ORIGINAL RESEARCH

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Relationship Between Social Gender Perception and Use of Family Planning Among Married Men in Eastern Turkey

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ABSTRACT Objective: The present study was conducted to determine the relationship between social gender perception and use of family planning among married men. **Material and Methods:** This relational descriptive study consisted of 354 males admitted to Family Health Center (FHC). The present study was conducted at 1st FHC in Adiyaman province in the eastern Turkey between May 22, 2017 and January 22, 2018. The population of the study consisted of 4345 married men aged 20 to 55 years registered at this FHC. Power analysis determined the sample size of the study as at least 354 individuals with an error level of 0.05, a confidence level of 95%. **Results:** In the study, the Female Gender Roles score was 21.3 ± 5.3 for males using a family planning (FP) method, whereas 18.7 ± 5.9 for those who did not use ($p < 0.05$ $p=0.001$). Moreover, mean Traditional Gender Roles score was higher in males using a FP method (23.1 ± 6.4) than those who did not use (20.8 ± 6.4) ($p < 0.05$ $p=0.001$). It was determined that males, who used any FP method and stated that responsibility for using a FP belongs to both genders, had a more egalitarian attitude towards gender role. **Conclusion:** These results suggest that gender perception of married men has impact on the use of family planning.

Keywords: Discrimination; gender; family planning

Within the context of reproductive health services, family planning is a joint responsibility of both males and females.[1] In many societies, however, it is widely believed that reproductive health problems and issues such as fertility and family planning fall under the responsibility of females rather than males.[2] This support given by the society to masculinity norms reduces the likelihood of use of health services among males. Moreover, it is stated that masculinity and unfair gender norms have a negative impact on participation rate in contraceptive use.[3]

Social gender is defined as the concept of gender resulting from social roles and responsibilities that society determines for males and females.[4] Especially in patriarchal societies, males are more dominant in the reproductive decisions of the family.[5] In addition, it was determined that family planning methods used by females are often selected by males and that female family planning methods are more frequently preferred.[6,7] Tanrıverdi et al. reported that the withdrawal method was the own preference of males as a family planning method.[8] It is also noted that males

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have insufficient knowledge of reproductive health and some misinformation about modern contraceptive practices.[2] Therefore, male reproductive behaviors should be focused on to provide meaningful participation of men in sexual and reproductive health.[9]

In the literature, it is especially suggested that men should concert with women for the selection, use and monitoring of the family planning method.[7] Although there has been a significant increase in the number of women seeking fertility control in recent years, particularly in underdeveloped countries, there is no consistent increase in the use of modern contraceptives.[10] The obstacles to the use of modern methods include the lack of protection of privacy in the provision of family planning methods, difficulties in accessing the method, lack of information, fear of side effects, resistance of male partners to family planning, and couples' attitudes towards gender roles.[2,11,12] Although it was stated that gender perceptions of married men may affect family planning methods that have already been or will be used, there is an insufficient number of studies on this subject.[3,9,13,14] Therefore, the present study was conducted to determine the relationship between social gender perception and use of family planning among married men in eastern Turkey.

MATERIAL AND METHODS

STUDY DESIGN AND SETTING

This relational descriptive study was conducted to determine the relationship between gender perceptions and preference of family planning methods among married men aged 20 to 55 years. The present study was conducted at 1st Family Health Center (FHC) in Adiyaman province in the eastern Turkey between May 22, 2017 and January 22, 2018. The reasons for preferring this center include the provision of healthcare services to the most populous population in this city and the ease of access to this center. The population of the study consisted of 4,345 married men registered at this Family Health Center. Power analysis determined the sample size of the study as at least 354 individuals with an error level of 0.05 a confidence level of 95%. The men who were included in the study sample from the FHC were selected by the improbable random sampling method. The sample of the study consisted of 354 married men who applied to the FHC for any reason during the study period and met the inclusion criteria. Thirty males who did not want to participate in the study and 12 males who did not meet the inclusion criteria were excluded. The recruitment continued until sufficient sample size was reached. This study excluded married men, who had any diagnosed psychological problems, a pregnant spouse or a spouse who was in the first eight weeks of the postpartum period, and who were living separately with their spouses. For our study, written permission was obtained from the Family Health Center and approval was obtained from Inonu University, Health Sciences Faculty, Scientific Research and Publication Board (Decision No: 2017/11-3). In addition, before the study, men were informed about the study and volunteers were included in the study. This study was conducted in accordance with the Helsinki Declaration Principles.

DATA COLLECTION

The data were collected by the researchers at the FHC for five days during the week. Male participants who agreed to participate in the survey were admitted to the FHC's training room and were asked to fill in data collection tools. "Participant Information Form" and "Gender Roles Attitude Scale (GRAS)" were used to collect the data.

Participant Information Form. The Participant Information Form, which was developed by researchers by utilizing the literature survey consists of 12 questions including five questions about the characteristics of the married men and seven questions about the experiences and opinions about family planning.[6-8]

*Gender Roles Attitude Scale (GRAS).*GRAS was developed by Zeyneloglu and Terzioğlu (2011) in 2008 to determine the attitudes of participants towards gender roles. GRAS is a five-point Likert-type scale consisting of 38 questions and five sub-dimensions. There are five sub-dimensions of the scale: the egalitarian gender role, female gender role, marriage gender role, traditional gender role and male gender role. In this case, the highest score of the scale was 190, while the lowest score was 38. The higher the

scale score, the higher the egalitarian attitude towards gender roles. Zeyneloglu and Terzioğlu found a Cronbach's alpha reliability coefficient of 92 for the scale.[15] The Cronbach's alpha reliability coefficient was calculated to be 76 for our study.

DATA ANALYSIS

Analysis of the study data was performed with Statistical Package for Social Science for Windows (SPSS for Windows Version 10.0) package software. Whether the data are suitable for normal distribution was analyzed with the Shapiro Wilk-W normality test. The data were found to have a normal distribution (p>.05). Percentage, mean standard deviation (SD), Independent sample t test, analysis of variance (ANOVA), Tukey's test and Multiple Linear Regression analysis were used for statistical evaluation. Statistical significance was accepted as p <0.05.

RESULTS

In our study, the GRAS total score of males aged 40 years or less (114.1±20.2) was higher than those aged over 40 years (107.5±21.7) (p=0.008). In addition, the GRAS total score of males who were literate or primary school graduates was 107.4±20.2, whereas this score was 109.8±20.4 for males who were graduates of secondary school/high school and 115.3±20.8 for university graduates (p=0.016). It was determined that there is a significant difference between the literate/primary school graduates and the university graduates. There was a correlation between income level and GRAS total score in married males with a significant difference between high and low income status, and high and moderate income status (p=0.001) (Table 1). The GRAS total scores were found to be higher in males with a marriage age of 15 years or less (114.0±21.4) than those with a marriage age longer than 15 years (107.7±18.5) (p=0.011). In addition, it was found that the GRAS total score was higher in males with no or one child than males with 2 or more children (p=0.002 (Table 1).

In our study, GRAS total score was found as 114.9±19.5 in males who wanted an additional child, and 109.3±21.9 in those who did not want (p=0.011). In addition, there was a significant correlation between GRAS total score and male's opinion on who should use a FP method (p=0.026). It was found that there was a significant difference between those who answered as "both genders" and "women", and those who answered as "both genders" and "I do not know" (p=0.020). In addition, GRAS total score was higher in males using a FP method (114.3±21.6) than those who did not use (109.5±19.3) (p=0.032) (Table 2).

In the study, the Female Gender Roles score was 21.3±5.3 for males using a FP method, whereas 18.7 ± 5.9 for those who did not use (p=0.001). Moreover, mean Traditional Gender Roles score was higher in males using a FP method (23.1±6.4) than those who did not use (20.8±6.4) (p=0.001) (Table 3).

Table 4 shows the results of the linear regression analysis revealing the association of gender perception with the age, educational status, perceived monthly income, marital age, number of children, use of a FP method, desire of an additional child and male's opinion on who should use a FP method. Moreover, we found a moderately significant rela-

TABLE 1: Comparison of socio-demographic characteristics and mean GRAS total scores of males (N=354).

Socio-Demographic Characteristics	N (%)	GRAS Total Mean ± SD	Test
Age			
≤40	256 (72.3)	114.1±20.2	p=0.008*
>40	98 (27.7)	107.5±21.7	
Educational level			
Primary school	54 (15.2)	107.4±20.2	
Secondary school	117 (33.1)	109.8±20.4	p=0.016*
University	183 (51.7)	115.3±20.8	
Income level			
Low	50 (14.2)	103.4±17.9	
Moderate	175 (49.4)	110.5±20.6	p=0.001*
High	129 ((36.4)	118.0±20.6	
Marriage year			
≤15	258 (72.9)	114.0±21.4	p=0.011*
>15	96 (27.1)	107.7±18.5	
Number of children			
0/1	125 (35.3)	116.8±21.0	p=0.002*
2 or more	229 (64.7)	109.8±20.3	

Mean age: 36.31±8.1 years, the average number of children; 2.2±1.5, average years of marriage, 11.1±8.2 years.
GRAS: Gender Roles Attitude Scale.

TABLE 2: Association of selected characteristics with GRAS total score in males.

Characteristics	N (%)	GRAS Total Mean ± SD	Test
Desire for an additional child			
Yes	187 (52.8)	114.9±19.5	p=0.011*
No	167 (47.2)	109.3±21.9	
Having a child with the desired gender			
Yes	274 (77.4)	111.9±20.1	p=0.621
No	80 (22.6)	113.6±23.2	
Using a FP method			
Yes	204 (57.6)	114.3±21.6	p=0.032*
No	150 (42.4)	109.5±19.3	
FP Method Used (n:204)			
Traditional FP method	154 (75.5)	115.4±21.1	p=0.21
Modern FP method	50 (24.5)	111.0±23.0	
Decision-making about the FP method$^{\alpha\ (n=204)}$			
My own decision	26 (12.7)	117.2±3.4	
My spouse's decision	35 (17.2)	113.2±3.7	p=0.15
Joint decision (with my spouse)	143 (70.1)	114.0±1.8	
Reason for not using a FP method**			
I want to have a child	153 (43.3)	116.2±1.1	
Because of my religious beliefs	23 (6.5)	114.6±2.4	
My spouse does not want	16 (4.5)	114.4±1.6	p=0.09
I do not know any method	10 (2.8)	115.3±3.7	
I cannot access any method	5 (1.4)	114.2±1.3	
The person who should use the FP method			
Both genders (spouses)	223 (63.0)	114.2±1.3	
Female	62 (17.5)	107.6±2.6	p=0.026*
Male	33 (9.3)	114.8±4.6	
I do not know	36 (10.2)	105.7±3.5	

α Only those who use a FP method answered.
** More than one answer has been given.
GRAS: Gender Roles Attitude Scale.

tionship between social gender perception and perceived income status in males ($R^2 = 0.096$, $p = 0.001$). These variables disclose 9.6% of the total variance for gender perception. In this study, it was determined that perceived income status is a significant predictor for gender perception in males (Table 4).

DISCUSSION

Social gender is a concept that changes over time and differs between cultures.[16] In this study, which investigated the relationship between the gender perception of married men and the preference of family planning method in Turkish culture with a patriarchal society structure, it was found that males, who are aged 40 and under, university graduates, having a perception of good income status, with a lower marital age, and with 0/1 child, had a more egalitarian attitude towards gender roles (Table 1). In addition, it was determined that perceived income status is a sig-

TABLE 3: Distribution of GRAS total score and it sub-dimensions by the use of a family planning method in males.

GRAS	Current usage of contraceptive method: Yes (n=204)	No (n=150)	Test	Mean ± SD
Egalitarian Gender Roles	27.7±7.3	27.2±6.9	p=0.516	27.4±7.2
Female Gender Roles	21.3±5.3	18.7±5.9	p=0.001*	20.2±5.7
Marriage Gender Roles	24.5±7.5	25.0±5.8	p=0.527	24.7±6.9
Traditional Gender Roles	23.1±6.4	20.8±6.4	p=0.001*	22.1±6.5
Male Gender Role	17.7±4.9	17.7±4.6	p=0.924	17.7±4.8
GRAS Total	114.3±21.6	109.5±19.3	p=0.032*	112.3±20.8

GRAS: Gender Roles Attitude Scale.

TABLE 4: Analysis of risk factors related to gender perception in males.*

Risk factors for GRAS	B	SE	GRAS Total β	p
Age (referent: ≤40)	2.598	3.552	.056	.465
Income level (referent: High)				
Low	-11.698	4.011	-.196	.040
Moderate	-6.764	2.685	-.260	.012
Educational level (referent: Primary school)				
Secondary school	-2.429	3.625	-.055	.50
University	-3.063	3.871	-.074	.42
Marriage year (referent: ≤15)	1.304	3.533	.028	.762
Number of children (referent:0/1)	4.002	2.640	.092	.131
Using a FP method (referent:yes)	3.375	2.388	.080	.458
Desire for an additional child (referent:Yes)	1.804	2.594	.043	.487
The person who should use the FP method (referent: female)				
Men	2.739	4.509	.038	.544
Both genders (spouses)	3.918	3.001	.091	.193
I do not know	-.601	4.524	-.009	.894

* Multiple Linear Regression Analysis.
GRAS: Gender Roles Attitude Scale.

nificant predictor for gender perception in males (Table 4). Similarly, in a study on young males in the Democratic Republic of the Congo, Lusey et al. found that men with higher educational status and living status and exhibiting supportive attitudes towards gender equality had a higher gender-equitable score.[17] This result is consistent with the literature.

The rate of using any FP method in males participated in the study was 57.6%. In a study conducted by Zeyneloglu et al. in the eastern Turkey, they found a comparable rate of 60.4% for the use of a FP method in males.[18] In a study conducted on male college students in Nigeria, the rate of contraceptive use was reported to be 58.5%.[1] In a study conducted by Ling and Tong, 39.1% of males reported an opinion on the use of FP.[19] This study and a limited number of other studies found a lower rate for the use of a FP method in males.[1,18,19]

In this study, the reasons for not using a FP method include the desire to have children, religious beliefs, reluctance of spouse, lack of knowledge about methods, and lack of access to methods, respectively (Table 2). Similarly, it is stated in the literature that psychosocial factors such as the presence of socioeconomic and religious barriers and male partners' negative contraceptive perceptions may affect the demand and use of a FP method.[11] In a study by Lusey et al. on males who regularly visited the church, 50.8% of the participants stated that the decision maker at home was male and 44.2% stated that it was the woman's responsibility to prevent pregnancy.[17] In addition, it was emphasized that men who no longer wanted to take advantage of contraceptive methods had the aims of maintaining their surname and having more children for their care during old age.[18] In the light of this information, it appears that the reasons for not using a FP method among males differ between cultures and are also related to gender roles.

In this study, only one out of every four men who used any FP method indicated that they used a modern method (Table 2). This result can be interpreted as a large part of men, who have indicated that they use a FP method, do not have an effective responsibility for the use of a FP method and have a dominant role in preferences in sexual partnerships. In this context, it was stated that gender roles affect male attitudes towards reproductive health.[2] Wither et al. found that the disapproval of FP methods by males was associated with male identity and gender roles.[13] Similarly, there is widespread social belief, among African women, of fulfilling the decisions and wishes of their spouses to ensure the stability of relations.[11] In addition, gender inequality was found to be closely related to unmet family planning needs among sub-Saharan African women.[9] In the literature, it is emphasized that the use of contraceptives has a characteristic depending on gender and power dynamics that indicate how decisions are shaped in a relationship.[14,20] In a study by Adanikin et al. that investigated the views of Nijaran men on FP methods, it was determined that one out of every five men believed that contraceptive use was a female task.[11] In this study, it was found that males using any FP method had a more egalitarian attitude towards gender roles compared to those who did not use (Table 3). In addition, it was determined that males who stated that both genders can use FP methods had a more egalitarian attitude than those who stated that only females should use FP methods and those who were undecided on this issue (Table 2). These results suggest that gender perception of married men in the eastern Turkey has a significant impact on the use of family planning.

CONCLUSION

This study has some limitations. First, the data were collected from Turkish married men; therefore our results can not be extrapolated to the general population or other populations and need to be verified in larger studies. Latter is that this study was conducted on married men who applied to a single family health center. Despite these limitations, our results suggested that gender perception of married men in the eastern Turkey has a significant impact on the use of family planning. In addition, it was determined that age, educational status, income status, marital age, number of children and desire of an additional child were variables related to gender roles. In addition, it was determined that more than half of married men use a FP method. It was determined that males, who used any FP method and stated that responsibility for using a FP belongs to both genders, had a more egalitarian attitude towards gender role. In the light of

these results, it is suggested to organize reproductive health programs that are sensitive to social gender, which treat couples together. With these programs, the implementation of community-based trainings aimed specifically at direct targeting of males and aiming to reduce false beliefs about the use of FP methods will contribute to increasing the effective use of FP methods in the early years.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

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: *Saadet Boybay Koyuncu;* ***Design:*** *Saadet Boybay Koyuncu;* ***Control/Supervision:*** *Yeşim Aksoy Derya;* ***Data Collection and/or Processing:*** *Saadet Boybay Koyuncu;* ***Analysis and/or Interpretation:*** *Sermin Timur Taşhan;* ***Literature Review:*** *Yeşim Aksoy Derya;* ***Writing the Article:*** *Saadet Boybay Koyuncu;* ***Critical Review:*** *Sermin Timur Taşhan;* ***References and Fundings:*** *Yeşim Aksoy Derya;* ***Materials:*** *Yeşim Aksoy Derya.*

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