



شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكروفيلم

بسم الله الرحمن الرحيم



HANAA ALY



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التوثيق الإلكتروني والميكروفيلم



شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلم



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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

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HANAA ALY



Self-Care Practices Regarding Prevention of Reproductive Tract Infection among Female Adolescent

Thesis

**Submitted for Partial Fulfillment of Master
Degree in
(Maternity & Gynecological Nursing)**

By

Amira Aly Ibrahim

(B.Sc. Nursing, 2012)

Faculty of Nursing – El Menoufia University

**Faculty of Nursing
Ain shams University**

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Amira Aly Ibrahim

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Faculty of Nursing – El Menoufia University

Supervised By

Prof. Dr. Aziza Ahmed Attia

**Professor of Maternity & Gynecological Nursing
Faculty of Nursing – Ain Shams University**

Assist. Prof. Dr. Amal Fatthy Mohammed

**Assistant Professor of Maternity & Gynecological Nursing
Faculty of Nursing – Ain Shams University**

**Faculty of Nursing
Ain shams University
2021**

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List of Abbreviations

Abbr.	Meaning
AIDS	A cquired I mmunodeficiency S yndrome
BV	B acterial V aginosi s
HBV	H epatitis B V irus
HIV	H uman I mmunodeficiency V irus
HPV	H uman P apilloma V irus
HSV	H erpes S implex V irus
IUD	I ntrauterine D evice
IVF	I n- V itro F ertilization
PID	P elvic I nflammatory D isease
RTIs	R eproductive T ract I nfections
STDs	S exually T ransmitted D iseases
STIs	S exually T ransmitted I nfections
WHO	W orld H ealth O rganization
VVC	V ulvo V aginal C andidiasis

List of Appendices

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1	Self- administrative questionnaire
2	Protocol

Self-Care Practices Regarding Prevention of Reproductive Tract Infection among Female Adolescent

Abstract

The study was aimed to: Assess self -care practices regarding prevention of reproductive tract infection among female adolescent. **Research design:** A descriptive study design was used. **Sample:** A convenient sample Of 150 students from faculty of nursing, Menofiyia university. **Tools:** **First tools, self-**administered questionnaire sheet to assess female adolescent general characteristics, their knowledge and self -care practices for prevention of RTI. **Results:** The current study finding revealed that 68, 2% of studied adolescents had incorrect total knowledge score regarding RTI while 31, 8% of them had correct total knowledge score, 71, 3% of studied adolescent had unsatisfactory self- care practice regarding prevention of RTI. There were a highly statistically significant relation between total studied adolescent knowledge score and total studied adolescent self –care practices score regarding prevention of RTI($p<0.001$). **Conclusion:** The current study concluded slightly more than three quarter of the studied adolescent had incorrect regarding mode of transmutation of RTI and slightly more than two third of them had incorrect knowledge regarding preventive measures. Regarding total knowledge score the current study finding revealed that slightly more than two third of them had incorrect knowledge. Also slightly less than three quarter of the studied adolescent had unsatisfactory self-care practice regarding prevention of RTI. **Recommendation:** The current study recommended that :Application of the nursing preventive strategy for RTI on female adolescent at secondary school through designing and application for an educational program to increase awareness of female adolescent through (videos, booklets, lectures), Further researches are needed to investigate the contributory factors leading to RTIs and the adequate intervention.

Keywords: Self –Care, Female, Adolescent, Reproductive Tract Infection.



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Introduction

World health organization (WHO) identifies adolescence as the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19. It represents one of the critical transitions in the life span and is characterized by a tremendous pace in growth and change that is second only to that of infancy. In Egypt 21% of the total population comprises of adolescents (Cherenack et al., 2020).

Reproductive tract infections (RTIS) are infections that affect the reproductive tract, which is part of the Reproductive System. For females, reproductive tract infections can affect the upper reproductive tract (fallopian tubes, ovary and uterus) and the lower reproductive tract (vagina, cervix and vulva) (Dahal et al., 2017).

RTI include both sexually transmitted infections (STI) and non-sexually transmitted infections. STI caused by bacteria, viruses, or protozoa that are passed from one person to another through sexual contact as chlamydia, gonorrhea, cancrroid, and human immunodeficiency virus (HIV). RTI which are not sexually transmitted can be caused by disturbances of the normal endogenous flora as

bacterial vaginosis or vulvovaginal candidiasis. Iatrogenic infection caused by unsterilized medical interventions (**Gomez-Serranillos and Gonzalez-Burgos, 2018**).

Prior studies reflected various factors influencing the occurrence of **RTIs** mainly socioeconomic status, poor hygiene, intra-uterine device (**IUD**) insertion, place of residence (urban/rural), male substance abuse, extra-marital sexual relations, and non-use of condoms (**Singh, Badaya, and Agarwal 2016**).

Female adolescent with **RTI** represents various symptoms like backache to lower abdominal pain, genital ulcers, vulval itching, inguinal swelling, and abnormal vaginal discharge. **RTIs** if neglected can lead to complications for adolescent include pelvic inflammatory disease, infertility, ectopic pregnancy, fetal and prenatal death, cervical cancer, emotional distress, marital discord, social rejection etc. (**Kafle and Bhattarai, 2016**).

RTI in many cases are asymptomatic among female adolescent, so their detection and diagnosis are difficult. Considering the often asymptomatic nature of **RTIs** among women, laboratory findings remain the most accurate method of biomedical diagnosis of **RTI** (**Nawagi et al., 2016**).