

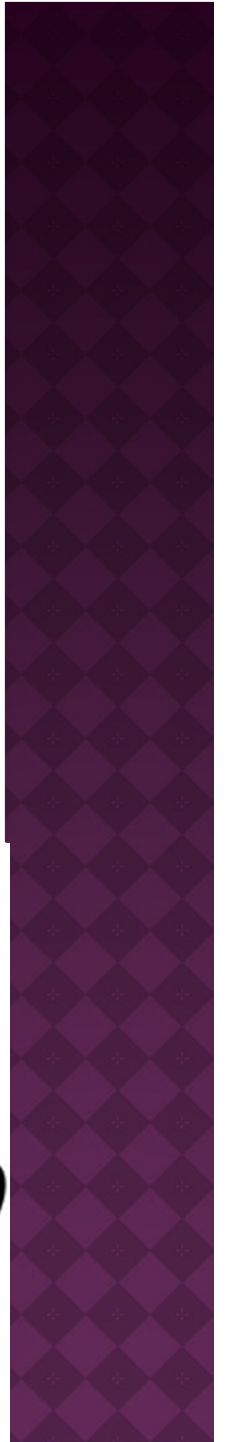


EVALUATION OF HEALTH RELATED BEHAVIOURS AND ATTITUDES OF WOMEN DURING PREGNANCY IN EDİRNE, TURKEY

BANU KARAÖZ, Assist. Prof., Izmir University,
School of Health, Izmir, Turkey
AHSEN ŞİRİN, Prof., Zirve University,
Faculty of Health Sciences, Gaziantep, Turkey



İzmirKey

The logo features a stylized graphic above the text. The graphic consists of a blue, flame-like shape on the left, a red flame-like shape on the right, and a small green circle at the base of the blue shape. Below this graphic, the word "İzmirKey" is written in a bold, black, cursive script. The "İ" is a dotted capital letter, and the "Key" is in a lowercase, rounded font.



A healthy society is only possible if new generations are healthy and maintenance of healthy generations can be achieved by preservation of women's health including physical, mental and social aspects (1).

Pregnancy, infancy and childhood bring about certain additional risks (2).

Annually, number of mortality worldwide due to maternal, prenatal and contraceptive causes and complications is more than 500,000 (1, 2). In other words, at least 1,600 women die due to causes associated with birth and pregnancy everyday (1).

Improvement of educational level results in advancements of ages of marriage and birth and women tend to behave more consciously with respect to their health (2, 3).

Hence, primary healthcare for pregnant and women in puerperal period must be provided by well trained Health Care Professional (4).

Descriptive data including age, obstetric history and ethnicity must be taken into account in order to amplify the efficacy of prenatal education (5).

Diminution of amount of medications used during prenatal course was linked with administration of an effective prenatal training (4, 5).

Questionnaires are useful tools to assess healthcare applications, but they have been rarely used for healthcare status of pregnant women (6).

Since nurses are in close communication with pregnant under obstetric follow-up, they may determine the problems in personal and healthcare related issues.

AIM

The aim of the current study was to determine the health related attitudes, behaviour and practices of pregnant and to estimate proper nursing applications that may aid in improvement and promotion of women's health during pregnancy.

METHODS

This cross-sectional study was performed after the approval of local Institutional Review Board (2014/600-669).

Participants were instructed about the procedures for application of questionnaires in detail and written informed consent was obtained.

This study included 244 pregnant hospitalized in the obstetrics and gynecology department of a tertiary care center between February and May 2014.

Age < 18 years, illiteracy, multiple pregnancy, psychiatric disorder and any obstetric complication constituted the criteria for exclusion.

- ◉ Demographic data and descriptive variables of pregnant women were collected using “Personal Identity Questionnaire Form”.
- ◉ Behaviours, knowledge and attitudes related with health practice during pregnancy were obtained by means of “Health Practice Questionnaire-II” (6).
- ◉ Health Practice Questionnaire had been validated into Turkish version language by Er and Şirin (7).

These questionnaires were administered based on a face-to-face interview. “Personal Identity Questionnaire Form” was composed of 22 questions that focused on socio-demographic and familial features of the pregnant and their husbands, region settlement, level of income, body-mass index, status of prenatal care, history of venereal disease and whether the husband helped during daily life.

“Health Practice Questionnaire-II” consisted of 34 items that assess the adequacy of health practices in six aspects.

- ⦿ **Answers to items 1-17 include 5 “Likert scale” options ranging from “never” to “always”. Scoring was made as follows: (a) Never: 1 point, (b) Rarely: 2 points, (c) Sometimes: 3 points, (d) Often: 4 points, and (e) Always: 5 points.**
- ⦿ **Lowest and highest scores that can be achieved from questionnaire are 34 and 170, respectively (6).**

A high overall score is interpreted in accordance with an improvement of health related behavior and attitude of the pregnant.

Statistical analysis:

Descriptive data was expressed as mean±standard deviation or median (minimum-maximum).

Level of significance was set at $p < 0.05$. Reliability coefficient of HPQ-II was assessed with Cronbach's alpha and was found to be 0.644. Means and minimum-maximum values for items and variances are 3.025 (1.041-4.525) and 1.433 (0.039-2.614), respectively.

A significant difference had been detected from measurements made from HPQ-II ($p < 0.001$). Hotelling's T2 test has indicated that there was statistically significant difference between average values obtained from scores of questionnaires ($p < 0.001$).

FINDINGS

- ⦿ **Total number of pregnant enrolled in this study was 244 and 5 age groups**
- ⦿ **No statistically significant difference could be detected between age groups in terms of Health Practice Questionnaire-II scores ($p=0.849$) (Table 1).**

TABLE 1. COMPARATIVE OVERVIEW OF DESCRIPTIVE DATA GROUPS WITH RESPECT TO THEIR HEALTH PRACTICE QUESTIONNAIRE-II SCORES.

Variable		n (%)	p Value
Age groups (years)	18-22	44 (18%)	0.849
	23-27	71 (29.1%)	
	28-32	60 (24.6%)	
	33-37	52 (21.3%)	
	≥38	17 (7%)	
Marital status	Married	235 (96.3%)	0.379
	Single	6 (2.5%)	
	Divorced	2 (0.8%)	
	Unspecified	1 (0.4%)	
Profession	Housewife	181 (74.2%)	0.001*
	Working	63 (25.8%)	
Site of accommodation	Urban	126 (51.7%)	0.572
	Rural	118 848.3%)	

TABLE 1. COMPARATIVE OVERVIEW OF DESCRIPTIVE DATA GROUPS WITH RESPECT TO THEIR HEALTH PRACTICE QUESTIONNAIRE-II SCORES

Variable		n (%)	p Value
Economical status	Low	41 (16.8%)	0.539
	Sufficient / high	203 (73.2%)	
Educational level	Primary/secondary school	143 (58.6%)	<0.001*
	Lycee or higher	101 (41.4%)	
Educational level of husband	Primary/secondary school	57 (23.4%)	<0.001*
	Lycee or higher	187 (76.6%)	

TABLE 1. COMPARATIVE OVERVIEW OF DESCRIPTIVE DATA GROUPS WITH RESPECT TO THEIR HEALTH PRACTICE QUESTIONNAIRE-II SCORES.

Variable		n (%)	p Value
Body-mass index	Normal	141 (57.8%)	
	Overweight	64 (26.2%)	0.004*
	Obese	39 (16.0%)	
Planning of pregnancy	Planned	171 (70.1%)	0.083
	Unplanned	73 (29.9%)	
History of venereal disease	Yes	1 (0.4%)	0.219
	No	243 (99.6%)	
Assistance by husband during daily life	Yes	202 (82.9%)	<0.001*
	No	42 (17.1%)	

(Hint: * statistically significant)

- ◉ A remarkable difference for HPQ-II scores was noted with respect to professions ($p=0.001$) and educational levels ($p<0.001$) and body-mass indices ($p=0.004$) of pregnant as well as educational levels of their husbands ($p<0.001$).



DISCUSSION

The present study provides crucial insights into the role and importance of communication, education and guidance of pregnant during perinatal care.

From this point of view, nurses constitute a corner stone in the establishment of appropriate communication between pregnant and healthcare personnel.

- ⦿ **Achievement of diagnostic, preventive and therapeutic goals in addition to reduction of perinatal morbidity and mortality during pregnancy can be possible by integration of nurses as important elements of healthcare provision.**

- ⦿ **Not economical status, but body mass index and educational level were associated with higher scores of HPQ-II.**

- ⦿ **Therefore, appropriate counseling on weight gain and provision and spread of educational facilities may notably promote pregnancy health. In contrary, age or numbers of previous pregnancies displayed no significant impact on HPQ-II scores.**

⦿ **Education is reported to have the most powerful influence on the knowledge score of maternal health.**

⦿ **Educated women are more likely to aware their health status and seek health knowledge.**

- ◉ **In the literature, it has been stated that advisory services provided by nurses in addition to physicians may be more beneficial for perinatal outcomes.**
- ◉ **In parallel to our findings, higher level of education was associated with better health knowledge in previous reports.**

CONCLUSIONS

To conclude, education, employment and support of spouse during daily life seem to improve HPQ-II scores substantially in pregnancy. Promotion of women's knowledge, attitude and behaviors' on health can be accomplished via education and modification of behaviors'.

Therefore, a greater emphasis must be put on enrichment and effective use of resources, determination of policy definitely, popularization of education for pregnant together with their families.

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