



# **“IMPACT OF EDUCATION ON KNOWLEDGE REGARDING MEDICAL TERMINATION OF PREGNANCY AMONG TEENAGE GIRLS IN SELECTED AREA, CHITTOOR DISTRICT.”**

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## **Abstract**

### **INTRODUCTION**

The Medical Termination of Pregnancy (MTP) Act was passed in 1971. The Act was intended to grant women freedom from unwanted pregnancies, especially when there was social censure or medical risk involved. Apart from these benefits, it also ensured that abortion services became easily accessible.

The aim of the Act is to allow for the termination of certain pregnancies by registered medical practitioners. If a pregnancy is terminated by someone who is not a registered medical practitioner, it would constitute an offence punishable under the Indian Penal Code.

### **OBJECTIVES**

- To assess the pre-test knowledge on medical termination of pregnancy among teenage girls in selected area.
- To assess the effectiveness of planned teaching program on medical termination of pregnancy among teenage girls in selected area.
- To find the association between pre-test and post-test knowledge scores on medical termination of pregnancy among teenage girls in selected area with their selected demographic variables.

**Methodology:** 30 teenage girls by using convenient sampling technique on the basis of inclusive criteria to assess the knowledge regarding medical termination of pregnancy act by questionnaire. The study was conducted in selected area, E.Mathyam village, Thavanampalli mandal of chittoor district.

**Results:** Out of 30 teenage girls, 24(80.00%) had inadequate knowledge regarding medical termination of act whereas 6(20.00%) had adequate knowledge and 0( 0.00%) had adequate knowledge in pre-test ,whereas in post-test ,whereas 19 (63.30%) had adequate knowledge ,whereas 11 (36.70%) had moderate knowledge and there is no inadequate knowledge after planned teaching programme. Among teenage girls which was significant at 0.01 level. And pre-test mean score of 8.40 with Standard deviation of 5.29, whereas in Post- test score of 24.70 with Standard deviation of 3.22. t-value is 26.063 and there is significant improvement in knowledge on medical termination of pregnancy act at  $p < 0.01$  level. So the above results shows that there is significant difference in pre-test and post –test knowledge scores among teenage girls. So  $H_2$  hypothesis was rejected There was significant association between pre- test knowledge on medical termination of pregnancy and socio demographic variables age, type of family, education of mother, education of father, occupation of mother, family income per month, on medical termination of pregnancy at  $p < 0.01$  level., and occupation of father were significant at  $p < 0.05$  level. there was significant association between post- test knowledge on medical termination of pregnancy and socio demographic variables religion, type of family, education of mother, education of father, occupation of mother, occupation of father ,family income per month on medical termination of pregnancy at  $p < 0.01$  level, occupation of mother were significant at  $p < 0.05$  level. In pre-test Regarding Presence of which of the following hormone in urine helps to detect pregnancy test in pre test had highest mean score knowledge of 2.83. In post –test Pertaining to how many registered medical practitioners are involved in medical termination of pregnancy between 12 to 20 weeks had highest mean score in post test was 377.

## CONCLUSION :

The present study revealed that teenage girls had inadequate knowledge regarding medical termination of pregnancy among teenage girls and after education knowledge of teenage girls was effective.

## INTRODUCTION:

According to the explanation to sub-section 2, the upper gestation limit will not be applicable in cases where the termination of pregnancy is necessitated by the existence of any foetal abnormalities, diagnosed by a Medical Board. This differentiation is unreasonable as technological advancements allow for several foetal abnormalities to be detected even after 20 weeks, which may transform the desired pregnancy into an undesired one.<sup>2</sup>The MTP Bill 2020 states that “No registered medical practitioner shall reveal the name and other particulars of a woman whose pregnancy has been terminated under this Act except to a person authorized by any law for the time being in force.” This essentially means that the woman’s confidentiality is preserved – and breaching this confidentiality is grounds for imprisonment and/or fining.<sup>3</sup>Abortion is defined as the termination of pregnancy by the removal or expulsion from the uterus of a foetus or embryo prior to viability. An abortion can occur spontaneously, in which case it is usually called a miscarriage, or it can be purposely induced. The term abortion most commonly refers to the induced abortion of a human pregnancy. Availability of safe, effective and acceptable abortion-care services is one of the most important aspects of women’s reproductive health. Unsafe abortion is one of the four main causes of maternal mortality and morbidity. To study knowledge, attitude, and practice (KAP) regarding abortion and methods used among/for women of child bearing age to

formulate recommendation for improving the safe abortion services.<sup>4</sup> Abortion was made legal in India by the Medical Termination of Pregnancy (MTP) Act, which was enacted by Indian Parliament in the year 1971. The Act permits abortion, if the continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health; or there is a substantial risk that if the child were born, it would suffer from such physical or mental abnormalities as to be seriously handicapped.<sup>3</sup>

**Need for the study:** Adolescent abortion rates in countries in developed regions are fairly low (e.g., 3–16 per 1,000 women aged 15–19) and have been declining steadily in many of these countries; comparable data are unavailable for developing regions.<sup>10</sup> adolescent pregnancies are a global problem occurring in high-, middle-, and low-income countries. around the world, however, adolescent pregnancies are more likely to occur in marginalized communities, commonly driven by poverty and lack of education and employment opportunities. Approximately 12 million girls aged 15–19 years and at least 777,000 girls under 15 years give birth each year in developing regions. at least 10 million unintended pregnancies occur each year among adolescent girls aged 15–19 years in the developing world.

**Problem statement:** ‘impact of education on knowledge regarding medical termination of pregnancy among teenage girls in selected area, chittoor district.

#### Objectives:

- To assess the pre-test knowledge on medical termination of pregnancy among teenage girls in selected area.
- To assess the effectiveness of planned teaching program on medical termination of pregnancy among teenage girls in selected area.
- To find the association between pre-test and post-test knowledge scores on medical termination of pregnancy among teenage girls in selected area with their selected demographic variables.

#### Delimitations:

- ❖ Study was delimited to the teenage girls:
- ❖ 1. Who were willing to participate in the study.
- ❖ 2. Available at the time of data collection.
- ❖ 3. In the age group of 13-19 years.

#### Methodology:

**Research approach:** A quantitative approach was adopted to determine the research study.

**Research design:** The present study was conducted by using pre-experimental one group pre test post-test research design.

**Setting of the study:** E.Mathyam village, Thavanampalli mandal of chittoor district.

**Sample:** The sample for the present study selected teenage girls 13-19 in selected areas under inclusion criteria .

**Sample size:** Sample size consists of 30 teenage girls.

**Sample Technique:** As the selection of the sample depends on availability of mothers, non probability convenience sampling technique was adopted based on inclusion criteria.

### **CRITERIA FOR SAMPLE SELECTION:**

#### **Inclusion criteria:**

Teenage girls who are:-

- In the age group of 13-19 years.
- Willing to participate in the study .
- Available at the time of data collection.

#### **Exclusion criteria:**

Teenage girls who are:-

- Not willing to at the time of the data collection .
- Not willing to participate in the study .
- Physically and mentally compromised.

### **DEVELOPMENT AND DESCRIPTION OF THE TOOL:**

- The tool was developed with the help of related literature from various textbooks, journals, websites, discussions and guidance from experts and consultation with the statistician for the plan of analysis to assess the knowledge among teenage girls.

**The tool consists of II sections.**

- **Section-I:-** Consists of questions related to demographic data.
- **Section-II:-** Questionnaire consists of 30 Questions regarding medical termination of pregnancy ,Each question has 4 options.

#### **Scoring key:**

- **Section-I:-** By coding the demographic variables.
- **Section-II:-** Consists of 30 Questions regarding medical termination of pregnancy. Each right answer carries “1” mark, each wrong answer carries “0” mark.

### Scoring interpretation

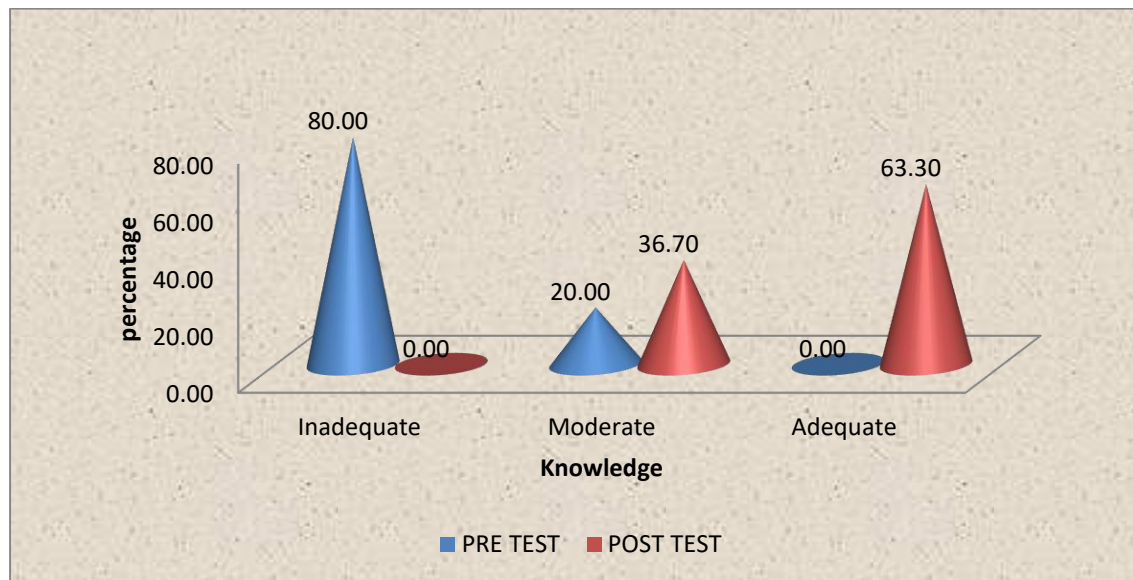
- <50-50% % - Inadequate knowledge.
- 51-75% - Moderate knowledge.
- >86% - Adequate knowledge.

### Data analysis:

**Table 1. frequency and distribution of level of pre- test knowledge and post –test knowledge . n = 30**

pre-test and post -test knowledge medical termination of pregnancy act among teenage girls	Pre test		Post test	
	Frequency	Percent	Frequency	Percent
Inadequate	24	80.00	0	0.00
Moderate	6	20.00	11	36.70
Adequate	0	0.00	19	63.30
Total	30	100.00	30	100.00

**Table 2:** shows that in pre-test out of 30 teenage girls, 24(80.00%) had inadequate knowledge regarding medical termination of act whereas 6(20.00%) had adequate knowledge and 0( 0.00%) had adequate knowledge ,whereas in post-test , whereas 19 (63.30%) had adequate knowledge ,whereas 11 (36.70%) had moderate knowledge and there is no inadequate knowledge after planned teaching programme.



**Fig 1 : Percentage distribution of the respondents according to their pre-test and post-test knowledge**

### ASSOCIATION BETWEEN DEMOGRAPHIC VARIABLES AND KNOWLEDGE REGARDING MEDICAL TERMINATION OF PREGNANCY AMONG TEENAGE GIRLS.

S. No	Demographic Variables		pre test knowledge		Total	df	Chisquare	p value
			Inadequate	Moderate				
1.Age	16 years	N	10	0	10	3	15.714**	0.001
		%	33.30%	0.00%	33.30%			
	17 years	N	6	0	6			
		%	20.00%	0.00%	20.00%			
	18 years	N	6	1	7			
		%	20.00%	3.30%	23.30%			
	19 years	N	2	5	7			
		%	6.70%	16.70%	23.30%			
Total		N	24	6	30			
		%	80.00%	20.00%	100.00%			
2.Religion	Hindu	N	11	4	15	2	1.250	0.535
		%	36.70%	13.30%	50.00%			
	Christian	N	10	2	12			
		%	33.30%	6.70%	40.00%			
	Muslim	N	3	0	3			
		%	10.00%	0.00%	10.00%			
	Any other	N	0	0	0			
		%	0.00%	0.00%	0.00%			
Total		N	24	6	30			
		%	80.00%	20.00%	100.00%			
	Nuclear	N	15	0	15			
		%	50.00%	0.00%	50.00%			

3.Type of family	Joint	N	7	6	13	2	9.808**	0.007
		%	23.30%	20.00%	43.30%			
	Extended	N	2	0	2			
		%	6.70%	0.00%	6.70%			
Total		N	24	6	30	4	19.792**	0.001
		%	80.00%	20.00%	100.00%			
4.Education of Mother	Illiterate	N	11	0	11			
		%	36.70%	0.00%	36.70%			
	Primary school	N	5	1	6			
		%	16.70%	3.30%	20.00%			
	Higher secondary	N	7	0	7			
		%	23.30%	0.00%	23.30%			
	Under graduate	N	1	4	5			
		%	3.30%	13.30%	16.70%			
Post graduate	N	0	1	1				
	%	0.00%	3.30%	3.30%				
Total		N	24	6	30	4	21.071**	0.000
		%	80.00%	20.00%	100.00%			
5. Education of father	Illiterate	N	12	0	12			
		%	40.00%	0.00%	40.00%			
	Primary school	N	8	0	8			
		%	26.70%	0.00%	26.70%			
	Higher secondary	N	2	0	2			
		%	6.70%	0.00%	6.70%			
	Under graduate	N	2	5	7			
		%	6.70%	16.70%	23.30%			
Post graduate	N	0	1	1				
	%	0.00%	3.30%	3.30%				
Total		N	24	6	30	4	24.521**	0.000
		%	80.00%	20.00%	100.00%			
6. Occupation of mother	Home maker	N	13	0	13			
		%	43.30%	0.00%	43.30%			
	Coolie	N	8	0	8			
		%	26.70%	0.00%	26.70%			
	Farmer	N	1	0	1			
		%	3.30%	0.00%	3.30%			
	Private employee	N	2	5	7			
		%	6.70%	16.70%	23.30%			
Govt. employee	N	0	1	1				
	%	0.00%	3.30%	3.30%				
Total		N	24	6	30	4		
		%	80.00%	20.00%	100.00%			
7.	Coolie	N	10	0	10			
		%	33.30%	0.00%	33.30%			
	Farmer	N	7	0	7			
		%	23.30%	0.00%	23.30%			
		N	4	2	6			

Occupation of father	Private employee	%	13.30%	6.70%	20.00%	4	12.292*	0.015
	Self employee	N	3	3	6			
		%	10.00%	10.00%	20.00%			
	Govt. employee	N	0	1	1			
		%	0.00%	3.30%	3.30%			
	Total		N	24	6			
%			80.00%	20.00%	100.00%			
8.Family income per month	10000-20000	N	11	0	11	4	25.833**	0.000
		%	36.70%	0.00%	36.70%			
	20000-30000	N	8	0	8			
		%	26.70%	0.00%	26.70%			
	30000-40000	N	4	0	4			
		%	13.30%	0.00%	13.30%			
	40000-50000	N	0	4	4			
		%	0.00%	13.30%	13.30%			
	> 50000	N	1	2	3	3	4.342	0.227
		%	3.30%	6.70%	10.00%			
Total		N	24	6	30			
		%	80.00%	20.00%	100.00%			
9.Source of information	Mass media	N	3	0	3			
		%	10.00%	0.00%	10.00%			
	Health professionals	N	4	0	4			
		%	13.30%	0.00%	13.30%			
	Friends/ Neighbors	N	13	6	19			
		%	43.30%	20.00%	63.30%			
Family members	N	4	0	4				
	%	13.30%	0.00%	13.30%				
Total		N	24	6	30			
		%	80.00%	20.00%	100.00%			

### MAJOR FINDINGS OF THE STUDY:

- In pre-test out of 30 teenage girls, 24(80.00%) had in adequate knowledge regarding medical termination of act whereas 6(20.00%) had adequate knowledge and 0( 0.00%) had adequate knowledge in pre-test.
- In post-test , whereas 19 ( 63.30%) had adequate knowledge ,whereas 11 (36.70%) had moderate knowledge and there is no inadequate knowledge after planned teaching programme.
- Here's the mean and standard deviation pre-test M= 8.40 with SD= 5.29 , whereas in Post- test Mean =24.70 with Standard deviation of 3.22, calculated paired 't'-value was 26.063`

- Which is significant at  $p < 0.05$  level. It evidences that the planned teaching programme was significantly effective on improving knowledge on medical termination of pregnancy among teenage girls.
- The researcher identifies that in pre-test, there was significant association between pre-test knowledge on medical termination of pregnancy and socio demographic variables age, type of family, education of mother, education of father, occupation of mother, family income per month, on medical termination of pregnancy at  $p < 0.01$  level., occupation of father were significant at  $p < 0.05$  level.
- Whereas in post-test there was significant association between knowledge on medical termination of pregnancy and socio demographic variables religion, type of family, education of mother, education of father, occupation of mother, occupation of father, family income per month on medical termination of pregnancy at  $p < 0.01$  and age, source of information had no significant association with the knowledge on medical termination of pregnancy were significant at  $p < 0.05$  level.

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