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CHANGES IN THE GIRLS' AWARENESS ABOUT REPRODUCTIVE HEALTH AFTER PREMARTIAL EDUCATION BY THE PREMARTIAL COUNSELING CENTER IN GARMSAR CITY, IRAN

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ABSTRACT: Awareness of reproductive health is rights of humans and lack of accurate notification will lead to numerous complications. Pre-marriage is one of the best times to training of these issues. Therefore, this study was done in order to evaluation the effects of premarital education on the girls' awareness about reproductive health. In this semi-experimental study, 152 of women that participated in courses at marriage counseling center were selected with consecutive sampling method in Garmsar city, Iran in 2012. Data were collected by a questionnaire containing demographic (contains two sections: demographic characteristics and reproductive health) in two stages of pre and post of test. Data were analyzed using SPSS software. According to the findings of this research, the average of girls' age was 22.41 ± 3.22 and 55.3% of them, had college education and 53.9% of them were housewives. The mean score of awareness about reproductive health before the education, was 12.81 ± 33.3 that increased to the 17.81 ± 2.587 after training and this difference was statistically significant ($p = 0.000$). As well as level of satisfaction of participants (92.1%) was very good. The findings of this study showed that premarital counseling programs effected on the girls' awareness about reproductive health, and participants were satisfied for the manners of holding course using of teaching aids.

INTRODUCTION: Marriage creates a family, result in proliferation and generation survival. In monotheistic religions, especially Islam with a special sanctity, if marriage done with sufficient awareness and requirements, it may have significant effects on personal and social health. On the other hand, physical, mental and social health of the young couples is related to family health and creating a healthy generation. The young couples build the future of any country. The community health depends on physical, mental and social health of the young couples.

The root of many major health problems such as population growth, infant and child death, genetic abnormalities and soon should be sought in the pre-marriage and prepregnancy period.¹ Premarital education programs show initial promise in improving couple communication and preventing deterioration in relationship well-being.² Sexual and reproductive health (SRH) is vital to individuals, couples, and families in order to ensure healthy reproduction, achieve better communication between couples, make healthier sexual decisions, and participate in the social development of their countries.³

Adolescents, a vulnerable populations have multiple sexual and reproductive health problems including gender inequality, sexual coercion, early marriage, polygamy, female genital mutilation, unplanned pregnancies, closely spaced pregnancies,

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abortion, sexually transmitted infections (STIs) including HIV/AIDS. Lack of access to appropriate health care and access to information and communication are the most important factors hindering their health care.⁴ Benefitting from premarital consultation services makes the man and woman start their shared life with more awareness and equipped with enough knowledge in their relationship and their would-be spouse and also the significance and goals of marriage.⁵ Previous studies on Iranian couples have shown that sexual issues are the underlying causes of many marital conflicts and that unsatisfying sexual relationships are one of the main reasons for divorce in Iran.³

Another study in Tehran found that 66.7 % of divorce plaintiffs attributed sexual problems, such as sexual desire disorders and sexual arousal disorders, as their grounds for divorce.⁶ Furthermore, couples with higher level of education usually have as much lower divorce rate than those with less education. Though, they also tend to marry several years later than the average person. More education affords them a higher standard of living; they are less likely to marry because of pregnancy or against parental opposition like teenagers might do.⁷ Therefore, premarital care (PMC) is the promotion of the health and well-being of a woman and her partner before pregnancy; it is considered as the primary preventive approach for couples planning for conception; it can identify and modify behavioral, medical, and other health-risk factors known to impact pregnancy outcomes through prevention and management.⁸

There are various study conducted to assess the knowledge level of adolescents towards reproductive system and organs and awareness regarding sex knowledge on adolescent girls (16-20 years) found that awareness regarding HIV/AIDS among adolescent girls is very low, adolescent girls also back adequate knowledge about sexual matter and contraception which results in early pregnancy, increased risk of STD infections, maternal morbidity and mortality and unsafe abortions.⁹ Many researcher emphasized on the importance of premarital education. Studies in Iran have demonstrated positive effects of sex education on sexual and marital satisfaction and on reducing marital conflict.¹⁰ Sexual satisfaction is an

important predictor of marital satisfaction, and a correlation between sexual satisfaction and marital satisfaction is evident. Further, marital satisfaction is associated with well-being, happiness, professional achievements, and success in social interactions.^{11, 12, 3} The findings of one researcher suggested that appropriate educational contents should be designed and implemented based on sexual and reproductive health needs.¹³ Also, research showed that the couples attending the classes address the pre-marriage counseling as a pleasant and satisfactory experience.¹ One study also revealed that the majority of participants had poor sexual knowledge and attitudes regarding different aspects of sexual health.¹⁴

One researcher who reported that half of the study sample would be having low level of knowledge, by considering differences of 15%, 20% and 30% in the risk factors associated with the low level of knowledge.¹⁵ The results of one study showed pre-marriage education meaningfully improves misbelieve about marriage among girls ($P < 0.0001$).¹⁶ Equally, results showed that pre-marriage education had no meaningful effect on general health of the girls. One researcher reported, insufficient female youth reproductive health services (222 cases, 55.2%) and low knowledge about reproductive health (222 cases, 55.2%) was the main barriers of the female youth reproductive health aim.¹⁷

The Ministry of Health and Medical Education of Iran and WHO pointed that the maternal mortality ratio per 100,000 live births has dropped sharply to 37.4 deaths in 1997 from 91 deaths in 1989 to 26 deaths in 2005 in Iran. 11 Iran's family planning program is one of the most successful throughout the world.¹⁸ With respect to the increasing divorce rate in Iran and the probable role played by sexual dissatisfaction in the breakdown of marriages, the Ministry of Health recently aimed to improve the educational content of the premarital education programmes¹⁹. Therefore, this study was carried out to assess the effects of premarital education on the awareness about reproductive health, in girls admitted to the premarital counseling center in Garmsar city, Iran.

MATERIAL AND METHODS: This research was an interventional semi-experimental study. 152 number of girls admitted to the marriage counseling center were selected with consecutive sampling method in Garmsar city in 2012. In this investigation, data were collected in two stages of pre and post of test. Questionnaires of pre-test (included, demographic and reproductive health questions) was completed before starting of educational class. Holding of this premarital counseling class was conducted by a trained midwife and using of teaching aids such as poster, maquette, PowerPoint and educational film for two hours. Educational content included anatomy, physiology of the reproductive system, menstruation and its health, pre-pregnancy care, sexual function, contraceptive methods and common female cancer screening. Content of Power Point slides was prepared by marriage program expert of city on the basis of the above headlines mentioned and after approval by the health deputy of Semnan Medical Sciences University experts were put in authority of the consultant of marriage class for teaching.

Furthermore, educational films of necessary informations about marriage were queried. At the end of class, educational packages included pamphlets of premarital counseling and book of marriages and romantic and social relationships,

were donated to the samples. At the end of class, post-test questionnaire included two. The questions of reproductive health and satisfaction of the class was completed by samples. Ranges of reproductive health scores were from zero to twenty and satisfaction scores were between zero and eight. That it was divided in three groups: poor (0-2), medium (3-5) and good (6-8). At the end, in order to analysis of the data, SPSS statistical software was used.

RESULTS: The results of this study showed that mean and standard deviation (SD) of samples age was year of 22.41 ± 3.22 and the highest percentage of frequency was related to the age group of 18-23 years (52%). So that 55.3% of the samples had academic education and job of most of them was housekeeping (53.9%). Based on the findings, the knowledge score of the studied samples before education was 12.18 ± 3.3584 that after education this score increased to the 17.81 ± 5873 , and this statistically difference was significant ($p=0.000$) (**Table 1**). Comparison the mean scores of the samples' awareness before and after education based on the variables age, job and education levels, did not show statistically significant differences ($p>0.05$) (**Table 2**). The results also showed that 92.1% percent of the participants had good satisfaction for holding of this class (**Table 3**).

TABLE 1: MEAN SCORES OF AWARENESS BEFORE AND AFTER EDUCATION OF GIRLS ADMITTED TO MARRIAGE COUNSELING CENTER

Score of awareness	After education		Before education		Result of statistic all test P=0.000
	Standard deviation	Score	Standard deviation	Score	
	2.5873	17.81	3.3584	12.81	

TABLE 2: COMPARISON OF THE MEAN SCORES CHANGES OF AWARENESS BASED ON THE DEMOGRAPHICS VARIABLES OF THE GIRLS ADMITTED TO THE MARRIAGE COUNSELING

Demographics variables	Difference of mean and standard deviation	Results of Statistic all test
Age	18<	F=0.297
	23 -18	DF=3
	29-23	P=0.827
	30≥	
Education	Under diploma	F=1.735
	Diploma	DF=3
	Collegiate	P=0.180
Job	Housekeeper	F=1.451
	Employed	DF=3
	Self-employed	P=0.230
	Student	

TABLE 3: THE SATISFACTION OF THE EDUCATIONAL CLASS IN THE GIRLS ADMITTED TO THE MARRIAGE CONSULTATION CENTER

Level of satisfaction	Abundance	Percentage of abundance
Medium	12	7.9
Good	140	92.1
Total	152	100

DISCUSSION: The results for this study showed that the level of knowledge about reproductive health after education was increased, and this difference was statistically significant and satisfaction of the classes holding was good. This is probably due to the training of girls by professional experts in the counseling center of Garmsar. Therefore, premarital care is the promotion of the health and well-being of a woman and her partner before pregnancy; it is considered as the primary preventive approach for couples planning for conception; it can identify and modify behavioral, medical, and other health-risk factors known to impact pregnancy outcomes through prevention and management.⁸

In this case, recent empirical evidence supports the hypothesis that these premarital education programs improve the quality of couples' relationship and interpersonal skills.²⁰

Consistent with these results, results of one study showed that mean score of awareness, index of reproductive health, reproductive health and family planning were significantly different ($P = 0.000$) before and after training but the mean score of thalassemia awareness before and after the training showed no significant difference. Additionally, they reported that the mean scores of knowledge on reproductive health, after the consultation program was statistically significant ($P < 0.001$).²¹

Researcher found that adolescents who participated in a sex-education courses were more likely to have fewer premarital pregnancies.²² Consistent with these results, also other studies emphasized on the knowledge of adolescent girls regarding ovulation, first sign of pregnancy and fertilization improved by 37.2% (95% CI = (35.2, 39.2), $P < 0.001$).²³ Moreover, they reports that girls' awareness regarding the importance of diet during pregnancy improved from 66 to 95% following the intervention. The results for another research, showed that sexual health education in premarital

counseling leads to improving of girls' awareness.⁵ In one research, health education of youth corps members was significantly effective in improving their level of knowledge, attitude to sickle cell disease and screening uptake.²⁴ They reported that post- intervention, the level of knowledge of sickle cell disease increased (64.1%), attitudes improved in most aspects considered and the proportion who knew their genotypes increased (11.9%) significantly only in the intervention group. Results of one test, showed that 83.2% of the couples had poor knowledge, 16% average, and 0.8% had good knowledge before the intervention. After the intervention, 60.4% of couples had poor knowledge, 31.6% average and 8% had good knowledge.¹ Their results also revealed that the difference in mean scores of knowledge and attitudes regarding reproductive health, family planning, genetic diseases and disabilities was statistically significant ($P < 0.001$).

In one study in order to evaluation of premarital counseling class quality from the viewpoint of trained couples showed that 4.4% was weak, 49% was medium and 46.6% of participants evaluated that this class was good.²⁵ However, in another study there was no significant difference in terms of sexual satisfaction and marital satisfaction. But in this study, marital satisfaction had significant correlation with sexual satisfaction ($r = 0.55$, $P < 0.001$).¹⁹

Finally, the majority of studies were consistent with this study. Overall, results for this study showed that the duration of training, the choice of educational content, the use of various teaching aids (Power Point, educational videos, posters, etc.) and holding of individual classes for couples and enough opportunities for asking questions, and answering had the significant effect on the effectiveness of education and satisfaction from the class's quality. Strengthening of educational centers at the time of marriage, life skills education and creation of counseling centers and after marriage services that have been emphasized by the leader

are effective in increasing of consolidation of family. The findings of this study showed that premarital counseling programs effected on the girls' awareness about reproductive health, and participants were satisfied for the manners of holding course using of teaching aids. The authors are indebted to assistances of health network of Garmsar, health center of number three of Garmsar and the coach of marriage consultation of Garmsaras well as all those who assisted us in carrying out this study.

CONFLICT INTERESTS: The authors declare that they have no conflicts of interest.

REFERENCES:

1. Moodi M, Miri M-R, Sharifirad GH-R: The effect of instruction on knowledge and attitude of couples attending pre-marriage counseling classes. *Journal of Education and Health Promotion*, 2013; 2: 52, 1-5.
2. Williamson HC, Trail TE, Bradbury TN, Karney BR: Does Premarital Education Decrease or Increase Couples' Later Help-Seeking?. *Journal of Family Psychology*, 2014; 28: 1, 112-117.
3. Pourmarzi D, Rimaz Sh, Merghatikhoi E-A: Sexual and reproductive health educational needs in engaged couples in Tehran in 2010. *Sexuality Research and Social Policy*, 2014; 11: 225-232.
4. Bam K, Girase B: Scenario of adolescent sexual and reproductive health with opportunities for information communication and technology use in selected South Asian countries, *Health Science Journal*, 2015; 9: 4, 1-7.
5. Murray CE, Murray TL: Solution-focused premarital counseling: helping couples build a vision for their marriage. *Journal of Marital and Family Therapy*, 2004; 30: 3, 349-58.
6. Bolhari J, Ramezanzadeh F, Abedinia N, Naghizadeh MM, Pahlavani H, Saberi SM: To explore identifying the influencing factors of divorce in Tehran. *Iranian Journal of Epidemiology*, 2012; 8: 1, 83-93.
7. Abanyam NL, Sambe NA, Moses Y: A sociological analysis of the impact of premarital and marital counseling in preventing the global trend of divorce. *American International Journal of Research in Humanities, Arts and Social Sciences*, 2014; 5: 1, 130-136.
8. Chuauang CH, Chen PC: Preconception care. *Hu Li ZaZhi*, 2008; 55: (6), 5-10.
9. Patanwar P, Sharma KKN: Awareness of reproductive health among the kurmi adolescent girls of raipur city, Chhattisgarh, India. *International Journal of Research in Health Sciences*, 2013; 1: (3), 126-133.
10. Khazaei M, Rostami R, Zaryabi A: The relationship between sexual dysfunctions and marital satisfaction in Iranian married students. *Procedia Social and Behavioral Sciences*, 2011; 30: 783-785.
11. Rehman US, Janssen E, Newhouse S, Heiman J, Holtzworth-Munroe A, Fallis E, Rafaeli E: Marital satisfaction and communication behaviours during sexual and nonsexual conflict discussions in newlywed couples: a pilot study. *Journal of Sex and Marital Therapy*, 2011; 37: 94-103.
12. Farnam F, Pakgohar M, Mir-mohammadaki M: Effect of pre-marriage counseling on marital satisfaction of Iranian newlywed couples: a randomized controlled trial. *Sexuality and Culture*, 2011; 15: 2, 141-152.
13. Kamranpour B: The Effects of reproductive health education on girls' premarital and post-marital needs. *Biological Forum*, 2015; 7: 2, 289-295.
14. Sadat Z, Ghofranipour F-A, Goshtasebi A, Azin SA: Sexual knowledge and attitudes among premarital couples: A need for future educational programs. *Nursing and Midwifery Studies*, 2014; e34469; 1-8.
15. Farih M, Khan K, Freeth D, Meads C: Sexual and reproductive health knowledge, information-seeking behaviour and attitudes among Saudi women: a questionnaire survey of university students. *Reproductive Health*, 2014; 11: 34, 1-5.
16. Keshavarz A, Akbari Amrgh H, Melatkah N: Effectiveness of marriage education before marriage change irrational beliefs girls, *Procedia-Social and Behavioral Sciences*, 2013; 84: 520-524.
17. Bazarganipour F, Taghavi S A-v, Hekmatzadeh F, Sarviye M, Hosseini N-A: Evaluation of female youth educational needs about reproductive health in non-medical students in the city of Qom. *Journal of Family and Reproductive Health*, 2013; 7: 2, 67-72.
18. Vakilian K, Mirzaii Najm Abadi KH: Reproductive health in Iran: International Conference on Population and Development goals. *Oman Medical Journal*, 2011; 26: 2, 143-147.
19. Yazdanpanah M, Eslami M, Nakhaee N: Effectiveness of the premarital education programme in Iran. *Hindawi Publishing Corporation*, 2014; 1-5.
20. Carroll J, Doherty W: Evaluating the effectiveness of premarital prevention programs: A meta analytic review of outcome research. *Family Relations*, 2003; 52: (2), 105-118.
21. Taghinejad H, Dirykavand Moghadam A, Sohrabi Z, Zamaniyan M, Rezaei R: The effect of premarital education by on couples' awareness referred to premarital counseling center. *Journal of Medical History*, 2013; 4: 13, 51-37. (in Persian)
22. Zelnik M, Kim YJ: Sex education and its association with teenage sexual activity, pregnancy and contraceptive use. *Family Planning Perspectives*, 1982; 14: 117-26.
23. Rao RSP, Lena A, Nairi NS, Kamath V, Kamath A: Effectiveness of reproductive health education among rural adolescent girls: A school based intervention study in udupitaluk, Karnataka. *Indian Journal of Medical Sciences*, 2008; 62: 11, 439-443.
24. Olatona FA, Odeyemi KA, Onajole AT, Asuzu MC: Effects of Health Education on Knowledge and Attitude of Youth Corps Members to Sickle Cell Disease and its Screening in Lagos State. *Journal of Community Medicine and Health Education*, 2012; 2: 163.
25. Salarvand S, Bahri N, Heidary S, Khadive M: Assessing quality of the pre-marriage family planning consulting classes. Viewpoints of participant couples. *Journal of Isfahan Medical School*, 2011; 29: 128, 1-9. (in Persian).

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