ORİJİNAL ARAŞTIRMA ORIGINAL RESEARCH

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Relationship Between Attitudes of Married Women Towards Fertility and Family Planning, and Their Intention to Use Contraceptive Methods: Descriptive and Cross-Sectional Study

Evli Kadınların Doğurganlığa ve Aile Planlamasına Yönelik Tutumları ile Kontraseptif Yöntem Kullanma Niyetleri Arasındaki İlişki: Tanımlayıcı ve Kesitsel Çalışma



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This study was produced from Osman ÖNER's master's thesis titled "Determination of the relationship between married women's attitudes towards fertility and family planning and their intention to use contraceptive methods and the affecting factors". (Erzurum: Atatürk University; 2019).

This study was presented as an oral presentation at the 27th World Congress on Controversies in Obstetrics, Gynecology & Infertility (COGI) in November 21-23, 2019, Paris, France

ABSTRACT Objective: The purpose of this study is to determine the attitudes of married women towards fertility and family planning (FP), their intentions to use contraceptive method and the relationship between them. Material and Methods: This descriptive and cross-sectional study was carried out in a province located in the Central East Anatolia Region of Türkiye between April 2018 and June 2019. A total of 610 married women who applied to the family health centers in the central districts of the relevant province and met the inclusion criteria were included in the study. The Descriptive Characteristics Form, Attitudes of Women towards Fertility Scale, Family Planning Attitude Scale and Contraceptive Intent Questionnaire were used for the data collection. Results: The total mean score of the Attitudes towards Fertility Scale was 70.49±9.73, while the corresponding values for the Family Planning Attitude Scale and the Contraceptive Intent Questionnaire were 111.89±21.21 and 4.53±3.55, respectively. A statistically significant, negative and weak relationship was found between the total mean scores of the Attitude towards Fertility Scale, the Family Planning Attitude Scale and the Contraceptive Intention Scale (p<0.001). A statistically significant, positive and weak relationship was found between the total mean scores of the Family Planning Attitude Scale and the Contraceptive Intent Questionnaire (p<0.001). **Conclusion:** It was determined that the attitudes of the women participants towards fertility and FP were moderately good, and their intentions to use contraceptive methods were low. The positive attitudes of the women towards FP and their intentions to use a contraceptive method expectedly decreased as their positive attitudes towards fertility increased. In the same vein, the intentions of the women to use contracentive methods increased as their positive attitudes towards FP increased.

Keywords: Attitude; contraception; family planning services; fertility; intention; nursing

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ÖZET Amaç: Bu çalışmanın amacı, evli kadınların doğurganlık ve aile planlamasına (AP) yönelik tutumlarını, gebeliği önleyici yöntem kullanma niyetlerini ve aralarındaki ilişkiyi belirlemektir. Gereç ve Yöntemler: Tanımlavıcı ve kesitsel tipteki bu arastırma, Nisan 2018-Haziran 2019 tarihleri arasında Türkiye'nin Orta Doğu Anadolu Bölgesi'nde yer alan bir ilde gerçekleştirilmiştir. İlgili ile bağlı merkez ilçelerdeki aile sağlığı merkezlerine başvuran ve araştırmaya alınma kriterlerini karşılayan toplam 610 evli kadın araştırmaya dâhil edilmiştir. Verilerin toplanmasında Kişisel Bilgi Formu, Kadınların Doğurganlığa Yönelik Tutum Ölçeği, Aile Planlaması Tutum Ölçeği ve Kontraseptif Niyet Ölçeği kullanılmıştır. Bulgular: Kadınların, Doğurganlığa Yönelik Tutum Ölçeği toplam puan ortalaması 70,49±9,73 iken Aile Planlaması Tutum Ölçeği ve Kontraseptif Niyet Ölçeği puan ortalamaları sırasıyla 111,89±21,21 ve 4,53±3,55'tir. Doğurganlığa Yönelik Tutum Ölçeği, Aile Planlaması Tutum Ölçeği ve Kontraseptif Niyet Ölçeği toplam puan ortalamaları arasında istatistiksel olarak anlamlı, negatif yönde zayıf bir ilişki bulunmuştur (p<0,001). Aile Planlaması Tutum Ölçeği toplam puan ortalamaları ile Kontraseptif Niyet Ölçeği toplam puan ortalamaları arasında istatistiksel olarak anlamlı, pozitif yönde zayıf bir ilişki bulunmuştur (p<0,001). Sonuç: Katılımcıların doğurganlık ve AP'ye yönelik tutumlarının orta düzeyde iyi olduğu, gebeliği önleyici yöntem kullanma niyetlerinin düşük olduğu belirlenmiştir. Kadınların doğurganlığa yönelik olumlu tutumları arttıkça, AP'ye yönelik olumlu tutumları ve doğum kontrol yöntemi kullanma niyetlerinin azaldığı saptanmıştır. Aynı şekilde kadınların AP'ye yönelik olumlu tutumları arttıkça gebeliği önleyici yöntem kullanma niyetlerinin de arttığı belirlenmiştir.

Anahtar Kelimeler: Tutum; doğum kontrolü; aile planlaması hizmetleri; fertilite; niyet; hemşirelik

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Family planning (FP) services is an important health service that plays a role in increasing the health of society by preventing not only unintended pregnancies but also excess fertility. A successful FP services significantly reduces maternal and infant mortality.^{1,2}

Although the positive contributions of FP services on maternal and child health are known, the rate of using FP methods in our country is still not at the desired level. According to the 2018 data of the Türkiye Demographic and Health Survey (TDHS), 30.2% of women of childbearing age did not use any FP method.³ The rate of those who used an modern methods are 48.9%, while the rate of those who use traditional methods are 20.9%.

Considering the differences between regions; the region with the lowest rate of using modern methods is the Middle East Anatolia region, and the rate of use of modern methods in this region is 40.2%, while the rate of using traditional methods is 26% and the rate of those who do not use the method is 33.8%.³

One of the reasons for the increasing number of unwanted pregnancies, induced abortions and excessive fertility is the insufficient use of contraceptive methods and the failure to use the method.3 According to the TDHS data for 2018, the intended fertility rate equals 2, and the total fertility rate is 2.3. In this context, it could be argued that 13% of the total fertility rate refers to unintended pregnancies. When the differences between regions are examined; the total fertility rate is highest in the eastern region (3.2) and the desired fertility rate is 2.6 in this region. Similarly, it could be argued that 26% of the total fertility rate in this region refers to unintended pregnancies.³ Effective prevention of an unintended pregnancy until a woman feels emotionally and physically prepared for the next pregnancy is important for maternal and child health. Because unintended pregnancies have negative effects on maternal and child health in particular and on family and social health in general.1,2

According to the 2018 TDHS data, the percentages of induced abortions in Türkiye and the Middle East Anatolia region were 15% and 16.4%, respectively. In this report, it has been reported that 64% of

women who had induced abortion did not use any method before abortion, and only 15% used a modern method. Pregnancies that result in induced abortion are usually the result of using ineffective methods, unsuccessful use of the method, or not using any method at all.³

FP should not be associated primarily with limiting the number of children or decreasing the population. Instead, the purpose of FP is to ensure that the mother and her future children are healthy, and to enable the formation of a healthy society in general. Women, who do not use FP methods, are of an advanced maternal age and experience excess pregnancies, and the health of their future children is also affected negatively. Risky pregnancies due to excess fertility and maternal and child health issues could be listed among the most common health problems in developing countries. Excess fertility could lead to risky pregnancies and poor maternal-child health could result in death. 5-8

According to studies, one of the factors affecting the use of effective FP is the attitude of women towards FP methods. Another factor is their attitude towards fertility. 9-11 Attitudes towards FP methods directly affect the use of the method. In Turkish society, it is generally believed that fertility increases the status of women, and therefore, women do not want to limit their fertility. 12 Understanding the attitudes of those who approach health care services to use FP methods would improve the management of counselling services for health care professionals; by considering the attitudes of the individuals during FP, health professionals could attempt to change any negative behaviours, and provide training and counselling accordingly. 9

The aim of this study is to determine women's attitudes towards FP and fertility, their intention to use birth control methods, and the relationship between them, living in the province of Van, located in the Middle East Anatolian Region. AP use rates are low, fertility rates and induced abortion rates are high. The most important health professionals carrying out FP services are midwives and women's health nursing practitioners. Determining the attitudes of women towards FP and fertility, their intentions to

use contraceptive methods and affecting factors would guide future midwifery and nursing interventions.

The research questions of this study are as follows;

- What are the attitudes of women towards fertility?
 - What are their attitudes towards FP?
- What are their intentions to use contraceptive methods?
- Is There a Relationship Between Their Attitudes Towards Fertility, Family Planning and Their Intention to Use Contraceptive Methods?

MATERIAL AND METHODS

STUDY DESIGN AND PARTICIPANTS

This descriptive and cross-sectional study was conducted between April 2018 and June 2019. The study was carried out in a province located in the Central East Anatolia Region of Türkiye. It was carried out in a total of 38 Family Health Centres (FHCs) operating under the Provincial Directorate of Health in the province. The population of the study consisted of 144,779 married women in the age group of 15-49 years and living in the centre of the studied province. In the study, stratified sampling method was used to ensure equal representation of women enrolled in each FHC. A certain number of women from each FHC were included in the study in parallel with the registered population ratios of the FHCs. A total of 610 women who applied to the relevant FHCs and met the inclusion criteria were included in the study. In this study, "Windows G*Power 3.1.9.4, Duesseldorf" program, the power of the study with a margin of error of 0.05 was calculated after data collection. Pearson correlation analysis was conducted to determine the relationship between women's attitudes towards FP and their intention to use contraception. Accordingly, the effect size of the study was 0.50; the alpha value was calculated as 0.05 and the power as 0.99.

Participation Inclusion Criteria for the Study

- Being in the 15-49 age group,
- Being married and having a spouse,

- Not having undergone operations such as Hysterectomy, Oopherectomy and Total Abdominal Hysterectomy-Bilateral Salphingoopherectomy,
 - To be at least primary school graduate,
 - Not having any mental complaints,
 - Volunteering to participate in the research.

Participation Exclusion Criteria for the Study

- Not meeting the inclusion criteria
- Leaving research at various stages of research
- Not answering all of the questions in the data collection tools or giving contradictory answers

MEASUREMENT TOOLS

The "Descriptive Characteristics Form", "Attitudes of Women towards Fertility Scale (AWTFS)", "Family Planning Attitude Scale (FPAS)" and "Contraceptive Intent Questionnaire (CIQ)" were used for the data collection. The data of the research were collected face to face by the researchers between 1st March and 30th May 2019.

Descriptive Characteristics Form: The form was created by the researcher to determine socio-demographic (age, education level, family type, etc.) and obstetric characteristics (unwanted pregnancy, presence of miscarriage, number of pregnancies, etc.). It consisted of 15 questions.

AWTFS: This scale was developed by Arslan Gürcüoğlu et al. in 2016. It is a 5-point Likert-type scale consisting of 21 items. The minimum score that can be obtained with the scale is 21, and the maximum score is 105. A higher score indicates more positive attitudes towards fertility. The scale has three sub-dimensions. The Cronbach α value of the scale is 0.89. In this study, this value was found to be 0.83.

FPAS: This scale was developed by Örsal and Kubilay in 2007. It is a 5-point Likert-type scale consisting of 34 items. The minimum and maximum scores for this scale are 34 and 170, respectively. The higher the obtained score, the more positive the woman's attitude toward FP. The scale has three subdimensions. According to Örsal and Kubilay the Cronbach α reliability coefficient of the scale is 0.90.

In this study, the α value for this scale was found to be 0.91.

CIQ: This questionnaire was developed by Raine-Bennett and Rocca to evaluate contraceptive intents in 2015 in the USA. ¹³ The reliability and validity analysis of the Turkish version was performed by Suid and Pasinlioğlu in 2016. ¹⁴ The scale consists of 15 items. It is a 4-point Likert-type scale. The minimum and maximum obtainable scores are 0 and 15, respectively. The higher the score, the stronger the intention to use a contraceptive method. The Cronbach α reliability coefficient for this scale is 0.82. ¹⁴ In this study, the α value for this scale was found to be 0.80.

DATA ANALYSIS

The data obtained in the research were analyzed using the SPSS for Windows 25.0 (IBM SPSS Statistics Version 25, ABD) program. While evaluating the data, descriptive statistical methods (number, percentage, min-max values, mean and standard deviation) were used. In order to test the reliability of the scales, Reliability analysis was performed and Cronbach's alpha coefficient was calculated. Pearson correlation analysis was used to determine the relationship between women's attitudes towards fertility and FP and their intention to use contraceptive methods.

ETHICAL STATEMENT

The study was approved by the Ethics Committee of Atatürk University, Nursing Faculty in accordance with the Helsinki Declaration principles (date: April 10, 2018, no: 2018-3/9). Written permission was obtained from the Provincial Health Directorate of the province. After explaining the purpose of the research and the purposes for which the results will be used, their consent (informed consent principle) was verbally obtained from the women participating in the study. The individuals participating in the research informed that information about themselves will not be disclosed to others, and the "principle of confidentiality" has been complied with.

RESULTS

The mean age of the women participants in this study was 31.76±7.08 years (49.7% of the participants are

between the ages of 18-30), 60% of them were primary school graduates and 80.7% were unemployed (Table 1). It was found that 90.6% of the women were multigravida, the average number of pregnancies was 3.39±2.50 and the number of children ever born and living was 2.75±1.98. Moreover, 36.7% of the women had an unintended pregnancy at least once, and 37% had experienced a miscarriage at least once (Table 2). Further, 60.8% of the women were using an FP method at the time of the study, primarily because the spouse did not want to use one (31.3%) or the woman did not require it (20.3%). Most of the participants (78.9%) had abandoned the FP method they used because they wanted to get pregnant (Table 2).

TABLE 1: Distribution of women according to their descriptive characteristics (n=610).				
Descriptive characteristics	n	%		
Age				
Between 18-30 years	303	49.7		
Between 31-40 years	204	33.4		
41 years and above	103	16.9		
Educational background				
Primary school	366	60.0		
High school	126	20.7		
Undergraduate and higher	118	19.3		
Employment status				
Unemployed	492	80.7		
Employed	118	19.3		
Educational background of the spouse				
Primary school	227	37.2		
High school	199	32.6		
Undergraduate or higher	184	30.2		
Family type				
Nuclear family	474	77.7		
Large family	136	22.3		
Average monthly income level of the family				
Less than 1,500 TL	112	18.4		
1,500-2,499 TL	235	38.5		
2,500-3,499 TL	89	14.6		
3,500-4,499 TL	50	8.2		
4,500-5,499 TL	43	7.0		
5,500 TL and above	81	13.3		
	$\bar{X}\pm SD$			
Age of the woman	31.76±7.08			
Age of the spouse		6±8.42		
Length of marriage	11.28	3±8.43		

SD: Standard deviation

obstetric characteristics (11–010).		
Obstetric characteristics	n	%	
Gravida			
Primigravida	57	9.4	
Multigravida	553	90.	
Experience of unintended pregnancy			
Yes	224	36.	
No	386	63.	
Experience of induced abortion			
Yes	9	1.5	
No	601	98.	
Miscarriage			
Yes	226	37.	
No	384	63.	
Experience of stillbirth (n=553) ^a			
Yes	11	2.0	
No	542	98.	
Experience of vaginal delivery (n=553) ^a			
Yes (mean=3.23±1.96)	429	77.	
No	124	22.	
Experience of caesarean section (n=553) ^a			
Yes (mean=1.72±0.78)	163	29.	
No	390	70.	
Usage of an FP method			
Yes	371	60.	
No	216	35.	
I have abandoned the method	23	3.8	
User-preferred FP method (n=371)			
Intrauterine device	148	39.	
Male condom	118	31.	
Oral contraceptives	47	12.	
Coitus interruptus	41	11.	
Injections	15	4.0	
Tube ligation	2	0.5	
Reasons for not using an FP method (n=64) $^{\rm b}$			
Being pregnant	22	34.	
The spouse did not want to use one	20	31.	
Not required	13	20.	
Puerperality	9	14.	
Reasons for abandoning the FP method (n=1)	9) ^b		
Wanting to get pregnant	15	78.	
Catching an infection	3	15.	
Experiencing discomfort	1	5.3	
	Χ±SD		
Number of pregnancies	3.39±2.50		
Number of living children	2.75	2.75±1.98	

^{*}Fifty-seven women were excluded from the evaluation because they were primigravida; The evaluation was performed using data from those who responded; FP: Family planning; SD: Standard deviation.

It was found that the total mean score of the AWTFS was 70.49±9.73, while the mean scores of

the Negative Effect of Having a Child on Life, the Positive Effect of Having a Child on Life and the Complex Thoughts about Being a Mother subdimensions were 21.24±5.89, 31.11±6.08 and 18.11±3.84, respectively. The total mean score of the FPAS was 111.89±21.21, while the mean scores of the Attitudes of the Society towards Family Planning, Attitudes towards Family Planning Methods and Attitudes Towards Birth were 50.39±11.29, 35.02±7.90 and 26.47±5.97, respectively. Moreover, the total mean score for the CIQ was 4.53±3.55 (Table 3).

The relationships of the total mean scores of the AWTFS with the FPAS and CIQ are presented in Table 4. A statistically significant, negative and too weak relationship was found between the total mean scores of the AWTFS and FPAS (r<0.2, p<0.001). A statistically significant, negative and weak relationship was observed between the total mean scores of the AWTFS and CIQ (0.2<r<0.4, p<0.001; Table 4). A positive and weak relationship was found between the total mean scores of the FPAS and CIQ (0.2<r<0.4, p<0.001; Table 5).

DISCUSSION

The purpose of this study is to determine the attitudes of married women towards fertility and FP, their intentions to use contraceptive method and the relationship between them. In order to increase the rate of use of FP methods, it is important to determine the attitudes of women towards fertility and FP methods that may affect the use of the method.

Because health professionals should consider the attitudes on these issues while providing FP education and counselling. In this way, success can be achieved in women's method use behaviours by changing negative attitudes.⁹

When the mean scores of women are examined in line with the lowest and highest scores that can be obtained from the total and sub-dimensions of the Attitude towards Fertility Scale; womens' general attitudes towards fertility and the negative and positive effects of having a child as well as complex thoughts about being a mother were moderately good. Karaoğlan and Duman, conducted a similar study

Scales		Minimum and maximum scores obtainable	Minimum and maximum scores obtained	X±SD
AWTFS; Total		21-105	42-101	70.49±9.73
Sub-dimensions	Negative effect of having a child on life	7-35	7-35	21.24±5.89
	Positive effect of having a child on life	9-45	10-45	31.11±6.08
	Complex thoughts about being a mother	5-25	5-25	18.11±3.84
FPAS; Total		34-170	38-170	111.89±21.2
Sub-dimensions	Attitudes of society towards family planning	15-75	15-75	50.39±11.29
	Attitudes towards family planning methods	11-55	11-55	35.02±7.90
	Attitudes towards birth	8-40	8-40	26.47±5.97
CIQ; Total		0-15	0-14	4.53±3.55

SD: Standard deviation; AWTFS: Attitudes of Women towards Fertility Scale; FPAS: Family Planning Attitude Scale; CIQ: Contraceptive Intent Questionnaire.

TABLE 4: Relationships of the total mean scores of the AWTFS with the FPAS and the CIQ.

Scales FPAS CIQ

AWTFS r -0.141** -0.306**
p 0.000 0.000

**Correlation is significant at the 0.001 level (2-tailed); r: Pearson correlation; AWTFS: Attitudes of Women towards Fertility Scale; FPAS: Family Planning Attitude Scale: CIQ: Contraceptive Intent Questionnaire.

TABLE 5: Relationship between the total mean scores of the FPAS and CIQ.

Scales

CIQ

FPAS

r

0.377**

p

0.000

**Correlation is significant at the 0.001 level (2-tailed); r: Pearson correlation; FPAS: Family Planning Attitude Scale; CIQ: Contraceptive Intent Questionnaire.

previously in the same province and reported that the women residing there had positive attitudes towards fertility. ¹⁵ İlkkaracan, stated that a woman's ability to make decisions about her own fertility is one of the most fundamental human rights of a woman. ¹⁶ However, the existence of women in patriarchal societies is reduced to their capacity to give birth. For example, the words "women" and "mother" can be used synonymously in Türkiye and many other countries. It is quite disreputable for women to be childless within this cultural structure. Despite the fact that the so-called superiority obtained through fertility does not provide a woman a status equal to that of a man, it is affective in differentiating her status among women.

Women who live in such societies aim to achieve this status through fertility.¹⁷

Another study conducted by Karaoğlan and Duman in the province of Van, where this study was conducted, on the factors affecting fertility, shows that the number of those who still think that fertility is the criterion for being a woman is at a substantial rate (36.7%). It is noteworthy that one out of every three people participating in the study thinks this way. Again in the same study, the ratio of those who think that fertility is an indicator of the status of women in society in total (33.8%) is quite remarkable.¹⁵ The study area is listed among the 10 provinces with the highest fertility rate according to the 2016 birth statistics provided by the Türkiye Statistical Institute. 18 It ranks 72nd among 81 provinces in terms of gender equality.¹⁹ As male-dominated norms still prevail in the province where this study was conducted, it could be argued that the attitudes of women towards fertility are positive.

Womens' general attitudes towards FP as well as the attitudes of society towards FP and its methods are moderate (i.e. neither positive nor negative). Gözükara et al. carried out a study in Şanlıurfa using the same assessment tool and reported that the attitudes of women towards FP were positive but not at the desired level.²⁰ In the studies conducted by Ejder Apay et al. in Erzurum and by Nazik et al. in Bingöl, they found that, similar to our research results, women's attitudes towards using FP methods were positive but not sufficient.^{11,21} It is believed that all

these studies share results similar to those of the present work as they were all conducted in the eastern part of Türkiye. It could be argued that these results are attributable to the low level of knowledge about FP methods among the women living in these areas and the effects of the dominant patriarchal structure. In a systematic review, it is reported that women in Türkiye have low level of knowledge about FP methods and do not use FP methods effectively. The rate of using modern FP method is low, the rate of using withdrawal method is high. It has been stated that educated, social security and working women have more positive attitudes towards the use of FP methods.²²

Womens' intentions to use contraceptive methods were low in this study. But, Suid and Pasinlioğlu conducted a similar study in Erzurum and reported that the intentions of the subjects to use contraceptive methods were moderate.¹⁴ No other study was found across the country examining women's intention to use contraceptive methods using the same measurement tool. However, when the TDHS data of 2018 were analysed, it was found that 58% of the married women who did not use any FP method did not intend to start using one within 12 months or at any time in the future.3 The same research conducted an assessment of the reasons for not using an FP method revealed that the majority of these women avoided using such a method because their spouses did not want them to or due to religious beliefs. Our results are similar to these findings. It can be said that the low intention of women to use contraceptive methods may be due to their husband's disapproval and their positive attitudes towards fertility. Because, especially in the region of the province where the research was conducted, the rate of the spouse's decision to use the FP method is remarkably high. In other words, while 2.1% of women in the country make FP decisions by their spouses, 6% of women in this region make FP decisions by their spouses.3

It was found that as the positive attitudes of the women towards fertility increased, both their positive attitudes towards FP and their intentions to use contraceptive methods decreased. Ayaz and Efe reported that the attitudes of women who did not want to have

a child were more positive. 10 Altay and Gönener, concluded that those who did not want to have another child were more likely to use effective methods (method with a high level of protection from pregnancy).²³ Both excess and consecutive deliveries impair the woman's health and prevent her from recuperating due to the time required to take care of the children. By using "effective" methods of contraception, women could adjust both the number of children they would like to have and the timing of the births according to their needs; and they could have the sufficient strength and time to improve their status. Therefore, it could be argued that women who do not desire to have any children are more likely to practice an FP method and have a positive attitude toward contraception.

It was found that as the positive attitudes of the women towards FP increased, their intentions to use contraceptive methods also increased. This result is expected. Women who have a positive attitude towards AP methods will naturally have a high intention to use the method.

CONCLUSION

It was determined that the attitudes of the women participants towards fertility and FP were moderately good, and their intentions to use contraceptive methods were low. The positive attitudes of the women towards FP and their intentions to use a contraceptive method expectedly decreased as their positive attitudes towards fertility increased. In the same vein, the intentions of the women to use contraceptive methods increased as their positive attitudes towards FP increased.

In line with these results;

- Training on the importance of FP in preventing the risks of advanced age pregnancies and multiple pregnancies, births and miscarriages in terms of maternal and infant health,
- Healthcare professionals provide consultancy regarding FP in every field they serve,
- It may be suggested to determine the attitudes towards the FP and to make efforts to correct the wrong attitudes towards the FP, if any.

IMPLICATION FOR NURSING PRACTICE

Effective protection of a woman from an unwanted pregnancy until she feels mentally and physically ready for pregnancy is important for her and her baby's health. Because unwanted pregnancies negatively affect the health of the mother and baby, in general, the health of the family and society. It is important for healthcare professionals to train women about the importance of FP in preventing the risks of advanced age pregnancies and multiple pregnancies, births and miscarriages in terms of maternal and infant health, and to determine the attitudes towards contraceptive methods and to correct wrong attitudes.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Aslı Sis Çelik, Osman Öner; Design: Aslı Sis Çelik, Osman Öner; Control/Supervision: Aslı Sis Çelik; Data Collection and/or Processing: Osman Öner; Analysis and/or Interpretation: Aslı Sis Çelik, Osman Öner; Literature Review: Osman Öner; Writing the Article: Osman Öner, Aslı Sis Çelik; Critical Review: Aslı Sis Çelik; References and Fundings: Osman Öner; Materials: Osman Öner, Aslı Sis Çelik.

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