

The Relationship Between Women's Contraceptive Method Choices and Marital Adjustment

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ABSTRACT

This research aims to determine the relationship between women's contraceptive method (CM) choices and their marital adjustment.

The sample of this descriptive study consisted of 747 women participants collected by snowball sampling from the Eastern and Southeastern Anatolia Region of Turkey. The research data were collected online with the personal information form, the contraceptive method choices form, and the Marriage Adjustment Scale (MAS). Data distribution normality was tested using the Kolmogorov-Smirnov test. The statistical evaluations were carried out using mean, standard deviation, numbers, percentile, and independent t-test. Statistical significance in the study was $p < 0.05$.

The mean age of the women in the study was 34.14 ± 5.8 . The study determined that condom use was the highest (34.6%) among maritally-adjusted-women. In terms of the CM, there was a statistically significant difference in non-prevention and withdrawal averages between maritally-adjusted-women and maladjusted-women ($p < 0.05$). The marital adjustment of the women who were not protected and used the withdrawal method was high.

The study determined that women who used the withdrawal method and did not use any CM had a higher marital adjustment.

Keywords: Women, contraceptive methods, marital adjustment

Introduction

The high number of pregnancies and births ranks first among the causes of maternal death in developing countries. For this reason, effective delivery of family planning (FP) services will make significant contributions to the health of both women and children and society (1). People have been using birth control methods to prevent pregnancy for centuries (2). The use of various drugs, surgical procedures, sexual practices, or devices to prevent pregnancy in a planned way is called contraception (3). Contraception includes the ability of individuals to have as many children as they want, whenever they want, according to their own means and wishes, and to prevent unwanted and risky pregnancies (4, 5).

Literature has various contraceptive methods (CM) such as combined oral contraceptives, condoms, implants, intrauterine devices (IUD), sterilization, withdrawal method, calendar method, basal body temperature used for pregnancy prevention, and it also notes various factors affecting the use of CM (4, 6, 7). Factors affecting

the use of CM include age, education, residence, number of children, employment status, and marriage age (5, 7, 8). Another point is that couples should decide together on the choice of method (9). Adjustment is a significant factor affecting decisions (10). A person is happy and healthy to the extent that he can adapt to himself and his environment and maintain this harmony. Marriage, which is a part of social life, is also a union that requires the adjustment of individuals (11). According to the literature, marital adjustment is when spouses with unique personalities complete each other to achieve happiness and common goals (12). Adjustment between men and women in marriage has been a significant issue for a long time. This is because it is not enough for only two people to come together to build the family institution; it is also imperative for the continuity of the family that these two people adjust to living together. The findings of studies conducted abroad and in Turkey show that a harmonious marriage is affected by many variables. CM use and preference are one of these variables (11).

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CM preference is a situation individual must decide together in an adjusted marriage. Few studies examining the relationship between CM use and marital adjustment have been found in the literature (12, 13). The current study examines the relationship between women's marital adjustment and CM use.

Materials and Methods

The research is a relationship-seeking-descriptive type and investigates the relationship between concepts (CM choices and marital adjustment).

Population and Sample of the Research: The study population comprised women aged 18 to 49 from the Eastern and Southeastern Anatolia of Turkey, and the sample universe was determined from the unknown sample. According to the power analysis, the sample number was calculated 382, with 95% power to represent the universe, 0.30 effect size, and 5% power. A total of 757 women were included in the study considering the losses. Ten women who did not meet the research criteria (age, being married for less than a year) were excluded, and the study was completed with 747 women. A non-probabilistic snowball sampling method was adopted to select the participants from the universe. The data collection tool was obtained by uploading the questionnaire form to Google Forms (URL: https://docs.google.com/forms/d/11GeS7wlmC27I5U_laLJmal0iW6m2vg6yGJF0gMEsoM/), and the survey questions were shared on social media platforms (Instagram, Facebook, WhatsApp, etc.). The research data were collected online between 10.09.2021 and 10.11.2021. While sending the first survey forms, women were informed about the study, invited to participate, and their consent was obtained. Each woman participating in the survey was allowed to fill out one questionnaire only. For this purpose, also, reminder-messages were sent continuously throughout the data collection process.

Data Collection: Personal Information Form, Contraceptive Method Choices Form, and Marriage Adjustment Scale were used while collecting the research data.

Personal information form: This form created by the researcher by scanning the literature contained individuals' demographic information and CM preferences (Sağiroğlu et al., 2017; Kaya et al., 2021; Dinç, 2018).

Marriage Adjustment Scale (MAS): Developed by Locke and Wallace (1959), the Marriage

Adjustment Scale measures marriage quality. Kışlak (1999) performed the Turkish validity and reliability of the scale measuring the general marital satisfaction or quality and the relationship style on various family-related-agreement or -disagreement issues. Scoring in MAS consists of 15 questions increasing from maladjustment to adjustment. The lowest score is 0, and the highest is 158. The cut-off point value, which distinguishes adjusted and maladjusted married people, is 43. While this score and below implies maladjusted marriage, 44 and above imply adjusted marriage. The internal consistency coefficient of the scale was found as 0.90, and the Cronbach's alpha reliability coefficient of the Marriage Adjustment Scale was found as 0.92 (13). Cronbach's alpha reliability coefficient was 0.82 in the study.

Data analysis: Statistical calculations of the data obtained by the Google Forms survey method were carried out with the licensed SPSS 22 package program. Kolmogorov-Smirnov test was used to test the normal distribution of continuous variables. Mean, standard deviation, numbers, percentile, and independent t-test were used to evaluate the data. Statistical significance was accepted as $p < 0.05$.

The ethical aspect of the study: Ethics committee approval of the study was obtained from the Social and Human Sciences Research Ethics Committee of Firat University (07.09.2021-19.01). Since the data was collected online, no institutional permission was necessary.

Limitation of the study: Because of the online collection of the research data and the usage of the snowball sampling method, the research cannot be generalized to the population, which constitutes the limitation of the study.

Results

Table 1 shows the distribution of the descriptive and obstetric characteristics of women. The mean age of the women in the study was 34.14 ± 5.8 (19-49 years old), and 30.5% of them were 30-34 years old. 72.2% of the women had graduate/postgraduate education levels, and 60.4% of them were working. The research revealed that 94.8% of the women had working spouses, 56.1% had equal income and expenditure, 91.6% had a nuclear family, and 34.1% were married between 1-5 years and 6-11 years. The study determined that 36% of the women had been pregnant twice (the highest rate), 80.3% did not have a miscarriage, 88.4% did not

Table 1: Distribution of Descriptive and Obstetric Characteristics of Women

	N	%
Age	34.14±5.8 (min: 19; max:49)	
19-29	163	21.8
30-34	228	30.5
35-39	218	29.2
40-49	138	18.5
Education Level		
Primary school	39	5.2
Middle school	26	3.5
High school	139	18.6
Bachelor and above	543	72.7
Working Status		
Yes	451	60.4
No	296	39.6
Spouse's Employment Status		
Yes	708	94.8
No	39	5.2
Income Level		
Income more than expenses	177	23.7
Income equals expenses	419	56.1
Income less than expenses	151	20.2
Family Type		
Nuclear	684	91.6
Extended	63	8.4
Marriage Years		
1-5 years	255	34.1
6-11 years	255	34.1
12 years and above	237	31.7
Number of pregnancies		
No pregnancy	90	12.
1 pregnancy	207	27.7
2 pregnancies	269	36
3 and over pregnancies	181	24.3
Miscarriage		
Yes	147	19.7
No	600	80.3
Abortion		
Yes	87	11.6
No	660	88.4
Number of living children		
0-1	357	47.8
2-3	367	49.1
4 and above	23	3.1

have an abortion, and 49.1% of women had 2 or 3 children (Table 1).

Table 2 shows the distribution of CM preferred by women. The research found that while 16.1% of women did not use any method, the remaining

Table 2: Distribution of Contraceptive Methods Used by Women

Contraceptive Methods	N*	%*
Non-prevention	120	16.1
Pills	46	6.2
IUD	104	13.9
Condom	249	33.3
Tubal ligation	27	3.6
Calendar method	33	4.4
Withdrawal	243	32.6
Other	37	5

*Some women use more than one method

Table 3: Distribution of Women's Marital Adjustments

	N	%
Maritally adjusted	327	43.8
Maritally maladjusted	420	56.2
Total	747	100

women (89.9%) used at least one method to prevent pregnancy. In terms of CM, the women participating in the study preferred condoms the most (33.3%) and tubal ligation the least (3.6%) (Table 2).

Table 3 shows the marital adjustment status of women. The research found that 56.2% of the women had no marital adjustment, while 43.8% had (Table 3).

Table 4 shows the statistical difference between women's CM preferences and marital adjustment. The study found a statistically significant difference between the mean MAS scores of maritally-adjusted-women and maritally-maladjusted-women in terms of "using no CM" and "using the withdrawal method" ($p < 0.05$). There was no statistically significant difference in the mean MAS scores of women using IUD, pill, condom, tubal ligation, calendar method, and other CM methods.

Discussion

Contraceptive methods include tubal ligation, vasectomy, oral contraceptive drugs, IUD, administration of monthly or quarterly injections, subcutaneous implantation, condom, diaphragm, calendar method, and withdrawal method (9). A systematic review of women's CM use and attitudes has reported that 9.1%-61.7% of women use the withdrawal method, and 13.2%-47.3% use condoms (1). The current study has determined

that women prefer the condom (33.3%) and withdrawal method (32.6%) the most for contraception (Table 2). Similarly, Aydoğdu and Akça (2018) have declared that 25.4% of women use condoms and 31.3% use the withdrawal method (5). Gökseven et al. (2020) have stated that 21.7% of women use condoms and 36.8% use the withdrawal method (14). Öztaş et al. (2015) have found a condom use rate of 20.9% and a withdrawal rate of 28.5% (15). Karamustafaoğlu (2015) has discovered the rate of condom use at 2.5% and the rate of withdrawal method at 53.21% (16). Çubukçu (2018) has reported that 10.78% of women use condoms and 14.77% use the withdrawal method (17). The research finding is partially similar to the literature. The difference in the research findings might stem from the different regions where research was conducted. The 2018 report of the Turkish Demographic and Health Surveys (TDHS) has determined that 19% of women using contraception use condoms, and 20% use the withdrawal method (18). The current study research finding differs from the TDHS data because, while this research was conducted only in the eastern and southeastern Anatolia regions, the TDHS data covers all of Turkey. Worldwide, 10% of 15-49 age women who use any CM (48.5%) are estimated to use condoms, and 2.5% use the withdrawal method (19). Turkey is one of the countries where the withdrawal method is used the most (14). The research finding differs from the world average. The choice of CM can be influenced by many factors, including medical

Table 4: The Relationship Between Women's Contraceptive Method Preferences and Marital Adjustment

Contraceptive Method Preferences	Maritally Adjusted Women		Maritally Maladjusted Women		Statistical testing and Significance	
	$\bar{x}\pm SS$	Min-Max	$\bar{x}\pm SS$	Min-Max	t*	p
Non-prevention	48.84+3.21	13-43	36.45+7.06	44-55	2.125	.034
IUD	47.68+2.97	44-54	35.63+7.06	8-43	-.325	.745
Pills	50.21+3.21	45-56	35.46+6.56	23-43	-.655	.513
Condom	47.88+3.0	44-55	35.98+6.54	17-43	.625	.532
Tubal ligation	47.87+2.94	44-52	36.10+4.34	28-42	-1.509	.132
Calendar method	47.52+3.04	44-54	37.71+5.59	25-42	1.635	.102
Withdrawal	48.0+3.13	44-56	36.3+5.61	16-43)	-2.132	.033
Other	48.66+3.59	44-55	34.68+2.5	18-43	-.406	.685

*independent t test

suitability, accessibility, affordability, side effects, or sociocultural (7). The difference might be because of these reasons.

The current study determined that the use of CM affects marital adjustment. Marital adjustment of women who used no CM was higher than women who used IUD, pills, condoms, tubal ligations, calendar methods, and other methods ($p<0.05$; Table 4). Women's desire for pregnancy is among the reasons for not using CM (14, 20). Desiring to be a mother and father is one of the most significant decisions in life, and it starts with the mutual decision of both spouses (21). Couples' deciding to have a child together affects marital adjustment. The research finding is similar to the literature.

The study has observed that the marital adjustment of the women who preferred the withdrawal method as CM was higher than the women who used other methods ($p<0.05$; Table 4). Withdrawal is a traditional, male-controlled family planning method and requires harmony, discipline, and motivation between spouses (12). Kaplan and Zeyneloğlu (2018) have stated that the marital adjustment of women who use the withdrawal method is low (12). At the same time, it was observed that women who used the withdrawal method as CM had poor partner adjustment (11). The withdrawal method has negative aspects such as interrupting sexual intercourse, adversely affecting sexual satisfaction, risk of getting pregnant, and decreasing sexual desire. (12). The research finding differs from the literature. The difference might stem from the different research designs of Ertop and Altay and the different regions where Kaplan and Zeyneloğlu's research was conducted.

The current study has found that marital adjustment is high in women "using no CM" and

"using the withdrawal method." However, a limited number of studies examining the relationship between CM and marital adjustment have been found in the literature. Therefore, it is recommended more research be conducted on CM and marital adjustment; CM-related training programs should be prepared, and especially couples should be included in the training programs before having children.

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