Knowledge and Attitude of Adolescent Female toward their Reproductive Health

Thesis

Submitted for Partial Fulfillment of the Master Degree in
Maternal and Gynecological Health Nursing

By

Ezz Ibrahim Shawer

B.Sc. Nursing
Clinical Instructor in Technical Institute of Nursing
Ain Shams University

Faculty of Nursing
Ain Shams University
2016

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List of Abbreviations

Abbreviation	Meaning
AIDS	Acquired Immune Deficiency Syndrome
ACS	American Cancer Society
ASRH	Adolescent Sexual and Reproductive Health
HIV	Human Immunodeficiency Virus
RH	Reproductive Health
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
WHO	World Health Organization
RTI	Reproductive Tract Infection
BSE	Breast Self-Examination
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
RR	Reproductive Rights
FGM	Female Genital Mutilation
VSE	Vulvar Self-Examination
RDA	Recommended Dietary Allowance
PMS	Premenstrual Syndrome
BMI	Body Mass Index

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Abstract

Aim: to assess female adolescent knowledge and attitude regarding reproductive health (RH). **A descriptive study design** was used. **Setting:** At technical institute of nursing and faculty of nursing Ain Shams University through purposive sample: 190 students were included in the study and were subjected to the following criteria: adolescent female their age not more than 21 years in first academic year. Data were collected through two tools: **Tool 1:** self-administered structured questionnaire sheet to assess knowledge of the adolescent female regarding RH **Tool 2:** Likert –type scale to assess attitude of the adolescent female regarding RH issue. **Results:** The present study revealed that nearly two thirds of the studied sample had satisfactory knowledge, more than one third of them had good knowledge about RH and all of them had positive attitude toward RH issues.There were a statistically significant difference between age, religion and knowledge about RH, there were highly statistically significant difference between residence, marital status and knowledge about RH. On the other hand there were highly statistically significant relations between educational level of the mother, father's occupation and total attitude about RH. **The study concluded that** nearly two thirds of studied sample had satisfactory knowledge, more than one third of them had good knowledge about reproductive health aspects and all of them had positive attitude toward reproductive health issues. **The study recommended** that; develop reproductive health educational programs targeted to adolescents. Further researches: assess effect of parent-adolescent communication on adolescent RH matters and investigate adolescents' barriers for utilization of RH services.

Keywords: Reproductive health, adolescent, knowledge, attitude**.**

Introduction

The major human resource for the development of any nation was the energy and creativity of a healthy young-adult population. The reproductive and sexual health needs of young people were one of the most aspects that should be researched in our population so governments should provide reproductive health information and services as a right of human life and a warranty for the future development and health of nations ***(United Nations Commission on Population and Development,2012).***

Meanwhile, reproductive health was an important part of global health. The health of the present generation had an impact on the health of the next generation, so the health of the infant and child of tomorrow was greatly dependent on the health of the adult of today ***(Yehia, 2012).***

So meeting the reproductive health needs of adolescents required not only providing services, but also overcoming community opposition, building understanding and educating adults about young people's reproductive health needs ***(Abel fath, 2008).***

Additionally, world health organization (WHO) defined the reproductive health as a state of complete

physical, mental and social well-being, and not merely the absence of reproductive diseases or infirmity, reproductive health addresses the reproductive processes, functions and system at all stages of life ***(WHO, 2014).***

Therefore, it implies that people were able to had a responsible, satisfying and safe sex life and that they had the capability to decide if, when and how often to do so. Implicit in this the right of men and women to be informed of and to have access to safe methods of fertility regulation of their choice, and the right of access to appropriate health care services ***(WHO, 2014).***

While elements of reproductive health included the following: Empowerment and care of adolescent's girls, adolescent's nutrition, safe sexual behaviour, widely available family planning services, elimination of unsafe abortion, prevention of unwanted pregnancy, prevention and management of infertility, adolescent's reproductive health needs were a continuum from sexual health, fertility by choice, not by chance, pre-conception care and safe motherhood to provide couples with the best chance of having a healthy infant ***(RHO, 2010).***

Moreover, adolescents constituted a large and important segment of population worldwide. Young people between ages 10–24 years constituted around 1.8 billion and represented 27 % of the world's population. 85% of them lived in developing countries ***(Farzaneh et al., 2011).***

Additionally,one in five people in Egypt was between the ages of 15 and 24, a total of 16 million in 2012, adolescents in Egypt constituted nearly 25%of the country's population ***(United Nations Population Division, 2012).***In the next 15 years, 26 million Egyptians would reach age 15 ***(United Nations Commission on Population and Development, 2012).***

Adolescents was defined that the second decade no longer children, not yet adults. Adolescents were individuals who were going through a very special phase in their lives, adolescence was a time of rapid physical and psychological growth and development, and individuals developed new capacities. It was also a time of changing social relationships, expectations, roles, responsibilities and required a special attention and sustained support. Adolescence could be divided into three stages, early adolescence (11-14 years of age, middle adolescence (15-17 years of age and late adolescence (18-21 years of age) ***(Ganguli, 2103).***