

Effectiveness of video assisted teaching programme on knowledge and attitude regarding teenage pregnancy and its problems among adolescent girls in selected junior colleges

Badavath Deepa¹, Ch. Vanitha²

1. MSc Nursing, Department of Obstetrics and Gynaecological Nursing, Mamata College of Nursing, Khammam, Telangana.

2. Associate Professor, Department of Obstetrics and Gynaecological Nursing, Mamata College of Nursing, Khammam, Telangana.

ABSTRACT : A study was undertaken to assess the effectiveness of video assisted teaching programme on knowledge and attitude regarding teenage pregnancy and its problems among adolescent girls in selected junior colleges, at Khammam, Telangana. The objectives of the study were to describe, to assess the pre-test levels of knowledge and attitude regarding teenage pregnancy and its problems among adolescent girls and to assess the effectiveness of video assisted teaching programme on knowledge and attitude regarding teenage pregnancy and its problems among adolescent girls and to find out the association between post- test knowledge, attitude scores and selected socio- demographic variables. A quantitative evaluative approach and Pre-experimental research design was used for this study at Krishnaveni junior college, Khammam. Adolescent girls are the sample size of this study is 80 and sample was selected by non-probability convenience sampling technique. Data was collected by using self-administered structured questionnaire. Pilot study was conducted and the tool was found feasible and reliable. Data was collected, analysis was done by using descriptive and inferential statistics. In the present study findings revealed that regarding distribution of post-test knowledge levels among adolescent girls regarding teenage pregnancy and its problems among 80, Majority of them 63(78.75%) had adequate knowledge, 17(21.25%) had moderately adequate knowledge and none of them had inadequate knowledge, related to distribution of post-test attitude scores among adolescent girls regarding teenage pregnancy and its problems among 80, Majority of them 75(93.75%) favorable attitude. Paired t – test was used to find out the effectiveness of video assisted teaching programme on knowledge and attitude regarding teenage pregnancy and its problems and it was found very effective at P value <0.001. The study concluded that video assisted teaching programme was effective in enhancing the levels of knowledge and attitude regarding teenage pregnancy and its problems among adolescent girls.

I. INTRODUCTION

“Reducing teen pregnancy and birth is one of the most effective ways of reducing child poverty in the country.” - JORDAN BROWEN –

Motherhood is a significantly important event in the life of a woman. maternal role attainment is a process that requires acquirement of necessary abilities, learn appropriate behavior, and establish in maternal identity. However, adolescent pregnancy occurs in all societies but the level of teenage pregnancy and childbearing a varies from country to country.¹

Teen pregnancy is one that occurs from puberty to 18 years of age and is also known as adolescent pregnancy. puberty is the stage of adolescence when a younger girl can reproduce.²

Approximately 90% of teenage pregnancies in the developing world are of girls who are married. Teenage pregnancy is on the rise, emerging as a serious problem today all over the world and more so in the developing countries like India, as early marriages and early pregnancy are the accepted cultural norms of our society, 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.³

The causes of teenage pregnancy are customs and traditions that lead to early marriage, adolescent sexual behavior which may also be influenced by alcohol and drugs, lack of education and information about reproductive sexual health including lack of access to tools that prevent pregnancies, peer pressure to engage in sexual activity, incorrect use of contraception, sexual abuse, poverty, low self-esteem, violence, low educational ambitions and goals.⁴

There are some social risk factors for teenage pregnancy like Pressure from peers to have sex, dating at an early age, dating older people, friends who are sexually active and poor peer relationships. The family risk factors of teenage pregnancy are poor parental supervision, negative family interactions, single-parent families, significant unresolved conflict between family members, family history of teenage pregnancies, limited communication between parents and teens.⁵

The antenatal management of teenage pregnancy is regular antenatal check-ups, early diagnosis of pregnancy, pursuing healthy life style, social support, education about nutrition and attending parenting classes. The postnatal management of teenage mothers are education about Infant feeding, growth, safety of baby, postnatal check-ups, postnatal counselling about contraception, can help prevent subsequent pregnancies and sexually transmitted infection (STI).⁶

Teenage pregnancy complications include antenatal, intrapartum, postpartum, offspring, social and psychological. The antenatal complications are lack of antenatal care, unsure of date, illegal termination, malnutrition, sexually transmitted diseases, eclampsia, Anemia, gestational hypertension and pregnancy induced hypertension. The intrapartum complications are cephalopelvic disproportion (CPD) due to immature pelvis, fetal malpresentation, premature rupture of membranes and premature labor. The postpartum complications are postpartum blue/Depression, contraception, low back ache and improper breastfeeding for the baby. The offspring issues are low birth weight baby, small for gestational age, child abuse, higher rate of infant mortality, behavioral problems, poorer cognitive development, lower educational attainment and more frequent criminal activity. Teenage pregnancy parents may experience shock, disappointment, anxiety, anger, a sense of guilty or responsibility, loss of their dreams for teens and concerned about society.⁷

The social complications are unmarried, poverty, unemployed, suicidal, neglected, easily abused. ill-treated, poor reading ability, drop of school and loss of support from parents. There are some psychological issues of teenage mothers are Denial, Narcissism, guilty, face sarcastic banter from her school friends, helplessness, worries about the future and feeling worthless. ⁸

The prevention of teenage pregnancy by sexual education in schools, improving access to contraception, availability of contraceptive clinic services for young women, education for parents and their families, multi component prevention and application of different teenage pregnancy prevention programmes.⁹

II. NEED FOR THE STUDY

Motherhood and its impact on mothers, children, families and communities is a prevalent health challenge in developing countries that needs to be urgently explored¹⁰. WHO estimates in 2018 every year 21 million girls aged 15 to 19 years and 2 million girls aged under 15 years become pregnant in developing regions. Approximately 16 million girls aged 15 to 19 years and 2.5 million girls under age 16 years give birth in developing regions ¹¹.

In 2018 additionally, adolescent birth rates range per 1000 women as follows 115 births in West Africa, 64 births in Latin America, the Caribbean 45 births, in South-Eastern Asia and a low of 7 births in Eastern Asia. ¹²

More than half of all adolescents globally live in Asia. South Asia is home to more adolescents around of 340 million, than any other region. It is followed by East Asia and the Pacific with around 277 million. In 2018 India has 16 Million Teenage pregnancies, 11 percent of the world's teenage pregnancies happen in India. India has one of the highest rates of early marriage in the world. In 2017, India has successfully reduced the proportion of pregnancy between 15-19 years to half.¹³

According to National Family Health Survey report 2016 indicates that One in four Indian women 26.8% is married before 18 years, 7.8 % of women aged 15 to 19 years are pregnant or mothers and 33.6% of India's population is born of adolescent pregnancies. India is fast approaching to be the most 5 populous country in the world by 2050 and increasing teenage pregnancy, an important factor for the population rise, is likely to aggravate the problems. The global adolescent birth rate has declined from 65 births per 1000 women in 1990 to 47 births per 1000 women in 2015.¹⁴

According to National Family Health Survey in 2018 reveals that Andhra Pradesh has the highest number of teenage pregnancy cases among all the states in South India. In the period of 5 years 91.6 % institutional births were recorded in this state. In Kerala, this number of 99.9 % and in Tamil Nadu it is 99.2%. Also, in Andhra

Pradesh is 40.1 % on an average which is way higher than the national average of 28 %. After Andhra Pradesh, Telangana has the second highest number of teenage pregnancy cases in this region. Among women age 15-18 in Telangana, 11 percent have already begun childbearing, they have already had a live birth or are pregnant with their first child. Less than 1 % of women age 15-16 years have started childbearing, and this proportion increases sharply to 14 % among women who are age 18 years old and to 26 % among women age 18 years. Teenage childbearing is twice as common among rural teenagers 14% as among urban teenagers 7% . 15

The complications of teenage pregnancy at the age of 15-18years has Percentage of adolescent girls having different degree of anaemia. The normal percentage of adolescent girls in Anaemia 47% and Mild has 43.6% and Moderate has 1.0% and Severe Anaemia Hemoglobin has 2.4%. Comparison of results of different studies in India and abroad. Gujarat the Prevalence of Anaemia is 75% in Karnataka 45.2 %. Kanodia P, Eastern part of Nepal the prevalence of pregnancy is 51.3%. Frequency of pregnancy induced hypertension in teenage pregnancy with respect to age group 15- 6 18 years of percentage can occur during pregnancy 19.6%, hypertension can occur low during pregnancy percentage is 80.4%.16

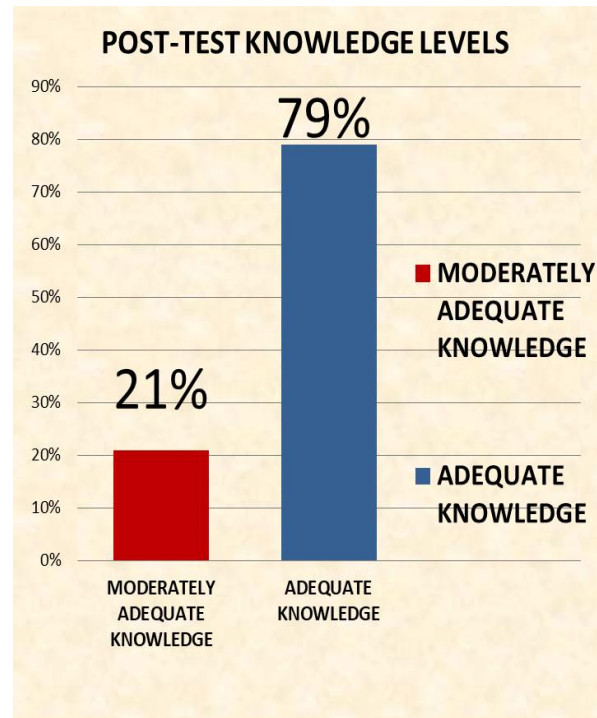
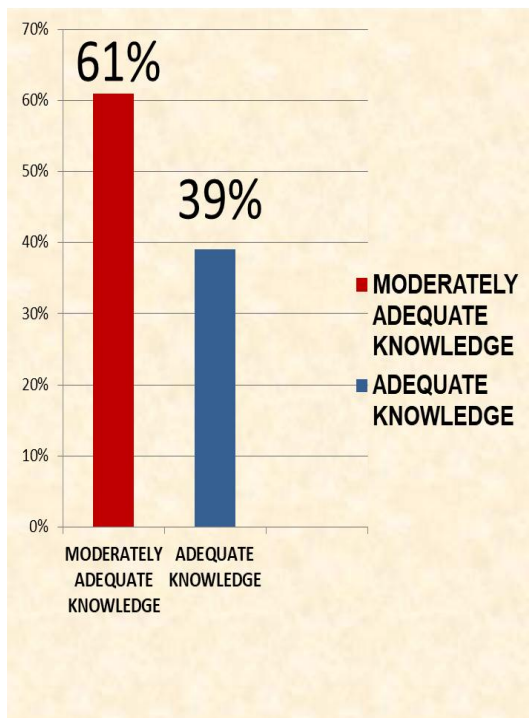
In the developing world, programs of reproductive health aimed at teenagers are often small scale and not centrally coordinated. From the above studies the investigator found adolescent girls have lack of knowledge regarding teenage pregnancy and its problems, outcome of teenage pregnancy is poor with anemia, pregnancy induced hypertension, preterm labour, low birth weight babies and still births. Hence the researcher came to know that there are many more complications due to teenage pregnancy. So, interested to study the knowledge and attitude of adolescent girls regarding teenage pregnancy and its problems.

III. METHODOLOGY

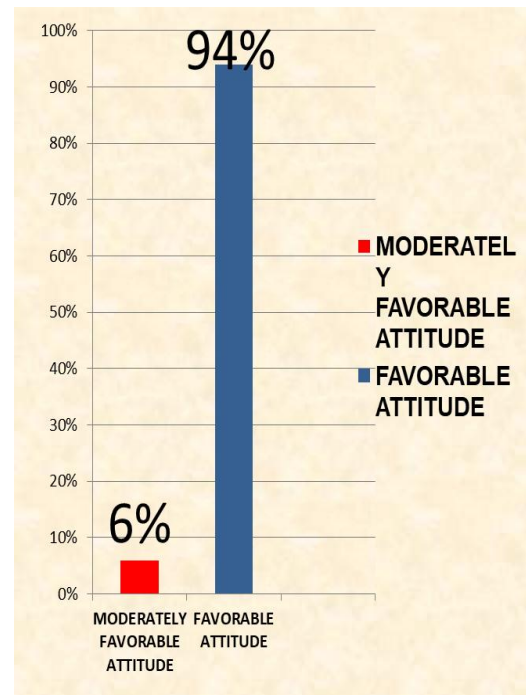
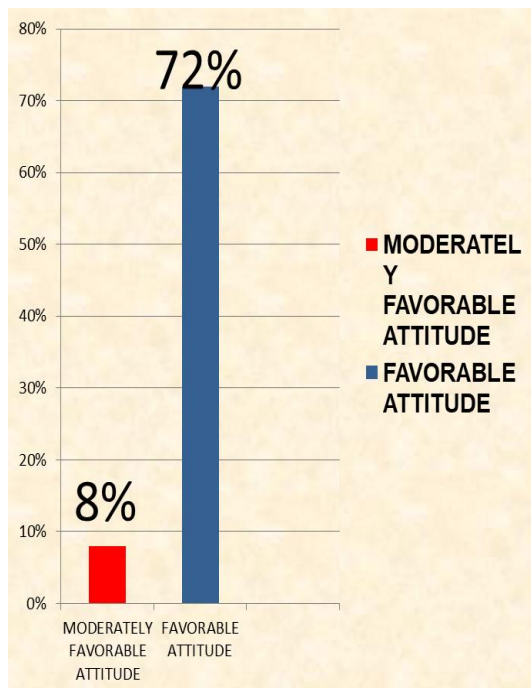
RESEARCH APPROACH: Quantitative evaluative approach. **RESEARCH DESIGN:** Pre-experimental research design (one group pre test – post test design). **SETTING OF THE STUDY:** Krishnaveni junior college, Bypass road, opposite CPI office and Sri Chaitanya junior college, wyra road, Khammam, Telangana. **POPULATION** Target population: Adolescent girls age group between 15- 19 years. Accessible population: Adolescent girls age group between 15 – 19 years in the selected junior colleges, Khammam, Telangana. **SAMPLE:** Adolescent girls age group between 15-19 years in the selected junior colleges, Khammam, Telangana and who fulfills inclusion criteria. 28 **SAMPLE SIZE:** 80 adolescent girls. **SAMPLING TECHNIQUE:** Non – probability convenience sampling technique. **METHOD OF DATA COLLECTION:** Self – administered questionnaire. **TOOL USED FOR DATA COLLECTION:** Structured questionnaire. **CRITERIA FOR SAMPLE SELECTION:** Inclusion criteria: The study includes, adolescent girls who are in the age group between 15 to 19 years. who are available at the time of the data collection. who can read and write English and Telugu languages. who are willing to participate in the study. who are studying in selected colleges. Exclusion criteria: The study excludes adolescent girls who are studying other than selected junior colleges in Khammam, Telangana. **VARIABLES OF THE STUDY:** Independent variable: video assisted teaching programme on teenage pregnancy and its problems. 29 Dependent variables: knowledge and attitude of adolescent girls regarding teenage pregnancy and its problems. socio-demographic variables: Base line information of adolescent girls such as Age, religion, educational status of mother, educational status of father, occupation of mother, occupation of father, type of family, family income per month, place of residence, sources of information regarding teenage pregnancy and its problems.

IV. ANALYSIS AND INTERPRETATION

The data themselves do not provide the answers to research questions. Ordinarily the amount of data collected in a study is extensive to be reliably described in a study by were perusal. In order to obtain meaningful answers to the research questions, the data was presented and analyzed in order, so that relationship can be described. This section presents the analysis and interpretation of data collected from adolescent girls to assess the knowledge and attitude levels of adolescent girls regarding teenage pregnancy and its problems. The data was organized, tabulated, analyzed and interpreted by using descriptive and inferential statistics.



The above figure 01 shows the distribution of pre-test knowledge levels among 80 adolescent girls regarding teenage pregnancy and its problems, Majority of them 49(61.25%) had moderately adequate knowledge, 31(38.75%) had adequate knowledge and none of them had inadequate knowledge. Whereas post-test knowledge levels among 80, Majority of them 63(78.75%) had adequate knowledge, 17(21.25%) had moderately adequate knowledge and none of them had inadequate knowledge.



The above figure 02 shows the distribution of pre-test attitude scores of 80 adolescent girls among teenage pregnancy and its problems, Majority of them 8(10%) had moderately favorable attitude, 72(90%) favorable attitude and none of them had unfavorable. And about post-test attitude scores of 80 adolescent girls among teenage pregnancy and its problems, Majority of them 75(93.75%) favorable attitude, 05(6.25%) had moderately favorable attitude, and none of them had unfavorable.

Table 1: EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME ON KNOWLEDGE LEVELS.

Knowledge	Mean	Standard deviation	Mean difference	't' calculated value	't' Table value	Significance
Pre – test	16.35	3.07	3.80	8.79	3.37	S***
Post – test	20.15	2.79				

df=(n-1)

S***: very highly significant at p<0.001

The above table reveals the effectiveness of video assisted teaching programme on pre-test mean knowledge score is 16.35 and standard deviation (± 3.07) whereas post-test mean score is 20.15 and standard deviation (± 2.79) and the mean difference is 3.80, the paired 't' calculated value 8.79, which is greater than table value 3.37 at p<0.001 level. It proves that there is a significant difference between pre-test and post-test knowledge levels which indicates very highly significant.

Table 2: EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME ON ATTITUDE SCORES.

Df=(n-1)

S*: significant at p<0.001

Attitude	Mean	Standard deviation	Mean difference	't' calculated value	't' Table value	Significance
Pre-test	43.83	3.76	3.24	4.28	3.37	S*
Post-test	47.06	5.62				

The above table reveals the effectiveness of video assisted teaching programme on pre-test mean Attitude score is 43.83 and standard deviation (± 3.76) whereas post-test mean score is 47.06 and standard deviation (± 5.62) and the mean difference is 3.24, the paired 't' calculated value 4.28, which is greater than table value 3.37 at p<0.001 level. It proves that there is a significant difference between pre-test and post-test Attitude levels which indicates significant.

V. DISCUSSION

A study to assess the effectiveness of video assisted teaching programme on knowledge and attitude regarding teenage pregnancy and its problems among adolescent girls at selected junior college, Khammam, Telangana. In order to achieve the objectives of the study, Non – probability convenience sampling technique was used to select the sample. The data was collected from 80 sample by using structured questionnaire at selected junior colleges in Khammam. The findings have been discussed with reference to the objectives.

OBJECTIVE 1: To describe the socio demographic variables of adolescent's girls.

In relation to age of adolescent girls, among 80 majority of them 78 (98%) were in the age group between 17.1-19 years, 02(2.50%) were between 15 - 17 years. Regarding religion majority of them 77(96.25%) were Hindus, 02 (2.5%) were Christian and 01(1.25%) were Muslims. Related to the educational status of mother of adolescent

girls, majority of them 31(40%) had secondary education, 26(32.5%) had primary education, 16(20%) were non – literate and 06(7.5%) had graduation and above. Related to the educational status of father of adolescent girls, among 80 majority of them 33(41.25%) had secondary education, 18(22.5%) had primary education, 14(17.5%) had higher secondary education, 10(12.5%) were non- literate and above and 05(6.25%) had their graduation and above. Related to the occupation of mother of adolescent girls, among 80 majority of them 57(71.25%) are home makers, 12(15%) belongs to coolie, 07(8.75%) are private employees, 03(3.75%) are government employees and 01(5.0%) doing business. Related to the occupation of father of adolescent girls, among 80, majority of them 25(31.25%) are daily wager, 20(25.00%) are private employees, 18(22.50%) are government employees and 17(21.25%) are doing business. 67 Regarding distribution of 80 adolescent girls according to type of family, majority of them 58(72.5%) belongs to nuclear family, 17(21.25%) belongs to joint family and 05(6.25%) belongs to extended family. In related to the family income per month of adolescent girls, among 80 majority of them 26(32.5%) were earning Rs. 3001 – 5000/- ,21(26.25%) were earning Rs. 8001 – 10,000/-, 18(22.5%) were earning above 10,000/- and 15(18.75%) were earning Rs. 5001 – 8000/-. With regard to place of residence of adolescent girls, among 80 majority of them 63(78.75%) are from urban area, 16(20%) are from rural area,01(1.25%) are from tribal area. Related to source of information regarding teenage pregnancy and its problems, of adolescent girls, among 80 majority of them 30(37.5%) were getting information from Relatives, Friends and Family members,27(33.75%) were getting information from health care professionals, 23(28.75%) were getting information from mass media.

OBJECTIVE – 2: To assess the pre-test levels of knowledge and attitude regarding teenage pregnancy and its problems among adolescent girls.

With regard to pre-test knowledge levels among adolescent girls regarding teenage pregnancy and its problems among 80, Majority of them 49(61.25%) had moderately adequate knowledge, 31(38.75 %) had adequate knowledge and none of them had inadequate knowledge. Related to pre-test attitude scores of adolescent girls among adolescent girls regarding teenage pregnancy and its problems among 68 80, Majority of them 08(10%) had moderately favorable attitude, 72(90%) favorable attitude and none of them had unfavorable.

OBJECTIVE – 3: To assess the effectiveness of video assisted teaching programme on knowledge and attitude scores regarding teenage pregnancy and its problems among adolescent girls.

Regarding distribution of post-test knowledge levels among adolescent girls regarding teenage pregnancy and its problems among 80, Majority of them 63(78.75%) had adequate knowledge, 17(21.25%) had moderately adequate knowledge and none of them had inadequate knowledge. With regard post-test attitude scores among adolescent girls regarding teenage pregnancy and its problems among 80, Majority of them 69 75(93.75%) favorable attitude ,05(6.25%) had moderately favorable attitude, and none of them had unfavorable. Related to the effectiveness of video assisted teaching programme on knowledge among adolescent girls. It shows the mean knowledge score is 16.35 and standard deviation (+3.07) whereas post-test mean score is 20.15 and standard deviation (+2.79) and the mean difference is 3.80, the paired ‘t’ calculated value is 8.79, which is greater than table value (3.37) at $p < 0.001$ for all knowledge variables. The study concluded that video assisted teaching program was effective in increasing knowledge when comparing with pre and post- test knowledge⁴⁶ .

OBJECTIVE – 4: To find out the association between post-test knowledge, attitude scores and selected socio demographic variables.

There is no significant association between post-test knowledge scores with their selected socio demographic variables such as educational status of mother, occupation of mother, occupation of father, type of family, family income, place of residence, source of information. The chi-square is not applicable for the selected socio-demographic variables such as age, religion, educational status of father. Regarding association between attitude scores and selected sociodemographic variables. The chi-square test was not done as the expected values are < 5 . Hence only proportions are given.

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