

## Clients' Viewpoints about the Quality of Services in the Premarital Counseling Classes in Tabriz Health Centers

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### ABSTRACT

**Background:** Premarital counseling equips couples with information about all aspects of sexuality and the related health issues. This study was aimed to assess the quality of premarital counseling services in health care centers in Tabriz.

**Methods:** A cross-sectional study was conducted on 236 randomly selected women from premarital counseling centers in Tabriz was carried out and a self-structured instrument including items on demographic characteristics, the quality of counseling condition and providers, family planning, genetic and thalassemia counseling and sexual health was used for data gathering.

**Results:** The results showed that the viewpoint of clients about relationship with health care provider and condition of consultation was suitable in 75.8% and 85.2% of women, respectively. It was found that in 72.5%, 38.1% and 49.6% of clients the counseling areas were in moderate level respectively for counseling about importance of family planning, genetic counseling and thalassemia. It was indicated that 58.5% of participants expressed the sexual health aspect of the premarital classes as poor or completely poor.

**Conclusions:** Our study results can provide suitable information for health policy providers to improve the quality of premarital counseling classes. In order to develop a relatively stable behavior in young couples, it is recommended that the quality of the classes would be overemphasized.

**Keywords:** Counseling, family planning training, genetic, marriages, self-concepts

### INTRODUCTION

The premarital counseling programs for young couples are important issues of general health. In Iran, the ministry of health is responsible for the organization of these classes in all across the country.<sup>[1]</sup> Hence, compulsory premarital counseling programs for all couples wanting to marry became popular and the Population Action International in 2002 stated that Iran had implemented national governmental programs on young people's sexual and reproductive health.<sup>[2]</sup>

Premarital counseling as an educative, therapeutic and preventive approach<sup>[3]</sup> supports couples to deal with issues and challenges during their marriage including the family planning methods that enhances acceptance and continuous use of the contraceptive methods and improves the individual's satisfaction with them. It also includes information about genetic counseling, thalassemia and sexual health, the purpose of which is the enhancement of life and personal relations. The assessment of the quality of the classes in this study can help the health care provider and health policy makers to redesign the contents of training courses and perform programs based on the requirements for improvement of this process. Thus, this study aimed to evaluate the clients' viewpoints about the quality of services in the premarital counseling classes in health care centers of Tabriz, Iran.

## METHODS

A cross-sectional study was carried out on women attending the premarital classes in two health care centers (Haftom-e-tir and Asadabadi) in Tabriz city, in 2009. The study protocol was approved by the ethics committee of Tabriz University of Medical Sciences and an informed consent was obtained from all participants. The inclusion criteria were females being at the first marriage and having at least primary literacy to complete the questionnaire. Subjects were selected by simple random sampling method in both health care centers. A total of 236 subjects was the calculated sample size and they were randomly selected during 3 months from classes in both centers.

A self-administered structured questionnaire was used for data collection. This researcher-made questionnaire was used for the study, which its validity and reliability were determined before data gathering. Seven general areas were designed in the questionnaire: (1) Demographic data; (2) relationship between clients and service provider; (3) counseling conditions; (4) family planning; (5) genetic counseling; (6) thalassemia; and (7) sexual health. The client's viewpoint was assessed by 4-point Likert scale questions.

All statistical analyses were performed using SPSS, version 13 (SPSS, Chicago, Illinois). Chi-Square was used for categorical data. Furthermore, correlation of age with the quality of different areas in the

premarital counseling questionnaire was assessed by the Spearman correlation coefficient. All hypotheses tests were 2-tailed with  $P < 0.05$  considered to be significant.

## RESULTS

The results of the present study on the demographic characteristics of the participants are showed in Table 1. The findings regarding the viewpoint of the women about the premarital counseling classes showed that 75.8% of the participants reported the service provider had a good relation with their clients [Table 2]. As shown in the Table 2, nearly 85.2% of women assessed the conditions and environment of counseling class as good while in the aspects of the quality of family planning area, 72.5% of them assessed it as relatively good. Regarding the topic of family planning and its importance, the result of Chi-square test showed a significant relationship between the participants' educational level and their viewpoint

**Table 1:** Demographic characteristics of women attending in premarital counseling classes

| Variables   | Number (%)  |
|---|-------------|
| Age   | 21.11±4.13* |
| Education levels  |             |
| Primary school  | 10 (4.2)    |
| Guidance school   | 27 (11.4)   |
| High school   | 113 (48.0)  |
| University degree   | 86 (36.4)   |
| Occupation  |             |
| Student   | 82 (34.7)   |
| Housewife   | 119 (50.5)  |
| Working at home   | 9 (3.8)     |
| Working outside the home  | 26 (11.0)   |
| Previous information  |             |
| Yes   | 121 (51.3)  |
| No  | 115 (48.7)  |
| Source of information   |             |
| Health care providers   | 16 (12.4)   |
| Radio/TV  | 15 (11.6)   |
| Inter-human communication<br>(family, friends, and acquaintances) | 32 (26.4)   |
| Personal studies  | 42 (34.7)   |
| Other sources   | 16 (13.2)   |
| Current residency status  |             |
| Urban area  | 206 (87.3)  |
| Rural area  | 30 (12.7)   |

\*Mean±SD

about the related discussed area in the premarital classes ( $P = 0.001$ ). Hence that, 24.3% of women with primary/guidance school degree versus 7.1% and 10.5% respectively in individuals with high school and university degree stated that the quality of this topic was poor in the classes [Table 3].

The majority of participants stated that among the contraceptive methods, the explanation on oral contraceptive pill and condom was relatively

good (70.8% and 76.7%, respectively). Only 7.3% of women living in urban areas versus 26.7% of whom living in rural area stated the quality of counseling materials about condom as poor ( $P = 0.002$ ) [Table 3]. However, for intrauterine device (IUD) and contraceptive injections, it was poor/completely poor in view of about half of women (46.7% and 53.0%, respectively). The result of Chi-square test showed a significant

**Table 2:** The quality of different areas in the premarital counseling questionnaire in viewpoint of participated women

| Areas in the premarital counseling questionnaire  | Quality of context (%) |                 |            |                 |
|---|------------------------|-----------------|------------|-----------------|
|   | Good                   | Relatively good | Poor       | Completely poor |
| Relationship between clients and service provider | 179 (75.8)             | 57 (24.2)       | -          | -               |
| Counseling conditions                             | 201 (85.2)             | 35 (14.8)       | -          | -               |
| Family planning                                   | 39 (16.5)              | 171 (72.5)      | 26 (11.0)  | -               |
| Contraceptive methods                             |                        |                 |            |                 |
| OCP   | 38 (16.1)              | 167 (70.8)      | 31 (13.1)  | -               |
| Condom  | 32 (13.6)              | 181 (76.7)      | 23 (9.7)   | -               |
| IUD   | 19 (8.1)               | 104 (44.1)      | 57 (24.2)  | 51 (21.6)       |
| Contraceptive injections                          | 14 (5.9)               | 96 (40.7)       | 65 (27.5)  | 59 (25.0)       |
| Genetic counseling                                | 104 (44.1)             | 90 (38.1)       | 28 (11.9)  | -               |
| Thalassemia                                       | 30 (12.7)              | 117 (49.6)      | 68 (28.8)  | 21 (8.9)        |
| Sexual health                                     | 98 (41.5)              |                 | 126 (53.4) | 12 (5.1)        |

OCP=Oral contraceptive pill, IUD=Intrauterine device

**Table 3:** The results of statistical tests for significant associations of women's demographic characteristics and their viewpoint about the quality of different areas in the premarital counseling questionnaire

| Areas in the premarital counseling questionnaire | Demographic characteristics | Quality of context |                     |            |                     | P value |
|--|-----------------------------|--------------------|---------------------|------------|---------------------|---------|
|  |                             | Good (%)           | Relatively good (%) | Poor (%)   | Completely poor (%) |         |
| Family planning                                  | Education levels            |                    |                     |            |                     |         |
|  | Primary/guidance school     | 7 (18.9)           | 21 (56.8)           | 9 (24.3)   | -                   | 0.001   |
|  | High school                 | 26 (23)            | 79 (69.9)           | 8 (7.1)    | -                   |         |
|  | University degree           | 6 (7)              | 71 (82.6)           | 9 (10.5)   | -                   |         |
| Contraceptive methods<br>Condom                  | Current residency status    |                    |                     |            |                     |         |
|  | Urban area                  | 31 (15)            | 160 (77.7)          | 15 (7.3)   | -                   | 0.002   |
|  | Rural area                  | 1 (3.3)            | 21 (70)             | 8 (26.7)   | -                   |         |
| IUD  | Age                         | 20.47±1.01         | 20.45±0.41          | 21.53±0.52 | 22.37±0.55          | 0.005*  |
|  | Education levels            |                    |                     |            |                     |         |
|  | Primary/guidance school     | 1 (2.7)            | 23 (62.2)           | 9 (24.3)   | 4 (10.8)            | 0.015   |
|  | High school                 | 14 (12.6)          | 49 (44.1)           | 20 (18)    | 28 (25.2)           |         |
| Genetic counseling                               | University degree           | 4 (4.8)            | 32 (38.6)           | 28 (33.7)  | 19 (22.9)           |         |
|  | Previous information        |                    |                     |            |                     |         |
|  | Yes                         | 62 (55.4)          | 38 (33.9)           | 12 (10.7)  | -                   | 0.037   |
| Thalassemia                                      | No                          | 42 (38.2)          | 52 (48.3)           | 16 (14.5)  | -                   |         |
|  | Age                         | 21.27±0.85         | 20.38±0.36          | 22.25±0.51 | 21.24±0.79          | 0.049*  |
| Sexual health                                    | Age                         |                    | 20.03±0.41          | 21.87±0.36 | 21.92±1.15          | <0.001* |

\*Spearman correlation coefficient. OCP=Oral contraceptive pill, IUD=Intrauterine device

relationship between the educational level and viewpoint about the topic of IUD ( $P = 0.015$ ) and hence that, 56.6% of participants with university degree versus 35.1% and 43.2% respectively in women with primary/guidance school and high school, the self-perception about quality of this topic was poor (or very poor). Furthermore, there was a significant negative correlation between the age and the quality in participants' viewpoint about of IUD topic ( $r = -0.181$ ,  $P = 0.005$ ) [Table 3].

About 82.2% of women stated that the training programs about genetics were good/relatively good. There was a significant different between women and without previous information in the viewpoint about the genetic topics ( $P = 0.037$ ). In total, 55.4% of women with previous data versus 38.2% of whom without any information stated the quality of this topic as good [Table 3].

While 62.3% of participants stated the topic about thalassemia as good/relatively good, it was poor/completely poor in 37.7% of them. Regarding the area of sexual health in the classes, over half of women (58.5%) reported that the topic was poor/completely poor. There was a negative correlation between the women's mean age and the score of their viewpoints about the quality of both thalassemia and sexual health areas ( $r = -0.128$ ,  $P = 0.049$  and  $r = -0.226$ ,  $P < 0.001$ , respectively).

## DISCUSSION

The results of the present study showed that most of the women participated in our research reported the quality of aspects presented in the premarital counseling classes as moderate (relatively good). The most weakness was observed in the area of sexual health, thalassemia and some contraceptive methods including IUD and contraceptive injections.

In a study carried out by Salarvand *et al.* in Iran (Gonabad),<sup>[4]</sup> moderate satisfaction levels with the quality of the premarital counseling classes was reported. Another study in Iran, by Pakgozar *et al.* demonstrated that the couples who had received regular counseling in health care centers assessed the quality of the classes as moderate.<sup>[5]</sup> In the later study, 68.6% of the subjects were dissatisfied with the quality of describing the way of using contraceptive methods.<sup>[5]</sup> Although, our finding reflect a better quality in terms of presenting contraceptive methods, the content of

training program for various methods, especially for IUD and injection, needs to be revised for more effective supports in related health issues.

A study conducted in South and East Asia by Pachauri and Santhya indicated that an accurate and user-friendly data on sexuality, reproduction and contraceptive is required for all adolescents. They recommended that the reproductive and sexual health training programs should be adopted for differences in social and cultural environments as well as the clients' characteristics in each society.<sup>[6]</sup> Thus, researchers believe that premarital training programs and counseling classes are needed for all communities and its management is necessary, so that Garwick *et al.* and Fisher *et al.* in their study demonstrated that it have significant influences on the sexual behaviors.<sup>[7,8]</sup>

## CONCLUSIONS

Our study results can provide suitable information for health policy providers to improve the quality of premarital counseling classes. The education for couples in health care centers and its tracing is a very important issue for decision makers. In order to develop a relatively stable behavior in young couples, it is recommended that the quality of the classes would be overemphasized. It seems necessary to allocated more time to these classes and to enrich educational content items for targeted groups.

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