

Sexual and reproductive health education needs and its associated factors in couples participating in premarital counseling

Zeinab Hamzehgardeshi^{1,2,3}, Zohreh Shahhosseini^{1,2}, Sara Tonekaboni⁴, Fereshteh Yazdani^{5,6}

¹Sexual and Reproductive Health Research Center, Mazandaran University of Medical Sciences, Sari, Iran, ²Department of Reproductive Health and Midwifery, School of Nursing and Midwifery, Mazandaran University of Medical Sciences, Sari, Iran, ³Traditional and Complementary Medicine Research Center, Addiction Institute, Mazandaran University of Medical Sciences, Sari, Iran, ⁴Master of Science in Clinical Psychology, Mazandaran University of Medical Sciences, Sari, Iran, ⁵Master of Science in Midwifery Counseling, Mazandaran University of Medical Sciences, Sari, ⁶PhD. candidate of Reproductive Health, Student Research Committee, School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran

Abstract

Context: Lack of satisfaction of sexual instinct is one of the main factors of couples' divorce in many countries. One of the formal methods of sexual education in Iran is premarital counseling education. Therefore, premarital counseling should meet the needs and wishes of couples.

Aim: This study aimed to investigate sexual and reproductive health (SRH) needs and its associated factors in couples participating in premarital counseling.

Setting and Design: This descriptive study was conducted with 240 women and 233 men referred to a premarital counseling center in Sari, North of Iran.

Materials and Methods: After consideration of the ethical aspects of data collection, the questionnaire developed by Pourmarzi *et al.* was used for data collection. This questionnaire measures sexuality and reproductive health needs.

Statistical Analysis Used: Descriptive and inferential statistics were used for data analysis through the SPSS software (version 21).

Results: The mean of SRH education needs in both genders was 24 ± 10 , which was not statistically significant ($P = 0.19$). In men, the major need was related to "genetic counseling and importance of performing it before pregnancy." On the other hand, in women, the main training need was related to: "Pregnancy prevention methods."

Conclusion: The results of this study showed that the couples before marriage felt more need to education about SRH. Since that the most common method of education on sexual health in Iran is premarital counseling, it should be devised based on the provision of the main reproductive and sexual needs of couples such as genetic counseling and family planning.

Keywords: Couples, Education, Premarital counseling, Sexual and reproductive health needs

Address for correspondence: PhD Candidate of Reproductive Health. Fereshteh Yazdani, Nasibeh Nursing and Midwifery Faculty, Mazandaran University of Medical Sciences, Vesal Street, Amir Mazandarani Boulevard, Mazandaran Province, Sari 4816715793, Iran.

E-mail: fereshteh_yazdani68@yahoo.com

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INTRODUCTION

According to the World Health Organization, sexual and reproductive health (SRH) is defined as when individuals have a safe and satisfactory sexual life and have reproductive ability and power to make decisions about when and how reproduction should occur.^[1] SRH is essential for individuals, couples, and families to achieve health reproduction, improve relationships between couples, develop a healthy sexual decision-making process and participate in the socioeconomic development of the society.^[2] Each human life aspect has its own special breadth and range, and persons inevitably can choose according to their needs and interests. Therefore, education of SRH is crucial to fulfill needs. Determining desired goals is dependent on the recognition of needs as health promotional solutions takes effect only if they are developed based on individuals' needs.^[3]

Understanding the significance of needs' assessment in healthcare and social fields has made that needs to become the essential factor affecting decision-making and planning.^[4] Therefore, to provide sexual and reproduction health services to couples, their needs should be identified. The first step for designing comprehensive health plans is needs assessment of couples in the society. Needs assessment and provision of health needs are considered the fundamentals aspects of health education.^[5]

Education is a regular and step-by-step process and needs assessment is the first step. Needs assessment is a data collection and analysis process, and learners are the best sources of the provision of education needs.^[6] Need defined as a desire or preference is a distance between the current status and desired situation.^[7] Premarital education needs are defined as the education of knowledge and skills which provides couples with information through which they can improve their marital relationships.^[8] The aim of SRH education is to fulfill health behaviors, preserve individuals' health and mitigate familial and marital problems.^[9]

Since the inability of couples to meet their sexual needs is one of the major factors of divorce, reproductive health education aims to educate sexual health. However, due to cultural, social, and ethical considerations, they always remain latent and show themselves as aggression, etc., About 10% of 10,000 men and women interviewed in research in Iran stated that sexual needs were the reason of marital disputes. Further, 24% of men and 23% of women stated lack of sexual skills as a cause of sexual disorders.^[10] Speaking about sexual relationships is considered a taboo

in the Iranian society and there is no formal education in schools about it. Therefore, premarital sexual counseling is the formal method of education about sexual issues.^[11] While it can enhance couples' awareness and attitudes, it is not satisfactory^[12] and often are ignores SRH needs.^[12-14] There are still many challenges regarding knowledge about the provision of high quality of care and satisfaction of clients. Therefore, there is a need to the improvement of the current situation of SRH education in developing countries.^[15]

The provision of high-quality services leads to greater satisfaction of clients, adherence to recommendations, greater effectiveness, and economic growth. Health education services should be constantly evaluated, and hence that quality is preserved.^[16] Because lack of attention to the needs of the target group is one of the reasons for the failure of the programs, Accordingly, this study was performed with the aim of investigating the education needs of couples visiting premarital counseling centers in an urban area of Iran. Therefore, deficiencies of this program are identified and necessary measures are taken.

MATERIALS AND METHODS

Study design

This was a cross-sectional, descriptive study with the aim of investigating SRH needs of couples visiting a premarital counseling center in Sari, North of Iran in year 2016.

Participants

Samples were couples visiting the premarital counseling center, which were qualified for participation in this study. Inclusion criteria were being literate and marrying for the first time.

Sample size

For the calculation of the samples size, we used parameters of $Z = 1.96$, 95% confidence coefficient and mean = 10.84, standard deviation = 10 based on the mean reported need for SRH education from Pourmarzi *et al.* (2012)^[10] and $d = 1.5$ The estimated of sample size was 200 individuals, but given the probability of 20% for incomplete questionnaires, 240 couples were selected using a simple random sampling method.

Procedure

For data collection, after obtaining permissions from the ethics committee (Ethic number: 19) affiliated with the Mazandaran University of Medical Sciences to conduct the research, the researcher referred to the premarital counseling center. The aim and method of the study were explained to eligible couples. The written informed consent

form was signed by the couples if they were willing to take part in this study. They were ensured of confidentiality of data and their anonymity and voluntary nature of participation in this study.

The measuring tools

The questionnaire consisted of two parts as follows: the first one examines demographic and the second was about couples need. The demographic characteristics questionnaire was consisted of questions about age, level of education, education discipline, birth rank, the background of premarital friendship with the spouse, employment status, monthly income, level of parents' education, parents' job, and resource of SRH information. Some questions were asked of the couples about SRH. Furthermore, an open-ended question was devised to collect data about their opinions. The part two of questionnaire examined couples' needs with a 5-item Likert scale (very low to very high). It was developed by Pourmarzi *et al.* based on Lowshe, its content Validity Index was reported 0.79, and for reliability Cronbach's alpha were reported as 0.97, respectively.^[10] The permission to use this questionnaire was taken from the questionnaire's owner.

To calculate the total score of reported need for education in SRH, the scores of the 12 topics was added and categorized. The total SRH scores classified between 12 and 21 as very low, 22–31 as low, 32–41 as moderate, 42–51 as high, and 52–60 as very high.^[10]

Statistical methods

Data were analyzed using descriptive and inferential statistics SPSS v. 21 software (SPSS Inc., IBM). Descriptive findings were presented in terms of mean \pm standard deviation and frequency. The mean of education needs was determined and compared between men and women using the *t*-test. To examine the correlation between needs and their associated factors, the Pearson correlation test was used. $P < 0.05$ was considered statistically significant.

RESULTS

Samples

This study was finalized with the participation of 240 women and 233 men. Seven men were excluded because of incomplete of questionnaire.

Baseline data

The means of the women and men's age were 24 ± 5.5 and 27 ± 5.6 years, respectively. Most of them had academic education degree. While most women had no income and were housewife, most men had income. Half of the samples were the first and second children in the family, but

a few of them were the fifth or sixth children. Furthermore, 60% of them stated that they had no any friendship before marriage. The level of education of their parents in was primary school. Most participants stated that their fathers and mothers' job were self-employed and housewives. Table 1 presents the patients' baseline data. The sources of information related to sexual relationships were mostly textbooks (32%), the Internet, and friends (53%). However, some of them received information from parents (9%), healthcare centers (4%), and academic advisors (2%).

Education needs

The mean of education needs in both genders was about 42 ± 10 , without a statistically significant differences between them ($P = 0.19$). In both genders, education needs were at a medium level. In men, the major need was related to "genetic counseling and the importance of performing it before pregnancy." On the other hand, in women, the main education need with the highest education priority was "pregnancy prevention methods." No statistically significant differences between the two genders in other terms [Table 2].

The method of pregnancy and development of fetus ($P = 0.02$), congenital disorders and solutions to prevent them ($P = 0.009$), and pregnancy care ($P = 0.02$) were significantly different between the genders, and for all of them education needs were greater in women than in men [Table 2].

The need for education about SRH issues was inversely and significantly related to age and level of education in both genders. It meant that with the increase of age and elevation of the education level in both genders, the need for education was reduced. Further, the mother's education level had a statistically significant relationship with the need to education about women health issues. For the birth rank, premarital friendship, the status of employment, parents' job and father's education, no statistically significant differences were observed with the need to education [Table 3].

The analysis of data collected from the open-ended question showed that verbal and behavioral communication, fear from the first dating and sexual orgasm for both men and women were other needs described by the couples.

DISCUSSION

The results of this study showed that in both genders, education needs were at a medium level. The results of other studies in Iran indicate that need to education for

Table 1: The demographic data of the couples attending in premarital counseling clinic

Variable	Domain	Frequency (%)		P
		Men	Women	
Age	Under 20	3 (1.3)	50 (20.8)	0.000
	20-24	68 (29.2)	89 (37.1)	
	25-29	103 (44.2)	65 (27.1)	
	30-34	41 (17.6)	26 (10.8)	
	Above 35	18 (7.7)	10 (4.2)	
Level of Education	Reading and writing ability	23 (9.9)	22 (9.2)	0.08
	High school diploma	93 (39.9)	78 (32.5)	
	College education	117 (50.2)	140 (58.3)	
Birth rate	First	57 (24.5)	72 (30)	-
	Second or third	93 (39.9)	118 (49)	
	Fourth and higher	83 (35.6)	50 (21)	
Occupation status	Employee	52 (24.4)	28 (11.7)	-
	Self-employed	147 (63.8)	24 (10)	
	Farmer or manual worker	16 (7.4)	-	
	Housekeeper	-	87 (36.3)	
	Home income job	1 (0.5)	4 (1.7)	
Income (to 1000 Toman)	Student	8 (3.9)	97 (40.3)	-
	No income	16 (6.9)	183 (76.3)	
	100-499	4 (1.7)	17 (7.1)	
	500-1000	143 (61.4)	30 (12.4)	
	Above 1000	70 (30)	10 (4.2)	
Father level of education	Reading and writing ability	151 (64.8)	139 (57.9)	0.06
	High school and diploma	47 (20.2)	50 (20.8)	
	College education	35 (15)	51 (21.3)	
Mother level of education	Reading and writing ability	180 (77.3)	170 (70.8)	0.07
	High school and diploma	38 (16.3)	48 (20)	
	College education	15 (6.4)	22 (9.2)	
Father job	Employee	83 (35.6)	73 (30.4)	0.44
	Self-employed	95 (40.8)	103 (42.9)	
	farmer or manual worker	55 (23.6)	64 (26.7)	
Mother job	Housekeeper	204 (87.6)	217 (90.4)	0.72
	Employee	29 (12.4)	23 (9.6)	

Table 2: Education needs of reproductive health in couples attending premarital counseling clinics

Educational backgrounds	Sex	Mean±SD	P
1. The shape and function of the reproductive system	Male	1.69±1.04	0.58
	Female	1.64±1.10	
2. Women's menstrual health	Male	1.85±1.07	0.56
	Female	1.79±1.24	
3. The best conditions for starting pregnancy	Male	2.09±1.07	0.76
	Female	2.05±1.20	
4. How to get pregnant	Male	1.96±1.14	0.02
	Female	1.98±1.23	
5. Congenital diseases (hereditary and genetic)	Male	1.99±1.20	0.009
	Female	2.00±1.21	
6. Types of risky and unwanted pregnancy and their consequences	Male	2.05±1.19	0.06
	Female	2.12±1.24	
7. Pregnancy care	Male	2.11±1.10	0.02
	Female	2.14±1.14	
8. Contraceptive methods	Male	1.92±1.10	0.22
	Female	2.15±2.31	
9. Genetic counseling and the importance of doing it before marriage	Male	2.23±2.24	0.19
	Female	2.02±1.14	
10. Sexually transmitted diseases	Male	2.10±1.06	0.24
	Female	1.98±1.24	
11. Health in sexual relationships	Male	2.11±1.06	0.91
	Female	2.10±1.16	
12. Types of common sexual disorders	Male	2.12±1.07	0.59
	Female	2.07±1.11	

SD: Standard deviation

all sexual and reproductive areas was above the medium level^[6,10] This may be because the time difference in

conducting studies, has increased the availability of sexual and reproductive resources, and as a result, the average need for training has decreased a bit. All of these studies indicate a high need for SRH before marriage.

The findings of this study revealed that the major education need in the women was related to “pregnancy prevention methods,” but in men, it was “genetic counseling and importance of performing it before pregnancy.” A research in Iran showed, over 75% of volunteers before marriage needed to learn about reproductive health, especially safe pregnancy, prevention methods, prevention of common cancers in women, high risk unwanted pregnancies, health of sexual relationships and the best conditions for pregnancy. Education needs regarding health of the menstruation period as well as the shape and function of the male and female reproductive system had the lowest priority. However, in premarriage counseling, the above-mentioned topics were prioritized.^[14] The finding of this study is similar to our study, which can be considering that both studies conducted in Iran, and the content of SRH education is the same.

According to the results of this study, women felt more of a sense of need to education about reproductive health,

Table 3: Correlations between couple's sexual needs and demographic variables

	Age	Level of education	Birth rank	Friendship before marriage	Occupation status	Father level of education	Mother level of education	Father job	Mother job
Women									
The correlation coefficient	-0.058	-0.036	-0.003	0.114	-0.027	0.001	-0.036	-0.078	-0.161
<i>P</i>	0.03	0.04	0.96	0.07	0.674	0.989	0.02	0.226	0.013
Men									
The correlation coefficient	-0.189	-0.028	-0.012	0.004	0.015	0.100	0.971	-0.041	0.058
<i>P</i>	0.004	0.04	0.068	0.95	0.823	0.12	0.279	0.535	0.38

especially healthy reproduction, formation of fetus and pregnancy care when compared to men. These results were in line with the findings of other researchers' findings in premarriage couples.^[10,14] Inonw study, in couples seek marriage women felt more need to receive reproductive health counseling.^[17] Further, in another study, in adolescent found that women were more willing to receive premarriage counseling when they were compared to men.^[18] Therefore, women should be given more attention in premarriage counseling centers.

According to the results of this study, with the increase of age, the need to education was declined. In connection with the increase in age and the need for training, Studies are contradictory. In line with this study, some studies have shown that the need to further education was declined as they get older.^[10,14] In contrast to the above-mentioned results. A study in Manhattan on college students indicated that with the increase of age, interests in participating in premarital education was raised.^[19] This could be justified according to a study in Yazd, Iran, suggesting that with the increase of age women's awareness was declined significantly and the need to education was increased.^[20] Differences in results can be justified based on differences in samples and research methodology.

In this study, with the increase of the level of education to the academic degree, the need to education was less, which could be related to the education of family-planning issues at the university during academic courses. Some researchers^[10,20,21] reported similar results. However, A study in Isfahan, Iran, found that in men with the increase of the level of education, the extent of education need was increased.^[14] It seems that, by introducing sexual and reproductive education in college courses, the need to educate young people during marriage is reduced but maybe in men University education was not enough or The willingness of men to learn about SRH at university has been less. So in men Need more motivation for learning.

The results of this study, in accordance with the findings of another study,^[10] in premarital couples did not show any significant difference in the relationship between the

birth rank and the need to educate about reproductive health. However, a study indicated a significant relationship between willingness to participate in educational programs and the birth rank.^[19] There are not many studies available regarding the impact of birth rates and the need for training. There is a need for further studies in this field.

The results of this study showed that the level of mother's education affected the education needs of women participating in this study. With the elevation of mother's education, education needs of the women was declined. Nevertheless, in terms of the level of father's education, this relationship was not statistically significant. In a study in Iran, a positive and significant relationship was observed between mother and father's education and awareness of students about reproductive health.^[22] While another study showed that individuals with parents that have academic education degrees were more willing to receive premarital counseling in comparison to those without academic education degrees.^[18] Contradictory results may be justified by culture. Although this is maybe because mothers' knowledge results in an increased awareness of girls about sexual health, but mother less likely communicate about it with their sons.

Another finding of this study was a lack of relationship between the employment status of the parents and education needs of couples in premarital counseling. However, A study in Tehran in Tehran indicated a significant relationship between the economic status of the family and awareness of reproductive health.^[22] In contrast, Silliman stated that an increased income of the family was a sign of developed interest in premarriage counseling programs.^[19] This may be because raising family income, leads to more access to sexual and reproductive resources, so further studies are needed.

One of the limitations of this study was the lack of active participation of men in collecting and completing the questionnaire. We tried to win men's trust to complete all the question of questioner. Furthermore because there was only one premarriage counseling center, sampling was limited to a single center.

CONCLUSION

The results of this study showed that the young generation felt more need to education about SRH. since that the most common method of education on sexual health in Iran is premarital counseling, it should be devised based on the provision of the needs of couples. The results of this study can be used in the development of marriage counseling in accordance with the main reproductive and sexual needs of couples during marriage.

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Conflicts of interest

There are no conflicts of interest.

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