

Original Research

Investigation of the women pregnancy healthy status and behaviors in Eastern-Azerbaijan Province during 2012

Authors:

Robab Kazem Pour¹ and Katayun Vakilian²

Institution:

1. Department of Midwifery, Marand Branch, Islamic Azad university, Marand, Iran.

2. Phd of Reproductive Health, Assistant Professor of Arak University of Medical Sciences, Iran.

Corresponding author:

Katayun Vakilian

ABSTRACT:

The main purpose of this research was to investigate the women pregnancy healthy status and behaviours in Eastern-Azerbaijan province referred to the treatment health centers in 2012. The present study was a cross-section study. So 30 married women between 15-49 years old have been taken up randomly for family adjustment and mother health and pregnancy care. A questionnaire including the demographic features and other questions about the status and behaviour of the pregnancy health affairs were used to collect the results. The obtained data of these questionnaires were analyzed by SPSS software. The results that showed 63.8% had itching or the vaginal stimuli and 34.9% (52 ones) had bad-smelling secretions and 36.9% (55 ones) had intense pain around the abdominal area. The investigation of these infectious diseases through sexual path showed that about 0.5% (3 ones) are challenging with these mentioned disorders. The results of the barrenness showed that about 8.7% (52 ones) tried to get pregnant but they did not get pregnant.

Keywords:

Pregnancy, Healthy status, Treatment health centers.

Email Id:

r_kazempour@marandiau.ac.ir

Article Citation:

Robab Kazem Pour and Katayun Vakilian

Investigation of the women pregnancy healthy status and behaviors in Eastern-Azerbaijan Province during 2012

Journal of Research in Biology (2017) 7(6): 2321-2331

Dates:

Received: 19 May 2017 Accepted: 10 July 2017 Published: 22 Aug 2017

Web Address:

<http://jresearchbiology.com/documents/RA0640.pdf>

This article is governed by the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which gives permission for unrestricted use, non-commercial, distribution and reproduction in all medium, provided the original work is properly cited.

INTRODUCTION

The pregnancy health is one of the most important necessities and prerequisites of the sustainable development in present communities. For the reason, in the recent year the global community has been paid attention on the issue of the pregnancy health potentially. One of the most important sessions about this issue is subjected to a conference established in Cairo regarding to the population and development in 1994. This conference has been led about the countries' performance about the population and development.

After the conference many countries have achieved special programs and struggles regarding to the standards of the pregnancy health efficiently. However, today there have been observed many various considerable differences between the different countries of the world regarding to the pregnancy health affairs (Parsay, 2009). Today, the pregnancy health is confirmed as one of the most essential human rights calling the pregnancy right by all people in the world. Raising the information of all mothers regarding to the main threats of the pregnancy is considered as one of the most crucial programs of the pregnancy health (Zanjani and Shadpour, 2001; Roydi-fahimi Farzaneh, 2003). According to the definition of the international conference of the population and the development established in Cairo (1994), the pregnancy health is subjected to the complete physical, mental health and the social welfare and there is no any disease regarding to the functions and systems of the reproduction (Hatami, 2004). The pregnancy health is subjected to the main pregnancy, functions and systems of the reproduction being surrounded in all life phases. Hence, according to the definition of the pregnancy health in terms of the global health organization viewpoint, people can take a responsible sexual life satisfactorily and they have to be able to take their own decisions for having the pregnancy health affairs (WHO, 2017). Based on the global health organization report in 2010,

about 800 women die for the lack of pregnancy and postpartum diseases daily. The mortality of a woman due to the pregnancy has been developed in developing countries for 25 times highly (WHO, 2016). About 12% of the women ranging 15-49 years old in 2010, the lack of availability to the effective application of the pregnancy affairs has been reported in the world. In all over the world, between 2005-2012 more than 50% of the women has got little pregnancy cares (WHO, 2017).

AIDS has been also developing in low-income countries of the world yet being considered as one of the most common diseases in the globe. More than 16 million people need to be treated for AIDS because these do not have enough availability to the related medications. Along with the carried out struggles through the world health organization in 2011, only 56% of women with HIV had received effective medication regime in order to prevent the HIV virus infection into the fetus (WHO, 2015). About 1.38 million new cases and 4,58,000 deaths of the breast cancer have been reported annually in the world. This kind of cancer is one of the most common cases of the women in the developing countries of the world. The highest mortality of the breast cancer is subjected to countries with low-income. In these countries, the lack of the prognosis and the obstacles for reaching to the health services has been seen (Johns Hopkins University, 2001). Solving these problems coming from the pregnancy health disasters should be established based on the determination of the accurate information and statistics regarding to the women pregnancy ages. On the other hand, at present due to the documents and other researches, there have been established many various problems in our society in relation to the pregnancy health such as cortège, breast cancer, family adjustment and screening tests.

Due to the importance of the pregnancy health and susceptibility of women to the pregnancy issues, the main appearance of the women pregnancy health has

been evaluated in some towns of Eastern-Azerbaijan Province in Iran in order to make an accurate planning for these women potentially. In the era of the technology and information, it can be claimed that planning and managing the pregnancy health should be carried out based on the most accurate statistics and information. It is expected that the results of the study could be beneficial for optimizing and recovering the pregnancy health issues in the province.

MATERIALS AND METHODS

The present study is a cross-section study. The related statistical population is subjected to women ranging from 15-49 years old established in different cities of Eastern-Azerbaijan province in 2012. Due to the main purpose of the study, sampling of the study has been carried out in three phases. In the first phase, five crowded cities of the province (Tabriz, Marand, Maragheh, Ahar, Bonab) have been taken up in this study. In the second phase, four treatment health centers have been accidentally taken up and in the third phase, 30 people from married women at 15-49 years old have been also taken up for family adjustment and mother health and pregnancy care. Generally, about 120 people and totally 600 ones equally were investigated from every city. Data gathering tool is subjected to a questionnaire including the demographic features and other questions about the status and behavior of the pregnancy health affairs. These questions included the health status, diseases, barrenness background, urinary problems, vaginal infections, number and time of offspring, number of corteges and other pregnancy health behaviors such as pregnancy cares, type of necessary pregnancy cares, type of postpartum and receiving the delivery caregivers, lactation, using the prevention methods for the pregnancy, suitable confrontation with unwanted pregnancy and screening tests. The questionnaire is rooted from DHS Model Questionnaire Phase 6 (2008-13). The related

questionnaire was firstly translated from Persian and English languages by two fluent ones and then it translated into Persian by two fluent persons and then the best translation was selected in this pavement. After that the questionnaire is given to 10 women ranging between 19-45 years old in order to specify whether these questions have been established for them or no? This is designed for all Iranian women in order to be adapted with other countries affairs. The questionnaires were completed by interview-based method and they have been confided that the participation of the study is completely voluntarily and their information never gives out at all. The obtained data of these questionnaires was analyzed by SPSS software.

RESULTS

According to Table 1, the mean age of the women is 28 years old and it came from 17 to 49 years old. The mean age of the mates was 32.5 years old and it ranged from 19 to 55 years old. The mean age range of the offspring is four years old. The investigation of the obtained results showed that about 42.3% (254 ones) of the women were pregnant during the test. Of these women about 24.2% had 1-3 months pregnancy time and 38% had 4-6 months and 37% had got 7-9 months pregnancy background.

About 93.5% of the women claimed that they have good physical status, 6.2% had moderate level and 0.3% had weak physical status. In the investigation of the diseases such as diabetics, hypertension, Asthma, goiter, it is shown that about 7.7% (46 ones) had one of these mentioned diseases and 65.2% (30 ones) were under treatment. About 3.3% (20 ones) had the lack of urinary control after postpartum. About 12.2% (73 ones) had pain during urination. Also, 24.8% (149 ones) had more vaginal secretions. Among women having unusual vaginal secretions, 63.8% had itching or the vaginal stimuli and 34.9% (52 ones) had bad-smelling secretions and 36.9% (55 ones) had intense pain around

Table 1. Demographical features of participated women in the study

S. No	Data	Variables	Number (Percent)
1	Job	Housewife	531 (88.5)
		Free	10 (1.7)
		Worker	5 (0.8)
		Employer	54 (9)
2	Education	Illiterate	9 (1.5)
		Primary	53 (13.3)
		Cycle	156 (19.3)
		High school	232 (40.7)
		University	150 (25.2)
3	Information resources pregnancy health	Magazine and news	34 (5.7)
		Radio and TV	521 (86.8)
		Internet	33 (5.5)
		Other	7(1.2)
		No response	5(0.8)
4	Pregnancy background	No	11(1.8)
		Yes	589(98.2)
5	Pregnancy	1 st Pregnancy	356(59.3)
		2 nd Pregnancy	129(21.5)
		3 rd Pregnancy	69(11.5)
		More than three pregnancies	31(5.9)
		Only pregnant	11(1.8)
6	Offspring	1 st offspring	406(67.7)
		2 nd offspring	120(20)
		3 rd offspring	48(8)
		More than three offspring	14(2.4)
		Without child	12(2)
7	Dead child	-	20(3.3)
8	Unwanted pregnancy	1	75(12.5)
		2	1(0.2)

the abdominal area. The investigation of these infectious diseases through sexual path showed that about 0.5% (3 ones) are challenging with these mentioned disorders. The results of the barrenness showed that about 8.7% (52 ones) tried to get pregnant but they did not get pregnant. The investigation of menstrual cycle problems showed that about 10.3% (62 ones) have seven days higher monthly period, about 0.7% (4 ones) and heavy bleeding and 0.5% (3 ones) had more and disabling monthly period and 22.8% (137 ones) had irregular monthly period cases. In 40.2% (177 ones) of these mothers had bleeding monthly in 1-3 after months the delivery; it is seen in 31.3% (138 ones) in 4-6 months after postpartum and 2% (9 ones) after seven months of pregnancy and 26.3% had not remembered anything in this case. The results of the pregnancy health behaviours showed that about 47.6% (98 ones) had got Cesarean postpartum and about 52.4% (108 ones) had natural postpartum. Among women having cesarean postpartum about 20.4% had the same postpartum background and 1% due to the big fetus and 23.4% due to small hip had one percent fetus disease and one percent of the mother disease and 53% had this kind of postpartum. About 76.2% (157 ones) had received pregnancy cares; of these women having pregnancy caregivers, only 57.9% had physician care and 34.4% had mothers and 7.6% had family caregiver. 80.1% of people had taken iron tablet during the pregnancy and 19.9% had not taken this at all. About 28 (4.7%) had taken Vasectomy, 22 (3.7%) tubectomy, 37 (6.2%) cross-section method and 31 (5.2%) natural methods and 30 (5%) had used other methods. Other methods have been given in Table 2. of 149 women having unusual secretions about 83.2% (124 ones) were under treatment. In relation to the lack of control stress urinary, the results showed that 20 ones had this disorder that 70% of these populations had gotten treatment. 13 women were under the physician cares and one person had self-therapy case. Other results have been given in Table 2. About 14.5% of the

individuals under test had unwanted pregnancy that 1.1% had intentional cortege.

DISCUSSION

In the evaluation of the women health status in terms of the pregnancy health, about 6.5% of these subjects showed their health level ranging from moderate to weak levels. In continuation, it is specified that about 7.7% of the subjects were with one of these chronic diseases such as diabetics and hypertension. Diabetics is one of the most common health problems that about 6% of the Iranian people have this disorder and this leads to other cardiovascular, eye and renal problems. Finally, it ends up in the heaviest direct and indirect expenses over all subjects and the government (Forotaghe *et al.*, 2012). The high hypertension occurring with 25% of the developing countries is considered as one of the most common therapeutical health issues. In the study of Azizi *et al.* (2008) about 13.7% of women is higher than 15 years old had this disease is very commonly. This disease can also lead to the destruction of the essential parts of the body such as the kidney, brain, eye and heart diseases (Azizi *et al.*, 2008). About 12.2% (73 ones) of the under-study women had pain when urinating. In a study based on Maserejian *et al.* (2014), the number of natural postpartum was two times stronger or they have got prolepses in the urinary system (Maserejian *et al.*, 2014). About 3.3% (20 ones) of women had stress and urinary dysfunction after postpartum. During pregnancy for stressful urinary system was common among young women although there was no a clear mechanism specified for it.

A Cochran study is to prevent the related disease in and after postpartum subjected to the exercise for the hip muscles. This exercise can be achieved easily at every time and place. There have been played various amendable and non-amendable factors for forming the stressful urinary system in cases such as obesity,

Table 2. Absolute and relative distribution of Eastern-Azerbaijan Province pregnancy health behaviours referred to the city caregivers centers

S. No.	Strategies	Mode	Number (percent)
1	Prevention approaches for pregnancy	Tablet	158(26.3)
		IUD	154(25.7)
		Condom	36(6)
		Injection	104(17.3)
2	Anti-pregnancy methods in lactation	Iterative lactation	68(11.33)
		Lactation tablet	402(67)
		Condom and other prevention methods	130(21.66)
		Distribution of mother milk in the last postpartum	440 (73.3)
3	prevention approaches for pregnancy	Tablet	158(26.3)
		IUD	154(25.7)
		Condom	36(6)
		Injection	102(17.3)
4	Screening methods	Breast evaluation	138(23)
		Mammography	31(5.2)
		Pop smear test	64(10.7)
		Receiving training about sexual relations	90(15)
		Receiving treatment to heal the menstruation	78(13)
		Receiving treatment of barrenness	48.1(25)
5	Treating the vaginal unusual secretions	Physician	113(91.1)
		Self-therapy	2(1.6)

smoking, constipation and while doing the hip muscles exercise and losing weight during the pregnancy (Sangsawang, 2014; Hernández *et al.*, 2013; Burgio *et al.*, 2003). The sexual dysfunction was seen in about 46% of women with urinary system problems and 47% of women with stressful urinary system (Atrash *et al.*, 2014). In this study, the evaluation of the infectious disease through sexual path showed that 0.5% (3 ones) of the people with the related diseases can be observed. The related infections through sexual path are very common in the world vastly. These diseases influence on the sexual health issues efficiently. These side effects

can be subjected to the pregnancy, cancer, barrenness and HIV. Daily, more than one million people get infected to viral infections in the world (Sami *et al.*, 2013). Since the degree of the disease is established based on the tested individuals of the study, the percent of the people with this infection may be different than the community. In our community, some health affairs and sexual issues should be established for publishing the application of the condom in order to prevent the infections through sexual path.

About 14.5% of the under-study populations had experienced unwanted pregnancy individually.

Annually in the world, about 80 million pregnancy cases (38%) were unwanted. The unwanted pregnancies were mostly predicted in Asian countries (Ikamari *et al.*, 2013). This number was estimated to be about 27.3 million people in 2008 (Motaghi *et al.*, 2013). In developing countries, about 16% of mothers' mortality were subjected to unsafe cortege (Farzaneh, 2003). In the present study, about 1.1% of the unwanted pregnancies have been subjected to the intentional cortege. It seems that due to the legislative restriction of the country, any conductive corteges in Iran have not been reported and registered. In this study, the researchers have aimed at investigating the corteges of Marand County in 2009 and the degree of the unwanted pregnancies is 24.6% and 11.92%, respectively (Kazempour and Haggi, 2012). In this study, during five years of struggles, only 76.2% of the women have received the pregnancy cares. In relation to the effect of the pregnancy cares and the mothers and infants health affairs, there have been carried out many various studies in this regard. One of the most important purposes of the health center for all in 2010 was to reach to the availability of 90% of women to the caregivers particularly in the pregnancy process (Ministry of Heath, 2008) because this can reduce the degree of the mortality among pregnant women considerably (Fullerton and Nelson, 2004).

About 19.9% of the women during pregnancy had not taken the iron tablet. About half of the world's women are with anemia when they are pregnant. The anemia at the time of pregnancy can be led to the increase of the early-delivery, low weight of the infant and longevity of the delivery and bleeding postpartum (Onoh, 2014). In this study, about 47.6% of the women are subjected to cesarean and 52.4% are natural postpartum. According to the recent studies, the degree of the cesarean type of postpartum was increasing in the world so that in the US, Brazil and Chile, this rate was 22%, 25% and 22%, respectively. Also, the degree of

the cesarean was reported between 17-40% in Latin America countries. According to the suggestion of the world health organization, this degree should not be exceed 15% (Azami-Aghdash *et al.*, 2014). The statistics of the cesarean in 2005 in East-Azerbaijan reached to 44.2% (Ministry of Heath, 2008). Unfortunately this study confirmed the statistics potentially. Based on the various studies, the degree of the cesarean postpartum was reported to be 26-60% and even it was reported about 87% for the private institutions (Azami-Aghdash *et al.*, 2014). The main purpose of the cesarean postpartum was reported as the selection type of postpartum (53%) in all private and governmental hospitals (Tabar, 2008). In the past decades, the considerable increase of the selective cesarean has seen without any physician intervention that it can be considered as the main factor of Myth when compared to the natural postpartum (D'Souza, 2013). In order to publish the natural postpartum, some social changes trying to go to the professional medicine should be established because this can also optimize the conscious level of all mothers towards the natural postpartum (Faisal *et al.*, 2014). Based on the present study, about 15% (90 ones) of the women stated that they have received all sexual trainings regarding the infectious diseases.

Today, the sexual diseases are considered as one of the biggest health challenge in the globe. Based on the studies, about 499 million cases were infected to these mentioned diseases annually in the world. On the other hand, most people do not have any information about the effective trainings of the sexual diseases. Skarensio *et al.* (2013) in their study on 100 students reported the information level of these students regarding the sexual diseases and they showed the considerable effect after three hours on the health behaviors. The breast cancer is one of the most common diseases among women that the early prognosis of the

disease can protect women from cancer (Hajian *et al.*, 2011).

Cancer is considered as one of the most important diseases regarding in the world and even it has attracted many politicians' viewpoints in many conferences (Nelson, 2013). The highest degree of the cancer occurrence was subjected to the US and the lowest degree has taken place in the Middle East countries (Ministry of Health, 2012). The results of Nelson (2013) showed that only 23% (138 ones) of women let their breasts to be evaluated. In the study of Hajian *et al.* (2011), the considerable relationship between the degree of the fertilization and the screening of the breast cancer could be seen. Despite of women reluctance towards being evaluated for the breast cancer, some of caregivers have considered this evaluation as the main health preservation for these women (Nelson, 2013). 5.2% (31 ones) of these women have achieved mammography; that 38% of this evaluation has been achieved by the permission and supervision of the physician.

The mammography is one of the most common approaches to recognize the main masses of the cancer spots in the breast lobes. This approach can recognize about 60-90% of the carcinoma masses around the breast (Ginsburg, 2013). Based on the report of the health ministry, about 10000 people develop the breast cancer annually in the country (Ministry of Health, 2012). The number of patients with breast cancer were increasing daily. The mammography and other related approaches can successfully prevent the occurrence and distribution of the related disease. 10.7% (64 ones) of women have been subjected out for pap smear test showing that the rate of the mortality of these women was increasing unfortunately. Other approaches such as the economical issues for preventing the related disease would be established potentially (Ginsburg, 2013).

The cancer on the cervix has been recognized as the second important cancer of the uterine among

women (Kyrgiou and Shafi, 2013). According to the results of Kango *et al.* (2013) in China, the optimization of the public awareness and health issues can prevent all women to get with the cancer. These results have also emphasized on the results of Pop Smear Test (Gu *et al.*, 2013). It seems that the privatization of the pap smear services among the governmental therapeutically health centers have been reduced regarding the screening approaches. The coverage of the family adjustment in 2009 in East Azerbaijan Province has been predicted to be about 80.7% (Maserejian *et al.*, 2014). This has been also estimated to be about 88.9% in this study. Among the women referred to the health centers. In this study about 83.7% of the modern methods for prevention have been applied to prevent the cancer. The results of Motaghi *et al.* (2013) showed that the problem of the family adjustment has not been completed in Iran yet and the health policy makers should shift and change their issues towards the of corteges (Motlaq *et al.*, 2013). For more than two decades, ability-making of all women has been achieved to develop the global thoughts in this pavement. In 2000, about 189 countries of the world accepted the eighth target for developing targets and other sexual issues of the women. Various studies have shown the relationship between the ability-making of women and different issues of the pregnancy. The ability-making of women is a multi-concept dimension and based on this the sexual difference can influence on the health of women (Upadhyay *et al.*, 2014; Lantona *et al.*, 2014). The construction of the pregnancy health services should be planned and established by the country officials trying to optimize the women conscious that has been designed in the international conference of Cairo in 1994.

ACKNOWLEDGEMENT

This article is the main collection of the Islamic Azad University vice president plan established in MARAND City. For the reason, it is appreciated the

vice president financial support and other related officials regarding to the achievement of the paper in East Azerbaijan Province.

REFERENCES

Atrash GE, Ali MH, Abdelwahab HA, Abdelreheem LA and Shamaa M. (2014). The assessment of sexual dysfunction in Egyptian women with lower urinary tract symptoms. *Arab Journal of Urology*, 12(3): 234-238.

Azami-Aghdash S, Ghojazadeh M, Dehdilani N, Mohammadi M and Asl Amin Abad R. (2014). Prevalence and causes of cesarean section in Iran: systematic review and meta-analysis. *Iranian Journal of Public Health*, 43(5): 545-555.

Azizi A, Abasi M and Abdoli GH. (2008). The prevalence of hypertension and its association with age, sex and BMI in a population being educated using community and based medicine in Kermanshah. *Iranian Journal of Endocrinology and Metabolism*, 4(10): 323-329 (Persian).

Burgio KL, Zyczynski H, Locher JLL, Richter HE, Redden DT and Wright KC. (2003). Urinary incontinence in the 12-month postpartum period. *Obstetrics and Gynecology*, 102(6): 1291-1298.

D'Souza R. (2013). Caesarean section on maternal request for non-medical reasons: putting the UK National institute of health and clinical excellence guidelines in perspective. *Best Practice and Research Clinical Obstetrics and Gynecology*, 27(2): 165-177.

Faisal I, Matinnia N, Hejar AR and Khodakarami Z. (2014). Why do primigravidae request caesarean section in a normal pregnancy? A qualitative study in Iran. *Midwifery*, 30(2): 227-233.

Fullerton J and Nelson C. (2004). Prenatal care in the Paso del North border region. *Journal of Perinatology*, 24(2): 62-71.

Ginsburg OM. (2013). Breast and cervical cancer control in low and middle-income countries: human rights meet sound health policy. *Journal of Cancer Policy*, 1(3-4): 35-41.

Gu C, Chan CW, He GP, Choi KC and Yang SB. (2013). Chinese women's motivation to receive future screening: the role of social-demographic factors, knowledge and risk perception of cervical cancer. *European Journal of Oncology Nursing*, 17(2): 154-161.

Hajian S, Vakilian K, Mirzaei Najabadi KH, Hosseini J and Mirzaei HR. (2011). Effects of education based on the health belief model on screening behavior in high risk women for breast cancer, Tehran, Iran. *Asian Pacific Journal of Cancer Prevention*, 12(1): 49-54.

Hatami H. (2002). Comprehensive book of general health. Tehran: Arjomand Publication.

Ikamari L, Izugbara C and Ochako R. (2013) Prevalence and determinants of unintended pregnancy among women in Nairobi, Kenya. *BMC Pregnancy and Childbirth*, 13: 69.

Johns Hopkins University. Jordanian Youth Survey: knowledge, attitudes and practices on reproductive health and life planning, Jordan [cited 2001] Available from: <http://www.share-net-jordan.org.jo/?q=en/node/11883>

Kazempour R and Fadaei Haggi T. (2012) W455 The prevalence of induced abortion, related factors and outcomes in women referred to health centers of Marand-Iran. *International Journal of Gynecology and Obstetrics*, 119: S853.

Kyrgiou M and Shafi MI. (2013). Invasive cancer of the cervix. *Obstetrics, Gynecology and Reproductive Medicine*, 23(11): 343-351.

- Lantona S, Spaho A and Hotchkiss DR. (2014).** The influence of women's empowerment on maternal health care utilization: evidence from Albania. *Social Science and Medicine*, 114: 169-177.
- Maserejian N, Curto T, Hall SA, Wittert G and John BM. (2014).** Reproductive history and progression of lower urinary tract symptoms in women: results from a population-based cohort study. *Journal of Urology*, 83 (4): 188-794.
- Ministry of Health. (2008).** Islamic Republic of Iran. National Program of Motherhood.
- Ministry of Health. (2012).** Islamic Republic of Iran. Community Media with Cancer Office Head.
- Mohammadi Tabar SH. (2008).** The assessment of prevalence and causes of cesarean. Tehran: Shahed University Publication (In Persian).
- Mohammad E Motlaq, Mohammad Eslam, Mahdieh Yazdanpanah and Nouzar Nakhaee. (2013).** Contraceptive use and unmet need for family planning in Iran. *International Journal of Gynecology and Obstetrics*, 121(2): 157-161.
- Motaghi Z1, Poorolajal J, Keramat A, Shariati M, Yunesian M and Masoumi SZ. (2013).** Induced abortion rate in Iran: a meta-analysis. *Archives of Iranian Medicine*, 16(10): 594-598.
- Nelson AL. (2013).** Controversies regarding mammography, breast self-examination and clinical breast examination. *Obstetrics and Gynecology Clinical North American*, 40(3): 413-427.
- Onoh RC, Ezeonu OP, Joannes Umeora OU, Onoh TJ, Anozie BO and Onyebuchi AK. (2014)** Anemia in pregnancy in Abakaliki, South East Nigeria. *International Journal of Gynecology and Obstetrics*, 125(3): 280.
- Parsay F. (2009)** Maternal child health. Tehran: Sanjesh Publication. 226.
- Roydi-fahimi Farzaneh. (2003).** Women reproductive health in the middle east and north Africa. MENA Policy Brief. Population References Bureau. 1-8 p.
- Ruiz de Viñaspre Hernández R, Rubio Aranda E, and Tomás Aznar C. (2013).** Urinary incontinence and weight changes during pregnancy and post partum: a pending challenge. *Midwifery*, 29(12): 123-129.
- Sadeghnejad Forotaghe M, Vanaki Z and Memarian R. (2012)** The effect of nursing care plan based on “Roy Adaptation model” on psychological adaptation in patients with diabetes type II. *Evidence Based Care Journal*, 1(1): 5-20.
- Sami LG, Lori MN, Avni A, Marleen T and Nathalie B. (2013).** Sexually transmitted infections and women’s sexual and reproductive health. *International Journal of Gynecology and Obstetrics*, 123(3): 183-184.
- Sangsawang B. (2014).** Risk factors for the development of stress urinary incontinence during pregnancy in primigravidae: a review of the literature. *European Journal of Obstetrics and Gynecology and Reproductive Biology*, 178: 27-34.
- Scarneciua I, Lupua S and Scarneciua C. (2014).** Perception regarding sexually the severe lack of information and the modification of the control transmitted disease. *Social and Behavioral Sciences*, 127: 432 -436.
- Upadhyay UD, Gipson JD, Withers M, Lewis S, Ciaraldi EJ, Fraser A, Huchko MJ and Prata N. (2014).** Women's empowerment and fertility: a review of the literature. *Social Science and Medicine*, 115: 111 -120.
- World Health Organization. [WHO]** [cited August 2015]. Available from: <http://www.who.int/mediacentre/factsheets/fs297/en/>

World Health Organization. [WHO] [cited November 2016]. Available from: <http://www.who.int/mediacentre/factsheets/fs348/en/>

World Health Organization. [WHO] [cited March 2017]. Available from: <http://www.who.int/reproductivehealth/en/>

Zanjani H and Shadpour K. (2001). Population, development and reproductive health. Tehran Boshra. (In Persian)

Submit your articles online at www.jresearchbiology.com

Advantages

- **Easy online submission**
- **Complete Peer review**
- **Affordable Charges**
- **Quick processing**
- **Extensive indexing**
- **You retain your copyright**

submit@jresearchbiology.com

www.jresearchbiology.com/Submit.php