International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

A Study to Assess the Effectiveness of Preventive Education Programme on Knowledge and Attitude Regarding Teenage Pregnancy Among Students in Selected Govt. School of Dadra and Nagar Haveli

Ms. Jigisa Gavli[1], Mrs. Anjali Prajapati[2]

[1]Student, M. Sc Nursing Second Year Shri Vinoba Bhave College of Nursing, Silvassa
[2]Professor, Shri Vinoba Bhave College of Nursing, Silvassa

ABSTRACT

INTRODUCTION: World health organization define; adolescence is a period of life between 10 to 19 years. It is an important and sensitive period in the life of an individual. Pregnancy in every young woman is generally considered to be a very high-risk event because teenage girls are physically and psychologically immature for reproduction. Complications that may occur during a teen pregnancy include anaemia, toxaemia, high blood pressure, placenta previa and premature birth of the baby. Ongoing medical care is crucial to prevent these complications from threatening the pregnancy and the mother's wellbeing[1].

AIM: To assess the effectiveness of knowledge and attitude regarding teenage pregnancy among students.

METHODOLOGY: Quasi-experimental, pre-test post-test one group research design with non-probability, purposive sampling technique was used to selected 100 students falls in inclusion criteria, data was collected through demographic variables, structure knowledge questionnaire (25) and Likert scale (10). Validity and reliability was established. Pre-test was conducted followed by preventive education programme regarding teenage pregnancy and after 7 days post-test was conducted.

RESULT: The data obtained were analyzed using descriptive and inferential statistics. Calculated paired 't' test in knowledge was ($t(99,0.05)=22.65, P < 0.05$) and in attitude calculated paired 't' test is ($t(99,0.05)= 11.93, P < 0.05$). Present study findings shows that there is an association between pretest level of knowledge and educational level of mother (($\chi 2(3,0.05)=10.27,0.036; p>0.05$). hence research hypothesis is accepted at 0.05 level of significance for pre-test level of knowledge. (For education level of mother) And there is a association between pre-test level of attitude does not have adequate support to accept at 0.05 level of significant.

CONCLUSION: Present study shows that preventive education programme regarding teenage pregnancy among students was effective method for increasing the knowledge and attitude regarding teenage pregnancy.

KEYWORD: Preventive education programme, teenage pregnancy, students, paired 't' test and chi-square.

INTRODUCTION

The period of a child's life when they physically change from a child to an adult is known as puberty. The physical changes associated with puberty are brought on by specific hormones that the body produces. Every child experiences puberty at a different pace.[1] The brain, bones, muscle, blood, skin, hair, breasts, and sex organs all grow, function, and change in response to the signals, and the gonads respond by producing hormones that increase libido. The first half of puberty is when physical growth, including height and weight, accelerates and ends when an adult body is established. Males and females are distinguished by their basic sexual features, which are the outward sex organs prior to puberty. Through the development of secondary sex traits, which further differentiate the sexes, puberty causes sexual dimorphism.[2]A variety of activities can be pursued during adolescence to lay the groundwork for a healthy adult life.[3] Pregnancy in young girls under the age of twenty, whether or not they are married or of adult age, is referred to as teenage pregnancy.[4] Teenage pregnancy is a prevalent issue that disproportionately affects vulnerable groups because of things like poverty, illiteracy, and a lack of employment opportunities. It still plays a major role in intergenerational cycles of poverty and illness, as well as maternal and newborn mortality.[5] Lack of education, lack of access to health information and contraception, and lack of autonomy in decision-making have been found to be the main causes of teenage pregnancy. Early marriage, rape, or sexual abuse of married or unmarried women are major factors in teenage pregnancy. Complications from pregnancy and childbirth are the main causes of death for girls aged 15 to 19 in developing countries.[6] The complications that arise from adolescent pregnancy are Young women who combine poor nutrition with early childbirth run the substantial risk of developing low birth weight (LBW), anemia, pregnancy-induced hypertension, premature labor, maternal, perinatal, and neonatal death, and reproductive system impairment. Additionally, it may lead to maternal death, newborn mortality, obstructed labor, or an insufficient pelvis. CPD is a common problem during labor in adolescent pregnancies because the pelvic architecture is not yet complete and prepared for birth. This may also lead to hypotonic uterine contractions, prolonged labor, and obstructed labor.[7] By providing teen-specific sexual health treatments, medical professionals can offer resources and information that are suited to their particular requirements. STI testing, counselling, and birth control alternatives are a few examples of these services. Preventing teenage pregnancy requires making sure that adolescents have access to high-quality sexual health care.[8] " according to the WHO report Violence Against Women Prevalence Estimates 2018. In low- and middle-income countries (LMICs), adolescents between the ages of 15 and 19 were anticipated to have 21 million pregnancies annually as of 2019. Of these, almost 50% were unplanned, resulting in an estimated 12 million births.[9]

STATEMENT OF THE PROBLEM

“A study to assess the effectiveness of preventive education programme on knowledge and attitude regarding teenage pregnancy among students in selected Govt. school of Dadra and Nagar haveli.”

OBJECTIVES OF THE STUDY

1. To assess the level of knowledge and attitude regarding teenage pregnancy among students.
2. To assess effectiveness of preventive education program on level of knowledge and attitude regarding teenage pregnancy among students.
3. To find the association between pretest level of knowledge and attitude with selected demographic variables.

HYPOTHESES:

H1: There is significant difference in level of knowledge and attitude regarding teenage pregnancy among students at 0.05 level of significant.

H2: There is significant difference between pre-test and post-test level of knowledge and attitude regarding teenage pregnancy among students after preventive education program at 0.05 level of significant.

H3: There is significant association between pretest level of knowledge and attitude regarding teenage pregnancy and selected demographic variables of students at 0.05 level of significant.

OPERATIONAL DEFINITIONS:

Assess: In this present study 'assess' means to find out the knowledge and attitude regarding teenage pregnancy among adolescent girls at selected school of DNH.

Effectiveness: In this present study 'effectiveness' means the outcome of preventive education programme on level of knowledge and attitude regarding teenage pregnancy among students of Govt. school.

Preventive Education Program: In this present study "the preventive education programme is the set of information prepared by the investigator for the students regarding teenage pregnancy, it includes anatomy and physiology of female reproductive system, reproductive health, teenage pregnancy definition, risk factors, causes, complications and prevention of teenage pregnancy by using power point presentation and time duration of teaching programme is 45 minutes**.**

Knowledge: In this present study it refers to extent of sum of what is known to the students about teenage pregnancy measure by using structure knowledge questionnaires.

Attitude: In this present study, attitude refers to the opinion and expressed feeling of students towards the teenage pregnancy as measured by attitude scale.

Teenage Pregnancy: Refers to the pregnancy in adolescent girls between the age group of 13 years to 19 years.

Students: In this present study 'students' refers to individual students studying in 10^{th} class selected Govt. school of Dadra and Nagar Haveli.

ASSUMPTION:

The study assumes that…

- Preventive education programme may improve the level of knowledge of the students regarding teenage pregnancy.
- Preventive education programme may change the attitude of the students regarding teenage pregnancy.
- Students may have some knowledge regarding teenage pregnancy.

RESEARCH METHODOLOGY

- **Research approach:** Quantitative research approach
- **Research design:** Quasi- experimental, one group pretest and post-test design
  Variables:
- **Independent variable:** preventive education program
- **Dependent variable:** Knowledge and attitude

- **Demographic variables:** Age, Sex, Education level of father, Education level of mother, Type of family structure, Occupation of the father, Occupation of the mother, Religion, Previous knowledge on teenage pregnancy, If yes than, what is the source of information regarding teenage pregnancy.
- **Research setting:** Government higher secondary school, Mandoni, (Marathi medium) Dadra and Nagar haveli.
- **Population:** school students at Dadra and Nagar haveli
- **Sampling and Sampling technique:** sample consisted of students (Age 15-19 years) at selected school, Dadra and Nagar haveli. And sample size consist of 100 students in selected school, Dadra and Nagar haveli. And purposive sampling is a type of non-probability sampling method.
- **Sampling criteria:**

Inclusion criteria:

- Students between the ages of 15 to 19years old.
- Students who can read, write, and understand English, Marathi and Gujrati language.
- Students who are studying in govt. school of Dadra and Nagar haveli.

Exclusion criteria:

- Students who are not willing to participate in the study.
- Students who are absent during data collection procedure.

DESCRIPTION OF TOOL:

SECTION-I Demographic variables: Age, Sex, Education level of father, Education level of mother, Type of family structure, Occupation of father, Occupation of mother, Religion, previous knowledge on teenage pregnancy, If yes than, what is the source of information regarding teenage pregnancy.

SECTION-II Structure knowledge questionnaire: Assessment of knowledge regarding teenage pregnancy among students. This consists of structured questionnaire which included multiple choice questions. Each question has four options, out of which one is the correct answer. Each correct response was given one mark and wrong responses were given zero mark. The scores were interpreted as follows: Adequate:19-25, Moderate adequate: 13-18, Inadequate: ≤ 12.

SECTION-III Attitude scale: Assessment of attitude regarding teenage pregnancy among students. This consists of five-point Likert scale to assess the attitude regarding teenage pregnancy. It consists of 10 statements for which the responses were ranging from strongly disagree to strongly agree.

Results

DATA ANALYSIS AND INTERPRETATION

SECTION-I: DISTRIBUTION OF STUDENTS ACCORDING TO THEIR SOCIO-DEMOGRAPHIC VARIABLES: This section deal with distribution of students according to their socio-demographic variables. The obtained data distributed under the demographic variables such as Age, Sex, Education level of father, Education level of mother, Type of family structure, Occupation of father, Occupation of mother, Religion, previous knowledge on teenage pregnancy, If yes than, what is the source of information regarding teenage pregnancy.

TABLE: 1 DISTRIBUTION OF STUDENTS ACCORDING TO THEIR SOCIO-DEMOGRAPHIC VARIABL

n=100

Sr. no.	Demographic variables	Frequency	Percentage
1.	**Age in years:**		
	15-17	100	100
	18-19	0	0
2.	**Sex:**		
	Male	57	57
	Female	43	43
3.	**Educational level of father:**		
	Professional degree	4	4
	Graduate	0	0
	Intermediate/diploma	0	0
	High school	12	12
	Middle school	12	12
	Primary school	51	51
	No formal education	21	21
4.	**Educational level of mother:**		
	Professional degree	0	0
	Graduate	0	0
	Intermediate/diploma	1	1
	High school	2	2
	Middle school	2	2
	Primary school	25	25
	No formal education	70	70
5.	**Type of family structure:**		
	Nuclear family	6	6
	Joint family	92	92
	Extended family	2	2
6.	**Occupation of father:**		
	Professional	4	4
	Semi professional	0	0
	Clerical/Shop/Farm	82	82
	Skilled worker	3	3
	Semiskilled worker	4	4
	Unskilled worker	1	1
	Home maker	6	6
7.	**Occupation of mother:**		
	Professional	0	0
	Semi professional	0	0
	clerical/shop/farm	67	67
	Skilled worker	1	1

Sr. no.	Demographic variables	Frequency	Percentage
	Semiskilled worker	1	1
	Unskilled worker	2	2
	Home maker	29	29
8.	**Religion:**		
	Hindu	71	71
	Christian	29	29
	Muslim	0	0
9.	**Previous knowledge:**		
	Yes	18	18
	No	82	82
10.	**Source of information:**		
	Social media	4	22.2
	Family members	7	38.9
	Neighbours	4	22.2
	Friend	2	11.1
	Health worker	1	5.56

frequency and percentage distribution of students according to their socio- demographic characteristics depicted from the table 5.

SECTION-II: COMPARISON OF LEVEL OF KNOWLEDGE OF STUDENTS REGARDING TEENAGE PREGNANCY

TABLE 2: Frequency and percentage wise distribution of the effectiveness of preventive education program on knowledge regarding teenage pregnancy among students in selected Govt. school of DNH.

n=100

Level of knowledge	Pre test		Post test	
	f	%	f	%
Inadequate	83	83	2	2
Moderately adequate	17	17	49	49
Adequate	0	0	49	49

The above table depicts the comparison of pretest and post-test level of knowledge of students on teenage pregnancy. It shows that in the pre-test, the maximum number of students 83 (83%) had inadequate knowledge on teenage pregnancy and 17 (17%) students had moderately adequate knowledge on teenage pregnancy. In post-test, the maximum number of students 49 (49%) had moderately adequate knowledge and 49 (49%) students had adequate knowledge and only 2 (2%) students had inadequate knowledge on teenage pregnancy. It shows that the preventive education programme regarding teenage pregnancy among students was effective.

TABLE 3: Mean, SD, mean% to assess the effectiveness of preventive education program on knowledge regarding teenage pregnancy among students in selected govt. school of DNH.
n=100

Content of Knowledge Questionnaire	Max Score	Pretest Scores			Post-test Scores		
		Mean	SD	Mean%	Mean	SD	Mean%
Anatomy and Physiology of female reproductive system.	9	4.46	1.59	49.55	7.35	1.84	81.66
Puberty changes in Adolescent girls and reproductive health.	4	1.67	0.95	41.75	3.31	0.85	82.75
Teenage pregnancy and Factors influencing teenage pregnancy and Childbirth.	4	1.79	0.89	43.75	3.13	0.92	78.25
Cause and Complication of Teenage pregnancy.	4	1.49	0.99	37.25	2.86	1.03	71.5
Guidelines for prevention of Adolescent pregnancy among Learners.	4	1.41	0.83	35.25	2.95	1.02	73.75
Overall	**25**	**10.82**	**2.75**	**43.28%**	**19.6**	**3.14**	**78.4%**

Table 7 shows that the area wise and overall pre-test and post-test mean, SD, mean %. In the overall score in pretest mean is 10.82, SD 2.75 and mean% is 43.28% and in overall score in post-test mean 19.6, SD 3.14 and mean% is 78.4%.

SECTION-III: COMPARISON OF LEVEL OF ATTITUDE OF STUDENT REGARDING TEENAGE PREGNANCY

TABLE 4: Frequency and percentage wise distribution of the effectiveness of preventive education program on attitude regarding teenage pregnancy among students in selected Govt. school of DNH.
n=100

Level of attitude	Pre test		Post test	
	f	%	f	%
Unfavourable	65	65	8	8
Favourable	35	35	92	92

The table depict the pretest and post-test comparison of attitude of students on teenage pregnancy. In the pre-test, maximum number of students 65 (65%) had unfavourable attitude and 35 (35%) had favourable attitude. In the post-test, 92 (92%) had favorable attitude and only 8 (8%) students had unfavourable attitude on teenage pregnancy. It shows that preventive education programme is one of the effective intervention to change the attitude.

TABLE 5: Mean, SD, mean% to assess the effectiveness of preventive education program on attitude regarding teenage pregnancy among students in selected Govt. school of DNH.

n =100

Level of attitude	Pre-test score			Post-test Score		
	Mean	SD	Mean%	Mean	SD	Mean%
Positive	12.98	2.13	25.96	20.33	1.82	40.66
Negative	11.29	2.47	22.58	12.35	4.84	24.7
Overall	24.27	3.06	48.54	32.68	5.89	65.36

Table 9 shows that the area wise and overall pre-test and post-test mean, SD, mean%. In the overall score in pre-test mean is 24.27, SD 3.06 and mean% 48.54% and in overall score in post-test mean 32.68, SD 5.89 and mean% is 65.36.

SECTION-IV: EFFECTIVENESS OF STRUCTURE TEACHING PROGRAM REGARDING LEVEL OF KNOWLEDGE ON TEENAGE PREGNANCY

TABLE 6: Paired 't' test to assess the effectiveness of preventive education program on knowledge regarding teenage pregnancy among students in selected govt. school of DNH.

n=100

level of knowledge	Difference in mean	't' value	df	p-value	Table 't' value
Overall	8.78	22.65	99	p<0.001*** HS	1.98

***significant at 0.05 level of significant**

The above table depicts that the mean post-test knowleddge score (19.6) was higher than the mean pre-test knowledge score (10.82). The computed 't' value (t99=22.65) was higher than the table value (t99 = 1.98) at 0.05 level of significance. Hence, research hypotheses was accepted and it was infered that the mean post-test knowledge score of students regarding teenage pregnancy is significantly higher than the mean pre-test score knowledge score.

SECTION-V: EFFECTIVENESS OF STRUCTURE TEACHING PROGRAM REGARDING LEVEL OF ATTITUDE ON TEENAGE PREGNANCY

TABLE 7: Paired 't' test to assess the effectiveness of preventive education program on attitude regarding teenage pregnancy among students in selected govt. school of DNH.

n=100

level of attitude	Difference in mean	df	't' value	p-value	Table 't' value
Overall	8.41	99	11.93	p<0.001*** HS	1.98

***significant at 0.05 level of significant**

This table indicates that the preventive education programme was effective in incresing the knowledge level of students regarding teensge pregancy. And the mean post-test attitude score (32.68) was higher than the mean pre-test attitude score (24.27). The computed 't' value (t99=11.93) was higher than the table value (t99 = 1.98) at 0.05 level of significance. Hence, research hypotheses was accepted and it was infered that the mean post-test attitude score of students regarding teenage pregnancy is significantly higher than the mean pre-test score attitude score. This indicates that the preventive education programme was effective in incresing the attitude level of students regarding teensge pregancy.

SECTION-VI: ASSOCIATION BETWEEN THE PRE-TEST LEVEL OF KNOWLEDGE AND SELECTED SOCIO- DEMOGRAPHIC VARIABLES

TABLE 8: Association between pre-test level of knowledge and selected demographic data.

n=100

Sr. No.	Demographic variables	Inadequate		Moderate		χ2-value	p-value
		f	%	f	%		
1.	**Age** 15-17	83	83	17	17	0 (df=0)	1 NS
2.	**Sex:** Male Female	44 39	44 39	13 4	13 4	3.16 (df=1)	0.075 NS
3.	**Educational level of father** Intermediate/diploma High school Middle school Primary school No formal education	0 10 11 43 19	0 10 11 43 19	1 2 1 11 2	1 2 1 11 2	6.79 (df=4)	0.147 NS
4.	**Educational level of mother** High school Middle school Primary school No formal education	1 2 24 56	1 2 24 56	1 1 1 14	1 1 1 14	10.27 (df=3)	0.036* S
5.	**Type of family structure** Nuclear family Joint family Extended family	4 77 2	4 77 2	2 15 0	2 15 0	1.57 (df=2)	0.455 NS
6.	**Occupation of father** Clerical/Shop/Farm Skilled worker Semiskilled worker Unskilled worker Home maker	66 7 4 1 5	66 7 4 1 5	16 0 0 0 1	16 0 0 0 1	2.82 (df=4)	0.727 NS
7.	**Occupation of mother**						

Sr. No.	Demographic variables	Inadequate		Moderate		χ2-value	p-value
		f	%	f	%		
	Clerical/Shop/Farm	54	54	13	13		
	Skilled worker	1	1	0	0	6.84	0.335
	Semiskilled worker	3	3	0	0	(df=4)	NS
	Unskilled worker	0	0	1	1		
	Home maker	25	25	3	3		
8.	**Religion**						
	Hindu	59	59	13	13	0.437	0.804
	Christian	24	24	4	4	(df=1)	NS
9.	**Previous knowledge**						
	Yes	14	14	4	4	0.424	0.515
	No	69	69	13	13	(df=1)	NS
10.	**Source of information**						
	Social media	1	5.56	1	5.56		
	Family members	6	33.3	2	11.11		
	Neighbours	2	11.1	0	0	4.36	0.499
	Friend	2	11.1	0	0	(df=4)	NS
	Health worker	1	5.56	0	0		

***p<0.05, level significance**

The table shows the association between the pre-test level of knowledge and selected socio-demographic variables which was assessed by chi-square test.

Present study findings shows that there is an association between pretest level of knowledge and educational level of mother ((χ2(3,0.05)=10.27,0.036;p>0.05). hence reseach hypothesis is accepted at 0.05 level of significance for pre-test level of knowledge. (For education level of mother)

Present study findings shows that there is no association between pretest level of knowledge with age(χ2(0,0.05)=0,1;p>0.05),sex (χ2(1,0.05)=0,1;p>0.05), educational level of father (χ2(4,0.05)=6.79,0.147;p>0.05), type of family structure (χ2(2,0.05)= 1.57,0.455;p>0.05), occupation of father (χ2(4,0.05)=2.82,0.727;p>0.05), occupation of mother (χ2(4,0.05)=6.84,0.335;p>0.05), religion (χ2(1,0.05)= 0.437, 0.804;p> 0.05), previous knowledge ((χ2(1,0.05)=0.424,0.515;p>0.05), source of information (χ2(5,0.05)=4.36,0.499;p>0.05). hence research hypotheses does not have adequate support to accept the hypothesis at 0.05 level of significance. (For Age, Sex, Education level of father, Type of family structure, Occupation of father, Occupation of mother, Religion, Previous knoiwledge, Source of information) hence, H3 is accepted.

SECTION-VII: ASSOCIATION BETWEEN THE PRE-TEST LEVEL OF ATTITUDE AND SELECTED SOCIO- DEMOGRAPHIC VARIABLES

TABLE 9: Association for pre-test level of attitude and selected demographic data.

n=100

Sr. No.	Demographic variables	Unfavourable		favourable		χ2-value	p-value
		f	%	f	%		
1.	**Age**					0	1
	15-17	65	65	35	35	(df=0)	NS
2.	**Sex**						
	Male	37	37	20	20	0.004	0.983
	Female	28	28	15	15	(df=1)	NS
3.	**Educational level of father**						
	High school						
	Middle school	10	10	2	2	4.23	0.375
	Primary school	7	7	6	6	(df=3)	NS
	No formal education	33	33	21	21		
		15	15	6	6		
4.	**Educational level of mother**						
	Intermediate/diploma						
	High school	0	0	1	1	4.03	0.401
	Middle school	2	2	0	0	(df=4)	NS
	Primary school	2	2	0	0		
	No formal education	16	16	9	9		
		45	45	25	25		
5.	**Type of family structure**					1.67	
	Nuclear family	3	3	3	3	(df=2)	0.430
	Joint family	60	60	32	32		NS
	Extended family	2	2	0	0		
6.	**Occupation of father**						
	clerical/shop/farm	57	57	25	25		0.381
	Skilled worker	1	1	2	2	5.29	NS
	Semiskilled worker	4	4	4	4	(df=4)	
	Unskilled worker	0	0	1	1		
	Home maker	3	3	3	3		
7.	**Occupation of mother**						
	Clerical/Shop/Farm	47	47	20	20		0.279
	Skilled worker	2	2	0	0	7.47	NS
	Semiskilled worker	0	0	1	1	(df=4)	
	Unskilled worker	0	0	3	3		
	Home maker	16	16	11	11		

Sr. No.	Demographic variables	Unfavourable		favourable		χ2-value	p-value
		f	%	f	%		
8.	**Religion**						
	Hindu	43	43	29	29	3.87	0.144
	Christian	22	22	6	6	(df=1)	NS
9.	**Previous knowledge**	12	12	6	6	0.026	0.870
	Yes	53	53	29	29	(df=1)	NS
	No						
10	**Source of information**						
	Social media	2	11.1	0	0	3.54	0.618
	Family members	4	22.2	3	16.7	(df=4)	NS
	Neighbors	2	11.1	2	11.1		
	Friend	2	11.1	0	0		
	Health worker	1	5.56	0	0		

***p<0.05, level significance**

The table shows the association between the pre-test attitude and selected socio-demographic variables which was assessed by chi-square test.

Present study findings shows that there is a association between pre-test level of attitude with age ($\chi2(0,0.05)=0,1;p>0.05$), sex ($\chi2(1,0.05)=0.004,0.983;p>0.05$), Educational level of father ($\chi2(3,0.05)=4.23, 0.375;p>0.05$), Educational level of mother ($\chi2(4,0.05)=4.03,0.401;p>0.05$), Type of family structure ($\chi2(2,0.05)= 1.67,0.430;p>0.05$), Occupation of father ($\chi2$ (4,0.05)= 5.29, 0.381;p>0.05), Occupation of mother ($\chi2$ (4,0.05)= 7.47,0.279;p>0.05), Religion ($\chi2(2,0.05)= 3.87,0.144;p>0.05$), Previous knowledge ($\chi2(1,0.05)= 0.026,0.870;p>0.05$), Source of information ($\chi2(5,0.05)= 3.54,0.618;p>0.05$). hence research hypotheses does not have adequate support to accept at 0.05 level of significant. For Age, Sex, Education level of father, Education level of mother, Type of family structure, Occupation of father, Occupation of mother, Religion, Previous knoiwledge, Source of information) hence, H3 is accepted.

DISCUSSION

The finding of the study shows that the data obtained were analyzed using descriptive and inferential statistics. Calculated paired 't' test in knowledge was ($t(99,0.05)=22.65,P < 0.05$) and in attitude calculated paired 't' test is ($t(99,0.05)= 11.93, P < 0.05$). Present study findings shows that there is an association between pretest level of knowledge and educational level of mother (($\chi2(3,0.05)=10.27,0.036;p>0.05$). hence research hypothesis is accepted at 0.05 level of significance for pre-test level of knowledge. (For education level of mother) And there is a association between pre-test level of attitude does not have adequate support to accept at 0.05 level of significant. Present study shows that preventive education programme regarding teenage pregnancy among students was effective method for increasing the knowledge and attitude regarding teenage pregnancy.

CONCLUSION

This research study concludes by highlighting the complex nature of adolescent pregnancy and the health, social, and economic ramifications it has for young women and their communities. In order to prevent teenage pregnancies and lessen their effects, the results highlight the urgent need for evidence-based

treatments, such as thorough sexual education, enhanced access to reproductive health care, and community support networks. The study also shows that early childbearing frequently results in interrupted educational and professional goals, which feeds cycles of poverty and opportunity gaps. Policymakers, educators, healthcare professionals, and families must work together to address these issues. Society may promote healthier outcomes and more equal futures for impacted persons and their children by emphasizing prevention and offering focused assistance for adolescent mothers.

REFERENCES

1. Health direct. Puberty for girls [Internet]. Available from: https://www.healthdirect.gov.au/amp/article/puberty-for-girls
2. Wikipedia. Puberty [Internet]. Available from: https://en.m.wikipedia.org/wiki/Puberty
3. World Health Organization. Adolescent pregnancy [Internet]. Available from: https://apps.who.int/iris/rest/bitstreams/514257
4. Ivy Panda. Teenage Pregnancy Causes and Effects [Internet]. Available from: https://ivypanda.com/essays/teenage-pregnancy
5. Sharma P, DN. What contributes to teenage pregnancies in India? Feminism in India [Internet]. 2021 Jan 19 [cited 2022 Nov 2]. Available from: https://feminisminindia.com/2021/01/19/what-contributes-to-teenage-pregnancies-in-india
6. Patra S. Motherhood in childhood: addressing reproductive health hazards among adolescent married women in India. Reprod Health. 2016;13:52. doi:10.1186/s12978-016-0171-7
7. Unwanted Teenage Pregnancy and Its Complications: A Narrative Review [Internet]. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC9848684
8. Health Core Clinic. The role of education in preventing teenage pregnancy [Internet]. Available from: https://healthcoreclinic.org/2023/05/11/the-role-of-education-in-preventing-teenage-pregnancy
9. World Health Organization. Adolescent pregnancy [Internet]. Available from: https://www.who.int
10. Jayashree AJ. Abstract on teenage pregnancy [Internet]. Available from: https://www.slideshare.net/abstract-on-teenage-pregnancy/61075702
11. MGR Educational and Research Institute [Internet]. Available from: https://www.drmgrdu.ac.in
12. Ministry of Health and Family Welfare, Government of India. National Family Health Survey (NFHS-5) 2019-21. 2021 Sep 22. New Delhi.
13. Navdeep Kour Brar. Advance Nursing Practice, 1st edition. Published by Elsevier. 2006
14. Christensen PJ, Kenny JW. Nursing process: application of conceptual models. 3rd ed. Philadelphia: Mosby; 1990.
15. Rohit N. Effectiveness of PTP on behavioural disorder in children. 2022-2024;153.
16. Polit FD, Beck TC. Nursing research: generating and assessing evidence for nursing practice. 10th ed. New Delhi: Wolters Kluwer Pvt Ltd; 2017.