Research Article

Türk Fen ve Sağlık Dergisi
Turkish Journal of Science and Health

Volume 6
Number 2
Year 2025
Pages 81-92

e-ISSN: 2717-7173 https://dergipark.org.tr/tr/pub/tfsd

Received: 28.02.2025 Accepted: 20.05.2025 https://doi.org/10.51972/tfsd.1648501

The Relationship Between the Family Planning Method Used by Women of Reproductive Age and Sexual Quality of Life

Şehadet Taşkın [1]*, Nilüfer Tuğut [2]

[1]Balıklıgöl State Hospital, Şanlıurfa, Türkiye
[2]Sivas Cumhuriyet University, Faculty of Health Sciences, Department of Nursing, Sivas, Türkiye

ABSTRACT:
Purpose: This study aimed to investigate the relationship between the type of family planning method used and the sexual quality of life among married women of reproductive age.
Material and Methods: The population of this descriptive and cross-sectional study consisted of married women aged 18-49 years who presented to the Family Planning outpatient clinic of a Gynecology and Obstetrics Hospital (N=7200). In the study, 933 women were included. Descriptive and Family Planning Method Usage Information Form and Sexual Quality of Life-Female (SQOL-F) questionnaire were used as data collection tools.
Results: Statistically significant differences were found in SQOL-F scores among participants based on several variables, including the woman's and her spouse's education level, her spouse's age, income level, duration of marriage, number of pregnancies and abortions, whether the last pregnancy was planned or desired, perception of sufficient family planning (FP) knowledge, satisfaction with the FP method used, and the decision-maker regarding the FP method ($p<0.05$). The mean SQOL-F score was $\bar{x}=92.93$ for women using modern FP methods and $\bar{x}=89.14$ for those using traditional FP methods, with a statistically significant difference between the two groups ($p<0.05$).
Conclusion: Based on the study results, it was determined that women's sexual quality of life is influenced by their sociodemographic and obstetric characteristics, as well as the contraceptive methods they use. Women using modern family planning (FP) methods were found to have higher sexual quality of life scores. It is recommended that healthcare professionals consider women's sociodemographic and obstetric characteristics when providing family planning services and assess how the chosen family planning method affects their sexual quality of life.
Keywords: *Family planning; sexuality; sexual quality of life; female; reproductive age*

**Corresponding author: Şehadet Taşkın, email: sehadettaskin@hotmail.com*

INTRODUCTION

World Health Organization defines quality of life "as individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (WHO, 1993). Undoubtedly, one of the main factors that play an effective role in the quality of life is sexual life. Although sexuality does not play a vital role in the survival of an individual, it is an important building block among the elements that make up the quality of life (Bilge et al., 2016; Selimoğlu et al., 2020). Sexual quality of life refers to an individual's level of satisfaction with their sexual life (Zeren and Özerdoğan, 2018). It is also defined as "a person's subjective assessment of both the positive and negative aspects of their sexual relationship and their emotional response following this evaluation" (Masten et al., 2021). Sexual quality of life encompasses the physical, emotional, and relational

dimensions of sexuality as a whole. The physical aspects include factors such as sexual pleasure, orgasm, and the frequency of sexual intercourse. Emotional characteristics involve feelings like shame, guilt, anxiety, frustration, or anger. The relational aspect is shaped by factors such as communication, sharing, and emotional closeness with a partner (Makins et al., 2024; Atchison et al., 2019). Sexuality has been an integral part of quality of life beyond reproduction since the existence of humankind. Individuals may engage in sexual activity as a function of mutual relationships based on personal choice rather than solely for reproduction. In such cases, sexuality is seen as a fundamental aspect of life rather than just a means of procreation. At this point, family planning becomes a crucial consideration for individuals (Makins et al., 2024; Munakampe et al., 2018; Porée and Malfray, 2022). For couples, choosing the family planning method suitable for them and using it effectively is necessary if they are to improve the sexual quality of life (Cetişli et al., 2016; Lee et al., 2023). Choosing an appropriate family planning method can enhance sexual quality of life by reducing concerns about unintended pregnancy, the risk of gynecological cancers, and sexually transmitted diseases. These methods ensure safer sexual experiences and contribute to greater satisfaction between partners, ultimately having a positive impact on sexual well-being (Okunlola et al., 2023; Bitzer, 2024).

Several studies have highlighted both the positive and negative effects of different family planning methods on sexual life. However, research specifically examining the impact of family planning methods on sexual quality of life remains limited, which is a noteworthy gap. Understanding the quality of sexual experiences and the extent to which family planning methods influence sexual satisfaction is essential and should not be overlooked.

MATERIAL and METHODS

Purpose and Type of the Study

This study was conducted to determine the relationship between the family planning methods used and the sexual quality of life among married women of reproductive age, specifically those between 18 and 49 years old.

Research Questions

1- Which family planning (FP) methods are women using?
2- What is the sexual quality of life level of women?
3- Is there a relationship between the family planning method used and sexual quality of life?

Sampling and participant

This descriptive cross-sectional study was conducted with women who applied to the family planning (FP) outpatient clinic of a training and research hospital located in a province in the Southeastern Anatolia Region of Turkey, between January 2019 and December 2019. The study population comprised married women aged 18–49 who visited the Family Planning outpatient clinic of a Gynecology and Obstetrics Hospital (N=7,200). The minimum required sample size was determined to be 365 using the formula for calculating sample size in a finite population when investigating the frequency of a phenomenon (N=7,200, p=0.50, q=0.50, d=0.05, t=1.96).

Inclusion criteria of the study were as follows: being in the 18-49 age group, having primary school or higher education, having an active sexual intercourse in the last four weeks, using a FP method (modern, traditional) and agreeing to participate in the study. While the study was conducted, 1100 women were interviewed.

Of them, 25 who refused to participate in the study, 60 who did not meet the inclusion criteria, 15 who did not answer all the survey questions, and 67 who did not meet the criteria during the analysis were excluded from the study. Therefore, the study was conducted with 933 women who met the inclusion criteria.

Data Collection Tools

Descriptive and Family Planning Method Usage Information Form and Sexual Quality of Life-Female (SQOL-F) questionnaire were used as data collection tools.

Descriptive and Family Planning Method Usage Information Form

The 23-item form was developed by the researchers to assess the socio-demographic, obstetric, and family planning characteristics of the participants.

• Socio-demographic characteristics (age, spouse's age, education level, spouse's education level, perceived monthly income, family type, woman's age at marriage, duration of marriage, type of marriage) were evaluated using four open-ended and five closed-ended questions.

• Obstetric characteristics (number of pregnancies, number of spontaneous abortions, number of abortions, number of stillbirths, whether the last pregnancy was planned, and whether it was desired) were assessed with four open-ended and two closed-ended questions.

• Family planning characteristics [awareness of FP methods, methods known, source of FP information, sufficiency of this information, current FP method used (modern or traditional), satisfaction with the method, preferred FP method, and whether the spouse objects to its use] were explored using eight closed-ended questions (Cetişli et al., 2016; Kutlu and Kılıçaslan, 2014; Yarger et al., 2017; Yaralı and Hacıalioğlu, 2016; Kocaöz et al., 2013; Higgins et al., 2016).

Sexual Quality of Life Questionnaire-Female (SQOL-F)

The SQOL-F Questionnaire was developed by Symonds et al. (Symonds et al., 2005).

The validity and reliability study of the Turkish version of the SQOL-F Questionnaire was conducted by Tugut et al. (Tugut et al., 2010). The scale consists of 18 items. In the original study of the scale, it was stated that each item could be scored between 1 and 6 or 0 and 5. In the present study, 1-6 point scoring (1= Completely Agree 2= Agree to a Great Extent, 3=Somewhat Agree, 4=Somewhat Disagree, 5= Disagree to a Great Extent, 6= Completely Disagree) was used. The lowest and highest possible scores to be obtained from the scale are 18 and 108 respectively. A high score obtained from the scale indicates that the sexual quality of life is good (Appendix 2) (Symonds et al., 2005; Tuğut et al., 2010). In the present study, the Cronbach's Alpha reliability of the SQOL-F questionnaire was 0.858 suggesting that it is a highly reliable tool.

Statistical Analysis

The data obtained within the scope of the study were analyzed using the SPSS 24 program. Of the descriptive analyses, the frequency and percentage analysis was used for the distribution of the participants in terms of their socio-demographic characteristics. In the descriptive analysis of the scale, min-max values, arithmetic mean and standard deviation were given. While the distribution of the data obtained was analyzed, Kolmogorov Smirnov normal distribution analysis was performed and the measures of central tendency were used because the number of the participants in the sample was more than 50. According to the measures of central tendency, the data had normal distribution. Therefore, the parametric tests were statistically tested at a confidence level of 95%. The SQOL-F questionnaire was used to determine the intergroup differences in terms of the sexual quality of life of the participants. The independent samples t-test was used to compare factors such as the participant's age, her spouse's age, family type, age at marriage, duration of marriage, type of marriage, the number of stillbirths, whether the last pregnancy is planned, whether the last pregnancy is desired, perceiving her FP knowledge as sufficient, satisfaction with the FP method she uses, the person who decides on the FP method she uses, and whether her spouse objects to her using the FP method. In the comparison of more than two groups, the SQOL-F questionnaire was used. In the comparison of factors such as educational status, spouse's educational status, income level, number of pregnancies, number of spontaneous abortions, number of abortions, known FP methods, and currently used FP method, the one-way ANOVA test was applied. To determine whether there were significant differences between groups in the ANOVA results (educational status, spouse's educational status, income level, number of pregnancies, number of spontaneous abortions, and source of FP information), the Scheffe test, a post-hoc test, was used. Additionally, Cronbach's alpha analysis was conducted to assess the reliability of the scale used in the study. A 0.05 margin of error was

set as the threshold for statistical significance.

Ethical Approval

Before conducting the study, ethical approval (Decision No: 2019.11/12) was obtained from the Ethics Committee for Non-Interventional Clinical Research, along with written permission from the institution where the study was to take place. Participants were informed about the purpose and duration of the study, and they were assured that participation was voluntary, that the collected data would be used exclusively for research purposes, and that their information would remain confidential. Written and verbal informed consent was then obtained from all participants.

RESULTS

The mean age of the participating women was 28.6 ± 5.72. Of them, 88.1% were primary school graduates, 74.5% were older than 18 years when they got married, 82.2% had an arranged marriage, 50.4% had been married more than 10 years, 77.8% had a nuclear family, 72.9% were multiparous ≥3 pregnancies, 69.6% did not have a history of miscarriage, 90.8% did not have a history of abortion, 76.8% had their last pregnancy planned and 78.8% had their last pregnancy voluntarily. All of the participating women were knowledgeable about FP. FP methods they were knowledgeable about most were IUD (17.3%), oral contraceptive pills (17.1%) and condom (16.8%). Currently, 64.3% of them used IUD, 13.4% used condoms and 9.5% used oral contraceptive pills as a FP method, and 85.3% of them were satisfied with the FP method that they used (Table 1).

Table 2 presents the mean scores obtained by participants from the SQOL-F questionnaire. The minimum and maximum scores recorded were 52.22 and 100, respectively. The overall mean score for the SQOL-F questionnaire was 88.24±11.00 (Table 2).

Table 3 presents the comparison of the mean SQOL-F questionnaire scores based on the sociodemographic and obstetric characteristics of the participants. A statistically significant difference was found between the SQOL-F scores in relation to the age groups of the participants' spouses, with a 95% confidence level (t = 2.955; p = 0.004; p < 0.05). The mean SQOL-F score was $\bar{x}$=89.10 for participants whose spouses were 35 years old or younger and $\bar{x}$=86.94 for those whose spouses were over 35 years old (p < 0.05). The difference between the SQOL-F questionnaire scores of the participants in terms of their educational status was statistically significant at the confidence level of 95% (F= 4.465 p=0.012; p<0.05). The SQOL-F questionnaire score was $\bar{x}$=93.02 in the participants who were university graduates of or had a postgraduate degree, and $\bar{x}$=87.92 in the participants who were primary or junior high school graduates (p<0.05).

The difference between the SQOL-F questionnaire scores of the participants in terms of the education status of their spouses was statistically significant at the confidence level of 95% (F= 3.702; p=0.011; p<0.05). The SQOL-F questionnaire score was $\bar{x}$=91.61in the participants whose spouses were university graduates of or had a postgraduate degree, and $\bar{x}$=86.07 whose spouses were illiterate and $\bar{x}$=88.04 in the participants whose spouses were primary or junior high school graduates (p<0.05). The difference between the SQOL-F questionnaire scores of the participants in terms of their income status was statistically significant at the confidence level of 95% (F= 6.166; p=0.002; p<0.05). The mean SQOL-F questionnaire score was 92.15 among participants who perceived their income level as good and 87.08 among those who perceived their income level as low (p < 0.05). Additionally, a statistically significant difference was found in the SQOL-F scores based on the length of marriage, with a 95% confidence level (t = 3.101; p = 0.002; p < 0.05).

The SQOL-F questionnaire score was $\bar{x}$=89.36 in the participants who had been married for less than 10 years, and $\bar{x}$=87.14 in the participants who had been married ≥10 years (p<0.05). The difference between the SQOL-F questionnaire scores of the participants according to the number of pregnancies they had was statistically significant at the 95% confidence level (F= 6.882; p=0.001; p<0.05). The SQOL-F questionnaire score was $\bar{x}$=90.46in the participants who had 1 or 2 pregnancies, and $\bar{x}$=87.4 in the participants who had 3 or more pregnancies (p<0.05). Intergroup differences were determined with the Scheffe test, one of the post-hoc tests. The difference between the SQOL-F questionnaire scores

Table 1. Socio-Demographic, Obstetric and Contraceptive Characteristics of the Participants

Socio-Demographic Characteristics	**n**	**%**
Age [Mean. ±SD (min- max)]=[28.6 ± 5.72 (18-49) years]		
18-35	714	76.5
36-49	219	23.5
Education level		
Primary school	822	88.1
High school	72	7.7
University and Postgraduate	39	4.2
Age at marriage		
<18 years	238	25.5
≥18 years	695	74.5
Type of marriage		
Arranged marriage	767	82.2
Love marriage	166	17.8
Duration of marriage		
<10 years	463	49.6
≥10 years	470	50.4
Family Type		
Nuclear	726	77.8
Extended	207	22.2
Obstetric Characteristics	**n**	**%**
The Number of Pregnancies		
0	11	1.2
1	242	25.9
≥2	680	72.9
The Number of Spontaneous Abortions		
0	649	69.6
1	175	18.8
≥2	109	11.7
The Number of Curettages		
0	847	90.7
1	65	7
≥2	21	2.3
Is the Last Pregnancy a Planned One?		
Yes	717	76.8
No	216	23.2
Is the Last Pregnancy a Desired One?		
Yes	735	78.8
No	198	21.2
Contraceptive Characteristics	**n**	**%**
Being knowledgeable about FP methods		
Knowledgeable	933	100
Not knowledgeable	0	0
[#] FP methods known by the participants		
Intrauterin Devices (IUD)	912	17.3
Oral Contraceptive Pills	900	17.1
Condom	883	16.8
Monthly or 3-Monthly Injections	853	16.2
Withdrawal	794	15.1
Tubal Ligation	732	14
Calendar Method	132	2.5
Vasectomy	52	1
[#] FP methods used by the participants		
Intrauterin Devices (IUD)	644	64.3
Oral Contraceptive Pills	134	13.4
Condom	95	9.5
Withdrawal	64	6.4
Monthly or 3-Monthly Injections	51	5.1
Tubal Ligation	8	0.8
Calendar Method	6	0.7
Satisfaction with the Method Used		
Yes	796	85.3
No	137	14.7

[#]More than one answer

Table 2. Distribution of the Mean Scores the Participants Obtained from the Sexual Quality of Life-Female (SQOL-F) Questionnaire

	n	Minimum mean	Maximum mean	Overall Mean	Standard Deviation
SQOL-F questionnaire score	933	52.22	100	88.24	11

Table 3. Distribution of the Mean Scores the Participants Obtained from the Sexual Quality of Life-Female (SQOL-F) Questionnaire in Terms of Their Sociodemographic and Obstetric Characteristics

Sociodemographic characteristics	n	Mean ± SD	Test Value / Significance level
Age (years)			
18-35	714	88.47 ± 11.05	[a]t=1.128
36-49	219	87.51 ± 10.81	p=0.259
			df =931
Spouse's age			
<35 years	561	89.10 ± 10.53	[a]t= 2.955
≥35 years	372	86.94 ± 11.56	**p= 0.004***
			df =931
Educational Status			
Primary and Junior High School (1)	822	87.92 ± 10.97	[b]F=4.465
Senior High School (2)	72	89.38 ± 11.30	**p=0.012***
University (3)	39	93.02 ± 10.02	**1-3****
Education Status of Spouse			
Illiterate (1)	67	86.07 ± 10.05	[b]F=3.702
Primary School (2)	623	88.04 ± 11.05	**p=0.011***
Senior High School (3)	156	88.11 ± 11.04	**1-4, 2-4****
University (4)	87	91.61 ± 10.68	
Income status			
Low (1)	362	87.08 ± 11.15	[b]F=6.166
Middle (2)	511	88.61 ± 10.95	**p=0.002***
Good (3)	60	92.15 ± 9.38	**1-3****
Duration of marriage			
<10 years	767	88.04 ± 10.85	[a]t= 3.101
≥10 years	166	89.18 ± 11.65	**p= 0.002***
			df =931
Obstetric characteristics			
The Number of Pregnancies			
0 (1)	11	89.29 ± 13.41	[b]F= 6.882
1-2 (2)	242	90.46 ± 10.21	**p= 0.001***
≥3 (3)	680	87.44 ± 11.13	**2-3****
The Number of Spontaneous Abortions			
0 (1)	649	88.85 ± 10.74	[b]F=3.805
1 (2)	175	87.37 ± 12.02	**p=0.023***
≥2 (3)	109	86.01 ± 10.50	**1-3****
Is the Last Pregnancy a Planned One?			
Yes	717	89.03 ± 10.51	[a]t= 4.035
No	216	85.62 ± 12.13	**p=0.000***
			df =931
Is the Last Pregnancy a Desired One?			
Yes	735	89.00 ± 10.56	[a]t= 4.086
No	198	85.43 ± 12.09	**p= 0.000***
			df =931

[a] Independent Samples t Test, [b] One-Way ANOVA Test, *p<0.05, ** Scheffe Test, df: Degree of Freedom

of the participants according to the number of abortions they experienced was statistically significant at the 95% confidence level (F= 3.805; p=0.023; p<0.05). The SQOL-F questionnaire score was $\bar{x}$=88.85 in the participants who did not have any abortions, and $\bar{x}$=86.01 in the participants who had 2 or more abortions (p<0.05). The difference between the SQOL-F of the participants in terms of the variable whether their last pregnancies was planned / whether their last pregnancies was desired

was statistically significant at the 95% confidence level (t= 4.035; p=0.000; p<0.05 / t= 4.086; p=0.000; p<0.05). The SQOL-F questionnaire score was $\bar{x}$=89.03 in the participants whose last pregnancy was planned, and $\bar{x}$=85.62 in the participants whose last pregnancy was not planned. The SQOL-F questionnaire score was $\bar{x}$=89.00 in the participants whose last pregnancy was desired, and $\bar{x}$=85.43 in the participants whose last pregnancy was not desired (p<0.05).

Table 4 presents the comparison of the mean SQOL-F questionnaire scores based on the contraceptive characteristics of the participants.

Table 4. Distribution of the Mean Scores the Participants Obtained from the Sexual Quality of Life-Female (SQOL-F) Questionnaire in Terms of Their Contraceptive Characteristics

Contraceptive Characteristics	N	Mean ± SD	Test Value
Currently used FP method			
Modern	932	92.93 ± 10.42	[a]t=7.326
Traditional	70	89.14 ± 26.16	**p=0.000***
Perceiving the FP knowledge as sufficient			
Yes	718	88.78 ± 10.78	[a]t=2.750
No	215	86.44 ± 11.54	**p=0.006***
			df=931
Satisfied with the FP method used			
Yes	796	88.58 ± 10.97	[a]t=2.260
No	137	86.29 ± 10.96	**p=0.024***
			df =931
The person who decides on the FP method			
The woman	927	83.72 ± 11.55	[a]t=-3.067
The woman and spouse together	6	87.51 ± 10.91	**p=0.002***
			df =931

[a] Independent Samples t Test, *p<0.05, df: Degree of Freedom

A statistically significant difference was found in the SQOL-F scores according to the family planning (FP) method used, with a 95% confidence level (t = 7.326; p = 0.000; p < 0.05). The mean SQOL-F score was 92.93 for participants using modern FP methods and 89.14 for those using traditional FP methods. The difference between the SQOL-F questionnaire scores of the participants according to the variable whether they perceived their knowledge of FP was adequate was statistically significant at the 95% confidence level (t= 2.750; p=0.006; p<0.05). The SQOL-F questionnaire score was $\bar{x}$=88.78 in the participants who perceived their knowledge of FP as adequate, and $\bar{x}$=86.44 in the participants who perceived their knowledge of FP as inadequate. The difference between the SQOL-F questionnaire scores of the participants according to the variable whether they were satisfied with the FP method they used was statistically significant at the 95% confidence level (t= 2.260; p=0.024; p<0.05).

The SQOL-F questionnaire score was $\bar{x}$=88.58 in the participants who were satisfied with the FP method they used, and $\bar{x}$=86.29 in the participants who were not satisfied with the FP method they used (p<0.05). The difference between the SQOL questionnaire scores of the participants according to the variable who made the decision of the FP method to be used was statistically significant at the 95% confidence level (t= 2.260; p=0.024; p<0.05). The SQOL questionnaire score) was $\bar{x}$=88.51 in the participants who made the decision of the FP method to be used together with their spouses, and $\bar{x}$=83.72 in the participants who made the decision of the FP method to be used by themselves (p<0.05).

DISCUSSION

Of the 1.1 billion women in the world, 842 million use modern family planning methods, 80 million use traditional family planning methods, but 10% of them do not use any family planning method

because their FP needs are not met (WHO, 2019). The proportion of women using any one of the family planning methods in developed countries is 58.2%, and the most commonly used methods are combined oral contraceptive (COC) pills (17.8%), condoms (14.6%) and intrauterine devices (IUDs) (7.9%). In less developed countries, 30.9% of women use at least one family planning method, with the most commonly used methods being injections (9.6%), oral contraceptives (7.7%), and condoms (3.2%) (United Nations, 2019). According to the Turkey Demographic and Health Survey 2018, 90% of currently married women and 63% of all women in Turkey have used a family planning method at least once in their lifetime. Among currently married women, the usage rates of modern and traditional methods are 49% and 21%, respectively. The most frequently used methods among this group are withdrawal (20%), male condoms (19%), and IUDs (14%) (Hacettepe University Institute of Population Studies, 2018). Most of the women participating in our study used modern FP methods. Of these methods, the most preferred ones were IUD, condom and oral contraceptive pills respectively. On the other hand, among women using traditional methods, the withdrawal method was the most preferred. Notably, women who use any family planning method tend to have a higher level of sexual quality of life, with those using modern methods reporting even higher scores than those using traditional methods. There are various perspectives on how family planning (FP) methods impact women's sexual lives. The choice of FP method is considered one of the key factors influencing an individual's sexual well-being (Lee et al., 2023). However, the effects of contraceptive methods on sexual function and libido can vary from person to person. While some studies suggest that contraceptives do not negatively impact sexual function and sexual quality (Cetişli et al., 2016; Both et al., 2019), others indicate that they may have adverse effects (Makins et al., 2024; Porée and Malfray, 2022; Bitzer, 2024). In the present study, participants using modern family planning (FP) methods had higher sexual quality of life levels (SQOL questionnaire scores) compared to those using traditional FP methods ($p < 0.05$). The women who used modern family planning methods had better sexual health and higher sexual satisfaction levels and gave stronger sexual responses than did the women who preferred traditional family planning methods (Cetişli et al., 2016). Bitzer (2024) determined that each of the family planning methods had effects on the sexual lives of couples, albeit at different levels. However, certain studies have found that the chosen family planning method does not influence sexual life quality or contribute to sexual problems (Both et al., 2019; Saadedine and Faubion, 2024). Among the reasons why women who used modern methods obtained higher scores from the SQOL-F questionnaire than did those who used traditional methods are that modern methods have better contraceptive effects than traditional methods have, that in the majority of modern methods, sexual intercourse is not interrupted, that no preparation is requires before intercourse, and that feeling anxious about unwanted pregnancy is reduced.

In the present study, participants who were satisfied with their current family planning method had higher SQOL-F questionnaire scores compared to those who were not satisfied with their method. Akalın and Bostancı (2022) determined that satisfaction with the FP method increased the participating women's sexual quality. In one study although the difference was not significant, the sexual function scores of the women who were satisfied with the FP method were higher than were the women who were not satisfied (Higgins et al., 2016). One of the factors affecting satisfaction with the FP method is the couples' deciding on the choice of the method together. The fact that couples choose the FP method that suits them affects their satisfaction and sexuality. At this point, the support provided by the spouse gains importance (Kaplan and Zeyneloğlu, 2018, Kocaöz et al., 2013). In Akalın and Bostancı's study (2022), the level of sexual quality of life of the women who decided on the method together with their husbands was higher than was that of the women whose husbands decided only. Kaplan and Zeyneloğlu in their study (2018), the mean scores obtained from the SQOL-F questionnaire by the women who said that their spouses sometimes participated in making decisions

were lower than were those of the women who said yes (that their spouses always participated in making decisions). The findings of our study align with those of numerous other studies. This suggests that educating couples about method selection and encouraging joint decision-making are important factors to consider in the provision of family planning services. In the literature, age is addressed as the most important factor affecting sexuality (Ramírez-Santos et al., 2022). Our study found that participants whose spouses were 35 years old or younger had higher SQOL-F questionnaire scores compared to those whose spouses were older than 35 years ($p<0.05$). Several studies have also indicated that sexual function and quality of life decline as a spouse's age increases (Oskay and Dissiz, 2017; Anantapong et al., 2024; Akalın and Bostancı, 2022). Additionally, reviews by McCool-Mayer et al. (2018) and research by Anantapong et al. (2024) identified increasing spouse age as a risk factor for decreased sexual function. This decline may be attributed to age-related changes such as reduced functional capacity in tissues and organs, along with hormonal fluctuations, which can negatively impact sexual function and quality of life.

Numerous studies have shown a positive correlation between higher educational levels and improved sexual experiences (Zangeneh et al., 2023; Nazarpour, 2017). In our study, participants with a university or postgraduate degree had a higher sexual quality of life than those who had only completed primary or junior high school. Similarly, participants whose husbands were university graduates or held postgraduate degrees reported a higher sexual quality of life compared to those whose husbands were illiterate or had only completed primary or junior high school. Sheikhi's study (2020) also found that women using a family planning method experienced greater satisfaction in their sexual lives as their education level increased. Likewise, Akalın and Bostancı (2022) reported that women's sexual quality of life improved with higher education levels. These findings align with existing literature, suggesting that as individuals become more educated, they may feel more comfortable expressing sexual concerns and develop a deeper understanding of sexuality, contributing to a better overall sexual experience. The fact that people with low level of education also lack knowledge of sexuality suggests that the level of education is an important factor for ensuring the sexual quality of life.

As for the income level, the SQOL-F questionnaire scores of the participants with good income were higher than those of the participants with low income. The result of Yaralı and Hacıalioğlu's studies (2016) demonstrated that good economic situation affected the sexual quality of life positively. Xia et al. in their study (2024), it was determined that there was a positive correlation between the income level and desire for sex and that as the income level increased so did the sexual function. It can be assumed that the financial problems experienced by those with low incomes cause them to have family problems, which negatively affects their sexual life. The literature suggests that a longer duration of marriage increases the risk of sexual problems among spouses (Nazarpour, 2017). In our study, participants who had been married for less than 10 years had higher SQOL-F questionnaire scores compared to those married for 10 years or more. Similarly, Nazarpour (2017) reported that an increase in marriage duration negatively affected female sexuality. Jaafarpour et al. (2013), in a study conducted in Iran with 400 women, found that women married for ≥10 years had lower sexual function levels than those married for <10 years. Our findings align with numerous studies in the literature suggest that a longer marriage duration may contribute to sexual difficulties and a decline in sexual quality of life. This could be attributed to factors such as routine, reduced novelty, or evolving relationship dynamics over time. An increase in the number of pregnancies or children has been reported to negatively impact sexual quality of life (Yaralı and Hacıalioğlu, 2016). In our study, participants who had been pregnant 1–2 times had higher SQOL-F questionnaire scores compared to those who had experienced three or more pregnancies. However, Kaplan and Zeyneloğlu (2018) found that women's sexual satisfaction increased with the number of pregnancies. Despite this discrepancy, our findings align with many other studies, suggesting that as the number of

pregnancies increases, couples may experience greater responsibilities, financial burdens, and shifting priorities, all of which can negatively affect their sexual lives.

In the present study, the SQOL-F questionnaire scores of the participants who never had abortions were higher than those of the participants who had two or more abortions. In study conducted by Gölbaşı et al. (2014), miscarriage status was determined to have no significant effect on sexual quality and sexual function. Since miscarriage affects the psychology of the women/couples adversely, it is thought that it will also affect their sexual life adversely. In the present study, the SQOL-F questionnaire scores of the participants whose last pregnancy was planned or desired were higher than those of the participants whose last pregnancy was unplanned or unwanted. In their study (2018), Kaplan and Zeyneloğlu stated that the participants whose last pregnancy was unplanned had lower sexual satisfaction than did the participants whose last pregnancy was planned. They also stated that sexual satisfaction levels of the participants whose last pregnancies were undesired were lower than those of the participants last pregnancies were desired. The fact that those whose SQOL-F questionnaire scores were low had an unwanted or unplanned pregnancy suggests that they did not use the FP method effectively, which had an adverse effect on their sexual life. It is extremely important that for the woman who receives family planning services during the counseling process to make her choice after being informed and to learn the advantages and disadvantages of the method she has chosen in her sexual life (Aghababaei et al., 2020). Therefore, it is extremely important that the information given during the counseling process is correct. Participants who considered the information they received about family planning to be sufficient had higher SQOL-F questionnaire scores than those who found the information insufficient. Similarly, Aghababaei et al. (2020) reported that participants who did not receive counseling before pregnancy experienced postpartum sexual problems. Our findings are consistent with other studies, suggesting that individuals who perceive their knowledge as inadequate tend to have a lower sexual quality of life. This highlights the crucial role of education and counseling in enhancing sexual well-being.

CONCLUSION

In conclusion, this study found that the sexual quality of life scores of women was high. Various sociodemographic and obstetric factors were identified as influencing participants' sexual quality of life. Women who used modern family planning methods had higher sexual quality of life scores compared to those using traditional methods. Accordingly, it is recommended that healthcare professionals working in family planning clinics consider the following during counseling services. Assess the level of knowledge about family planning among women with low education levels and their spouses and provide targeted educational interventions. Facilitate access to healthcare services and modern family planning methods for individuals and couples with low incomes. Evaluate whether women who have experienced unplanned or unwanted pregnancies are using family planning methods effectively. Inform these women that unplanned and unwanted pregnancies may negatively affect their sexual lives in the future. Reproductive health services should be provided regularly through a holistic approach.

Limitations

The study had several limitations. Firstly, this study's data may not be generalizable to all women. Due to this reason, further studies may be conducted on larger sample sizes. Secondly, the descriptive and cross-sectional design of the study prevents us from deriving causal inferences.

Acknowledgements

We thank all the participants for their involvement in the study.

- *This study was presented as a poster presentation at the International Harran Health Sciences Congress-III held in Şanlıurfa between 01.10.2021 and 03.10.2021.*

Conflict of Interest

The authors declare no conflict of interest.

REFERENCES

Aghababaei, S., Refaei, M., Roshanaei, G., Rouhani Mahmoodabadi, S.M., Heshmatian, T. (2020). The Effect of sexual health counseling based on redi model on sexual function of lactating women with decreased sexual desire. Breastfeeding medicine: the official journal of the Academy of Breastfeeding Medicine, 15(11), 731–738. https://doi.org/10.1089/bfm.2020.0057

Akalın, A., and Bostancı, Ş. (2022). Aile planlaması yöntemi kullanan üreme çağındaki kadınlarda cinsel fonksiyonlar ve cinsel yaşam kalitesi. Androloji Bülteni (Andrology Bullettin), 24(2).

Anantapong, K., Burapakiat, B., Ananchaisarp, T. (2024). Sex and concepts of sexuality influence sexual problems and help-seeking behaviours of older people. Journal of women & aging, 36(2), 139–151. https://doi.org/10.1080/08952841.2023.2276636

Atchison, C.J., Cresswell, J.A., Kapiga, S., Nsanya, M.K., Crawford, E.E., Mussa, M., Bottomley, C., Hargreaves, J.R., Doyle, A.M. (2019). Sexuality, fertility and family planning characteristics of married women aged 15 to 19 years in Ethiopia, Nigeria and Tanzania: a comparative analysis of cross-sectional data. Reproductive health, 16(1), 6. https://doi.org/10.1186/s12978-019-0666-0

Bilge, Ç., Kaydırak, M.M, Aslan, E. (2016). Jinekolojik kanserin cinsel yaşam üzerindeki etkileri (the effects of gynecological cancer on sexual life). Süleyman Demirel Üniversitesi Sağlık Bilimleri Dergisi, 7(3), 31-38.

Bitzer, P.E.J. (2024). Effects of hormonal contraception on mood and sexuality. Best practice & research. Clinical obstetrics & gynaecology, 97, 102560. https://doi.org/10.1016/j.bpobgyn.2024.102560

Both, S., Lew-Starowicz, M., Luria, M., Sartorius, G., Maseroli, E., Tripodi, F., Lowenstein, L., Nappi, R.E., Corona, G., Reisman, Y., Vignozzi, L. (2019). Hormonal Contraception and Female Sexuality: Position statements from the european society of sexual medicine (ESSM). The journal of sexual medicine, 16(11), 1681–1695. https://doi.org/10.1016/j.jsxm.2019.08.005

Cetişli, N.E., Top, E.D., Arkan, G., Kaba, F., Ertop, F. (2016). Evli kadınların kullandıkları aile planlaması yönteminin cinsel yaşam ve benlik saygısına etkisi (the effects that family planning methods have on married women's sexual health and self-esteem). Hemşirelikte Eğitim ve Araştırma Dergisi, 13 (2), 101-106.

Gölbaşı, Z., Tuğut, N., Şentürk Erenel, A., Eroğlu, K. (2014). Jinekoloji polikliniğine başvuran evli kadınlarda cinsel işlev bozukluğu yaygınlığı ve ilişkili bazı faktörler (prevalence and some related factor of sexual dysfunction among married women admitted to gynecologic outpatient clinic). Cumhuriyet Tıp Derg, 36, 1-10. DOI:10.7197/cmj.v36i1.1008002434

Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü. (2018). Aile planlaması, türkiye nüfus ve sağlık araştırması TNSA. Available from http://www.hips.hacettepe.edu.tr/tnsa2018/rapor/2018_TNSA_Ozet_Rapor.pdf.

Higgins, J.A., Sanders, J.N., Palta, M., Turok, D.K. (2016). Women's sexual function, satisfaction, and perceptions after starting long-acting reversible contraceptives. Obstetrics and gynecology, 128(5), 1143–1151. https://doi.org/10.1097/AOG.0000000000001655

Jaafarpour, M., Khani, A., Khajavikhan, J., Suhrabi, Z. (2013). Female sexual dysfunction: prevalence and risk factors. J Clin Diagn Res, 7(12), 2877-80. DOI: 10.7860/JCDR/2013/6813.3822

Kaplan, E., Zeyneloğlu, S. (2018). Geri çekme yönteminin kadınların cinsel doyumları ve evlilik uyumlarına etkisinin belirlenmesi (the effects of women's sexual satısfıctıon on theır marıtal accordance, whose spouses ımplementıng "coıtus ınterruptus" as the famıly plannıng method). Necmettin Erbakan Üniversitesi Sağlık Bilimleri Fakültesi Dergisi, 1(1), 10 – 17.

Kocaöz, S., Peksoy, S., Atabekoğlu, C.S. (2013). Kadınların gebelikten önce kullandığı ve doğum sonrası dönemde kullanmayı tercih ettiği kontraseptif yöntemler (the contraceptıve methods used before pregnancy and preferred ın the postpartum perıod by women). Balıkesir Sağlık Bil Dergisi, 2(1), 1-8.

Kutlu, R., Kılıçaslan, A. Ö. (2014). Bir aile planlaması polikliniğine başvuran kadınların rahim içi aracı terk etme nedenleri. Turkish Journal of Family Practice, 18(3), 149-155.

Lee, C.H., Susmann, H., Alkema, L. (2023). New measures for family planning and exposure to risk of pregnancy based on sexual activity and contraceptive use data. Studies in family planning, 54(1), 145–160. https://doi.org/10.1111/sifp.12225

Makins, A., Hearing, F., Taghinejadi, N., Kiarie, J., Kabra, R., Arulkumaran, S.S., Steyn, P. (2024). The impact of cascade training-A FIGO and WHO Department of Sexual and Reproductive Health and Research collaboration to improve access to quality family planning globally. International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics, 164(1), 75–85. https://doi.org/10.1002/ijgo.15230

Masten, M., Vega, S., Hailemariam, M., Kagotho, N., Key, K., Jefferson, B., Muhammad, J., Summers, M., Spencer, B., Sadler, S., Robinson, D., Richie, F., Miller, R., McCoy, J.W., Greer, D., Johnson, J.E. (2021). The Flint women's study: community perspectives on contraception and family planning, sexuality education and barriers to reproductive health. Culture, health & sexuality, 23(7), 961–975. https://doi.org/10.1080/13691058.2020.1746401

McCool-Myers, M., Theurich, M., Zuelke, A., Knuettel, H., Apfelbacher, C. (2018). Predictors of female sexual dysfunction: a systematic review and qualitative analysis through gender inequality paradigms. BMC Womens Health, 22;18(1), 108. DOI: 10.1186/s12905-018-0602-4

Munakampe, M.N., Zulu, J.M., Michelo, C. (2018).

Contraception and abortion knowledge, attitudes and practices among adolescents from low and middle-income countries: a systematic review. BMC health services research, 18(1), 909. https://doi.org/10.1186/s12913-018-3722-5

Nazarpour, S., Simbar, M., Ramezani Tehrani, F., Alavi Majd, H. (2017). Effects of sex education and kegel exercises on the sexual function of postmenopausal women: A Randomized clinical trial. The journal of sexual medicine, 14(7), 959–967. https://doi.org/10.1016/j.jsxm.2017.05.006

Okunlola, D.A., Alawode, O.A., Awoleye, A.F., Ilesanmi, B.B. (2023). Internet use, exposure to digital family planning messages, and sexual agency among partnered women in Northern Nigeria: implications for digital family planning intervention. Sexual and reproductive health matters, 31(4), 2261681. https://doi.org/10.1080/26410397.2023.2261681

Oskay, U., and Dissiz, M. (2017). Effect of the contraceptive methods on female sexual function. Int J Caring Sci, 10(1):366–76.

Porée, L., and Malfray, C. (2022). Assurer l'accès aux droits sexuels et reproductifs en temps de crise sanitaire: le Planning familial en mouvement. Sante publique (Vandoeuvre-les-Nancy, France), 33(6), 1033–1037. https://doi.org/10.3917/spub.216.1033

Ramírez-Santos, J., Castro-Luna, G., Lucas-Matheu, M., Parrón-Carreño, T., Nievas-Soriano, B.J. (2022). Competence and attitude of family physicians towards sexuality regarding their sexual orientation, age, or having a partner-survey study and validation. International journal of environmental research and public health, 19(17), 11029. https://doi.org/10.3390/ijerph191711029

Saadedine, M., Faubion, S.S. (2024). Hormonal contraception and sexual function: a review, clinical insights, and management considerations. Obstetrics and gynecology clinics of North America, 51(2), 381–395. https://doi.org/10.1016/j.ogc.2024.02.008

Selimoğlu, E.Ş., and Beydağ, K.D. (2020). Doğum sonu dönemde emziren kadınların cinsel yaşam kalitesi (the ımpact of breastfeedıng on sexual lıfe qualıty ın postpartum perıods). Acıbadem Üniversitesi Sağlık Bilimleri Dergisi, (1), 174-180. DOI:10.31067/0.2020.257

Sheikhi, Z.P., Navidian, A., Rigi, M. (2020). Effect of sexual health education on sexual function and resumption of sexual intercourse after childbirth in primiparous women. Journal of education and health promotion, 9, 87. https://doi.org/10.4103/jehp.jehp_591_19

Symonds, T., Boolell, M., Quırk, F. (2005). Development of questionnaire on sexual quality of life in women. J Sex MaritalTher, 31(5), 385-97. DOI: 10.1080/00926230591006502

United Nations. (2019). Contraceptive use by method 2019. Available from https://www.un.org/en/development/desa/population/publications/pdf/family/ContraceptiveUseByMethodDataBooklet2019.pdf.

Word Health Organization. (2019). Family Planning a Global Handbook for Providers. Available from https://www.who.int/reproductivehealth/publications/fp-global-handbook/en/.

World Health Organization. (1993). Measuring quality of life: the development of the World Health Organization Quality of Life Instrument (WHOQOL). Geneva: WHO.

Xia, X.Y., Liu, S.T, Song, Z.C., Chen, P.L., Hu, J.J., Zhao, W. (2024). Current investigation of the high prevalence of sexual dysfunction in female patients with systemic lupus erythematosus: a cross-sectional study. Rheumatology international, 44(10), 2147–2157. https://doi.org/10.1007/s00296-024-05690-6

Yaralı, S., and Hacıalioğlu, N. (2016). Evli kadınlarda cinsel fonksiyon bozukluğu ve cinsel yaşam kalitesinin incelenmesi (analysis of sexual dysfunction and quality of life in married women). Uluslararası Hakemli Hemşirelik Araştırmaları Dergisi, (6).

Yarger, J., Decker, M. J., Campa, M. I., & Brindis, C. D. (2017). Rural-Urban Differences in Awareness and Use of Family Planning Services Among Adolescent Women in California. The Journal of adolescent health: official publication of the Society for Adolescent Medicine, 60(4), 395–401. https://doi.org/10.1016/j.jadohealth.2016.10.016

Zangeneh, S., Savabi-Esfahani, M., Taleghani, F., Sharbafchi, M.R., Salehi, M. (2023). Effectiveness of online sexual education based on the extended PLISSIT model on sexual function and sexual satisfaction in women undergoing breast cancer treatment. Journal of education and health promotion, 12, 311. https://doi.org/10.4103/jehp.jehp_1318_22

Zeren, F., and Özerdoğan, N. (2018). Postpartum dönemde cinselliği etkileyen faktörler (factors affecting sexuality in postpartum period). Türkiye Klinikleri J Nurs Sci, 10(4), 354-362.