

## PREKNOP Summer 2016 Research

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This summer I, along with 2 other research assistants, worked with Professor Ayoola on the Preconception Reproductive Knowledge Promotion (PREKNOP) Program. About 120 women have been enrolled in this two-year program. They have either been placed in the intervention or control group. Both groups get 10 home visits over the course of two years. They get one home visit at the beginning of the program, and then one visit every month for 6 months. This is the Phase 1. Phase 2 includes months 7-11. During this time, women in the intervention group receive surveys from us to track their growth. They also send back calendars where they've tracked their menstrual cycle, including their menstrual flow and their ovulation (by recording their daily body temperature). Phase 3 includes months 12, 18, and 24. Unlike the previous phase, the women get a home visit each designated month. During the visit (led by two student researchers), the two students may teach a woman about any topic she has questions on. The women in the control group receive information about healthy lifestyle in general, such as nutrition, exercise, and weight management. During these last three home visits, the women also complete a survey that tracks how much they've learned.

It was great this summer to get to experience what was at first an unrealized experimental method. The women in the PREKNOP program are reaching the end of the two-year program. We have worked to finish up the last couple of home visits, and to disseminate the data. This latter task is what has been the focus of this summer. We've been working with the Center for Social Research (CSR) in the task of managing quantitative data. In the office, I've been making sure that each woman's folder is up to date and all the forms that should be there are present. We've been making sure that any woman that needs to have a home visit has one, and we've been organizing the folders of all the women according to what phase of the program they are in, if they've dropped out, or if they are done with all 3 phases of the program.

We've received some data back from CSR, and it is awesome to be able to see the effects of the program on the women two years later. One thing that we've seen and want to explore further is the high dropout rate of the women in the program. This, specifically has been the focus of my summer research. Dropout rates in home-visit studies can be as high as 50%. This, of course, affects the validity of a study. Through my research (which has focused specifically on low-income women in studies involving home visits), I've learned that there are important demographical backgrounds and additional risk factors that make it more probable that some women drop out than others. For example, young, unmarried, African-American mothers are at highest risk for dropping out.<sup>1</sup> In the articles that I've reviewed, another risk factor for a woman that makes it more likely she'll drop out is having a switch in home visitor. Generally speaking, this points to the importance of the nurse/home visitor and client relationship. The importance of having a good relationship with the home visitor has been addressed in most of the articles that I'm reviewing. This provides great insight into our own PREKNOP research. From here, the next step is how to foster this relationship in the context of a home visit, since it is so important in maintaining a high retention rate. Finding a solution, or a combination of interventions that would make a difference, is complex and requires further research.

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<sup>1</sup> Holland, Margaret L., Julie J. Christensen, Laura P. Shone, Margaret H. Kearney, and Harriet J. Kitzman. "Women's Reasons for Attrition from a Nurse Home Visiting Program." *Journal of Obstetric, Gynecologic & Neonatal Nursing* 43.1 (2014): 61-70. Web.

I've loved the work that I've done so far this summer. Speaking broadly, I've loved being in an environment that combines so many things I love—nursing, public health, women's health, and community. In the past, I've approached all those things independently and in different contexts. Getting to approach all of these topics together from an academic and research perspective has definitely opened me up to something I've never experienced before. In the beginning of the summer, the transition wasn't the easiest— I've had to change my proclivity of approaching things from a relational perspective. Instead, I've had to also approach my work with a researcher's mind. In research, data is gold, and I've come to understand the necessity and great value of this. My research focus is quite relational and a lot of the data is qualitative. Even so, I didn't know what would come of my research. I didn't know what I would find, or how that would change the way we could in the future approach the PREKNOP program. Being almost finished with my literature review, I've found concrete and definite factors that affect attrition, and this in turn changes how we would approach this research in the future. I've come to understand in depth the meaning of evidence-based research, and it is great. I have been blessed and privileged to have worked as a research assistant alongside the other two fellow assistants, to have worked with Professor Ayoola, and to have met some of the women in the program.