

KNOWLEDGE REGARDING TEENAGE PREGNANCY AMONG ADOLESCENCE GIRLS OF SECONDARY SCHOOL OF SINDHULI

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ABSTRACT

Teenage pregnancy is a global problem mostly occurring in poor and marginalized community. Teenage pregnancy increases when girls are denied the right to make decisions about their sexual and reproductive health and well-being. The objective of this study was to assess knowledge regarding teenage pregnancy among adolescence girls of secondary school. A descriptive cross sectional study was conducted with sample size of 100 by using probability stratified sampling technique. Pretested ($r=0.74$) structured and semi structured questionnaires (lowest 1 and highest score 34) were used as instrument for data collection. Data was collected through self administered technique. Data analysis was done from descriptive (mean, SD, frequency, percentage) and inferential (independent t test, ANOVA test) statistics using SPSS version 16. The findings of the study showed that respondents were age group 13-15 years (51%), hindu (91%), chhetri (36%), class 9 and 10 (41%) and family (71%) as a source of information. The overall mean knowledge score of respondents was 25.81 ± 3.46 with the minimum score 14 and maximum score 34. The mean knowledge about contributing factors was 12.34 ± 1.82 , consequences were 6.69 ± 1.82 and preventive measures were 6.78 ± 1.17 . The knowledge score regarding teenage pregnancy was significant in relation to age and education status of respondents where p value were 0.002, 0.000 respectively. It is concluded that respondents had adequate knowledge. According to findings, teenage pregnancy awareness program should be carried out in school and community through mass media to prevent teenage pregnancy in adolescence.

KEYWORDS

Knowledge, teenage pregnancy, adolescence girls

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INTRODUCTION

In USA (2017), teenagers aged 15-19 years had birth rate of 194,377 which was lowered by 7% as compared to 2016 which was 209,809. The age of women at first birth has been increasing in Australia, the findings showed that 2.7% of all births in Australia were to teenage mothers. Most of who were aged 18 or 19 years (73.8%); less than 15 years (0.8%). In California, 32 of every 1,000 adolescent girls aged 15-19 have babies each year. Annually, for every 1,000 adolescent girls aged 15-19 living in California, there are 51 births to Latinas, 37 to African Americans, 12 to whites and 9 to Asians.³

Globally, an estimated 16 million adolescent girls (15-19 years) give birth each year and babies born to those adolescent mothers account for nearly 11% of births worldwide, with 95% occurring in developing countries such as Nepal.⁴ According to the UNFPA report (2013b) about 19% of young women in developing countries become pregnant before the age of 18 years and 95% of the world's births to teenagers occur in developing countries.⁶

In developing countries 20% to 60% of teenage girl's pregnancies and birth are unwanted and unplanned. Teenage pregnancy can be prevented through abstaining from sex, using contraceptives such as pills and injections (65%), use of condoms (83%).⁸ A study done in Ghana which revealed that the impact of teenage pregnancy on both teens and society. The study showed that 76.7% believes it brings about school drop-out (76.7%), poverty (25.5%), child abuse (4.3%) and over dependency on the society (2.3%).¹²

In Nepal, 17% of adolescent women age 15-19 are already mothers with their first child. Teenage fertility is higher in rural areas (22%) than in urban areas (13%). By province, teenage pregnancy ranges from 10% in Province 3 and 27% in province 2. Teenage pregnancy decreases with increased education 33% of young women with no education have begun childbearing compared to 7% young women with SLC and above education.⁵ Pregnancy among adolescent women is associated with high risks to both the mother and her child. Pregnancy-related deaths are twice as common among women aged 15-19 years, than women aged in their twenties.⁷

MATERIALS AND METHODS

A descriptive cross-sectional study was conducted among 100 adolescent girls from age group 13 to 18 years of old. This study was done after receiving ethical approval letter from the Institutional Review Committee (IRC) of

Scheer Memorial Adventist Hospital, Banepa. This formal letter was submitted to Bhagwati Higher Secondary School and Siddhasthali Higher Secondary School Sindhuli for data collection. Formal permission was obtained from the concerned authority to collect the data. The sample size was selected from class 9, 10 and 12 from both higher secondary schools by using probability stratified sampling technique. The 50 samples were selected from each higher secondary school. There were no any students in class 11 because new class session was not started. Inclusion criteria were all female adolescent students who were willing to participate. Those who were absent during data collection was excluded in the study. The structured and semi structured questionnaire was developed as instrument which contains part I socio demographic information and part II knowledge regarding teenage pregnancy that contains contributing factors, consequences and preventing measures of teenage pregnancy. The validity of instrument was maintained by review the related literature. The reliability of instrument was maintained by pretesting instrument in 10% of the study population at Dhulikhel Higher Secondary School, Dhulikhel. The pretested questionnaire were splitted into two halves and analyzed ($r=0.74$). Before data collection, purpose of the study was explained to the respondents and written consent was obtained from each respondent. Data was collected through self administered technique by using pretested instrument. Data was collected 10 am to 4 pm from 2076/03/08 to 2076/04/08. During data collection, voluntary participation was done and confidentiality and anonymity was maintained. The collected data were checked for completeness of information, and then obtained data was classified, coded, entered, and analyzed by using SPSS-16. Descriptive statistics (mean, SD, frequency, percentage) and inferential (independent t test and ANOVA test) statistical test were used for statistical analysis.

RESULTS

Table 1 shows that respondents were age group 13-15 years (54%) and class 9 and 10 (41%) respectively. Other Demographic information was hindu (91%), chettri (36%), menarche age from 11-13 years (88%), single family type (73%) and family (71%) as source of information.

Table 2 shows that respondents had knowledge on contributing factors of teenage pregnancy were lack of future oriented goals (88%) and lack of parental supervision (20%). It indicates that more than 40% respondents had knowledge on contributing factors of teenage pregnancy.

Table 1: Socio-demographic information of respondents (n=100)

| Variables | n | % |
|----------------------------|--------|--------|
| Age: | | |
| 13-15 years | 54 | 54.0 |
| 16-18 years | 46 | 46.0 |
| Mean(SD) 15.5(1.40) | Max=18 | Min=13 |
| Educational Status: | | |
| Class 9 | 41 | 41.0 |
| Class 10 | 41 | 41.0 |
| Class 12 | 18 | 18.0 |

Table 2: Knowledge on contributing factors of teenage pregnancy of respondents (n=10)

| Variables | n | % |
|--------------------------------------|----|------|
| Lack of future oriented goals | 88 | 88.0 |
| Being victim of sexual abuse | 86 | 86.0 |
| Sexual pressure from peer | 68 | 68.0 |
| Unprotected sex | 83 | 83.0 |
| Involving in night club | 48 | 48.0 |
| Premarital sexual contact | 32 | 32.0 |
| Sex curiosity | 75 | 75.0 |
| Barrier to contraception | 64 | 64.0 |
| Lack of sex education | 81 | 81.0 |
| Early marriage | 65 | 65.0 |
| Pressure to prove fertility | 32 | 32.0 |
| Sexual desire | 81 | 81.0 |
| Lack of parental supervision | 20 | 20.0 |
| Low socio economic status | 59 | 69.0 |
| Ignorance of pregnancy vulnerability | 43 | 43.0 |
| Unprotected sex | 93 | 93.0 |
| Family history of teenage pregnancy | 92 | 92.0 |
| Broken family | 85 | 85.0 |
| Age group 13-19 years | 60 | 60.0 |

Table 3 shows that respondents had knowledge as maternal consequences of teenage pregnancy were depression (97), and newborn consequences of teenage pregnancy were low birth weight baby (69%) and jaundice (20%).

Table 4 shows that respondents had knowledge as preventive measure of teenage pregnancy were Sex education (96%), legal age for marriage (85%), and sex abstinence (25%). It indicates that more than 55% respondents had knowledge on preventive measure of teenage pregnancy.

Table 5 shows that the overall mean score of total respondents regarding teenage pregnancy is 25.81 and S.D (3.46) with maximum and minimum value 34 and 14 respectively. The mean (SD) for contribution factor 12.34(1.82), mean (SD) for consequences 6.69(1.82), mean (SD) for preventive measures 6.78(1.17).

Table 6 shows that the independent t-test for variable testing at 5% of level of significance. The overall mean knowledge score of respondents of age group 13-15 years was 24.926±2.8141 and 16-18 years was 26.848±3.875. The P value obtained in total knowledge score was 0.002 which is less than 0.5. Hence there is significance difference in knowledge regarding teenage pregnancy in relation to age.

Table 3: Knowledge on consequences of teenage pregnancy of respondents (n=100)

| Variables | n | % |
|--------------------------|----|----|
| Mother: | | |
| Increase school dropout | 51 | 51 |
| Depression | 97 | 97 |
| Poverty | 54 | 54 |
| Anemia | 71 | 71 |
| Eclampsia | 9 | 9 |
| Preeclampsia | 21 | 21 |
| Pregnancy Induced | 84 | 84 |
| Hypertention | 84 | 84 |
| Abortion | 86 | 86 |
| Newborn: | | |
| Low birth weight baby | 69 | 69 |
| Congenital abnormalities | 30 | 30 |
| Premature baby | 80 | 80 |
| Jaundice | 20 | 20 |

Table 4: Knowledge on preventive measure of teenage pregnancy of respondents (n=100)

| Variables | n | % |
|---|----|----|
| Sex education for 13-18 years | 96 | 96 |
| Legal age for marriage age -29 years | 85 | 85 |
| Conception age for female-20 to 29 years | 74 | 74 |
| Peer counseling | 85 | 85 |
| Family counseling on appropriate age of marriage | 91 | 91 |
| Sex abstinence | 25 | 25 |
| Be faithful to partner | 68 | 68 |
| Use of condom | 55 | 55 |
| Contraceptive device after unsafe sex-Emergency contraceptive pills | 99 | 99 |

Table 5: Overall total knowledge score of respondents regarding teenage pregnancy (n=100)

| Variables | Total possible score | Mean (SD) | Maximum | Minimum |
|---------------------|----------------------|---------------------|-----------|-----------|
| Contribution factor | 19 | 12.34 (1.82) | 16 | 7 |
| Consequences | 12 | 6.69 (1.82) | 9 | 3 |
| Preventive Measures | 9 | 6.78 (1.17) | 9 | 4 |
| Total score | 40 | 25.81 (3.46) | 34 | 14 |

Table 6: Association of knowledge regarding teenage pregnancy in relation to age (n=100)

| Variables | Possible correct score | 13-15years (n=54) Mean±SD | 16-18years (n=46) Mean±SD | P value (Independent test) |
|--------------------------|------------------------|---------------------------|---------------------------|----------------------------|
| Contributing factor | 19 | 11.981±1.5356 | 12.761±2.0460 | 0.213 |
| Consequences | 12 | 6.481±0.9856 | 6.935±1.4515 | 0.01 |
| Preventive Measures | 9 | 6.463±1.1279 | 7.152±1.1347 | 0.625 |
| Overall Knowledge | 40 | 24.926±2.8141 | 26.848±3.875 | 0.002 |

Table 7: Association of knowledge regarding teenage pregnancy in relation to education (n=100)

| Variables | Possible correct score | Class=9 N=41 Mean±SD | Class=10 N=41 Mean±SD | Class=12 N=18 Mean±SD | P value (ANOVA) |
|--------------------------|------------------------|----------------------|-----------------------|-----------------------|-----------------|
| Contributing factor | 19 | 11.878±1.51 | 12.00±1.92 | 14.00±1.23 | 0.00 |
| Consequences | 12 | 6.51±1.075 | 6.36±1.29 | 7.83±0.707 | 0.00 |
| Preventive Measures | 9 | 6.415±0.893 | 6.78±1.36 | 7.611±0.91 | 0.01 |
| Overall Knowledge | 40 | 24.80±2.75 | 25.22±3.58 | 29.44±2.09 | 0.00 |

Table 7 shows that ANOVA test of variable testing at 5% level of significance. The overall mean knowledge score of respondents of education of class 9 was 24.80±2.75, class 10 was 25.22±3.58 and class 12 was 29.44±2.09. The P value obtained in total knowledge score was 0.00 which is less than 0.5. Hence there is significance difference in knowledge regarding teenage pregnancy in relation to education.

DISCUSSION

In this study, respondents had knowledge on lack of sex education (81%) is social factor as teenage pregnancy which was consistent with the study done by Gunawardim¹³ in Sub-Saharan Africa which shows 75%. Respondents

had knowledge that sexual pressure from peer (68%) is the peer for teenage pregnancy which was consistent with study done by Amponsemboateng *et al.*¹² in west district of Ghana which was 75.8%.

In this study, respondents had knowledge that increased school dropout (51%) is the main effect on academic performance which was consistent with the study done by Kafle *et al.*⁶ in rural Kathmandu which shows (40%). Respondents had knowledge that abortion (86%) is the maternal consequences of teenage pregnancy which was consistent with the study done by Bhandari⁹ in Ampipal VDC (Gorkha District) which shows 82%. Regarding new born consequences, respondents had knowledge that low birth weight (69%) is the new born

consequences of teenage pregnancy which was consistent with the study done by Chalise and Bajracharya¹¹ which shows 78.23%. Regarding preventive measures, respondents had knowledge that abstinence from sex (55%) and use of condom (55%) as preventive measures which was inconsistent with the study done by Maxwel *et. al.*⁸ which shows abstinence from sex (94%) and use of condom (83%).

In this study, overall mean knowledge score or respondents regarding teenage pregnancy is 25.81 ± 3.46 which was consistent with the study done by Bhandari⁹ in Ampipal VDC (Gorkha District) which shows 18.36 ± 1.25 . Association of knowledge regarding teenage pregnancy in relation to ethnicity (0.04) which is less than 0.05 was consistent with the study conducted by Sah and Gaurav¹⁰ in Eastern region of Nepal which show (0.01).

In conclusion, the study findings reported that the overall mean knowledge score of respondents was 25.81 ± 3.46 with the minimum score 14 and maximum score 34. The mean

knowledge score about contributing factors was 12.34 ± 1.82 , consequences were 6.69 ± 1.82 and preventive measures were 6.78 ± 1.17 . The total knowledge score regarding teenage pregnancy was significant in relation to age and education status of respondents where p value were 0.002, 0.000 respectively. So it is concluded that respondents had adequate knowledge regarding teenage pregnancy.

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