"A PRE-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF EDUCATIONAL PACKAGE ON LEVEL OF KNOWLEDGE REGARDING EARLY MARRIAGE AND EARLY PREGNANCY AMONG THE ADOLESCENT GIRLS IN THE SGRR SCHOOL, PATEL NAGAR, DEHRADUN."

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Abstract- **Background:** Child marriage is a violation of children's rights and it exposes them to social isolation and psycho-logical damages. These negative effects are not limited to them and expands to the family and society as well. Child marriage is defined as any official, customary, or unofficial marriage (registered or not registered), in which one or both of the spouses or sexual partners are under the age of 18-year-old, and conducted before the girl is physically, physiologically, and psychologically ready to carry out the responsibilities of marriage and childbearing. Child marriage is a violation of human rights and children's rights and exposes them to domestic violence, sexual abuse, rape, and deprives them of access to education.

Objectives:
1. To assess the level of knowledge regarding early marriage and early pregnancy in adolescent girls.
2. To determine the effectiveness of educational package regarding early marriage and early pregnancy in adolescent girls.
3. To find the association of pre-test knowledge score with their selected demographic variables

Materials and Methods: Quantitative Approach with the pre-experimental (pre-test post-test design) was used in the study. Simple probability sampling method (lottery method) was used to collect the data from 60 adolescent girls of Shri Guru Ram Rai School, Patel Nagar, Dehradun. Educational package was conducted for adolescents' girls to assess the level of knowledge regarding early marriage and early pregnancy by using non-standardised tool.

Results: Total 60 students (adolescents' girls) of Shri Guru Ram Rai School, Patel Nagar, Dehradun were included in my study to assess the knowledge regarding early marriage and early pregnancy. Majority 61.66% of samples were in the age group of 16-19 years, 80% of samples were Hindu, 86.66% of samples were belong to urban area, 58.33% of samples was nuclear family, 53.33% of samples had source of previous information and 56.66% of sample had previous knowledge regarding early marriage and early pregnancy. In the study the mean post-test knowledge score of adolescent girls was significantly higher than the mean pre-test score. The calculated "t-value" was 14.97 which was more than the value at 0.05 level of significance. There is no association between age, religion, area of residence, type of family, source of previous information and any previous knowledge regarding early marriage and early pregnancy at significance level of 0.05.

Conclusion: The study concludes that the knowledge score regarding early marriage and early pregnancy among adolescent girls was found that 39% were adequate.

Index Terms- Assess, effectiveness, determine, evaluate, educational package, adolescent girls, early marriage and early pregnancy.

I. INTRODUCTION

Puberty is the physical maturation process during which adolescents reach sexual maturity and become capable of reproduction. On average, puberty begins between ages 8 and 13 for girls and between ages 9 and 14 for boys. Puberty is associated with emotional and hormonal changes, as well as physical changes such as breast development in women (thelarche), pubic hair development (pubarche), genital changes in men, changes in voice, increase in size and onset of menstruation (menstruation). Puberty goes through five stages, known as the Tanner stages, from pre-puberty to full adulthood. In general, puberty follows a predictable pattern of onset and sequence. However, due to

individual differences, especially in environment and genetics, puberty can occur in ways that are difficult to predict. Areas of interest related to puberty include but are not limited to delayed puberty, precocious (precocious) puberty, opposite-sex pubertal development, premature adrenal (androgen-induced changes in puberty) early puberty), early puberty in girls and early or late first menstrual period. Puberty can also cause emotional changes and stress for individuals as they face physical changes. Voice changes, wet dreams, involuntary erections, and obvious physical changes such as breast enlargement, acne, hip widening, and accelerated growth can make teens anxious and worried about being different. with friends of the same age. While it is important to recognize the physiological changes that occur during puberty, it is also important to recognize the psychosocial and emotional changes that can occur at this time.

On average, women begin puberty between ages 10 and 11 and complete it between ages 15 and 17; Men usually begin puberty between the ages of 11 and 12 and complete puberty between the ages of 16 and 17.The main stage of puberty in women is menstruation, the onset of menstruation, which on average occurs at ages 12 to 13 years old. In the 21st century, the average age at which children, especially girls, reach specific signs of puberty is lower than in the 19th century, when girls were 15 and boys were 17 (with age of first menstruation for girls and voice). crack). for men is used as an example).

Adolescent pregnancy, also known as teenage pregnancy, is the pregnancy of a teenage girl under 20 years of age. This includes people who are considered legally adults in their home country. WHO defines adolescence as the period from 10 to 19 years old.

Pregnant teens face many of the same pregnancy-related problems as older women. There are additional concerns for young people under the age of 15, as they are less likely to have the physical development to become pregnant or give birth to a healthy baby. In developing countries, teenage pregnancies often occur within marriage and half are planned. Rates are consistently higher in Africa and lower in Asia. In developing countries, approximately 2.5 million women under 16 years of age and 16 million women between 15 and 19 years of age give birth each year. An additional 3.9 million abortions. It is more common in rural areas than in urban areas. Worldwide, pregnancy-related complications are the most common cause of death in women aged 15 to 19 years.

Tragically, around 40 million girls worldwide are currently married or have a union. Without our help, an estimated 150 million girls will get married in the next decade. This is unacceptable. Early marriage has devastating consequences for a girl's life. In fact, child marriage ends childhood. Girls are forced into adulthood before they are physically or mentally ready. Child brides are often deprived of their rights to health, education, safety and empowerment. In addition, arranged marriages often mean that girls are forced into marriages with significantly older men. Married young women are much less likely to attend school, and this has lifelong effects on the economy. They are often isolated and have limited freedom. They are at increased risk of physical and sexual violence. Child brides are also at increased risk of dangerous complications of pregnancy and childbirth, contracting HIV/AIDS and domestic violence.

Every day, 20,000 girls under the age of 18 give birth in developing countries. This equates to 7.3 million births annually. When you include all pregnancies, not just births, the number of teenage pregnancies is much higher. When a girl gets pregnant, her life can change radically. Their education may end and their job prospects diminish. They become more susceptible to poverty and marginalization and often suffer from poor health. Complications of pregnancy and childbirth are the leading causes of death among adolescent girls. Teenage pregnancies are not usually the result of conscious choices. These girls often have little say in the decisions that affect their lives. Rather, early pregnancies are the result of poor or no access to schools, information, or medical care. UNFPA is working to address these issues with a focus on protecting and realizing girls' rights. This includes comprehensive sex education and reproductive health care support to prevent girls from becoming pregnant. UNFPA is also committed to helping pregnant girls return to school and reach their full potential.

1. MATERIAL AND METHODS:

A pre-experimental, simple probability sampling technique (lottery method) was used to collect data from 60 adolescent girls of Shri Guru Ram Rai School, Patel Nagar, Dehradun. The inclusive criteria for the study were the adolescent girls between the age of 13-19 years. The exclusive criteria were the adolescent girls with educational package, Adolescent girls who are not willing to participate in the study, and the Adolescent girls who are already received the educational package. The self- structured knowledge questionnaire was prepared and used to assess the level of knowledge of adolescent girls regarding early marriage and early pregnancy. Pre-test was conducted by providing them self-structured questionnaire followed by the educational package of early marriage and early pregnancy among the adolescent girls. The post-test was conducted with the same self-structured questionnaire tool and data collection process was terminated by thanking the subject for their cooperation. Data analysis was done manually with both descriptive and inferential statistics.

2. INSTRUMENT/TOOL:

The tool consist of Section-A and Section-B. Section-A consist of demographic data such as **age, religion, area of residence, type of family, source of previous information and any previous knowledge regarding early marriage and early pregnancy**. Section-B consists of **structured knowledge questionnaire having 25 multiple choice question.**

3. STATISTICAL ANALYSIS:

Frequency and percentage distribution were used to analyse the demographic variables and the mean and standard deviation was calculated. t-test was done for the comparison of pre-test and post-test values.

Table 1: FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIBALES N=60

DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
AGE		
• 13-15 Years	23	38.33%

• 16-19 years	37	61.66%
RELIGION		
• Hindu	48	80%
• Muslim	11	18.33%
• Sikh	1	1.66%
• Christian	0	0%
AREA OF RESIDENCE		
• Rural	8	13.33%
• Urban	52	86.66%
TYPE OF FAMILY		
• Nuclear family	35	58.33%
• Joint family	21	35%
• Extended family	0	0%
• Single parent's family	4	6.66%

SOURCE OF PREVIOUS INFORMATION REGARDING EARLY MARRIAGE AND EARLY PREGNANCY		
• Family friends	32	53.33%
• Radio	1	1.66%
• Newspaper	9	15%
• Television	18	30%
ANY PREVIOUS KNOWLEDGE REGARDING EARLY MARRIAGE AND EARLY PREGNANCY		
• Yes	34	56.66%
• No	26	43.33%

Table 2: FREQUENCY AND PERCENTAGE DISTRIBUTION LEVEL OF KNOWLEDGE SCORE REGARDING EARLY MARRIAGE AND EARLY PREGNANCY:
N=60

LEVEL OF KNOWLEDGE	PRE-TEST		POST-TEST	
	Frequency	Percentage	Frequency	Percentage
Inadequate	18	30%	1	2%
Moderate	39	65%	36	60%
Adequate	6	10%	23	39%

Table 3: MEAN, STANDARD DEVIATION AND PAIRED "T-TEST" VALUE OF THE PRE AND POST-TEST:
N=60

Test	Mean	sd	df	t-value	Table value	Significance
PRE-TEST	11.16	3.05	59	14.97	2.0010 *sig	*Significant
POST-TEST	15.61	3.19				

Table 4: ASSOCIATION BETWEEN THE PRE-TEST LEVEL OF KNOWLEDGE SCORE REGARDING EARLY MARRIAGE AND EARLY PREGNANCY AND SELECTED DEMOGRAPHIC VARIABLES AMONG SAMPLE.
N=60

S. NO.	DEMOGRAPHIC VARIABLES	POST-TEST KNOWLEDGE SCORE			X2	TAB VALUE	d f	LEVEL OF ASSOCIATION
		INADEQUATE	MODERATE	ADEQUATE				
1.	**AGE:** • 13-15 years • 16-19 years	7 11	13 24	3 2	1.1629	5.99	2	Not Significant
2.	**RELIGION:** • Hindu • Muslim • Sikh • Christian	12 5 1 0	31 6 0 0	5 0 0 0	5.658	12.59	6	Not Significant
3.	**AREA OF RESIDENCE:** • Rural • Urban	3 15	5 33	0 4	0.7878	5.99	2	Not Significant
4.	**TYPE OF FAMILY:** • Nuclear family • Joint family • Extended family • Single parent's family	11 5 0 2	20 14 0 2	4 2 0 0	1.567	12.59	6	Not significant
5.	**SOURCE OF PREVIOUS INFORMATION:** • Family friends • Radio • Newspaper • Television	7 1 2 8	23 0 6 8	2 0 1 2	6.313	12.59	6	Not significant

6.	ANY PREVIOUS KNOWLEDGE • Yes • No							
		8 10	22 14	4 2	1.6265	5.99	2	Not significant

df: degree of freedom, significant = <0.05%

4. DISCUSSION:

Objective 1: The first objective of the study was to assess the level of knowledge regarding early marriage and early pregnancy in adolescent girls.

In the study the pre-test knowledge score, 30% of the respondent have inadequate knowledge score regarding early marriage and early pregnancy, 25% of the respondent have moderate knowledge score regarding early marriage and early pregnancy and 12.5% of the respondent have adequate knowledge score regarding early marriage and early pregnancy.

Objective 2: The second objective of the study was to determine the effectiveness of educational package regarding early marriage and early pregnancy in adolescent girls.

In the study knowledge score level of the adolescent girls regarding early marriage and early pregnancy. In the pre-test knowledge score, 30% of the respondent have inadequate knowledge score regarding early marriage and early pregnancy, 25% of the respondent have moderate knowledge score regarding early marriage and early pregnancy and 12.5% of the respondent have adequate knowledge score regarding early marriage and early pregnancy. In the study the post-test knowledge score, 2% of the respondent have inadequate knowledge score regarding early marriage and early pregnancy, 60% of the respondent have moderate knowledge score regarding early marriage and early pregnancy and 39% of the respondent have adequate knowledge score regarding early marriage and early pregnancy.

Objective 3: The third objective of the study was to find the association of pre-test knowledge score with their selected demographic variables.

Analysis of the data shows that there is no significant association between level of knowledge score regarding early marriage and early pregnancy and demographic variables samples such as age, religion, area of residence, type of family, source of previous information and any previous knowledge regarding early marriage and early pregnancy among adolescent girls at the end significance of 0.05.
Hence, H2 is rejected and H0 is accepted.

5. ETHICAL CONSIDERATION:

The study was accepted and recommended by a research committee and formal permission was obtained from the Principal of Shri Guru Ram Rai University, College of Nursing, Patel Nagar, Dehradun. To conduct research study in Shri Guru Ram Rai School, Patel Nagar, Dehradun, written permission was obtained from the Principal of Shri Guru Ram Rai School prior to data collection and confidentiality was assured to all subjects to get their cooperation. Informed consent of each subject was obtained before administering research tools to them and subjects were informed that their participation was voluntary and had the freedom to withdraw from the study.

6. CONFLICT OF INTEREST:
None declared.

7. FINANCIAL SUPPORT:
Nil

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