

“She felt so tearful and petulant”

- Public health nurses’ experiences about the counseling of the mental side effects of hormonal contraceptives in a student health care unit

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Abstract <p>The purpose of the study was to examine public health nurses' experiences of how mental health was taken into consideration during a hormonal contraceptive treatment. The aim of the study was to gain more information on the counseling related to the mental side effects, so that the study results could be utilized by the professionals of student health services.</p> <p>The data for the study was collected by interviewing public health nurses in a Finnish student health care unit. Their responsibilities were mainly in the area of this study and they had varying degrees of work experience. Open-ended questions were used, and the material was analyzed by theme-grouping the answers as well as by keeping the themes relevant to the original research questions. However, the main point was to gain objective material so that also new themes emerged from the answers. Thus, the final division of the material could be made on the basis of five main themes: resources for counseling, reasons to change/quit hormonal contraception, the importance of the counseling of the mental side effects, identifying the symptoms and separating them from other mental health issues as well as the challenges in counseling.</p> <p>The public health nurses felt that bringing up the issue was not a problem, but also pointed out that sometimes recognizing the mental side effects that were actually induced by hormonal contraceptives was not easy. The interviewees also underlined their interest in extra education about the matter.</p> <p>In future, the results of the thesis could be utilized in the development of the counseling process and as a basis for organizing more education on the mental health issues related to hormonal contraception.</p>		
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Tiivistelmä <p>Tämän opinnäytetyön tarkoituksena oli selvittää kuinka mielenterveys otetaan huomioon annosteltaessa hormonaalista ehkäisyä. Tavoitteena on saada lisää tietoa mielenterveydellisten sivuvaikutusten ohjauksesta, täten opiskelijaterveydenhuollon ammattilaiset voivat hyödyntää tutkimuksen tuloksia.</p> <p>Aineisto saatiin kasaan haastattelemalla suomalaisen opiskelijaterveydenhuollon terveydenhoitajia, jotka työskentelevät kyseisellä alueella taustallaan erimittaiset työkokemukset. Avomien kysymysten kautta saimme analysoidua aineiston jakamalla vastauksia teemoihin, kuitenkin säilyttämällä teemat olennaisina alkuperäisiin tutkimuskysymyksiin viitaten. Kuitenkin pääajatus oli saada objektiivista materiaalia, joten myös uusia teemoja ilmestyi vastauksista lopulta jakaen materiaalin viiteen pääteemaan; ohjauksen resurssit, syyt vaihtaa/lopettaa hormonaalinen ehkäisy, mielenterveydellisten sivuvaikutusten ohjauksen tärkeys, oireiden tunnistaminen ja erottaminen muista mielenterveysongelmista sekä haasteet ohjauksessa.</p> <p>Terveystoimijat kokivat, ettei asian puheeksiottaminen ollut ongelma, mutta joskus varsinaisten hormonaalisesta ehkäisystä johtuvien mielenterveydellisten sivuvaikutusten erottaminen ei ollut helppoa. Haastateltavat toivat myös esille oman mielenkiintonsa lisäkoulutusta kohtaan kyseisestä asiasta.</p> <p>Tulevaisuudessa opinnäytetyön tuloksia voidaan käyttää kehittämään ohjausprosessia ja lisäämään enemmän koulutusta mielenterveydellisistä asioista liittyen hormonaaliseen ehkäisyyn.</p>		
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CONTENTS

1	AN EFFICIENT CONTRACEPTIVE COMES WITH MENTAL SIDE EFFECTS	2
2	NATURAL HORMONES IN BODY.....	3
2.1	Female sex hormones.....	3
2.2	Menstrual cycle.....	6
3	HORMONAL CONTRACEPTIVES.....	7
3.1	Variations of hormonal contraceptives	9
3.2	Non-hormonal alternatives.....	10
4	MENTAL HEALTH.....	13
4.1	Factors influencing the mental health.....	14
4.2	Hormonal contraceptives and mental side effects.....	15
5	COUNSELING	16
6	PURPOSE, AIM AND RESEARCH QUESTIONS	17
7	IMPLEMENTATION	17
7.1	Participants and recruitment.....	18
7.2	Data collection	18
7.3	Data analysis	20
8	PUBLIC HEALTH NURSES' EXPERIENCES.....	22
9	DISCUSSION.....	28
9.1	General survey submission of the ethical issues	29
10	CONCLUSION AND RECOMMENDATIONS.....	32
	REFERENCES.....	34
	APPENDICES	40
	Appendix 1. E-mail invitation 1 and 2.....	40
	Appendix 2. Interview questions.	42

FIGURES

Figure 1.	What is a menstruation cycle?	7
Figure 2.	Comparison chart of contraceptives' effectiveness.....	12
Figure 3.	Analysis process as a graphic presentation.....	21

1 AN EFFICIENT CONTRACEPTIVE COMES WITH MENTAL SIDE EFFECTS

Over 140 million women use hormonal contraceptives worldwide (MyHealthNews-Daily Staff 2011). In Finland, over half of the contraceptive users, are using hormonal contraception or condom, (Tiitinen 2013a) which reflects the popularity of the method. The hormonal contraception has indeed been proved to be an efficient and easy way in preventing pregnancy; yet there are adverse effects with every medicine. (Side effects of medicines-FAQ 2013; Birth control pills 2014.)

Mood alteration and depression are mentioned in the side effects of hormonal contraceptives, but the contraindications are exclusively concerning physical conditions (Halttunen n.d.). In addition, there is a lot of discussion about the previous matter in forums, by women, who are using hormonal contraceptives - they have informed to be feeling, for instance; mood alteration, apathy, depression, aggressive and impulsive behavior, and even the change of the whole personality.

Knowledge, given in advance of the possibility of mental side effects may help with preventing the worsening of the problems, if the client realizes to seek support more easily. Especially in adolescents, the early detection and treatment of the mental health problems is vital in maintaining the functioning ability in student life as well as concerning the overall health and working abilities in future. (Mielenterveyden häiriöiden ehkäisy n.d.)

With enhancing the knowledge how hormonal contraceptives can influence to the human body and to one's mental health, women would have the possibility to consider more effectively whether they want to use them or not. Also according to patient law article 6§, the patient has every right to refuse from the treatment (Potilaan oikeudet 6§ n.d.).

Purpose of the study is to find out the public health nurses' experiences about how mental health is taken into consideration during the hormonal contraceptive treatment. Aim of the study is to get more information on counseling of the mental side effects, thus the study results can be utilized by professionals, working in health services amongst hormonal contraceptive administration.

2 NATURAL HORMONES IN BODY

Hormones regulate the growth, reproduction, development and metabolism in the human body. They are made from the cholesterol in the endocrine glands; like pituitary- thyroid- adrenal- and gonadal glands, from where they are excreted into the interstitial fluid and from there to blood circulation and finally to their target organs. Hormones reach basically every cell in our body, but the actual reaction is only seen in the specified binding sites, individually designed for different kinds of hormones. (Saure 1985, 12, 18, 22.)

Hormones can be specified by their structure as steroids, amino acid derivatives, polypeptide-, protein- and glycoprotein hormones. But it is also possible to separate them by their site of action; cell membrane receptor binding and nuclear receptor binding. (Saure 1985, 19-22.)

2.1 Female sex hormones

Female sex hormones; Estrogen and Progesterone are secreted from gonads, mainly in the ovaries, but also in the cortex of the adrenal glands. By their structure they are steroids, mentioned above. (Saure 1985, 29.) They are dependent on each other and

it is sometimes difficult to keep them in balance, which would be relevant to women's health (Hormonien ja kasvihormonien vaikutukset elimistössä n.d.).

Estrogens

Estrogens are steroids that are secreted by the ovary. They consist of estron, estradol and estriol, which all are found in females and males. In male bodies they exist in small amounts, produced by adrenal glands and testicles, and in female system they generate sexual development and actions. Estrogens thicken the endometrium, stimulate breasts, increase fluid retention and fat content of the body, decrease sex drive, slow down action of bone dissipative cells and coagulate blood. Just before the ovulation, the concentration of estrogen in blood is the highest, since it prepares the uterus for pregnancy. (Estrogen 2010; Goodman 2003, 401; Hormonien ja kasvihormonien vaikutukset elimistössä n.d.)

Progesterone

Progesterone is another ovarian steroid hormone, which has often the opposite influence than estrogen. It is an important part in pregnancy, but also present in non-pregnant women. Progesterone starts the secretory phase of the endometrium and protects breasts and uterus from the overgrowth of mucous membrane. It keeps up the sex drive and increases the basic body temperature; in addition, it activates the bone-building cells and burns fat into energy. Adrenal cortex releases little amounts of progesterone, since it is a part of biosynthesis of every steroid hormone. However, the amount of progesterone is highest during menstruation, because the unfertilized oocyte turns into a corpus luteum, which secretes progesterone in the end of the menstruation and that causes the menstrual bleeding. Sometimes the bleeding is skipped caused by a lack of secretion of progesterone, which is called the dominance of estrogen. (Hormonien ja kasvihormonien vaikutukset elimistössä n.d.; Goodman 2003, 401.)

Follicle stimulating hormone (FSH) and luteinizing hormone (LH)

Ovaries function with two other hormones; FSH and LH are produced in the pituitary gland, which are stimulated by the gonadotropin releasing hormone produced in hypothalamus. High amounts of estrogen enable the pituitary gland to produce FSH. FSH and LH are responsible for production of other ovarian steroids; especially estrogen, formation of the follicle and corpus luteum. Release of LH is a sign to start the ovulation, since it triggers the meiosis, the cell division, where the sperm and oocytes are developed. The amount of that hormone increases in the blood and in 16 hours before the ovulation the concentration is the highest. At the same time the amount of FSH increases. After ovulation the high concentration of LH induces luteinization, which is defined as the process, where the follicle turns into a corpus luteum. LH produces ovarian hyperemia, the process where the blood flow increases, thus enabling the steroid hormones to spread. (Follicle Stimulating Hormone And Luteinizing Hormone (Intramuscular Route, Subcutaneous Route) 2013; Goodman, 2003 401-409; Nygren 2000.)

Menopause

Menopause is defined as a process, where the hormone production begins to decrease. This happens in women approximately at age of 45-55, also it is possible to happen due to other reasons, such as surgical removal of ovaries or radiation therapy. (Tiitinen 2014.) Production of progesterone starts to slow down faster than estrogens', thus causing estrogen dominance. Lowered production of hormones can cause physical, but also psychological troubles; including sweating, swelling, hot waves, headache, sleep disorders, mastalgia, joint pain, irritability, dejection and lack of concentration. The main source of estrogen of the women that have had menopause is the small amounts secreted from the fat and muscles. (Goodman 2003; Hormonien ja kasvihormonien vaikutukset elimistössä n.d.)

2.2 Menstrual cycle

Estrogen and progesterone together make the menstrual cycle happen. Now the proceeding of the normal menstrual cycle is introduced, every phase leading to the next (see the picture at the end of this chapter):

1. Low levels of estrogen
2. Signals to the pituitary gland to excrete FSH
3. Maturation of the dominant follicle in the ovary
4. Increase in estrogen levels
5. Thickening of the endometrium, triggering of the LH production
6. Ovulation
7. The fertilized ovum is broken free from the follicle and it starts to travel to the fallopian tube
8. The remaining follicle turns into a corpus luteum
9. Production of progesterone, which creates the thickened endometrium, more favorable for implantation
10. Signals from the progesterone to the pituitary gland to decrease the production of FSH and LH (so that the production of extra follicles is prevented)
11. If the fertilization does not happen, the corpus luteum regresses
12. Levels of estrogen and progesterone decrease
13. The lining of the endometrial decompose and comes out as a menstrual bleeding
14. The cycle starts all over again (Burkman, Chadwick, Mahadevan & Torresi 2011.)

If the ovum fertilizes in the stage 9, the implantation of the embryo happens. The embryo produces human chorionic gonadotropin affecting the preservation of the corpus luteum, so that the progesterone production continues. (Burkman et al 2011.)

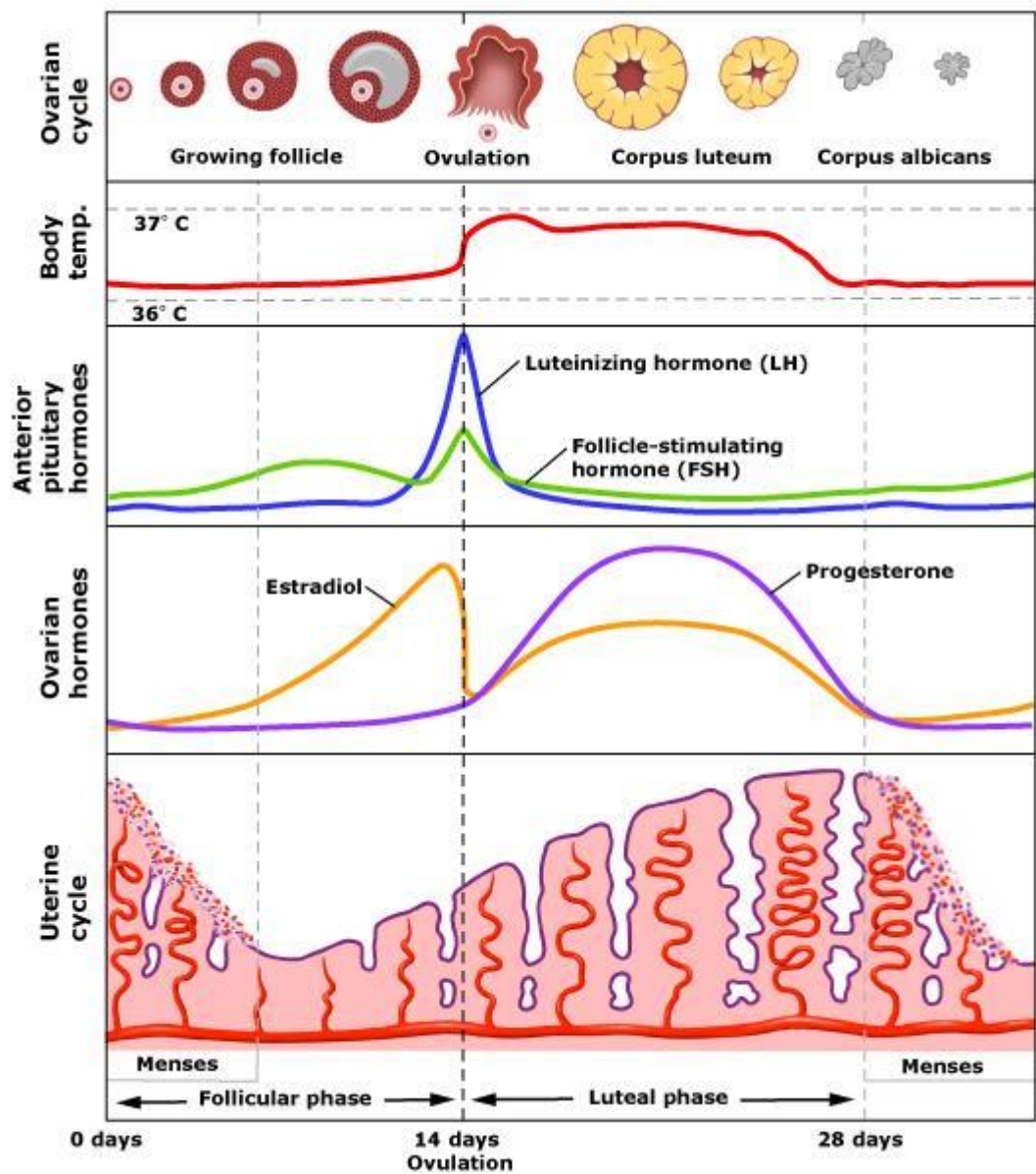


Figure 1. What is a menstruation cycle? (Womack n.d.)

3 HORMONAL CONTRACEPTIVES

Hormonal birth control is a contraception method, which efficiently prevents women from getting pregnant, by using synthetic hormones ethinyl-estradiol and progestogen, to mimic the natural female hormones, estrogen and progesterone. These hor-

mones are absorbed into the bloodstream from the small intestines, and when these synthetic hormones are detected by the brain from the circulation, it falsely believes that it is the natural hormone, which leads to discontinuation of some natural female hormone production. The main effect on the contraceptive's point of view is prevention of ovulation. (Hormonaalisen ehkäisyn mekanismit 2009.) Normally the hormonal contraceptives are taken continuously 21 days, which is followed by a 7-day-lasting-break, during which the bleeding occurs as in menstruation. (Burkman et al 2011.)

Under the influence of hormonal contraceptives, the ethinyl-estradiol decreases the FSH production leading to the prevention of the follicle maturation, thus leading to the suppression of the natural estrogen production. In this situation the thickening of the endometrium is prevented. Low levels of progesterone affects also negatively to the hospitalization of the endometrium, considering the implantation of the embryo. However, the actual ovulation is prevented by reduction of the LH surge. (Burkman et al 2011.)

Hormonal contraceptives were developed in 1921, when professor Haberland showed that the pregnancy could be prevented by estrogen and progesterone. Even before this, it was suspected that pregnancy and breastfeeding prevented new pregnancy. However, the connection between pituitary gland and ovaries in 1930's enabled experiences in preventing ovulation with the combination of estrogen and progesterone. (Ehkäisymenetelmien kehityksestä 2009.) They were brought into public use in the turn of 1950-1960's. In that time they contained 5-10 times more hormones than nowadays. In those days the side effects were completely unknown. (Saure, 1985 12-13.)

After those early days, the research has come far, in knowing the possible side effects, as well as the development of the product itself (Saure 1985, 13). Hormonal

contraceptives are mainly used to prevent unwanted pregnancy. However, in some situations hormonal contraceptives might be used for instance to reduce acne or ease menstruation pain. (Yhdistelmäehkäisyvalmisteiden haittavaikutukset 2009.) Also combined hormonal contraceptives can be used to have more regular menstruation and for example hormonal coil, which includes only progestogen, to treat heavy menstrual bleeding, also called as menorrhagia (Hormonaalisen ehkäisyn mekanismit 2009).

3.1 Variations of hormonal contraceptives

Hormonal contraceptives are mainly divided to combined and progesterone-only contraceptives. In this research, both of the contraceptive methods are considered.

Combined hormonal contraceptives

In combined hormonal contraceptives, the progestogen is the main actor; ethinyl-estradiol was originally added to affect the regularity of the menstruation cycle. These products prevent the maturation of the follicle and the releasing of the oocyte. Also the in-hospice environment for the sperm cells and the reduction the thickness of the endometrium are also ways to strengthen the contraceptive effects. The efficacy of the product is dependent on the amount of progestogen and ethinyl-estradiol, as well as the ratio between them.

Combined hormonal contraceptives are available in multiple forms: tablets, dermal plasters and intra-vaginal rings. Both dermal plasters and intra-vaginal rings secrete hormones steadily, rings through vaginal mucous and plasters through the skin. Since the body's hormonal levels change a lot due to the variable timing of the tablet intake, dermal plasters and intra-vaginal rings are preferred to keep the hormonal concentration in the circulation steadier. However, the contraceptive mechanism is the same. (Hormonaalisen ehkäisyn mekanismit 2009.)

Progestrogen-only contraceptives

Contraceptives that include only synthetic progesterone hormone (progestogen), are administered as tablets, implants, hormonal coil or injection. Tablets, also called as mini-pills, are taken every day without breaks. Contraceptive implant, which secretes progestogen steadily and lasts for three to five years, is inserted under the skin by physician. Hormonal coil also secretes small amounts of progestogen evenly as it is placed into the uterus by physician, effect lasting for five years. Its contraceptive efficacy is based on the local effects in the uterus above all. Injection is administered intra-muscularly by public health nurse and its effect stays for three months. These products change the mucous of the cervix impermeable for sperm and with part of the products, they also prevent the ovulation. When using these progestogen-only contraceptives, the pituitary hormones (FSH and LH) are not affected. However, it does not change the prolactin production, thus lactation stays the same. There exists menstrual irregularity with every progestogen-only contraceptive. (Hormonaalisen ehkäisyn mekanismit 2009.)

3.2 Non-hormonal alternatives

Hormonal contraceptives have alternatives; condom, copper coil, pessary, spermicides and sterilization are non-hormonal, either mechanical or chemical contraceptive methods. Condom is placed over the penis, being the only contraceptive that protects also from sexually transmitted diseases (STD). Copper coil is usually used by women that have already given birth or are in a serious relationship. (Muut menetelmät n.d.) It is placed into the uterine cavity by physician; the contraceptive efficacy lasts approximately five years, then it has to be changed to a new one (Kuparikierukka 2009).

Pessary is a latex-cup, which is inserted into the vaginal base convex side towards the cervix, thus inhibiting diversion of sperm. However, pessary must be combined with

spermicides, because without them, the contraceptive efficacy is inadequate. Spermicides include contraceptive stick, foam, cream, gel and vaginal tablet, which all are inserted to vagina just before the intercourse. The spermicides melt and form a protective layer, of which viscosity slows down the movement of sperm and finally destroys every sperm cell. (Pessaari 2009; Kemialliset ehkäisyaineet 2009.)

Sterilization is a final contraceptive method that does not impact on hormonal activity. The decision before getting sterilized is regulated by the law, and one must fill certain terms (Muut menetelmät n.d.). The permission of only one doctor is needed to sterilization, when the person has given birth to three or more children or has three or more under aged children, also if the person has already turned 30 years. Two doctors' permission is needed, when the pregnancy would be a risk to one's health or the other contraception methods are not suitable. Valvira (National Supervisory Authority for Welfare and Health) can give permission in case; if the offspring is due to have intellectual disabilities or the person's illness restricts the ability to take care of them. In female the ovarian ducts are closed with clips or so called "spirals", which are taken into the ducts and in three months they are permanently clogged. In male the sperm ducts are cut from the beginning of scrotum. (Tiitinen 2013b.)

Some use fertility awareness and withdrawal method as contraception; however, they are not reliable enough. Fertility awareness method (FAM) is defined as prognosticating, when one is ovulating. It can be done by measuring body temperature, palpating cervical mucus and counting the exact days that one stays fertile: how long the oocyte and spermatozoa live. In a conclusion, according to Options for Sexual Health (2009) female is fertile normally six days before the ovulation and a few days after. (Fertility Awareness Method (FAM) 2009; Fertility Awareness; Natural Family Planning (NFP) 2013.)

Withdrawal technique, also called as coitus interruptus, is a one method used as contraception, but not effective enough. The penis is pulled out from the vagina just before the ejaculation. It is proven that even though a man pulls out his penis before the sperm comes out, a woman can get pregnant, since there can be sperm left in the urethra from even before the ejaculation happens. (Withdrawal (Pull Out Method) n.d.)

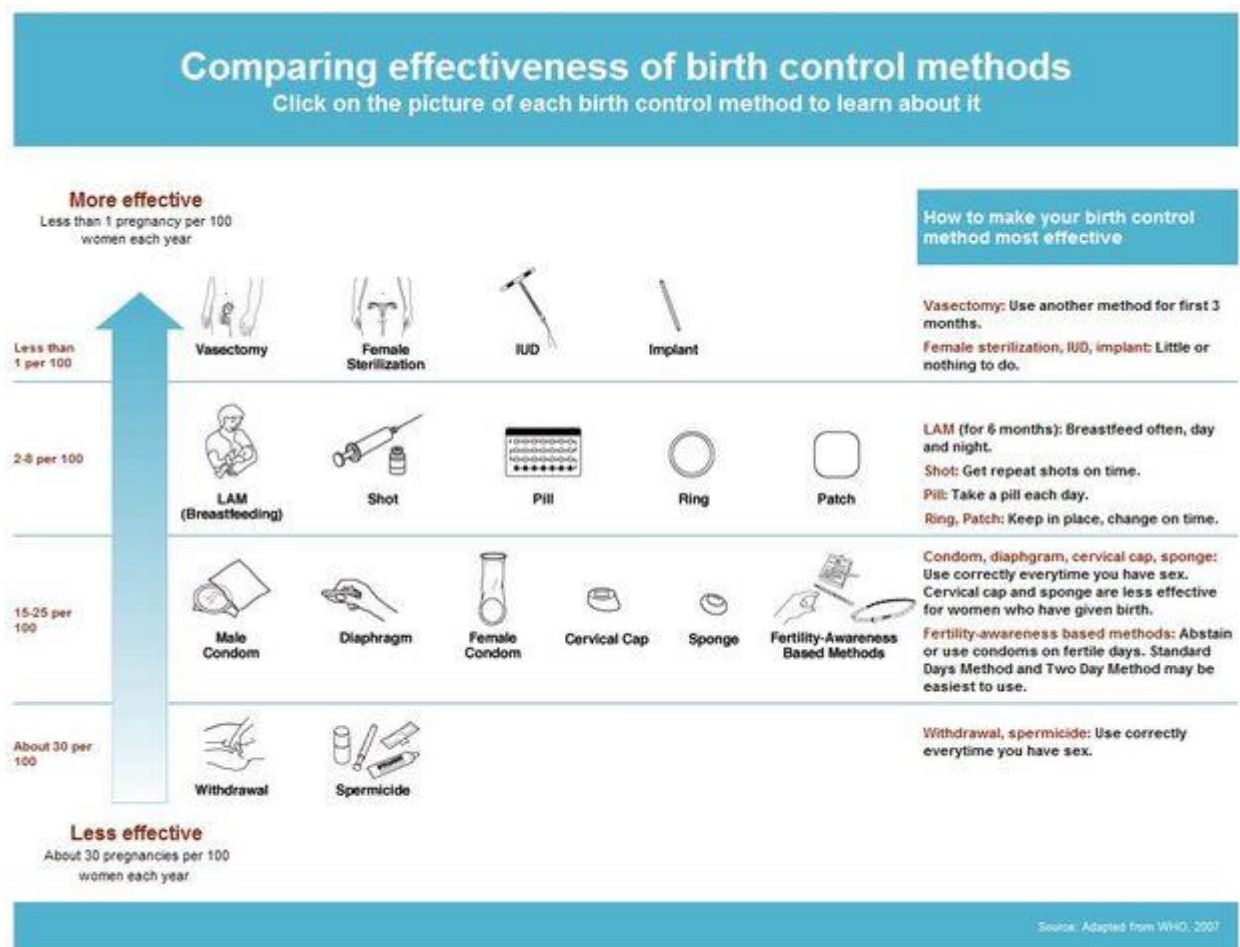


Figure 2. Comparison chart of contraceptives' effectiveness. (Speidel n.d.)

4 MENTAL HEALTH

Mental health is something that keeps you going and helps you to cope in everyday challenges. It is not just defined as the absence of mental disorder (What is mental health? 2007). It also encompasses self-esteem, mental resistance and vitality and life-management skills, thus meaning experiencing well-being (Hjelm & Tekkala 2008). Good self-esteem also supports mental well-being (Mielenterveys 2013a).

Mental illness differs a lot from mental well-being. When suffering from mental illness, person's personality is in imbalance and it changes sense of reality or the whole identity of a person. (Mielenterveys 2013b.) It can influence to the attitudes, beliefs, reflections and memory (Mielenterveys n.d.). Mental illness can also develop, because of internal causes, such as genetic reasons, or external causes, which are somatic illness, accident, sorrow, stress and other misfortunes. (Mielenterveys 2013b.)

Mental health should be involved more in the primary health care, states WHO (2007). It should be promoted in every step of life by governmental and non-governmental sectors using strategies that include enhancing of personal skills, and trying to improve the socio-economic factors. (What is mental health? 2007.) In Finland, the psychiatric care is mostly handled, by increasing numbers, in out-patient care, which means that the patient does not have to stay overnight at the hospital. In the year 2012, 157 135 patients were handled in there. In total, nearly 163 000 patients were using specialized medical care services in psychiatric area. The number of patients by sex does not differ much, but the age division between male and female patients can be made; most of the working age and child patients were males, as the majority of 15-25 year old patients were females. Also, the diagnosis differs by gender; males are more often diagnosed with schizophrenia, and females with depression. (Pelanteri 2014.)

4.1 Factors influencing the mental health

Mental health is affected by many factors, which can be divided into physical, biological/genetic, mental and social factors. These can increase the risk of getting mental health disorder, especially in pregnancy and in childhood (Risks to mental health 2012, 7).

According to Mental Health Foundation (n.d.) physical and mental health should not be considered as separate aspects; therefore one can assume that mental health is affected a lot by physical perspectives. As in a common known, one can try to impact on most of the physical factors, such as exercise, diet, problematic use of substances, drugs, alcohol and smoking. The other factors in physical aspect are not dependent on oneself including violence, health status, trauma, bullying and sex life, if one is socially discriminated. (Mental health foundation n.d.) Also biological factors; genes can affect how the person interacts with different situations, thus mental health can undermine depending on the personal characteristics or genetic abnormalities (Risks to mental health 2012, 3).

On the other hand, the mental aspect include health status, meaning depression or any other mental disorder, low self-esteem, culture shock, stigma and discrimination, and stress. However, when there is stress in addition to other aspects, such as violence and substance abuse, it may increase depression and anguish. (Risks to mental health 2012, 8; Risk factors 2014.)

Social factors may be the most affecting mental health perspective. Some of the social factors have huge impact on person's mental status, at least temporarily. Those are social network, covering family and friends, animals as pets, environment, covering inadequate housing, support services, death of a family member, divorce or breakup, economic status including unemployment and retirement. Somehow in this

context, lack of education and low income are examples of socio-economic factors. Also environmental factors have a huge effect to mental health status, such as inequality, conflict and discrimination. (Risks to mental health 2012, 4.)

4.2 Hormonal contraceptives and mental side effects

According to Sabatini (2009), minimal change of moods can be expected for women, who are using hormonal contraceptives. Still the number of reported depressive symptoms decrease as the usage continues. (Sabatini, 2009.) Other research, implemented in Harvard Medical School, indicated that 16.3 percent of 658 women experienced worsening of their moods, during the usage of hormonal contraceptives (Weaver 2012). Kulkani (2007) gives the third example by stating; "...the focus on its (hormonal contraceptives) side effects to date has mainly been on physical aspects, even though the most commonly stated reason for discontinuation is depression." He also mentions that the women using the pill were found to be more depressed to those who were not using them, in his pilot study. Kulkani also concluded that clinical guidelines, for health care professionals, are needed to bring out the depressive features of the product. (Kulkani 2007.)

It is difficult to make a difference between the depression symptoms caused by the product itself, and the fact that there might be a simultaneous changing life situation behind them. One connection to the increased depression rate seems to be with the users, who have experienced depression before. (Hormonaalisen ehkäisyn edut ja haitat 2009.)

However, numerous women are coming forward with their own experiences with mood alteration during the usage of hormonal contraceptives. One of these women is Jill Foster (2011), who states that under the influence of mental side effects of hormonal contraceptives, her otherwise good relationship was about to end over

almost-empty carton of orange juice, and only thing that saved it was the fact that she and her spouse acknowledged the abnormal behavior. In her article she also mentions quotes from several other women who have had similar experiences with hormonal contraceptives. (Foster 2011.)

5 COUNSELING

Student health care services are in charge of promoting the health and learning of students, securing and improving the safety and well-being of the study environment, community, student health and nursing services. It includes early detection and needed transferring for further treatment of mental health and substance abuse problems or any need of special support or examination. In addition, it includes sexual health and dental care services for students. (Opiskeluterveydenhuolto 2013.)

When having the first contact to the unit from where the interview material was gathered to this research, one of the managing nurses from the unit described, that mental health and birth control counseling, are the areas that contain the most clients in this particular unit.

Counseling can be provided by everyone in a daily life; however, it is used more in the nursing field, where health professionals discuss with the distressed people due to different reasons. Usually the need of counseling is personal, and it involves problems in living. Everybody can improve their counseling skills to get better in helping another person to clarify his or her life, and make the decision based on that solution. The counselor that supports the other person is not judgmental, and does not solve the problems for him- or herself. (Burnard 1994, 3-4; What is Counselling? n.d.)

6 PURPOSE, AIM AND RESEARCH QUESTIONS

Purpose of the study is to find out the public health nurses' experiences how the mental health is taken into consideration during the hormonal contraceptive treatment. Aim of the study is to get more information about counseling of the mental side effects, thus the study results can be utilized by professionals in student health services.

Research questions:

- 1. What are the public health nurses' experiences about mental health counseling regarding the hormonal contraceptives?*
- 2. What challenges the public health nurses confront concerning the mental health issues during the hormonal contraceptive treatment?*

7 IMPLEMENTATION

Qualitative study is a scientific research method, which enhances the quality of subject and seeks to understand the meanings and features as a whole, whether the result is unreliable. (Laadullinen tutkimus 1999; Laadullisen ja määrällisen tutkimuksen erot n.d.; Mitä laadullinen tutkimus on? n.d.)

When thinking about qualitative research, the object is always acting person in its own frame of reference. The aim is to describe every detail and try to understand the interaction more deeply. Studies can be divided into three groups; interviews, observation and exploring different documents. To increase reliability, it is good to have more than one analyzer. When analyzing the data, it is typical to find out if the material differs from the model of explanation. (Aira 2005.)

7.1 Participants and recruitment

This study was carried out in a Student Health Care Services unit in Finland. This unit has clients from several second and upper level school units. Inclusion criteria included the fact that these participating volunteers worked amongst the hormonal contraceptives. They were the ones also administering them, so that they have seen the possible mental health variations of the clients from the very beginning. Also some experience with the mental health patients was seen useful, considering the field of study; still this was not an exclusion criterion.

Participants to the interview were recruited through the management of the Student Health Care Services of Finland. The management of the health care services was contacted in the beginning of the year 2013, and they informed to be willing to cooperate with this kind of study. The actual participants were informed about the study through staff meetings by the manager nurse. She was sent an invitation via e-mail (Appendix 2. e-mail invitation 1 and 2), informing the state of our studies and thesis, as well as there were the ability to schedule individual times for the interviews, once the contact person has gathered all the interested participants. All the scheduling and participant gathering was handled through the manager nurse, thus not having a straight contact with the actual participants until the interviews.

7.2 Data collection

Approximately half an hour lasting interviews were prepared for the participating PHNs; hence the qualitative method was used for data collection. Qualitative interviews bring us deeper knowledge about the subject. It is important to ask whether the participants have something to ask after the interview, since then they can deal with issues that they have thought during the session. (Chadwick et al 2008.)

Nevertheless, the interviews were done by using open-ended questions (Appendix 1. Interview questions), since this method enabled the interviewed person to reveal more freely his or her point of view. This interview method could provide more information, thus bringing out topics, which the interviewer did not even cogitate to ask to begin with (Vuorela 2005, 38 - 39). The interviews were tape-recorded, so that afterwards the interviews could be transcribed into a verbatim form, which protects against bias (Chadwick et al 2008). This method also helped with accurate recollecting and memorizing of the subject. Thus, the statements stayed as unmodified as possible.

Only when all of the consents were obtained the interviews were carried out. Two of the PHNs were interviewed. This study was implemented by following the terms of research ethics - honesty, wariness and accuracy. These were followed in recording and publishing the results and also in analyzing researches and their results. All the required permissions were obtained before executing the interviews or publishing the research anywhere. Data collection and analyzing methods suitable for scientific research were applied. (Hyvä tieteellinen käytäntö ja sen loukkausepäilyjen käsitteleminen Suomessa 2012, 6 - 7.)

Everyone included in this study were announced for their rights and duties and also told how the data is maintained, before starting the actual study (Hyvä tieteellinen käytäntö ja sen loukkausepäilyjen käsitteleminen Suomessa 2012, 6). In the interview, the participants did not have to give their names or contact information, only the professional status mattered. In the beginning of each one-to-one interview the implementation were explained thoroughly, what were to be done and why, and that they had the right to terminate the meeting at any time. All the participants were told that the participating in the interview was voluntary and the participants stayed anonymous; and this agreement was not broken, in any stage of the research.

The participants were contacted via e-mail, which is secured by an individual password and in the conversations, concerning the interviews; it was made sure that there were no outsiders within a hearing distance. Also all the possible written and recorded materials from the interviews are held in such place, where outsider cannot reach them. Also the places of the interviews were arranged in the student health care unit itself.

In the final version, the information of the assigning unit, was held anonymous, to secure the maximum protection to the interviewees' privacy. For example referring to the student health care services words like "one" and "a" were used, rather than revealing the unit or the location of it.

7.3 Data analysis

The data collecting time depended on how fast the interviews could be implemented, also taking into consideration the schedules of the participating PHNs. The interviews were analyzed during and after the sessions, based on the observations and markings done by the interviewer. Also recordings were used to gather the data, which made it more reliable and easier to analyze, as person interviewed allowed it. (Interview instructions 2012.)

The data, gained from two separate interviews by two public health nurses, was analyzed in fall 2014. The recorded interviews were listened to a few times and after that transcribed into a verbatim form, which helped to gain insight to the interview (Laadullisen aineiston analyysi ja tulkinta n.d.). In total, there were 15 pages of transcribed text and 34 minutes and 51 seconds of recording, which were organized via themes. Divisions were made in the structures and contents, so the gained material was analyzed and synthesized. At the end of this section, the analysis process is presented in a graphic figure. (Puusniekka & Saaranen-Kauppinen 2006.)

Constant comparative method was chosen for data analysis method, where the material will become familiar, as thorough and in detail as possible. The answers of the qualitative interviews were analyzed by finding the similarities, coding them by their contents and dividing the main questions into subcategories. Thus, it helped us to clarify the true meanings of the answers. (Aira 2005.)

The material was analyzed by transcribing both interviews, thus being able to collect sentences and experiences found meaningful to research questions, defined in the beginning of this research project. The interviews were done separately, hence increasing reliability and bringing more ideas, than it would have by collecting them together. This created all together five sections, which of two can be divided into subcategories. The theme structure is demonstrated by following figure.

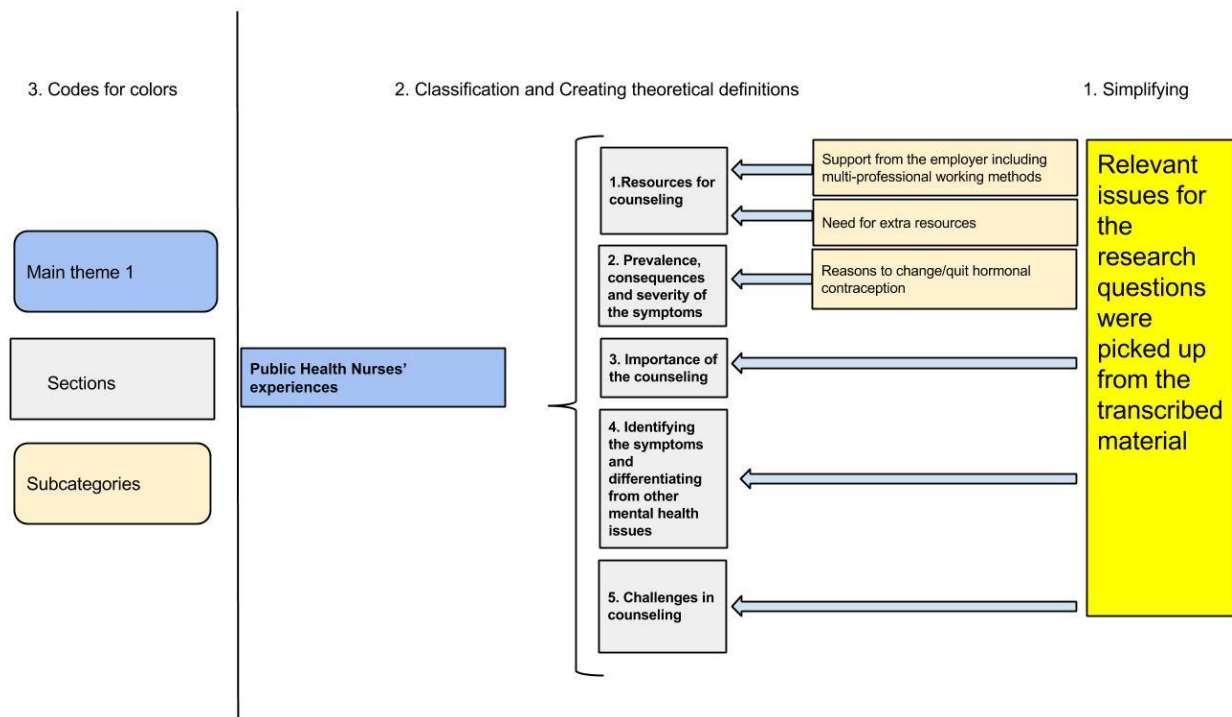


Figure 3. Analysis process as a graphic presentation.

8 PUBLIC HEALTH NURSES' EXPERIENCES

This theme included five sections: resources for counseling; importance of the counseling; reasons to change/quit hormonal contraception; identifying the symptoms and differencing from other mental health issues and challenges in counseling.

Support from the employer including multi-professional working methods

Public health nurses had pretty similar feelings about resources in their workplace. They felt that they had mostly an adequate amount of support from their employer. According to the interview, it is the pharmaceutical companies, who organize education about contraception two times a year and the employer gives opportunity to educate oneself on the matters that are interesting, so the public health nurses have the freedom to educate themselves within the offered trainings. Also the doctor of the unit was described as one, who shared information.

The fact was brought up that the emphasis in the actual resources for expertise; concerning mental side effects of hormonal contraceptives were missing. But on the other hand, the issue was taken as obvious phenomenon that should be familiar amongst all the personnel working with the issues, as well as the previous users.

"...Hmmm, what was the guidance on the employer's behalf, that we don't actually, that it must have been sort of orientation when I started to work with these contraceptive things..."

"...It is a kind of thing (the mental side effects of hormonal contraceptive) that all of us know. Those, who have been using, plus those, who have been working a long time among these things."

In this unit, the public health nurses had specific phrases from the patient record system and contraceptive brochure, which had, among other things; pros and cons of the hormonal contraception. These straight phrases and guides allow the easier counseling, thus excluding humane mistakes as relying on the memory basis would raise the opportunity into oblivion.

“Well I myself like to use that contraceptive guide...there are well-put all those benefits and possible side effects what there could be from the manufactures and expressly combined contraceptive products, and there is also mind alterations listed.”

The interviewees mentioned the usefulness of multi-professional working environment. This included doctor, curator and psychologist as a working companion. The multi-professionalism was described as a securing and relieving factor concerning one's workload, alleviating the stress and extra-responsibilities.

“Support and security (doctor) can be found, one can always ask and seek guidance from there, if necessary”

“...fortunately, there came a small restriction (concerning mental health work), when a curator- and a psychologist working partner were constituted.”

Need for extra resources

Some of extra resources were still needed according to interviewees, such as hormonal contraceptive training in the aspect of mental health and also some kind of form was considered good to examine mental health statuses.

“That (mental health follow-up form) might not be bad, that in the initial visit those mental health issues and mood issues could be that kind of questionnaire, and how they feel their mood, and then the same form empty in the follow-up visit”

Also the issues about extra education concerning the actual phenomena; mental side effects of hormonal contraceptives were found as a missing and potential matter.

"...I don't remember ever being in one of hormonal and mental health education, so in there might be a good topic for some manufacturer, like some assembled one, so that might very well be good to have then."

Reasons to change/quit hormonal contraception

The interviewees had not confronted severe mental symptoms as a result of using hormonal contraceptives. But the fact that these symptoms have been significant for the user itself was also raised up.

"...well they (mental side effects) probably feel serious of course to themselves, if they rather want to quit them and continue with condom contraception, instead of taking pills, so that is a pretty big thing, the mood, feelings."

"...they say that the moods have tossed/alterd a little bit..."

"Those girls say that 'I haven't been myself at all' and 'I was so tearful and petulant'."

The negative effects of hormonal contraception are also considered, when a client says that they have been depressed and anxious. The starting day of the pills and when the symptoms have begun are asked to figure out where the problems may be caused by.

"...some youngster comes with these mental health problems, so the girl hasn't even come to think of that this could be due the pills. Then it can be seen, that 'okay here you have this kind of combined hormonal contraceptive'"

The public health nurses agreed that the most common reason to change or quit pills was due to mood alterations.

“Well surely those mood alterations are perhaps the most common (reason) why the pills or that contraceptive product is wanted to change”

Importance of the counseling

Counseling about mental issues, as well as about sexual health was found as an important aspect in the interviews; especially interviewing the client and asking questions. However, there were mixed thoughts about the importance of counseling the actual mental side effects; it was recited amongst other side effects.

“... I don't separately go through it (the mental side effects) or emphasize it, just all of the adverse effects there is and this (contraceptive guide) is left with the customer who is starting the contraception and she can then continue reading it at home then.”

It was also emphasized in the counseling, that mental side effects had a bigger effect on young women's life above other side effects, related to hormonal contraceptives.

“...Of course all the other side effects we bring up, still I particularly emphasize this (mental side effects), since it's that which affects the most to their life then...”

The fact that nowadays people can access faulty information from the Internet was also raised up, as an indicator to importance of counseling about the subject; different kind of forums etc. makes the counseling relevant, so that misunderstandings could be avoided. Therefore, also the pros and cons of the contraception are important to go through.

Identifying the symptoms and separating from other mental health issues

The public health nurses had different views on how they can identify the symptoms. However, they still found it somehow challenging, since there is no clear path in symptoms.

“Well there’s no magic trick, that indeed it is the interviewing and that you listen of what they say...”

It was explained that in the administration of the hormonal contraceptives, it can be asked, if the client considers herself sensitive to the fluctuations of hormonal circulation.

“...then I know which certain pills (brands) I need to exclude then, that ‘let’s not take these, let’s try these ones’.”

Due to the hormonal contraceptives mental side effects were considered varying and being rapid-onset, and a reason to this kind of behavior was not found. On the other hand, the depression symptoms were found more stable and downward.

“...then again at some point it (mental side effects due to hormonal contraception) gets one’s knickers in a twist, so to speak.”

Challenges in counseling

Mental health issues overall were found employing. However, the public health nurses mentioned that they did not feel the subject anyhow sensitive; they felt it was a standard thing to consider when administering hormonal contraceptives.

“Those are not difficult to talk about and at least I find it as a very basic thing.”

“They are that study time sort of “yours” there, so it is easier to survey that how is she doing otherwise”

More alternatives to the contraceptive methods are needed, when changing it for any reason. It also complicates the situation, when the hormonal product must be changed to some other method due to mental side effects, still needing the contraception.

Connecting the mental issues into hormonal contraceptives and differencing those from them is considered difficult.

“How you separate it then from the general anxiety that is...I couldn't necessarily do it myself”

One of the most challenging issues was the matter that clients stop using pills on their own initiative. Also hormonal products are often considered as a culprit to the mood alterations, and this is a one thing why public health nurses might think whether the product is changed too quickly to the other one and would there be something else behind the symptoms than hormonal contraception?

9 DISCUSSION

As the aim of this study was to find out more about the counseling on the mental side effects of hormonal contraceptives, the interviews result quite completely on the individual's self-taught experience and knowledge, when it came to education and orientation. The information gained from the interviews was comprehensive and relevant considering the subject of this research.

According to the Mental health in Finland (2013, 29) mental health services are, amongst other specialized sectors, offered by public sector, in which student health care is included, as an objective to low-threshold treatment, addressing several health problems at a same time. Also in the interviews the public health nurses mentioned the psychologist and a curator as a working partner, which was seen as a positive factor, supporting also multi-professional approach to students' holistic care. Still recognizing and identifying the mental side effects are the public health nurses' responsibility and the transference to further treatment; in addition to possible nurse approaches to the problems are implemented through them. So through this the earlier statement by professor Kulkani (2007) about the need of extra education for health care workers and more focus about the mental side effects of hormonal contraceptives, stand correct also when considering the data analysis, gained from the interview.

The public health nurses brought out, that there is minimal amount, or no mental health education to them, which is kind of surprising, since it is the second most employing area in the student health care. It seemed that the public health nurses did not have an idea of requiring more education, or whether they considered it as an adequate amount of information. However, they expressed some interest towards mental health education, concerning their hormonal contraceptive expertise, when the issue was raised up during the interviews. What if there was a survey about the

mental health status to the clients, who fill it in the starting visit and in the follow-up visit? As the interviewees admitted it being probably a good thing, it could be tried.

Orientation plays an important role in work community; it has an important meaning for the employee, but it has also direct influences on the quality and safety of the care. Just graduated employees as well as experienced nurses, changing assignments need initial orientation. (Työntekijän vaihtuminen ja perehdytys 2004.) When analyzing the data, it raised a question about how different opinions the interviewees had about counseling the mental side effects of hormonal contraceptives.

The thought was raised whether the counseling progress on behalf of the mental health education is clear to every public health nurse. In the results, there were stated that there were two kinds of views about mental health education; both needing of extra training and being satisfied to the orientation given in the beginning of the work on the matter. When there are two completely different approaches to the matter in question, are the guidelines clear to the newcomer PHNs and counseling consistent to the clients starting the hormonal contraceptives? As it can be referred to the patient's rights (Potilaan oikeudet, 5§ n.d.), it claims that every patient should be given any information dealing with one's care. In this case, general guidelines would provide the same level of guidance to all clients, regardless on the background of the health care worker, thus excluding it that this point of law would be neglected.

9.1 General survey submission of the ethical issues

One dilemma was also raised from the interviews, from the point of public health nurses; if the young women stop using hormonal contraceptives due to mental side effects, or other side effects, being then completely without any contraceptive method. It is more likely for the young adolescents to get pregnant without regular

contraceptive method. And in case of accidental pregnancy, if the outcome is abortion, the effect to one's mental health may be severely negative. (Coleman 2011) In addition, if especially young women decide to keep the unplanned child, the effects to individual may also be unfavorable socially as well as economically, due to its probable effect for example school success (Adolescent pregnancy 2014). So that may be also one reason to not wanting to highlight the physical or the mental adverse effects of hormonal contraceptives.

One problem in making the whole thesis was in the lack of formal studies made in this specific area; even though the discussion is widely going on amongst singular researchers and users all around the world, including heavy judging about the limited information that is given to the users, and even experiences about professionals downplaying the user experiences, when these kinds of side effects occur. More of the clients' experiences would have been excellent to be part of this research, but as the only reachable information by users was offered by forums in the internet, it would have made it rather unreliable, not knowing the actual source of information, due to anonymity offered by the internet. As well as the fact that there were only two interviewees in this study may seem that the material gained from the interviews, would be somehow narrow. On the other hand the qualitative research method makes the wider perspective of two people enough.

Also the fact that the public health nurses being interviewed had really different working history; so from this point of view the spectrum of different perspectives and approaches could be seen clearly, also longer working history seemed to make the issue of mental side effects more relevant.

The study should proceed by the guidelines of scientific practice, in order to the study to be ethically approved (Hyvä tieteellinen käytäntö ja sen loukkausepäilyjen käsittelyminen Suomessa 2012, 6). In this study, ethical thinking and respect towards

ethical principles and rights were followed, also the permission to implement the study was first applied from the head manager of the student health care services, and then the first collaboration agreement was filled. The study plan was done, after which the administrative sector's general application form was filled and sent with the study plan to the service manager of the student health care services in Finland, where the application was handled, and permission to the implementation of interviews granted. (Tutkimusluvan anoja 2013.)

The data were collected with one-to-one interviews, which is suitable to get more specific information. The participants may feel more secure, when talking to only one or two persons, in private. This also enhanced credibility. Validity and confidentiality were taken into consideration, when planning the qualitative interviews, thus they were performed so that also the credibility, integrity and objectivity were respected. The interviewees were told that the interview was recorded, and the material was kept in private computers and mobile phones, both secured by individual passwords. After the study, all the materials were destroyed, so they would not get into the wrong hands. The questions were formed in such way that they were not bias or give any opinion subconsciously. This study cannot be transferable, since every institution is individual. However, this study might arouse interesting ideas to restudy in other cities.

According to methodological literature the success of the interaction between the interviewer and the person interviewed depends on how interested the interviewer is about persons. The personality of the interviewed person impacts on the material got from the interview. The interviewed persons might feel the interview sometimes therapeutic and therefore it might affect the answers. If the interaction between these two participants did not work, the nature of the interview will change. (Snellman 2002.)

10 CONCLUSION AND RECOMMENDATIONS

Concluded in this study:

1. Public health nurses had mostly positive experiences towards the mental health counseling during the usage of contraceptives, making the support from the work unit adequate.
2. Also the lack of common guidelines and education about the subject was recognized from the gained interviews, this making the counseling about the issue relying mostly on the public health nurses' self-taught experiences and subjective perception.

In a conclusion, the results, which were received from the interview, met the research questions well. The experiences of the public health nurses were examined in the field of mental health counseling, hence useful information was gained, which could be utilized in professional use and to study more about the subject.

The opinions of the importance in counseling about mental health issues differed a lot, as almost all the other answers had similarities. Mental health was considered important and challenging matter; however, in some cases the importance of the side effects was emphasized before administering the pills, and in some, centralized on the question; which could have caused that behavior besides hormonal contraception as a reason.

There were mentioned that mental health patients form a majority from this unit's patients. Mental health education was found somehow inadequate, or even missing, but the possibility to cooperate with professionals, specialized in mental health, was found to relief one's work load. Since separating the depression symptoms and mental side effects of hormonal contraception was considered difficult, the suggestion of a mental status survey was raised.

The results of the thesis could be utilized in developing the counseling process by creating coherent and common known guidelines for counseling mental side effects. And on the basis of this research it is recommended that, adding more education about the mental health issues linked to hormonal contraception, would enhance the knowledge and ability to counsel the clients better. In addition, since this is currently a new topic of discussion worldwide, this thesis could be made use of further studies, for instance about the hormonal contraceptives and their side effects.

REFERENCES

- Aira, M. 2005. Laadullisen tutkimuksen arviointi. Published on Duodecim. Accessed on 25th September, 2013.
<http://www.terveyskirjasto.fi/xmedia/duo/duo94977.pdf>
- Beck, M. 2010. The Birth-Control Riddle. Accessed on 15th October, 2014.
<http://online.wsj.com/articles/SB10001424052748703757504575194191495081682>
- Burkman, R., Chadwick K., Mahadevan B., and Tornesi B. 2011. Fifty Years of “the Pill”: Risk Reduction and Discovery of Benefits Beyond Contraception, Reflections, and Forecast. Accessed 27th October 2013. <http://toxsci.oxfordjournals.org/content/125/1/2.long>
- Birth control pills. 2014. Article for the national women’s health information center. Accessed 16th October 2014. <http://www.webmd.com/sex/birth-control/birth-control-pills?page=4>
- Burnard, P. 1994. Counselling skills for health professionals. Publisher: Springer US, p. 3-4. Accessed on 17th February, 2014. http://link.springer.com/chapter/10.1007/978-1-4899-3334-8_2
- Chadwick, B., Gill, P., Stewart, K. and Treasure E. 2008. Methods of data collection qualitative research: interviews and focus groups. Accessed on 25th September, 2013.
http://www.academia.edu/746649/Methods_of_data_collection_in_qualitative_research_in_interviews_and_focus_groups
- Ehkäisymenetelmien kehityksestä. 2009. Terve Media Oy. Accessed on 25th September, 2013.
<http://www.tohtori.fi/?page=1750363&id=36954>
- Estrogen. 2010. An article from wedMD’s women’s health. Accessed on 9th February, 2014.
<http://women.webmd.com/estrogens>
- Fertility Awareness Method (FAM). 2009. Accessed on 20th February, 2014.
<https://www.optionsforsexualhealth.org/birth-control-pregnancy/birth-control-options/natural-methods/fam>
- Fertility Awareness: Natural Family Planning (NFP). 2013. Accessed on 20th February, 2014.
<http://americanpregnancy.org/preventingpregnancy/fertilityawarenessNFP.html>
- Follicle Stimulating Hormone And Luteinizing Hormone (Intramuscular Route, Subcutaneous Route). 2013. Thomson Healthcare Inc. Accessed on 9th February, 2014.
<http://www.mayoclinic.org/drugs-supplements/follicle-stimulating-hormone-and-luteinizing-hormone-intramuscular-route-subcutaneous-route/description/drg-20062932>
- Foster, J. 2011. How the pill messes with women’s minds; an article for Daily mail. Accessed on 3rd October, 2014. <http://www.dailymail.co.uk/home/index.html>

Goodman, H. Maurice. 2003. *Basic Medical Endocrinology*. 3. edition. San Diego, CA, USA: Academic Press, 2003, p. 401-409. Accessed on 9th February, 2014.
<http://site.ebrary.com.ezproxy.jamk.fi:2048/lib/jypoly/docDetail.action?docID=10186426&p00=hormones%20body>

Halttunen. N.d. Therapiafennica; Raskauden ehkäisy. Accessed on 13th November 2013.
http://therapiafennica.fi/wiki/index.php?title=Raskauden_ehk%C3%A4isy

Hjelm A. & Tekkala T. 2008. Voimavarana Positiivinen Mielenterveys -Terveysnetti. Accessed on 9th December, 2013.
http://terveysnetti.turkuamk.fi/Tyoikaisten/positiivinen_mielenterveys/mielenterveys.html

Hormonaalisen ehkäisyn edut ja haitat. 2009. Article for väestöliitto. Accessed on 16th April, 2014.
http://www.vaestoliitto.fi/seksuaalisuus/tietoa-seksuaalisuudesta/aikuiset/seksuaalisuuden_suloja_ja_seksin/raskauden_ehkaisy/hormonaalisen-ehkaisyn-edut-ja-h/

Hormonaalisen ehkäisyn mekanismit. 2009. Tohtori.fi. Accessed on 19th December, 2013.
<http://www.tohtori.fi/?page=3328096&id=5742116>

Hormonien ja kasvihormonien vaikutukset elimistössä. N.d. Harmonia urheilu. Accessed on 9th February, 2014.
<http://www.harmonia.fi/urheilu/harmonia/artikkelit?id=13053504-hormonien-ja-kasvihormonien>

Hyvä tieteellinen käytäntö ja sen loukkausepäilyjen käsitteleminen Suomessa. 2012. Tutkimuseettinen neuvottelukunta (TENK), p. 6-7. Accessed on 25th September, 2013.
http://www.tenk.fi/sites/tenk.fi/files/HTK_ohje_verkkoversio040413.pdf.pdf#overlay-context=fi/ohjeet-ja-julkaisut

Interview instructions. 2012. Open University of Jyväskylä. Accessed on 7th November, 2012.
<https://www.avoin.jyu.fi/optimakurssit/kasvatustiede/ktkp102/haastatteluohjeet>

Kemialliset ehkäisyaineet. 2009. Terve Media Oy. Accessed on 11th February, 2014.
<http://www.tohtori.fi/?page=3669292&id=1653968>

Kulkani, J. 2007. Abstract for the study; Depression as a side effect of the contraceptive pill. Accessed on 1st October, 2014.
<http://www.ncbi.nlm.nih.gov/pubmed/17688380>

Kuparikierukka. 2009. Tohtori.fi; Ehkäisyklinikka. Accessed on 16th February, 2013.
<http://www.tohtori.fi/?page=3669292&id=1972898>

Laadullinen tutkimus. 1999. Jyväskylän Yliopiston Koppa. Accessed on 24th September, 2013.
<https://koppa.jyu.fi/avoimet/hum/menetelmapolkuja/menetelmapolku/tutkimusstrategiat/laadullinen-tutkimus>

Laadullisen aineiston analyysi ja tulkinta. N.d. Kajak, Kajaanin AMK. . Accessed on 26th September, 2013. <http://193.167.122.14/Opari/ontTukiLaadAnalyysi.aspx>

Laadullisen ja määrällisen tutkimuksen erot. N.d. Virtual statistics. Accessed on 16th January, 2014. <http://www.stat.fi/virsta/tkeruu/01/07/>

Mental Health Foundation. N.d. Physical Health and Mental Health. Accessed on 2nd October, 2014. <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/P/physical-health-mental-health/>

Mental health in Finland. 2013. Ministry of social affairs and health. Accessed on 16th October, 2014. http://www.stm.fi/c/document_library/get_file?folderId=6511570&name=DLFE-26813.pdf

Mental illness. 2012. Mayo Clinic Staff. Accessed on 12th February, 2014. <http://www.mayoclinic.org/diseases-conditions/mental-illness/basics/symptoms/con-20033813>

Mielenterveyden häiriöiden ehkäisy. N.d. National institute for health and welfare (THL). Accessed on 19th January, 2014. http://www.thl.fi/fi_FI/web/fi/aiheet/tietopaketit/amis/mielen_hyvinvointi/hairioiden_ehkaisy

Mielenterveys. 2013a. MLL, nuortennetti (Finnish Mannerheim's child protection union). Accessed on 9th December, 2013. <https://mll-fi.directo.fi/nuortennetti/mielenterveys/>

Mielenterveys. 2013b. Search for the term mielenterveys, mental health in Tohtori.fi . Accessed on 9th December, 2013. <http://www.tohtori.fi/?page=4069997&search=Mielenterveys13>

Mielenterveys. N.d. National institute for health and welfare (THL). Accessed on 9th December 2013. http://www.thl.fi/fi_FI/web/fi/tutkimus/tyokalut/aikalisa/materiaalit/mielenterveysn_hakeminen

Mitä laadullinen tutkimus on? N.d. Inspirans; asiakasymmärryksen asiantuntija. Accessed on 16th January, 2014. <http://www.inspirans.fi/laadullinen-tutkimus>

Musselman D., Rudisch B., McDonald W. & Nemeroff C. 2005. Effects of Mood and Anxiety Disorders: Future Directions for Research. Accessed on 6th March, 2014. http://www.health.am/psy/more/effects_of_mood_and_anxiety_disorders_future_directions/

Muut menetelmät. N.d. MSD Finland. Accessed on 11th February, 2014. <http://www.parempaaelamaa.fi/raskauden-ehkaisy/ehkaisyn-vaihtoehdot/muut-menetelmat>

- Nygren J. 2000. Mitoosi ja meioosi. Accessed on 8th October, 2014.
<http://oppiminen.yle.fi/luonto-ymparisto-piilotetut/solu-geenit/perinnollisyys/mitoosi-meioosi>
- Pessaari. 2009. Terve Media Oy. Accessed on 11th February, 2014.
<http://www.tohtori.fi/?page=3669292&id=6043027>
- Potilaan oikeudet. N.d. Finlex; Laki potilaan asemasta ja oikeuksista, 5-6§. Accessed on 16th January, 2014. <http://www.finlex.fi/fi/laki/ajantasa/1992/19920785>
- Puusniekka, A. & Saaranen-Kauppinen, A. 7.1 Analyysin äärellä. Accessed on 26th September, 2013. http://www.fsd.uta.fi/menetelmaopetus/kvali/L7_1.html
- Risks to mental health: An overview of vulnerabilities and risk factors. 2012. World Health Organization, 3-4, 7-8. Accessed on 2nd October, 2014.
http://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf
- Risk factors. 2014. Mayo Clinic. Accessed on 3rd October, 2014.
<http://www.mayoclinic.org/diseases-conditions/mental-illness/basics/risk-factors/con-20033813>
- Saure, A. 1985. Nainen ja hormonit. 12-13, 18-22, 29.
- Sabatini, R. 2009. Adverse Effects of Hormonal Contraceptives. Myth and Reality; Depression. 101.
- Side effects of medicines-FAQ. 2013. Article for medicines and healthcare products regulatory agency. Accessed in 16th October, 2014.
<http://www.mhra.gov.uk/Safetyinformation/Generalsafetyinformationandadvice/Adviceandinformationforconsumers/Sideeffectsofmedicines/>
- Snellman, H. 2002. Haastattelun taito. Accessed on 25th September, 2013.
<http://www.julkari.fi/bitstream/handle/10024/100573/024snellman.pdf?sequence=1>
- Speidel, J. N.d. Risky business: Is birth control safe? Accessed on 15th October, 2014.
<http://bedsider.org/features/158>
- Student Health Services in Jyväskylä. 2012. JAMK University of Applied Sciences. Accessed on 31st October, 2012.
<http://jamk.fi/english/forstudents/studyguide/supportservices/health/jyvaskyla>
- Opiskeluterveydenhuolto. 2013. Ministry of Social affairs and health (STM). Accessed on 28th November, 2013.
http://www.stm.fi/sosiaali_ja_terveyspalvelut/terveyspalvelut/opiskeluterveydenhuolto
- Pelanteri, S. 2014. Publication for finnish national institute of health and welfare. Psykiatrinen erikoissairaanhoito 2012. Accessed on 3rd October, 2014.

<http://www.thl.fi/fi/tilastot/tilastot-aiheittain/erikoissairaanhoidon-palvelut/psykiatrinen-erikoissairaanhoido>

Symptoms of Depression. 2012. WebMD Medical Reference. Accessed on 12th February, 2014.

<http://www.webmd.com/depression/guide/detecting-depression?page=2>

Tiitinen, A. 2013a. Duodecim, Raskauden ehkäisy. Accessed 27th October, 2013.

http://www.terveyskirjasto.fi/terveyskirjasto/tk.koti?p_artikkeli=dlk00165

Tiitinen, A. 2013b. Duodecim, Sterilisaatio. Accessed on 11th February, 2014.

http://www.terveyskirjasto.fi/terveyskirjasto/tk.koti?p_artikkeli=dlk00747

Tiitinen, A. 2014. Duodecim, Vaihdevuodet. Accessed on 26th of October, 2014.

http://www.terveyskirjasto.fi/terveyskirjasto/tk.koti?p_artikkeli=dlk00179

Tutkimusluvan anoja. 2013. The city of Jyväskylä. Accessed on 25th November, 2013.

http://www.jyvaskyla.fi/instancedata/prime_product_julkaisu/jyvaskyla/embeds/jyvaskylawwwstructure/60590_Tutkimuslupahakuohje_2013.pdf

Työntekijän vaihtuminen ja perehdytys. 2004. Ministry of social affairs and health. Accessed on 16th of October, 2014.

http://www.ebm-guidelines.com/dtk/lno/avaa?p_artikkeli=lno00029

Yhdistelmäehkäisyvalmisteiden haittavaikutukset. 2009. Terve Media Oy. Accessed on 11th October, 2012. <http://www.tohtori.fi/?page=3328096&id=7031265>

Vuorela S. 2005. Haastattelumenetelmät, excerpt from the book: Käytettävyytutkimuksen menetelmät. Accessed on 19th December, 2012.

<http://www.cs.uta.fi/usabsem/luvut/3-Vuorela.pdf>

Vähähyyppä, M. 2010. Tyrkytetäänkö naisille liikaa hormonaalista ehkäisyä? Suomen Kuvalehti. Accessed on 20th October, 2012.

<http://suomenkuvalehti.fi/jutut/kotimaa/tyrkytetaanko-naisille-liikaa-hormonaalista-ehkaisy>

Weaver, R. 2012. Your contraceptives can affect your mental health. Accessed on 1st October, 2014.

<http://www.empowher.com/mental-health/content/your-contraceptives-can-affect-your-mental-health?page=0,2>

What is Counselling? N.d. Skills You Need. Accessed on 17th February, 2014.

<http://www.skillsyouneed.com/general/counselling.html>

What is mental health? 2007. WHO. Accessed on 16th January, 2014.

<http://www.who.int/features/qa/62/en/>

Withdrawal (Pull Out Method). N.d. Planned Parenthood Federation of America. Accessed on 6th March, 2014.

<http://www.plannedparenthood.org/health-topics/birth-control/withdrawal-pull-out-method-4218.htm>

APPENDICES

Appendix 1. E-mail invitation 1 and 2.

Hei! Aloitimme n. vuosi sitten yhteistyön opiskelijaterveydenhuollon kanssa koskien opinnäytetyötämme hormonaalisen ehkäisyn mielenterveydellisten vaikutusten tarkkailusta ja huomioon ottamisesta opiskelijaterveydenhuollon yksikössänne (opinnäytetyön tämänhetkinen nimi: *Public health nurse's role in counseling in a student health care unit during the usage of hormonal contraceptives*).

Tarkoituksenamme oli alun perin valmistua tänä keväänä, mutta aloitettuumme syventävän harjoittelun, olemme pitkälti joutuneet keskittymään harjoitteluun ja siihen liittyvien tehtävien tekoon, joten opinnäytetyöhön liittyvät haastattelut siirtyvät pakostikin ensi syksylle. Olemme kuitenkin saaneet melko hyvin tehtyä teoriaosiota tänä keväänä, joten yritämme nyt saada opinnäytetyön ja haastattelujen suunnitelmat sille mallille, että jo kevään lopulta pääsisimme hakemaan tutkimuslupaa, jonka saamisessa kaiketi kestää jonkin aikaa. Kuitenkin niin, että haastattelut voitaisiin aloittaa mahdollisimman aikaisin syksyllä, tietenkin teidän yksikön kiireet ja aikataulut huomioon ottaen.

Ystävällisin yhteistyöterveisin: Julia Nieminen p. 044***** ja Ida Luukkanen p. 040***** , SNP11G2

Haastatteluajankohdat

Hei! Nyt olemme saaneet tutkimusluvan, ja olisi aika ruveta sopimaan ajankohtia haastatteluille. Tarvitsisimme siis kaksi terveydenhoitajaa haastateltavaksi, jotka ovat työskennelleet hormonaalisen ehkäisyn parissa, myös kokemus mielenterveys puolelta laskettaisiin eduksi tähän opinnäytetyöhön.

Sopivia ajankohtia lähiaikoina olisi:

Edellä mainittuina päivinä mihin aikaan tahansa, kun taas mahdollisesti muutkin päivät käyvät, mutta rajoitetulla aikataululla, sillä teemme vuorotyötä opinnäytetyön ohella. Ilmoitelkaa Teille sopivia ajankohtia!

Liitteenä vielä haastattelukysymykset, jos haastateltavat haluavat tutustua näihin etukäteen.

Ystävällisin terveisin: Julia ja Ida

Appendix 2. Interview questions.

1. What are the public health nurses' experiences about mental health counseling regarding the hormonal contraceptives? = Mitkä ovat terveydenhoitajien kokemukset koskien hormonaalista ehkäisyä?

- Kuinka mielestäsi mielenterveyteen liittyvät sivuvaikutukset otetaan puheeksi hormonaalisen ehkäisyn aloituksessa?
- Kuinka usein olet kohdannut tilanteita, joissa hormonaalinen ehkäisy on aiheuttanut mielenterveydellisiä sivuvaikutuksia? Kuinka vakavia oireet ovat olleet?
- Miten tunnistat hormonaalisen ehkäisyn mielenterveydelliset vaikutukset asiakkaassasi jatko-/kontrollikäynneillä?
- Onko asiakkaan ohjaus asiasta mielestäsi tarpeellista? Miksi on/ei?
- Mistä asioista ohjaus koostuu?
- Onko käytössäne jonkinlaisia apulomakkeita, fraaseja?
- Millainen ohjeistus teillä on kyseiseen asiaan työpaikan puolesta?
- Onko se riittävää? Miksi on/ei?
- Millä tavoin työpaikka tukee hormonaaliseen ehkäisyyn liittyvää mielenterveydellistä osaamistasi? Kaipaisitko asiaan lisäkoulutusta/tietoa/jonkinlaista seulontaa/seurantalomaketta?

2. What challenges the public health nurses confront concerning the mental health issues during the hormonal contraceptive treatment? = Minkälaisia haasteita terveydenhoitajat kohtaavat koskien hormonaalisen ehkäisyn mielenterveydellisiä vaikutuksia?

- Mitä haasteita koet mielenterveydellisissä asioissa, jotka liittyvät hormonaaliseen ehkäisyyn?
- Onko asia vaikea ottaa puheeksi asiakkaan kanssa? Miksi on/ei?

- Onko mielenterveydellisiä sivuvaikutuksia vaikea tunnistaa/yhdistää hormonaaliseen ehkäisyyn? Mistä tunnistat sivuoireet/muista asioista johtuvat mielenterveyden ongelmat?
- Millaisia muita haasteita koet asiaan liittyen?