Research Article

Perception and Acceptance of Pre-Marital Fertility Screening among Final Year Students of College of Health Sciences at a University in North Central, Nigeria

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Abstract

Premarital screening is a worldwide activity that aims to diagnose and treat unrecognized disorders and reduce the transmission of diseases to couples and children. This study was aimed at assessing the perception and acceptance of premarital fertility screening among final year students of the college of health sciences, University of Ilorin, Kwara state. A descriptive research design with a structured, self-designed questionnaire was employed in the study to select a sample of 220 final year students purposively. Results showed that the respondents had adequate knowledge of pre-marital fertility screening but some of the respondents still have negative perception. The majority 79.5% of the respondents were positive about going for premarital fertility screening if it was available. Conclusively, policymakers should implement policies that support hitch-free screening processes. Nurses should comply with ethical principles and be able to health educate people to undergo fertility screening before marriage.

Background

Starting a family and laying the foundation for a successful professional career usually take place in women’s most fertile years [1]. Premarital screening is a worldwide activity that aims to diagnose and treat unrecognized disorders and reduce the transmission of diseases to couples and children, it is considered as the primary preventive approach for couples who planned for conception. Premarital care includes premarital counselling and a general medical examination [2]. The premartial examination can particularly be important in the prevention of the spread of disease [3]. Premarital Examination (PME) and history taking provide a baseline assessment of future married couples. It has proved to be a helpful and effective measure to detect and diminish the burden of reproductive problems, communicable diseases, and heredity illness [4]. Premarital Investigation (PMI) is a multidimensional concern that has a significant role in reducing marital difficulties caused by inherited and infectious diseases. It aims to detect and treat unrecognized disorders and decrease the spread of diseases to couples and children. Premarital counselling is one of the tools to make knowledge and skills available for motivating individuals to make better and healthy lifestyle choices, especially when correctly targeted. It is also the most appropriate process, as it is generally acceptable from the religious and ethical point of view [5].

Gharaibeh. et al. [6], reported university students had
a considerable knowledge of premartial testing, but still had a limited knowledge about certain aspects and negative perceptions towards other aspect of premartial testing. Al Farsi, et al. [5], found out that despite the relatively high level of knowledge, about one third of the participants were still reluctant to carry out premartial testing. Majority of students do not know that it is possible to determine their ovarian reserve, which is not surprising because ovarian reserve testing is not routinely offered in Germany [1] despite being one of the fertility screenings. Studies from the USA [7] and France [8] observed that more female students were interested in having access to screening technologies for ovarian reserve, which corresponds with the observation of [1]. Abubakar and Yusuf [9], in a study conducted in Usman Danfodiyo university teaching hospital, Sokoto, Nigeria, 198 infertile patients were evaluated. The prevalence of infertility was 15.7%. The previous history of evidence of genital infection including lower abdominal pain, vaginal discharges were common. Female gender-related causes of infertility accounted for 42.9%; male causes accounted for 19.7%. Both partners contributed to infertility in 16.7% while no cause was found in 20.7% of the patients. With the above statistics in Sokoto, Nigeria, it can be deduced that the cause of infertility is not limited to one gender, and some causes of infertility could be detected early enough through fertility screening and possibly treated to prevent infertility. 

Fertility is understood to decline in line with age for men and women, delayed marriages have pushed up the number of people struggling with infertility. Although most people who have premartial health check-ups are women, medical tests for men are also drawing attention. According to [10], young people in Egypt need more information on reproductive health and access to PMC services before they have their first child. Although their attitudes towards sexual matters are liberal, their knowledge about reproductive health and premartial care is still limited. “Infertility is a global health problem and a socially destabilizing condition for couples carrying several stigmas and a cause of premartial disharmony” [9]. “At least 30 million men worldwide are infertile with the highest rate in Africa and Eastern Europe” [11]. With the statistic above in which Nigeria is part of Africa, the issue of infertility cannot be overstressed. Previous researches dwelt well of the knowledge and attitude of students which found out that there is still a reduced knowledge about premartial fertility testing [12]. This study therefore seek to assess the knowledge of premartial fertility screening, examine the perception and acceptability among the final year medical students.

Therefore, there is a need to look into the perception and acceptance of final year students as well as assessing their knowledge about premartial fertility screening.

Methods and materials

A cross-sectional descriptive survey, with a purposive nonprobability sampling technique was used. Population was 220 final year students in college of medicine. Data was collected with a questionnaire instrument. The study was approved by the ethics and research committee of the institution and all other ethical principles and considerations were observed. The data analysis was assisted with Statistical Package for Social Sciences (SPSS) version 21 for windows using descriptive statistics; percentages and frequency distribution and inferential statistics of chi-square for correlation coefficient.

Result

Table 1 reveals the socio-demographic characteristics of the respondents with 75.8% of the respondents were between the ages of 19 and 24 years. The female respondents constituted a greater proportion of 54.2% of the total number. Majority of the respondents 59.5% of the sample practised Islam.

Table 2 reveals that majority of the respondents 81.7% had adequate knowledge of pre-marital fertility screening, while few of the respondents 16.3% do not have knowledge of the premartial fertility screening.

Table 3 shows that 75.8% of the respondents consented that undergoing pre-marital fertility screening is morally and religiously justifiable. In total, 66.8% believed that Pre-marital fertility screening should be encouraged among singles. More than half of the participants 67.9% agreed that pre-marital fertility screening should be done to know one’s fertility status before marriage. Fifty-nine dot five per cent (59.5%) of the respondents agreed that pre-marital fertility screening should be done by both males and females intending to conceive when married. More than half the number of respondents 60.5% agreed with the fact that knowing suitor(s) fertility status

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Table 3: Perception of Pre-marital fertility screening (N= 190).

| Pre-marital facility screening view | SA | A | U | D | SD |
|-----------------------------------|----|---|---|---|----|
| Undergoing pre-marital fertility screening is morally and religiously justifiable | 77 | 40.5 | 67 | 35.3 | 42 | 22.1 | 0 | 0.0 | 4 | 2.1 |
| Pre-marital fertility screening should be encouraged among singles | 50 | 26.3 | 77 | 40.5 | 56 | 29.5 | 6 | 3.2 | 1 | 0.5 |
| Pre-marital fertility screening should be done to know one’s fertility status prior to marriage | 69 | 36.3 | 60 | 31.6 | 54 | 28.4 | 6 | 3.2 | 1 | 0.5 |
| Pre-marital fertility screening should be done by both males and females intending to conceive when married | 67 | 35.3 | 65 | 34.2 | 48 | 25.3 | 9 | 4.7 | 1 | 0.5 |
| Knowing suitor(s) fertility status should take precedence before accepting a marriage proposal | 49 | 25.8 | 66 | 34.7 | 50 | 26.3 | 21 | 11.1 | 4 | 2.1 |
| Pre-marital fertility screening should be optional | 39 | 20.5 | 75 | 39.5 | 48 | 25.3 | 21 | 11.1 | 7 | 3.7 |
| Pre-marital fertility screening should be obligatory before marriage | 38 | 20.0 | 41 | 21.6 | 47 | 24.7 | 44 | 23.2 | 20 | 10.5 |
| Premarital fertility testing should be enforced by the law before marriage | 28 | 14.7 | 43 | 22.6 | 45 | 23.7 | 39 | 20.5 | 35 | 18.4 |

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It is advised that future surveys or studies should be conducted on the level of utilization of premarital fertility screenings in hospitals, as well as factors influencing premarital fertility screening patronage/utilization.

The implication of findings to nursing practice

Although the awareness about the premarital fertility screening is quite satisfactory, its uptake is still very suboptimal, hence the need for health education for young people of marriageable age. Nurses could use these findings to advocate for the clients and make policies as regards the cost and discomfort associated with some procedures based on the do no harm principles. The nurses should create an enabling environment where youths can easily trust them and get adequate information about premarital fertility screening. Confidentiality is a key issue when dealing with sensitive topics such as premarital fertility screening. The results, procedures and patient information should be handled with the highest level of confidentiality.

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