



Family planning usage status in women aged 15-49 and the affecting factors: example of kahramanmaraş province

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Abstract

Family planning and education have an important role in the positive management of many health indicators such as reducing maternal and infant mortalities, healthy and controlled pregnancy, and postpartum maternal and baby health. This study was carried out to examine the knowledge level of women of reproductive age about family planning methods and to determine their usage status. This research is a cross-sectional descriptive study. Women aged 15-49 who applied to health institutions in Kahramanmaraş and needed to use the family planning methods constituted the population of the research. 1000 women were included in the research without sampling. The questionnaire which was prepared by the researchers and included questions about socio-demographic characteristics and family planning was applied to women. Data were analyzed in the SPSS 19.0 program. The data were given in the form of averages, percentages and distributions, and chi-square test was applied. According to analysis results, it was determined that 84.2% of women preferred at least one of the family planning methods. The ratio of using method significantly increased as the age increased ($p=0.001$). It was determined that the ratio of using method increased as the educational level increased although it was not statistically significant. It was determined that the women who participated in the research started to use method after the second child on an average. At the same time, the ratio of using method also increased significantly as the number of delivery of women increased ($p=0.000$). It was determined that the socio-economic levels of women are important factors in the usage and preferences of family planning which has an important place in terms of women and children's health.

Keywords: Family planning, women, family planning methods

Introduction

One of the major problems encountered in developing countries is unwanted pregnancy. This situation puts both maternal health and baby health in danger [1]. Excessive fertility is placed on the top among the causes of maternal mortalities especially in developing countries. According to estimates, about 536 thousand women in developing countries lose their lives due to excessive fertility each year. In addition, about 10 million women also face with life-threatening complications, which are caused by excessive fertility [2,3]. Reducing these problems caused by excessive fertility is possible by effective use of family planning services [3].

Family planning began to be implemented in our country after the adoption of antinatalist population policy in 1965, and family planning services started to be provided. However, a decrease was seen in the number of miscarriage after 1990 along with the slow progress of the process, and the use of modern method has also been the most preferred in our day [4].

According to the 2008-2014 data of the Ministry of Health, the ratio of maternal mortality is 15.8 per hundred and the ratio of voluntary miscarriage is 4.7% in our country [5]. When the times of death of them are examined, 2% of them coincide with 0-12 weeks of the post-abortion pregnancy [6]. Pregnancy over 35 years (31%) and pregnancy interval less than 0-2 years (17%) were stated to be among the risk reasons for mothers who died in 2014. The most important emphasis on the provision and maintenance of maternal and child health is the education of women, planned pregnancies and pregnancy follow-up [7]. In many studies, increase in the education level of women increases the use of effective AP method [8]. It was observed that there was a decrease in the average number of births, the number of children who died, the number of miscarriage and curettage and there was an increase in the awareness of protection methods as the level of education increases. In another study carried out on it, the fact that a decrease was seen in the use of methods such as withdrawal and tube ligation and an increase was seen in the ratio of being informed by the health personnel in birth control as the level of education increased indicates the importance of education in this regard [9]. Family planning services are the most important activities that contribute to women's health and women's status beyond it in a society. Unwanted pregnancies such

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as immunization are also a problem related to public health and requires taking public measures [10].

This study was carried out in order to determine the usage status of family planning methods with an important place in the health of women and children, and the affecting factors.

Materials and Methods

This research is a cross-sectional descriptive study. 15-49-year old women of reproductive age constituted the population of the research. 1000 women who applied to health institutions in Kahramanmaraş and needed to use the family planning methods were included in the research without sampling. The research was carried out between June 2010 and February 2012. The data were obtained as a result of face to face application of the questionnaires which were prepared by the researchers and included questions about socio-demographic characteristics and family planning methods. Data were analyzed in the SPSS 19.0 (Statistical Package for the Social Science) program, and they were presented as averages and distributions, and chi-square analysis was performed. Data were assessed at the 95% confidence interval and $p < 0.005$ significance level.

Results

The average age of the women who participated in the research was 30.58 ± 11.5 . 35% of the women who participated in the research are in the 22-28 age group. While 18% of the women are illiterate, a great majority of them are primary school graduates (58%). The average of total number of births is 2.87 ± 1.74 . When total numbers of births are examined, 44.8% of the women gave 1-2 births. The number of live children per woman is $2,59 \pm 1,39$. It was determined that the average of involuntary miscarriage was 0.3 in a thousand women, and the ratio of curettage (voluntary miscarriage) was 0.4. The socio-demographic characteristics of the women who participated in the research are presented in Table 1.

While 15.8% of the women did not use any method, 84.2% of them stated that they used at least one method. The knowledge status of family planning methods of the women who participated in the research is presented in Table 2.

When the women who participated in the research were asked about family planning methods they knew, 88.2% of them stated that they knew RIA, 81.4% of them stated that they knew condom, 76.1% of them stated that they knew pill, 63.5% of them stated that they knew withdrawal, 50.9% of them stated that they knew monthly injection, 40.7% of them stated that they knew tube ligation, 7.7% of them stated that they knew vazectomy, 15.7% of them stated that they knew calendar method, 19.8% of them

stated that they knew vaginal douche, 11.3% of them stated that they knew spermicides, and 3.5% of them stated that they diaphragm method.

Table 1. Some Demographic Characteristics of the Women who Participated in the Research

Variables	n	%
Age Groups		
15-21	111	11.1
22-28	350	35.0
29-35	267	26.7
36-42	189	18.9
43-49	83	8.3
Education Status		
Illiterate	182	18.2
Primary School	580	58.0
Secondary School	83	8.3
High School	108	10.8
University	47	4.7
Parity		
None	24	2.4
1-2	447	44.7
3-4	385	38.5
5-6	104	10.4
7 or over	40	4.0
Number of Live Children		
None	31	3.1
1-2	481	48.1
3-4	391	39.1
5-6	77	7.7
7 or over	20	2.0
Number of Miscarriage		
None	754	75.4
1-2	217	21.7
2-3	28	2.8
5-6	1	0.2
Number of Curettage		
None	733	73.3
1-2	228	22.8
3-4	35	3.5
5-6	4	0.4
Total	1000	100.0

Table 2. Knowledge Status of Family Planning Methods of the Women Who Participated in the Research

Knowledge Status of Family Planning Methods	Yes		No	
	n	%	n	%
Methods				
Condom	814	81.4	186	18.6
Intrauterin Device (IUD)	882	88.2	118	11.8
Monthly Injection	509	50.9	491	49.1
Oral Pill	761	76.1	239	23.9
Vazectomy	77	7.7	923	92.3
Female Sterilization	407	40.7	593	59.3
Diaphragm	35	3.5	965	96.5
Spermicide	113	11.3	887	88.7
Vaginal Douche	198	19.8	802	80.2
Withdrawal	635	63.5	365	36.5
Fertility Awareness- Based Methods	157	15.7	843	84.3
Total	458	45.8	641	64.1

*The women who participated in the research marked more than one option.

The women who participated in the research were asked about from whom they get information about family planning. The sources of information on family planning methods are presented in table 3.

Table 3. Knowledge Status about Pregnancy and Family Planning Methods of the Women who Participated in the Research

Knowledge Status	n	%
Information Source About Family Planning Methods*		
None	115	11.5
Physician	137	13.7
Nurse/Midwife	433	43.3
Media	98	9.8
Public Health Center	162	16.2
My Relatives	365	36.5
Problems About Family Planning Methods *		
Not using	15	1.5
No Problem	597	59.7
My husband does not want to use	71	7.1
Side effects	191	19.1
Health Concerns	83	8.3
Others	66	6.6
Pregnancy Period According to Menstrual Cycle		
Can be pregnant at the head of cycle	284	28.4
Can be pregnant at the middle of cycle	305	30.5
Can be pregnant at the finally of cycle	123	12.3
I do not know	288	28.8

*Some of the women who participated in the research marked more than one option.

When they were asked about the sources from whom they received information about the methods they used, 43.3% of them stated that they received information from nurse/midwife, 36.5% of them stated that they received information from their relatives, 16.2% of them stated that they received information from Public Health Centers, 13.7% of them stated that they received information from the doctor, and 9.8% of them stated that they received information from the media.

The question of "what are the problems you encounter while using the AP method" was asked to the women who participated in the research, and 59.7% of the women said that they did not have problems, 7.1% of them stated that their husband did not want, 19.1% of them stated that they could not use due to side effects, 6.6% of them stated that they had problems due to reasons such as religious beliefs, inability to reach services, etc.

Regarding the question of when a woman can be pregnant during a month-menstrual period, 30.5% of the women mostly said that they can be pregnant at the middle of cycle, 28.8% of them answered that they had no knowledge.

87.4% of the women who participated in the research stated that they could be pregnant when they stopped using protection method in the recent year, and 12.6% of them stated that they could not be pregnant. The comparison of protection method usage status and some socio-demographic characteristics is presented in table 4.

Table 4. Comparison of Some Socio-Demographic Characteristics and Prevention Method Preference of the Women Who Participated in the Research

Variables	Family Planning Methods				X ² /p*
	n	No %	Yes n	%	
Age Groups					
15-21	31	27.9	80	72.1	13.284/ 0.001
22-28	44	12.6	306	87.4	
29-35	41	15.4	226	84.6	
36-42	24	12.7	165	87.3	
43-49	18	21.7	65	78.3	
Education Status					
Illiterate	36	19.8	146	80.2	7.266/ 0.124
Primary School	96	16.6	484	83.4	
Secondary School	9	10.8	74	89.2	
High School	10	9.3	98	90.7	
University	7	14.9	40	85.1	
Parity					
None	15	68.2	9	31.8	69.286/ 0.000
1-2	70	22.7	377	84.3	
3-4	41	10.3	344	89.7	
5-6	17	16.3	87	83.7	
7 or over	15	37.5	25	62.5	
Number of Miscarriage					
None	112	14.7	642	85.3	13.886/ 0.003
1-2	40	18.7	177	81.3	
2-3	6	17.9	22	82.1	
5-6	0	0.0	1	0.2	
Total	158	15.8	842	84.2	

*Chi Square Test p<0.005

The ratio of using method significantly increased as the age increased. It is seen that especially the 22-28 and 36-42 age groups have the highest ratios of using method. It was also determined that the ratio of using method increased as the educational level increased although it was not statistically significant.

It was determined that the ratios of using method increased as the number of births of women who participated in the research increased, and that the use of method was low in those with 7 births and over. It was determined that the women started to use method after the second child on an average.

It was seen that the ratio of using method in those without miscarriage, and the number of those with 2-3 and 3-4 miscarriages significantly increased ($p=0.003$).

Discussion

The use of family planning methods is important not only for families to have as many children as they want when they want but also for healthy pregnancy, getting healthy babies and continuing healthy sex life. Positive factors such as increasing the education level of the women who participated in the research and knowledge status about the subject play important roles in the preference and effective use of family planning methods.

According to 2015 TÜİK data in our country, the average number of children that a woman can give birth in a period during which a woman is fertile was reported as 2.14 [11]. The average birth average of women included in our research is close to Turkey average. According to TNSA 2013 data, 20% of all pregnancies resulted outside of live birth, 5 out of 100 pregnancies resulted in voluntary miscarriage [12,13].

In a research carried out, the most known birth control methods were reported as birth control pills by 70.8%, RIA by 68.6% and condom by 64.8% respectively. In addition, withdrawal was the most known traditional method by 51.1%. Female condom, vaginal ring and spermicide tablets, gel-foams are the least known methods [14].

In our research, the most preferred modern methods were RIA, condoms and birth control pills respectively, and withdrawal was the most preferred traditional method.

When the sources of information on methods of the women who participated in the study on family planning were examined, while nurse-midwife took place on the top as a health profession, their relatives were ranked as the two. Although a great majority of women who participated in our research did not have problems with the methods, only one of 5 women stated that she had side effects. When women were asked about during which menstrual period the pregnancy process occurs, while only one-third of them

correctly answered, one-third of them did not express an opinion. The data in this section is important with respect to how much the woman can recognize her body in terms of the reproductive period. Talking about recognizing the body and the menstrual cycle while providing women with family planning training will increase the success of the method and will also be effective in preventing unwanted pregnancies. It was also seen that those who said that they became pregnant within one year after leaving the method constituted the great majority, the ratio of those who did not become pregnant after using the method was one-tenth. This situation may remove the perception that methods lead to infertility among women and can also be interpreted that women may mostly have children by not using family planning methods when they do not want child and by using them when they want child.

It was seen that the use of method significantly increased in two and above births and those without miscarriage in the 22-35 age group ($p<0.005$). When educational level was examined, it was seen that there was an increase in those who used method at secondary and high school level although it was not significant.

In our country, the ratio of using modern family planning methods is increasing, but total fertility rate is also decreasing [15]. In unplanned pregnancies, it is known that there is an increase in exposure to harmful substances and lack of prenatal care that will adversely affect mother and baby, voluntary or involuntary miscarriage, and in the risk ratios of delivering low birth weight or dead babies [16].

Consequently, the fact that the effective utilization ratios of family planning methods are low although they are very well known in our country has negative effects on mother and child health. While providing family planning service, it is necessary to avoid the approaches that would cause fertility rate to decrease and to remove the perception of not having a child when family planning method is said. In this regard, the services given should meet the women's needs, and the participation of all men and women should be ensured. The role of women should be defined and supported as the basic safeguard of family health. The reproductive health services should be accessible to eligible elderly people within the scope of basic health services. Mother-child health, family planning and reproductive health services should be made available continuously by integrating to the present. Ensuring continuity, providing services for each individual by an appropriate and holistic approach are the most important factors to be considered in the presentation of mother, child health and contraceptive services.

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