RESEARCH PROTOCOL TO EVALUATE THE EFFECT OF THE SEXUAL/REPRODUCTIVE HEALTH (SRH) LECTURES ON UTILIZATION OF THE STUDENT’S HEALTH CENTER, SRH KNOWLEDGE, CONTRACEPTIVE METHOD USE OF THE STUDENTS OF HIGH SCHOOL OF PRELIMINARY FOREIGN LANGUAGES AT HACETTEPE UNIVERSITY IN TURKEY

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WHO defines ages as:

- 10-19 → Adolescence
- 15-24 → Youth
- 10-24 → Young People

Young people (10-24 years) are an important population group with a great potential for physical, mental and psychological development.

20% of world’s population - 1.2 billion - is adolescent and the 85% of them live in developing countries.

Young people are perceived as generally healthy, and are not in need of special health services.
The sexual health subjects have not been covered in reproductive and population studies as these subjects require special sensitivity.

In the ICP Programme of Action (1994 International Conference on Population and Development (ICPD) in Cairo), it is stated that:

“reproductive health programmes should be designed to serve the needs of women, including adolescents”, and that innovative programmes should be developed to

“ensure information, counselling and services for reproductive health accessible for adolescents and adult men” (paragraph 7.41-7.48).
In the World

- their population increased (1.2 billion), the reproductive health needs of them also increased.
- their sexual activity starts at the early ages and they do not have sufficient knowledge on sexuality, contraception, sexually transmitted infections, adolescents have to face serious physical, economic and psycho-social concerns like;
- unwanted pregnancy (15 million),
- sexually transmitted infections including HIV/AIDS (1 in 20 adolescents every year).
- the majority of sexual contacts among adolescents are unprotected
- every year, more than one million adolescent is dying from causes that can be prevented.
Sexual/Reproductive Health of Adolescents/Young People in Turkey

- According to the 2000 census, the population of 10-19 and 20-24 age group is 20.7% and 9.8% of the general population, respectively in Turkey.

- The 2003 Turkish Demographic and Health Survey (TDHS) results show that women aged 15-24 constitute 15.8% of the female population.

- Currently 11.9% of women aged 15-19 are married (TDHS, 2003).

- The median age at first marriage is 20 among women 25-49 (TDHS, 2003).
- Unmet need of FP services is higher among women aged 15-29 and women living in rural residences.

- 2% of currently married young women at the age group of 15-19 have no idea about any type of modern contraceptive method (TDHS, 2003).

- Across age groups, the lowest level of ever use of any family planning method is observed among ever-married and currently married women age 15-19 (TDHS, 2003).

- The percentage of women in the age group of 20-24 with at least one induced abortion is 7.3% (Further Analysis of 1998 TDHS).
The tradition of silence continues for those going to school and adolescents are unable to acquire adequate information during their formal education. As a consequence, they may resort to different sources of information and may be mislead and get wrong information.

On the other hand, on the contrary of the traditional attitude, different patterns of attitudes and behaviours about pre-marital sex can be present especially among young people at universities in big cities.

The comprehensive studies including information, education and counselling (IEC) training phases have been accelerated only in the last decade, it is still an under-investigated area in Turkey.

The results of the few comprehensive studies conducted in Turkey show that adolescents have insufficient knowledge about sexual/reproductive health and their main sources of information are friends, parents and mass-media. On the other hand, they are interested in having information and counselling and services on these issues.
According to some results of the “Study on the Influential Factors of Sexual and Reproductive Health of Adolescents/Young People in Turkey” carried out in collaboration with World Health Organization (WHO) by Hacettepe University Faculty of Medicine Public Health Department and with the interviews conducted at Hacettepe University’s Beytepe Campus in Ankara and Dicle University (DU) in Province Diyarbakir:

- SRH knowledge of both universities students found to be “satisfactory”
- The most common three sources of S/RH information in both universities were “book/magazine/encyclopaedia”, “peers/friends” and “school / teacher” respectively.
- In terms of preferred sources of information, it was found that the first source of information preferred by students were "physician/professionals".
- More than 2/3 of the students specified that they had ever had a sexual partner.
- The most frequently used contraceptive was condom among sexually active students in both universities.
- It’s found that the majority of the students didn’t receive any S/RH services.
- Students expressed that they would like to receive SRH services at the university health centers.
According to the evaluation of the utilization of the YCU by the students between 1th April 2003 and 30th June 2004 has been determined that:

- 57.0% of the students visited the YCU in order to be examined,
- 33.1% of them required information on sexual and reproductive health issues
- 19.6% got contraceptive methods.
- 33.1% of the students diagnosed with sexually transmitted infections and 53.3% of them diagnosed to having other genital diseases
- The evaluation of YCU`s contribution to the Student`s Health Center`s utilization by the students showed that, the students were utilizing the health center only in case of existence of an ill-health (illness, disease) with the aim to get physical examination and medical treatment.
- After the YCU started with providing sexual and reproductive counseling and clinical services the students also utilize to get information, education on sexual and reproductive issues and for getting contraceptive methods free of charge.
It is necessary to develop plans and programmes for adolescents/young people to easily access sexual/reproductive health information and services within reproductive health programmes in order to address the problems of sexual/reproductive health faced by adolescents/young people.
The overall objective of this study is to increase the knowledge on sexual/reproductive health (SRH) issues, of the students at High School of Preliminary Foreign Languages of Hacettepe University in Turkey.

The short-term objectives of this study are to determine:
• the knowledge, opinions, attitudes self reported behaviour related to the SRH issues, contraceptive method use of the students,
• utilization of the health services,
• the effect of the lectures about SRH on the knowledge, opinions, attitudes related to the SRH issues, contraceptive method use of the first year students.

The long-term objective is to improve the intervention programs to increase the SRH knowledge, contraceptive method use of the students and utilization of the student’s health centers of other universities.
Methodology (Place of the study)

- Hacettepe University Beytepe Campus in Ankara consists of Faculty of Economics and Administrative Sciences, Faculty of Applied Sciences, Science of Engineering, Faculty of Education, Faculty of Literature, High School for Foreign Languages etc.

- Our target group consists of approximately 3000 first year students of the total 24,415 students of Hacettepe University.

- Every year approximately 6000 students start to study at Hacettepe University. 50% of them have to study for one year a foreign language at High School of Preliminary Foreign Languages before starting with the educations on their own faculties.

- All the students of High School of Preliminary Foreign Languages (± 3000 students) will be surveyed in this study.
NATURE OF THE SURVEY

The study consists of three phases.

Phase one: Baseline Survey
- A descriptive baseline survey will be carried out before the intervention survey to evaluate the SRH knowledge, opinion attitude, contraceptive method use and the utilization of the health services by the students of The High School of Preliminary Foreign Languages of Hacettepe University.

Phase two: Intervention
- An intervention survey will be done by giving lectures about “Adolescent Period, SRH issues and STIs including HIV/AIDS and information about SRH services provided by the Youth Counseling Unit (YCU) of the Student’s Health Center” to increase the SRH knowledge and the utilization of YCU by these students.

Phase three: Follow-up Survey
- A descriptive follow-up survey by using the post-test questionnaire will be carried out twice to evaluate the efficacy of the intervention survey.
UNIVERSE AND SAMPLE OF THE SURVEY

- The universe of this survey is the students of The High School of Preliminary Foreign Languages of Hacettepe University.

- The total students will be around 3000 for the educational period of 2006-2007.

- At the beginning of the next educational year (October 2006), the real numbers will be obtained from the Student Affairs Offices of each university.

- No sample will be taken. The pre-test and the post-test will be conducted to all the students of The High School of Preliminary Foreign Languages.
Variables Of The Survey

- Some socio-demographic characteristics related to the students and their families
- Some characteristics related to the lifestyles
- Knowledge on SRH issues
- Sexual opinion, attitude and self reported behaviours
- Contraceptive method use
- Utilization of the health services
The pre-test will consist of 3 parts:

- questions about socio-demographic characteristics (age, sex, faculty, income, health insurance etc.)
- knowledge, opinions and attitudes on SRH (contraceptive methods, STIs, resources of SRH information, opinion about pre-marital sexual relation, etc.)
- behaviours and utilization of the health center (sexual relation debut age, contraceptive method use, unwanted pregnancy experience, where they get health services, etc.).

The intervention survey will be conducted by giving lectures about “Adolescent Period, SRH issues and STIs including HIV/AIDS and information about the health services provided by The Student’s Health Center and The Youth Counseling Unit.

The post-test questionnaire:
whether they attended the lectures given to the students, - when they got these lectures (date) - , the other outreach activities of the YCU of The Student’s Health Center during the period of the survey in addition to the questions of the pre-test.
DATA COLLECTION

- The questionnaires (pre-test and post-test) will be self-administered and filled out under observation in the classes.

- Pre-test will be conducted in the second week of October 2006 on all the students at once before starting with giving the lectures about SRH issues in order to prevent contamination.

- The post-test will be implemented twice. First post-test will be carried out in February 2007 one month after all the students have got these lectures. This means that the first group of students who got these lectures will complete the post-test 3 months after the lectures they got. The group of students who got the lectures as the last group will complete the post-test 1 month after the lectures.

- The second post-test will be carried out in May 2007 two months after the first post-test.
Manpower

- The members of the research team are from the Youth Counselling Unit of The Student’s Health Center at Hacettepe University’s Beytepe Campus. The research team will be trained by the researcher about how the lectures will be given and how the pre-test and the post-tests will be conducted.

Data Analysis

- Data management and analysis will be conducted carried out with the use of a computer program such as SPSS or EPI-INFO. After the data has been edited and cleaned, univariate and bivariate analysis will be conducted to show the possible related characteristics with the behaviours and level of knowledge.
**MONITORING and EVALUATION of The PROJECT**

- **Monitoring** of the activities will be carried out by the researcher by organizing weekly meetings with the members of the YCU.

- **Evaluation** will be performed by comparing the results of the pre-test and the post-tests that will be conducted to the students. According to the results of the evaluation of these two post-tests (follow-up surveys), the efficacy of the lectures - how much of the information given about SRH issues have been remembered by the students - will be shown.
The budget of this survey is estimated to be 2 500 US $.

Budget items:

- Questionnaire printing: 1 000 US $
- Coding and statistical data processing: 1 000 US $
- Report printing: 500 US $
ETHICAL PROCEDURES

Before the establishment of the Youth Counselling Unit in Student`s Health Center the permission of the Rectorate, Senate of Hacettepe University has been obtained. Before providing the SRH lectures the permission of the Dean of High School of Foreign Languages has also been obtained.

INFORMED CONSENT and CONFIDENTIALITY

The research team will place priority on maintaining the confidentiality and anonymity of study participants namely, the students.

During the survey, researchers will respect the confidentially of their respondents through the informed consent process.

All respondents will be read an informed consent form that explains the basic nature of the survey and seeks the agreement of the respondent.

The consent form will explain the following:

- the purpose of the survey,
- how confidentiality will be maintained,
- the right to refuse participation without jeopardizing their relationship with the institutions or individuals affiliated with the research,
- the right to refuse to answer particular questions and
- the right to discontinue participation at any time.

Confidentiality and anonymity will be maintained by not taking the names and school numbers of the students and storage of all forms and data in locked file cabinets.
DISSEMINATION OF RESULTS

In order to increase the likelihood that study results will be utilized, the research team will undertake the following steps:

1) identify the decision-makers most likely to be interested in the research and inform them of the study objectives;

2) involve stakeholders in as many aspects of the study as possible in order to increase their commitment to using the results;

3) produce a brief, clearly written report which focuses on the major findings with programmatic implications;

4) and conduct an end of study seminar which provides sufficient time for participants to discuss study results and develop an action plan.