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Research Article

A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Complications of Teenage Pregnancy among Adolescent Girls in Selected Schools of Jammu Province

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I N F O

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A B S T R A C T

Background: The study aimed to assess adolescent girls' knowledge of the complications of teenage pregnancy to develop educational materials to increase awareness.

Objectives: The objectives were to evaluate the pre-test and post-test knowledge scores on teenage pregnancy complications among adolescent girls in Jammu province. The study also aimed to determine the impact of a structured teaching program by comparing pre-test and post-test scores and to examine the association between post-test knowledge scores and demographic variables.

Methodology: A quantitative research approach with a one-group pre-test, post-test design was used at two schools in Jammu. 100 samples were selected through simple convenience sampling. Knowledge was assessed using a self-structured questionnaire.

Results: In the pre-test, 58% of participants had moderate knowledge, 42% had inadequate knowledge, and none had adequate knowledge. In the post-test, 60% had moderate knowledge, 40% had adequate knowledge, and none had inadequate knowledge. The mean post-test score (19.32±2.420) was significantly higher than the pre-test score (11.11±3.238) at a 0.05 significance level.

Conclusion: The majority of adolescent girls had moderate knowledge about the complications of teenage pregnancy, indicating a need for further awareness and education on the topic.

Keywords: Adolescent, Effectiveness, Structured Teaching Programme, Teenage Pregnancy, Knowledge

Introduction

Adolescence is a transitional stage of physical and mental human development that occurs between childhood and adulthood. This transition involves biological (i.e. pubertal), social, and psychological changes, though the biological or physiological ones are the easiest to measure objectively. A teenager, or teen, is a young person whose age is between thirteen tonineteen (13-19 years). They are called teenagers because their age number ends in teen" Teenage pregnancy is pregnancy in a female under the age of 20 yrs. A pregnancy can take place as early as two weeks before menarche (the first menstrual period), which signals the possibility of fertility, but usually occurs after menarche. In healthy, well-nourished girls, menarche normally takes place around the ages 12 or 13. Whether the onset of biological fertility will result in a teenage pregnancy depends on a number of personal and societal factors[1].

Adolescent mothers and their offspring are a high risk group both physically and emotionally. Poverty, malnutrition, complications of pregnancy, emotional problems such as depression, drug and alcohol use, is all risks for the mother. Children are also at greater risk for physical, cognitive and emotional problems. According to the World Health Organization, in Karnataka 21 per cent of women in rural areas begin child-bearing at an early age. Early marriage of women continued to be high, 42 per cent of those in the age group of 20-24 were married before the legal minimum age (18 years), while 15 per cent of men in the age group of 25-29 got married before the minimum marriageable age (21). Teenage pregnancies among those aged between 15-17 years are higher in Karnataka (17 per cent) against the national average (16 per cent).[1]

World Health Organization (2004) defines Teenage Pregnancy as "any pregnancy of a girl aged 10 to 19 years. Adolescent Pregnancy means pregnancy in a woman aged 10-19 years, the age being defined as her age at the time the baby is born(Adolescent Pregnancy-WHO-2004).This is the period when structural, functional and psychological development occur in a girl to prepare her for assuming the responsibility of motherhood. A biomedical determinant of health is influenced by many social and cultural factors. This influence is negative with a resultant increase in the number of social hazards, which finally aggravate the already poor health status of the developing societies.One such hazard of serious consequences on the nation as a whole is pregnancy inan adolescent girl, who herself is yet to attain her full growth (Rachakonda Lakshmi).[2]

In 2020, records the highest adolescent fertility rate for women aged 15-19 years. The total fertility rate declined across most Indian states, according to latest national family and health survey. Adolescent fertility followed a similar declining trends, Meghalaya and Tripura being the expectation. Tripura recorded the highest adolescent fertility rate for women aged 15-19 years .The lowest adolescent fertility was recorded in Goa with 14 births per 1,000 women aged 15-16 years.

Pregnancy in very young women is generally considered to be a very high risk event, because teenage girls are physically and psychologically immature for reproduction. Socio culturally pregnancy outside marriage bears a stigma and she does not get emotional support. Teenage pregnancies considered problematic because complications from pregnancy and child birth are leading causes of death. Teenage mothers are more likely to have children with low birth weight, inadequate nutrition and anemia. And they are more likely to develop cervical cancer later in life. Early motherhood can affect the psychosocial development of the infant. The occurrence of developmental disabilities and behavioral issues are increased in children born to adolescent mothers. The risk of dying from pregnancy related cause is much higher for adolescents than for older women and greater is the risk for younger the adolescent. More than half of the girls (56%) in the 15-19 age group are anemic.[3].

High rate of mortality and morbidity has always been associated with pregnancy and child birth in pubertal and adolescent girls, and also a dramatic rise in the number of pregnancy, abortions, and sexually transmitted diseases. Thus it is increasingly recognized that good reproductive health really begins in adolescents. Reproductive health is influenced by many factors such as education, nutrition, sexual roles, sexual status, cultural practices and socio economic development (K.Park, 2009)[4].

According to 2011 statistics, every minute in the world, 380 women become pregnant, 190 faces unplanned pregnancy, 110 experiences a pregnancy related complication, and 40 have an unsafe abortion. Adolescent girls dying from pregnancy related causes accounts for 13% of all maternal deaths. The risk of maternal mortality is twice as high for women aged 15–19 years and five times higher for girls aged 10–14 years compared to women aged 20–29 years.[5]

Need of the Study

Teenage pregnancy is almost double in rural areas, 9.2%, as compared to urban, 5% in India. Here's where the problems lies these pregnancies not only make adolescent girls extremely vulnerable, both physically and mentally but also place them and their babies at risk .Such pregnancies are associated with an increased risk of miscarriage, abortion and other adverse outcomes. In India, more than 50%adolescent who are married have already given birth to children. As is evident from statistical data, the prevalence of teenage pregnancies is inversely proportional to their levels of education. At least 20% of the women who got pregnant as teenagers had no schooling .There is also a

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higher prevalence of teenage pregnancies at 10.6% in the poorest wealth quintile and tends to lower at 2.5%in the higher quintile.[6-10]

Sharma. J, Siddiqui. M.I, Sandhya (2019)[11]Conducted a pre-experimental study to assess the effectiveness of structured teaching programme on knowledge regarding complications of teenage pregnancy among adolescent girls in Adarsh India Montessori Inter College at Lucknow. A quantitative evaluative research approach, pre-experimental one group pre-test and post-test research design was used. The written consent was obtained from samples After 7 days post-test was conducted by the researcher. The result of the study revealed that there was a significant difference between the mean pre-test (14.47) and post-test (32.66) knowledge scores, it denotes that increased knowledge level after intervention. The study concluded that the Structured Teaching Programme was effective in enhancing knowledge of adolescent girls about complications of teenage pregnancy and that was more effective and beneficial for them.

In the community urban and rural people are more ignorant about cases, occurrence and complications of teenage pregnancy. In every community, there exist varying practice, custom and belief that may be healthy and unhealthy. Through science technology has brought about advancing of life situation, still a good number of families are unaware of it. So the investigator wished to disseminating more knowledge about complications of teenage pregnancy by assessing the existing knowledge of people about complications of teenage pregnancy .They can play an important role in changing the course of the epidemic.

Objectives of the Study

- To assess the pretest knowledge score regarding complications of teenage pregnancy among adolescent girls in selected schools of Jammu province.
- To assess the post test knowledge score regarding complications of teenage pregnancy among adolescent girls in selected schools of Jammu province.
- To determine the impact of structured teaching programme on knowledge score regarding complications of teenage pregnancy among adolescent girls in selected schools of Jammu province, by comparing pre-test and post-test knowledge score.
- To determine the association of post-test knowledge score regarding complications of teenage pregnancy among adolescent girls in selected schools of Jammu province with their selected demographic variable

Methodolody

Research Approach

For the present study quantatives research approach was used to assess the effectiveness of structured teaching programme on knowledge regarding complications of teenage pregnancy among adolescent girls in selected schools of Jammu province.

Research Design

Pre-experimental one group pre test post test design was selected as the research design for the present study. The primary objective of study was to find the effectiveness of structured teaching programme.

A self structured interview schedule was administered to adolescent girls in Govt. Higher Secondary School Bhalwal Jammu and Govt. Mixed Higher Secondary School Roopnagar Jammu on day 1 and day 2, following that a structured teaching programme on knowledge regarding complications of teenage pregnancy was delivered. Post-test was conducted on day 6 to assess the effectiveness of structured teaching programme

Reliability

The method adopted for the present study was spilit half method to measure the homogeneity of the tool .The self structured interview schedule was first divided into two equivalent halves and co relation for the half test was found using Karl pearsons correlation coefficient formula. The tool was found to be statistically reliable for the main study(r= 0.72)

Data Collection Procedure

Before collecting the data, permission was obtained from the concerned authority. Keeping in mind the ethical aspect of research, the data was collected after obtaining the informed consent of the sample. The samples were assured anonymity and confidentiality of information provided by them. The researcher collected the data from the subjects. The pre test was conducted from 28.11.2022 to 1.12.2022 post test was conducted from 6.12.2022 to 7.12.2022 to evaluate the effectiveness of structured teaching programme

Ethical Consideration

The researcher had taken permission from the Rajiv Gandhi College of Nursing Chak Bhalwal to conduct the research study. Permission was obtained from the principles of Rajiv Gandhi college of nursing Chak Bhalwal, Jammu. Consent was taken from the subjects before data collection. The subjects were informed that the confidentiality of data will be maintained.

Result And Discussion

Description of demographic profile of adolescent girls

The data obtained describes the characteristics pertaining the Age, Academic Qualification, Religion, residence, Types of Family, Education Status of Mother, Education Status of

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Father, Occupation of Mother, Occupation of Father, Family Income, Source of Information. majority of adolescent girls that is 74% belongs to age group of 16- 19 years of age, 26% adolescent girls were in the age group of 12- 15 years of age, 0.0% were in 20- 23 years of age. Out of 100 adolescent girls 59.0% of the 11^{th} – 12^{th} class, 37.0% adolescent girls of the 9^{th} – 10^{th} class, 4.0% adolescent girls of the 7^{th} – 8^{th} class. Majority of Hindu adolescent girls were 68.0%, Muslim adolescent girls were 30.0%, Christian adolescent girls were 0.0% and others were 2.0%. Majority of adolescent girls about 78.5% were residing in rural areas, 22.0% in urban areas. Majority of adolescent girls 64.0% were having in joint family, 28.0% in nuclear family and 8.0% in extended family. out of 100 adolescent girl's mother 60.0% of the mothers were illiterate, 26.0% were primary school, , 8.0% were high secondary school, 6.0% were high school, 0.0% were graduate and above. out of 100 adolescent girl's father 36.0% of the fathers were high school, 26.0% were illiterate, 22.0% were primary school, 14.0% were high secondary school, 2.0% were graduate and above. Majority of adolescent girl's mothers' occupation 84.0% were house wife , 16.0% were private employee, 0.0% govt. employee, 0.0% self employee. Majority of adolescent girl's fathers' occupation 52.0% were self employee, 46.0% were private employee, 0.2% govt. employee. Out of 100 adolescent girls about 66.0% were having family monthly income 10000-30000, 34.0% were 40000- 60000 and 0.0% were above 60000. Out of 100 adolescent girls were 92.0% source of information from parents and relatives, 4.0% source of information from books and journal, 4.0% source of information from peer group, 0.0% source of information from media and 0.0% from health personal

Data Analysis and Data Interpretation

Pre-test Scores

In the table 1 distribution of respondents according to pre- test knowledge scores is given. The pre- test was conducted by administering a self structured interview schedule to adolescent girls. In which majority of adolescent girls 58% have moderate knowledge, 42% have inadequate knowledge and 0% have adequate knowledge. The above data clearly indicates the need for a structured teaching programme on imparting the knowledge to the adolescent girls.

Table 2 Represents the descriptive statistics of pretest level of knowledge. It was found that the mean value was 11.11, median score was 11, maximum score was 18, minimum score was 5, range of score was 13 and mean percentage was 37 %.

In the table 3 distribution of respondents according to post- test knowledge scores is given. The post- test was conducted by administering a self structured interview schedule to adolescent girls. In which majority of adolescent girls 60% have moderate knowledge, 40% have adequate knowledge and 0% have inadequate knowledge. The above data clearly indicates the need for a structured teaching programme on imparting the knowledge to the adolescent girls.

Table 4 represents the descriptive statistics of post-test level of knowledge. It was found that the mean value was 19.32, median score was 20, maximum score was 24, minimum score was 14, range of score was10 & mean percentage was 64.40 %

In table 5 shows the comparison between pre-test and post- test knowledge scores is given. . The pre- test was conducted by administering a self structured interview schedule to adolescent girls. In which majority of adolescent girls 58% have moderate knowledge, 42% have inadequate knowledge and 0% have adequate knowledge. The post-test was conducted by administering a self structured interview schedule to adolescent girls. In which majority of adolescent girls 60% have moderate knowledge, 40% have adequate knowledge and 0% have inadequate knowledge. The above data clearly indicates the need for a structured teaching programme on imparting the knowledge to the adolescent girls.

The below table 6 shows the comparison between the pre-test and post – test knowledge scores of adolescent girls, the 't' test values shows significance (at the level of 0.05) in all the areas.

It is evident that compared to pre-test knowledge scores there is significant increase in the post- test knowledge scores in all the areas. Hence the null hypothesis(H0) related to no difference between pre- test and post test overall mean scores is rejected and research hypothesis (H1) is accepted. Therefore it can be interpreted that structured teaching programme was effective in improving the knowledge of adolescent girls regarding complication of teenage pregnancy. Table 7

Table 1.Frequency & Percentage distribution of pre-test level of knowledge

Criteria Measure of Pretest Knowledge Score	
Score Level(N= 100)	Pre Test F(%)
Inadequate Knowledge.(0-10)	42(42%)
Moderate Knowledge.(11-20)	58(58%)
Adequate Knowledge.(21-30)	0(0%)

Maximum Score=30 Minimum Score=0

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Table 2.Descriptive statistics of pre-test level of knowledge

Descriptive Statistics	Mean	S.D.	Median Score	Maximum	Minimum	Range	Mean%
Pretest Knowledge	11.11	3.238	11	18	5	13	37.00

Maximum= 30 Minimum= 0

Table 3.Frequency & Percentage distribution of post-test level of knowledge

Criteria Measure of Posttest Knowledge Score	
Score Level(N= 100)	Post Test F(%)
Inadequate Knowledge.(0-10)	0(0%)
Moderate Knowledge.(11-20)	60(60%)
Adequate Knowledge.(21-30)	40(40%)

Maximum Score=30 Minimum Score=0

Table 4.Descriptive statistics of post-test level of knowledge

N= 100

Descriptive Statistics	Mean	S.D.	Median Score	Maximum	Minimum	Range	Mean%
Posttest Knowledge	19.32	2.420	20	24	14	10	64.40

Maximum= 30 Minimum= 0

Table 5.Comparison of frequency & percentage distribution of pre-test and post-test level of knowledge

Criteria Measure of Knowledge Score		
Score Level(N= 100)	Pre Test F(%)	Post Test F(%)
Inadequate Knowledge.(0-10)	42(42%)	0(0%)
Moderate Knowledge.(11-20)	58(58%)	60(60%)
Adequate Knowledge.(21-30)	0(0%)	40(40%)

Maximum Score=30 Minimum Score=0

Table 6.Comparison of descriptive statistics of pre-test and post-test Scores of knowledge

N=100

Paired T Test	Mean±S.D.	Mean%	Range	Mean Diff.	Paired T Test	P value	Table Value at 0.05
Pretest Knowledge	11.11±3.238	37.00	5-18	8.210	18.827 *Sig	<0.001	1.98
Posttest Knowledge	19.32±2.42	64.40	14-24				

** Significance Level 0.05

Maximum=30 Minimum=0

Table 7.Comparison of descriptive statistics of pre-test and post-test Scores of knowledge

Diagram Showing Individual Score Gain (Effectiveness))						
Mean%	Pre test knowledge	Post test knowledge	Difference	Pre Test Knowledge Score %	Posttest Knowledge Score %	Difference%
Average	11.11	19.32	8.21	37.03	64.40	27.37

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Post test Score

Chi-square test was used to determine the association between the score levels and selected demographic variables. Table 8

The Chi-square value shows that there is significance association between the score level and demographic variables (Source of Information). The calculated chi-square values were more than the table value at the 0.05 level of significance.

There is no significance association between the level of scores and other demographic variables (Age, Academic Qualification, Religion, Place of Living, Types of Family, Education Status of Mother, Education Status of Father, Occupation of Mother, Occupation of Father, Family Income) The calculated chi-square values were less than the table value at the 0.05 level of significance.

Table 8.Table Showing Association of Scores and Demographic Variables

Variables	Opts	Adequate Knowledge	Moderate Knowledge	Inadequate Knowledge	Chi Test	P Value	df	Table Value	Result
Age	12-15 years	8	18	0	1.247	0.264	1	3.841	Not Significant
	16-19 years	32	42	0					
	20- 23 years	0	0	0					
Academic Qualification	7th- 8th class	2	2	0	1.456	0.483	2	5.991	Not Significant
	9th -10th class	12	25	0					
	11th -12th class	26	33	0					
Religion	Hindu	27	41	0	0.086	0.958	2	5.991	Not Significant
	Muslim	12	18	0					
	Christian	0	0	0					
	Others	1	1	0					
Place of Living	Rural	34	44	0	1.904	0.168	1	3.841	Not Significant
	Urban	6	16	0					
Types of Family	Joint family	25	39	0	1.925	0.382	2	5.991	Not Significant
	Nuclear family	10	18	0					
	Extended family	5	3	0					
Education Status of Mother	Illiterate	27	33	0	3.283	0.350	3	7.815	Not Significant
	Primary School	10	16	0					
	High School	2	4	0					
	Higher Secondary School	1	7	0					
	Graduates and Above	0	0	0					

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Education Status of Father	Illiterate	10	16	0	1.698	0.791	4	9.488	Not Significant
	Primary School	10	12	0					
	High School	14	22	0					
	Higher Secondary School	6	8	0					
	Graduates and Above	0	2	0					
Occupation of Mother	House Wife	34	50	0	0.050	0.824	1	3.841	Not Significant
	Private Employee	6	10	0					
	Self Employee	0	0	0					
	Govt. Employee	0	0	0					
Occupation of Father	Private Employee	18	28	0	1.463	0.481	2	5.991	Not Significant
	Self Employee	22	30	0					
	Govt. Employee	0	2	0					
Family Income	Rs10000-Rs30000	23	43	0	2.146	0.143	1	3.841	Not Significant
	Rs 40000 – Rs60000	17	17	0					
	Above Rs 60000	0	0	0					
Source of Information	Parents and relatives	34	58	0	6.522	0.038	2	5.991	Significant
	Media	0	0	0					
	Books and journal	2	2	0					
	Health personal	0	0	0					
	Peer group	4	0	0					

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Discussion

Demographic Variables: Age, Academic qualification, religion, residence, type of family, education status of mother, education status of father, occupation of mother, occupation of father, family income, source of information .

The present study showed that majority of study subjects 74% belongs to age group of 16- 19 years of age, 26% adolescent girls were in the age group of 12- 15 years of age, 0.0% were in 20- 23 years of age. Out of 100 adolescent girls 59.0% of the 11^{th} – 12^{th} class, 37.0% adolescent girls of the 9^{th} – 10^{th} class, 4.0% adolescent girls of the 7^{th} – 8^{th} class. Majority of Hindu adolescent girls were 68.0%, Muslim adolescent girls were 30.0%, Christian adolescent girls were 0.0% and others were 2.0%. Majority of adolescent girls about 78.5% were residing in rural areas, 22.0% in urban areas. Majority of adolescent girls 64.0% were having in joint family, 28.0% in nuclear family and 8.0% in extended family. out of 100 adolescent girl's mother 60.0% of the mothers were illiterate, 26.0% were primary school, , 8.0% were high secondary school, 6.0% were high school, 0.0% were graduate and above. out of 100 adolescent girl's father 36.0% of the fathers were high school, 26.0% were illiterate, 22.0% were primary school, 14.0% were high secondary school, 2.0% were graduate and above. Majority of adolescent girl's mothers' occupation 84.0% were house wife , 16.0% were private employee, 0.0% govt. employee, 0.0% self employee. Majority of adolescent girl's fathers' occupation 52.0% were self employee, 46.0% were private employee, 0.2% govt. employee. Out of 100 adolescent girls about 66.0% were having family monthly income 10000- 30000, 34.0% were 40000- 60000 and 0.0% were above 60000. Out of 100 adolescent girls were 92.0% source of information from parents and relatives, 4.0% source of information from books and journal, 4.0% source of information from peer group, 0.0% source of information from media and 0.0% from health personal.

The findings of the present study showed that on the pre-test, majority of the study subjects. The pre- test was conducted by administering a self structured interview schedule to adolescent girls. In which majority of adolescent girls 58% have moderate knowledge, 42% have inadequate knowledge and 0% have adequate knowledge. The above data clearly indicates the need for a structured teaching programme on imparting the knowledge to the adolescent girls.

The descriptive statistics of pretest level of knowledge score. It was found that the mean value was 11.11, median score was 11, maximum score was 18, minimum score was 5, range of score was 13 and mean percentage was 37 %.

These findings of the present study are supported by Indira Vemuri and Joseph Mary Meena (2021)[12] who had assessesd the effectiveness of structured teaching programme on knowledge regarding effects of teenage pregnancy among adolescent girls at selected college, Mangalagiri, Guntur. Finding of the study showed that on pre-test maximum of the study subjects 71.6% adolescent girls had inadequate knowledge, 28.3% had moderate knowledge and 0% had adequate knowledge in the pre-test regarding effects of teenage pregnancy.

The findings of the study showed that on post-test majority of the study subjects The post- test was conducted by administering a self structured interview schedule to adolescent girls. In which majority of adolescent girls 60% have moderate knowledge, 40% have adequate knowledge and 0% have inadequate knowledge. The above data clearly indicates the need for a structured teaching programme on imparting the knowledge to the adolescent girls.

The descriptive statistics of post-test level of knowledge score. It was found that the mean value was 19.32, median score was 20, maximum score was 24, minimum score was 14, range of score was10 & mean percentage was 64.40 %

These findings of the present study are supported by Sharma. J, Siddiqui (2019)[11] who hadassessed the effectiveness of structured teaching programme on knowledge regarding complications of teenage pregnancy among adolescent girls in Adarsh India Montessori Inter College at Lucknow. Finding of the study showed that on post- test maximum of the study subjects 77.0 % adolescent girls had adequate knowledge, 23.0% had moderate knowledge and 0% had adequate knowledge. The study concluded that the Structured Teaching Programme was effective in enhancing knowledge of adolescent girls about complications of teenage pregnancy and that was more effective and beneficial for them.

The pre- test was conducted by administering a self structured interview schedule to adolescent girls. In which majority of adolescent girls 58% have moderate knowledge, 42% have inadequate knowledge and 0% have adequate knowledge. The post- test was conducted by administering a self structured interview schedule to adolescent girls. In which majority of adolescent girls 60% have moderate knowledge, 40% have adequate knowledge and 0% have inadequate knowledge. The above data clearly indicates the need for a structured teaching programme on imparting the knowledge to the adolescent girls.

The comparison between the pre-test and post – test knowledge scores of adolescent girls, the 't' test values shows significance (at the level of 0.05) in all the areas. The findings of the study showed that the mean post-test knowledge score (19.32±2.42) of the study subjects regarding complication of teenage pregnancy was significantly higher than the mean pre-test knowledge score (11.11±3.238) at 0.05 level of significance.

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It is evident that compared to pre-test knowledge scores there is significant increase in the post- test knowledge scores in all the areas. Hence the null hypothesis(H0) related to no difference between pre- test and post test overall mean scores is rejected and research hypothesis (H1) is accepted. Therefore it can be interpreted that structured teaching programme was effective in improving the knowledge of adolescent girls regarding complication of teenage pregnancy.

These findings of the present study are supported by Shubha Devi Sapkota (2017)[1] who had assesses the effectiveness of structured teaching programme on knowledge and attitude regarding teenage pregnancy among adolescence girls in selected school at Bangalore, Karnataka. The findings of the study showed that the mean post- test knowledge score (78.3±8.5) of the study subjects regarding effectiveness of structured teaching programme of teenage pregnancy was significantly higher than the mean pre- test knowledge score (45.5±12.3) at 0.05 level of significance.This indicated that structured teaching programme was effective in enhancing the knowledge of adolescent girls regarding teenage pregnancy.

The findings of the present study showed thatthere is significance association between the score level and demographic variables (Source of Information). The calculated chi-square values were more than the table value at the 0.05 level of significance.

There is no significance association between the level of scores and other demographic variables (Age, Academic Qualification, Religion, Place of Living, Types of Family, Education Status of Mother, Education Status of Father, Occupation of Mother, Occupation of Father, Family Income). The calculated chi-square values were less than the table value at the 0.05 level of significance.

These findings of the present study are supported by a research study conducted by Badavathdeepa, Ch.Vanitha (2022)[13] who had assessed 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 findings of the present study showed that there is no significance association between the level of post- test scores with their selected demographic variables (Religion, Place of residence, Types of Family, Education Status of Mother, Occupation of Mother, Occupation of Father, Family Income, source of information). The chi-square is not applicable for the selected socio- demographic variables such as age, religion, educational status of father. The chi- square test was not done as the expected values are <5.

Conclusions

The following conclusions was drawn based on the findings of the study.

- Pre-test findings showed that the study subjects had moderate knowledge regarding complication of teenage pregnancy due to lack of previous source of information so there was need to educate them.
- The structured teaching programme was found effective in improving the level of knowledge regarding complication of teenage pregnancy among adolescent girls that was evident from post-test knowledge score.
- Significant association was found between the post-test knowledge score of study subjects with their selected demographic variables such as source of information.
- Non-significant association was found between the post-test knowledge score of adolescent girls with their selected demographic variables such as age, academic qualification, religion, place of living, education status of mother, education status of father, occupation of mother, occupation of father, type of family and family income.
- This indicates that an effective structured teaching programme must be instituted in school with a view to make the adolescent girls knowledgeable about complication of teenage pregnancy.

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