PREKNOP: Preconception Reproductive Knowledge Promotion for Low-Income Women in Grand-Rapids

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The United States has one of the highest rates of unplanned pregnancy amongst developed countries. According to Finer and Kost (2006) more than half of pregnancies were unintended in the 29 states surveyed and the District of Columbia. In Michigan alone, 53% of all pregnancies were unintended. In addition, “by 2001, a woman living in poverty was four times as likely as a woman living at 200% of poverty or higher to have an unintended pregnancy.” 1 In an effort to increase awareness of women’s health topics and to encourage positive pregnancy outcomes in lower income women in Grand Rapids, Professors Adejoke Ayoola and Gail Zandee, their research assistants, and various Calvin nursing students performed an “intervention to increase women’s knowledge of their body, while reducing the risk of unplanned pregnancy and delayed pregnancy recognition.” 2

The PREKNOP program consists of ten home visits over a two-year time period. During the home visits, two Calvin Nursing Students and a Community Health Worker provided education on nutrition, the role of iron and folic acid in the body, smoking and alcohol related to their impact on women’s health, physical exercise, weight management, and access to local health care. In addition, the intervention group received education on reproductive anatomy, hormones, birth control, prenatal care, adaptation to pregnancy, and nutrition during pregnancy. In order to apply this knowledge, the intervention group was taught how to track their menstrual cycle, temperature, and vaginal discharge as well as how to use ovulation test strips. The women recorded this information on a monthly calendar. Using this information, the student nurses helped the women determine their date of ovulation each month and the length of their cycle. During the home visits, the nursing students observed a lack of reproductive knowledge of the participants. In order to investigate this further, I conducted a literature review using CINAHL to view the current evidence on reproductive knowledge, or lack thereof. Overall, the thirteen articles reviewed discussed several areas of reproductive knowledge, with the majority focusing on the influence of socio/cultural norms, knowledge of contraceptive use, and knowledge of pregnancy risk or unintended pregnancy. Surprisingly, only one article included information on the reproductive system or reproductive organs, and only four articles discussed the menstrual cycle or menstruation. Of the six studies that performed an intervention, all six reported a significant increase in knowledge, although the content of this knowledge differed depending on the study. However, it is difficult to conclude if knowledge increase can affect behavior outcomes.

The PREKNOP program has been an invaluable experience. I have learned how to use several different databases, including Quickbase, CINAHL, MedLine, and PubMed. I transcribed several hours of data from a focus group using ProScribe, and learned how to code the data thematically using NVIVO. I


helped create a scheduling system using GroupWise and a data storage protocol using Quickbase. I learned directly from two incredible Professors, and increased my own personal knowledge of Women’s Health topics. In addition, our PREKNOP student team has learned how to use everyone’s strengths to help the program run efficiently and effectively. Although these skills are incredibly valuable, my home visit experiences have impacted me the most. I have had the privilege to step into the lives of women in poverty, and to see a glimpse of the challenges, joys, and trials of their lives. Every resident of Grand Rapids has a unique story to share, and having the chance to learn about the different facets of poverty from women who actually live in it is extremely eye opening, heart breaking, and powerful. This program is not about us teaching impoverished women in Grand Rapids. This program is about symbiotic learning between the client, community health worker, and student nurse. This program is about empowering women with knowledge, and allowing them to use that knowledge in whatever way they choose to. This program is about listening as much as talking, giving as much as receiving, and learning as much as teaching. I consider myself blessed beyond measure to hear the life stories of these women, and for the opportunity to enter into their world. By coming to their homes, we were able to meet these women where they were in their life’s journey, and witness the powerful grips of poverty. Above all, however, I am in awe of the power of God, and comforted by the prophet Jeremiah, who says, “For I know the plans I have for you, declares the LORD. Plans to prosper you and not to harm you, plans to give you a hope and a future.” God is in the trenches of poverty with these women, whether they recognize Him or not. In Psalm 22, David’s words depict a brutal struggle, but finish praising God. The psalmist writes, “My God, my God, why have you forsaken me? Why are you so far from saving me, so far from my cries of anguish? My God, I cry out by day, but you do not answer, by night, but I find no rest...But you, Lord, do not be far from me. For he has not despised or scorned the suffering of the afflicted one; he has not hidden his face from him but has listened to his cry for help. The poor will eat and be satisfied; those who seek the Lord will praise him—may your hearts live forever!” I praise God for the opportunity to catch a glimpse of the brokenness of the world, which is overwhelmed by His great love and power.