Table 1. The findings regarding the attitudes and preferences of the participants towards family planning are presented in Table 2.

While the total scale score average was 123.63 ±14.63, the average Family Planning sub- dimension score was 54.20±9.41, the average Method sub-dimension score was 39.43±5.34 and the average Pregnancy sub-dimension score was 30.00±4.10. Average attitudes towards reproductive health, gender, contraception and having children are 2.83-3.30, 3.91-4.22, 3.11-3.47 and 3.03-3.80 respectively. It was determined that the mean attitude towards pregnancy was between 3.30-3.59 and it was generally above the average (Not given as a table).

When the mean scores of the FPAS sub-dimensions were compared according to the age groups of the participants; only the difference between the attitudes towards pregnancy sub-dimension scores of the groups was significant; the participants in the age group of 45-49 (3.63±0.72); The mean score of the attitude towards pregnancy sub-dimension was significantly higher than the participants in the 15-19 age group (2.97±0.80) ($p<0.05$).

It was found that the mean score of the attitude sub-dimension towards reproductive health of those who stated their duration of residance in Türkiye as two years (3.34±0.73) was significantly higher than those who expressed one (2.47±0.72) years of residance in Türkiye. The mean scores of the attitudes regarding gender sub-dimension, those who stated their their duration of residance in Türkiye as three years (4.25±0.58); had significantly higher scores than those who expressed the duration of residance as one year (3.07±1.08). The mean score of the attitude sub-dimension regarding the method of protection, was found to be significantly higher for those who stated their duration of residance in Türkiye as two years (3.52±0.78) compared to those who expressed one (2.69±0.57) year of residance in Türkiye. The mean scores of the attitude towards pregnancy sub-dimension of those who stated their duration of residance as three years (3.56±1.03); It was found to be significantly higher than those who expressed one (2.57±0.53) year of residance in Türkiye (Table 3).

When the mean scores of the FPAS sub-dimensions were compared according to the participants' age at first marriage; it was found that gender-related attitude mean scores of those married for the first time at 25-29 years of age (4.38±0.58) were found to be significantly higher than those maried at 30-34 years of age (3.54±0.85).

Table 1. Findings Regarding the Descriptive and Obstetric Characteristics of the Participants (n:320)

Sosyodemografic datə	n	%	Obstetric charachteristics	n	%
Age avarage (min-max:15-49) 30.1±8.6					
Educational Status			**Age at first marriage**		
Elementary	153	47.8	Less than 15	27	8.4
Middle School	74	23.1	15-19 years old	197	61.6
Highschool	55	17.2	20-24 years old	66	20.6
Bachelors and higher	38	11.9	25-29 years old	23	7.2
			30-34 years old	7	2.2
Employment			**Number of pregnancies**		
Employed	118	36.9	No pregnancies	24	7.5
Unemployed	202	63.1	1	57	17.8
			2	56	17.5
			3	66	20.6
			4 or higher	117	36.6
Duration of residance in Turkey			**Number of miscarriages**		
1 year	7	2.2	1	99	30.9
2 year	93	29.1	2	36	11.3
3 year	27	8.4	3	4	1.3
4 year	63	19.7	4 or higher	2	0.6
5 years or higher	130	40.6	Total of those who had a miscarriage	141	44.1
Have you ever willingly ended a pregnancy before?					
Yes	56	17.5			
No	264	82.5	**Shortest duration between the two closest pregnancies.**		
Was your latest pregnancy planned?			No pregnancy	4	7.5
Yes	158	49.4	1 year	124	38
No	138	43.1	2 year	103	32
Not pregnant	24	7.5	3 year	23	7
Are you considering having another child?			4 year	8	4
Yes	138	43.1	5 years and over	6	1.9
No	182	56.9	No answer	32	10.0

*Since the number of participants responding to each item is different and more than one option is marked for some items, the n numbers are different.

Table 2. Findings Regarding the Attitudes and Preferences of the Participants Towards Family Planning

Family planning	n	%
Do you use a birth control method? (n=320)		
Yes	214	66.9
No	106	33.1
What are your reasons for not using family planning method? (n=125)		
My partner disagrees	13	10.4
Weight gain, increase in bleeding	10	8.0
I want children	50	40.8
I cannot afford it	10	8.0
I am currently pregnant	13	10.4
It is bad for my health (Medical contradiction)	10	8.0
Other	19	15.2

Table 2. (Continue) Findings Regarding the Attitudes and Preferences of the Participants Towards Family Planning

Please indicate your reason for choosing the method you chose (n=299)		
It is healthier	63	21.1
I am breastfeeding	25	8.4
It is more trustable	47	15.7
It is easier to use	31	10.4
I dont want children	70	23.4
A healthcare offficial suggested it	22	7.4
My partner wants me to use birth control	27	9.0
other	14	4.7
Please tick the protection methods you have used so far? (n=306) *** More than one option is marked**		
IUD (Intrauterine Device)	121	39.5
Oral contraceptive pills	46	15.0
Condom	58	19.0
Tracking ovulation period	28	9.2
LAM (The Lactational Amenorrhea Method)	16	5.2
Vaginal shower	13	4.2
Other	24	7.9
Do you think birth control methods are effective? (n=320)		
Yes	297	92.8
No	23	7.2
Do you consult your partner when deciding on a contraceptive method? (n=320)		
Yes	278	86.9
No	42	13.1
Have you been informed by any health personnel (midwife, nurse, doctor) in Turkey about the use and characteristics of prevention methods? (n=320)		
Yes	162	50.6
No	158	49.4
Did you start using birth control methods after getting counseling? (n=162)		
Yes	136	42.5
No	26	8.1
How did you find the information about the methods of protection? (n=264)		
Book-Magazine	12	4.5
Internet-TV	26	9.8
Doctor	143	54.2
Midwife	52	19.7
Nurse	14	5.3
Other	17	6.5
Where did you get the protection methods? (n=227)		
Public Hospital	50	22.0
Family Doctor	55	24.2
Reproductive Health Center	50	22.0
Immigrant Health Center	44	19.4
Other	28	12.3
Why do you prefer this place to supply your birth control? (n=221)		
Easy access	33	14.9
Low cost/cheap	24	10.9
Free	93	42.1
Service is better	45	20.4
This place is my only option	26	11.8

*Since the number of participants responding to each item is different and more than one option is marked for some items, the n numbers are different.

Table 3. Comparison of the ındividual characteristics of the participants and the total score of the family planning attitude scale and sub-dimeniion mean scores

Features (Independent variables)	FPAS	Attitude to Reproductive Health	Attitude Towards Gender	Attitude Towards Contraception	Attitude Towards Having Children	Attitude Towards Pregnancy
	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD	Mean±SD
Age groups						
15-19 (n:31)	3.34±0.51	3.16±0.68	4.14±0.67	3.25±0.76	3.12±1.01	2.97±0.80
20-24 (n:56)	3.63±0.56	3.36±0.81	4.07±0.59	3.43±0.82	3.73±0.81	3.57±0.71
25-29 (n:96)	3.53±0.61	3.20±0.72	4.02±0.82	3.40±0.71	3.51±0.87	3.52±0.80
30-34 (n:46)	3.43±0.49	3.15±0.77	3.88±0.74	3.25±0.63	3.44±0.76	3.42±0.73
35-39 (n:37)	3.38±0.43	3.11±0.52	4.18±0.54	3.17±0.70	3.60±0.88	3.29±0.82
40-44 (n:31)	3.50±0.49	3.03±0.67	4.26±0.58	3.27±0.81	3.54±0.80	3.36±0.85
45-49 (n:23)	3.47±0.50	3.08±0.55	4.04±0.74	3.27±0.82	3.37±0.55	3.63±0.72
Test scores (F)	1.202	1.028	1.234	0.762	0.932	2.674
p scores	0.305	0.407	0.288	0.600	0.075	**0.015***
Educational Status						
Elementary (n:153)	3.46±0.55	3.23±0.75	3.89±0.72	3.32±0.81	3.39±0.92	3.36±0.84
Middle (n:74)	3.56±0.54	3.20±0.69	4.10±0.61	3.32±0.73	3.65±0.74	3.49±0.76
Highschool (n:55)	3.53±0.53	3.09±0.68	4.15±0.78	3.34±0.67	3.56±0.74	3.50±0.73
Bachelors and above (n:38)	3.55±0.43	3.09±0.57	4.23±0.67	3.30±0.56	3.63±0.76	3.50±0.73
Test score (F)	0.772	0.809	1.832	0.031	2.168	0.808
p score	0.511	0.490	0.141	0.993	0.092	0.490
How many years have you been living in Türkiye?						
1 year (n:7)	2.77±0.71	2.47±0.72	3.07±1.08	2.69±0.57	3.04±1.03	2.57±0.53
2 year (n:93)	3.59±0.55	3.34±0.73	4.00±0.71	3.52±0.78	3.59±0.79	3.50±0.79
3 year (n:27)	3.55±0.60	3.20±0.73	4.25±0.58	3.24±0.95	3.52±0.87	3.56±1.03
4 year (n:63)	3.51±0.50	3.24±0.72	4.13±0.67	3.21±0.64	3.46±0.88	3.53±0.79
5 year and above (n:130)	3.46±0.49	3.08±0.64	4.11±0.67	3.28±0.68	3.49±0.84	3.35±0.72
Test score (F)	4.266	3.828	4.606	3.566	0.823	3.054
p score	**0.002***	**0.005***	**0.001***	**0.007***	0.511	**0.017***

* p<0.05, F: One-way anova test

When the mean scores of the FPAS sub-dimensions were compared according to the number of pregnancies of the participants; The sub-dimension scores of attitudes towards having a child were found to be significantly higher in those with 2 pregnancies (3.89±0.85) than those who experianced no pregnancies at all (3.08±1.00). Those who stated the number of pregnancies as two (3.64±0.79) also had a significantly higher mean score on the attitude towards pregnancy sub-dimension than those who experianced no pregnancies (3.00±0.61). In addition, when the mean score of FPAS was compared according to the number of pregnancies, the mean scores of those who stated the number of pregnancies as two (3.71±0.55) were significantly higher than those who had no pregnancy (3.32±0.47).

When the FPAS sub-dimension mean scores of the participants were compared according to whether their last pregnancy was planned or not; The mean score of the attitude towards reproductive health of those with planned pregnancies (3.30±0.76) was significantly higher than those who did not have a planned pregnancy (3.08±0.62). The mean scores of the gender attitude sub-dimension of those who did not have a planned pregnancy (4.14±0.61) were significantly higher than those with planned pregnancies (3.98±0.78). The mean score of the attitude towards pregnancy sub-dimension of those who had planned pregnancies (3.55±0.83) were significantly higher than those who did not have a planned pregnancy (3.36±0.75).

When the mean scores of the FPAS sub-dimensions were compared according to the use of the family planning

method by the participants; Those who used the family planning method (3.40±0.74) had a significantly higher mean score for the attitude towards prevention sub-dimension than those who did not use the family planning method (3.16±0.73). In addition, when the mean score of FPAS was compared according to the status of using family planning, the scores of those who used the family planning method (3.55±0.52) were significantly higher than those who did not use the family planning method (3.41±0.54).

When the FPAS sub-dimension mean scores were compared according to whether the participants received counseling on family planning from the health personnel in Türkiye; The mean scores of the attitudes towards reproductive health sub-dimension among those who recieved counseling from health personnel in Türkiye (3.27±0.74) were significantly higher than those who did not receive counseling (3.09±0.66). The mean scores of the gender attitude sub-dimension of those who did not receive counseling (4.16±0.65) were significantly higher than those who received counseling (3.97±0.74). The mean scores of the sub-dimension of attitude towards the method of protection of those who received counseling (3.41±0.71) were significantly higher than those who did not receive counseling (3.23±0.77) (Table 4).

Table 4. Comparison of the total and subscale scores of the family planning attitude scale with the obstetric characteristics and family planning preferences of the participants

Family Planning Attitude Scale (FPAS) and Subscales						
Characteristics (Independent variables)	**FPAS**	**Attitude towards Reproductive Health**	**Attitude towards Gender**	**Attitude towards Contraceptive Methods**	**Attitude towards Parenthood**	**Attitude towards Pregnancy**
	Mean±SD	**Mean±SD**	**Mean±SD**	**Mean±SD**	**Mean±SD**	**Mean±SD**
What was your age at first marriage?						
Under 15 (n:27)	3.38±0.62	3.12±0.74	3.88±0.78	3.22±0.73	3.33±0.92	3.35±0.93
15-19 (n:197)	3.49±0.55	3.19±0.73	4.06±0.71	3.28±0.79	3.54±0.84	3.38±0.81
20-24 (n:66)	3.55±0.45	3.14±0.59	4.12±0.62	3.47±0.63	3.54±0.77	3.49±0.70
25-29 (n:23)	3.62±0.47	3.34±0.80	4.38±0.58	3.39±0.66	3.27±1.00	3.73±0.72
30-34 (n:7)	3.44±0.51	3.16±0.49	3.54±0.85	3.35±0.74	3.59±0.56	3.60±0.52
Test value (F)	0.796	0.375	2.720	1.029	0.889	1.239
p value	0.528	0.826	0.030*	0.393	0.471	0.294
Was your last pregnancy planned?						
Yes (n:158)	3.54±0.59	3.30±0.76	3.98±0.78	3.37±0.77	3.53±0.82	3.55±0.83
No (n:138)	3.49±0.47	3.08±0.62	4.14±0.61	3.28±0.73	3.56±0.82	3.36±0.75
Test value (t)	0.905	2.706	-1.978	0.997	-0.324	2.048
p value	0.366	0.007*	0.049*	0.320	0.746	0.041*
Are you using any family planning method?						
Yes (n:214)	3.55±0.52	3.21±0.72	4.09±0.70	3.40±0.74	3.56±0.85	3.47±0.78
No (n:106)	3.41±0.54	3.11±0.67	4.01±0.71	3.16±0.73	3.41±0.81	3.34±0.80
Test value (t)	2.19	1.19	0.221	0.637	0.534	0.367
p value	0.029*	0.235	0.341	0.007*	0.139	0.178
Have you received any information from any healthcare personnel about the use and characteristics of contraceptive methods in Türkiye?						
Yes (n:158)	3.54±0.56	3.27±0.74	3.97±0.74	3.41±0.71	3.54±0.85	3.50±0.76
No (n:138)	3.47±0.50	3.09±0.66	4.16±0.65	3.23±0.77	3.37±0.83	3.36±0.82
Test value (t)	1.244	2.269	-2.427	2.249	0.724	0.579
p value	0.214	0.024*	0.016*	0.025*	0.470	0.115

* p<0.05, t: Student's t test, F: One-way ANOVA test

DISCUSSION

The present study seeks to investigate the family planning attitudes of married refugee women between the ages of 15 and 49 residing in Türkiye.

The participants in the research group show similarities with the literature in terms of their average age (Gümüş et al., 2017; Güngör et al.,2018), educational status (Gümüş et al., 2017; Masterson at al., 2014; Gültekin, 2019), employment status (Barın, 2015), years of living in Türkiye and age at marriage (Gümüş et al., 2017; Masterson at al., 2014; Gültekin, 2019; Baş et al., 2017). Similarly, in terms of obstetric characteristics, the total number of pregnancies (Gümüş et al., 2017), history of miscarriage (Masterson at al., 2014; Kılıç et al, 2015; Gümüş and Bilgili, 2015), whether the pregnancy was planned or not and the duration between two pregnancies (TTB, 2014) are also consistent with the literature.

In many studies, it has been reported that refugee women do not use family planning methods and their needs are not met (Yağmur and Aytekin, 2018; Büyüktiryaki ert al., 2015). In Lebanon, it was reported that the vast majority of Syrian refugee women (65.5%) do not use any family planning method (Masterson at al., 2014). In studies conducted in Türkiye, the proportion of refugee women who do not use family planning methods has been reported to be between 36.4% and 46%, which is slightly different from studies conducted outside of Türkiye (Şimşek et al., 2015; Tezel et al., 2015). In this study, it was found that 33.1% of refugee women do not use family planning methods. The reason for the lower rates in this study, especially compared to studies conducted outside of Türkiye, is interpreted as being due to the fact that the district where the research was conducted has three Migrant Health Centers and a private foundation providing free health services, which may have increased the availibility and therefore the use of family planning methods.

Although the majority of the women in the study (92.8%) believe that the contraceptive methods are effective, the majority (86.9%) consult their spouses when deciding on the method they use. It is reported in the literature that although refugee women think that birth control methods are effective, they often do not use any method (Salisbury et al., 2016).

Refugees have limited and costly access to family planning services (Humud et al., 2020). In the study of OCHA (2019), it is stated that in interviews with health service providers from 271 regions, women in 79 regions cannot reach family planning services free of charge (OCHA, 2019). Similarly, it was reported that 10.6% of Syrian refugees took a loan to cover their health expenses after settling in Türkiye (AFAD, 2014), and did not apply to a health institutions (50.3%) due to financial difficulties (Gümüş et al., 2017). In the current study, it is seen that Syrian refugee women prefer to obtain the family planning method from a free health institution (42.1%). In addition, 8% of the women in the study stated that they are not protected by any modern family planning method because they do not have economic power. The findings suggest that economic considerations have a significant impact on women's decisions and behaviors concerning reproductive healthcare. The World Health Organization (WHO) has recognized that accessible and cost-free health services are a fundamental human right (WHO, 2015). Therefore, countries should strive to establish robust health systems that provide refugees with the opportunity to access healthcare services and receive appropriate care (TTB, 2014).

Within the framework of primary health care services in Türkiye, Syrian refugee women of childbearing age are offered services and counseling on contraceptive methods (Ministry of Health Temporary Protection Directive, 2015). 20 Migrant Health Centers (GSMs) have been established in the province of Istanbul, especially in areas where Syrians live heavily, in order to make healthcare services acessible and effective for immigrants and refugees. In the established GSMs, studies are carried out for primary preventive health services and reproductive health services (Gültaç and Balçık, 2018). Gümüş et al. (2017) found that refugees mostly applied to State Hospitals (37.4%) and Family Health Centers (26.1%) (Gümüş et al., 2017). In this study, it was observed that refugee women obtained family planning methods from Family Medicine (24.2%), State Hospitals (22%), Reproductive Health Centers (22%), and Migration Health Centers (19.4%), and they mostly received information on family planning methods through doctors (54.2%) and midwives.

In the study, the majority of refugee women use the IUD method (39.5%), followed by condoms (19%) and oral contraceptives (15%) as their family planning methods. Similarly, in a study conducted outside of Türkiye, refugee women were reported to use IUDs (19%), oral contraceptives (8.6%), calendar method (3.5%), and condoms (1.8%) for contraception (6). In some studies conducted in Türkiye, withdrawal (22.7%) was reported as the most commonly used family planning methods. The reasons for refugee women choosing their preferred method were expressed as being more healthy (Ergüven and Özturanlı, 2013), reliable (Barın, 2015; TAPV, 2014), and easy to use (10.4%). The higher usage rates of IUDs, oral contraceptives, and condoms in this study compared to studies in other countries like Jordan and Lebanon may be due to the higher availability of free family planning methods for refugees in Türkiye.

When the mean scores of the sub-dimensions of the scale were compared according to the age groups of refugee women; The mean score of the attitude towards pregnancy sub-dimension of women aged 45-49 years (3.63±0.72) was significantly higher than the participants in the age group of 15-19 (2.97±0.80). In the literature research, some of the results of the research conducted in Türkiye were similar to the results of this study (Çayan, 2009) while some of them reported different results (Aktoprak, 2012). It is thought that the resulting differences may be related to the sample group studied.

It was found that there was no statistically significant difference between the education level of refugee women and the total score as well as the sub-dimensions of reproductive health, gender, contraception method, having a child, and attitude towards pregnancy ($p>0.05$). Aktoprak's (2012) study also reported similar results between education level and APBL sub-dimensions, and the opposite results were reported in Apay's (2010) study (Aktoprak, 2012; Ejder Apay et al, 2010). Since illiterate people were not included in our study group and the majority of the group was primary school graduates, the true variety in education level may not have been fully represented in our study.

When comparing the scores of the sub-dimensions of FPAS among refugee women according to the year they arrived in Türkiye, it was found that the difference between the mean scores of the four sub-dimensions was statistically significant, except for the sub-dimension related to attitudes towards having children ($p<0.05$). Since no literature was found on this parameter in the literature search, it could not be discussed in the light of literature. However, it can be theorized that the attitudes of Syrian refugees towards family planning have improved positively over time due to the increased opportunities for receiving counseling on family planning in Türkiye. Another possibility is that prolonged exposure to Turkish culture, coupled with the comparatively more liberal attitudes of the Turkish populace towards family planning, could gradually influence the views of Syrian refugee women over time.

The mean score of the gender attitude sub-dimension of individuals married at the relatively younger age of 25-29 was significantly higher than those whose age at first marriage was (Çayan, 2009; Ejder Apay, et al., 2010). Contrary to our study, Tezel et al (2015) found that family planning attitudes were positively affected as the age of marriage increased; and that the difference between attitude and FPAS sub-dimensions was significant (Tezel et al., 2015). This may be due to the fact that Syrian refugees generally have early marriages. In addition, due to cultural differences, their attitudes on this issue may be different from Turkish society.

Those with two pregnancies had a statistically significant higher mean score of attitude towards having children, attitude towards pregnancy, and total FPAS scores compared to those who were never pregnant ($p<0.005$). Contrary to the findings of this study, it has been reported in the literature that as the number of pregnancies decreases, the attitude towards family planning is positive and the difference is statistically significant (Tezel et al., 2015; Çayan, 2009; Ejder Apay, et al., 2010). The reason why the attitude towards pregnancy and having a child was found to be higher than the other sub-dimensions in our study; It is thought that as the number of pregnancies increases, the desire to have a child will decrease, this desire will increase the motivation of women to use family planning methods, and therefore, the family planning attitude will be positively affected.

The mean scores of the sub-dimension related to reproductive health and pregnancy attitudes of refugee women who planned their pregnancy were significantly higher ($p<0.005$) than those who did not plan their pregnancy, while the mean scores of the sub-dimension related to gender attitudes of those who did not plan their pregnancy (4.14 ± 0.61) were significantly higher than those who planned their pregnancy (3.98 ± 0.78) ($p<0.005$). No studies were found in the literature review that examined refugee groups on this topic. The study results can be interpreted as indicating that family planning is not only effective in preventing pregnancy, but also in helping those who want to become pregnant to conceive at the time they desire, and therefore, family planning attitudes may be positively influenced.

Those who used the family planning method had higher protection-oriented attitude scores and FPAS scores. Study results; It was found to be similar to the literature in Türkiye (Tezel, 2015; Ejder Apay, et al., 2010). Similarities in these studies; supports that a positive attitude towards family plannig is often a prequisite of using a family planning method.

While the attitudes towards reproductive health, protection, and attitude scores of those who received counseling for family planning among health personnel in Türkiye were significantly higher, the mean scores of attitudes towards gender were significantly lower ($p<0.05$). In similar studies by Çayan (2009) and Aktoprak (2012), it was reported that counseling for family planning affects family planning attitude positively (Aktoprak, 2012; Çayan, 2009). In particular, it can be said that counseling for family planning positively affects attitudes towards reproductive health and protection.

Strengths and Limitations

The first limitation was the inability to reach all Arabic-speaking refugee women living in Türkiye. The second limitation is that it was conducted only with Syrian women living in a part of Istanbul. For these reasons, the results of the study cannot be generalized to all refugees.

Contribution of the study to the clinic: By determining the attitudes of refugee women towards family planning methods, this study will contribute to the proper planning and delivery of services for these women.

Implications for Practice and Policy

This study will determine the attitudes of refugee women towards family planning methods and contribute to the correct planning and delivery of services for these women by nurses and healthcare professionals.

CONCLUSION

The Syrian refugees living in Türkiye in family their attitudes towards accessing and using family planning methods are not positive enough. Getting counseling about family planning positively affects attitudes about family planning. A long residance in Türkiye, having free access to family planning methods, being older, having a high number of pregnancies, planned pregnancy, using family planning methods and getting counseling about family planning methods are factors related to family planning attitude

In line with these results, it is recommended to make plans that will ensure that refugees' access to family planning methods is completely free and easily accessible, and that health professionals give priority to counseling services regarding family planning methods.

REFERENCES

AFAD. (2014). Syrian Women Living in Turkey. Ankara: T.C. Ministry of Interior Disaster and Emergency Management Presidency (On the Internet) (Date of Access: 23.01.2023), https://www.afad.gov.tr/kurumlar/afad.gov.tr/17934/xfiles/turkiye_deki-suriyeli-kadinlar_-2014_2_.pdf

Aktoprak, M. (2012). Evli kadınlar ve eşlerinin aile planlamasına yönelik tutumları ve ilişkili faktörler (Yüksek Lisans Tezi. . Selçuk Üniversitesi, Konya Türkiye).

Baban, F., Ilcan, S. and Rygiel, K. (2017). Syrian refugees in Turkey: Pathways to precarity, differential ınclusion, and negotiated citizenship rights. Journal of Ethnic and Migration Studies. 43(1):41–57.

Barın, H. (2015). Türkiye'deki Suriyeli kadınların toplumsal bağlamda yaşadıkları sorunlar ve çözüm önerileri. Göç Araştırmaları Dergisi, 1(2), 10-56.

Baş, M., Molu, B., Tuna, Hİ. and Baş, İ. (2017). The effects of the socio-cultural and economic change of emigrant families on the lives of women and children. Journal of the Human & Social Science Researches. 6(3):1680-1693.

Büyüktiryaki, M., Canpolat, FE., Alyamaç Dizdar E., Okur, N. and Kadıoğlu Şimşek, G. (2015). Neonatal outcomes of Syrian refugees delivered in a tertiary hospital in Ankara, Turkey. Conflict and Health.9:38. DOI 10.1186/s13031-015-0066-1

Çayan, A. (2009 Summer). 15-49 yaş evli kadınların aile planlaması yöntemlerine ilişkin tutumlarının kullandıkları kontraseptif yöntemler ile ilişkisi. (Yüksek Lisans Tezi, , Adnan Menderes Universitesi, , Aydın, Turkiye).

Çelik, NB. (2015). 15-49 yaş evli kadınların aile planlaması yöntemlerine ilişkin tutumlarının kullandıkları kontraseptif yöntemler ile ilişkisi. 6(3):67-148.

Ejder Apay, S., Nazik, E., Özdemir, F. and Pasinlioğlu, T. (2010). Nişanlı çiftlerin aile planlamasına ilişkin bilgi ve tutumlarının belirlenmesi. Anatolian Journal of Nursing and Health Sciences.13(3):1-7.

Ergüven, NS. and Özturanlı, B. (2013). Uluslararası mülteci hukuku ve Türkiye. Ankara Üniversitesi Hukuk Fakültesi Dergisi. .62(4):1007-1061.

Gültaç, AS., and Balçık, PY. (2018). Suriyeli sığınmacılara yönelik sağlık politikaları. Sakarya Tıp Dergisi. . 8(2):193-204.

Gültekin, MN. (2019). Kent ve yeni sosyal etkileşimler: Gaziantep'teki Suriyelilerin genel örüntüsü, mevcut durumu ve muhtemel geleceği. Gaziantep Üniversitesi Sosyal Bilimler Dergisi. .18(1):162-176.

Gümüş, G., Kaya, A., Yılmaz, SŞ., Özdemir, S., Başıbüyük, M. and Coşkun, AM. (2017). Göçün sağlık üzerindeki etkileri. Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi. . 3(1):1-17.

Gümüş, Y. and Bilgili, N. (2015). Göçün sağlık üzerindeki etkileri. Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi. 18(1):63-67.

Güngör, ES., Seval, O., İlhan, G. and Verit, FF. (2018). Do Syrian refugees have increased risk for worser pregnancy outcomes? Results of a tertiary center in Istanbul. Turkish Journal of Obstetrics and Gynecology. 15(1):23-27.

Humud, CE., Blanchard, CM. and Nikitin, MBD. (2020). Armed conflict in Syria: Overview and U.S. response. Congressional Research Service, Updated July 27, 2020.

Icduygu, A., and Nimer, M. (2020). The politics of return: Exploring the future of Syrian refugees in Jordan, Lebanon and Turkey. Third World Quarterly. 41(3):415–433.

Kaya, M. (2019 Summer). İstanbul'da yaşayan mülteci kadınların aile planlaması hizmetlerine erişebilme durumları ve tutumlarının değerlendirilmesi. (Yüksek Lisans Tezi , Sağlık Bilimleri Üniversitesi , İstanbul, Turkiye).

Kılıç, M., Arslanyılmaz, MM, and Bahar Özvarış, ÜŞ. (2015). Savaş ve çatışma bölgelerinde kadın sağlığı Sürekli TIP Eğitimi Dergisi. 24:237-244.

Masterson, AR., Usta, J., Gupta, J., and Ettinger, AS. (2014). Assesment of reproductive health and violence against women among displaced Syrians in Lebanon. BMC Women's Health. 14,25:1-8.

Türkiye İçişleri Bakanlığı, Göç İdaresi Başkanlığı, İstatistik, Geçici Koruma. (Erişim tarihi: 15.11.2022) https://en.goc.gov.tr/temporary-protection27.

Sağlık Bakanlığı Geçici Koruma Yönergesi. (201509. (Erişim tarihi:23.01.2023), https://dosyasb.saglik.gov.tr/Eklenti/1376,saglik-bakanligi-gecici-koruma-yonergesi-25032015pdf.pdf?0

OCHA. Needs Humanitarian Overview-Syrian Arap Republic. (2019). (Date of Access:21.01.2023), https://www.humanitarianresponse.info/en/operations/whole-of-syria).

Patel, S., Schechter, MT., Sewankambo, NK., Atim, S., Kiwanuka, N. and Spittal, AM. (2014). Lost in transition: HIV prevalence and correlates of infection among young people living in post-emergency phase transit camps in Gulu District, Northern Uganda. PLOS ONE. 9(2):e89786. https://doi.org/10.1371/journal.pone.0089786.

Salisbury, P., Hall, L., Kulkus, S., Paw, MK., Tun, NW., et al. (2016). Family planning knowledge, attitudes and practices in refugee and migrant pregnant and post-partum women on the Thailand-Myanmar border–a mixed methods study. Reproductive Health,13:94.

Şimşek, Z., Doğan, F., Hilali, NG. and Özek, B. (2015). Şehir merkezinde yaşayan 15-49 yaş aralığındaki evli Suriyeli kadınların üreme sağlığı göstergeleri ve hizmet ihtiyaçları. 18. Ulusal Halk Sağlığı Kongresi , Konya, Türkiye . pp.998-999.

TAPV. (2014). (Date of Access: 24.01.2023), https://silo.tips/download/grnm-ocak-mlteciler-ve-reme-sal-riskleri-bedeni-cinsellii-ve-dourganl-ile-kadn-k.

Tezel, A., Gonenc, IM., Akgun, Ş., Öztaş Karataş, D. and Altuntaş Yıldız, T. (2015). Kadınların aile planlamasına yönelik tutumları ve etkileyen faktörler. Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi. 18(3):181-188.

Kampların dışında yaşayan suriyeli kadın mültecilere ilişkin rapor MAZLUMDER. (2014). (Erişim tarihi: 01.01.2023), https://istanbul.mazlumder.org/webimage/files/The%20Report%20on%20Syrian%20Women%20Refugees(1).pdf

Türk Tabipler Birliği Yayınları (TTB), Suriyeli Mülteciler ve Sağlık Hizmetleri Raporu, , 2014, (Erişim tarihi: : 15.01.2023), https://www.ttb.org.tr/kutuphane/siginmacirpr.pdf

WHO. Trends in maternal mortality, 1990 to 2015: Estimates by WHO, UNICEF, UNFPA, the World Bank estimates, and the United Nations Population Division. Geneva: World Health Organization (on the internet) 2015. (Date of Access: 01.01.2023), https://apps.who.int/iris/bitstream/handle/10665/194254/9789241565141_eng.id=13290A0C263D57D818976417AFEA27C9?sequence=1.

Yağmur, Y. and Aytekin, S. (2018). Mülteci kadınların üreme sağlığı sorunları ve önerilen çözümler. Dokuz Eylül Üniversitesi Hemşirelik Fakültesi E-Dergisi. 11(1):56-60.