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Opinions of Women and Men on Family Planning and Male Condom in Turkey: A Qualitative Research

Türkiye'de Kadın ve Erkeklerin Aile Planlaması ve Erkek Kondomuna İlişkin Görüşleri: Nitel Bir Araştırma

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Anahtar Sözcükler:

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ABSTRACT

Objective: This study aims to investigate the views of men and women who employ male condoms as a contraceptive approach regarding the method and family planning.

Methods: The sample, collected via the purposeful sampling method, consisted of 12 women and 13 men, who were classified by gender and analysed with a qualitative design.

Results: The responses of male and female condom users were categorized into five themes based on the study's results. Themes of male condom decision-making, the impact of male condoms on sexual health, perceived downsides of male condoms, gender in family planning, and beliefs around family planning were explored in this study.

Conclusion: The findings concluded that men often rely on word-of-mouth recommendations when deciding to use male condoms. Common perceptions of reduced sexual sensation, a plastic or synthetic feel, and high cost were identified as barriers to consistent use. It has been determined that women see it as an advantage because it is clean and what they hear from those around them, while they see it as disadvantages because it reduces pleasure, is costly and negatively affects their sexual life.

ÖZ

Amaç: Bu çalışmada, gebeliği önleyici yöntem olarak erkek kondomu kullanan kadın ve erkeklerin yöntem ve aile planlamasına ilişkin görüşlerinin incelenmesi amaçlanmıştır.

Yöntem: Nitel desende gerçekleştirilen araştırmanın örneklemini amaçlı örnekleme yöntemiyle seçilmiş ve cinsiyetlerine göre kategorize edilmiş 12 kadın ve 13 erkek oluşturmuştur.

Bulgular: Erkek ve kadın kondom kullanıcılarının yanıtları, çalışmanın sonuçlarına göre beş tema altında kategorize edilmiştir. Erkek kondomuna karar verme, erkek kondomunun cinsel sağlık üzerindeki etkisi, erkek kondomunun algılanan dezavantajları, aile planlamasında toplumsal cinsiyet ve aile planlamasına ilişkin inançlar temaları bu çalışmada incelenmiştir.

Sonuç: Bulgular, erkeklerin erkek prezervatifi kullanmaya karar verirken genellikle ağızdan ağza tavsiyelere güvendikleri sonucuna varmıştır. Cinsel hissin azalması, plastik veya sentetik bir his ve yüksek maliyet gibi ortak algılar, tutarlı kullanımın önündeki engeller olarak tanımlanmıştır. Kadınların temiz olması ve başkalarından duymuş olmaları nedeniyle erkek prezervatifi avantaj olarak gördükleri, buna karşın hazı azaltması, maliyetli olması ve cinsel yaşamlarını olumsuz etkilemesi nedeniyle dezavantaj olarak gördükleri tespit edilmiştir.

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INTRODUCTION

In the context of reproductive health and family planning, both men and women bear different responsibilities. According to research from Solo and Festin (2019), Tadele, Abebaw and Ali (2019), Tanrıverdi and Demirezen (2021), and the World Health Organization (2018), around 25% of current methods require male participation. The male condom is a crucial element in public health initiatives aimed at reducing the transmission of birth control and sexually transmitted infections (STIs). Many sex education programmes promote the use of male condoms as a low-cost, hormone-free, and accessible option for preventing pregnancy and STIs (Fetner et al., 2020).

Based on the 2018 Turkish Demographic and Health Surveys (TDHS), the rate of women using modern contraception methods is 60.6%, while no such data is available for men. The male condom utilization rate is 19%. A systematic review reports that the utilization rate of male condoms in Turkey ranges from 13.2% to 47.3% (Gavas and Inal, 2019). Beliefs, individual and cultural factors, and sexual myths influence the choices individuals make regarding family planning methods and male condom use (Karahmet and Bilgiç, 2022; Solo and Festin, 2019; Tadele, Abebaw and Ali, 2019). Male condom use has both advantages and disadvantages, with use cases and influencing factors varying across different regions (Analogbei et al., 2020; Elshiekh, Hoving, and de Vries, 2020; Fetner et al., 2020; Maharajh and Haffejee, 2021). Furthermore, as the number of sexual partners increases, the usage of condoms also increases. Studies have reported decreased use of male condoms in monogamous or married relationships (Fetner et al., 2020; Harvey, Washburn, Oakley, Warren, and Sanchez, 2017; McKay, Quinn-Nilas and Milhausen, 2017).

Although modern contraceptive methods are not widely used in Turkey, identifying confounding factors related to the use of male condoms will serve as a guide for the development of reproductive health. Male condoms play a crucial role in sexual health, particularly in a social sense. Given the complexity of the study's aim and the nature of its subject, which cannot be quantified, qualitative analysis was employed to investigate the views of men and women who use male condoms as a method of contraception.

METHODS

Research Design

This qualitative study aimed to investigate the perspectives of men and women who chose male condoms as their preferred contraceptive method with regard to family planning. The study followed the COREQ guidelines for its design and reporting (Tong, Sainsbury, and Craig, 2007).

Population and Sample

The study utilized a maximum diversity sampling technique as a purposeful sampling method to identify participants (Baltacı, 2018). Purposeful sampling is a selection method that enables researchers to obtain valuable and in-depth content suitable for the research's purpose. It is particularly favoured in qualitative research (Elo and Kyngas, 2008; Sandelowski, 2000). In this context, the participants were categorised by gender, and the study was conducted with 12 females and 13 males who employed male condoms as their contraception method. The study participants were selected by announcing the study through social media, and appointments were made with those who fit the sample criteria for data collection.

The sampling process ceased once two additional women and two men were interviewed, ensuring inclusivity and repetition. To ensure diversity in the sample, we did not restrict it based on educational, marital, or income status, or on sociodemographic characteristics of where participants lived. The study included sexually active individuals who had been using family planning management for the past year and who volunteered to participate. Individuals with speech and comprehension disabilities and sexual health problems were not included.

Data Collection

Data were collected through individual in-depth interviews using a semi-structured interview form. Consistency in interview format enabled systematic data collection.

Data were collected through individual in-depth interviews using a semi-structured interview form. Semi-structured interviews allowed participants and researchers to ask questions beyond the provided list of topics, facilitating in-depth exploration of responses. The interviews were conducted on a one-on-one basis and scheduled at convenient times for each participant. The interview was designed to encourage open communication, allowing each participant to speak freely and express their emotions, thoughts, and experiences. To this end, a flexible, informal, and conversational structure was adopted. Participants were apprised of the recording of their voices and sought their consent willingly and voluntarily. The interviews were recorded using both audio and video upon request from the volunteer. They were transcribed verbatim using a computer program and analyzed. Each interview lasted approximately 60-90 minutes. The data collection process was carried out by a sole researcher.

Data Collection Tools

The questionnaire included questions on demographic characteristics such as age, education, marital status, occupation, and length of use of the method. The questionnaire was prepared in alignment with gathered information and research by Gavas and Inal (2019) and Kırıcı, Kaplan, Karaçor, and Nacar, (2020). From relevant literature, a semi-structured questionnaire was utilized, which consisted of six questions designed to yield comprehensive data on the topic and direct the interviewer.

Data Analysis

The descriptive data obtained from the questionnaire forms were reported numerically. In analyzing the data, the participants' voice recordings were converted into a text word by word. The data obtained from the interview were analyzed through content analysis. Content analysis requires in-depth analysis of the collected data and allows for the uncovering of previously unclear themes and dimensions. The basic process in content analysis is to bring together similar data within the framework of certain concepts and themes and to interpret them by arranging them in a format that the reader can understand. After the one-on-one interviews were over, the audio recordings were listened to repeatedly by the researchers and transferred to the computer environment as the participants said. The written statements were read again and again, the same, similar, and different expressions were grouped. The grouped expressions were re-evaluated within themselves, and the most repeated expressions were determined, and the main themes and sub-themes of the research were determined. Integrity was ensured by checking the relationship of the sub-themes that make up the themes among themselves and the relationship of each theme with the others. No statistical program was used in the analysis of qualitative data. In the coding, analysis, and preparation of the research report of the data, support was received from a faculty member who is competent in the field of qualitative research. For reliability, the encoders (2 people) were evaluated independently of each other, and an 80% similarity was obtained. Each participant's own abstract was read, and eligibility was obtained. To ensure the internal reliability (consistency) of the research, all the findings were given directly without comment. In the interview data, findings, and discussion section; it was indicated exactly as it was in quotation marks and in italic font.

Ethical Consideration

Permission was obtained from Halic University Non-Invasive Clinical Research Ethics Committee before the research (Decision number:6 on 25 January 2023). At the beginning of each interview, participants were informed about the study. The consent, which stated that the participation was voluntary, and that all data would be stored securely and kept confidential, was obtained from each participant before the interview. It was ensured that the records obtained were kept by paying attention to the articles of the law on the protection of personal data.

RESULT

Descriptive sociodemographic findings of the participants are given in Table 1. The research findings were scattered across five themes.

- Male Condom Decision Making Process
- The Effect of Male Condom on Sexual Life
- Disadvantages Perceived by the Male Condom
- Gender in the Use of Family Planning
- Beliefs in the Use of Family Planning. After the interviews, the codes obtained from each theme were given in Table 2.

Below are examples of participants' statements on each theme.

Table 1. Distribution of sociodemographic data of participants (n=25)

| Variables | Male (n=13) | | Female (n=12) | |
|---------------------------------|------------------|-------------|------------------|-------------|
| | Mean \pm SD | Min-Max | Mean \pm SD | Min-Max |
| Age | 29.16 \pm 6.05 | 23.00-42.00 | 29.90 \pm 5.53 | 24.00-40.00 |
| | n | % | n | % |
| Education | | | | |
| Middle School | 5 | 38.4 | 3 | 25.0 |
| High School | 4 | 30.8 | 6 | 50.0 |
| University and up | 4 | 30.8 | 3 | 25.0 |
| Income status | | | | |
| Income is more than expense | 4 | 30.8 | 4 | 41.7 |
| Income is less than expense | 4 | 30.8 | 5 | 33.3 |
| Income equals expense | 5 | 38.4 | 3 | 25.0 |
| Marital Status | | | | |
| Married | 7 | 53.8 | 10 | 83.3 |
| Single | 6 | 46.2 | 2 | 16.7 |
| Status of having a child | | | | |
| Were | 3 | 23.1 | 10 | 16.7 |
| No | 10 | 76.9 | 2 | 83.3 |

Table 2. Codes obtained in line with themes (n=25)

| Themes | Male (n=13) | | Female (n=12) | |
|--|--|--|---|--|
| | Codes | | | |
| Family Planning Method Selection/Decision Process | Hearing from the environment (n=6), Spouse/partner's request (n=5), Easy access (n=4), Internet learning (n=4) | | Hearing from the environment (n=5), Clean (n=4), Self-will (n=3), Pregnancy prevention (n=2) | |
| The Effect of Family Planning Method on Sexual Life | Reduction of sensation (n=12), Reduction of fear (n=11) | | Decreased pleasure (n=6), No effect (n=2), Delay of orgasm (n=2) | |
| Perceived Disadvantages of the Family Planning Method | Plastic/material sensation (n=13), Economic reasons (n=10), Breaking the relationship (n=6), Feeling greasy (n=5), Fear of tearing (n=5), Effort to hide (n=3) | | Costly (n=5), Negative impact on sexual life (n=5), Presence of plastic (n=4), Fear of tearing (n=3), Burning sensation (n=2) | |
| A Planning with Gender in Use | Men's method reduces sexual pleasure (n=7), Two sides should be protected (n=5), Women should be protected (n=4), Men should be protected (n=4), Women's methods are harmful (n=4) | | Man should be protected (n=9), There is no harmless method to be used by the woman (n=6), Two sides should be protected (n=4) | |
| Beliefs about the Use of Family Planning | I have no idea (n=5), It is appropriate (n=4), Curettage sin (n=4), Connecting tubes is sin (n=2) | | It is appropriate (n=5), It is a sin to connect the tubes (n=3), I have no idea (n=2) | |

Male Condom Decision Making Process

Within the framework of the first theme, the participants were examined about how the process of deciding and starting the male condom method was and the factors affecting it. While it was effective for women to prefer male condoms as a method that they found clean and thought that it prevented pregnancy definitively, they stated that they learned about the male condom from their environment and the internet. It was found that men did not actually like the male condom but mostly preferred it because the spouse / partner wanted it and learned about the male condom from the internet.

Women Participant (WP) 1: "... I did not receive a counselling for it, nor did I know that counselling had been given for it...", "... I've always gotten ideas from the people around me who use it..."

WP 2: "... I heard that it was the male condom that protects pregnancy in the most precise way, so we used it..."

WP 3: "... my husband wasn't keen on using condoms..."

WP 5: "... We only use the condom to avoid surprises..."

WP 6: "... When we first got married, I told my husband that I found the condom more hygienic..."

WP 10: "... The most hygienic is really condom..."

Male Participant (MP) 1: "... We started with the birth control pill but we couldn't sustain it, my wife was forgetting...", "... we searched a lot on the internet..."

MP 2: "... from what I've heard from my friends, I've progressed..."

MP 4: "... And actually, if you look at it, it's the only method of protection that men know of..."

MP 8: "... With the encouragement of my partner, we started using it. I didn't want to use a condom...", "... I don't like to use condoms..."

MP 10: "... Access to the method is also very easy..."

The Effect of Male Condom on Sexual Life

Within the framework of the second theme, the effect of male condoms on sexual life was examined in the participants. Men and women reported reduced loss of sensation and pleasure.

WP 3: "... We get less fulfillment..."

WP 6: "... It doesn't affect my sex life..."

WP 7: "... we can't enjoy it..."

WP 8: "... my wife said it was like you didn't feel anything, and I didn't feel anything like throwing stones into a well..."

WP 9: "... When we were protected by withdrawal, we were better satisfied than with a male condom..."

WP 10: "... The fact that the skin is worth it allows me to enjoy it more. Feeling that something else is worth it doesn't have that effect..."

WP 11: "... In my condom relationship, my orgasm is later..."

MP 1: "... When we switched to a male condom, his libido (your partner) increased, the sexes we had started to be more enjoyable and most importantly, we have peace of mind now..."

MP 7: "... You get pleasure, but you can't get satisfaction..."

MP 10: "... As I just said, there is a material as a feeling, which affects it because it is a situation that prevents direct contact..."

MP 13: "... I had a more comfortable union because I had no fear..."

Perceived Disadvantages of Male Condoms

Within the framework of the third theme, the participants were examined about the disadvantages they perceived regarding the male condom method. For both men and women, the feeling of plastic was perceived as negative. Women saw expensiveness as dividing relationships and reducing sexual pleasure, while men hid from the family, splitting the relationship, and economic reasons as disadvantages. Participants stated that they did not find the male condom given by the state reliable and useful.

WP 1: "... the burning sensation increases, and even itching and irritation..."

WP 2: "... it breaks up the relationship, which means it causes premature ejaculation..."

WP 3: "... Economically costly...", "... It has negatively affected our sex life...", "... Before we used to use condoms, we had sexual intercourse more often..."

WP 4: "... What if it's a bit pricey..."

WP 5: "... my current pregnancy took place when I was protected, so it wasn't intentional. I don't understand how it happened; I think the male condom was torn. So I no longer have confidence in the guardianship of the male condom..."

WP 7: "... I feel like something plastic is out there..."

WP 8: "... so it's a plastic thing..."

MP 2: "... some people (their partners) don't feel comfortable with this method, others feel comfortable..."

MP 3: "... Since the structure of the male condom is like a plastic bag, it is not comfortable with its existence and the prices are high..."

MP 5: "... I think 85% of the country misuses it. They wear it upside down, and the chances of it being torn are even greater..."

MP 6: "... I know I can get it for free from hospitals and health centers, but it never gives me confidence in them. I don't think it's as high quality as certain and well-known brands among the public, I've experienced it a few times, but I've had problems like not being slippery and tearing, so I don't trust it..."

MP 7: "... what I see as a disadvantage is the price..."

MP 9: "... It can be torn, it can come out with holes. When you look at it, the condom doesn't feel a little restless and safe..."

MP 10: "... Every day its price increases. Such a greasy and greasy person is disgusted..."

MP 12: "... Trying to interrupt the relationship during sex..."

MP 13: "... It's hard to hide, because my family has a Turkish family structure, it can put pressure on me when they see these things..." "... I am not very pleased because of the negative impact and the loss of feeling..."

Gender in the Use of Family Planning

Within the framework of the fourth theme, the importance of gender in the use of contraceptive method was examined in the participants. The vast majority of women stated that women's contraceptive methods could have harmful effects as to why men should be protected. Some of the men stated that they should use both sides, while they stated that if men use the contraceptive method, the option is very few and reduces sexual pleasure in their options.

WP 1: "... I think absolutely men should be protected. Because women are more exposed to infection. The contraceptive methods we will use always have a negative situation..."

WP 3: "... Men should be protected because the contraceptive methods used by women are risky..."

WP 9: "... I don't think there's a man-smart contraceptive method that women can use..."

MP 1: "... The contraceptive methods that women use are hormonal things, and they have side effects, so I think I can compromise my sexual pleasure a little bit instead of my wife trying..."

MP 2: "... He should definitely use the planning method with two partners. As I mentioned, this is not a one-sided thing..."

MP 3: "... both individuals should use it..."

MP 7: "... The contraceptive methods used by women also frighten me because they have health effects. But on the other hand, it attracts because it has no effect on sexuality..."

MP 8: "... I think a drug similar to birth control pills should be taken out for men and sold in Turkey..."

MP 10: "... I think the woman should use it because the man can disturb the condom during intercourse and cause division..."

Beliefs About the Use of Family Planning

Within the framework of the fifth theme, the participants examined their beliefs such as customs, customs, religious beliefs, and gender related to family planning. The vast majority of women stated that they did not hear or care about some part of the use of family planning that was in accordance with your religious beliefs, customs and traditions, or that tubal ligation was not permissible and appropriate. Men stated that sexual intercourse without marriage is a sin, that the use of family planning methods may be religiously permissible, and that tubal ligation is not permissible and appropriate.

WP 2: "... Why shouldn't it be in accordance with our customs and traditions, I think the reason for the children who are wandering outside now is because of the families who think that it is customary..."

WP 4: "... I don't think it's right to have a tube connected or something..."

WP 5: "... But there are those who say that ligating tubes (tubal ligation) is a sin. It's like going against God. ..."

WP 6: "... I know that there are women who are not protected because of their husbands, and then go to the bathroom and put their hands in their vagina and clean them with water..."

WP 10: "... I think it is not the right thing to have a tube ligation (tubal ligation) or something, in the same way, there is an operation in which men cut their sperm channels (vasectomy).

MP 1: "... These (contraceptive methods) seem ridiculous to me, frankly, but when we look at it, the male condom has nothing to do that would not be appropriate..."

MP 2: "... sin without marrying in sexual intercourse..."

MP 4: "... having an abortion is more of a sin because I think you're taking a life..."

MP 6: "...It is not appropriate according to our customs, because it is not considered right for unmarried people to have sexual intercourse..."

MP 12: "... I've heard of connecting tubes, and everyone was very much against it..."

DISCUSSION

Family planning programs are guided by the principle of conscious choice as well as the goal of providing individuals with a wide choice of birth control methods (Solo and Festin, 2019). In this study, it was aimed to examine the opinions of men and women who used male condoms as a contraceptive method on the method and family planning. In this study, it was found that the male condom was preferred because it was easy to access, that it had disadvantages because it was costly and reduced sexual pleasure, and that men and women wanted their partners to use the contraceptive method.

Family planning programs should be guided by the principle of informed choice, as well as the goal of providing individuals with a wide choice of birth control methods. According to the WHO, equal choice among all when it comes to methods is a fundamental right and necessary to meet the diverse needs of individuals (World Health Organization, 2014). In this study, it was found that men and women preferred it because it was easy to access male condoms and women were also clean. At the same time, it was seen that the male condom reduced sexual pleasure due to the feeling of plastic and perceived it as a disadvantage that it was costly. Similar to the research findings, it is reported that it reduces sexual pleasure, especially in men (Skakoon-Sparling and Cramer, 2019; Skakoon-Sparling, Cramer and Shuper, 2016). Another study reported that sex did not reduce sexual pleasure in sex, which does not pose a risk for STDs, which is more desirable in men than women (Wongsomboon and Cox, 2021). In a systematic review of studies involving women in South Africa, it was reported that women had difficulty in accessing in terms of cost and that there was misuse in the user group where the use increased as the level of education increased (Maharajh and Haffejee, 2021). Similarly, in a study conducted in Sudan, women were seen as a disadvantage that could be associated with emotional insecurity, while men reported that sexual pleasure was reduced. In the same study, it was defined as an obstacle to the use of male condoms in difficulty of access and cost (Elshiekh et al., 2020). In an African cohort study, the partner's refusal to use a male condom was identified as a barrier to its use (Analogbei et al., 2020). The findings of the literature vary both in themselves and in terms of research findings. This suggests that the purpose of use of the male condom, cultural differences, myths, and beliefs affect the perceived advantages and disadvantages of the contraceptive method.

One commonly reported reason not to use a condom is that the condom reduces sexual arousal. Also, the decrease in pleasure from condom use in both men and women is cited as the main reason why they do not use condoms or use condoms irregularly (Wongsomboon and Cox, 2021). Similarly, this study revealed that men prefer women to use contraceptive methods because the male condom method reduces sexual pleasure compared to men. It was determined that, compared to women, men stated that men should use the male condom method because they think it is less harmful to use the male condom method. In the literature, although a significant part of the men in the researches conducted in developing countries state that protection is the common responsibility of the couple, their thoughts that the contraceptive methods they prefer should be used by women predominate (Cleland, Conde -Agudelo, Peterson, Ross and Tsui, 2012; Nieschlag, 2010; Tanriverdi and Demirezen, 2021). In a systematic review, it was reported that women in Turkey have low levels of knowledge about family planning methods and do not use FP methods effectively. In the same study, it was found that the rate of using modern family planning methods was low and the rate of using withdrawal methods was high (Gavas and Inal, 2019). In some studies, it has been reported that women prefer male condoms in multiple partners and oral contraceptive methods in single-partner relationships (Harvey et al., 2017; McKay et al., 2017). Especially in one-partner relationships, while men's opinions are in parallel with the literature, it has been seen that women prefer traditional methods or use their own methods due to the belief that modern methods will harm them. This suggests that it may be due to a patriarchal society-based perspective. Studies have shown that the type of relationship between partners affects male condom use. Individuals have been reported to be more likely to use male condoms in casual sexual encounters that occur outside of relationships, compared to relationships that occur in marriage or similar relationships (McKay et al., 2017). Women with multiple

partners were found to be more likely to use a male condom than women with long-term partners (Harvey et al., 2017). In this study group, men and women with long-term single partners and men with multiple partners showed a similar distribution.

Individuals' knowledge, attitudes, gender-based approaches, cultural and religious beliefs affect the use of FP method (Aydın and Bilgin, 2020; Karahmet and Bilgiç, 2021). In this study, it was found that while tubal ligation and curettage were sins for men, tubal ligation was perceived as a sin for women. In a study conducted in Sudan, participants mentioned many religious, social, and moral disadvantages. According to the participants' beliefs, the promotion and distribution of male condoms would justify and encourage sexual practices, destroy morality, and pamper youth. They have been reported to think that premarital sexual practices are more harmful than HIV itself (Elshiekh et al., 2020). In an analysis of studies conducted with people belonging to Muslim, Christian and Jewish religions, it was reported that the number of children increased as faith in religions increased, and the use of curettage and FP method decreased. In addition, it is reported that the tubal ligation method, which is considered as the sterilization of reproduction, is prohibited (Selim and Bilgin, 2020). The research findings are in parallel with the literature, and it can be said that the use of FP methods is influenced by religions.

Limitations and Strengths

One of the limitations of this research is that it does not generalize to all relationship types and to individuals with every sociodemographic characteristic. The research data were obtained by using face-to-face interview technique, voice recorder and semi-structured interview form. During this application, care was taken to ensure privacy by being alone with individuals. However, the use of the voice recorder and the exposure to possible abuse within the scope of the interview and the inclusion of questions about a subject perceived as intimate may cause anxiety and hesitation of individuals. Depending on this situation, individuals may have given answers that do not reflect the current situation.

Its strengths are that it is the first qualitative study on the use of male condoms in Turkey, and the semi-structured interview guide, which includes long interviews and open-ended questions, has allowed participants to speak freely and provide in-depth details about their behavior. In addition, the sample includes a heterogeneous group of participants in terms of gender, sexual backgrounds, socioeconomic status, backgrounds (rural or urban), study areas.

CONCLUSION

The results of this study categorised the experiences of men and women who used male condoms into five main themes. It was discovered that men's decision to use male condoms was influenced by external factors, reduced sexual sensation, the texture of the condom, and cost. It has been determined that women see it as an advantage because it is clean and what they hear from those around them, while they see it as disadvantages because it reduces pleasure, is costly and negatively affects their sexual life. According to men, the use of contraceptive methods is necessary to reduce the risk of harm to men in comparison to women. However, they believe that these methods may reduce sexual pleasure. Additionally, while men consider tubal ligation and curettage as sins, women consider only tubal ligation to be one. It is recommended to raise awareness in Turkish society by lifting the access restriction on male condoms, which play an essential role in preventing not only pregnancy but also STDs.

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REFERENCES

- Analogbei, T., Dear, N., Reed, D., Esber, A., Akintunde, A., Bahemana, E., AFRICOS Study Group. (2020). Predictors and barriers to condom use in the African cohort study. *AIDS Patient Care and STDs*, 34(5), 228-36.
- Aydın, E.İ., Bilgin, N. Ç. (2020). The relationship between family planning attitude, gender and religious orientation of individuals in the marriage stage. *Eurasian Journal of Family Medicine*, 9(4), 214-224. doi:10.33880/ejfm.2020090404.
- Baltacı, A. (2019). Qualitative research process: How to conduct qualitative research? *Journal of Ahi Evran University Institute of Social Sciences*, 5(2), 368-388.
- Bütün, M., Demir, S.B. (2014). *Qualitative research and evaluation methods*. Ankara: Pegem Academy
- Cleland, J., Conde-Agudelo, A., Peterson, H., Ross, J., Tsui, A. (2012). Contraception and health. *The Lancet*, 380(9837), 149-156.
- Elo, S., Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107-115.

- Elshiekh, H. F., Hoving, C., de Vries, H. (2020). Exploring determinants of condom use among university students in Sudan. *Archives of Sexual Behavior*, 49, 1379-1391. doi: 10.1007/s10508-019-01564-2.
- Fetner, T., Dion, M., Heath, M., Andrejek, N., Newell, S. L., Stick, M. (2020). Condom use in penile-vaginal intercourse among Canadian adults: results from the sex in Canada survey. *PLoS One*, 15(2), e0228981.
- Gavas, E., İnal, S. (2019). Situations and attitudes of women using family planning methods in Turkey: A systematic review. *Journal of Health and Life Sciences*, 1(2), 37-43.
- Harvey, S.M., Washburn, I., Oakley, L., Warren, J., Sanchez, D. (2017). Competing priorities: Partner-specific relationship characteristics and motives for condom use among at-risk young adults. *The Journal of Sex Research*, 54(4-5), 665-676. doi:10.1080/00224499.2016.1182961
- Karaahmet, A. Y., Bilgiç, F. Ş. (2022, May). *The effect of sexual taboos of individuals in Turkey on family planning*. Paper presented at the 1st International 1st National Sivas Midwifery Congress
- Karthik, L., Kumar, G., Keswani, T., Bhattacharyya, A., Chandar, S. S., Bhaskara Rao, K.V. (2014). Protease inhibitors from marine actinobacteria as a potential source for antimalarial compound. *PloS one*, 9(3), e90972.
- Kırıcı, P., Kaplan, S., Karaçor, T., Nacar, M. C. (2020). The effect of family planning counseling on women's preference for contraceptive methods: Experience of a tertiary center. *Journal of Gynecology-Obstetrics and Neonatology Medicine*, 17(3), 425-430.
- Maharajh, R., Haffeejee, F. (2021). Exploring male condom use among women in South Africa: a review of the literature. *Afr J AIDS Res*. 20(1):6-14. doi: 10.2989/16085906.2021.1872663.
- McKay, A., Quinn-Nilas, C., Milhausen, R. (2017). Prevalence and correlates of condom use among single midlife Canadian women and men aged 40 to 59. *The Canadian Journal of Human Sexuality*, 26(1), 38-47.
- Nieschlag, E. (2010). Clinical trials in male hormonal contraception. *Contraception*, 82(5), 457-70.
- Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing&Health*, 23(4):334-340. 30.
- Selim, S., Bilgin, D. (2020). Investigation of factors affecting fertility according to religious beliefs in terms of interaction hypothesis. *Afyon Kocatepe University Journal of Social Sciences*, 22(4), 1005-1019.
- Seyrek, S. G., Çakıroğlu, M. M., İncekara, N. (2021). Family planning and contraceptive methods. *Turkey Health Literacy Journal*, 2(3), 184-190.
- Skakoon-Sparling, S., Cramer, K.M. (2019). Are we blinded by desire? Relationship motivation and sexual risk-taking intentions during condom negotiation. *Journal of Sex Research*, 57, 545-558.
- Skakoon-Sparling, S., Cramer, K.M., Shuper, P.A. (2016). The impact of sexual arousal on sexual risk-taking and decision-making in men and women. *Archives of Sexual Behavior*, 45, 33-42. <https://doi.org/10.1007/s10508-015-0589-y>.
- Solo, J., Festin, M. (2019). Provider bias in family planning services: a review of its meaning and manifestations. *Global Health: Science and Practice*, 7(3), 371-385.
- Tadele, A., Abebaw, D., Ali, R. (2019). Predictors of unmet need for family planning among all women of reproductive age in Ethiopia. *Contraception and reproductive medicine*, 4(1), 1-9.
- Tanrıverdi, F. Ş., Demirezen, E. (2021). The size of male contraception in reproductive health. *Haliç University Journal of Health Sciences*, 4(2), 115-122.
- Tong, A., Sainsbury, P., Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349-357.
- Turkey Demographic and Health Survey (2018). *Hacettepe University Institute of Population Studies Ministry of Health general directorate of mother and child health and family planning*. Available link: http://www.sck.gov.tr/wp-content/uploads/2020/08/TNSA2018_ana_Rapor.pdf
- Wongsomboon, V., Cox, D.J. (2021). Sexual arousal discounting: Devaluing condom-protected sex as a function of reduced arousal. *Archives of Sexual Behavior*, 1-12. doi: 10.1007/s10508-020-01907-4.
- World Health Organization. (2014). *Ensuring human rights in the provision of contraceptive information and services: guidance and recommendations*. Available link: https://apps.who.int/iris/bitstream/handle/10665/102539/9789241506748_eng.pdf