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(RESEARCH ARTICLE)

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A study to correlate the knowledge and attitude regarding teenage pregnancies among adolescent girls at selected community area (Baghanki) Gururgram

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Abstract

Background: Teenage pregnancies is shaped by a mix of cultural, social, and economic factors that vary globally. In some societies, it's seen as a natural milestone, while in others, it's a life-altering events, often exacerbated by lack of support and preparation. Adolescent girls face health risks due to physical immaturity and limited healthcare access. Key factors include socioeconomic disadvantages, family dynamics, peer pressure, and educational barriers. In low-income countries, issues like early marriage, malnutrition, and lack of support systems worsen the problem. The WHO reports 11% of births are girls under 20, with 95% in low and middle-income countries. Countries like India, Bangladesh, and Nepal, especially rural areas, report high pregnancy rates, driven by cultural practices like child marriage. In developed countries, teenage pregnancy often relates to balancing child-rearing with education, while in developing countries, it results from early or forced marriages. This study correlate the knowledge and attitudes regarding Teenage Pregnancy among adolescent girls in a selected community area (baghanki) Gurugram, Haryana.

Methods: This is a questionnaire-based study including 60 adolescent girls.

Results: A majority of the participants (50%) demonstrated adequate knowledge, while 40% had moderate knowledge and 10% had inadequate knowledge regarding teenage pregnancies. Attitudinally, 58.3% of participants had positive attitude and 33.3% had a neutral attitude, and 8.3% had a negative attitude. A significant positive correlation (r =0.76) was found between knowledge and attitude.

Keywords: Adolescent Girl; Assess; Knowledge; Attitude; Teenage Pregnancies

1. Introduction

Pregnancy refers to the physiological process wherein a fetus develops within a woman's uterus, typically spanning approximately 40 weeks or just over nine months, calculated from the first day of the last menstrual period to the point of delivery. This duration is divided into three trimesters, each with specific developmental milestones. Teenage pregnancy denotes pregnancies occurring in females aged 10 to 19. It constitutes a complex public health challenge that is influenced by multiplicity of socio-cultural, economic, and biological

factors. While teenage pregnancy may follow sexual intercourse during ovulation, it most commonly occurs after the establishment of regular menstrual cycles, typically commencing around the ages of 12 to 19. Pregnancy during adolescence is a particularly critical issue, as the teenage body is generally not fully equipped to manage the physiological demands of gestation and parturition. The risks associated with early pregnancy are especially

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pronounced in the younger segment of this age group. Teenagers in the 16 to 19 age spectrum face significantly heightened risks of maternal morbidity and mortality, with complications such as Pre-Eclampsia, Eclampsia, Postpartum Haemorrhage, Endometritis, and systemic infections occurring with greater frequency than in women in their twenties. The health risks associated with teenage pregnancy are further exacerbated by the psychological and emotional burdens of early motherhood, often leading to long-term consequences for both the mother and the child.

About 12 million teenage girls aged 15-19 give birth every year – most in low- and middle-income countries. An estimated 3.9 million girls aged 15–19 undergo unsafe abortions every year. In low- and middle-income countries, complications from pregnancy and childbirth are a leading cause of death among girls aged 15–19 years. Stillbirths and newborn deaths are 50% higher among infants of teenage pregnancies than among infants of women aged 20–29 years. Infants born to teenage mothers are also more likely to have low birth weight. In these contexts, teenage pregnancies frequently occur within the broader framework of early marriages, insufficient family planning education, and the lack of sexual and reproductive health services. The United Nations has consistently highlighted pregnancy-related complications as the leading cause of mortality among girls aged 10 to 19 in developing nations. Teenage pregnancy is a significant health issue in India, with about 9% of girls aged 10–19 getting pregnant each year. It's a leading cause of mortality and disability-affected life years for young women. Teenage pregnancy remains a critical public health issue in India, with far-reaching consequences for the health, education, nutrition, social well-being, and economic stability of young women, their children, and society. The high prevalence of early pregnancies among teenagers is driven by factors such as early marriage, lack of access to reproductive health education, gender inequality, and limited healthcare resources. This complex issue requires a multi-pronged approach to mitigate its negative impact, addressing immediate health concerns and long-term social and economic consequences.

2. Methods

A descriptive study was conducted on 60 adolescent girls in a selected community area (Baghanki) Gurugram, using a convenience sampling technique. Data collection was done from November 18 to 22, 2024, through a structured questionnaire comprising sections on demographic details, knowledge, and attitudes towards Teenage Pregnancies. Statistical analysis included descriptive measures and inferential tests like Chi-square and Pearson's correlation.

2.1. Exclusion criteria

- All the population except adolescent girls aged 12-19 years.
- Adolescent Girls unwilling to participate.

2.2. Inclusion criteria

- Adolescent girls of age group 12-19years.
- Adolescent girls who were willing to participate in the study.

3. Result

60 adolescent girls were included in the study. All the participants were evaluated regarding knowledge and attitude regarding Teenage Pregnancies. Table 1 depicts the frequency and distribution of adolescent girls according to their demographic variables.

Table 1 Frequency and percentage distribution of adolescent girls according to their level of knowledge N=60

Variable	Options	Frequency (f)	Percentage (%)
Age(in years)	10-12 13-15	17	29%
	16-19	43	71%
Education Level	Primary school	18	30%
	Secondary school	24	40%
	Higher secondary school	12	20%
	Graduate	6	10%

Marital Status	Single	60	100%
	Married	0	0%
	Divorced	0	0%
Birth order	First child	21	35%
	Second child	29	48%
	Third child	10	17%
Occupation of Mother	Employed	8	14%
	Unemployed	52	86%
Occupation of Father	Employed	47	78%
	Unemployed	13	22%
Educational Status of Mother	Primary school	9	15%
	Graduate	18	30%
Educational Status of father	Primary school	2	3%
	Secondary school	1	2%
	Higher secondary school	21	35%
	Graduate	36	60%
Religion	Hindu	60	100%
	Islam	0	0%
	Christian	0	0%
	Sikh	0	0%
Head of Family	Grandmother	4	6%
	Grandfather	44	73%
	Mother	0	0%
	Father	12	21%
Type of Family	Nuclear family	50	83%
	Joint family	10	17%
Monthly Income	₹10,100-₹20,000	3	5%
	₹21,000-₹30,000	12	20%
	₹31,000-₹40,000	12	20%
	₹41,000-₹50,000	33	55%
Age of Menarche	13 years	26	43.3%
	14 years	18	30%
	12 years	16	26.7%
Place of Residence	Baghanki	60	100%

The study reveals that regarding Teenage Pregnancy, the majority 50% demonstrated adequate knowledge with score (10-15). Additionally, 40% of participants displayed moderate knowledge, scoring between 5-10, while 10% had inadequate knowledge, with scores between 0-5. This indicates that a significant proportion of participants have a sufficient understanding of teenage pregnancies, while a smaller segment requires further awareness and education on the subjects.

Table 2 Frequency and percentage distribution of adolescent girls according to their level of knowledge N=60

Knowledge Level	Knowledge Score	Frequency (f)	Percentage (%)
Adequate Knowledge	10-15	30	50%
Moderate Knowledge	5-10	24	40%
Inadequate Knowledge	0–5	6	10%

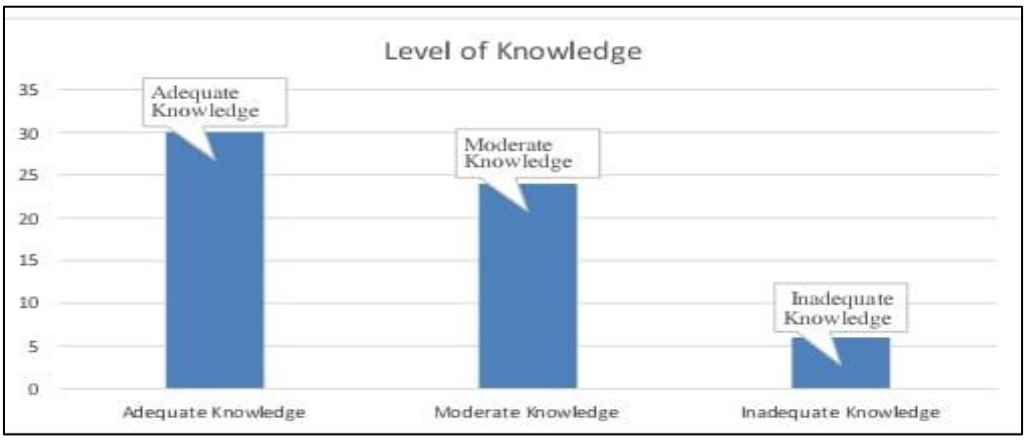

Figure 1 Frequency and percentage distribution according to level of knowledge

Table 3 Frequency distribution of adolescent girls according to their level of attitude N=60

Attitude Level	Score	Frequency (f)	Percentage (%)
Positive Attitude	27-40	35	58.3%
Neutral Attitude	14-26	20	33.3%
Negative Attitude	0-13	5	8.3%

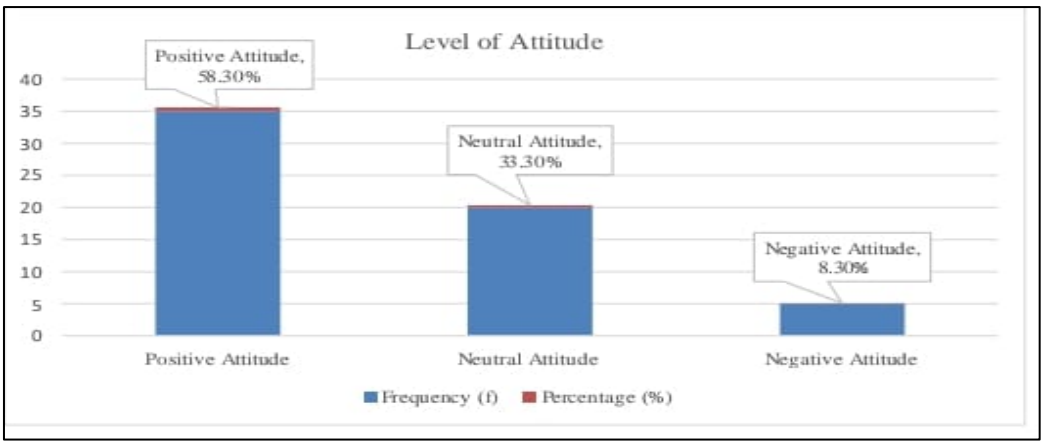

Figure 2 Frequency and percentage distribution according to attitude level

4. Discussion

The findings from this study reveal several key insights regarding the knowledge and awareness of teenage pregnancies about pregnancy and reproductive health. Despite the availability of information through various channels, such as healthcare workers, family members, and peers, a significant proportion of teenage participants (75%) reported having

little to no awareness of contraceptive methods. This highlights potential challenges related to access, misinformation, and socio-cultural barriers to the adoption of effective contraceptive measures and informed reproductive choices among adolescents.

5. Conclusion

The study highlighted several key findings regarding teenage pregnancy. The majority of participants fell within the 16–19 age group. A significant observation was that 46% of participants received information about teenage pregnancy and related healthcare services from health personnel. However, despite this, substantial gap

sin knowledge and utilization of essential health care services were evident. In terms of education, 44% of participants had completed secondary education, while 24% had attained graduation or higher. The majority (54%) of participants were unemployed, often due to care giving responsibilities, and 32% reported a monthly family income exceeding ₹25,000. The assessment of knowledge regarding teenage pregnancy revealed that:

- 6% of participants exhibited good knowledge,
- 66% demonstrated average knowledge,
- 20% had poor knowledge, and
- 8% showed very poor knowledge.

66 In conclusion, while there is a moderate level of awareness about teenage pregnancy-related health needs, significant gaps in understanding and access to resources persist. This underscores the need for targeted educational interventions and public health initiatives to improve knowledge, address sociocultural barriers, and enhance the utilization of healthcare services among teenagers

Compliance with ethical standards

Acknowledgments

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Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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