



Descriptive Research to Assess the Awareness Regarding Teenage Pregnancy and its Complications in Adolescent Girls from Selected Rural Area of Andra Pradesh.

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ABSTRACT

Adolescent pregnancy still a global problem, girls under 19 becoming pregnant with approximately 14 million worldwide in 2021 statistics. Numerous negative consequences are there in adolescent pregnancy for both mothers and children. It rises the risk of maternal health problems like pre-eclampsia, eclampsia, infections, unsafe abortion, and mortality. To assess the awareness regarding teenage pregnancy and its complications, this study was conducted in adolescent girls from selected rural areas. Descriptive research design was used in this study. 120 teenage girls were selected from a rural area of AndraPradesh, Kunavaram by using Simple random sampling technique. A structured questionnaire was used to collect the knowledge data from these adolescent girls. The tool consists of two parts. **Part – I:** Consists of demographic variables and socio-cultural variables, **Part – II:** Consists of structured questionnaire to assess the awareness regarding teenage pregnancy. Applied statistics, descriptive and inferential methods used to analyse the data. Based on the present study, majority (35.83% & 25.83%) of the teenage girls living in selected rural area have very poor and poor knowledge, 22.50% have moderate knowledge and 15.83% have good knowledge on teenage pregnancy. This study concluded that maximum number of teenage girls not having adequate knowledge regarding teenage pregnancy.

Keywords: Descriptive study, adolescent girl, teenage pregnancy, pre-eclampsia, eclampsia, infections, unsafe abortion and mortality

INTRODUCTION:

Adolescence is the time of life spanning childhood and maturity, from ages 10 years to 19 years. This is a unique period of human growth and a crucial time for creating the building blocks of good health. Adolescents endure fast physical, cognitive and psychological growth. [1]

Adolescent pregnancies are a worldwide issue and most often occur in poorer and marginalized communities. Adolescent girls ages between 15 and 19 years had an estimated 21 million pregnancies in low- and middle-income countries each year as of 2019. In this approximately 50% pregnancies are unintended. According to 2019 data, 55 percentage of this unintended pregnancies of this age group ends with abortions. [1]

Worldwide in 2023, there is 41 girls aged 15 to 19 years had children per 1000. 14% of young women under the age of 18 were pregnant from 2015 to 2021. By the time these pregnancy rates have been more in African countries and lesser in Asian countries. In developing countries, around 2.5 million women under the age of 16 and 16 million women aged 15 to 19 have a child every year. Another 3.9 million have a miscarriage. They are more common in rural areas than in cities. [1]

In India, early marriage sometimes leads to adolescent pregnancy, especially the pregnancy rate is much higher in rural areas than in urban areas. Recent research reveals that the frequency of adolescent pregnancies in India is high., with 62 pregnant teenagers per 1,000 women. India is on course to become the most populated nation in the global by 2050, and increasing teenage pregnancies, a major factor in population growth, are likely to exacerbate the problems. [2]

Adolescent females, especially in their teenage years, are more susceptible to the health effects of pregnancy and delivery since their bodies are not yet physiologically ready. Pregnancy in adolescence has numerous negative consequences for both the young mothers and their children. It increases the risk of maternal health complications such as pre-eclampsia, eclampsia, infections, unsafe abortion and mortality. [3]



Maternal illnesses are among the main causes of disability-adjusted life years (DALYs) and deaths in girls aged 15-19 years globally. Many females are under immense pressure to marry sooner and become moms while they are still kids themselves. Teenage pregnancies grow when girls have no access to make choices about their sexual, reproduction health and welfare. Inadequate knowledge about teenage pregnancy and its complications in adolescent girls and their families is also one of the main reasons for these teenage pregnancies. [4]

Girls need to be allowed to make decisions on their own about their bodies and their future, understand the consequences of teenage pregnancies and have access to proper medical care and comprehensive sexuality education. Teenage pregnancies seem to be prevented by adequate sexual education and access to contraception. Effective communication and interpersonal education might be a key element in minimizing adolescent pregnancies [4].

RESEARCH METHODOLOGY:

Main Objective:

To study the awareness regarding teenage pregnancy and its complications in adolescent girls from selected rural area.

Sample

120 samples (teenage girls) were selected

Research Design:

Quantitative approach with descriptive research design was used in this study.

Setting:

The rural area (Kunavaram) of AndhraPradesh, was selected for this study. Oral consent was taken from the teenage girls.

Sample Technique:

Teenage girls were selected by Probability simple Random Sampling Technique.

Data Analysis:

Descriptive measures i.e., frequency and percentage were used to organize the demographic variables. The structured knowledge data will be analyzed using mean. Applied statistics, descriptive and inferential methods used to analyze the data.

RESULTS

Part-1:

A. Distribution of sample subjects according to their demographic variables (sample size N = 120), percentage in %.

Table-1:

S.No.	Age (Years)	Frequency(n)	Percentage
1	12-13	27	22.50
2	14-15	37	30.83
3	16-17	32	26.67
4	18-19	24	20.00

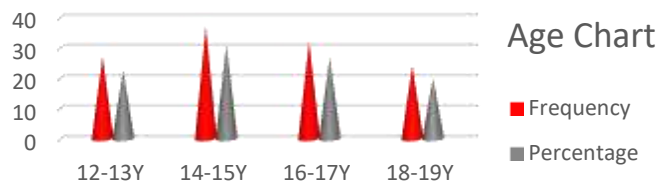


Table-2:

S.No.	Marital Status	Frequency(n)	Percentage
1	Unmarried	35	29.16
2	Married	85	70.83

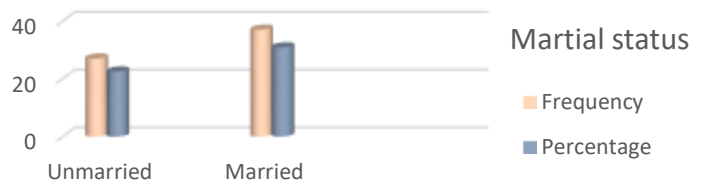


Table-3:

S.No.	Education status	Frequency(n)	Percentage
1	No formal education	7	05.83
2	School drops out	19	15.83
4	Up to 8 th	25	20.83
5	9 th – 10 th	38	31.66
6	11 th - 12 th	31	25.83

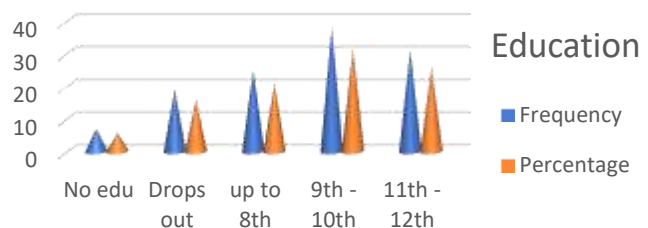


Table-4:

S.No.	Family structure	Frequency(n)	Percentage
1	Single parent	06	05.00
2	Both parents	112	93.33
3	Grandparents headed	02	01.667

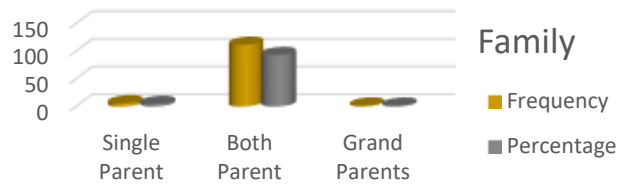


Table-5:

S.No.	Girl Working Status	Frequency(n)	Percentage
1	Daily wage worker	08	06.66
2	House maker	18	15.00
3	Studying	94	78.33

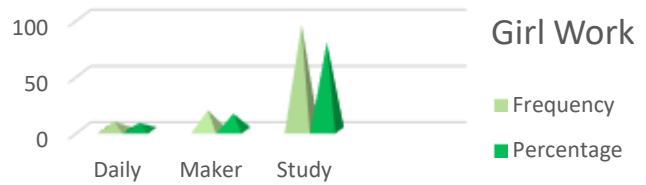


Table-6:

S.No.	Number of siblings	Frequency(n)	Percentage
1	None	46	38.33
2	One	57	47.50
3	Two or more	17	14.16

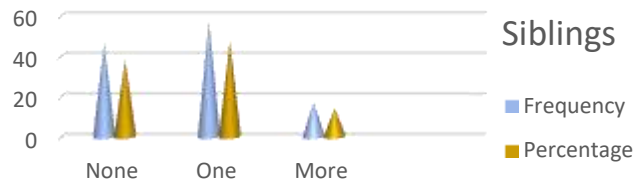


Table-7:

S.No.	Religion	Frequency(n)	Percentage
1	Hindu	72	60.00
2	Christian	36	30.00
3	Muslims	12	10.00

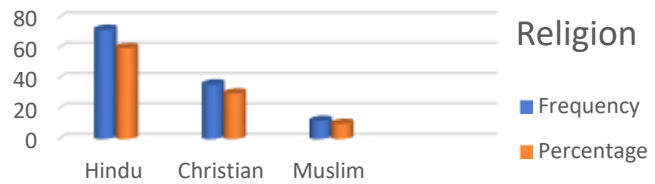


Table-8:

S.No.	Monthly income of family	Frequency(n)	Percentage
1	Up to 5000	75	62.50
2	6000 – 10000	28	23.33
3	11000 – 15000	12	10.00
4	16000 & above	05	04.16

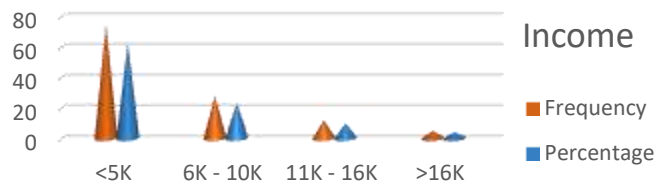


Table-9:

S.No.	Father's Education status	Frequency(n)	Percentage(%)
1	No formal education	47	39.16
2	Primary school	65	54.16
3	Higher secondary	16	13.33
4	Graduate	02	01.67

Table-10:

S.No.	Mother's Education status	Frequency(n)	Percentage(%)
1	No formal education	82	68.33
2	Primary school	35	29.16
3	Higher secondary	03	2.50
4	Graduate	00	0.0

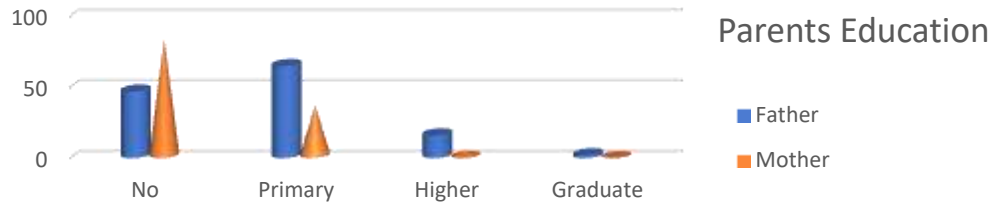
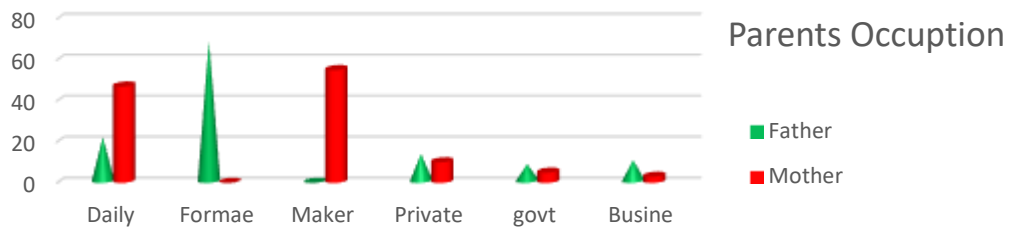


Table.11:

S.No.	Father's Occupation	Frequency(n)	Percentage(%)
1	Daily wage worker	21	17.50
2	Former	68	56.67
3	Private	13	10.83
4	Government	8	06.67
5	Business	10	08.33

Table-12:

S.No.	Mother's Occupation	Frequency(n)	Percentage(%)
1	Daily wage worker	47	39.16
2	House maker	55	45.83
3	Private	10	08.33
4	Government	05	04.16
5	Business	03	02.50



B. Distribution of sample subjects according to their socio-cultural variables:

N = 120

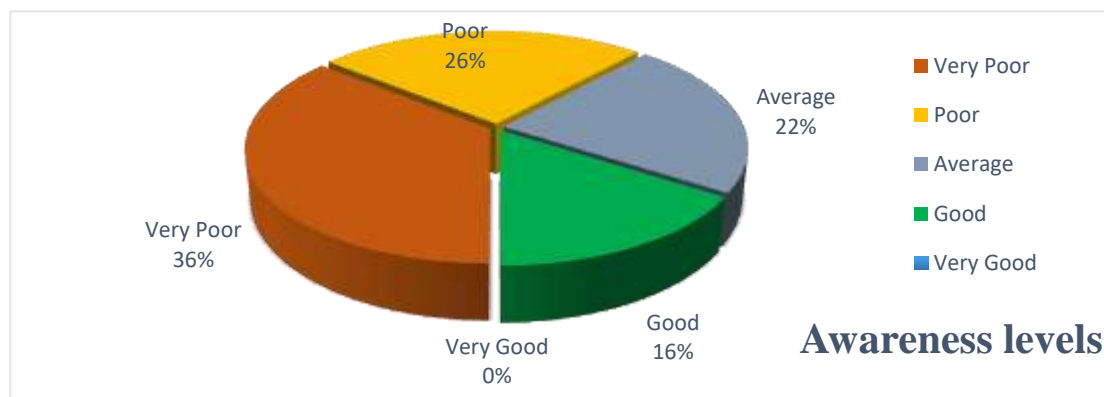
S.NO.	socio-cultural variables	Frequency (n)	Percentage (%)
01	Leisure time activity		
	a. Playing games	23	19.16
	b. Forming	25	20.83
	c. Books reading	15	12.50
	d. Watching TV	31	25.83
02	Doing in Online		
	a. Gaming	22	18.33
	b. Chatting	36	30.00
	c. Watching videos/news	27	22.50
	d. Web Browsing	18	15.00
03	Frequency of internet usage		
	a. once a week	65	54.16
	b. once a week	15	12.50
	c. once a month	10	08.33
	d. none	30	25.00
04	Family Members addicted to alcohol		
	a. Father	75	62.50
	b. Mother	15	12.50
	c. Siblings	25	20.83
05	Participation in religious activity		
	a. Chanting divine syllabus	25	20.83
	b. Visiting religious places	40	33.33
	c. Attending religious congregations	32	26.67
	d. Listening to spiritual hymns	13	10.83
e. Others	07	05.83	

Part – II:**Structured questionnaire to assess the knowledge and attitude regarding teenage pregnancy:**

S.No.	Area of concept	No. of Questions	Score	Percentage%	Mean Percentage
01	Awareness of general Pregnancy	3	149	41.39	34.34%
02	Awareness of Teenage Pregnancy	5	195	32.50	
03	Complications of teen age pregnancy	6	258	35.83	
04	Diagnostic test for teen age pregnancy	4	103	21.46	
05	Risk factors and aetiology for teen age pregnancy	4	156	32.50	
06	Impact of teen age pregnancy	3	131	36.39	
07	Preventions of teen age pregnancy	5	242	40.33	
	Total	30			

LEVEL OF AWARENESS HAVING ON TEENAGE PREGNANCY IN ADOLESCENT GIRLS:

S. No	Level of Awareness on Teenage Pregnancy	Frequency (n)	Percentage (%)
01	Very Poor (00 – 24)	43	35.83
02	Poor (25 – 48)	31	25.83
03	Average (49 – 72)	27	22.50
04	Good (73 – 96)	19	15.83
05	Very Good (97 – 120)	00	00.00

**4. DISCUSSION:**

The tables from part 1 represents the frequency and percentage distribution of demographical variables and socio-cultural variables in adolescent girls. With respect to the age of the adolescent girls, 27(22.50%) were between the age group of 12-13 years, 37 (30.83%) were between the age group of 14-15 years, 32(26.67%) were between the age group of 16-17 years, 24(20.00%) were between the age group of 17-19 years. With respect to the marital status of the adolescent girls, 35(29.16%) were married and 85(70.83%) were unmarried. According to the education status of adolescent girls, 07(5.83%) have no formal education, 19(15.83%) were school dropouts, remaining 63(23.33%) were studying secondary higher education and 31(25.83%) were studying 11 to 12th. The family structure of the adolescent girls, 06(5%) were single parent, 112(93.33%) were having both parents and 02(1.66%) were take cared by their Grandparents. The working status of these girls, 08(06.66%) were working as daily wage worker, 18(15.00%) were house maker and 94(78.33%) were studying. Looking into the number of siblings, 16(38.33%) had none, 57(47.50%) had one and 17(14.16%) had two or more siblings. According to monthly income of family, 75(62.50%) had income up to Rs.5000, 28(23.33%) were earning between Rs.6,000 – 10,000, 12(10%) had Rs.11,000-15,000 and 5(04.16%) had income above Rs.16,000. Considering the religion, 72(60%) were Hindu, 36(30%) Christians and 12(10%) were Muslims. According to the father's education status, 47(39.16%) had no formal education, 65(54.16%) had primary schooling, 16(13.33%) had higher secondary, 02(1.67%) were graduates. When coming to the mother's education status, 82(68.33%) had no formal education, 35(29.16%) had primary schooling, 3(2.5%) had higher secondary and no graduates are there. Occupation of father, 21(17.50%) were working as daily wage worker, 68(56.67%) were doing forming, 13(10.83%) were working in private, 8(6.67%) were government and 10(8.33%) were doing small business. Occupation of the mother 47(39.16%) were working as daily wage worker, 55(45.83%) were homemakers, 10(8.33%) were working in private, 5(4.16%) were government and 3(2.55%) were doing small business.

5. CONCLUSION:

According to the Present study, maximum adolescent girls (35.83%) had very poor knowledge, followed by 25.83% had Poor knowledge, 22.50% had average, 15.83% had good and 00% had very good knowledge on teenage pregnancy. Hence it is concluded that most of the adolescent girls in this rural area had inadequate knowledge regarding teenage pregnancy. Looking into the finding, most of the girls are receiving basic information about teenage pregnancy from mass media and school teachers. Students have not received any information about teenage pregnancy from parents and health team members. After analysing the gathered information, came to know that there was inadequate knowledge regarding complications of teenage pregnancy in adolescent girls. according to some other research and some of my previous research, Structured Teaching Programme will give a significant result in improving their knowledge about teenage pregnancy.

6. REFERENCES:

1. World Health Organisation [https://www.who.int/health-topics/adolescent-health#tab=tab_1]
2. Simigiu Aurora; “Teen Pregnancy, Factors, Options, Consequences”; published in International Conference of Scientific Paper
3. “In Rwanda, teenage pregnancies are rising. The cost is high, analysts say” – article from Aljazeera.com., [https://www.aljazeera.com/features/2023/8/25/in-rwanda-teenage-pregnancies-are-rising-the-cost-is-heavy-analysts-say]
4. Teenage pregnancy article from “PLAN INTERNATIONALWEBSITE”, [https://plan-international.org/srhr/teenage-pregnancy/]
5. Doddihal R. Chandrika (2017); “A prospective study of adolescent pregnancy complications in a rural area of South India; vol-9; published in International Journal of Research in Medical Sciences; available on www.msjonline.org
6. Koteswaramma D. (2015); “hazards teenage pregnancy in adolescent girls”; published in Asian J. Nur. Edu. And Research; vol.6; www.anvpublication.org
7. “unicef for every child” [https://data.unicef.org/topic/child-health/adolescent-health/]