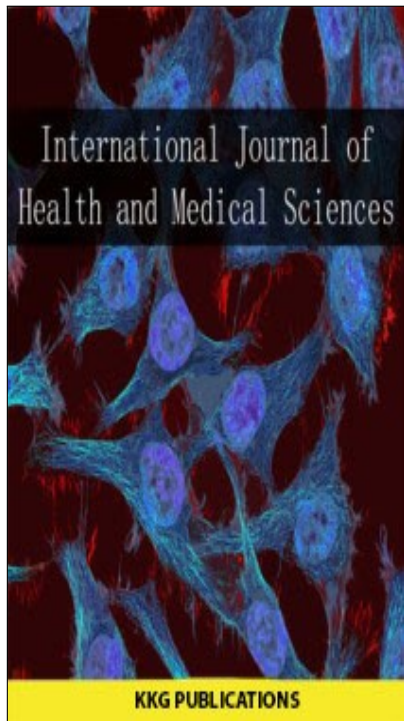


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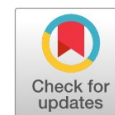
Model of Health Promotion for Reducing Risky Behaviors of Preterm Birth in Teenage Pregnancy

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Published online: 16 March 2016



To cite this article: B. Kittichottipanich, U. Yingpaiboonsook, P. Somsauy and S. Kositwon, “Model of health promotion for reducing risky behaviors of preterm birth in teenage pregnancy,” *International Journal of Health and Medical Sciences*, vol. 2, no. 1, pp. 20-26, 2016.

DOI: <https://dx.doi.org/10.20469/ijhms.2.30004-1>

To link to this article: <http://kkgpublications.com/wp-content/uploads/2016/2/Volume2/IJHMS-30004-1.pdf>

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MODEL OF HEALTH PROMOTION FOR REDUCING RISKY BEHAVIORS OF PRETERM BIRTH IN TEENAGE PREGNANCY

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Keywords:

Action Research and Participa-
tion
Prevention of Preterm Birth
Teenage Pregnancy
Health Promotion in Pregnancy

Received: 12 January 2016

Accepted: 02 February 2016

Published: 16 March 2016

Abstract. The participation action research objective was to create the health promotion model for preventing preterm birth in teenage pregnancy and was used as a guideline for preventing preterm birth of 90 teenage pregnancy cases (13-19 years old) enrolled in the participatory process this research. From December 2014 to May 2015, a questionnaire was used to collect quantitative and qualitative data by interviewing and writing it in a narrative sense. Data analysis and summary from quantitative and qualitative data were created as a health promotion model to prevent preterm birth in teenage pregnancy. The results showed that the health promotion model in the prevention of preterm birth included the nurse as a consultant in a friendly way. There is a process to raise awareness for the prevention of preterm birth. Participants consisting of the following were taken to visit the premature baby room. Exchange of experience with the nurse was conducted. This research shows the importance of preventing preterm birth with health promotion. And found that the participants gave birth to infants with gestational ages between 37-40 weeks, 82 patients (91.1%) and 2884.5 g average birth weight of infants who were fed with breast milk, 88 cases (97.78%), which is a factor. The success factors were the nurse consultation and participatory teaching.

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INTRODUCTION

Teenage pregnancy refers to pregnancy in women aged from 10-19 years, the age at the time of childbirth which is divided into adolescents aged from 15-19 years and younger adolescents aged from 10-14 years [1]. Currently, pregnant teenagers or pregnant women aged from 13-19 years are likely higher since. Social change in Teens makes chances of sex increase as age is increased due to lack of sex education and the prevention of pregnancy. Adolescents about 16 million aged from 15 to 19 years and some 1 million of them under 15 give birth every year most in low- and middle-income countries. The complications during pregnancy and childbirth are the secondary causes of death for 15-19 year-old girls globally and every year, some 3 million of them aged from 15 to 19 years undergo unsafe abortions. Babies born from adolescent mothers face a substantially higher risk of dying than those born to women aged from 20 to 24 [2]. The study of [3] from total of 3,727 deliveries was grouped into 3 age groups. 594 were aged from 10-19 years, 2,801. It was found that Teenage pregnancy was associated with anemia [RR (95%CI) 1.6 (1.3-2.1)], preterm delivery [RR (95%CI) 1.4 (1.0-2.0)], but lower risk of cesarean section [RR (95%CI) 0.6(0.5-0.8)] [3]. It was also found that pregnant teens give low birth weight than in adults [1], [4], [5], [6]. The incidence is increased in group of

teenagers aged from 10-19 years and is associated with preterm delivery [5], [6], [7]. Premature pregnancy affects both the mother and baby. A major problem of premature babies are newborns weighing less, having stress, disability and risk of perinatal mortality. In addition, premature babies also have illnesses such as respiratory distress syndrome, infections, including serious complications related to bleeding in the brain, being blind or visually impaired because the retina, bowel necrosis, etc. Even infants born prematurely will be assisted to survive. But infants often have chronic illnesses or disabilities due to which they are often left behind. Especially disorders of the nervous system (Cerebral palsy) have delayed development that needs to be specially trained. The family and society have increased the responsibilities of raising continued in the long term and the death rate of infants from birth to one year due to premature birth is increasing steadily.

Long-Term Effects

Pregnancy in adolescents does not affect future marriage but they experience childbirth than women in general. Especially the younger teens can experience periods during pregnancy each time for shorter spans of time. It is usually found in the lower levels of education and at low economic sta-

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tus. The age at which a child is not ready can make even greater economic problems. As a result, the social condition of children in the future is affected as well. If the spouse is younger, then the family can be poorer. Babies born before 3 weeks gestation or weighing less than 1500 grams with disability and perinatal mortality increased in number in developed countries. These newborn are being cared for in the NICU, which costs a lot. This group of mothers and infants are exposed to stress and depression. And after that, these children come back home to continue receiving care than usual. Thus promoting the health of mother and newborn in pregnant teens who are at risk to reduce the incidence of preterm birth is important. This results in reducing morbidity and mortality rates of infants born prematurely, in addition to increasing quality of life in the later life.

Objectives

For behavioral health and to prevent miscarriage

1. To promote health for prevention of preterm delivery in adolescent pregnancy
2. To create the health promotion model for prevention of preterm birth in teenage pregnancy

Ethics

In this study, human dignity is taken into account. Benefits are fair and accurate. The action was taken as follows:

- 1) Approval of the project in the ANC.
- 2) The right decisions and cooperation in providing information for pregnant women and adolescents. Self-determination does not affect the normal service in any way.
- 3) A reference to a person's name in interviews alias. And informing them of the interview process. Logging Confidentiality of information. The data were analyzed and used to advantage. It is determined that it will not have any effect on the data.
- 4) Use of the questions carefully. This is part of a focus on teen pregnancy recounted and interview with civility.
- 5) The exchange of experience with lecturers and nurses with a genuine warmth in this project.
- 6) The data reflecting the mutual learning to be considered by the mind. Feeling of female adolescent pregnancy.
- 8) To reflect for the benefit of teenage pregnancy.

METHODOLOGY

Research Design and Sample

Using the participation action research, the sample was young pregnant women younger than 13-19 years. Participating group activity about health behaviors was to reduce the risk of preterm birth in women and pregnant teens by 90 purposive sampling, through the following steps; plan, act, observe and reflect.

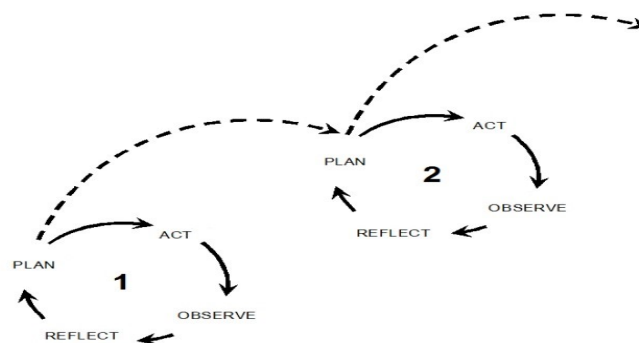


Fig. 1. Participatory action conceptual framework of Health promotion for reducing risky behaviors of preterm birth in teenage pregnancy

Research Instrument

Questionnaire were used to create healthy habits to reduce the risk of preterm birth in women pregnant teenagers, including keeping record of in-depth interviews. Of pregnant teens, the pregnant women give birth prematurely. Data collection was done by using techniques of interviewing. The sample was asked questions freely. Answers were recorded with a tape recorder and note. The data were then analyzed, interpreted for conclusion, induction (Inductive analysis) was done and to

create a model of health promotion for reducing risky behaviors of preterm birth in teenage pregnancy.

Project Activities

Activities in health behaviors to reduce the risk of preterm birth in women pregnant teens involved doing a stress assessment, how to relieve stress, teaching to prevent miscarriage, evaluating pregnancy problems and learning participatory activities, health promotion and the prevention of preterm birth.

The project activities are as follows:

The first time activity is as follows:

1. Build relationships and find out teenage pregnancy symptoms that occur with pregnancy, and provide knowledge about changes of pregnancy.
2. Assessment of stress and find out the cause of the stress and demands of pregnancy. In the event of an unwanted pregnancy, talking to provide information for decision making. Pregnancy and adoption; defining the problem and finding solutions together with pregnant women to consider alternative solutions and provide suggestions to relieve stress. Pregnant women are given the choice and implementation. If found to have serious psychological problems, they are forwarded to the psychologist, almoner medical or psychiatric care next.
3. Monitor their implementation over the phone for one week to resolve the case of pregnant women; provide phone consultation with nurse at any time.

The second time activity is as follows.

1. Build relationships with teenagers having pregnancy. Promoting parent and fetal relationship during pregnancy and love between mother father child.
2. Follow participants and ask for their feelings about pregnancy and inquire about the health condition and to behave in pregnancy including monitoring stress and how to resolve them. Make suggestions to relieve stress and help pregnant women about pregnancy.
3. Monitor their implementation over the phone for one week to resolve the case of pregnant women; provide phone consultation with nurse at any time.

The third time activity is as follows:

1. Build relationship with teenagers having pregnancy, follow health, ask about symptoms during pregnancy and observe fetal health and care.
2. Pregnant teen respondents to assess the risk of preterm own (Pre test).
3. Activities to educate women to prevent teen pregnancy, including miscarriage.
 - 3.1 Nurse explained the meaning of premature and dangerous. Of premature babies and their families with preterm infants displayed while being treated in hospital, Preterm infants and images were given.
 - 3.2 To pregnant teens to choose the card with the knowledge of the pregnancy. Teens have symptoms of a miscarriage. Nurse explained the causes of preterm birth and asked questions about symptoms of preterm delivery and the causes of preterm birth.
 - 3.3 Nurse helped young women answer about their practices in

order to prevent premature birth, according to the opinions of young people, including pregnant women.

- 3.4 Nurse awareness practices are accurate. In the event of early pregnancy symptoms, the pregnant teens are guided.
4. Closing delivered leaflets on prevention of preterm birth, gifts for teens and pregnant women and arrange the next meeting.
5. Follow the instructions on health status and update about Warning signs and symptoms of preterm birth in pregnant teenagers on the phone once a week; one case of pregnant woman can have a phone consultation with the nurse at any time.

The fourth time activity is as follows:

1. Build relationships among pregnant teenagers.
2. Participatory meeting and track record of risk in pregnant women and adolescents with each test.
3. Pregnant teens talking about each risk related to their premature practices to address the issue of teenage pregnancy and the consequences of their implementation.
4. Call for nurse if problems occurred and their implementation for helping pregnant teens see approach to the problems that can result in premature labor.
5. Pregnant teens help each other figure out a way to fix the problem and barriers to their implementation to prevent preterm birth and implement it further.
6. The nurse notes and suggests risk solutions.
7. After teaching lecturer track of the health status of pregnant teens on the phone once a week, one case of pregnant woman can have a phone consultation with the lecturer at any time.

Data Analysis

A questionnaire was used to collect quantitative data and qualitative data by interviewing and writing it in narrative sense. Data analysis and summary from quantitative and qualitative data were created as a model of health promotion for prevention of preterm birth in teenage pregnancy.

RESULTS

General data from samples: The result showed that most of the adolescent pregnancy cases are in age group of 15-17 years (61.1%), low income, they are students and most of them delivered at term (37-41 weeks) of 91.1%, and in the post-test have low stress score, increasing of prevention of preterm behavior, have a normal weight gain during pregnancy, delivered a mean birth weight within normal range of 2,884.5 grams, according to table 1, 2 and 3.

TABLE 1
NUMBERS AND PERCENTAGES OF ADOLESCENT PREGNANCY ANC, TAKSIN HOSPITAL (n=90)

Data	n	%	Data	n	%
Age			Income(Bath)		
<15 yrs	5	5.6	<1500	78	86.7
15-17 yrs	55	61.1	>1500	12	13.3
>17 yrs	30	33.3			
Breast Feeding			Gestational age at delivery (wks)		
Breast Feeding	88	97.7	28-31	2	2.2
No Breast Feeding	2	0.22	32-33	1	1.1
			34-36	5	5.6
			37-41	82	91.1
Occupation					
Employee	12	13.3			
Merchant	9	10.0			
Student	49	54.5			

TABLE 2
MEAN AND SD OF PRE-TEST AND POST-TEST SCORE OF STRESS AND PREVENTION PRETERM BEHAVIOR

Variables	Pre-test		post-test	
	Mean	SD	Mean	SD
Stress Score	13.3	6.6	7.6	5
Prevention Preterm Behavior	14.7	3.2	17.0	3.3

TABLE 3
MAXIMUM, MINIMUM, MEAN, SD OF WEIGHT GAIN DURING PREGNANCY AND BIRTH WEIGHT OF INFANT

Variables	Max	Min	Mean	SD
Weight Gain	18.5	6.2	11.34	3.59
Birth weight	3.940	1.160	2.884.5	473.1

The Data Analysis from In-Depth Interview

Pregnant teens are enrolled in programs promoting teen pregnancy and the prevention of preterm birth, which has a total of 90 people through participatory learning activities. The learning groups with nurses and trainers of the project did phone counseling based on the full course of the project and found a Preterm birth before 35 weeks, 82 cases, 8 for preterm birth.

Women were interviewed and 10 have participated fully in the curriculum. And gave birth to infants with gestational ages between 37-41 weeks. In-depth interviews on health care during pregnancy, during each pregnancy, were taken. The lessons learned from interviewing pregnant teens during their pregnancy term highlighted the main points including the following:

From in-depth interviews, 10 pregnant women found that pregnant women mostly in the age range of 15-19 years did not plan on becoming pregnant; 8 in 10 are studying in high school and there are two of them who did not work outside.

Primigravida were 8 and 2 in the second gravida, no abortion history. The 10 youths knew their pregnancy by 3-4 months of gestation. The feelings in early stages of their pregnancy were surprised and shocked; two of them said they were mothers themselves later. Most of them told their parents and teachers at the school, six teens were very concerned when pregnant because they were pregnant women who were not planning a pregnancy. Strong pregnant teens who did not come upon before but to tell the teacher for fear of becoming a mother were sad and may be the first to introduce the teachers to tell parents and husband. There are two cases of two women who were the first to tell their husbands because he is sure to help solve the problem and have babies together. When the mind has already established pregnancy, it is the idea of self-care. They are interested in food and walking more carefully.

Activities to educate young women to prevent miscarriage include the definition of preterm birth and the danger of premature babies and their families to visit with her mother. a

newborn baby in an incubator on a line feeding the baby born prematurely. Be hospitalized in the meantime, visit preterm Infants. Women are taught as pregnant teens to choose cards on the knowledge of young people, including pregnant women having symptoms of miscarriage. Factors causing premature nursing are explained and answers are given to the questions raised by teenage pregnancy symptoms of miscarriage and the causes of preterm birth. Prior Knowledge is repeated for increasing understanding by encouraging pregnant teens to help answer questions about their practices. To prevent premature birth, according to the opinions of pregnant women, it is important for the teens to behave properly on a daily basis. Observing signs of labour.

Primary care is given when symptoms such as abdominal pain, urinary problems, finding it hard to sleep and rest etc. are observed. Interviewing showed that pregnant women want satisfaction and should gain knowledge about self-care to

prevent miscarriage.

Pregnant teens comment that the health project is a great opportunity to educate them as consultants as well. The warmth has recently been monitored closely. It is friendly as well as providing appropriate recommendations for the prevention of preterm labor in pregnant women. Everyone was glad to be pregnant until their maturity. Although in the beginning it was not so good with the pregnancy because the pregnancy was not planned. The documentation showed that the pregnant teens think everyone was very helpful.

The quantitative data and qualitative data were obtained by interviewing and writing it in narrative sense. Data analysis and summary from quantitative and qualitative were created as a model of health promotion for prevention of preterm birth in teenage pregnancy as the following figure 2 shows.

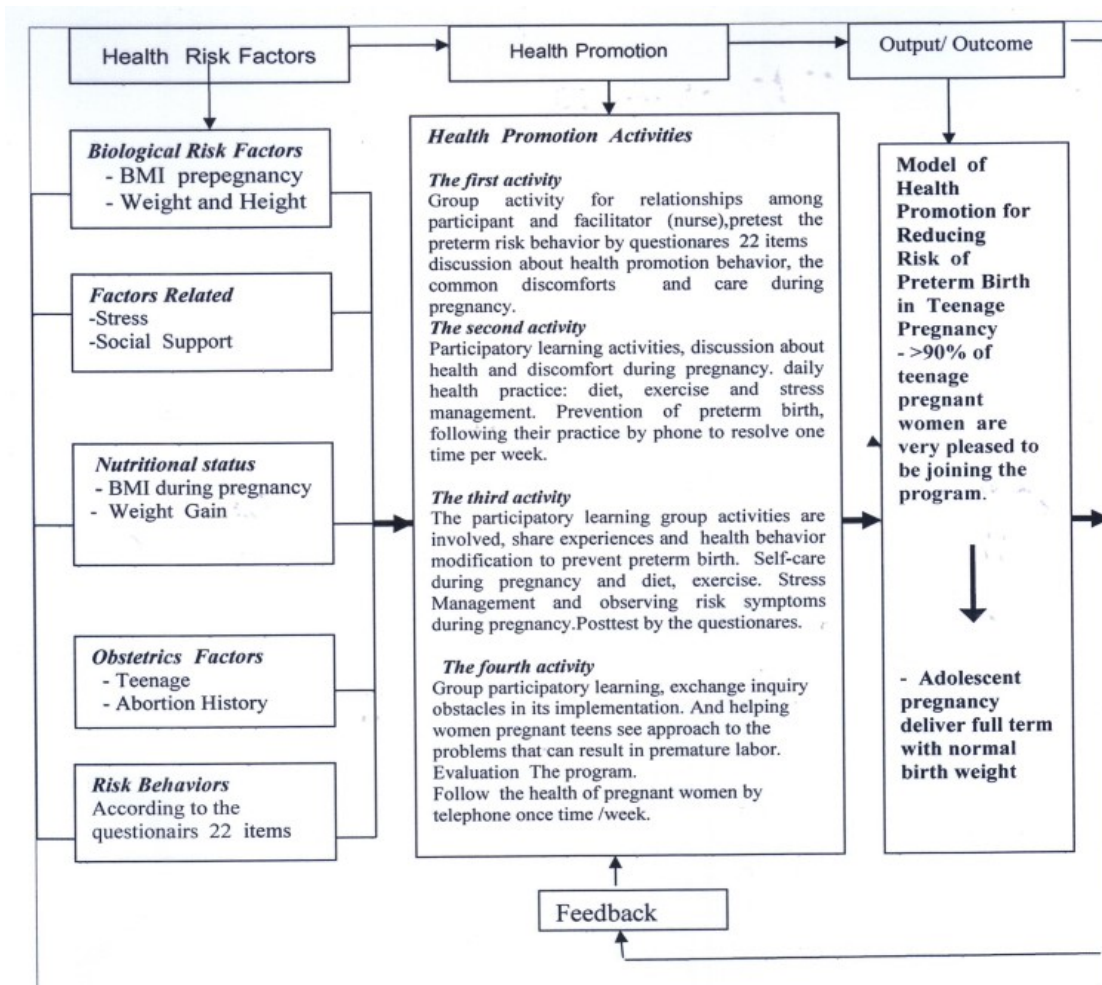


Fig. 2 . Model of health promotion for reducing risk of preterm birth in teenage pregnancy

DISCUSSION

The results can be used in health promotion. Behavior can reduce the risk of preterm birth in pregnant teens. In health care for pregnant women, teenagers are closer to nursing mothers in adulthood. But the cuts to the behavior of preterm birth in pregnant teens should be made. This study should be used as guidelines for assessment and care including monitoring of adolescents throughout pregnancy. Many young women from the study feel satisfied to sustain a pregnancy. They have progressed to maturity as a result of the implementation of the project. Pregnant teens have provided an assessment of their stress.

Behavioral assessment and risk of preterm birth are determined before teaching the prevention of preterm birth by teaching individuals and groups, as well as encouraging their family members attended the hearing. By teaching adolescents, they are encouraged to listen to the opinions of a group of friends in a different perspective. It helped promote greater understanding including a visit to the premature baby at Neonatal Intensive Care Unit to increase awareness about the consequences of preterm birth, which is actually more. The project activities and clinical characteristics of pregnant women with positive results encourage teens with good support.

The good relationship between parents and adolescents showed a positive influence on the ANC since early pregnancy. Pregnancy and maturity or in the case of women, teenage pregnancy, early symptoms can be treated to prevent preterm birth in time. And give birth at maturity, [2], [3], [4], [8], [9].

So the care for pregnant adolescents should arouse the attention of parents - parents should care more about health. Antenatal Teaching should be planned to cover perceived objectives. Father and mother with young women should participate by bringing together a small group for discussions to teach about prevention of preterm birth. The study has found that in teaching program by the volunteers, teen parents were a good support for pregnant women especially for teenage pregnancy. It was found to be effective to care for the pregnancy to term in the case of mother, who was home visiting support before and after birth that could find problems and give assistance to pregnant teens. Therefore, the cooperation between the social worker, nurse and teen pregnant in the observation and monitoring of assistance promoted health through self-care.

Care system states that the ANC should hire nurse care manager (Case manager) to help care for pregnant women closely. To reduce the rate of premature birth and encourage the pregnancy to term, case managers from nurse can use instructional strategies and cooperate with the hospital for monitoring the health status of pregnant teens. In Summary: Behavioral health care of pregnant women, adolescent pregnancy to term.

1. Food

Pregnant teen pregnancy to term. When there is a perception among pregnant and admitted that their pregnancy is the recognition of the identity of the fetus. Pregnant women have adjusted to eating habits. To eat a healthy diet, they should avoid foods that are useless

2. The Rest and Work

Pregnant teen pregnancy due to behavior modification and relaxation. Work to avoid premature birth. For example, Ms. indirect (alias) told me before I could sleep only for 4-5 hours.

3. Avoid Smoking and Alcohol

Pregnant teen pregnancy to term. When there is a perception that pregnancy has been professed (Pregnancy accepted), they should try and be able to avoid smoking and alcohol during pregnancy.

SUGGESTIONS

Research study, nurses should study the effectiveness of care for pregnant adolescents in the custody case to encourage a pregnancy to term. Also study the relationship between stress resources and miscarriage in pregnant teens.

The effect of an education program to promote healthy behaviors to reduce the risk of preterm birth in pregnant teenagers to be used in the teaching program looks after pregnant women to adolescents; the attention of parents - parents more concerned about health, and antenatal teaching should be planned to cover perceived information about daily health practice during pregnancy. Father and Mother with young women should come together and within small group discussions and teach about prevention of preterm birth by taking care of pregnant women for receiving the drug to inhibit the pregnancy at home.

The study has found that Volunteer teen parents were good support for adolescent pregnancy and gave more effective caring for the pregnancy to term. Therefore, the cooperation of volunteer teen parents, social workers and mother of a pregnant teen for monitoring of assistance health care is required. Care system states that the ANC should have nurse manager care (Case manager) to help care for pregnant women closely to reduce the rate of premature birth.

CONCLUSION

Prevention of preterm birth and prevention of complications of childbirth in adolescent mothers according to the model can reduce the risk of preterm and low infant birth with the satisfaction from participatory learning group and nurse as facilitator. This model is useful for health promotion for

teenage mothers and it is the one for increasing the quality of life for mother and newborns in the later stages of life.

The author would like to thank the research and development institute, Suan Sunandha Rajabhat University, Bangkok, Thailand for financial support.

Acknowledgment

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— This article does not have any appendix. —