

Effect of Education for The Disabled Children's Mothers on The Reproductive Health Protective Knowledge and Attitude of Mothers

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Cite this article as: Özbaş S, Uskun E. Effect of Education for The Disabled Children's Mothers on The Reproductive Health Protective Knowledge and Attitude of Mothers. Med J SDU 2026; 33(2): 182-194. Doi: 10.17343/sdutfd.1730811

Abstract

Objective

This study is carried out to measure the effect of the education given to the mothers of disabled children studying in an educational institution that educates mentally disabled children on reproductive health protective knowledge and attitude of mothers and also to guide similar educational practices.

Material and Method

The mothers of students studying in an educational institution that provides education to mentally disabled children were included in the study (N=191). Before and 8 weeks after the training on improving reproductive health, a questionnaire including the Descriptive Information Form and the "Reproductive Health Protective Attitudes Determination Scale of Married Women" (RHPAS) was applied to the mothers. The reproductive health protective knowledge and attitudes of

mothers were evaluated, and training was provided on "reproductive health protective behaviors," and the effectiveness of the training was evaluated.

Results

As a result of the statistical analysis, it was determined that the total RHPAS score increased significantly ($p < 0.001$) after the training. Sub-dimension scores of the scale (Cancer Prevention, General Health Behavior, and Protection from Infections) increased significantly.

Conclusion

According to these findings, it was determined that the intervention by training mothers of children with disabilities on reproductive health protective behaviors positively increased.

Keywords: Education of disabilities' mothers, Health education, Mothers of disabled children, Reproductive health, Reproductive health training

Introduction

Women's most significant health concerns include reproductive health issues and gynecological diseases (1). Access to evidence-based reproductive health information is a fundamental human right, enabling

women to take control of their health (2). Studies indicate that women's knowledge of reproductive health is insufficient, and their health behaviors require improvement. It is crucial to strengthen their knowledge and skills to enhance reproductive health education (3-9).

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Received: 30.06.2025 • **Accepted:** 01.05.2026

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Preserving women's reproductive health contributes to healthier families and societies (10). Risks affecting the female reproductive system can extend to future generations (11). While reproductive health concerns both genders, its impact on women is direct, particularly in areas related to pregnancy, birth, and miscarriage (12, 13). Expanding reproductive health services and improving service quality are essential (14). Accessible, high-quality reproductive health services are necessary for preventing and addressing reproductive health issues (15). Health education plays a crucial role in promoting behavioral change and risk reduction. Adult education principles should guide reproductive health education programs for women (16-18). Many reproductive system diseases are preventable with adequate knowledge, making it essential to assess women's awareness, correct misinformation, and enhance their understanding of reproductive health (17).

Raising a disabled child presents unique challenges (19-21). Research suggests that mothers of disabled children often experience significant stress, which affects their mental and physical health (20, 22, 23). Mothers of children with disabilities have a greater need for reproductive health education due to concerns about their own reproductive health and the reproductive health of their children with disabilities, as well as the fact that they have previously given birth to one or more children with disabilities. Although some studies focus on reproductive health for disabled individuals (24), little research examines the reproductive health of mothers with disabled children.

This study has been planned to evaluate the reproductive health protective knowledge and attitudes of mothers with disabled children, whether they are different when compared with other literature, and to measure the effectiveness of the training about "reproductive health protective behaviors in women"; and if the training is effective, it will be a guide for similar trainings carried out for other women.

Research Hypothesis: The total and subscale scores of the Reproductive Health Protective Attitudes Determination Scale of Married Women (RHPAS) administered to women with disabled children will increase after training compared to pre-training scores.

Material and Method

The Type and Universe of the Research

A quantitative and intervention (experimental) type of study design was conducted to aim to measure the effect of education on the reproductive health protective

knowledge and attitudes of mothers of mentally disabled children studying in an educational institution. The study focused on the mothers of students attending a special education institution affiliated with the Republic of Türkiye Ministry of National Education for children with mental disabilities.

Out of the 273 students, 38 were excluded from the study due to adoption (n=3), living in a childcare center (n=25), or having a deceased mother (n=10). It was aimed to reach all mothers of 235 students without sampling. Twenty-eight mothers were unable to participate due to hospitalization (n=3), inability to establish contact (n=13), or refusal (n=12), resulting in a total of 207 mothers of children with disabilities being included in the study. Some mothers had more than one disabled child attending the same school (14 women had 2 children, one woman had 3 children). The number of women with one disabled child was 176, and the number of women with more than one disabled child was 15 (total 191). In this case, 191 mothers participated in the study.

This study adhered to the principles outlined in the Declaration of Helsinki. The study was approved by the Suleyman Demirel University Faculty of Medicine Clinical Research Ethics Committee on 14.01.2015 with decision number 143 and Provincial Directorate of National Education (letter numbered 27749142/730/146781). The research group was informed about the purpose and confidentiality of the study, and the participation approval form was signed. To use the RHPAS Scale in the research, permission was obtained from Hülya Demirci by e-mail through personal communication, who developed the RHPAS scale.

Data Collection and Evaluation

In the first phase of the study, training days and training groups were determined, and they were conducted for 10 working days, including 20-25 mothers every day. The questionnaire, consisting of two parts, a descriptive information form and a RHPAS (4), was administered to women with disabled's mothers by face-to-face interview method after obtaining verbal and written consents. Before the application, women were informed about the purpose of the research. After the questionnaire application, each group received nearly 130 minutes of training on "Reproductive Health Protective Behaviors in Women" by the researcher (SÖ) to improve reproductive health. Standardized training was given to all groups by the same trainer (Appendix 1). A certificate of participation was given to women after the training.

In the second phase of the research, 8 weeks after the training, disabled's mothers were invited to the school where the study was conducted, and the RHPAS was administered again using the face-to-face interview method.

The descriptive information form included 12 questions on sociodemographic characteristics, 6 questions on habits, 12 questions on cancer prevention and early diagnosis, 7 questions on reproductive health complaints, 15 questions on family planning use, 6 questions on menstrual periods, and 7 questions on children with disabilities. Regular exercise was defined as at least 20 minutes of brisk walking 3 days a week.

RHPAS; the scale developed by Demirci in 2004 as " Reproductive Health Protective Attitudes Determination Scale of Married Women," consisting of a total of 39 items and 5 sub-dimensions, and applied before and after the education in this study (4). The sub-dimensions of the scale:

- Behavior of Going to the Doctor on issues concerning reproductive health (8 items),

- Protection from reproductive organ and breast cancer (4 items),

- General health behaviors to protect reproductive health (10 items),

- Protection from genital tract infections (14 items),

- Protection from unwanted pregnancy (3 items).

The test is an easy-to-understand Likert-type scale scored between 1 and 5, which women can answer on their own. The raw score of the scale is obtained by adding the scores obtained from each item. The scores that can be obtained from the scale range from 39-195. The raw scores of each sub-dimension are obtained by adding the scores of the items under the sub-dimension. The lowest and highest values of the total and subscale scores were determined and reported in Demirci's study, and the Cronbach Alpha reliability coefficients of the original scale and this study are given in Table 1. The increase in the scores obtained from the scale and sub-dimensions is an indication that the knowledge and attitude in that field have developed in a positive way.

Table 1

Scores that can be obtained from RHPAS and its sub-dimensions and Cronbach alpha reliability coefficients

Scale and Sub-Dimensions	Scale Items Used in Calculation	Number of items	Min. Crude Point	Max. Crude Point	Cronbach's Alpha	Cronbach's Alpha Pre education	Cronbach's Alpha Post education
RHPAS (Total Score)	1- 39	39	39	195	0.82	0.79	0.77
1. The behavior of going to the doctor on issues concerning reproductive health	13,14,15,16*, 24,25,33,39	8	8	40	0.78	0.79	0.75
2. Protection from reproductive organ and breast cancer	20,21,22,23	4	4	20	0.72	0.65	0.62
3. General health behaviors to protect reproductive health	1,29,30,31,32,34, 35,36,37,38	10	10	50	0.62	0.60	0.51
4. Protection from genital tract infections	2,3,4,5*,6,7,8,9, 10*,11,12,17,18,19	14	14	70	0.61	0.48	0.48
5. Protection from unwanted pregnancy	26,27,28 *	3	3	15	0.61	0.48	0.54

* Reverse scored items, RHPAS: Reproductive Health Protective Attitudes Determination Scale of Married Women

This training program was organized in order to ensure that women acquire information about protecting and improving their reproductive health and gain the right attitude and behavior. Educational materials were prepared by considering the adult education principles (25).

Reproductive health education sessions were held in the school's education hall with groups of 20-25 people seated in a "U" shape. During the sessions, a PowerPoint presentation prepared by the researchers was given. At the end of the presentation, a question-and-answer session was held to answer the women's questions. During the training, the "Illustrated Guide for Family Planning Counseling" (26), which included visuals related to reproductive organs, the menstrual cycle, pregnancy formation, and family planning methods, was also used. A breast model was used for breast examination, and intrauterine devices, pills, injectable contraceptives, and condom models were used for family planning methods.

During the presentation, posters were hung on the boards in the training room. In addition, a "paper listing the names of female reproductive organs" and a "paper listing breast cancer symptoms and breast examination steps" prepared by the researchers were hung on the flipchart board.

Data Analyses

Data of the study were evaluated using the SPSS 15.0 (Statistical Package for the Social Sciences, Version 15.0) program on the computer. The compatibility of the variables to normal distribution was examined using the Kolmogorov-Smirnov test. The data of the study were presented using descriptive statistics [number, percentage, means, standard deviation, minimum and maximum (min-max) values, and 95% Confidence Interval]. A paired t-test was used for comparisons of dependent groups before and after the training. $p < 0.05$ was accepted as a cut-off value for statistical significance. After subtracting the pre-training value from the post-training value, it was divided by the pre-training value, and this value was multiplied by 100 to calculate the percentage change value.

Results

The sociodemographic, health habits, and reproductive health characteristics of the research group are shown in Table 2, and the marital and fertility characteristics are shown in Table 3.

The vast majority of the study group is middle-aged and over (84.3% are 35 and over). In terms of educational level, the fact that 68.6% of the study group are primary and secondary school graduates indicates that the participants have a low to middle educational level. The fact that 91.1% of the women in the study group are married, 82.2% are housewives, and 74.4% have a medium income level indicates that the study group consists of married individuals with a home-based active role.

Among the women in the study group, 58.1% had undergone breast self-examination (BSE), and 72.0% of them had undergone BSE at least once a month or more frequently. In the study, 37.2% of the women stated that they had mammography, and 52.9% had a swab test from the cervix. Of the women, 11.5% reported receiving instruction on preventive behaviors for reproductive health. These findings suggest that women have lower participation in advanced screening programs and indicate a lack of education regarding preventive behaviors related to reproductive health. The characteristics of the research group regarding pregnancy and birth to a disabled child are shown in Table 4. Among the women in the study group, 32.4% did not receive any care during the pregnancy of the child with disability.

The scores and change percentages obtained from the total score and sub-dimensions of the RHPAS before and after the training of the research group are shown in Table 5. The total score (149.8 ± 15.7) received after the training from the RHPAS was significantly higher than the total score (144.8 ± 17.2) obtained before the training ($p < 0.001$).

Post-education scores were significantly different than pre-education scores in the subscales of "Protection from Cancer", "General Health Behavior" and "Protection from Infections" ($p = 0.003$, $p < 0.001$ and $p < 0.001$, respectively). Among the sub-dimensions that differed significantly after the training, the greatest change was in the "Protection from Cancer" sub-dimension. No significant difference was found between pre-education and post-education scores in the "Behavior of Going to the Doctor" and "Protection from Unwanted Pregnancy" sub-dimensions.

Among the sub-dimensions that differed significantly after the training, the greatest change was in the "Protection from Cancer" sub-dimension, and the least change was in the "Protection from Infections" sub-dimension.

Table 2

Sociodemographic, health habits and reproductive health characteristics of the research group

Properties		Number	%
Age	25-34	30	15.7
	35-49	107	56.0
	50-75	54	28.3
Education Status	Without formal education	25	13.1
	Primary school-secondary school	131	68.6
	High school and above	35	18.3
Marital status	The married	174	91.1
	Widows	17	8.9
Working status	Housewife	157	82.2
	Working	23	12.0
	Retired	11	5.8
Income level	Bad	13	6.8
	Medium	142	74.4
	Good	36	18.8
Perceiving your own health	Too bad-Bad	20	10.5
	Middle	102	53.4
	Good very good	69	36.1
Chronic illness	There is	77	40.3
	No	114	59.7
Getting regular exercise	Doing	33	17.3
	Does not	158	82.7
BSE status	Yes	111	58.1
	No	80	41.9
Frequency of BSE *	At least once a week	40	36.0
	At least once a month	40	36.0
	Once in three months	14	12.6
	Once every six months and less often	17	15.3
Mammography status	Yes	71	37.2
	No	120	62.8
Swabbing from the cervix	Yes	101	52.9
	No	90	47.1
Education about reproductive health protective behaviors	Yes	22	11.5
	No	169	88.5
Total		191	100.0

* The frequency among BSE practitioners is given (n = 111).

Discussion

In this study, it was found that the training given to mothers of children with disabilities on reproductive health protective behaviors had positive effects on women's reproductive health knowledge and attitudes. Disabled individuals and their families are considered a special group in need of special care and support due to the different problems they face

in society. Parents of disabled children face many challenges. Understanding their experiences and acknowledging contextual influences is vital in developing intervention strategies that fit their daily realities (27). Mothers of children with disabilities often face constraints such as increased caregiving responsibilities and emotional stress. All of these can limit their ability to prioritize their own reproductive health needs and adopt preventive reproductive health prac-

Table 3 Marriage and fertility characteristics of the research group

Properties	Min	Max	Mean ± SD
Age (years)	25	75	44.0 ± 9.1
First marriage age (years)	13	36	20.2 ± 3.8
Total number of pregnancies	1	16	3.6 ± 1.8
Number of live births	1	7	2.7 ± 1.1
Number of stillbirths	-	13	0.3 ± 1.1
Number of spontaneous miscarriages	-	5	0.4 ± 0.8
Number of induced abortions	-	5	0.3 ± 0.6
Number of children desired	1	6	2.8 ± 0.9

Min: Minimum, Max: Maximum, SD: Standard Deviation

tices. For this reason, healthcare professionals have important roles in protecting and improving the health of the disabled individual and their family, as well as their duties and responsibilities to protect and improve public health.

In this study, three-quarters of the women stated their income level as medium. It can be said that even if their income is at the middle income level, they think that their income is not sufficient because having a disabled child brings additional expenses to the family budget.

It was determined that almost half of the women had chronic diseases. However, the vast majority of women [9 out of 10] perceive their own health moderately and well. This situation made us think that women tend to perceive themselves well and have high motivation to cope with problems.

In this study, the mean number of pregnancies (3.6±1.8) was found to be higher than other studies (15,28-30) conducted in Türkiye. While the total fertility rate in Eurostat was 1.59 births per woman in 2017 (31), it was 2.7±1.1 in our study. In addition, the number of children they would like to have is 2.8±0.9. Accordingly, it is seen that women in our study want to have more children than the number of live births.

In Türkiye, the proportion of women receiving four or more antenatal care proportion of women in urban and rural areas respectively 92.0% and 75.0% (32). In this study, 50.2% of the mothers with a disabled child received four or more antenatal care visits during pregnancy; it is clear that this value is very low

compared to Türkiye's data. It is an important finding that the group examined in this study is mothers with disabled children, and their level of receiving prenatal care is low. Prenatal care is important for early diagnosis before having a disabled child.

In a study conducted by Uskun et al 27.3% of women were reported to exercise regularly (30), but those who exercise regularly were found to be 17.3% in this study. This situation made us think that mothers with disabled children do not have time to spare for themselves.

BSE, mammography, and Pap smear tests are of great importance in the early diagnosis of gynecological diseases. In the study by Sönmez and co-workers, 3.2% of women had mammography and 7.8% had a cervical swab (33). In our study group, 37.2% of women had mammography and 52.9% had a swab from the cervix. This shows that the research group was more conscious of this issue.

Other factors affecting this may be the thought that no one else will take care of their children if their health deteriorates, living in the city center, and the working performance of healthcare providers.

Albayrak stated in his study in 2011 that 28.1% of women performed BSE and 27.8% of those who had the examination performed it once a month (34). In this study, 58.1% of women perform BSE, while 72.0% of those who do BSE do it at least once a month or more. In general, it can be said that the research group is more sensitive to the early diagnosis of breast cancer than other working groups.

Table 4

Characteristics of the research group related to pregnancy and birth with a child with disabilities

Properties		Number	%
Number of disabled children in the family *	One	176	92.1
	Two	14	7.4
	Three	1	0.5
Consanguineous partner†	There is	48	25.1
	No	143	74.9
Pregnancy order in which the disabled child was born	Pregnancy	68	32.9
	2. pregnancy	58	28.0
	3. pregnancy	37	17.9
	4. pregnancy	29	14.0
	5 and above	15	7.2
Number of care taken during pregnancy of a disabled child	No	67	32.4
	One to three	36	17.4
	Four and more	104	50.2
The place where most control visits during pregnancy of a disabled child ‡	General practitioner	7	5.0
	Specialist	133	95.0
Birth type of a disabled child	Normal	143	69.9
	Caesarian	61	29.6
	Vacuum	3	1.5
Place of birth of a disabled child	Public Hospital	169	81.6
	University Hospital	18	8.7
	Private hospital	3	1.4
	At home	17	8.3
Total		207	100.0

* 14 of the women (n=191) have two, one has 3 disabled children (n=207), † The distribution of women (n=191) is given.

‡ Distribution is given among those who care for the pregnancy of the disabled child (n=140).

One of ten women in the study group stated that they had received training on reproductive health protective behaviors. Considering that 9 out of ten women in the study group did not receive training, most of the women need training in protective behaviors for reproductive health.

RHPAS was applied before and after the education in this study. It was determined that the total score obtained before the training increased after the training, and this difference was significant. So, the education provided has made positive contributions to the knowledge level of women on the subject.

In this study, it was found that the mean scores for the "Behavior of Going to the Doctor" subscale were similar before and after education, with no significant difference. This lack of change may be due to the scores being close to the maximum possible value of 40. The mean scores in Demirci's (4), Zincir et al.'s (5), and another study (7) are lower than the scores in our study. In another study, the mean score (35) is similar to our findings.

In the literature, women's "Protection from Cancer" sub-dimension mean scores were 6.1 ± 3.1 (5); 7.2 ± 3.6 (7); and 8.8 ± 4.3 (35). In this study, mean scores of the

Table 5 The scores the research group got from the total scores and sub-dimensions of RHPAS

	Before Training Mean ± SD (95% CI)	After Training Mean ± SD (95% CI)	Change % Mean ± SD (95% CI)	p-value *
Total RHPAS Score	144.8 ± 17.2 (142.3-147.2)	149.8 ± 15.7 (147.6 - 152.0)	9.9 ± 47.9 (3.1- 16.7)	<0.001
RHPAS Sub-Dimension Scores				
The Behavior of Going to the Doctor	34.8 ± 6.5 (33.9-35.8)	35.2 ± 5.5 (34.4 - 36.0)	4.8 ± 32.7 (0.1 - 9.5)	0.320
Protection From Cancer	8.8 ± 4.3 (8.2 - 9.4)	9.6 ± 4.3 (8.9 - 10.2)	21.0 ± 58.6 (12.6 - 29.4)	.003
General Health Behavior	29.6 ± 6.9 (28.7 - 30.6)	31.9 ± 6.2 (31.0 - 32.7)	10.3 ± 22.0 (7.1 - 13.4)	< 0.001
Protection from Infections	60.4 ± 5.2 (59.7 - 61.2)	61.8 ± 4.6 (61.2 - 62.5)	2.7 ± 8.8 (1.5 - 4.0)	< 0.001
Protection From Unwanted Pregnancy	11.1 ± 3.4 (10.6 -11.5)	11.3 ± 3.5 (10.8 - 11.8)	9.9 ± 47.9 (3.1 -16.7)	0.380

CI: Confidence Interval; RHPAS: Reproductive Health Protective Attitudes Determination Scale of Married Women; SD: Standard Deviation, * Paired t Test, bold values indicate statistical significance.

"Protection from Cancer" sub-dimension were found to be 8.8±4.3 before the education and 9.6±4.3 after the education. These values are compatible with the literature. There was a significant difference between the values before and after the education, and it shows that the education given has a positive effect on the "Protection from Cancer" sub-dimension.

Considering that the expected scores in the "General Health Behavior" sub-dimension range from a minimum of 10 to a maximum of 50, the average score is low in the study by Zincir and colleagues (5), Erbil and Göktaşlar's study (35), and this study. This low score indicates that women's general health behaviors regarding reproductive health are inadequate. In this study, the average score for the "General Health Behavior" sub-dimension increased significantly after the training. This shows that the training provided to women was effective in developing positive attitudes and behaviors regarding the subject.

In the studies conducted (4-7, 35), the average score for the "Protection from Infections" sub-dimension varies. It has been observed that the score tends to increase with education on the subject. The findings of our study are similar. This result shows that the research group has a good attitude towards protection

against infections and that our training was effective in developing a positive attitude in this regard.

In a study conducted among women continuing their postgraduate education, it was observed that women scored higher in the "Protection from Unwanted Pregnancy" sub-dimension (6); other studies generally reported lower scores (5, 7, 35, 36). In Demirci's study, it was found that the difference between the mean score of women in the "Protection from Unwanted Pregnancy" sub-dimension before and after education was not statistically significant (4). In this study, similar to Demirci's findings, no significant difference was found between the mean sub-dimension score before and after education. The average age of the women in the study group was 44, and they were in the late stages of their reproductive years; this indicates that they were not very interested in receiving education on protection against unwanted pregnancy.

The total score obtained from RHPAS after the training was higher than the total score obtained before the training (p<0,001). This shows that the training given is effective. The scores of the RHPAS sub-dimensions of "Protection from Cancer", "General Health Behavior" and "Protection from Infections" were significantly different, with higher scores than pre-education

scores ($p = 0.003$, $p < 0.001$ and $p < 0.001$, respectively). This situation shows that the education provided has a positive effect. No significant difference was found between the pre-education and post-education scores in the "Behavior of Going to the Doctor" and "Protection from Unwanted Pregnancy" sub-dimensions. The reason for this was thought to be that the scores of the sub-dimensions before and after the training were very close to the maximum values that can be obtained.

Among the sub-dimensions that differed significantly after the training, the greatest change was in the "Protection from Cancer" sub-dimension. The fact that the average age of women in the study group is 44.0 ± 9.1 and being in the premenopausal period indicates that they are more susceptible to cancers that have a risk of developing at these ages. In a similar study where the average age was 51.0 ± 10.9 , it was reported that women were more sensitive about getting information about cancer than the general population (37).

The Limitations and strengths of the Study

This study was conducted in a single school, which limits the sample size and may affect the generalizability of the findings. Furthermore, the post-training evaluation was conducted eight weeks after the intervention, but there may be individuals whose behavioral changes did not fully reflect the effects of the training. To better assess the impact of the training, it is recommended that more research be conducted with larger, diverse samples, long-term follow-up, and inclusion of effect size.

Reaching all women after training who were reached before the training in the research, no data loss, and being the first study that determines the reproductive health protective attitude and knowledge levels of mothers of disabled children, measuring the effectiveness of education by training about reproductive health education to these women; show strengths of the study.

Conclusion

This study provides important implications for public health interventions addressing the reproductive health needs of mothers of children with disabilities. The educational intervention was effective in improving women's knowledge and attitudes regarding reproductive health and highlighted the value of educational programs. This underscores the unique value of the study. Education should also be provided on other preventive health behaviors according to women's needs.

In clinical practice, particularly in primary care, it is important to integrate reproductive health assessments into routine follow-up protocols, take individuals' health literacy levels into account, and implement education strategies focused on behavior change. In addition, psychosocial support services should be strengthened through multidisciplinary team collaboration, and sustainable health plans that facilitate access to healthcare services should be created.

From a public health perspective, schools and centers attended by children with disabilities can provide accessible and sustainable environments for delivering structured and continuous health education to mothers. Disseminating such programs in these institutions can contribute to strengthening preventive health behaviors. Future research should focus on the long-term outcomes of these interventions.

Acknowledgment

We are grateful for the interest and support of all mothers of children with disabilities in this study. We would like to thank Hülya Demirci for allowing us to use the scale they developed. The study was presented as an oral presentation at the 3th International Health Science and Life Congress, 4-6 June 2020, Burdur, Turkey.

Conflict of Interest Statement

The authors declare that there is no conflict of interest.

Ethical Approval

This study adhered to the principles outlined in the "Helsinki Declaration". Ethics committee approval of the study was obtained from Suleyman Demirel University Faculty of Medicine Clinical Research Ethics Committee on 14.01.2015 with decision number 143.

Consent to Participate and Publish

The mothers participating in the study were informed about the purpose, process, and questionnaire of the study, and their informed consent to Participate and Publish was obtained.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Availability of Data and Materials

All data are available from the corresponding author upon reasonable request.

Artificial Intelligence Statement

The authors declare that they have not used any type of generative artificial intelligence for the writing of this manuscript, nor for the creation of images, graphics, tables, or their corresponding captions.

Authors Contributions

SÖ: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Validation; Visualization; Writing-original draft.

EU: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Validation; Writing-original draft.

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APPENDIX 1 TRAINING PROGRAM SCHEDULE ON REPRODUCTIVE HEALTH PROTECTIVE BEHAVIORS

10 minutes	<ul style="list-style-type: none"> - Introducing oneself and getting to meet the group - Explaining the purpose of the training - Providing information about the program schedule 			
TIME	OBJECTIVE	SUBJECT	METHOD	MATERIALS AND EQUIPMENT
20 minutes	Learning about the Reproductive Organs	<ul style="list-style-type: none"> - Female reproductive organs - Male reproductive organs - How the female reproductive system works - Menstrual cycle - Conception - Hygiene of the reproductive organs 	<ul style="list-style-type: none"> - Presentation - PowerPoint presentation - Question and answer session 	<ul style="list-style-type: none"> - Illustrated guide for family planning counseling - Computer and projector - Sheet of paper with the names of female reproductive organs written on it - Flipchart - Poster
20 minutes	<ul style="list-style-type: none"> - Be able to list general health behaviors that directly or indirectly affect reproductive health. - Be able to list appropriate behaviors that help protect reproductive health. - Be able to explain the importance of seeing a doctor for issues related to reproductive health. 	<ul style="list-style-type: none"> - General recommendations regarding nutrition - General recommendations regarding physical activity - General recommendations regarding hygiene <ul style="list-style-type: none"> *General hygiene rules *Handwashing and its importance *Hygiene after using the toilet *Hygiene during menstruation - The importance of early diagnosis in reproductive health - The importance of seeing a doctor for issues related to reproductive health 	<ul style="list-style-type: none"> - Presentation - PowerPoint presentation - Question and answer session 	<ul style="list-style-type: none"> - Computer and projector - Poster
Break time (10 minutes)				
40 minutes	<ul style="list-style-type: none"> - Understand the importance of early diagnosis of reproductive organ cancers and the importance of regularly attending annual gynecological exams - List the preventive steps that should be taken to protect against reproductive organ and breast cancers. 	<ul style="list-style-type: none"> - The importance of early diagnosis in cancers of the reproductive organs - Actions to take for breast cancer and its early diagnosis (breast self-examination (BSE), mammography) - The importance and steps of BSE - Actions to take for cancers of the reproductive organs and their early diagnosis (Pap smear) 	<ul style="list-style-type: none"> - Presentation - PowerPoint presentation - Question and answer session - Demonstration (BSE) 	<ul style="list-style-type: none"> - Computer and projector - A sheet of paper listing the symptoms of breast cancer and the stages of breast cancer - Breast model - Flipchart - Poster - Brochure
Break time (10 minutes)				
20 minutes	<ul style="list-style-type: none"> - Be able to list the preventive behaviors aimed at preventing sexually transmitted infections 	<ul style="list-style-type: none"> - Characteristics of normal discharge from the female reproductive organs - Signs and symptoms of genital tract infections - Hygiene guidelines for preventing genital tract infections - Precautions to take during the treatment of genital tract infections 	<ul style="list-style-type: none"> - Presentation - PowerPoint presentation - Question and answer session 	<ul style="list-style-type: none"> - Computer and projector - Poster
20 minutes	<ul style="list-style-type: none"> - Being able to list methods of preventing unwanted pregnancies 	<ul style="list-style-type: none"> - The concept and importance of family planning - Contraceptive methods used by women - Contraceptive methods used by men 	<ul style="list-style-type: none"> - Presentation - PowerPoint presentation - Question and answer session - Demonstration 	<ul style="list-style-type: none"> - Computer and projector - Illustrated guide for family planning counseling - Contraceptive methods (IUD, pills, injectable contraceptives, condoms) - Poster - Brochure

Note: The original language of the training program was Turkish.

Reproductive Health Protective Behaviors in Women Training Program

Description of the training program: This training program has been organized to help women and mothers to learn about protecting and improving their reproductive health and to adopt healthy attitudes and behaviors.

Objectives and learning outcomes of the training program:

By the end of this training, women will:

- Be familiar with their reproductive organs.
- Be able to list the correct behaviors that protect reproductive health.
- Be able to explain the importance of seeing a doctor for issues related to reproductive health.
- Be able to list general health behaviors that directly or indirectly affect reproductive health.
- Understand the importance of early diagnosis of reproductive organ cancers and the importance of regularly attending annual gynecological exams.
- Be able to list the precautions that should be taken to prevent reproductive organ and breast cancers.
- Be able to list protective behaviors aimed at preventing sexually transmitted infections.
- Be able to list methods of preventing unwanted pregnancies.

Teaching/Learning Methods:

- Presentation
- PowerPoint presentation
- Question and answer session
- Demonstration

Training Materials:

- Illustrated guide for family planning counseling
- Computer and projector
- Sheet of paper with the names of female reproductive organs written on it
- Flipchart
- Poster
- Sheet of paper listing the symptoms of breast cancer and the steps of the breast self-examination - Breast model
- Contraceptive method models (IUD, pill, injectable contraceptives, condom)
- Brochure

Training Program Duration:

- 3 sessions per day over 10 days for 10 separate groups (Total: 130 minutes)

Location of the Training Program:

- The gym at the school where the study was conducted

Size of the Training Groups:

- Groups of 20–25 participants were formed each day.

Training Content:

- Female and male reproductive organs
- How the female reproductive system works
- Menstrual cycle, conception
- Reproductive organ hygiene
- General recommendations regarding nutrition
- General recommendations regarding regular exercise
- General recommendations regarding hygiene (general hygiene rules, handwashing, hygiene after using the toilet, hygiene during menstruation)
- The importance of early diagnosis in reproductive health
- The importance of seeing a doctor for issues related to reproductive health
- The importance of early diagnosis of reproductive organ cancers
- Breast cancer and necessary steps for early diagnosis (Breast self-examination, Mammography)
- Reproductive organ cancers and necessary steps for early diagnosis (Pap smear)
- Characteristics of normal discharge from the female reproductive organs; signs and symptoms of genital tract infections
- Essential hygiene rules to prevent genital tract infections; precautions to take during treatment
- The concept and importance of family planning
- Contraceptive methods used by women and men