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A Study to Assess the Knowledge of Adolescent Girls towards Teenage Pregnancy at Selected Government Junior Colleges, Tirupathi

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Abstract

Background: Adolescent is derived from Latin word meaning is to grown up. Adolescents comprise 20% of the world's total population, out of 1.2 billion Adolescents worldwide, about 85% live in developing countries. In India, there are 190 million adolescent's comprising 21% of India's total populations. Teenage pregnancy is an important public health problem in both developed and developing countries, as it is a 'high risk' or 'at-risk' pregnancy due to its association with various adverse maternal and foetal outcomes which results in increased mortality and morbidity of the mother and the child. *Objectives:* To assess the knowledge of adolescent girls towards teenage pregnancy. To find out the association between knowledge of adolescent girls towards teenage pregnancy with their selected socio demographic variables. To prepare information booklet of knowledge towards teenage pregnancy. *Mehods:* A descriptive study involving 100 adolescent girls was carried out with self administrated schedule. Data were collected using a structured questionnaire and purposive sampling technique. It included data regarding socio- demographic characters tics and questionnaire pertaining to knowledge of adolescent girls towards teenage pregnancy. *Result:* Out of 100 participants, 34% of father's were intermediate, 32% of mother's were primary education and 55% of family income per month. It was seen that 41% adolescent girls had moderate knowledge,34% had adequate and 25% had inadequate knowledge towards teenage pregnancy. 96% participants knew about the first sign of pregnancy that is absence of menstrual cycle. *Conclusion:* The knowledge of adolescent girls have towards teenage pregnancy is moderate. So, there is need to educate the adolescent girls towards teenage pregnancy, in order to reduce maternal and child mortality and morbidity rates.

Keywords: Adolescent Girls; Teenage Pregnancy; Knowledge.

Introduction

Adolescent is derived from Latin word meaning is to grown up. Adolescents comprise 20% of the world's total population, out of 1.2 billion Adolescents worldwide, about 85% live in developing countries [1]. In India, there are 190 million adolescent comprising 21% of India's total populations. Teenage pregnancy is an important public health problem in both developed and developing countries, as it is a 'high risk' or 'at-risk' pregnancy due to its association with various adverse maternal and foetal outcomes which results in increased mortality and morbidity of the mother and the child. Early childbearing is associated with various health risks for both mother and child, teenage pregnancies are considered problematic because complications from pregnancy and childbirth are the leading causes of death in teenage girls aging between 15and 19 years in developing countries. It is estimated that 70,000 female teenagers die each year because they are pregnant before they are physically mature [2].

World Health Organization defines Teenage

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Pregnancy as "any pregnancy from a girl who is 10-19 years of age", the age being defined as her age at the time the baby is born. Often the terms "Teenage pregnancy" and "Adolescent pregnancy" are used as synonyms. According to UNICEF, worldwide every 5th child is born to teenage mother. Worldwide 13 million births each year occur to girls younger than 19 years. The incidence of teenage pregnancies varies dramatically between the different countries. Approximately 90% of the teenage births occur in developing countries, although the teenage pregnancy and birth rate of developed countries are significantly lower than that of developing countries [2].

Adolescent pregnancy occurring in girls aged 10-19 years remains a serious health and social problem worldwide and has been associated with numerous risk factors evident in the young people, family, peer, school and neighbourhood contorts [2]. Teenage pregnancy varies from country to country and from region to region within the same country. Factors that are associated with teenage pregnancy include rapid urbanization, low socio-economic status, child marriages, gender in equality, poverty, sexual abuse, dating violence, career aspiration, residence in a single parent home, poor family relationship, low education, lack of access to education, lack of school or career goals, low academic achievement, poor school performance or dropping out of school, educational failure, unemployment, low self-esteem, early use of alcohol and/or other substance use, media influence, and reproductive health services [2,5].

symptoms of pregnancy in teenagers are similar to the symptoms in adult pregnancy and include missed period, fatigue, and breast tenderness, distension of abdomen, nausea/vomiting, light-headedness or actual fainting there are usually weight changes, examination may show increased abdominal girth, and the fundus may be palpable, pelvic examination may reveal bluish or purple coloration of vaginal walls, softening of the cervix and enlargement of the uterus. A pregnancy of urine and/or serum HCG is usually positive, an obstetric scan confirms accurate dates for pregnancy, it also tells about the wellbeing of the foetus [4].

Teenagers had a significantly higher risk of poor maternal weight gain, anaemia, gestational hypertension, pre-eclampsia, obstructed labour, small for gestational age, low birth weight and spread of sexually transmitted infections [8]. Adolescent pregnancy has been associated with some countries complications of un safe abortions are leading cause of death among adolescent women. Teenage mothers have a higher incidence of low birth babies these babies are usually associated with birth injuries, serious childhood illness and mental and physical disabilities. The incidence of low birth weight, the neonatal death rate is almost three times higher, low birth weight and prematurity raise the probability of a number of adverse conditions, including infant death [2,3].

Adolescent pregnancy is associated with higher rates of morbidity and mortality for both the mother and infant. Teenage mothers are at greater risk of socioeconomic disadvantage throughout their lives [3]. Many social factors have been associated with poor birth outcomes, including poverty, unmarried status, usually terminates a girl's educational career, school interruption, teenage mothers are at greater risk of lower intellectual and academic achievement, threatening her future economic prospects, earning capacity, limited vocational opportunities, persistent poverty, drug abuse, Psychosocial problems, separation from the child's father, divorce, and to become dependent on welfare, and overall well being [4].

Prevention of Adolescent Pregnancy is Prevent the marriage at teenage can only eliminate teenage pregnancy in developing countries where early marriage is a common practice, directed at delaying the initiation of early marriages. An approach for prevention of teen pregnancy will be to create awareness through abstinence education program, clinic-focused program to bring about behavioural changes in the teens. Early childbearing can be postponed by delaying early marriage and delaying the timing of the first birth through the effective use of family planning methods [4].

Adolescent sex education to prevent teenage pregnancy has recently gained importance for rise of STD's, premarital sex and pregnancy. Adolescent clinics should provide easier access to information, counselling by health care providers, and contraceptive services programs have addressed the challenging issue of prevention of adolescent pregnancy [7]. Effective and successful programs include multiple approaches to the problem, such as abstinence promotion, contraception availability, sexuality education, school completion strategies, and job training [8]. Primary prevention (first pregnancy) and secondary prevention (repeat pregnancy) programs are both needed, the global problem of adolescent pregnancy is common and has become a key public health concern for all. In order to reduce the rate of early child bearing adolescents, their parents and community should be made more aware of the negative health, social and economic

consequences of it. Such awareness could be created through social mobilization, information dissemination, sex education and communication campaigns. Each and every aspects of teenage pregnancy should ideally be dealt with carefully and sensibly to reduce the occurrence, complications and societal burden [4] .

Methodology

After obtaining permission from principal government jr college, Tirupati. The data was collected from adolescent girls in Academy of Gandhi an studies with informed consent included in the study. The sample was selected by purposive sampling technique. The total 100 adolescent girls were selected by the investigator using self administrated schedule.

Inclusive Criteria

Who are studying in intermediate. Are willing to participate in the study. Are accessible during data collection. Are in the age group of 15 to 19 years. Are only female Are studying in selected Govt junior college.

Result

Table 1: Frequency and percentage distribution of demographic variables among adolescentgirls

S. No	Socio Demographic Variables	Frequency (F)	Percentage (%)
1	Age in years		
	15	36	36%
	16	64	64%
2	Standard of studying		
	Inter 1st Year	40	40%
	Inter 2nd Year	60	60%
3	Father Education		
	Illiterate	23	23%
	Primary Education	19	19%
	Secondary Education	11	11%
	Intermediate	34	34%
	Graduate	13	13%
4	Father Occupation		
	Un employee	3	3%
	Private employee	20	20%
	Govt employee	7	7%
	Retired/others	51	51%
	Daily wages	19	19%
5	Mother Education		
	Illiterate	20	20%
	Primary education	32	32%
	Secondary education	14	14%
	Intermediate	20	20%
	Graduate	14	14%
6	Mother Occupation		
	Home maker	36	36%
	Un employee	14	14%
	Private employee	11	11%
	Govt employee	23	23%
	Retired/others	16	16%
7	Type of Family		
	Nuclear family	84	84%
	Joint family	13	13%
	Single parent family	3	3%
8	Income		
	Rs, 5000-10000	55	55%
	Rs10001-15000	13	13%
	Rs15001- 20000	12	12%
	above 20000	20	20%

9	Religion		
	Hindu	90	90%
	Muslim	5	5%
	Christian	5	5%
10	Place of Residence		
	Urban	37	37%
	Rural	58	58%
	Slum	5	5%
11	Sources of Information		
	Parents	28	28%
	Friends/peer group	13	13%
	Books	23	23%
	Mass media	36	36%

Table 2: Distributionof knowledge levels regarding Teenage pregnancy among

S. No	Level of knowledge	Catery	Frequency (f)	Percentage (%)
1	Inadequate	0-27%	25	25%
2	Moderate	28%-40%	41	41%
3	Adequate	41-54%	34	34%

Table1 shows that 36% of adolescent girls belonged to age group of 15 years followed by 64% of adolescent girls to the age group of 16 years. Considering standard of studying, it shows that majority (60%) of adolescent girls were intermediate 2nd year and 40% were intermediate 1st year. Regarding educational status, 23% of Father's adolescent girls were illiterate, 19% were primary education, 11% were secondary education, 34% were intermediate, and remaining 13% were graduates respectively. With respect to occupation 3% of Fathers were un employees, 20% were private employees, 7% were government employees, 51% were retired/others, 19% are doing daily wages. Regarding educational status 20% of mother's of adolescent girls were illiterates, 32% were primary education, 14% were secondary education, 20% were intermediate and 14% were had graduates. With respect to occupation, of mother's of adolescent girls were 36% were homemakers, 14% were un employees, 11% were private employees, 23% were Government employees, and 16% were retired/ others. Regarding type of family, 84% of the adolescent girl belongs to nuclear family, 13% were of them were belongs to joint family, 33% were adopted single parent family. When family income per month was taken in to consideration majority (55%) of adolescent girls family income was Rs 5000-10000, 13% adolescent girls family income was Rs 10001-15000, 12% adolescent girls family income was 15001-20000, and 20(20%) family income was above 20000 respectively. As for as religion was concerned most (90%) of adolescent girls were from Hindus, 5% of adolescent girls were from muslims, very few 55% of adolescent girls from christians.Considering place of residence 37% of adolescent girls were belongs to urban area, 58% of adolescent girls were belongs to rural area, and very few 5% of adolescent girls were belongs to slum areas.When sources of information 28% of adolescent girls were from parents, 13% of adolescent girls from friends/peer groups, 23% of adolescent girls from books, and 36% of adolescent girls from mass media.

Table 2 shows that 25% of adolescent girls had inadequate knowledge, 41% had moderate knowledge and 34% had adequate knowledge.

Table 3: Mean and standard deviation on knowledge of adolescent girls towards teenage pregnancy

Mean	Standard Deviation
33.54	10.68

Table 3 depicts that the mean knowledge score was 33.54 and the standard deviation was 10.68.

Disscussion

The study was under taken to "assess the knowledge of adolescent girls towards teenage pregnancy at selected Government junior colleges, Tirupati". The discussion of the present study is based on the findings obtained from descriptive and inferential statistical analysis of collected data. It is presented in view of the objectives of the study.

The First Objective of the study was, To assess the level of knowledge among adolescent girls towards teenage pregnancy. Present study shows that out of 100 adolescent girls 25 (25%) had inadequate knowledge, 41(41%) had moderate knowledge, and 34(34%) had adequate knowledge.The findings were supported by a qualitative study conducted by Rachel lebese, (2015)

conducted a study on knowledge, attitudes and perception of students on teenage pregnancy rural based university students in South Africa. Explorative and descriptive design was used. The population included all tertiary students from one selected institution. Non-probability convenience sample was used to sample 110 participants (58 females and 52 males) for focus groups discussions. Purposive sampling was used to select 17 female students, ten (10) pregnant and seven that delivered a baby whilst at university for in-depth interviews. Data was analyzed qualitatively through open coding. Four sub-themes emerge, that is knowledge about pregnancy, participants' views about pregnancy at the university, factors influencing pregnancy and participants' experiences of pregnancy whilst studying. emanating from the themes were used to propose recommendations on the best strategies that could reduce pregnancy rate at the selected institution [5].

The second objective of the study was to determine the association between the levels of knowledge towards teenage pregnancy among adolescent girls with their selected socio demographic variables.The study reveals that among 100 adolescent girls there is significant association between level of knowledge towards teenage pregnancy with some of their variables like father education, mother education, mother occupation, income of the family, regarding at $P<0.01$ level, hence H_{01} was rejected.

In relation to association between some of demographic variables and knowledge levels a similar study was conducted by Dr M. Saranya (2016) a discriptive study was conducted to assess the level of knowledge on teenage Pregnancy among adolescent Girls, in India. Descriptive research design was used for this study adolescent girls between the age group of 14 years to 20 years, sample size of the study was 30 adolescent girls, purposive sampling technique was used, out of 30 respondents 18 (60%) had below mean value (6) regarding their knowledge level on teenage pregnancy. Major findings shows that the calculated value of chi-square of age (2.695%), education (0.086%), family income(3.65%) are not significant. the calculated value of chi-square of previous knowledge (9.93%) is significant. majority of the respondents18 (60%) have less level of knowledge regarding teenage pregnancy [6].

The third objective of the study was to develop and distribute information booklet for adolescent girls towards teenage pregnancy.

Accordingly, after collecting the information from adolescent girls the information booklet was distributed to adolescent girls. Adolescent girls were well satisfied.

Conclusion

Evidence from this investigation revealed that, majority of adolescent girls had in adequate and moderate knowledge. This study suggests that necessity of creating awareness and providing motivation, to prevent teenage pregnancy. Thus, if we could provide correct knowledge and motivation to younger adolescent girls on a population basis, a positive change could be achieved among adolescent girls to bring out healthy community. Health education should be incorporated in the curriculum which should be given through teaching, inter personal communication, television, health camps. Mobiles are very common among adolescents. Broad casting of health message would be effective through mobiles. Reproductive health problems should be discussed among adolescents and identify and solve their reproductive health problems through counselling with the help of specialist on time to time.

Recommendations

- A similar study could be conducted on large sample.
- A comparative study can be conducted between urban and rural school students.
- Structure teaching program can be conducted for primary level students.
- A similar study can be conducted on large sample for better generalization.
- The study can be replicated in different community settings. Manuals, information booklet and self-instructional module can be prepared and distributed in community to create awareness.

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