



PERFORMANCE REPRODUCTIVE HEALTH OF MARRIED ADOLESCENTS REFERRED TO URMIA HEALTH CENTERS

Soheila Rabiepoor¹, Parisa Farjami², Atefeh yas^{3*}, Somayeh Rezavand⁴, Maliheh Abdollahi⁵

1. *Reproductive Health Research Center & Midwifery Department, Urmia University of Medical Sciences, Urmia, Iran*
- 2,3,4. *Master of midwifery counseling, nursing & midwifery faculty, Urmia University of Medical Sciences, Iran*
5. *MSc in epidemiology, school of nursing, Torbat Jam Faculty of Medical Sciences, Torbat Jam, Iran*

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ABSTRACT

Background and Aims: Adolescence is an important and influential period of life that starts with mental, physical and social changes. Reproductive health implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. The aim of this study is to determine reproductive health status of married adolescents.

Materials and methods: This study was a descriptive study. A sample size of 81 married adolescents referred to health centers in the city of Urmia. The reproductive health status was measured by a questionnaire built by researchers. The software SPSS, descriptive statistics were used for data analysis.

Results: This study showed that, 32.1 % of adolescents had weak awareness in the field of reproductive health, 59% moderate and 6.8% had good awareness. The mean age of married adolescents was 17.74 ± 1.5 years and 75.3% of teens had a negative attitude and 16% had a positive attitude to reproductive health. In terms of performance 80.9 % of married adolescents have used contraception methods, and 86.8 % of them do not Pap smear and 61.65% do not breast self-examination ever.

Conclusion: The results of this study showed that awareness of married adolescents to reproductive health is poor. As well as most of them do not have the proper attitude in this regard and also their performance are weak in most areas of reproductive health.

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Introduction

Adolescent age is defined as the age group between 10 - 19 years old and teenagers constitute a significant proportion of population in most countries of the world, especially developing countries [1]. According to the WHO, there are about 1.2 billion adolescents in the world, representing about one of every six people and approximately 85% of all of adolescents in the world live in developing countries, and the rest in industrialized countries. 16.34% of Iran's populations are in the 10 - 19 years age group [2].

One of the important concerns of this age group, especially girls, is reproductive health that also affects their adulthood. Reproductive health implies that people are able to have a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so [3]. Reproductive health encompasses areas such as sexually transmitted infections, HIV, reproduction, menstrual cycles, contraceptive methods, pregnancy, abortion and sexual orientations [4].

More than 30% of girls in developing countries marry before the age of 18 [5]. Adolescent marriage at an early age deprives them of getting familiarity with the reproductive health problems and also makes them more vulnerable to HIV and

Corresponding Author: Atefeh yas, Urmia University of Medical Sciences, School of Nursing and Midwifery, Nazlou Campus, 11 km Seru Road, Urmia. Email: atefhyas@yahoo.com

pregnancy diseases [6]. Although married teenagers are biologically able to have sex and become pregnant, they may not yet have the psychological and emotional capabilities or readiness to comprehend these concepts [7]. One in every five adolescent girls gives birth by the age of 18 as they enter an early marriage [5]. The best and ideal age to get pregnant is between 20 and 30 years ago and pregnancy after age 30, leads to serious complications and problems [8].

Adolescent pregnancy is recognized a public health issue that affects adolescent mothers, children, and the wider community [9]. In all countries, pregnancy during adolescence is associated with high rates of maternal and fetal complications. Among pregnancy complications in adolescent pregnant women are low birth weight, preterm birth, hypertension during pregnancy, maternal- fetal mortality and non-safe abortions [6]. Adolescents are the most affected age group that engage in sexual behaviors and are therefore prone to early sexual intercourse, AIDS, sexually transmitted diseases (STDs), unintended and non-liable pregnancies, abortion and issues related to the individual health, so that every year half of all new HIV infections occur among young people, aged 15–24. Meanwhile, half the teenagers in the world do not have enough knowledge and protection against this illness and pregnancy during this period [10, 11].

Studies also show that reproductive health awareness among adolescent is relatively weak [12, 13]. Since adolescents have poor performance and fail to use contraceptives effectively, the number of unwanted pregnancies and unsafe abortions is higher among them [14]. According to WHO multinational reports, providing successful strategies to prevent adolescent pregnancy and the improvement of services provided by health centers in developing and low-income countries are necessary [15].

Most of the Iranian adolescents, especially girls, do not have access to proper and adequate information about physical and psychological changes in puberty, and it is likely that they may experience serious physical and mental health problems due to getting information from unknowing and unreliable sources. Protecting the health of adolescents can benefit the overall health of women [16].

Since unmarried students and adolescent are considered more on research as well as there are few studies on determining the productivity health status of married adolescents, we aimed to design and implement a study in order to evaluate the productivity health status of married adolescents.

Methods and Materials

This is a descriptive study approved by the code of ethics umsu.rec.1393.266 at Urmia University of Medical Sciences. The study population consisted of married adolescents referred to the health centers of Urmia. Based on Mazloumi et al. [17] study, the sample size was calculated at 81 after 20 % dropout rate. Researcher randomly selected four health treatment centers from four different socio-economic regions of Urmia and from each center, married adolescents who had a health record enrolled in the study.

The data collection instrument was a researcher-made questionnaire consisting of four items. The first section included demographic information; the second was related to the attitude items, the third to performance items and the fourth section was related to awareness items. The demographic items included characteristics of male and female population, educational level, duration of marriage, number of children, employment status.

The section on attitude had 15 items on AIDS (2 items), contraceptive methods (3 items), menstrual cycle and pregnancy health (5 items), and sexual health (5 items); responses were rated on a 5 point Likert scale - strongly agree (1), agree (2), neither agree nor disagree (3), disagree (4), and strongly disagree (5); the total number of points was calculated 15 - 75. Scores from 15 to 45 were considered as a negative attitude and from 46 to 75 as positive attitude. To evaluate the performance of the samples, 9 items on the use of contraceptive methods, doing Pap smear test, and breast self-examination and sexual function were examined. The section on awareness consisted of 37 items on menstrual and pregnancy physiology (18 items), genital infections and sexually transmitted infections such as AIDS (8 items) and contraceptive methods (11 items). 1 point is awarded for each right answer and 0 points is awarded for each wrong answer. The total points were considered between 0-37. Scores from 0 to 12 were considered as poor awareness and from 13 to 24 as moderate awareness and 25 to 37 as very good awareness.

Validity and reliability of this questionnaire were previously confirmed by Rabiepour et al. [18]; however, in this study, the validity of the questionnaire was also assessed by content validity method, so the questionnaire was given to 5 faculty members of the Department of Obstetrics and Gynecology and necessary corrections in the questionnaire were made based on their opinions. In addition, the reliability was measured using Cronbach's alpha test with an Alpha coefficient of 0.76%. All information about the participants deemed completely confidential and the subjects were assured that the results of the data will only be reported collectively. Data were entered into SPSS 20 software and descriptive statistics was used for data analysis.

Results

A survey of demographic characteristics indicates that the mean age of married adolescents was 17.74 ± 1.5 years and the average age of their spouses was 26.48 ± 3.72 years. Also, the average length of their marriage period was 2.8 ± 1.8 years and 50% had one child and 1.7% had two children (Table 1).

Eighty percent of the research subjects said they had received their health information on reproductive health from different sources so far, for example, mother and sister 35.8%, spouse 18.5%, relatives and friends 11.1%, Internet 1.2%, mother 11.1%, health care personnel 1.2%, nobody 21%. In their own assessment of sexual and reproductive health information, only 22.5% of married adolescents demonstrated that they had information enough.

Table 1. Demographic characteristics of subjects referred to health centers

Variable	Female (percent)	Male (percent)
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Educational	Illiterate	3.7	4.9
	Elementary	23.5	18.5
	High school	42	33.3
	Academic	30.9	43.3
Occupation	Employed	16	91.5
	Unemployed	84	8.6

In this study 31.2% of respondents felt that they needed a lot of information regarding their reproductive health. When they were asked to answer the question "Do you feel the need to get information about your reproductive health?" 31.2% answered yes (very high), 45% yes and 22.5% no. In the present study, the best time to teach health issues was secondary and high school from the viewpoint of adolescents (elementary school, 13.8%, secondary school 35%, high school 35%, and university 16.2%). 22.5% of married adolescents had enough knowledge and information on various areas of reproductive health, such as reproductive health, sexual functioning of male and female sexual organs, sexually transmitted infections and contraceptive methods (Table 2).

Table 2. Self-assessment of adolescent married girls referring to health centers regarding their reproductive health

	Items	Enough	Fairly enough	Not enough
1	Concepts and issues of reproductive health of adolescents	20%	61.3	18.7
2	Functioning of male and female sexual organs and issues related to menstruation and pregnancy	25%	53.9	21%
3	Family Planning	22.7	58.7	18.7
4	Common genital infections, sexually transmitted diseases, AIDS and their prevention	22.4	46.1	31.6
5	Total	22.5	55	22.5

Overall, only 8.6% of adolescents had a good awareness to the reproductive health (Table 3). They had poor knowledge and awareness of menstrual and pregnancy physiology (33.3%), AIDS (50.6%) and sexually transmitted infections and contraceptive methods (33.3%), respectively.

Table 3. Level of awareness of married adolescents referring to health centers on reproductive health issues

Awareness	Poor (percent)	Moderate (percent)	Good (percent)
Menstruation and pregnancy	33.3	59.3	7.4
AIDS and infections	50.6	21.0	28.4
Contraceptive methods	33.3	40.7	25.9
Total	32.1	59.3	8.6

Data analysis showed that 75.3% of married teens had a negative attitude toward reproductive health issues, with the highest negative attitudes was related to sexually transmitted diseases and AIDS, and the lowest number was related to pregnancy and menstruation (Table. 4).

Table 4. Attitude level of married adolescents referring to health centers in different fields of reproductive health

Attitude	Positive (percent) number	Negative (percent) number
AIDS	19(23.5)	57(70.4)
Family Planning	52(64.2)	23(28.4)
Sexual health	2(2.2)	73(90.1)
Menstrual health and pregnancy	45(55.6)	30(37)
Total	13(16)	61(75.3)

Data analysis on reproductive health functioning showed that 9.1% of adolescents did not use any contraceptive method and 19.5% used discontinuous methods. The most commonly used contraceptives are condom (27.3%), LD pills (26%). The results of this study showed that the studied subjects had poor performance against breast self-examination and cervical cancer screening, so that only 38.38% of them had breast self-examination and 31.2% did Pap smear testing. Also, in the field of menstruation, 31 percent of them refused to go to the bathroom with menstruation.

Discussion

Adolescence is an important and influential period of life that starts with mental, physical and social changes and has a significant impact on the performance of individuals in adulthood. The adolescents are exposed to high-risk behaviors that can affect their reproductive health, but most of the adolescents do not have the necessary knowledge and awareness about issues affecting their reproductive health. Approximately one-third of the studied subjects had poor awareness about their reproductive health (32.1%).

In the field of family planning, 74% of them had moderate to poor awareness, with 33% of respondents using effective contraceptive methods, 30% of male contraceptive methods. 46 percent of couples who had just married did not use the best contraceptive method and 34 percent of subjects did not know the importance of using condoms. The results of a study by Anid Sood revealed that 96 percent of married women have an awareness of various contraceptive methods and awareness about female sterilization was higher than male sterilization which the discrepancy of the results of this study with our study is likely to suggest that married adolescents have less awareness than married ones as expected [19].

In a study by Cherie with a view to assessing the needs of young people's reproductive health, it was found that 60% of boys and 40% of young girls had no awareness of contraceptive methods and had the most awareness about pills, injectable methods and condoms [20], which are in agreement of our results of the study. In the study, only 25% of married adolescents had awareness of the days that had the greatest probability of gestational age in the menstrual period. They also had a poor awareness of menstrual and pregnancy physiology. Additionally, in a study by Ghajali Abadi, with the aim of determining the needs of reproductive health in adolescents and young people, nearly 70% of female students and 40% of male adolescents were aware that women could become pregnant in the first intercourse [21].

The results of a study by Sharma also showed that 11% of urban girls and 28% of rural girls do not have the information they need about their menstruation cycles and physical physiology [22]. The discrepancies observed in the results of the present study with the above-mentioned studies are probably due to differences in the level of education of participants in the studies. Moreover, the results of the study by Robert J. Magnani, aimed to investigate adolescents' awareness of reproductive health issues, showed that adolescents had a moderate level of awareness (50-60%) on contraceptive methods and AIDS which are comparable to our study results [23].

In our study, 23.4% of the adolescents demonstrated that the best time to teach health issues was secondary and high school. Also, in the study of Bazarganipour, from the students' viewpoints, the best time to educate on fertility issues was high school and they received the most information from health workers (42%), books (35%) and then mothers (35%). However, in our study, adolescent girls received the highest reproductive health education from their mother and sister (35%).

The observed differences in the source of received education are probably due to differences in the level of education of participants in the two studies [24]. Also, in a study by Nair, most teenage girls received the necessary information on their menstruation and productivity from their mother, which is consistent with our study results [25]. In this study, 75.3% of subjects had negative attitudes toward reproductive health issues, so that 23% of them did not feel well during their periods, and almost half of them found that menstruating is still a source of shame for girls.

Furthermore, the results of the study by Sharma showed that 56% of rural teenagers thought that menstruation or period is regarded as a physical illness or physical problem and only 19% of adolescent girls believed that menstruation is a sign of reproductive health [22], which are in line with the results of the present study. In the current study, 37% of women had a negative attitude toward different contraceptive methods and their use, which is comparable to Anil Sood results. In the study, 65% of women had a poor attitude about the use of contraceptive methods and demonstrated that childbirth is purely a woman's responsibility and task [19]. The observed discrepancy can be due to the different participants' awareness levels in the two studies.

In the study by Bazarganipour, like married adolescents in this study, students did not have a proper attitude towards family planning programs and 56% of them believed that men's awareness of contraceptive methods was not as much as women's awareness and 59% of them said that single girls do not need to know about reproductive health because they do not experience the sexual experience during this period [24], 59% of subjects in the study demonstrated that they prefer the delivery of cesarean section in case of pregnancy suggesting their negative attitude toward normal delivery. In a study by Sema Dereli on pregnant women, 81.5% of women preferred vaginal delivery and 18% cesarean deliveries, which is inconsistent with our study results; this discrepancy can be probably due to age differences as well as differences in awareness level of participants on the type of delivery in both studies [26]. In our study, 68% of women never had a Pap smear tests, and 61% of them did not perform breast self-examination at home.

In addition, in a study by Dundar in Turkey aimed at evaluating women's awareness and attitudes about breast self-exam, only 10% of women and girls regularly performed self-exam on a monthly basis and 29% performed it irregularly, which are consistent with the results of our study [27]. In this study, the percentage of contraception used among married adolescents was good, and only 19% of married adolescents were using unreliable contraceptive methods and 9% of them did not use contraception. These results are comparable to the results of the Lawrence B Finer study. In the study, 82% of single teenagers used contraceptives in their first sexual intercourse and one year after, the use of contraceptive methods reached 95% [28].

Conclusion

According to the results of this study, it can be concluded that married adolescents have a poor awareness or knowledge on their reproductive health, as well as poor attitude and performance in order to maintain reproductive health.

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Conflict of interests

None declared

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