Original Article

The Relationship Between Family Planning, Gender Roles and Sexual Stigma in Turkish Young Women

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Abstract
Introduction: Although young people are starting sexual intercourse at an earlier age, the literature focuses on the family planning attitudes of married individuals rather than the family planning attitudes of young people.
Methods: This study aimed to determine the relationship between young women's family planning attitudes, gender perception and sexual stigma. This cross-sectional study was conducted between January and June 2024 with 697 young female students studying at a state university in Turkiye.
Results: The mean scores of family planning attitude, gender perception and sexual stigma of young girls were 144.66±14.78, 8.80±3.60 and 87.73±10.19, respectively. According to linear regression analysis, gender perception and sexual stigma are significant predictors of family planning attitude.
Conclusion: Negative attitudes and stigma surrounding sexuality significantly hinder young people's access to family planning services. Gender roles also play a crucial role in shaping young people's decision-making processes and needs in this context

Key words: Family planning, stigma, gender

Introduction

According to the United Nations and the World Health Organization (WHO), family planning is a human right for all women and is essential for achieving gender equality, reducing poverty, and increasing women's bodily autonomy (WHO, 2016; United Nations, 2022). Improving women's access to and use of contraceptives is therefore an important public health strategy to reduce the burden of sexual and reproductive health problems (Sully et al., 2020; Phiri et al., 2023). The Sustainable Development Goal 3.7 emphasizes the need to increase access to and use of modern contraceptives by women of reproductive age (15-49 years) worldwide. Adolescent girls and young women aged 15-24 make up the vast majority of these women (Suly et al., 2020). However, globally, despite young people becoming sexually active at increasingly younger ages, it is known that only 60% of young women aged 15-19 have access to modern contraceptive options, while this rate is 75% for women over 30 (Nation, 2022). According to national data from Turkey, young people aged 15 to 24 make up 15.6% of the total population. The average age for first marriage is 24.6 for women and 27.7 for men (TSİ, 2014), while the age for first sexual intercourse is reported to be between 17 and 24.(Soylemez & Gunes,, 2018; Birlik et al., 2019) Young women in Turkey face multifaceted challenges in accessing family planning services, stemming from deeply entrenched cultural norms, inadequate sexual education, economic constraints, and limited healthcare access.(Duran et al.,2024) Indeed, studies conducted on young people in Turkey have reported that young women face various sexual and reproductive health problems such as lack of access to family planning

The use of family planning may vary between young boys and girls. These differences may stem from social structures that characterize gender-based relationships between women

and men. Gender norms in many cultures discourage premarital sex and enforce marital sex and motherhood, limiting educational and economic opportunities and access to contraception. (Gyan & Marhefka-Day, 2021; Okigbo et al., 2018; Fleming et al., 2019). Especially in developing countries, the stereotypical roles assigned to women and men create discrimination against women. These roles cause men to be more active in decision-making processes and women to remain in the background, thus perpetuating inequality (Bilgin et al., 2019). Although it is stated that men should take responsibility in family planning, men's participation in family planning is insufficient and the responsibility for family planning is generally placed on women (Bilgin et al., 2019; Theresa et al., 2024). These roles cause men to be more active in decision-making processes, while women are left in the background, perpetuating inequality (Bilgin et al., 2019).

Sexual stigma is another factor that prevents women from accessing contraceptive methods and services (Hall et al., 2018a). Stigma is a negative social, cultural, or psychological attitude that often overlaps with, but is distinguishable from, stereotypes in reproductive health. By disrupting individuals' social identities, it separates them from respectable society and confronts them with an unacceptable world. Stigma is a negative social, cultural, or psychological attitude that often overlaps with, but is distinguishable from, stereotypes in reproductive health (Polat & Senol, 2021; Dundar & Işbay, 2024). By disrupting individuals' social identities, it separates them from respectable society and confronts them with an unacceptable world. The stigma arising from the sexual behaviors of young individuals leads to negative health and social outcomes worldwide, such as shame, social marginalization, violence, and mental health morbidity (Hall et al., 2018b; Bakir et al., 2021). The inability of young people to access reproductive health and counselling services due to stigma is increasing unsafe abortions and maternal mortality (Hindin et al., 2013).

When examining studies on family planning, it is generally observed that they are focused on women or married individuals (Saya et al., 2024; Sheng et al., 2024), and there is a limited number of studies related to young women. Considering that young individuals have limited knowledge and experience regarding family planning (Sheng et al., 2024; Agbo et al., 2024), it is deemed quite important to determine the attitudes of young women towards family planning and the factors influencing them. Family planning is a crucial issue for young people, both for their personal health and future. Considering the significant stigma surrounding this topic in societies like Turkey due to cultural norms, religious beliefs, and gender roles, it is anticipated that the results of this study will guide educators, authorities, and policymakers in developing strategies to enhance positive attitudes towards family planning among young women

Methods

Design: This cross-sectional study was carried out with female university students studying in Turkiye between January 2024 and June 2024.

Sample: The sample size was calculated on the G*power 3.1.9.2 statistical software (Faul et al., 2007). With an effect size=0.10, type 1 margin of error=0.05 and statistical power=0.95, the minimum sample size for the study was determined as 132 people. The study was completed with 697 female young university students who met the inclusion criteria on the specified dates.

The inclusion criteria were being a female student studying at the university where the study was conducted and volunteering to participate in the study. The exclusion criteria were as follows: having incomplete data.

Measures: The data were collected using the Personal Information Form, Reproductive Health Sexual Health Stigma Scale, Gender Perception and Family Planning Attitude Scale.

Personal Information Form: This form was prepared by the researchers in line with the literature (Hall et al., 2018; Polat & Senol 2021). The form included 8 questions about some characteristics of the international students (e.g. age, gender, class level, economic status, department, the longest place of residence, mother's, and father's education level).

Family Planning Attitude Scale (FPAS): The Family Planning Attitude Scale (FPAS) was developed by Orsal and Kubilay (2007). The Family Planning Attitude Scale consists

of 34 items, each of which is scored on a 5-point Likert-type scale (1: strongly disagree, 2: disagree, 3: neither agree nor disagree, 4: agree, 5: totally agree). The scale has 3 sub-dimensions: "Society's Attitude towards Family Planning", "Attitude towards Family Planning Methods" and "Attitude towards Childbirth". A minimum of 34 and a maximum of 170 points can be obtained from the scale. Cronbach's alpha of the scale is 0.90 (Orsal & Kubilay, 2007). In this study, it was found to be 0.92.

Gender Perception Scale (GPS) was developed by Altinova and Duyan (2013). The GPS consists of 25 items whose responses are rated on a 5-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Items 2, 4, 6, 9, 10, 10, 12, 15, 16, 17, 18, 19, 20, 21, 24 and 25 are negative and are calculated in reverse order. Accordingly, the scores that can be obtained from the scale are in the range of 25-125, with higher scores indicating that the perception of gender is positive. The Cronbach's Alpha coefficient of the scale is 0.87 (Altinova & Duyan, 2013). In this study, the Cronbach's alpha coefficient of the scale was found to be 0.88.

Adolescent Sexual and Reproductive Health Stigma Scale was developed by Hall et al. in 2017 to identify stigma towards sexual and reproductive health in women aged 15-24 years. It was adapted into Turkish by Bayrakceken in 2018. In the three-point Likert-type scale, each item is given a score of 1 for agree, 0 for disagree and neither agree nor disagree. The scale consists of 20 items and 3 sub-dimensions: extrinsic stigma, unreal stigma attitudes and intrinsic stigma. A minimum score of 0 points and a maximum score of 20 points can be obtained from the scale. An increase in the total score obtained from the scale indicates an increase in the stigma attitude towards sexual and reproductive health (Bayrakceken & Eryilmaz, 2018). The Cronbach's alpha coefficient of the scale was reported to be 0.83 and was found to be 0.78 in our study.

Data collection: The data were collected between June 2024 and June 2024 through face-to-face interviews by the researchers, one of whom was a young female student.

Ethical considerations: This study was approved by the Alanya Alaaddin Keykubat University Clinical Research Ethics Committee (Decision date and no: 2023.06.23–5, decision number: 14). In addition, the participants' right to anonymity and confidentiality were protected. All female students were informed about the study and their written consent was obtained.

Data analysis: The data were analyzed on the SPSS 26.0 software (SPSS, Inc., Chicago, IL, USA). The normality of the data was assessed using the Shapiro–Wilk test. Categorical data were expressed as n (%), and the ratio data were described as mean ± SD. The reliability of the items of the scales will be tested with Cronbach's alpha internal consistency coefficient. In univariate analyses, Student's t-test and Bonferroni correction analysis of variance were used as parametric tests for data suitable for normal distribution. Pearson correlation analysis was used to determine the relationship between reproductive health, sexual health stigma, gender perception and family planning attitude. The predictors of the female young students' family planning attitude were determined by multivariate linear regression analysis. Significance was determined at $p<0.05$ with a 95% confidence interval.

Results

Characteristics of female students. A 90.7% of the students were 19 years of age or older, 32.7% were in the fourth grade, and 88.6% had an average economic status. 52.1% have lived in the district for the longest time and 71% live in a nuclear family. It was determined that 51.5% of the mothers of the young girls were primary school graduates and 27.7% of their fathers were secondary school graduates.

Table 1 shows the mean scores young girls. The mean scores of young girls in this study were FPAS 144.66, SRHSS 8.80 and PGS 87.73

Table 2 shows the correlation between variables. While there is a positive relationship between PGS and FPAS ($r= 0.572$, $p< 0.001$), there is a negative relationship with ASRHSS ($r= -0.572$, $p< 0.001$).

The results of multivariate linear regression analysis showing the predictors of female students' family planning attitude were provided in Table 3. The potential predictors

showing statistically significant association with the independent samples t-test, one-way analysis of variance or correlation test were selected in the regression analyses. Significant predictors of female students' family planning attitude were perception of gender (β= 0.398), sexual and reproductive health stigma (β= -0.458). In addition, the variables included in the model explained 47.24% of the family planning attitude (p< 0.001).

Table 1. Distribution of Means of Female Students' Family Planning Attitude Scale, Adolescent Sexual and Reproductive Health Stigma Scale and Perception of Gender Scale

Variables	Female Mean±SD	Min-Max
Family Planning Attitude Scale	144.66±14.78	106-165
Adolescent Sexual and Reproductive Health Stigma Scale	8.80±3.60	5-19
Perception of Gender Scale	87.73±10.19	68-105

Table 2. Correlation between the Family Planning Attitude, Perception of Gender Scale and Sexual and Adolescent Sexual and Reproductive Health Stigma Scale

Scales		PGS	ASRHSS
FPAS	r	0.529	-0.572
	p	<0.001**	<0.001**

Abbreviation: ** p< 0.001 PGS: Perception of Gender Scale ASRHSS: Adolescent Sexual and Reproductive Health Stigma Scale FPAS: Family Planning Attitude Scale

Table 3 Predictive Factors young girls' attitude towards family planning

Variables	B	SE	β	t	p	95% CI	
						LL	UL
Constant	110.528	4.102		26.945	<.001	102.474	118.582
PGS	.578	.042	.398	13.839	<.001	.496	.659
ASRHSS	-1.879	.118	-.458	-15.934	<.001	-2.111	-1.648

R: 0.688, Adj. R^2: 0.472, F: 311.589, p: <0.001 Adj. R^2: Adjusted R square; B: Partial regression coefficient; β: Standard partial regression coefficient; 95% CI: 95% confidence interval.

Discussion

Despite young people becoming sexually active at an earlier age, studies examining the family planning attitudes of young girls are quite limited (Gnimpieba Kassep &Sarp Guder, 2024; Jahanfar & Zendehdel, 2024). However, determining young people's attitudes towards family planning and the factors influencing them can guide the planning of effective and appropriate strategies for safe sexual and reproductive health. In this study, the attitude of young girls towards family planning was found to be positive Gnimpieba Kassep and Sarp Guder (2024) stated that there was a good positive attitude in their study with students in Cameroon. A similar positive attitude was found in Ritter and McGeechan (2015) study of young people aged 14-24 in New South Wales, Australia. A study examining factors influencing contraceptive use among Hmong college students in California found that female students were much more likely than

male students to have a favorable view of family planning (Thao et al., 2020).

In contrast, studies conducted in Nigeria, Vietnam, and Malaysia have found that students' attitudes towards family planning are negative (Adeoye et al., 2024; Ngoc& Senen 2022; Oo et al., 2019). Young people in Turkey live in a rapidly changing cultural and social environment. This change is leading to new approaches to issues such as starting a family and having children. Young people's attitudes towards family planning are influenced by cultural, social, and economic factors.

Gender norms place more responsibility for family planning on women, especially in developing countries within a patriarchal structure (Keskin et al. 2019; Baldé and Diallo 1016). One of the factors affecting family planning attitudes is the perception of gender.

In this study, girls' perception of gender was moderately egalitarian, and perception of societal gender was a significant predictor of family planning attitude. In other studies, it was found that individua ls with egalitarian gender perceptions had a more positive perspective on family planning (Okigbo et al., 2018; Withers et al., 2015) and had lower fertility targets (Kato, 2018). Similarly, Demir et al. (2020) reported a positive relationship between family planning attitude and gender. It is expected that women have more positive attitudes towards family planning.

In addition, Citak Bilgin (2019) stated that a positive perception of gender is critical for developing positive attitudes in family planning among young people. Turkey is undergoing a cultural transformation, moving away from traditional gender roles and towards a more egalitarian society, especially among the highly educated.

One of the roles and responsibilities that society expects from women is behaviors related to Sexual and Reproductive Health (Bakir et al., 2021). Accordingly, in some societies, it is considered inappropriate for women to have sexual intercourse before marriage, to become pregnant and to use family planning methods. If a woman does not exhibit these expected behaviors, she is stigmatized and marginalized by society (Dundar & Işbay 2024)

In this study, the level of sexual stigma of young people was found to be moderate and it was determined as an important variable predicting family planning attitude. In the national studies on the Sexual and Reproductive Health stigma status of young women, stigma was found to be at similar levels and differed from the international literature. (Bakir et al., 2021; Yildiz et al., 2020; Hall et al., 2018; Charlton et al., 2019). Stigma is defined as a condition that prevents young women from using contraceptive methods and services. Studies conducted on this issue have determined that the feeling of stigma hinders access to family planning services. (Hall et al., 2018; Charlton et al., 2019). These results emphasize the need to develop strategies for young people to access family planning services without feeling stigma.

Limitations of the Study: It appears that there are a limited number of studies on young people's attitudes towards family planning in relation to starting sexual relations at an earlier age. Therefore, it is thought that the findings of this study will guide authorities and policy makers in taking the necessary steps. However, the results need to be interpreted within certain limitations. First, since the study was conducted at a public university, the results cannot be generalized to young girls in Turkiye. Second, since this study is cross-sectional, causality could not be determined. Thirdly, all variables were collected through self-reported measures, which are prone to response bias.

Conclusion: In this study, young girls' attitudes towards family planning are positive, their perception of gender is egalitarian, and the level of sexual stigma is moderate. Family planning attitudes, gender perception, and sexual stigma are interrelated dynamics. It is thought that these results will be useful for the development of strategies to increase young women's positive attitude towards contraceptive use.

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