

Premarital Health and Social Issues ... Suffering in Silence?

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Introduction

One of the most neglected areas in health care is lack of premarital health care and the social issues around the world. In many developing countries and middle East, the lack of formal reproductive health education in schools and colleges leads to problems in newly married couples who are unprepared to deal with sexual, social and health issues after marriage.

The young people learn from the media and/or from peers, the information from these sources may not be adequate to resolve the anxiety and the stress involved with new relationships.

This may lead to actual physical symptoms or psychosexual issues which may not present to the family physician or healthcare workers as there are no relevant clinics or outlets to solve this age group issues so they suffer in silence.

Background

There are many social issues which can be considered in this discussion which may culminate in sexual and psychosexual issues which can be a major cause of suffering in young couples and may lead to marital disharmony.

Early age marriages are a norm in different parts of the world even in 21st century. This is a major issue in many developing countries, as well as in some developed countries as an example, in Pakistan according to a statistical report 2, 35% get married before 18 years of age and 54% by age 20 years [2].

Many couples have no basic information about birth spacing and due to lack of knowledge there are multiple pregnancies at a young age. Women in developing countries are not even aware of their rights and the law which may protect them from early marriages.

There is hardly any adequate health education due to multiple reasons one of the most important being lack of governmental support and the lack of sense of priority to the health at adolescent age group [1].

Even lack of dedicated adolescent clinics can be considered a cause in the lack of awareness among the population.

Forced marriages are a major issue in developing countries, mostly a cultural practice in rural areas.

This usually includes choice of partner by elders of the family and the girl and sometimes even the male is usually not given choice in this decision, this may lead to severe psychological disturbance in the couple and it may be fueled by inequality in financial status, education/women, and family of each partner.

Previous marriages of the male partner or either partner or age of male can also lead to severe social issues. This is compounded in many

developing countries by the joint family system and the traditions in the tribal and rural culture.

Marriage is a legal contract with equal rights, duties and expectations [2]. The practices against this can only be abolished through education including health education.

Consanguinity is a norm in many cultures including Asian and Middle East countries. It has been going on for generations in many cultures for convenience and as a standard practice in many communities.

This practice is mostly discouraged by the medical professionals in order to avoid congenital disorders and familial diseases including autosomal recessive disorders and this may play an important part in reduction of maternal and perinatal morbidity and mortality [3]. The examples include sickle cell disease and haemoglobinopathies.

A very important factor is the awareness of contraceptive methods ideally before marriage by the mutual consent of partners in order to plan their pregnancies and avoid them stress later on.

In many developing countries, there is opposition to the contraception even if the couple wishes to delay pregnancy and due to lack of education on this important matter; they end up in unplanned pregnancies and the consequent social issues [3]. Adequate contraceptive advice will indeed lead to reduction of the possibility of illegal abortions which are a major threat to women's health.

The use of condoms has been found to be effective in reducing the sexually transmitted infections (STIs) and couples should be encouraged to use it after adequate explanation. Different contraceptives have many benefits and if women are consulted in time their menstrual issues can also be solved prior to marriage.

Eating disorders leading to either anorexia or obesity also are a hall mark in young people and adequate education in pre-marital period can lead to good outcomes in any pregnancies.

Other major health concerns in pre-marital time are screening for haemoglobinopathies, Hemoglobin electrophoresis for Thalassemia screen and Rubella screening.

Blood group should be checked. HPV (Human Papilloma vaccine) is also recommended for cervical cancer prevention as this is one of the major causes of mortality in women in many parts of the world [4]. It is given in developed countries as a routine to girls 9 to 14 years of age.

Women should also be given breast cancer awareness and taught self-breast examination as breast cancer is an increasing cause for concern in many countries of the world (recommended by WHO4). If missed, it can be given up to 26 years of age.

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