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A Study to Assess the Effectiveness of a Structured Teaching Programme on Knowledge Regarding Early Marriage and Early Pregnancy among Adolescent Girls in Selected Inter Colleges of Moradabad, Uttar Pradesh

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ABSTRACT

Early marriage and adolescent pregnancy remain pressing public health concerns in India, particularly in rural and semi urban regions. This quasi experimental study assessed the effectiveness of a structured teaching programme (STP) on knowledge regarding early marriage and early pregnancy among adolescent girls in inter colleges of Moradabad, Uttar Pradesh. A purposive sample of 80 adolescent girls was selected, with 60 completing the final study. Data were collected using a structured knowledge questionnaire (30 items, KR 20 reliability = 0.80). Pre test and post test scores were compared using descriptive and inferential statistics, including Chi square tests for associations with socio demographic variables. Findings revealed that 43% of participants initially possessed average knowledge, 31% good knowledge, and 26% poor knowledge. Post intervention, significant improvement was observed, with mean scores rising to 19.42 (SD = 5.74). Knowledge gain was significantly associated with parental education and prior awareness of early marriage/pregnancy. The study concludes that structured teaching programmes are effective in enhancing adolescent girls' knowledge, thereby contributing to prevention strategies against early marriage and pregnancy. Implications for nursing practice, education, and policy are discussed.

KEYWORDS: *structured teaching programme, adolescent girls, early marriage, early pregnancy, knowledge, health education, quasi-experimental study.*

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INTRODUCTION

Adolescence, defined as the period between 10 and 19 years, is a critical stage of physical, psychological, and social development. It is a time when individuals transition from childhood to adulthood, experiencing rapid changes in growth, sexuality, and identity formation. Globally, adolescents constitute nearly 20% of the population, with India alone accounting for 190 million adolescents, representing 21% of the country's population. Despite this demographic significance, adolescents, particularly girls, remain vulnerable to socio-cultural practices such as early marriage and early pregnancy.

Early marriage is recognized internationally as a violation of child rights. It deprives girls of education, health, and autonomy, exposing them to violence, abuse, and exploitation. In India, child marriage continues to be prevalent, especially in rural and low-income communities. According to the National Crime Records Bureau, hundreds of cases of child marriage are reported annually, with states such as Gujarat and Andhra Pradesh topping the list. Early pregnancy, often a direct consequence of early marriage, is defined as pregnancy occurring before the age of 20. Globally, 13 million children are born to adolescent mothers each year, with 90% of these births occurring in developing countries.

The health consequences of adolescent pregnancy are severe. Complications of pregnancy and childbirth are the leading causes of mortality among adolescent girls aged 15–17. Risks include haemorrhage, sepsis, pregnancy-induced hypertension, obstructed labour, and anaemia. Psychosocial consequences include

school dropout, reduced economic opportunities, stigma, and vulnerability to HIV infection.

The World Health Organization has emphasized the need to prevent early marriage and pregnancy through education, contraception, and improved access to reproductive health services. In India, despite legislative measures such as the Prohibition of Child Marriage Act, socio-cultural norms continue to drive early marriage practices.

This study was undertaken in Moradabad, Uttar Pradesh, to evaluate the effectiveness of a structured teaching programme in improving adolescent girls' knowledge regarding early marriage and early pregnancy. The objectives were to assess baseline knowledge, implement an educational intervention, evaluate post-test knowledge, and examine associations with socio-demographic variables.

Review of Literature

Research across the globe highlights the prevalence and consequences of early marriage and pregnancy. In Sub-Saharan Africa, adolescent fertility rates are among the highest, with countries like Niger reporting that 87% of women marry before 18. In South Asia, including India, adolescent girls face similar challenges, with one in three married before 18.

Studies have consistently shown that early marriage leads to early pregnancy, which in turn contributes to maternal and child morbidity and mortality. UNICEF reports that adolescent mothers are more likely to suffer complications during childbirth, while their infants face higher risks of premature birth and low birth weight.

In India, socio-economic factors such as poverty, lack of education, and rural residence are strongly associated with early marriage. Girls from poor households are often married early as a strategy to reduce economic burden. Early marriage also perpetuates cycles of poverty, as adolescent mothers are less likely to complete education or participate in the workforce.

Interventions such as structured teaching programmes, awareness campaigns, and sex education have been shown to improve knowledge and attitudes among adolescents. However, evaluative studies in semi-urban Indian contexts remain limited. This study addresses this gap by focusing on adolescent girls in Moradabad.

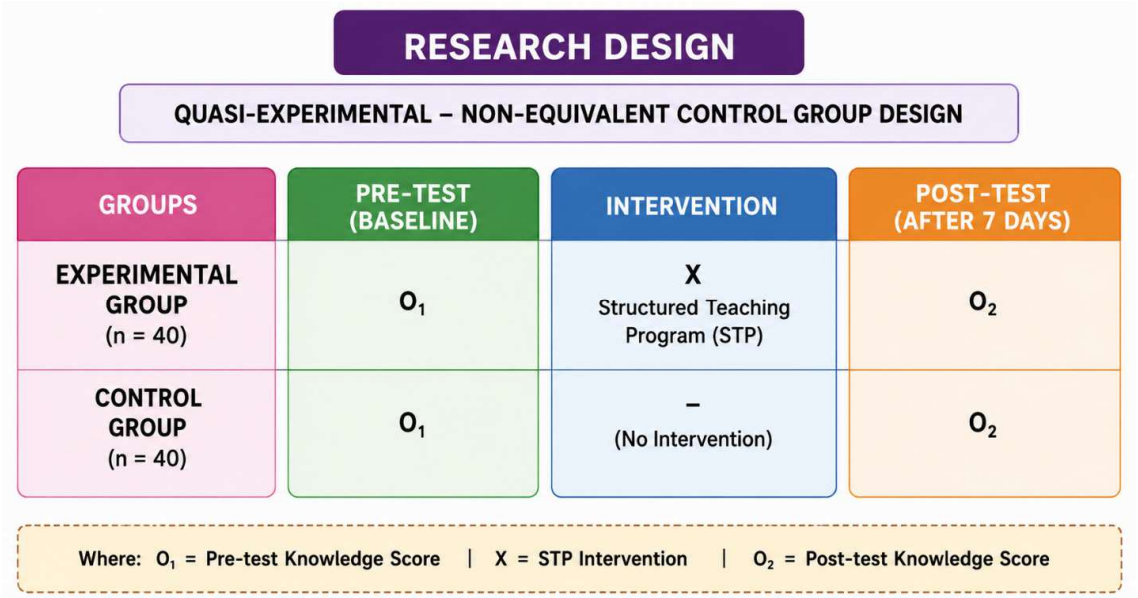
Methodology

This study adopted an evaluative research approach with a quasi-experimental design. The setting was selected higher secondary schools in Moradabad, Uttar Pradesh. The population comprised adolescent girls aged 15–19 years. A purposive sample of 80 was selected, with 60 completing the final study.

The tool used was a structured knowledge questionnaire consisting of 30 multiple-choice items. Content validity was established through expert review, and reliability was confirmed using the KR-20 formula (r = 0.80).

Data collection involved three phases: pre-test, intervention, and post-test. The pre-test assessed baseline knowledge. The intervention consisted of a structured teaching programme delivered through lectures, discussions, and an information booklet. The post-test was conducted two weeks later to evaluate knowledge gain.

Ethical clearance was obtained, and informed consent was secured from participants. Data analysis included descriptive statistics (mean, median, SD, percentages) and inferential statistics (Chi-square test) to examine associations with socio-demographic variables.



Results

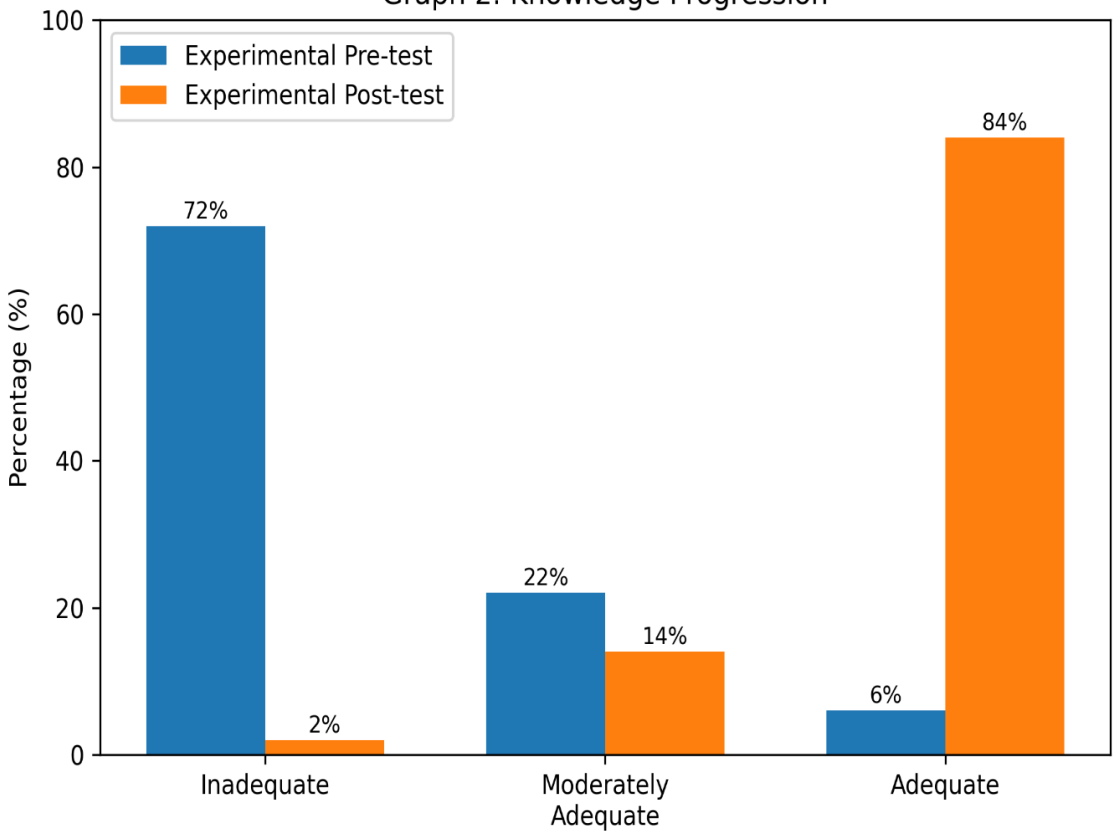
Socio-demographic Profile

- Majority (55.3%) were aged 18–19 years.
- Most (65%) had parents with primary education.
- Fathers' occupation: 55% employed, 25% retired, 20% unemployed.
- Family income: 46.7% between ₹10,001–15,000.
- Residence: 88.3% rural, 11.7% urban.
- Source of information: 75% health personnel, 13.3% family/friends, 11.7% media.

Knowledge Scores

- Pre-test: 43% average knowledge, 31% good, 26% poor.
- Post-test: Significant improvement; mean = 19.42, median = 20, SD = 5.74.

Graph 2: Knowledge Progression



Associations

- Knowledge significantly associated with parental education.
- Prior awareness of early marriage/pregnancy also showed significant association.

Discussion

The findings confirm that structured teaching programmes are effective in improving adolescent girls' knowledge regarding early marriage and pregnancy. The significant improvement in post-test scores aligns with previous studies conducted in India and abroad.

Parental education emerged as a key determinant of knowledge, highlighting the intergenerational impact of education. Girls with educated parents were more likely to benefit from the intervention. Prior awareness also played a role, suggesting that repeated exposure to information enhances retention.

The implications for nursing practice are substantial. Nurses can play a pivotal role in designing and delivering structured teaching programmes in schools and communities. Policy makers should consider integrating such programmes into school curricula and collaborating with NGOs to reach rural populations.

Recommendation

- A true experimental study with experimental and control groups can be conducted.
- 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.

Conclusion

The study demonstrated that a structured teaching programme significantly improved adolescent girls' knowledge regarding early marriage and pregnancy. Balanced group distribution (n=52 early, n=52 late) ensured robust comparison. Knowledge gain was associated with parental education and prior awareness.

Recommendations include integrating structured teaching programmes into school curricula, strengthening adolescent health education, and involving parents and communities. Future research should explore larger samples, longitudinal designs, and outcomes related to attitudes and practices.

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