

OBSTACLES TO CONTRACEPTIVE USE IN TURKEY: FINDINGS FROM A QUALITATIVE RESEARCH

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The use of contraceptive methods has been increasing in the last 20-30 years in Turkey, but the expected level still has not been reached. Most of the couples prefer to use traditional methods rather than modern ones although the family planning programs intensified the use of modern methods. The determining factors behind the use of contraceptives are not explained by the demographic and health surveys which have been conducted in the country since 1968. Therefore, this qualitative survey is designed to get the detailed information about the quality of the contraceptive knowledge, obstacles for contraceptive use and the factors influencing the decision for induced abortion in the year 2002.

The results of this study has also been used for the preparation of the questionnaire design of the seventh demographic and health survey. Taking into account the sensitivity of the subject studied, in-depth interview technique has been preferred in order to obtain detailed information and to understand women's perspectives in a comprehensive way.

The interviews were conducted with 65 ever married and single women in four cities namely Ankara, Adana, Trabzon and Van provinces which are located in different geographic regions of the country. The categories for women are the place of residence (urban/ rural) and education (primary school completed or less and secondary school completed or over). In addition to these categories, one more category which is age (below 35 years old and over 35 years old) is also used for ever married women. All the interviews are recorded and transcribed following the interview.

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This study aims to understand the obstacles and processes encountered in the use of contraceptive methods for women at reproductive ages. Both the personal experiences and views of women interviewed have enabled us to review the information we had until then and to approach our own reality from a different viewpoint.

There are many intertwining factors in preventing the use of contraceptive method. Some of these factors can be considered as personality traits of women, socio-economic status, educational level, marital status, level of knowledge on contraceptive methods, family type, childhood and youth environment, marriage arrangement, age at marriage, number of children, social life, relationship with the spouse and the social circle. Besides, factors such as the availability and quality of a health facility, relationship with the health staff and the source of contraceptive knowledge can be considered as the external factors. The impact of these factors may vary and are most of the times intermingled. Thus, the approach in this article is determined based on the issues emphasized by the women interviewed. For this reason, instead of dealing with the intermingled factors that affect the processes preventing the use of contraceptive methods one by one, considering the gender roles which were observed to have a certain weight among all the factors, explanations of single women are given in the first place followed by those of married women. Thus, we intended to present, the social network that surrounds the women starting from their childhood, as well as, how these relations are effective in every phase of their life cycles.

We tried to explain how social value judgments influence women's lives after marriage as regards their relation with the family and close environment. We evaluated every method one by one focusing on how the knowledge about contraceptives is obtained. Women's awareness on the side-effects of contraceptive methods has been considered in the same context as well. Furthermore, we tried to present our impressions on the issue of how economic and social conditions restrict women.

It is possible to say that for a great majority of the women, the use of a contraceptive method is not a choice made upon careful thought in which a comparison of positive and

negative points have been considered. In fact women do not possess the necessary information that will enable such a comparison. A majority of the women interviewed stated that they did not have sufficient information about how the method they used protected them. Apart from this, skipping from one method to another appears to be a further problem. The information obtained from the 1998 Turkey Demographic and Health Survey (TDHS-98) show that one of three women who use a method quit using it within 12 months after starting to use it¹. The impressions obtained from the in-depth interviews also support that the methods used have been changing frequently. One of the women explains the process of method use as follows:

“... My breastmilk protected me six months anyway, and after six months I had a device implanted. ... Yes my spouse did the protection...after I had the device removed, I gave birth to my second child...I used another method; I used a suppository, and when I stopped using it I got pregnant. I had had an induced abortion last year.” (aged 30, married, secondary school graduate, Ankara, urban)

Early Marriage and Having a Child

Based on the stories of women, we observed that single women’s approach towards marriage and having a child is in fact similar to that of married women, and that the uncertainty in whatever decision is made and how it is made not only in the use of contraceptive methods but also in other areas of their life is a common experience. A great majority of the single or married women claimed that they did not actually make their decisions on careful thought in issues such as marriage, sex, giving birth, and number of children they wanted to have. A 30-year-old woman from Ankara, who had had miscarriage during her first pregnancy, said that she had *by no means indulged in thoughts* on such topics, and had no idea of giving birth and added “*if I had known, I wouldn’t have experienced such a shock when I had the miscarriage.*”

¹ For IUD 9%, injection 52%, pill 56% and withdrawal 38%

Marriage is widespread in Turkey and early marriage is preferred by young women. In the interviews young women expressed that they wanted to get married before it was too late.

“Oh, I don’t know, not too late such as twenty three, twenty four ..., what can the ideal age be? Twenty. Twenty one, twenty two the maximum. That’s it, that is, I don’t plan to get married later than that. ... Nothing is meaningful when one gets married late.” (aged 19, single, high-school graduate, Adana, urban).

Even the single women, who are still studying, stated that they preferred to get married as early as possible. Even though they have not carefully thought about their desire for marriage and their marriage plans, marriage was mentioned by most women to be a situation that they wanted and dreamed of. Nonetheless, women who continued their education approached this subject in a slightly more planned way and wanted to consider marriage after they acquired a profession. In spite of the fact that they desire to have a profession, emphasis is made at the same time towards getting married before it was not too late, that is, towards their mid-20s. A forty-seven-year-old, single woman explained the uneasiness she felt from not being married in the following way:

“...everyone would want to establish their family; but no one would want to become a corner cushion at their mother’s house.” (aged 47, single, high school graduate, Ankara, urban)

In addition to early marriage, giving birth in a short time after getting married is also accepted as a natural extension of marriage and upon which careful thought is not made. Almost all of the single women living in urban and rural areas stated that they wanted to get married and give birth before it was not too late for them. Having a child close after marriage is a prevalent expectation in society and it was frequently expressed by single women as well:

“When I get married, that is, I would want to have a baby first, that is first year, waiting one year would be enough...” (aged 17, primary-school graduate, Ankara, urban)

In depth interviews have shown us that young women postpone their sexual life to their marriage life and still they don't have adequate knowledge about sexuality and contraception. When they talked about sex, giving birth or contraception, it was understood that they were significantly influenced generally by what they witnessed in their close surroundings and in their contacts with their friends.

Single women say that one must obtain knowledge for controlling their fertility, and they also claim that this information must be attained at a time close to marriage. We can say that in a society where it is an accepted norm to experience sexual life within marriage, this tendency which seems widespread can be said to appear as one of the important obstacles among married women in starting to use a method in the future at least in their initial years of marriage. These ideas were expressed in interviews in the following way:

“ Yes when I am engaged I would like to get information... I will talk after marriage but when I am engaged I don't know.” (aged 17, single, primary school graduate , Ankara, urban)

“This information, I got neither by reading anything nor by discussing it with anybody but just like all the information about life ... from daily chats or television..... that is, it is such that to get information you have to feel a necessity for it, you will not be able to learn any information that you do not need. ... Since at the moment I don't need such information, to tell you the truth, I don't get information on this issue, and I don't have much knowledge on this topic because I don't need it. In the long run, I mean in the short run I don't need it, in the long run of course I might need.... I had said that I don't know anything on this topic because knowing something about this at the moment is like how can I say it.. like knowing something

about agricultural detriments” (aged 23, single, post-graduate student, Ankara, urban)

Single women emphasized that everyone must definitely know about contraceptive methods and apply them; however, when they themselves are concerned we realized that they were slightly abstained.

“(Giggling) Definitely, I mean if there is no fertility how can it be like that? I have not much information on this topic but it should definitely be received. Whichever method is the most appropriate method that does not give harm should definitely be applied, that is, because fertility, that is, it is not possible to prevent people. Otherwise, where are these people to go. This is such that it is meaningless to give birth to a child that you cannot bring up. (aged 21, single, university student, Trabzon, rural)

The young woman, a post-graduate student from whose interview we made the quotation above, claimed that it was too early for her to get information on contraception and added that she preferred to talk about more important topics than this issue, such as culture and art. She thinks that she does not have to know contraception because she doesn't need it for the moment. What plays an important role is the fact that women are grown up to be afraid of sex before marriage, which appears as the substantial obstacle for single women in reaching the information about sexuality and contraception. Some of the statements of the women interviewed shed light on what they think and have experienced. While some complain about not being able to talk with their family, there were others who said that these kinds of confidential topics should not be discussed with anybody.

“... that is I don't talk much (giggles in a shy and bashful way), well I discuss these topics with my mother but I mean I don't like talking about them.” (aged 17, single, primary school graduate, Ankara, urban)

A young high-school graduate woman complaining about her inability to talk with her mother stated that she wanted to have a daughter when she gets married and that she did not want her child to undergo the same difficulties as she did.

“I mean, like, I don’t know, these are common words but such pressure, the pressure we had from our family, frustration and the like, you know, like not being able to talk, not being able to go and tell things, you know, for instance, I just told you I have a five-year-long relationship, but my mother doesn’t know this. I don’t want it like that, I mean, I don’t want to be cut off, there are things you experience, be it good or bad, I’d like her to share it with us, I mean with me. Cause, like I said, you can’t trust just anyone, I mean like at such a time, your friend or lover, but the mother is important. I’d like her to trust me, I mean; I’d like to bring her up in that way I mean” (aged 20, single, high-school graduate, Adana, city center)

The interviews with these women also gave the impression that they did not quite know about their own bodies. Some women stated that they were not informed about menstruation before starting to have it. However, we observed that, once the women start and get used to having menstruation then they start considering it as a natural biologic phenomenon forgetting their previous ignorance about the issue. They do not recall their feelings that they had lived at their first menstruation such as confusion and inability of understanding what they are experiencing.

“Who in the world informed me, I can’t remember, no my mother doesn’t talk much either, just think, when a young girl gets to the period time, the mother needs to explain it to her, but no, in Turkey we don’t have such a rule” (aged 17, single, primary school graduate, Ankara, urban)

I’ve had my period and such but I had no idea whatever it was, you know, they would use pads I didn’t know how they used them. But then you learn quite naturally” (aged 17, single, primary school graduate, Van, rural)

In the following statements, it seems that single women postpone receiving information about contraception because they would like to have a child immediately after marriage. However, following the marriage they may delay getting information on contraception for other reasons.

“Oh no no, I think it is too early now, maybe I might feel I need it when I’m about to get married or when I am getting married, but now I think it’s unnecessary...They should buy it, know about it, because, I don’t know...we humans... delay everything, I mean... even if it happens before getting married it would be better if one knew what leads to what end, because after getting married things will get in the way, certainly things will happen I mean... the doctor definitely won’t be visited it’ll be postponed I mean that’s why as I said it would be better if it were obtained before getting married (aged 20, single, high-school graduate, Adana, urban)

The single women we interviewed stated, on one hand, that it was early for them to be informed about contraceptive methods. On the other hand, they demonstrated that they were in a certain conflict on this issue by stating that it would be more appropriate to receive such information before getting married.

While the norms of the society create different values and behavior patterns for women and men, these norms imposed minimum intersection of these two different worlds. The statements of a 21-year-old university student from Trabzon seem to be explanatory.

“Definitely we are all virgins (giggles). Definitely ... X and Y are going out at the moment but X for instance is a God-believer, I mean, a very religious person so certainly I mean the relationship never goes beyond a certain limit, I mean two years ... we have been a closely-knit group for about six seven months I mean a group knowing each other and these two have been going out for two months and they have definitely not taken the

relationship beyond a certain level” (aged 21, single, university student, Trabzon, urban)

Following these words which she utters with pride, she expresses the situations where she feels discomfort with her relationship with men:

“I mean I am not normally shy towards men (with emphasis) but I am shy with men I mean I get stiff, I feel tense I grew up this way as if men were scary creatures. I mean I grew up inhibited from them. You will not get close with men, you will not talk to them, I mean too much ... my older brother is a very jealous, very macho man. I mean a lot, I mean in spite of this I am trying to change him too. I’m also trying to change some things with myself. Cause we grew up this way when we were kids, we were erm brought up this way. He was a little conservative in this matter. Like, we weren’t supposed to go beyond a certain amount of close relationships, I were not to do certain things, and the like.” (aged 21, single, university student, Trabzon, urban)

The interviews held with single young women were more difficult than those with married women. Nearly all of the young women displayed a shy and inhibited attitude. Another noteworthy point here is the expectation for this shyness and inhibition to change with marriage and motherhood.

Who is afraid of giving information and why?

Just like single women, married women were encountered to have experienced inability to get adequate information from mothers and inability to talk about this issue with friends. Nonetheless, in general, discontentment about the inability to talk means not being able to receive information about menstruation, sexuality and contraceptive methods from the family and the mother in particular. A marginal example as she may seem, a woman who has been married for 21 years with 3 children describes in the

following way how she had been scared when she had her period in her youth as she was unaware of it:

“... when I had my period I was seventeen years old. Fear... I can never forget that fear ... I could not tell my mother, I mean it is such a bad thing... u I keep going ... excuse the expression I keep going to the toilet, the bathroom, I take off my panties so that my mother won't know, I wash them to wear them as they are soaked ... You, she said to me, Are you having your per...your period. I hesitated for a second, I can never forget that, what does that mean mum, I said, She said, women, girls have it, mmm you should not get cold she said to me. I said mum why on earth did you not tell me about this before ... She said you go to school. I said mum they don't show this to me at school.” (aged 39, married, a 1st year high-school dropout, Adana, urban)

The words of a woman, who stressed that nobody, informed her about marriage and sexuality, reflects what she had lived at her first sexual intercourse. She has mentioned that her mother kept telling that she would learn about these issues at school. But what has been lived depicts a frightening picture:

“ ... my mother never took me aside, passed away God bless her, to explain this happens this way and that is done in that way... and when I got married I didn't even know that there would be sexual intercourse.” (aged 39, married, a 1st year high-school dropout, Adana, urban)

The most important excuse that mothers express for not talking to their children is that they suppose such information is given at schools, which makes one think that they would rather be under such an impression. Girls' abstinence from sexuality and not knowing anything about the contraceptives is accepted as a sign of their purity. For example, a girl experiencing her first period at the age of 17 is told by her family and close relations that her late experience of the period was an indicator of how she was a “naive, devoid of any devilish idea”.

The women who mentioned their frustration of “not being informed” within the family were asked the question ‘do you talk about these matters with your daughter’ and the response received indicated that nothing much actually changed. It can be said that the same situation is passed down from generation to generation within the roles assigned to women and that women, in fact, reinforce the existing traditional values in the form of “social inheritance” by behaving as befitting the roles assigned to them. There are those women who say that such information is necessary to be provided at a certain age or certain conditions. Yet, in the viewpoint of many women, informing girls at early ages will cause to sexually activate them, encourage them, or in these women’s words, “turn them on”. From a different point of view, as mentioned before, that women think girls will get information about these issues at school, during their formal education anyway. The statements below shed light on women’s attitudes toward this issue:

*“Even if my husband does not, I will. I promised myself (laughs) ... I think it is useful but children today are not well-behaved... they’ll get turned on, **if they were given information, then they would get more active** (laughter) the present is not the same as the childhood of our times ... but today’s children I did it at 18 though I didn’t quite know the real meaning of marriage. Now these little kids know everything.” (aged 30, married, elementary school graduate, Ankara, urban)*

“A-ha. They should learn by reading, in time, stage by stage. If you jump up the stair to the top all of a sudden, you may fall. You must climb one by one.” (aged 39, married, primary school graduate, Adana, urban)

“It’s not time yet, she should grow little bit. When she gets engaged, when she gets married, then it will be time, now the way we learned, wait till they grow first, and of course then I will tell them, not now. Like the saying, there’s a way for everything (laughs)” (aged 36, married, illiterate, Van, urban)

“Me I mean it’s not my nature, now I’m telling my sister-in-law too, I don’t want to talk to the children either ... no way I cannot talk about it to the children ... just the way we learned now, they should grow up first,

they'll learn too ... today's children learn on their own, like, they get education too, don't they ... they know.” (aged 36, married, illiterate, Van, urban)

We observed that the gender roles did not differ much from the women's viewpoints when thinking about the processes that prevented using contraceptive methods, as a result of the interviews we conducted with both married and single women.

There is little difference between married and single women in the meaning that they attribute to sexuality. Yet, we can relate married women's lower level of inhibition and tendency to talk more in amount in a more relaxed manner to their experiences or what they have heard about the issue. The social basis of this is that society now views their talking about these topics legitimate within certain boundaries. Although some married women were encountered to be able to talk more comfortably among themselves, the number of mothers who could comfortably talk to their daughters is considerably low. Before we turn to married women's responses, we deem it beneficial to mention a few statements of divorced women, which show how they had the same inhibitions as single women and which reflect their fear of being misunderstood for trying to get information:

“ ... from the health clinic, I would not go, the reason why I would not go to the midwife, is because I wasn't married I mean I wouldn't go and learn this thing, I thought maybe married ones talked, I mean I'm saying I mean their health and the like, I mean since they gave birth they would go to the health clinic the bride and them they'd go, I don't know what they talk to them what not ... I never will go near I mean I won't listen.” (aged 31, divorced, primary school dropout, Adana, urban)

To have the information about contraceptives only from hearsay

We observed that, for women, whether the place they live in urban and rural areas is a determinant from certain perspectives. However, the most important commonality is that women get the information about this topic, though the level varies, mostly from their close circles or acquired and transferred through their own experiences. This is not quite different in urban and rural areas. However, it can be said that women living in urban areas are aware of more methods. The reason that the word aware is preferred here is that

the knowledge does not imply the same meaning as we would normally infer. While most women have no detailed information about how the methods they are using prevent pregnancy, they told that they either heard about the methods that they did not use or listened to the experiences of the women close to their circles using them.

“ ... I mean some ask their relations, their sisters-in-law. Now I go to the village my sisters-in-law live there they ask what they don't know to us, yes it is so.” (aged 36, married, illiterate, Van, urban)

At first glance, women's talk among themselves about methods may seem to have an influence to increase the use of these methods. Yet, the method use is prevented as the shared information is generally negative in nature. In cases when positive sharing occurs, women try the methods used by their close circles, which sometimes may lead for the method to be used ineffectively.

“I've used another method; I've used suppositories, and then I got pregnant when I stopped using the suppository. I had an abortion in last year ... a neighbor recommended, I mean I didn't know, she said, this is the way, she said. It is comfortable she said, and I said let's use it.” (aged 30, married, elementary school graduate, Ankara, urban)

In the interviews, many of the women tended to categorize contraception methods into men's and women's methods. The answers that were given to the question of which methods they used were mainly in the form of explanations of the methods that the women used. Those methods that men used were explained separately by saying ‘*men use some methods as well*’.

The responses given to the question ‘have you heard of a method’ in TDHS-98 fail to explain the association between ‘hearing about it’ and ‘knowing the method’. During the in-depth interviews, the level of knowledge about the method that they have heard of and the quality of the information were focused on as well. The top two methods known and used as expressed during the in-depth interviews were withdrawal, spiral (intrauterine contraceptive device, IUD) and pills, which supports TDHS results. Following these, the impression was gathered that such methods as the condom, tubal ligation and injections were ‘known’.

We preferred to examine the impressions we obtained from the interviews by dealing with each method we talked about one by one.

My husband does the protection ...

The withdrawal method, one of the oldest methods of contraception in the world, was a method used by a large majority of the women we interviewed. This is parallel to the TDHS-98 results, stating that 24.4 of the husbands preferred this method. We believe that the interviews held with the women need to be supported by interviewing the men as well, in order to explain wide use of this method despite the risk of pregnancy and preference by men.

The factors of the wide use of withdrawal method by both men and women could be attributed to health conditions, no need to go to doctors or drugstores, minimum need for new information and no arousal of inhibition as it is a 'natural' and 'easy' method, as well as to the spouses being concerned about the side-effects of the other methods on health.

Though not being able to establish an explanation based on men's explanations about withdrawal, several factors seem to intertwine to play a role in preferring this method: keeping women's sexuality under control, determining the time to have children, monitoring women having other sexual relationships with aim of eliminating the problem of their wives' getting informed about this topic or not spending the necessary effort to learn and use alternative methods. Men's preference towards withdrawal method may be thought of their contribution to family planning as well as an indication of their respect to their spouse. The relationship between spouses is important in determining the withdrawal as a contraceptive method.

Considering women alone, it is possible to talk about two conditions related to the withdrawal method. The first is that the women who have used this method and had no problem up to this point are satisfied and therefore they do not feel the need to be informed about other methods. Furthermore, there grows a trust towards their husbands practicing this method successfully, which was expressed with such a statement as the

following: *“I wouldn’t get pregnant ... I mean because I was sure about my husband, that’s why”*.

In the second condition, the women who experienced failure with the withdrawal method do not prefer this method and do not trust their husbands. These women make the effort to learn new methods following the failure experience. Some women worded their lack of trust in the interview as the following:

“My husband, now he has to, he does the protection, he is persuaded but of course not all the time. (laughs) and that’s why No I don’t trust him, I trusted him when I had my daughter, now that I had a girl would I trust him again, I’ll have another son then, (laughs), I’ll lose my mind. That’s why I won’t trust him.” (aged 32, married, primary school graduate, Ankara, urban)

Based on the women’s stories, we can say that the method used in the first years of marriage is withdrawal and the cases where it is used successfully constitute a barrier against gaining information about other methods. As mentioned before, it would not be mistaken to conclude that women are the ones who resort to other methods when faced with failure, particularly considering that they share these topics among others more.

“The spiral slid to Auntie Ayşe’s back...”

The information gathered from the close circles, particularly the negative points of the method, can be a determinant in decision-making about whether or not to use a method. As can be seen in the below statements, the most frequent complaint we heard about the spiral (IUD) was “the spiral sliding to the back” or “sliding inside”. The stories on this topic were based on rumour and most of the women said that they had no idea how the spiral protected and where exactly they were placed.

“The spiral slid to her back. No it wasn’t Auntie Ayşe’s back, it slid to Melek’s back.” (aged 47, single, high school graduate, Ankara, urban)

*“I had the kit put in it stayed with me for five years, after five years **slid inside of me**. (She says these with a very low voice) that’s why I had to get*

it taken out, I went, it was on films too it was bothering me. I went and had it taken out. I mean they said there was a wound, they didn't put the kit immediately, I asked my husband I said if you protect, then I mean I said let's not do the thing I said, let's have it put in again a few years later, I mean let's have another one. Otherwise I did not want it at all, after that he wanted it anyway, so that there would be two after a certain age. And we didn't have it put in, supposedly he was protecting but it happened, again it happened without getting protection, with the other one we weren't protecting. It happened without getting protected.” (aged 32, primary school graduate, Ankara, urban)

“... like, if you haven't had one in you don't know. Cause it gives pain, you really get stared. Just after a birth it is so difficult.” (aged 32, married, primary school graduate, Ankara, rural)

We encountered many women who complained about a wound in their wombs as a reason for not using the spiral despite wanting to. The women did not say much about the reasons for the wounds in their wombs. However, they said no when asked whether they went to the doctor. The necessity of “burning the wound” was the most often mentioned thing by the women with wounds in their wombs but not going to the doctor. The expression “wound burning” emerged as a phrase which makes women scared and avoid going for treatment.

Among the reasons for the wide use of IUD can be that the family planning programs in Turkey are IUD centered. Nearly all of the women we interviewed mentioned that IUD was recommended to them at the local health center. IUD is a method that is kept current by close circles and local health centers. However, it appears that one of the reasons for this preference is that IUD is more comfortable to use without requiring to constantly pay attention as required by the pill, despite all the negative effects of IUD mentioned. The women using IUD explain why they prefer it with the following statements:

“My sister-in-law told me, she had it put in too, I mean, she said this is better than others, she said you swallow the pill and then you forget and

skip it, once you have this put in she said you can be at rest, she said that's why I had that put in.”(aged 29, married, graduate of vocational high school for imams, Ankara, rural)

“... spiral? As I say, only that seems to be the ideal solution. And I don't know there is no risk of it getting stuck in there. I mean when it slid inside of me, I felt it and went to have it taken out. After that if you don't take precaution of course it happens..” (aged 32, married, primary school graduate, Ankara, urban)

We encountered positive cases related to IUD besides negative ones. There were women who stated that they were satisfied with IUD and that the problems they had were due to missing the check-ups. The majority of the women explained the reasons for not going to check-ups regularly with such varying excuses as the financial conditions they were in, their husbands' not letting them, inability to go to the doctor alone or negligence. A further reason seems to be having a “kit placed” and forgetting about it until a problem occurred. This does not appear surprising from the point of view of women who are eager to forget about it when considering that there is no habit of going to a check-up when no single symptom of a problem occurs.

“The pill disturbed me. ... I thought of having a kit put in, this time he didn't want it.” (aged 47, married,, primary school graduate, Ankara, rural)

“Of course a check-up is a must every year but I didn't go... Neglect” (aged 30, elementary school graduate, married, Ankara, urban)

“Taking it every day is, like, I'll forget...”

The second most preferred method after IUD that the women practiced for a short period of time is the contraceptive pills. The most determinant factor causing the contraceptive pill to be avoided or to be used only for a short time is that they are skipped. The negative experiences related to the pill, which is widely used, attract more attention than those of

other methods. Women mostly make a comparison with the other methods when they are talking about the pill. The women express the problems that they faced and the reasons why they do not prefer the pill in the following way:

*“No, I mean I thought **I could not take the pill regularly**. That’s why I mean the things I hear from friends are things like this, it makes you gain weight and makes you irritated.” (aged 34, married, university graduate, Trabzon, urban)*

“My elder sister used the contraceptive pills for a while but it is such a thing that my sister gained a lot of weight, her appetite increased. I am so scared of this, I already tend to gain weight...”(aged 21, single, university student, Trabzon, urban)

A woman from a village in Adana explained that they chose to buy the pill from the drugstore when she got pregnant while she was using the pills given to her by the local health center. She later on became pregnant again as she could not take the pill regularly.

Because women gave advice to each other about methods, they tended to make comments as if they had used the method, when in fact they had not experience in them.

“There’s the pill, I mean, contraceptive, I don’t recommend it I mean for me. I am a edgy person already, if I start to use them, they are said to make you irritable they say it affects you a lot, I mean they say, people who use them ... those using them say this.” (aged 30, married, elementary school graduate, Ankara, rural)

The concept of using pills may be perceived as a type of addiction by some women. A married woman living in Ankara, aged 29, express her concerns by stating, ‘*I never wanted to use the pill because I was afraid that it might turn into an addiction*’.

“My man does not use it anyway. I mean he does not like it.”

It appears that reasons for preferring and quitting the other methods aside from IUD and contraceptive pills are mostly due to women’s own experiences. For instance, a woman

explains below her experience with the use of condoms for a while and quitting condoms following her negative experiences with them:

“Yes the thing is the same way, preservatives are the same way .. we started prevention with them first .. of course a small accident happened with it .. we became pregnant, then my son was 1.5 years old, my elder son .. I had to have that child aborted.” (aged 41, university graduate, divorced, Ankara, urban)

The decision for not preferring to use condoms is mostly stated as a mutual decision made by both the man and the woman. Women say that neither themselves nor their husbands enjoy condoms and explain this as the following:

“... generally I don't know I mean we didn't like doing it with preservatives.” (aged 29, married, graduate of vocational high school for imams, Ankara, rural)

“... I mean now men preservatives. My husband doesn't use them anyway. I mean he doesn't like them. We bought once he used it I mean for me too (laughter) I mean if you have used them then you'll know you don't feel anything I mean (speaks laughing) I don't like them either. And then there is men protecting themselves anyway. That's not so good either...” (aged 32, married, primary school graduate, Ankara, urban)

Population studies (TDHS-88 and TDHS-98) show a rather limited increase ranging between 7.2% and 8.2% in condom use within a period of a decade from 1988 to 1998. In this picture, it seems that the family planning programs are related to the encouragement of employing women's methods of contraception as well as men's reluctance to use condoms. Experiences with the injection, as one of the other methods, were marked with negative feelings in the interviews:

“... After that I had the three-month injections I only had it once it was very bad for me I mean it was not any good at all. Like it made me gain weight, overeating and the like, unbalanced the hormones a bit. I only had it once and then I quit.” (aged 29, university drop out, Adana, urban)

Another woman of 39 with 3 children told her experiences of the period when she used the injection in the following way:

“... iI mean u I used the injection. Contraceptive injection. Said there is no side-effects. Only one or two kilos, you’ll gain weight, extra We went and had the injection. My god I read about the side-effects when I came home, I regretted it a thousand times after reading that side-effect. I mean you name it has it. they gave me a mmm I was given an injection to last 3 months, three months of contraceptive injection, I didn’t get a period for nine months. It went through a period of menopause. Sexual intercourse now even if I wanted it mmm it stops you from having an orgasm .. I gained terrible weight. That two kilos said to me turned out I rose to 90 kilos, and whatever I did I couldn’t lose that weight. ... and I started to have spots on my body. I could not get out like that particularly at on my neck. mmm like brown spots appeared. It upset my nervous system.” (aged 39, married, first year high school drop out, Adana, urban)

“Let me guarantee this...”

Another method mentioned by the women was the tubal ligation. It was brought to attention as one of the most preferred method by the women at the point when they decided to limit childbearing. However, we can never know that whether this consideration is going to be put into practice or will stay at the thought level. .

“(laughing) let me guarantee this, we have to anyway the doctor said, the doctor didn’t give me a regular labor. I had many ailments. He didn’t give me a regular labor. I mean it happened with that cesarean. He said too I mean if you did it he said you would get a stroke he said. That’s why we didn’t intend to.” (aged 40, primary school graduate, Trabzon, rural)

The women stated that they would rather not stay in hospital as an in patient and get a surgery particularly for this purpose. The tubal ligation came out as a method to be preferred to be applied following a child birth. The women brought up such issues as their household responsibilities, and perhaps persuading their husbands for this and their need for people to support them in this matter.

“I won’t have it done yet. Then you have to stay in hospital for two three days I cannot leave the children I have a baby lactating and that means bringing in costs you have to think of that as well if it was during labor than it would have been ok. I can’t have it done later on I can’t take that thing it is really very difficult.” (aged 32, married, primary school graduate, Ankara, urban)

To be knowledgeable about contraceptives and be regular users of these methods are perceived as the responsibility of women and regarded as a part of their social role. Most of the women we interviewed seemed to have accepted this condition.

“By god that sounded the most sensible as a method .. I knew a most of the health staff as I worked in the health syndicate .. I mean this is not an issue shared with my husband much .. I guess you want to know .. this is generally a woman’s issue.” (aged 41, married, university graduate, Ankara, urban)

We believe that who uses the contraceptive methods is the subject that plays a significant role here. Family planning services are mainly structured to address women just as the contraceptive methods are produced for women’s use. However, the International Population and Development Conference held in Cairo in 1994 (ICPD-94) enabled a broader approach to be brought to this issue.

The principles that were in the Cairo Conference state “advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women’s ability to control their own fertility, are cornerstones of population and development-related programs. The human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights. The full and equal participation of women in civil, cultural, economic, political and social life, at the national, regional, and international levels and the eradication of all forms of discrimination on grounds of sex, are priority objectives of the international community”.

This principle underscores that it is a the prerequisite for women to control their procreation is for women to be able to express themselves in every areas of life,

Moreover, establishing an equal partnership between the partners in the family was mentioned in the Cairo conference.

In one part of the Cairo Conference Action Plan, the topic of the necessary action to take for the Equality between Sexes, Fairness and Empowering Women was mentioned. In this section, the importance of raising the status of women and increasing women's capacity in every part of life in particular in the area of sexuality and procreation was given emphasis. It included actions to be taken towards enabling equality between man and women in the subsections titles women's empowerment and status, responsibilities of daughters and men's responsibilities and participation. One prerequisite for men and women to establish an equal relationship in social and private life was highlighted to be raising awareness related to establishing good communication and mutual responsibilities on sexuality and fertility health.

The conference touched on the services of family health about procreation rights and health in fertility and emphasized the importance of women's involvement in decision-making mechanisms within the family relationship between man and woman. Under the procreation rights and fertility health topics, fertility health was described as the following: "reproductive health implies that people are having to a satisfying a safe sex life and that they have the capability to reproduce and freedom to decide if, when and how often to do so. Implicit in the last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chances of having a healthy infant. .. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases."

In addition, in ICPD-94, it can be seen that the reasons for most people in the world to overlook procreation health subject are emphasized as: reproductive health eludes many of the world's people because of such factors as : inadequate levels of knowledge about human sexuality and inappropriate or poor-quality reproductive health information and

services; the prevalence of high-risk sexual behavior; discriminatory social practices; negative attitudes towards women and girls have over their sexual and reproductive lives”

In Turkey, the family planning services are undertaken by various non-governmental public organizations, which work for the support of family planning, besides such institutions as Mother and Child Health and Family Planning Directorship. Although work is undertaken across the country on informing and educating the public about family planning services, the counseling services were observed to be rather insufficient in the interviews as well. It was understood from the interviews that follow-ups, one of the most important factors of counseling, were not conducted sufficiently. Most women stated that they did not go to the local health centers unless they had a very serious problem, and that their communication did not continue following their visits. Women are still the fundamental target group of these services and this situation indicates that the present level reached is not sufficient despite the increasing efforts for inclusion of men in the family planning programs since the mid-90s.

A large majority of women interviewed declared themselves as the main responsible person about this counseling issue, whether they found their level of knowledge sufficient or not. In fact, there may be some cases where the women’s answer of “my husband doesn’t let me”, which has been a decreasing response over the years according to qualitative research results, men prevent women from getting information, as an addition to men not getting informed either.

The wish to have more children prevent getting information about contraceptive methods. The women told in their narrations that men particularly want more children and for this reason they do not prefer to use a method, as can be seen below:

“Yes no one uses, I don’t know. Some don’t (inaudible) much, some don’t want it, I mean some use protection themselves, some don’t protect, again and again let’s have another and another one, they like children a lot in our family, I mean me I mean supposing my own thing it would have been better not to have own child I mean. (...) I am miserable I will do the thing for them so that they wouldn’t be miserable” (aged 32, married, primary school graduate, Adana, rural)

“We never talk, we think about our own subsistence”

Another obstacle in the use of contraceptive method is financial difficulties and the lack of health care centers in the place they live. In addition to the claim made by women that they do not go to the doctor due to financial difficulties, it is evident that going to the hospital is not a widespread habit. We can say that this is not limited to not going to a gynecologist or not receiving information about pregnancy, but not going to the doctor is usually a common tendency unless it is very necessary. It has been repeatedly explained by women that it is difficult to benefit from health services due to lack of health centers in different urban and rural regions, their being far away or due to financial difficulties.

“We never talk, we think about our own subsistence; how to subsist, that is say we found something to eat today, tomorrow, hope God. That is we don’t talk about birth, about children, about sexual relationship, never, that is we don’t have such topics.” (aged 28, married, primary school dropout, Adana, urban)

“If there were, if there were money I would go. I wouldn’t abstain from men nor from doctors. I would go... I ask, I ask the place I don’t know, I would go, get examined and come back, buuuuuut why....there’s no money, no opportunity.” (aged 47, married, primary school graduate, Ankara, urban)

When financial means are met and health care centers are reached, the attitudes of the health personnel in hospitals and health care centers appear as another negative factor. It can be said that these kinds of negative approaches are dissuasive as well causing the postponement and negligence of health related problems. On the other hand, unless a very important problem is encountered, the habit of not going to a health center cannot be considered independent of such factors as urban, rural, and education.

Women, who have observed their friends’ experience of giving birth at the hospital and have been disturbed by the applications there, are not encouraged to adopt a habit of

going to the hospital. Especially if they are not experiencing any problems during their pregnancy, they state that they prefer to give birth at home with the assistance of a midwife. Women whose previous delivery was not complicated and who do not have any physical ailments not even think of going to the hospital.

A woman who does not prefer to give birth in a hospital explains her complaint of the hospital as follows:

“Yeah, I didn’t do it in the hospital... And I wouldn’t have wanted to do it in hospital...Recently I went to the hospital and saw it, my sister gave birth, I don’t know, I mean it’s difficult... There, they don’t show you at all, I don’t know, they put you in the thing all by yourself, and you scream and scream.” (aged 31, married, primary school graduate, Adana, rural)

Following her sister’s negative experience at a state hospital, the same woman who delivered her own baby at a private hospital explains with pleasure the care they provided at the private hospital.

“...I mean near the midwife they come and ask, how are you feeling, do you need anything, I mean they do such things...” (aged 31, married, primary school graduate, Adana, rural)

Although a great majority of the women stated that the place and people from whom they want to learn about contraceptive methods was the hospital and doctor, they at the same time expressed that they have never been to a hospital. Whether the health institution gone to, is a hospital or a health clinic, it is observed that what is more influential is the relationship established with the health personnel. Even though many women mention the health personnel or the television as their source of information, they added that they did not have spare time to either going to a health clinic or watching TV.

“By God we have work, we don’t watch it much. We have animals and things, you have to milk the cow, look after the cow, that is how it is, we don’t watch it... Naa we can’t go anywhere, we were at home.” (aged 38, married, primary school graduate, Adana, rural).

Women prefer to get the information on contraceptive methods from the midwife in their homes instead of going themselves to a health facility. The same preference is made even for giving birth. Giving birth at home, where they feel more secure with the presence of a midwife they know, comforts women.

A 36-year-old woman who explains that it is not necessary to go to a doctor except in very special situations in the following way:

“I because went to the birth of my sister-in-law’s daughter-in-laws, I did not like their birth experiences at all. I was not pleased with the birth experience, those who did not give birth quickly there, they were just cutting them, their births involved stitching, I did not like the birth, I did not like the birth, there was a midwife I knew, we brought her home with us, a midwife used to come home and look, she was saying, your birth will be normal, I mean I did not go to the doctor, I did not go to the hospital.” (aged 36, married, illiterate, Van, urban)

Explanations regarding the fact that sufficient information was given by the personnel in health clinics or hospitals was not encountered much. From women’s explanations, it is understood that they are not knowledgeable enough on what kind of a function the method they used had, the level of their protection, and their possible side-effects. For example, women who even use the contraceptive pills differently have been encountered. For example, we encountered some women who use contraceptive pills differently due to lack of knowledge or economic problems. Some women mention taking the pill once a week while some others mention taking it before a sexual intercourse.

“Oh I don’t know I take it randomly, if I like I have it bought, if I don’t like...it’s expensive. It is difficult to obtain” (aged 38, married, primary school graduate, Adana)

Women who say that they did not receive the care and attention they expected and that their financial conditions were insufficient and they had no chance of regular health insurance stated that they could resist going to the hospital even taking the risk of dying sometimes.

“...but look if there weren’t that person I knew, if my husband was not by me, if I die, I hate, look I’m insistent on this, I hate the hospitals of Turkey.” (aged 37, married, primary school graduate, Ankara, rural)

Women who complain especially about state hospitals say that it is difficult for them to go to the hospital if they do not have an acquaintance there. While those whose financial condition is slightly well-off prefer to force their means and go to a private hospital or to the doctor’s consulting room, those whose conditions are not well-off postpone it or try using non-medical means and explain that the difficulty of waiting at the door of the doctor has worn them out.

“Normal, I mean it happened at home. That is, in the first I had stitches, I had found that difficult, then I said that I wouldn’t go again, if I die I will die at home, I won’t go I said, I said I won’t go for giving birth or anything. That second child I delivered at home. One of those neighbors came, it happened with helper’s thing.” (aged 38, married, primary school graduate, Adana, rural)

“I didn’t go to the doctor for a looong time. I have no business with the doctors. I mean I am sick and tired of going to the doctor.” (aged 43, single, primary school graduate, Trabzon, urban).

It is observed that women display a tendency of negligence and postponement when their own health is concerned, but when their children's health is concerned they make more effort. And this reflects once again the influence of motherhood, one of the two traditional roles the society imposes on women, on their lives. For example, in a village in Adana, a woman living with her mother-in-law and five children accounts for why she does not go to the doctor for her own health in the following way:

“No I never went when I was pregnant as well. And I never go, I mean some go once a month to have an injection, but I never go... we have work, we go to the hills and mountains, and we don't have time, there's work, I go too when going to the field, don't know I just didn't go, but we used to go for children every month for injection, for tuberculosis vaccination, oh I don't know for whatever vaccination” (aged 32, married, primary school graduate, Adana, rural).

“Lying on that table you know, that makes you ignominious”

One of the factors preventing going to the doctor or hospital is the fear women have of the gynecology table, the reinforcement of this fear by the attitudes of the health care personnel. Even though they have a distinct preference regarding the gender of the doctor, most of the women interviewed stated that they felt embarrassment in the presence of the doctor. The explanations of this situation can be considered on a broad spectrum ranging from being embarrassed about showing the intimate parts of their body, not being content with their own body, not knowing their own body to the behaviors of doctors and the devices used.

“Lying on that table you know, that makes you ignominious, nothing else you know. I can talk whatever I want, I can talk if I have a problem but that table, it disturbs you a bit... it doesn't hurt but one feels disturbed by the foreign objects that touch your body, no pain is felt... one feels

disturbed when one sees those devices, it nothing really.” (aged 30, married, secondary school graduate, Ankara, urban)

A 38-year-old American woman, who is an architect, states with the following words that despite being a nurse before, even she herself finds it difficult to go to a gynecologist:

“Oh maybe that position, I mean it’s a horrible position. Of course the method of examination is not a good position, that’s why there is this disturbance from the doctor, even though I am specialized in health and even though the doctor is female.” (aged 38, married, university graduate, Ankara, urban)

“I didn’t go the gynecologist, thank God I mean my pregnancy went well, my pregnancy and things, I mean I didn’t go to any doctor or anything. After birth I had a bit of thing, my arm....my groins were aching. And the doctor said it was from infection or something... And I never went again.” (aged 31, divorced, a second year primary school dropout, Adana, urban)

Among the reasons why women do not go to the doctor are factors such as women’s level of education, whether or not they work in a paid job, and their social activeness. We also met women who said that they did not go out of the house very much and that they could not go to the hospital if their husband did not take them.

“Sometimes I go with my husband, sometimes I take my daughter and go, there is someone by me, I don’t know, because of uneasiness perhaps... a fear or uneasiness shall I say, I just don’t go on my own.” (aged 48, married, primary school graduate, Trabzon, urban)

“... By God, I don’t know...I didn’t go to the doctor or anything at that time, he doesn’t take me to the doctor or anything since he is jealous.” (aged 32, married, illiterate, Van, urban)

In interviews even though there were statements like *“To tell the truth I want to find the truth in God... I ask for it from my God. From whom else can I ask for it?”* (aged 48, illiterate, Trabzon, urban), the topic of religion and God was mentioned more in connection with miscarriages, refraining from voluntary miscarriages fearing being sinful; it was not mentioned in connection with contraceptive methods. However, it can be considered that especially in some regions women’s relations with the society and women’s self acceptance only as a mother and wife may affect the use of contraceptive methods in an indirect way.

Conclusion

In this article we discussed the processes that might be preventing the use of contraceptive methods. The number of factors affecting these processes is many and most are intermingled, thus, the approach of this article has been designed in the light of the in-depth interviews held with women, focusing especially on the features that women emphasized in their explanations. The interviews held with married and single women living in urban or rural areas revealed that the processes concerning obstacles do not in fact vary much but that the process is mostly influenced and determined by women’s status in social life.

One of the most important differences brought by living in the urban or rural area was that the social environment of the rural women was mostly limited to their husband’s family. In addition to factors like the restriction of the social activeness of the women we met in rural areas and their being surrounded with family relations, the lack of health services in the area they lived or, even when there was one, its insufficiency in services can be considered among the factors influencing use of contraceptive method.

It is worth noting that we come up with women living in urban areas who never went to a health clinic even if there were one nearby. Wherever they lived we can say that women being able to make decisions concerning their own lives and their way of upbringing have

been encountered as the most influential factors. Based on the interviews differences in level of education do not seem to be an important factor. Even though a high level of education would mean opening the way to access sources from which information can be received, the number of years women have received education does not seem to be parallel with accessibility.

The main common feature in the married and single women we interviewed was that many of their experiences and preferences in life were not decisions made upon careful thought. They explained that they wanted to get married but got married before they became conscious, that they started to think after their first birth and were shocked by many of the experiences they went through during this period.

We can say that in the women's explanations on sexuality and birth ignorance and fears created from being pacified were dominant. It can be said that the fears of women concerning sexuality and their being unfamiliar with sexuality in their upbringing can prevent women from expressing themselves freely and receiving health assistance.

Women's explanations were based on the fact that men more or less wanted children, they liked children. It is clear that having children is a sign of success for the traditional role of men and women. Giving birth is a condition that improves and raises the status of women. The sexist social structure considers the infertility of the male sex last, and in fact generally prefers not to think of it. Again based on the accounts of women, we can say that men find it difficult to accept this situation. And when there is a problem concerning this topic, it is the woman who is blamed or felt suspicious of; the man, however, finds it rather difficult to accept that the problem may be arising from himself.

The reason underlying the desire to have a child soon after marriage can be considered as adopting the womanly behaviors in harmony with the expectation of the society.

Let alone women having sexual experiences before marriage, talking or thinking about it is even unacceptable. Let alone encouraging women to get to know their bodies, a

negative meaning is attributed. It is known that virginity check-ups are still made, and how women and young girls are punished under the name of “murders of ethic” when they slightly go beyond the social norms.

In a society where different socialization processes are presented for men and women, women also choose to behave in accordance with this traditional set-up because the cost of an alternative is grave. They do not know their own body and they do not make an effort within these conditions to do so. The point that should be emphasizing here is that “behaving according to the traditional set-up” is transferred from one generation to another by means of “social inheritance”.

From the women who are given the permission to live a legitimate relationship by marriage, the society starts to expect know her body in the shortest time possible, to be open to sexuality, to share her problems on this issues freely, to learn about the use of contraceptive methods and to play an effective role in planning fertility within marriage. However, socially men and women socialize in different ways. While the role of women is expected to be passive, adaptive, approving, accepting and supportive in all the areas of her life not just in sexuality that expected from men is their being successful, not giving way to any failure, being strong and authoritarian.

One of the most important obstacles in the use of contraceptive methods is the difference in the way the roles of men and women regarding sexuality is defined. The impressions we gained from the interviews also reveal that sexuality is lived not just individually but also within social, psychological, and cultural connections.

We know that the approaches of the country policies concerning having children vary from time to time. While in some countries rewards are given to encourage women to have babies, in some other countries women can be asked to have a certain number of children and even in some countries giving birth to many children can result in punishments.

Regarding the issue of contraceptive methods, the society expects from men and women, who are raised with differing pressures, to have a regular sexual life and to effectively use methods of contraception. And the responsibility of this is usually laid upon women. However, how women, who are to bear all this load, manage these, whether or not they have the sufficient conditions to prove themselves, what kind of services they are in need of are not focused on. In all these policies where women are not allowed to make decisions concerning their own bodies and their own lives, they are in fact left alone with the pressurizing, conservative and traditional value judgments they are brought up in. Of course there may be difficulties that men experience deriving from their way of upbringing as well but the division of labor formed based on social sex roles leaves both groups distant from each other and on their own in their struggle with problems.

We believe that one of the prerequisites of making conscious and correct choices in this area is having the means to make conscious preferences in every sphere of life. For women, who compared to men are in possession of these means far less, to become stronger and to be able to change their lives, it is essential to think over sex roles and to consider this issue in all the policies pursued more. While doing this, it is necessary to understand and evaluate the experience of men and women in connection to each other, and form men to develop a style of relationship based on equity, which will relieve the problems arising from their own way of upbringing.

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