

**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED
TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE
OF ADOLESCENT GIRLS ON TEENAGE PREGNANCY AT
THOTTIPALAYAM, COIMBATORE .**

By

JEYASUTHA. P

A Dissertation submitted to The Tamil Nadu Dr.M.G.R. Medical University, Chennai,
in partial fulfillment of requirement for the Degree of

MASTER OF SCIENCE IN NURSING

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INTERNAL EXAMINER

EXTERNAL EXAMINER

CERTIFICATE

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CHAPTER I

INTRODUCTION

Adolescent are not monsters, they are just people trying to learn how to make it among the adults in the world, who are probably not so sure themselves. India is the second most popular country with total population of 1081million comprising nearly 30% of the total population, among which adolescents (10-18years) form a population of 22.5% (**WHO, 2001 census**).

Adolescent is an important stage of life for establishing health behaviour, attitudes and life style. It is a period characterised by rapid physical growth, sexual, psychological, sexual and physiological growth. Health behaviour is one indicator of health of younger people that may serve both as a measure of health over time as well a target for health policy and pregnancy and prone to risk behaviour like aggression, victimization, depression, suicidal ideation, substance abuse and sexual behaviour (**Grabber,2004**).

Researchers have revealed that a woman sexual development starts as early as 13 years, but her physique is not well developed to bear strains during pregnancy there is relatively high risk for the teenage mothers between 15-18years of age (**Discovery academy, 2010**)

Adolescents are considered to be healthy since mortality in this age group is relatively low. Infact, the adolescent girls can do have a range of health problems like anaemia, increasing premarital sex, prostitution, reproductive tract infections, school drop out, poor nutrition, early child bearing and reproductive complications.etc (**WHO, 2006**).

Today all over the world, teenage pregnancy is, emerging as a serious problem, approximately 15 million pregnancies occur every year among young women aged 15-19 years. They are more common in the developing country like India. Though 50% of girls get married by 18 years, 19% of total fertility rate (15-19 years) is adolescent pregnancy, 27% of them have unmet need of contraception, and 4.7% of them were using modern method of contraception (**WHO,2006**).

Teenage pregnancy is defined as getting pregnant below 18 years. Young adolescents (12-14 years old) are more likely to have unplanned sexual intercourse and are more likely to be concerned in to sex. Most teenagers do not plan to get pregnant, but many do. Often teenagers do not receive timely prenatal care and they have a higher risk of pregnancy like high blood pressure and its complication, premature birth and low birth weight (**Health Orates, 2008**).

Early marriage and early pregnancy are accepted cultural norms of our society. The outcome of teenage pregnancy is affected due to illiteracy, poor socio economic condition, inadequate prenatal care. Most of the adolescent girls don't have adequate knowledge about puberty, teenage pregnancy and other reproductive health. Negative perception which they gather from other sources often contributes to STDs and HIV infections (**Chahande, 2002**).

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**).

A cross sectional observational study was conducted on prevalence of child marriage before 18 years of age among the young adult women in India. Data from National Family Health Survey-3 were limited to the sample of Indian women aged 20 years. The results showed that 44.5% of women aged 20 years were married before 18 years, 22.6% of women were married before the age of 16 years and 2.6% women were married before the age of 13 years (**Raja, Saggurti N, 2008**)

A cross sectional study on Reproductive pattern, perinatal mortality, and sex preference was conducted in rural Tamil nadu in India. In this study 30 village areas were randomly selected and served by health sub centres. The participants were 1321 adolescent women. The Result showed that 41% of the subjects (535) were primiparous, 7 subjects (0.5%) were grand multiparous. The, the neonatal mortality rate was 35.3/1000, the perinatal mortality rate was 42.0/1000 and the stillbirth rate was 13.5/1000 births (**Birgitte Bruun Nielsen, 2000**).

NEED FOR THE STUDY

Globally teenage pregnancy accounts for 16 million in the age group of 15-19years, in which 10% is teenage pregnancy, one –third is abortion, 14% of them miscarry and 52% will bear children. In developing countries accounts for 95% of teenage pregnancies, the highest teen birth rates has been recorded in Mississippi, with of 68.4%, Mexico with 64%, Texas with 63%, the lowest rates are recorded in countries with in northeast 18.7%, Vermont with 20,8% (**WHO,2009**).

In India 42.9% girls are in age group of 15-17 years and 14% girls in age group of 17-19 years and 3/10 girls get pregnant before 20 years, 1/6 girls are born to teen mothers and 47% of Indian women aged 20-24 married before legal age of 18, and 56% are in rural areas. The total fertility rate was 6.2-6.7 (**WHO, 2000**).

The recent studies revealed that teenagers become sexually active in early puberty and they face challenges of onset of menstruation compared to urban areas. 40% of teen girls aged 15-19 years had sex at least once and prefer the rhythm method of birth control. The incidence of teenage pregnancy was 63% and prevalence rate was 28 and 32 per 1000 in rural and urban areas of Tamilnadu. In Coimbatore, 15.2% of adolescent girls and 0.7% of adolescent boys are getting married early (**WHO, 2005**).

A report by save the children found that, annually thirteen million children are born to women under age of 20 years in world wide. More than 90 of these births occur to women living in developing countries. The higher rate of teenage pregnancy in the world with 143/ 1000 girls in age group of 15-19 years is in sub-Saharan Africa and the Fertility rate in south Asia range from 71to 119 birth/1000 women aged between 15-19 years (**Health and demographic survey, 2010**).

A descriptive and comparative study on knowledge, attitude and behaviour related to sex among teenage girls between nursing and non nursing college students was conducted in Taiwan. A total of 792 students were recruited from one nursing school compared to non nursing students. The nursing students had more knowledge on sex related issues. They also found that the close an intimate relationship was, the more liberal sexual activities tended to be. The participant was prone to accept premarital sex,

and cared less about the virginity of future spouses, 60% students perceived that having a child before marriage was unacceptable, about 23% of participants had intercourse experience, while only 30% girls surveyed to have used contraception every time they had sexual intercourse. 11 students reported being pregnancy, but none chose to take their pregnancy to term. The finding of this study showed that nursing education may have a positive influence on the sexual knowledge, attitude and behaviour with regard to participating in safer sex among teenage girls (Tseng YH, 2009).

The investigator while conducting health awareness programme, found that most of the adolescent girls got married at the age of 13 years, and they had poor hygiene, and low birth weight babies. The girls were not aware about puberty teenage pregnancy and other aspects of reproductive health. So the investigator felt the need to create awareness about teenage pregnancy. This study will help to assess the knowledge and attitude of adolescent girls towards selected aspects of reproductive health and prevent the complications.

STATEMENT OF THE PROBLEM

A Study To Assess The Effectiveness Of Structured Teaching Programme On Knowledge And Attitude Of Adolescent Girls On Teenage Pregnancy At Thottipalayam, Coimbatore.

OBJECTIVES:

- To assess the knowledge and attitude of adolescent girls on teenage pregnancy.
- To administer structured teaching programme on teenage pregnancy among adolescent girls.
- To reassess the knowledge and attitude of adolescent girls on teenage pregnancy.
- To associate the findings with the selected demographic variables

OPERATIONAL DEFINITIONS

Effectiveness:

It refers to the extent to which the structured teaching programme on teenage pregnancy has achieved the desired effect in improving the knowledge and change in attitude of adolescent girls.

Structured teaching programme

It refers to systematically planned teaching programme, designed to provide information on teenage pregnancy to adolescent girls.

Knowledge

It refers to the information gained by adolescent girls on teenage pregnancy.

Attitude

It refers to the expressed belief and feeling of adolescent girls on teenage pregnancy.

Teenage pregnancy

It is defined as teenaged or under aged girl usually in the age group between 13-18 years getting pregnant.

Adolescent girls

It refers to both married and unmarried adolescent girls in age group between 13-18 years.

ASSUMPTIONS

- Adolescent girls will have lack of knowledge on teenage pregnancy.
- Adolescent girls need education regarding teenage pregnancy.
- Structured teaching programme on teenage pregnancy will help the adolescents to improve their knowledge and will help them to develop a positive attitude.
- Knowledge and attitude have strong influence on adaptation of healthy behaviour.

HYPOTHESIS

There is a significant difference between pre test and post test scores on knowledge and attitude of adolescent girls on teenage pregnancy after structured teaching programme.

LIMITATIONS:

The study is limited to

- Adolescent girls who are willing to participate.
- Adolescent girls who are available at the time of data collection.
- Adolescent girls who have attained menarche
- Adolescent girls at the age between 13-18 years.

PROJECTED OUTCOMES

- This study will help the adolescent girls to get adequate knowledge and gain awareness on teenage pregnancy.
- It will help the adolescent girls to share information with colleagues and surrounding people.

CONCEPTUAL FRAMEWORK

A conceptual framework deals with abstraction, which is assembled by nature of their relevance to a common theme. It is a global idea about the concept in relation to a specific discipline . It describes the mental image of a phenomenon and integrate them into a meaningful configuration. It's a visual diagram by which the

researcher explains the specific area of interest (**Christenson J. Paula, 2000**).

One of the important purposes of conceptual framework is to communicate clearly the interrelationship of various concepts . It guides an investigator to know what data needs to be collected and gives direction to the entire research process (**Kertinger K.N,1999**).

This study was aimed at assess the effectiveness of structured teaching programme on knowledge and attitude of adolescent girls on teenage pregnancy.

The investigator adopted “Pender’s Health Promotion Model” (1984). The study seeks to increase an individuals level of wellbeing . The model focuses on aspects of individuals cognitive perceptual factors , perceived health status, health promoting services and perceived benefits of health promotion. The model also identified factors that influence health promotion activities.

In this modified mode, the community nurse interacts to assess the level of knowledge and attitude on teenage pregnancy among adolescent girls who are influenced by the demographic variables.

This model focuses on the following areas:

1. Cognitive perceptual factors
2. Perceived health status
3. Health promoting services
4. Perceived benefits of health promotion

5. Barrier to health promoting behaviour

1. Cognitive perceptual factors

The investigator assessed the knowledge and attitude of teenage pregnancy among adolescent girls by using structured questionnaire and rating scale.

2. Perceived health status

The adolescent boys have adequate knowledge and positive attitude regarding teenage pregnancy or the adolescent girls have inadequate knowledge and negative attitude regarding teenage pregnancy.

3. Health promoting services

Structured teaching programme of teenage pregnancy is given as health promoting service to the adolescent girls irrespective of their knowledge and attitude.

4. Perceived benefits of health promotion

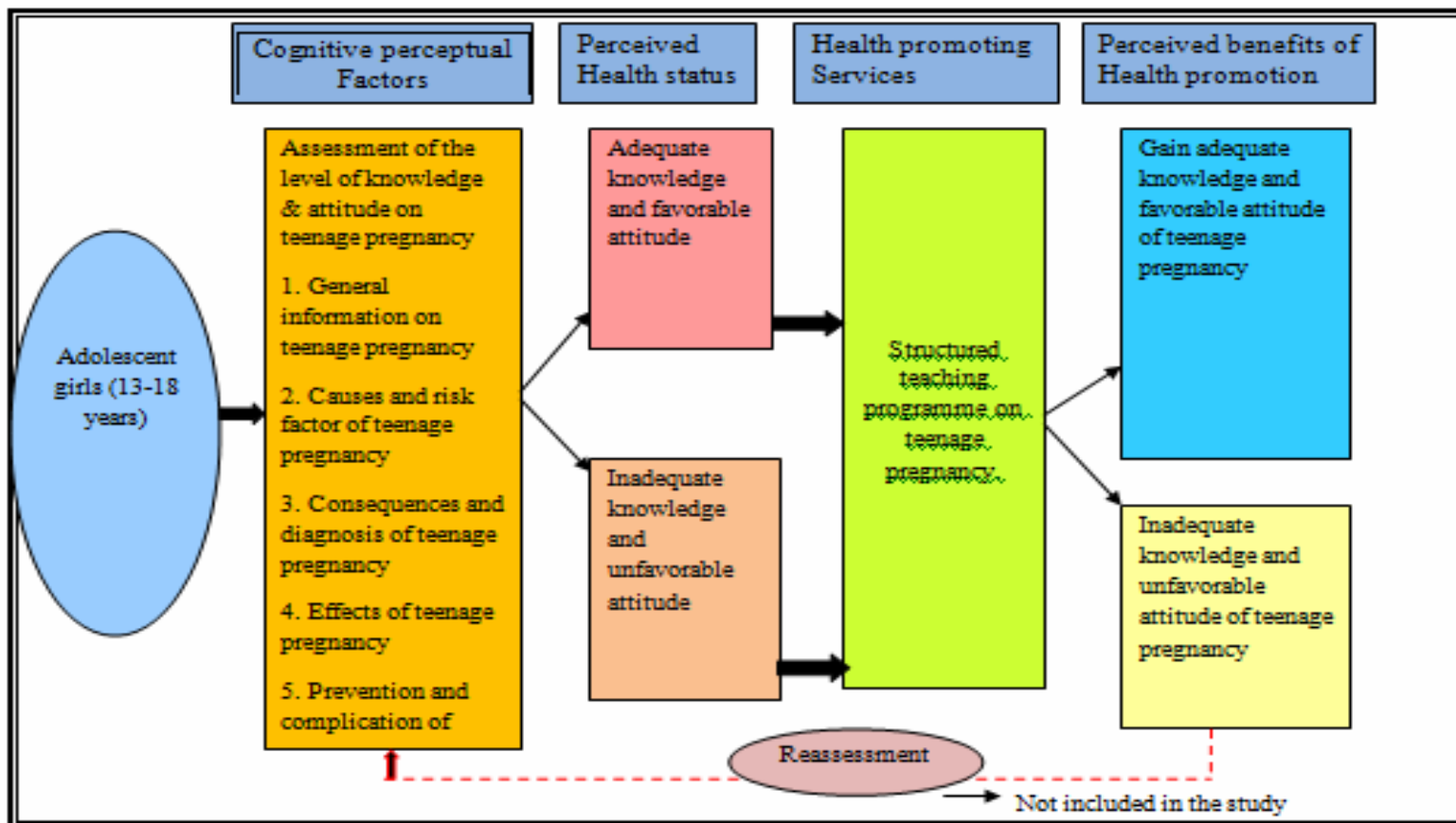
Health promoting behaviour is the desired behavioural outcome and is the end point of Health promotion model.

In this study the health promoting behaviour developed by structured teaching program will result in improved health and better quality of life among adolescent girls.

5. Barrier to health promoting behaviour

In this study if the adolescent girls have inadequate knowledge and negative attitude on teenage pregnancy, reassessment of adolescent girls knowledge and attitude was done. But it is not included in this study.

FIGURE-1
MODIFIED PENDER'S HEALTH PROMOTION MODEL (1984)



CHAPTER-II

REVIEW OF LITERATURE

Review of literature is a key step in research process. It is an extensive and systematic examination of publications relevant to the research project. It helps the researcher in contributing new knowledge, insight, and general scholarship to the researcher.

It helps the researcher to state, what is already known and what is unknown related to his selected problem to make the concepts clear. It helps in analysing existing knowledge before delivering into a new area of study while conducting a study, when interpreting the results of the study, and when making judgements about application of a new knowledge in nursing practice (**B.T Basavanhappa, 2007**)

Review of literature arranged in the following manner

SECTION A: studies related to teenage pregnancy

SECTION B: studies related to knowledge and attitude of teenage
Pregnancy

SECTION C: studies related to structured teaching programme

SECTION A: Studies related to teenage pregnancy

A cross sectional study on children having children in Srilanka. The study participants were 50 women below 20 years. This study reveals that the age at first intercourse was 18.07 years. The result showed that 37 respondents 23.6% had pre-marital sex in their teen. About 65% of women had become pregnant once before marriage and that appeared to happen between ages of 15-19 years. In that 5.4% reported it was by

force, 37.5% indicated it was with consent 57% have mentioned it was with out their knowledge (**Lakshman Dissanagalee, 2008**)

A cross sectional study on youth risk behaviour surveillance was conducted in the United States. Health risk behaviour contributed to be the leading cause of morbidity and mortality among youth and an adult, which is often, are established during childhood period and extends to adulthood. These problems were interrelated and preventable. The youth risk behaviours surveillance system monitors 6 categories of priority health risk behaviour among youth and young adults. They are intentional injuries, violence, tobacco use, alcohol and drug use, sexual behaviour, physical inactivity and prevalence of obesity and asthma. A 20 local survey was conducted by CDC (centre of disease control) and state and local school based YRBS education in 42 states. It was found that among those who drinking alcohol of which 34.2% were currently sexually active and 38.9% did not used condom (**Eaton,DK,2010**).

A cross sectional study was conducted on the characteristic of pregnancy among teenage girls at Nagpur in India. The participants were 462 postnatal women, less than 20 years old for a period of 1 month from 1st October 1999 to 30th June, 2000 at government hospital in experimental group . The control group included 500 primiparous women at the age group between 20-29 years at government hospital during the same period. The data was collected using the interview technique. The results showed that 97.8% were at the age group of 18-19 years and in the control group were at the age group of 20-22 years, 65.3% women and 62.6% women belonged to Hindu religion from the experimental and control group respectively, 8.6% women and 7.0% women were illiterate from the experimental and control group respectively, 53.2% women and

75.2% women were house wives from the experimental and control group respectively .In the experimental group the women's age at marriage was 16.7 years and in the control group it was 18.65 years

(A.R Jadhao, 2007)

A cross sectional observational study was conducted to assess the prevalence of child marriage on young adult women between 13- 20 years of age in India. Data from National Family Health Survey-3 were limited to the sample of Indian women aged 20 years (no=22). The results showed that 44.5% of women aged 20 years were married before 18 years, 22.6% of women were married before the age of 16 years and 2.6% of were married before age of 13 years **(Raja, Saggurti N, 2008)**

A cross sectional study on health profile of pregnant adolescents among selected tribal populations was conducted at Rajasthan in India. The study participants included adolescent girls in 2nd and 3rd trimester of pregnancy who were selected randomly from 15 tribal villages of Udaipur district. A total of 54 adolescent girls aged (13-19) years were included in present study of which 59% were found to be primigravidas, 30% were pregnant for 2nd time, 2 girls were pregnant for 3rd time. Majority were illiterate. A large number was found to be suffering from moderate to severe anaemia(n=42) weighing very less than 42 kg , 2 of the pregnant girls were associated to be suffering from pellagra, and 1/3 of the girls had vitamin A deficiency **(Sharma V, 1999)**.

A case control study was conducted to examine the socio cultural determinants of pregnancy among adolescents in Nepal .This study was selected to compare the education, economic status, family support system and freedom towards conception among teenagers and higher age

group women. The study participants were adolescent girls (13-19) years and the older women (20-29 years). The results showed that 70% adolescent pregnant women were compared with 70% of primigravida women. Teenage pregnant women who were less educated, had poor economic background were more likely to have accidental pregnancy due to love marriages (**Sharma AK, 2002**).

A study was conducted to compare the risk of teen-age pregnancy in a rural community under 20 years old, in the state Maharashtra in India. The study sample included 5994 deliveries in the rural health district area of Sirur. Adolescent pregnancies amounted to 598 deliveries. The perinatal mortality rate was (238) under 18 years old was 67.2%/ 100 live births. The neonatal mortality rate was 67.4. Statistically significant differences were found in the rate of low birth weight infants, stillbirths, and late neonatal deaths among the babies delivered by the women aged less than 18 years compared to other women. The perinatal mortality rate was 7-16 times greater than associated risk factors, except anaemia. The neonatal mortality rate was 2.5-18 times greater than associated risk factors, except anaemia and oedema. Late neonatal mortality rate was 2.2 times higher among infants with mothers of under 18 years old (**Pratinidhi A, 2000**).

A population based case control study was conducted in Turkey to determine the degree of socio economic status as a risk factor for first birth at age 19 or younger in married women. The study group comprised of all married and pregnant women aged 15-19 yrs (adolescent pregnancies) attending primary care centres (144 subjects) and married women between 20 and 29 years, experiencing their first pregnancy (adult pregnancies) who were determined as the control group (144

subjects). A questionnaire was completed for each subject during face-to-face interviews. Analysis showed that adolescent pregnancy was more frequent in women from families with a low socioeconomic status, exposure to violence within the family prior to marriage, and among which families partially opposed or unopposed to adolescent marriage. Lower education level, lack of social security, living in a houses in which the number of persons per room was over 1, unemployed women and sisters with a history of adolescent pregnancy were also the contributing reasons (**Birsen gokce,2001**).

`A cross sectional study was done on social consequences and health problems among teenage pregnancy in rural Kathmandu valley in India. The study sample comprises of (15-19 years old) 180 subjects. This study was done for a duration of six month period among teenagers (10-19 years). The result showed that the preterm delivery was 50%, the prevalence of anaemia was 56.66% in teenage pregnancy and the haemoglobin level (less than 7.9 gm) was 55.67%. . It was concluded that the contributory factors for teenage pregnancy were low socio economic condition, less awareness of family life education and early marriage (**Kafle PP, 2010**)

A retrospective study was done to determine the incidence and complication of teenage pregnancy at Chonburi, Thailand. In the experimental group the participants were primigravida women between the age group of 13-20 years(2,490) at chonburi hospital from 1st January 2000-31st December 2009. In the control group they were between the age group of 20-25 years (3,909) during the same period. The findings of the study showed that the experimental group had a lower gestational age during delivery than the control group(20% vs. 13.9%),the experimental

group had more inadequate antenatal care than the control group (19% vs. 12.5%), anaemia was a significant between experimental and control group (17% vs. 1%), low birth weight infant mortality rate in experimental group was higher than the control group (**Watcharaseranee N, 2006**).

A nested case control community based study to compare the risk associated with pregnancy and its outcome among primigravida adolescent and adult pregnant women was conducted at Delhi in India. The participant consisted of 64 adolescent and 175 adult primigravida in a cohort of 343 antenatal women. The result showed that the mean age of conception in adolescent and adult was 18.46 and 21.69 years. Complications were more common among adolescents like abnormal presentation and prolonged labour. Pregnancy wastage was 17.5% and 3.5% among adolescents and adult respectively (**AK Sharma, 2002**).

A retrospective study was conducted on comparison of obstetric outcomes of pregnancy in older women and teenagers at Sangali in India. The participants are girls aged ≤ 19 years were compared with older women (19–35 years) in the same hospital. The study group 386 participants were compared with 3,326 pregnancies of older women. The Results showed that teenage mothers were three times more at risk of developing anaemia (2.83%), hypertension problem in pregnancy (2.2%) and low birth weight babies (1.8%), pre term babies (2.97%) and 50% less likely to have normal weight babies (0.5%). They also found that cultural practices, poor socio economic condition, lack of awareness of risk and low literacy rate are the main contributory factors (**S. H. Mahavarkar, 2008**).

A qualitative study was conducted on abstinence to assess the effectiveness of counseling training of health care providers among high-risk teenagers in the United States. Clinicians are enquired about adolescent pregnancy, HIV and STD prevention, which included abstinence by interview technique. The systematic content analysis was used to examine the effectiveness of counseling technique in different situations. The results showed that providing comprehensive counseling, and abstinence as a choice for teenagers, to reduce pregnancy among teenagers (**Harper CC, 2010**)

SECTION B: Studies related to knowledge and attitude of teenage pregnancy

A retrospective study was conducted to identify the level of knowledge, behaviour and education needs of school adolescents on Sexual and reproductive health in northern Nigeria. The participants were 989 adolescents from 24 secondary schools. The result showed that 72% of females had experienced menstruation, 14% of females were sexually active, 15% of females knew about the ovulation cycle, 44% of females knew pregnancy could result from first coitus and 56% of females knew about contraception, and 84% gave an opinion that adolescents should be given sexual education. It concluded that there is a need for education for secondary school adolescent (**Adekun LA, 2009**)

A study was conducted on, knowledge, attitude and sexual behaviour of school adolescent girls in Transkei. A self-administered questionnaire was given to 1025 females from 21 secondary schools. Among the participants 75% of them were unmarried. The results showed that 74.6%

had already been sexually experience, while 21% did not. Both sexually experienced girls and sexually inexperienced girls were living with their parents. It was concluded that sexual development and onset of menarche were the possible risk factors for initiation of sexual activity among school adolescent girls, as one third of sexually experienced adolescent girls been pregnant . It was also found that the contraceptive use was low among adolescent girls **(Buga GA, 1999)**

A study was conducted to assess the attitude of teenagers towards sexual behavior among teenagers in U.K. The participants were 1500 teenagers aged between 13-18 years. A questionnaire was given to them. The result showed that, twenty per cent of 13 years old teenagers reported that they had sexual intercourse with a partner, 78% of them reported some form of sexual contact with a partner, 23% of female subjects had experienced sexual intercourse, 38% of male subjects had experienced sexual intercourse, 10% of teens indicated they would be denied to use condom and 37% were concerned about seeing clumsy when using a condom. 23% of males and 9% of females said they would be willing to have sexual intercourse without use of a condom. **(Queenmary, 2010)**

A cross sectional study was conducted on knowledge, attitude and behavior of adolescent girls towards STIs/HIV, safer sex and sexual education in South Delhi, India. A self-administered questionnaire was given to 251 adolescent girls. The results indicated that more than one-third of students had less knowledge about the symptoms of STIs other than HIV/AIDS. The attitude scale showed 30% of subjects considered that HIV/AIDS could be cured, 49% of subjects felt that condoms should not be available to youth, 41% were confused about whether the

contraceptive pill could protect against HIV infection/AIDS and 32% of subjects said that it should be taken only by married women (Alexandra McManus, 2008).

A cross sectional study was conducted on existing knowledge of oral contraceptive methods among adolescent mothers in Brazil. The participants are 278 teenage mothers (15-19 years) admitted in 4 maternity hospitals. The result showed that 98% adolescent mothers had low existing knowledge of oral contraceptive and multipara was the only indicator of increased existing knowledge on oral contraceptive. It is concluded that there is a need to create awareness on interactive approach with adolescents concerning their level of existing knowledge on teenage pregnancy and its consequences (Souise, 2009).

SECTIONC: Studies related to structured teaching programme on teenage pregnancy

A randomized control study on the cost effectiveness of motivational intervention to reduce rapid repeated child bearing in high risk adolescent mothers was conducted in America. The participants were recruited from 5 urban clinics, 235 pregnant teenagers aged 18 years or younger who were at 24 or more weeks of gestation at recruitment were followed up for 27 months. Participants were randomly assigned to usual care (n=68) or 1 of 2 home based intervention conducted by community outreach workers and computer assisted motivational intervention was conducted. A single component motivational intervention was conducted quarterly. The result showed that CAMI (computer assisted motivational intervention) significantly reduces repeated births (0.47, 95%) than single component motivational intervention (Barnet B, 2010).

An individual/ cluster randomized controlled trials to assess the effectiveness of primary prevention intervention on unwanted pregnancy among adolescents was conducted at Calbar in Nigeria. This study is to evaluate intervention that aimed to increase knowledge, change the attitude relating to risk of unintended pregnancy, promote delay in initiation of sexual intercourse and encourage consistent use of birth control methods to reduce unwanted pregnancy in adolescents aged 10-19 years. The participants were 95,662 adolescents (10-19 years) were included .The result showed that multiple intervention (education and contraception) lowered rate of unwanted pregnancy among adolescents and the evidence shows the effects of interventions on secondary complications (**Oringaneje C, 2009**).

A community based support study on effectiveness of teaching on early parenting approach with in a community based support services for adolescent mothers was conducted in Canada. The participants were pregnancy or parenting teen mothers between ages of 13-19 years. The intervention group received a brief support intervention and direct teaching of keys to care giving programme. In order to control for the lack of a visit, the comparison group received brief social support. The result shows that the participants in the intervention group showed a significantly greater difference than control group. This finding was likely due to the fact that only one participant scored as being at risk for depression and she was allocated to the intervention group (**Jane E.Drummond, 2008**).

A prospective study was conducted to evaluate the effectiveness of youth development programme in reducing teenage pregnancy,

substance abuse and other outcomes in England. The participants were 2724 young people aged between 13-15 years are at risk of teenage pregnancy, substance misuse, or school exclusion or to be vulnerable and the study design was a Prospective matched comparison study. The intervention was Intensive, multi component youth development programme including sex and drugs education versus standard youth provision. The result showed that Young women in intervention group more commonly reported pregnancy than the comparison group (16% v 6%), early heterosexual experience (58% v 33%) than did those in the comparison group and the expectation of teenage parenthood is (34% v 24%) than the control group (**Wiggins M,2007**).

A study was conducted on reducing Adolescent Pregnancy among unmarried adolescents through School and Community-Based Education in South Carolina. Intervention messages were targeted at parents, teachers, ministers and representatives of churches, community leaders, and children enrolled in the public school system. The messages emphasized the development of decision-making and communication skills; self-esteem enhancement; understanding human reproductive anatomy, physiology, and contraception. The estimated rate of pregnancy abortions for females aged between 14 to 17 years in the country western portion has declined remarkably since the intervention began, and the changes were statistically significant when compared with three socio demographically similar countries and also with the eastern portion of the country (**Murray L, 1999**).

A study was conducted to assess the effectiveness of teenage pregnancy prevention programme among adolescent girls in U.K. The participants were 100 adolescent girls taken for the study. The result

showed that four of these five programmes directly or indirectly provided access to contraceptive services, and also it reduces the proportion of adolescents who initiated sexual activity by 15 percentage.. Three of these four programs significantly increased the rates of contraceptive use among adolescents by 22 percentage. It provided access to contraceptive services to the targeted adolescents who were younger and those who were not yet sexually experienced. These two programmes significantly decrease the proportion of adolescent pregnancy. It was concluded that there was a delay on sexual initiation, More training should be given in negotiation skills and decision-making, and education on sexuality and contraception (**Forrest JD, 2004**).

A cross sectional study was conducted to examine factors affecting and the level of awareness on emergency contraception among college students in Kathmandu, Nepal. A self structured questionnaire was given to 1137 college students, among them 573 are males, 564 are females in Kathmandu valley. The result showed that 2/3 of college students 86% ever heard about EC. Male aware about EC were 72% while the females were 64%. Students had significant prediction of awareness of EC, sex, permanent place of residence and reproductive health education. Males subjects were 1.5 times more aware of EC compared to female students who lived in Kathmandu valley, 41% of subjects are to be less aware of EC than students from outside the Kathmandu valley. Those students who received RH education were 9 times more aware of EC compared with those who did not receive such education (**Adhikari R, 2009**).

A study was conducted on Awareness and health seeking behavior of rural adolescent girls on menstrual and reproductive health problems

in Haryana , India. The study participants were 130 adolescent girls aged between 13-17 years. The result showed that 40.7% of subjects had menstrual problem (dysmenorrhea) followed by irregular menses, 2.3% , and 5.3% of subjects consulted a doctor and 22.4% of subjects took on their own. The result indicated that girls had poor knowledge on normal duration of pregnancy and need for nutrition during pregnancy and the other hand, they had good knowledge on child spacing and medical examinations during pregnancy. The sources of information were namely television (73.1%), radio (37.1%) and parents (36.1%), 49.2% of adolescent girls preferred to consult the parents and doctors (44.6%) for help at times of having reproductive health problems (**M. Meghachandra Singh' 2001**).

A methodological review was conducted on Sexual health education interventions for young people at Delhi, India. The participants were 124 adolescent girls aged between 15-19 years. The result showed that, 68 percent of subjects aged between 15-19-year-old women by the age of 18 years itself have received formal instruction about pregnancy and contraceptive methods, 16 % of subjects had received instruction about pregnancy , and another 16 percent of subjects have received neither type of education. The formal contraceptive education age was 15-year old and exposure to formal sex education appears to have no consistent effect on the subsequent probability that a teenager will begin to have intercourse. Sexually active teenagers, who have had received formal instruction reported that they know more methods of contraception than the adolescents who had not received instruction and nearly one-third of adolescents had at least one premarital pregnancy (**Michelle Crozier Kegler, 2005**).

CHAPTER III

RESEARCH METHODOLOGY

INTRODUCTION

The Research methodology indicates the general pattern of organizing the procedures for gathering the valid and reliable data for the problem under investigation (**Kothari, 1994**).

The methodology is a technique used to structure a study and to gather and analyze information in a systematic fashion (**Polit and Beck, 2008**).

This chapter deals with research design, setting of the study, variables, population, sample size, sampling technique, sample selection, description of the tool, content validity, reliability, pilot study, method of data collection and plan for data analysis.

RESEARCH DESIGN

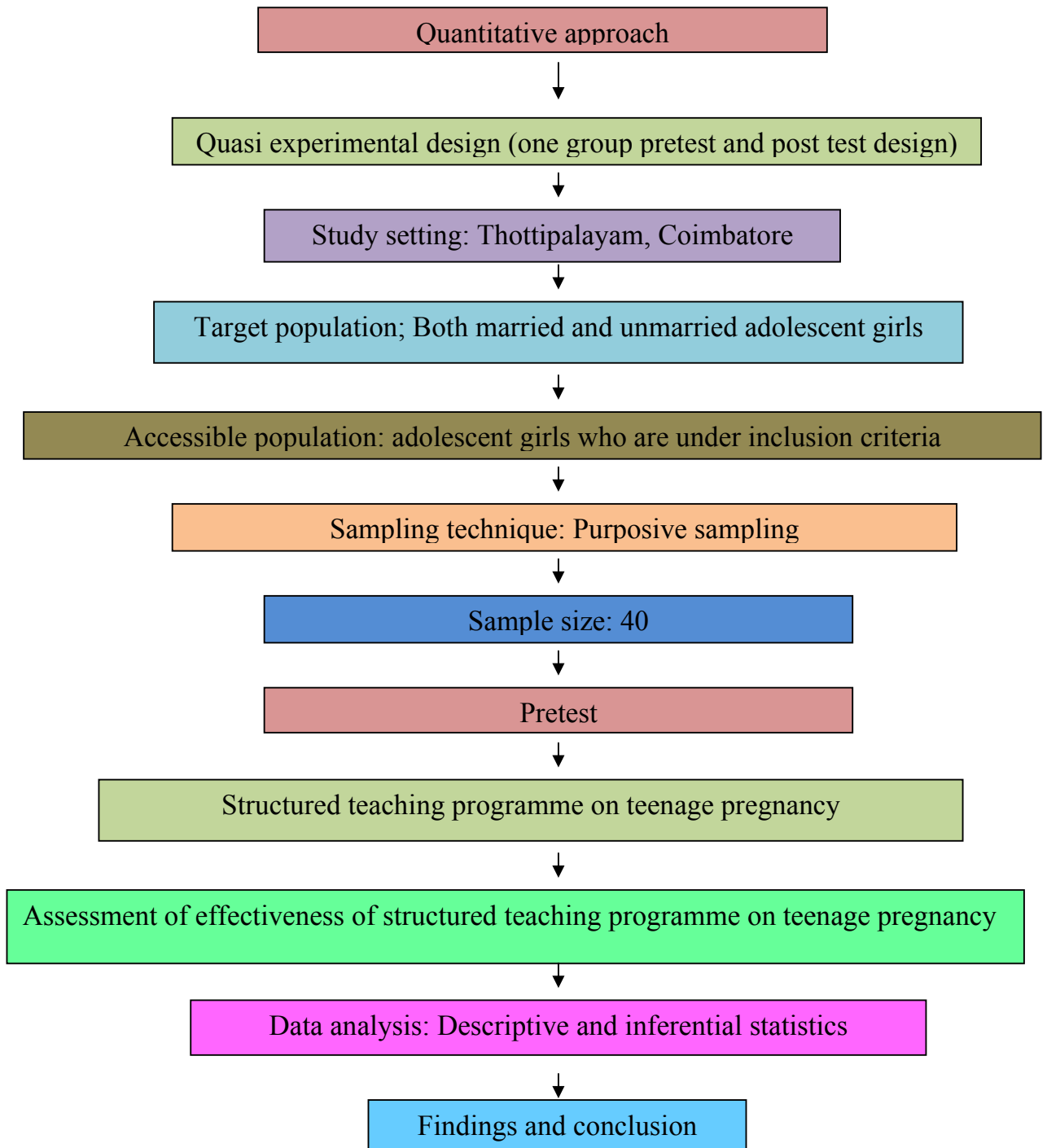
It is defined as the researchers over all plans for obtaining answers to research questions or for testing the research hypothesis (**Polit and Hungler, 2004**).

The researcher adopted one group pretest and post test research design. The research design depicted as follows

Pre-test	structured teaching programme	Post- test
O1	x	O2

The research design helped the researcher in the selection of the subjects, manipulation of experimental variables, procedure of data collection and the type of statistical analysis to be used to interpret the data.

FIGURE- 2
SCHEMATIC REPRESENTATION OF RESEARCH DESIGN



SETTING OF THE STUDY

Setting is the physical, location and condition in which data collection takes place (**Polit and Hungler, 1999**).

The study was conducted in Thottipalayam, Coimbatore. It is situated near to Kovilpalayam (Primary Health Centre), which is approximately 5 km from K.G institute of health sciences at Saravanampatti.

VARIABLES

Variables are concepts at different levels of abstraction that are concisely defined to promote their measurement and manipulation with in the study.

Independent variable

Structured teaching programme.

Dependent variable

Knowledge and attitude

Influencing variable

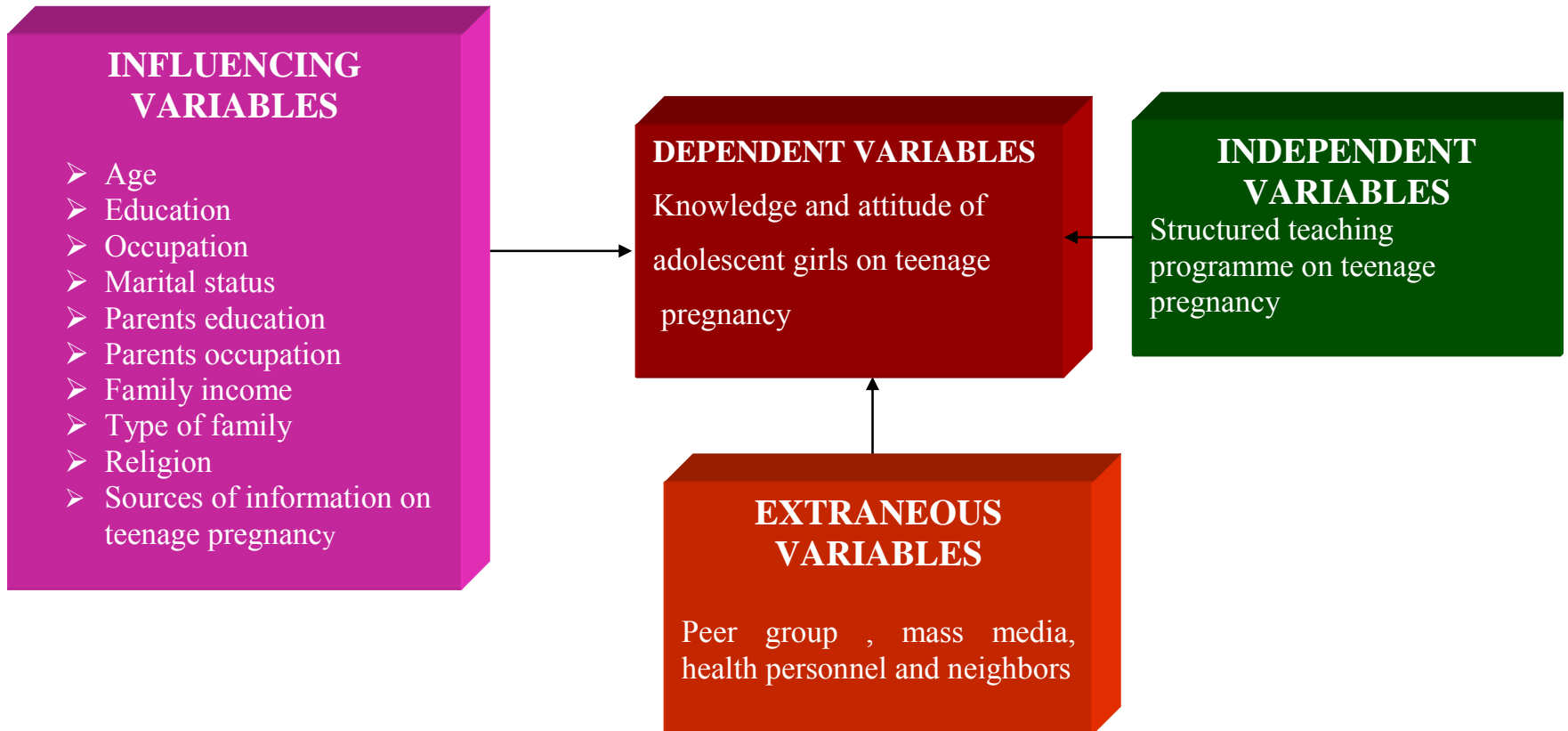
Age, education, occupation, marital status, parents education, parents occupation, family income, type of family, religion, , and sources of information.

Extraneous variable

Peer group , mass media, health personnel and neighbours.

FIGURE-3

RELATIONSHIP BETWEEN THE VARIABLES



POPULATION

Population is the total number of people who meet the criteria that the researcher has established for a study from whom subjects will be selected and with whom the findings will be generalized (**Polit and Hungler, 1999**).

Thottipalayam village has a total population around 1787. In this population 250 are adolescent, in those 80 adolescent girls are between the age of 13-18 years.

SAMPLE SIZE

Sample is the subset of population selected to participate in a research study. Sample size is determined by using Mahajan's allowable error formula.

$$\text{Sample size } n = \frac{4pq}{L^2}$$

Where 4=constant number

p=percentage of population

$$q=100-p$$

L= precision

$$p = \frac{\text{target population}}{\text{total population}} \times 100$$

$$p = \frac{80}{250} \times 100 = 32$$

$$q = 100 - 32 = 68$$

$$n = \frac{4 \times 32 \times 68}{15^2} = 38.68$$

$$n = 38.68$$

Sample size = 40

SAMPLING TECHNIQUE

Sampling is a process of selecting a portion of the designated population to represent the entire population. Purposive sampling technique was adopted for the study.

CRITERIA FOR SAMPLE SELECTION

Inclusion criteria

Adolescent girls, who are

- between the age of 13-18 years
- willing to participate in study
- able to communicate in Tamil
- Newly married within six months.

Exclusion criteria

Adolescent girls, who are

- physically and mentally retarded
- Not attained menarche till 18 years.

DESCRIPTION OF TOOL

The tool consist of three sections

SECTION A.

Demographic data include, age education, occupation, marital status, parents education, parent's occupation, family income, religion, and sources of information on teenage pregnancy.

SECTION B.

This section consists of 25 questionnaires to assess the knowledge of adolescent girls on teenage pregnancy.

Scoring key: Score '1' for every correct answers and score '0' for wrong answer. Based on the scores overall adequacy of the knowledge is graded as inadequate knowledge ($\leq 50\%$), moderately adequate knowledge (51-75%) and adequate knowledge ($>75\%$).

SECTION C.

It has five point LIKERT SCALE to assess the attitude. It consists of 10 statements including both positive and negative statements in teenage pregnancy.

Scoring key: Each item has five answers: strongly agree, agree, uncertain, disagree, and strongly disagree.

The scores for the positive item had 5 points for those who strongly agree, 4 points for those who agree, 3 points for those who uncertain, 2 points for who disagree, 1 point for those who strongly disagree. The reversed score is used for negative statement. Based on the score the attitude as graded unfavourable attitude ($\leq 50\%$), favourable attitude (51-75%) and most favourable attitude ($> 75\%$).

TEACHING MODULE

The teaching module was developed by reviewing literature and by obtaining expert's opinion. The structured teaching programme consists of definition, causes, risk factors, effects, consequences, complications and prevention of teenage pregnancy. The visual aids used for this study was flash cards.

CONTENT VALIDITY

Content validity refers to the extent to which a measuring instrument provides adequate coverage of the topic under study. Criteria rating scale for validation of the tool was developed with options like strongly agree, agree, uncertain, disagree, and strongly disagree, and need modifications and suggestion were given by the experts. The tool was submitted to five experts in the department of community health nursing. Experts were asked to give their opinions and suggestions about the concept of the tool. Modifications were made as per the expert's opinion.

RELIABILITY

Reliability was tested by split-half method. The sample was first divided in to equivalent halves and reliability was found for structured knowledge questionnaires $r=0.76$ and attitude rating scale $r=0.72$. This indicated that tool was reliable.

PILOT STUDY

Pilot study is a trial run major study to test the reliability, practicability, appropriateness, and flexibility of the tool for the study. The investigator conducted a pilot study with 10 samples in kurumbampalayam, at Coimbatore on first week of June 2010. The data was analyzed by using descriptive statistics that is mean, percentage and standard deviation of the variables and were calculated and compared. Results revealed that there was a positive correlation. The tool was found to be feasible and practicable. The investigator proceeded for the main study.

METHOD OF DATA COLLECTION

The study was conducted in Thottipalayam village, Coimbatore. Data collection was done within the period of 4 weeks .Before the pretest, the investigator introduced self, explained the purpose of the study to the adolescent girls, and the confidentiality of the adolescent girls was assured.

The data was collected from 40 samples as follows. The structured questionnaire was given to each sample by selecting the sample under inclusion criteria as pretest to assess the knowledge and attitude of adolescent girls on teenage pregnancy. Then the teaching programme was given through flash card on the same day approximately 45 minutes as

five samples per day. Post test was conducted on seventh day by using the same questionnaire to find out the effectiveness of teaching.

PLAN FOR DATA ANALYSIS:

Data was analysed on the basis of objective and hypothesis by using descriptive and inferential statistics.

1. Descriptive statistics was used to analyze the frequency, percentage, mean and standard deviation of the following variables.

- a) Demographic variable
- b) Knowledge
- c) Attitude

2. Inferential statistics was used to determine the comparison, relationship and association.

a) Mean, standard deviation, 't' test was used to identify the relationship and to compare between knowledge and attitude.

b) Chi-square test was used to find out the association between demographic variables, knowledge and attitude.

c) Correlation co-efficient was used in finding the relationship

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

Analysis is categorizing, ordering, manipulating and summarizing of data to obtain answers to reach hypothesis and questions.

This chapter deals with analysis and interpretation of data collected from 40 adolescent girls between the age group of 13-18 years, in Thottipalyam, Coimbatore, to evaluate the effectiveness of structured teaching programme on teenage pregnancy

The purpose of analysis was to reduce the collected data to an intelligible and interpretable form so that the relation of the research problem can be studied and tested.

The study findings are tabulated as follows.

Table -1 Distribution of demographic variables of adolescent girls on teenage pregnancy.

Table -2 Distribution of pretest and post test scores on level of knowledge of adolescent girls on teenage pregnancy.

Table -3 Comparison of pre-test and post test Knowledge scores of married adolescent girls on teenage pregnancy.

Table -4 Comparison of pre-test and post test Knowledge scores of unmarried adolescent girls on teenage pregnancy.

Table -5 Distribution of pretest and post test scores on level of attitude of adolescent girls on teenage pregnancy.

Table -6 Comparison of pre-test and post test attitude scores of

married adolescent girls on teenage pregnancy.

Table -7 Comparison of pre-test and post test attitude scores of unmarried adolescent girls on teenage pregnancy.

Table - 8 Correlation coefficient between Knowledge and attitude of adolescent girls on teenage pregnancy in pre-test and Post test.

Table -9 Association between the level of Knowledge of adolescent girls on teenage Pregnancy with the selected demographic variables.

Table -10 Association between the level of attitude of adolescent girls on teenage pregnancy with the selected demographic variables.

TABLE -1
DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF
ADOLESCENT GIRLS ON TEENAGE PREFGNANCY

n =40

S.no	Demographic Variables	Numbers (n)	Percentage (%)
1.	Age in years a) 13-15 b) 16-18	16 24	40 60
2.	Educational status a)illiterate b)primary level c) secondary level d)higher secondary level e)college level	2 2 18 16 2	5 5 45 40 5
3.	Occupation a) unemployed b) employed	26 14	65 35
4.	Parents education Mother a)illiterate b)primary level c) secondary level d)higher secondary level e)college level Father a)illiterate b)primary level c) secondary level d)higher secondary level e)college level	26 4 6 2 2 20 5 7 6 2	65 10 15 5 5 50 12.5 17.5 15 5
5.	Parents occupation Mother a)employed b)unemployed Father a)employed	32 8 39	80 20 97.5

	b)unemployed	1	2.5
6.	Marital status a)Married b)unmarried	10 30	25 75
7.	Family income a)below Rs. 2500 b) Rs. 2501- RS. 5000 c) Rs .5001- RS. 7500	24 14 2	60 35 5
8.	Type of family a)Nuclear b)Joint	30 10	75 25
9.	Religion a)Hindu b) Christian c) Muslim	40 - -	100 - -
10.	Sources of information on teenage pregnancy a)Parents and relatives b)Medias c)Health personnel	26 4 10	65 10 25

The above table shows distribution of demographic variables of adolescents girls on teenage pregnancy.

Regarding the age of adolescent girls 16(40%) of them were between 13-15 years, 24(60%) of them were between 16-18 years.

While taking the educational status, 2(5%) of them illiterate, 2(5%) of them primary level, 18(45%) of them secondary level, 16(40%) of them higher secondary level, 2(5%) of them college level.

Considering the occupation, 26(65%) of them were unemployed, 14(35%) of them were unemployed.

With regard to the parents education, for mother,26(65%) of them illiterate,4(10%) of them primary level, 6(15%) of them secondary level, 2(5%) of them higher secondary level, 2(5%) of them college level. for

father, 20(50%) of them illiterate, 5(12.5%) of them primary level, 7(17.5%) of them secondary level, 6(15%) of them higher secondary level, 2(5%) of them college level.

Considering the parents occupation, for mother, 32(80%) of them were employed, 8(20%) of them were unemployed, for father, 39(97.5%) of were employed, 1(2.5%) of were unemployed.

Regarding the marital status, 10(25%) of them were married, 30(75%) of them were unmarried.

As per the monthly income, 24(60%) of them were below Rs.2500, 14(35%) of them were Rs. 2501- Rs.5000, 2(5%) of them were Rs.5001- Rs.7500.

Regarding the type of family, 30(75%) of them were nuclear family, 10(25%) of them were joint family.

As per the religion, 40(100%) of them were Hindu religion.

When revealing the sources of information, 26(65%) of them were parents and relatives, 4(10%) of them were medias, 10(25%) of them were health personnel.

FIGURE -4

**DISTRIBUTION OF DEMOGRAPHIC VARIABLES WITH REGARD TO AGE OF ADOLESCENT GIRLS ON
TEENAGE PREGNANCY**

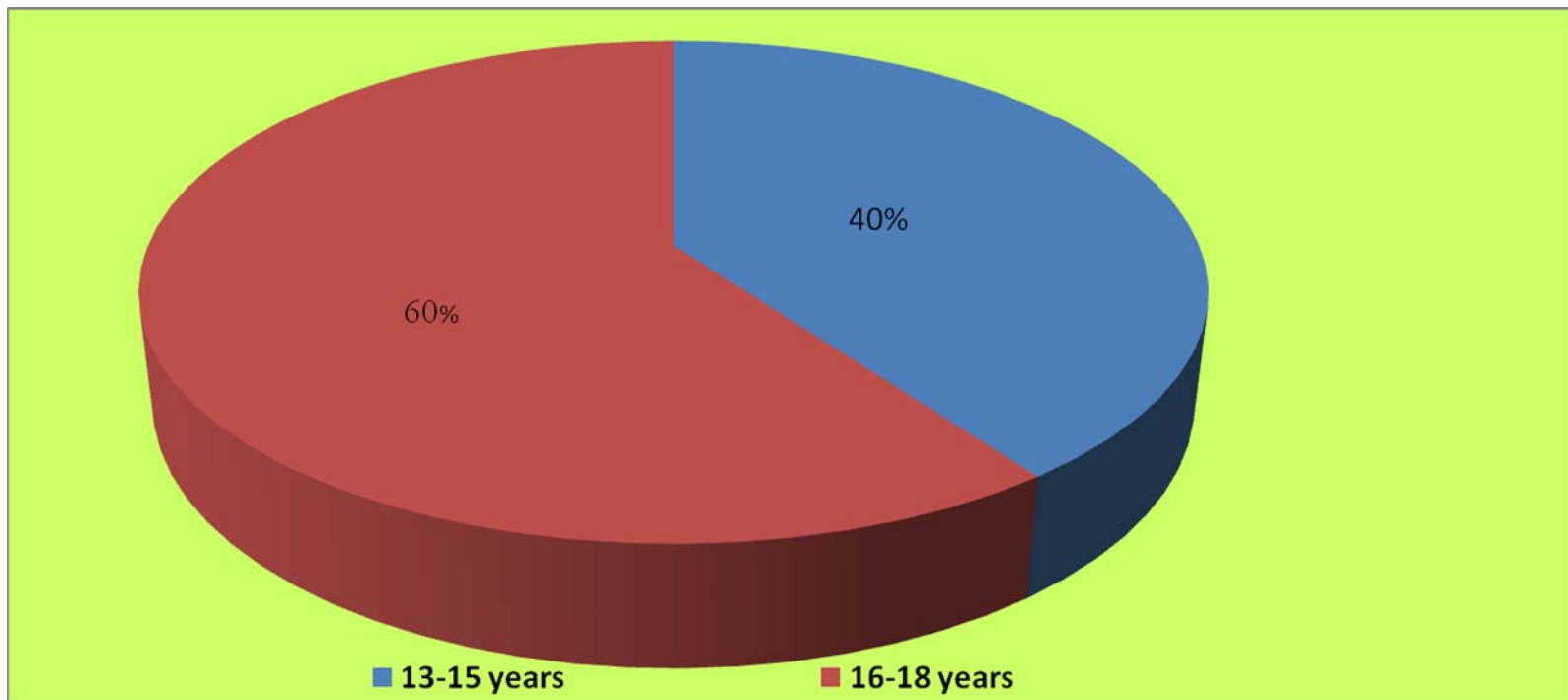


FIGURE-5
DISTRIBUTION OF DEMOGRAPHIC VARIABLES WITH REGARD TO SOURCES OF INFORMATION ON
TEENAGE PREGNANCY

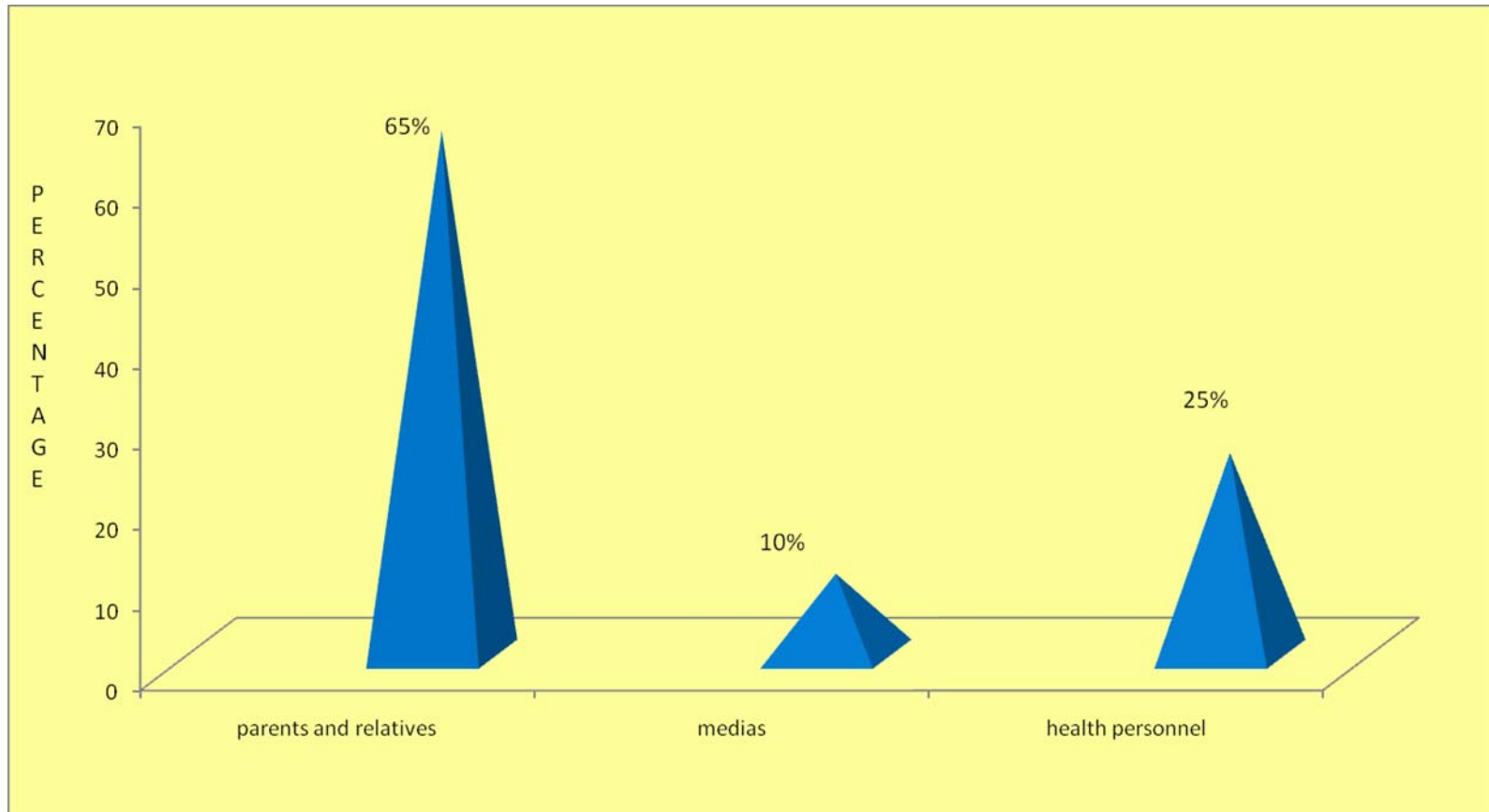


FIGURE -6
DISTRIBUTION OF DEMOGRAPHIC VARIABLES WITH REGARD TO PARENTS EDUCATION OF
ADOLESCENT GIRLS

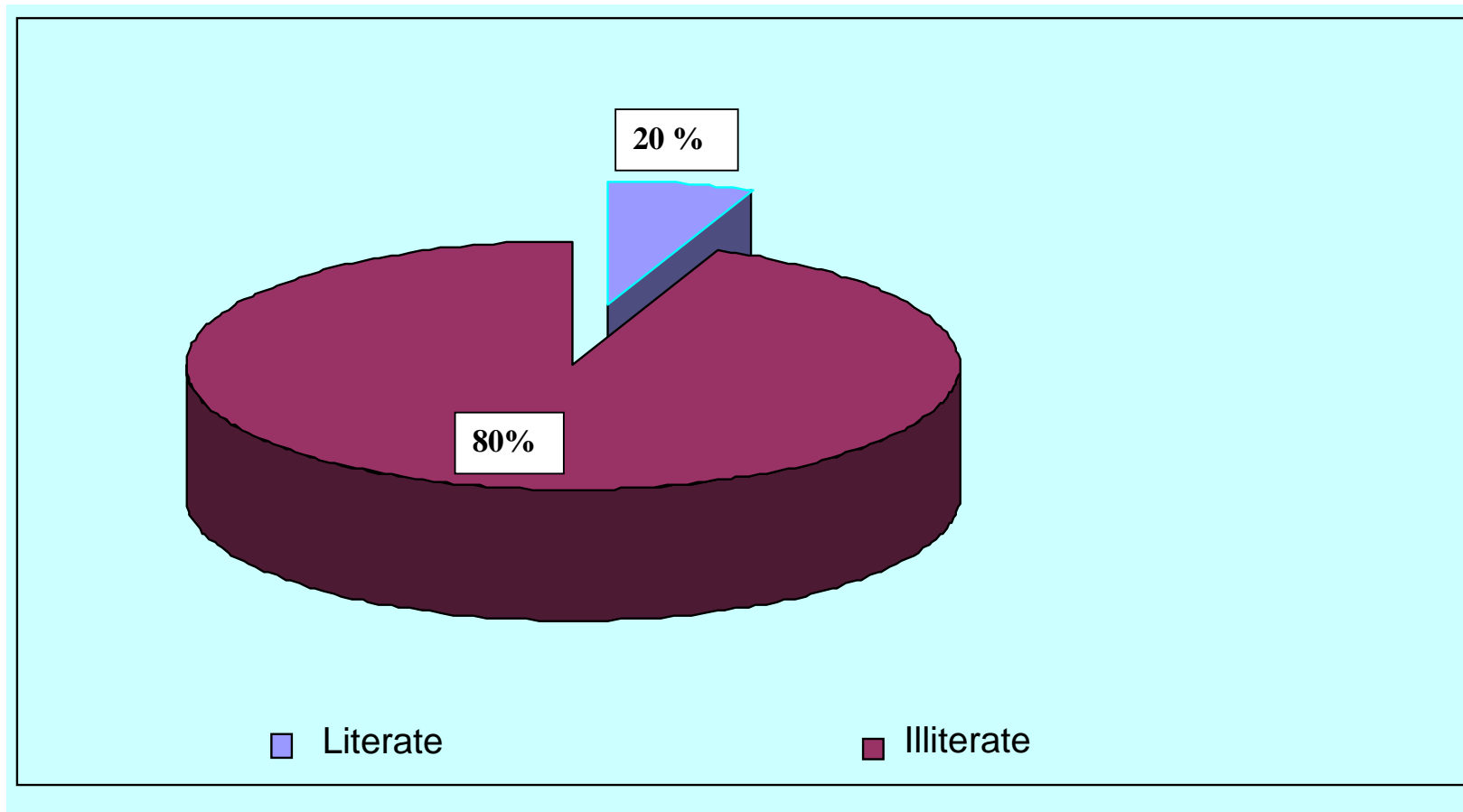


TABLE -2
DISTRIBUTION OF PRETEST AND POST TEST SCORES ON
LEVEL OF KNOWLEDGE OF ADOLESCENT GIRLS ON
TEENAGE PREGNANCY

n =40

S. no	Knowledge Score	Pretest		Post test	
		No	%	No	%
1.	≤ 50	26	65	10	32.5
2.	51-75	4	10	9	22.5
3.	> 75	10	25	21	52.5

The above table denotes that in the pretest score the level of knowledge on teenage pregnancy (26(65%) of them had below 50%, 4(10%) of them had 51-75% and 10(25%) of them had >75%. In post test score the level of knowledge on teenage pregnancy 10(32.5%) of them had below 50%, 9(22.5%) of them had 51-75% and 21(52.5%) of them above 75%.

FIGURE-7

DISTRIBUTION OF PRETEST AND POST TEST SCORES ON LEVEL OF KNOWLEDGE AMONG ADOLESCENT GIRLS ON VARIOUS ASPECTS OF TEENAGE PREGNANCY

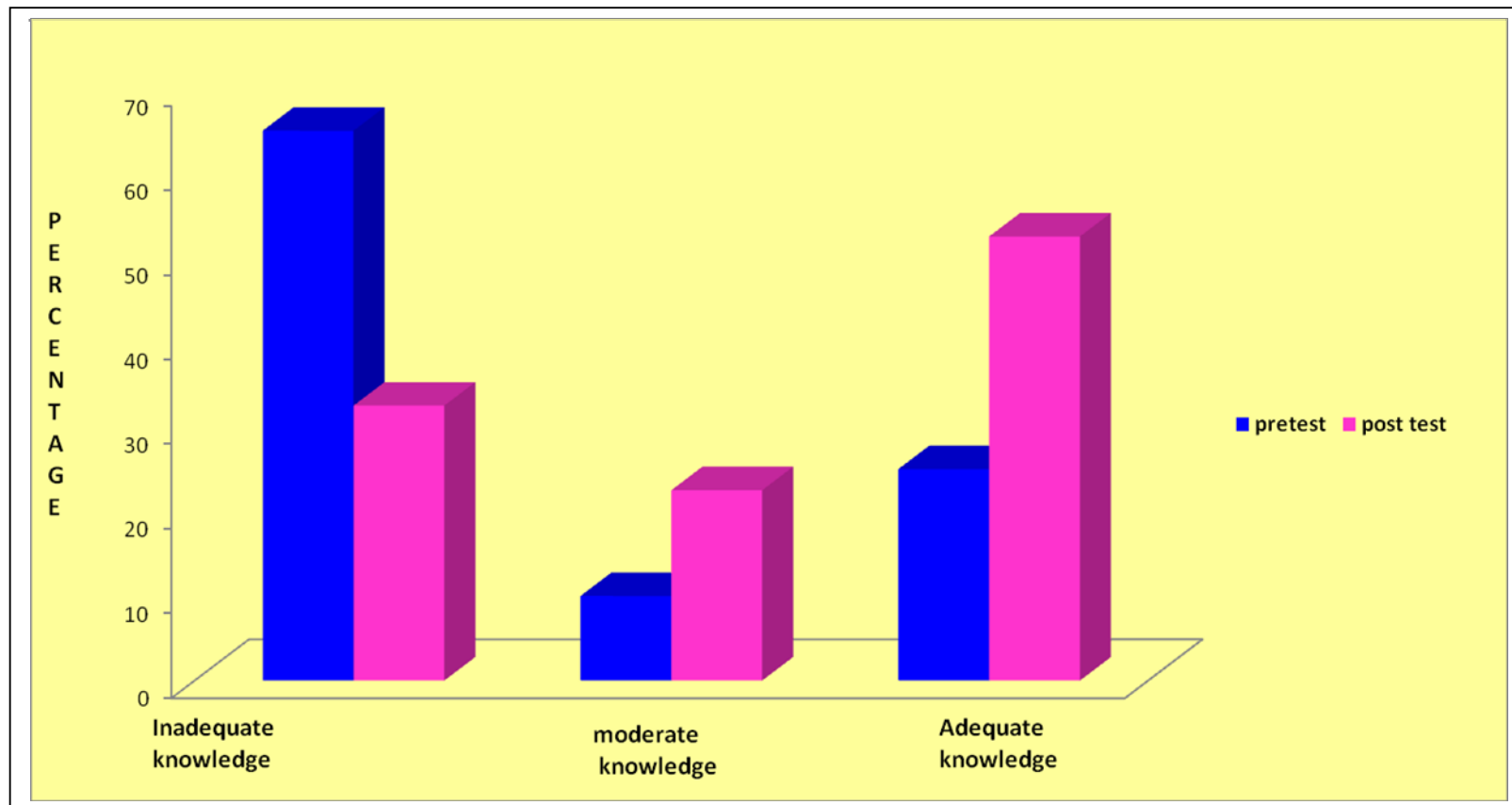


TABLE - 3
COMPARISON OF PRE-TEST AND POST TEST KNOWLEDGE
SCORES OF MARRIED ADOLESCENT GIRLS ON TEENAGE
PREGNANCY.

n=10

Level of knowledge	Mean	Standard deviation	Calculated value of 't'	Tabulated value of 't' at 5% level of significance
Pretest	14.7	2.4	17.02	2.262
Post test	21.0	1.5		

The above table denotes that the calculated value of 't' is greater than the tabulated of 't' at 5% level of significance. The null hypothesis is rejected. There is a significant difference between pre test and post test score on teenage pregnancy. This implies that the teaching programme is effective.

TABLE -4
COMPARISON OF PRE-TEST AND POS TEST SCORE
KNOWLEDGE SCORES OF UNMARRIED ADOLESCENT
GIRLS ON TEENAGE PREGNANCY.

n=30

Level of knowledge	Mean	Standard deviation	Calculated value of 't'	Tabulated value of 't' at 5% level of significance
Pretest	13.5	2.6	18.6	2.045
Post test	20.8	2.1		

The above table denotes that the calculated value of 't' is greater than the tabulated value of 't' at 5% level of significance. The Null hypothesis is rejected. There is a significant difference between pre-test and post test score on teenage pregnancy. This implies that the teaching programme is effective.

TABLE -5
DISTRIBUTION OF PRETEST AND POST TEST SCORES ON
LEVEL OF ATTITUDE OF ADOLESCENT GIRLS ON TEENAGE
PREGNANCY

n = 40

S.no	Attitude Score	Pretest		Post test	
		Number	%	Number	%
1.	Less than 50%	2	5	5	17.5
2.	50%-75%	22	55	24	60
3.	Above 75%	16	40	11	27.5

The above table denotes that the level of attitude of teenage pregnancy in pretest score 2(5%) adolescent girls had less than 50% and 22(55%) adolescent girls had 50-75% and 16(40%) adolescent girls had more than 75%. In the post test 5(17.5%) adolescent girls had less than 50% and 24(60%) adolescent girls had 50%-75% and 11(27.5%) had above 75%.

FIGURE-8
DISTRIBUTION OF PRETEST AND POST TEST SCORES ON LEVEL OF ATTITUDE AMONG
ADOLESCENT GIRLS ON TEENAGE PREGNANCY

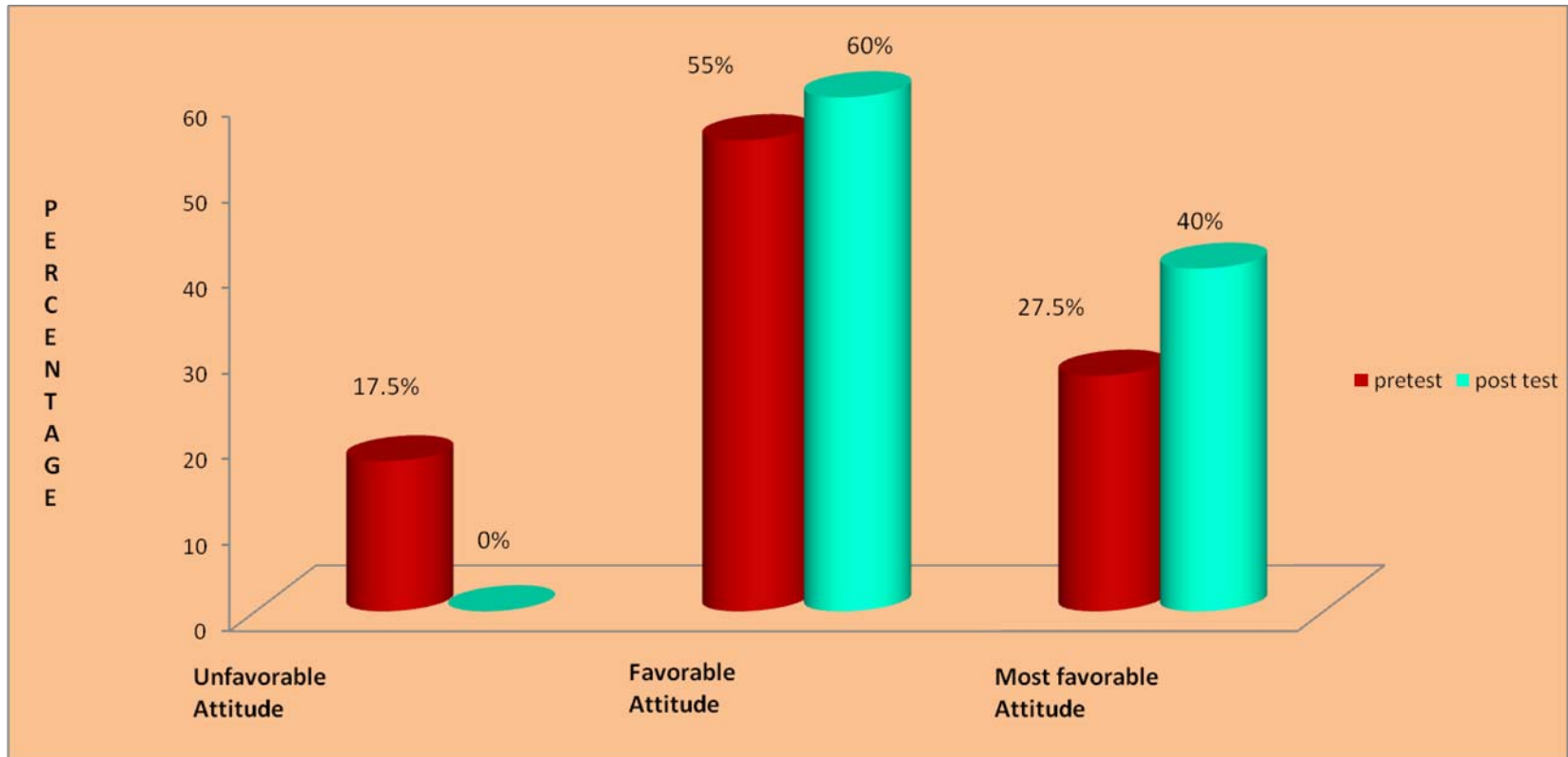


TABLE -6
COMPARISON OF PRE-TEST AND POST TEST ATTITUDE OF
MARRIED ADOLESCENT GIRLS ON TEENAGE PREGNANCY.

n =10

Level of attitude	Mean	Standard deviation	Calculated value of 't'	Tabulated value of 't' 5% level of significance
pretest	26.8	3.8	12.3	2.262
Post test	38.4	3.2		

The above table denotes that the calculated value of 't' is greater than the tabulated value of 't' at 5% level of significance. The null hypothesis is rejected. There is a significant difference between pretest and post test score on teenage pregnancy. This implies that the teaching programme is effective.

TABLE - 7
COMPARISON OF PRETEST AND POST TEST ATTITUDE OF
UNMARRIED ADOLESCENT GIRLS ON TEENAGE PREGNANCY.

n =30

Level of attitude	Mean	Standard deviation	Calculated value of 't'	Tabulated value of 't' 5% level of significance
pretest	27.2	3.8	18.0	2.045
Post test	38.5	3.5		

The above table denotes that the calculated value of 't' is greater than the tabulated value of 't' at 5% level of significance. The null hypothesis is rejected. There is a significant difference between pretest and post test score on teenage pregnancy. This implies that the teaching programme is effective.

TABLE -8

CORRELATION COEFFICIENT BETWEEN KNOWLEDGE AND ATTITUDE OF ADOLESCENT GIRLS ON TEENAGE PREGNANCY IN PRE-TEST AND POST TEST.

n =40

Knowledge and attitude	Knowledge		Attitude		'r'
	Mean	SD	Mean	SD	
Pretest	14.7	2.4	26.8	3.8	0.52
Post test	21.0	1.5	38.4	3.2	0.62

The above table denotes that in the pretest the 'r' value was 0.52 in the post test the 'r' value was 0.62. This shows that there is a positive relationship between knowledge and attitude both in the pretest as well as in the post test.

TABLE -9

**ASSOCIATION BETWEEN THE LEVEL OF KNOWLEDGE OF
ADOLESCENT GIRLS ON TEENAGE PREGNANCY WITH
SELECTED DEMOGRAPHIC VARIABLES.**

n =40

S. no	Demographic Variables	Level of Knowledge		Calculated value of χ^2	Tabulated value of χ^2 at 5%
		Below median	Above median		
1.	Age in years a)13-15 years b)16-18 years	11 8	6 15	4.467*	3.84
2.	Education a)illiterate b)literate	18 4	10 8	2.12 NS	3.84
3.	Occupation a)employed b)unemployed	13 12	4 11	1.53 NS	3.84
4.	Parents education a)illiterate b)literate	13 8	8 11	1.56 NS	3.84
5.	Sources of information a)parents and relatives b)mass media and health personnel	18 4	8 10	4.59*	3.84

*- significant

The above table shows that calculated value of χ^2 is greater than the tabulated value of χ^2 at 5% level of significance. Therefore the researcher concludes that there is an association between the age and level of knowledge of adolescent girls on teenage pregnancy. There is an association between the sources of information and level of knowledge of adolescent girls on teenage pregnancy.

The calculated value of χ^2 is less than the tabulated value of χ^2 at 5% level of significance. Therefore the researcher concludes that there is no association between the education, and level of knowledge of adolescent girls on teenage pregnancy, occupation and the level of knowledge of adolescent girls on teenage pregnancy, and parent education and level of knowledge of adolescent girls on teenage pregnancy.

TABLE -10
ASSOCIATION BETWEEN THE LEVEL OF ATTITUDE OF
ADOLESCENT GIRLS ON TEENAGE PREGNANCY WITH
SELECTED DEMOGRAPHIC VARIABLES.

n =40

s.no	Demographic Variable	Level of attitude	Calculated	Tabulated
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		Below median	Above median	value of χ^2	value of χ^2 at 5%
1.	Age in years a)13-15 years b)16-18 years	14 9	2 15	7.88*	3.84
2.	Education a)illiterate b)literate	12 3	3 22	0.06 NS	3.84
3.	Occupation a)Employed b)unemployed	11 5	6 18	0.13 NS	3.84
4.	Parents education a)illiterate b)literate	16 6	6 12	6.20*	3.84
5.	Sources of information a)parents, and relatives b)mass media and health personnel	16 7	4 3	3.06 NS	3.84

* -significant

The above table revealed that the calculated value of χ^2 is greater than the tabulated value of χ^2 at 5% level of significance. The researcher concludes that there is an association between the age and level of attitude of adolescent girls on teenage pregnancy. There is an association between the parent's education and level of attitude of adolescent girls on teenage pregnancy.

The calculated value of χ^2 is less than the tabulated value of χ^2 at 5% level of significance. Therefore the researcher concludes that there is no association between the education, and level of attitude of adolescent girls on teenage pregnancy, occupation and the level of attitude of adolescent

girls on teenage pregnancy, and sources of information and level of attitude of adolescent girls on teenage pregnancy.

CHAPTER-V

RESULTS AND DISCUSSION

The study intends to assess the effectiveness of structured teaching Programme on knowledge and attitude of adolescent girls on teenage pregnancy. The data was collected with the help of structured questionnaire. paired 't' test was used to test the significant difference between pretest and post test, chi-square was used to find out the association between knowledge and attitude with selected demographic variables.

1. To assess the knowledge and attitude of adolescent girls on teenage pregnancy

The knowledge and attitude of adolescent girls on teenage pregnancy were assessed by using structured questionnaire.

Table-2 shows the distribution scores on level of knowledge among adolescent girls on teenage pregnancy. It denotes that the level of knowledge of adolescent girls on teenage pregnancy 26 [65%] of leprosy clients had inadequate knowledge and 4 [10%] of them had moderately adequate knowledge and only 10[25%] of them had adequate knowledge.

Table-3 shows that the mean value of knowledge in pretest scores was low. It revealed that adolescent girls had inadequate knowledge regarding teenage pregnancy. Based on these findings it is clear that there is a definite need for education on teenage pregnancy.

The level of attitude of adolescent girls on teenage pregnancy was assessed by using Rating scale. Table-5 illustrates the distribution scores on level of attitude among adolescent girls on teenage pregnancy. It denotes that in the pre-test, the level of attitude of adolescent girls on teenage pregnancy 2[5%] of them had unfavourable attitude, 22[55%] of them had favourable attitude and 16(40%) had most favourable attitude.

A retrospective study was conducted to identify the level of knowledge, behaviour and education needs of school adolescents on Sexual and reproductive health in northern Nigeria. The participants were 989 adolescents from 24 secondary schools. The result showed that 72% of females had experienced menstruation, 14% of females were sexually active, 15% of females knew about the ovulation cycle, 44% of females knew pregnancy could result from first coitus and 56% of females knew about contraception, and 84% gave an opinion that adolescents should be given sexual education. It concluded that there is a need for education for secondary school adolescent.

II. To administer structured teaching programme in teenage pregnancy.

Table-2 reveals the distribution of pretest and post test score on level of knowledge on teenage pregnancy. The maximum score were noted for above 75% (52.5%). A structured teaching programme was given for 45 minutes with audio visual aids. Post test was conducted with the same questionnaire on the 7th day.

To evaluate the structured teaching programme the pretest and post test values were compared. Table -3 showed the comparison of pretest and post test knowledge scores on teenage pregnancy. Mean post test knowledge score was greater than the pretest knowledge score. The calculated 't' value was grater than tabulated value with 5% level of significance. This shows there is significant improvement in the level of knowledge score in the re-assessment. Based on these findings it is clear that teaching program was effective in improving the knowledge of the adolescent girls on teenage pregnancy.

A study was conducted to assess the effectiveness of teenage pregnancy prevention programme among adolescent girls in U.K. The participants were 100 adolescent girls taken for the study. The result showed that four of these five programmes directly or indirectly provided access to contraceptive services, and also it reduces the proportion of adolescents who initiated sexual activity by 15 percentage.. Three of these four programs significantly increased the rates of contraceptive use among adolescents by 22 percentage. It provided access to contraceptive services to the targeted adolescents who were younger and those who were not yet sexually experienced. These two programmes significantly decrease the proportion of adolescent pregnancy. It was concluded that there was a delay on sexual initiation, more training should be given in negotiation skills and decision-making, and education on sexuality and contraception.

III. To reassess the knowledge and attitude of adolescent girls on teenage pregnancy

The table -2 reveals the distribution of pretest and post test score on teenage pregnancy. The results of post test knowledge score has improved to 10(32.5%), 9(22.5%) and 21(52.5%) respectively on teenage pregnancy.

To evaluate the structured teaching program the pretest and post test values were compared. Table -4. Showed the comparison of pretest and post test knowledge scores on teenage pregnancy. Mean post test knowledge score was greater than the pretest knowledge score. The calculated 't' value was greater than tabulated value with 5% level of significance. This shows there is significant improvement in the level of score in the re-assessment. Based on these findings it is clear that teaching program was effective in improving the knowledge of the adolescent girls on teenage pregnancy.

The table-5 table denoted that the level of attitude of teenage pregnancy in pretest score 7(12.5%) adolescent girls had less than 50% and 22(55%) adolescent girls had 50-75% and 11(27.5%) adolescent girls had more than 75%.In the post test 24(60%) adolescent girls had 50%-75% and 16(40%) had above 75%.

Table-6 reveals the comparison of pretest and post test attitude score on teenage pregnancy. The calculated value of 't' is greater than the tabulated value 't' for married and unmarried $12.3 > 2.262$, $18.0 > 2.045$ respectively, so the investigator may reject the null hypothesis. Therefore, the investigator concludes that the teaching program was effective.

A community based support study on effectiveness of teaching on early parenting approach with in a community based support services for adolescent mothers was conducted in Canada. The participants were pregnancy or parenting teen mothers between ages of 13-19 years. The result shows that the participants in the intervention group showed a significantly

greater difference than control group. This finding was likely due to the fact that only one participant scored as being at risk for depression and she was allocated to the intervention group (**Jane E. Drummond, 2008**).

IV. To associate the demographic variables with selected findings of the pretest knowledge and attitude of adolescent girls on teenage pregnancy.

Table -9 showed the association of level of knowledge and scores with selected demographic variables such as, age standard, occupation, parents education, and sources of information. Association was found by using chi-square test. The results showed that there was an association between the age and parents education and there was no association between education, occupation, and sources of information.

Table -10 showed the association of level of attitude of adolescent girls with selected demographic variables. The result revealed that there was a significant relationship between the attitude and selected variables like age and sources of information and there was no association between education, occupation, and parents' education.

An explanatory study was conducted on teenage pregnancy among adolescents in an urban and peri urban areas. The age matched case control study design with 191 cases as experimental group, 353 cases as control group and the age group limited to 19 years in both the groups. The pregnant teenagers were significantly more likely to have experienced forced sexual initiation, and the partner of pregnant teenagers were significantly older.

CHAPTER VI

SUMMARY, RECOMMENDATION AND NURSING IMPLICATION OF THE STUDY

SUMMARY

Teenage pregnancy is a complex issue with many reasons for concern. Teenagers don't receive timely prenatal care. And they have a higher risk of pregnancy, high blood pressure and its complication, premature birth, low birth weight. It is one of the major areas of concern during adolescent is teenage pregnancy.

The main focus of the study was to evaluate the level of knowledge and attitude among adolescent girls of teenage pregnancy. The conceptual frame work developed for the study was based on pander's health promotion model. An extensive review of literature, professional experience and expert's guidance helped the investigator to design the methodology. This study was conducted in Thottipalyam village at Coimbatore. The population of the study were considered as adolescent girls' age group between 13-18 years. Purposive sampling technique was selected; one group pre-test and post-test design was used.

The data was collected by using structured questionnaire and rating scale for knowledge and attitude in various aspects of teenage pregnancy. The questionnaire included 6 questions regarding general information, 2 questions related to causes and risk factor, 5 questions related to consequences and diagnosis, 5 questions related to effects, 7 questions related to prevention and complication of teenage pregnancy and 10 attitude statements in all aspects of teenage pregnancy.

The content validity of tool was obtained by various experts from community health nursing department. The pilot study was conducted with 10 samples in Kurumbampalyam, in Coimbatore. The pilot study, established the practicability and feasibility hence, the investigator proceeded for the main study. The main study was conducted at Thottipalyam, Coimbatore. Post test was conducted on 7th day after

education by using the same questionnaire and attitude rating scale to find the effectiveness of structured teaching programme regarding teenage pregnancy.

Descriptive and inferential statistics was used to analyze the frequency mean and standard deviation and the comparison and association of adolescent girls on teenage pregnancy. Association was found by using chi-square test. The pre test knowledge result showed that there was an association between the age and knowledge of adolescent girls and sources of information knowledge of adolescent girls and there was no association between education and knowledge occupation and knowledge and parent's occupation and knowledge of adolescent girls . Where as in pre test attitude score a significant relationship between the age and parent's occupation and no association between education, occupation and attitude and sources of information and attitude of adolescent girls o teenage pregnancy.

't' test was used to analyse the effectiveness of education on teenage pregnancy among adolescent girls. It was found that 'T' value was statistically significant at 5% level. This shows that structured teaching programme was effective.

RECOMMENDATIONS

The study recommends the following

- A similar study can be undertaken for a large sample in different settings.
- A comparative study can be conducted between young adult and old adult.
- A similar study can be conducted among adult females at different settings.

- A similar study can be conducted among nursing students.

NURSING IMPLICATIONS

Some of implications from the present study in various areas as follows.

COMMUNITY NURSING PRACTICE

- Survey can be conducted to identify the risk group girls.
- Screening camps can be arranged and early detection can be done through school system to treat and prevent teenage pregnancy
- The community health nurse can go for periodic examination of students to identify the high risk groups.
- The community health nurse must have knowledge in teaching teenage pregnancy and prevention methods in various aspects.
- The community health nurse can guide the school health nurse to conduct awareness programme on teenage pregnancy.
- The community health nurse can teach the school teacher about the signs and symptoms of teenage pregnancy for early identification of cases.
- Health education programme on teenage pregnancy can be given in the community as mass health education by using appropriate audio visual aids.
- Self instructional material regarding teenage pregnancy can be distributed to the community people.

NURSING EDUCATION

- Conferences, workshops and seminars can be held for nurses to impart update the knowledge and positive attitudes towards teenage pregnancy.
- In – service education can be undertaken to update the knowledge and skills of nurses in various health care settings.

- Nursing curriculum has to focus on enabling the nursing students to develop skill in identifying risk groups and prevent the complications.

NURSING ADMINISTRATION

The present study is proposed to help the community health administrators to strategically plan and meet the health needs of the adolescent girls.

- The administrators in both private and government sectors should take initiative actions to update the knowledge of risk groups on teenage pregnancy.
- The administrator can encourage the nurses to conduct research on various aspects of teenage pregnancy.
- The administrator can organize conference, workshop and seminars for nurses working in the community.
- The administrator should support the staffs to conduct programmes on teenage pregnancy.

NURSING RESEARCH

- The study will be a valuable reference material for further researchers
- This study is a preliminary set up for exploring the concepts of knowledge and attitude of teenage pregnancy.
- The results of the study can encourage the adolescent girls to adopt healthy life styles.

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APPENDIX – D

FORMAT FOR CONTENT VALIDITY

Name of the expert :

Address :

Total content for the tool : Adequate / Not Adequate

Kindly validate each tool and (√) if it is applicable.

Sr. No	No. of Tool / Section	Strongly Agree	Agree	Need Modification	Remarks
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Signature of the expert with date

APPENDIX – E

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APPENDIX - F

CERTIFICATE FOR ENGLISH EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the tool developed by **Ms. Jeyasutha.p**
II year M.Sc Nursing Student of K.G. College of Nursing for dissertation
“A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED

**TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE
ON TEENAGE PREGNANCY AMONG ADOLESCENT GIRLS IN
THOTTIPALAYAM AT COIMBATORE.”** edited for English language
appropriateness by **Mrs. JOSEPHINE PRINCY M.A, M. Phil.**

Signature

APPENDIX - G

CERTIFICATE FOR TAMIL EDITING

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THOTTIPALAYAM AT COIMBATORE.”** Is edited for Tamil language
appropriateness by **Mrs. KANTHASWAMY M.A, Phil. Med**

Signature

APPENDIX-H

SECTION –A

DEMOGRAPHIC VARIABLES

Please read every statement carefully and indicate the response that you choose by placing a tick (√) mark in appropriate space given. Kindly don't omit any questions

SAMPLE NO:

1. Age in years

a) 13-15 years

b) 16-18 years

2. Educational status

a) Illiterate

b) Primary level

c) Secondary level

d) Higher secondary level

e) College level

3. Occupation

a) Employed

b) Unemployed

4. Marital status

a) Married

b) Unmarried

5. Parents education

Mother:

a) Illiterate

b) Primary level

c) Secondary level

d) Higher secondary level

e) College level

Father:

a)) Illiterate

b) Primary level

c) Secondary levels

d) Higher secondary level

e) College level

6. Parents Occupation

Mother

a)Employed

b)Unemployed

Father

a) Employed

b) Unemployed

7. Family Income

a) Below Rs 2500/-

b)Rs 2501/- -Rs 5000/-

c)Rs 5001/- -Rs 7500/-

8. Type of family

a) Nuclear

b) Joint

9. Religion

a) Hindu

b) Christian

c) Muslim

10. Sources of information on teenage pregnancy

a) Parents and relatives

b) Media

c) Health personnel

SECTION-B

A STRUCTURED QUESTIONNAIRE ON KNOWLEDGE REGARDING TEENAGE PREGNANCY

Kindly read the following questions select and encircle the best answer from the given three options against each questions. Please note, it is important to respond to all questions

1. Teenage pregnancy means
 - a. getting pregnant within the age group of 13-18 years []
 - b. getting pregnant within the age group of 19-24 years []
 - c. getting pregnant within the age group of 25-30 years []
2. The age at menarche is
 - a. less than 10 years []
 - b. 11-15 years []
 - c. more than 15 years []
3. The ovary releases egg once in
 - a. every day []
 - b. every week []
 - c. every month []
4. Reproductive age means
 - a. age at menarche []
 - b. age at conception []
 - c. age at menarche to menopause []
5. The chances of becoming pregnant from single act a of sex
 - a. vary between person to person []
 - b. 1 in 10 persons []
 - c. 1 in 100 persons []
6. The highest chance of getting teenage pregnancy is in the age of
 - a. 10-14 years []
 - b. 15-17 years []
 - c. 18-20 years []

7. The reason for teenage sexual behavior is
- a. peer pressure []
 - b. family pressure []
 - c. societal pressure []
8. The factor that increase the risk for teenage pregnancy is
- a. poor school performance []
 - b. less knowledge about sex []
 - c. poor family background []
9. The pregnancy test can be carried out on
- a. the date after 45 days of intercourse []
 - b. 5 days before her period is due []
 - c. 5 days after having unprotected sex []
10. The test which confirm the pregnancy at home is
- a. urine test []
 - b. blood test []
 - c. sputum test []
11. The consequence faced by teenage pregnant girl is
- a. elope []
 - b. poor nutrition []
 - c. poor personal hygiene []
12. The consequence of teenage pregnancy can be managed by
- a. non formal education []
 - b. regular classes in schools []
 - c. inflexible hours in school []
13. The nature of teenage mother is

- a. being affectionate towards their children []
 - b. promoting Interaction between themselves and their children []
 - c. Ignoring their children []
14. The important impact of teenage pregnancy on the teenage mother
- a. bad effect on growing fetus []
 - b. better life change in life style []
 - c. low financial burden []
15. The emotional effect in teenage pregnancy is
- a. happiness []
 - b. confusion []
 - c. continue the life without distraction []
16. The impact of teenage pregnancy on offspring is
- a. low birth weight []
 - b. good emotional and behavioral character []
 - c. good physical health []
17. The overall effect of teenage pregnancy is
- a. the teenage girl cannot fulfill the needs of unborn baby []
 - b. concerned with delivery []
 - c. concerned with child bearing []
18. The psychological issue of teenage pregnancy is
- a. concerned with body image []
 - b. good interest in social activities []
 - c. good care of self []
19. The complication of teenage pregnancy for mother is
- a. Anemia []
 - b. Renal failure []
 - c. peptic ulcer []

20. The sexually transmitted diseases are
- a. gonorrhoea, syphilis, AIDS []
 - b. tuberculosis, leprosy []
 - c. cholera []
21. The age at marriage for girls is
- a. 21 years []
 - b. 18 years []
 - c. 24 years []
22. Unsafe sex can be prevented by
- a. threatening adolescents []
 - b. using contraceptive devices []
 - c. peer support []
23. Sexually transmitted disease can be prevented by
- a. having sex with multiple partner []
 - b. not using condoms []
 - c. having sex with single partner []
24. The teenage pregnancy can be prevented by
- a. delay the age of marriage []
 - b. good personal hygiene []
 - c. good nutritious diet []
25. The emergency contraceptive devices are
- a. Danazol, progestin []
 - b. condom []
 - c. foams []

SECTION-C

ASSESSMENT OF ATTITUDE OF ADOLESCENT GIRLS REGARDING TEENAGE PREGNANCY

Kindly go through the following statement and place a tick mark (√) against the specific column. There are five response columns in the scale namely, strongly agree, agree, uncertain, disagree, and strongly disagree.

S. no	Statements	SA	A	UC	D	SD
1.	Substance use can contribute to unplanned pregnancy.					
2.	Family background can influence adolescent's sexual behavior and pregnancy.					
3.	All teenage pregnancies are a result of rape.					
4.	Neglected children are prone to be sexually active.					
5.	Having a sibling who is a teenage parent increases one's risk of Teenage pregnancy.					
6.	Adolescent girls are less susceptible to sexually transmitted diseases.					
7.	All girls who become pregnant in the teenage years are of bad characters.					
8.	Teenage girls are likely to carry the baby rather than abortion.					
9.	Pregnant adolescents younger than 17 years have less incidence of medical complication.					

10.	Sex education can decrease teenage pregnancy.					
-----	---	--	--	--	--	--

S.A = strongly agree

A = Agree

U.C = Uncertain

D =Disagree

S.D = strongly disagree

கீழே உள்ள கேள்விகளைப் படித்துப் பார்த்து? சரியான பதிலை (✓) செய்யவும். எந்தக் கேள்வியையும் விட வேண்டாம்.

பொதுவான தகவல்கள் :-

மாதிரி எண்

1. வயது

அ. 13-15 வயது வரை

ஆ. 16-18 வயது வரை

2. கல்வித் தகுதி

அ. எழுத்தறிவின்மை

ஆ. தொடக்க நிலைக் கல்வி

இ. இடைநிலைக் கல்வி

ஈ. மேல்நிலைக் கல்வி

3. தொழில்

அ. வேலைக்குச் செல்பவர்

ஆ. வேலைக்குச் செல்லாதவர்

4. திருமண தகுநிலை

அ. திருமணமானவர்

ஆ. திருமணம் ஆகாதவர்

5. பெற்றோரின் கல்வி

தாய்

அ. எழுத்தறிவின்மை

ஆ. தொடக்க நிலைக் கல்வி

இ. இடைநிலைக் கல்வி

ஈ. மேல்நிலைக் கல்வி

உ. கல்லூரி

தந்தை

அ. எழுத்தறிவின்மை

ஆ. தொடக்க நிலைக் கல்வி

இ. இடைநிலைக் கல்வி

ஈ. மேல்நிலைக் கல்வி

உ. கல்லூரி

6. பெற்றோரின் உத்தியோகம்

தாய்

அ. வேலைக்குச் செல்பவர்

ஆ. வேலைக்குச் செல்லாதவர்

தந்தை

அ. வேலைக்குச் செல்பவர்

ஆ. வேலைக்குச் செல்லாதவர்

7. குடும்பத்தின் மாத வருமானம்

அ. ரூபாய் 2500க்கும் குறைவாக

ஆ. ரூபாய் 2501ல் இருந்து ரூபாய் 5000 வரை

இ. ரூபாய் 5001ல் இருந்து ரூபாய் 7500 வரை

8. குடும்பத்தின் வகைகள்

அ. கூட்டுக் குடும்பம்

ஆ. தனிக்குடும்பம்

9. மதம்

அ. இந்து

ஆ. கிருஸ்துவம்

இ. முஸ்லீம்

10. வளர் இளம் பெண்களின் கருத்தன்மை பற்றிய தகவல்கள் எவ்வாறு

கிடைக்கிறது

அ. பெற்றோர் மற்றும் உறவினர்கள்

ஆ. தகவல் தொடர்பு சாதனங்கள் மற்றும்

படிஒப்பானவர்கள்

இ. சுகாதாரப் பணியாளர்கள்

பிரிவு – ஆ

கீழே உள்ள கேள்விகளைப் படித்துப் பார்த்து சரியான பதிலை வட்டமிட்டுக் காட்டவும்.
அனைத்துக் கேள்விகளுக்கும் விடை அளிக்கவும்.

1. வளர் இளம் பெண்களின் கருத்தரித்தல் என்பது

அ. கருத்தன்மையை அடையும் வயது 13-18 வயது வரை

ஆ. கருத்தன்மையை அடையும் வயது 19-14வயது வரை

இ. கருத்தன்மையை அடையும் வயது 25-30 வயது வரை

2. பூப்பெய்தலின் வயது வரம்பு

அ. 10 வயதுக்கும் குறைவு

ஆ. 11-15 வயது

இ. 15 வயதுக்கு மேல்

3. கருபை முட்டையை வெளிவிடுகிறது

அ. ஒவ்வொரு வாரமும்

ஆ. ஒவ்வொரு நாளும்

இ. ஒவ்வொரு மாதமும்

4. இனவிருத்தி செய்தலின் வயது என்பது

அ. பூப்பெய்தலின் வயது

ஆ. கருத்தன்மையை அடையும் வயது

இ. பூப்பெய்தலின் வயது முதல் மாதவிடாய் சுழற்சி

நிற்கும் வயது வரை

5. ஒரு முறை உடலுறவினால் கருத்தன்மையை அடையக் கூடிய வாய்ப்பு

அ. ஒவ்வொரு பெண்களிலும் மாறுபடும்

ஆ. 10-இல் ஒன்று

இ. 100-இல் ஒன்று

6. இளம் வளர் பெண்களின் கருத்தன்மைக்கு அதிகப்படியான

வாய்ப்புக்கான வாய்ப்பு வயது

அ. 10-14 வயது வரை

ஆ. 15-17 வயது வரை

இ. 18-20 வயது வரை

7. இளம் வளர் பெண்களின் பாலியல் நடத்தைக்கான காரணம்

அ. படி ஒப்பானவர்களின் வற்புறுத்தல்

ஆ. குடும்பத்தின் வற்புறுத்தல்

இ. சமுதாயத்தின் வற்புறுத்தல்

8. இளம் வளர் பெண்களின் தீங்கிற்கான அதிகப்படியான காரணங்கள்

அ. படிப்பில் போதாத செயல்திறன்

ஆ. பாலியல் பற்றிய அனுபவமில்லாத

இ. ஏழ்மையான குடும்ப சூழ்நிலை

9. கர்ப்பமாகுதலை எப்போது பரிசோதனை செய்யலாம்

அ. உடலுறவு கொண்ட 45வது நாள்

ஆ. உடலுறவு கொண்ட 5வது நாள்

இ. வீட்டு விலக்கிற்கு 5 நாட்களுக்கு முன்

10. கர்ப்பத்தை வீட்டில் உறுதி செய்யும் பரிசோதனையின் பெயர்

அ. சிறுநீர் பரிசோதனை

ஆ. தலை முதல் கால் வரை பரிசோதனை

இ. இடுப்பில் பரிசோதனை

11. இளம் வளர் பெண்களின் கர்ப்பகாலத்தில் சந்திக்கும் விளைவு

அ. உடல் நலம் ரீதியாக பெற்றோரை சார்ந்து இருத்தல்

ஆ. போதாத ஊட்டச் சத்து

இ. போதிய உடல்நலத் தூய்மை இன்றி இருத்தல்

12. இளம் வளர் பெண்களின் கர்ப்பகாலத்தில் ஏற்படும் விளைவுகளை சரி செய்தல்

அ. விதிமுறைகளுடன் கூடிய கல்வி

ஆ. வழக்கமான பள்ளி வகுப்பறைகள்

இ. சாதகமான வகுப்பு நேரங்கள்

13. இளம் பருவத்தில் பெற்றோர் நிலையை அடைதலின் இயல்பு

அ. குழந்தைகளுடன் அன்பாக இருத்தல்

ஆ. குழந்தைகளுடன் கருத்து பரிமாறும் இயல்புடைமை

இ. குழந்தைகளை புறக்கணித்தல்

14. இளம் வளர் பெண்களின் கர்ப்பகாலத்தில் ஏற்படும் முக்கிய விளைவு

அ. வயிற்றில் வளரும் குழந்தைக்கு தீய பாதிப்பு

ஆ. நிறைவான வாடிவு

இ. குறைந்த பட்ச பணவரவுடன் கூடிய சுமை

15. இளம் வளர் பெண்களின் கர்ப்பகாலத்தில் மனநிலை சம்மந்தமான விளைவு

அ. மன நிறைவுடன்

ஆ. குழம்பிய நிலையுடன்

இ. எந்தவிதமான கவனச்சிதர்வ இல்லாமல்

வாழ்க்கையை தொடர்தல்

16. இளம் வளர் பெண் கர்ப்பத்தினால் சேய்க்கு ஏற்படும் பாதிப்பு

அ. பிறப்பில் குறைந்த எடையுடன் குழந்தை

ஆ. நல்ல மனவளர்ச்சி மற்றும் நடத்தையுடன்

கூடிய குழந்தை

இ. நல்ல உடல் நலம் கூடிய குழந்தை

17. இளம் வளர் பெண்களின் கர்ப்பத்தினால் ஏற்படும் ஓட்டுமொத்த

விளைவு

அ. இளம் வளர் பெண்ணினால் குழந்தைகளின்

தேவைகளை பூர்த்தி செய்ய இயலாமல்

ஆ. பிள்ளைப் பெருதலில் அக்கறை

இ. குழந்தைகளை வளர்ப்பதில் அக்கறை

18. இளம் வளர் பெண்களின் கருத்தரித்தினால் மனநிலையின் பங்கீடு

அ. இளம் பெண்களின் உடல் உருவத்தில் அக்கறை

ஆ. பொது நலத்தில் ஆர்வம் காட்டுதல்

இ. தன்னைப்பற்றிய நலத்தில் கவனம் செலுத்துதல்

19. வளர் இளம் பருவத்தில் கர்ப்பமாகுதலினால் தாய்க்கு ஏற்படும் விளைவு

அ) இரத்த சோகை

ஆ) வயிற்றுப்புண்

இ) சிறுநீரகம் செயல்லிழந்து போதல்

20. பாலியல் உடலுறவினால் பரவும் நோய்கள்

அ) காலரா

ஆ) தொழுநோய் காசநோய்

இ) கொனோரியா சிபிலஸ் எய்ட்ஸ்

21. பெண்களின் திருமண வயது

அ) 18 வயது

ஆ) 21 வயது

இ) 24 வயது

22. பாதுகாப்பற்ற உடலுறவை எவ்வாறு தடைசெய்யலாம்

அ. வளர்ச்சி பருவத்தில் உள்ளவர்களை அச்சுறுத்தல்

ஆ. கருத்தடை முறைகளை உபயோகித்தல்

இ. படி ஒப்பானவர்களின் ஆதரவு

23. பாலியல் ரீதியாக பரவும் நோய்களை தடுக்கும் முறை

அ. பல துணைவருடன் உடலுறவு கொள்ளுதல்

ஆ. கருத்தடை முறைகளை உபயோகித்தல்

இ. ஒரு துணைவருடன் உடலுறவு கொள்ளுதல்

24. வளர் இளம் பருவத்தில் கர்பமாகுதலை தடுக்கும் முறை

அ) திருமண வயதை தாமதமாக்குதல்

ஆ) நல்ல ஊட்டச்சத்தின் மூலம்

இ) நல்ல உடல் தூய்மையின் மூலம்

25) கருத்தடை முறைகளில் அவசரத் காலத்தில் உதவக்கூடியது.

அ) மாத்திரைகள்

ஆ) காண்டம்

இ) களிம்பு

பிரிவு - இ

வளர் இளம் பெண்களின் கருத்தரித்தல் பற்றி வளர் இளம் பெண்களின்

மனப்பான்மையை அறிதல்

வ.எண்	பொருளடக்கம்	முழுமையாக ஒத்துக் கொள்ளுதல்	ஒத்துக் கொள்ளுதல்	நிச்சய மில்லை	ஒத்துக் கொள்ள வில்லை	முழுமையாக ஒத்துக் கொள்ள வில்லை
1	போதைப் பொருள் உபயோகத்தினால் பெண்கள் இளம் வயதில் கர்ப்பமாதல்					
2	இளம் வளர்ச்சி பருவத்தில் பாலியல் நடத்தைக்கு குடும்பத்தின் சூழ்நிலையும் ஒரு காரணம் ஆகும்					
3	புறக்கணிக்கப்பட்ட குழந்தைகள் பாலியல் நடத்தைக்கு உள்ளாவர்கள்					
4	இளம் வயதில் கர்ப்பமாகு வதற்கு உடன் பிறப்பில் உள்ளவர்களும் இளம் வயதில் கர்ப்பமாகுதலும் ஒரு காரணம் ஆகும்					
5	வளர்ச்சி பருவத்தில் உள்ள பெண்கள் குறைந்த அளவில் பாலியல் பாதிப்புக்கு ஆளாகுவார்கள்					
6	வளர்ச்சி பருவத்தில் உள்ளவர்கள் தாமதமாக கருத்துகளை கையாருதல் மற்றும் கர்ப்பகால கவனிப்பு முறைகளை தாமதமாக அனுகுதல்					

7	எல்லா கார்ப்பமும் கற்பழிப்பதினால் ஏற்படுகிறது					
8	இளம் வளர் பெண்கள் கார்ப்பத்தை அழிக்காமல் குழந்தை பிறக்கும் வரை எடுத்துச் செல்லுதல்					
9	இளம் வளர்ச்சிப் பருவ கார்ப்பிணி 17 வயதுக்கு உட்பட்டவர்கள் குறைவான மருத்துவச் சிக்கல்களை சந்திப்பார்கள்					
10	பாலியல் பற்றி கல்வி இளம் வயதில் கார்ப்பிணித் தன்மையை அதிகரிக்கிறது.					

APPENDIX-I
SCORING KEY FOR SECTION 'B'
SCORING KEY

QUESTION NUMBER	ANSWER
1.	B
2.	B
3.	C
4.	C
5.	A
6.	B
7.	A
8.	B
9.	B
10.	C
11.	A
12.	A
13.	B
14.	A
15.	C
16.	A
17.	B
18.	A
19.	A
20.	A
21.	A
22.	A
23.	B
24.	A

25.	A
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SCORING KEY FOR SECTION 'C'
SCORING KEY FOR POSITIVE STATEMENTS

Statement	Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
1.					
2.					
4.					
5.					
10.					

Score 5 4 3 2 1

SCORING KEY FOR SECTION 'C'
SCORING KEY FOR NEGATIVE STATEMENTS

Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
3.					
6.					
7.					
8.					
9.					

Sore 5 4 3 2 1

பகுதி – “ஆ” வினாவிற்கான விடைகள்

கேள்வி எண்	விடைகள்	கேள்வி எண்	விடைகள்
1.	ஆ	21.	அ
2.	ஆ	22.	அ
3.	இ	23.	ஆ
4.	இ	24.	அ
5.	அ	25.	அ
6.	ஆ		
7.	அ		
8.	ஆ		
9.	ஆ		
10.	இ		
11.	அ		
12.	அ		
13.	அ		
14.	அ		
15.	இ		
16.	அ		
17.	ஆ		

18.	அ		
19.	அ		
20.	அ		

**பகுதி- “இ” வினாவிற்கான விடைகள்
நேர் கூற்றுக்கான மதிப்பெண்கள்**

கூற்றுகள்	முழுமையாக ஒத்துக் கொள்கிறேன்	ஒத்துக் கொள்கிறேன்	நிச்சயமில்லை	ஒத்துக் கொள்ளவில்லை	முழுமையாக ஒத்துக் கொள்ளவில்லை
1					
2					
4					
5					
7					

மதிப்பெண்கள் 5 4 3 2 1

எதிர் கூற்றுக்கான மதிப்பெண்கள்

கூற்றுகள்	முழுமையாக ஒத்துக் கொள்கிறேன்	ஒத்துக் கொள்கிறேன்	நிச்சயமில்லை	ஒத்துக் கொள்ளவில்லை	முழுமையாக ஒத்துக் கொள்ளவில்லை
1					
2					
4					
5					
7					

மதிப்பெண்கள் 5 4 3 2 1

LESSON PLAN

ON

TEENAGE PREGNANCY

LESSON PLAN

Topic	:	Teenage pregnancy
Duration	:	45 minutes
Group	:	Adolescent girls (13-19 years)
Place	:	Thottipalayam, Coimbatore.
Method of teaching	:	Lecture cum Discussion
Medium of Instruction	:	Tamil
Teaching aids	:	Flash cards

APPENDIX-J


CENTRAL OBJECTIVE:



The adolescent girls will acquire indepth knowledge regarding teenage pregnancy and will apply this knowledge to change the life style and prevent complications




SPECIFIC OBJECTIVE:

The adolescent girls will able to




- define the teenage pregnancy
- list down the causes of teenage pregnancy
- discuss the risk factors of the teenage pregnancy
- explain the consequences of teenage pregnancy
- list down the effects of teenage pregnancy
- mention the diagnosis of teenage pregnancy
- discuss the need of counseling
- enumerate the disorders of teenage pregnancy
- explain the prevention of teenage pregnancy




Specific objective	time	content	researcher activity	learner activity	a.v. aids	evaluation
Introduce the topic	2mts	<p>INTRODUCTION</p> <p>Today all over the world mainly in developing countries like India, the teen pregnancy is increasing and emerging as a serious problem .</p> <p>Early marriage and early pregnancy are accepted cultural norms of our society. Extrinsic factors like inadequate prenatal care, illiteracy and poor socio economic status affect the outcome of pregnancy.. The children of teen mothers face heightened health and developmental risks and have disproportionately high infant mortality rates and low birth weight.</p>	Introduce the topic	Listening	Flash card 	






SPECIFIC OBJECTIVE	TIME	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY	AV AIDS	EVALUATION
The adolescents girls will be able to define the teenage pregnancy	3mts	<p>DEFINITION</p> <p>Teenage pregnancy is defined as a teenaged or under aged girl usually within the age of 13-19 becoming pregnant.</p>	Defining the teenage pregnancy	Listening		What is teenage pregnancy?
The adolescents girls will be able to list down the causes of teenage pregnancy	5mts	<p>CAUSES OF TEENAGE PREGNANCY</p> <p>The ultimate cause of teenage pregnancy is unprotected intercourse. And other causes are,</p> <ul style="list-style-type: none"> ➤ Lack of knowledge on contraceptive ➤ Inaccessibility of contraceptive devices. ➤ Paucity of sex education in 	Listing down the causes of teenage pregnancy	Listening		What are all the causes of teenage pregnancy?
SPECIFIC	TIME	CONTENT			AV AIDS	

OBJECTIVE			RESEARCHER	LEARNERS		EVAUATION
		<p>school curriculum</p> <ul style="list-style-type: none"> ➤ Changing school environment ➤ Increase nuclear family ➤ Increase opportunity for social interaction ➤ Less supervision ➤ Influence of media <p>Factors associated with contraceptive use among sexually active adolescent include</p> <ul style="list-style-type: none"> ❖ Good performance in school, ❖ Expectation of a satisfying future, ❖ stable relationship with sexual partner. 	<p>ACTIVITY</p> <p>Listing down the causes of teenage pregnancy</p>	<p>ACTIVITY</p> <p>Listening</p>	   <p>AV AIDS</p>	<p>What are all the causes of teenage pregnancy?</p>





SPECIFIC OBJECTIVE	TIME	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY		EVALUATION
<p>The adolescents girls will be able to discuss the risk factors of the teenage pregnancy</p>	<p>5mts</p>	<p>RISK FACTORS</p> <p>Several factors are associated with the high rates of teenage pregnancy and childbearing among adolescents.</p> <ul style="list-style-type: none"> ❖ Interfamilial—parenting influence ❖ Socio cultural factors community and social environment(poverty and unemployment) ❖ Intrapersonal factors like depression, ,history of sexual and substance abuse, poor self esteem, , and school failure. ❖ Biologic and physiologic ❖ developmental age at menarche 	<p>Discuss the risk factors of teenage pregnancy</p>	<p>Listening</p>	<div data-bbox="1564 467 1646 565" data-label="Image"> </div> <div data-bbox="1509 690 1646 847" data-label="Image"> </div> <div data-bbox="1478 966 1625 1107" data-label="Image"> </div> <p>AV AIDS</p>	<p>What is the age at Menarche?</p>



SPECIFIC OBJECTIVE	TIME	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY		EVALUATION
		<p>There are several predictors of sexual intercourse like</p> <ul style="list-style-type: none"> ➤ Early pubertal development ➤ Poverty ➤ History of sexual abuse ➤ Lack of attention ➤ No /poor academic career ➤ Dropping out of school <p>The greatest risk factors for pregnancy among teens are</p> <ul style="list-style-type: none"> ❖ sexual inexperience ❖ young age at first intercourse ❖ delay in marriage 	<p>Discuss the risk factors of teenage pregnancy</p>	<p>Listening</p>	  <p>AV AIDS</p>	<p>What is the age at Menarche?</p>




SPECIFIC OBJECTIVE	TIME	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY		EVALUATION
<p>The adolescents girls will be able to explain consequences of teenage pregnancy</p>	<p>5mts</p>	<p>CONSEQUENCE AND PARENTING OF TEENAGE PREGNANCY</p> <p><u>CONSEQUENCE</u></p> <p>The consequences of unintended pregnancy are serious, imposing appreciable burdens on children and families.</p> <ul style="list-style-type: none"> ➤ Failure in school ➤ Negative effect on educational attainment ➤ Welfare dependency <p>These consequence can be managed by Increased availability of alternative school with day care programmes. With flexible hours</p>	<p>Explaining the consequences of teenage pregnancy</p>	<p>Listening</p>	  <p>AV</p> <p>AIDS</p>	<p>What is the nature of adolescent parents?</p>




SPECIFIC OBJECTIVE	TIME	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY		EVALUATION
<p>The adolescents girls will be able to list down the effects of teenage pregnancy</p>	<p>5mts</p>	<p>PARENTING Adolescents parents are,</p> <ul style="list-style-type: none"> ➤ Punitive, physically aggressive and less interactive with children ➤ Has Low confidence and high stress ➤ Has Little understanding about growth and development ➤ They are Idealistic, Imitative, impulsive and seek immediate gratification to their needs. <p>EFFECTS OF TEENAGE PREGNANCY EFFECT ON MOTHER</p> <ul style="list-style-type: none"> ➤ Life style changes ➤ unemployment <p>CONTENT</p>	<p>Listing down the effects of teenage pregnancy</p>	<p>Listening</p>	   <p>?</p>  <p>AV AIDS</p>	<p>What are the effects on offspring?</p>





SPECIFIC OBJECTIVE	TIME	RESEARCHER ACTIVITY	LEARNERS ACTIVITY	EVALUATION
		<p>Smoking. lack of sleep, and unhealthy eating pattern.</p> <p><u>Emotional effect:</u></p> <ul style="list-style-type: none"> ➤ Excitement ➤ Confusion ➤ Fear ➤ Frustration <p>EFFECT ON FATHER</p> <ul style="list-style-type: none"> ➤ Finance problem ➤ Divorce <p>EFFECT ON OFFSPRING</p> <ul style="list-style-type: none"> ❖ Disproportionately high rates of maternal and neonatal mortality are associated with adolescent childbearing. 	<p>Listing down the effects of teenage pregnancy</p> <p>Listening</p>	<div data-bbox="1476 217 1625 378" data-label="Image"> </div> <div data-bbox="1476 760 1625 850" data-label="Image"> </div> <p>AV AIDS</p> <p>AV AIDS</p>


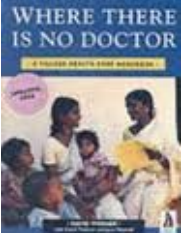


SPECIFIC OBJECTIVE	TIME	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY		EVALUATION
The adolescents girls will be able to mention the diagnosis of teenage pregnancy	5mts	<ul style="list-style-type: none"> ➤ Low birth weight <p>Mental retardation</p> <ul style="list-style-type: none"> ➤ Congenital malformation ➤ Neglect, physical abuse ➤ Emotional and behavioral difficulties ➤ Delay in cognitive development ➤ Early sexual activity <p>DIAGNOSIS OF TEENAGE PREGNANCY</p> <p>Teenage pregnancy can be detected in</p> <ul style="list-style-type: none"> ➤ Primary care sites ➤ Special clinics ➤ Emergency department 	Mentioning the diagnosis of teenage pregnancy	Listening	    <p>AV AIDS</p>	What is the reason for delayed diagnosis of teenage pregnancy?


SPECIFIC OBJECTIVE	TIME	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY		EVALUATION
		<p>➤ It can be detected through blood and urine test after one week of implantation</p> <p>Reason for delayed diagnosis of pregnancy are,</p> <ul style="list-style-type: none"> ➤ Unfamiliar with symptoms ➤ Limited access to care ➤ Fear of adult responses ➤ Conflict with parents about options and Incest <p>MEDICAL PSYCHOSOCIAL EVALUATION</p> <p>The Issues to be considered in counselling are</p> <ul style="list-style-type: none"> ➤ Personal , ➤ Medical and reproductive history 			  <p>AV AIDS</p>	

SPECIFIC OBJECTIVE	TIME	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY		EVALUATION
able to enumerate the disorders of teenage pregnancy		<p>Adolescents mothers experience more pregnancy and delivery problems and have less healthy babies overall than older mother.</p> <p>PHYSIOLOGIC ISSUE</p> <ul style="list-style-type: none"> ➤ low birth weight(less than 2500gm) Neonatal death(28 days after birth) ➤ Poor maternal weight gain ➤ Prematurity(before 37 weeks) of baby ➤ Pregnancy induced hypertension ➤ Anemia ➤ Sexually transmitted diseases ➤ Poor nutritional status due to early pregnancy 			   <p>AV AIDS</p>	

SPECIFIC OBJECTIVE	TIME	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY		EVALUATION
The adolescents girls are able to explain the prevention of teenage pregnancy	5mts	<p>Ectopic and molar pregnancy</p> <ul style="list-style-type: none"> ➤ threatened abortion ➤ incomplete abortion <p>PSYCHOLOGIC ISSUE</p> <ol style="list-style-type: none"> 1. Striving to identify information, independence. 2. concerned about body image 3. Risk taking behavior <p>SOCIO ECONOMIC ISSUE</p> <ol style="list-style-type: none"> 1. drop out of school 2. lack of education 3. poverty 4. high divorce rate <p>PREVENTION OF TEENAGE PREGNANCY</p> <ul style="list-style-type: none"> ➤ Contraceptive use, cultural and 	Explaining the prevention of teenage pregnancy	Listening	   <p>AV AIDS</p>	What is the age of marriage for girls?

SPECIFIC OBJECTIVE	TIME	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY		EVALUATION
		<ul style="list-style-type: none"> ➤ Family reaction to adolescents(support) ➤ Basic education achievement ➤ Programmes regarding sexual reproduction knowledge, access to contraceptives, decision making and social skills. ➤ Delay the age of marriage ➤ Teach to avoid sexual activity before marriage ➤ Teach the complication of teenage pregnancy ➤ Parents, school and health care professional can have open, honest and education talks with teenagers and preteens. 	<p>Explaining the prevention of teenage pregnancy</p>	<p>Listening</p>	   <p>AV AIDS</p>	<p>What is the age of marriage for girls?</p>

SPECIFIC OBJECTIVE	TIME	CONTENT	RESEARCHER ACTIVITY	LEARNERS ACTIVITY		EVALUATION
		<p>➤ Advise teenagers how to prevent Unwanted pregnancy.</p> <p>➤ Educate safe sex and abstinence.</p> <p>➤ Educate school girls regarding good nutrition, exercise, problems of drug, alcohol.</p> <p>DISADVANTAGES OF TEENAGE PREGNANCY</p> <ul style="list-style-type: none"> • Minimum health care ➤ Difficulty in finance ➤ Poor economic condition ➤ Single parent ➤ Not ready to take care of family ➤ Abuse and neglect children. 			   <p>AV AIDS</p>	

SPECIFIC OBJECTIVE	TIME	CONTENT CONCLUSION	RESEARCHER ACTIVITY	LEARNERS ACTIVITY		EVALUATION
		<p>Teenage pregnancy and its complications can be declined by counseling, delaying the age and Using contraceptive devises</p> <p>Knowledge regarding teenage pregnancy can help the adolescents girls to reduce the complications. It is the duty of health care professional to make awareness regarding teenage pregnancy.</p>				

LESSON PLAN

ON

TEENAGE PREGNANCY

LESSON PLAN

Topic	:	Teenage pregnancy
Duration	:	45 minutes
Group	:	Adolescent girls (13-19 years)
Place	:	Thottipalayam, Coimbatore.
Method of teaching	:	Lecture cum Discussion
Medium of Instruction	:	Tamil
Teaching aids	:	Flash cards


பொதுவான நோக்கம்





வளர் இளம் பருவத்தில் கருத்தரித்தல் பற்றி முழுவதுமாக அறிந்து கொள்வதன் மூலம், வளர் இளம் பருவத்தில் கருத்தரித்தலை எளிதில் தடுத்துக் கொள்ள இயலும்.


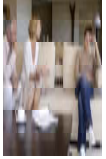


குறிப்பிட்ட நோக்கம்

வளர் இளம் பெண்களால்




- கருத்தரித்தலின் வரையறையை கண்டறிதல்
- கருத்தரித்தலின் காரணங்களைப் பட்டியலிடுதல்
- கருத்தரித்தலின் அபாய நேர்வுக் காரணங்களைப் கருத்துப் பரிமாறிக் கொள்ளுதல்
- விளைவு மற்றும் பெற்றோர் நிலையை விளக்குதல்
- கர்ப்பமாகுதலின் விளைவுகளை பட்டியலிடுதல்
- கர்ப்பமாகுதலை கண்டறியும் முறையை குறிப்பிடுதல்
- ஆலோசனையின் தேவைகளை கருத்து பரிமாறுக் கொள்ளுதல்
- கர்ப்பகாலத்தில் ஏற்படும் சிக்கல்களை கணக்கிடுதல்
- கர்ப்பமாகுதலை தடுக்கும் முறைகளை விளக்குதல்




குறிப்பிட்ட நோக்கம்	நேரம்	பொருளடக்கம்	ஆராய்ச்சியாளரின் செயல்	கவனிப்பாளரின் செயல்	ஒலி, ஒளி அமைப்பு	மதிப்பீடுதல்
AĒĒLm	2 ĊĀPm	<p>முன்னுரை</p> <p>இளம்வளர் பெண்ணின் கருத்தன்மை மிகவும் அதிகமாக, ஆபத்தை விளைவிக்கிறது. உலகத்தில் குறிப்பாக வளரும் நாடுகளான இந்தியாவில் இது மிகவும் அதிகமாக உள்ளது. இளம்வயதில் திருமணம், இளம் வயதில் கர்ப்பமாகுதல் ஆகிய இவை இரண்டும் நம் சமுதாயத்தில் ஏற்றுக் கொள்ளக்கூடிய மரபு நிரணயம் மற்றும் நாகரிகம் ஆகும். புறம்பேயுள்ள காரணக்கூறுகளாகிய போதாத கர்ப்பக்காலப் பராமரிப்பு, படிப்பறிவு இல்லாமை மற்றும் வறுமை இவை அனைத்தும் கர்ப்பகாலத்தின் முடிவை பாதிக்கும். இளம்வளர் பெண்களின் குழந்தைகள் போதாத உடல்நலம் மற்றும் வளர்ச்சி குன்றியும் காணப்படுவார்கள்.</p>	AĒĒLITĀj Rp	LYĒ j Rp		





குறிப்பிட்ட நோக்கம்	நேரம்	பொருளடக்கம்	ஆராய்ச்சியாளரின் செயல்	கவனிப்பாளரின் செயல்	ஒலி, ஒளி அமைப்பு	மதிப்பீடுதல்
கவனிப்பாளர் இளம்வயதில் கருத்தரித்தலின் வரையறையை கண்டறிதல்	3 நிமிடம்	வரையறை இளம்வளர் பருவத்தில் கருத்தன்மை என்பது இளம் பருவத்தில் உள்ள பெண்கள் (13-18 வயது) அல்லது அதற்கும் குறைந்த வயதுள்ள பெண்கள் கருத்தன்மையை அடைதல்.	இதன் அர்த்தத்தை விவரித்தல்.	கவனித்தல்		இளம்வளர் பருவத்தில் கருத்தரித்தல் என்றால் என்ன?
கவனிப்பாளர் இளம் வளர் பருவத்தில் கருத்தரித்தலின் காரணங்களைப் பட்டியலிடுதல்	5 நிமிடம்	வளர்ச்சிப் பருவத்தில் கருத்தரித்தலின் காரணங்கள் வளர்ச்சி பருவத்தில் கருத்தரித்தலுக்கு இன்றியமையாத காரணம் பாதுகாப்பற்ற உடலுறவு ஆகும். மற்ற காரணங்கள் கருத்தடை முறைகளைப்பற்றிய போதுமான அறிவு பெறாமை. ❖ கருத்தடை முறைகளை ஏற்க மறுத்தல் ❖ பாலியல் பற்றிய கல்வி இல்லாத பள்ளிப்பாடத்திட்டம் ❖ தனிக்குடும்பம் அதிகமாதல்	பட்டியலிடுதல்	கவனித்தல்	  	இளம்வளர் பருவத்தில் கருத்தரித்தலின் காரணங்களைப் பட்டியலிடுக?





<p>கவனிப்பாளர் இளம் வயதில் கருத்தரித்தலின் அபாய நேர்வுக் காரணங்களைப் கருத்துப் பரிமாறிக் கொள்ளுதல்</p>	<p>5 நிமிடம்</p>	<ul style="list-style-type: none"> ❖ கூடிவாழும் வாய்ப்பு அதிகம் ❖ பெற்றோர்களின் மேற்பார்வைக் குறைதல் ❖ விளைவுகளை உண்டு பண்ணக் கூடிய தொலைத் தொடர்பு ஆதிக்கம் வளர்ச்சிப் பருவத்தில் உள்ளவர்கள் அதிகமாக கருத்தடை முறைகளை உபயோகித்தல் மற்றும் பாலியலில் ஈடுபடக்கூடிய காரணங்கள் • கல்வியில் வெற்றி • சாதகமான வருங்காலம் • நிலையான பாலியல் தொடர்புடன் கூடிய துணைவர் <p>அபாய நேர்வுக்காரணிகள்</p> <p>வளர்ச்சிப் பருவத்தில் ஏற்படும் கருத்தன்மை மற்றும் பிள்ளை பெறுதலின் பல்வேறுபட்ட காரணங்கள்</p> <p>குடும்பத்தில் - பெற்றோர்களின் கட்டாயம் மரபு ரீதியான - ஜாதி மற்றும் கூடி வாழ்கிற</p>	<p>கருத்துப் பரிமாறிக் கொள்ளுதல்</p>	<p>கவனித்தல்</p>	   	<p>பெண்ணின் பருவமடையும் வயது என்ன?</p>
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		<p>சுற்றுப்புறம், வறுமை மற்றும் வேலையின்மை நிலை</p> <p>❖ தனிநபர் ரீதியான - குறைந்த தன்னலம் மரியாதை, மனச்சோர்வு, பாலியல் தொடர்வு மற்றும் பள்ளியில் தோல்வி</p> <p>❖ உடல் வளர்ச்சி -பூப்பு அடையும் வயது பாலியல் தொடர்பை முன் கூட்டியே நிர்ணயிக்கக்கூடிய காரணிகள்</p> <ul style="list-style-type: none"> ➤ மிக இளம்வயதில் பருவமடைதல் ➤ வறுமை ➤ பல வருடங்களாக பாலியலில் தொடர்வு ➤ போதிய கவனம் இல்லாமை ➤ படிப்பறிவற்ற தன்மை ➤ பள்ளிப்படிப்பை இடையில் நிறுத்திவிடுதல் 	கருத்துப் பரிமாறிக் கொள்ளுதல்	கவனித்தல்	பெண்ணின் பருவமடையும் வயது என்ன?
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குறிப்பிட்ட நோக்கம்	நேரம்	பொருளடக்கம்	ஆராய்ச்சியாளரின் செயல்	கவனிப்பாளரின் செயல்	ஒலிஇ ஒளி அமைப்பு	மதிப்பீடுதல்
<p>கவனிப்பாளர் இளம் வளர்ச்சிப் பருவத்திலின் விளைவு மற்றும் பெற்றோர் நிலையை விளக்குதல்</p>	<p>5 நிமிடம்</p>	<p>வளர்ச்சிப் பருவத்தில் கருத்தரித்தலின் விளைவு மற்றும் பெற்றோர் நிலையை அடையும் நிலை</p> <p>அறியாமை, விபத்தினால் கருத்தரித்தலின் விளைவுகள் தீங்கு விளைவிக்கக்கூடிய, மற்றும் குடும்பத்திற்கு, குழந்தைகளுக்கு பாரமாக இருப்பார்கள்.</p> <ul style="list-style-type: none"> ❖ படிப்பில் தோல்வி ❖ குறைந்த மதிப்பெண்கள் (எதிர் மாறான விளைவுகள்) ❖ உடல் நலத்தில் மற்றவர்களை சார்ந்து இருத்தல் <p>விளைவுகளை சரி செய்தல்</p> <ul style="list-style-type: none"> ❖ பல்வேறான பள்ளிகள் மற்றும் பகல் நேர பாடத்திட்டம் விருப்பமான நேரங்களில் படிப்பை தொடர்தல். <p>வளர்ச்சிப் பருவத்தில் பெற்றோராகும் நிலை</p>	<p>விளக்குதல்</p>	<p>கவனித்தல்</p>	  	<p>இளம் வளர் பருவத்தில் உள்ள பெற்றோர்களின் இயல்பு என்ன?</p>

<p>கவனிப்பாளர் இளம் வளர்பருவத்தில் உள்ள பெண்கள் கர்ப்பமாகுதலின் விளைவுகளை</p>	<p>5 நிமிடம்</p>	<p>மற்றும் இயல்பு தண்டித்தல், வலுச்சண்டைக்கு போதல், குழந்தைகளுடன் குறைவாக கருத்து பரிமாருதல்</p> <ul style="list-style-type: none"> ❖ தன்னம்பிக்கை குறைவு, - அதிகளவு மன அழுத்தம் ❖ வளர்ச்சியைப்பற்றி குறைவான அறிவு புற உலகில் தோன்றுவதெல்லாம் கருத்தளவே, ஆகுமென்னும் கொள்கை, போலியான பேச்சு மற்றும் படிக்க வழக்கம், மற்றும் அவர்களின் தேவைகளை உடனடியாக நேர்த்தி செய்ய அனுகுதல் <p>இளம் வளர்ச்சி பருவத்தில் கர்ப்பமாகுதலின் விளைவுகள் கர்ப்பினிக்கு ஏற்படும் விளைவுகள் கருவில் வளரும் குழந்தை பாதிக்கப்படுதல் நாகரிக வாழ்க்கையில் மாற்றம் வேலையின்மை</p> <p>கர்ப்பினிக்கு ஏற்படும் மனச்சம்மந்தமான</p>	<p>பட்டியலிடுதல்</p>	<p>கவனித்தல்</p>	<p>  ? </p>	<p>சேய்க்கு ஏற்படும் விளைவுகளை பட்டியலிடுக?</p>
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<p>பட்டியலிடுதல</p>	<p>விளைவுகள்</p> <ul style="list-style-type: none"> ○ பயம் ○ பரபரப்புடன் (மனகிளர்ச்சி) ○ குழப்பம் ○ செயல்கூலையச் செய்தல் <p>வளர்ச்சி பருவத்தில் உள்ள தந்தைக்கு ஏற்படும் விளைவுகள்</p> <p>பொருளாதார சிக்கல் (பணச்சிக்கல்)</p> <p>மண முறிவு</p> <p>சேய்க்கு ஏற்படும் விளைவுகள்</p> <p>பிறப்பில் குறைந்த எடையுடன் கூடிய குழந்தை மன வளர்ச்சி குன்றி பிறவியில் சூதாற்றத்தில் ஏற்படும் மாற்றம் புறக்கணிக்கப்பட்ட, உடல் ரீதியாக தவறான முறையில் உபயோகித்தல்</p> <ul style="list-style-type: none"> ❖ மன ரீதியாக, நடவடிக்கை கடினமாக ❖ தாமதமான அறிவு வளர்ச்சி <p>இளம் வயதிலேயே பாலியல் நடவடிக்கை</p>	<p>பட்டியலிடுதல</p>	<p>கவனித்தல</p>	   	<p>சேய்க்கு ஏற்படும் விளைவுகளை பட்டியலிடுக?</p>
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குறிப்பிட்ட நோக்கம்	நேரம்	பொருளடக்கம்	ஆராய்ச்சியாளரின் செயல்	கவனிப்பாளரின் செயல்	ஒலிஇ ஒளி அமைப்பு	மதிப்பீடுதல்
கவனிப்பாளர் இளம் வயதில் கர்ப்பமாகுதலை கண்டறியும் முறையை குறிப்பிடுதல்	5 நிமிடம்	<p><u>இளம் வயதில் கர்ப்பமாகுதலை கண்டறியும் முறை</u></p> <ul style="list-style-type: none"> ❖ முதல் நிலை சுகாதார மையம் ❖ தனியார் மருத்துவமனை ❖ உடனடி சிகிச்சை மையம் <p>மற்றும் வளர்ச்சி பருவத்தில் ஏற்படும் கருத்தரித்தலை இரத்தம் மற்றும் சிறுநீர் பரிசோதனை மூலம் கண்டறியலாம்.</p> <p><u>வளர்ச்சி பருவத்தில் கருத்தரித்தலை தாமதமாக கண்டறிய காரணங்கள்</u></p> <ul style="list-style-type: none"> ❖ கருத்தரித்தலின் அறிகுறிகளை அறியாமை ❖ ஏற்றுக் கொள்ளாத பராமரிப்பு முறை ❖ வயது வந்தவர்களின் பயம் ❖ முரண்பாடுடன் பெற்றோர்கள் 	குறிப்பிடுதல்	கவனித்தல்	   	கர்ப்பத்தை தாமதமாக பரிசோதனை செய்ய காரணங்கள் என்ன?





குறிப்பிட்ட நோக்கம்	நேரம்	பொருளடக்கம்	ஆராய்ச்சியாளரின் செயல்	கவனிப்பாளரின் செயல்	ஓலிஇ ஒளி அமைப்பு	மதிப்பீடுதல்
கவனிப்பாளர் ஆலோசனையின் தேவைகளை கருத்து பரிமாறுக் கொள்ளுதல்	5 நிமிடம்	<p>மருத்துவ மற்றும் மன ரீதியாக மதிப்பீடுதல்</p> <p>ஆலோசனை, பரிந்துரை வழங்கும் போது கேட்க வேண்டிய தகவல்கள்</p> <ul style="list-style-type: none"> ❖ தனிப்பட்ட தகவல்கள் ❖ மருத்துவ தகவல்கள் ❖ இன விருத்தி செய்தல் தகவல்கள் ❖ பாலியல் தகவல்கள் ❖ குடும்ப தகவல்கள் <ul style="list-style-type: none"> ❖ கருச்சிதைவும், தத்தெடுத்தல் பற்றி தனிப்பட்ட கணவரின் கருத்து ❖ பரிந்துரை வழங்கும் போது மதிப்பீடு இல்லா மற்றும் அமைதியாக அனுகவும் ❖ கர்ப்பிணிப்பெண், தன்னுடைய சுகாதாரப் பணியாளர்களை பற்றியும் அவர்களின் அனுபவங்களையும் தெரிந்து கொள்ள வேண்டும். 	கருத்து பரிமாறிக் கொள்ளுதல்	கவனித்தல்	 	ஆலோசனையின் விதங்கள் என்ன?

குறிப்பிட்ட நோக்கம்	நேரம்	பொருளடக்கம்	ஆராய்ச்சியாளரின் செயல்	கவனிப்பாளரின் செயல்	ஓலிஇ ஒளி அமைப்பு	மதிப்பீடுதல்
		<p>ஆலோசனை, பரிந்துரை வழங்குதல்</p> <ul style="list-style-type: none"> ❖ இளம் வயதில் உள்ளவர்கள் தாமதமாக தீர்மானம், கார்ப்பகாலத்தில் கவனிக்க, பராமரிப்பு முறைகளை தாமதமாக அணுகுதல் ❖ ஆலோசனை வழங்கும் போது பிழையில்லாமல், வளர்ச்சிக் கேற்ற மற்றும் ஆசுவாசமாக அளிக்க வேண்டும். <p>பரிந்துரையின் முக்கிய நோக்கம்</p> <ul style="list-style-type: none"> ❖ கார்ப்பகாலத்தை குழந்தை பிறக்கும் வரை மற்றும் குழந்தையை தத்தெடுக்கும் வரை பாதுகாத்தல் ❖ கார்ப்பகாலத்தை பெற்றோராகும் வரை எடுத்துச் செல்லுதல் ❖ கார்ப்பகாலத்தை அழித்தல் 	கருத்து பரிமாறிக் கொள்ளுதல்	கவனித்தல்		ஆலோசனையின் விதங்கள் என்ன?

குறிப்பிட்ட நோக்கம்	நேரம்	பொருளடக்கம்	ஆராய்ச்சியாளரின் செயல்	கவனிப்பாளரின் செயல்	ஒலிஇ ஒளி அமைப்பு	மதிப்பீடுதல்
கவனிப்பாளர் இளம் வளர்ச்சி பருவத்தின் கர்ப்பகாலத்தில் ஏற்படும் சிக்கல்களை கணக்கிடுதல்	5 நிமிடம்	<p><u>பரிந்துரை வழங்குபவர் சொல்ல வேண்டியவை</u></p> <ul style="list-style-type: none"> ❖ கர்ப்பகாலத்தை தொடர்ந்து கவனித்தல் <p><u>கண்காணிக்கும் முறை</u></p> <ul style="list-style-type: none"> ❖ குழந்தையை, அழித்தல், தத்தெடுத்தல் பிறப்பை கட்டுப்படுத்துதல் <p><u>இளம் வளர்ச்சி பருவத்தில் கர்ப்பகாலத்தில் ஏற்படும் சிக்கல்கள்</u></p> <ul style="list-style-type: none"> ❖ வளர்ச்சி பருவத்தில் உள்ள இளம் பெற்றோர்கள் வயது வந்தவர்களை விட அதிகப்படியான பிரச்சினைகள் சந்திக்கின்றனர். அதாவது கர்ப்பகாலத்தில் மற்றும் மகப்பேறு மற்றும் குறுகிய உடல்நிலை கொண்டும் காணப்படுவர். 	கணக்கிடுதல்	கவனித்தல்	  	கர்ப்பகாலத்தில் ஏற்படும் சிக்கல்கள் யாவை?

குறிப்பிட்ட நோக்கம்	நேரம்	பொருளடக்கம்	ஆராய்ச்சியாளரின் செயல்	கவனிப்பாளரின் செயல்	ஓலிஇ ஒளி அமைப்பு	மதிப்பீடுதல்
கவனிப்பாளர் இளம் வளர்ச்சி பருவத்தில் கர்ப்பமாகுதலை தடுக்கும் முறைகளை விளக்குதல்	5 நிமிடம்	<ul style="list-style-type: none"> ❖ சிக்கலான செயல்களில் ஈடுபடுதல் சமுதாயத்திற்கு ஏற்படும் சிக்கல்கள் ❖ பாதியில் பள்ளிப்படிப்பை முடித்துவிடுதல் ❖ கல்வி அறிவின்மை ❖ வறுமை ❖ கணவன், மனைவி பிரிவு ஏற்படுதல் இளம் வளர்ச்சி பருவத்தில் கர்ப்பமாகுதலை தடுக்கும் முறைகள் ❖ கருத்தடை உபயோகித்தல் ❖ கலாச்சாரத்தை மாற்றுதல் ❖ குடும்பத்தை வலிமைப்படுத்துதல் ❖ ஆரம்பக்கல்வி ❖ பாலியல் இனவிருத்திச் செய்தல் சம்மந்தமான அறிவு , கருத்தடையை ❖ ஏற்றுக் கொள்ளுதல், தனிப்பட்ட தீர்மானம், சமுதாயத்தில் உள்ள திறமைகள் 	விளக்குதல்	கவனித்தல்	 	பெண்ணின் திருமண வயது என்ன?

குறிப்பிட்ட நோக்கம்	நேரம்	பொருளடக்கம்	ஆராய்ச்சியாளரின் செயல்	கவனிப்பாளரின் செயல்	ஓலிஇ ஒளி அமைப்பு	மதிப்பீடுதல்
		<ul style="list-style-type: none"> ❖ திருமண வயதை தாமதமாக்குதல் ❖ திருமணத்திற்கு முன்பு உடலுறவை தவிர்த்தல் ❖ இளம் வயதில் கருத்தரித்தலின் சிக்கல்களை எடுத்துச் செல்லுதல் ❖ பெற்றோர், கல்வி நிறுவனம், மருத்துவ தொழிற் மக்கள், இளைஞர்களிடம், உண்மையாக, மனம்விட்டு பேச வேண்டும். ❖ இளம் வயதில் கர்ப்பமாகுதலை கட்டுப்படுத்தும் முறைகளைப்பற்றி அறிவுரை வழங்குதல்பாதுகாப்பான உடலுறவு, உடலுறவு கொள்ளாமல் பற்றி அறிவுரை வழங்குதல் ❖ நல்ல ஊட்டச்சத்து, உடற்பயிற்சி, ❖ மருந்துகளின் உபயோகித்தினால் ஏற்படும் தொந்தரவுகள் 	விளக்குதல்'	கவனித்தல்	   	பெண்ணின் திருமண வயது என்ன?

குறிப்பிட்ட நோக்கம்	நேரம்	பொருளடக்கம்	ஆராய்ச்சியாளரின் செயல்	கவனிப்பாளரின் செயல்	ஒலிஇ ஒளி அமைப்பு	மதிப்பீடுதல்
		<p>தீமைகள்</p> <ul style="list-style-type: none"> ❖ மிகக்குறைவான நலத்திட்டம் ❖ பணச்சிக்கல் ❖ மோசமான பொருளாதாரச் சூழ்நிலை ❖ தனித்து வாழ்தல் ❖ குடும்பத்தில் அக்கறை இல்லாமல் ❖ இளம் வயதிலேயே குழந்தைகளை தவறான முறையில் உபயோகித்தல், மற்றும் புறக்கணித்தல். <p>முடிவுரை</p> <p>வளர் இளம் பருவத்தில் கருத்தரித்தல் மற்றும் அதன் விளைவுகளை ஆலோசனை, கருத்தடை முறைகள், திருமணவயது தாமதமாகுதல் மூலம் குறைக்கலாம். வளர் இளம் பருவத்தில் கருத்தரித்தலைப்பற்றி சுகாதார பணியாளர்கள் விழிப்புணர்வை ஏற்படுத்த வேண்டும்.</p>			   	

**ASSESSING KNOWLEDGE AND ATTITUDE THROUGH
STRUCTURED QUESTIONNAIRE**



ADMINISTERING STRUCTURED TEACHING PROGRAMME



