Original Article

Opinion's Assessment of Female Teachers Regarding the Risk Factors Affecting the Reproductive Health

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Abstract

Background: Reproductive health is affected both by the quality of the health-care services and the socioeconomic development level and the position of women in the society. Women's health cannot be understood unless a specific definition of health that is related to their role and position in society, specifically in the family unite. **Materials and Methods:** The aim was to assess the female teachers' opinions regarding the factors affecting the reproductive health in the Kirkuk Technical Institute. A cross-sectional study was done, and a randomly selected sample from 50 female teachers from different scientific departments after receiving their agreements to participate in the study which was started from November 1, 2016, to December 1, 2016. A special questionnaire form was prepared and distributed to the study sample. **Results:** The study results showed that 66.0% of study teachers were living inside Kirkuk city, (58.0%) from the administrative department. Nearly 42.1% teachers from the administrative department married at the age <20 years, whereas 32.2% teachers from the technical department married at the age >20 years. **Conclusions:** The study concluded that young age pregnancy can be prevented through the encouragement of family planning counselling.

Keywords: Female teachers, Kirkuk, opinions, reproductive health

Introduction

Reproductive health refers to that all people are able to have a satisfy, responsible, and more safer sex life and have the ability to reproduce and the freedom to make their decision if how and when often to do so, in addition to reproductive health or in another word (a sexual health) can be defined as the functions and systems in all stages of life.[1]

Inequalities in reproductive health services based on stages and socioeconomic background including the educational level, ethnicity, age and religion, and other health resources which are present in that environment, for example, individuals with low income lack the appropriate knowledge about the perfect useful contraception for reproductive health maintenance.[2]

Reproductive health is affected both by the quality of the health-care services and the socioeconomic development level and the position of women in the society.[3] The most important factor affecting the reproductive health is child bearing which have a greater risk for both women and their infants. Therefore, the suitable age for the marriage is 18 years old to improve maternal and child health.[4,5]

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Accordingly if a further child conceived, it is better to consider the mother health in addition to the succeeding child, that to wait for about 2 years to maintain her health.[2]

WHO detected that every year, 358000 women die because of the major complications related to both pregnancy and child birth, and 99% of these deaths happened within the poorest group countries.[6] These deaths can be prevented by good quality care from a skilled birth attendant throughout the pregnancy. The other factor affecting reproductive health is the availability of contraception, especially the modern type, therefore, the WHO estimates that about 222 million women throughout the world lack of access to modern contraception mainly in the poor population, those

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who are living in urban and rural slums, and those who are internally displaced.[7]

For the above reasons, poor reproductive outcome mostly associated with unintended pregnancy.[8] Accordingly UNFPA documented that one in three deaths can be prevented which is related to pregnancy and child birth by good accessible contraceptive services.[8]

The study aimed to assess the female teachers' opinions regarding the risk factors affecting the reproductive health in the Kirkuk technical institute.

Materials and Methods

Study design

The study was carried out in the primary health center which belongs to the Kirkuk technical institute. This descriptive cross-sectional study was done among 50 female teachers from different departments. A special questionnaire was distributed to them after receiving their agreements to participate in the study, and the data were collected by interviewing with the study teachers after complete explanation of the study aim. The study was done during the period from November 1, 2016, to December 1, 2016. The exclusion criteria included any female teacher who is not married.

Data collection tool

The data of this study were collected through two sources which are:

1. The first one from a primary source by direct interviewing with the study participants
2. The second one from the available related literatures, books, and articles. The questionnaire form included four main parts:
    - Part-1: Demographic characteristics including (age, scientific department, certificate, scientific degree, and residence)
    - Part-2: Teachers distribution according to the age of marriage
    - Part-3: Teachers assessment bout the effect of various risk factors on the reproductive health
    - Part 4: Teachers suggestions for better future improvement in reproductive health.

Reliability of the questionnaire form

The questionnaire was presented to the (4) experts in the clinical medicine; they were (2) community physicians and (2) statistical experts. The reliability of the questionnaire was 75%.

Statistical analysis

All the questions with yes and no answer, number, and percent will be calculated. The statistical test used for this study was Chi-square to detect the relation among the studied variables and the dependent level of significance was $P < 0.05$.[9]

Ethical consideration

The study was conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki. It was carried out with patients verbal and analytical approval before the sample was taken. The study protocol and the subject information and consent form were reviewed and approved by a local ethics committee. Official permission was taken from the Kirkuk Technical Institute and primary health center before establishing the study.

Results

Table 1 shows that 66.0% of study teachers were living inside Kirkuk city, 58.0% from administrative department, 56.0% having a bachelors, 54.0% aging between 40 and 50 years, and 68.0% of them have a scientific degree of assistant lecturer.

Table 2 shows that 42.1% teachers from the administrative department married at the age <20 years, whereas 32.2% teachers from the technical department married at the age >20 years with a $P = 0.514$.

Table 3 shows that 56.2% from female teachers who were married at the age <20 years agree with the availability of modern contraception in comparison to 78.9% from female teachers who were married at the age >20 years agree with the need to further women awareness about their health needs with a $P = 0.833$.

On the other hand, 56.2% of women who married at the age <20 years agree with the norms and values about the reproductive and sexual health as a cultural factor affecting the reproductive health in comparison to 68.4% of female teachers who married >20 years of age agree with the needed confidence about health needs with a $P = 0.033$.

For the demographic factors affecting the reproductive health, both groups of female teachers agree that poverty is an important risk factor (50.0%, 52.6%), respectively, with a $P = 0.086$.

Table 4 shows that 47.4% of female teachers from the group who were married at the age <20 years go with the need for more emphasis and concentration on adolescent reproductive health services in comparison to female teachers who were married at the age >20 years go with preventing young age pregnancy by the encouragement of contraception counseling with a $P = 0.000$.

Discussion

Concerning the demographic distribution of the study sample, majority of them were living inside Kirkuk city, aging between 40 and 50 years. A previous study reported in her study about the factors influencing women's reproductive health in ASA University Bangladesh, that demographic factors affecting the health in two approaches, the first one is the Macro level which mean the whole society including the population growth and the surrounding environment, whereas the second approach is the Micro level which mean the family or individual.[10]

Concerning the age of marriage, the current study show that about half of teachers from administrative Department

married at the age <20 years while about one third teachers from technical department married at the age >20 years. Similar study done in Baghdad city to determine the age of marriage in association with different socioeconomic characters in the family from 800 randomly selected healthy mothers during their attendance to primary health centers and they found that more than half of the study women were married at the age <20 years which indicates that more than half of women in the sample were adolescent at the time of their marriage and it is regarded as an important determinant of women reproductive health.[11] Another study reported in his study that the adolescent girls reproductive health is affected by their sexual behavior, poor agreement of healthy life style, the higher prevalence rate of unintended pregnancy and lack of responsibility in sexual relation.[12]

Regarding the teachers opinions about the effect of demographic, environmental, and cultural factors, the current study shows that the group of female teachers who were married at the age <20 agree with the availability of modern contraception in comparison to another group of female teachers who were married at the age >20 years agree with the awareness of women about their health needs.

A similar study was conducted to assess the effect of availability of health services and the impact of them on the reproductive health after the data collection from 43 countries in Africa and Asia (urban and rural regions) through monitoring the relationship between individual, household, and the community.[13] They found that 20% of deliveries were happened alone or with friends and the facility delivery rates are lower in Africa with some greater proportion better in delivery services in Asia because of the presence of private hospitals in comparison to Africa.

A study was prepared in Ethiopia to verify the impact of sociodemographic factors on reproductive health on married women after collected the data from 220 women from the urban area and 132 women from the rural area taking different variables such as (education, occupation, religion, type of family, per capita income, and type of housing).[14] They revealed that there was a quite differences between the two groups regarding illiteracy, occupation, and type of family, as follows: illiteracy, (urban 69.8% and rural 87%), occupation (urban 84% and rural 71.9%), and type of family (urban 66.1% and rural 74.5%). They concluded that the educational level, occupation, and type of family have a direct relation on women reproductive health.

Another study was designed in Nigeria regarding the effect of literacy status and the life expectancy which is represented by the human development and they found that the reproductive health is a panacea toward reversing the stalled socioeconomic growth in Nigeria, and it is directly affected by the social factors such as education, poverty, and other cultural determinants.[15]

A study reported in her study done in Road Sardarpura Jodhpur/Rajasthan about the impact of demographic factors on reproductive health that developmental disparities are related to socioeconomic differences and women with low social status have a negative impact on their health status with little utilization of health services from different segments of the society because of many reasons.[16]

Concerning the teachers' suggestions for the future improvement in reproductive health, the current study showed that "more emphasis on adolescent reproductive health services with the prevention of young age pregnancy (by the encouragement of contraception counseling)" was the most influential suggestion. A previous effort was done

Table 1: Sociodemographic characteristics of the study teachers

Sociodemographic parameter	Study teachers (*n*=50), *n* (%)
Age (years)	
<30	5 (10.0)
30-40	12 (24.0)
40-50	27 (54.0)
>50	6 (12.0)
Residence	
Inside Kirkuk city	33 (66.0)
Outside Kirkuk city	17 (34.0)
Department	
Administrative	29 (58.0)
Technical	11 (22.0)
Health	10 (20.0)
Certificate	
PhD	3 (6.0)
Master	15 (30.0)
Diploma	4 (8.0)
Bachelors	28 (56.0)
Scientific degree	
Assistant prof	2 (4.0)
Lecturer	14 (28.0)
Assistant lecturer	34 (68.0)

Table 2: Distribution of study teachers according to the age of marriage

Scientific department	Age of marriage		Total	*P**
	<20 years (*n*=19), *n* (%)	>20 years (*n*=31), *n* (%)		
Administrative	8 (16.0)	16 (51.6)	24 (48.0)	0.514
Technical	7 (36.8)	32.10 (32.3)	17 (34.0)	0.033
Health	4 (21.1)	5 (16.1)	9 (18.0)	0.086

*Chi-square test was used

Table 3: Frequency distribution of study teacher according to their opinions toward the factors affecting the reproductive health

Factors affecting the reproductive health	Study teachers ($n=50$)				P^*
	<20 years ($n=19$)		>20 years ($n=31$)		
	Agree (%)	Disagree (%)	Agree (%)	Disagree (%)	
Environmental factors					
Awareness of women about their health needs	7 (43.8)	1 (33.3)	15 (78.9)	4 (33.3)	0.833
Availability of modern contraception	9 (56.2)	2 (66.6)	4 (21.1)	8 (66.7)	
Total	16	3	19	12	
Cultural factors					
Norms and values about the reproductive and sexual health	9 (56.2)	1 (33.3)	3 (15.8)	4 (33.3)	0.033
Essential confidence about their health needs	3 (18.8)	1 (33.3)	13 (68.4)	3 (25.0)	
Degree of consanguinity	2 (12.5)	1 (33.4)	2 (10.5)	5 (41.7)	
Family type	2 (12.5)	0 (0.0)	1 (5.3)	0 (0.0)	
Total	16	3	19	12	
Demographic factors		1		43.	
Educational level of both the mother and father	2 (12.5)	1 (33.3)	4 (21.1)	0 (0.0)	0.086
Employment opportunities	4 (25.0)	0 (0.0)	1 (5.3)	2 (16.6)	
Poverty	8 (50.0)	2 (66.7)	10 (52.6)	3 (25.0)	
Birth interval and child spacing	2 (12.5)	0 (0.0)	2 (10.5)	7 (58.4)	
Number of abortion	0 (0.0)	0 (0.0)	2 (10.5)	0 (0.0)	
Total	16	3	19	12	

*Significant at the ($P < 0.05$). Chi-square test was used

Table 4: Frequency distribution of study teachers according to their future suggestions for reproductive health improvement

Future suggestions for reproductive health improvement	Study teachers		Total	P^*
	<20 years ($n=19$), n (%)	>20 years ($n=31$), n (%)		
Special emphasis should be concentration on adolescent reproductive health services	9 (47.4)	4 (12.9)	13 (26.0)	0.007
Preventing young age pregnancy by the encouragement of contraception counseling	2 (10.5)	19 (61.3)	21 (42.0)	0.000 (significant)
More concentration on young age people to maintain a better access to health schools	5 (26.4)	6 (19.3)	11 (22.0)	0.564
Increasing female confidence by using available reproductive health information services	3 (15.7)	2 (2.5)	5 (10.0)	0.285

*Chi-square test was used

in two districts - Peshawar and Kohat/Pakistan to identify the relation of reproductive health with the socioeducational, demographic, and cultural factors. They found that there is an essential need for the availability and accessibility of modern family planning centers for every basic unite to encourage the norms of small family. They also suggested that for future reproductive health improvement, it needed for early scientific awareness of women about the sociodemographic and sexual health implication and necessary information before marriage and continuous creation regarding the true Islamic spirit for the formation of family and its function in the community.[17]

Another study suggested about the family structure, socioeconomic status on the access to health care for children that it is very critical to cover the public health insurance to maintain the proper health care access and utilization among the children of less educated mother in regarding to family structure. In addition to that, they mentioned that approach to reproductive health should be recognized correctly because women health are based on their childhood and adolescent, and it is affected by many factors such as education, nutrition, social status, and cultural practices.[18]

Conclusions

1. There was a good awareness about their reproductive health needs
2. Lack of availability of modern contraception is the main environmental risk factors for reproductive health, whereas norms and values about the sexual health are the cultural risk factors
3. Poverty is the another main demographic risk factor for reproductive health needs
4. The main future suggestion for the improvement of reproductive health by the prevention of early pregnancy through encouragement of contraception counseling.

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Conflicts of interest

There are no conflicts of interest.

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