Knowledge, Practice and Problems Related to Women Reproductive Health among Women in Al-Qatif & Al-Ahsa

¹Mona A Alfadeel, ²Akeelah A Alhaddad, ³Hawra Z Rebh, ⁴Fatima H Alhariri, ⁵Farqad M Smaeel, ⁶Rahmah Y Alshaqaqiq, ⁷Alaa M Alaithan, ⁸Zainab M Abu alsaud, ⁹Sara A Bunajmah, ¹⁰Ayat Y Alyousef

Almaarefa College - College of Medicine

Abstract: Women's reproductive health problems cover diseases such as breast cancer, pelvic inflammatory disease and sexual transmuted disease. Studies reported that up to 50 % of women had reproductive problems or diseases sometime in their reproductive life in Saudi Arabia.

Objectives: To describe the awareness and practices of women regarding their reproductive health, and to identify women reproductive health problems.

Methodology: It was a community based cross sectional study, conducted in Al-Ahsa and Al-Qatif of eastern Saudi Arabia. The data were collected in 2014 from 250 women in the reproductive age.

Results: It was found that about 79% were interested in reading topics and articles about their health. About 65% knew how to perform self-examination of the breast. About 60% of women did not perform exercise at all. Seventy five percent of women used to eat fast food at least once a week. About 24% reported family history of breast cancer. Those who had health problems during pregnancy or at delivery amounted to 27.2%. About 12% of women took the contraceptive pills for birth spacing.

Conclusion: The majority of women were interested in reading about reproductive health. Most of women knew how to do breast self-examination. A high proportion of them did not follow healthy diet or exercise.

Keywords: Women Reproductive Health, Knowledge, Practice and Problems.

1. INTRODUCTION

Women's reproductive health covers diseases and conditions that affect the female reproductive system includes symptoms, diagnosis, treatment, and prevention of women's reproductive health issues. Covers woman's health diseases that affect the uterus, cervix, vagina, fallopian tubes, and breast (1).

The studies have shown that there is up to 50 % of women had reproductive problems and disease in Saudi Arabia (2). The female reproductive health is important to any women because It's related problems can change her life. It affect her emotional status and women become hard to pursue a normal life (3).

Breast cancer in women in Saudi Arabia accounted for nearly 14% among 100.000 women in Saudi Arabia that's may be because of the lack of awareness among women about the symptoms and risk factors of breast cancer (4).

Pelvic Inflammatory Disease (PID) is the most common preventable cause of infertility in the United States. PID can be cured with several types of antibiotics. (5) Some life style factors influence women reproductive health such as nutrition and exercise. During pregnancy and lactation they should take care of their health by eating healthy food for the sake of a healthy baby. Moderate exercise has benefits for the overall health. (6) Women should also avoid unplanned pregnancies, unsafe abortion by applying birth spacing methods (7). A human baby needs the added protection of the human milk that

International Journal of Healthcare Sciences ISSN 2348-5728 (Online)

Vol. 4, Issue 2, pp: (1902-1906), Month: October 2016 - March 2017, Available at: www.researchpublish.com

enhances the defense mechanisms against foreign agents. Human breast milk is not only the best source of nutrition for the neonate but also the fundamental right of every baby (8).

Objectives:

To describe the awareness and practices of women regarding their reproductive health, and to identify women reproductive health problems.

2. METHODS

This was an observational descriptive cross sectional community based study. It was conducted among women in eastern region of Saudi Arabia (Al-Ahsa and Al-Qatif). Al-Ahsa has an area of 430,000 km2 and a population of 1,063,112 and Al-Qatif has an area of 160,000 km2 and a population of 524,182. The data were collected in 2014 from 250 women in the reproductive age. The ages ranged between 14 and 50 years. The participants were 250 females, selected by simple random sampling. The information was collected by a questionnaire designed for the purpose of this study, Its validity and reliability were tested in pilot study of 15 participants before data gathering. The data were cleared and coded, then entered and analyzed using SPSS. Data were presented in tables and figures. Proportions were calculated .Verbal consent was obtained. Confidentiality was promised and maintained.

3. RESULTS

This study involved 250 women. Their age and education are displayed in table 1. About 79% of the women surveyed were reading topics and articles about their health from different source. About 65% know how to do self-examination of the breast (table 2). Only 13% of women performed exercise on regular basis (Figure 1). It was found that about 75% of participants ate fast food, and about half of them ate fast food once a week (Figure 2). Table 3 shows that about 64% of the participants had regular period. Pain killers for dysmenorrhea were used by 40%. Excessive discharges was encountered in 35%, Family history of breast cancer was reported by 25%. Family planning was utilized by 32 %, the commonest method being contraceptive pills. Breast feeding was preferred by 91% of those who had children (Figure 3)

Characteristic	Category	Frequency (250)	Percent
Age	14-19	22	8.8%
	20-29	116	46.4%
	30-39	74	29.6%
	40-50	38	15.2%
Education level	Illiterate	1	.4%
	Elementary	6	2.4%
	Intermediate	13	5.2%
	Secondary	57	22.8%
	University or above	173	69.2%

Table (2) knowledge of population regarding women health and source (N=250)

knowledge	NO	%
Reading topics and articles about women's health	197	78.8%
Watching or listening to TV or radio programs on women health		53.6%
Knowing how to do self-examination of the breast		64.4%
knowing when to do self-examination of the breast	139	55.6%

Vol. 4, Issue 2, pp: (1902-1906), Month: October 2016 - March 2017, Available at: www.researchpublish.com

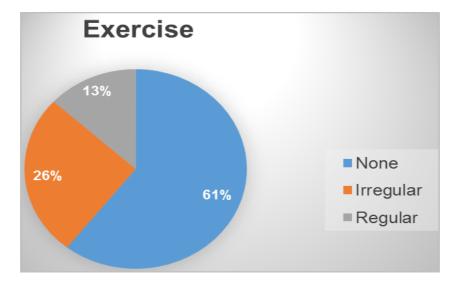


Figure (1): The practice of exercise among women (N=250):

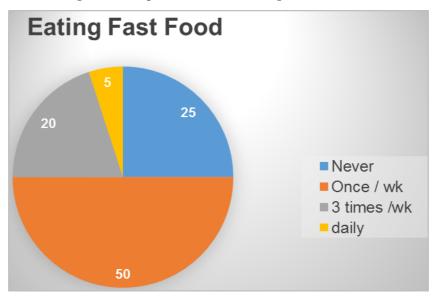


Figure (2) Eating fast food among women (N=250)

Table (3): Health attributes of participants regarding women health (N=250)

Health attribute	Frequency	%
Having a regular period	160	64%
Use of pain killers for dysmenorrhea	100	40.0%
Excessive discharges	87	34.8%
Itching	58	23.2%
Discharge with green or brown colors	30	12.0%
Discharge with bad odor?	45	18.0%
Family history of breast cancer	62	24.8%
Postpartum depression	30	12.0%
Medical intervention to have a child	26	10.4%
Family planning	80	32.0%

Vol. 4, Issue 2, pp: (1902-1906), Month: October 2016 - March 2017, Available at: www.researchpublish.com

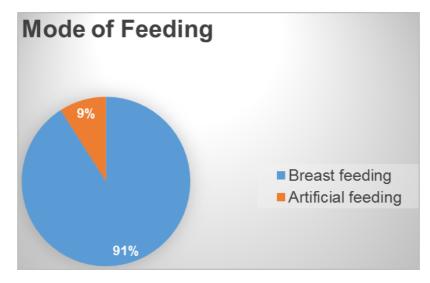


Figure (3): The preferred mode of feeding among women (N=250)

4. DISCUSSION

The high proportion of women reading topics and articles about their health and knowing how to do self-examination of the breast was expected of such a group with high level of education. This is different from the finding of a study conducted in Al-Qassim(9) .which reported that the majority of women had never heard about breast self-examination.

The practice of exercise in the population of this study was unpopular, despite the high level of education of the studied sample. This is different from an American study which reported that almost all of the participants were doing exercise (10). It was reported in literature that lifestyle factors have a significant impact on fertility. Physical activity has been shown to confer a protective effect on fertility. However, excessive exercise can negatively alter energy balance in the body and affect the reproductive system (11). The population of this study, and the like, are worthy of advice on the uptake of the habit of regular exercise

The high proportion of participants ate fast food in this study is alarming. That is similar to the results of a research in France (12), but it is opposite to the findings of a study conducted in USA, where they found that the majority of women follow a healthy diet (13). Choosing trans fats in the diet instead of monounsaturated fats, which the case with fast food, has been demonstrated to drastically increase the risk of ovulatory infertility (14). This is besides the other detrimental effect of fast food. This is another area for health education. The proportion of women who utilized family planning for birth control was very much higher in the USA (15) compared to this study. This could be because in USA they desire less number of children.

The proportion of women who preferred breast feeding was high and deserves to be commended. It is similar to a situation in California where breast feeding was very much popular among the highly educated sector of their respondents (16).

The proportion of family history of breast cancer reported in this study is relatively higher than that reported among Moroccan patients. Family history of breast cancer is emerging as an important risk factor in the etiology of this disease. Some of the importance of this lies in the fact that the age of onset appears to be earlier in familial breast cancers (17).

Sever dysmenorrhea encountered in this study lies outside the range of 2%-29% outlined in a systematic review of fifteen primary studies .published between 2002 and 2011, (18)

5. CONCLUSION AND RECOMMENDATIONS

In conclusion the majority of women were interested in reading about reproductive health. Most of women knew how to do breast self-examination. It was alarming that a high proportion of the participants neither followed healthy diet nor practiced exercise. This entails advice on the uptake of the habit of regular exercise and healthy diet. The proportion with family history of breast cancer reported in this study is relatively high. This calls for early screening .The proportion of women who utilized birth spacing was relatively low, which needs to be encouraged.

International Journal of Healthcare Sciences ISSN 2348-5728 (Online)

Vol. 4, Issue 2, pp: (1902-1906), Month: October 2016 - March 2017, Available at: www.researchpublish.com

REFERENCES

- [1] Fathalla MF, Sinding SW, Rosenfield A and Fathalla MMF. Sexual and reproductive health for all: a call for action. The Lancet, 2006; 368(9552):9 15.
- [2] Almotawali, Qutada, Kingdom has the highest rate of infection to infertility in men and women, Al-Riyadh Newspaper, 15901, 2012
- [3] Bano R and Al Sabhan FA. Study of Knowledge and Practice of University Females Regarding Reproductive Health and Hygiene in Hail, Saudi Arabia. IJWHR 2015; 3: 031-039
- [4] Fuaad, Sahar, The spread of breast cancer in the Kingdom 14% and The cure rate of up to 95%, Al-Riyadh.net, 2012
- [5] Ellen David (2001). Pelvic Inflammatory Disease. [ONLINE] Available at: http://www.niaid.nih.gov/topics/pelvicinflammatorydisease/pages/default.aspx. [Last Accessed 11 December 13].
- [6] Das RN, Devi RS and Kim J Mothers' Lifestyle Characteristics Impact on Her Neonates' Low Birth Weight. IJWHR 2014; 2: 229–235.
- [7] Conde-Agudelo A, Rosas-Bermúdez A and Kafury-Goeta AC. Birth Spacing and Risk of Adverse Perinatal Outcomes: A Meta-analysis JAMA. 2006;295(15):1809-1823
- [8] Mehkari S, Zehra N, Yasin H, et al Breastfeeding and Weaning: Awareness and Practices among Female Health Providers working in a Tertiary Care Hospital of Karachi-Pakistan. IJWHR 2014; 2: 281–286
- [9] Jahan S, Al-Saigul AM, Abdelgadir MH. Breast cancer. Knowledge, attitudes and practices of breast self-examination among women in Qassim region of Saudi Arabia. (2006). [ONLINE] Available at: http://www.ncbi.nlm.nih.gov/pubmed/17106553. [Last Accessed 11 December 13].
- [10] Deirdre K. TobiasPhysical activity before and during pregnancy and risk of gestational diabetes mellitus. . (2010). Available: http://m.care.diabetesjournals.org/content/34/1/223.short. Last accessed 21th May 2014.
- [11] Sharma R, Biedenharn K R, Fedor J M, and Agarwal A. Lifestyle factors and reproductive health: taking control of your fertility. Reprod Biol Endocrinol. 2013; 11: 66 80.
- [12] Harnack L and Jeffery R W. Fast food restaurant use among women in the Pound of Prevention study: dietary, behavioral and demographic correlates. (2000) [ONLINE] Available at: http://www.nature.com/ijo/journal/v24/n10/abs/0801429a.html.] Last accessed 21th May 2014[
- [13] Robert Bredet.The benefits of a healthy diet during pregnancy. (2014) [ONLINE] Available at: http://www.kaahe.org/ar/%D8%A3%D8%AE%D8%A8%D8%A7%D8%B1-%D8%A7%D9%84%D8%B7%D8%A8-%D9%88%D8%A7%D9%84%D8%B5%D8%AD%D8%A9/%D8%A7%D9%84%D8%A3%D8%AE%D8%A8%D8%A7%D8%B1-%D9%88%D8%A7%D9%84%D8%AF%D8%B1%D8%A7%D8%B3%D8%A7%D8%AA/4-healthy-food/231-Healthy-Dieting-in-Pregnancy-May-Be-Helpful.html.]Last accessed 21 may 2014[.
- [14] Chavarro JE, Rich-Edwards JW, Rosner BA and Willett WC. Dietary fatty acid intakes and the risk of ovulatory infertility. Am J Clin Nutr. 2007; 85: 231–237.
- [15] Chandra A, Martinez GM, Mosher WD, Abma JC, Jones J (2005). Fertility, family planning, and reproductive health of U.S. women. [ONLINE] Available at: http://www.ncbi.nlm.nih.gov/pubmed/16532609. [Last Accessed 11December 13].
- [16] Heck KE, Braveman P, Cubbin C, et al. Socioeconomic Status and Breastfeeding Initiation among California Mothers. Public Health Reports. 2006; 171(1): 51 59.
- [17] Tazzite A, Jouhadi H, Saiss K, et al. Relationship Between Family History of Breast Cancer and Clinicopathological Features in Moroccan Patients. Ethiop J Health Sci. 2013; 23(2): 150 –157.
- [18] Ju H, Jones M and Mishra G. The prevalence and Risk factors of dysmenorrhea. Epidemiol Rev, 2013; 36(1):104-113