

# The Efficiency of Reproduction Health Education Given to Adolescents during the Postpartum Period



Serap Topatan PhD<sup>1,\*</sup>, Nurdan Demirci<sup>2</sup>

<sup>1</sup> Department of Nursing, Samsun Health High School, Ondokuz Mayıs University, Samsun, Turkey

<sup>2</sup> Department of Nursing, Faculty of Health Sciences, Marmara University Istanbul, Turkey

## ABSTRACT

Our research, partly experimental and partly prospective, was conducted for the purpose of evaluating the efficiency of reproductive health education given to adolescents during the postpartum period. The study comprised with 120 adolescents aged 15 to 19 (60 experimental group, 60 control group). Follow-up was conducted every 3 months for a total of 12 months, and the study concluded with 55 individuals from the experimental group and 46 individuals from the control group having participated fully, for the full 12 months. At the end of the research, it was found that the reproductive health knowledge of the experimental ( $103.10 \pm 11.43$ ) and control ( $99.15 \pm 9.53$ ) groups were similar before education. A statistically significant difference was also found between the total points for the scale determining the reproductive health of the experimental and control groups before and after education ( $P < .001$ ). The socio-demographic variables affecting the total points for the scale determining the reproductive health-protective behavior of women were evaluated by multiple regression analysis; the most effective variables were found to be age and educational status. A statistically significant difference was also found between the total points for the family planning behavior scale of the experimental and control groups before and after education ( $P < .001$ ). From this, it was understood that reproductive health education given during the postpartum and follow-up periods has a positive effect on adolescents' developing reproductive health behaviors and on creating knowledge and awareness related to family planning behavior. But there needs to be follow-up and supporting specific for adolescents in the current health system.

**Key Words:** Adolescent, family planning, postpartum period, reproductive health, scale of reproductive health

## Introduction

The United Nations Population Fund reports that young people between the ages of 10 to 19 constitute one-fifth of the world's population. According to data from the 2008 Turkey Demographic and Health Survey (TDHS), the 10-29 age group constitutes a large portion of the population and includes 13,227,500 adolescents. As Turkey has a young population, the number of adolescent mothers and potential future mothers is high within the population.<sup>1-3</sup>

Adolescence is a period in during which people is active, adopt new skills, physical and psychosocial development is rapid. However, this period not only provides adolescents with opportunities to grow but also brings risks to health and well-being. In particular, beginning sexual intercourse at early age is one of the challenges of specific for adolescents, as it can lead to adolescent marriages and unwanted pregnancies.<sup>4-8</sup>

In Turkey, the marriage rate in the 15-19 age group was 15.2% in 1998, 11.9% in 2003 and 9.6% in 2008. According to the TDHS (2008), 8% of women in 15-19 age group gave their first birth. In Western Black Sea Region, where the study was conducted, the adolescent pregnancy rate is 8.3%.<sup>3</sup>

There is an increase in all genital tract infections, particularly sexually transmitted diseases (STD), due to decreased age of sexual maturity and the start of sexual activity at earlier ages, as well as unsafe, unplanned, and unprotected sexual intercourse.<sup>9,10</sup>

Gynecologic diseases and gynecologic cancers are other reproductive health problems. Women experience serious problems due to missing regular gynecologic health controls for various reasons, lack of knowledge about gynecologic cancers, and lack of familiarity with one's body in the 15-49 age period. In Turkey, the adolescents who are under such risks in terms of reproductive health, cannot be provided with proper counseling because the clinics and other organizations that are intended to provide comprehensive reproductive and sexual health training for adolescents in every region are not adequate in number and quality.<sup>11-13</sup>

Within our current health system, there is no unit which provides follow-up and consulting service specific for adolescents. In spite of this; adaptation to motherhood due to physical and mental changes experienced during the pregnancy, delivery, and postpartum period is one of the most important periods adolescents need training and consulting. Since changes occurring in this period would enable adolescents to focus on their body, it is thought that our reproductive health training would be comprehended and adopted better. From this point forth, our study was carried out in order to measure effectiveness of reproductive health training provided in postpartum period.

The authors indicate no conflicts of interest.

\* Address correspondence to: Serap Topatan, PhD, Department of Nursing, Samsun Health High School, Ondokuz Mayıs University, 19 Mayıs Üniversitesi, Kurupelit Kampüsü, 55270 Samsun, Turkey; Phone: +9005324032723

## Methods

This is a quasi-experimental and prospective study. The study was carried out in the Gynecologic Diseases and Puerperal Clinic in a hospital in the province of Samsun in Turkey. The population of the study consisted of adolescents in the 15–19 year age group who were admitted to hospital for childbirth for the first time. Adolescents in the 15–19 age range, primiparous, healthy, and who had given birth to 1 healthy child, who had no systemic or chronic disease to require treatment, who were married or had a partner and were able to understand and respond to the questions were included in the study on a voluntary basis.

### Ethics

Permission for the study was received from the Ondokuz Mayıs University Ethics Committee. Permission was obtained via e-mail to use the Scale for Determining the Protective Attitudes of Married Women towards Reproductive Health (SDRH) and Family Planning (FP) Attitude Scale in the study. Permission was obtained from the families of the adolescents under the age of 18.

### Instruments and Data Collection

Forms described below were used as data collection tools.

#### Scale for Determining the Protective Attitudes of Married Women towards Reproductive Health (SDRH)

This is a 39-item Likert scale developed specifically for Turkish society to determine self-protective attitudes and behaviors of married women towards reproductive health. The lowest and highest possible scores on the scale are 39 and 195 respectively. Increased total and sub-dimension scores show positive protective attitudes and behaviors towards reproductive health.<sup>14</sup> This form was administered 3 times to adolescents in the first interview (postpartum 48 h) and in the 6th and 12th month after giving birth.

#### FP Attitude Scale

This is a 34-item Likert scale developed to measure attitudes in Turkish society towards family planning. The scale is scored between 1 and 5. The lowest and highest possible scores from the scale are 34 and 170 respectively. Increased total and sub-dimension scores obtained from the scale indicate positive attitudes of women towards family planning.<sup>15</sup> This form was applied twice to adolescents, in the first interview postpartum 48 hours (2 days postpartum) and 12 months after giving birth.

#### Descriptive Information Form

This form that was applied in the first interview to identify the social demographic specialties of adolescents.

#### Three-month Period Follow-up Form

The form was administered to the adolescents who were included in the study for a total of 4 times (at 3, 6, 9, and 12 months). It consists of 24 questions on protective behaviors

about reproductive health (12), family planning (9), and baby care (3).

### Data Collection

Primiparous adolescents who were interviewed at clinic within postpartum 48 hours (2 days postpartum) and later on at health centers they are registered. The study concluded with 55 individuals from the experimental group and 46 individuals from the control group having participated fully, for the full 12 months. Adolescents in experiment group were given reproductive health training program by researcher in early postpartum period (first 2 days), in 4 sessions during 2 days in the morning and afternoon. Training given for experiment group was completed in postpartum 6–8 weeks. Follow-up was conducted every 3 months for a total of 12 months. Data of the study was collected between May 2010 and December 2011.

#### Experimental Group Training Program (4 sessions, a total of 240 minutes/4 hours)

- Session 1: Anatomy and physiology of female and male genital organs
- Session 2: Family planning methods
- Session 3: Genital hygiene and protection against STDs
- Session 4: Strengthening pelvic support structures and healthy strengthening of discharge
- Session 5: Protection against genital and breast cancers and gynecologic controls

#### Control Group Training Program (Routine Discharge Training, 1 Session 30 Minutes)

- The use of prescribed medication, as it might affect baby and mother
- The importance of breastfeeding and breast milk, method for breast care
- Care for incision for women who had cesarean section
- Time to start sexual intercourse after childbirth
- Episiotomy and perineal care, characteristics of lochia

### Data Analysis

Statistical Package for Social Sciences 15.0 statistics software was used for data analysis, and  $P < .05$  level was considered as statistically significant<sup>16</sup>. Kolmogorov Smirnov Test was used to evaluate compatibility of data to normal distribution and it was decided to use non-parametric tests.<sup>17</sup> Chi-square test was used for categorical variables to compare experiment and control group. Mann-Whitney U test was used to compare mean values of groups of a certain variable. Wilcoxon test was used to determine the significance of the difference between the median values of groups. Kruskal-Wallis 1-way analysis of variance (ANOVA) was used to compare measurements of more than 2 groups. Multiple regression analysis was performed to determine the collective effects of more than 1 independent variable on the dependent variable.

Download English Version:

<https://daneshyari.com/en/article/3962523>

Download Persian Version:

<https://daneshyari.com/article/3962523>

[Daneshyari.com](https://daneshyari.com)