ADOLESCENT HEALTH CARE

by

Mary Galitz

In recent years, the incidence of teenage pregnancy has increased significantly (Weinman and Nenney, 1984). As health professionals, it is important for nurses to assess and understand the needs of the adolescents and determine how the health team can intervene effectively. Is there a relationship between the quality of health care given to adolescents and pregnancy in teenagers? The dependent variable is pregnancy in teenagers; this is looked at according to age, number of pregnancies (includes abortions, stillbirths, and miscarriages), birth control compliance, and perceptions of pregnancy. The independent variable is health care given. This is evaluated in knowledge of birth control, pregnancy, and the reproductive system, if birth control is utilized, clients' perceptions of the clinics attended, and the effectiveness of the staff. These variables are all important for the health care team to assess when working with adolescent females. In today's society, the trend of needing an increased sexual awareness is easily observed. The availability of various methods of contraception is also increasing. Therefore, nurses must research the needs of the adolescent population in order to formulate the most effective care plans.

The following studies address the issues surrounding the health care of the adolescent female and pregnancy.

In a study done by Jay, et al (1984), the question proposed was if there was a relationship between the type of health counselor utilized and the adolescent compliance in the use of birth control. The independent variable is the type of counselor utilized, either a nurse or a peer. The dependent variable is compliance in the use of oral contraceptives. The study subjects were the first sixty

adolescent females to enter the gynecology clinic and agree to participate. Next, the girls were compared by age, race, previous contraceptive use, and previous pregnancies and/or abortions; all were from the same geographic area. To obtain peer counselors, five adolescent females from the same area were selected based on their social and sexual maturity, leadership abilities, and verbal interaction skills. The peer and adolescent nurse counselors were all trained together in communication skills, confidentiality, formal counseling and birth control. The subjects were administered a pretest questionnaire to assess medical history, sexual activity and development, and sociopsychological variables.

After the pretest, the subjects were randomly assigned to either a peer or nurse counselor. At the initial visit, each subject was instructed on the proper use of the pill, and given Ortho Novum 1/35 with riboflavin as a urinary marker. Follow-up appointments were made at one, two, and four months. At this time a urine sample was obtained, compliance was measured, and the client was counseled and received more pills. Compliance was measured by avoidance of pregnancy, appointment adherence, pill count, and urinary fluorescence for riboflavin. The study resulted in the adolescents counseled by a peer having significantly lower noncompliance level than the nurse counseled group. These results suggest that incoorporating a peer counselor into the health team may be an effective method of increasing adolescent compliance in the use of birth control. The main strength of this study is the data collection methods used. The control allowed data to be fairly evaluated. One main weakness is that a small population is tested, and therefore, the results may not be generalized to be consistant among all adolescents. Also several

threats to validity were not accounted for. Historical events, maturation , and testing are all threats that could have affected the outcome.

A different type of research approach was used by Nenney and Smith (1983). Adolescent clients of a Teen Health Clinic were surveyed to determine those aspects of the Clinic's service that were considered crucial to patient acceptance and program continuance. The independent variable was free family planning and reproductive services, without required parent consent. The patients were accepted by appointment or drop-in basis. The dependent variable was the client's feelings about the personnel, services, environment, and educational materials utilized.

The study was conducted one year after the opening of the clinic. The instrument utilized was an one page, close question survey, written at a seventh grade reading level. The self-administered questionnaire was randomly distributed to new and return individuals enrolled in the clinic. The recptionist informally administered the survey at the end of each patient's visit, maintaining anonymity. The questionnaires were left face down on the receptionist's desk, and the responses were analyzed by an independent statistician affiliated with a local university.

The study revealed that the majority of the adolescents indicated they wanted factual data from the clinic. The need for more information is very significant. The most popular aspect of the clinic service was the clinic staff. The results reinforce the belief that staff investment of quality time with teenage clients maximizes client compliance.

The limitations, or weaknesses, of this study are emphasized

in the results. Mortality is not accounted for, since only current clients are assessed, and they are assessed with a short and simple close-ended questionnarie, which makes it easy to be compatible with the information desired. Also, the results may only be relevant to the population investigated at this one clinic. The positive aspects of the study were that an important need was found and can be utilized as a basic philosophy for similar clinics. The subjects gained the sense of participation in their care. Mentally, this is a positive opportunity to begin to be active in giving input and gaining responsibility for reproductive health care.

The problem under investigation in a study done by Taylor, et al (1983) is whether enhancement of hospital-based prenatal care of adolescents results in pregnancy outcomes comparable to those found in adolescents receiving care at school-based clinics. The independent variable is the type of clinic attended, either hospital or school-based. The dependent variables are the number of prenatal visits and the health of the baby at birth. This study is ex-post-facto; the information was obtained from a retrospective analysis of the obstetric summary sheets completed at delivery for each patient. The subjects consisted of 53 teens who received prenatal care at high school clinics (The School Group) and of 53 randomly choosen delivered teens who received care at a nonschool hospital-based Adolescent Clinic (The Comparison Group).

The data collected was entered into an in-house data base management system. This enabled the data to be analyzed statistically. The criteria compared included: the trimester prenatal care was begun; and obstetrical complications of anemia; the total number of prenatal visits; toxemia; urinary tract infections; cephalo-pelvic

disproportion; and infant birthweight. Other variables looked at were: parity; weight gain in pregnancy; type of delivery; risk score; Apgar scores; gestational age at delivery; and the number of days the infant was hospitalized after delivery. All the patients received care from a multidisciplinary team.

The summarized data confirmed the belief that the public high school is an optimum location for adolescent prenatal health services. In this setting the medical needs of the adolescent can be addressed along with her educational and psychosocial needs. The school had adolescents initiating care sooner, and had a greater number of visits. Obstetric complications were present in both groups, and could not be significantly evaluated. The hospital did decide to make changes to try to begin care eariler and have a higher rate of visits during pregnancy.

Some weaknesses noted in the study are typical of all ex-post facto studies. There is no manipulation nor control. Also, the subjects are selected after any maturation, testing or historical influences could be assessed. On the other hand, the study can be generalized to a larger population, and is strong in realism.

The reasons behind teenage pregnancy were evaluated in a study done by Weinman and Nenney (1984). The question raised was if the control of fertility reflects an interaction of race, education, and expectations associated with marriage. Therefore, the independent variables were marital status and ethnic background. The dependent variables evaluated were expected lifestyle changes, perception of risk, use and knowledge of birth control, and the desire or undesire for pregnancy.

The data was collected on 104 low-income primiparous pregnant

adolescents in their second or third trimester. All females were attending a city-county institution for obstetrical care, and were randomly selected. In order to collect the data, a questionnaire was administered anonymously by the clinic instructor while the adolescents were waiting for routine prenatal examinations. The instrument obtained demographic information along with assessing for the dependent variables.

The results of the survey showed that non-utilization of birth control was the same for desired and undesired pregnancies, however the females did know where to obtain contraceptives. The majority of the teens felt they were too young to get pregnant, and expected some positive change in their life. All of the teens not desiring pregnancy were married, and the single females were divided on desire. From this study, it could be hypothesized that teens may desire pregnancy to create an ideal situation in which everyone had to work together (Weinman and Kenney, 1984).

The study researches a serious problem and could have evaluated the dependent variables more accurately. For this type of study, more open-ended questions need to be used to obtain the subjects true, individual thoughts. Also, the sample was very small, and the results can not be generalized to the entire population. The responses may also be influenced by the length of gestation at the time of assessment and this variable was overlooked. The strengths were the variables assessed. They were all areas important to health personnel when caring for adolescents.

In addition to the four previously mentioned studies, other research has been done relating to teenage sexuality. In a study done by Herceg-Baron and Furstenberg (1982), the relationship

between the amount of communication between parents and the adolescent about contraception, having an impact on compliance. The interview study concluded that family involvement in adolescent contraceptive behavior can be a positive influence, and needs to be investigated according to specific family dynamics. In a questionnarie study exploring reasons why teenagers choose a specific clinic, Zabin and Clark, Jr, (1983), found that the female finds the clinic that meets her needs. Some needs stated included confidentiality, caring, location, and cost. Finally, a study done by McCormik, et al (1984) studies the results of teenage pregnancy. This retrospective assessment determined that poor pre-natal and pediatric care leads to high infant mortality. The morbidity rate depends upon the socioeconomic disadvantages of the mother. More resources need to be made available to adolescents.

Overall, all these articles expressed the need to continuously assess the needs of teens so that the health care can be as effective as possible. Female adolescents are interested in their bodies and their sexuality. Nurses can provide the necessary information to fulfill the stated needs. Also, the studies proved that each client has individual characteristics needing special attention.

After reviewing the literature related to adolescent pregnancy and health care, it is appariant that the nursing knowledge base has been widly broadened. The staff is aware of the needs of the teens and can plan their care accordingly. The research did promote change in the type of counseling performed, and in the availability of care the clients perceive as being important; in general, individual clinic changes have changed as the needs of the adolescents have changed--the care must be focused to best satisfy

the patients in order to have maximum compliance. Specificly, the research has been incorporated into the nursing practice in several ways. Firstly, clinics are open to all, at after school hours, and government funding has helped limit costs. Secondly, the clients are encouraged to give feedback on the quality of care given, either verbally or by a questionnarie tool. Thirdly, clinics are setting aside specific guidelines for factual information that is given to every client explaining birth control and pregnancy risks. The nursing staff is also taking the time to sit down and individually counsel clients to satisfy individual needs. Some commonly held misconceptions that have been refuted by the research findings are the following: teenagers do not like to discuss their sexual concerns; adolescents are not responsible enough to comply with birth control; and contraceptives are not available to adolescent females (at an afforadable rate). Additional research needs to be continually conducted in order to determine any changes in the adolescents' needs, and how they can best be met. Each clinic should conduct ongoing studies of how effective the clinic is. Various methods of communication can be attempted along with providing care in different locations. In general, nursing needs to continue to assess how to more effectively provide the care the teenage population requires.

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Mary Gality's Capstone Project MAY 13 1985

I gained clinical experience with birth control education by volunteering at the Family Planning Clinic at the DeKalb County Health Dept. and giving ten birth control presentations on residence hall floors. My instructor and I decided it was inappropriate to document client interactions in the form of a project, so I did a Literature Review of related literature.

If you have any questions please write or call me at my home in Naperville.

Sincerely,

Mary Gality

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