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The effect of pregnancy avoidance on marital adjustment and sexual life: After the double disaster

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Abstract

The study aims to investigate how avoiding pregnancy influences marital adjustment and sexual life following two major disasters coronavirus disease 2019 (COVID-19) pandemic and the Kahramanmaraş earthquake in Türkiye. The study was conducted as follows 275 women in a hospital located in Malatya province, an area impacted by the Kahramanmaraş earthquake. Data were collected through the Participant Information Form, the Pregnancy Avoidance Scale (PAS), the Marital Adjustment Scale (MAS), and the Women's Sexual Quality of Life Questionnaire (SQLQ-F). After experiencing two consecutive disasters, several conditions were found to be associated with poorer sexual quality of life among women. These include not using any contraceptive method, avoiding sexual activity due to concerns about unintended pregnancy, shifts in sexual desire and intercourse frequency, engaging in sexual relations as infrequently as once per month, and perceiving the relationship with one's spouse as less harmonious. The study also shows that the marriages of women who avoid pregnancy tend to display better marital harmony. It is recommended that healthcare professionals take appropriate measures to prevent unwanted pregnancies in the aftermath of disasters.

Keywords: Avoidance, COVID-19 pandemic, earthquake, marital, natural disaster, pregnancy, sexuality

Introduction

In recent years, epidemics and natural disasters have occurred around the world, changing the lives of many people, threatening their lives, and causing death, severe illness, and injuries. These epidemics and disasters disrupted daily life routines, caused disruptions in health services, caused economic losses, and caused many people to feel in danger and fear [1,2]. Türkiye has experienced various disasters in recent years, just as the rest of the world has experienced. Like the rest of the world, it experienced the coronavirus disease 2019 (COVID-19) disaster and declared a global epidemic in 2020. It was then deeply shaken by two devastating earthquakes that affected 11 provinces on February 6, 2023, and was called the disaster of the century [3,4]. This double disaster has had and continues to have short and long-term effects [5].

Earthquake induced loss of life, injuries, injuries, staying in temporary accommodation, limitation of privacy, reduced access to health services; COVID-19 induced curfews, travel restrictions, quarantine, economic hardship, fear of illness and death, and uncertainty about the future have created heavy physical, psychological and emotional burdens for people [3,6–8]. Therefore, the lives and health of millions of people were affected after the double disaster [5]. The physical, emotional, and economic negativities that occurred also affected women's fertility intentions. After the disasters experienced, women's emotions and thoughts regarding a potential future pregnancy become more complex, leading some to prefer avoiding pregnancy [8–10]. A review of the literature shows that women often refrain from becoming pregnant due to various concerns—such as economic hardship, health risks, and worries about the

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future—as well as disruptions in reproductive health services following epidemics and natural disasters [11,12]. In the study by Coombe et al., most participants (76.1%) were found to have postponed or indefinitely halted their pregnancy plans because of the COVID-19 pandemic [11]. Similarly, following the Great East Japan Earthquake and the Fukushima nuclear disaster, Japan experienced a decline in birth rates of approximately 10% over the next two years [13]. The inclination to avoid pregnancy after disasters, along with behaviors undertaken for this purpose (e.g., use of birth control methods, avoidance of sexual activity), may influence family dynamics and, consequently, have positive or negative effects on marital harmony and the quality of sexual life [14,15]. From a conceptual perspective, avoiding pregnancy after large-scale disasters may be understood as a stress-related coping behavior shaped by heightened uncertainty and perceived threat [16]. Disaster related fears, including concerns about physical health, mental health well being, economic instability, and future safety, may increase anxiety and reduce reproductive confidence, leading women to postpone or avoid pregnancy. This decision may result in increased contraceptive vigilance or avoidance of sexual activity due to fear of unintended pregnancy. Reduced sexual spontaneity and sexual desire may limit emotional and physical intimacy, which are key determinants of marital harmony [8,16,17]. Over time, disruptions in intimacy and couple communication may negatively affect marital adjustment. However, when pregnancy avoidance is a shared and mutually agreed-upon decision, it may represent a form of adaptive dyadic coping, defined as partners' joint efforts to manage stressors and maintain relational stability. In this context, shared decision-making may buffer the negative relational effects of disaster-related stress by fostering mutual understanding, emotional support, and relational balance. To our knowledge, no previous research has specifically examined how pregnancy avoidance after couple disasters affects marital adjustment and sexual life.

In light of all this information, it is necessary to reveal through research that millions of people were affected after the double disaster that occurred in Türkiye (COVID-19 and the disaster of the century: the February 6 earthquake) and the long- and short-term effects of these disasters on public health. Determining whether women avoid pregnancy after disasters and investigating to what extent avoiding pregnancy affects women's marital harmony and sexual lives will enable the development of necessary solutions to these issues. In this context, the reasons why women avoid pregnancy, the psychosocial effects of this process, and its reflections on family relationships will be examined in detail. Additionally, the impact of avoiding pregnancy on couples' communication, emotional bonds, and sexual life will be evaluated to develop possible support mechanisms. Thus, it will be possible to take necessary actions to protect the health of women, families, and society. In line with this, the present study aims to explore how avoiding pregnancy influences marital harmony and sexual life.

Material and Methods

Study Design

The research was carried out from March to October 2024, in the aftermath of the COVID-19 pandemic declaration and the large-scale disaster that struck Türkiye on February 6, 2023. The research employed a descriptive design with a focus on examining relationships between variables.

Sample

The study population consisted of women of reproductive age who presented for any reason to the gynecology and obstetrics outpatient clinics of Malatya Training and Research Hospital, located in one of the regions heavily affected by both the COVID-19 pandemic and the major disaster that struck Türkiye on February 6, 2023. The sample size was determined using the GPower 3.1.9.7 software. The effect size was derived from the comparison of pre- and post-pandemic pregnancy intention rates reported in the study by Yüksekol et al. (2023). Based on the power analysis conducted with the GPower program, the minimum required sample size was calculated as 243 women. This estimate was based on an effect size of 0.21, a significance level of 0.05, and a statistical power of 0.95 to ensure adequate representation of the target population [18]. Taking into account potential data loss, the study was completed with 275 women who voluntarily agreed to participate and met the eligibility criteria.

The research was carried out between March 2024 and October 2024, and all participants who met the inclusion criteria within this period were enrolled. Participants were eligible if they were between 18 and 49 years of age, cohabiting with a spouse or partner, engaged in an ongoing sexual relationship (defined as having vaginal intercourse at least once monthly), and had been present in Malatya during the earthquake on February 6, 2023. The exclusion criteria included the presence of any chronic or psychiatric illness, current pregnancy, breastfeeding, infertility, or having reached menopause. As the study sample was recruited from a single tertiary care hospital located in a disaster-affected region, it does not fully represent the general population of women in Türkiye. In particular, the proportion of participants with university-level education was relatively limited, which may restrict the generalizability of the findings.

Data Collection

Research data were obtained through a personal information form, the desire to avoid pregnancy scale, the marital adjustment scale, and the women's sexual life quality assessment scale.

Personal Information Form

The personal information form was prepared by the researchers in line with the relevant literature. It consists of 22 items women's descriptive characteristics (age, educational background, income level, employment status, type of marriage, number of pregnancies, etc.) as well as variables associated

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with their desire to avoid pregnancy, including the use of family planning methods, intention to have children, and fear of pregnancy [10,11].

Desire to Avoid Pregnancy Measure (DAP)

The DAP Scale was first developed by Rocca et al. (2019) to evaluate women's motivation to avoid becoming pregnant [19]. Its Turkish adaptation, along with validity and reliability analyses, was conducted by Özten and Bilgin in 2022 [20]. The scale includes 14 items scored on a five-point Likert format, with response categories ranging from 0 to 4. The overall score is calculated by summing all item scores and dividing by fourteen. Mean scores may vary between 0 and 4; higher scores reflect a stronger desire to avoid pregnancy, while lower scores represent a reduced intention to prevent pregnancy. Items 7, 9, 11, 12, 13, and 14 are reverse coded [19,20]. The original version of the instrument reported a Cronbach's alpha of 0.95 [20], whereas in the current study found to be 0.93.

Marital Adjustment Scala (MAS)

The MAS was originally created by Locke and Wallace in 1959 to evaluate marital adjustment [21]. Its Turkish adaptation and psychometric validation were performed by Tutarel-Kışlak in 1999 [22]. The scale consists of 15 items in total. Item 1 is scored on a scale ranging from 0 to 6 points, while items 2 through 9 are rated between 0 and 5 points. For item 10, the option "both remain silent" is assigned 0 points, whereas "mutual agreement" is given 1 point. Items 11 and 13 are scored on a 0–3 point scale, and items 14 and 15 are evaluated on a 0–2 point scale. In item 12, if one partner stays at home while the other participates in an activity outside, the score is 0; if both choose outside activities, the score is 1; and if both prefer staying at home, the score is also 1. The total score obtainable from the scale ranges from 0 to 58, and a threshold score of 43 is used. Individuals scoring above 43 are considered to have a harmonious marriage, whereas those with scores of 43 or below are categorized as having poor marital adjustment. Higher scores indicate greater marital harmony. The Cronbach's alpha reliability coefficient for the Turkish version of the scale was reported as 0.84 [22], and in the present study, it was calculated as 0.91.

Sexual Quality of Life Questionnaire–Female (SQLQ-F)

The scale was initially developed by Symonds et al. in 2005 [23]. Its Turkish version, along with the associated validity and reliability studies, was adapted by Tuğut and Gölbaşı in 2010 [24]. The scale consists of 18 items structured on a six-point Likert response format. Items 1, 5, 9, 13, and 18 are reverse scored. Each item may be rated on either a 1–6 or 0–5 scale, and the choice between these two scoring options does not alter the psychometric properties of the tool. In the present study, the 1–6 scoring structure was used, with response options ranging from 1 ("I completely agree") to 6 ("I completely disagree"). Using this system, total raw scores range between 18 and 108. Higher scores indicate a better sexual quality of life [23,24]. While the Cronbach alpha coefficient for the Turkish adaptation was previously reported as 0.83 [24], the internal consistency coefficient was calculated as 0.93 in this study.

Statistical Analysis

The dataset was processed and evaluated through the SPSS (Version 22) statistical program. The distribution characteristics of the variables were evaluated by examining Skewness and Kurtosis values, considering scores within ±2 as indicative of normality. Descriptive findings were presented through frequency and percentage distributions, as well as mean and standard deviation values. For comparisons between two independent groups showing a normal distribution, the student's t-test was applied. In cases where three or more groups did not satisfy the assumption of normality, the Kruskal–Wallis H test was used. To explore the associations between MAS, SQLQ-F, and DAP scores, Pearson correlation coefficients were calculated. Furthermore, multiple linear regression analyses were conducted to determine how much variance in the MAS mean score could be explained by the independent variable (DAP mean score). The model was controlled for possible confounders, including age, educational background, employment status, income level, and number of pregnancies. A p-value below 0.05 was considered statistically significant.

Ethical Considerations

Prior to initiating the research, approval was obtained from the Osmaniye Korkut Ata University Scientific Research and Publication Ethics Committee (Decision Date: 29.11.2023, Decision No: 2023/8/20), and written institutional permission was granted by Malatya Training and Research Hospital (Decision No: 05/03/2024). Before the data were collected, all potential participants were informed about the aim and procedures of the study, and written consent was secured from each individual. The entire research process was conducted in accordance with the ethical principles of the Declaration of Helsinki.

Result

The mean age of the women participating in the study was 31.64±6.68 years. Of the participants, 63.3% had a university-level education or higher, and the same proportion reported that their spouses also had an education level of university or above. A total of 54.5% of the women were not employed, whereas 94.9% stated that their spouses were employed. Additionally, 55.3% indicated that their income matched their expenses, and 94.9% similarly reported that their spouses' income was equal to their expenses. Most participants were found to be living in a nuclear family structure. The average age at marriage was calculated as 23.68±3.78 years, and the mean duration of marriage was 7.94±8.09 years. Moreover, 72.7% of the women married voluntarily, 44.4% had never experienced a pregnancy, 45.1% had no children, and among those who had been pregnant, 9.1% reported at least one unplanned and unwanted pregnancy (Table 1).

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Table 1. Distribution of identifying characteristics of participating women (n=275)

Introductory features	Mean±SD/N (%)
Age	31.64±6.68 (min: 19; max: 49)
Educational level	
Literate	6 (2.2)
Primary school	27 (9.8)
Middle school	22 (8.0)
High school	46 (16.7)
University and above	174 (63.3)
Spouse's education level	
Literate	3 (1.1)
Primary school	15 (5.5)
Middle school	30 (10.9)
High school	53 (19.3)
University and above	174 (63.3)
Employment status	
Employed	125 (45.5)
Unemployed	150 (54.5)
Spouse's employment status	
Employed	261 (94.9)
Unemployed	14 (5.1)
Income Level	
My income is less than my expenses	58 (21.1)
My income equals my expenses	152 (55.3)
My income is more than my expenses	65 (23.6)
Family type	
Nuclear family	261 (94.9)
Extended family	14 (5.1)
Marriage age	23.68±3.78 (min: 14; max; 34)
Marriage duration (years)	7.94±8.09 (min: 1; max; 35)
Form of marriage	
Fondly	200 (72.7)
Arranged date	75 (27.3)
Number of pregnancies	
No	122 (44.4)
1	50 (18.1)
2	44 (16.0)
3 and above	59 (21.5)
Number of living children	
No	124 (45.1)
1	50 (18.1)
2	48 (17.5)
Three above	53 (19.3)
How did you plan your last pregnancy *	
Planned/desired	102 (66.7)
Unplanned / desired	37 (24.2)
Unplanned/unwanted	14 (9.1)

SD: Standard deviation, *: Only those who have been pregnant answered

In terms of scale scores, the mean DAP score was 2.34±1.07 (min: 0; max: 4), the mean EUS score was 45.09±9.30 (min: 9; max: 58), and the SQLQ-F mean score was 72.36±21.22 (min: 8; max: 100). In the study, based on the MAS cut-off point (43≤), it was determined that the marriages of 31.6% of the women were incompatible.

In the study, those who did not use family planning methods to prevent pregnancy (p=0.041), evaluated their marital harmony as poor (p=0.001), avoided sexual intercourse due to fear of pregnancy (p=0.001), and experienced changes in sexual desire due to fear of pregnancy (p=0.001), women who had decreased sexual intercourse frequency due to fear of pregnancy (p=0.001), women who reported having sexual intercourse once a month were found to have lower mean SQLQ-F scores (Table 2). Additionally, a positive but low-level significant correlation was identified between the average DAP score and the average MAS score (p=0.006) (Table 2).

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Table 2. Independent variables related to avoiding pregnancy, DAP and MAS, SQLQ-F comparison of score averages

Independent variables	N (%)	MAS Mean±SD	SQLQ-F Mean±SD
Using a family planning method to prevent pregnancy			
Yes	186 (67.6)	45.31±9.30	74.17±20.91
No	89 (32.4)	44.65±9.32	68.57±21.49
Test and p-value		t=0.550 p=0.583	t=2.058 **p=0.041**
Planning to have children			
Yes	105 (38.2)	45.20±8.83	72.31±23.18
No	170 (61.8)	45.02±9.60	72.39±19.99
Test and p-value		t=0.156 p=0.876	t=-0.027 p=0.978
Reasons for not planning to have children			
My child count is enough	74 (43.5)	45.93±8.19	70.16±18.87
My economic situation is bad	25 (14.7)	43.60±11.28	75.37±16.29
I think it's early	21 (12.4)	45.76±8.34	79.78±18.07
I'm afraid of having children	50 (29.4)	44.10±11.13	71.08±23.40
Test and p-value		KW=0.598 p=0.897	KW=5.519 p=0.137
Fear of becoming pregnant			
Yes	167 (60.7)	45.14±9.89	71.02±22.33
No	108 (39.3)	45.01±8.35	74.43±19.30
Test and p-value		t=0.114 p=0.906	t=-1.302 p=0.194
Assessing individual, marital harmony			
Good	123 (44.7)	44.88±9.65	80.53±18.40
Middle	141 (51.3)	45.09±9.14	67.01±20.79
Bad	11 (4.0)	47.54±7.43	49.59±19.11
Test and p-value		KW=0.560 p=0.752	KW=45.492 p=0.001
Avoiding sexual intercourse due to fear of pregnancy			
Yes	56 (20.4)	45.60±9.43	60.13±23.00
No	219 (79.6)	44.96±9.28	75.48±19.61
Test and p-value		t=0.458 p=0.647	t=-4.586 **p=0.001**
Change in sexual desire due to fear of pregnancy			
Yes, decrease	48 (17.5)	45.93±9.861	56.04±23.94
No, no change	227 (82.5)	44.92±9.19	75.81±18.93
Test and p-value		t=0.687 p=0.492	t=-5.377 **p=0.001**
Change in the frequency of sexual intercourse due to fear of pregnancy			
Yes, decrease	58 (21.1)	45.98±9.33	55.76±23.01
No, no change	217 (78.9)	44.86±9.29	76.79±18.38
Test and p-value		t=0.815 p=0.416	t=-6.433 **p=0.001**
Frequency of sexual intercourse			
More than twice a week	72 (26.2)	44.54±10.08	80.21±17.76
Twice a week	87 (31.6)	45.81±8.35	77.22±18.86
Once a week	55 (20.0)	44.21±9.55	67.07±22.15
Once every two weeks	30 (10.9)	44.63±8.53	63.88±21.66
Once a month	31 (11.3)	46.38±10.44	58.06±21.46
Test and p-value		KW=3.245 p=0.518	KW=38.182 **p=0.001**
DAP			
Test and p-value		r=0.167 **p=0.006**	r=0.027 p=0.659

MAS: Marital adjustment scala, SQLQ-F: Sexual quality of life questionnaire–female, DAP: Desire to avoid pregnancy measure, t: Student t testi, KW: Kruskal wallis H test, r: Pearson correlation test

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To further explore the relationship between the desire to avoid pregnancy and marital adjustment, a multiple linear regression analysis was conducted. The model controlled for several variables, including age, educational status, employment status, income level, and number of pregnancies. The regression results showed that the F value indicated a statistically significant model ($F=3.271$; $p<0.05$). Examination of the beta coefficient, t value, and significance level for the independent variable demonstrated that the desire to avoid pregnancy was significantly associated with marital adjustment ($t=2.385$, $p<0.05$). The analysis also revealed that 6.1% of the variance in the marital adjustment was explained by the model (Adjusted $R^2=0.061$). Furthermore, each one-point increase in the desire to avoid pregnancy score was associated with a 1.395-point increase in the marital adjustment score (95% CI: 0.242–2.548; $p<0.001$, Table 3).

Table 3. The association between DAP and MAS

Dependent Variable	Independent Variable	B[a]	Standard Error	Beta[b]	95% Confidence Interval
MAS	**DAP** **Adjusted $R^2=0.061$**	1.395	0.585	0.160	0.242-2.548

[a]:Unstandardized beta coefficient, [b]:Standardized beta coefficient, DAP: Desire to Avoid Pregnancy Measure, MAS: Marital Adjustment Scale, Adjusted for age, educational level, employment status, income level, number of pregnancies

Discussion

In this study, the impact of avoiding pregnancy on marital harmony and sexual life in the aftermath of a double disaster is investigated. It was found that not using family planning methods, avoiding sexual intercourse due to fear of pregnancy, perceiving marital harmony as poor, experiencing shifts in sexual desire together with alterations in how often intercourse occurred, and having sexual intercourse no more than once a month were associated with reduced sexual quality of life. In contrast, women who reported avoiding pregnancy tended to perceive their marriages as more harmonious.

It was observed that women who do not use family planning methods after a double disaster and who refrain from sexual intercourse due to fear of becoming pregnant experience poorer sexual quality of life. The use of family planning methods helps alleviate stress related to the fear of pregnancy and enhances the quality of sexual life [25]. Research indicates that the use of family planning methods contributes to an improvement in sexual quality of life [26,27]. Studies conducted during the COVID-19 pandemic demonstrated that women who were unable to meet their family planning needs experienced heightened anxiety about unintended pregnancy, which subsequently lowered their sexual quality of life [28]. Another investigation examining married couples' contraceptive use and sexual practices during the pandemic reported that engaging in family planning behaviors supported healthier sexual interactions [29]. Similarly, research exploring unmet family planning needs among women during the same period found that limited access to reproductive health services and the fear of becoming pregnant negatively affected sexual well-being [30]. These findings suggest that, in the aftermath of a double disaster, barriers to obtaining contraceptive methods may intensify women's pregnancy-related stress, thereby diminishing their sexual quality of life.

In this study, it was determined that the quality of sexual life of women who evaluated their marital adjustment as poor after the pandemic and earthquake was low. It is known that the harmony experienced between couples positively affects the quality of sexual life [31]. In the study examining the relationship between marital adjustment and sexual satisfaction in women, it has been reported that marital discord and sexual dysfunction are interconnected [32]. A separate study during the COVID-19 pandemic showed that women with greater marital harmony experienced higher sexual life quality [33]. Similar studies carried out during the COVID-19 pandemic have also shown that marital harmony has an impact on sexual functions [34,35]. The presence of marital harmony is regarded as an essential factor in sustaining a healthy sexual life. In this regard, preserving marital harmony following unexpected and disruptive events such as epidemics or disasters may enhance sexual life quality and serve as an important predictor in preventing negative outcomes.

In this study, it was determined that the reduction in sexual desire and the frequency of sexual intercourse stemming from fear of pregnancy after disasters were associated with poorer sexual quality of life. Following the earthquake, women may have attempted to avoid pregnancy for several reasons, including limited access to family planning methods, restricted availability of health services, challenging living conditions, lack of privacy, feelings of insecurity, fear, and concerns about maintaining a healthy pregnancy or risking their own or the fetus's well-being during the COVID-19 pandemic. These factors may contribute to declines in sexual desire and intercourse frequency, which in turn may adversely affect sexual life quality [30,33]. In research examining changes in sexual behavior during the COVID-19 pandemic, nearly half of the participants reported a reduction in the frequency of sexual intercourse [36], and declines in sexual desire and overall sexual quality of life were also noted [17]. During the COVID-19 pandemic, declines in sexual life quality were linked to reductions in both the frequency of sexual intercourse and sexual desire [37,38].

This study found that marriages of couples who avoid pregnancy tend to be more harmonious. Disasters such as pandemics and earthquakes may cause couples to re-evaluate their decision

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to have children and may affect their relationships [39]. In a study examining the perceived consequences of the COVID-19 epidemic and childbearing intentions, it was determined that the majority wanted to postpone the decision to give birth, and this did not affect marital relationships [40]. Another study found that not having children did not affect satisfaction in the marriage relationship [41]. In disaster situations such as earthquakes, couples often face heightened uncertainty about the future and may be reluctant to assume major responsibilities such as pregnancy. As a result, the tendency to avoid pregnancy may increase following a disaster. During such crisis periods, couples may also engage in greater emotional solidarity and mutual support as adaptive responses to stress and uncertainty, reflecting shared dyadic coping processes. In this context, pregnancy avoidance may be associated with increased relational cohesion and resilience, which could help explain why some couples report higher levels of marital harmony. Nevertheless, given the relatively weak effect sizes observed, these associations should be interpreted with caution and should not be construed as evidence of strong or causal relationships.

Limitations

A key strength of this study is that it examines pregnancy avoidance behaviors along with their influence on sexual well-being and marital cohesion among women who lived through two successive major crises: the COVID-19 pandemic and the Kahramanmaraş earthquakes. In doing so, it adds valuable evidence to the still-limited body of research on this topic.

However, several factors should be considered when interpreting the findings. First, the sample consisted of women from a single study site, which restricts the generalizability of the results to the wider population. Second, the study's cross-sectional nature prevents the establishment of causal relationships. Third, the research did not assess participants' pregnancy intentions or their reproductive and sexual health status prior to the disasters, limiting the ability to compare pre and post disaster conditions. Finally, the sample does not fully represent the general population of Türkiye, particularly with regard to educational level, which may limit the generalizability and interpretation of the findings.

Conclusion

The study indicates that following two consecutive large-scale disasters, several factors were associated with poorer sexual quality of life among women, including lack of contraceptive use, avoidance of sexual intimacy due to concerns about unintended pregnancy, lower perceived marital adjustment, changes in sexual desire and frequency, and very infrequent sexual activity. At the same time, pregnancy avoidance was associated with higher perceived marital adjustment, suggesting that shared reproductive decision-making during crisis periods may function as an adaptive dyadic coping strategy that supports relational stability. However, given the cross-sectional design and the modest effect sizes observed, these findings should be interpreted with caution and should not be considered evidence of strong or causal relationships. From a clinical perspective, the results underscore the importance of identifying women's reproductive and sexual health support needs in post-disaster settings. Ensuring timely access to appropriate contraceptive services and providing couple- or family-centered counseling may help address disruptions in sexual life and relationship dynamics following disasters.

Future research should employ longitudinal designs to better examine changes in pregnancy avoidance behaviors, perceived marital adjustment, and sexual quality of life over time. In particular, further studies are needed to clarify why pregnancy avoidance may be associated with higher perceived marital adjustment in certain contexts and how this relationship interacts with sexual well-being. Additionally, evaluating the effectiveness of post-disaster education and support interventions may contribute to improving women's sexual health and overall quality of life.

Conflict of Interests
The authors declare that there is no conflict of interest in the study.

Financial Disclosure
The authors declare that they have received no financial support for the study.

Ethical Approval
The study received ethical approval from the Osmaniye Korkut Ata University Science Scientific Research and Publication Ethics Committee (Decision No: 2023/8/20) and written permission from Malatya Training and Research Hospital (Decision No: 05/03/2024).

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