

ملاحظات:

Rural Teenage Pregnant Female Unmet Needs

Thesis

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

By

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List of Abbreviations

	Abbr.	Full-term
CDC	:	The Centers For Disease Control and Prevention
CEMD	:	Confidential Enquiry into Maternal Deaths
DHS	:	Demographic and Health Surveys
HIV	:	Human immunodeficiency virus
ICRW	:	International Center for Research on Women
LARC	:	Long-acting reversible contraceptive
LBW	:	Low birth weight
MMR	:	Maternal mortality rate
P value	:	expected prevalence or proportion
SGA	:	Small for gestational age
SPSS	:	Social Science Statistics Package
STDs	:	Sexually Transmitted Diseases
TB	:	Tuberculosis
UNICEF	:	United Nations International Children's Emergency Fund
USA	:	United State Of America
VVF	:	Vesico- Vaginal Fistulae
WHO	:	World health organization

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ABSTRACT

Teenage pregnancy is pregnancy in a female under the age of 20. According to the International Center for Research on women (ICRW) statistics, a third of the world's girls marries before they turn 18 and 1 in every 9 girls is married before they turn 15. **The aim of the study:** To assess rural teenage pregnant female unmet needs. **Design:** A descriptive study design was used. **Setting:** The study was conducted at the antenatal clinics at Damanhur Medical National Institute and Red Crescent center in Damanhur at Beheira Governorate. **Sample:** A purposive sample of (320) rural teenage pregnant were recruited on the study. **Data collection tools:** three tools were used for data collection; first was structured interviewing questionnaire schedule, second was health needs assessment sheet and third was likert attitude scale. **Results:** The result of the present study reveals that the majority of the studied rural teenage pregnant had unmet physiological needs; physiological changes during pregnancy that represent 90.3%. The most unmet psychological needs were recognized the normal psychological changes during pregnancy, that represent 95.3% and. While, the most unmet social needs were unavailable time to participate in community activities that represent 95.3%. **Conclusion:** The result of the current study concluded that 70.9% of studied teenage had total physical, psychological and social unmet needs. Moreover, majority of the studied rural teenage pregnant female had positive attitude concerning effect of their unmet needs on their over-all health and pregnancy out-come. **Recommendation:** Establish pre conceptional counseling program to meet rural teenage pregnant female needs, prenatal health classes should be implemented at antenatal clinics and Maternal and Child Health centers, regarding teenage pregnancy and its consequences.

Keywords: Teenage attitude, Teenage pregnancy, Unmet needs.

Introduction

Teenage pregnancy refers to the pregnancy of women under the age of 20 (WHO, 2016). According to statistics from the International Center for Women's Studies (ICRW), one-third of the world's girls are married before the age of 18, and 1 in 9 girls are married before the age of 15 (Johnson, 2017).

Many studies around the world indicate that the number of teenage pregnancies is increasing (Sully, 2018). Due to the double burden of reproduction and growth, teenage pregnancy leads to high-risk groups in reproduction. Approximately 95% of teenage births occur in developing countries, especially in rural areas. Early pregnancy may be combined with malnutrition and poor medical care to cause medical problems. In addition, the teenage pregnancy rate in Egypt ranges from 4.1% in urban society to 11.3% in rural areas. (Grønvik, 2018).

The meaning given to teenage pregnancy varies in different cultures, and so does the corresponding meaning and consequences. Teenage pregnancy is a complex issue that is affected by many factors, including personal, family,

and community characteristics. The consequences affect the health, social and economic well-being of young people, their children, and society as a whole. The distinction between correlation and causation is sometimes difficult to determine, but this distinction is important because most of the interest in teenage pregnancy and childbearing is based on the assumption that policy interventions may be effective in reducing or eliminating adverse consequences (WHO, 2017).

Pregnant teenagers face many of the same pregnancy-related problems as other women. People under 20 have other concerns because they are less likely to develop physically to maintain a healthy pregnancy or childbirth (WHO, 2016).

Teenage pregnancy has many adverse maternal consequences, such as premature delivery, anemia during pregnancy, hypertension, urinary tract infections, miscarriage, sexually transmitted diseases, traumatic fistulas, postpartum infections, mental illness, high cesarean section rates, and fetal distress. The maternal mortality rate (MMR) of teenage mothers aged 10-14 is approximately 5 times that of mothers aged 20-24. In

addition, there are many unfavorable fetal outcomes, such as premature birth, low birth weight infants, stillbirth, birth asphyxia, respiratory distress syndrome, and birth injury or injury (Singh, 2018).

Teenage pregnancy is one of the main problems in every health system because early pregnancy can have harmful effects on teenager's physical, psychological, economic, and social needs. Unmet need is defined as the difference between the service needed to properly deal with the health problem and the actual service received. (Vikat, 2016).

Unmet needs of pregnant teenagers are social, support needs, health education, including family life education, sex education, parenting courses, contraceptive counseling, and let youths understand the community Resources, health services; this includes the need for early prenatal care, the need for financial assistance, including supplementary income for mothers, health care funds, the need for nutrition services, including nutrition education, more adequate diet and food supplements for young people, transportation Demand (Johnson, 2017).

However, nurses play a key role in reducing teenage pregnancy rates. Specifically, nurses can educate and counsel young people on sex, reproduction, and contraception. In addition, through the development, implementation, and evaluation of community-based teenage pregnancy prevention programs, work with teenagers before they become sexually active (Abdelsattar, 2016).

In addition, as a human-oriented profession and discipline, nursing care is carried out at different stages of life from the perspective of humanized interpersonal relationships, trying to respond to the physiological, psychological, and social, and cultural needs of pregnant teenagers, making it clear that they are people with specific organisms., Functional, social, and emotional characteristics, which require differentiated care by the labor health team (Helina and Betty, 2016).