

Risks of women's and girls' reproductive and sexual health – low awareness of health and acceptance of responsibility

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Abstrakt The aim of the study was to determine the attitudes of girls and women towards risk factors of reproductive and sexual health - selected symptoms, choice of contraception, the beginning and the frequency of use of hormonal contraception as well as the initiation of sexual activity. Methods: The empirical research using qualitative and quantitative methods of data analysis was conducted. There were 449 questionnaires and 50 recordings of conversations analysed. The respondents consisted of girls and women aged 13-45 years. Results: A hormonal contraceptive is the preferred choice of contraception and the beginning if its use is most frequent within 16-18 years (53.50%), in 15 years or less 44.61%. The average age of the first sexual intercourse is 16,6 and the most frequent response was in age from 14 to 17 years, of which 10.58% in age of 15 or less. The results of the empirical research were compared with other national and foreign studies. Conclusion: The results suggest that, although the Czech Republic is one of those better evaluated countries in field of reproductive and sexual health (for example in the criteria of low percentage of teenage pregnancy), that there are serious risks at present. Those could be seen in the form of an early initiation of sexual intercourse, a preference of long-term hormonal contraceptives, use of hormonal contraceptives before the age of 18 or less, low awareness of health and delegation of responsibility to girls and women in comparison with the male population.

Key Words Reproductive health, sexual health, women, girl, care, risk factors.

1. INTRODUCTION

One of the sub-objectives of the presented issue was to define the terminological terms of the risks of reproductive and sexual health. Within the general conception a risk factor means anything that disrupts health of an individual. It could be any family burden, a way of life, some of the living habits, professional activity, eating habits, the incidence of diseases and a number of other circumstances. Risk factors in the context of the disease represent situations, habits or other phenomena that increase the sensitivity of an individual to the disease or injury. From the perspective of

nursing they can be categorized into five areas: genetic factors, age, physiological factors, health habits and environment (Žiaková, Boledovičová, Vorošová, 2009). These factors usually are not direct cause of a disease. They don't have to be always found in an anamnesis. According to Petružela and Cibula the risk factors are being identified mostly on the basis of epidemiological studies which determine a relative risk for the defined sub-population of the bearer of the researched factor. A relative risk above 1,0 refers to a risk factor. A relative risk under 1,0 on the other hand means that the factor that had been researched could be considered as protective factor (Cibula, Petružela et al., 2009). In the USA, there were, according to Burroughs and Leifer, stated direct risk factors by the National Cancer Institute and its Centre for Cancer Research and the National Institutes of Health for example for the rise of disease of cervical cancer infection HPV human papilloma virus as premature sexual intercourse and an early initiation of sexual life, more sexual partners or having sexual partners with some disease of a genital tract (Burroughs, Leifer, 2001).

1.1 Definition of terminology

Sexual and reproductive health. These two terms are being often mistaken. Each has got its specifics. Sexual and reproductive health is protected by law related to man and woman. **Reproductive health.** It has been stated by the World Health Organisation that the reproductive health is based in care of reproductive processes, functions and system through all stages of life. The term of reproductive health thus assume that people are able to lead a responsible, satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide whether, when and how often they are going to fulfil such ability. It also assumes the right of men and women to information on safe, effective, affordable and acceptable methods of fertility regulation in order to make them use their discretion and the right to the use of appropriate health care services. That will enable women to safe pregnancy and childbirth as well as ensures partner couples best prospects that they will have a healthy child (WHO, 1994). **Sexual health.** Sexual health is, according to the World Health Organisation, defined as "a state of physical, mental and social well-being and not merely as the

absence of disease or disorder in anything that concerns ones sexuality. The condition of sexual health is a positive and a respectful approach to sexuality and sexual relationships and the possibility of satisfying and safe sexual experiences that occur without forcing, discrimination or violence. In order to achieve and maintain sexual health is essential to respect, protect and fulfil the sexual rights of all involved persons" (WHO, 2006).

Sexual and reproductive rights. The sexual and reproductive health is protected by sexual and reproductive rights. An article 96 of the Beijing Platform for Action (1995) says that the human right to equality and to dignity is the basis of these rights. Sexual and reproductive rights including the rights on health care during maternity and family planning incorporate freedom and entitlements associated with a number of established civil, political, economic, social and cultural rights. Although reproductive and sexual rights are not interchangeable with each other, reproductive rights are being one aspect of sexual rights as well as sexual rights are being a part of reproductive right (Yamin, 2005). The study is based on the European Parliament's Report given in autumn 2013 that sets out the priorities for ensuring satisfactory state of reproductive and sexual health of the population in the Member States of the European Union. Among the countries there are significant differences. Out of the mentioned evaluation criteria in population health risk is an unwanted pregnancy, teenage pregnancy, the risk of the spread of venereal infection the degree of responsibility of both partners. The main goal of the study was to find out the attitudes of girls and women towards risk factors of reproductive and sexual health – selected symptoms: the choice of contraception, the beginning and the frequency of use of hormonal contraception and initiation of sexual activity.

2. METHODS

The empirical research using qualitative and quantitative methods of data analyses was conducted. There were 449 questionnaires, 50 recordings of conversations analysed. Among the respondents there were girls and young women aged 13 to 45 years. In the framework of the projects: Projekt 004PU-4/2011, 0049PU-4/2015 (2011 – 2017) KEPA of a topic: "Multimedia technology in the preparation of midwives (Multimediálne technológie v príprave pôrodných asistentiek)" and "Multimedia technology in the preparation of midwives 2 (Multimediálne technológie v príprave pôrodných asistentiek 2)", of the University of Presov in Prešov in cooperation with the Silesian University in Opava, took place examination reveals of which outputs were included into the module Sexual and reproductive health of girls and women. Simultaneously were published in detail in the collective monograph of authors Andraščíková, Archalousová, Galdunová, Rybárová, Schlosserová and Žultáková called A risk disposition in the reproductive period of women. First project started at the beginning of the year 2011 and finished in December 2013, second project started at the beginning of the year 2015.

3. RESULTS

There was a rate of return of 89, 80% made by 449 answered questionnaires out of 500 distributed ones. Out of the 100 planned interviews, there were just 50 recorded. A demographic character of the respondents was based on the criteria for a period of reproductive and sexual health and it covered just the population of women and girls within the regions of North Moravia in the Czech Republic and of Presov in Slovak Republic. The respondents were pupils of elementary schools and students of high schools and the universities. There were presented the selected results in relation to the choice of a type of contraception and its preference, to the

beginning using hormonal contraception, to the beginning of sexual activity among girls and young women of the region of North Moravia. The hormonal contraception is being preferred (Chart 1). Majority of the respondents (53,50%) started to use hormonal contraception from age of 16 to 18 and in the age of 15 and less 44,61% (Chart 2).

Chart 1: Structure of answers - "Out of these various types of anticonception, please choose the one you prefer most."

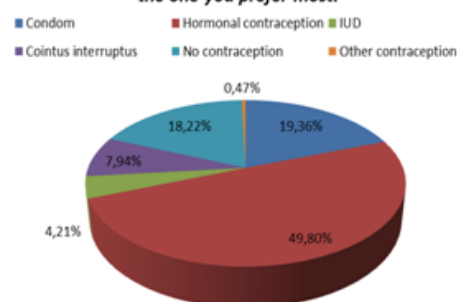
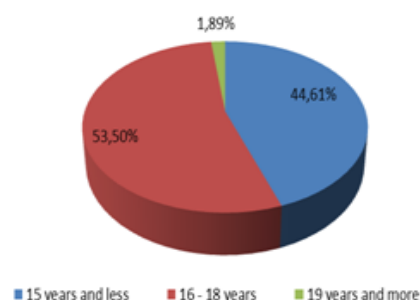


Chart 2: Structure of answers - "When did you start using hormonal contraception?"

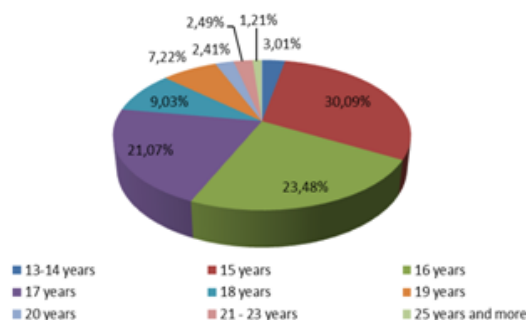


The average age of the first sexual intercourse is 16,6 and the most frequent response was in age from 14 to 17 of which 10,58% in age of 15 or less (Chart 3, Chart 4).

Chart 3: Structure of answers - "Have you already had your first sexual experience?"



Chart 4: Structure of answers -
"When did you have your first sexual experience?"



4. DISCUSSION

The results of the empirical survey were compared with other national or foreign studies. Frequency and a preference of the hormonal contraception were being quoted from the foreign studies. For instance there were 46,1% of 7 898 questioned students in California using hormonal contraception in 2011. Our survey results are similar which demonstrate the widespread use of hormonal contraception. On the other hand the systematic survey of adolescents aged from 13 to 19 made in Portugal had shown that a condom is the most commonly chosen method of contraception (ie. 76% - 96%) as well as a method of the first choice in sexual intercourse (ie. 52% - 69%) (Mendes et al., 2012). The rate of sexual activity of Portuguese adolescents is high (ie. 44% - 95%). The average age of the first sexual intercourse is currently 15,6 years. This premature initiation of sexual intercourse is associated with smoking and regular alcohol consumption (Mendes et al., 2012). This empirical study ran in years from 2011 to 2013 stated the average age of the first sexual intercourse of 16, 6 years and the most frequent response in the period between 14 and 17 years. Important role in assumption of habits leading to sexual and reproductive health enact the information and its quality. During the years 2007 and 2008 there was an extensive study ran by students of the University College Campus. The topic was the information on reproductive and sexual health and the respondents were of the age group of 15 – 26 years. 75% of respondents used internet as the main source of the information on reproductive and sexual health. The internet has become the main source of answers to sexual health and information associated with them. The internet is also connected to gaming (72% of respondents), chatting (67% of respondents), downloads (72%) and others (Buhi et al., 2008).

5. CONCLUSION

The results suggest that, although the Czech Republic is one of those better evaluated countries in field of reproductive and sexual health (for example in the criteria of low percentage of teenage pregnancy, the general availability of hormonal contraceptives), that there are serious risks at present. Those could be seen in the form of an early initiation of sexual intercourse, a preference of long-term hormonal contraceptives, use of hormonal contraceptives before the age of 18 or less, low awareness of health and delegation of responsibility to girls and women in comparison with the male population.

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