

Effect of an Instructional Supportive Guideline Concerning Women Reproductive Rights on Student Nurses' Perception and Satisfaction

Elham Ahmed Ahmed Mohamed¹, Kamliia Ragab Abo Shabana², Samah Abd Elhaliem Said³ and Rehab Soliman Abd Elaliem⁴

(1) Nursing supervisor - Benha University Hospital, (2) Professor of Maternity and Newborn Health Nursing, Faculty of Nursing, Ain Shams University, (3) Professor of Obstetrics & Gynecological Nursing, Faculty of Nursing, Benha University and (4) Assistant Professor of Obstetrics & Gynecological Nursing, Faculty of Nursing, Benha University

Abstract:

Aim of the study: The study aimed to evaluate effect of an instructional supportive guideline concerning women reproductive rights on student nurses' perception and satisfaction. **Research design:** A quasi experimental research (Pre-test/post-test) design. **Research setting:** This study was conducted at Faculty of Nursing, Banha University. **Sample:** A purposive sample, 178 female nursing students in the third academic year. **Tools of data collection:** **Tool (I)** Structured interviewing questionnaire which include three parts (the general characteristics of students, student nurses' knowledge related to women reproductive rights and women reproductive rights attitude assessment scale), **Tool (II):** Student nurse's satisfaction scale regarding women reproductive rights. **Results:** One-third (33.7%) of the studied samples had correct total knowledge about women reproductive rights pre intervention. While improved to (87.6%) immediately post and (83.1%) follow up intervention and there was a highly statistically significant difference at ($P \leq 0.001$). There is a marked improvement in student nurses' attitude toward women reproductive rights immediate post and follow up intervention compared to pre intervention with a highly statistically significant difference at ($P \leq 0.001$). The vast majority (95.5%) of the studied samples satisfied with the guide of women reproductive rights. While the vast minority (4.5%) of them weren't satisfied. **Conclusion:** The student nurse who attended guideline sessions regarding women reproductive rights shown significant improvement in their perception and satisfaction more than those was not participated. **Recommendation:** Increase educational supportive guidelines about women reproductive rights for students to improve their knowledge and attitude. Design supportive data instruction booklet to improve the studied sample knowledge and attitude without courses.

Keywords: Reproductive rights, perception, satisfaction, nurses and an instructional supportive guidelines.

Introduction

Reproductive rights are integral elements of the rights of everyone to the highest attainable standard of physical and mental health. The reproductive rights of women mean that women should have control over and decide freely and responsibly on issues relating to reproductive health. The rights include freedom from coercion,

discrimination and violence, equal relationship between women and men in matters of sexual relations and reproduction, mutual respect and shared responsibilities for sexual behavior (Makinde and Adebayo., 2020).

All women have the right to sexual and reproductive health information, self-

Effect of an Instructional Supportive Guideline Concerning Women Reproductive Rights on Student Nurses' Perception and Satisfaction

determination and civil engagement. Rights-based approaches move beyond disease prevention to emphasize healthy sexuality development, empowerment and individuals' engagement with surrounding communities, by focusing on issues that are central to the day-today lives of women such as the navigation of gender norms, identity formation, sexual orientation, relationship power and broader social and cultural messages. Rights-based approaches also involve participatory teaching techniques aiming to engage women in critical thinking. There is growing evidence that a rights based approach can have positive effects on sexual health (**Kågesten and van Reeuwijk., 2021**).

Harmful practices are a violation of human rights that put women's and adolescents' reproductive rights at great risk. A variety of harmful practices exist including female genital mutilation (FGM), child and forced marriage, virginity testing and related practices, extreme dietary restrictions including during pregnancy (force-feeding, food taboos), binding, scarring, branding/infliction of tribal marks, corporal punishment, stoning, violent initiation rites, widowhood practices, accusations of witchcraft, infanticide, incest and body modifications that are performed for the purpose of beauty or marriageability of girls and women (**United nation human rights., 2020**).

The presence of nurses in the reproductive health services is essential for the dissemination and consolidation of health care strategy as well as for the reorganization of the care model. This is because the nurse has essential attributions which as a whole range from the organization of the activities to the direct care assistance of the women.

Among attributions are health promotion actions which aim to support, understand and guide more broadly, the methods and strategies for women to maximize control over reproductive health. Therefore, it is important that nurses are prepared as of training process to perform such actions through competences so that there are positive results among the women receiving care (**Cordeiro et al., 2022**).

Nurses need to gain the knowledge and hone the skills required to deliver evidence-based counseling and services to women. Collectively, nurses can use unique combination of knowledge and skills to make a positive impact on women sexual and reproductive outcomes. Nurses have the capacity and opportunity to disseminate information about sexual and reproductive health to women in communities, schools, public health clinics, and acute care settings (**Santa Maria et al., 2017**).

Nurses can also increase the reach of sexual and reproductive health care to underserved adolescent populations through community-based sexual and reproductive health education and behavioral screenings in schools, hospitals, clinics, homeless shelters, and faith-based and community settings. As nurses become proactive in providing critical sexual and reproductive health services to adolescents, these patients may relay more accurate information to peers (**Divecha., 2020**).

Significance of the study

Reproductive rights are integral elements of the rights to the highest attainable standard of physical and mental health. So, understanding and realizing of an instructional guideline about woman

reproductive rights help female nursing students to mature in a healthy and fulfilling way and know their reproductive rights in the future which is the best investment a society and achieves social justice between men and women. The nurse's role as a counselor and health educators has an effective role for providing, promoting, and improving women reproductive rights ((Makinde and Adebayo., 2020).

So, this study will be conducted to enhance nursing student's perception about women reproductive rights. As those student's will be the milestone of women's reproductive rights education.

Aim of the study

The aim of this study was to evaluate effect of an instructional supportive guideline concerning women reproductive rights on student nurses' perception and satisfaction.

Research hypotheses

The student nurse who would be attended guideline sessions regarding women reproductive rights would show significant improvement in their perception and satisfaction more than those would not participate.

Subject and methods

Research design:

A quasi-experimental (Pre-test/post-test) design.

Setting:

Faculty of Nursing at Benha University.

Sampling:

Sample type: A purposive sample was selected.

Sample size and technique:

The sample size was 178 female nursing students in the third academic year

(2020- 2021) were selected from the above mentioned setting according to

$$n = \frac{N}{1 + N(e)^2}$$

Where:

n= sample size

N =Population

(e) 2= margin error (0.05)

Inclusion criteria:

Inclusion criteria of sample:

Female students

Exclusion criteria of sample:

Males students

Tools of data collection:

The researcher utilized two tools for data collection:

Tool (I): A Structured Interviewing Questionnaire

It included three main parts:

Part I: General characteristics of student such as "age, residence, and number of teenager family member."

Part II: Student knowledge regarding women reproductive rights: It was adapted from Makinde and Adebayo., (2020) to assess student nurses knowledge related to women reproductive rights that was which included 12 questions woman reproductive rights.

Scoring system:

A score of 2 was given to the correct answer. A score 1 for the incorrect answer." The total knowledge scores were classified into two levels: correct ($\geq 60\%$) more than or equal 8 questions and incorrect knowledge ($< 60\%$) less 8 questions.

Part III: women reproductive rights attitude assessment scale

It was designed by researchers after reviewing related literature Rajapaksa et al., (2020): It was consisted of five statements to which the students were requested to react to one of the decisions. Which was covered female genital mutilation 4 questions,

Effect of an Instructional Supportive Guideline Concerning Women Reproductive Rights on Student Nurses' Perception and Satisfaction

Marriage rights 6 questions, Pregnancy 8 questions, Reproductive health 7 questions and Family planning 5 questions.

Scoring system:

Student nurse was responded ranging from agree, disagree and uncertain. The total score of attitudes are categorized as the positive attitude equal to all agree response while negative attitude will include all disagree and uncertain response.

Tool (II): Student satisfaction scale regarding women reproductive rights

It was developed by the researcher after reviewing related literature **Bazarganipour et al., (2016)** to assess students' satisfaction towards women reproductive rights. It consisted of nine statements a two-point likert scale ranging from satisfied to unsatisfied.

Scoring system:

A score of 2 was given to satisfy and a score of 1 for dissatisfied. The total satisfaction score calculation as follows:

- < 60 = Not satisfied
- ≥ 60 = Satisfied

Tool validity:

The validity of questionnaires reviewed by three jury experts in the field of obstetric and gynecological nursing at Banha University to test content validity, clarity, relevance and applicability of tools. Modifications were carried out according to their recommendations of the specialists.

Reliability:

The reliability of the proposed tools was tested utilizing Cronbach's alpha. For the Pre-posttest, Cronbach's alpha of Tool I part I 0.81 showed a strong significant positive correlation between the items of the tool. While for part 2, it was 0.84, which indicates accepted tools reliability. While for the tool

II, it was 0.83, which indicates accepted tools reliability

Ethical considerations:

Ethical aspect was considered before starting the study that included the following:

- An official approval with written letter clarifying the title, purpose and setting of the study was obtained from Dean of Faculty of Nursing, department of Obstetrics and Women Health Nursing and Research Ethics Committee at Benha University as approval for data collection to conduct the present study.
- The aim of the study was explained to each student nurse before applying starting data collection to gain their confidence and trust.
- An written consent was obtained from each student who participate in the study and give him the chance to withdraw when she needs at any time.
- The study did not have any physical, social or psychological risk on participant.
- The data was collected and treated confidentially.

Pilot study: Was conducted on 10% of the sample 18 female university students who met the criteria of selection in order to assess the feasibility of the study process and clarity of the tools and to determine the needed time to complete the tools. There weren't any modifications performed, so the pilot study sample were included in the study sample.

Field work:

The study was conducted at the previous mentioned setting in a period from October 2020 to April 2021. The study was included through three phases (preparatory

phase & implementation and evaluation phase).

Preparatory phase:

Through this phase the researcher review the recent advanced national and international literature related to the study topics accordingly to then tools of data collection were designed, finally conduct pilot study.

Implementing phase:

- The researcher visited the previous mentioned study setting after taking permission and interviewed the studied nurses for 3 days / week from 9 am to 12 pm including all student nurse who had the previous inclusion criteria through using study tools by the researcher.
- The researcher introduced herself to the students and explained the aim of the study to build confidence and trust and finally obtain their consent to participate in the study.
- Conducted the planned educational sessions inform of 5 theoretical session. One session per day. The duration of each session 20 minutes. Number of participation of each session 5 student nurse.
- First educational session about introduction and definition about woman reproductive rights and its goals.
- Second session about important of woman reproductive rights.
- Third session about component of woman reproductive rights and its services.
- Four session about barriers and problems of woman reproductive rights.
- The last session about women attitude toward woman reproductive rights.
- At beginning of each session the researcher provide feedback on the previous one for assurance understanding

given information.

- After completion of each session, handouts containing brief information given during that session distributed to each student.
- Finally, the researcher gave 5 minutes to all student nurses to ask question then clarify the question, at the final session an instructional supportive guideline will be distributed among all students.
- Methods of teaching such as Lecture, group discussion, role play, brain storming.
- Media as flipchart and pictures, and using visual aids as the power Point presentation using a data. During and after the presentation the researcher encouraged the active participation of the student nurses by asking questions and receiving feedback.

Evaluation phase :

The evaluation phase took place immediate and four weeks of the implementation phase to examine the student's knowledge and attitude using a same pre-post- test questionnaire, and the scores of students documented by the researchers. But student satisfaction scale was utilized immediately post intervention only.

Statistical analysis:

Analysis of data and statistical results were done by using The Statistical Package for Social Science (SPSS) version 25. All data collected were verified prior to computerized entry Analysis was performed using descriptive statistics in the form of frequencies and percentages for variables, the arithmetic mean ,the standard deviation, Chi square test, Friedman test, p - value and correlation coefficients test.

Effect of an Instructional Supportive Guideline Concerning Women Reproductive Rights on Student Nurses' Perception and Satisfaction

Results:

Table (1): Shows the general characteristics of the studied sample. More than half (51.7%) of the studied sample in the age group of 21-22years old. The mean age of the studied sample is $20.51 \pm .68$ years. Regarding residence, less than two-thirds (63.5%) of the studied sample residing in rural areas. Also, More than half (50.6%) of the studied sample have teenager in family.

Table (2): Shows that, one-third (33.7%) of the total studied samples had correct knowledge about women reproductive rights pre intervention. While improved to (87.6%) immediately post and (83.1%) follow up intervention and there were a highly statistically significant difference at ($P \leq 0.001$).

Table (3): Reveals that, there is a marked improvement in total samples' attitude related

women reproductive rights immediate post and follow up intervention compared to pre intervention with a highly statistically significant difference at ($P \leq 0.001$).

Figure (1): Reveals that, the vast majority (98.3%, respectively) of the studied samples satisfied with the objective of the guideline identical to the scientific content and the language of the guide were easy, understandable and clear. Also, the vast majority (98.9% and 97.2%) of them satisfied with the guide were applied in comfortable well-ventilated place and would use the guide in the future during my practice of caring for women in health places.

Table (4): Explains that, there were a highly significant statistical positive correlation between samples' knowledge and their attitude related to women reproductive rights per intervention, immediately post and follow up intervention at ($P \leq 0.001$).

Table (1): Distribution according to the studied sample related to general characteristics (n=178)

| General characteristics | Studied sample (n=178) | |
|---------------------------------------|---------------------------------|------|
| | N | % |
| Age (years) | | |
| 19-<21 | 86 | 48.3 |
| 21-22 | 92 | 51.7 |
| Mean \pmSD | 20.51\pm.68 | |
| Residence | | |
| Urban | 65 | 36.5 |
| Rural | 113 | 63.5 |
| Family include others teenager | | |
| Yes | 90 | 50.6 |
| No | 88 | 49.4 |

Table (2): Distribution of the studied sample' total knowledge scores of women reproductive rights (pre intervention, immediately post and follow up intervention) (n=178)

| Total knowledge | Studied sample (n=80) | | | | | | Test of Sig. (p1) | Test of Sig. (p2) | Test of Sig. (p3) |
|-----------------|-----------------------|------|------------------|------|-----------|------|-----------------------|-----------------------|-------------------|
| | Pre intervention | | Immediately post | | Follow-up | | | | |
| | N | % | N | % | N | % | | | |
| Correct | 60 | 33.7 | 156 | 87.6 | 148 | 83.1 | X ² =16.77 | X ² =1.114 | F=46.70 |
| Incorrect | 118 | 66.3 | 22 | 12.4 | 30 | 16.9 | P=.000** | p=.198 | P=.000** |

X²: Chi-square test f= Friedman test p= p-value **: Highly statistically significant at p ≤ 0.001.

P₁: p value for comparing between pre and immediately.

P₂: p value for comparing between the immediately post and Follow-up intervention.

P₃: p value for comparing between the three sessions.

Table (3): Distribution of the total studied sample' attitude related to women reproductive rights (pre intervention, immediately post and follow up intervention) (n=178)

| Total samples' attitude related to women reproductive rights | Studied sample (n=178) | | | | | | | | | | | | Test of Sig. (p1) | Test of Sig. (p2) | Test of Sig. (p3) |
|--|------------------------|------|----------|------|------------------|------|----------|------|-----------|------|----------|------|-----------------------------------|---------------------------------|---------------------|
| | Pre intervention | | | | Immediately post | | | | Follow-up | | | | | | |
| | Positive | | Negative | | Positive | | Negative | | Positive | | Negative | | | | |
| | N | % | N | % | N | % | N | % | N | % | N | % | | | |
| The right of Female genital mutation | 83 | 46.6 | 95 | 53.4 | 150 | 84.3 | 28 | 15.7 | 147 | 82.6 | 31 | 17.4 | X ² =24.62 P=.000** | X ² =1.011 p=.241 | F=46.51 P=.000** |
| Marriage | 90 | 50.6 | 88 | 49.4 | 160 | 89.9 | 18 | 10.1 | 156 | 87.6 | 22 | 12.4 | X ² =25.44 P=.000** | X ² =1.405 p=.212 | F=52.46 P=.000** |
| Pregnancy | 88 | 49.4 | 90 | 50.6 | 155 | 87.1 | 23 | 12.9 | 153 | 86 | 25 | 14 | X ² =24.54 P=.000** | X ² =1.406 p=.422 | F=50.02 P=.000** |
| Reproductive Health | 112 | 62.9 | 66 | 37.1 | 164 | 92.1 | 14 | 7.9 | 160 | 89.9 | 18 | 10.1 | X ² =24.54 P=.000** | X ² =1.450 p=.221 | F=54.64 P=.000** |
| Family planning | 85 | 47.8 | 93 | 52.2 | 152 | 85.4 | 26 | 14.6 | 150 | 84.3 | 28 | 15.7 | X ² =40.24 P=.000** | X ² =1.194 p=.314 | F=66.46 P=.000** |

X²: Chi-square test f= Friedman test p= p-value **: Highly statistically significant at p ≤ 0.001.

P₁: p value for comparing between pre and immediately.

P₂: p value for comparing between the immediately post and Follow-up intervention.

P₃: p value for comparing between the three sessions.

Effect of an Instructional Supportive Guideline Concerning Women Reproductive Rights on Student Nurses' Perception and Satisfaction

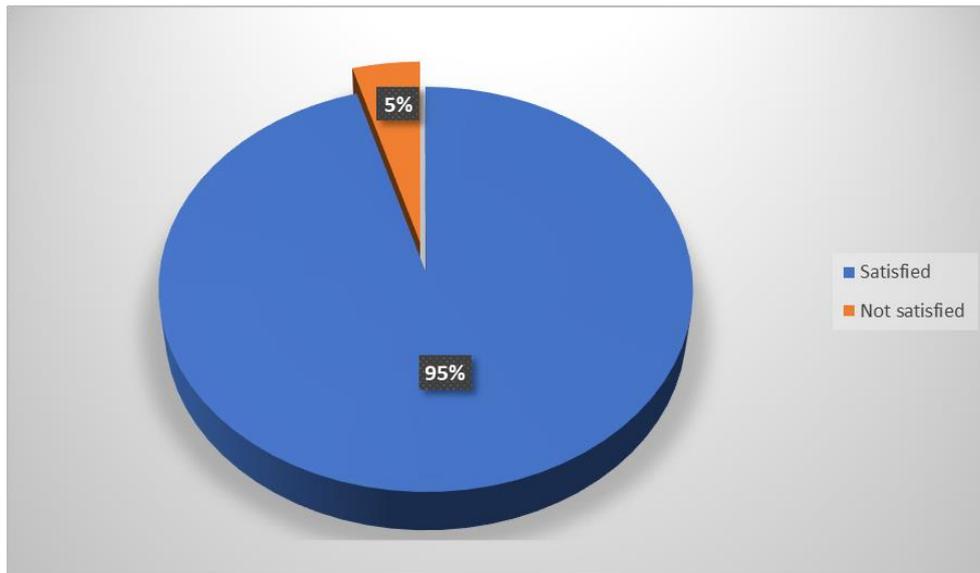


Figure (1): Distribution of the total studied sample' satisfaction related to women reproductive rights immediately post intervention (n=178)

Table (4): Correlation between the total samples' knowledge and attitude per intervention, immediately post and follow up intervention (n=178)

| Variables | | Total samples' attitude | | |
|--------------------------|---|-------------------------|--------|-----------|
| | | Pre | Post | Follow up |
| Total samples' knowledge | r | 0.358 | 0.683 | 0.513 |
| | p | .000** | .000** | .000** |

r= coefficient correlation test p= p-value **highly significant at $p \leq 0.001$

Discussion

Regarding student knowledge about women reproductive rights, the present study revealed that, there were a marked improvement in the studied samples' knowledge items related to women reproductive rights immediately post and follow up intervention compared to pre intervention with a highly statistically significant difference. This may be due to the instructional supportive guideline was effective in improving their level of knowledge. The present study findings were in the same line with **Zakaria et al., (2020)** in

a study titled "knowledge, attitude and practice of sexual and reproductive health among older adolescent girls in Bangladesh" and found that just a small percentage of them were knowledgeable of women's rights.

Also, the present results were agreed with **Pleaner et al., (2022)** in a study titled "sexual and reproductive health and rights knowledge, perceptions and experiences of adolescent learners " and reported that the minority of the studied subjects had correct knowledge about women's rights and participants acquired reproductive rights knowledge during intervention.

Also, these findings agreed with **Abd El-Ghany et al., (2019)** who reported that adolescent's girls had a poor knowledge about reproductive health before intervention and had improvement of knowledge after intervention. These agreements with present results may be due to in Egyptian culture only married women receive and take only required knowledge about reproductive health. Also this may be due to inadequate educative material in the university course regarding reproductive health and in the Egyptian culture parents refuse adolescent tenth to read such topics and the instructional supportive guideline was effective in improving their level of knowledge.

On the other hand, the present results were contradicted by the results of a study done by **Zaied et al., (2017)** in a study titled "Women's perception and practice regarding their rights of reproductive health in rural area at Benha City " and found that more than three-quarters of the participants in the study had a good understanding of reproductive health rights. This dissimilarities may be due to the other study were conducted in maternal and Child Health Care Centers and the studied sample were women and know a lot of knowledge about women reproductive rights rather than student nurses.

Regarding to the studied sample' total knowledge related to women reproductive rights (pre intervention, immediately post and follow up), one-third of the studied samples had correct knowledge about women reproductive rights pre intervention, While improved to the most of the studied samples immediately post and follow up intervention with highly statistically significant difference. These results were in agreement with a study done by **Ashry et al., (2020)** in study titled "effect of educational sessions regarding women reproductive rights on student nurse theoretical achievement, attitude and

satisfaction, Port Said University" and showed that most of the studied samples had correct knowledge about women reproductive rights post intervention and follow up intervention.

Un-similarly, the present findings were in disagreement with a study done by **Hlatshwayo., (2017)** in study titled "exploring adolescents' perceptions regarding youth-friendly sexual and reproductive rights in a selected Community Health Centre in Mgungundlovu" and found that the most of participant had incorrect knowledge regarding reproductive rights post education. This difference may be related to many of the developing countries still in their culture refuse to talk about sexual reproductive rights.

Regarding the studied sample' total attitude related to women reproductive rights (pre intervention, immediately post and follow up), the current study demonstrated that there was a marked improvement in total samples' attitude related women reproductive rights immediate post and follow up intervention compared to pre intervention with a highly statistically significant difference. On the same line, a study done by **Moussa et al., (2022)** who found that the majority of the samples had a negative attitude during the project's pre-test and after the project attained a positive attitude regarding women reproductive rights.

Also, these result agreed with the results of many other studies as the study done by **Ibrahim et al., (2020)** in study titled "Impact of instruction booklet about woman rights in reproductive health on developing nursing student's knowledge and misconceptions". As well, in Egypt **Mahmoud & Ibrahim., (2020)** reported that two-thirds of the nursing students expressed a positive attitude and a significant improvement in most items of attitude scale during the post-test.

Effect of an Instructional Supportive Guideline Concerning Women Reproductive Rights on Student Nurses' Perception and Satisfaction

On the other hand, **Susanto& Rahmawati., (2016)** in study titled "A community-based friendly health clinic: An initiative adolescent reproductive health project in the rural and urban areas of Indonesia" indicated that in the rural region, there was a substantial difference between before and after the intervention. This can be explained by educational programs having a positive impact on students' attitudes encouraging them to take an active role in their reproductive health.

Regarding to total studied sample' satisfaction related to women reproductive rights immediate intervention, the present study illustrated that the vast majority of the studied samples were satisfied with the guide of women reproductive rights. While, the vast minority of them did not satisfy. This finding goes in the line with a study carried out by **Moussa et al., (2022)** represented that the student nurses who attended the educational session regarding women's reproductive rights had improved the theoretical achievement and their total satisfaction compared to their pre-intervention levels. This finding may be the supportive guideline was interested and beneficial to the student's nurses.

Regarding the correlation between total samples' knowledge and attitude throughout different phases of the study, the current result showed that there were a highly significant statistical positive correlation between samples' knowledge and their attitude related to women reproductive rights throughout different phases of the study. These results agreed with **Ajara & Shuaib., (2019)** in study titled "knowledge and attitude to sexual and reproductive health rights among reproductive age women in Malete, Kwara State" and found that there was a positive correlation between knowledge and attitude with respect to reproductive rights.

These findings may be attributed with improving the level of knowledge leading to improve level of attitude about reproductive rights.

Conclusion

On the light of the current study findings, there is a marked improvement in total studied samples' knowledge items related to women reproductive rights immediate post and four weeks post intervention compared to pre intervention with a highly statistically significant difference. There is a marked improvement in total samples' attitude related women reproductive rights immediate post and follow up intervention compared to pre intervention with a highly statistically significant difference. The vast majority of the studied samples satisfied with the guide of women reproductive rights. While, the vast minority of them didn't satisfy) so hypothesis was supported and accepted and the study aim was achieved and an instructional guideline has positive effect on student nurses perception and satisfaction.

Recommendations

- ❖ Increase Educational supportive guidelines about women reproductive rights for students to improve their knowledge and attitude.
 - ❖ Design supportive data instruction booklet to improve the studied sample knowledge and attitude without courses.
- Further recommendation
- ❖ Integrate Egyptian women reproductive rights into the curriculum for the undergraduate, postgraduate student nurse at faculty of Nursing at Banha University.
 - ❖ Replicates the present study counseling sessions on another setting and on another larger sampling.

References:

Abd El-Ghany M.G., Mohamed H.A.G., & Al-Haddad A.M., (2019). Effect of

different teaching methods in improving level of knowledge about reproductive health among female students Hadhramout University. *IOSR Journal of Nursing and Health Science*, 8(2), 70.

Ajara, T. A., & Shuaib, Q. A. (2019). Knowledge and Attitude to Sexual and Reproductive Health Rights among Reproductive-Age Women (RAW) in Malete, Kwara State. *Global Journal of Management And Business Research*.

Ashry, F. K., Elaty, A., Hasan, I., Abo Shabana, K. R., & Ali, M. R. (2020). Effect of Educational Guideline on Student Nurse Knowledge and Attitude Regarding Women Reproductive Rights. *Port Said Scientific Journal of Nursing*, 7(1), 76-93.

Bazarganipour F., Foroozanfard F., Taghavi S., and Hekmatzadeh F., (2016). Evaluation of Female Youth Educational Needs about Reproductive Health in Non-Medical Students in the City of Qom, Iran. *Family Reprod Health*. 7(2): 67–72.

Cordeiro V.M., Morais V.M., Magalhães B.C., Silva M.S., Costa M.S., Silva V.M., (2022). Nurse's competences in promoting women's health in light of the Galway Consensus. *Rev Bras Enferm*. 2022;75(3):e20210281. <https://doi.org/10.1590/0034-7167-2021-0281>

Divecha Z., (2020). Tweeting about testing: do low-income, parenting adolescents and young adults use new media technologies to communicate about sexual health? *Perspect Sex Reprod Health*;44(3):176–83.

Hlatshwayo K., (2017). Exploring adolescents' perceptions regarding youth-friendly sexual and reproductive health services in a selected Community Health Centre (CHC) in Mgungundlovu District (Doctoral dissertation).

Ibraheim, N., Shama E., Ibraheim N,G., El-Sherbeny E and Ahmed AR (2020).

Impact of Instruction Booklet About Woman Rights in Reproductive Health on Developing Nursing Students Knowledge and Misconceptions. *J Gynecol Women's Health*. 20(3): 556039. DOI: 10.19080/JGWH.2020.20.556039.

Kågesten A., and van Reeuwijkb M., (2021). Healthy sexuality development in adolescence: proposing a competency-based framework to inform programmes and research, *Sexual and Reproductive Health Matters*; 29(1):1–17.

Mahmoud S.F., & Ibrahim M.E., (2020). Effectiveness of Educational Sessions on Reproductive Health among Blind and Deaf Students at Zagazig City. *American Journal of Nursing Research*, 8(2), 245-253.

Makinde O.A and Adebayo A.M., (2020). Knowledge and perception of sexual and reproductive rights among married women in Nigeria, *Sexual and Reproductive Health Matters*, 28:1, 1731297, DOI: 10.1080/26410397.2020.1731297

Moussa M., Ibrahim,S, S., & Elemam,H, F. (2022). The effectiveness of an Integrated Counseling Program about Women's Reproductive Rights on Knowledge and Attitudes of Nursing Students. *International Egyptian Journal of Nursing Sciences and Research*, 3(1), 166-191.

Pleaner M., Milford C., Kutwayo A., Naidoo N., & Mullick S. (2022). Sexual and reproductive health and rights knowledge, perceptions, and experiences of adolescent learners from three South African townships: qualitative findings from the Girls Achieve Power (GAP Year) Trial. *Gates Open Research*, 6, 60.

Rajapaksa N., Piercy H., Salway S., and Samarage S., (2020). Sexual and reproductive knowledge, attitudes and behaviors in a school going population of Sri Lankan adolescents. *Sexual and Reproductive Healthcare*; 6(1): 3-8.

Effect of an Instructional Supportive Guideline Concerning Women Reproductive Rights on Student Nurses' Perception and Satisfaction

Santa Maria D., Guilamo-Ramos V., Jemmott L., Derouin A., and Villarruel A.,(2017). Nurses on the Front Lines: Improving Adolescent Sexual and Reproductive Health Across Health Care Settings. *Am J Nurs.* Jan;117(1):42-51. doi: 10.1097/01.NAJ.0000511566.12446.45. PMID: 28030408; PMCID: PMC5513155.

Susanto T., & Rahmawati I., (2016). A community-based friendly health clinic: An initiative adolescent reproductive health project in the rural and urban areas of Indonesia. *International Journal of Nursing Sciences*, 3(4), 371-378.

United nation human rights. (2020). Information series on sexual and reproductive health and rights, available at https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/SexualHealth/INFO_Harm_Pract_WEB.pdf

Zaied,A, K. R., Abd El Aziz M. S., Sabry S.S., & Mohsen M.M. (2017). Women's Perception and Practice Regarding their Rights of Reproductive Health in Rural Area. *Egyptian Journal of Health Care*, 8(2), 228-240.

Zakaria M., Karim F., Mazumder S., Cheng F., & Xu J., (2020). Knowledge on, attitude towards, and practice of sexual and reproductive health among older adolescent girls in Bangladesh: An institution-based cross-sectional study. *International Journal of Environmental Research and Public Health*, 17(21), 7720.

تأثير الدليل الإرشادي تجاه الحقوق الإيجابية للمرأة علي إدراك و رضا طالبات التمريض

الهام احمد احمد محمد - كامليا رجب ابو شبانه - سماح عبد الحليم سعيد - رحاب سليمان عبد العليم

الحقوق الانجابية هي مفهوم جديد نسبيا حيث يرتبط بحقوق المراه الاساسية والجنسية. لذا هدفت الدراسة إلى تقييم تأثير الدليل الإرشادي فيما يتعلق بالحقوق الإيجابية للمرأة على إدراك ورضا طالبات التمريض. تم تصميم بحث شبه تجريبي (قبل الاختبار / بعد الاختبار) لإجراء هذه الدراسة. وقد اجريت الدراسة في كلية التمريض جامعة بنها عن طريق عينة هادفة على عينة 178 طالبة تمريض في السنة الدراسية الثالثة. وظهرت النتائج بأن (33.7%) من العينات المدروسة لديهم معلومات صحيحة حول الحقوق الإيجابية للمرأة قبل التدخل. بينما تحسن إلى (87.6%) اثناء التدخل الفوري و (83.1%) عند المتابعة. الغالبية العظمى (95.5%) من العينات المدروسة راضية عن دليل الحقوق الإيجابية للمرأة. بينما لم ترض الأقلية العظمى (4.5%) منهم. وخلصت الدراسة إلى أن فرضية الدراسة الحالية تم دعمها حيث أظهرت الطالبات التي حضرت جلسات توجيهية بشأن الحقوق الإيجابية للمرأة تحسناً ملحوظاً في إدراكها ورضاها أكثر من تلك التي لم تشارك. واوصت الدراسة الي زيادة الإرشادات التعليمية الداعمة حول الحقوق الإيجابية للمرأة للطلاب لتحسين معرفتهم وسلوكهم و تصميم كتيب تعليمي للبيانات الداعمة لتحسين معرفة العينة المدروسة وسلوكها بدون دورات.