



Evaluation of the Attitudes of Married Women Aged 15-49 Living in Kars/Digor District About Family Planning Before and After the Training

Kars/Digor İlçesinde Yaşayan 15–49 Yaş Evli Kadınların Aile Planlaması Hakkında Eğitim Öncesi ve Sonrası Tutumlarının Değerlendirilmesi

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ABSTRACT

Aim: This study was conducted to determine the effect of the interactive training about family planning given to married women on family planning attitudes.

Material and Method: The study was quasi-experimental; the sample consisted of 60 women who met the sampling criteria. The Family Planning Attitude Scale was applied to the married women who agreed to participate in the study, with a questionnaire created by the researcher. After the pretest was applied to the women, educational material was created, interactive training was given, and posttest was applied. The IBM Statistical Package for Social Sciences (SPSS) program version package program was used to evaluate the data of the study.

Results: The scores of the women before the training are 47.40±11.98 as the sub-dimension regarding society, 40.57±8.80 as the sub-dimension regarding the method, 27.30±6.93 as the sub-dimension regarding pregnancy, and 115.27±24.46 as sub-dimension regarding total family planning attitude scale. The scores of the women in the posttest applied after the training; sub-dimension for society was 47.88±9.40, the sub-dimension 48.75±5.71 for method, 31.08±5.38 for pregnancy, and the total score for the family planning attitude scale was 127.72±17.07. The difference between the pretest and posttest mean scores of the women's total family planning attitude scale, contraceptive methods, and subscales related to pregnancy is statistically significant ($p<0.05$).

Conclusion: It was determined that the difference between the attitude towards pregnancy subscale according to the contraceptive use status of the women was significant. Women who use family planning methods have a higher attitude towards pregnancy. Women are thought to develop a positive attitude towards contraceptive use as their knowledge about contraceptive methods increases.

Key words: contraceptive; woman; midwife; attitude; interactive training

ÖZET

Amaç: Bu çalışma evli kadınların aile planlaması hakkında verilen interaktif eğitimin aile planlaması tutumu üzerine etkisini belirlemek amacıyla yapılmıştır.

Materyal ve Metot: Çalışma yarı deneysel olarak yapılmıştır ve çalışmanın örneklemini örneklem kriterlerini sağlayan 60 kadın oluşturdu. Çalışmaya katılmayı kabul eden evli kadınlara araştırmacı tarafından oluşturulan anket ile Aile Planlaması Tutum Ölçeği uygulandı. Kadınlara ön test uygulandıktan sonra eğitim materyali oluşturularak interaktif eğitim verildi ve daha sonra son test uygulanmıştır. Çalışmanın verilerinin değerlendirilmesinde IBM Sosyal Bilimlerde İstatistik Paket Programı (SPSS) paket programı kullanılmıştır.

Bulgular: Kadınların eğitim öncesi puanları topluma ilişkin alt boyut 47,40±11,98, yönetime ilişkin alt boyut 40,57±8,80, gebeliğe ilişkin alt boyut 27,30±6,93 ve toplam aile planlaması tutum ölçeğine ilişkin aldığı puan 115,27±24,46'dır. Eğitimden sonra uygulanan son teste kadınların aldıkları puanları; topluma yönelik alt boyut 47,88±9,40, yönetime ilişkin alt 48,75±5,71, gebeliğe ilişkin 31,08±5,38, aile planlaması tutum ölçeğine ilişkin aldığı toplam puan ise 127,72±17,07'dir. Kadınların toplam aile planlaması tutum ölçeği, kontraseptif yöntemlere ve gebeliğe ilişkin alt ölçeklerin ön test ve son test puan ortalamaları arasındaki fark istatistiksel bakımından anlamlıdır ($p<0,05$).

Sonuç: Kadınların kontraseptif kullanım durumuna göre gebeliğe ilişkin tutum alt ölçeği arasındaki farkın anlamlı olduğu tespit edilmiştir. Aile planlaması yöntemi kullanan kadınların gebeliğe yönelik tutumu daha yüksektir. Kadınların kontraseptif yöntemlerine yönelik bilgi seviyeleri arttıkça kontraseptif kullanımına yönünde pozitif tutum geliştirdikleri düşünülmektedir.

Anahtar Kelimeler: kontraseptif; kadın; ebe; tutum; interaktif eğitim

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Introduction

Family planning (FP) is a phenomenon that allows spouses to have as many children as and when they want, or which aims to determine the number of children according to their personal wishes and economic possibilities and to enable them to realize the birth intervals as they wish^{1,2}. Family planning and contraception, should not only be perceived as limiting the number of children^{3,4}. From the moment that human beings learned that pregnancy is the result of sexuality, they have sought ways to prevent pregnancy, and therefore, family planning methods are as old as human history^{3,5}. It is known that Arab people placed stones in the wombs of camels to prevent the camels from getting pregnant while crossing the desert. Muslim women used palm leaves, and Japanese women used bamboo paper as a method to prevent pregnancy^{3,6,7}.

One of the facts showing the health level of women is family planning^{8,9}. The main purpose of Family Planning services is to protect mother and child health at the highest level, to give birth to healthy individuals, to ensure a planned pregnancy when the family/individual wants to have a child¹⁰⁻¹². Methods to prevent pregnancy has an important place in preventive health services and when it is not used adequately, it creates problems related to society and health^{13,14}. Thousands of children and women die every year due to lack of family planning^{7,15}. This is to prevent unhealthy abortions, especially by preventing unwanted pregnancies and related complications. In order to prevent these problems, it is necessary to increase the appropriate use of family planning methods^{13,16}.

This attitude is a system that includes a behavioral tendency with cognitive and affective elements towards any particular object, mind or individual^{17,25}.

In order to learn the attitudes of individuals about contraceptive methods, it is necessary to look at their behavior, but individuals do not always transform these attitudes into behavior and although they do, they can hide their true attitudes¹⁷. As people's experiences and knowledge change, their attitudes change as well¹⁸. People learn attitudes through experience. Age factor is also effective in the formation of attitudes. As you get older, it becomes harder to change attitudes^{19,20}. Once attitudes are gained, it is difficult to change²¹.

Attitudes can be positive as well as negative. For example, not believing in, liking, or accepting an object or thought is a negative attitude. Or adopting, believing,

accepting and loving any object or idea is a positive attitude^{17,20}.

According to Turkey Demographic and Health Survey (TNSA) 2018 data; the total fertility rate is 2.3. The age at first marriage for women is 21.4, the ideal number of children is 3.70% of the society uses family planning method and only 49% of those who use this method use modern methods. This rate is 34% in the Eastern Anatolia Region. While the use of traditional methods is 21% in Türkiye, it is 23% in the Eastern Anatolia Region, and the most used modern method is condom with 19%. The most used traditional method is retraction with 20%. 6 out of every hundred pregnant women have an induced abortion. Family planning is still considered an important health problem due to the lack of knowledge about family planning and its methods, insufficient positive attitude, low rate of using modern methods and undesired pregnancies due to these, and as a result, high maternal and infant morbidity and mortality rate²².

Although there are studies on the reasons for not using contraceptive methods in our country, there are not enough studies examining FP attitudes of individuals before and after education on family planning. Therefore, there is a need for more studies on the attitudes of individuals in the selection of contraceptive methods.

The aim of this study is to determine the attitudes of married women between the ages of 15 and 49 towards family planning, to create educational material, and to reinforce their positive attitudes in the Digor district of Kars province in the Eastern Anatolia Region. It is to transform negative attitudes towards family planning into positive attitudes after education.

Material and Methods

Study Type and Location

This study was carried out semi-experimentally with women aged between 15 and 49 years of age, who were married in marital status, who were referred to the Community Health Center by the Kars Province Digor District Family Health Center.

Research Hypotheses

Hypothesis 0: The family planning education given does not change the attitude of women towards family planning.

Hypothesis 1: Family planning education given positively changes women's attitudes towards family planning.

Hypothesis 2: The training given, causes the family planning attitude to change in a negative way.

Population/Sample of the Study

The population of the research consists of 930 married women living in Digor district center between 2016–2017. The sample, on the other hand, consisted of 60 women living in this center who were randomly selected, married, between the ages of 15 and 49, who did not go through menopause and did not have communication problems.

Data Collection Tools

A personal information form consisting of 22 items, including socio-demographic characteristics and obstetric histories, developed in line with the literature review^{14,19,23}, and the Family Planning Attitude Scale (APTS), of which the validity and reliability was developed by Örsal, were used to determine attitudes towards family planning²⁴.

Personal Data Form

This part consists of a 22-item questionnaire, 14 of which are open-ended and 8 of which are closed-ended.

Family Planning Attitude Scale Form

The validity and reliability of this scale form was developed by Örsal and Kubilay (2006). Family Planning Attitude Scale consists of 34 items with 3 subscales. The first 15 items include the "Attitude towards Society" subscale, a total of 11 questions from the 16th to the 27th items include the "Attitude towards Methods" subscale, and a total of 8 items from the 28th to the last item include the "Attitude towards Pregnancy" subscale. Each item receives a minimum of 1 point and a maximum of 5 points.

The highest score in the total of the scale is 170 and the lowest score is 34.

The lowest score of the Attitude towards Society sub-dimension is 15, and the highest is 75.

The lowest score for the Attitude towards Methods Sub-Dimension is 11, and the highest is 55.

The lowest score of the Attitude Regarding Pregnancy Sub-Dimension is 8 and the highest is 40.

As the number of points increases, the reliability coefficient also increases. The Cronbach alpha reliability coefficient is 0.90.

Internal Validity of Scale

As seen in the table below, the Cronbach α coefficient of the attitude towards society subscale is 0.903, the Cronbach α coefficient of the attitude towards methods subscale is 0.851, the Cronbach α coefficient of the attitude towards pregnancy subscale is 0.840, and the Cronbach α coefficient of the total scale is 0.939.

Implementation of the Research

After obtaining the necessary permission from the Digor Community Health Center after obtaining the approval of the Ethics Committee of the Caucasus University Faculty of Medicine, Clinical Researches on Interventional Research for the study, after obtaining approval from married women between the ages of 15 and 49 who applied to the Digor Family Health Center and were referred to the Community Health Center, 13.01.2017-28.02. A questionnaire form was applied between 2017.

The questionnaire form applied to the women before the training and the family planning attitude scale and their performance levels were determined, and then a draft of the family planning education material was prepared.

In the evaluation of this application, an interactive training program was used and it was carried out with 2 groups of 30 people. A total of four hours of training was given to the first group on 02.03.2017, and the second group on 07.03.2017, two hours in the morning and in the afternoon. The information given within the scope of the training was reinforced by using demonstration, discussion, question-answer techniques. The content of the training includes the definition of health, female/male reproductive organs anatomy, the formation of pregnancy, contraceptive methods and the concept of attitude. Attitude levels towards family planning were evaluated with the Family Planning Attitude Scale, which was reapplied immediately after the training.

Research Ethics

Before the research was conducted, approval was obtained from the Non-Invasive Clinical Research Ethics Committee of the Faculty of Medicine of Kafkas University on 26/10/2016 with the decision number

20. Written permission was obtained from the institution and scale owner, where the study will be conducted, first via email and then on 21/10/2016. In addition, verbal consent was obtained from the women included in the study.

Data Assessment

The data were analyzed with the IBM Statistical Package for Social Sciences (SPSS) program. In analysis; Percentages, min-max values and mean, numbers, Will Coxon test, standard deviation, Paired t test, t test for independent groups, Kruskal Wallis, Analysis of Variance, Correlation and Mann Whitney-U were used to evaluate the data.

Results

As seen in Table 1, 93.3% of the participants are unemployed and 51.7% of their spouses are shopkeepers. 75% of the participants are not related to their spouse. 46.7% of women and 45% of their spouses are primary education graduates and 81.7% of them have health insurance.

The mean age of the participants was 36.08 ± 8.64 , the mean age at marriage was 16.57 ± 9.92 , and the mean age at marriage was 19.57 ± 3.15 (Table 1).

The number of pregnancies of the participants was 3.87 ± 2.78 , the number of stillbirths was 0.35 ± 0.63 , the mean age at first pregnancy was 19.13 ± 6.26 , and the number of living children was 3.12 ± 2.19 . The mean number of Intentionally stillbirth was 0.23 ± 0.67 , the number of die stillbirths was 0.12 ± 0.32 , the ideal number of children was 3.48 ± 1.24 , and the interval between two pregnancies was 3.13 ± 1.46 years. 2, 63.3% of the participants do not want pregnancy, 90% of them have normal birth as the last way of delivery and 70% of them use family planning method. The most used family planning method is the RIA with 28.3% (Table 2).

The pretest score of attitude towards society is 47.40 ± 11.98 , pretest score of attitude towards methods is 40.57 ± 8.80 , pretest score of attitude towards pregnancy is 27.30 ± 6.93 and total scale pretest score is 115.27 ± 24.46 (Table 3).

The attitude towards society posttest score is 47.88 ± 9.40 , the attitude towards methods posttest score is 48.75 ± 5.71 , the attitude towards pregnancy posttest score is 31.08 ± 5.38 , and the total scale posttest score is 127.72 ± 17.07 (Table 4).

Table 1. Distribution of demographic characteristics of the participants

		n	%	
Occupation	Not working	56	93.3	
	Working	4	6.7	
Spouse's occupation	Self employed	31	51.7	
	Farmer	6	10.0	
	Officer	19	31.7	
	Driver	4	6.7	
Kinship with spouse	Yes	15	25.0	
	No	45	75.0	
Income	Below 500 TL	5	8.3	
	Between 501–1500 TL	23	38.3	
	Between 1501 – 3000 TL	21	35.0	
	Over 3000 TL	11	18.3	
Education	Not literate	6	10.0	
	Literate	5	8.3	
	Primary school	28	46.7	
	Middle school	7	11.7	
	High school	8	13.3	
	University	6	10.0	
Spouse education	Literate	1	1.7	
	Primary school	27	45.0	
	Middle school	11	18.3	
	High school	11	18.3	
	University	10	16.7	
Social security	Yes	49	81.7	
	No	11	18.3	
	N	Min-Max	Avr.	SS.
Age	60	19–49	36.08	8.64
Marriage age	60	14–30	19.57	3.15
Marriage duration	60	1–34	16.57	9.92

N/n: Number; SS: Standard Deviation; Avr: Average; Min: Minimum; Max: Maximum.

Pre-Test – Post-Test

The difference between the pre- and post-education mean scores of the attitude towards methods, attitude towards pregnancy subscales and total family planning attitude scale is statistically significant ($p < 0.05$). After the training; Attitude towards contraceptive methods, sub-dimensions of attitude towards pregnancy and total score of family planning attitude scale were higher. In the attitude towards society sub-dimension, the difference between pre- and post-education measurement scores is statistically insignificant ($p > 0.05$) (Table 5).

Table 2. Distribution of family planning and obstetric characteristics of the participants

		N	%		
Desire for pregnancy	Yes	22	36.7		
	No	38	63.3		
Last pregnancy	Normal	54	90.0		
	Abortion	4	6.7		
	Natural stillbirth	2	3.3		
Using family planning method	Using	42	70.0		
	Not using	18	30.0		
Used family planning method					
	Ria	17	28.3		
	Pill	5	8.3		
	Tubing	7	11.7		
	Condom	8	13.3		
	Retraction	5	8.3		
		N	Min-Max	Avr.	SS.
Age of first pregnancy		60	0–33	19.13	6.26
Number of pregnancy		60	0–12	3.87	2.78
Number of living children		60	0–9	3.12	2.19
Natural stillbirth		60	0–2	0.35	0.63
Intentionally stillbirth		60	0–3	0.23	0.67
Number die births		60	0–1	0.12	0.32
Ideal number of children		60	1–8	3.48	1.24
Time between two pregnancy		60	1–7	3.13	1.46

N/n: Number; SS: Standard Deviation; Avr: Average; Min: Minimum; Max: Maximum; RIA: intrauterine vehicle.

Table 3. Pre-test family planning attitude scale and distribution of scores they get from their sub-dimensions

	N	Min-Max	Avr.	SS.
Attitude towards society	60	22–72	47.40	11.98
Attitude towards methods	60	16–55	40.57	8.80
Attitude towards pregnancy	60	14–40	27.30	6.93
Total scale	60	52–166	115.27	24.46

N: Number; SS: Standard Deviation; Avr: Average; Min: Minimum; Max: Maximum.

Table 4. Post-test family planning attitude scale and distribution of scores from their sub-dimensions

	N	Min-Max	Avr.	SS.
Attitude towards society	60	27–68	47.88	9.40
Attitude towards methods	60	36–55	48.75	5.71
Attitude towards pregnancy	60	18–40	31.08	5.38
Total scale	60	94–162	127.72	17.07

N: Number; SS: Standard Deviation; Avr: Average; Min: Minimum; Max: Maximum.

Table 5. Comparison of participants' pre-test post-test family planning attitude scale and sub-dimension scores

		n	Avr.	SS.	Significance
Attitude towards society	Pre-test score	60	47.40	11.98	t=-0.686* p=0.495
	Post test score	60	47.88	9.40	
Attitude towards methods	Pre-test score	60	40.57	8.80	t=-9.755** p=0.000
	Post test score	60	48.75	5.71	
Attitude towards pregnancy	Pre-test score	60	27.30	6.93	Z=-5.537** p=0.000
	Post test score	60	31.08	5.38	
Scale total	Pre-test score	60	115.27	24.46	t=-7.384* p=0.000
	Post test score	60	127.72	17.07	

* paired t test, ** Will coxon test; n: number; SS: Standard Deviation; Avr: average.

Discussion

The research was conducted to evaluate the attitudes of married women towards family planning before and after education.

The most commonly used contraceptive method by the participants is the intrauterine device with 28.3%. Akin et al. In 2006, in the study of women between the ages of 15 and 49 who were married in Konya province, 26.8% of the women stated that they were protected by an intrauterine device. Giliç et al. In their 2009 study in Niğde, they emphasized that 31.0% of women used intrauterine devices. According to the results of the study; It is thought that the reason why a significant portion of women prefer an intrauterine devices is that it does not require constant monitoring and reminders, and that it protects against long-term unwanted pregnancies^{5,10}.

Looking at Table 3, the total pre-test score of the scale was 115.27 ± 24.46 . Looking at Table 4, the total scale posttest score is 127.72 ± 17.07 . Apay et al.'s 2009 study found it to be 114.11 ± 0.91 . Looking at the results, it is seen that this is similar to the pre-test score of our study, but there is a significant difference with the post-test score. The reason for this is that it can be said that the training given has an effect on the family planning attitude of women⁷.

As seen in Table 5, there was an important difference in the attitudes of women towards pregnancy and

methods of the Family Planning Attitude Scale before and after training, but no significant difference was observed in attitudes towards society. Based on results of this study, it is thought that training is beneficial and increases positive attitudes in women's attitudes about contraceptive methods and pregnancy, and turns negative attitudes into positive ones. It is thought that the reason why there is not much difference in the attitude towards society compared to the situation pre and post training may be due to the fact that it is not easy to give up the cultural differences and habitual social attitudes immediately.

Consequently of the study, when the sub-dimension of attitude towards methods is examined in Table 5, the average pre-test score is 40.57 and the post-test score is 48.75. In the 2009 study of Apay et al., the Attitude Towards Methods sub-dimension was 36.727. It is expressed that the difference between them with the pre-test is due to the individual and cultural differences of the women, and the significant difference with the post-test is that the training given affects the attitudes of the women towards the method.

Conclusion and Suggestions

In the study, the total scores of married women's sub-dimensions regarding methods and pregnancy and family planning attitude scale after education were higher than before education.

It has been determined that the education given has a positive effect on their attitudes about family planning.

Individuals who apply to family planning services of midwives should be aware of their attitudes towards family planning and its methods and should organize training plans that can change their negative attitudes. Feedback is required, especially in individuals who apply for method-specific counseling.

Personnel providing Family Planning counseling should pay attention to the preparation of training programs by respecting and considering the socio-economic level, educational level, cultural differences and preferences of the individual.

Health services that can be lived in rural areas are inadequate and need to be designed appropriately, and these need to be repeated at certain intervals. It can be recommended to repeat the research in regions with different characteristics and to compare the obtained data with these results.

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