



The Effect of Menopause Symptoms on Family Planning Method Preferences in Women: A Cross-Sectional Study

Kadınlarda Menopoz Belirtilerinin Aile Planlaması Yöntemi Tercihlerine Etkisi: Kesitsel Bir Çalışma

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Makale Bilgisi / Article Information

Makale Türü / Article Types: Araştırma Makalesi / Research Article

Geliş Tarihi / Received: 04 Ekim / October 2022

Kabul Tarihi / Accepted: 05 Aralık / December 2022

Yıl / Year: 2022 | Cilt - Volume: 2 | Sayı - Issue: 2 | Sayfa / Pages: 183-198

Atıf/Cite as: Boybay Koyuncu, S. ve Bülbül, M. "The Effect of Menopause Symptoms on Family Planning Method Preferences in Women: A Cross-Sectional Study" *Ondokuz Mayıs University Journal of Women's and Family Studies* 2 (2), December 2022: 183-198.

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THE EFFECT OF MENOPAUSE SYMPTOMS ON FAMILY PLANNING METHOD PREFERENCES IN WOMEN: A CROSS-SECTIONAL STUDY

ABSTRACT

Objective: This descriptive, cross-sectional study was designed to determine the effect of menopausal symptoms experienced by women in the premenopausal period on family planning method preferences. **Material and Methods:** Women (n = 280) registered at a hospital in Turkey responded to The Individual Identification Form and the Menopause Rating Scale between November 1 and May 1, 2020. The data were evaluated using the analyses of percentage, number, mean, standard deviation, Kruskal Wallis test and Pearson correlation analysis. **Results:** It was determined that 74.2% of the women who participated in the study used any of the family planning methods, and when these methods were examined, they mostly used the copper intrauterine device (18.9%), withdrawal method (14.6%), tubal ligation (13.2%), condom (10.7%), pill/combined oral contraceptives (9.6%) respectively. While Menopause Rating Scale total score was 17.51 ± 7.00 , it was found to be higher in women who did not use any family planning method (19.55 ± 5.75) and in women who used the withdrawal (18.26 ± 7.00) and combined oral contraceptives (18.25 ± 5.64) methods. **Conclusion:** The majority of women in the premenopausal period who participated in our study were protected by any family planning method. Women with vasomotor symptoms stopped using family planning, considering that they had entered menopause. Those using family planning preferred the combined oral contraceptives method to reduce the symptoms.

Keywords: Contraception, Menopause, Symptoms.



KADINLARDA MENOPOZ BELİRTİLERİNİN AİLE PLANLAMASI YÖNTEMİ TERCİHLERİNE ETKİSİ: KESİTSEL BİR ÇALIŞMA

ÖZ:

Amaç: Tanımlayıcı, kesitsel tipte olan bu araştırma, kadınların premenopozal dönemde yaşadıkları menopoz semptomlarının aile planlaması yöntemi tercihlerine etkisini belirlemek amacıyla tasarlanmıştır. **Gereç ve Yöntemler:** Türkiye'de bir hastaneye kayıtlı kadınlar (n=280) 1 Kasım-1 Mayıs 2020 tarihleri arasında Bireysel Tanımlama Formu ve Menopoz Derecelendirme Ölçeği'ni yanıtladı. Veriler yüzde, sayı, ortalama analizleri kullanılarak değerlendirildi. , standart sapma, Kruskal Wallis testi ve Pearson korelasyon analizi. **Bulgular:** Araştırmaya katılan

kadınların %74,2'sinin aile planlaması yöntemlerinden herhangi birini kullandığı ve bu yöntemler incelendiğinde en çok bakır rahim içi araç (%18,9), geri çekme yöntemi (%14,6), sırasıyla tuballigasyon (%13,2), kondom (%10,7), hap/kombine oral kontraseptifler (%9,6). Menopoz Derecelendirme Ölçeği toplam puanı 17.51 ± 7.00 iken, aile planlaması yöntemi kullanmayan kadınlarda (19.55 ± 5.75), geri çekme (18.26 ± 7.00) ve oral kontraseptif kombine kullanan kadınlarda (18.25 ± 5.64) yöntemler. Sonuç: Çalışmamıza katılan premenopozal dönemdeki kadınların çoğunluğu herhangi bir aile planlaması yöntemi ile korunmuştur. Vazomotor semptomları olan kadınlar menopoza girdiklerini düşünerek aile planlaması kullanmayı bırakmışlardır. Aile planlaması kullananlar semptomları azaltmak için kombine oral konseptif yöntemini tercih ettiler.

Anahtar Kelimeler: Doğum Kontrolü, Menopoz, Belirtiler.



INTRODUCTION

Menopause, which causes mental and physical changes in a woman's life, is a period in which menstruation ends permanently due to the loss of ovarian activity. The premenopausal period covers 2-6 years before menopause.¹ Women may experience hormonal-metabolic symptoms such as menstrual irregularities, hot flashes and night sweats, and vasomotor symptoms such as organ atrophies. In addition, the problems and psychological complaints caused by estrogen deficiency in the long term are among the most common symptoms that women may experience in this process.² Fatigue, insomnia, mood changes, and the changes in cognitive abilities are other important complaints that can be observed in this period.^{3,4}

The fertility of the woman continues in the premenopausal period. Therefore, pregnancy is likely to occur with ovulation at this age, though with a very low possibility.⁵ A possible pregnancy during this period is highly risky for maternal and infant health.⁶⁻⁸ Despite this high risk, women may resort to abortion/miscarriage procedures. In Turkey, it has been determined that 21.6% of women in the 40-44 age range and 26.7% of women in the 45-49 age range have a miscarriage willingly.^{9,10} It is very important for women to be protected with an effective method until 12 months after the last menstruation so that they do not face an unintended pregnancy during this period.³ Many factors such as the physical condition of the woman, the ability to cope with menopausal symptoms, and osteonecrosis should also be taken into account while recommending a contraceptive method for the woman in this period.^{3,4} Furthermore, it is estimated that the physiological and psychological changes experienced by women during this period may affect family planning method preferences. The fact that healthcare professionals provide women with counselling on choosing a suitable contraceptive method by taking

into account the menopausal symptoms they will have during this period is very important in terms of preventing unintended pregnancies and increasing sexual health and quality of life. The woman's choice of the most suitable method for herself during this period can relieve the existing menopausal symptoms and improve sexual health.^{3,4} Under the information above, this study was conducted to determine the effect of menopausal symptoms experienced by women in the premenopausal period on family planning (FP) method preferences.

METHOD

Study Group and Sample

The universe of the research, which was designed as a descriptive correlational study, consists of 280 women registered at Maternity and Children's Hospital in eastern Turkey between 01.11.2019 and 01.05.2020. Sample size was calculated using a web page.¹¹ The sample size was determined as 280 women with a 5% error level, bidirectional significance level, 95% confidence interval, and 0.89 representative power. The research continued until the sample size was reached. The inclusion criteria for the study were determined as being between 40-60 years old, being in the premenopausal period, having regular or irregular menstruation, living with a husband, being literate, and having no communication problem. The exclusion criteria for the study were determined as having no menstruation for more than a year, having a chronic disease, and being pregnant or in the postpartum period.

Data Collection

The data were collected by the researcher in the family planning room of the hospital, where the research was conducted, by face-to-face interview method during weekdays. The women participating in the study were informed about the study, and their consent was obtained. Individual Identification Form and Menopause Rating Scale were used to collect data during the research. The average time to fill in data collection forms is 15-20 minutes. Informed consent was obtained from all individual participants.

Individual Identification Form: The Individual Identification form was prepared by the researcher based on previous literature. It consisted of 23 questions examining information on socio-demographic and obstetric characteristics of women to be included in the study and FP methods.^{1-3, 5,7}

Menopause Rating Scale: MRS, the original name of which is Menopause Rating Scale (MRS), was developed to measure the severity of menopausal symptoms¹⁵ and was adapted into Turkish by Gurkan in 2005.¹³ The total score of the scale is

calculated based on the scores given for each item. The lowest and highest scores to be obtained from the scale are 0 and 44, respectively. The increase in the total score obtained from the scale indicates an increase in the severity of the complaints. The scale consists of three sub-dimensions that evaluate women's somatic complaints (hot flush, night sweating), psychological complaints (anxiety, depression) and urogenital complaints (vaginal dryness, urethral syndrome). The Cronbach alpha reliability coefficient of the scale was calculated as 0.88.

Statistical Analysis

For the analysis of data obtained during the research, SPSS for Windows (Statistical Package for Social Science for Windows, Version 15.0) was used. In order to analyze the distribution of continuous variables, Kolmogorov-Smirnov Test was utilized. Research data do not show normal distribution. For statistical analysis, Kruskal Wallis test, Pearson correlation analysis and Bonferroni test were employed. Continuous variables were presented with percentages, means and standard deviations. Statistical significance was identified if the P-value was lower than 0.05 ($p < 0.050$).

Ethical Considerations

This study's ethics committee approval was obtained from Adiyaman University's Ethics Committee of Non-Interventional Clinical Research with the decision number of 2019/6-14. Informed consent was obtained from all individual participant. The research was conducted in accordance with the 1964 Helsinki Declaration and its subsequent amendments or comparable ethical standards. The authors declare they have no conflict of interest. The authors have no funding to disclose.

RESULTS

Table 1. Distribution of Socio-Demographic Characteristics of Women (n:280)

Socio-Demographic Characteristics	Number (%)	Mean±SD
Age		48.72±5.99
Employment Status		
Yes	48(17.1)	
No	232(82.9)	
Duration of Education (year)		
≤ 4	156(55.7)	
5-8	54(19.3)	

Socio-Demographic Characteristics	Number (%)	Mean±SD
≥ 9	70(25.0)	
Place of Living		
City	197(70.3)	
District	47(16.8)	
Village	36(12.9)	
Family Type		
Nuclear Family	195(69.6)	
Extended Family	85(30.4)	
Monthly Income		
Good	53(18.9)	
Medium	197(70.4)	
Poor	30(10.7)	
Obstetric Characteristics		
Number of Pregnancies		4.57±2.18
Number of Living Children		3.82±1.64
Desire for Another Child		
Yes	12(4.3)	
No	268(95.7)	
Presence of Miscarriage/Abortion		
Yes	101(36.1)	
No	179(63.9)	
Regular Menstruation		
Yes	110(39.3)	
No	170(60.7)	

The distribution of the socio-demographic and obstetric characteristics of women was presented in Table 1. Accordingly, it was determined that while 82.9% of women with an average age of 48.72 ± 5.99 were unemployed, 25% of them received nine or more years of education, 70.3% of them lived in the city, 69.6% of them had a nuclear family, and 70.4% of them perceived their income as average. It was determined that while the average number of pregnancies of women was 4.57 ± 2.18 , the average number of living children was 3.82 ± 1.64 , 95.7% of them did not desire for another child, 36.1% of them experienced miscarriage/abortion, and 39.3% of them had regular menstruation.

Table 2. Women's Characteristics Related to Family Planning Methods (n:280)

	Known Family Planning Number (%)	Currently Used Family Planning (n:208) Number (%)	Family Planning Used Before Menopausal Symptoms (n:257) Number (%)
Combined Oral Contraceptives	143(51.1)	27(9.6)	29(10.4)
Condom	199(71.1)	30(10.7)	52(18.6)
Copper Intrauterine Device	174(62.1)	53(18.9)	45(16.1)
Hormone Intrauterine Device	36(12.9)	2(0.7)	6(2.1)
Injections	96(34.3)	6(2.1)	6(2.1)
Tubal Ligation	106(37.9)	37(13.2)	18(6.4)
Vasectomy	18(6.4)	--	---
Mini Pill	30(10.7)	--	----
Withdrawal Method	238(85.0)	41(14.6)	98(35.0)
Spermicide	10(3.6)	---	---
Vaginal Douching	70(25.0)	---	---
Implants	6(2.1)	----	---
Natural Family Planning Method	84(30.0)	10(3.6)	5(1.8)

The distribution of women's characteristics related to the FP method is presented in Table 2. Accordingly, it was determined that while women mostly knew the withdrawal method, one of FP methods, (85.0%), they mostly used the copper IUD (18.9) method, and the withdrawal method was the method they used mostly before having menopausal symptoms (35%). Furthermore, women who participated in the study indicated that they did not know about the vaginal ring, female condom, diaphragm and contraceptive patch methods and had never used them previously.

Table 3. Women's Characteristics Related to Family Planning Methods (n:280)

Characteristics Related to Family Planning	Number (%)
Reason for preference of the currently used family planing	
Thinking that it reduces menopausal complaints	14(5.0)
Thinking that it is more effective	88(31.4)
Thinking that it is more suitable for health	115(41.1)

Reason for not using family planning	
She does not want herself	56(20.0)
Her husband does not want	6(2.1)
Desire to have a child	7(2.5)
Health problems	24(6.4)
Thinking of entering the menopause	58(20.7)
Satisfaction with the family planning method	
Yes	226(80.7)
No	10(3.6)
Husband's satisfaction with the family planning method	
Yes	233(83.2)
No	3(1.1)
Effect of menopausal symptoms on family planning use	
Yes	112(40.0)
No	168(60.0)
If yes, what kind of effect	
Changing the method	82(29.3)
Completely quitting	20(7.1)
Difficulty in using the method	10(3.6)
Source of information about family planning	
Healthcare personnel	200(71.4)
Internet	2(0.7)
Relative	48(17.1)
Friend	30(10.7)
Family planning selection method	
By own request	85(30.4)
By husband's request	32(11.4)
Together with husband	121(43.2)

The distribution of women's characteristics related to the FP method is presented in Table 3. Accordingly, with regard to the reason for preference of the currently used FP method, 41.1% of women thought that it was more suitable for their health; with regard to the reason for not using it, it was determined that while 20.7% of them thought that they entered the menopause, 40% of them were affected by menopausal symptoms, and 29.3% of them changed the FP method used with menopausal symptoms. Furthermore, it was determined that while 80.7% of women were satisfied with the FP method they used, husbands of 83.2% of them

were satisfied with it, 43.2% selected the FP method together with their husbands, and 71.4% of them received information about FP from healthcare personnel.

Table 4. Comparison of Family Planning Methods Used by Women with the MRS and Sub-Dimension Total Scores

Currently Used FP Methods	Somatic Complaints Mean±SD**	Psychological Complaints Mean±SD	Urogenital Complaints Mean±SD	Menopause Rating Scale Total Score Mean±SD
Combined Oral Contraceptions	2.44±1.90	11.44±2.34	3.44±2.91	18.25±5.64
Condom	3.13±1.57	11.36±9.09	2.20±2.20	16.13±10.99
Copper Intrauterine Device	2.35±1.44	12.11±4.21	2.24±2.77	17.00±7.27
Hormone Intrauterine Device	2.66±0.51	9.00±0.00	2.00±0.00	11.00±0.00
Injections	0.50±0.54	9.54±0.54	0.00±0.00	10.00±1.09 ^a
Tubal Ligation	3.16±0.61	10.81±3.66	3.37±1.65	17.45±5.14
Withdrawal	3.41±1.72	11.92±4.30	3.19±2.72	18.26±7.00
Natural Family Planning	4.80±1.64	7.20±2.04	1.00±1.33	11.20±2.78 ^b
No Method Use (n:72)	1.55±1.54	13.09±3.69	3.51±2.42	19.55±5.7 ^c
Total Score	2.86±1.72	11.74±4.69	2.90±2.52	17.51±7.00
Statistical Test *	KW=29.06 p=0.000	KW=26.42 p=0.001	KW=27.18 p=0.001	KW=27.162* p= 0.001

*KW: Kruskal Wallis Test.

** SD: Standart sapma

a,b,c: Sub-group comparisons were performed by the Bonferroni Test. There is a statistically difference at $p < 0.01$ level between a and c and between b and c.

The comparison of FP methods used by women with the MRS and sub-dimension total scores is presented in Table 4. Accordingly, it was determined that there was a statistically significant difference between the currently used FP methods and the MRS total and sub-dimension scores ($p < 0.05$). MRS total scores were found to be higher in women who did not use the FP method and who used the withdrawal method and the COC method. When MRS sub-dimensions were analyzed, it was determined that while urogenital complaints were higher in those who did not use methods and those who used the COC method, psychological complaints were higher in those who did not use methods and those who used copper IUD, and somatic complaints were higher in women using natural FP and withdrawal method.

DISCUSSION

Since there is a risk of pregnancy, though with a low probability, in the premenopausal period, effective contraception is of great importance. Although there are many contraceptive methods, the most effective and suitable method for women in this period should be chosen by exclusive counselling. Many factors affect the selection of contraceptive methods.¹⁴⁻¹⁷ During the selection of contraceptive methods for women, healthcare professionals should provide women with counselling on selecting an effective method that reduces menopausal symptoms, is generally good for health, does not affect existing health problems and improves sexual health.¹⁰ It was determined that 74.2% of the women who participated in our study used any of the FP methods. When these methods were examined, they mostly used the copper IUD (18.9%), withdrawal method (14.6%), tubal ligation (13.2%), condom (10.7%), pill/COC (9.6%), natural FP methods (3.6), injections (2.1), hormone IUD (0.7), respectively. When the literature was reviewed, it was found out that IUD, tubal ligation and condom were the FP methods most frequently used by women in the premenopausal period and that the withdrawal method was the traditional method they mostly used.¹⁸⁻²¹ It was understood that women in the premenopausal period mostly did not give up the withdrawal method, which is a frequently used method in society, in addition to the idea that they preferred effective-safe methods. Our research finding is similar to the literature.

In the study, it was found that menopausal symptoms experienced by women affected the use of FP. Some of the women (40%) stated that they had to change the FP methods they used, had difficulty in using them and had to give up the method completely. In the study conducted by Pinar, it was determined that almost all of the women did not need contraceptive use along with the menopausal symptoms and stopped using the method. In their study, Cumming et al. (2012) determined that 42% of women in the premenopausal period were not satisfied with contraception and that 27% of the participants did not use the FP method.²⁰ In the study of Lader (2009), it was determined that the majority of women in the premenopausal period stopped using the method.²¹ In our study, it was determined that the majority of women with high menopausal symptoms either did not use any method or mostly used the withdrawal and COC methods. This result shows us that women with increased menopausal complaints stopped using the method by considering that there was no possibility of pregnancy with the idea of having entered menopause. When the reasons for not using FP of women were examined, the fact that they mostly responded “because I have entered menopause” supports this inference. In our study, it was observed that women with high menopausal symptoms used the withdrawal method, which is commonly used in society. In a study, it was determined that women’s preference for the withdrawal method was due to the lack of cost, accessibility in all cases, cultural factors, and false beliefs that other modern

methods may damage health.²² In our study, it was observed that the withdrawal method is the FP method that women know the most and that they want to use the most useful for their health while choosing a method. Therefore, we consider that these factors may have directed women to use the withdrawal method. In our study, it was found method was among the most preferred methods by the women with. Estrogen that decreases in the body with menopause may cause women to have many symptoms, such as hot flush, vaginal atrophies, menstrual irregularities, fatigue, and insomnia during this period. Hormone Replacement Therapies are used to reduce these symptoms. In the review of Bella et al. (2016), it was determined that women in the premenopausal period used the COC method for hot flush-menstrual irregularities.² In a review study conducted by Cho (2018), it was determined that perimenopausal women usually experienced symptoms such as menstrual irregularity, heavy menstrual bleeding and vasomotor, and they stated that the use of COC as an FP method may help control these symptoms.⁸ In our study, it was considered that women used this method to reduce their menopausal symptoms, in accordance with the literature. Furthermore, when the women who participated in the study were classified into age groups (group 1 (40-50 years); group 2 (51-60 years)), it was observed that the ratio of women using COC was 8.8% in group 1 and 0.8% in group 2. This result shows us that women give up the COC method as age progresses and apply the COC method to reduce the symptoms in the age range at which menopausal symptoms are intense.

In our study, it was seen that the majority of women received information about FP from health personnel. However, it was determined that a small number of women received this information from their social circles. In the study of Aksu et al. (2015), it was determined that 49.5% of the participating women received information about family planning from the health personnel, but half of the women stated that they could not get information about some FP methods from the health personnel.²³ Premenopausal women have a slight chance of pregnancy. Pregnancy brings with it many risks during this period. It is important for health personnel to consult women on this issue in order to prevent unwanted and risky pregnancies.

Study limitations

The findings obtained from the research are limited to the measurement tools used and the self-reports of the participants. The research is valid for women who apply to the hospital. As the study was conducted with healthy women, it does not reflect the general population.

CONCLUSIONS

In the study, we determined that women in the premenopausal period mostly used any FP method. We determined that women with high menopausal symptoms mostly did not use modern FP methods, with the thought that they entered menopause. However, women should be informed about modern FP methods in order to prevent unintended pregnancies. We determined that women in the premenopausal period could change the FP method they used with the menopausal complaints. Healthcare professionals are recommended to be aware of these changes and to help women for the selection of a suitable FP method in the prevention of unintended pregnancies and also in solving the problems related to sexual health. In our study, although women mainly received information about FP from healthcare professionals, it was observed that some women received this information from their social environments such as friends and relatives. It is very important for the women in the premenopausal period with suspected pregnancy to have accurate information about FP in this process. We determined that the women who participated in the study did not have any knowledge about the vaginal ring, female condom, diaphragm and contraceptive methods. The women in the premenopausal period should be informed about these methods.

Source of Finance

The author(s) reported there is no funding associated with the work featured in this article.

Conflict of Interest

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

Authorship Contributions

Idea/Concept: Saadet Boybay Koyuncu; Design: Saadet Boybay Koyuncu, Mehmet Bülbül; Control/Supervision: Saadet Boybay Koyuncu, Mehmet Bülbül; Data Collection and/or Processing: Saadet Boybay Koyuncu; Analysis and/or Interpretation: Saadet Boybay Koyuncu, Mehmet Bülbül; Literature Review: Saadet Boybay Koyuncu; Writing the Article: Saadet Boybay Koyuncu, Mehmet Bülbül; Critical Review: Saadet Boybay Koyuncu, Mehmet Bülbül; References and Fundings: Saadet Boybay Koyuncu, Mehmet Bülbül; Materials: Saadet Boybay Koyuncu, Mehmet Bülbül.

Yazar Katkı Oranları:

Çalışmanın Tasarlanması (Design of Study) : SBK %60, MB %40

Veri Toplanması (Data Acquisition) : SBK %60, MB %40

Veri Analizi (Data Analysis) : SBK %60, MB %40

Makalenin Yazımı (Writing up) : SBK %60, MB %40

Makale Gönderimi ve Revizyonu (Submission and Revision) : SBK %60, MB %40

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PREMENOPOZAL DÖNEMDEKİ KADINLARDA MENOPOZ SEMPTOMLARININ AİLE PLANLAMASI YÖNTEM TERCİHLERİNE ETKİSİ GENİŞLETİLMİŞ ÖZET

Bu çalışma premenopoz dönemindeki kadınların yaşadıkları menopoza semptomlarının aile planlaması (AP) yöntem tercihlerine etkisini belirlemek amacıyla yapılmıştır. Tanımlayıcı olarak tasarlanan araştırmanın evrenini, Adıyaman Eğitim ve Araştırma Hastanesi Kadın Doğum ve Çocuk Hastanesi Ek Hizmet Binasına başvuran 40-60 yaş aralığında olan sağlıklı kadınlar oluşturmuştur. Araştırma ile 01.11.2019-01.05.2020 tarihleri arasında yürütülmüştür. Örneklem büyüklüğünün belirlenmesi için yapılan güç analizi için, 0.7 etki büyüklüğünde, 0.05 yanılma düzeyinde, 0.95 evreni temsil gücüyle örneklem büyüklüğü 280 kadın olarak hesaplanmıştır. Örneklem seçiminde gelişigüzel örnekleme yöntemi kullanılmıştır. Araştırmaya alınma kriterleri; 40-60 yaş arasında olmak, premenopoz döneminde olmak, düzenli veya düzensiz menstrüasyon görüyor olmak, eşi ile birlikte yaşıyor olmak, okur-yazar olmak, iletişim sorunu olmamak olarak belirlenmiştir. Araştırmaya alınmama kriterleri olarak; bir yıldan daha uzun süre menstrüasyon görmüyor olmak, kronik bir hastalığa sahip olmak, gebe veya doğum sonu dönemde olmak olarak belirlenmiştir.

Veriler hafta içi beş gün süresince araştırmacı tarafından yüz yüze görüşme yöntemiyle çalışmanın yürütüldüğü hastanenin aile planlaması odasında toplanmıştır. Araştırmaya katılacak kadınlara araştırma hakkında bilgi verilerek izinleri alınmıştır. Veri toplama aracı olarak Birey Tanıtım Formu, Menopoz Semptomları Değerlendirme Ölçeği kullanılmıştır.

Kadınların yaş ortalaması 48.72±5.99 olan kadınların %82.9'unun çalışmadığı, %25'inin dokuz ve üzeri yıl eğitim aldığı, %70.3'ünün şehirde yaşadığı, %69.6'sının çekirdek aileye sahip olduğu, %70.4'ünün gelirini orta olarak algıladığı saptanmıştır. Kadınların gebelik sayısı ortalaması 4.57±2.18, yaşayan çocuk sayısı ortalaması

sı 3.82 ± 1.64 olduğu, %95.7'sinin başka çocuk istemediği, %36.1'inin düşük/kürtaj yaşadığı, %39.3'ünün düzenli adet gördüğü saptanmıştır.

Araştırmada kadınların en çok bildikleri AP yönteminin geri çekme yöntemi (%85.0), en çok kullandıkları yönteminin bakırlı RİA (18.9) ve menopoz semptomları yaşamadan önce en çok kullandıkları yönteminin ise geri çekme yöntemi (%35) olduğu saptanmıştır. Ayrıca araştırmaya katılan kadınlar; vajinal halka, kadın kondomu, diyafram ve doğum kontrol flasteri yöntemleri hakkında bilgilerinin olmadığını, daha önce hiç kullanmadıklarını ifade ettiler.

Kadınların, %41.1'inin şu an kullandıkları AP yöntemini tercih etme sebebi olarak sağlığı için daha uygun olduğunu düşündükleri, %20.7'sinin AP kullanmama sebebi olarak menopoza girdiğini düşündükleri, %40'ında menopoz semptomlarının AP kullanımını etkilediği ve %29.3'inin menopoz semptomlarıyla birlikte kullandıkları AP yöntemini değiştirdikleri saptanmıştır. Ayrıca kadınların kullandıkları AP yönteminden %80.7'sinin memnun olduğu, eşlerinin ise %83.2'sinin memnun olduğu, %43.2'sinin AP yöntemini eşi ile birlikte seçtiği, %71.4'ünün AP ile ilgili bilgiyi sağlık personelinin aldığı saptanmıştır.

Kadınların şu an kullandıkları AP yöntemleri ile MSDÖ toplam ve alt boyut puanları arasında istatistiksel olarak fark olduğu saptanmıştır ($p < 0.05$). AP yöntemi kullanmayan, geri çekme yöntemi ve KOK yöntemlerini kullanan kadınlarda MSDÖ toplam puanlarının daha yüksek olduğu saptanmıştır. MSDÖ alt boyutları incelendiğinde: Ürogenital şikayetler; yöntem kullanmayanlar ve KOK kullananlarda, psikolojik şikayetler; yöntem kullanmayanlar ve bakırlı RİA kullananlarda, somatik şikayetler ise doğal AP ve geri çekme yöntemi kullanan kadınlarda daha yüksek olarak saptanmıştır.

SONUÇ VE ÖNERİLER

- ✓ Araştırmada premenopozal dönemdeki kadınların ağırlıklı olarak herhangi bir AP yöntemi kullandıklarını saptadık.
- ✓ Menopoz semptomları yüksek olan kadınların çoğunlukla AP girdim düşüncesiyle modern AP yöntemleri kullanmadıkları saptadık. Fakat istenmeyen gebeliklerin engellenmesi için kadınların modern AP yöntemleri ile ilgili bilgilendirilmesi gerekmektedir.
- ✓ Premenopoz dönemindeki kadınların menopoz yakınmaları ile birlikte kullandıkları AP yöntemini değiştirebildiklerini saptadık. Sağlık profesyonellerinin bu değişimlerden haberdar olması ve istenmeyen gebeliklerin önlenmesi ve ayrıca cinsel sağlıkları ile ilgili problemlerini çözme aşama-

sında uygun AP yöntemini seçmeleri konusunda kadına yardımcı olmaları önerilmektedir.

- ✓ Araştırmamızda kadınların AP ile ilgili bilgilerin daha çok Sağlık personellerinden almalarına rağmen bazı kadınların ise bu bilgileri arkadaş, akraba gibi sosyal çevreden aldıkları görülmektedir. Gebelik şüphesi olan premenopoz dönemindeki kadınların bu süreçte AP ile ilgili doğru bilgiye sahip olmaları oldukça önemlidir.
- ✓ Araştırmaya katılan kadınların; vajinal halka, kadın kondomu, diyafram ve doğum kontrol flasteri yöntemleri hakkında bilgilerinin olmadığını saptadık. Premenopozal dönemdeki kadınların bu yöntemler hakkında bilgilendirilmesi önerilir.

Keywords: *Doğum Kontrolü, Menopoz, Belirtiler.*

