Unmarried pregnant adolescent reproductive health intervention research

未婚怀孕青少年生殖健康综合干预研究

主编单位　北京大学儿童青少年卫生研究所

主　　编　余小鸣

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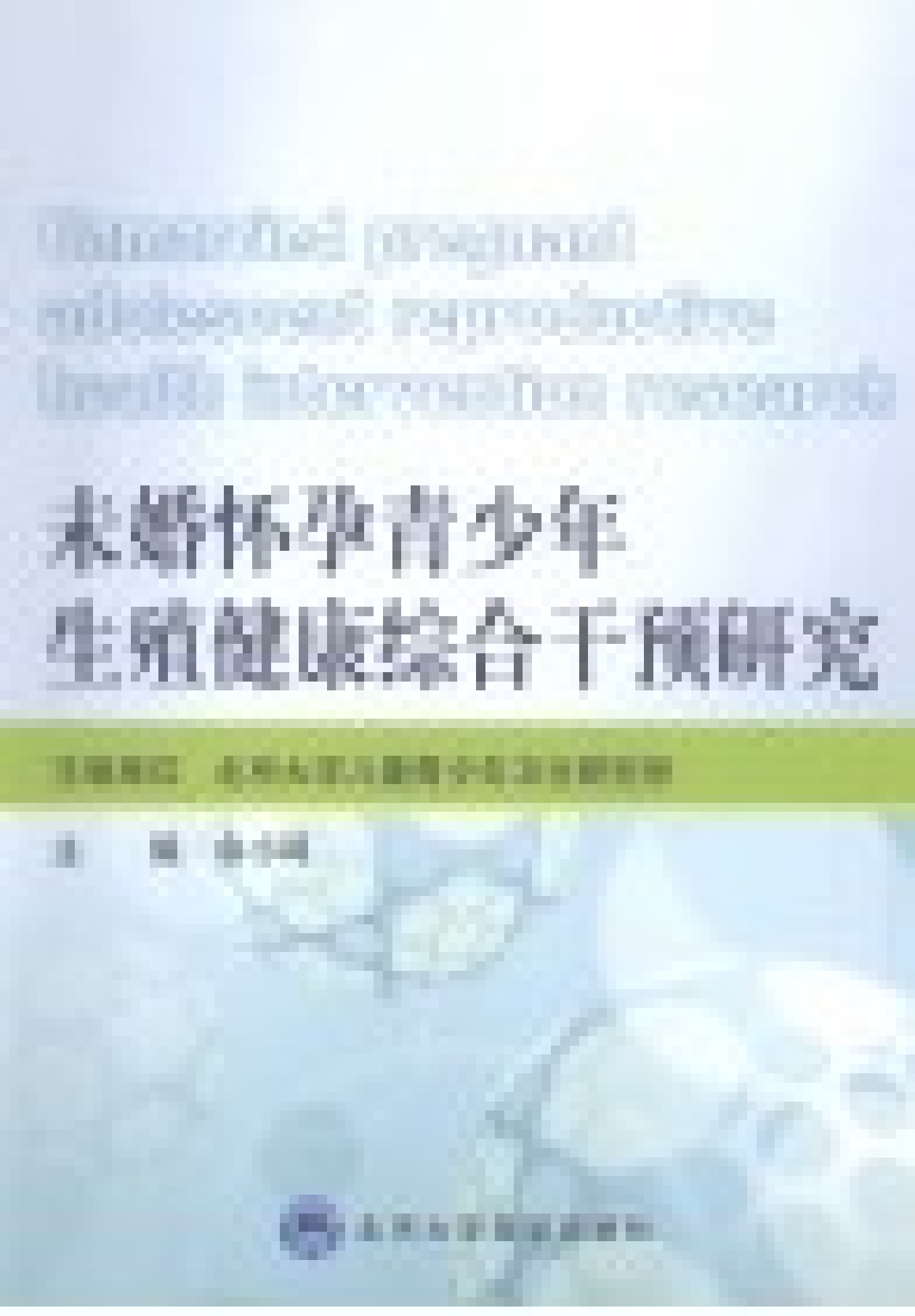

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前　言

青少年未婚怀孕已成为了一个严重的公共卫生和社会问题，受到各国的广泛关注。青少年未婚怀孕、流产的发生，不仅对青少年自身造成了严重的健康损害，也为其家庭、乃至整个社会带来了沉重的负担。

国外学者早在上世纪90年代即开始尝试各种降低青少年妊娠率的实践探索，在美国等地先后出现了以学校和社区为基础、以医院临床为基础或以社区为基础的多种干预项目，并取得了一定效果。

目前中国的青少年未婚怀孕问题也日益严重，然而，有关这方面的研究还比较薄弱。由于受到我国传统道德观念的影响，未婚怀孕属于敏感问题，因此未婚怀孕青少年更为脆弱。在为未婚怀孕青少年提供所需的医疗保健服务的同时，帮助她们提高自我保护能力，避免再次怀孕则显得尤为重要。

在世界卫生组织西太平洋地区办事处和我国卫生部的大力支持之下，北京大学儿童青少年卫生研究所与北京市、山东省和广东省的妇幼保健机构合作，共同开展了“未婚怀孕青少年生殖健康综合干预研究”。该研究首次在国内以未婚怀孕青少年这一特殊人群为干预对象，探讨青少年未婚怀孕的影响因素，以提出与我国青少年人群发育特点及文化特点相适应的青少年未婚怀孕预防策略及切实可行的干预措施建议。本研究首创了以妇幼保健系统为依托，围绕终止妊娠前、终止妊娠过程中、终止妊娠后的三个阶段，为未婚怀孕青少年提供医疗保健服务和以生活技能为基础的参与式健康教育及生殖健康指导等综合干预措施。该研究通过对干预效果进行追踪评价，显示出青少年的生殖健康知识、性态度状况、心理社会能力取得明显改善，初步形成了可行的综合干预模式架构。研究于2006年4月在北京正式启动，历时2年，为有效促进青少年生殖健康水平以及在医疗保健机构针对未婚怀孕青少年生殖健康开展综合干预提供了理论和实践依据，具有创新性和推广应用价值。

为了更好地将此研究成果进行推广，为相关机构开展类似研究提供借鉴和指导，研究者特撰写了研究报告。该报告不仅全面总结了研究的目的、方法、结果、经验、建议等，而且对国内外青少年未婚怀孕的现状、原因、相关理论模型、干预措施等做了详尽的回顾，并同时附有规范的研究工具——《青少年终止妊娠保健服务指南》和《未婚怀孕青少年生活技能教育保健指导活动指南》。

值此机会，也对参与本研究的所有相关专家、工作人员一并表示衷心感谢！

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目 录

研究报告摘要

目的：在我国国情下，探讨以减少青少年再次怀孕为目的的生殖健康综合干预模式的内容和方式；了解未婚怀孕青少年生殖健康综合干预模式内容和方式的适宜性、临床可操作性以及青少年的可接受性；分析改善未婚怀孕青少年生殖健康综合干预模式的效果。为预防青少年未婚怀孕，提高其生殖健康水平，制定相关政策、措施提供依据。

方法：研究采用非概率抽样中便利样本抽样方法，于2006年8月—2006年12月在北京市、山东省济南市、广东省广州市妇幼保健机构青少年门诊，采用自愿原则，收集招募就诊的、要求进行人工流产手术的、未婚、年龄10～24岁的女青少年作为研究对象，有精神疾病及智力障碍者除外。在上述研究对象中，按1∶1的比例分别选取干预组及对照组。采用一般情况调查表、自尊量表、应对方式量表、内外控制源量表、负性儿童经历量表为调查工具，对研究对象的一般情况、心理社会能力状况、儿童期不良经历进行测评。

根据测评结果对干预组青少年进行生殖健康综合干预。干预以青少年门诊为基础，根据怀孕青少年的个体需求，分别在青少年实施人工流产前、流产过程中、流产后三个阶段提供相关的健康教育、个体流产前指导、适宜流产方式的知情选择、以及流产后的避孕指导、综合保健、追踪随访等系列预防教育和生殖健康保健服务。并在干预后1个月、3个月、6个月、12个月对干预效果进行评价。

结果：总体上，未婚怀孕青少年在生殖健康知识、尤其是避孕知识及技能方面的掌握程度较低，性态度相对开放，心理社会能力较差，危险性行为发生比例较高。对未婚怀孕青少年初次妊娠的多元回归分析结果显示，青少年的一般情况、生殖健康知识状况、性态度状况、心理社会能力状况以及儿童期不良经历状况均会对青少年初次妊娠年龄产生影响。通过实施生殖健康综合干预模式，干预组青少年在生殖健康知识、尤其是避孕知识和技能等方面取得了显著提高，相对开放的性态度及心理社会能力也有所改善，发生不安全性行为的情况有所减少，出现生殖健康问题后的求医意愿也得到提高。但对干预组青少年在实施流产术后3个月、6个月、12个月性行为状况的随访结果显示，与非干预组相比尚未发现行为的显著改变。

结论：青少年未婚怀孕的发生是多因素综合作用的结果，包括文化程度、心理社会能力、生殖健康知识、性态度、儿童期不良经历等多个方面。因此，预防青少年未婚怀孕的发生，应采取综合的干预措施。研究实践表明这种综合的干预措施能够为青少年所接受，对其知识、态度等方面的改善上具有可行性及有效性。对于性行为干预效果的评价尚需要较长时间的追踪随访。

The Research on the Comprehensive Intervention to Unmarried Pregnant Adolescents in China

Abstract

Adolescent pregnancy has become a global public health concerns. Like some of other countries, the number of adolescents who have sexual behavior at an earlier age is increasing in China, and as a result, earlier pregnancy of female adolescent was also increased in the past two decades. However, adolescent pregnancy has not been drawn enough attention to date. A comprehensive description of the pregnant female adolescents, including their individual status and psychological abilities was still not available. Few intervention studies were carried out among this target group.

The purposes of this study were to understand the knowledge, attitude, and behavior in relation to sexuality and reproductive health, as well as the associated psychosocial competence of the unmarried pregnant adolescents; and to explore the content and method for a comprehensive reproductive health intervention by assessing the effects, feasibility and suitability of this intervention.

Study design

The research included two parts which were baseline survey and intervention study.

1. Baseline survey study

The baseline survey was a clinic - based study which was used to describe the status and psychological determinants of unmarried pregnant adolescents. From August 1st to December 31st 2006, a sample of 895 female pregnant adolescents who sought for medical care or counseling service in the Youth Clinics of six maternal hospitals in three cities (Beijing, Guangzhou city Guangdong Province and Jinan city Shandong Province) was recruited randomly to participate in the study and was assigned into the "pregnancy group". Meanwhile, 611 female adolescents without pregnancy were also recruited into the "non-pregnancy group" from the same hospitals. The girls in the "non-pregnancy group" was again divided into two groups, which were "sexual experience group" who had ever had sex but had not pregnancy, and "never having sex group". The final number of participants in the study was 1506.

A self-report booklet was developed and administrated which included the contents as the following:

(1) Demographic information involving in participants' age, educational background , occupation status and 29 additional items relevant sexual knowledge (17 items which mainly focus on individual sexual development, contraception use, induced abortion choice , and STDs /AIDS prevention), attitudes (7 items mainly toward unmarried sex, cohabit, pregnancy), behaviors (5 items mainly including sexual debut, contraception use, sexual

partners) was used for collecting demographic characteristics and assessing KAP level of the subjects.

(2) Self-Esteem Scale (SES): The scale is, by far, the most recognized and widely used measure of the self-concept. It was devised by Rosenberg in 1969 to quantify global positive and negative attitudes towards the self. It comprises 10 items that allow four responses in a 4 - point Likert scale: strongly agree, agree, disagree, and strongly disagree. Total possible scores range from 10 to 40; the higher the score is, the higher the level of self-esteem is.

(3) Behavioral Attributes of Psychosocial Competence Scale-Condensed Form (BAPC-C): This shortened version of Tyler's (1978) BAPC consists of 13 forced - choice items in order to assess the subject style of positive coping, autonomy, and emotional coping in solving problem. The score was ranged from 0 to 13 with a higher score indicating the coping style or solving problem with more active.

(4) Nowicki-Stricland Internal-External Locus of Control Scale (NSIE): This scale was developed by Nowicki and Stricland in 1969, which consists of 40 forced choice items to measure the extent to which the respondent assumes responsibility for the outcome of events in his/her life. The score was ranged from 0 to 40 with a higher score indicating external locus of control.

■ **Results of the baseline survey study**

The whole subjects' average score of the knowledge was 62.2, the lowest one was "contraception use" (53.6), which indicated that the unmarried adolescents have a low level of knowledge. Comparing the score in three groups, there was a statistical significant difference among the three groups on the total average score and most of knowledge scores. The scores of the "pregnancy group" and the "sexual experience group" were higher than that of the "never having sex group".

Concerning attitudes towards sexuality, the girls in the "pregnancy group" and the "sexual experience group" showed more liberty than that of the "never having sex group", more than 50 per cent (51.8% and 55.4% respectively) of them approved that "boy and girl could have sex before marriage if they were going to get married", 56.8% and 47.7% girls respectively responded that "I would accept my partner' sex asks if we loved each other". As for unmarried pregnancy, 26.1% of girls in the "pregnancy group" thought "it was a normal phenomenon even though I could not accept it", and 24.0% of them responded that "pregnancy before marriage would be good if we were going to get married,"

The comparing the sex behaviors between the "pregnancy group" and the "sexual experience group", there was no statistical significant between these two groups on the average age of sexual debut (the value of them was 19.38, and 19.48 respectively, $t = 0.648, P = 0.517$). However, there was difference on contraception use between the two

groups. Only 10.3 percent of girls in the "pregnancy group" used contraception every time when having sex, whereas it reached 23.8 percent for the "sex experience group". The girls in "pregnancy group" used contraception less frequently than those in the "sexual experience group". Chi - square test was used, and there was a statistical significant difference between the two groups ($\chi^2 = 40.38$, $P < 0.001$). When referring to deal with the partners who refused to use condom, 27.0 percent of girls in the "pregnancy group" reported that they would made the decision "depending on the situation", which reflected they were vacillating and could be more likely to yield to their partners. While for the girls in the "sexual experience group", 22.7 percent of them responded that "they would refuse to have sex if their partners were not ready to use condom". Chi - square test showed statistical significant between them ($\chi^2 = 8.00$, $P = 0.046$).

Comparing the results related to some indicators of psychosocial competences, for the "pregnancy group", the scores of self esteem and problem solving were 28.67 and 7.93 respectively, and were lower than that of the "never having sex group". Statistical significance existed ($P < 0.001$). The scores for problem solving of the "pregnancy group", "sexual experience group" and the "never having sex group" were 7.86, 7.93, and 8.34 respectively. One - way ANOVA was used to analysis the difference, and statistical significance among three groups was not found ($F = 4.205$, $P = 0.015$). It revealed that the "never having sex group" was more intended to solve the problem positively than the other two groups. The score of Internal - External Locus of Control in the "pregnancy group" was 13.85. It showed a statistical significance comparing the other two groups ($F = 4.935$, $P = 0.007$). These results indicated that the self - esteem of the pregnant girls was the lowest. The pregnant girls intended to cope with difficult situations in a more negative way and could be influenced easily by external locus of control than the other two groups.

Our survey results supported the point of view that girls with pregnancy had not only cognition weakness, but also shortage on attitude incline, behavior model and personal psychosocial competence, which mean that multiple factors are associated with adolescent pregnancy. The main factors are lacking of necessary reproductive health knowledge and skills, lacking of psychosocial competence, and having a relatively liberty attitude to sex. Therefore, the findings suggested that the intervention strategy of adolescent pregnancy should be a comprehensive which include to provide information and medical service to the adolescents, and improve their psychosocial abilities as well.

2. Intervention study

An integrated interventional strategy was designed based on the baseline survey results, behavior theories and literature review. It aims to (a) increase the knowledge about adolescent health and development; (b) increase the awareness and seek for help from the health care system, including clinics, hospitals, or from professional staff directly; (c)

improve self - care ability after abortion (d) avoid from unplanned and repeat pregnancy, prevent from getting STD/AIDS, and (f) improve life skills such as skills of managing stress, communication, decision making, refusal, negotiation, responsibility, and self confidence.

The intervention programmes provided skill - based education and training to adolescents to improve their skills and capacities seeking for health care and preventing from repeated or unwanted pregnancy. The programme included four modules:

■ **Module one: Knowledge and information about pregnancy.** The objectives are to enable the adolescents realizing the impact of earlier and unmarried pregnancy, mastering the basic knowledge on adolescent growth and development, and the prevention of STD; meanwhile, to help the adolescents to express bad emotion and stress such as anxiety, tension, scared after knowing the fact of their pregnancy.

■ **Module two: Self - care skills on reproductive health.** The objectives are to ensure the adolescents (1) to practice post - abortion self - care with focusing on food and nutrition supplement, health recovery and re - shaping of figure; (2) to correctly use contraceptive methods and avoid of unplanned or repeat pregnancy.

■ **Module three: Individual psychosocial competences for promoting reproductive health.** The objectives are to enable the adolescents (1) to recognize and avoid the situations which may lead to unsafe sex behavior; (2) to develop psychosocial skills on negotiation, refusing and decision making and to protect themselves.

■ **Module four: Being responsible for my reproductive health.** The objectives are to enable the adolescents (1) to realize the importance of being responsible for their reproductive health; (2)to develop positive self - awareness including properly self - assessment, self - esteem and self confidence.

The above 895 pregnant girls were divided into the intervention group and the control group with the proportion of 1 : 1. The intervention program emphasized not only to provide medical service to adolescents, but also skill - based education and training so as to enable them with various skills and abilities for health care and prevention of unwanted pregnancy. The intervention group received at least two intervention activities of above Module listed. A series of interactive and participatory pattern was used in the activities in order to encourage participants to share their emotions and experiences, and practice relevant skills, such as communication, negotiation skills. After each active, all participants in the intervention group were given a box of educational materials, which including A *Foldout for life skill education* that tells the young girls how to say "NO", and how to respect themselves; *A foldout for earlier pregnancy guidance* that tells the young girls to look for medical service in time if they find they are pregnant; *A Booklet for self care after abortion for Unmarried Pregnant Girls*, and so on.

Members of the control group received health care service from the same sites that

delivered by health care providers through traditionally ways without any group participatory activities.

The results of the intervention were assessed right after the completion of intervention, and three and six months, one year after intervention. The assessment indicators were made of four aspects including the knowledge, attitude, practice and psychosocial competence (self-esteem, coping style and Internal - External Locus of Control) that were consistent with the baseline survey so as to compare the difference between pre - and post intervention.

■ **The Results of the Intervention Study**

(1) The level of knowledge

The girls in the intervention group showed their knowledge of reproductive health was greatly improved after intervention. The total score of knowledge after intervention reached 87.3 on average in all aspects, higher than 68.7 in the baseline results. T - test showed there was significance between the pre and post intervention($t=-14.91, P<0.001$). The knowledge related to contraception use was also significantly improved after intervention. Moreover, comparing with the scores of the control group after intervention, the difference was still significant($t=14.29, P<0.001$).

(2) The attitude to sex

● Referring to the attitude toward "unmarried living together", most girls in the intervention group have changed from "don't known" to "understand but will not do it".

● Referring to the attitude toward "having one more sex partners", the proportion of "objection" in the intervention group increased from 88.4% (before intervention) to 91.0% (after intervention).

● Referring to the attitude toward "unmarried pregnancy", the proportion of "acceptable" in the intervention group was increased, and the proportion of "don't known" was decreased after intervention. The score of the attitude toward "being pregnant before marriage" was 52.50 and 59.50 before and after the intervention respectively, which had significant difference between the two results ($t=-2.520, P=0.013$). It indicated the girls in the intervention group got a more positive attitude to sex after intervention. Although the acceptable attitude to premarital pregnancy is normally recognized as a risk factor to adolescent premarital sex, it could be helpful for pregnant girls to reduce the bad emotions.

(3) Behaviors related to sex and reproductive health

● 65.3% of girls in the intervention group and 54.9% in the control group expressed that they would go to see doctors if they had reproductive health problems, which suggested the discrepancy was significant ($\chi^2=24.24, P<0.001$).

● 98.4% in the intervention group and 88.2% in the control group would go to the clinics where relative education or service was available when getting pregnant; only 0.5% in the intervention group and 7.2% in the control group were not sure, which suggested the

significance of the discrepancy ($\chi^2=16.72, P=0.002$).

● Referring to "How to deal with the situation that boyfriend refuses to use condom", 74.1% girls in the intervention group prefer to negotiate with boyfriend, and the proportion was significantly higher than the control group.

● Referring to "How to deal with the sexual harassment from strangers", 70.9% girls in the intervention group prefer to "find an excuse to get away", which is a more clever way to refuse. But there was no significant difference in the aspects of contraception using between the two groups.

● The comparison of the possibility of having sex before marriage, 64.7% girls in the intervention group and 40.8% girls in the control group indicated that they could accept this kind of behavior.

● 85.9% girls in the intervention group indicated that they were going to use contraceptive before marriage, and the proportion was significantly higher than that in control group.

(4) Psychosocial competence

Self-esteem, coping style and Internal-external Locus of Control were selected as the indicators to assess psychosocial competence.

● The self-esteem of both groups increased significantly before and after intervention. When comparing the increasing value between them, the average score of the intervention group was 29.48±3.04. It was lower than that of the control group (30.75±2.88). T-test showed there was a significant difference($t=-4.18, P<0.001$).

● For the problem solving skills, after intervention, the intervention group showed a significant increases, while in contrast, the score decreased in the control group($t=7.47, P<0.001$). It indicated that the intervention group inclined to solve the problems positively when dealing with difficult situations.

● The scores of the Internal-external Locus of Control (LOC) showed there were also significant differences between the intervention and the control groups. For the intervention group, it decreased from 12.73 to 11.41 ($t=3.42, P=0.001$), and for the control group, it increased from 14.60 to 16.46, ($t=-4.08, P<0.001$). It means that the intervention group was more likely to be internal locus of control after intervention, and on the contrary, the control group was more external controlled.

(5) Follow-up study

Only 49.6% of the participants were contacted through telephone visiting after three months of intervention, and 37.1% after six months, 23.4% after one year. Data analysis did not find significant differences between the intervention group and control group in the aspects of having sex, the usage of contraceptive, and their frequency related to sex life and pregnancy.

Conclusion

The intervention for unmarried pregnant girls could be more effective if positive knowledge, attitude and practice on reproductive health were provided and the psychosocial skills were emphasized. It suggested that health care providers should care about pregnant adolescents' psychosocial health and provide necessary support besides obstetric and medical service.

1. 研究背景

近几年来，青少年未婚怀孕已经成为一个全球性的公共卫生问题。一般来说，世界卫生组织（WHO）规定青春期的年龄范围是10～19岁。但考虑到全球各种族、文化的差异，WHO通常还用“Youth”一词特指15～24岁的青年人，而使用“Young People”，即“年轻人”这一定义，包含10～24岁的青少年。而以生理、心理和社会适应能力发育成熟判断，实际对青少年阶段的认定，特别是在涉及青少年性与生殖健康问题时，通常考虑的是10～24岁的整体年龄范围。

目前，在许多场合，“青少年怀孕”往往与“少女怀孕”被等同使用，但严格说来，“少女怀孕”多是意指10～19岁的女性发生怀孕，而“青少年怀孕”则界定的对象年龄范围相对宽泛，可以包括24岁以下的年轻人。美国医学会（Institute of Medicine，IOM）专家委员会将非意愿怀孕定义为“不管是否采用避孕措施，妇女在不想怀孕时却发生了妊娠”。对于绝大多数青少年而言，由于其发生婚前性行为多以无计划性、无保护性为特征，因此由其所致的未婚怀孕也更多是为非意愿性的。青少年未婚怀孕与生育问题不仅关系到怀孕少女本人、孩子及其家庭成员，同时也对社会产生影响，因而一直受到社会的广泛关注。

全球生殖健康促进的策略一直将改善服务与提供教育视为促进青少年生殖健康最为有效的两大途径。诸多的研究和实践表明，发展完善卫生保健服务体系，设立青少年专科门诊一方面是对提高教育和信息有效性的补充，同时，由于青少年专科门诊更强调和注重个性化，考虑到青少年的不同需求以及男女性别的敏感性，因此在促进青少年生殖健康方面更具有不可替代的积极作用。自2002—2003年，在世界卫生组织西太区支持的“青春期生殖保健需求与现有社区及妇幼保健机构提供服务的可行性研究”（RPH/3.2/001）项目发展中，借鉴国际上倡导的以青少年需求为本的“友好服务”理念，从改善服务内容、服务程序、服务环境、服务人员态度等方面入手，研究者在北京、济南、广州、武汉4个大城市探索以妇幼保健机构为依托，建立青少年专科服务门诊。先后在济南市妇幼保健院创建了“花季呵护中心”，广州市妇幼保健院开设了“青春健康乐园”，北京市西城区、宣武区妇幼保健院建立了“青春期健康门诊”、“少男少女关爱门诊”等。这些门诊在服务中遵循“亲切、守密、友好、关爱”的原则，为青少年提供求医获助、交流的场所与平台，提供了全方位促进青少年健康的医疗、保健、咨询等综合服务，如青春期常见问题和疾病的诊治与咨询、非意愿怀孕早期诊断与处置，以及提供多种有效的健康信息、技能，包括生理、心理等健康教育材料等。由于更多地考虑到青少年的需求，受到当地青少年广泛接受和欢迎，并逐步成为向青少年提供优质生殖健康服务的“品牌”。其中对“花季呵护中心”开设2年的效果评价，发现来该门诊就诊的各类青少年（包括就诊和咨询）已达6542人次，其中因病或各种健康问题就诊者2878人次，电话与一对一咨询病例3664例，平均每月接诊达到545人次。而以往1997—2000年的4年门诊量总计才仅为1261例，可以看出青少年门诊量呈现显著增加的趋势。从青少年对门诊满意度的分析来看，绝大多数的青少年对门诊提供的服务内容及门诊环境表示