

Adolescents Pregnant Women Perception Regarding Safe Pregnancy in Rural Areas

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Abstract

Background: Adolescent pregnancy among females aged 15-19 year harmful implications on girls' physical, psychological, economic and social status and highly rate of morbidity and mortality in young age pregnancy. **Aim of the study:** adolescent pregnant women perception regarding safe pregnancy in rural areas. **Design:** Descriptive research design was utilized to carry out this study. **Setting:** The present study was three MCH center in Banha City. **Sample:** purposive sample including the adolescent pregnant women in MCH and included 105 women. **Tools:** for data collection divided into: **1st tool:** An interviewing questionnaire which includes: **Part 1:** Socio-demographic characteristics of adolescent pregnant women, **Part 2:** Adolescent pregnant women knowledge assessment sheet, **Part 3:** adolescent pregnant women practices regarding safe pregnancy, **2nd Tool:** Medical record of adolescent pregnant women: **a)** Physical examination, **b)** Current medical history, **c)** Follow up compliance. **Results:** Adolescent pregnant women ranged between 17-19 years with the mean age of (18years), the highest percentage of them were between the age of 18-19 years, more than three quarters of the study subjects had unsatisfactory knowledge score regarding safe pregnancy, one third of the study subjects had satisfactory practices regarding safe pregnancy; about two thirds were unsatisfied from the perception. **Conclusion:** There are significant association between the adolescent pregnant women total knowledge score and educational qualification, occupation and income, there was a highly statistical significance association between total practice score and their educational qualification and their age also, there are highly statistical significance association between total practice score and their perception and there significance between their knowledge and total practices. **Recommendation:** The study recommended to carry out discharge plan contain health education for adolescent pregnant women regarding complications of pregnancy, follow-up schedule and healthy life style behavior.

Keywords: Adolescence pregnant women, women perception, safe pregnancy rural area.

Introduction

Adolescence the transitional stage of development between childhood and

adulthood, is associated with marked physical growth, reproductive maturation, and cognitive transformations, throughout adolescence, girls experience greater increases in adiposity, which is required

for normal menstruation, development of secondary sexual characteristics and menarche take place during puberty (Duffey, et al., 2013).

Adolescent pregnancy refers to pregnancy among females aged 19 and under, including “the number of live births, fetal losses, stillbirths and abortions per 1,000 women/girls aged 19 and under, pregnancy during adolescence poses greater health risks to both the mother and child given that, when compared to adult women, pregnant female adolescents have a higher risk of developing anemia, hypertension, eclampsia and depressive disorders, in addition, children of teenage mothers have a greater chance of having a child during their own adolescent years, thereby continuing the cycle of adolescent pregnancy (Wong & Regan, 2014).

Health risks for mother and baby are strongly associated with childbirth at an early age, many of these risks are also associated with giving birth for the first time (primiparity), since adolescent mothers are usually also first time mothers, it is difficult to separate these risks, for whatever reason, adolescent death in childbirth is disproportionately high, adolescents are more likely to give birth early to preterm and low birth weight babies, who are at higher risk of neonatal and perinatal mortality (Singh, 2014).

About 16 million women 15–19 years old give birth each year, about eleven percent of all births worldwide forty percent of all unsafe abortions in low- and middle-income countries are among women aged 15–19 years, about 2.5 million adolescents have unsafe abortions every year, and adolescents are more seriously affected by complications than are older women, many health

problems are particularly associated with negative outcomes of pregnancy during adolescence, these include anemia, malaria, HIV and other sexually transmitted infections, postpartum hemorrhage and mental disorders, obstetric fistula lives, (WHO, 2015).

In Egypt the rate of adolescent pregnant women ranges from 4,1% in urban societies to 11,3% in rural areas, 24,2 births for every 1000 adolescents, pregnant women ages 15-19 years or 249,078 babies to females in this age group (EL-Henawy, 2015).

The community health nursing plays an important role to improve the quality life in corny marriage pregnant women ,the community health nurse also teaches positive health knowledge and practices in ways that is consistent with respectful of family’s cultural practices, the nurse can be provide adolescents pregnant are likely to get information about pregnancy, nurse should include other relative to corrected misinformation, acknowledge the mother's contribution to her daughter's care and facilitate the mother's cooperation with the prenatal and postpartum , nurse midwives role is a vital for preventing of abortion and complications of pregnancy young women through early recognition, health education, provide method specific counseling and screening (WHO, 2012).

Significance of the study:-

According to UNICEF (2015) adolescents (aged 10-19) comprise nearly one quarter of the Egyptian population. Meanwhile, Egypt’s adolescent population will grow from 13.8 million in 2000 to an estimated 16.5 million in 2020.

In Egypt, adolescent fertility rate is 38 births per 1,000 women aged 15–19 years. Adolescent fertility adversely affects not only young women's health, education and employment prospects but also that of their children. Births to women aged 15–19 years old have the highest risk of infant and child mortality as well as a higher risk of morbidity and mortality for the young mother (WHO, 2015).

The study is aiming to assess adolescent pregnancy women perception regarding safe pregnancy in rural area.

Research questions:

- What is the prevalence of pregnancy in adolescent women?
- What are the risk factors affecting an adolescent pregnant women?
- What are needs and problems in the adolescent aged?
- What are the complications and consequences of pregnancy?
- Are there relation between the adolescent women's socio demographic characteristics, knowledge and complications regarding safe pregnancy?
- What are perception adolescent pregnant women regarding safe pregnancy?

Subjects and Methods

Design: descriptive analytical conducted at three settings for Maternal & Child Health in a Rural Area by the Ministry of Health and Qalyubiya governorate, Banha center and Tropical Medicine Research Institute to represent the sample under study.

Sampling: purposive sample including the total adolescent pregnant women attending to previous settings, through a period of 6 months, in the

maternal & child health in a rural area during the study time, in the three MCH their total number was 120 pregnant women. The estimated sample size is (105) subjects, visited in the three-study settings, (47) of them Batamda MCH, (33) of them Kafer Atalha MCH, (25) of them Gezert Bily MCH, and (15) of them refused to participate in the study.. **Inclusion criteria of adolescent pregnant women were:** adolescent pregnant women premiere, their ages ranged from (17-19), Their history free from any chronic diseases & accepted to participate in the study visited.

The tools of data collection include the following:

1- First tool An interviewing questionnaire form for adolescent pregnant women's; It was designed by the investigator based on literature review, content validated and presented in simple clear Arabic language to assess the following items

Part I: Socio-demographic data such as adolescent pregnant women age, education, marital status, economic status

Part II: Assess adolescent women's pregnancy's knowledge about nutrition, immunization during pregnancy, medication intake during pregnancy, smoking, and follow up during pregnancy.

The scoring system was followed according to the outcome of adolescent pregnant women's response to questions; it was ranged from one point to the satisfactory answer and zero to the unsatisfactory answer. Total responses of questions was 48 points equal to (100%) and according to adolescent answer, their knowledge satisfaction were categorized as satisfactory (50%), and unsatisfactory (<50%).

Part III: Assess adolescent pregnant women practices regarding safe sexual, nutritional health, exercise practices, sleep pattern, rest and personal hygiene.

Scoring system was done using three points Likert scale ranging from 1 to 3 (always-sometimes-rarely).

Respectively to measure adolescent pregnant women' practices regarding safe pregnancy. Practices score for each answer was given as follows:

- Always (2).
- Sometimes (1).
- Rarely (0).

Part IV: Assess adolescent pregnant women perceptions regarding safe pregnancy.

This part intended to collect data related to adolescent pregnant women's perception regarding safe pregnancy. It included 14 dimensions

Perception score for each answer was given as follows:

- Negative: (0).
- Positive (1).

Total perception score was considered as positive if the score of the total perception $\geq 60\%$ and considered negative if the score of the total perception $< 60\%$.

2- Second tool Medical record

a) The investigator was returned to medical record history and complete

physical assessment of adolescent pregnant women's vital signs.

b) Assessment of adolescent pregnant women's according to current medical history such as: current complain, medical measures.

c) **Validity tool:** Validity tool was done by 5 experts from community health nursing staff.

Tool Reliability test: was done by using the appropriate statistics.

Pilot study: A pilot study was carried out on 11 women (10%) of adolescents pregnant women. The aim was to determine the applicability of the study, the clarity and feasibility of the tool, as well as the time needed for filling the form. Those 10 respondents were included in the main study sample because no modification was done. This phase lasted for three weeks.

Field work: The researcher was simply explained the purpose of the study to the adolescents pregnant women who agree to participate in the study. Date was collected during study days through using the study tool by the researcher, clarifications were given whenever it was needed with reassurance about confidentiality of any obtained information as only a code number was used to mark each sheet using systematic serial numbers for each units, it includes two tools, the data had been collected in six months started from June 2016, until December 2016, at Batanda MCH had been visited on Tuesday, Kafer Atalha MCH had been visited in Manday and visited on Tuesday, Kafer Atalha MCH had been visited in Monday and week. It had been collected by the researcher until the needed number of adolescents, pregnant women had been completed.

Ethical consideration

An official permission was obtained by submission of formal letter issued from the administrators of Faculty of Nursing Ain Shams University to administer of workers in for Maternal & Child Health in a Rural Area after explanation of purpose of the study. As regards adolescent pregnant, they had the right to refuse and the investigator provided strict concern for privacy of donor condition and give reassurance to reduce adolescent pregnant anxiety.

Results:

Statistical Design:

The collected data were organized, scored tabulated and analyzed using the number and percentage, distribution. Statistics analyzed done by computer and proper statistical tests were used to determine whether there significant difference or not. The following statistical analysis was used: number, percentage, mean, stander deviation, Chi-square (X^2) and proportion probability of error (P value).

Table (1): Distribution of socio-demographic characteristics of the adolescent pregnant woman's that include age, level of education and occupation (n=105).

Items	No	%
Age (years)		
17-	23	21.9
18-	37	35.2
19	45	42.9
Age at marriage		
17-	34	32.4
18-	57	54.3
19-	14	13.3
Level of education		
Illiterate	40	38.1
Read and write	40	38.1
Primary education	15	14.2
Preparatory education	5	4.8
Secondary education	5	4.8
University education	0.0	0.0
Occupation		
Works	25	23.8
House wife	80	76.2
Family Type:		
Small family	58	55.2
Extended family	47	44.8
Family income		
Enough	27	25.7
Not enough	78	74.3

Table (1) describes that the mean age of age of adolescent pregnant women ranged between 17-19 years with the mean age of (18 years), the highest percentage of them were between the age of 18-19 years. The level of education, (38.1%) of them had illiterate, 4.8% Secondary education, 23.8% works and 76.2% house wife, 55.2% Small family and 44.8% extended family and 25.7% enough 74.3% not enough

Table (2): Total of adolescent pregnant woman's knowledge about safe pregnancy

Items total adolescent pregnant woman's knowledge	n=105			
	Satisfactory		unsatisfactory	
	N	%	N	%
Adolescent pregnant woman's knowledge about safe pregnancy.	33	31.4	72	68.6
adolescent pregnant woman's knowledge about family planning & medical investigation during pregnancy period	50	47.6	55	52.4
adolescent pregnant woman's according to their knowledge about follow up, immunization and smoking during pregnancy	49	46.7	56	53.3
knowledge about needs and problems for nutrition, medication not used and Rest & sleep during pregnancy	64	61	41	39
adolescent pregnant woman's according to their knowledge about Sports and personal hygiene during pregnancy	40	38.1	65	61.9
adolescent pregnant woman's according to their knowledge about Risk factors	39	37.1	66	62.9
adolescent pregnant woman's according to their knowledge about complication and consequences	42	40	63	60
Total knowledge	45	42.9	60	57.1

Table (2): Shows that 42.9% satisfactory total knowledge and 57.1% unsatisfactory total knowledge

Table (3): Distribution of adolescent pregnant woman's according to their practices about safe intercourse during pregnancy n=105

Items	Always		Sometimes		rarely	
	N	%	N	%	N	%
Washing the perineum before intercourse	58	55.3	28	26.6	19	18.1
Urinate after sexual intercourse directly	94	89.5	5	4.8	6	5.7
Prevent intercourse during pregnancy	60	57.1	25	23.8	20	19.0
Go to the doctor in case change the color of vaginal secretions or increase	48	45.7	7	6.7	50	47.6
Total	65	61.9	16	15.2	24	22.9

Table (3): Shows that 55.3 % of the adolescent pregnant women were have always about washing the perineum before intercourse and 47.6 of them have rarely about the importance to go to the doctor in case change the color of vaginal secretions or increase.

Table (4): Distribution of adolescent pregnant woman's according to their practices regarding food during pregnancy.

Items	Always		Sometimes		rarely	
	No.	%	No.	%	No.	%

Eating three a balanced meals daily	59	56.2	19	18.1	27	25.7
Choose your meals so that they contain the integrated nutrients	28	26.6	28	26.6	49	46.8
Choose your meals so that they contain the different type of protein	46	43.8	15	14.3	44	41.9
Choose your meals so that they contain the iron	20	19.1	25	23.8	60	57.1
Choose your meals so that they contain the calcium	48	45.7	17	16.2	40	38.1
Choose your meals so that they contain the vitamin B	13	12.4	7	6.7	85	80.9
Total Practice	36	34.3	19	18.1	50	47.6

Table (4): Shows that 80.9 % of the adolescent pregnant women were rarely their meals so that they contain the vitamin B, but 56.2% of them were eating three a balanced meals daily always

Table (5): Distribution of adolescent pregnant woman's practices regarding exercise practices

Items	Always		Sometimes		rarely	
	No.	%	No.	%	No.	%
Practicing some exercises such as walking - Aerobics or running	10	9.5	6	5.7	89	84.8
Trains heavy games	0.0	0.0	0.0	0.0	105	0.0
Do physical activities	45	42.8	50	47.6	10	9.5
Times do you exercise per week	35	33.3	40	38.1	30	28.6
Total Practice	23	22	24	22.8	58	55.2

Table (5): Shows that 42.8% of the adolescent pregnant women were did physical activities always and 84.8% of them were rarely practicing some exercises such as walking - Aerobics or running.

Table (6): Distribution of adolescent pregnant woman's practices regarding personal hygiene, sleep pattern & rest

Items	Always		Sometimes		rarely	
	No.	%	No.	%	No.	%
personal hygiene						
Keep the areas under the axial clean and dry	60	57.1	22	20.9	23	21.9
Hair removal under the axial and pubic	98	93.3	0.0	0.0	7	6.7
Change the underwear daily especially in the summer	57	54.3	14	13.3	34	32.4
Change clothing soiled or wet with sweat as soon as possible	84	80.0	5	4.8	16	15.2
Bath regularly every morning	46	43.8	10	9.5	49	46.7
Do not share the towel with one and be careful to use a clean and dry towel,	47	44.8	13	12.4	45	42.9
Wash the teeth regularly and brush at least 3-5 minutes a day	48	45.7	17	16.2	40	38.1
Trim nails weekly and wash your nails thoroughly with soap and water daily	33	31.4	6	5.7	66	62.9
Wash the feet regularly, especially between the fingers	34	32.4	53	50.5	18	17.1
Wash the perineum area at least twice daily	59	56.2	20	19.0	26	24.8
Use an antiseptic to wash of the perineum area	6	5.7	13	12.4	86	81.9
Sleeping pattern& rest.						
take enough sleep (6-8 hours / day	88	83.8	10	9.5	7	6.7
Take some time to rest and relax during the day	73	69.5	9	8.6	23	21.9
Total Practice	56	53.3	15	14.3	34	32.4

Table (6): Shows that 62.9% of the adolescent pregnant women were rarely trim nails weekly and wash their nails thoroughly with soap and water daily, 81.9% of them were rarely use an antiseptic to wash of the perineum area but 93.3% of them were always do hair removal under the axial and pubic.

Table (7): Distribution the perception of adolescent pregnant woman's regarding of safe pregnancy

Items	N= (105)			
	High		Low	
	No.	%	No.	%
Safe pregnancy is an integral part of public health.	87	82.8	18	17.2
It is essential that curriculum at various levels contain information about reproductive health	74	70.5	31	29.5
Reproductive health must begin from childhood	100	95.2	5	4.8
Attention must be paid to proper nutrition during pregnancy	28	26.7	77	73.3
Personal hygiene is necessary and prevents infertility in women	39	37.1	66	62.9
Taking analgesic during pregnancy does not affect the health of mother and fetus	28	26.7	77	73.3
It is necessary to consult the doctor when complications occur during pregnancy	58	55.3	47	44.7
It is necessary to check the condition during pregnancy	94	89.5	11	10.5
Early marriage is one of the main causes of the high rate of maternal and neonatal diseases and deaths	60	57.1	45	42.9
Health care and follow-up of the mother should be carried out in MCH centers	48	45.7	57	54.3
Pregnancy during adolescence has many complications on maternal and fetal health	21	20.0	84	80
Vaccinations during pregnancy protect the mother and fetus from infection	23	21.9	82	78.1
At least two years must be left between pregnancy and the other	25	23.8	80	76.2
Delivery at the hospital is better than giving birth at home	39	37.1	66	62.9
The use of contraception contravenes the teachings of Islam	13	12.4	92	87.6
Total women perception	49	46.6	56	53.4

Table (7) Shows that 80.8% of the adolescent pregnant women were high perception that Safe pregnancy is an integral part of public health, but 78.1% of them low perception that vaccinations during pregnancy protect the mother and fetus from infection, while 80% of them were low perception that pregnancy during adolescence has many complications on maternal and fetal health.

Table (8): Relation between the adolescent pregnant woman's socio- demographic characteristics and knowledge regarding safe pregnancy

Socio-demographic characteristics	Unsatisfactory		Satisfactory		x ²	p-value
	No.	%	No.	%		
Age						
17-	12	11.4	11	10.5	4.1	0.129
18-	10	9.5	27	25.7		
19-	19	18.1	26	24.8		
Education degree						
Cannot Read& Write	14	13.3	26	24.8	15.1	0.005
Read & Write	28	26.7	12	11.4		
Primary	5	4.8	10	9.5		
Preparatory	4	3.4	1	1		
Secondary	4	3.4	1	1		
Current job						
Worker	11	10.5	14	13.3	0.039	0.844
Housewife	43	40.9	37	35.2		
Monthly income						
Enough	11	10.5	16	15.2	3.52	0.05
Not enough	48	45.7	30	28.6		

Table (8): Shows that a statistically significant relation in four dimensions related to the dimension of socio demographic characteristic and their knowledge ($p < 0.05$).

Table (9): Relation between women perception and their practices (n=105).

Perception women	of	Total Practices Score						x ²	p- value
		Done regularly		Done occasionally		Not done			
		No	%	No	%	No	%		
High		6	5.7	2	1.9	41	39	48.1	0.0 H.S
Low		30	28.6	17	16.2	9	8.6		

Table (9): Shows that no statistically high significant relation in any of the other items women perception and their practices ($p < 0.05$).

Discussion

Regarding to adolescent pregnant s' socio demographic characteristics, the present study revealed that the age of adolescent pregnant women ranged between 17-19 years with the mean age of (18years),the highest percentage of them

were between the age of 18-19 years (**table 1**). This result comes in accordance with **Abdelrahman, and Mostafa, (2015)**, who studied about "Perinatal health awareness among adolescent pregnant women in El zawya Village, Assiut City, Egypt" who found that majority of studied the mean age of adolescent pregnant women is 18.0+1.1

years old. might be due to the criteria selected and sample available

Regarding the level of education and worked, the study found that the majority of studied adolescent pregnant women were less educated and high rate of housewife, This result comes in accordance with the descriptive study done by **Adekanle et al., (2008)** who compared teenage and non- teenage pregnant women in southwestern Nigeria and found that teenage mother were statistical less educated, less employed and had more unplanned pregnancies than the adult mothers. This result might be due to many reasons such as, the financial conditions for the Egyptian families especially in rural area, because they seek fewer years of study and get job opportunity in a way that save time and money.

In the same line **Salim, (2010)** who study about "Pregnancy in adolescences and it's outcome in Zagazig University Hospital" who found that adolescent's pregnant women were less likely to a high education living in rural areas.

Also, "The maternal and neonatal outcomes of teenage pregnancy in a tertiary university hospital in Egypt", **Ahmed M. Abbas, et al, (2017)** who found that the unemployment rate of teenage mothers 99% was much higher than the unemployment rate of adult.

Regarding the knowledge of adolescent's pregnant women's about safe pregnancy, The current study reflected that the most of them the had unsatisfactory knowledge score about parts of the internal genitalia, This means that adolescents' knowledge's about puberty and reproductive health generally had poor, (**table 2**). This result goes in

line with **Elsayed (2014)** who studies "Knowledge and Attitude Regarding Pubertal Physical and Psychological Changes among Adolescent Girls in **Ibrahimiya District- Sharkia Governorate**" who found that the majority when the assessment of students knowledge's about puberty and reproductive health the results point to generally low levels of satisfactory knowledge. The finding re in agreement with those of **Kotecha et al. (2012)** high percentage of adolescents had no information about puberty changes and reproductive health issues.

Regarding family planning .The current study reflected that the more of half unsatisfactory knowledge about important of family planning (**table 2**), These results are in contrast with **Darroch et al. (2013)** who studies "Differences in teenage pregnancy rates among five developed countries. The roles of sexual activity and contraceptive use. Family planning Perspectives" who found that the adolescences had poor knowledge about contraceptive methods and family planning.

Regarding follow up during pregnancy. The current study found the majority of studied sample had poor knowledge regarding Periodic visit at pregnancy period (**table 2**), These results are in contrast with **Salim, (2010)** descriptive study in Egypt who study about "Pregnancy in adolescences and it's outcome in Zagazig University Hospital " who found that more than half adolescent's pregnant women had antenatal care visits less than four times compared to one quarter in adults women. My finding might be due to in our culture, women are shy, so taken most of information from relatives.

Similar findings were reported by **Treffers et al, (2001)** in Ireland, who found that the proportion obtaining antenatal care late, or not at all among adolescent pregnant women, was at least twice as high as that for older women. Additionally, **Wendy (2005)** in his psychosocial and health risks associated with adolescent childbearing has shown that, adolescents are at higher risks for inadequate antenatal care when compared with adult mothers.

Furthermore, **Vorapong & Keng (2007)** in Thailand have claimed that more cases in the young adolescent group did not have antenatal care. The total numbers of antenatal visits were significantly lower in the study group than control group.

Regarding the knowledge of adolescent pregnant women's about nutrition during pregnancy, The current study reflected that about more half had satisfactory knowledge about important nutrition. This result goes in line with **Madden, (2015)** who studied nutrition and diet quality during pregnancy, and reported that majority of pregnant women aware with food rich in calcium and iron this agreement may be due to increase health awareness of pregnant women. However this finding was in disagreement with **Delisle et al. (2001)** should adolescents be specifically targeted for in developing countries. This finding might be due to low level educated and had needed experience.

Regarding the risk factors, the present study revealed that, the majority of the adolescent pregnancy woman during pregnancy high risks factors about problems health such as sexual transmitted diseases (**table2**). The finding re in agreement with those of **Darroch et al. (2003)** who conduct a study about

differences in teenage pregnancy rates among five developed countries. The roles of sexual activity and contraceptive use, are found that more than two third of adolescent women had less of information's that sexual activity and sexual transmitted diseases.

Regarding the complications and consequences The present study revealed that, the higher percentage of pregnancy complications and consequences that afflicts adolescent mothers, they are at risk of pre-eclampsia, anemia and hypertension because they are to be prime-gravid (**table 2**). In congruence with these findings, **Sevgi et al, (2005)**, has investigated the obstetric outcomes of adolescent pregnancies in Turkey. Results indicated that anemia was a significant difference between the study and control groups. Moreover, **Nahathai et al., (2006)**, in a study that aimed to determine the incidence of teenage pregnancy and compare obstetric and neonatal complications of teenage mothers with adult mothers in Thailand, have found that, adolescent pregnancy associated with higher incidence of pre-eclampsia. This finding might be due to communication with adolescent mother's need of experience and knowledge to deal with every one according to culture which culture adolescent mothers made sever stress affected on poor performance.

Similar findings were reported by **Mahavrkar & Madh (2008)**, that the teenage mothers were nearly three times more at risk of developing anemia and they were twice as likely to develop hypertensive problems in pregnancy. Also agreement by **Rasheed et al (2010)** in Egypt. They reported that adolescent pregnancy was associated with significantly higher risks of ectopic pregnancy, pre-eclampsia, eclampsia,

preterm labor, premature rupture of membranes, and cesarean delivery.

Regarding personal hygiene. The current study revealed that; more than one-half of adolescent pregnancy women were done regularly personal hygiene **table (3-6)**. These results are in contrast with **Adika, et al (2013)** reveal that self-care practice during pregnancy includes: regular washing of under wears about the most regular changing of under wear the majority, shaving the, genital area about tow third and regular bath.

Regarding the perception adolescent pregnancy women regarding safe pregnancy. The present study revealed that, the majority of them were low perception that pregnancy during adolescence has many complications on maternal and fetal health, vaccinations during pregnancy protect the mother and fetus from infection **table (7)**. These results are in contrast with **Peter. et al. (2014)** who studied "Influence of pregnancy perceptions on patterns of seeking antenatal care among women in reproductive age of Masaka District, Uganda" who conduct a study about low all these perceptions of health and illness/disease, and health care seeking practices and behaviours. These value and belief systems cushioned in cultural value systems

Conclusion

Based on the results of the current study it can be concluded that: The age of adolescent pregnancy ranged between 17-19 years. The majority of adolescent had unsatisfactory knowledge regarding safe pregnancy, and the majority of them had un healthy life style. There was no statistically association between socio-demographic characteristics of adolescent

pregnant and their knowledge, also, association between age of the adolescent pregnant woman's and presence of complication.

Recommendations

In the light of these findings it can be recommended that:

- Adolescent pregnancy should be discouraged since it is associated with social and biological hazards
- More emphasis should be given on preconception care and reproductive health services to adolescent females.
- Adolescent pregnant women can have safe pregnancy through getting early and regular antenatal care.
- Eating adequate diet, avoiding pregnancy hazards and seeking medical advice when danger signal are encountered.
- Early diagnosis and management of pregnancy associated complications that may adversely affect the maternal and fetal outcome of adolescent pregnancy.
- Conducting a training program of antenatal care to adolescent pregnant women together with the use of an information guide can achieve dual benefits, the first relates to the maternity nurses, thus it helps them to teach and counsel women about antenatal care, the second and more important benefit relates to women themselves, it helps them to ensure safe pregnancy and safe child birth.
- Further research is suggested for studying strategies that improve the quality of reproductive health services for adolescent females.

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