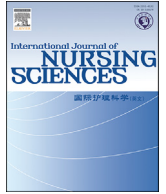


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Attitude and practice of family planning methods among Roma women living in northern Turkey

Ilknur Aydin Avci, Figen Cavusoglu*, Mesiya Aydin, Birsen Altay

Public Health Nursing of Department, Samsun Faculty of Health Science, Ondokuz Mayıs University, Samsun, Turkey

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ABSTRACT

Objective: This study aims to investigate the attitude and practice of family planning (FP) methods among Roma women living in northern Turkey.

Methods: A total of 120 Roma women living in northern Turkey participated in this descriptive study. Data were collected using a questionnaire. The scale of FP attitude was used.

Results: The mean age of participants was 28.9 ± 1.8 . Among the participants, 37.5% (45/120) were primary school graduates, 70.8% (85/120) were unemployed, 73.4% (88/120) were in a consensual marriage and 94.2% (113/120) had children. The majority or 85.8% (103/120) of the participants stated that they used FP methods. Intrauterine device (57.4%, 69/120) and withdrawal method (22.3%, 27/120) were the most frequently used FP methods.

Conclusions: The rates at which Roma women use FP were high. Their attitudes towards FP tended to be negative and the methods used were primarily related to females.

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1. Introduction

The Romani population is known by different names in different communities or regions. These names show new societal changes. In Turkey, the Romani people are called “Roman” [1]. Different names have been given to them in every region within Anatolia alone where they live. For example, they are called “Roma” in Western Anatolia and Thrace, “Mutrip” in and around Van-Ardahan, “Elekçi (Sieve Maker)” in Central Anatolia, “Poşa” in the region between Erzurum and Sivas. In other regions, they are variously called “Sepetçi” (Basket Maker), “Mandacı” (Cow Breeder) and “Kalaycı” (Tinman), in reference to their line of work. In countries abroad, they are referred to as “Kevli” in Iran, “Lom” in Armenia, “Kalo” in Spain and “Sinto” in Germany [2].

Generally, the education levels of Roma communities are low and they suffer from high unemployment rates. Those who are employed tend to work in illegal or temporary jobs or jobs without health benefits. This population group also has a high rate of crime and alcohol and illegal drug use. Consistent with these data, existing studies conducted in different regions of the world also

show that they have low rates of health service use [3–7]. One study found that the reasons associated with the Roma people include lack of money, recourse to traditional practices, transportation problems, bad experiences and fear; these reasons do not apply to healthcare services [8].

In addition to general health, the health of the mother and child, who form a particular risk group, is especially important. Services related to maternal and child health are not at a desirable level [9–11]. Roma women are highly exposed to complications during pregnancy because they marry at an early age; thus, they have high rates of adolescent pregnancies and a high number of births and miscarriages [10,12–15]. Evidence shows that their infants have low body, and a high incidence of premature birth and one or more stillbirths or neonatal infant deaths have been reported every year within the Roma community [12–15]. The average number of children born to Roma women is high [16].

The studies examined in literature largely address socio-cultural and demographic characteristics, general health status and health service use status of the Roma people; only a limited number of studies examined maternal and child health, women’s health and FP [7,16–18]. The studies conducted on the Roma population in Turkey were appropriate with existing literature [1,2,6,19–23].

The highest concentrations of Roma people in Turkey are found in Thrace and Marmara regions, whereas smaller settlements can be observed throughout the rest of the country. Despite lack of

* Corresponding author.

E-mail address: figen.cavusoglu@omu.edu.tr (F. Cavusoglu).

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official data, approximately 16,000 Roma citizens live in densely populated conditions in the neighborhoods of Yavuz Selim and İki yüz Evler in the province of Samsun; more groups are scattered in small numbers in different parts of the province (e.g. the districts of Tekkeköy, Çarşamba and Bafra in the province of Samsun) [1]. A group of Roma people consisting of approximately 16,000 people live in three central neighborhoods of the Samsun city center. A study conducted by the Governorship of Samsun in 2011 to analyse the present status of Roma people showed that 80% of the Roma people older than 13 were already married; only 6% of them had been married and divorced once before or were widowed. These findings reveal that early marriage is a major problem in Roma society. Early marriages are accompanied by adolescent pregnancy. Adolescent pregnancies are considered risky pregnancies because the health of both the mother and baby is negatively affected. In addition, perinatal mortality rates and morbidity are highly prevalent in adolescent pregnancies [24–27]. According to the results of the same study, the population consisted of 52% young and 34% middle-aged and elderly persons; this population group has low education levels, they encounter unemployment problems and majority of those who are working had no healthcare benefits [1]. The literature and data from the study show the importance of examining the healthcare use of Roma citizens. Given their special interest in society, public health nurses are best suited to conduct social studies on this disadvantaged group. The data obtained can be used to find solutions and develop projects to improve their welfare. The Roma people form a unique group that has been neglected in terms of healthcare. Thus, studies should be conducted that serve to reveal their healthcare needs and their present status.

This study aims to examine the status of the use of FP methods of married Roma women between ages 15 and 49, who are living in the neighborhood of Yavuz Selim, Canik District in the province of Samsun. Their attitudes towards FP were also examined. This study explores the following questions:

What is the status of the use of FP by the Roma people?

What are the attitudes of Roma people towards FP?

Is there any relationship between the status of the use of FP by Roma people and their attitudes towards FP?

2. Methods

2.1. Time and place of the study

The study was designed as a descriptive, correlation research project. The study was conducted at the Family Health Center of the neighborhood of Yavuz Selim, Canik District, Samsun Province between March 1, 2014 and May 30, 2014.

2.2. Population and sampling of study

A total of 282 married women between the ages of 15 and 49 were registered at the Family Health Center located in an area where the Roma people were living at the time of the study. The criteria for inclusion in the sample included agreement to enroll in the study, error-free completion of data collection forms, residence in the present settlement on the date of the study, and marital status. We aimed to reach all married women in this research. Those excluded from participation included 28 women whose data collection forms were incorrectly filled out; 44 women did not agree to participate in the study, 50 women could not be reached and 40 women were living in different areas on the dates of the study. Thus, the sample comprised 120 married women.

2.3. Data collection tools

The study data were collected using a questionnaire, which was prepared after conducting a review of relevant literature. The questionnaire was administered to determine the sociodemographic and obstetric characteristics of married Roma women between the ages of 15 and 49. The Family Planning Attitude Scale (FPAS) was also used for data collection.

FPAS: This Likert-type scale consists of 34 items and was developed by Örsal and Kubilay [28]. Every statement in the Likert-type scale features responses with a weight that ranged from 1 to 5, wherein 1 represents “strongly agree”, 2 for “agree”, 3 for “neither agree nor disagree”, 4 for “disagree” and 5 for “strongly disagree”.

No statement on the scale required reverse coding. The lowest score that could be obtained from the scale was 34, and the highest score was 170. The higher scores obtained from the FPAS implied that the attitudes towards the use of FP were positive. The scale features three sub-dimensions, namely, “Attitude of Society to FP”, “Attitude Towards FP Methods”, and “Attitude Towards Pregnancy.” The subdimension “Attitude of Society to FP” consists of 15 items. The lowest possible score obtained from the subdimension was 15, and the highest possible score was 75. The subdimension “Attitudes Towards FP Methods” consists of 11 items, wherein the lowest possible score obtained was 11 and the highest possible score was 55. The subdimension “Attitude Towards Pregnancy” consists of eight items, wherein the lowest possible score obtained was 8 and the highest score was 40. The subdimension “Attitude of Society to FP” examines the attitude of society towards the number of children women of born, number of male children, the perspective of society on females, the social importance of females in developing attitudes towards FP methods, the relationship between females and the development of this attitude. The subdimension “Attitude Towards FP Methods” facilitates the evaluation of the existence of false beliefs about attitudes and methods towards FP. The belief that “marriage is a requirement” is common in traditional societies and viewed as a prerequisite to the use of a FP method insofar as a sexual relationship results from being married. Therefore, the subdimension related to pregnancy is highly significant in terms of evaluating the approach of “it is not proper to provide unmarried women with FP services.” Pregnancy enables women to gain status and enhance her value, and is seen as a state that makes women attractive in traditional societies. This particular characteristic of pregnancy is assessed with this dimension of the scale. The Cronbach's α value of the original scale was 0.90 [27], whereas that in the current study was 0.74.

2.4. Data collection

Data were collected at the Family Health Center through one-to-one interviews conducted in person on the dates specified by the researcher. All interview questions in the forms were read to the participants one by one and their answers were recorded. Completion of the form took approximately 10–15 min.

2.5. Data analysis

Data were analysed using the SPSS 20.0 package program. Descriptive characteristics were shown in numbers and percentages. Variance analysis was used for education level, type of marriage and type of FP used in the evaluation of the data. T-test was used for the other independent variables (occupational status of spouse, occupational status, parenthood status, delivery mode and status of using FP). Pearson correlation analysis was conducted for

age, age of marriage, age of spouse, age of first pregnancy and number of people living at home. The Mann–Witney *U* test was conducted for the variable public health insurance.

2.6. Ethics approval

Prior to conducting the study, necessary permissions were obtained from the Samsun Public Health Directorate, which links the Family Health Centers. The verbal consents of the participants were obtained, and compliance with the principle of voluntary participation was ensured.

3. Results

The mean age of the Roma women who participated in the study was 28.9 ± 1.79 . Among the female participants, 37.5% were primary school graduates, 70.8% were unemployed, 73.4% were in a consensual marriage, 20.8% eloped to marry and 94.2% have children. Majority or 85.8% of the participants stated that they used a FP method. Intrauterine device (IUD) (57.4%) and withdrawal method (22.3%) were the most frequently used FP methods. Findings showed that 86.7% of the spouses of women were employed; their occupations mostly laborers (13.3%) and market vendors of farmers (10.8%) (Table 1).

Table 1
Descriptive characteristics of Roma women.

Characteristics	Number	%
Age (Mean, SD)	28.9	1.8
Level of Education		
Non-educated	34	28.3
Elementary school	45	37.5
Secondary School	41	34.2
Occupational Status		
Working	35	29.2
Not working	85	70.8
Occupational Status of Spouse		
Working	104	86.7
Not working	16	13.3
Spouse's Occupation		
Shoeshiner	5	4.2
Farmers market vendor	13	10.8
Laborer	16	13.3
Painter	9	7.5
Musician	8	6.7
Civil Servant	3	2.5
Waste Collector	10	8.3
Others	40	33.3
Type of Marriage		
Consensus	88	73.4
Family arrangement	7	5.8
Elopement	25	20.8
Years of Marriage		
1–11	65	54.2
12–22	34	28.3
23–33	21	17.5
Parenthood Status		
Have children	113	94.2
Do not have children	7	5.8
Number of pregnancy		
1–6 pregnancies	96	80
7–12 pregnancies	24	20
Status of FP Method Use		
Use	103	85.8
Does not use	17	14.2
FP Method Used		
IUD	59	57.4
Condom	9	8.7
Pill	3	2.9
Withdrawal	23	22.3
Tubal ligation	9	8.7

The mean age of first pregnancy of Roma women was 17.3 ± 1.74 , and the mean number of their pregnancies was 3.63 ± 2.65 . The age of marriage varied between 13 and 23, but a majority of the marriages took place among women who were under 18 years old (73.3%). These marriages happened at the age of 13 (5.8%), 14 (7.5%), 15 (13.3%), 16 (17.5%) and 17 (29.2%), respectively. Vaginal birth was the most common delivery mode at 80.8%.

Table 2 shows the total score of the FPAS and the distribution of subdimension scores. The mean scores of the subdimensions of the FPAS, which include Attitude of Society to FP, Attitude Towards FP Methods and Attitude Towards Pregnancy, were 27.8 ± 5.08 , 26.8 ± 6.69 and 20.1 ± 2.13 , respectively. An evaluation of the scores of the scale showed that the highest score was obtained for the subdimension Attitude Towards FP Methods (Table 2).

Table 3 shows statistical examinations conducted on descriptive variables and FPAS. The scores for the subdimensions of Attitude of Society to FP and the Attitude Towards Pregnancy of non-educated Roma women were higher than the scores of those who were primary and secondary school graduates. The relationship between the two groups was statistically significant ($F = 4.747$, $F = 3.4852$, $P < 0.05$). An examination of the relationship between the occupational status of Roma women and their attitudes towards FP was examined showed that the scores for the subdimensions of Attitude of Society to FP and the Attitude Towards Pregnancy and their total scale scores for FP were high. The difference between the two subdimensions was also significant ($t = -2.480$, $t = -2.566$, $t = -3.099$, $P < 0.05$). A *t*-test was performed in independent groups to measure the difference between parenthood status and FP attitude. A significant difference was found between the total scores on the FPAS for those who did not have children ($t = -2.133$, $P < 0.05$). An examination of the relationship between the type of marriage and the scale showed a statistically significant difference between the subdimension scores of FP of the Roma women who married based on family arrangement ($F = 3.070$, $P = 0.05$) (Table 3). This finding showed the lack of correlation between FP use and age, education levels of women and number of children ($P > 0.05$). An examination of the relationship between years of marriage and FPAS scores showed a statistically significant relationship between the subdimension of Attitude of Society to FP and age of marriage ($F = 3.307$, $P < 0.05$).

The statistical examination did not find a relationship between FPAS score and age, age at marriage, age of spouse, age of first pregnancy, number of people living at home and public health insurance ($r = 0.094$; $r = -0.035$; $r = 0.131$; $r = -0.059$; $r = 0.236$; $U = 0.155$; $P > 0.05$, respectively).

Table 4 shows the distribution of pregnancy-related variables on FPAS. The score of the subdimension Attitude Towards Pregnancy subdimension of those who gave birth by cesarean delivery was higher than that of those who gave vaginal birth. The difference was statistically significant ($t = -2.156$, $P < 0.05$). The score of the subdimension Attitude Towards FP Methods and the total score of FPAS of those who did not use any FP methods were high. The difference was statistically significant ($t = -2.272$, $t = -1.993$, $P < 0.05$). A significant difference was found between the total score of the scale and all subdimension scores of those who used tubal ligation method compared with those who used other methods. This finding clearly shows the strong relationship between the subdimension of Attitude Towards FP Methods and the total score of the scale ($P < 0.001$).

4. Discussion

This section discusses the results of this study, which was conducted with the aim of examining the status of the use of FP by Roma women and their attitudes towards this practice. This study

Table 2
Scores on the Family Planning Attitude Scale.

The Sub-Dimensions (SD) of Family Planning Attitude Scale (FPAS)	Mean \pm SD	Marked Value Ranges Min–Max
Attitude of Society to Family Planning (ASFP)	27.8 \pm 5.08	17–44
Attitude Towards Family Planning Methods (ATFPM)	26.8 \pm 6.69	12–42
Attitude Towards Pregnancy (ATP)	20.1 \pm 2.13	16–28
Total	74.9 \pm 9.64	53–95

Table 3
Analysis of Family Planning Attitude Scale scores with descriptive variables (Mean \pm SD).

Variables	SDASFP	SDATFPM	SDATP	FPAS
Education Level				
Non-educated	30.1 \pm 4.9	26.9 \pm 6.5	21.02 \pm 2.3	77.10 \pm 9.9
Elementary School	27.2 \pm 5.1	25.8 \pm 7.03	19.8 \pm 1.8	72.8 \pm 9.5
Secondary School	26.8 \pm 4.8	27.9 \pm 6.5	19.9 \pm 2.2	74.5 \pm 9.2
Statistics	F=4.747	F=1.014	F=3.852	F=2.931
P	0.010	0.366	0.024	0.057
Occupational Status				
Working	26.1 \pm 5.1	25.2 \pm 6.8	19.4 \pm 2.1	70.7 \pm 9.10
Not working	28.6 \pm 4.9	27.5 \pm 6.6	20.5 \pm 2.1	76.5 \pm 9.03
Statistics	t = -2.480	t = -1.680	t = -2.566	t = -3.099
P	0.015	0.096	0.012	0.002
Occupational Status of Spouse				
Working	27.9 \pm 5.02	26.8 \pm 6.8	20.3 \pm 2.1	75.01 \pm 9.7
Not working	27.4 \pm 5.6	26.6 \pm 6.03	19.7 \pm 2.3	73.8 \pm 9.7
Statistics	t = 0.340	t = 0.122	t = 1.013	t = 0.488
P	0.734	0.903	0.313	0.626
Parenthood Status				
Have children	27.7 \pm 5.1	26.6 \pm 6.5	20.1 \pm 2.2	74.4 \pm 9.6
Don't have children	30.0 \pm 3.8	30.9 \pm 8.8	21.4 \pm 1.3	82.3 \pm 7.5
Statistics	t = -1.159	t = -1.657	t = -1.586	t = -2.133
P	0.249	0.100	0.115	0.035
Type of Marriage				
Consensual	27.6 \pm 4.10	27.1 \pm 6.7	20.2 \pm 2.1	74.9 \pm 9.2
Family arranged	29.7 \pm 4.3	31.1 \pm 5.2	20.4 \pm 1.6	8.5 \pm 3.2
Elopement	28.1 \pm 5.8	6.5 \pm 1.3	20.0 \pm 2.5	10.8 \pm 2.2
Statistics	F=0.597	F=3.070	F=0.110	F=2.216
P	0.552	0.050	0.896	0.114

Table 4
Analysis of Family Planning Attitude Scale scores with pregnancy-related variables (Mean \pm SD).

Variables	SDASFP	SDATFPM	SDATP	FPAS
Delivery mode				
Vaginal birth	27.7 \pm 5.2	26.4 \pm 6.6	19.10 \pm 2.2	74.1 \pm 9.6
Cesarean Section	28.5 \pm 4.4	28.5 \pm 7.1	21.0 \pm 1.8	78.0 \pm 9.5
Statistics	t = -0.666	t = -1.328	t = -2.156	t = -1.757
P	0.506	0.187	0.033	0.081
Status of Using FP				
Use	27.8 \pm 5.2	26.3 \pm 6.4	20.0 \pm 2.1	74.1 \pm 9.5
Don't use	27.8 \pm 4.8	30.2 \pm 7.4	21.1 \pm 1.9	79.1 \pm 9.5
Statistics	t = 0.016	t = -2.272	t = -1.949	t = -1.993
P	0.987	0.025	0.054	0.049
FP Method Used				
IUD	26.2 \pm 5.08	23.10 \pm 5.7	19.6 \pm 1.10	70.2 \pm 8.2
Condom	28.0 \pm 2.7	26.8 \pm 5.10	21.0 \pm 2.1	75.8 \pm 7.0
Pill	28.3 \pm 1.5	24.3 \pm 4.7	19.3 \pm 1.2	72.0 \pm 6.0
Withdrawal	29.1 \pm 5.3	31.8 \pm 5.0	20.6 \pm 2.1	81.5 \pm 8.5
Tubal ligation	32.8 \pm 3.3	8.4 \pm 2.8	21.2 \pm 3.0	79.7 \pm 9.9
Statistics	F=3.502	F=7.557	F=2.449	F=9.082
P	0.010	0.000	0.051	0.000

found that 85.8% of Roma women use an FP method. Roma women have a high usage of FP. The majority of Roma women use modern FP methods. The rate of using FP methods determined in this study is similar to that seen in literature; however, Nikolic and Djikanovic [18] found that traditional methods were used at a higher rate. Sedlecky and Rasevic [29] and Krumova and Ilieva [30] concluded

that the use of traditional FP methods among Roma women was higher than other methods. The differences in the results obtained from studies conducted with Roma people living in different countries could be attributed to the scope and content of healthcare services provided for the citizens of these countries, the status of citizen transition to a settled life and their accessibility to healthcare services. The high rate of using modern methods found in this study could be attributed to the presence of a family health center within the vicinity of where Roma citizens live and the provision of free modern FP methods from this center (all primary healthcare services and FP services are provided for free in Turkey). Another factor that contributes to this high rate could be the interaction between Roma people and non-Roma people who live in the region where the study was conducted and its influence on the lifestyle of Roma people. In other words, a set of differences might emerge in terms of the use of FP because of changing lifestyles and habits.

Considering the types of FP methods used by Roma people showed that 57.4% of them used IUD, whereas 22.3% used withdrawal method. Other methods included condom, tubal ligation and pills. Birth control pills lose their efficacy when they are not taken on a daily basis as required. Thus, a fair degree of attentiveness to remembering this prescriptive line is required. The strictness involved in using these pills could be challenging for this group given the education levels of the Roma people. Thus, the high rate of IUD use in the Roma people may be attributed to the easy manner with which it can be used because it simply needs one-time insertion and can be controlled once a year. However, this method has a few adverse effects. The finding that condoms were the least preferred option among the modern methods could be the result of the traditional structure of Roma communities, where women bear much, if not all, of the responsibility for FP. Nikolic and Djikanovic [18] found that withdrawal method was used most frequently used modern method, whereas condoms was the least preferred method and IUD ranked as the second most preferred method. Krumova and Ilieva [30] found that IUD was the second most preferred method, whereas withdrawal method was the first. Unlike the findings from literature, the results of the present study showed that the rates at which the Roma community living in northern Turkey used modern methods was higher than those found in studies conducted in different countries [18,30]. These results could be attributed to the fact that the use of modern methods is free in Turkey.

Results from the examination of the age at marriage and pregnancy status of Roma women showed that the age at marriage varied between 13 and 23, and the number of adolescent pregnancies and children were high. These results were consistent with those found in literature [6,10,12,16]. This finding can be explained through the low socio-economic and education levels in Roma society [31]. Furthermore, the approval of Roma society gives to early marriage as a defining feature of their traditional lifestyle encourages young men and women. Young people who do not have regular jobs and do not maintain their schooling are supported when they decide to get married in accordance with their family's wishes. The desire to have a family with many children and the consequent high number of pregnancies and children seen among the Roma people reinforces the acceptance level and enables those

who adhere to these traditions to gain status in Roma society. This dynamics can also be seen as a responsible factor for early marriages and adolescent pregnancies.

The scores obtained from FPAS and its subdimensions show that the attitudes of Roma women towards the use of FP methods are below the average level. Thus, their willingness to use FP methods is low. According to the relationship between their education level and the FPAS, the Attitude of Society Towards FP and the Attitude Towards Pregnancy subdimension scores and the total scores of those who were non-educated were higher than others. This difference was significant. Contrary to this result, Gözükara, Kabalcıoğlu and Ersin [32] found that the education levels of women living in Şanlıurfa increased as their FPAS scores increased. The difference was statistically significant in their study. According to the data of the 2013 Turkey Demographic and Health Survey (TDHS), the use of any FP method increases as education level increased. Nikolic and Djikanovic [18] found that a positive relationship exists between education level and use of a FP method. The differences between the results of the present study and those seen in literature stem from the fact that the study group is a special group. Similarly, the scores of the attitudes related to society and pregnancy scores and total scale scores of unemployed Roma women were high and their difference was significant. The finding that shows high scores of Attitude Towards Society and the Attitude Towards Pregnancy subdimensions of non-educated and unemployed Roma women can be explained through social gender factors.

The subdimension Attitude of Society towards FP includes questions about the attitude of society towards the number of children and male children. The subdimension Attitudes Towards FP Methods includes questions involving the status of women in society. The subdimension of Attitude Towards Pregnancy includes questions involving the inappropriateness of unmarried women acquiring knowledge about FP methods. When Roma communities are considered in light of their traditional structures and practices, pregnancy is regarded as a means that enables women to gain status and acceptance, enhances their value and makes them attractive.

The relationship between the status of having children, FPAS and its subdimensions were examined. This study found that the FPAS total score of women who do not have children was significantly high. Similar results were found using FPAS in the studies conducted on individuals who were not Roma. Gözükara, Kabalcıoğlu and Ersin [32] found that the scale score of women who did not have any children was significantly high ($p < .05$). Altay and Gönener [33] found that the option of using modern methods was higher for individuals who did not want to have another child. Ayaz and Efe [34] found that the means of total scores of women who did not want to have children more positive. The woman's decision not to have children suggests that they have a stronger tendency to use FP methods and positive attitudes towards using them.

The three types of marriages among Roma women are consensual marriages, marriages arranged by the family and marriages made by eloping. This study found that the subdimension related to the FP method in marriages arranged by the family was high and their relationship was significant. Family-arranged marriages offer a way of gaining acceptance in society and family. Thus, plans to have children may be delayed, which increases the possibility of using FP methods. Their increased positive attitude towards FP can be explained by this reason. Marriages made by eloping have the lowest score. This finding that can be attributed to the idea that having children is regarded as a factor that serves to secure a marriage. Moreover, individuals believe that their marriage will be approved and accepted by the society and the family by having children, thereby giving value to their lives. Having children is an

important parameter in traditional societies. Given that the Roma population qualifies as a traditional society, some individuals believe they can validate their marriages in the eyes of the society by eloping. Thus, their FP attitude scores may be low.

In this study, FPAS scores towards withdrawal methods were very high compared with other methods. Withdrawal method is a traditional FP method, but other methods are more effective in preventing pregnancy. These results show that these women can use more effective FP methods.

5. Conclusions

This study found that the rate at which Roma women who live in northern Turkey use FP is high and their preferred FP methods affected their FPAS scores. However, their attitudes towards FP tended to be negative and the methods used were primarily related to females.

The most remarkable result of the study was the fact that FPAS scores, including all subdimensions, of non-educated and unemployed women were higher than others. These findings should be taken into consideration when planning healthcare services for Roma people. In particular, their traditional structure should be carefully evaluated to ensure proper measures are taken to address their unique issues.

Early marriage and bearing many children were the norm for the women in this study. Thus, initiatives that address these issues should be planned by health professionals who work with this group.

Public health nurses, home care nurses, family doctors and family health personnel should gain familiarity with this group's traditional attitudes towards FP, education levels, occupational status and attitudes towards having children. Counseling should be offered accordingly.

The number of studies conducted on women's health in the Roma population is limited. Therefore, similar studies be conducted on Roma people living in different societies to ensure that nurses working in the fields of community health, transcultural care and social care are better informed and can provide effective guidance in their use of available resources.

Limitations

This study has a number of limitations. The Roma population is a minority group. A total of 282 women who met the inclusion criteria live in the study area. Among these women, 42.55% accepted to participate in our study. The results of this study can be generalised only to these women.

Conflicts of interest

The authors declare no conflict of interest.

Appendix A. Supplementary data

Supplementary data related to this article can be found at <https://doi.org/10.1016/j.ijnss.2018.01.002>.

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