

Adolescent Girls' Awareness towards Reproductive Health in Baghdad City

وعي المراهقات حول الصحة الإنجابية في مدينة بغداد

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المستخلص:

الهدف: تهدف الدراسة إلى تحديد مستوى وعي المراهقات فيما يتعلق بالصحة الإنجابية في مدينة بغداد .

المنهجية: دراسة مقطعية أجريت لغرض تحديد مستوى وعي المراهقات فيما يتعلق بالصحة الإنجابية حيث اختيرت ١٨٠ مراهقة في عمر ١٢-١٨ سنة من خمس مدارس ثانوية من قطاع مدينة الصدر في بغداد، وقد جمعت العينة بطريقة المقابلة المباشرة باستخدام استبانة معدة لجمع المعلومات الاجتماعية والديموغرافية ومستوى الوعي الخاص بالصحة الإنجابية، وقد بدأت الدراسة للفترة من تشرين الأول عام ٢٠١٢ ولغاية كانون الثاني عام ٢٠١٣

النتائج: أظهرت نتائج الدراسة أن النسبة الأعلى من البنات (٤٧,٧%) أعمارهم بين (١٧-١٨) سنة و (٥٤,٥%) في الصف الرابع الإعدادي، وأن الدراسة الابتدائية هي الخلفية العلمية لأمهات (٤٠,٥%) منهم، وان (٤١,٦%) من العينة من عائلة كبيرة الحجم. التلفاز والانترنت كان المصدر الأول للمعلومات عند (٤٠,٩%). لقد سجلت الدراسة أن (٤٥,٥%) من العينة لديهم وعي جيد فيما يخص الدورة الحياتية وكذلك التغيرات الجسمية عند البلوغ عند (٥١,١%) منهم، كما سجل البحث تدني الوعي للعينة فيما يخص كل من المشاكل النسائية (٤٥,٦%) ومرض الايدز (٦٠,٥%).

التوصيات: توصي الدراسة إلى أن تكون الأولوية للتثقيف الصحي لزيادة مستوى الوعي فيما يخص الصحة الإنجابية عند المراهقات في مدينة بغداد وخصوصا ما يتعلق بالمشاكل النسائية ومرض الايدز.

Abstract:

Objective: is to determine the level of awareness concerning the reproductive health among adolescent girls in Baghdad City.

Methodology: A cross sectional study was performed in order to assess the level of awareness regarding reproductive health among 180 adolescent school girls in the age 12-18 years from five secondary schools in Al-Seder Sector in Baghdad city, the data was collected by direct interview using constructed questionnaire to obtain socio-demographic characteristics and level of awareness related to reproductive health. The study started from September 2012 to January 2013.

Results: the results show that the highest percentage of girls (47.7%) was in age (17-18) year's age, (54.5%) at 4th class secondary school. The primary school is the educational background of their mothers (40.5%), (41.6%) of the respondents who have large family size. Television and internet were the first source of information (40.9%) of respondents. Good awareness regarding menstruation was recorded for (45.5%) of respondents, also good awareness regarding pubertal body changes among (51.1%) of respondents. Poor awareness recorded among respondents regarding both gynecological problems (45.6%) and (AIDS) (60.5%).

Recommendations: the present study recommends that priority should be given to provide health education to increase the level of awareness regarding reproductive health for adolescent girls in Baghdad City especially that is related to gynecological problems and AIDS.

Key words : Awareness, reproductive health, adolescents, menstruation.

Introduction:

Reproductive health is a crucial part of general health and a central feature of human development. It is a reflection of health during childhood and during adolescence and adulthood, sets and stage for health beyond the reproductive years for both women and men, and affects the health of the next generation⁽¹⁾.

Reproductive health is an important component of general health, it is a prerequisite for social and economic and imperative because human energy and creativity are the driving forces of development. Adolescents represent a major potential human resources for the over all development of a nation. According to the WHO expert committee, adolescence is defined as the period between 10-19yrs, the 2nd decade of life, which is characterized by physical, psychological, and social changes⁽²⁾. It is the period between childhood and adulthood, marked by enhanced food requirement and basal metabolic activities and biochemical activities, endogenous processes like hormonal secretions with their influence on the various organ systems (WHO2001). Adolescents comprise 20% of the world's total population⁽³⁾. Adolescents may face troubles due to lack of right kind of information regarding their own physical and or sexual developments⁽⁴⁾.

Adolescent girls constitute about 1/5th of total female population in the world. These years have been recognized as a special period in the life cycle of adolescent girls as it requires specific and special attention⁽⁵⁾. This transition phase makes them vulnerable to a number of problems for example, psychosocial problems, general and reproductive health problems, and sexuality related problems.⁽⁶⁾

The period of adolescence for a girl is a period of physical and psychological preparation or safe mother hood. Adolescents find

themselves sandwiched between a glamorous western influence and astern conservatism at home, which strictly forbids discussion on sex. This dichotomy aggravates the confusion among adolescents.⁽⁷⁾

Adolescent girls also lack adequate knowledge about sexual matters and contraception, which results in early pregnancy, increased risk of STD (sexual transmitted disease) infections, maternal morbidity and mortality and unsafe abortions⁽⁸⁾.

Menarche marks the beginning of women's menstrual and reproductive life and occurs during early adolescence when teenage girls are beginning to emotionally separate themselves from their families, as well as to grapple with their unfolding female sexuality⁽³⁾.

Adolescents have to be knowledgeable about their health problems including sexual and reproductive health problems⁽²⁾. Gender inequality damages the health of millions of girls and women across the globe. Taking action to improve gender equity in health and to address women's rights to health is one of the most direct and potent ways to reduce health inequities overall and ensure effective use of health resources.

Methodology:

A cross-sectional study was carried out to assess the level of awareness regarding reproductive health among adolescent girls in Al/ Seder department in Baghdad city from September 2012 to January 2013.

The sample selected from five secondary school by choosing 36 girls at 12-18 years age and this age group mainly obtained from 2nd- 4th classes. The questionnaire tool was composed of three parts, part one related to (socio-demographic-characters), (age, educational level of girls, educational background of their mother, and size of family). Second part related to source of information of respondents about reprod-

ucetive health. Part three related to items of reproductive health (menstruation, pubertal body changes, gynecological problems and questions related to (AIDS). In this study the questionnaires related to assess aware-ness level composed of three parts and each part contained questions revealed knowledge and practice of adolescent girls, each question had three multiple choices which scored according to arbitrary systems, by given the wrong answer no point (poor) and one correct answer one point (fair) and more than one correct answer two point (good), and by summation the total of each results which indicate the level of awareness for each parts of the subject of the study. The researcher used the descriptive statistical approach in the data analysis (frequency and percentages).

Results:

Table 1. Socio-demographic Background of Respondents

Characters		No. (%)	Total
1	Respondent's Age	12-14 years	58 (32.3)
		15-16 years	36 (20)
		17-18 years	86 (47.7)
2	Respondent's Education	2 nd class	46 (25.5)
		3 rd class	36 (20)
		4 th class	98 (54.5)
3	Mother's Education	Illiterate	18 (10)
		Primary	73 (40.5)
		secondary	56 (31.2)
		Higher education	33 (18.3)
4	Family size (Members)	Small (1 – 4)	38 (21.2)
		Medium (5 – 8)	67 (37.2)
		Large (above 8)	75 (41.6)

No. = Number, % = percent

Table (1) present the socio-demographic characteristic of the respondents, the highest percentage (47.7%) at (17-18) years age, and (54.5%) of respondents were at 4th class. (40.5%) their mothers back ground were primary school graduates. (41.6%) of the respondents have large family sizes.

Table 2. Source of Information Concerning the Reproductive Health

Source of information		No.	(%)
1	Television and internet	266	(40.9)
2	Mother	115	(17.7)
3	Friend	123	(18.9)
4	Teachers	84	(12.9)
5	Others (Health worker and programs)	63	(9.6)
	Total *	651	(100)

No. : Number, %: Percent, *More than one source

Table (2) demonstrate that the highest percentage of the respondents get their information about reproductive health from Television and internet (40.9%), friend and teachers (18.9%),(12.9%) respectively, mother (17.7%) respondents as source of knowledge, and lastly health worker and program as source of information for (9.6%) of respondents.

Table 3. Awareness of Respondents Regarding Menstruation

Questions	Poor		Fair		Good		Total	
	No	%	No.	%	No.	%	No.	%
Usual age of first menses	22	(12.2)	36	(20)	122	(67.7)	180	(100)
Duration of menstrual cycle	70	(38.8)	43	(23.8)	67	(37.2)	180	(100)
Usual interval between two menstrual cycle	56	(31.1)	23	(12.7)	101	(56.1)	180	(100)
Ovulation is release of mature egg from the ovary	105	(58.3)	27	(15)	48	(26.6)	180	(100)
Cause of menstruation	124	(68.8)	32	(12.7)	24	(13.3)	180	(100)
Site of menstrual blood	31	(17.2)	11	(6.1)	138	(76.6)	180	(100)
Problems during period	96	(53.3)	42	(23.3)	42	(23.3)	180	(100)
Hygiene during period	13	(7.2)	53	(29.4)	114	(63.3)	180	(100)
Total	517	(36)	267	(18.5)	656	(45.5)	1440	(100)

No. : Number, %: Percent

Table (3) showed that (45.5%) of respondents have (good) awareness regarding menstruation, while (36%) of respondents awareness were (poor). (Fair) respondents answers forming about (18.5%) of total respondents awareness, most of respondents (76.6%) answers were good about the sit of menstrual blood, while more than half of respondents (68.8%) have poor knowledge about the cause of menstruation.

Table 4. Awareness of Respondents about Pubertal Body Changes

Questions		Poor		Fair		Good		Total
		No.	%	No.	%	No.	%	
Primary sex characteristics Attaining sexual maturity (Menses)		37	(20.5)	49	(27.2)	94	(52.2)	180 (100)
Duration of menstrual cycle		26	(14.4)	66	(36.6)	88	(48.8)	180 (100)
Secondary sex characteristics	Hips enlargement	36	(20)	57	(31.6)	87	(48.3)	180 (100)
	Pubic hair	32	(17.7)	11	(6.1)	137	(76.1)	180 (100)
	Breast enlargement	55	(30.5)	43	(23.8)	82	(45.5)	180 (100)
	Height	78	(43.3)	23	(12.7)	79	(43.8)	180 (100)
	weight	31	(17.2)	55	(30.5)	94	(52.2)	180 (100)
Total		295	(23.4)	304	(24.2)	661	(52.4)	1260 (100)

No. : Number, %: percent

Table (4) revealed that good awareness of respondents about pubertal body changes (52.4%), (23.4%) poor awareness of respondents and fair (24.2%) about pubertal body changes. Most of

respondents (76.1%) have good knowledge about pubic hair, while (43.3%), (17.2%) have poor knowledge about height and weight respectively.

Table 5. Awareness of Respondents about Gynecologic Problems

Gynecologic problems	Poor		Fair		Good		total
	No.	%	No.	%	No.	%	
Irregularity of menses	35	(19.4)	102	(56.6)	43	(23.8)	180 (100)
Dysmenorrhea	42	(23.3)	107	(59.4)	31	(17.2)	180 (100)
Sever bleeding	111	(61.6)	23	(12.7)	46	(25.5)	180 (100)
No menses	87	(48.3)	39	(21.6)	54	(30)	180 (100)
Genital infections	71	(39.4)	76	(42.2)	33	(18.3)	180 (100)
Visiting doctor in case of having gynecological problems	147	(81.6)	11	(6.1)	22	(12.2)	180 (100)
Total	493	(45.6)	358	(33.2)	229	(21.2)	1080 (100)

No. : Number, %: percent

Table (5) showed that (45.6%) of respondents awareness about gynecological problems were poor, (33.2%) of respondents awareness were fair and (21.2%) of respondents awareness were good, (30%) of respondents have good awareness about no menses as gynecological problems, (81.65%) of respondents answers were poor regarding visiting doctor during sickness, (61.6%) of respondents awareness were poor regarding sever bleeding.

Table 6. Awareness of Respondents about Acquired Immunodeficiency Syndrome (AIDS)

Questions	Poor		Fair		Good		Total	
	No.	%	No.	%	No.	%	No.	%
Abbreviation (AIDS)	93	(51.6)	12	(6.6)	75	(41.6)	180	(100)
Causes	Donation of blood	108	(60)	22	(12.2)	50	(27.7)	180 (100)
	Using syringe used by the infected person	117	(65)	44	(24.4)	19	(10.5)	180 (100)
	Unprotected sex	135	(75)	35	(19.4)	10	(5.5)	180 (100)
	Infected pregnant woman to her baby	98	(54.4)	63	(35)	19	(10.5)	180 (100)
Treatment	88	(48.8)	87	(48.3)	5	(2.7)	180 (100)	
prevention by:- 1-Single sex partner 2- Using sterile syringe. 3-Save blood transfusion	124	(68.8)	42	(23.3)	14	(7.7)	180 (100)	
Total	763	(60.5)	305	(24.2)	192	(15.2)	1260	(100)

No. : Number, %: percent

Table (6) revealed that (60.5%) of respondents answers were poor about (AIDS), while (15.2%) of answers were good. (24.2%) of answers respondents were fair. (75%) of girls have poor knowledge regarding unprotected sex is one causes of (AIDS).The respondents knowledge regarding the treatment of disease were good for (2.7%) only.

Discussion:

The present study showed that about half of respondents' age was at 17-18 years old and they were at 4th class secondary school.

Television and internet was the major source of information of about half of respondents, these results was in agreement with the results of a study done in Bangladesh (2010), it was found that mothers are very intimate with their girls in every aspect and they are the major source of information, this is different from our study which may be due to different in social characteristic between Iraq and Bangladesh.⁽⁹⁾ The findings of this study showed that half of the respondents has good awareness regarding menstruation (first menses, duration, interval, sit of blood, hygiene during period,, etc), this result is in agreement with the results of a study done in India (2010), it has studied the knowledge of reproductive health among girls in India, found that most adolescent girls in the country they have little knowledge about menstruation⁽¹⁾. This difference may be due to good level of educational programs in the Iraqi secondary schools and especially in the biology lessons⁽¹⁰⁾. In this context, it has been shown that half of adolescent girls had good awareness about pubertal changes (primary sex characteristics, attaining sexual maturity, onset of menstruation and pubic hair), these results are in agreement with the results of a study done in Iran (2006), which found that only one third of girls had good awareness about pubertal changes, this may be due to difference in educational status and education programs in schools of two countries.⁽¹¹⁾

The findings of this study revealed that the awareness of half of the adolescent girls about gynecological problems (Dys-menorrhea, sever bleeding, genital infection, etc) were poor, this result similar to the results of a study done in Turkey (2011). It has studied awareness of adolescent girls about reproductive health, which was found that poor awareness of girls,

that indicates is group of adolescent girls might need more assistance to improve their knowledge and awareness on reproductive health and sexual matters⁽¹²⁾.

The present study indicates that the adolescent girls in Baghdad City are still ignorant about many aspects of reproductive health especially regarding (AIDS). It was observed that more than a half of adolescent girls had poor awareness regarding (AIDS) and only small percent-age have good knowledge about this disease, which shows an agreement with the results of a study in Tanzania that was found higher percent-age girls who have poor knowledge about the (AIDS) before educational health program⁽¹³⁾.

In societies such as ours, parents hesitate discussing reproductive health issues with their children and considered them a taboo.

This study shows that good awareness regarding menstruation recorded among 45.5% of respondents, who have good awareness regarding pubertal body changes among 51.1%, and poor aware-ness regarding both gynecological problems and (AIDS) (45.6%) (60.5%) respectively.

Recommendations:

1. Incorporating family education which focuses on learning about living, family and social relationships and personal development in school curricula.
2. Adolescent girls were in need for accurate and professional health education program on sexuality and reproductive health.
3. Teachers and health professionals should facilitated by authorities to provide proper reproductive health and sex education to adolescents during school curriculum.

References:

1. Kamla-Raj. **Awareness of Reproductive Health among Rural Adolescent Girls (A Comparative Study of School Going Girls of**

- Jammu)** Stud Home Comm Sci, 2008 (2): 149-154
2. Kamla -Raj Knowledge, **Attitude and Practice Regarding Reproductive Health among Urban and Rural Girls: Comparative Study Shubha Dube and Kirti Sharma.** Ethno Med, 2012; 6(2): 85-94
 3. Ayalew.Tegegn¹, MeseretYazachew-², Yeshigeta Gelaw¹ **Reproductive Health Knowledge and Attitude among Adolescents: A community based study in Jimma Town, Southwest Ethiopia.** Ethiop.J.Health Dev. 2008; 22(3)
 - 4.Mahajan P, Sharma N. **Perceived Parental Relationships and the Awareness Level of Adolescents Regarding Menarche.** Journal of Human Ecology, 2004; 16(3): 215-218.
 5. Balasubramanian P. **Health Needs of Poor Unmarried Adolescent Girls. A Community-based Study in Rural Tamil Nadu** Stud Tribes Tribals, 2005; 23(5).
 6. Sharma V, Sharma A. **the letter box approach – A model for sex education in an orthodox society.** J Fam welfare 1995;41:31-33.
 7. Lee A. **Premenstrual distress: Its measurement and relationship with psychosocial variables among Chinese women in Hong Kong.** Dissertation Abstracts International, 2001; 61-(8B), 4413.
 - 8.Bearinger, L.H., Sieving, R.E., rguson, J. and Sharma, V. **Global perspectives on the sexual and reproductive health of adolescents: patterns, prevention and potential.** The Lancet, 2007; 369, 1220-1231
 - 9.Haque DM1. **Knowledge of reproductive health social awareness .JAFMC Bangladesh.** 2010;Vol6,No 2.
 10. Kamla-Raj , Shipra Nagar and Kh. R. Aimol. **Knowledge of Adolescent Girls Regarding Menstruation in Tribal Meghalaya.** Stud Tribes Tribals, 2010; 8(1): 27-30
 - 11.K.Mohammad, F. **Reproductive Knowledge, Attitudes and Behavior Among Adolescent Males in Tehran, Iran International Family Planning** 2006: Vol.32,N1.
 12. Nesrin Reis¹, Dilek Kilic, Raziye E, Ozlem Karabulutlu. **Sexual and reproductive health needs of adolescent.** Health 2011; Vol.3, No.6, 370-377
 13. Mushi LD, Mpembeni MR, Jahn A **:Knowledge about safe motherhood and HIV/AIDS among school pupils in a rural area in Tanzania.** BMC Pregnancy and Childbirth 2007; 10:12-13.