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A study to assess the effectiveness of planned teaching programme on knowledge regarding prevention of teenage pregnancy among teenager girls in selected school at Jagdalpur (C.G)

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Abstract
Adolescent pregnancies are a world problem occurring in high-, middle-, and low-income countries. Round the world, however, adolescent pregnancies are more likely to occur in marginalized communities, commonly driven by poverty and lack of education and employment opportunities. Several factors contribute to adolescent pregnancies and births. A quantitative approach with pre-experimental one group pre-test post-test design was used to assess the effectiveness of Planned teaching programme on knowledge regarding prevention of teenage pregnancy among teenager girls in the year 2022. A total 60 teenager girls were selected for the study. Data was collected by structured knowledge questionnaire among teenager girls in Govt. Higher Secondary School -2 Geedam Naka, Jagdalpur, (C.G). The mean post-test knowledge score 26.02 (86.73%) was higher than the mean pre-test knowledge score 13.03 (43.43%). There was no significant association of pre-test knowledge score with selected demographic variables such as age (X_1^2= 3.84), religion (X_2^2= 9.49), type of family (X_3^2= 5.99), educational status of mother (X_4^2= 9.49), occupation of mother (X_5^2= 9.49), educational status of father ($X_{6=}^2$ 9.49), occupation of father ($X_{7=}^2$ 9.49) at 0.05 level of significance. The study has shown that majority of the teenage girls had inadequate knowledge on prevention on teenage pregnancy; however the knowledge has significantly improved after the administration of planned teaching programme. Hence it was concluded that planned teaching programme was an effective teaching strategy in improving the knowledge of teenage girls regarding prevention on unwanted teenage pregnancy.

Keywords: Effectiveness, planned teaching programme, teenage pregnancy, teenage girls

Introduction

Adolescence, transitional phase of growth and development between childhood and adulthood. The planet Health Organization (WHO) defines a young person as any individual between ages 13 and 19. This age range falls within WHO's definition of youngsters, which refers to individuals between ages 10 and 24 [1].

Adolescence is also defined as a transition from childhood to adulthood, a time when structural, functional, and psychosocial developments occur. Consequently, pregnancy during teenage can adversely affect the health because the adolescent female concerned is yet to realize her full growth potential. Moreover, reports show, adolescent pregnancies also impact social development and also the economy [2].

Adolescent pregnancies are a world problem occurring in high, middle, and low-income countries. Round the world, however, adolescent pregnancies are more likely to occur in marginalized communities, commonly driven by poverty and lack of education and employment opportunities [3].

According to UN report, India bears economic losses of $7.7 billion a year thanks to teenage pregnancies. An earlier estimate by health ministry suggested economic losses of teenage pregnancies at 12% of the gross domestic product (GDP) [2].

Teenage pregnancy is sort of double in rural areas, 9.2%, as compared to urban, 5%, in India. Here's where the matter lies – these pregnancies not only make adolescent girls extremely vulnerable, both physically and mentally but also place them and their babies in danger. Such pregnancies are related to an increased risk of miscarriages, abortion and other adverse outcomes [2].

In India, quite 50 percent adolescents who are married have already born to children. As is obvious from statistical data, the prevalence of teenage pregnancies is inversely proportional to their levels of education [2].

Several factors contribute to adolescent pregnancies and births. In many societies, girls are besieged to marry and bear children early. In least developed countries, a minimum of 39% of women marry before they're 18 years old and 12% before the age of 15. In many places girls like better to become pregnant because they need limited educational and employment prospects [4].

Adolescents who might want to avoid pregnancies might not be able to do so thanks to knowledge gaps and

misconceptions on where to get contraceptive methods and the way to use them. Adolescents face barriers to accessing contraception including restrictive laws and policies regarding provision of contraceptive supported age or legal status, doctor bias and/or lack of willingness to acknowledge adolescents 'sexual health needs, and adolescents' own inability to access contraceptives thanks to knowledge, transportation, and financial constraints. Additionally, adolescents may lack the agency or autonomy to make sure the proper and consistent use of a family planning. A minimum of 10 million unintended pregnancies occur every year among adolescent girls aged 15-19 years in developing regions [5].

An additional explanation for unintended pregnancy is sexual violence, which is widespread with quite a 3rd of ladies in some countries reporting that their first sexual encounter was coerced [6].

Need of the Study

Teenage births end in health consequences; children are more likely to change state pre-term, have lower birth weight, and better morbidity, while mothers experience greater rates of postpartum depression and are less likely to initiate breastfeeding. Teenage mothers are less likely to complete high school, are more likely to measure in poverty, and have children who frequently experience health and developmental problems. Understanding the chance factors for teenage pregnancy could be a prerequisite for reducing rates of teenage motherhood [7].

Every year, an estimated 21 million girls aged 15–19 years in developing regions become pregnant and approximately 12 million of them give birth.1 a minimum of 777,000 births occur to adolescent girls younger than 15 years in developing countries [8].

In 2017, an estimate of 11.8 million teenage pregnancies occurred in India. Consistent with the National Family Health Survey 4 (NFHS 4), 7.9% of ladies aged 15-19 years, were already mothers or pregnant at the time of the survey, with the prevalence higher in rural areas (9.2%) compared to urban areas (5%) [9]. The burden of teenage pregnancies was highest in Tripura (18.8%), state (18%) and Assam (14%) within the country (NFHS-4) [10].

The studies shows that teenage pregnancy rates and related complications are high and education is very important to create awareness about puberty teenage pregnancy and other aspects of reproductive health. It is the major responsibility of the health care member especially nurses to prepare the teenagers to aware about this situation. Thus educating the adolescents and family is the primary responsibility of the nurse.

Statement of Problem

"A study to assess the effectiveness of planned teaching programme on knowledge regarding prevention of teenage pregnancy among teenager girls in selected schools at Jagdalpur (CG)"

Material & Methods

The main objectives of this study were to assess the prior knowledge of teenagers regarding prevention of teenage pregnancy, to develop a planned teaching programme (PTP) regarding prevention of teenage pregnancy among teenagers, to find out the effectiveness of planned teaching programme (PTP) in terms of gain in post test knowledge score regarding prevention of teenage pregnancy among teenagers and to associate the pre test knowledge score with selected demographic variables. A quantitative research approach with pre-experimental one group pre-test design was used for the study. Convenience sampling technique is used to collect data from the samples. A total 60 teenager girls studying in Govt. Girls Higher Secondary School -2 Geedam Naka, Jagdalpur were selected for the study. The tool for data collection was a self structured questionnaire & it consist of demographic performa and Structured knowledge questionnaire containing 30 items, with reliability 0.87. Pilot study was carried out in Govt. Higher Secondary School Asna (C.G). Ten subjects who fulfilled the inclusion criteria were selected, in order to assess the clarity of the items in the tool, almost all items were clearly understood and the responses were found appropriate.

Description of the demographic characteristics of teenage girls

The percentage distribution of subjects shows that majority 38(63.34%) of the teenage girls were in the age group of 13-16 years, maximum number of subjects were Hindus 32(53.34 %), majority 44(73.34%) of teenage girls were belongs to nuclear family, most of their mother 24 (40%) were having middle education, majority of the subject's mothers 34 (56.67%) were home makers, most of their father 28(46.66%) were completed their middle education and 38 (63.34%) fathers were farmers.

Table 1: Assessment of Pre-test and Post-test knowledge level on prevention of teenage pregnancy Maximum score = 30 N=60

Level of knowledge	Score levels	Number of respondents		Percentage	
		Pretest	Post test	Pretest	Post test
Very poor	0-6	0	0	0	0
Poor	7-12	26	0	43.34	0
Average	13-18	34	0	56.66	0
Good	19 -24	0	15	-	25
Very good	25-30	0	45	-	75
Total	30	60	60	100	100

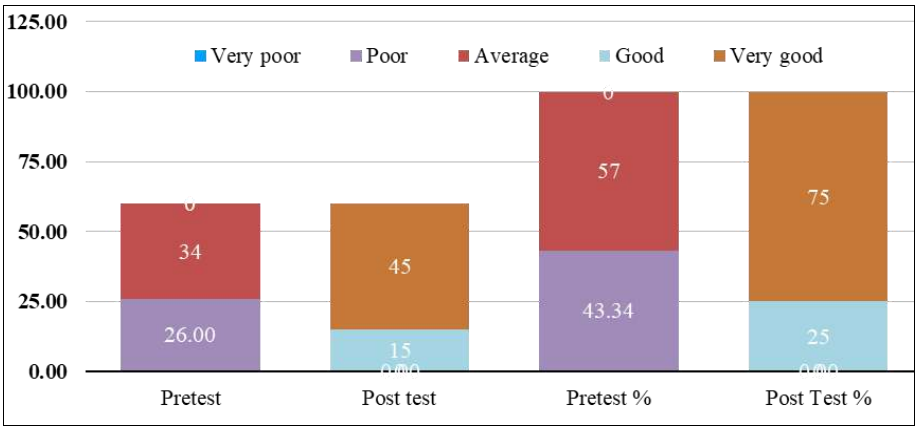

Fig 1: Subdivided bar diagram showing the Pre-test and Post-test knowledge level on prevention of teenage pregnancy

Assessment of the level of pre test knowledge score among teenage girls depicts that, majority 34 (56.66%) of respondents had average knowledge scores and 26 (43.34%) of them had poor knowledge scores and none of the respondents possessed very poor, good and very good knowledge score category. This might be due to lack of updating their knowledge. The finding of the study has revealed that there is an urgent need to educate the teenagers regarding prevention of unwanted teenage pregnancy.

Assessment of the level of post-test knowledge score of the teenage girls after the administration of self-instructional module had revealed that majority 75% of the respondents had very good knowledge score and 25% had good knowledge scores and none of them had very poor, poor or average knowledge scores regarding prevention of teenage pregnancy. It has shown that Planned Teaching Programme was very effective in improving the knowledge level of the teenage girls on prevention of teenage pregnancy.

Table 2: Pre-test and post-test knowledge scores regarding prevention of teenage pregnancy N=60

Area	Maximum score	Respondents knowledge			Paired 't' test
		Mean	Mean%	SD	
Pre-test(X)	30	13.03	43.43	2.32	32.44
Post-test(Y)	30	26.02	86.73	1.92	
Effectiveness(Y-X)		12.99	43.3	0.4	

T' table value = 2.00 at $p < 0.05$, df=59

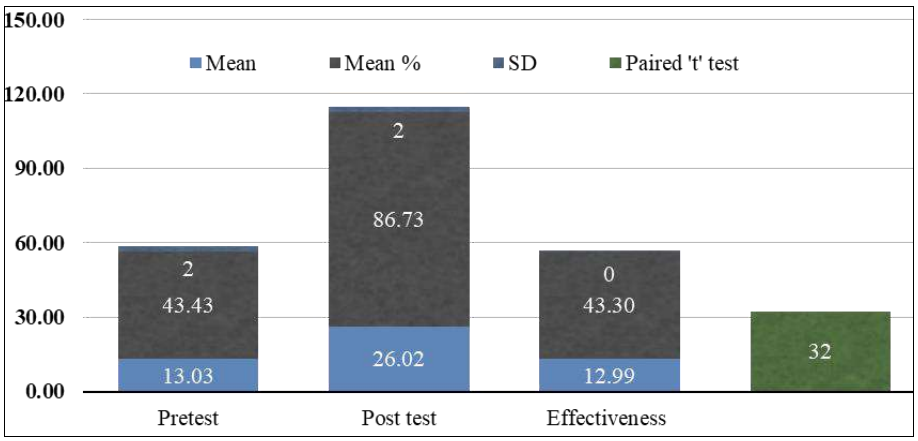

Fig 2: Subdivided bar diagram showing the Pre-test and post-test knowledge scores regarding prevention of teenage pregnancy

The knowledge scores of teenage girls regarding prevention of teenage pregnancy has revealed that, post-test mean knowledge score was found higher 26.02 (86.73%) and SD of 1.92 when compared with pre-test mean knowledge score which was 13.03 (43.43%) with SD of 2.32. The mean effectiveness score was 12.99 (43.3%) with SD of 0.4. The results of the study depicts that the planned teaching programme was very effective in improving the knowledge of the teenage girls regarding prevention of teenage pregnancy.

Table 3: Paired‘t’ test showing the significance of mean difference between pre-test and post-test knowledge scores of teenage girls after the administration of Planned Teaching Programme. N=60

Group	Mean %		Mean% difference	SD difference	‘t’ value	
	Pre test	Post test				
Teenage girls studying in selected schools.	43.43	86.73	43.3	0.4	32.44	

Maximum Score = 30 Table value = 2.00 at 0.05 level of significance

Data in Table 4 depicts that the mean post-test knowledge score (86.73%) was higher than the mean pre-test knowledge score (43.43%), with a mean difference of (43.3%). The calculated ‘t’ value 32.44 was greater than the table value 2.00 at 0.05 level of significance. Therefore the null hypothesis rejected and research hypothesis was accepted indicating that the gain in knowledge was not by chance. Hence the research hypothesis accepted and concluded that there was significant gain in knowledge after implementation of planned teaching programme.

From the above findings it was concluded that the Planned Teaching Programme is an effective teaching strategy to improve the knowledge scores of teenage girls regarding prevention of teenage pregnancy.

Table 4: Association of the pre-test knowledge scores with selected demographic variable. N = 60

Variables	>M	<M	Chi-square value	Result
Age in years				
13 - 16	20	18	3.64	NS
17 - 19	6	16		
Religion				
Hindu	17	15	6.43	NS
Muslim	3	9		
Christian	2	8		
Sikh	2	1		
Others	2	1		
Type of family				
Nuclear	23	21	5.62	NS
Joint	2	6		
Extended Family	1	7		
Educational status of mother				
Illiterate	12	10	6.63	NS
Primary education	3	2		
Middle education	6	18		
Higher secondary	2	3		
Graduated & above	3	1		
Occupation of mother				
Home maker	16	18	0.98	NS
Private job	7	9		
Government job	1	2		
Farmer	1	3		
Others	1	2		
Educational status of father				
Illiterate	9	11	1.78	NS
Primary education	2	4		
Middle education	11	17		
Higher secondary	2	1		
Graduated & above	2	1		
Occupation of father				
Farmer	13	25	3.79	NS
Labour	7	5		
Private job	2	1		
Government job	2	2		
Others	2	1		

M = Median(13); Table value=3.84 at df=1; Table value=5.99 at df=2 ; Table value=7.81 at df=3; Table value=9.49 at df=4; $p < 0.05$

Chi-Square test was carried out to analyze the significant association between the pre-test knowledge scores and the selected demographic variables. The study findings has shown that, there was no significant association of pre-test knowledge score with any of the selected demographic variables.

Discussion

The collected data was tabulated, analyzed and interpreted by using descriptive and inferential statistics. The percentage distribution of subjects shows that majority 38(63.34%) of the teenage girls were in the age group of 13-16 years, maximum number of subjects were Hindus

32(53.34 %), majority 44(73.34%) of teenage girls were belongs to nuclear family, most of their mother 24 (40%) were having middle education, majority of the subject's mothers 34 (56.67%) were home makers, most of their father 28(46.66%) were completed their middle education and 38 (63.34%) fathers were farmers. Assessment of the level of pre test knowledge score among teenage girls depicts that, majority 34 (56.66%) of respondents had average knowledge scores and 26 (43.34%) of them had poor knowledge scores and none of the respondents possessed very poor, good or very good knowledge score category. The finding of the study has revealed that there is an urgent need to educate the teenagers regarding prevention of unwanted teenage pregnancy. The knowledge scores of teenage girls regarding prevention of unwanted teenage pregnancy has revealed that, post-test mean knowledge score was found higher 26.02 (86.73%) and SD of 1.92 when compared with pre-test mean knowledge score which was 13.03 (43.43%) with SD of 2.32. The mean effectiveness score was 12.99 (43.3%) with SD of 0.4. The results of the study depicts that the planned teaching programme was very effective in improving the knowledge of the teenage girls regarding prevention of unwanted teenage pregnancy. Chi-Square test was carried out to analyze the significant association between the pre-test knowledge scores and the selected demographic variables. The study findings has shown that, there was no significant association of pre-test knowledge score with any of the selected demographic variables.

Conclusion

Assessment of the level of pre test knowledge score among teenage girls depicts that, majority 34 (56.66%) of respondents had average knowledge scores and 26 (43.34%) of them had poor knowledge scores and none of the respondents possessed very poor, good and very good knowledge score category. The knowledge scores of teenage girls regarding prevention of teenage pregnancy has revealed that, post-test mean knowledge score was found higher 26.02 (86.73%) and SD of 1.92 when compared with pre-test mean knowledge score which was 13.03 (43.43%) with SD of 2.32. The mean effectiveness score was 12.99 (43.3%) with SD of 0.4. Association of demographic variables with pre test scores was computed using chi-square test. Analysis has shown that, there was no association between the pre test knowledge score and demographic knowledge. Thus, the finding indicates that there is lack of knowledge among teenage girls regarding prevention of teenage pregnancy and information through various means like planned teaching programme is a useful source for improving the knowledge. The study recommend that, a similar study can be conducted on a larger sample which may help to draw more definite conclusions and make generalizations.

References

1. Csiksgentmihalyi Mihalyi. Adolescence. Encyclopedia Britannica. 2021 Feb 20. https://www.britannica.com/science/adolescence. Accessed 21 March 2022.
2. Observer Research Foundation. There's a need to end teenage pregnancies in India, it's harming the national economy [Online]. 2020 Jan. Available from: URL: https://www.orfonline.org/research/theres-a-need-to-end-teenage-pregnancies-in-india-its-harming-the-national-economy-60307/
3. UNICEF. Ending child marriage: Progress and prospects. New York: UNICEF, 2013.
4. Kozuki N, Lee A, Silveira M, et al. The associations of birth intervals with small-for-gestational-age, preterm, and neonatal and infant mortality: A meta-analysis. BMC Public Health. 2013;13(3):S3.
5. WHO. Preventing early pregnancy and poor reproductive outcomes among adolescents in developing countries. Geneva, WHO, 2011.
6. Raj A, Boehmer U. Girl child marriage and its association with national rates of HIV, maternal health, and infant mortality across 97 countries. Violence against Women. 2013, 19(4).
7. East P, Reyes B, Horn E. Association between adolescent pregnancy and a family history of teenage births. Perspect Sex Reprod Health. 2007;39:108-15.
8. UNFPA. Girlhood, not motherhood: Preventing adolescent pregnancy. New York: UNFPA, 2015.
9. Prachi Sharma, Dr. Nisha Sharma. Feminism in India, What Contributes To Teenage Pregnancies In India?, January 19, 2021, Available from URL: https://feminisminindia.com/2021/01/19/what-contributes-to-teenage-pregnancies-in-india/
10. WHO, author. Programming for adolescent health and development. Report of HO/UNFPA/UNICEF study group on programming for adolescents health. Geneva: WHO, 1999.