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A STUDY TO ASSESS THE KNOWLEDGE ON TEENAGE PREGNANCY AMONG ADOLESCENT GIRLS IN SELECTED COMMUNITY AT MEERUT.

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ABSTRACT:

Introduction: Teenage pregnancy, also known as adolescent's pregnancy, is pregnancy in a female under the age of 20. Pregnancy can occur with sexual intercourse after the start of ovulation which can before the first menstrual period (menarche) but usually occurs after the onset of periods. The first menstrual periods usually take place around the age of 12 or 13.

STATEMENT OF THE PROBLEM:

A Study to Assess the Knowledge on Teenage Pregnancy among Adolscents Girls in Selected Community at Meerut.

OBJECTIVES:

1. To assess the knowledge regarding teenage pregnancy among adolscents girls in selected community at Meerut.
2. To find out the association between the knowledge regarding Teenage Pregnancy with their selected demographic variables.

RESEARCH METHODOLOGY:

Descriptive research design is used in this study in community at Meerut. The sample size of 30 adolescents girls were selected by using purposive sampling technique. Following that we have used self-administered knowledge questionnaires to assess their knowledge.

RESULT:

The Majority of the girls are belongs to the age group of 15 to 19 years and from nuclear family (50%). Most the girls are attained their menarche at the age of 14 to 16 years & they are using Primary Health centre in

this study all the participants were female. Regarding the type of house, majority of the girls live in pucca house (90%). Regarding the father's educational status, the majority no. of fathers was graduated (63.3%). Similarly, the majority of mothers were also graduated (50%).

According to this research the Majority of samples (30%) were having excellent knowledge, (50%) were having adequate knowledge and (20%) were having poor knowledge and there is significant association between teenage girls knowledge with the age of demographic variables.

KEYWORDS: Teenage Pregnancy, Adolscents Girls.

INTRODUCTION:

''REDUCING TEEN PREGANCY AND BIRTH IS ONE OF THE MOST EFFECTIVE WAYS OF REDUCING CHILD POVERTY IN THE COUNTRY.''

-JORDAN BROWEN [2009]

Teenage Pregnancy also known as Adolescent pregnancy is pregnancy in a female under the age of 20. Pregnancy can occur with sexual intercourse after the start of ovulation, which can before the first menstrual period [menarche] but usually occur after the onset of period. The first period usually take place around the age of 12 or 13 years. [1]

-JILL SELATI SCHULMAN (2018)

A teenager or teen is a young person whose age is between 15 and 19 they are called teenagers or teen is a young person whose age is between [13-19] yrs. They are called teenagers because their age no ends in Teen.

According to the world health organization, [2017] in several adolescents can be attributed to maternal causes. In Karnataka 21% of women in rural areas begin child bearing at an early age. Early marriage of women continues to be high, 42% of those in the age group of 20-24 were married before the legal minimum age [18 yrs.], while 15 persons of man in the age group of 25-29 were married before the minimum marriageable age [21]. Teenage pregnancies among the age between 15-19yrs are higher in Karnataka [17%] against the national average (16%). [2]

In India it is estimated that 1/3rd of the total population is under the age group of 20 years, and adolescent are at the risk of sexual and reproductive health problems. More than 15 million girls aged between 15-19 years give birth every year. Adolescent girls who get pregnant before 18 years may be five times more likely to die than a woman aged 20-28 years. 7 Teen pregnancies in India is high with 62 pregnant teens out of every 1,000 women

A study done on the factors associated with teenage pregnancy in South Asia, out of the seven countries, most of the studies were related to Nepal, Bangladesh, India and Sri Lanka where socio-economic factors, low educational attainment, cultural and family structure were all consistently identified as risk factors for teenage pregnancy. Majority of teenage girls are reported with basic knowledge on sexual health however, very few of them have used the knowledge into practice. Both social and medical consequences of teenage pregnancies are reported consistently. Utilization of health services, which is a protective factor, remains low and consistent. However, teenagers agreed to delay the indexed pregnancy if they would know its consequences.

Dating has become common and teenagers are having pre-marital sex. Love affairs at school and teenage elopements are also increasing. The impact of media, especially television, is affecting the child's mind. The access to Internet is another factor. Add to this the lack of proper sex education and parental guidance and it leads to misguided sexual explorations often resulting in pregnancy. [3]

1.1 Need for Study

Teen pregnancy is one that occurs from puberty to 19 years of age and is also known as adolescent pregnancy. Puberty is the stage of adolescence when a younger girl can reproduce. However, reproduction can also take place before the first menstrual cycle. 11 Teenage pregnancies is a fairly common occurrence in India, due to many factors such as early marriage, girls reaching puberty at younger ages and high specific fertility rate in the adolescent age group. In India teenage pregnancy varies from 8 to 14%.

The pregnant teenager may not be quite fit to bear the burden of pregnancy and labour at a tender age, the obstetric outcome of teenage pregnancy is influenced by many socio economic factors, maternal and prenatal morbidity mortality in teenagers.12 Teenage pregnancy causes different medical risks and realities like a) Premature birth, the earlier a baby is born, the more risk there is of respiratory, digestive, vision, cognitive, and other problems. [4]

Teens are at higher risk of having low-birth-weight babies only 1,500 to 2,500 grams those needed to be put on a ventilator for help with breathing after birth. c) Sexually Transmitted Diseases For teens that have sex during pregnancy, STDs such as Chlamydia and HIV are a major concern which can infect the uterus and growing baby. d) Postpartum depression. Especially for teens who think they can't tell their parents they're pregnant, feeling scared, isolated, and alone can be a real problem.

Without the support of family or other adults, pregnant teens are less likely to eat well, exercise, or get plenty of rest. 13 The life-threatening complications of pregnancy that women under age 20 face: haemorrhage, sepsis, pregnancy-induced hypertension including preeclampsia and Eclampsia, obstructed labour caused by cephalopelvic disproportion, complications of unsafe abortion, and iron-deficiency anaemia. Young women face greater risks than older women of hypertension, cephalopelvic disproportion, iron-deficiency anaemia, and unsafe abortion.

Socioeconomic factors, including poverty, malnutrition, lack of education, and lack of access to prenatal care or emergency obstetrical care can further increase a young woman's risk of pregnancy-related complications. Cognitive development influences sexual decision making, most teenage pregnancies are unintended, the developmental tasks of adolescents are interrupted by pregnancy and inadequate prenatal care due to lack of knowledge related to pregnancy, poor nutrition, the adolescent take less feed to maintain physique and prevent obesity.

The risk of teenage pregnancy includes preterm births, lone birth weight baby, iron deficiency anaemia, being forced into adult role before completing adolescent developmental tasks and drop out from schools how academic achievement, lack of education, unstable family life end in divorce and lack of financial support15.

An estimated 16 million girls aged between 15 and 19give birth every year, with 95% of these births occurring in developing countries. This makes up 11% of all births worldwide. Births to adolescents as a

percentage of all births range from about 2% in China to 18% in Latin America and the Caribbean. Worldwide, just seven countries account for half of all adolescent births: Bangladesh, Brazil, the Democratic Republic of the Congo, Ethiopia, India, Nigeria and the United States of America [5].

Every year about 13 million children are born for teenage mother under the age of 18 years among this the death rate is 143 /1000 per day. 90% of this birth and deaths occur in developing countries. In India, 30.9% of teenage girls marry below the age of 15 years. The fertility rate of the population under 15-18 years of age is 73/1000. Between 14 million and 15 million adolescent girls give birth each year.

For every young woman who dies in childbirth, 30-50 others are left with an injury, infection or disease. Early marriage among women is high in Karnataka and 42 per cent of women in the age group of 20-24 were married before the legal minimum age of marriage for women (18 years of age) while 15 per cent of men in the age group of 25-29 yrs. got married before the minimum marriage age (21 yrs.).

As the gap in knowledge and attitude are growing risks and other sides necessitate the need to systematically investigate the knowledge and attitude of teenage girls regarding teenage pregnancy. Hence the researcher is interested to study the knowledge and attitude of early adolescent girls regarding teenage pregnancy and to impart structured teaching on knowledge and attitude of teenage pregnancy. [6]

STATEMENT OF THE STUDY

A study to assess the knowledge on Teenage Pregnancy among Adolescent's girls in selected community at Meerut.

OBJECTIVES OF THE STUDY

1. To assess the knowledge regarding teenage pregnancy among Adolescent's girls in selected community at Meerut.
2. To find out the association between the knowledge with their selected demographic variables.

ASSUMPTION OF THE STUDY

- Teenage girls are having knowledge on teenage pregnancy.
- Teenage girls are able to answer the question regarding teenage pregnancy.

OPERATIONAL DEFINITION:

1. ASSESMENT – Assessment refers to the critical analysis and valuation or judgement of the status or quality of a particular condition of situation.
2. KNOWLEDGE- It is the staff nurse intellectual regarding teenage pregnancy protocols and assess their intellectual ability by administering questionnaires.
3. TEENAGE GIRLS - The girls who are between 13-19 years of age.
4. TEENAGE PREGNANCY- Teenage pregnancy is pregnancy in girls age 19 or younger.

CHAPTER -2

REVIEW OF LITERATURE

Reda .Mehari Mintretab , Girma Wogie Fitie , Getu Engida Wake et .al (2018) conducted a study the determine the advice obstetrical perinatal outcomes of teenage pregnancy among delusive at emblem Karl general hospital, Ethiopia ,2018 this study result showed that 17.5% of teenage and 6.8% of the teenage and

6.8% of the adults deliver low birth weight neonates. From the total teenage mothers, about thirty -five (11.3%) of them had developed pregnancy -induced hypertension. whereas about thirteen (4.2%) of adult develop pregnancy -induced hypertension. Regarding Caesarean delivery teenage pregnancy was significantly associated with adverse obstetric and perinatal outcome, a Cesarean delivery, episiotomy and premature delivery were 2.87 (1.49-5.52). This study shows that adverse obstetric and perinatal outcomes were significantly associated with teenagers and adult mothers. [7]

Eugene L. Maemeko, David Nkengheza Trapinah M. Chokomosi [2018]: conducted a study to assess the impact of teenage pregnancy an academic performance. A qualitative research method was used in this article and two teachers and 4 pregnant learners were interviewed. The findings for this study revealed the reasons why these teenagers get pregnant as follows lack of parental care and control. Lack of some materials needs poor peer guidance and lack of sex education and the influence of alcohol and drug abuse. The impact of teenage pregnancy of academic performance included poor academic performance after the pregnancy related issues negative feeling on schooling [8].

Michelo, Charles et.al (2018) study conducted to assess the knowledge, attitudes and practice among adolescent from low- and middle-income countries. The aim of this review was to synthesise the current literature regarding teenage pregnancy. A systematic research was made of five databases using relevant search terms. From these searches 82 articles were retained for inclusion within the systematic review. The literature spanned areas of research including legal theory, as well as psychology related empirical papers. [9]

Tripathi, Suryavedo et.al (2017) conducted a study to compare a life assess between pregnant and non-pregnant teenager and to evaluate the basic factors of teenage pregnancy. Overall life asset where significantly higher amount teenager who had not experienced the risk factors included the level of education GPA family's income mother or family member of teenager having experiences of teenage pregnancy, main guardians' father, father education, mother occupation, parental relationship was found to be significantly associated with risk of teenage pregnancy in this study. [10]

Samuel. Rebero, George Bahati Sangano et.al (2017) conducted a study to assess the factors influencing teenage pregnancy in Africa .It is a very good study that showed difference between girls and boys by sex and responsibilities and showed that due to decision making capacity, girls fall under boys and influence pregnancy to them , he said that adolescents themselves must take measures of preventing this issues, argued saying that critical thinking of adolescence is low meaning that schools should take measures of protecting them while at school. The researchers mentioned some of the factors contributing to adolescent's pregnancy in high school including poverty which is the main factors that contribute up 57.1%.[11]

Yalew, Anteneh, Telake Azale Bisetegn (2017): conducted to assess the prevalence of teenage pregnancy in waged, northeast Ethiopia. A community based cross sectional study was conducted among 514 teenagers in waged, northeast Ethiopia, from April to May 2017.A total of 514 female adolescents 15-19 years of age were included in the study with a response rate of 95% The majority, 157 (30.5%) Of the respondents were 19 years old, with the Median Mitre Quartile Range of 3 years. More than half, 270 (52.55), of the respondents were orthodox Christians. Three hundred seventeen, (61.7%0, attended primary school, and

more than half, 271 (52.7%), were married. Nearly half, 253 (49.25), of the respondents were students, and 251 948.8%) earned less than Birr 1500 per month. [12]

Jonas. Kim, Ronel L Sewpaul, Reddy Priscilla (2016): - Conducted a study to the teenager pregnancy among adolescent girls. Teenage pregnancy still remains high in low middle income countries as well as middle income countries (HIC) few studies in Africa have investigated the trends in teenage pregnancy. To identify the trends in pregnancy in South Africa a total of 31816south Africa school going adolescent between 15 to 19 yrs. of age were interviewed in surveys

The overall prevalence of having ever been pregnant among the combined 3-survey sample was self - reported to be 11% and stable across the three surveys. Sexual intercourse among adolescent has decreased from 41.9% in 2002 to 36.9% in 2011. However, pregnancy among girls who ever had sex increased from 17.3% in 2008 and decreased to 21.3% in 2011.

The odds for ever been pregnant were higher for girls who had 2 or more sexual partners, girls who ever used alcohol before sex practised binge drinking during the last month (OR:0.309-0.6910.) and girls who used madras the odds for never been pregnant were lower for those who used condoms [13].

Nguyen, Huong (2016) conducted a study of prevalence of teenage pregnancy in school going girls approximately 16 million adolescent aged 15 – 19 years become pregnant each year constituting 11% on birth worldwide. The study utilizes Vietnam survey assessment of survey conducting in 2003 and 2008 to answer the research question.

Result of this study shows that the prevalence of pregnancy among teenage was stable at 4% or 40 pregnancy per thousand adolescents' girls age 15-19 years. Edward pneumonias (2015) conducted a study was to affect the sociocultural factors of teenage pregnancy in Latino communities. Specifically, this literature review highlight research on the sociocultural factors related to the particular high teenage pregnancy rates in Latino communities and conclude with relevant recommendation for effective social work, direct practice in effort to enhance social worker collaboration and work with Latino communities. [14]

Lessie L. Ross, C. Nick, Elizabeth Wall Wieler (2016) conducted a study to assess the risk factory's regarding teenage pregnancy. This study used linkable administrative data bases housed at the Manitoba centre for health policy (MCHP). The original cohort consisted of 17,115 women born in Manitoba between April 1, 1979 and March 31st 1994, who stayed in the province until at least one older sister, and had no missing values on key variables. propensity score matching (1:2) was used to create balanced cohorts for two conditional logistic regression models one examining the impact of an older sister's teenage pregnancy and the other analysing the effect of the mothers teenage child bearing [15]

B. Mohammad Adam And L.F. Chan, KN Noralzin et.al (2016) conducted a study regarding suicidal ideation among pregnant adolescents. However, a knowledge gap still exists on how sexual and religious knowledge, attitudes, and practices (KAP) influence suicidal ideation in teenage pregnancy. We aim to explore the interplay between psychiatric diagnoses, sociodemographic factors of SI among 114 pregnant Malaysian adolescents from 6 rehabilitation centres and tertiary hospital. [16]

Floerence N. Samkange, Leena Spallake, Hajo Zeeb (2016) conducted a study regarding awareness in Europe. We conducted this systematic this systematic review to determine awareness and knowledge of school going female adolescents in Europe of STDs and if possible, Result of this review can help point out the areas where STD risk communication for adolescents needs to be improved. Using various combinations of the terms STD, HIV, Chlamidya, Hepatitis B, Knowledge, Awareness and Adolescents we searched for literature published in the databases in teenage pregnancy. [17]

M.Taylor and Dehein (2016) conducted a study the effect of teenage pregnancy prevention program in KwaZulu natal, South Africa. Researcher's in to determine the effect of teenage pregnancy prevention program for 816 high school students attending 16 Kwazulu natal south, African school through a randomize control trial. Data were collected at baseline and at 8 months follow up in 2010. Reseacher provides some support for the effectiveness of teenage pregnancy prevention program should further strengthen in comprehensive approach that includes schools and families. [18]

C.Jacqueline, Cynthia Franklin (2016) conducted a study of preventing adolescents' pregnancy. This article review literature on the programme and practices available for the primary prevention of adolescent pregnancy. Prevention programme there major component is discussed. Best practices discussed include community based and school-based clinics, programmes offering contraceptive knowledge building along with comprehensive sex education and skill training, and sex education based on social learning theory and skills training. [19]

B. Andrew (2015) conducted a study the determine the medical and social factors of affecting teenage pregnancy in Louisiana a total of 414 births occurred to women under 15 years of age in Louisiana in 1972. The infant mortality rates of these children ranged from 6 to 50 per thousand live births when various combinations of medical and social factors were considered. Highest risk is assigned to the offspring of mothers who were poor, or white, or married, or with limited prenatal care. This study confirms the findings of other authors that the offspring of teenage mothers are at greater risk than the off spring of older women although quality prenatal care and origin in a favourable socioeconomic background will ameliorate substantial elements of this risk. [20]

Chapman, Jlyn (2015) conducted a study to identify the risk factor associated with teenage pregnancy seven Asian countries. Majority of teenage girls are reported with basic knowledge on sexual health however, very few of them have use the knowledge into practice. Both social and medical consequences of teenage pregnancy are reported consistently along the most of the studies. In south Asia, many risk factors are a part of socio economic and culture influence. This systematic review is limits by the amount and the quality of paper published and factors associated with teenage pregnancy [21].

P.K. Chakue (2015) conducted a study to assess the knowledge regarding teenage pregnancy in South Africa. The main purpose of this study was to respond to a question that sought to uncover the likely cause of pregnancy among student at particular rural based South African university. The finding of the study was quite revealing specially that there are many casual factors for pregnancy among universities student. Key to these were lack of knowledge regarding preventive measure's such as the use of condoms, indulgence in risky behaviour that was perpetuated by poverty as attested by many students tattered used as sex toys by

their counter parts in leadership position, cultural practices that encouraged girls to fall pregnant immediately. [22]

WU. Liping (2015) conducted a study to assess the knowledge and behaviour regarding contraception use among pregnant teenagers in Beijing, China. The aim of this study was to investigate the knowledge and attitudes and behaviours related to contraception among pregnant teenager. From April 2012 to June 2012, an investigated design questioners was used to survey 53 pregnant teenagers about their knowledge, attitude and behaviour regarding contraception. The finding suggests that many teenagers have limited knowledge of the different kinds of contraceptive methods, including the use of condoms. [23]

OA. Oyedele, Scd Wright et.al (2015) conducted a study regarding community participation in teenage pregnancy prevention program. The review was aimed at carrying out systematic review of intervention programs that have been designed and implemented for the prevention of teenage pregnancy at community, national or international level. The review procedure was guided by the protocol described by the centre for review dissemination. The major stake holder of 20 published national and international intervention programme were government, NGOs, academic, community, health workers and parents.[24]

CHAPTER-3

RESEARCH METHODOLOGY:

RESEARCH APPROACH AND DESIGN:

A descriptive study approach is used for this study.

VARIABLES UNDER THE STUDY

DEPENDENT VARIABLE:

- Knowledge regarding teenage pregnancy among adolescent girls.

INDEPENDENT VARIABLE:

In this study: demographic background. It consists of 30 items which includes

- Age
- Sex
- Education Status
- Income
- No. of children in family
- Previous Incidence of teenage pregnancy

SETTING OF THE STUDY:

The present study was conducted in selected community at Meerut.

POPULATION:

The population of this study consisted in selected community at Meerut.

SAMPLE:

A total of 30 Adolescents girls were selected for this study.

SAMPLING TECHNIQUES:

Purposive sampling technique.

SAMPLING CRITERIA:

INCLUSIVE CRITERIA:

1. The age group between 16-20
2. Who were willing to participate.

EXCLUSIVE CRITERIA:

1. Students who were uncooperative during the study.
2. Who were sick during the period of study period.
3. Age group between 13 -15 years.

DESCRIPTION OF THE TOOL

Session1: This section included socio- demographic background.

Session 2: To assess the knowledge level which consist of 15 multiple choice questions regarding teenage pregnancy among teenagers. A total score is15 & the score is graded as follow:

1. Score :0 to 5=poor knowledge
2. Score :6 to10=Average knowledge
3. Score:10 to15 =Excellent knowledge

Session 3: Association of knowledge score of adolescents girls regarding teenage pregnancy with demographic variables.

PROCEDURE FOR DATA COLLECTION:

After identifying the study objects, investigators explained them the purpose of the study and obtained their written consent. The data collection tool was given to the respondent to fill the tool. The average time taken for each respondent to complete the questionnaire ranged from 15 to 30 minutes and data was collected from 30 students.

CHAPTER -4

DATA ANALYSIS AND INTERPRETION

This part deals with the analysis and interpretation of data collected through structured questionnaire for assessing knowledge regarding teenage pregnancy from the samples. The plan of data analysis is follows:

1. Description of demographic data.
2. Findings related to knowledge on teenage pregnancy among adolescent girls.
3. Association of demographic variables with their selected community area at meerut.

The data is presented appropriately in the form of tables and diagram.

SECTION: 1

Description of Demographic Data:

In this study all the participants were female. The age of the participants was (15-19) yrs. The majority of the students belong to nuclear family (50%). The majority of the study participants 15 (50%) were Hindu by religion. Majority of students was of 2nd birth order (40%). Regarding the place of residence, majority of students were from urban area (70%). Regarding the family income per month, majority of family income per month above Rs.9000 (43.33%). Regarding the type of house, majority of students was having pucca

house (90%). Regarding the father's educational status, the majority no. of fathers was graduated (63.3%). Similarly, the majority no. of mothers was also graduated (50%).

Table: 1 shows the Frequency and Percentage distribution of adolescent girls as per demographic variables. **N=30**

Demographic variables	**Frequency**	**Percentage**
Age in year		
15-19	18	60%
20-25	12	40%
Gender		
Male	0	0%
Female	30	100%
Type of family		
Nuclear family	15	50%
Joint family	14	47%
Extended family	1	3%
Religion		
Hindu	26	87%
Muslim	3	10%
Christian	1	3%
Area of Residence		
Rural	9	30%
Urban	21	70%
Birth order in the family		
1st child	8	26.6%
2nd child	12	40%
3rd child	5	16.6%
4th child	4	13.3%
Monthly income of family		
Below 5000	2	6.6%
5000-7000	8	26.6%
7000-9000	6	20%
9000 and above	13	43.33%
Type of house		
Kuccha	0	0%
Semi pucca	3	10%
Pucca	27	90%
Breadwinner of the family		
Father	28	93.3%

Mother	2	6.6%
Brother	0	0%
Age at menarche		
10-13	9	30%
14-16	18	60%
Above 16	3	10%
Mention the availability of nearby medical service		
Sub- Center	5	16.6%
Primary health center	15	50%
Community health center	10	33.3%
Educational Status of the mother		
Illiterate		
Primary	1	3.33%
Graduation above	14	46.6%
	15	50%
Education status of the father		
Illiterate	0	0%
Primary	11	36.6%
Graduation above	19	63.3%

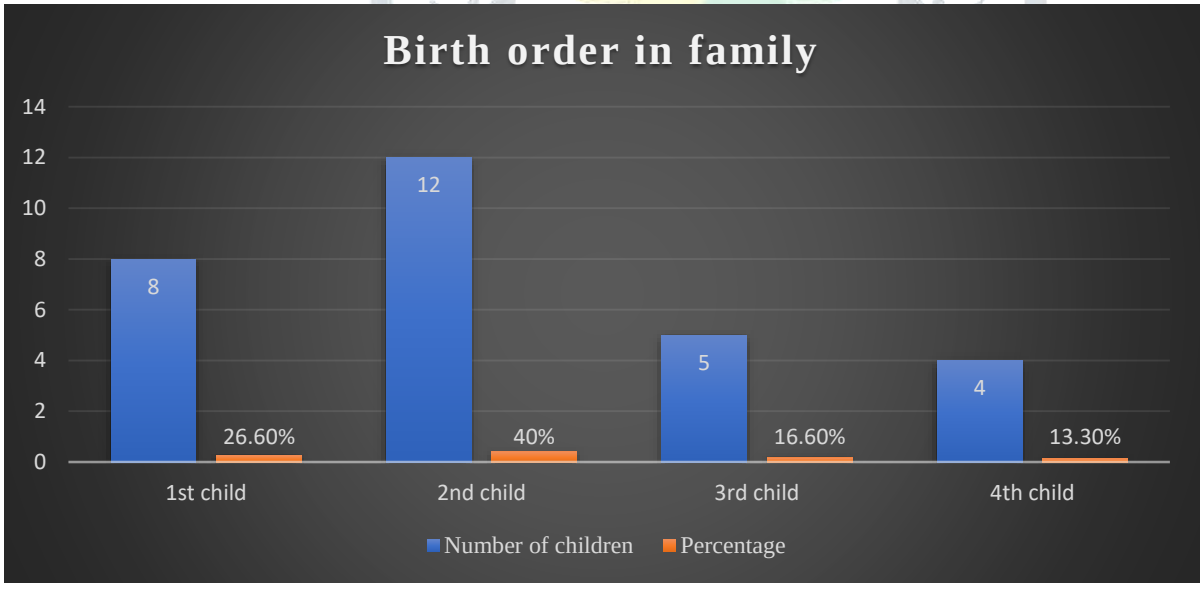


Fig.1 Shows the Frequency and percentage distributing of birth order in family.

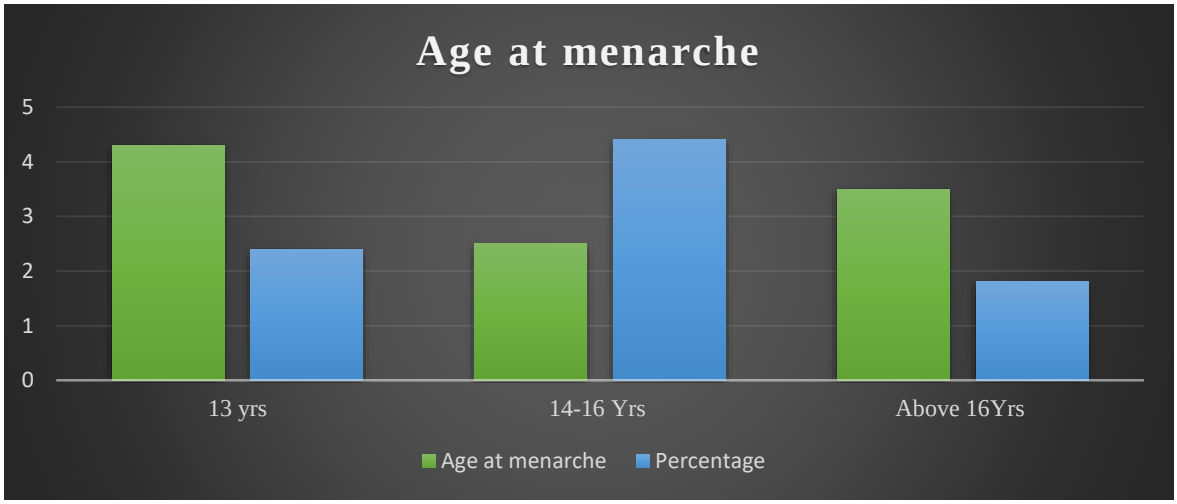


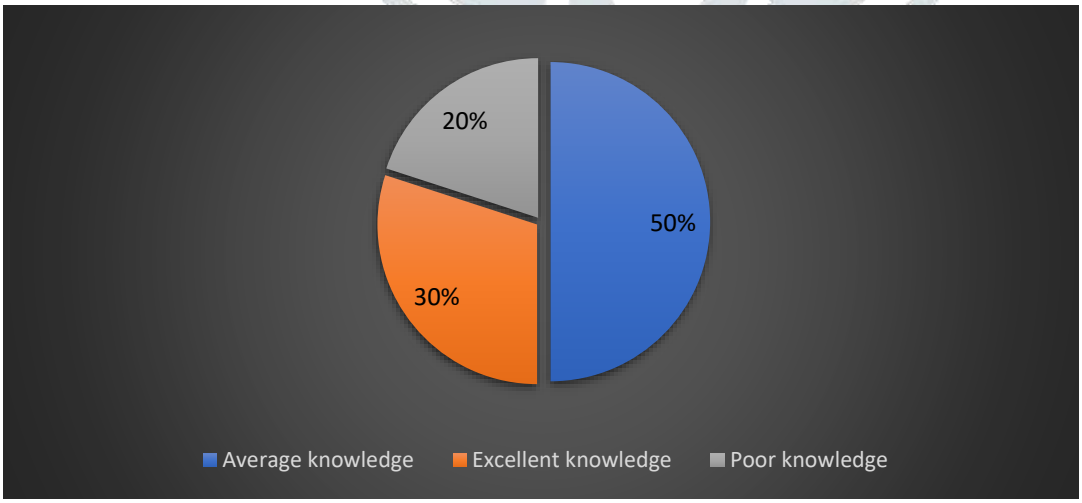
Fig.2 Shows the Frequency and percentage distribution of age at menarche.

Section -2

Table:2 Shows the level of knowledge on teenage pregnancy among adolescent girls. **N=30**

Knowledge Score	**Frequency**	**Percentage**
Poor Knowledge	6	20%
Average Knowledge	15	50%
Excellent Knowledge	9	30%
Total	30	100%

Figure: 3 Shows the knowledge on teenage pregnancy among adolescent girls. N=30.



SECTION: 3

Association of the Knowledge on Teenage Pregnancy with their selected demographic variables among Adolescent's girls in selected community at Meerut.

This section described the finding related to the Knowledge on Teenage pregnancy among adolescent's girls in selected community area at Meerut. The data is described and analysed using description statistics. These data are represented in tables.

Table 3: Shows the Mean Median and Standard deviation of Knowledge regarding teenage pregnancy. N=30

S. No	Mean	Median	Standard deviation
1.	9.6	7.5	1.24

Maximum Score on knowledge =15

The result in the table no.1 reveals that the mean quality knowledge of teenage pregnancy is 9.6 and standard deviation score is 1.24 .It indicates that girls have poor knowledge of teenage pregnancy.

Table 5: Shows the Association between Demographic Variables and post level Knowledge of teenage pregnancy.

Demographic Variables	Poor	Average	Excellent	D.F	Chi - Square Value	Significant And Non – Significant
Age :						
A)15-19	**0**	**10**	**2**	**1**	**0.47**	**Significant**
B)20-25	**0**	**13**	**5**			
Gender:						
A) Male	**0**	**0**	**0**	**2**	**0**	**Non-Significant**
B) Female	**0**	**23**	**7**			
Type Of Family						
A) Nuclear Family						
B) Joint Family	**0**	**10**	**4**			
C) Extended Family	**0**	**11**	**4**	**2**	**0.764**	**Non-Significant**
	0	**1**	**0**			
Religion						
A) Hindu	**0**	**20**	**6**			
B) Muslim	**0**	**2**	**1**	**2**	**0.43**	**Non-Significant**
C) Christian	**0**	**1**	**0**			
Residence						
A) Rural	**0**	**6**	**3**	**1**	**0.7**	**Non-Significant**
B) Urban	**0**	**17**	**4**			
Birth Order In The Family						
A) 1st Child	**0**	**6**	**2**			
B) 2nd Child	**0**	**11**	**3**			
C) 3rd Child	**0**	**3**	**1**	**3**	**0.468**	**Non-Significant**

D) 4th Child	0	**3**	**1**			
Monthly Income						
A)Below -5000	**0**	**2**	**0**			
B)5001-7000	**0**	**8**	**1**	**3**	**1.26**	**Non-Significant**
C) 7001-9000	**0**	**4**	**2**			
D)9001 Below	**0**	**10**	**3**			
Type Of House						
A) Kuccha	**0**	**1**	**0**			
B) Semi Pucca	**0**	**0**	**3**	**2**	**11.09**	**Non-Significant**
C) Pucca	**0**	**22**	**4**			
Breadwinner Of The Family						
A) Father	**0**	**22**	**6**			
B) Mother	**0**	**1**	**1**	**2**	**0.86**	**Non-Significant**
C) Brother	**0**	**0**	**0**			
Age At Menarche						
A) 10-13	**0**	**7**	**2**			
B) 14-16	**0**	**14**	**4**	**2**	**0.167**	**Non-Significant**
C) Above 16	**0**	**2**	**1**			
Near By Medical Service						
A) Sub-Centre	**0**	**4**	**1**			
B) PHC	**0**	**13**	**2**	**2**	**2.47**	**Non-Significant**
C) CHC	**0**	**6**	**4**			
Education Staus Of Mother						
A) Illiterate	**0**	**1**	**0**			
B) Primary	**0**	**10**	**3**	**2**	**0.322**	**Non-Significant**
C) Graduation	**0**	**12**	**4**			
Education Status Of Father						
A) Illiterate	**0**	**0**	**0**	**2**	**0.029**	**Non-Significant**
B) Primary	**0**	**9**	**3**			
C) Graduation	**0**	**14**	**4**			

Above table shows the association between demographic variables and the knowledge of teenage pregnancy. According to this table it shows that there is a significant association in the age group of the adolescent girls. Other demographic like Sex, Gender, Type of family, Religion, Area of residence, Birth order in the family, Monthly income of family, Type of house, Breadwinner of the family, Age at menarche,

Nearby availability of medical services, educational status of mother, educational status of father are not significant.

CHAPTER-5

DISCUSSION AND SUMMARY

Although there was a steady decline in teenage pregnancy during in recent years it has once again begun to climb. Approximately one million adolescents become pregnant in the U.S every year, with nearly 5000,000 births occurring to school aged mothers, with the age between 15-19yrs.

The birth-rate among teenagers in the U.S remains one of the highest among other individualized country. In 2015 a total of 3,33,771 Teens gave birth. Teenage mother is at risk of not completing their education and become a dependent on welfare because of the interruption by their pregnancy.

MAJOR FINDINGS:

This study findings shows that adolescents girls having high knowledge (30%), average knowledge (50%) and poor knowledge (20%).It shows highly effective. Most of the study participants were in the age group of 15-19yrs and girls were belongs to Hindu religion (87%), about (43.3%) participants belong to above 9000family income and (90%) having pucca house, There is association in their age group with their knowledge.

LIMITATIONS OF THE STUDY

- This study was limited to only teenage girls of selected community at Meerut
- The Study was limited to only teenage girls.
- The study is limited to experience level of researcher.

RECOMMENDATIONS

- Research study can be planning to assess the attitude regarding teenage pregnancy.
- Similar study can be replicated on a large sample to generalize the findings.

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