

**KNOWLEDGE REGARDING TEENAGE PREGNANCY AMONG ADOLESCENT GIRLS,
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ABSTRACT

Teenage pregnancy is defined as the occurrence of pregnancy in girls aged 13–19. Teenage pregnancy is one of the major problems of Nepal. A descriptive cross-sectional study was conducted to find out knowledge regarding teenage pregnancy among adolescent girls of Shree Sharadpur Higher Secondary School, Chitwan, Nepal. A total of 75 adolescent girls students were selected by using probability simple random sampling technique. Data were collected by using structured self-administered questionnaire and analyzed by using SPSS version 20 in descriptive and inferential statistics. The findings of the study revealed that out of 75 respondents, 57.35% were <15 years of age where 50% of them were studying in the ninth standard. Most of the respondents (82%) have no any family history of teenage pregnancy. Forty one percentage of the respondents were getting information of teenage pregnancy from books. Based on the findings of this study, it is concluded that more than half of the respondents (53.3%) had adequate knowledge and 46.7% respondents had inadequate knowledge regarding teenage pregnancy. There was statistically significant association between level of knowledge with the level of class respondents were attending ($p=0.023$), people respondents were currently living with ($p=0.032$), their mothers' occupation ($p=0.013$) and family history of teenage pregnancy in community ($p=0.030$). Most of the adolescent girls have knowledge about the age limits of teenage group, meaning of teenage pregnancy, causes, and effects but there is less knowledge about health problem arising to the baby as well as the psychological problems.

KEYWORDS: Adolescent girls, Knowledge, Teenage pregnancy, Chitwan.**INTRODUCTION**

Adolescence is the transitional phase of growth and development between childhood and adulthood. Globally, around 1 in 6 people are adolescents aged 10 to 19 years old.^[1] Adolescent pregnancy is defined as the occurrence of pregnancy in girls aged 10–19.^[2] Almost one-tenth of all births are from women below 20 years old, and more than 90% of such births occur in developing countries.^[3] The global adolescent birth rate was 49 per 1000 girls aged 15 to 19 years old.^[4]

Globally, the declining age at menarche and better nutrition and healthier lifestyles of younger generations are the main factors for high rate of adolescent pregnancy.^[5] More than 1.1 million adolescents aged 10-19 years died in 2016, over 3000 every day, mostly from preventable or treatable causes.^[6]

Women marry at an earlier age than men in developing country like Nepal. The median age at marriage for women aged 25-49 is 17.9 years, compared to 21.7 years among men aged 25-49. Women who are illiterate marry 4.6 years earlier than women with SLC and above education (16.8 years versus 21.4 years). More than half

(52%) of women are married by the age of 18, compared to 1 in 5 men (19%). Within 2.5 years of marriage, women are having their first birth. The median age at first birth for women is 20.4 years. One in five women give birth by the age of 18.^[7]

In Nepal, 17% of adolescent women aged 15-19 are already mothers or pregnant 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 to 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.^[7]

Teenage pregnancy is a global problem but occurs mostly in developing countries like Nepal. Many adolescent girls face pressure to marry early and become pregnant while they are still a child. Teenage pregnancy increases when girls cannot make decisions about their sexual and reproductive health and well-being. Girls must be able to make their own decisions about their

bodies and futures and have access to appropriate healthcare services and education.

Few studies have been conducted regarding knowledge on teenage pregnancy among adolescent girls. So, this study aims to assess the knowledge of teenage pregnancy among adolescent girls to find possible solutions to address this issue.

MATERIALS AND METHODS

A descriptive cross-sectional study was conducted to find out knowledge regarding teenage pregnancy among adolescent girls of Shree Sharadpur Higher Secondary School, Chitwan. A total of 75 adolescent girls students were selected from grade 9, 10 and 12 by using

probability simple random sampling technique. Data were collected by using structured self-administered questionnaire and analyzed by using SPSS version 20 in descriptive and inferential statistics. Findings are presented in tables and interpreted accordingly. Entire study period was from June to September 2018.

Ethical approval was obtained from Chitwan Medical College Institutional Review Committee (CMC-IRC), School of Nursing. The permission for data collection was taken from the principal of Shree Sharadpur Higher Secondary School. Written consent was taken from the respondents. The purpose of study was informed to respondents who were participating.

RESULTS

TABLE IA

Respondents' Socio – Demographic Characteristics

n=75

Variables	No	%
Age in years		
<15years	43	57.3
>15years	32	42.7
Median=15,Mini=12&Max=19		
Grade		
Class 9	37	49.3
Class 10	22	29.3
Class 12	16	21.4
Ethnicity		
Brahmin/ Chhetri	46	61.3
Dalit	14	18.7
Janajati	13	17.3
Newar	2	2.7
Religion		
Hinduism	69	92.0
Buddhism	4	5.3
Christianity	2	2.7
Place of origin		
Urban	68	90.7
Rural	7	9.3
Currently living with		
Parents	66	88.0
Other than parents	9	12.0
Type of family		
Nuclear	53	70.7
Joint	22	29.3

Table I'A' shows that more than half of the respondents (57.3%) fell under <15 years of age group. Near about fifty percent (49.3%) were students of ninth standard. With regards to ethnicity, majority of the respondents (61.3%) were Bhramin/Chhetri. Similarly, in terms of religion, most of the respondents (92%) were Hindus. Majority of the respondents (90.7%) were from urban area. About ninety percent (88%) of the respondents were living with their parents. Majority of the respondents (70.7%) belonged to nuclear family.

TABLE IB
Respondents' parents' Socio – Demographic Characteristics

Variables	n=75	
	No	%
Fathers' educational status		
Literate	67	89.3
Illiterate	8	10.7
Literate, Fathers' level of education(n=67)		
General education	13	19.4
Basic level	28	41.8
Secondary level	22	32.8
Bachelor or Above	4	6.0
Mothers' educational status		
Literate	56	74.7
Illiterate	19	25.3
Literate, Mothers' level of education (n=56)		
General education	14	25.0
Basic level	27	48.2
Secondary level	15	26.8
Fathers' occupation		
Service	38	50.7
Business	16	21.3
Agriculture	12	16.0
Labour	5	6.7
Foreign employment	4	5.3
Mothers' occupation		
Service	11	14.7
Business	7	9.3
Household work	48	64.0
Agriculture	9	12.0
Economic status of the family		
Adequate < 6 months	31	41.3
Adequate > 6 months	44	58.7

Table I'B' reveals most of the respondents' fathers (89.3%) were literate. Among those who were literate, 41.8% had basic level of education. Similarly, in terms of mothers' educational status, majority of the respondents' mothers (74.7%) were literate. Among the literate mothers, 48.2% had basic level of education.

Regarding fathers' occupational status, 50.7% of the respondents' fathers were service holders. On the other hand, majority of the respondents' mothers (64.0%) were engaged in household work. Most of respondents (58.7%) family income was adequate for > 6 months.

TABLE II
Sources of information regarding Teenage Pregnancy
n=75

Variables	No	%
Family history		
Yes	13	17.3
No	62	82.7
Source of information		
Books	31	41.3
Teachers	19	25.3
Mass media	7	9.3
Own parents	16	21.3
Peer groups	1	1.3
Siblings	1	1.3
Teenage pregnancy in the community		
Yes	17	22.7
No	58	77.3

Table II indicates that most of the respondents (82.7%) had no family history of teenage pregnancy. Lower than fifty percent (41.3%) respondents had got information

about teenage pregnancy from books. Majority of the respondents (77.3%) answered that there was no reported teenage pregnancy in the community.

TABLE III
Respondents' Knowledge regarding Teenage Pregnancy

Statements	Correct Response	
	No.	%
Teenage group is 13-19 years	72	96.0
Teenage pregnancy is pregnancy between 13-19 years of age	67	89.3
Cause of teenage pregnancy is lack of parental guidance	67	89.3
Sign of pregnancy in teenage is missed period	63	84.0
Secondary sexual characteristics in boys during puberty is appearance of hair in axilla, chest and pubic area	68	90.7
Secondary sexual characteristics in girls during puberty is enlargement of breast and widening of hip bones	69	92.0
Effect of teenage pregnancy in family is emotional	46	61.3
Effect of teenage pregnancy in education is termination of education	47	62.7
Health problem that arises in teenage pregnancy to mother is anemia	54	72.0
Health problem that arises in teenage pregnancy to baby is low birth weight	22	29.3
Psychological problem of teenage pregnancy is depression	40	53.3
Disadvantages of teenage pregnancy are financial and emotional problems	46	61.3
Preventive measure to reduce teenage pregnancy is supervision of adolescent	51	68.0

Table III shows that the respondents' knowledge about teenage pregnancy. Majority of the respondents (96.0%) knew the meaning of the teenage group which was 13 – 19 years of age. About ninety percent of the respondents (89.3%) answered that teenage pregnancy is pregnancy between 13 – 19 years of age, along with its cause which was lack of parental guidance. Most of the respondents (84.0%) answered that the sign of pregnancy in teenage is missed period. Regarding knowledge about secondary sexual characteristics of boys, most of the respondents (90.7%) answered appearance of hair in axilla, chest and pubic area as the signs of development of secondary sexual characteristics. Similarly, in terms of the knowledge regarding sexual characteristics of girls, 92.0% answered that enlargement of breast and widening of hip bones were the signs of development of secondary sexual characteristics in girls. With regards to the effects

of teenage pregnancy, 61.3% of them answered that the effect of teenage pregnancy on the family was mostly emotional and 62.7% of them answered that the effect of teenage pregnancy on education was termination of education. Most of the respondents that answered anemia as the health problem arising in teenage pregnancy was 72% and those who considered low birth weight of the baby was 29.3%. More than half of the respondents (53.3%) answered that the psychological problem arising in teenage pregnancy was depression. Regarding disadvantages of teenage pregnancy 61.3% of the respondents considered it to be financial and emotional problems. Sixty eight percent of the respondents answered that the preventive measure to reduce teenage pregnancy was supervision of adolescents by parents and other members.

TABLE IV
Respondents' Level of Knowledge regarding Teenage Pregnancy

Level of Knowledge	No	%
Adequate ≥ 10	40	53.3
Inadequate ≤ 10	35	46.7

Median score =10, Total item=13, Mini. Score =2, Maxi. Score =13, IQR = (11-8) =3

Table IV indicates out of 75 respondents, 53.3% had adequate level of knowledge regarding teenage pregnancy while 46.7% had inadequate level of knowledge.

TABLE V
Association of Respondents' Level of Knowledge with their Socio-demographic Characteristics.

Variable	Level of Knowledge		χ^2	p value
	Adequate No (%)	Inadequate No (%)		
Age Group				
<15years	21(48.88%)	22(51.2%)	0.819	0.366
>15years	19(59.4%)	13(40.6%)		
Grade				
Grade 9	14(37.8%)	23(62.2%)	7.526	0.023
Grade 10	14(63.6%)	8(36.4%)		
Grade 12	12(75.0%)	4(25.0%)		
Ethnicity				
Brahmin/ Chhetri	24(52.2%)	22(47.8%)	1.714	0.425
Dalit	6(42.9%)	8(57.1%)		
Janajati/ Newar	10(66.7%)	5(33.3%)		
Religion				
Hinduism	36(52.2%)	33(47.8%)	0.466	0.679*
Buddhism/ Christianity	4(66.7%)	2(33.3%)		
Place of Origin				
Urban	37(54.4%)	31(45.6%)	0.340	0.699*
Rural	3(42.9%)	4(57.1%)		
Currently living with				
Parents	32(48.5%)	34(51.5%)	5.195	0.032*
Other than parents	8(75%)	1(25%)		
Type of family				
Nuclear	30(56.6%)	23(43.4%)	0.776	0.378
Joint	10(45.5%)	12(54.5%)		
Fathers' educational status				
Literate	37(55.2%)	30(44.8%)	0.902	0.461*
Illiterate	3(37.5%)	5(62.5%)		
Mothers' educational status				
Literate	31(55.4%)	25(44.6%)	0.364	0.546
Illiterate	9(47.4%)	10(52.6%)		
Fathers' occupation				
Service	23(60.5%)	15(39.5%)	2.409	0.300
Business	6(37.5%)	10(62.5%)		
Agriculture/ Labour/ Foreign employment	11(52.4%)	10(47.6%)		
Mothers' occupation				
Service/ Business	5(27.8%)	13(72.2%)	6.215	0.013
Household work/ Agriculture	35(61.4%)	22(38.6%)		
Economic status of the family				
Adequate < 6 months	14(45.2%)	17(54.8%)	5.829	0.120
Adequate > 6 months	26(59.09%)	18(40.90%)		

* Fisher's Exact Test

Table V depicts that the association of respondents' level of knowledge with their socio-demographic characteristics. Respondents' level of knowledge was statistically significant with the level of class they were

attending ($p= 0.023$), people they were currently living with ($p= 0.032$) and their mothers' occupation ($p= 0.013$).

TABLE VI
Association of Respondents' Level of Knowledge with Family History of Teenage Pregnancy and in Community.

Variable	Level of Knowledge		χ^2 Value	p Value
	Adequate No (%)	Inadequate No (%)		
Family History of Teenage Pregnancy				
Yes	10(76.9%)	3(23.1%)	3.516	0.061
No	30(48.4%)	32(51.6%)		

Family History of Teenage Pregnancy in Community

Yes	13(76.5%)	4(23.5%)	4.728	0.030
No	27(46.6%)	31(53.4%)		

Table VI shows that respondents' level of knowledge is statistically significant with family history of teenage pregnancy in community ($p=0.030$).

DISCUSSION

A descriptive cross sectional study was conducted to find out the knowledge regarding teenage pregnancy among adolescent girls in Shree Sharadpur Higher Secondary School. The study population consisted of 75 adolescent girls. Research instrument included structured questionnaire which was developed by the researcher herself based on the literature review. This study findings revealed that 53.3% respondents had an adequate knowledge regarding teenage pregnancy and 46.7% respondents had an inadequate knowledge. The finding of the study is contradictory with a study which showed 60% have less knowledge regarding teenage pregnancy and 40% have good level of knowledge regarding teenage pregnancy.^[8] The findings of our study is also contradictory with the findings of another study which reported that 37.5% had very poor level of knowledge regarding teenage pregnancy and 15.62% have good level of knowledge regarding teenage pregnancy.^[9] The reason behind this was because the respondents had received information from books and teachers. Another factor attributing to this was the respondents' place of residence which was the urban area.

However the findings of this study is consistent with the another study done in Nepal which showed that majority of the respondents (74%) had adequate knowledge on consequences of teenage pregnancy to mother and baby with mean score 12.34. Most of the respondents (86%) had adequate knowledge on cause of teenage pregnancy with mean score 6.^[10] The reason behind this was that the respondents had seen the consequences of teenage pregnancy in the community and also because of the fact that the respondents' fathers and mothers both were literate.

There was significant association between levels of knowledge with their socio-demographic characteristics. Respondents' level of knowledge was statistically significant with the level of class respondents were attending ($p=0.023$), people they were currently living with ($p=0.032$) and mothers' occupation ($p=0.013$).

More than half of the respondents had adequate level of knowledge of teenage pregnancy. The book and teachers were the major sources of information on teenage pregnancy. The lack of parental guidance was the major reason identified by adolescents as a predisposing factor of teenage pregnancy. This underscores the need for strong family support systems. Parents must be encouraged on the need to discuss issues regarding pregnancy in addition to showing love and affection.

CONCLUSION

Based on the findings of the study, the following conclusions were drawn. The study revealed that more than half of the respondents had adequate knowledge regarding teenage pregnancy. The level of class the respondents were attending, the individuals respondents' were currently living with, mothers; occupation and history of teenage pregnancy in community was found statistically significant with level of knowledge. In conclusion, proper guidance and proper education regarding the effects of early pregnancy, health problems arising due to it and health requirements should be made clearer to the adolescent girls to improve their knowledge regarding teenage pregnancy. The parents need to be equipped with knowledge regarding teenage pregnancy, so they can communicate the same with their children. The individual members along with their families, society as a whole and government are responsible for minimizing teenage pregnancy.

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REFERENCES

1. World Health Organization: Family planning evidence brief: Reducing Early and Unintended Pregnancies among Adolescents; 2017.
2. Ganchimeg T, Ota E, Morisaki N, Laopaiboon M, Lumbiganon P, Zhang J, Yamdamsuren B, Temmerman M, Say L, Tunçalp Ö, Vogel JP. Pregnancy and childbirth outcomes among adolescent mothers: a World Health Organization multicountry study. *BJOG: An International Journal of Obstetrics & Gynaecology*. 2014 Mar; 121: 40-8.
3. World Health Organization. Adolescents: health risks and solutions. Geneva: World Health Organization; 2017.
4. World Health Organization : 2014.
5. Chen XK, Wen SW, Fleming N, Demissie K, Rhoads GG, Walker M. Teenage pregnancy and adverse birth outcomes: a large population based retrospective cohort study. *International journal of epidemiology*, 2007 Apr 1; 36(2): 368-73.
6. World Health Organization fact sheet, 2018.
7. Nepal Demographic Health Survey (NDHS, 2016).
8. Saranya m. Assess the Level of Knowledge on teenage pregnancy among adolescent girls. *Indian journal of applied research*, 2016 January; 6(1): 308-309 ISSN - 2249-555X.

9. Ramanadin PV, Sijo ME, Laxmanbhai IC, Manjibhai ML, Lasyabhai ML, Laxman MR, Rameshbhai MM. A descriptive study to assess the knowledge on teenage pregnancy and its prevention among the teenage girl residing in selected areas of Dadra and Nagar Haveli. *International Journal of Nursing Education and Research*, 2017; 5(3): 293-6.
10. Bhandari SD. Awareness on consequences of teenage pregnancy among adolescent at Ampipal VDC, Gorkha. *Journal of Advanced Academic Research*, 2014; 1(1): 10-7.