Examination No: _____ Signature .....

UGANDA HEALTH PROFESSIONS ASSESSMENT BOARD
YEAR 2: SEMESTER1: EXAMINATIONS

DIPLOMA IN NURSING (EXTENSION)

Gynaecology II and Reproductive Health II
Paper Code: DNE 212

June 2025
3 HOURS

IMPORTANT

1. *Write your candidate number on the question paper and answer sheets*
2. *Read the questions carefully and answer **only** what has been asked in the question*
3. *Answer all the questions*
4. *The paper has three sections*

Section A: *Objective questions.*

Section B: *Short essay questions.*

Section C: *Long essay questions.*

For Examiner's use only

Section	Qn.	Result	Initials
A	MCQs		
	Fill in		
B	31		
	32		
C	33		
	34		
	35		
Total			

Turn over

SECTION A: Objective Questions

Circle the correct answer. (20 marks)

1 Which of the following is a World Health Organization criteria for minimal sperm count in millions for normal semen?
(a) 10.
(b) 20.
(c) 70.
(d) 30.

2. The nurse may diagnose a couple for infertility after failure of the couple to conceive
(a) 4 years of unprotected sex.
(b) 2 years of unprotected sex.
(c) 3 years of unprotected sex.
(d) 1 year of unprotected sex.

3. Test method for screening cervical cancer is through
(a) pap smear.
(b) ultra sound.
(c) cervical biopsy.
(d) genital inspection.

4. Which of the following is **NOT** a fertility awareness method of Family Planning?
(a) Moon beads.
(b) Cervical mucus.
(c) Coitus interruptus.
(d) Sympto-thermal.

5. The commonest predisposing factor for cervical cancer among women is
(a) examination of the cervix using acetic acid.
(b) early sex in girls.
(c) dilatation and curettage.
(d) sexually transmitted diseases.

6. Which of following are characteristics of benign tumours?
   (a) Capsulated, infiltrated and none curative.
   (b) Slow progression, infiltrative and curative.
   (c) Infiltrative, progressive and differentiated.
   (d) Differentiated, capsulated and non-invasive.

7. Which of the following is **NOT** a consequence of gender-based violence among adolescents?
   (a) Physical impairment.
   (b) Emotional destabilization.
   (c) Over sleeping.
   (d) Post traumatic stress.

8. Menopause age is predominantly determined by
   (a) genetics.
   (b) body mass index.
   (c) number of children.
   (d) age of menarche.

9. Ceasation of menstruation as a result of surgical removal of the ovaries is known as
   (a) preterm menopause.
   (b) post menopause.
   (c) artificial menopause.
   (d) climacteric.

10. The specific specialized post operative nursing intervention for vesico-vaginal fistula in the 1st ten days is
   (a) monitoring fluid output and input.
   (b) avoiding sex during that period.
   (c) adherence to drug regimen.
   (d) continuous bladder drainage.

11. Parents of youths are encouraged to resolve their conflict through
   (a) allowing adolescents solve their problems.
   (b) discussing discuss issues with their children.
   (c) remembering their own adolescent issues.
   (d) respecting their children when they talk.

12. Which of the following signs and symptoms is suggestive of breast cancer in adolescent?
   (a) Breast enlargement.
   (b) Breast tenderness.
   (c) Darkening of the nipple.
   (d) Discharge from the nipple.

13. Which of the following forms of violence is most prevalent in Uganda?
   (a) Sexual violence against a family member.
   (b) Elder neglect.
   (c) Child abandonment.
   (d) Elder violence.

14. The responsibility of an assistant during management of an adolescent in the 2nd stage of labour is to
   (a) drape the mother.
   (b) listen to fetal heart.
   (c) perform vaginal examination to confirm 2nd stage.
   (d) check for the cord around the neck.

15. The most likely management of a 27 year old woman with infertility and fibroids includes
   (a) myomectomy to remove the tumour and preserve fertility.
   (b) hormonal therapy to shrink the tumour and induce pregnancy.
   (c) administration of NSAIDS to relieve dysmenorrhoea.
   (d) hysterectomy to treat abnormal bleeding.

16. Which of the following symptoms is **NOT** present in a patient with cystocele?
   (a) Stress incontinence.
   (b) Urinary frequency.
   (c) Incomplete bladder emptying.
   (d) Lower abdominal pain.

17. Which of the following are characteristics of adolescent friendly health services?
   (a) Low mobilization levels and flexibility.
   (b) Good communication skills and sympathy.
   (c) Adolescent friendly policies, support staff, services and procedures.
   (d) Effective services and a role model.

18. The most appropriate intervention for a post abortal care of an adolescent is to
    (a) counsel and provide contraceptives.
    (b) treat complications and link the adolescent to other reproductive health services.
    (c) treat according to the presentation.
    (d) provide antibiotics, analgesics and haematinics.

19. An ideal contraceptive is **NOT**
    (a) effective with least side effects.
    (b) easily available.
    (c) user-friendly.
    (d) irreversible.

20. Reproductive organs attain maternity during
    (a) adolescence.
    (b) gestation.
    (c) childhood.
    (d) adulthood.

Filling in the blank spaces (10 marks)

21. Confidence in one's own worth, abilities or morals is defined as ....Self-esteem.
22. An act of sexual intercourse between close blood relatives is known as .....Incest Incest.
23. Puberty changes that occur earlier than normal is referred to as .....Precous puberty.
24. Abilities that enable an individual to effectively deal with demands of everyday life are collectively called .....life skills.
25. The term used when a person is raped by two or more men is known as .....gang rape.
26. Gender based violence greatly affects .....childrens.
27. The first menstruation in a woman's life is referred to as .....Menarche.
28. Surgical removal of fibroids is known as.....myomectomy.
29. Inflammation of the ovaries is referred to as .....Oophoritis.

30. The descend or change in the position of the uterus in relation to surrounding structures in the pelvis is called .....Uterine prolapse.

Answer Section B and C in the answer booklets provided

SECTION B: Short Essay Questions (10 marks)

31. State five (5) factors that may hinder utilization of reproductive health services. **(5 marks)**

32. Outline five (5) signs and symptoms of ovarian cancer. **(5 marks)**

SECTION C: Long Essay Questions (60 marks)

33. (a) Describe ten (10) dangers of teenage pregnancy. **(10 marks)**
    (b) Outline five (5) reasons why nurses advocate for abstinence among teenage girls. **(5 marks)**
    (c) Outline five (5) measures of supporting pregnant adolescents. **(5 marks)**

34. (a) Outline five (5) tubal factors responsible for causing female infertility. **(5 marks)**
    (b) State five (5) signs and symptoms of potential infertility in men. **(5 marks)**
    (c) Describe the management of a couple that reports to the gynecological clinic with a complaint of infertility. **(10 marks)**

35. (a) Describe ten (10) factors contributing to intimate partner violence among young couples. **(10 marks)**
    (b) Outline five (5) reasons why community members ought to be involved in adolescent reproductive health issues. **(5 marks)**
    (c) Outline five (5) ways through which communities could be involved in adolescent reproductive health. **(5 marks)**

END

3c) Measures of supporting Pregnant adolescents:
- Provide non-judgmental counseling & emotional support.
- Ensure access to antenatal care & skilled delivery
- Offer educational continuation / re-entry programs.
- Facilitate social & family reintegration.
- Support economic empowerment through skills training.

34a) Outline (5) tubal factors responsible for causing female infertility.
- PID leading to scarring.
- Tubal blockage from infection / endometriosis.
- Ectopic Pregnancy b/o causing tubal damage
- Congenital tubal anomalies
- Post surgical adhesion following pelvic surgery

b) SFs of potential infertility in man:
- Low sperm count / poor motility on semen analysis.
- Erectile dysfunction / impotence
- Testicular pain / swelling.
- Abnormal secondary sexual x-tics.
- H/o mumps Orchitis / genital infections

c) Importance of couple their reports to the gynecological clinic with complaints of infertility
- Comprehensive h/x taking - sexual, medical & social
- Physical examination of both partners.
- Lab investigations, semen analysis, hormonal profile, tubal patency test
- Treatment of underlying cause, ~~operation~~, hormonal therapy, surgery.
- Council & emotional support for partners.
- H/E on timing of intercourse & fertility awareness
- Referral for advanced reproductive technologies eg (IVF) or surrogacy

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Section B

2) factors that may hinder utilization of reproductive health services.
- cultural and religious beliefs.
- lack of awareness.
- transport constraints.
- Geographical barriers.
- stigma & discrimination.

(2) s/s of Ovarian Cancers.
- Persistent abdominal bloating / swelling.
- Pelvic / lower abdominal pain.
- Difficulty eating.
- Frequent urination.
- Unexplained wt. loss / fatigue.

Section C

(3a) Dangers of teenage Pregnancy.
- High risk of anemia.
- obstructed labour.
- Pre-eclampsia & eclampsia risk increase.
- Premature births & low birth wt. infants.
- Unsafe abortion.
- School drop out.
- Psychological stress & depression.
- Social stigma & rejection by family / community.
- Economic hardship.
- Increased maternal & infant mortality.

3b) Reasons why nurse advocate for abstinence among teenage girls.
- Prevent unwanted pregnancy.
- Reduce risk of sexually transmitted infections eg HIV.
- promotes emotional stability & self esteem.
- Encourage focus on education & career.
- Upholds morals & cultural values within community.

35 a) factors contributing to Intimate Partner Violence among young couples.
- Substance abuse (alcohol, drugs).
- Financial stress / unemployment.
- Possessiveness.
- Poor communication skills.
- H/o family violence / childhood abuse.
- Cultural norms supporting male dominance.
- Low education level & lack of awareness.
- Unrealistic expectations in relationship.
- Suspicions of unfaithfulness.
- mental health issues such as depression / personality d/o.

b) Reasons why community members ought to be involved in adolescent reproductive health issues.
- To promote positive values & responsible behaviour.
- To provide guidance and mentorship to youths.
- To reduce stigma around reproductive health discussions.
- To encourage service utilization through community support.
- To ensure accountability for adolescent wellbeing.

c) ways through which communities could be involved in adolescent reproductive health.
- Organising youth out reach programs & health talks.
- Establishing adolescent friendly centers.
- Supporting school health education initiatives.
- Engaging parents & leaders in dialogue on reproductive issue.
- Advocating for policies that protects adolescents right & health.

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