ORIGINAL RESEARCH ORİJİNAL ARAŞTIRMA

DOI: 10.5336/nurses.2024-104120

The Effect of Gender Perception on Family Planning Attitude and Method Use in Women of Reproductive Age: The Cross-Sectional Descriptive Study

Üreme Çağındaki Kadınlarda Toplumsal Cinsiyet Algısının Aile Planlaması Tutumu ve Yöntem Kullanımına Etkisi: Kesitsel Tanımlayıcı Çalışma

Selin AHSUN[a], Sude KARLI[b], Hatice Reyhan GÜL[b]

[a]Ege University Faculty of Nursing, Department of Gynecology and Obstetrics Nursing, İzmir, Türkiye
[b]Ege University Faculty of Nursing, İzmir, Türkiye

ABSTRACT Objective: This study aims to investigate the impact of gender perception on family planning (FP) attitudes and method use among women of reproductive age. **Material and Methods:** This descriptive and cross-sectional study was conducted with 420 women at a women's health clinic of a university hospital in the Aegean Region. Data were collected using the Individual Information Form, the Gender Perception Scale (GPS), and the FP Attitude Scale (FPAS). **Results:** The study found a significant difference in FPAS ($p<0.05$) and GPS ($p<0.05$) scores based on the women's education level, geographic region, family type, occupation, and income status. Additionally, a negative correlation was found between age and FPAS ($p=0.007$, $r=-0.652$) and age and GPS ($p=0.001$, $r=-0.813$). The mean GPS score of the participants was 61.78±9.57 (minimum: 25; maximum: 125), and the mean FPAS score was 146.51±33.04 (minimum: 34; maximum: 170). A positive and strong correlation was found between FP attitudes and gender perception ($r=0.648$, $p<0.01$). Furthermore, significant differences were observed in FPAS (164.28±36.09, $p<0.01$) and GPS (82.82±10.42, $p<0.05$) scores based on contraceptive method use. **Conclusion:** The study determined that women with higher education levels, living in the West, residing in nuclear families, and having an income exhibit positive gender perceptions and FP attitudes, and their use of FP methods is higher. As participants' ages increased, their gender perceptions and FP attitudes were negatively affected. Additionally, it was identified that a key variable affecting FP attitudes is gender perception, and that both FP attitudes and gender perception positively influence the use of contraceptive methods.

Keywords: Gender; family planning; women's health; nursing

ÖZET Amaç: Çalışma, üreme çağındaki kadınlarda toplumsal cinsiyet algısının, aile planlaması tutumu ve yöntem kullanımına etkisini araştırmak amacıyla yapılmıştır. **Gereç ve Yöntemler:** Araştırma tanımlayıcı ve kesitsel tipte olup Ege Bölgesi'nde bir üniversite hastanesinin kadın sağlığı polikliniklerinde 420 kadın ile gerçekleştirilmiştir. Araştırmanın verileri; Birey Tanıtım Formu, Toplumsal Cinsiyet Algısı Ölçeği (TCAÖ) ve Aile Planlaması Tutum Ölçeği (APTÖ) kullanılarak toplanmıştır. **Bulgular:** Araştırmada kadınların eğitim seviyesi, yaşanan coğrafi bölge, aile tipi, meslek ve gelir durumu ile APTÖ ($p<0,05$) ve TCAÖ ($p<0,05$) arasında anlamlı bir fark olduğu belirlenmiştir. Ayrıca yaş ile APTÖ ($p=0,007$, $r=-0,652$) ve TCAÖ ($p=0,001$, $r=-0,813$) arasında da negatif yönde bir ilişki olduğu saptanmıştır. Katılımcıların TCAÖ puan ortalaması 61,78±9,57 ve APTÖ puan ortalaması 146,51±33,04 olarak bulunmuştur. Katılımcıların aile planlaması tutumu ile toplumsal cinsiyet algısı arasında pozitif yönde ve yüksek düzeyde ilişki saptanmıştır ($r=0,648$; $p<0,01$). Aile planlaması yöntem kullanma durumlarına göre APTÖ (164,28±36,09; $p<0,01$) (minimum: 34; maksimum: 170) ve TCAÖ (82,82±10,42; $p<0,05$) (minimum: 25; maksimum: 125) ölçek puan ortalamaları arasında da anlamlı bir fark olduğu bulunmuştur. **Sonuç:** Araştırmada yüksek eğitim seviyesi, batı illerinde yaşama, çekirdek ailede yaşama, gelir sahibi olma parametrelerine sahip kadınların toplumsal cinsiyet algısı ile aile planlaması tutumlarının olumlu olduğu ve aile planlaması yöntem kullanımlarının daha yüksek olduğu belirlenmiştir. Katılımcıların yaşları arttıkça toplumsal cinsiyet algısı ile aile planlaması tutumlarının olumsuz yönde etkilendiği saptanmıştır. Bunun yanında katılımcıların aile planlaması tutumlarının olumlu olduğu, tutuma etki eden önemli bir değişkenin toplumsal cinsiyet algısı olduğu ve aile planlaması tutumu ve toplumsal cinsiyet algısının aile planlaması yöntem kullanma durumunu pozitif yönde etkilediği saptanmıştır.

Anahtar Kelimeler: Toplumsal cinsiyet; aile planlaması; kadın sağlığı; hemşirelik

TO CITE THIS ARTICLE:
Ahsun S, Karlı S, Gül HR. The effect of gender perception on family planning attitude and method use in women of reproductive age: The cross-sectional descriptive study. Turkiye Klinikleri J Nurs Sci. 2025;17(1):59-68.

Correspondence: Selin AHSUN
Ege University Faculty of Nursing, Department of Gynecology and Obstetrics Nursing, İzmir, Türkiye
E-mail: selin.ahsun@hotmail.com

Peer review under responsibility of Turkiye Klinikleri Journal of Nursing Sciences.

Received: 30 May 2024 ***Received in revised form:*** 17 Dec 2024 ***Accepted:*** 06 Jan 2025 ***Available online:*** 11 Feb 2025

An average of 830 women die every day worldwide due to complications related to pregnancy and childbirth. Unintended pregnancies and related elective abortions are significant issues affecting women's health and are among the leading causes of death for women of reproductive age.[1] In this context, the prevention of unintended pregnancies plays an important role in reducing maternal mortality.[2]

According to the WHO, an average of 76 million induced abortions occur worldwide each year. This rate accounts for 61% of all unintended pregnancies and 29% of all pregnancies. It is also reported that 45% of induced abortions in developing countries are unsafe, and that unintended pregnancies and unsafe abortions account for 4.7-13.2% of maternal deaths.[3] These data emphasize the importance of family planning in achieving the top target of the Sustainable Development Goals for reducing maternal mortality.[4]

Although it is known that family planning (FP) services have positive effects on maternal and child health in developing countries, the use of FP methods remains below the desired level.[5,6] According to the 2018 Türkiye Demographic and Health Survey (TDHS) data, the rate of those not using any FP method in our country increased from 27% to 30% between 2013 and 2018, while the unmet need for FP rose from 6% to 12% during the same period.[7] The insufficient use of FP methods leads to unintended pregnancies, elective abortions and related complications, deaths, or having more children than planned. All these factors negatively affect the health of women, children, and society, increasing maternal mortality and healthcare costs.[6]

A review of the literature indicates that cultural and religious beliefs, knowledge, attitudes, and gender-based approaches affect the use of FP methods.[5,8] To achieve the desired success in FP and to increase the use of modern methods, couples need to make decisions about FP together.[9] In a study conducted with engaged young individuals, it was determined that approximately one-third of the couples had never discussed FP between themselves.[10] However, discussing and deciding on the use of FP methods before marriage is important for preventing unwanted pregnancies among young individuals. Although it is emphasized that men should also take responsibility for FP, male involvement in FP is not sufficient, and FP responsibility is usually imposed on women.[11] Social expectations regarding the use of FP (FP) and the pressures to conform to these expectations should not be overlooked. Gender roles based on cultural and societal values assign specific roles and responsibilities to women and men, and it is known that gender inequality poses a significant barrier to women's reproductive health.[12] Research shows that gender inequality leads to reproductive health issues such as inability to access FP services, inability to freely make decisions about method use, unwanted pregnancies, and unsafe abortions.[12,13] In developing countries, particularly, the entrenched gender roles imposed on women and men result in discrimination against women. These roles make men more active in decision-making processes, while relegating women to secondary roles, thus perpetuating inequality.[11] In a study conducted in Ghana, it was found that 90% of women did not benefit from FP services due to their spouses' negative attitudes towards FP.[13]

The family structure in our country also contains cultural elements that influence the use of FP methods. In Türkiye, family attitudes are more traditional, and due to the patriarchal structure of family relationships, obtaining the approval of the man or allowing only the man to have a say may be required regarding the use of FP methods.[14] As a result of these factors, women experience delays or barriers in deciding to access reproductive health services, including FP methods, and in accessing these services. Consequently, women face various situations such as unwanted pregnancies, elective abortions, unsafe abortions, and complications arising from excessive fertility, leading to maternal deaths. These circumstances negatively affect women's reproductive and mental health. As healthcare professionals, nurses should aim to ensure that reproductive health services are accessible to everyone while considering these factors. In this context, considering that reproductive-age women, who bear the majority of the burden in FP method use, often have limited knowledge and experience regarding FP, it is important to recognize so-

cial gender perceptions and attitudes towards FP. Understanding how social gender perceptions affect attitudes towards FP is crucial. However, a review of the literature reveals a very limited number of studies on the relationship between gender and FP. These studies are generally limited to married individuals in foreign literature and there are no studies that include all women of reproductive age. Therefore, this study was conducted to investigate the impact of social gender perceptions on attitudes towards FP and method use among reproductive-age women.

Research Questions

1. Is there a relationship between women's social gender perceptions and FP attitudes?

2. Is there a difference in FP usage among women based on their social gender perceptions?

MATERIAL AND METHODS

RESEARCH TYPE

The research is descriptive and cross-sectional.

THE LOCATION AND TIMING OF THE STUDY

The research was conducted between January and December 2023 at the obstetrics and gynecology clinics of a university hospital in the Aegean Region of Türkiye. These clinics were selected due to the relatively large population of women from various socioeconomic backgrounds attending them.

POPULATION AND SAMPLE OF THE STUDY

The population of the study consisted of women who sought care at the relevant hospital during the specified time intervals. It was reported that 30,233 women visited the clinics of the hospital in 2022. Based on this information, it was planned to include a minimum of 380 women in the sample group, calculated using the known population formula. Considering the possibility of loss to follow-up, an additional 10% was added to the sample size, resulting in a final sample size of 420, which was reached in its entirety.

DATA COLLECTION INSTRUMENTS

The data for the study were collected using the Individual Identification Form, the Gender Perception Scale, and the FP Attitude Scale (FPAS).

Individual Identification Form: The instruments were developed based on a review of the literature conducted by the researchers.[8,11-13] The content includes 18 questions aimed at describing individuals, covering socio-demographic and obstetric information.

Gender Perception Scale: The scale developed to measure gender perception consists of 25 items. It is a unidimensional Likert-type scale with a range of 1 to 5. Scores from the scale range between 25 and 125, where a higher score indicates a more positive gender perception. The Cronbach's Alpha reliability of the scale was found to be 0.87.[15] In this study, it was calculated as 0.78.

FP Attitude Scale: The scale developed to measure individuals' FP attitudes consists of 34 items on a 5-point Likert scale. The scale comprises three subscales: "Attitude towards FP in Society," "Attitude towards FP Methods," and "Attitude towards Pregnancy." The score range from the scale is between 34 and 170, with a cutoff point of 119. A higher score indicates a more positive FP attitude. The "Attitude towards FP in Society" subscale includes items 1 to 15, with a score range of 15 to 75. The "Attitude towards Family Contraceptive Methods" subscale comprises items 16 to 26, with a score range of 11 to 55. The "Attitude towards Pregnancy" subscale consists of items 27 to 34, with a score range of 8 to 40. The Cronbach's Alpha reliability of the scale was determined as 0.90.[16] In this study, it was calculated as 0.92.

DATA COLLECTION

The research data were collected through face-to-face interviews with 420 women who were over 18 years old, of reproductive age, literate, without cognitive impairment, and voluntarily agreed to participate in the study. Women who incompletely completed the data collection form were excluded from the study. The interviews took place at the obstetrics and gynaecology clinics of a university hospital in the Aegean Region of Türkiye between January and December 2023. It took approximately 10-15 minutes to complete the questionnaire.

STATISTICAL ANALYSIS

SPSS 22.0 (IBM, USA) statistical software package was used for data analysis. Descriptive statistics such

as frequency, percentage, mean±standard deviation were used for evaluating descriptive characteristics in the research. The normal distribution of the data was determined by skewness-kurtosis values. Skewness-kurtosis values were calculated between -1.5 and +1.5 in the analysis, indicating that the data were normally distributed, and parametric tests were applied. "independent sample t-test" and "one-way analysis of variance" were used to evaluate the level of differentiation between independent and dependent variables. The "Scheffe Test" was applied to identify which variables the difference was between. The Scheffe test was used to control the statistical error rate and minimize the risk of false positive results (Type I error).[17] Additionally, "Pearson Correlation Analysis" was conducted to determine the level and direction of the relationship between dependent variables. In the study, statistical significance was considered as $p<0.05$.

THE ETHICAL ASPECTS OF THE STUDY

Ethical approval was obtained from the Medical Research Ethics Committee of a university on January 12, 2023 (Decision No: 23-1T/22) for the research. A written permission was obtained from the hospital where the research was conducted on December 8, 2022. Written consent was obtained from the authors for the use of data collection instruments. In addition, written and verbal consent was obtained from the women for data collection, explaining the purpose of the research, and throughout the process, the principles of the Helsinki Declaration were followed.

RESULTS

The average age of the women participating in the study was 29.98±1.54 years (minimum: 21, maximum: 46), and their sociodemographic characteristics and score distributions are presented in Table 1. Among these women, 63.1% were single, 30.5% were high school graduates, 67.4% had an income level equal to their expenses, and 45.7% resided in the Aegean region (Table 1). A strong negative correlation was found between the participants' ages and their total scores on the FPAS ($p=0.007$, $r=-0.652$). Additionally, a very strong negative correlation was observed between age and the total score on the GPS ($p=0.001$, $r=-0.813$). This shows that FPAS scores decrease with increasing age of women and that traditional gender perceptions are more effective on older women.

The participants' mean GPS score was 61.78±9.57 (minimum: 41; maximum: 125), and the mean FPAS score was 146.51±33.04 (minimum: 34, maximum: 170). The mean score for the *Attitude Towards FP In Society* sub-dimension was 61.30±13.68 (minimum: 14, maximum: 70), the mean score for the *Attitude Towards Contraceptive Methods* sub-dimension was 51.34±12.70 (minimum: 12, maximum: 60), and the mean score for the *Attitude Towards Pregnancy* sub-dimension was 33.86±7.88 (minimum: 8, maximum: 40) (Table 2). The relationship between the scales used in the study is presented in Table 3. Accordingly, there was a positive, strong, and statistically significant correlation between the total scores of the GPS and FPAS and all of their sub-dimensions ($p<0.01$) (Table 3). Additionally, a significant difference was found between the participants' use of FP methods and their GPS and FPAS scores, with women who used contraceptive methods having significantly higher mean GPS (82.82±10.42; $p<0.05$) and FPAS (164.28±36.09; $p<0.01$) scores (Table 4). The increase in GPS and FPAS scores among women who use contraceptive methods indicates that these women have positive gender perception and FP attitudes.

DISCUSSION

The findings of the study conducted to investigate the impact of gender perception on FP attitudes and method usage among women of reproductive age are discussed in this section in light of the literature. In the study, it was found that women who are more socioeconomically developed attach importance to gender equality, have positive FP attitudes and have higher rates of method use. Women's sociodemographic characteristics affect their attitudes towards FP. Numerous studies in the literature indicate that women with higher education levels, living in the western regions of the country, living in nuclear families, working as civil servants, having higher income levels, having received education on FP, and those who have never given birth have more positive FP at-

TABLE 1: Distribution of factors affecting scale subscale/score averages.

Sociodemographic characteristics	n	%	GPS***	FPAS**** total	FPAS- Attitude towards family planning in society	FPAS- Attitude towards family planning methods	FPAS- Attitude towards pregnancy
Marital status							
Married	155	36.9	62.12±12.64	145.87±34.78	60.58±14.32	52.32±13.15	32.96±8.50
Single	265	63.1	61.58±7.22	146.88±32.04	61.72±13.30	50.76±12.41	34.39±7.46
t value*			0.555	-0.295	-0.813	1.199	1.791
p value			0.579*	0.768*	0.417*	0.231*	0.074*
Educational level							
Primary[a]	78	18.6	54.17±2.36	93.84±5.47	39.57±2.43	27.93±1.96	12.33±1.35
High school[b]	128	30.5	62.05±0.88	126.89±3.57	52.82±1.57	36.82±1.37	29.25±0.87
Bachelor's[c]	132	31.4	69.09±1.11	139.87±2.14	61.17±1.87	44.02±0.98	33.86±0.49
Post-graduate[d]	82	19.5	86.71±3.08	158.26±3.94	70.17±1.89	52.85±1.34	37.91±1.03
F**			50.523	5.899	7.970	4.581	3.970
p value			**0.000****	**0.001****	**0.000****	**0.004****	**0.008****
			d>c>b>a	d>c>b>a	d>c>b>a	d>c>b>a	d>c>b>a
Geographical region							
Marmara[a]	45	10.7	82.26±2.72	154.30±1.70	66.46±1.25	44.82±4.05	35.86±3.91
Aegean[b]	192	45.7	94. 14±1.26	142.14±1.34	72.15±3.64	46.72±2.24	37.70±2.89
Mediterranean[c]	42	10.0	74.30±1.88	114.14±1.56	35.12±4.89	35.56±5.42	25.46±4.43
Black sea[d]	23	5.5	73.82±5.25	112.79±3.55	32.92±2.34	36.48±1.27	14.76±2.74
Central Anatolia[e]	43	10.2	72.79±3.55	90.79±4.47	30.72±5.20	29.79±4.60	14.62±3.15
Eastern Anatolia[f]	41	9.8	65.26±4.13	42.79±3.20	15.63±3.67	11.19±5.66	9.78±4.27
Southeast Anatolia[g]	34	8.1	74.55±4.76	55.79±3.15	26.17±2.45	15.63±3.28	11.16±2.56
F			2.026	4.397	2.227	1.150	3.349
p value			**0.001****	**0.001****	**0.040****	**0.001****	**0.003****
			a,b>f	a,b>f	a,b>f	a,b>f	a,b>f
Perceived income level							
Low[a]	92	21.9	123.84±7.50	64.98±2.12	51.37±3.14	43.42±2.75	29.04±1.72
Moderate[b]	283	67.4	139.53±2.05	66.66±1.19	57.93±0.93	48.63±1.56	31.92±0.52
High[c]	45	10.7	139.59±4.05	79.04±3.39	58.18±1.70	49.67±077	32.78±0.93
F			3.528	8.116	3.221	3.780	2.576
p value			**0.030****	**0.000****	**0.041****	**0.024****	**0.001****
			c>a	c>a	c>a	c>a	c>a

*Independent Sample T test; **One way Anova test; ***Gender Perception Scale; ****Family Planning Attitude Scale.

TABLE 2: Scale mean scores.

	X̄±SD	Minimum-Maximum	Number of items	Cronbach α
GPS*	61.78±9.57	41-125	25	0.78
FPAS**	146.51±33.04	34-170	34	0.92
FPAS-Attitude towards family planning in society	61.30±13.68	14-70	15	0.86
FPAS-Attitude towards family planning methods	51.34±12.70	12-60	11	0.90
FPAS-Attitude towards pregnancy	33.86±7.88	8-40	9	0.92

SD: Standard deviation; *Gender Perception Scale; **Family Planning Attitude Scale.

TABLE 3: Relationship between scale levels.

		GPS***	FPAS****	Attitude towards family planning in society	Attitude towards family planning methods	Attitude towards pregnancy
GPS	r value	1**	0.648**	0.649**	0.626**	0.581**
	p value		0.000*	0.000*	0.000*	0.000*
FPAS	r value	0.648**	1**	0.683**	0.658**	0.640**
	p value	0.000*		0.000*	0.000*	0.000*
Attitude towards family	r value	0.649**	0.683**	1**	0.608**	0.623**
planning in society	p value	0.000*	0.000*		0.000*	0.000*
Attitude towards family	r value	0.626**	0.658**	0.608**	1**	0.630**
planning methods	p value	0.000*	0.000*	0.000*		0.000*
Attitude towards pregnancy	r value	0.581**	0.640**	0.623**	0.630**	1**
	p value	0.000*	0.000*	0.000*	0.000*	

*p<0.01; **Correlation Coefficient; ***Gender Perception Scale; ****Family Planning Attitude Scale.

TABLE 4: Distribution of scale scores by contraceptive method use.

	n	%	GPS	FPAS total	FPAS-Attitude towards family planning in society	FPAS-Attitude towards family planning methods	FPAS- Attitude towards pregnancy
Contraceptive method use							
Yes	191	45.5	82.82±10.42	164.28±36.09	60.75±15.26	52.29±13.56	32.24±8.92
No	229	54.5	60.52±8.30	146.70±29.23	41.76±12.23	40.55±11.90	24.38±6.87
t value*			-2.517	-0.128	-0.753	1.386	-1.487
p value			**0.012**	**0.008**	**0.001**	**0.007**	**0.008**

*Independent Sample t-test.

titudes compared to other groups.[18-25] Additionally, studies in the literature have found an inverse relationship between age and attitudes towards FP, with FP attitudes being more negative, particularly among women aged 35 and older.[18,20,25] The results found in this study are also consistent with the literature. These results are thought to be due to the fact that women's sociodemographic characteristics lead to differences related to the level of knowledge, access opportunities, freedom of individual choice and traditional values that determine their attitudes towards FP.

It was determined that participants' attitudes toward FP were positive based on the average scores they received from the FP Attitude Scale. It is believed that the fact that the study was conducted in a major metropolis like İzmir, where access to healthcare services is easier, has been influential in developing positive attitudes. A similar result was obtained in a study conducted in another metropolis, Istanbul, where participants' attitudes toward FP were found to be positive.[19] In another study conducted with married women using social media across Türkiye, par-

ticipants' attitudes toward FP were found to be relatively less positive.[18] In a study conducted in Kars, the average score on the FPAS was relatively more negative, and a similar result was obtained in Van province.[21,26] Considering the higher rates of FP method usage in western provinces, it is expected that FP attitudes would also be more positive compared to the eastern regions.[7] Additionally, in a study conducted by Alan Dikmen et al. with Syrian refugee women living in Türkiye, it was found that Syrian women had more negative attitudes towards FP.[27] In another study conducted with Roma women living in Türkiye, participants' attitudes towards FP were even more negative.[28] From this, it is thought that the reason for the weak FP attitude may stem from the prevalent patriarchal structure in society.

In this study, a positive gender perception implies equality between men and women in society, while a negative perception suggests male dominance over females. This study determined that participants had a positive gender perception based on the average scores they received from the GPS. It is believed that the positive gender perception is due to the study being conducted in the İzmir province and the high level of education among the participants. In some studies conducted in our country, the average score on the GPS has been found to be similar to or lower than the one in this study.[23,29-31] The main difference in the study results is thought to be due to the gender distribution in the sample groups. In studies where both women and men are included, the average scores on the GPS have been calculated lower.[23,30] Conversely, in studies, including populations where women are in the majority, such as this study, higher GPS scores have been observed.[29,31] The results of the Gender and Women Perception Survey conducted in Türkiye indicate that the perception of equality is higher among women compared to men.[30] In addition, many studies have found higher average scores on the GPS (GPS) in groups with higher levels of education. This also indicates that the egalitarian attitude between men and women increases proportionally with the level of education.[23,29,31] In this context, the conducted study is also consistent with the literature. This is thought to be due to the fact that the study was conducted in a region where egalitarian values and positive gender perceptions are more prevalent and the participants had higher levels of education.

There are few studies in the literature that examine the relationship between individuals' attitudes towards gender roles and their attitudes towards FP. Research conducted in Nigeria, India, and Kenya has also found that individuals with positive attitudes towards gender roles tend to have more positive views towards FP.[5,32,33] In studies conducted in our country, it has been found that university students with positive gender perceptions, as well as in another thesis study involving women aged 15-49, those with positive attitudes towards gender roles tend to have positive attitudes towards FP.[19,34] In another study conducted with women preparing for marriage, a positive and moderate relationship was found between attitudes towards FP and gender perceptions.[23] In this study, consistent with the literature, a positive, strong, and significant relationship was found between participants' scores on the GPS and FPAS. These results suggest that individuals with attitudes favoring equal roles for women and men in society tend to have positive attitudes towards FP, which can enhance effective method usage.

Despite the scarcity of studies examining the relationship between women's gender perceptions and their use of FP methods, no research investigating the association between women's gender perceptions and their use of FP methods was found. In the conducted study, it was found that women using any FP method had more positive gender perceptions. This result indicates that women with gender perceptions based on gender equality have positive attitudes towards FP, and their rates of FP method usage are also higher. It is believed that this aspect of the study will contribute to the literature. This result may be associated with the fact that women with a positive perception of gender equality have more awareness and empowered decision-making skills, develop a more positive attitude towards FP and are more open to the use of methods.

As women's attitudes towards FP become more positive in the literature, their intention to use contraceptive methods, and consequently their actual

contraceptive use, increases.[18,19,23,26] In the study by Uzunçakmak and Hepokur, a significant difference was found between the FPAS and women's contraceptive use status.[18] Similarly, in a study conducted with women of reproductive age (18-49 years), a significant difference was also found between the FPAS score and the use of contraceptive methods.[19] In another study conducted with individuals in the stage of marriage, participants were found to have a significantly positive attitude towards contraceptive methods and their usage. They also expressed willingness to learn and apply contraceptive methods.[23] Consistent with the literature, the conducted study also determined that women using any contraceptive method had a more positive attitude towards FP. Based on these results, it can be inferred that the higher individuals' attitudes towards FP, the greater their willingness and usage rates of contraceptive methods.

LIMITATIONS

The research is only valid for the participants involved in the study; therefore, it cannot be generalized to all women, and the accuracy of the responses given by the participating women is limited. Additionally, the fact that the study was conducted only with women is also a limitation of the research.

CONCLUSION

The findings of this study comprehensively demonstrated the relationship between gender perceptions and FP attitudes and the use of FP methods. The results showed that individuals with higher levels of education, income and nuclear family structure, especially those living in western regions, had more positive gender perceptions and FP attitudes. These positive attitudes were associated with higher rates of use of FP methods. In addition, the effect of the age factor showed that gender perceptions and FP attitudes were negatively affected with increasing age. These findings point to the necessity of developing education and awareness programs specific to age groups.

In this context, it is recommended to conduct larger-scale studies with the participation of women and men from different socioeconomic and cultural backgrounds in order to obtain more generalizable results. It would be useful to develop age-specific education and awareness programs to prevent the negative effects of age on gender perception and FP attitudes, especially in middle-aged and older women. It is also recommended that longitudinal studies be conducted to examine the impact of age on individuals' gender perceptions and FP attitudes in more depth. Such studies may facilitate understanding the changes in individuals' attitudes and possible cause-effect relationships during the aging process. This in-depth examination of the age factor is important because the proportion of the elderly population in society is increasing.

It is also critical for nurses and other health professionals to raise awareness of the significant impact of gender perception on FP attitudes among the individuals they care for. In this context, awareness-raising training modules and policies on gender equality should be developed. Implementation of such modules in conjunction with campaigns promoting gender equality will ensure that research findings reach a wider audience and contribute to the development of feasible policies and programs. In this way, more concrete progress can be made in the areas of gender equality and FP.

In conclusion, this study highlights the importance of the relationship between gender perceptions and FP attitudes and emphasizes that these issues should be considered more in social policy and health services. These findings may guide future studies and interventions to strengthen gender equality and increase the effectiveness of FP methods.

Source of Finance

The research was supported way TUBİTAK (Project no: 1919B012204975)..

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: *Selin Ahsun, Sude Karlı, Hatice Reyhan Gül;* ***Design:*** *Selin Ahsun, Sude Karlı, Hatice Reyhan Gül;* ***Control/Su-***

pervision: *Selin Ahsun;* ***Data Collection and/or Processing:*** *Sude Karlı, Hatice Reyhan Gül;* ***Analysis and/or Interpretation:*** *Selin Ahsun;* ***Literature Review:*** *Selin Ahsun, Sude Karlı, Hatice Reyhan Gül;* ***Writing the Article:*** *Selin Ahsun, Sude Karlı;* ***Critical Review:*** *Selin Ahsun;* ***References and Fundings:*** *Selin Ahsun, Sude Karlı.*

REFERENCES

1. World Health Organization [Internet]. Maternal mortality. [Cited: June 03, 2023]. Available from: [Link]
2. Aygar H, Metintaş S. Bir kalkınma göstergesi olarak anne ölümleri [Maternal mortality as a development indicator]. ESTÜDAM Halk Sağlığı Dergisi. 2018;3(3):63-70. [Link]
3. World Health Organization [Internet]. Abortion. [Cited: April 04, 2023]. Available from: [Link]
4. UNDP Türkiye [İnternet]. Sürdürülebilir Kalkınma İçin Küresel Amaçlar. © 2025 [Erişim tarihi: 03 Haziran 2023]. Erişim linki: [Link]
5. Okigbo CC, Speizer IS, Domino ME, Curtis SL, Halpern CT, Fotso JC. Gender norms and modern contraceptive use in urban Nigeria: a multilevel longitudinal study. BMC Womens Health. 2018;18(1):178. [Crossref] [PubMed] [PMC]
6. World Family Planning 2017 Highlights. United Nations Department of Economic and Social Affairs. 2017. [Link]
7. Türkiye Nüfus ve Sağlık Araştırması 2018. Hacettepe Üniversitesi Nüfus Etütleri Enstitüsü. 2019. [Link]
8. Gbagbo FY, Nkrumah J. Family planning among undergraduate university students: a case study of a public university in Ghana. BMC Women's Health. 2019;19(12):1-9. [Crossref] [PubMed] [PMC]
9. Tezel A, Gönenç İM, Akgün Ş, Öztaş Karataş D, Altuntaş Yıldız T. Kadınların aile planlamasına yönelik tutumları ve etkileyen faktörler [Attitudes towards family planning of women and affecting factors]. Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi. 2015;18(3):181-8. [Crossref]
10. İbar Aydın E. Genç yetişkinlerin aile planlaması tutumu toplumsal cinsiyet ve dini yönelim arasındaki ilişki [Yüksek lisans tezi]. Bolu: Bolu Abant İzzet Baysal Üniversitesi Sağlık Bilimleri Enstitüsü; 2019. [Link]
11. Çıtak Bilgin N, Ak B, Coşkuner Potur D, Özdoğan E. Identifying engaged couples' knowledge and attitudes about family planning. JAREN. 2019;5(2):141-8. [Crossref]
12. Küçük Durur E, Kaymak A. Sivas yerel basınında kadın kimliğinin temsili [Representation of woman identity in local press of Sivas]. Sosyal Bilimler Elektronik Dergisi. 2018;2(2):43-66. [Link]
13. Apanga PA, Adam MA. Factors influencing the uptake of family planning services in the Talensi District, Ghana. Pan Afr Med J. 2015;20:10. [Crossref] [PubMed] [PMC]
14. Aile ve Sosyal Politikalar Bakanlığı. Türkiye aile yapısı araştırması, tespitler ve öneriler. 1. Baskı. İstanbul: Aile ve Sosyal Politikalar Bakanlığı Aile ve Toplum Hizmetleri Genel Müdürlüğü Yayınları; 2014. [Link]
15. Altınova HH, Duyan V. Toplumsal cinsiyet algısı ölçeğinin geçerlik güvenirlik çalışması [The validity and reliability of perception of gender scale]. Toplum ve Sosyal Hizmet. 2013;24(2):9-22. [Link]
16. Örsal Ö, Kubilay G. Aile planlaması tutum ölçeğinin geliştirilmesi [Developing family planning attitude scale]. Florence Nightingale Journal of Nursing. 2007;15(60):155-64. [Link]
17. Tabachnick BG, Fidell LS. Using Multivariate Statistics. 6th ed. Boston, MA: Pearson; 2013. [Link]
18. Uzunçakmak T, Hepokur ŞN. Evli kadınların aile planlaması yöntemlerini tercihlerinin ve tutumlarının belirlenmesi [Determination of the preferences and attitudes of married women on family planning methods]. STED. 2024;32(5):334-43. [Crossref]
19. Saltık TN. 18-49 yaş arası kadınların toplumsal cinsiyet rollerine ilişkin tutumları ile aile planlaması tutumları arasındaki olası ilişki [Tıpta Uzmanlık Tezi]. İstanbul: Sağlık Bilimleri Üniversitesi; 2022. [Erişim tarihi: 24.02.2024] [Link]
20. Nazik F, Mumcu Ş, Sönmez M, Yılmaz AN, Yüksekol ÖD. 15-49 yaş evli kadınların aile planlamasına ilişkin tutumlarının belirlenmesi [Determination of attitudes of 15-49 age married women towards family planning]. Ordu University J Nurs Stud. 2021;4(3):326-36. [Crossref]
21. Ejder Tekgündüz S, Gür EY, Ejder Apay S. Evli kadınların aile planlaması tutum ve niyetleri arasındaki ilişkinin belirlenmesi [The determination of relationship between family planning attitudes and intentions of married women]. Sakarya Tıp Dergisi. 2021;11(4):743-50. [Crossref]
22. Bilgin NÇ, Kesgin MT. Kanatlı sektöründe çalışan kadınların aile planlaması ve acil kontrasepsiyona ilişkin bilgi ve tutumlarının belirlenmesi [Determining the knowledge and attitudes of women working in the poultry sector regarding family planning and emergency contraception]. Sağlık Bilimleri Dergisi. 2020;29(2):123-32. [Crossref]
23. İbar Aydın E, Çıtak Bilgin N. Evlilik aşamasında olan bireylerin aile planlaması tutumu, toplumsal cinsiyet ve dini yönelim arasındaki ilişki [Relationship among family planning attitude, gender and religious orientation of individuals preparing for marriage]. Eurasian Journal of Family Medicine. 2020;9(4):214-24. [Crossref]
24. Eryılmaz N, Ege E. Doğum sonu dönemdeki kadınların aile planlaması konusundaki tutumları ve ilişkili faktörler [The attitudes of women towards family planning and related factors in the postpartum period]. J Hum Sci. Journal of Human Sciences, 2016;13(2):3389-401. [Crossref]
25. Gözükara F, Kabalcıoğlu F, Ersin F. Şanlıurfa ilinde kadınların aile planlamasına ilişkin tutumlarının belirlenmesi [Determining the attitudes of woman towards family planning in Şanlıurfa]. Harran Üniversitesi Tıp Fakültesi Derg. 2015;12(1):9-16. [Link]
26. Öner O. Evli kadınların doğurganlığa ve aile planlamasına yönelik tutumları ile kontraseptif yöntem kullanma niyetleri arasındaki ilişkinin ve etkileyen faktörlerin belirlenmesi [Yüksek lisans tezi]. Erzurum: Atatürk Üniversitesi Sağlık Bilimleri Enstitüsü; 2019. [Link]
27. Alan Dikmen H, Marakoglu K, Mertcan K. Kadın sağlık çalışanlarının toplumsal cinsiyet rolleri ile kadınların çalışmasına yönelik tutumlarının değerlendirilmesi [Evaluation of attitudes towards gender roles and women's working of woman health professionals]. Eurasian J Fam Med. 2019;8(1):36-44. [Crossref]
28. Avci IA, Cavusoglu F, Aydin M, Altay B. Attitude and practice of family planning methods among Roma women living in northern Turkey. Int J Nurs Sci. 2018;5(1):33-8. [Crossref] [PubMed] [PMC]
29. Esen E, Siyez DM, Soylu Y, Demirgürz G. Üniversite öğrencilerinde toplumsal cinsiyet algısının toplumsal cinsiyet rolü ve cinsiyet değişkenlerine göre incelenmesi [Examination of gender perception of university students according to sex and sex roles]. E-Uluslararası Eğitim Araştırmaları Dergisi. 2017;8(1):46-63. [Crossref]

30. Kadir Has Üniversitesi [İnternet]. Toplumsal cinsiyet ve kadın algısı. [Erişim tarihi: 13.02.2025] Erişim linki: [Link]

31. İlhan MN, Dikmen AU, Nihan AK. Toplumsal cinsiyet algısının değerlendirilmesi [Evaluation of the gender perception]. IJSHS. 2017;1(2):108-21. [Link]

32. Mishra A, Nanda P, Speizer IS, Calhoun LM, Zimmerman A, Bhardwaj R. Men's attitudes on gender equality and their contraceptive use in Uttar Pradesh India. Reprod Health. 2014;11(1):1-13. [Crossref] [PubMed] [PMC]

33. Withers M, Dworkin SL, Zakaras JM, Onono M, Oyier B, Cohen CR, Bukusi EA, Grossman D, Newmann SJ. 'Women now wear trousers': men's perceptions of family planning in the context of changing gender relations in western Kenya. Cult Health Sex. 2015;17(9):1132-46. [Crossref] [PubMed]

34. Gür A. Üniversite öğrencilerinin toplumsal cinsiyet rollerine ilişkin tutumları ile aile planlaması tutumları arasındaki ilişki [Yüksek lisans tezi]. İzmir: Ege Üniversitesi Sağlık Bilimleri Enstitüsü; 2019. [Link]