Document heading **doi: 10.21276/apjhs.2018.5.3.24** **Original Article**

Experience of sexual/reproductive health and dance education in a care and social rehabilitation center

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Received: 12-06-2018 / Revised: 15-08-2018 / Accepted: 30-08-2018

ABSTRACT

Purpose: In the study, a dance training was made in order to encourage personality development and information about Sexual Health/Reproductive Health (SH/RH) was given in order to raise awareness and precision to adolescents.**Methods**: Adolescent girls aged under 18 years, who were substance addicted, who had been living on streets or had been pushed to streets due to abuse or neglect, who had been excluded by families and who were decided to be protected or under care lived in a centre. All of the girls were planned to be recruited to the study while education sessions were being designed however difficulty in understanding and severe mental disorders led to less participants (n=10) in dance and SH/RH educations. **Results:** Mean age of the girls was 15.9±1.8 years while mean age of first sexual relation was 14±1.6 years. It was determined that two of the girls knew condom, one knew abortion and one knew anal sexual intercourse as contraceptive method before the education. Mean PedsQL post- and pre-education scores of adolescents was 68.3 and 74.1, respectively (p>0.05). **Conclusion:** Dance and SH/RH educations have increased the level of knowledge and quality of life of adolescents.
Keywords: Adolecent, Reproductive Health, Sexual Heallth, Dans Education

Introduction

Youth population aged between 15-24 years consists nearly 20% of world population currently [1,2]. Next generation's health can be sustained through health development of adolescents who are one fourth of all humanity.

Inadequate and unbalanced nutrition, smoking, alcohol and drug addiction, psychological problems like depression, anorexia nervosa and reproductive health problems are main general health issues for adolescent period. Among primary reproductive health problems, there are undesired pregnancies, problems occurred parallel with social sexuality role given to the girls, sexually transmitted diseases (STD) and sexual abuse [3,4].Sexual abuse is forcing or making children exposed to a sexual activity by adults or order persons before being legally mature [5].

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After exposing to sexual abuse, behavioural and personal development of the adolescent is affected. It is important to strengthen behavioural and personal development of the sexually abused child, to improve his/her confidence and to reintegrate him/her. Therefore, various educations including sexual health should be given to those adolescents. Sexual health education should consist of reproductive health, interpersonal relations, sexual intercourse, body image and sexual roles [6-8]. Adolescents, especially girls are in need of information about SH/RH however resources are not accurate, thus such educations should be given to them especially. Furthermore it is crucial to direct them to sporting, art and socio-cultural activities in order to support for self-confidence, improve consciousness and add meaning to their social lives. In the present study, it was planned to encourage personality development, to raise awareness and precision of girls who have been under protection in a rehabilitation center due to sexual abuse and substance addiction by dance training.

Methods

There are 21 Protective Care-Social Care and Rehabilitation Centres within the structure of SHÇEK in Turkey. The present study was conducted in one of those centres. Adolescent girls aged under 18 years who were substance addicted, who had been living on streets or who had been pushed to streets due to abuse or neglect, who had been excluded by families and who were decided to be protected or under care lived in this centre [9]. The girls have lived in the center till the course ended up being not obligatory. They are sent to family or relatives or stay under protection of the government according to the decision at the end of the course process. There is one administrator, two social workers, a nurse and 3 auxiliary staff working. Also, a psychiatrist from governmental hospital visits the centre to evaluate the adolescents every month. Based on the interviews with social worker and psychiatrist, it was learned that the girls who had been sexually abused or substance addicted were aggressive and disconnected from life, could not have consistent and balanced communication with opposite sex.The present study was planned to help adolescents develop psychosocially, to optimize point of view of the adolescents and to support socio-cultural sides.

Participants

During the study process, number of the adolescents in the centre changed between 10 and 16. In the planning process, every adolescent was aimed to be recruited however due to a difficulty in understanding and severe mental disorders, the education was applied with 10 girls. The SH/RH forms was filled by all of the participants, quality of life and depression scales were responded by 8 of them before the education. The scale was performed to 7 girls because one left the centre.

Instruments

Descriptive Form: The form consists of questions determining age, education status, family type and addiction to alcohol and substance. Other socio-demographic characteristics of the adolescents obtained from the files in the centre.

Paediatric Quality of Life InventoryTM 4.0 (PedsQLTM 4.0): PedsQL has been developed by Varni et al in 1999 in order to measure quality of life regarding health of 2-18 years of aged children and adolescents [10]. Cronbach's alpha level of the scale was found 0.93 after consistency study to assess its reliability [10,11]. Turkish reliability and validity study was conducted by Üneri (12). It was shown that, PedsQL is reliable, valid, sensitive and has a high consistency [12,13].

The scale is filled by the child/adolescent or parent. It is a quality of life scale that is easy to use in both healthy and sick children and adolescents and includes 23 items. The items are scored between 0 and 100. A hundred points is given when the item is answered as newer, 75 points given when rare, 50 points given when sometimes, 25 points given when often and 0 point is given when the item is answered as always. The high total score from PedsQL means that quality of life regarding health is well.

Scale of Depression for Children: The scale was developed by Kovacs [14] in 1992 in order to determine the severity of depression in children and adolescents. It was adjusted to Turkish by Öy [15]. Test-retest reliability was found as 0.80. The scale is a self-assessment scale that can be performed in 6-17 aged children. The child is wanted to choose the most suitable statement for himself/herself for the last two weeks. The more score is higher, the more depression level is severe. The highest score which can be taken from the scale is 54. The pathological cut off point has been determined as 19.

SH/RH Questionnaire Form (SH/RH QF): The questionnaire form which has been developed by the researches consists of 32 questions determining knowledge and attitudes of adolescents about sexuality and information about adolescence.

Procedure: PedsQL and Scale of Depression for children were performed by a psychiatrist before the dance and SH/RH educations while Questionnaire Form of Sexual Health Reproductive Health (QFSHRH) was applied to adolescents by the SH/RH trainer.

Dance and SH/RH trainings were started at the same time and conducted in parallel.

Dance Training Activity: The aim of the dance training is to contribute to social, psychological and physical health of developing adolescents. Besides, it was aimed to help adolescents, who cannot have gender-specific standing, speaking and behaving due to traumas, acquire and develop such characteristics via dance and it was aimed to canalize their energy to the right way.

Dancing training was given by an expert dance trainer and assistants (n=5). The training lasted for totally 10 weeks being totally 30 hours. Texas Line Dance, Salsa among Latin dances and Zeybek among Turkish dances were chosen. Dance education was performed in the big hall of the centre in which adolescents lived. The hall has enough capacity to dance also with an audio system. Standing, holding, right walking were taught within both dancing education and both in daily life for using their body right.

SH/RH Education Activity: This activity was applied in parallel with dancing activity. It was aimed to improve consciousness of the adolescents who are sexually active and to increase the quality of sexual life because the studies have shown that adolescents have inadequate knowledge about sexuality/sexual relations.

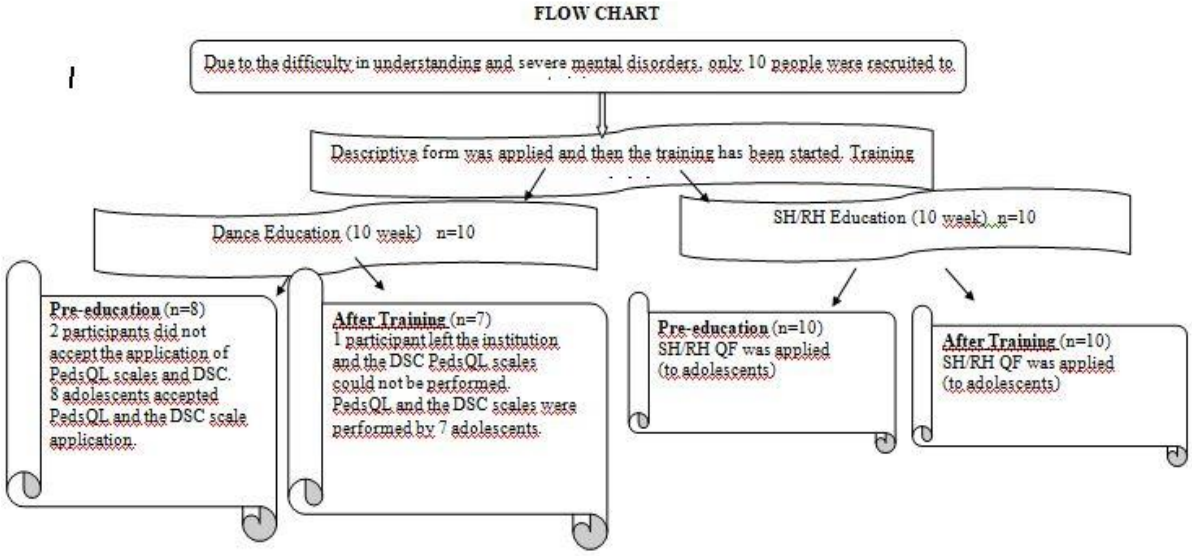
SH/RH education lasted 10 weeks for once in every week. In the first week pre-test was performed for determining what adolescents knew and did not know about SH/RH and for constructing the curriculum based on the results. Based on the results of pre-test and literature review [2,16-18], 8 specific titles were determined (Table 1). In the last week of the education post-test was performed. The education was given by an assistant professor with a doctoral degree on Gynaecology and Obstetric Nursing.

The SH/RH education was given in social-activities hall of the centre. The hall includes one-person chairs, a computer and barco-vision device. Adolescents, sit in U design in the hall in order to see each other and to participate in the education interactively.

The trainer used a language to easily understand and a comfortable atmosphere was provided for them to ask questions.

As a group education, active techniques such as lecturing, query-response and discussion. Also demonstration method was used by a model. Oral presentations were conducted via power paint shows on the computer. A brief summary of the presentations which lasted 30 minutes was done. Discussion session for answering questions lasted approximately 20 minutes despite that it was planned to take 10 minutes because of adolescents' interests.

PedsQL, DSC and QFSHRH were re-applied after the dance and SH/RH educations ended.



Data analysis: Data were shown in number and percentages in the tables. Chi-square test was used to assess the pre-test and post-test differences. Monte Carlo Method was used due to limited data set and value less than 5. Wilcoxon test was used to compare pre and post education scores of Quality of Life and Depression Scales. $p<0.05$ was set as statistically significant in comparisons.

Ethics: Academic approval was obtained from the University of Erciyes, Faculty of Health Sciences. All adolescents were informed about the purpose of the study and their oral consents were taken. Also this project was supported from the World Bank.

Results

Mean age of the adolescent girls was 15.9±1.8 years. Seven of the girls were from divided family, 4 attended 6-8th grades of the elementary school while one has not gone to school. Seven of the girls had been

diagnosed with mental disorder by the psychiatrist. It was determined that adolescents sent to the relevant centre for protecting them because of rape, abuse and prostitution had been staying for 4-24 months while 8 of them escaped several times and 7 were sexual abused during this process. All of them smoked, 6 of them were addicted to alcohol and 6 of them were addicted to substance. It was found that 8 of the adolescents (80.0%) had knowledge about sexuality and 5 (50.0%) had learnt it from friends and school. Nine (90.0%) of the adolescents thought sexuality as a taboo and did not talk about with their families while one (10.0%) stated that she could talk about sex indirectly. Of the adolescents, 4 (40.0%) were totally against with pre-marriage sexual intercourse and one (10.0%) thought that sexuality should not be limited.

Eight of the adolescents (80.0%) had a sexual intercourse experience and mean age of the first sexual intercourse was 14.0±1.6 years. Seven of the adolescents (87.5%) who had experience lived the first sexual intercourse with her boyfriend, one (12.5%) with a family member and 7 (87.5%) lived sexual intercourse more than one person. One had used combined oral contraceptive (OC) pills, two had used condom and 5 had used none of a contraceptive method during sexual relation.

PedsQL scores of post-education increased in 4 adolescents and decreased in other 4 adolescents compared to pre-education. Depression DSC score of post-education decreased in 3 adolescents while did not change in one adolescent compared to pre-education. While overall pre-education scores of PedsQL and DSC were 68.3 and 18.5, respectively. Post-education scores were 74.1 and 18.6, respectively ($p>0.05$) (Table 2).

The majority of the adolescents expressed that contraceptive method should be used during sexual intercourse both before and after SH/RH education. It was determined that two the adolescents thought condom, one thought abortion and one thought anal sex as a contraceptive method before the education. After the education, 8 of the adolescents could tell at least 2 different methods and stated that abortion was not a family planning method. There was a statistically significant difference between pre- and post-education known contraceptive methods among adolescents ($p<0.05$). Six of the adolescents before education and 9 after education stated that they knew where to get contraceptive methods (Table 3).

While only 5 adolescents had information about AIDS, one of sexually transmitted diseases before the education, number of the adolescents increased to 7 who could know about one or more than sexually transmitted diseases after the education. Before the education, only one adolescent knew to use condom to avoid sexually transmitted diseases. After the education 3 adolescents knew to use condom and one thought that having sexual life with one partner was necessary. Pre-education number of the adolescents who did not have knowledge about this issue was 8 (80.0%) while post-education number of adolescents who did not have knowledge decreased to 4 by 50.0% (Table 4).

While 3 of 10 adolescents knew only one of the symptoms of sexually transmitted diseases before treatment, 8 of them knew almost all of the symptoms after education.

Table 1:SH/RH Educational Content

Week	Title	Time(minute)
1st week	Sexual health/reproductive health for the pre-education test to determine the level of knowledge about the application,	30
2nd week	What is sexual health? What is sexuality? Some values related to sexuality, Commonly used concepts related to sexuality,	30
3rd week	Characteristics of adolescence, Anatomy and physiology of male and female reproductive organs,	30
4th week	Menstruation (menstrual) cycle and hygiene,	30
5th week	Pregnancy, Unwanted pregnancy and its consequences, Family planning methods,	30
6th week	Sexually transmitted diseases,	30
7th week	Psychological-based sexual disorders, sexual dysfunctions	30
8th week	Women, violence and sexuality,	30
9th week	False information and beliefs about sexuality,	30
10th week	Post-test application to evaluate the effectiveness of the training	30

Table 2:Mean individual and group scores of Quality of Life Scale and Depression Scale for Children before and after education

Individual PedsQL	**Pre-education** **Mean (Min-Max)**	**Post-education** **Mean (Min-Max)**	***p***	**Individual DSC**	**Pre-education** **Mean (Min-Max)**	**Post-education** **Mean (Min-Max)**	***p***
X1	57	77		**X1**	20	11	
X2	79	76		**X2**	16	18	
X3	80	84		**X3**	16	29	
X4	59	80		**X4**	27	20	
X5	76	61		**X5**	9	11	
X6	67	72		**X6**	22	21	
X7	63	69		**X7**	20	20	
X8	65	Failed		**X8**	18	Failed	
Group PedsQL	68.3(57.00-80.00)	74.1 (61.00- 84.00)	0.176	**Group DSC**	18.5 (9.00- 27.00)	18.6 (11.00-29.00)	0.916

Table 3: Pre- and post- SH/RH education knowledge about contraception of the adolescents

Contraception Information	**Pre-education**		**Post-education**		***p***
	n	**%**	***n***	**%**	
Use of contraceptive methods					
Necessary	8	80.0	7	70.0	.498
Not necessary	0	00.0	1	10.0	
Do not have any idea	2	20.0	2	20.0	
Contraceptive methods known					
Combined oral contraceptive (OC) pills	1	10.0	0		.021
Condom	2	20.0	0		
Curettage	1	10.0	0		
Condom + OC pills	2	20.0	4	40.0	
Condom + OC pills + Coitus interruptus	1	10.0	1	10.0	
More than 2 effective methods	0	00.0	4	40.0	
Anal sex	1	10.0	0	00.0	
Do not have any idea	2	20.0	1	10.0	
Contraceptives supply					
Known	6	60.0	9	90.0	.303
Unknown	4	40.0	1	10.0	

Table 4:Pre- and post- SH/RH education knowledge about sexually transmitted diseases of the adolescents

Protection of STD	**Pre-education**		**Post-education**		***p***
	n	**%**	***n***	**%**	
Known STD by adolescents					
AIDS	5	50.0	1	10.0	.048
Hepatitis B	-	-	1	10.0	
AIDS + Hepatitis B	-	-	1	10.0	
AIDS + Hepatitis B + Gonorrhea	-	-	1	10.0	
AIDS + Hepatitis B + Fungus	-	-	1	10.0	

AIDS + Syphilis + Gonorrhea + Fungus	2	20.0	2	20.0	
Do not have any idea	3	30.0	3	30.0	
Methods to get protected from STD					
Condom use	1	10.0	3	30.0	.063
Condom use + Having only one partner	-	-	1	10.0	
Avoiding sexual intercourse	1	10.0	1	10.0	
Medical cure	-	-	1	10.0	
Do not have any idea	8	80.0	4	40.0	

Discussion

Sexual abuse and substance addiction are important health problems in adolescents. Health threatening behaviours like substance addiction and dangerous sexual experiences, attention deficit and anxiety disorders are prevalent in sexually abused children and individuals [6]. A study has shown that substance addiction occurred in women who had more exposed to sexual abuse in childhood. It is reported that frigid, polygamy and depression are prevalent [7].

Most of the participants in this study were under protection due to rape, abuse and prostitution and were addicted to alcohol and substance. It is crucial to increase their confidence and to gain them in society and to strengthen their behavioural and personal development which can be provided via various aspects and educations. In the present study which was conducted based on this approach, quality of life scores of the adolescents increased despite not having changed in depression scores after the dancing and SH/RH education ($p>0.05$). Dancing has extremely important effects on personality development of the youngsters [19]. Dance is a specific type of exercise that is accepted to be at an aerobic level in which big muscle groups are intensely used including different skills [20]. Dance is thought to provide comfort in the body and moral comfort by using the body and some activities; to high life related motivation of adolescent by improving social communication via grouping improvisations and by providing them define themselves freely [19]. It was also proven that people who do regular exercise have better cognitive skills and live less anxiety and depression. Exercise increases the self-confidence [21,22]. Post-trial interviews and reports of the psychiatrist showed that adolescents lived less depression, quality of life and self-esteem increased, they were more energetic and had a happier face despite insignificant statistical results between the pre- and post-education scores of the scales. Özdemir has found a significant decrease in post-dancing level of depression compared to depression level before dancing which was applied to the teenagers [21]. As Özdemir mentioned [21], students who were doing exercises were socially more mature and had higher adherence according to Malsimur and Sckmitt's study.

Sexual health education has an important role in personality development of the adolescents. Sexually education is understanding the physical, emotional and sexual development and getting a positive personality concept and value judgments. The significance of sexual education is becoming more important for the community because age of living sexual intercourse is reducing every passing day worldwide. Although the number of sexually active young people was higher in studies conducted abroad, in this study the average age of having sexual intercourse for the first time for adolescents was 14±1.6 years. Sexual intercourse can have negative consequences, such as undesired pregnancy, miscarriage, abortion and sexually transmitted diseases. Living sexuality during adolescence may be thought to being exposed at serious risks because of negative outcomes of sexual intercourse.

According to World Health Organisation, the younger generation is at higher risk of getting sexually transmitted diseases as a result of lack of knowledge and misinformation. Sexually transmitted diseases continue to be important health problems both for individuals and the society. Careless attitudes toward sexually transmitted diseases of the youth and even adults are the result of a lack of sex education [23]. It is noteworthy that among participant adolescents, only one knew the condom for preventing sexually transmitted diseases and 8 did not know before the education although it is very important to use condom or monogamy to prevent sexually transmitted diseases.

The adolescents were sexually active, most of them had a sexual intercourse with multi-partners with inadequate contraceptive and they were defenceless against sexually transmitted diseases which overall show that the adolescents required information about SH/RH and sexually transmitted diseases. Sexual Health/Reproductive Health education yielded an increase in knowledge levels of the adolescents and knowledge about contraceptive methods, the sexually

transmitted diseases and places to reach contraceptives and protection ways from sexually transmitted diseases was gained by this education.

Conclusion

Plenty of questions asked by the adolescents during and after the education about SH/RH and the content of these questions show that they are also in need of information and also show the interest in the education. In this context, this kind of educational activities should be stimulated. We also recommend to give an in-service training to the healthcare staff of the centre in order to enhance health consultation services by increasing their efficiency.

Limitations

The primary limitation of this study was that our sample of girls was small; a larger study on this subject would be useful.

Acknowledgement

We would like to thank all the adolescent who agreed to participate in the study. It is a project supported by the World Bank (Proje number: WBDM549679). Thank you World Bank for this project.

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Conflict of Interest: None

Source of Support: Nil