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RELATIONSHIP BETWEEN MARRIED WOMEN'S EXPOSURE TO SPOUSAL VIOLENCE AND THEIR FAMILY PLANNING ATTITUDES AND BEHAVIORS

EVLİ KADINLARIN EŞ ŞİDDETİNE MARUZ KALMALARI İLE AİLE PLANLAMASI TUTUM VE DAVRANIŞLARI ARASINDAKİ İLİŞKİ

Süheyla DEMİRTAŞ ALPSALAZ [1], Nilüfer TUĞUT [2]

[1] Ministry of Health, Akdağmadeni State Hospital, Yozgat, Turkey.
[2] Sivas Cumhuriyet University, Faculty of Healty Science, Nursing Department, Sivas, Turkey.

ABSTRACT
This study was conducted to find out the relationship between married women's exposure to spousal violence and their attitudes and behaviours towards family planning. The cross-sectional descriptive research design was conducted at four different Family Health Centers in a district in Central Anatolia in Turkey. The sample of the study consisted of 333 married women aged between 18-49. The research data were collected using the Personal Information Form, Screening Form for Violence against Women and the Attitude Scale for Family Planning. It was found that 58.9% of women used a Family Planning(FP) method, 80.1% of the women who used family planning method preferred modern and 19.9% preferred traditional methods. The modern FP methods used by women are, respectively, 27.1% condoms, 23% pill, and 17.3% intrauterin device(IUD). The attitude score of the women benefitting from family planning was higher than those who did not use any FP method ($p<0.05$). 35.7% of women were exposed to spousal violence and 11.4% had the risk of experiencing violence. It was found that 18.3% of women were subjected to verbal, 12.6% economic, 10.5% physical, and 7.5% sexual violence by their partners. The attitude score of women exposed to spousal violence towards family planning was lower than those who were not exposed to violence ($p<0.05$). It was found that most of the women had positive attitudes towards family planning but their behaviour was not desirable, about one-third of the women were exposed to violence, and those who were exposed to violence had negative attitudes to family planning.
Keywords: Attitude and behaviour, Family planning, Married women, Spousal violence.

ÖZET
Bu çalışma, evli kadınların eş şiddetine maruz kalma durumları ile aile planlamasına yönelik tutum ve davranışları arasındaki ilişkiyi ortaya çıkarmak amacıyla yapılmıştır. Kesitsel tipte tanımlayıcı araştırma, Türkiye'de İç Anadolu bölgesinde bir ilçede bulunan dört farklı Aile Sağlığı Merkezinde yürütülmüştür. Araştırmanın örneklemini 18-49 yaş arası 333 evli kadın oluşturmaktadır. Araştırma verileri Kişisel Bilgi Formu, Kadına Yönelik Şiddet Tarama Formu ve Aile Planlaması Tutum Ölçeği kullanılarak toplanmıştır. Kadınların %58,9'unun Aile Planlaması(AP) yöntemini kullandığı, aile planlaması yöntemini kullanan kadınların %80,1'inin modern ve %19,9'unun geleneksel yöntemleri tercih ettiği saptanmıştır. Kadınların kullandığı modern AP yöntemleri sırasıyla %27,1 prezervatif, %23 hap ve %17,3 rahim içi araç (RİA) olduğu belirlenmiştir. Aile planlamasından yararlanan kadınların tutum puanı, herhangi bir AP yöntemi kullanmayanlara göre daha yüksek olduğu saptanmıştır($p<0,05$). Kadınların %35,7'si eş şiddetine maruz kaldığı ve %11,4'ünün şiddet yaşama riski taşıdığı belirlenmiştir. Kadınların %18,3'ünün sözlü, %12,6'sının ekonomik, %10,5'inin fiziksel, %7,5'inin cinsel şiddete maruz kaldığı saptanmıştır. Eşinden şiddet gören kadınların aile planlamasına yönelik tutum puanı, şiddet görmemiş kadınlara göre daha düşük bulunmuştur ($p<0,05$). Kadınların çoğunun aile planlamasına yönelik olumlu tutuma sahip olduğu ancak davranışlarının istenmediği, kadınların yaklaşık üçte birinin şiddete maruz kaldığı ve şiddete uğrayanların aile planlamasına ilişkin olumsuz tutumlara sahip olduğu saptanmıştır.
Anahtar Kelimeler: Aile planlaması, Eş şiddeti, Evli kadınlar, Tutum ve davranış.

***Sorumlu Yazar / Corresponding Author*:** Süheyla DEMİRTAŞ ALPSALAZ, Specialist Nursing., Ministry of Healt, Akdağmadeni State Hospital, Yozgat, Turkey, **E-posta:** suheyla.4065@gmail.com

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INTRODUCTION

Violence is defined as "the possibility of causing injury, death and psychological harm to the person who is exposed, as a result of the intentional application, to physical force or power to another person in the form of a threat or reality" (World Health Organization(WHO), 2020). The violence that has become a part of our lives is manifested in different forms all over the world. More than one million people lose their lives due to violence, while more suffer serious injuries (Mikton et al.,2016). Violence against women refers to all kinds of acts of violence intended to control women's behaviour, to establish dominance over them, to benefit women sexually and economically (Bulut,2019). Domestic violence against women is usually practised by the partner, family members of whom the woman lives. One of the most common forms of domestic violence is spousal violence. While partner violence mostly appears in the form of violence applied by the man to woman in the family, it is also defined as the case in which one of the partners who are in a relationship intentionally harms the other physically, emotionally, sexually and economically (Balcı et al.,2019; Tel et al.,2019).

Women are exposed to more physical violence at younger ages, especially in the first years of their marriage. It was determined that 36% of women experiencing domestic violence in Turkey experienced physical violence, and 44% experienced at least one type of emotional violence/abuse at any point in their lives. The prevalence of sexual violence at any time of life in Turkey is 12% in the city. Research conducted in Turkey revealed the proportion of women suffering from the economic consequences of violence in the city is 32.1% (TR Ministry of Family and Social Policies, General Directorate of Women's Status, 2015). Violence negatively affects women in many ways; social, physical and emotional, as well as negatively affect women's reproductive health (Taşkın, 2021). Violence, in particular, leads to an increase in unwanted pregnancies and adolescent pregnancies, sexually transmitted infections, and maternal mortality (Demir and Oskay, 2015). It was found that 35% of women in the world suffer from physical or sexual violence, most of which is perpetrated by their partners (WHO, 2018). While sexual violence is common at the rate of 6-59% in the world, verbal violence varies between 20% and 75% in the world (Dağcı and Besey, 2019). Abortion rates of women who are victims of violence are 3.5 times higher (Hawcroft et al., 2019). It is stated that spousal violence on young women in South Asia is a risk factor for unintended pregnancy among married women, and it is also noted that especially women who have suffered physical, and sexual violence are at higher risk of unwanted pregnancy (Anand et al., 2017).

As you can see, women who are exposed to violence are very risky in terms of their reproductive health. With FP, these risks can be minimized because FP can prevent excessive fertility and unintended pregnancy as it directly, indirectly has positive effects on maternal and child health by preventing sexually transmitted infections, and it also increases the health standards of the society (Gavin et al., 2014). It is stated that the most important factor preventing women at reproductive age from using the family planning method in Nigeria is domestic violence and that women exposed to violence have increased maternal mortality due to high fertility (Bishwajit and Yaya, 2018).

A variety of social, cultural, and economic factors could influence women's decisions and autonomy regarding family planning and contraceptive use. It has been shown that domestic violence could influence the use of contraceptives and lead to unmet need family planning among the victims(WHO, 2021). It is likely that women experiencing domestic violence use and seek less contraception out of fear of additional violence from their partners. They may also be more vulnerable due to their inability in negotiating their reproductive needs and rights with their partners compared to other women (Dadras et al., 2022)

Unmet contraceptive needs for family planning are public health concerns and key global health priority. Lack of contraceptives adversely affect many women of reproductive age. While providing this service, it is important that the risk groups are identified in terms of partner violence and that the risk group be informed and trained about FP issues to improve their reproductive health. As women get used to the method and using the method, their attitude towards that method develops positively. Positive attitude towards FP increases the use of FP methods and modern methods (Apay et al., 2010; Demir and Oskay, 2015; Twizelimana and Muula, 2021). To provide an effective FP service, health professionals must identify individuals ' attitudes towards FP, complete their imperfect knowledge, and correct it (Apay et al., 2010; Ayaz and Efe, 2009).

This study was conducted to find out the relationship between the exposure of married women to spousal violence in the age group of 18-49, the risk for reproductive health and their FP attitudes and behaviours.

METHODS

Research Design and Sample

This study was designed as a descriptive and cross-sectional survey. The universe of the study consists of 5853 married women in the age group of 18-49 who received health service from four separate Family Health Centers (FHC) in a district in the Central Anatolia region in Turkey. Data were collected from 333 women who visited the relevant FHCs between 08.03.2019-19.04.2019. How many women will be sampled from each FHC was determined by proportional sampling method, which is one of the stratified sampling methods. The study included the women who were married, who had a domestic partnership, who were graduates of primary school and higher, and who were also fertile.

The women who came to FHCs and accepted to participate in the study, who met the criteria for inclusion in the research, were informed about the research in detail, their written consent was obtained, and the relevant forms were filled out by the participants and delivered in a closed envelope. A total of 424 women were interviewed during the research, 49 of them refused to participate in the survey, 35 of them were not included in the survey because they did not meet the criteria for inclusion in the study, seven women were excluded from the survey because they did not fill in the items on the questionnaire completely, and our study was completed with the participation of 333 women in total. The number of individuals sampled was calculated using the known sampling method and the relevant formula.

Women participating in the study 48% of women were in the age range of 18-35 and 52% were in the age range of 36-49. 30.3% of their spouses were under the age of 35 and 69.7% were over the age of 35. Of the females, 44.4% were graduates of primary school, 16.5% were graduates of secondary school, 14.7% were graduates of high school, and 24.4% were graduates of college. 26.4% of their spouses were graduates of primary school, 14.2% were graduates of secondary school, 30.6% were graduates of high school, and 28.8% were graduates of the college. Only 30% of women work in job.33.9% of women were married at the age of 18 and below. Perceived income status is low for 26.2%, medium for 46.8%, and high for 27%. Of the females,3.3% of women had never been pregnant, 46.5% had one or two pregnancies, and 50.2% had three or more pregnancies. 80.5% of women had never had an abortion, 15.6% had one abortion and 3.9% had two or more abortions. While 6.6% of women have no surviving children, 21.4% have one child, 38.4% have two and 33.6% have three or more children.

Data Collection Tools

This study used 3 data collection tools:

* Personal Information Form
* Attitude Scale for Family Planning
* Violence Screening Form for Women

Personal Information Form

This form was prepared by the researcher to find out the socio-demographic characteristics of women (age, partner's age, educational status, etc.), obstetric characteristics (number of pregnancies, number of miscarriages, etc.) and their FP behaviour (state of knowledge about FP methods, frequency of using any of them etc.). The form has 8 open-ended and 15 closed-ended, which make 23 items in total.

Attitudes Towards Family Planning Scale

The scale was developed by Örsal and Kubilay (2007) to evaluate the attitudes of Turkish women towards FP. The scale has 34 items and 3 sub-dimensions. Sub-dimensions could be named as "attitude towards FP" (1-15. items), "attitude towards FP methods" (16-26. articles), "attitude towards giving birth" (27-34. items). The responses to the items on the scale range between "Strongly agree", "Agree" "Neutral", "Disagree" and "Strongly Disagree" between 1-5 based on the participants' degree of participation to each item. A minimum score of 34 and a maximum score of 170 could be taken from the scale and the FP attitude increases positively as the score of the scale increases. The Cronbach alpha value of the scale was calculated to be 0.90 (Örsal and Kubilay, 2007).

Sexual Violence Screening Form

This form was prepared by the researcher after a detailed literature review (Kelleci, Gölbaşı, Erbaş and Tuğut, 2009; TR Ministry of Family and Social Policies, General Directorate of Women's Status,2015;

TR Prime Ministry General Directorate on the Status of Women,2008). The purpose of the form is to find out whether a woman has suffered spousal violence in her marriage and to find out the type of violence suffered. The form consists of five closed-ended questions aiming to determine the type of physical, emotional/verbal, sexual, economic violence perpetrated on the woman by her spouse. The women who claimed that they had never suffered from any spousal violence but replied "Yes" to the question "Are you scared of your partner? Were assessed to be at the risk of violence. The women who replied "yes" to at least one item from each violence type were accepted to have experienced violence.

Administration of Research

After the approval of the Ethics Committee (No: 2019.01/20), written permission was obtained from the organisation where the survey was administered. We visited the family health centres and interviewed physicians, nurses/midwives and determined the most appropriate hours and the appropriate environment (single room) for the interviews.

Statistical Analysis

The data obtained from our research were analysed with SPSS 22.0 program. The Kolmogorov-Smirnov test was used to find out whether the data had a normal distribution. The Man Whitney U test was used to compare the data from two independent groups when normal distribution assumptions were not met. When comparing more than two independent groups, the Kruskal-Wallis H test was used, and the Chi-square test in 2x2 and multi-span patterns was used to compare the data obtained. The error level was considered to be 0.05 for the significance of the statistical results.

RESULTS

Table 1 shows the distribution of women using the FP method, which FP method they used, their satisfaction level from the used FP method and their decision-making status regarding the FP method to be used. It was found that 58.9% of women used the FP method. Looking at the FP methods used by women, it was found that 80.1% of them used modern FP methods while 19.9% used traditional FP methods. Of the modern FP methods used by women, 27.1% used condoms; 19.9% used only withdrawal, which is also one of the traditional FP methods.

Table 1. The status of women using family planning method and their distribution according to the method

Features	n	%
The Status of AP Method Use		
Using	196	58.9
Non-using	137	41.1
AP Method Used		
Modern Method	157	80.1
Traditional Method	39	19.9
Tyfe of Methods Used *		
Condom	53	27.1
Pill	45	23.0
Withdrawal Method	39	19.9
IUD	34	17.3
Tube Ligation	24	12.2
Three-month Injection	1	0.5
Status of Satisfaction with the Method Used		
Satisfied	177	89.2
Not satisfied	19	10.8
The Person Who Decides On The Method To Be Used		
Together with partner	141	71.9
Herself	44	22.5
Partner	11	5.6

*More than one answer has been selected.

Table 2 presents information about the distributions of women's exposure to violence, risk of violence, and types of violence. It was found that 35.7% of women suffered from spousal violence and 11.4% had the risk of experiencing violence. Of the women, 10.5% were physically exposed, 18.3% were verbal, 7.5% were sexual, and 12.6% were subjected to economic violence by their spouse.

Table 2. Distribution of Women's Exposure to Violence, Risk of Violence and Types

Frequency Of Experiencing Spousal Violence	**Yes**		**No**	
	n	**%**	**n**	**%**
Being Exposed To Violence	119	35.7	214	64.3
Risk For Violence	38	11.4	295	88.6
Types Of Violence*				
Physical Violence	35	10.5	298	89.5
Verbal Violence	61	18.3	272	81.7
Sexual Violence	25	7.5	308	92.5
Economic Violence	42	12.6	291	87.4

* More than one answer has been selected.

Table 3 presents information about the women using the FP method, which FP method they used, their satisfaction levels with the FP method they used, and who decided on which FP method they would use and the frequency of suffering from spousal violence is compared. The difference between the exposure of women to spousal violence based on the use of the FP method was not statistically insignificant ($p>0.05$).

Table 3. Comparison of women who have been subjected to spousal violence according to FP method features

Variables	**Exposure to spousal violence**		
	Yes n (%)	**No n (%)**	**Test**
Status Of AP Method Use			
Using	65(54.6)	54(45.4)	x^2=1.373
Non-Using	131(61.2)	83(38.8)	p=0.241
Ap Method Used			
Modern Method	53(29.4)	127(70.6)	x^2=1.114
Traditional Method	12(30.7)	27(69.3)	p=0.291
Type Of AP Method Used			
Condom	18(41.8)	35(58.2)	
Pill	17(37.7)	28(62.3)	x^2=1.228
IUD	11(31.5)	24(68.5)	p=0.942
Tube Ligation	7(29.1)	17(70.9)	
Withdrawal Method	12(30.7)	27(69.3)	
Satisfaction Level With The AP Method Used			
Satisfied	56(32.0)	119(68.0)	x^2=5.353
Non-Satisfied	9(42.8)	12(57.2)	p=0.069
The Person Deciding On The Method To Be Used			
Herself	15(39.4)	23.(60.6)	x^2=0.997
Partner	7(63.6)	4(36.4)	p=0.318
Together With Partner	43(29.8)	101(70.2)	

x^2 :Chi-Square

Table 4 shows the comparative details of FPAS score averages according to the frequency of spousal violence exposed to women and their risk of experiencing violence, and the type of violence they were exposed to. The difference between FPAS score averages was statistically significant according to the exposure of women to spousal violence. The difference between the FPAS score averages was statistically significant in relation to the exposure of women to verbal/emotional partner violence. The FPAS score averages of women who were not exposed to verbal/emotional spousal violence were higher than those of women who were exposed to verbal spousal violence. The difference between FPAS score averages was found to be statistically significant according to women's exposure to partners' physical violence. The FPAS score averages of the women who were not exposed to physical

spousal violence were higher than those of the women who were exposed to physical spousal violence. The difference between FPAS score averages was statistically significant according to women's exposure to economic spousal violence. The FPAS score averages of those who were not exposed to economic violence were higher than those of the women who were exposed to economic violence.

Table 4. Comparison of FPAS score averages according to the type of violence that women are exposed to and the risk of experiencing spousal violence

Variable	n	FPAS Mean ± SS	Test
Exposure To Violence			
Yes	119	119.36 ± 21.99	z=3.375
No	214	127.97 ± 17.73	p=0.00*
Risk Of Exposure To Violence			
Yes	38	116.07 ± 11.73	z=2.612
No	295	126.03 ± 9.81	p=0.009*
Verbal/Emotional Violence			
Yes	61	118.37 ± 23.83	z=2.157
No	272	126.36 ±18.47	p=0.03*
Physical Violence			
Yes	35	113.20 ± 24.37	z=3.006
No	298	126.27 ± 18.72	p=0.003*
Economic Violence			
Yes	42	118.35 ± 22.68	z=2.107
No	291	125.84 ± 19.17	p=0.035*
Sexual Violence			
Yes	25	124.24 ± 17.65	z=0.279
No	308	124.95 ± 19.95	p=0.780

z: Mann Whitney U

Table 5 shows the average distribution of the Family Planning Attitude Scale (FPAS) score and the distribution of women's exposure to partner violence according to their sociodemographic and obstetric characteristics. The difference between FPAS score averages and age groups of women was found to be statistically significant. According to score averages, 18-35 age group had more scores than 36-49 age group. The difference between FPAS score averages of women according to their educational status was found to be statistically significant. According to FPAS score averages, the highest average was for university graduates. The difference between the FPAS score averages of women according to the perceived income status was found to be statistically significant. When the FPAS score average was examined, the highest score average was found to be for those who perceived their income status “high” and the lowest score average was for those who perceived “low”. The difference between FPAS score averages according to the educational status of women’s partners was found to be statistically significant. The spouses of the women who participated in the study were found to have the highest average for those who are graduates of a university. The difference between FPAS score averages according to working status, family type, partner’s age, type of marriage, marriage age and duration of marriage was found to be statistically significant. The average FPAS scores of working women, those who have a nuclear family structure, those under 35 years, those married after dating, those married over 18 years, those married for less than 10 years were found to be higher among. The difference between the mean score of FPAS according to the number of pregnancies of women was found to be statistically significant. The difference between the number of pregnancies between one-two and three and above was statistically significant. The difference between FPAS score averages of women according to the number of the abortions they had was found to be statistically significant. The difference between those without any abortion and those with one abortion and those without any abortion and with two or more abortions was statistically significant. The difference between FPAS score averages of the women, according to the number of living children, was found to be statistically significant. According to FPAS score averages, the highest score was found to be for those with one child and the lowest score was found to be for those with three and more children. The difference between women's educational status,

working status, perceived income status, marital status and exposure to partner violence, when their ages of marriage were considered, was statistically significant. 23.5% of those who are graduates of the university, 38.6% of non-working women, 50.6% of women who perceived their income status low, 46% of the women aged 18 and under were found to have exposed to violence somehow.

Table 5. Distribution of women's exposure to spousal violence and FPAS score according to socio-demographic and obstetric characteristics of women

	FPAS		**Exposure to spouse violence**		
Features	**Mean± SS**	**Test**	**Yes (%)**	**No (%)**	**Test**
Age					
18-35 Age	128.16 ± 18.53	z=3.449	52(32.5)	108(67.5)	x^2=1.404
36-49 Age	121.87 ± 20.43	p=0.001*	67(38.7)	106(61.3)	p=0.236
Educational Status					
Primary School	115.31 ± 17.45		61(42.2)	87(58.8)	
Secondary School	121.70 ± 13.10	KW=100.17	23(41.8)	32(58.2)	x^2=8.342
High School	132.38 ± 14.88	p=0.001*	16(32.7)	33(67.3)	p=0.039*
University	140.04 ± 19.21		19(23.5)	62(76.5)	
Employment Status					
Working	137.42 ± 18.71	z=7.446	29(29.0)	71(71.0)	x^2=8.912
Non-working	119,52 ± 17.69	p=0.001*	90(38.6)	143(61.4)	p=0.045*
Perceived Income Level					
Low	118.09 ± 18.49	KW=19.54	44(50.6)	43(49.4)	x^2=11.450
Average	126.96 ± 19.93	p=0.001*	49(31.4)	107(68.6)	p=0.003*
High	127.90 ± 19.31		26(28.9)	64(71.1)	
Age Range of Partner					
Below 35	130.08 ± 16.41	z=3.237	32(31.7)	69(68.3)	x^2=1.037
35 and Above	122.63 ± 20.68	p=0.001*	87(37.5)	145(62.5)	p=0.309
Partner's Educational Status					
Primary School	115.97 ± 17.31		39(44.3)	49(55.7)	
Secondary School	120.08 ± 12.34	KW=55.23	18(38.3)	29(61.7)	x^2=5.017
High School	124.37 ± 19.90	p=0.001*	34(33.3)	68(66.7)	p=0.171
University	135.98 ± 19.65		28(29.2)	68(70.8)	
Age When Married					
18 and Below	117.75 ± 17.80	KW=4.938	52(46.0)	61(54.0)	x^2=7.874
Above 18	128.56 ± 19.75	p=0.001*	67(30.5)	153(69.5)	p=0.005*
Number Of Pregnancy					
0	124.09 ± 14.70	z=24.13	5(45.5)	6(54.5)	x^2=3.828
1 – 2	130.57 ± 19.14	p=0.001*	47(30.3)	108(69.7)	p=0.148
3 and Above	119.68 ± 19.26		67(40.1)	100(59.9)	
Number of Abortion					
0	126.83 ± 19.59	z=15.94	88(3.8)	180(67.2)	x^2=5.944
1	118.21 ± 19.36	p=0.001*	25(48.1)	27(51.9)	p=0.048*
2 and Above	111.61 ± 14.23		6(46.2)	7(53.8)	
Number Of Living Children					
0	122.90 ± 16.59		10(45.5)	12(54.5)	
1	130.88 ± 19.70	z=23.27	23(32.4)	48(67.6)	x^2=1.345
2	127.70 ± 18.69	p=0.001*	47(36.7)	81(63.3)	p=0.719
3 and Above	118.28 ± 19.87		39(34.8)	73(65.5)	

z: Mann Whitney U, x^2:Chi-Square, KW: Kruskal-Wallis

DISCUSSION

In our research, it was found that about half of women used the FP method and about two-thirds of women used the modern method. Yağmur and Keskin (2019) conducted a study that more than half of the women use the FP method, about three quarters of the women used the modern method. WHO (2018) reported that the usage rate of the modern method globally was 57.4%, 28.5% in Africa, 61.8% in Asia, and 66.7% in Latin America and the Caribbean. TNSA (2018) found that 70% of married women used an FP method most commonly and the most commonly used method was found to be the modern method. The fact that the other half of women do not use the modern method suggests that they are the

riskiest group in terms of FP behaviour. This result is thought to be due to the lack of adequate knowledge about FP methods and lack of FP counselling.

In our research, the most common modern methods used among women using the FP method were found to be condoms, pill and IUD, and the withdrawal method as one of the traditional methods. United Nations (United Nations,2020) reported the World contraceptive use rates as the pill, IUD, condom in Belgium, the pill, female sterilization, condom in Brazil, condoms, the pill, male sterilization in Canada, IUD, condom, female sterilization in China, the pill, IUD, condom in Ireland. Yağmur ve Keskin (2019) found that the most commonly used FP methods were condom, Karaçali and Özdemir (2018) found withdrawal method, condom, tube ligation as the most commonly used methods. It was found that the research findings of this study and the other studies conducted in Turkey are similar but their rankings differed. There are countries around the world where sterilization is common, but in our study older women use sterilization, and its use is less common than the other methods.

Satisfaction with the FP methods used is positively reflected in users' FP behaviours. In our research, it was found that almost all women were satisfied with the FP method they used. According to the United Nations - Indicator 3.7.1(2020), more than half of women in the world are satisfied with the modern method they use. In the study conducted by Akalın and Bostancı (2022) it was found that 77% of the women were found to be satisfied with the FP method they used. The results are similar to our research results. It is thought that one of the reasons for this satisfaction is that the FP method used is decided together with the partner.

In this study, there was a statistically significant difference between the age groups of women and the average FPAS score of women aged over 35 was higher than the average FPAS score of women aged under 35. Kasa, Tarakeng and Embiale. (2018) conducted a study in northwest Ethiopia and found that the women at reproductive age, over 30 years old were found to be better than the ones under the age of 18 in using family planning, and it was also found that education, occupation, marital status, number of children owned and monthly income had a significant relationship with FP. The increase in knowledge about FP method that women gain as they age and the fact that pregnancy is not desired as the age increases suggest have a positive reflection on their FP attitudes.

Sociodemographic factors such as women's education level, working status and income level are effective in controlling women's fertility behaviour. Osmani, Reyer,Osmani and Hamajima (2015) and TNSA (2018) stated that the increased use of modern methods can be achieved by having educated women learn more about method use and health institutions where modern methods are provided. In our study, it was found that the average FPAS score of women with a university degree was higher than that of women with a primary school degree and that there was a statistically significant difference between groups. The research findings suggest that increasing education levels reflects positively on FP attitudes. Low levels of education for women can adversely affect their attitudes about family planning and their choice of methods. FPAS score averages were found to be higher in working women than in non-working women. It could be concluded that when women work, they have economic freedom, and thus they can benefit from any health services at any time that they want, which affects their attitudes towards FP attitudes. Positively The FPAS score average in the women with a good income was found to be higher than those with higher income. High-income status of women can be said to facilitate access to FP methods, thus positively affecting their FP attitudes.

In this study, it was found that women with partners under the age of 35 had a higher average FPAS score and that the difference between age groups was statistically significant. It is thought that the decrease in partners' age will positively affect women's FP attitudes by causing the demand for FP methods increasing the desire to seek counselling.

Tiruneh et al., (2016) conducted a study on some married women from Ethiopia and found that there was a positive relationship between the age of first marriage, education, partners' education and the number of living children. It is thought that the low FPAS score average of women who marry at an early age (18 and under) is due to lack of sufficient knowledge about FP methods and lack of premarital counselling services. In this study, the average FPAS score of women who married at an age older than 18 was found to be higher than other groups. The FPAS score averages of the women who had one or two pregnancies were higher than those without any pregnancy and the difference in the number of pregnancy among the groups were found to significantly different. Avci et al., (2018) noted in his research conducted on some Roman women that pregnancy and the number of children negatively affect

attitude towards FP and increased social status. It is seen that the FP attitude scores of those with a higher number of pregnancies are low.

In this study, it was found that the FPAS score averages of women with one child were higher than those of women with three or more children and that the difference between the groups was statistically significant. It can be said that the number of living children affects the method use and reflects positively on the FP attitude. Pregnancy, abortion and the low number of living children indicate that women are more inclined towards family planning methods and have more positive attitudes.

Violence is recognized as a social problem and its importance is increasing every day. Violence against women affects women's health in all aspects. Women can be subject to violence even from their partners, who are the most trusted person in their families. In our study, it was found that 35.7% of women suffered from spousal violence and 11.4% had the risk of violence. Studies conducted in different regions of the world and Turkey showed that while there are differences in the percentages of experiencing violence, women are similarly exposed to violence (TR Ministry of Family and Social Policies, General Directorate of Women's Status, 2015; TNSA, 2018; Chaquisse et al., 2018; Chernyak, 2018; Bolu et al., 2015).

In this study, education status, working status, perceived income status, marital status and age of marriage were found to be the factors affecting exposure to spousal violence. TR Ministry of Family and Social Policies, General Directorate of Women's Status (2015) it was stated that having an over-high school education and being a working woman reduced spousal violence. Muluneh, Francis, Agho and Stulz (2021) stated that women exposed to violence had low educational and socioeconomic levels and did not work in any income-generating jobs. It is noteworthy that women with better education and working in a job reduce the risk of being exposed to spousal violence, but cannot completely eradicate it.

In this study, it was found that the rates of exposure to spousal violence were high in the women who had abortions. In the study conducted by Ely and Mürshid (2018), it was found that 5.6% of women who wanted to have an abortion had been subjected to physical violence and 2.4% to sexual violence. Our research shows that women who have abortions are more likely to suffer from violence. It can be concluded that the reason for this may be due to the child being seen as a mechanism of power in society. It was found that the type of AP method women used, satisfaction with the FP method used, preference for the FP method did not affect the exposure to spousal violence, but more than half of women did not use the FP method, most of the women who stated that they used FP method were found to have used withdrawal method, partners decided which method should be used and they were not happy with the FP method. FP attitudes were found to be negative in women who experienced violence, who were at the risk of violence, and who were subjected to verbal/emotional, physical and economic violence. These results suggest that women do not benefit adequately from FP methods. Women exposed to violence can be said to be at the risk for their fertility planning and decision-making power.

CONCLUSION AND SUGGESTIONS

It was found that women's FP behaviours were not desirable, family planning attitudes were positive, family planning attitudes were influenced by characteristics such as socio-demographic, obstetric and FP method use, knowledge and satisfaction. Women were found to be victims of violence and to be at the risk of experiencing violence, and the variables such as education, work, income status, age of marriage, abortion were found to have affected the state of experiencing violence. While it was found that spousal violence against women reflected negatively on FP attitudes, it was found that violence did not affect their FP behaviour but they were risky groups.

For women to have positive attitudes towards FP method, the followings are recommended; providing FP counselling service and increasing the number of relevant activities, encouraging them to participate in FP coun-selling training, explaining the issue with home visits when it is not available, supporting men to take part more effectively in FP services and to receive counselling on using male-specific methods, increasing education levels for men as well as women to prevent violence, deciding on the method in cooperation with a partner, a detailed assessment of the reproductive and sexual health of this risky group of medical staff.

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