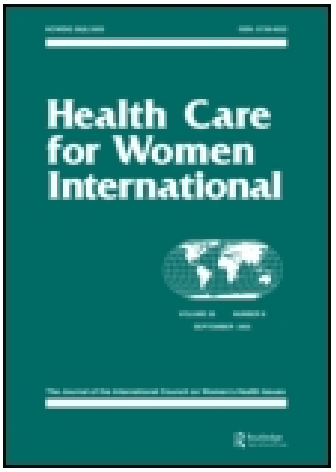
This article was downloaded by: [Bilkent University]
On: 29 May 2015, At: 06:38
Publisher: Routledge
Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Health Care for Women International
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/uhcw20

Space, Agency, and Withdrawal: Birth Control Choices of Women in Turkey

Ibrahim Sirkeci [a] & Dilek Cindoglu [b]

[a] Regent's Centre for Transnational Studies, Faculty of Business and Management, Regent's College London , London , UK

[b] Department of Political Science , Bilkent University , Ankara , Turkey

Accepted author version posted online: 10 Apr 2012.Published online: 08 Jun 2012.

To cite this article: Ibrahim Sirkeci & Dilek Cindoglu (2012) Space, Agency, and Withdrawal: Birth Control Choices of Women in Turkey, Health Care for Women International, 33:7, 614-630, DOI: 10.1080/07399332.2012.655384

To link to this article: http://dx.doi.org/10.1080/07399332.2012.655384

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Terms & Conditions of access and use can be found at http://www.tandfonline.com/page/terms-and-conditions

Health Care for Women International, 33:614–630, 2012
Copyright © Taylor & Francis Group, LLC
ISSN: 0739-9332 print / 1096-4665 online
DOI: 10.1080/07399332.2012.655384

Routledge
Taylor & Francis Group

Space, Agency, and Withdrawal: Birth Control Choices of Women in Turkey

IBRAHIM SIRKECI
Regent's Centre for Transnational Studies, Faculty of Business and Management, Regent's College London, London, UK

DILEK CINDOGLU
Department of Political Science, Bilkent University, Ankara, Turkey

Downloaded by [Bilkent University] at 06:38 29 May 2015

Withdrawal (WD) is not a reliable method for preventing unwanted pregnancies, yet it is still a very popular form of birth control in many societies, including Turkey. We look at the relationship between women's agency and physical space in relation to birth control choices of women in Turkey. Agency in our context refers to a woman's ability to resist domination and subordination to the patriarchal beliefs valuing her reproductivity over her pleasure. Our analysis of the Turkish Demographic Health Survey (TDHS) suggests that (a) the available space in the household for possible private encounters between husband and wife, and (b) the women's capacity to insert her agency into her life choices are closely correlated with WD choices. Women with better social and physical resources prefer WD less.

We argue that women's primary birth control choice of coitus interruptus can be understood from a women's agency perspective. Our research suggests that when the actual sexual relations in a marriage are considered, birth control choices are most likely shaped by the physical space in the households as well as women's social and economic power in the family. These factors in turn have an impact on her understanding of her body, sexuality, and pleasure. The availability of the physical space in the households also may influence the decisions about birth control choices. Women with more space

Received 4 October 2010; accepted 4 January 2012.

The data set is used here with the permission of Measure DHS +, Macrointernational Inc., Calverton, Maryland, USA.

Address correspondence to Ibrahim Sirkeci, Regent's Centre for Transnational Studies, Faculty of Business and Management, Regent's College London, London NW14NS, UK. E-mail: sirkecii@regents.ac.uk

in the household are not likely to choose WD as a birth control technique. It can be argued that when there is enough space for privacy in the household, the meaning of sexuality may shift from being a mere reproductive activity controlled by men to a more pleasure producing activity for the couple. The fact that women who have more economic and social resources prefer to utilize coitus interruptus less also contributes to this change in the meaning of sexual intercourse. When women have the necessary physical and social tools to empower themselves in the marriage, they can assert their agency in sexuality and rather have safer and more comfortable birth control techniques.

In WD studies around the world, in general, it is suggested that modernization of a society is highly correlated with a decrease in WD as a method of birth control. Santow comments on this phenomenon with reference to sex-role differentiation (1995). Okun stated that when factors associated with the practice of withdrawal were explored in the Jewish population of Israel, support was evident for Santow's hypothesis that the degree of sex-role differentiation within a marriage and the belief that men hold the authority in reproductive decision making are positively related to the practice of withdrawal (1997). In a study from the United Arab Emirates it is pointed out that WD is one of the most-practiced (34%) birth control techniques among monogamous married men (Ghazal-Aswad et al., 2002). Myntti and colleagues (2002), conducting qualitative research with Lebanese men, suggested that WD remains a widely practiced method of family planning, though it is negotiated between the partners, not solely imposed by the men. In a recent study on Iranian married women, it was suggested that WD, although popular, is not necessarily women's first choice in birth control. Rather, as one Iranian woman told the researchers, "When I got married, my husband told me that withdrawal is better. However, later I understood that his preference was due to the fact that he wanted to have power to control the childbearing time and the number!" (Rahnama et al., 2010, p. 292). In another study on Italian middle-class families and the high rates of WD in Italian households, it was found that middle-class married women's choices about the use of nontechnological methods need to be understood. When the meaning of sexuality within marriage was asked, "only 25 percent of women declared that physical pleasure was one of the most important aims of sexual intercourse . . . whereas 78 percent mentioned to enhance communication between couples, [and] 61 percent to exchange love and affection" (Gribaldo, Judd, & Kertzer, 2009, p. 577).

Sexuality is an intimate part of people's lives and is shaped by social, demographic, cultural, and religious dynamics. The birth control choices of men and women are made within this complex social environment. We argue that the circumstances of the actual place where sex happens, along with the power relations between the couple, influence birth control choices.

Downloaded by [Bilkent University] at 06:38 29 May 2015

Thus, we analyzed the birth control choices of women in Turkey in relation to the context of space and agency. Agency in this context refers to women's ability to resist the domination and subordination through social and intimate power dynamics in the family. We seek an understanding of the relationship between socioeconomic variables and the birth control choices of women in the context of late-1990s Turkey with reference to space and women's agency. For this purpose, we have looked at socioeconomic and individual characteristics and the relationship between the two in order to understand birth control choices of the women in contemporary Turkey as illustrated by the case of WD use.

There may be policy implications of this research; if family planning choices are shaped by physical space and crowding of the households, then different policies need to be implemented for different social classes. In other words, culture, as a wholesale concept cannot explain the complexity of the birth control choices. Thus, it also will be useful material for students and researchers in this field informing them that the cultural components of a particular society do not shape the decisions and expectations of the individual women in the same manner; rather, structural variables such as women's education, income level, as well as available physical space for intimacy play a key role in that process. Moreover, in this research we argue that women are the active agents of the negotiation process of the birth control choices even in patriarchal societies.

Downloaded by [Bilkent University] at 06:38 29 May 2015

BIRTH CONTROL EXPERIENCES OF WOMEN IN TURKEY

In the last few decades we have witnessed a decrease in birth rates, and the gap between "desired number of children" and "existing number of children" is the closest it has ever been in Turkey. Moreover, knowledge of birth control drastically increased among married men and women. In Turkey, however, WD, the most common traditional method, is still widely practiced by married couples. Since the late 1970s, the proportion of married women using any contraceptive method has risen from fewer than 40% to over 60%, but the percentage of those practicing WD has remained almost the same: 44% in 1978 and 39% in 1998 (Cindoglu et al., 2008). Put another way, male methods were preferred to female methods throughout the demographic transition in the country (Ergocmen, Koc, Senlet, Yigit, & Roman, 2004).

A few studies on WD in Turkey have appeared in recent years. Bulut and her colleagues (1997) reported on a cross-sectional survey in Istanbul that confirmed the findings of other surveys showing WD as the most popular method of birth control among married couples. Vural and colleagues (1999) point out the negative relationship between education and withdrawal and the positive relationship between the husband's traditional attitudes and withdrawal. Yurdakul and Vural look at the role of nurses in family planning

and explore some of the factors that promote WD as a method such as the deterrence and health risks that intrauterine devices (IUDs), and the Pill pose, as well as social factors such as religious beliefs regarding medicalized birth control techniques (Yurdakul & Vural, 2002).

Ergocmen and colleagues (2004), using the Turkish Demographic Health Survey data, suggest that the strongest three determinants in predicting WD use are "using withdrawal as first method," "the woman's age," and "the husband's education." They also list the woman's work status and the couple's ethnicity as important predictive variables (Ergocmen et al., 2004). Interestingly, Alpu and Fidan (2006) studied similar variables using the same data set, yet they concluded that the region where the respondents live, their ages, and attitudes toward contraception methods were the major determinants.

In an earlier study we suggested that the empowerment of women reduces the use of withdrawal (Cindoglu et al., 2008). Women living in urban settings have access to higher education, have their own incomes, and thus have a greater say in their sex lives and their choice of contraception than women in rural settings with less education and income. Experience (e.g., age, marriage duration, pregnancies, raising children) and having a female household head also increase the likelihood of using a modern method instead of WD. The latter is not popular among women who are more educated, live in the western and urban parts of the country, who have less traditional ethnic (e.g., Turkish) and religious backgrounds, or all of these factors (e.g., Alevis; see Cindoglu et al., 2008).

In this study we incorporated the social and physical environment along with an empowerment model. We assume, along with Santow (1995), that the empowerment of women makes a difference. These empowering variables are women's education, family income, and women's age, ethnicity, and religious sect (being Sunni). In a similar manner, the husband's ethnicity and the husband's attitude toward contraceptive use also make a difference. Certain factors such as the number of bedrooms and the usual residence of the household head, however, contribute to this process as well. Due to a high level of seasonal labor migration, it is not uncommon that men leave their wives and children in their family's residency and work and live elsewhere to earn the living of the family.

On the other hand, when contraceptive methods and women's pleasure is considered together, there are studies showing that women's pleasure and control over the birth control techniques are correlated. For example, in a research in the United States, it was argued that women who do not worry about contraception and use female birth control methods are the non-risk takers, report that they receive more pleasure, and achieve orgasm more easily than other women. Recent research on queer studies focusing on the places and spaces where the sexual acts occur informs us about the significance of social and physical dynamics. The social and relational contexts influence the nature of the relationships, that is, anonymity, risk taking

Downloaded by [Bilkent University] at 06:38 29 May 2015

regarding safe sex, condom use, and protection from violence. Space and agency also matter in teen sexuality studies; where teen sex takes place is a highly negotiated process, strongly influencing how teens navigate sexuality, safe sex, and pregnancy issues (Thomas, 2004).

WOMEN'S EMANCIPATION AND RIGHTS IN TURKEY

In the non-Western world, sexuality is mostly associated with modesty and shame and therefore remains one of the least-discussed areas. If and when it is discussed, it is mostly within a medical discourse, reducing individuals to mere cases and diseases and isolating them from their social and cultural contexts, that is, their gender, social class, race, and ethnicities. Due to the fact that WD is an unsafe birth control technique, women may not prioritize this choice given the options. Moreover, the more women have the chance to choose the birth control technique, the less they choose WD. Yet, the intricacies of this process have not been researched in the literature. We argue that there is a strong relationship between women's empowerment in the family and the material conditions in which she lives regarding the chances of using WD as a birth control technique.

Women's emancipation and liberation has a century-old history in Turkey. The first reforms regarding women's traditional status took place in the late nineteenth and early twentieth century, starting with the Ottoman Empire and gaining momentum in the early Republican period, when the Turkish Republic provided legal and political equality to women. These major reforms and regulations changed women's public status; however, women's private status, particularly in issues of sexuality and reproduction, is a problematic area, not yet sufficiently explored.

It is of utmost importance to evaluate the social context in which variables of a study are measured. In this regard, Ilkkaracan (1998) provides an overview of the patriarchal cultural practices that many women in Turkey experience: (a) early marriages, (b) arranged marriages, (c) polygamy, and (d) the price of the bride are significant components of women's lives, particularly in the eastern part of Turkey. Women's economic dependency on men also needs to be taken into account when discussing a woman's status in the marriage in general and in sexuality and birth control choices in particular. We argue that in a social climate such as that of Turkey, where women's labor force participation is extremely limited (only 25% of all women worked in 2004, and half of this work was in the form of unpaid household labor), women are not perceived as independent individuals entitled to equal say about their lives, bodies, and their pleasures. In a study commissioned by a daily newspaper (i.e., Hurriyet, in 2004), it was suggested that more than 70% of women in Turkey "are not happy with their sex lives" and "they feel like they experience inadequate sexuality" and feel passive. Men, on the other

Downloaded by [Bilkent University] at 06:38 29 May 2015

TABLE 1 Distribution of Women by Contraceptive Method Used, by Age, in Turkey (%)

	Age group							
Method	15–19	20–24	25–29	30–34	35–39	40–44	45–49	Total
Never had sex	84.7	39.6	13.5	6.6	2.5	1.8	2.0	28.3
Not using	10.7	29.9	29.6	26.4	26.5	36.1	62.1	28.3
Pill	0.2	2.6	5.3	4.5	3.9	2.8	1.7	2.9
IUD	1.0	9.7	18.9	21.8	24.2	14.2	5.1	13.0
Injections	0.1	0.3	0.9	0.3	0.7			0.3
Diaphragm/foam/jelly		0.1	0.4	0.5	0.5	0.9	0.8	0.4
Condom	1.0	5.1	9.6	9.7	6.4	7.4	2.5	5.8
Female sterilization		0.2	1.8	5.3	7.1	7.4	5.8	3.2
Male sterilization							0.1	0.0
Periodic abstinence	0.1	0.2	0.4	0.7	1.1	1.6	1.7	0.7
Withdrawal	2.2	12.3	19.2	23.8	26.4	26.7	17.3	16.7
Other		0.1	0.2	0.5	0.6	1.1	1.0	0.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N	1,763	1,539	1,373	1,195	1,104	890	712	8,576

Source: TDHS 1998 individual data.

Downloaded by [Bilkent University] at 06:38 29 May 2015

hand, express that "they have control over their sexuality" and "feel potent," yet they still feel that they experience "inadequate sexuality" in their marriages. Akkus and colleagues (2002) indicate that erectile dysfunction (ED) affects a high proportion of Turkish men, in addition to being a significant problem worldwide. In Turkey, ED is correlated with social variables such as a low education level, unemployment, and residence in an Eastern region, along with the medical variables and lifestyle correlates.

For a large portion of the population in Turkey, contraception in general is not commonplace, but, of any method, WD is one of the most prevalent among currently married women. We present in Table 1 the use of contraceptive methods among women who are of reproductive age (15–49). According to the TDHS 1998 data, about 28% of women of all ages and 85% of those younger than 20 never have had sex. Another 28% currently do not use any contraceptive method. Among users of any contraceptive method, which accounts for fewer than half of all women of a reproductive age (43%), more than one-third prefer WD (17% of all women). The second most-common method is the IUD.

RELIGION IN TURKEY AND ITS SIGNIFICANCE

Muslim societies commonly use WD for birth control. Similarly, Galazios and colleagues (2001) observed that when compared with the Christian population in Greece, Muslims in a permanent sexual relationship preferred WD, whereas Christians preferred condoms. Education level was a factor in their analysis; highly educated women of both groups did not present a statistically significant correlation concerning contraceptive choices. Wiebe and

colleagues (2004) argue that Chinese women in Canada report that the above two methods are under male control, and Chinese women have difficulties in negotiating their use with their partners.

Religion is another key variable that emerges in the literature. A survey in Kayseri, Turkey, on the opinions of *imams* about family planning suggests that withdrawal is the most widely known method of family planning among these religious leaders and that they viewed family planning positively (Ozturk, Guzel, Gun, & Ozturk, 2002). "Religious suitability," however, was the most oft-cited factor regarding the preference of WD. Cebeci and others (2004) also support this point by claiming that "culture and religious beliefs were not found to be major barriers to contraception in general, but they would influence the selection of the type of a certain contraceptive method" (p. 94). "Withdrawal was considered as a 'natural' and 'harmless' method for them. It was an allowed, 'prophet-encouraged method"' (p. 99). Aytekin and others (2001) suggest that most WD users are content with the method.

Downloaded by [Bilkent University] at 06:38 29 May 2015

WOMEN'S AGENCY, SPACE, AND WD

Sexuality is a critical part of any marriage; however, the dynamics of the sexual relations, including the birth control choices, are shaped by both physical as well as social factors. Space available for private intimate life in the household is very critical for pleasure-oriented sexuality especially for women. It is expected that women who have the social and physical resources in terms of space and more social status would prefer WD less as a birth control choice. The available rooms in the household for the intimate encounters can be important to create a fulfilling sexual life for women whose bodies are responding differently than men's bodies.

Not only the available space for intimacy in the house but also the women's agency play a critical role in actualizing women's demands for more safe and more satisfactory sex. As Anna Korteweg (2008) clearly summarizes, "from a theoretical perspective, agency requires an underlying sense of self, as well as an ability to assess the impact of one's actions on future outcomes and the impact that past actions have had on present conditions" (p. 437). Given that perspective on agency and women, as women feel empowered, through income and education, they can assess the impact of their actions and the future outcomes, like pregnancy risks, much better. Therefore, she can demand and insert safer choices of birth control strategies (Korteweg, 2008).

DATA AND METHODS

Our analysis in this study is based on the TDHS 1998 data.[1] The TDHS is a part of the worldwide Demographic Health Survey (DHS) program and in

1998 was based on a nationwide representative sample of 8,059 households with 8,576 women of reproductive age (between 15 and 49). Two main questionnaires were used to collect information: a household questionnaire and an individual questionnaire. The individual questionnaire covers information on fertility, infant and child mortality, family planning, nuptiality, and maternal and child health. The household questionnaire, on the other hand, covers broader demographic and socioeconomic information on all members of the household and general circumstances to which households are exposed.

We have used a subsample of the TDHS data. Screening the full data, we have seen that only 5,087 ever-married women had used at least one method of contraception at least once. Those who had never used any method were excluded in our analyses since this study focuses on why withdrawal is used over another method. The data set used here, with the permission of the DHS, is a combination of the broader information from the household questionnaires and the detailed reproductive and child health information from the individual questionnaires.

In selecting the variables in our analyses, we have followed the guidance in the literature. Educational background, employment, and basic demographic variables such as age and marital status along with variables indicating birth control histories were the key variables used in most previous studies. Socioeconomic status (SES) often is mentioned as a key determinant. Also in multiethnic and traditional societies religion and ethnicity might mark some differences in birth control behavior and attitudes toward family planning. Thus, we have created a combined variable (i.e., ethnoreligion; see Johnston, Sirkeci, Khattab, & Modood, 2010) and used some existing variables that are explained below.

Measuring SES is always difficult and thus we have created an index to reflect the SES of the household to which women belong. It was constructed on a series of variables indicating the availability of a number of household durable goods and availability and quality of facilities in the dwelling. Women have scored between 0 and 37, where 0 indicates the lowest and 37 the highest level of SES in this index. For illustration purposes, we have classified them as lowest (score 0 to 5), lower (6 to 10), lower middle (11–15), lower middle (16–20), upper (21–25), and highest (26–30).

This was a necessary construct as the income variable in the data would be misleading for three reasons: (a) economic disparities between different regions of Turkey that may attribute different levels of comfort with the same amount of income in different parts of the country; (b) culturally, in traditional societies people tend not to disclose their actual incomes; (c) finally, due to a high level of undocumented economic activities, it may not reflect the actual SES of the household. To complement, however, we have also analyzed the employment of women. To control the family factor, we have also included partner's occupation in our correlation analysis.

Downloaded by [Bilkent University] at 06:38 29 May 2015

To reflect the demographic and geographic variety in Turkey, we have included region and ethnicity as additional variables. Ethnicity was measured by husband's and wife's mother tongue. We have adopted it since language is a widely accepted ethnic marker in the absence of any other more direct indicator of ethnicity.

Women's marital and reproductive experiences play a role in birth control choices. Thereby, marital duration, age at first marriage, number of induced abortions, and total number of pregnancies are also included in the analyses. We believe that women's empowerment is related to solidarity and awareness. Therefore, we have also included another variable: the number of other women of reproductive ages in the household.

As a direct indicator of women's empowerment, we have also included the sex of the household head, which was also controlled by another variable: husband's usual place of residence.

As a key indicator in this particular analysis we have looked at whether women have their own room in their dwellings. This was a recoded variable combining the two variables in the data set: number of sleeping rooms in the house and number of household members.

We have examined the correlations between the current use of WD and reproductive practices therefore, along with a set of environmental variables. The independent variables that were examined for their possible relationship with withdrawal use are SES level; gender of household head; husband's usual place of residence; number of persons per sleeping room in households; women's educational attainment; women's occupation, marital duration, number of induced abortions, number of pregnancies, and age at first marriage; and the type of arrangement that was made for the marriage. Among these, socioeconomic level was a recoded variable created on the basis of an index of factors indicating socioeconomic prosperity. This index was scored through information on housing facilities and durable goods available to the households. According to this index, women are categorized into six classes: lowest, lower, lower middle, upper middle, upper, and highest.

Our hypothesis here, therefore, is that the use of WD as a contraceptive method among the ever-married women of reproductive ages is determined by socioeconomic factors, individual characteristics, and household environment once regional and ethnic disparities are controlled. This can be reformulated because the use of WD is likely to decrease as women are empowered through education and employment as well as better a social and physical environment.

To test the relationships among WD use and other variables, the chi square and student *t*-test are used in this study. To gain some idea of the direction and the strength of individual relationships summarized in cross-tabulations, Spearman's rho is used. We presented the results in tables where for each variable we present row percentages in the first row and column percentages in the second row.

Downloaded by [Bilkent University] at 06:38 29 May 2015

FINDINGS

According to our analysis, the use of WD is correlated with various factors. The most important determinants for WD use, we found, are the sex of the household head (Spearman's rho: −0.081) and the usual residence of the husband (Spearman's rho: −0.092). Female household heads are very rare; women headed only 5.9% of households in the TDHS in 1998. When women are empowered and become household head, they are less likely to use WD as a contraceptive method. Among those households with female heads, only about 13% use WD compared with 29% among households with a male head (Table 2).

We found a similar relationship with regard to the usual place of residence of husbands. When husbands live with their wives, the proportion of WD use rises above 30%. It is at 13% if husbands live apart from their partners (Table 2).

Downloaded by [Bilkent University] at 06:38 29 May 2015

TABLE 2 Withdrawal Use by Sex of Household Head and by Husband's Usual Residence (%)

	Use of WD		
	Nonuser	User	Total
Sex of household head			
Male			
(row %)	71.0	29.0	100.0
(column %)	92.9	97.1	94.1
Female			
(row %)	86.4	13.6	100.0
(column %)	7.1	2.9	5.9
Total			
(row %)	71.9	28.1	100.0
(column %)	100.0	100.0	100.0
N	3,659	1,428	5,087
Chi square	33.086	$p = .000$	
Spearman's rho	−0.081	$p = .000$	
Husband's usual residence			
Living with wife			
(row %)	69.7	30.3	100.0
(column %)	92.2	97.1	93.6
Living elsewhere			
(row %)	86.9	13.1	100.0
(column %)	7.8	2.9	6.4
Total			
(row %)	70.8	29.2	100.0
(column %)	100.0	100.0	100.0
N	3,466	1,427	4,893
Chi square	41.775	$p = .000$	
Spearman's rho	−0.092	$p = .000$	

Source: TDHS 1998 individual data.

The socioeconomic level of women is influential in determining WD use: the likelihood of using WD is lower among richer segments than poorer segments. Only 17% of the most prosperous group of women (those who scored over 25 on the socioeconomic scale) use WD, compared with groups with socioeconomic scores ranging from 0 to 25, who use WD between 29.5% and 20.4% of the time (Table 3).

TABLE 3 Withdrawal Use by Socioeconomic Status and Woman Having Her Own Room (%)

	Use of WD:		
	Nonuser	User	Total
Socioeconomic level			
Lowest (0–5)			
(row %)	70.5	29.5	100.0
(column %)	7.2	7.8	7.4
Lower (6–10)			
(row %)	71.4	28.6	100.0
(column %)	15.0	15.3	15.1
Lower middle (11–15)			
(row %)	70.3	29.7	100.0
(column %)	22.5	24.4	23.0
Upper middle (16–20)			
(row %)	68.1	31.9	100.0
(column %)	23.8	28.5	25.1
Upper (21–25)			
(row %)	75.6	24.4	100.0
(column %)	24.6	20.4	23.4
Highest (26–30)			
(row %)	83.0	17.0	100.0
(column %)	6.9	3.6	6.0
Total			
(row %)	71.9	28.1	100.0
(column %)	100.0	100.0	100.0
N	3,659	1,428	5,087
Chi square	37.487	$p = .000$	
Spearman's rho	−0.051	$p = .000$	
Having own room			
Own room			
(row %)	87.9	12.1	100.0
(column %)	1.6	0.6	1.3
Shared by others			
(row %)	71.7	28.3	100.0
(column %)	98.4	99.4	98.7
Total			
(row %)	71.9	28.1	100.0
(column %)	100.0	100.0	100.0
N	3,638	1,423	5,061
Chi square	8.466	$p = .004$	
Spearman's rho	0.067	$p = .009$	

Source: TDHS 1998 individual data.

Downloaded by [Bilkent University] at 06:38 29 May 2015

TABLE 4 Withdrawal Use by Educational Attainment and Occupation of Women (%)

	Use of WD		
	Nonuser	User	Total
Educational attainm			
No education	72.9	27.1	100.0
(row %)			
(column %)	19.7	18.7	19.4
Incomplete	73.5	26.5	100.0
(row %)			
Primary	5.7	5.3	5.6
(column %)			
Complete	68.4	31.6	100.0
(row %)			
Primary	49.2	58.2	51.7
(column %)			
Incomplete	74.4	25.6	100.0
(row %)			
Secondary	9.0	8.0	8.7
(column %)			
Complete	78.3	21.7	100.0
(row %)			
Secondary	10.6	7.5	9.7
(column %)			
Higher	86.3	13.7	100.0
(row %)			
(column %)	5.8	2.4	4.9
Total	71.9	28.1	100.0
(row %)			
(column %)	100.0	100.0	100.0
N	3,659	1,428	5,087
Chi square	53.761	$p = .000$	
Spearman's rho	−0.044	$p = .002$	
Occupational status			
Not working	72.5	27.5	100.0
(row %)			
(column %)	64.6	62.7	64.1
Prof., technical & managerial	88.6	11.4	100.0
(row %)			
(column %)	6.6	2.2	5.4
Clerical	77.6	22.4	100.0
(row %)			
(column %)	1.2	0.9	0.1
Sales	77.8	22.2	100.0
(row %)			
(column %)	1.0	0.7	0.9
Agricultural	81.3	18.8	100.0
(row %)			
self-employed	2.1	1.3	1.9
(column %)			
Agricultural employee	61.6	38.4	100.0
(row %)			
(column %)	14.3	22.8	16.7
Household & domestic work	74.7	25.3	100.0
(row %)			
(column %)	2.0	1.8	1.9

(Continued on next page)

Downloaded by [Bilkent University] at 06:38 29 May 2015

TABLE 4 Withdrawal Use by Educational Attainment and Occupation of Women (%) *(Continued)*

	Use of WD		
	Nonuser	User	Total
Services	86.4	13.6	100.0
(row %)			
(column %)	0.5	0.2	0.4
Skilled manual	70.5	29.5	100.0
(row %)			
(column %)	6.7	7.2	6.9
Unskilled manual	89.2	10.8	100.0
(row %)			
(column %)	0.9	0.3	0.7
Total	71.9	28.1	100.0
(row %)			
(column %)	100.0	100.0	100.0
N	3,653	1,426	5,079
Chi square	97.164	p = .000	
Spearman's rho	0.030	p = .031	

Source: TDHS 1998 individual data.

Downloaded by [Bilkent University] at 06:38 29 May 2015

Closely linked with the socioeconomic level, another indicator is significant: Women are more likely to refuse WD when there is more room in the house (Table 3). As the number of people per sleeping room increases, the likelihood of using WD decreases. Among those who share sleeping rooms with other members of their households, use of WD is more common (28%) than with those who have their own room (12%).

Educational attainment levels of women are negatively correlated with the use of WD: the use of WD decreases as the level of a woman's education increases. Women who completed secondary school and those with higher education are less likely to use WD than their less-educated counterparts (Table 4). Higher education among women strongly decreases the likelihood of WD to 13% from an average of 28%.

Occupation of women is also important. As summarized in Table 4, three occupational groups display the lowest rates of using WD: Professionals, technical employees, and managerial staff (11%), service workers (13%), and unskilled manual workers (10%). On the other hand, agricultural employees working for others (38%) and skilled manual workers (29%) are the groups with the highest likelihood of using WD.

We found ethnic differences to be statistically insignificant, as seen from student's *t*-test scores (>.05; see Table 5). Both "husband's mother tongue" and "woman's mother tongue" are irrelevant to "withdrawal use." Similarly, "number of other women in the household," which could be important for peer solidarity and for exchange of experiences, is found statistically insignificant. We did not find a significant relationship between "duration of

TABLE 5 Correlation Coefficients of Variables Interacting With Withdrawal Use

Correlation variables	Spearman's rho	
Region	Coefficient	−0.030
	Sig. (2-tailed)	0.037
Marital duration	Coefficient	−0.001
	Sig. (2-tailed)	0.953
Age at first marriage	Coefficient	0.002
	Sig. (2-tailed)	0.865
Husband lives in house	Coefficient	−0.090
	Sig. (2-tailed)	0.000
Number of other women of reproductive age in household	Coefficient	0.017
	Sig. (2-tailed)	0.246
Number of induced abortions	Coefficient	−0.035
	Sig. (2-tailed)	0.014
Total number of pregnancies	Coefficient	−0.007
	Sig. (2-tailed)	0.625
Husband's mother tongue	Coefficient	−0.018
	Sig. (2-tailed)	0.214
Woman's mother tongue	Coefficient	−0.013
	Sig. (2-tailed)	0.364
Socioeconomic level	Coefficient	−0.057
	Sig. (2-tailed)	0.000
Woman's occupation	Coefficient	0.040
	Sig. (2-tailed)	0.006
Partner's occupation	Coefficient	0.034
	Sig. (2-tailed)	0.020
Woman having own room	Coefficient	−0.067
	Sig. (2-tailed)	0.009
Woman's educational attainment	Coefficient	−0.052
	Sig. (2-tailed)	0.000
Husband's educational attainment	Coefficient	−0.047
	Sig. (2-tailed)	0.001
N		5087

Source: TDHS 1998 individual data.

Downloaded by [Bilkent University] at 06:38 29 May 2015

marriage" and "age of the woman at first marriage" and "withdrawal use." The total number of pregnancies, unlike the number of induced abortions, is not found to be significantly related to "withdrawal use." Women are refusing WD as the number of induced abortions increases, but we do not see a similar trend in relation to the number of pregnancies.

As discussed earlier, women's educational level is found to be a deciding factor in WD use (Spearman's rho = −0.052, $p = .000$), along with the education of their partners (Spearman's rho = −0.047, $p = .001$). More education means less use of WD. Occupations of women and of their partners are also similarly found to be significant in determining the use of WD: as we mentioned above, women of certain occupational groups are more likely to refuse WD (see Table 4). Summarizing some economic indicators such as income, ownership of durable goods, and housing conditions, "socioeconomic level of women" is found to be negatively correlated with "withdrawal use":

Better off women are less likely to use WD as a method of birth control. A woman having her own room has a symbolic meaning and is found relevant to the decision of WD use. By having a separate bedroom, the meaning of sexuality may be interpreted more toward the pleasure-oriented sexuality as Giddens (1992) suggests with the term "plastic sexualities" (p. 2). We measured crowding in the household by the number of persons per sleeping room and found that those women who are living in households where one or more rooms are available per person in the household are more likely to refuse WD.

CONCLUSIONS

According to our analysis, we can argue that WD is not simply a haphazard and random choice; rather, it is shaped by gendered processes and social class variables. Women who are better off through education, occupation, or social class use WD as a birth control method less than others. Women who consider themselves as head of the household or living in different households from their husbands are also less likely to choose WD than others.

Consequently, we argue that the more social and physical space a woman acquires in life, the less WD becomes a choice for birth control where she can claim her agency, her capacity to resist domination and subordination communicated through patriarchal expectations in their intimate lives.

More studies on birth control choices of couples with particular reference to WD use are needed (Jones, Fennell, Higgins, & Blanchard, 2009). One of the most critical findings of this research is that WD is not a preferred choice for women. When women have the opportunity to choose, that is, become (more) empowered, they do not choose WD. Therefore, this method needs not to be evaluated differently from the others. The researchers who report in their studies that "withdrawal may be promoted among the Turkish families" are likely to reproduce the existing gender inequality in the families regarding sexual and reproductive rights, which may diminish the other birth control options for women (Çiftçioğlu & Erci, 2009, p. 1693). In conclusion, future studies need also to take this into account. The importance of having space (i.e., own room) in the household is a reflection of various contextual factors; however, without qualitative studies examining the relationship we propose in this study, it is not possible to understand fully that relationship between contraception choices and women's empowerment.

NOTE

1. One may criticize that the data set we used is dated; however, we have compared it with the latest available data set at the time of analysis and there were no major differences in birth control patterns. More importantly for us, the date of the data was not central to our research question, which

Downloaded by [Bilkent University] at 06:38 29 May 2015

revolves around the role of empowerment and space in withdrawal choice. Nevertheless, we admit that longitudinal studies may focus on different data sets and generate interesting results.

REFERENCES

Akkus, E., Kadioglu, A., Esen, A., Doran, S., Ergen, A., Anafarta, K., & Hattat, H. (2002). Prevelance and correlates of erectile dysfunction in Turkey: A population based study. *European Urology*, *41*, 298–304.

Alpu, O., & Fidan, H. (2006). On the use of contraceptive methods among married women in Turkey. *The European Journal of Contraceptive and Reproductive Health Care*, *11*, 228–236.

Aytekin, N., Pala, K., Irgil, E., & Aytekin, H. (2001). Family planning choices and same characteristics of coitus interruptus users in Gemlik, Turkey. *Women's Health Issues*, *11*, 442–447.

Bulut, A., Filippi, V., Marshall, T., Nalbant, H., Yolsal, N., & Graham, W. (1997). Contraceptive choice and reproductive morbidity in Istanbul. *Studies in Family Planning*, *28*, 35–43.

Cebeci, D., Erbaydar, T., Kalaca, S., Harmanci, H., Cali, S., & Karavus, M. (2004). Resistance against contraception or medical contraceptive methods: A qualitative study on women and men in Istanbul. *The European Journal of Contraception and Reproductive Health Care*, *9*, 94–101.

Çiftçioğlu, S., & Erci, B. (2009). Coitus interruptus as a contraceptive method: Turkish women's perceptions and experiences. *Journal of Advanced Nursing*, *65*, 1686–1694.

Cindoglu, D., Sirkeci, I., & Sirkeci, R. F. (2008). Determinants of choosing withdrawal over modern contraceptive methods in Turkey. *The European Journal of Contraception and Reproductive Health Care*, *13*, 412–421.

Ergocmen, B. A., Koc, I., Senlet, P., Yigit, E. K., & Roman, E. (2004). A closer look at traditional contraceptive use in Turkey. *The European Journal of Contraception and Reproductive Health Care*, *9*, 221–244.

Galazios, G., Emin, M., Koutlaki, N., Dafopoulos, K., Liberis, V., & Anastasiadis, P. (2001). Differention in contraceptive behaviour of the female population in Thrace, Greece. *European Journal of Contraception and Reproductive Health Care*, *6*, 78–86.

Ghazal-Aswad, S., Zaib-un Nisa, S., Dee, R., Badrinath, P., Shaheen, H., & Osman, N. (2002). A study on the knowledge and practice of contraception among men in the United Arab Emirates. *Journal of Family Planning and Reproductive Health Care*, *28*, 196–200.

Giddens, A. (1992). *The transformation of intimacy: Sexuality, love and eroticism in modern societies*. Cambridge, UK: Polity.

Gribaldo, A., Judd, M. D., & Kertzer, D. I. (2009). An imperfect contraceptive society: Fertility and contraception in Italy. *Population and Development Review*, *35*, 551–584.

Ilkkaracan, P. (1998). Exploring the context of women's sexuality in eastern Turkey. *Reproductive Health Matters*, *6*(12), 66–75.

Downloaded by [Bilkent University] at 06:38 29 May 2015

Johnston, R., Sirkeci, I., Khattab, N., & Modood, T. (2010). Ethno-religious categories and measuring occupational attainment in relation to education in England and Wales: A multilevel analysis. *Environment and Planning A*, *42*, 578–591.

Jones, R. K., Fennell, J., Higgins, J. H., & Blanchard, K. (2009). Better than nothing or savy risk reduction practice? The importance of withdrawal. *Contraception*, *79*, 407–410.

Korteweg, A. (2008). The Shari debate in Ontario: Gender, Islam, and representations of Muslim women's agency. *Gender and Society*, *22*, 434–454.

Myntti, C., Ballan, A., Dewachi, O., El-Kak, F., & Deeb, M. E. (2002). Challenging the stereotypes: Men, withdrawal, and reproductive health in Lebanon. *Contraception*, *65*, 165–170.

Okun, B. (1997). Family planning in the jewish population of Israel: Correlates of withdrawal use. *Studies in Family Planning*, *28*, 217–217.

Ozturk, A., Guzel, H., Gun, I., & Ozturk, Y. (2002). Opinions of Imams about family planning and their use of methods in Kayseri. *European Journal of Contraception and Reproductive Health Care*, *7*, 144–149.

Rahnama, P., Hidarnia, A., Shokravi, F. A., Kazemnejad, A., Oakley, D., & Montazeri, A. (2010). Why Iranian married women use withdrawal instead of oral contraceptives? A qualitative study from Iran. *BMC Public Health*, *10*, 289.

Santow, G. (1995). Coitus interruptus and the control of natural fertility. *Population Studies*, *49*, 41–52.

Thomas, M. E. (2004). Pleasure and propriety: Teen girls and the practice of straight space. *Environment and Planning D: Society and Space*, *22*, 773–789.

Vural, B., Vural, F., Diker, J., & Yucesoy, I. (1999). Factors affecting contraceptive use and behavior in Kocaeli, Turkey. *Advances in Contraception*, *15*, 325–336.

Wiebe, E. R., A., Janssen, P., Henderson, A., & Fung, I. (2004). Ethnic Chinese women's perceptions about condoms, withdrawal and rhythm methods of birth control. *Contraception*, *69*, 493–496.

Yurdakul, M., & Vural, G. (2002). Reasons for using traditional methods and role of nurses in family planning. *Contraception*, *65*, 347–350.

Downloaded by [Bilkent University] at 06:38 29 May 2015