



Research Article

A STUDY TO ASSESS THE AWARENESS REGARDING MATERNAL MORTALITY IN ADOLESCENT PREGNANCY AMONG STUDENTS IN SELECTED INSTITUTE OF KAMRUP METRO, ASSAM

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ABSTRACT

The maternal mortality rate in Assam is the highest and infant mortality rate is the second highest in the country. Early marriage and early pregnancy may a tradition that has been maintained through generation. And the younger generations are the future pillars of the society. **Aim:** A study to assess the awareness regarding maternal mortality in adolescent pregnancy among students in selected institute of Kamrup Metro Assam. **Method:** quantitative research approach was used. The samples were collected using total enumeration sampling technique from 1st and 2nd year BSc Nursing students, studying in selected nursing college of Guwahati, Assam and who fulfills the inclusion criteria. Structured questionnaire was used to assess the awareness level. **Result:** It was found that the 51% of the respondents were having awareness above the mean (mean =39.83 and standard deviation =±7.76). The study also reveals that personal choice was the most common perceived factors for adolescent marriage. There was statistically significant association of awareness scores with educational status of the respondents and occupation of the father at 0.05 and 0.1 level of significance respectively. **Conclusion:** It was concluded there is very less awareness regarding maternal mortality in adolescent pregnancy among the nursing students, though the syllabus is not taught to them. Since the study also reveals that personal choice was the most common perceived factors for adolescent marriage, there is a need for educating the adolescence regarding the need for higher studies and delaying in the marriage so that there can be healthy mother and healthy baby. The students need to be more intrusive in learning so that they can educate the adolescent in future. They should also be aware of the needs in the present society so that the nursing care will be improved.

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INTRODUCTION

Adolescents comprise 20% of the world's total population. Out of 1.2 billion adolescents worldwide, about 85% live in developing countries. In India, there are 190 million adolescent comprising 21% of India's total populations, in which 10 to 15 years old comprise 10.5% (girls-4.5%) and 15 to 19 years old comprise 10% (girls- 4.3%)¹.

Child marriage is a violation of child rights whether it happens to a girl or a boy; it denies the child the basic right to good health, nutrition, education and freedom from violence, abuse and exploitation. Early marriage is cited as 'a barrier to continuing education for girls'².

Each country has its own legal age for having sex. The child marriage Restrains Act of 1978, the minimum age for marriage has been raised to 21 years for boys and 18 years for girls⁴. In India every 3rd adolescent girl in the age group of 15-19 years was married.

Mean age at marriage among female adolescent is 14.7 and men age at cohabitation slightly higher (15.5 years)³. It is hard to know the number of early marriage as so many are unregistered and unofficial.

Parents also feared that unmarried daughters are more likely to face sexual violence, a problem India has been grappling in the wake of the gang rape of a young women in December 2012 that led to the national wide protest³. Early marriage and early pregnancy may a tradition that has been maintained through generation. Even where parents and children understand the negative implications of early marriage and early pregnancy, societal pressure to conform may be great. Traditions promoting early marriage and early pregnancy need to be challenged. The media, education, Government and health care services can play an important role in challenging the attitudes and customs that underpin early marriage and early pregnancy.

Going to the old saying – prevention is better than cure- the first step should be to prevent early marriage of girls. The second step is to ensure that adolescent and guardians are aware of the ill – effects of early pregnancies and understand the importance of contraception, birth control and the spacing

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of births. Proper sex education, an appreciation of once body, its needs and health requirements should be made clear to adolescent, irrespective of whether they live in rural or urban areas. If all these condition are brought about, we can look forward to a nation of healthy women and healthy children⁴. And the adolescents are the future pillars of the society.

Objectives

1. To assess the awareness regarding maternal mortality in adolescent pregnancy among students in selected institutes of Kamrup, Metro, Assam.
2. To identify the perceived factors responsible for adolescent marriage.
3. To associate awareness scores with demographic variables such as educational status of the respondents, educational status of the parents, occupation of the parents and the previous source of information regarding maternal mortality in adolescent pregnancy among students in selected institutes of Kamrup, Metro, Assam.

METHODS AND MATERIALS

The research approach adopted for the study was quantitative approach. Descriptive design was adopted for this study. Total enumeration sampling technique was used to select the samples. The samples were 93 (1st and 2nd year) BSc Nursing students from selected Nursing College in Guwahati, Assam and who fulfils the inclusion criteria. The study was conducted in Guwahati, Assam. Structured questionnaire was used to assess awareness level regarding the regarding maternal mortality in adolescent pregnancy. Technique used was self-report. There are 55 questions and “1” mark is scored for each correct answer and “0” for uncorrect answer.

Data collection procedure

To conduct the main study, the investigator took the permission from the Principal of selected Nursing College and the dates was fixed for the conduction of the study. On the day of the study, the investigator gave a brief introduction and the purpose of the study was explained to the respondent’s. The respondents were then asked to fill the semi-structured questionnaire, and then the investigator collected back the tool.

RESULTS

Section 1: Analysis of Demographic Characteristics of the respondents

Table I Frequency and Percentage Distribution of respondents according to the Demographic Characteristics of the respondents **n= 93**

Demographic performa	Frequency(f)	Percentage (%)
I. Age in years		
1. 17 years	6	6
2. 18 years	23	25
3. 19 years	31	33
4. 20 years	20	22
5. 21 years and above	14	15
II. Educational status of the respondents		
1. BSc Nursing first year	48	52
2. BSc Nursing second year	45	48
III. Educational status of the father		
1. Illiterate	0	0
2. Primary	3	3

3. Secondary	3	3
4. High school	14	15
5. Higher secondary	21	26
6. Graduates and above	52	56
IV. Educational status of the mother		
1. Illiterate	3	3
2. Primary	4	4
3. Secondary	8	9
4. High school	20	22
5. Higher secondary	29	31
6. Graduates and above	29	31
V. Occupation of the mother:		
1. House wife	52	56
2. Labourer	0	0
3. Business	6	6
4. Government employee.	30	32
5. Private sector employee	4	4
6. Not attempted	2	2
VI Occupation of the father		
1. Unemployed	2	2
2. Labourer	0	0
3. Business	21	23
4. Government employee	61	66
5. Private sector employee	6	6
6. Not attempted	3	3
VII. Previous source of information		
1. Yes	40	43
2. No	42	45
3. Not answered	11	12

Section 2: Analysis of the perceived factors responsible for adolescent marriage

Table II Frequency and Percentage Distribution of respondents according to the perceived factors responsible for adolescent marriage **n=93**

Perceived factors responsible for adolescent marriage	Frequency(F)	Percentage (%)
1. Own personal choice	37	40
2. Pressure from the parents	9	10
3. Pressure from the other family members	6	6
	7	8
4. Pressure from the society	0	0
5. Pressure from the boy friends	1	1
6. Demand of dowry	11	12
7. Traditional custom	0	0
8. Security reasons for them	11	12
9. Others	11	12
10. Not attempted		

Section 3 Analysis for the level of awareness

Table III Frequency and Percentage Distribution of respondents according to the level of awareness regarding maternal mortality in adolescent pregnancy, mean and standard deviation **n=93**

Scoring according to the level of awareness	Category	Frequency (f)	Percentage (%)	Mean	SD
1. Inadequate	(≤ 50%)	0	0		
2. Moderately adequate.	(51-75%)	45	48	38.83	7.76
3. Adequate	(> 75%)	46	51		

It was found that the 51% of the respondents were having awareness adequate awareness regarding maternal mortality in adolescent pregnancy whereas 48% were moderately adequate.

The mean =39.83 and standard deviation =±7.76) where as 49% were above mean. The range was 11-54. The maximum mark was 55.

This finding is also supported by the study done by Shubha D with an aim to evaluate the effectiveness of structured teaching programme on knowledge and attitude regarding teenage pregnancy among early adolescent girls in selected school, Bangalore, The overall knowledge scores of students were found to be 45.5% with the standard deviation 12.3⁵.

Section 4: Association of level of awareness scores with demographic variables such as educational status of the respondents, educational status of the mother, occupation of the parents and the previous source of information

Table IV Association of level of awareness scores with demographic variables

Demographic variables	Calculated value	T.value	df	Remarks
1. Educational status of the respondents	15.32	3.84	1	Significant (0.05 level)
2. Educational status of the mother	2.68	3.84	1	Non significant
3. Occupation of the mother	0.09	3.84	1	Non significant
4. Occupation of the father	3.37	2.71	1	Significant (0.1 level)
5. Previous source of information	2.229	3.84	1	Non significant

The data presented in the above table depicts that there is a statistically significant association of awareness scores with educational status of the respondents and occupation of the father at 0.05 and 0.1 level of significance respectively. This finding is also supported by the study done by Shubha D. S with an aim to evaluate the effectiveness of structured teaching programme on knowledge and attitude regarding teenage pregnancy among early adolescent girls in selected school, Bangalore, where variables such as age, educational status, dietary pattern and type of family were significant at 0.05 levels⁵.

CONCLUSION

It was concluded there is very less awareness regarding maternal mortality in adolescent pregnancy among the nursing students, though the syllabus is not taught to them. Since the study also reveals that personal choice was the most common perceived factors foe adolescent marriage, there is a need for educating the adolescence regarding the need for higher studies and delaying in the marriage so that there can be healthy mother and healthy baby. The students need to be more intrusive in learning so that they can educate the adolescent in future. They should also be aware of the needs in the present society so that the nursing care will be improved.

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