Determinants of women's knowledge about different aspects of RH (antenatal and FP)

Abstract:

Subjects and methods: The study was carried out in the outpatient clinics in Al-Yarmouk teaching hospital for a period of 5 months extending from the first of January 2019 to the end of May 2020. A systematic random sampling method was used. All married and unmarried women (No.=400) in reproductive age group (15 -50 years) consulting the clinics during the study were eligible for inclusion in study sample. **Results:** The range of age of studied women was 15 years to 50 years with a mean of 33.5± 9.6 years, the majority of them (33.3%) were aged 40-49 years. about (57%) were housewives, 5.7% were students and 37.3% were working. about 11.2% of them were illiterate, and 36.5% with higher education, as well as (77.3%) were married, regarding married women 42.1% of them had married at age less than 19 years, 38.2% had married at 20-22 years. The majority of the studied women 59.2% regarded the suitable age for marriage is between 18 -22 years, A significant association between the age and personal opinion about the suitable age for marriage was noticed ($p < 0.001$). Educational level had a significant association with personal opinion about suitable age for marriage ($p<0.001$). also 40.3% of these women had heard about RH (as a trerm), 92.5 had heard about premarital examination, 70.5% had heard about FP , and about 98.2% of studied women had good knowledge about the necessity of vaccines for pregnant women.the occupation and educational level were significantly associated with knowledge (hearing) about FP ($p<0.001$) and no significant association with marital status. **Conclusions:** Women of the study had (poor knowledge about the concept of RH), but a favorable knowledge regarding different aspects of RH which includes appropriate age of marriage, antenatal care, breast feeding, place of delivery and birth spacing.so Most of interviewed women had heard about FP and the majority of them knew that contraceptive pills and IUCD are the contraceptive methods available in Iraq more than other methods as well as the main reasons given by women for using CC methods were, the economic cause and having enough family (children) while the main reason for not using CC was the religious cause.

keywords: pregnant women; knowledge; Reproductive health (RH); antenatal; FP.

Introduction:

Reproductive health (RH) is a state of complete physical, mental and social well- being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes [1,2].RH therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and freedom to decide if, when and how often to do so. RH care, defined as the constellation of methods, techniques and services that contribute to reproductive health and well- being by preventing and solving reproductive health problems, it also includes sexual health, the purpose of which is the enhancement of life and personal relations and not merely counseling and care related to reproduction and sexually transmitted diseases (STDs) [3], Sexual and reproductive health is the core of people's lives and well-being.

The ability to develop in a supportive environment and grow into a sexually responsive and responsible adult, the ability to enjoy one's sexuality without harming or infecting oneself or one's partner, the ability to have children by choice and not by chance are among the unique attributes that define us as human [4] .

An infant born to teenage mother is more likely to be born too early and weight too little at birth and is 24% more likely to die in the first month of life than an infant born to a mother aged 25-35[5] . Women older than 35 years have an increased risk of having children with chromosomal abnormalities[7]. When births are spaced less than 2 years apart, infants are more likely to be premature and have low birth weight which may lead to increase mortality [5].Many contraceptive methods are available, including: combined oral contraceptives, progestin only, intrauterine devices, condoms, vaginal barrier methods, vasectomy, tubal ligation, natural family planning and withdrawal[6] .

therefore, the aim of current study: to assess the knowledge and attitude of women about different aspects of RH (antenatal and FP).

Subjects and methods

The study was carried out in the outpatient clinics in Al-Yarmuk teaching hospital for a period of 5 months extending from the first of January 2019 to the end of May 2020.Data were collected by direct interview of each participant. Duration of interview was 20 minutes for each woman. A total of 400 women were included in the study sample. A systematic random sampling method was used. All married and unmarried women in reproductive age group (15 -50 years) consulting the clinics during the study were eligible for inclusion in study sample.

Sociodemographic characteristics:

Variables regarding women character like age, marital status (married and unmarried), educational level (illiterate, read and write and primary school, intermediate and secondary school, and higher education for institution and university graduation) and occupation (housewife, student, working). For married women data requested included age at marriage, number of pregnancies and number of live children.

Statistical analysis:

Database structured statistical analysis was done using SPSS V13. Frequency distribution for selected variable was done first. The statistical significance of association between two categorist variables was assisted by chi- square test (X^2).P value <0.05 level of significant was considered statistically significant.

Results:

Table 1: Distribution of women according to their socio- demographic characteristics.

Sociodemographic variable	No.	%
Age (year)		

<20	27	6.7
20-29	114	28.5
30-39	126	31.5
40-49	133	33.3
Occupation		
Housewife	228	57.0
student	23	5.7
working	149	37.3
Educational level		
Illiterate	45	11.2
Read and writes &primary school	97	24.3
Intermediate & secondary school	112	28.0
Higher education	146	36.5
Marital status		
Unmarried	91	22.7
Married	309	77.3
Total	400	100
Age at marriage (years)-groups		
<19	130	42.1
20-22	118	38.2
23+	62	19.7
Suitable age for marriage		
<18	58	14.5
18-22	237	59.2
23+	105	26.3
Total	400	100

Table 1 shows the distribution of the studied sample according to age, employment status, educational level and marital status. The range of age of studied women was 15 years to 50 years with a mean of 33.5± 9.6 years, the majority of them (33.3%) were aged 40-49 years.

A large percentage of women (57%) were housewives, 5.7% were students and 37.3% were working. According to the educational level of interviewed women 11.2% of them were illiterate, 24.3% read and write or finish primary school, 28 % intermediate or secondary school and 36.5% with higher education (institution and

college). large percentage of women (77.3%) were married while 22.7%were unmarried. Regarding married women 42.1% of them had married at age less than 19 years, 38.2% had married at 20-22 years and 19.7% had married at age of 23 and more. The majority of the studied women 59.2% regarded the suitable age for marriage is between 18 -22 years, 26.3% regarded the age of marriage as 23 years and more, 14.5% of them regarded that age as less than 18 years (Table 1).

Table 2**: Association of sociodemograghic characteristic with their opinion about suitable age for women to get married** and **their knowledge (hearing) about RH related issues and HIV.**

Sociodemographic variable	**Total interviewed**	**Suitable age (years) Mean±SD**	**P-Value**
Age group (years)			**<0.001**
<20	27	(18± 2.7)	
20-29	114	(21.2±3.1)	
30-39	126	(20.6±3.6)	
40-49	133	(20.2±3.6)	
Educational level			**<0.001**
Illiterate	45	(18.3±3.6)	
Read and writes &primary school	97	(19.3 ±3.1)	
Intermediate and secondary school	112	(20 ±2.9)	
Higher education (Institution /college)	146	(22.3 ±3.2)	
Occupation			**<0.001**
Housewife	228	(19.4 ±3.2)	
student	23	(21.9 ±3.1)	
working	149	(21.9 ±3.3)	
Marital status			**0.04**
unmarried	91	(21.2 ±3.6)	
married	309	(20.3 ±3.4)	

A significant association between the age and personal opinion about the suitable age for marriage was noticed (p <0.001).Educational level had a significant association with personal opinion about suitable age for marriage (p<0.001).The occupation of women was significantly associated with personal

opinion about the suitable age for marriage (p<0.001).A significant association between the marital status and the personal opinion about the suitable age for marriage was also noticed (p<0.04).These finding are shown in Table 2.

Table 3: Distribution of women according to their source of knowledge (hearing) about RH

Having heard about RH related issues	**No.**	**%**
Reproductive health (RH)	161	40.3
Premarital medical examination	370	92.5
Family planning (FP)	282	70.5
AIDS	346	86.5
Source of knowledge about RH		
Mass media (TV and Radio)	97	60.2
Magazine/newspaper	37	23.0
Relative or friend	20	12.4
PHCC	25	15.5
Hospital	20	12.4
Others	1	0.6
Total Heard about RH	161	

Table 3 shows that 40.3% of these women had heard about RH (as a trerm), 92.5 had heard about premarital examination, 70.5% had heard about FP and 86.5% had heard about AIDS. so age, occupation and educational level of women were significantly associated with hearing about RH related issues (P= 0.004,

P<0.001, P<0.001 respectively), marital status was not significantly associated with hearing about RH (p>0.05).

Table 4: Distribution of women according to their knowledge about the benefits of premarital medical examination.

Benefits of premarital medical examination	**No.**	**%**
Screening for sexual disease	56	15.1
Screening for genetic disease	42	11.4
Knowing the blood group	326	88.1
Total women	370	

Table 4 shows that 88.1% knew the benefits of premarital examination in determination of the blood group, but only 15.1% and 11.4% knew that screening for sexual disease and for genetic disease respectively are benefits of premarital examination.

Table 5: Distribution of women according to their knowledge about the necessity of vaccine for pregnant women

Knowledge about the necessity of vaccine for pregnant women.	No.	%
No	6	1.5
Yes	393	98.2
Don't know	1	0.3
Total	400	100

Table 5 shows that 98.2% of studied women had good knowledge about the necessity of vaccines for pregnant women.

Table 6: Association of sociodemographic characteristic with knowledge (hearing) about FP.

Sociodemographic variable	Total interviewed	Hearing about FP		P-value
	No.	No.	%	
Age (year)				**<0.001**
<20	27	8	29.6	
20-29	114	78	68.4	
30-39	126	102	81.0	
40-49	133	94	70.7	
Marital status				**0.97(NS)**
unmarried	91	64	70.3	
married	309	218	70.6	
Occupation				**<0.001**
Housewife	228	130	57.0	
student	23	17	73.9	
working	149	135	90.6	
Educational level				**<0.001**
Illiterate	45	14	31.8	
Read and writes /primary				

school	97	50	51.5	
Intermediate/secondary school	112	84	75.0	
Higher education (Institution /college)	146	134	91.1	

Table 6 shows that age, occupation and educational level were significantly associated with knowledge (hearing) about FP ($p<0.001$) and no significant association with marital status.

Discussion:

Reproductive health concept is relatively new and gained momentum since mid-1990s [(7)] . While RH address mainly health issues regarding reproduction for both men and women, it broadly addresses women's health issues as whole, since most of them are closely related to reproductive process [(8)]

The current study is a trial to highlight some aspects of knowledge and attitude of the women toward RH including (antenatal care, FP and STDs with a special attention to their knowledge on HIV/AIDS infection).

The present study shows that the highest percent of women surveyed (42.1%) were married at <19 years of age, this may be attributed to the fact that the young girls in traditional societies are often bounded by cultural norms that equate marriage and motherhood with female status and worth[(9)].This result disagrees with the finding of other study carried out in Baghdad which found that most of the women married at age 23 years[(10)] .This percentage should be taken in consideration because the consequence of early marriage is early pregnancy[19] which carry risk to the health of both mother and fetus[(11)].

The finding of positive association between the ages of women with the personal opinion about the suitable age for marriage may reflect the effect of cultural and socioeconomic status and those younger women lack knowledge about the harmful effect of early marriage and early pregnancy on the health of

women and her baby. In addition, this study revealed the effect of education on the knowledge of women about the suitable mean of age to get married and pregnant [the illiterate women considered it 18.3 ±3.6 years in comparison with those who had high education (institution /college) who considered it 22.3±3.2 years]. More public education is needed about the health benefits to both the mother and the child when marriage and pregnancy are delayed until 20 years. This finding is agreement with that in Nigeria which shows that only (7%) of women with seven years of schooling gave birth before age 20 years, compared to 43% of women with no education. In Pakistan, only 16% of women with seven years education gave birth before age of 20, compared to 54% of women with no education (illiterate) [(9)].

This study revealed that 40.3%had heard about RH which is similar to that in Egypt [(12)].The result of the study demonstrated that the lowest percent of women heard about RH was in adolescent age group .Adolescents may experience resistance or even hostility from adults when they attempt to obtain reproductive health information and services they need[(13)] .

Most of the studied women had known about the premarital examination, and most of their knowledge were concerning blood group determination; STDs/HIV and genetic diseases were almost neglected. This finding is due to neglecting of such programs in health services in the country. Health services were deteriorating following gulf wars and sanctions [(14,15).]

In the present study most of interviewed women (96.3%) considered that the visit to PHCC important. This result is more similar to that of other studies conducted in Egypt [(12)], About two thirds (63.8%) of these women knew that the first visit should be done in the first trimester and (68 %) knew that the visit should be done monthly. Knowledge of the importance of visit to the PHCC was significantly associated with education.

This study shows that education level and occupation of the women have a significant association in FP knowledge. Other workers have shown that illiterate women and housewives had less knowledge about FP method [(16)]

Regarding the knowledge about the types of CC available in Iraq the study revealed that more than 70% of women knew pills and IUCD as methods of contraception, more than 40% of them knew injection and only 32% of them knew condom as a method of contraception These findings are consistent with a study done in Pakistan in 2004[(17)].

Conclusions:

1-Women of the study had (poor knowledge about the concept of RH), but a favorable knowledge regarding different aspects of RH which includes appropriate age of marriage, antenatal care, breast feeding, place of delivery and birth spacing.

2-Most of interviewed women had heard about FP and the majority of them knew that contraceptive pills and IUCD are the contraceptive methods available in Iraq more than other methods.

3- The main reasons given by women for using CC methods were, the economic cause and having enough family (children) while the main reason for not using CC was the religious cause.

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