

Upgrading Nurses' Health Education Skills for Health Promotion of Pregnant Adolescents

Thesis

*Submitted in Partial Fulfillment of
the Requirement of the Doctorate Degree*

*In
Nursing Science
Community Health Nursing*

By

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Abstract

Adolescent or teen pregnancy is one of the most serious, complicated, and far-reaching of all public health problems. Nurses can play a major role in providing anticipatory guidance and teaching to foster the pregnant adolescent's responsibility for self-care, helping to clarify misconceptions and correct any misinformation. The aim of this study was to upgrade nurses' health education skills for health promotion of pregnant adolescents. This study was conducted at fourteen MCH centers in El-Kalubia governorate and nine of them were selected for application of OJT program. The subject of this study included 106 nurses and 105 pregnant adolescent as a survey sample. A sub sample of 29 nurses were taken from the total sample for application of OJT program and all pregnant adolescents who attended health education sessions by nurses received OJT program to measure pre- post program effect on their health and outcomes of pregnancy (n=62). For data collection five tools were used, nurse's knowledge assessment format, an observational checklist to assess nurses' health education performance skills, pregnant adolescents' knowledge & practice assessment format, pregnant adolescents physical assessment sheet, and newborn physical assessment sheet. The results of this study found that the OJT program showed remarkable improvement in nurse's performance regarding skills of health education session conduction. Pregnant adolescents who were attended health education sessions by nurses received OJT program had a favorable impact on their postnatal health condition and had newborn with good general health condition and normal birth weight. The study recommended that nurses to be assigned for health education role should have a continues skills upgrading through OJT program. Increase family and public awareness through mass media to emphasis dangers effect of adolescent pregnancy.

Key words: Health education, pregnant adolescent, health promotion

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List of Abbreviations

HE	Health Education
HBM	Health Belief Model
HPM	Health Promotion Model
CAI	Computer-Assisted Instruction
OJT	On- the- Job Training
DHHS	Department of Health and Human Services
NCNR	National Center for Nursing Research
CHN	Community Health Nurse
LBW	low-Birth Weight
BMI	Body Mass Index
ACOG	American College of Obstetricians and Gynecologists
TT	Tetanus toxiod
MCH	Maternal and Child Health
EDHS	Egyptian Demographic and Health Survey
WHO	World Health Organization
MOHP	Ministry of Health and Population

INTRODUCTION

Adolescent or teen pregnancy is one of the most serious, complicated, and far-reaching of all public health problems. Adolescent mothers are more likely to experience complications of pregnancy largely because of delayed or no prenatal care, poor nutrition, and other lifestyle factors. They are more likely to experience maternal complications (**McEwen, 2002**).

Pregnancy is considered a normal event in the woman's life not illness. Health promotion and maintenance activities are keys to promoting an optimal outcome for the pregnant woman and her fetus. Health education of the pregnant adolescent is critical to health outcomes for mother and her infant (**Ashy, 2000**).

Pregnant adolescent frequently has questions, misinformation, or misconceptions about what to eat, weight gain, physical discomforts, and the birthing process. Nurses can play a major role in providing anticipatory guidance and teaching to foster the pregnant adolescent's responsibility for self-care, helping to clarify misconceptions and correct any misinformation (**Miller & Griffith, 2003**). Educating the pregnant adolescent to identify threats to safety posed by her life style or environment and proposing ways to modify them to avoid a negative outcome are important. The pregnant adolescents can better care for herself and the fetus if her concerns are anticipated and identified by the nurse and are incorporated into teaching sessions at each prenatal visit (**Ricci, 2007**).

It is apparent that pregnancy during the adolescence years presents some unique risks and special needs for the adolescent, her pregnancy, and her infant. If young girls become pregnant, it is imperative that they receive secondary and tertiary preventive care,

including adequate prenatal care coupled with long-term post partum follow-up to ensure a healthy outcome for both mother & child. Community health nurses because of their expertise in assessment , health teaching, and program development, are well suited to this task. Their accessibility to adolescent population places them in a pivotal position to play a significant role in the delivery of care before, during pregnancy, and during long-term follow-up with the parents and child **(Williams, 2002)**.

The most important role of the community health nurses when working with pregnant adolescent is that of educator. Prenatal health teaching, a widely recognized part of nursing practice, it is defined as a comprehensive process and intervention carried out by a health care provider during pregnancy to encourage active sharing and participation in order to promote health outcomes for the mother and her baby. The reality is that the future health of the nation lies within each woman who is pregnant **(Allender & Spradley, 2005)**.

Justification of the problem:

The adolescents constitute a significant and important sector of the population. **In Egypt**, the demographic pyramid has the largest cohort of adolescents, according to statistical measures at 2003; adolescents constitute more than 14.5 millions of boys and girls between the age of 13 and 19, representing 22% of the total Egyptian population **(WHO, 2003)**.

In Egypt, according to **Egypt Demographic Health Survey (2003) (EDHS)**, there are 11.971.100 adolescents aged 15 – 20 years. In relation to the total number of population 70.056.000, most mortality, in adulthood has its roots in adolescence period. Moreover the lives of millions of adolescents worldwide are at risk because adolescence is an

often neglected area. This is evidenced by the absence of reliable related information and the lack of any focused attention through appropriate health (*WHO, 2003*).

EDHS, (2003) reported that annually 13 million children are born to women under age 20 worldwide, more than 90% in developing countries. Complications of pregnancy and childbirth are the leading cause of mortality among women between the ages of 15 and 19 (*UNICEF 2003*).

Teenage birth rates in African countries (2003):
per 1000 women aged 15-19

Country	Birth rate*	Country	Birth rate*
Tunisia	7	Libya	7
Morocco	25	Egypt	47
Rwanda	50	South Africa	66
Kenya	78	Senegal	86
Zimbabwe	92	Nigeria	103
Eritrea	115	Tanzania	120
Zambia	145	Mali	191
Somalia	213	Niger	233

UNICEF.(2003): Global Incidence of Teenage Pregnancy, Internet: www.UNICEF.org"

Aim of the study:

The study aimed to upgrade nurses' health education skills for health promotion of pregnant adolescents.

Hypothesis:

Upgrading nurses' health education skills through OJT program will positively affect the pregnant adolescent health and will leads to normal outcome of her pregnancy.

Health Education For Health Promotion

Definition of Health Education:

Health education (HE) is the body of knowledge represents a synthesis of facts, principles, and concepts drawn from biological, behavioral, sociological, and health sciences, but interpreted in terms of human needs, values, and potential (*Maurer & Smith, 2005*).

Health education is any combination of planned learning experience based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and the skills needed to make quality health decisions (*Wurzbach, 2004*).

Health education can be viewed as a process of critical consciousness rising which aims to give participants a deeper understanding of their circumstances and their capacity to influence those circumstances. The emphasis is less on persuasion and more on support and the goal is not one of manipulation and compliance but, rather, improvement and facilitation of *choice* (*Carpentio, 2000*).

Aim of Health Education:

The basic purpose of HE is to help clients and families develop the self-care abilities (knowledge, attitude, and skill) that enable them to maximize their functioning and quality of life (*Taylor et al, 2004*). *Bastable (2003)* emphasized that aims of effective HE are many client's HE has demonstrated its potential to; increase client satisfaction, improve quality of life, insure continuity of care, decrease client anxiety, effectively reduce the incidence of complications of illness, promote

adherence to health care treatment plan, and energize and empower clients to become actively involved in the planning of their health care.

HE persuades people to adapt a healthy life style and to use medical care and health facilities efficiently. Community health nurses develop partnerships with clients to achieve behavior change that promotes, maintains, or restores health. The rationale for health education is to equip people with the knowledge, attitudes, and practice that will allow them to live the fullest possible life for the greatest length of time (**Allender & Spradley, 2005**).

Acquisition of information is a desired purpose of HE but not the primary goal. Rather, growth in critical thinking ability and problem solving skills are both the process and the product of health education. Information can be quickly outdated, but cognitive skills remain an always-dependable means of discovering fresh data when they are needed. The ultimate goal of HE is the development of an adult whose lifestyle reflects actions that tend to promote his or her own health as well as that of family and the community (**Maurer & Smith, 2005**).

Domains of Learning

Effective teaching often involves the promotion of behaviors in all three domains. Knowledge can be acquired in three different domains; cognitive, affective, and psychomotor. Each domain has specific behavioral components that form a hierarchy of steps or levels. Each level builds on the previous one. An understanding of these three learning domains forms the background for providing effective HE. Understanding each learning domain prepare nurse to select proper teaching techniques (**Carven & Hirnle, 2001**).