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This chapter presents TDHS-2003 results relative to contraceptive knowledge, attitudes, and use. The chapter begins with an appraisal of the knowledge of different contraceptive methods before moving on to a consideration of past and current practice. For users of periodic abstinence and all ever-married women, knowledge of the ovulatory cycle is examined. For those relying on sterilization, the timing of method adoption is reviewed as well. Special attention is focused on source of contraception, informed choice, nonuse, reasons for discontinuation, and intention to use in the future.

5.1 Knowledge of Family Planning Methods

Awareness of family planning methods is crucial in decisions on whether to use a contraceptive method and which method to use. Acquiring knowledge about fertility control is an important step toward gaining access to and then using a suitable contraceptive method in a timely and effective manner. To obtain data on contraceptive knowledge, TDHS-2003 respondents were first asked to name the means or methods by which couples could delay or avoid pregnancy. If the respondent failed to mention any of the methods listed in the questionnaire, the interviewer described the method and asked whether the respondent recognized it. Using this approach, information was collected for modern and traditional methods. Other traditional or 'folkloric' methods mentioned by the respondent were also recorded. No questions were asked to elicit information on depth of knowledge of these methods (e.g., on the respondent's understanding of how to use a specific method). Therefore, in the analyses that follows, knowledge of a family planning method is defined simply as having heard of a method.

Table 5.1 shows the level of knowledge of contraceptive methods among ever-married women and currently married women by specific method. Knowledge of at least one family planning method is almost universal among ever-married women and among currently married women. Almost all women interviewed in the survey know about at least one modern method. The most widely known modern contraceptive methods among ever-married women are the IUD (98 percent), the pill (98 percent), male condom (90 percent), female sterilization (90 percent), and injectables (82 percent) while the least known methods are female condom (14 percent) and emergency contraception (16 percent). Similarly, the most widely known modern contraceptive methods among currently married women are IUD (98 percent), the pill (98 percent), male condom (90 percent), female sterilization (90 percent), and injectables (83 percent) while the least known methods are female condom (13 percent) and emergency contraception (16 percent). Among traditional methods, withdrawal method is the most widely recognized one (94 percent for both ever-married and currently married women). The mean number of methods known is a rough indicator of the extent of knowledge of family

planning methods. On average, each ever-married woman and currently married woman know 8.5 methods.

Table 5.1 Knowledge of contraceptive methods		
Percentage of ever-married women and of currently married women who know any contraceptive method, by specific method, Turkey 2003		
Method	Ever-married women	Currently married women
Any method	99.7	99.8
Any modern method	99.5	99.5
Female sterilization	89.7	89.8
Male sterilization	40.2	40.2
Pill	97.8	97.8
IUD	98.2	98.3
Injectables	82.1	82.5
Implants	43.0	43.3
Male condom	89.7	90.0
Female condom	13.5	13.4
Diaphragm	45.6	45.7
Emergency contraception	16.2	16.1
Any traditional method	97.7	97.7
Periodic abstinence	49.7	49.7
Withdrawal	93.7	93.9
Lactational amenorrhea method (LAM)	84.1	84.3
Folk method	8.2	8.1
Mean number of methods known	8.5	8.5
Number of women	8,075	7,672

Table 5.2 shows the percentage of currently married women who know any method of contraception and any modern method by background characteristics. Knowledge of any method and of any modern method is almost universal in all subgroups of background characteristics ranging from 98 to 100 percent.

Table 5.2 Knowledge of contraceptive methods by background characteristics

Percentage of currently married women who know at least one contraceptive method and who know at least one modern method, by background characteristics, Turkey 2003

Background characteristic	Knows any method	Knows any modern method ¹	Number of women
Age			
15-19	98.4	98.0	237
20-24	99.8	99.5	1,019
25-29	99.9	99.8	1,435
30-34	99.9	99.9	1,423
35-39	99.6	99.6	1,333
40-44	99.8	99.2	1,223
45-49	99.8	99.3	1,001
Residence			
Urban	99.9	99.7	5,437
Rural	99.5	99.0	2,235
Region			
West	99.9	99.6	3,106
South	99.7	99.5	981
Central	99.6	99.4	1,770
North	99.8	99.8	561
East	99.7	99.3	1,253
NUTS 1 Region			
İstanbul	99.9	99.9	1,405
West Marmara	99.8	99.1	329
Aegean	99.5	98.6	1,079
East Marmara	100.0	100.0	669
West Anatolia	100.0	100.0	742
Mediterranean	99.7	99.5	981
Central Anatolia	99.6	99.4	446
West Black Sea	100.0	100.0	492
East Black Sea	99.6	99.6	275
Northeast Anatolia	99.9	99.5	234
Central East Anatolia	99.5	98.5	378
Southeast Anatolia	99.7	99.6	642
Education			
No education/Primary incomplete	99.1	98.2	1,664
First level primary	100.0	99.9	4,158
Second level primary	100.0	100.0	570
High school and higher	100.0	99.9	1,280
Total	99.8	99.5	7,672

¹Female sterilization, male sterilization, pill, IUD, injectables, implants, male condom, female condom, diaphragm, and emergency contraception

5.2 Ever Use of Family Planning Methods

The TDHS-2003 collected data on the level of ever use of family planning methods, which is defined as the use of a contraceptive method at any time during a woman's reproductive years. To obtain these data, respondents were asked if they had ever used for each of the methods that they knew.

Table 5.3 shows the percentages of ever-married and currently married women who have ever used any contraceptive method by specific method and age. Overall, the results indicate that 90 percent of both ever-married and currently married women have used a family planning method at some time. Across age groups, the lowest level of ever use of any family planning method is observed among ever-married and currently married women age 15-19, while after age 25 the percentages are around or above 90 percent.

Table 5.3 Ever use of contraception

Percentage of ever-married women and of currently married women who have ever used any contraceptive method, by specific method and age, Turkey 2003

Current age	Modern method											Traditional method				Number of women		
	Any	Any modern	Female ster.	Male ster.	Pill	IUD	Injectables	Implants	Male condom	Female condom	Diaphragm	Emergency contraception	Any traditional	Periodic abstinence	Withdrawal		LAM	Folk
EVER-MARRIED WOMEN																		
15-19	65.0	33.7	0.0	0.0	12.8	8.1	3.6	0.0	20.9	0.0	1.3	0.0	56.9	6.0	54.2	9.3	1.4	238
20-24	82.6	56.7	0.4	0.0	17.0	22.7	4.0	0.2	36.9	0.0	1.6	0.0	66.8	5.8	61.2	11.5	1.0	1,045
25-29	90.8	73.0	2.4	0.0	31.4	38.4	6.9	0.1	42.6	0.0	2.8	0.5	71.8	8.1	65.6	13.5	1.0	1,480
30-34	92.9	79.1	6.1	0.0	35.9	49.4	5.9	0.0	44.5	0.2	4.3	0.6	71.4	7.8	64.8	15.7	1.4	1,489
35-39	91.6	79.0	7.9	0.1	38.9	51.3	4.9	0.0	41.2	0.1	8.2	0.6	70.1	10.9	62.0	16.9	1.9	1,420
40-44	92.8	77.9	10.4	0.1	42.6	50.9	4.6	0.1	31.9	0.0	7.8	1.2	70.0	9.7	61.1	18.9	3.1	1,330
45-49	88.9	74.8	6.4	0.3	45.1	45.6	4.3	0.0	29.4	0.1	10.2	0.7	67.7	12.1	56.7	19.4	4.6	1,073
Total	89.6	73.0	5.6	0.1	34.8	42.8	5.2	0.1	37.8	0.1	5.7	0.6	69.5	9.0	62.0	15.8	2.1	8,075
CURRENTLY MARRIED WOMEN																		
15-19	65.0	33.8	0.0	0.0	12.8	8.1	3.6	0.0	21.0	0.0	1.3	0.0	56.8	6.0	54.1	9.3	1.4	237
20-24	82.6	56.6	0.4	0.0	16.8	22.8	3.9	0.2	37.0	0.0	1.6	0.0	67.2	5.7	62.1	11.4	1.1	1,019
25-29	91.3	73.6	2.4	0.0	31.7	38.6	7.1	0.1	43.2	0.0	2.9	0.5	72.2	8.2	66.0	13.7	0.9	1,435
30-34	93.7	79.7	6.2	0.0	35.6	50.2	5.8	0.0	45.1	0.3	4.4	0.5	72.5	7.7	65.8	15.9	1.4	1,423
35-39	92.0	79.3	8.3	0.1	38.5	51.8	5.1	0.0	41.8	0.1	7.9	0.5	71.2	10.6	63.3	17.3	2.0	1,333
40-44	93.4	78.1	10.9	0.1	42.5	50.8	4.6	0.1	32.6	0.0	8.2	1.2	70.6	9.4	62.4	18.9	3.2	1,223
45-49	89.8	75.3	6.5	0.3	45.5	46.1	4.3	0.0	30.1	0.1	9.9	0.7	69.4	12.4	58.3	19.5	4.3	1,001
Total	90.0	73.2	5.7	0.1	34.6	42.9	5.2	0.1	38.4	0.1	5.6	0.6	70.3	8.9	63.0	15.9	2.0	7,672

LAM = Lactational amenorrhea method

More than 60 percent of women report ever use of withdrawal. Among modern method users of ever-married and currently married women, the IUD is the most commonly adopted (43 percent) followed by the male condom and pill (35 and 38 percent respectively). Experience using LAM (Lactational Amenorrhea Method) is reported by nearly 16 percent of women. Results related with LAM may be interpreted with caution since women may be confusing the method with traditional breastfeeding practices, despite the fact that the stress was made in the questionnaire to prevent such a confusion.

5.3 Current Use of Contraception

The data on the current use of family planning is among the most important information collected in the TDHS-2003 since it provides insight into one of the principal determinants of fertility and serves as a key measure for assessing the success of the national family planning program.

Table 5.4 shows the percent distribution of currently married women by current use of specific family planning methods according to age. Overall, 71 percent of currently married women are using contraception, with 43 percent depending on modern methods and 29 percent using traditional methods. The most widely used method is withdrawal (26 percent). Among modern methods, IUD is the most widely used method (20 percent) followed by male condom (11 percent). The use of contraceptive methods varies by age. Current use of any method is lower among currently married women age 15-19 (44 percent), rising to as high as 81 percent among currently married women in the 30-34 age group, and then dropping to 50 percent among currently married women age 45-49. The use of withdrawal peaks among women in the 40-44 age group (50 percent) while the highest level of IUD use (26 percent) is found among women age 30-34.

Table 5.4 Current use of contraception

Percent distribution of currently married women by contraceptive method currently used, according to age, Turkey 2003

Current age	Any		Modern methods							Any traditional	Traditional methods				Not currently using	Total	Number of women
	Any	modern	Female ster.	Male ster.	Pill	IUD	In-ject-ables	Male con-dom	Dia-phragm		Perio-dic absti-nence	With-draw al	LAM	Folk			
15-19	44.3	16.9	0.0	0.0	4.0	6.2	0.3	6.4	0.0	27.5	1.8	24.8	0.8	0.0	55.7	100.0	237
20-24	59.2	31.4	0.4	0.0	5.0	15.8	0.7	9.2	0.4	27.9	0.6	25.7	1.5	0.1	40.8	100.0	1,019
25-29	74.8	47.2	2.4	0.0	7.4	23.1	0.4	13.4	0.5	27.6	0.7	25.7	0.9	0.2	25.2	100.0	1,435
30-34	80.9	51.6	6.2	0.0	5.9	25.6	0.5	13.0	0.5	29.3	0.8	27.7	0.6	0.2	19.1	100.0	1,423
35-39	80.7	51.2	8.3	0.1	4.3	25.1	0.6	12.0	0.9	29.4	1.0	27.8	0.3	0.4	19.3	100.0	1,333
40-44	76.4	44.6	10.9	0.1	3.3	19.2	0.1	10.0	1.0	31.8	1.6	29.5	0.1	0.6	23.6	100.0	1,223
45-49	49.9	25.8	6.5	0.3	1.3	11.1	0.0	5.7	0.9	24.2	2.1	20.9	0.0	1.2	50.1	100.0	1,001
Total	71.0	42.5	5.7	0.1	4.7	20.2	0.4	10.8	0.6	28.5	1.1	26.4	0.6	0.4	29.0	100.0	7,672

Note: If more than one method is used, only the most effective method is considered in this tabulation.
LAM = Lactational amenorrhea method

Table 5.5 shows that the current use of contraceptive methods varies according to residence, region, level of education, and number of living children. Currently married women living in urban areas are more likely to be using any contraceptive method than women in rural areas (74 percent and 65 percent respectively). Current use is lowest in the East (58 percent) and highest in the West and the Center (74 percent). With regard to NUTS 1 regions, current use is lowest in the Southeast Anatolia (56 percent) and highest in West Anatolia (79 percent).

Table 5.5 Current use of contraception by background characteristics

Percent distribution of currently married women by contraceptive method currently used, according to background characteristics, Turkey 2003

Background characteristic	Modern method										Traditional method				Not currently using	Total	Number of women
	Any	Any modern	Female ster.	Male ster.	Pill	IUD	In-ject-ables	Male con-dom	Dia-phragm	Any tradi-tional	Perio-dic absti-nence	With-draw-al	LAM	Folk			
Residence																	
Urban	73.6	45.8	5.9	0.1	5.0	21.5	0.4	12.1	0.8	27.8	1.2	25.7	0.5	0.4	26.4	100.0	5,437
Rural	64.5	34.4	5.1	0.0	3.9	17.2	0.3	7.4	0.4	30.1	0.8	28.1	0.9	0.3	35.5	100.0	2,235
Region																	
West	74.2	45.7	6.1	0.1	4.8	21.0	0.2	12.7	0.8	28.6	1.2	26.6	0.2	0.6	25.8	100.0	3,106
South	70.8	44.8	6.1	0.1	3.9	21.9	0.5	11.3	1.0	26.0	1.4	23.6	0.8	0.2	29.2	100.0	981
Central	74.2	46.6	5.0	0.0	5.3	25.2	0.4	10.2	0.5	27.6	1.2	25.7	0.4	0.3	25.8	100.0	1,770
North	71.9	32.5	9.4	0.0	3.1	10.8	0.0	8.3	0.8	39.4	1.5	37.5	0.2	0.2	28.1	100.0	561
East	57.9	31.4	3.7	0.0	4.9	14.3	1.0	7.4	0.2	26.5	0.5	24.0	1.8	0.3	42.1	100.0	1,253
NUTS 1 Region																	
İstanbul	76.1	45.9	6.0	0.0	5.5	21.6	0.2	11.9	0.7	30.2	1.5	27.8	0.3	0.7	23.9	100.0	1,405
West Marmara	77.9	43.6	5.9	0.0	3.2	19.7	0.2	13.9	0.7	34.3	1.7	31.0	0.8	0.8	22.1	100.0	329
Aegean	70.2	45.0	5.6	0.3	5.1	20.5	0.0	12.9	0.7	25.2	0.7	24.0	0.2	0.3	29.8	100.0	1,079
East Marmara	72.0	45.4	6.0	0.1	5.7	21.4	0.3	11.0	0.9	26.6	0.4	25.2	0.2	0.8	28.0	100.0	669
West Anatolia	79.3	51.4	4.9	0.0	4.8	27.6	0.7	12.5	0.8	28.0	1.8	25.7	0.5	0.0	20.7	100.0	742
Mediterranean	70.8	44.8	6.1	0.1	3.9	21.9	0.5	11.3	1.0	26.0	1.4	23.6	0.8	0.2	29.2	100.0	981
Central Anatolia	72.1	46.3	5.8	0.0	4.8	26.2	0.0	9.2	0.3	25.8	1.3	24.0	0.3	0.3	27.9	100.0	446
West Black Sea	71.8	38.1	9.7	0.0	3.7	15.7	0.2	8.0	0.8	33.7	0.6	32.4	0.2	0.5	28.2	100.0	492
East Black Sea	70.7	26.2	5.7	0.0	2.2	9.2	0.0	8.5	0.6	44.5	2.3	41.9	0.0	0.3	29.3	100.0	275
Northeast Anatolia	64.5	34.1	3.3	0.0	4.7	17.1	1.7	7.0	0.3	30.4	0.8	26.1	2.0	1.4	35.5	100.0	234
Central East Anatolia	57.2	31.8	3.1	0.0	5.5	15.5	0.5	7.0	0.2	25.3	0.3	24.8	0.2	0.0	42.8	100.0	378
Southeast Anatolia	55.9	30.1	4.1	0.0	4.6	12.5	0.9	7.9	0.1	25.9	0.5	22.7	2.6	0.0	44.1	100.0	642
Education																	
No educ. /Prim. inc.	56.7	29.9	6.5	0.0	3.9	13.4	0.7	4.5	0.8	26.9	0.4	24.8	1.1	0.6	43.3	100.0	1,664
First level primary	74.7	43.4	5.9	0.1	4.1	22.5	0.3	9.7	0.7	31.3	1.0	29.3	0.6	0.4	25.3	100.0	4,158
Secondary level																	
primary	77.4	50.8	4.8	0.3	7.3	25.2	0.0	13.0	0.3	26.5	0.3	25.6	0.4	0.2	22.6	100.0	570
High school and higher	74.5	52.2	4.1	0.1	6.5	19.4	0.3	21.3	0.5	22.4	2.9	19.3	0.1	0.1	25.5	100.0	1,280
Number of living children																	
0	18.2	8.5	0.2	0.0	2.7	0.3	0.2	5.0	0.0	9.7	0.8	8.9	0.0	0.0	81.8	100.0	680
1-2	77.7	46.8	3.2	0.0	5.8	22.6	0.3	14.4	0.6	30.8	1.4	28.6	0.5	0.2	22.3	100.0	4,006
3-4	77.9	46.9	9.9	0.1	3.8	23.5	0.2	8.1	1.2	31.0	0.9	28.7	0.8	0.6	22.1	100.0	2,227
5+	62.4	36.8	11.5	0.1	3.6	15.8	1.1	4.7	0.1	25.6	0.3	23.5	0.8	1.0	37.6	100.0	759
Total	71.0	42.5	5.7	0.1	4.7	20.2	0.4	10.8	0.6	28.5	1.1	26.4	0.6	0.4	29.0	100.0	7,672

Note: If more than one method is used, only the most effective method is considered in this tabulation.
LAM = Lactational amenorrhea method

The level of current use of family planning increases significantly with education from 57 percent among women who never attended school or not complete the first level of primary school to 75 percent among women at the first level of primary school, and remains above 70 percent at higher educational levels. Contraceptive use is also associated with the number of living children a woman has. Eighteen percent of currently married women with no children use family planning for postponing purposes. Use levels increase to 78 percent for women with one or two and three or four children, then drop off to 62 percent for women with five or more children.

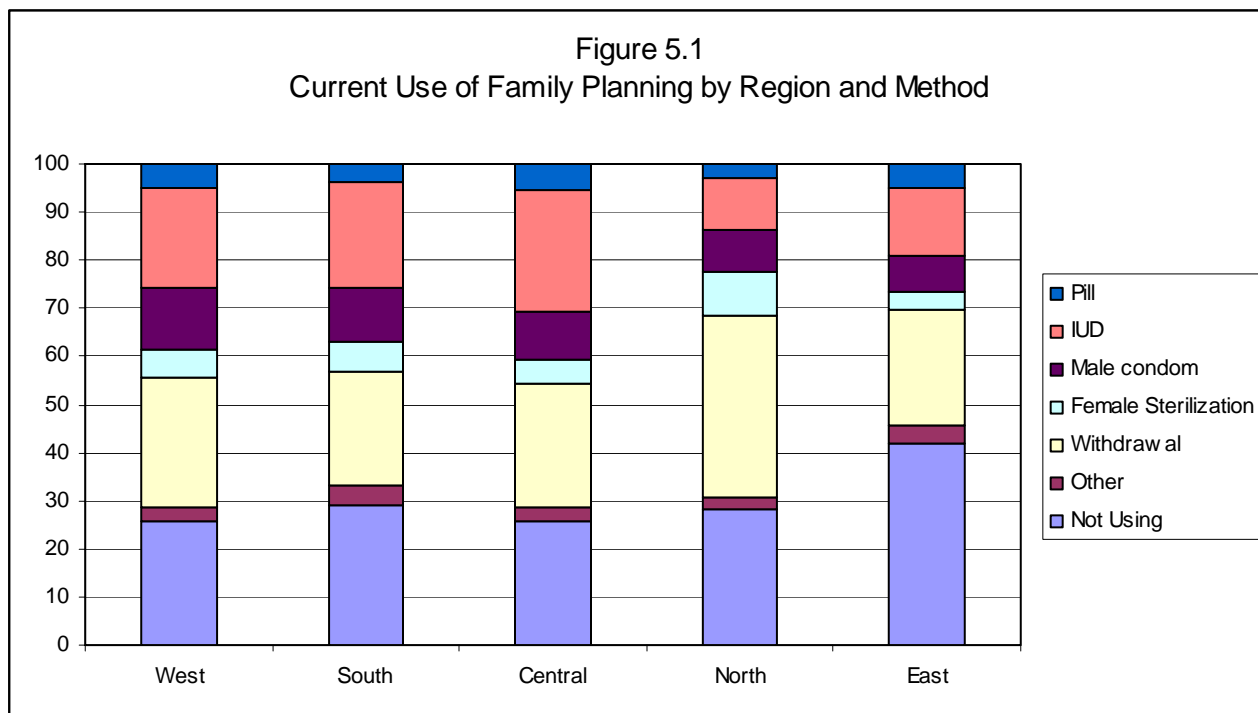


Figure 5.1 shows the most commonly used methods by region. Withdrawal use rates range from 24 percent in the South to 38 percent in the North. For the pill and IUD, the lowest rates are in the North and the highest rates are in the Center. Use of male condom, on the other hand, is lowest in the East and highest in the West. Female sterilization is most common in the North and least common in the East.

5.4 Trends in Current Use of Family Planning

The results from the TDHS-2003, as well as those from earlier demographic surveys, can be used to examine the changes that have taken place in the level and pattern of contraceptive use in Turkey over the past 15 years. Table 5.6 highlights the trend in family planning use at the national level between 1988 and 2003. The data show that contraceptive use in Turkey increased significantly in the last survey after staying at around 63 percent for the prior three surveys. The use of modern methods has increased over the last 15 years, from 31 percent in 1988 to 43 percent in 2003. With respect to specific methods, use of IUD, female sterilization, and male condom all rose over this period, while use of withdrawal remained at the same level.

Figure 5.2 also highlights the trend in family planning use for selected methods between 1993 and 2003. These data also indicate that although the level of traditional method use remained almost unchanged, there was significant change in the level of use of modern methods since 1993 from 35 percent in 1993 to 43 percent in 2003. The pace of the change in modern method use was particularly rapid in the last five years preceding the TDHS-2003. Most of the increase during the period is due to greater rates of use of female sterilization and male condom.

Table 5.6 Trends in current use of contraception

Percent distribution of currently married women by contraceptive method currently used, TPHS-1988, TDHS-1993, TDHS-1998, and TDHS-2003

Contraceptive method	TPHS-1988	TDHS-1993	TDHS-1998	TDHS-2003
Any method	63.4	62.6	63.9	71.0
Any modern method	31.0	34.5	37.7	42.5
Pill	6.2	4.9	4.4	4.7
IUD	14.0	18.8	19.8	20.2
Male condom	7.2	6.6	8.2	10.8
Female sterilization	1.7	2.9	4.2	5.7
Other modern methods	2.0	1.3	1.1	1.1
Any traditional method	32.3	28.1	26.1	28.5
Periodic abstinence	3.5	1.0	1.1	1.1
Withdrawal	25.7	26.2	24.4	26.4
Other traditional methods	3.1	0.9	0.6	1.0
Not currently using	36.6	37.4	36.1	29.0
Total	100.0	100.0	100.0	100.0

Figure 5.2 Current Use of Family Planning Methods, Turkey 1993, 1998, and 2003

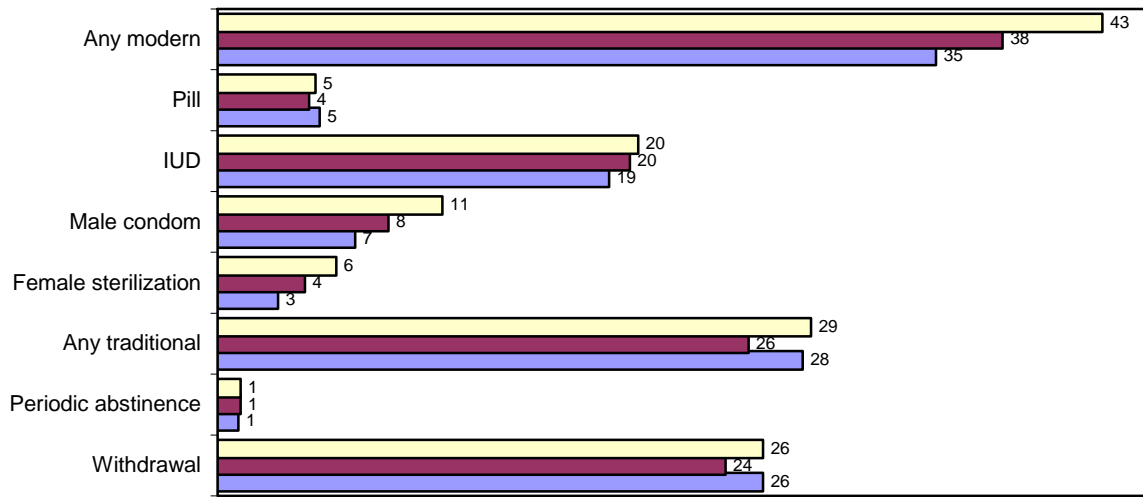


Table 5.7 shows the trend in contraceptive use by residence and region during the last 10 years. Both urban and rural areas shared in the increase in use of modern methods during this period. The regional trends are somewhat more mixed. Overall, except for the North, the use of modern methods increased in all regions from 1993 to 2003. Traditional method use increased in the North and, especially in the East, while it did not change significantly in other regions.

Residence and region	TDHS-1993			TDHS-1998			TDHS-2003		
	Any method	Any modern method	Any traditional method	Any method	Any modern method	Any traditional method	Any method	Any modern method	Any traditional method
Residence									
Urban	66.2	38.9	27.3	66.7	40.8	25.2	73.6	45.8	27.8
Rural	56.1	26.8	29.3	58.1	31.4	26.0	64.5	34.4	30.1
Region									
West	71.5	37.3	34.2	70.5	40.5	29.2	74.2	45.7	28.6
South	62.8	36.7	26.0	60.3	35.1	24.6	70.8	44.8	26.0
Center	62.7	36.6	26.1	68.3	42.8	24.7	74.2	46.6	27.6
North	64.2	29.8	34.4	67.0	35.2	31.5	71.9	32.5	39.4
East	42.3	26.3	16.0	42.0	26.7	15.2	57.9	31.4	26.5
Total	62.6	34.5	28.1	63.9	37.7	25.5	71.0	42.5	28.5

5.5 Number of Children at First Use of Contraception

Women who reported that they had used family planning methods at some time were asked about the number of children they had when they first used family planning. These data are useful in identifying the stage in the family-building process when women begin using family planning as well as their motivation for adopting family planning.

Table 5.8 presents the percent distribution of ever-married women who have ever used a contraceptive method by the number of living children at the time of the first use of family planning, according to current age. Overall, 24 percent of ever-married women began using contraception before they gave birth, and an additional 48 percent began after having one child. Early use of family planning is higher among younger women; half of ever-married women age 15-19 started contraceptive use before they began having children compared with 12 percent of ever-married women age 45-49. The pattern suggests that younger women are increasingly adopting family planning to delay or space births, while older women are adopting family planning to limit births.

Table 5.8 Number of children at first use of contraception

Percent distribution of ever-married women who have ever used contraception by number of living children at the time of first use of contraception, according to current age, Turkey 2003

Current age	Number of living children at time of first use of contraception						Total	Number of women
	0	1	2	3	4+	Missing		
15-19	49.8	46.5	3.7	0.0	0.0	0.0	100.0	155
20-24	42.0	49.8	6.2	1.5	0.4	0.2	100.0	863
25-29	35.1	50.6	8.9	3.2	1.9	0.3	100.0	1,343
30-34	25.0	52.1	13.3	4.5	4.7	0.5	100.0	1,383
35-39	17.0	46.3	21.5	7.5	7.2	0.5	100.0	1,301
40-44	14.1	45.4	17.7	11.0	1.3	0.5	100.0	1,234
45-49	12.1	43.3	22.6	9.7	12.1	0.2	100.0	955
Total	24.4	48.1	14.9	6.1	6.1	0.4	100.0	7,233

5.6 Knowledge of the Fertile Period

The successful use of natural family planning methods depends largely on an understanding of when during the menstrual cycle a woman is most likely to conceive. An elementary knowledge of reproductive physiology is thus the foundation for the successful practice of coitus-associated methods such as withdrawal, and especially, periodic abstinence.

To investigate women's knowledge about their fertile period, TDHS-2003 respondents were asked whether there are certain days a woman is more likely to become pregnant if she has sexual intercourse. Those who responded affirmatively to that question were asked whether this time is just before the period begins, during the period, right after the period ends, or halfway between two periods. Table 5.9 provides the results for all users of periodic abstinence and nonusers of periodic abstinence. Overall, only 27 percent of ever-married women reported the correct timing of the fertile period. Another 29 percent stated they did not know the correct timing and rest reported an incorrect timing. Among users of periodic abstinence, 63 percent reported the correct timing of the fertile period.

Table 5.9 Knowledge of the fertile period

Percent distribution of ever-married women by knowledge of the fertile period during the ovulatory cycle, according to current use and nonuse of periodic abstinence, Turkey 2003

Perceived fertile period	Users of periodic abstinence	Nonusers of periodic abstinence	All ever-married women
Just before her period begins	0.0	2.0	2.0
During her period	1.3	0.6	0.6
Right after her period has ended	24.3	20.9	20.9
Halfway between two periods	63.2	26.2	26.6
Other	6.1	2.7	2.7
No specific time	2.0	18	17.8
Don't know	3.1	29.6	29.3
Total	100.0	100.0	100.0
Number of women	86	7,989	8,075

5.7 Timing of Female Sterilization

Table 5.10 shows the distribution of sterilized women by age at the time of their sterilization, according to years since operation. The results indicate that, as in TDHS-1998, around two-thirds of ever-married women who are sterilized had the operation between age 25 and 34. The median reported age at sterilization was 31.6 years (31.8 in the TDHS-1993 and 31.7 in the TDHS-1998).

Table 5.10 Timing of sterilization

Percent distribution of sterilized ever-married women by age at the time of sterilization, and median age at sterilization, according to the number of years since the operation, Turkey 2003

Years since operation	Age at time of sterilization						Total	Number of women	Median age ¹
	<25	25-29	30-34	35-39	40-44	45-49			
<2	8.8	29.9	40.5	15.1	5.6	0.0	100.0	82	30.9
2-3	4.0	23.0	28.4	35.7	7.2	1.7	100.0	100	32.5
4-5	7.3	11.3	42.1	27.8	11.5	0.0	100.0	50	33.3
6-7	8.1	15.9	41.6	28.9	5.5	0.0	100.0	64	32.4
8-9	(13.6)	(18.1)	(46.6)	(21.7)	(0.0)	(0.0)	100.0	40	(32.0)
10+	9.7	49.7	28.6	12.0	0.0	0.0	100.0	113	a
Total	8.1	28.2	35.7	22.9	4.7	0.4	100.0	449	31.6

a = Not calculated due to censoring

¹Median ages are calculated only for women sterilized at less than 40 years of age to avoid problems of censoring.

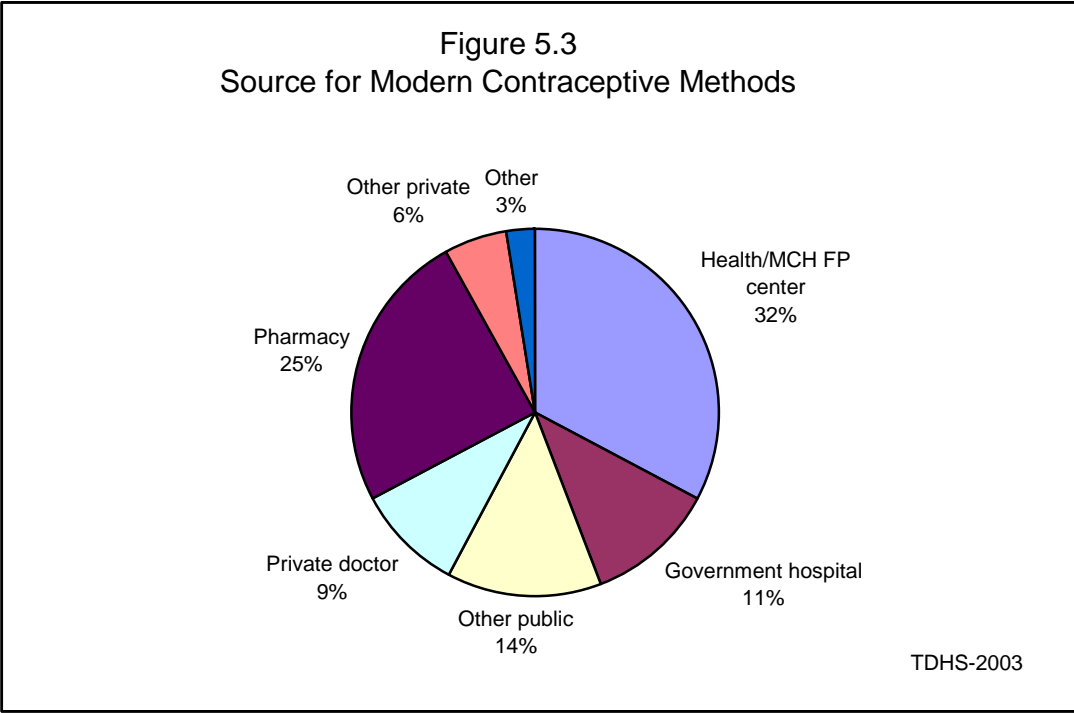
Note: Parentheses indicate that a figure is based on 25-49 unweighted cases.

5.8 Sources for Family Planning Methods

Table 5.11 documents the main sources of contraception for current users. Such information of modern methods is important for family planning program managers and implementers. The public sector remains the major source of contraceptive methods in Turkey, providing methods to 58 percent of current users. The private sector provides contraception to approximately 40 percent, and 2 percent of modern method users are served by non-medical shops and markets.

Source of supply	Pill	IUD	Male condom	Female sterilization	All modern methods ¹
Public sector	30.6	71.3	34.1	82.0	57.7
Government/hospital	0.4	12.0	0.5	37.6	11.2
Maternity house	0.0	8.1	0.6	13.6	5.9
MCHFP center	3.1	8.0	2.9	0.7	5.0
Health center	23.5	37.0	29.6	0.0	27.9
Health house	1.0	0.2	0.4	0.0	0.3
SSK hospital/dispensary	1.6	5.0	0.0	23.6	5.8
University hospital	1.0	0.7	0.1	5.8	1.3
Other public	0.0	0.3	0.1	0.8	0.3
Private medical	67.5	27.6	59.3	16.3	39.7
Private hospital	0.0	4.2	0.0	13.9	3.9
Private polyclinic	0.0	2.5	0.0	0.4	1.3
Private doctor	1.2	18.7	0.1	1.9	9.4
Private nurse/midwife	0.0	0.4	0.0	0.0	0.2
Pharmacy	66.4	1.8	58.8	0.0	24.8
Other private medical	0.0	0.0	0.3	0.3	0.1
Other private	1.2	0.8	5.9	0.3	2.1
Market/shop	0.0	0.0	5.5	0.0	1.4
Friend/relatives	1.1	0.1	0.1	0.0	0.2
Traditional midwife	0.0	0.1	0.2	0.0	0.1
NGO/CSO	0.3	0.6	0.0	0.3	0.3
Other	0.8	0.2	0.5	0.8	0.4
Don't know/Missing	0.6	0.0	0.3	0.6	0.2
Total	100.0	100.0	100.0	100.0	100.0
Number	361	1,551	826	449	3,271

¹Includes users of injectables, diaphragm, and male sterilization
 NGO: Non-governmental organization, CSO: Civil society organization



In the public sector, 33 percent of the users obtained their modern contraceptive methods from health centers or MCHFP centers, 11 percent from government hospitals, and 6 percent from SSK hospitals. In the private medical sector, the pharmacy is the most commonly used source, providing contraceptive methods to one-fourth of all users of modern methods. Female sterilizations were conducted most commonly in government hospitals (38 percent), followed by SSK hospitals (24 percent), private hospitals (14 percent), and government maternity house (14 percent). Pills and condoms are obtained primarily from pharmacies (66 and 59 percent, respectively) and health centers (24 and 30 percent, respectively). In the case of the IUD, most users obtained the IUD from the public institutions (71 percent), and more than one in four IUD users obtained the method from a private sector provider.

Table 5.12 compares the distribution of users of selected methods by the service provider reported in the TDHS-2003 with the distribution reported in the TDHS-1998. The share of the public sector has substantially increased over the last five years in the case of all methods, except the IUD. For example, the percentage of women obtaining pill from a public sector provider increased from 26 percent in 1998 to 31 percent in 2003. This implies a 19 percent increase within the last five years.

Table 5.12 Trends in source of supply for selected modern methods

Percent distribution of current users of the pill, IUD, male condom, and female sterilization, by source of supply, TDHS-1998 and TDHS-2003

Source of supply	Female sterilization		Pill		IUD		Male condom	
	TDHS-1998	TDHS-2003	TDHS-1998	TDHS-2003	TDHS-1998	TDHS-2003	TDHS-1998	TDHS-2003
Public sector	76.9	82.0	26.0	30.6	71.8	71.3	27.7	34.1
Private sector	20.8	16.3	73.6	67.5	27.5	27.6	66.8	59.3
Other	2.3	1.7	0.4	1.9	0.7	1.1	5.5	6.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

5.9 Informed Choice

Ensuring women receive the information they need to make an informed choice about the contraceptive method that they will adopt is key aspect of high quality family planning services. Family planning providers should inform all method users of potential side effects and what they should do if they encounter signs of a problem. This information assists users in coping with side effects and decreases unnecessary discontinuation of temporary methods. Users of temporary methods should also be informed of the choices they have with respect to other methods.

In the TDHS-2003, women currently using a modern method of contraception were asked whether they were informed of the possible side effects of the method they are using, and if so, whether they were informed of what they should do if they experience any side effects, and whether they were informed of other methods that could be used. Table 5.13 presents information on three aspects of informed choice. Fifty-four percent of users were informed about potential side effects of their method, 44 percent were told what to do if they experience any side effects, and just a third were given information about other family planning method options. These figures indicate that there is much scope for improving the quality of family planning services throughout the country.

With regard to current method, pill and IUD users appear to be better informed than users of other methods. Family planning providers in the urban areas are more likely to inform contraceptive users about the method side effects or problems, what to do if they experience side effects and other contraceptive options than their rural counterparts. Women in the North generally appear to have less access to information than women in other regions. As expected, women with high school education are better informed than women with little or no education.

Table 5.13 Informed choice

Among current users of modern contraceptive methods who adopted the current method in the five years preceding the survey, percentage who were informed about the side effects of the method used, percentage who were informed what to do if side effects were experienced, and percentage who were informed of other methods that could be used for contraception by method used and background characteristics, Turkey 2003

Background characteristic	Informed about side effects or problems of method used ¹	Informed what to do if experienced side effects ¹	Informed by a health or family planning worker of other methods that could be used ¹
Method used			
Female sterilization	36.8	27.5	25.9
Pill	54.1	38.3	33.0
IUD	59.1	50.3	31.2
Injectables	(28.6)	(23.2)	(26.4)
Residence			
Urban	56.1	46.7	34.1
Rural	48.5	36.0	19.9
Region			
West	56.1	46.6	33.9
South	56.3	46.4	29.4
Central	49.9	40.2	26.7
North	44.9	30.2	25.6
East	58.2	46.5	31.9
NUTS 1 Region			
İstanbul	57.9	48.0	37.8
West Marmara	(49.7)	(42.1)	(20.5)
Aegean	51.5	37.5	24.6
East Marmara	62.2	57.0	39.9
West Anatolia	56.1	46.6	32.4
Mediterranean	56.3	46.4	29.4
Central Anatolia	44.6	35.1	18.9
West Black Sea	33.7	23.6	21.4
East Black Sea	(42.6)	(29.9)	(28.3)
Northeast Anatolia	(44.3)	(33.2)	(18.0)
Central East Anatolia	51.1	43.1	26.3
Southeast Anatolia	69.7	55.2	42.4
Education			
No education/Primary incomplete	39.9	32.3	24.0
First level primary	52.0	42.0	24.6
Second level primary	58.5	50.6	41.6
High school and higher	71.9	57.6	48.8
Total	54.3	44.2	30.7

¹ Among users of female sterilization, pill, IUD, and injectables

Note: Parentheses indicate that a figure is based on 25-49 unweighted cases.

5.10 Discontinuation of Contraceptive Use

The demographic impacts of contraceptive use depend not only on its prevalence but also on the effectiveness of use. In countries like Turkey where ideal family size has declined and contraceptive prevalence has risen, contraceptive effectiveness becomes an increasingly important determinant of fertility. In addition to its demographic impact, the analysis of contraceptive discontinuation is important because it aids policy makers and health professionals in their efforts to improve service delivery. This can highlight program areas that require development, as well as groups of users who have particular concerns that need to be addressed.

Table 5.14 Contraceptive discontinuation rates
 First-year contraceptive discontinuation rates by reason for discontinuation, according to method, Turkey 2003

Contraceptive method	Reason for discontinuation				
	Method failure	To become pregnant	Switched to another method	Other reason	All reasons
Pill	5.5	7.2	29.8	11.7	54.2
IUD	1.5	0.6	6.2	2.3	10.6
Injectables	3.2	5.0	52.9	17.6	78.6
Male condom	5.7	9.9	26.2	3.2	44.9
LAM	18.6	1.9	43.6	11.5	75.5
Periodic abstinence	19.7	14.2	15.3	5.0	54.1
Withdrawal	13.1	9.1	15.1	3.7	41.1
All methods	8.6	6.8	19.4	5.1	39.8

LAM = Lactational amenorrhea method

Table 5.14 presents first-year contraceptive discontinuation rates by reason for discontinuation, according to the method discontinued. The discontinuation rate refers to the proportion of women who have started using a contraception method at some time in the 5 years prior to the survey, but then stopped using that method within 12 months of having started it. The rate is calculated using information from the reproductive event calendar included in the TDHS-2003. In the calendar, all segments of contraceptive use between January 1998 and the date of interview were recorded along with reasons for any discontinuation of use during the period.

The results indicate that 40 percent of contraceptive users in Turkey stop using a contraceptive method within 12 months of starting use. One would expect the rates to vary by method by virtue of the nature of the methods. For example, the IUD is not generally intended as a short-term method, and so a low discontinuation rate of 11 percent is to be expected. On the other hand, coitus-related methods are more easily discontinued: 45 percent of condom users discontinued within one year of use. The one-year discontinuation rate is as high as 79 percent for injectables, 54 percent for the pill, and 41 percent for withdrawal.

Around a half of those who discontinued use switched to another method. Although one might assume that the desire to become pregnant might be one of the main reasons for

discontinuing use of a method of contraception, only 7 percent of users discontinued within 12 months of initiating use for that reason. Another 9 percent of users stopped using as a result of method failure, and the remaining 5 percent stopped due to other reasons. Switching to another method accounts for an especially large portion of the relatively high discontinuation of the injectable, LAM and the pill (53 percent, 44 percent, and 30 percent, respectively). Method failure accounted for a substantial portion of the discontinuation of traditional methods (LAM, periodic abstinence and withdrawal).

Table 5.15 presents the distribution of all discontinuations during the five years prior to the survey by main reason for discontinuation according to the method used. The desire to become pregnant accounted for one-fifth of all discontinuations. Side effects and health concerns were frequently mentioned as reasons for discontinuation of modern methods. Method failure was more common among withdrawal users (35 percent) than modern method users. However, 17 percent of condom discontinuations and 12 percent of pill discontinuations also were due to method failure.

Table 5.15 Reasons for discontinuation of contraception

Percent distribution of contraceptive method discontinuations in the five years preceding the survey by main reason for discontinuation, according to specific methods, Turkey 2003

Reason for discontinuation	Pill	IUD	Diaphragm	Male condom	Withdrawal	All methods ¹
Became pregnant	12.4	4.9	18.7	16.8	35.2	22.1
Wanted to become pregnant	17.4	18.8	18.1	26.9	25.2	21.5
Husband disapproved	0.9	0.2	1.7	11.6	2.2	3.0
Side effects	33.7	37.9	5.9	0.6	0.2	13.1
Health concerns	6.4	7.9	1.9	0.7	0.9	3.0
Access/Availability	2.6	0.0	3.2	4.7	0.0	1.2
Wanted a more effective method	2.6	0.4	5.7	12.7	18.3	11.9
Inconvenient to use	3.1	0.7	14.4	5.0	0.3	1.7
Infrequent sex	4.2	0.4	6.2	1.6	4.0	2.7
Cost	2.5	0.1	0.0	0.8	0.0	0.5
Fatalistic	0.1	0.0	5.3	0.2	0.0	0.2
Menopause	1.8	4.1	6.3	2.6	3.0	2.8
Marital dissolution	1.9	6.0	1.7	1.2	1.6	2.4
Other	6.8	16.4	9.1	9.0	4.2	9.5
Missing	3.6	2.2	1.8	5.5	4.8	4.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	858	1,119	61	1,023	2,536	6,273

¹ Includes discontinuations of injectables, periodic abstinence, and folk methods

5.11 Intention to Use Contraception Among Non-Users

The intentions of women to use a method of contraception in the future provide a basis for forecasting potential need for contraceptives. To obtain information on the intentions, the TDHS-2003 survey asked currently married non-users of contraception whether they planned to use a method of contraception within next 12 months or at some time in the future. Table 5.16 presents the results according to the number of living children the nonusers have. Overall, 47 percent of currently married non-users do not intend to use a method of

contraception at any time in the future. Additionally, 4 percent say that they are unsure of their intent or the timing about future use. On the other hand, around half of currently married women who are not using a contraceptive method intend to use family planning at some time in the future; 32 percent state that they intend to use a method within next 12 months, and 16 percent intend to use later. The percentage of married women who do not intend to use a method of family planning increases as the number of living children increases, from 27 percent among women with one child up to 61 percent among women with four or more children.

Table 5.16 Future use of contraception
Percent distribution of currently married women who are not using a contraceptive method by intention to use in the future, according to number of living children, Turkey 2003

Future use of contraception	Number of living children ¹					Total
	0	1	2	3	4+	
In next 12 months	9.8	41.3	38.1	32.6	30.8	31.5
Use later	42.3	23.1	7.4	3.2	4.5	15.6
Unsure about timing	1.7	2.4	1.9	0.8	0.3	1.5
Unsure about use	3.9	3.5	1.7	2.0	2.4	2.7
Does not intend	41.7	27.2	49.2	59.8	60.9	47.4
Missing	0.5	2.5	1.5	1.5	1.1	1.5
Total	100.0	100.0	100.0	100.0	100.0	100.0
Number	384	492	507	333	512	2,228

¹ Includes current pregnancy

As Table 5.17 presents, 38 percent of non-users who intend to use a method at some time in the future report they would adopt the IUD. The pill is the most popular method of contraception for future use. Female sterilization is preferred by 10 percent of non-user women as a third preferred method of contraception for future use. The proportion preferring the IUD and the pill do not vary substantially with age; however, older nonusers are twice as likely as nonusers under age 30 to prefer female sterilization.

Table 5.17 Preferred method of contraception for future use
Percent distribution of currently married women who are not using a contraceptive method but who intend to use in the future by preferred method, according to age, Turkey 2003

Method	Age		Total
	<30	30+	
Female sterilization	7.1	16.4	9.9
Pill	11.4	11.2	11.4
IUD	38.8	35.3	37.8
Injectables	6.5	8.7	7.1
Implants	1.3	1.3	1.3
Male condom	8.0	5.1	7.1
Diaphragm	0.1	0.4	0.2
LAM	0.1	0.5	0.2
Periodic abstinence	0.0	0.5	0.1
Withdrawal	9.1	7.3	8.6
Other	1.6	0.8	1.4
Unsure	15.8	12.6	14.9
Missing	0.1	0.0	0.1
Total	100.0	100.0	100.0
Number	761	320	1,080

LAM = Lactational amenorrhea method

5.12 Reasons for Non-Use of Contraception

Table 5.18 presents the reasons nonusers give for having no intention to use family planning by age. Nonusers who do not intend to use in the future are mainly over age 30 (90 percent), and their reasons for nonuse are quite different from the reasons of younger nonusers. Three in four of nonusers over age 30 are not exposed to pregnancy: 42 percent had a hysterectomy or are menopausal, and 32 percent reported that they are infecund. On the other hand, the most common reason for not intending to use a method among younger nonusers is reported as being infecund (45 percent).

Reason for not using contraception	Age		Total
	<30	30+	
Fertility-related reasons	54.7	85.2	82.2
Not having sex	4.0	5.7	5.5
Infrequent sex	0.6	2.2	2.1
Menopausal/hysterectomy	0.0	42.0	37.9
Subfecund/infecund	45.2	32.0	33.3
Husband infecund	4.9	3.3	3.5
Opposition to use	25.1	3.8	5.9
Husband opposed	6.0	0.8	1.3
Religious prohibition	4.9	1.4	1.7
Fatalistic	9.7	1.5	2.3
Embarrassed	4.6	0.1	0.6
Lack of knowledge	1.4	0.6	0.7
Knows no method	1.4	0.6	0.7
Method-related reasons	2.8	2.0	2.1
Health concerns	1.1	1.4	1.3
Fear side effects	0.0	0.3	0.2
Cost too much	1.6	0.4	0.5
Other	13.6	7.1	7.7
Don't know	2.4	1.0	1.2
Missing	0.0	0.2	0.2
Total	100.0	100.0	100.0
Number	103	955	1,055

