

Original Research

The investigation of the students' attitude and consciousness degree regarding the pregnancy health in 2013 in Eastern-Azerbaijan Province

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ABSTRACT:

The purpose of this research was to investigate the students' attitude and consciousness degree regarding the pregnancy health in 2013 in Eastern-Azerbaijan Province. So, 300 students in different semesters have been taken up as accidentally from Tabriz, Marand, Bonab, Maragheh and Ahar have been taken up in this study. The WHO illustrative questionnaire for interview-questionnaire designed by John Cleland surveys with young people has been applied in this study. The statistical data has been completed by the help of SPSS software and descriptive and t-test statistical cases. The results showed the attitude score from the family adjustment is significantly higher than the determined degree positively. The results showed the sexual diseases are significantly higher than the fixed determined degree positively. Also it showed there is no observed any significant difference between the degree of the conscious and the students' attitude based on their marital status The results did not show any significant difference regarding the degree of the attitude among students.

Keywords:

Students' attitude, Consciousness degree, Pregnancy.

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INTRODUCTION

The young and health population in a country is the main and fundamental human resource that imparts development in every nations (ICPD, 1994). The investment on this group of people is one of the most essential approaches that the governments can do for their developmental in any way (Santos, 2009). One of the most unknown dimensions of our society is subjected to the status of the young people's sexual and pregnancy health issues. In general, the process of health, the pregnancy health regarding the reproduction system are exclusively allocated to the lack of physical, mental and social welfare (ICPD, 1994). The pregnancy rights are represented as the public available right particularly, for youths, information about sexual health, its services and pregnancy should be provided by the governments all over the world (UN, 1995; Glasier *et al.*, 2006). After implementation of such strategies, the diagnosis of the special requirements of pregnancy health have been increased increasingly. The rapid growth of the young population and the longevity of the bachelor era can clarify the necessity of the continuous and rapid training of pregnancy health issue as well as other health services (Shaw, 2009). The sexual beginning age is getting down in communities that some of these cases lead to the pregnancy and unsafe cortege by illegal people. The probability of the disasters among young women is also getting increased (Sommart and Sota, 2013).

Annually, about 14-15 million young women ranging between 15-19 years old have delivery all over the world. Many of these women lose their life for making unsafe cortege. The highest degree of the women diseases can be seen through the sexual issues among women at the age of 16-24 years (Shaw, 2009). More than 50% appear to have AIDS among people under 25 years old from Eastern-Azerbaijan (Eksi and Komurcu, 2014). More than half of these adolescents begin their sexual life from their adolescence era and

every ten minutes, a young girl is subjected to unsafe cortege (Simbar *et al.*, 2003). In the three-days conference in 2013 at Kuala Lumpur, the future health and welfare of all young girl and women have been considered for 2015 year development (Chandra-Mouli *et al.*, 2013). Although training the pregnancy health and sexual issues are one of the most important challenges for all women, however the restrictions of women availability to the pregnancy health affairs particularly in developing countries have lead them to be prevented for reaching health services potentially (Farih *et al.*, 2014; WHO, 2007).

Training is one of the most fundamental elements of the pregnancy health. The degree of the conscious and attitude of the population are one of the most essential elements for making the educational programs. The degree of the young population in a country is an inevitable case. This group of population is always susceptible to the stressful and risky behaviors; for the reason, the prevention of these affairs should be potentially achieved, particularly, in the adolescence time because this can reduce the degree of the diseases in the next future years among the same population. This will also reduce the financial and social disasters in the future. In the practical programs of the population and development, it is claimed that the pregnancy health programs should be established so that the women needs have to be covered in this case on compared to men because, this can lead to increase the availability of all pregnancy information among these population potentially (Eksi and Komurcu, 2014). Despite these targets of at the international conference based on the population and development regarding the status of the young people's sexual and pregnancy health, most countries never pay attention to these issues practically (Bin *et al.*, 2008).

According to the report of the Iranian Statistics National Center (2011), the percent of the Iranian young women is about 19.9%. In the adolescence era forming

the sexual and health behaviors, the diagnosis of the lack of information regarding the pregnancy health affairs should be achieved necessarily. The educational system of the university is a great opportunity for recovering these shortages and deficiencies among the young people (Eksi and Komurcu, 2014). In relation to the evaluation of the degree of the conscious and attitude of the Iranian young people, there have been carried out different studies but the current study has not been localized by the researchers making the present study much important.

MATERIALS AND METHODS

This study is a descriptive type of study that has been carried out as a cross-section in 2012-2013 in the universities of Eastern Azerbaijan Province. At first, among the Azad Universities of the province, about five universities with the highest number of students such as Tabriz, Marand, Bonab, Maragheh and Ahar were included in this study. Then, of every university, about 60 students at different semesters were taken up randomly for this study. Since, the degree of students' conscious had not been compared and the only purpose is to make the general image of the conscious and attitudes of the students, the number of the sample is equal in each and every university. In general, 300 students have been surveyed from these universities. The data gathering tool was subjected to a questionnaire led by the authors of the present study. The WHO illustrative questionnaire for interview-was designed by John Cleland for young people of this study (Cleland, 2005). The sentence structure of the questionnaire was achieved so that the whole cultural, religious, belief and political aspects have been adjusted in this case because of reducing any abuses in the questionnaire at this pavement. This questionnaire included 22 questions regarding the conscious and attitudes that had been established in relation to the pregnancy health such as the family adjustment, pregnancy health before the

marriage, the sexual diseases such as AIDS, etc. (Table 1). The validity of the questionnaire was confirmed by the panel consisting of all health experts in this regard. First, the questionnaire was distributed between 25 students in order to remove any deficiencies and other wrong representations. Then, the words and sections (minor modification) of the correct understanding were substituted as suggested. The questionnaire consisted of three sections: the demographical information regarding the age, educational field, semester, level of education of parents and then the conscious information with 22 questions achieving personal conscious of every person. The score domain ranged from 0-19. The conscious of all general issues regarding the pregnancy health was evaluated by seven questions. The conscious of the family adjustment was evaluated by eight questions. The change domain of the conscious score ranged between 0-8. The conscious of the sexual diseases were evaluated with 4 four questions. The change domain of the conscious ranged between 0-4. The attitude of the girl students regarding the prevention of the pregnancy was achieved by 22 options and the score domain ranged from 22-110. The responses were established in five scales LIKERT system that the scores were established from 1-5. The attitude from the minor issues regarding the pregnancy health was evaluated with twelve questions. The change domain ranged from 12-60; the highest score is 36 for positive and the lowest score is 36 for negative. The attitude of the family adjustment was evaluated with two questions. The change domain ranged from 2-10; the highest score is six for positive and the lowest score is six for negative. The attitude of the sexual diseases was evaluated with eight questions that the change domain ranged from 8-40; the highest score was 24 for positive and the lowest score was 24 for negative. All people participating in the study had been completely confided to keep their information secretly. All questionnaires were assessed by the interview panel itself. The statistical data was

Table 1. The distribution of the correct and false responses at every question of the conscious

S. No.	Questions	Number of correct responses	Number of false responses
1	Have you ever heard the term "pregnancy health"?	225	75
2	Which one true regarding the reproduction physiology?	147	51
3	What is the best age for marriage?	221	73
4	What is best time for genetic consultation?	246	82
5	When marry one of relatives, what risky occurrence of the genetic diseases will be high?	99	33
6	What age is good for making child?	234	78
7	What is the effective method for preventing the pregnancy among new-married couples?	97	32
8	Which is true regarding the anti-pregnancy drugs?	173	57
9	What is the most common compliment of women for using IUD?	145	48
10	What anti-pregnancy method is suitable for people having high risk sexual behaviors?	133	44
11	Closing the males and females oval tubes is good for what couples?	224	74
12	What is the emergency anti-pregnancy method?	51	17
13	What is the best way for preventing pregnancy for lactating mothers?	135	45
14	When the anti-pregnancy injection should be injected?	115	38
15	Do you have some enough information regarding the infectious diseases being transformed by the sexual path?	242	80
16	What diseases can be transformed by the sexual path?	206	68
17	When a woman is infected by the sexual path, what symptoms can be appeared?	190	63
18	How can AIDS be prevented?	169	56
19	What methods of anti-pregnancy can prevent the transformation of AIDS?	221	73
20	When the probability of pregnancy is high?	220	73
21	When the fetus cortege is legal in Iran?	132	44
22	What is your healthcare information resource?	-	-

worked out with the help of SPSS software (2009) using descriptive and t-test statistical cases.

RESULTS

In this study, about 300 girl students were evaluated and their mean age was 22.14 ± 3.66 years; they ranged from 18-36 years old. About 69% of these individuals were bachelors and 26.3% were married and 4.7% didn't specify their marital status in this study. The investigation of the parents' education showed that in relation to the father's education about 3.7% of these students have fathers with only reading and writing literacy, 25.7 cycle, 44.3% diploma, 8% AD, 17.7% BA and higher education, and 0.7% didn't specify their

parents' educational level in this regard. In relation to mothers' educational status, 10.3% of these students have mothers with reading and writing literacy, 32.7% cycle, 41.3% diploma, 3.7% AD, 11% BA and higher education and 1% didn't specify the parents' educational level in this study.

The evaluation of the correct responses regarding the conscious showed that the highest correct responses regarding the best time for genetic consultation with 246 people was 82% and the best age for making offspring for women with 234 people was 78% and the determination of the suitable people for using the pregnancy prevention with 224 people was 74%. The lowest correct responses regarding the anti-

Table 2. Distribution of the students' conscious level

S. No.	Conscious level	Number	Percent
1	Weak	147	49.0
2	Moderate	132	44.0
3	Good	21	7.0
4	Total	300	100.0

pregnancy methods with 51 people was 17% and the best method for preventing the pregnancy for young women with 97 people was 32% and the marriage with family members risky appearances of the genetic diseases with 99 people was 33%. In this study, the conscious of girls' students regarding the pregnancy health was evaluated with 22 questions that three questions (1-15-22) depended on the personal conscious and the other 19 questions were showing the degree of the correct conscious from the pregnancy health affairs. The change score domain ranged between 0-19. Also, students having the scores between 0-10 have weak conscious level and the scores 11-15 showed the moderate level and the scores ranging from 16-19 indicated the best level of the conscious. T-single test showed that the mean score of the conscious was determined lower than the fixed level significantly ($p < 0.05$). As a consequence, the degree of the girl students' conscious regarding the pregnancy health is significantly lower than the moderate level (Table 2).

The investigation of the results regarding the general conscious level showed that about 49% of students have weak level of the conscious, 44% have moderate level and 7% have good level of the process in this study. Most students (73%) believed that above 20 years old is the best age for getting married. Most students (78%) considered the best age for making child is between 20-30 years old. About one-third of students (33%) believed that the risk of appearing genetic diseases was subjected to family marriages. Other

results have been given in Table 3. The t-single test showed that the mean score of the conscious from the pregnancy health was significantly higher than the determined degree 3.5. About 32% of the students were aware of the prevention methods of the pregnancy. The t-single test shows that the mean score of the conscious from the family adjustment is significantly lower than the determined degree 'four'. The results showed that the mean score of the conscious from the sexual diseases was evaluated for 300 students ranging from 2.62 ± 1.2 . Most students (68%) were diagnosed with sex related disease and 63% had other diseases symptoms. Although the t-single test showed that the mean score of the conscious from the sexual diseases were significantly higher than the determined degree two.

The results also showed that the mean score of the attitude of 300 students were evaluated as 73.41. The t-test showed that the mean score of the attitude was significantly higher than the determined degree 66 (i.e., the whole responses are not established in theoretical level) ($p < 0.05$). Hence, the degree of the girl students pregnancy health is significant (positive) ($p < 0.01$). The results showed that the mean score of the attitude from the pregnancy health minor issues evaluated was estimated as 41 ± 6.2 . The single t-test showed that the attitude score from the family adjustment is evaluated at the degree was 6.24 ± 1.9 . The t-test also showed that the attitude score from the family adjustment is significantly higher than the determined degree positively. The results showed that the mean score for the sexual diseases was evaluated as 26.1 ± 3.9 . The t-test showed that the mean score of the sexual diseases is significantly higher than the fixed determined degree positively. Also the investigation of all students showed that according to the t-test, there

Table 3. The mean, deviation and t-test to the degree of students' attitudes

	Mean	Deviation	Degree of t	DF	sig	Difference with fixed value (value = 66)
Attitude	73.41	9.47141	13.551	299	0.000	7.41

observed no significant difference between the degree of the conscious and the students' attitude based on their marital status ($p=0.215$) ($p=0.604$). The results showed that the degree of students passing the family adjustment term with 11.42 have higher significant degree compared to the students with 10.27 ($p<0.01$). The results showed that the degree of students passing the family adjustment term with 73.79 have higher significant degree compared to students without passing the lesson 74.43. The t-test did not show any significant difference regarding the degree of the attitude among students.

DISCUSSION

This study showed that the general mean information of students regarding the pregnancy health in all Eastern-Azerbaijan state were established in the moderate level. Another study led in the country confirms the results of the present study in this case (Simbar *et al.*, 2003). In a study led by Mazloomi *et al.* (2012), this degree is established in the moderate level (Mazloomi *et al.*, 2012). This status of the conscious was established due to the lessons taught in the semester in one of the non-medical fields recently and the whole medical lessons have been eliminated from the syllabus being taught for non-medical students. However, all young women studying in the higher-educational institutions were expected to show their highest reaction towards the pregnancy health issues potentially.

In this study, only 50% of students have passed the family adjustment semester and based on the statistical test the degree of students' conscious was significantly higher than the other group of students who never passed the family adjustment lesson. Certainly, there is a necessary requirement effectively towards the pregnancy health particularly among the non-medical students. For the reason, the pregnancy health issues have to be taught in all college-bound fields. According to the UN (1995), availability to the

information and consultation and other pregnancy health services were considered as the main fundamental rights of women. The adolescence era is one of the most important eras with regards to the sexual and health behaviors (Eksi and Komurcu, 2014). The best time for completing the training issues regarding the pregnancy health is subjected to the adolescence time. Also, about 59% of the students believed that training for the sexual health cannot distribute and publish the sexual culture. UN (1995) struggled to meet all strives regarding the pregnancy health affairs. The functional plans of the related conference have considered the adolescence era as one of the most influential transforming eras that the whole physical, mental, social, cognitive and economical changes coming with it in this regard. The occurrence of 50% AIDS in less than 25 years old people showed the requirement of this group highly important (Eksi and Komurcu, 2014).

In relation to the conscious of the pregnancy health issues, about 82% of the students have stated the genetic consultation before marriage. One of the most important purposes of the genetic consultation is subjected to specify the risk appearance of a hereditary disease such as family marriage, pregnancy at old age, the existence of the congenital deficiencies, the existence of the genetic diseases among relatives and the need to consult with genetic practitioners that these should be achieved before pregnancy or marriage (Akrami, 2006). Only 49% of girls were aware of the pregnancy probability for the first sexual contact. The lack of enough correct information regarding the pregnancy can cause these groups of people not to be able to prevent any pregnancy at their first sexual contact. In a study led by Farahani *et al.* (2012) about 70% of girls know this reality. In this study the degree of students' conscious is coincident with the results of Mazloomi *et al.* (2012) and Shafiee *et al.* (2002) so that about 78% of the students have responded to the question correctly. In this study the degree of students

regarding the pregnancy prevention is very low (17%) that it is shown in the study of Mazloomy *et al.* (2012) as 22.6%. Since most students were bachelor having exclusive pregnancy prevention methods than other methods, it can represent to some extent the related process so that in this present study it was noted that more than half of women were familiar with this method.

About 44% of students stated the application of condom as the effective method for preventing the process of the pregnancy. This was also reported in the studies of Mazloomy *et al.* (2012) as 31.7% and Farahani *et al.* (2012) as 69%. The correct application of the condom to prevent the transformation of the AIDS and other sexual diseases plays a key role in this pavement. The recent studies have proved the reduction of the AIDS occurrence and increase of the sexual behaviors among adolescents (Eksi and Komurcu, 2014). Usually, the condom is applied for preventing the pregnancy while it has been roughly emphasized on the prevention of the sexual diseases. In this study, the mean score of the students from the sexual diseases was established at moderate level. By the increase of the sexual diseases among the adolescents and the development of the infections through the sexual path and AIDS, the degree of the sexual health sensitivity has been also increased between these groups of people (Bin *et al.*, 2008). Vakilian *et al.* (2014) estimated that the behavior of young people ranging from 18-24 years old showed that these studies should be carefully carried out over the young people due to the youthfulness of the Iranian population in order to represent enough plans for the pregnancy health affairs. Before the beginning of the sexual activities, there should be established sufficient training plans regarding the sexual health issues because the young generations will have to face much problems. Indeed, the representation of these kinds of methods can reduce the risky issues of all young people (Bin *et al.*, 2008). For the reason, there have been carried out some

sexual affairs for awaking all adolescents in the US; it seems that it was the most effective method for increasing the relationship between the parents and children regarding the sexual health issues (Bin *et al.*, 2008).

The results of Keramat and Vakilian (2013) regarding the obstacles of the Iranian young people for using the pregnancy health issues, it is shown that the relationship between the parents and children was very weak among young people so that the intervention of fathers was completely eliminated and even the mothers were not enough aware of their offspring's sexual issues (Keramat and Vakilian, 2013). The conscious of the pregnancy health issues was not only subjected to the sexual issues but also it was related to save all young people for being ill of sexual diseases (Reis *et al.*, 2013).

In this study, the attitude and motivation of all students was fairly evaluated as positive regarding the sexual diseases and the pregnancy healthcare. The attitude of students regarding the participation of men in the family adjustment and the reduction of the unwanted pregnancies was completely similar to the results of Mazloomy *et al.* (2012) in Yazd City but there observed no attitude difference regarding the cortege in this study. In this study, about 60% of students have positive attitudes towards the process. Most girl students participated in this study disagree with the sexual relation before marriage. In the study of Farahani *et al.* (2012) the young girls had moderate attitude towards the friendship relations with opposed gender. However, they were sharply disagreeing with the sexual relations before the marriage (Farahani *et al.*, 2012).

In the study led by Keramat and Vakilian (2013), the adolescents tend to allocate the conservative norms than the sexual behavior before starting their marriage. For the reason, some of these behaviors have been rooted from the foreign media programs. Based on the recent studies led in Iran, the relations before the

marriage increased among the young adolescents so that it was estimated that about 27.7% of these young people when 17 years old experience the first sexual relationship. Indeed, this report was a risky statement for increasing the sexual harshness behaviors (Rghahmani *et al.*, 2014).

The attitude of students in this study is subjected to prevent the people from AIDS that it is coincident with the results of Mazloomi *et al.* (2012). The AIDS is a critical social, health and mental crisis that it has many various roots dangerously. At present most adolescents are challenging with it that 85% of these populations were living in the developing countries. In Iran ,according to the observations, the third wave of the AIDS, is coming through the sexual transformation path increasingly (Mousavi *et al.*, 2013). The results of the studies showed that according to the skill models of informing people and the Fischer behavioral model (1992), adolescents having enough information about the AIDS, positively prevent themselves suitably from any catastrophic regarding the sexual issues (Reis *et al.*, 2013).

One of the most influential restrictions of the present was to test the students that they have enough information regarding the sexual issues. Hence, the need of constructing the best models for increasing the attitude and conscious of the young generation is one of the most essential tasks of every community. This is completely coincident with the results of Simbar *et al.* (2003) and Mazloomi *et al.* (2012) representing the requirement of correct training issues. The most important resource of getting and obtaining the related information is subjected to the personal study or investigation and the educational field and then the family members and relatives can also play key role for preventing all related diseases in this regard. However, no practical programs are carved out for pregnancy health cares in all universities. This study carried out among the girls in Eastern-Azerbaijan state had some of

its own restrictions in this case. Other educational fields had not participated in this study and for the reason, it is suggested to carry out some similar studies regarding the present subject of the study. Also, the nature of the subject is designed for responding all students clearly, but this may not be carried out for some null reasons in this case.

REFERENCES

- Akrami SM. (2006).** Consanguineous; genetic counseling, culture and religious aspects. *Iranian Journal of Pediatrics*, 16(3): 359-365
- Chandra-Mouli V, Greifinger R, Nwosu A, Hainsworth G, Sundaram L, Hadi S, Fran McConville, Regina Benevides, Callie Simon, Archana Patkar, Eva Schoening, Disha Sethi, Amy Boldosser-Boesch, Prateek Awasthi, Arvind Mathur and Doortje Braeken (2013).** Invest in adolescent and young people: it pays. *Journal of Reproductive Health*, 10(51): 1-5
- Chin Bin, Lu Young- Ning, Wang Hong-Xiang, Ma Qing-Liang, Zhao Xiao-Ming, Guo Jian-Hua, Hu Kai, Wang Yi-Xin, Huang Yi-Ran and Chen Pei. (2008).** Sexual and reproductive health service needs of university/college students: updates from a survey in Shanghai, China. *Asian Journal Andrology*, 10(4): 607-615
- Eksi Z and Komurcu N. (2014).** Knowledge level of university students about sexually transmitted disease. *Procedia-Social and Behavioral Science*, 122: 465-472
- Farih M, Khan K, Freeth D and Meads C. (2014).** Protocol study: Sexual and reproductive health knowledge, information-seeking behaviour and attitudes among Saudi women: a questionnaire survey of university students. *Journal of Reproductive Health*, 11(1): 34.

- Fransen-dos Santos R. (2009).** Young people, sexual and reproductive health and HIV. *Bulletin of the World Health Organization*, 87: 877-879.
- Glasier A, Gülmezoglu AM, Schmid GP, Moreno CG and Van Look PF. (2006).** Sexual and reproductive health: a matter of life and death. *Lancet*, 368(9547): 1595-1607.
- ICPD. (1994).** Proposed domains and indicators linked to the definition of RH adopted at the International Conference on Population and Development (ICPD) in 1994. Available from: http://www.who.int/topics/reproductive_health/en/.
- John Cleland. (2005).** Illustrative Questionnaire for interview-Surveys with young people-part 2. Sexual and reproductive health, 55 p.
- Keramat A, Vakilian K and Seyed AM. (2013).** Barriers to youths' use of reproductive health services in Iran. *Life Sciences Journal*, 10(2): 943-949.
- Farahani FK, Shah I, Cleland J and Mohammadi MR. (2012).** Adolescents males and young females in Tehran: Differing perspectives behaviors and needs for Reproductive health and implications for gender sensitive interventions. *Journal of Reproduction and Infertility*, 13(2): 101-110
- Mazloomi MSS, Rahaei Z, Mirzaei AM, Soltani T, Bakhshi Z and Shadkam V. (2012).** The survey of knowledge and attitude of university on reproductive health in the city of Yazd in 2010. *The Journal of Toloo-e-behdasht*, 10(3 and 3-4): 139-149.
- Mousavi A, Keramat A, Vakilian K and Esmaceli VA. (2013).** Development and Adaptation of Iranian Youth Reproductive Health Questionnaire. ISRN Obstetrics and Gynecology, Hindwai Publishing Corporation. 7 p.
- Iranian Statistics Center. (2011).** National Census (in Persian). Accessed April 5, 2017. Available from: http://amar.org.ir/portals/0/files/abstract/1390/sarshomari90_nahaii.pdf
- Reis M, Ramiro L, Gaspar MM and Alves DJ. (2013).** Nationwide survey of contraceptive and sexuality transmitted infection knowledge, attitudes and skills of university students in Portugal. *International Journal of Clinical and Health Psychology*, 13(2): 127-137
- Rghahmani A, Mergihatid Kh.E, Moghadam BL, Hajizahdeh A, Hamideh M and Montazeri A. (2014).** Development and psychometric evaluation of the premarital sexual behavior assessment scale for young women (PSAS-YW): an exploratory mixed method study. *Reproductive Health*, 11(43):1-7.
- Shafiee F, Abbasi Shuvazi M and Ebadi Fard Azar F. (2002).** Evaluation of training courses population and family planning on knowledge and attitude and behavior of adolescent boys in reproductive health. *Fertility and Infertility Journal*, 237-250 (In Persian).
- Shaw D. (2009).** Access to sexual and reproductive health for young people: Bridging the disconnect between rights and reality. *International Journal of Gynecology and Obstetrics*, 106(2): 132-136
- Simbar M, Ramezani TF and Hashemi Z. (2003).** The needs for reproductive health of the university students of Qazvin. *The Journal of Qazvin University of Medical Sciences*, 7(4): 5-13.
- Sommart J and Sota C. (2013).** The effectiveness of a school-based sexual health education program for junior high school students in Khon Kaen, Thailand. *Procedia-Social and Behavioral*, 91: 208-214.
- SPSS Inc. (2009).** PASW Statistics for Windows, Version 18.0. Chicago: SPSS Inc.
- [WHO] World Health Organization. (2007).** Towards

universal access: scaling up priority HIV/AIDS interventions in the health sector [Progress report]. Geneva: World Health Organization/Joint United Nations Programme on HIV/AIDS; April 2007. 89 p.

United Nations [UN]. (1995). Report of the International Conference on Population and Development, Cairo. 5-13 September 1994; United Nations publication: Sales No. E.95.XIII.18), chap. I, resolution 1, annex. 192 p.

Vakilian K, Mousavi SA and Keramat A. (2014). Estimation of sexual behavior in the 18-to-24-years- old Iranian youth based on a crosswise model study. *BMC Research Notes*, 7: 28.

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