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Knowledge Regarding Teenage Pregnancy Among Undergraduate Students at a selected College in Dhaka, Bangladesh

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Abstract: A descriptive cross-sectional quantitative study was conducted to assess knowledge and awareness of teenage pregnancy among undergraduate students at Daffodil College Uttara, Dhaka, Bangladesh. The study was carried out from January to December 2025 among 50 first-year students selected through a purposive sampling technique. Data were collected using a structured, self-administered questionnaire that included socio-demographic characteristics and three knowledge domains: concept and causes, consequences, and prevention of teenage pregnancy. The tool was validated by experts and pretested before final use. Data were analyzed using Microsoft Excel with descriptive statistics. The mean age of respondents was 20.58 ± 1.70 years; most were female, Muslim, single, and from middle-income families. Schools and teachers were identified as the main sources of sexual health information, though gaps in formal sex education coverage were noted. Overall, respondents demonstrated good to very high knowledge levels. Awareness of the consequences of teenage pregnancy and preventive measures was particularly strong. However, comparatively lower understanding was observed regarding social and structural determinants, including family influence, peer pressure, media misinformation, and access to adolescent-friendly reproductive health services. The findings indicate encouraging awareness among undergraduate students but highlight persistent gaps in contextual understanding. Strengthening comprehensive sexuality education, promoting parent–child communication, and improving access to youth-friendly reproductive health services are essential to enhance preventive outcomes and reduce teenage pregnancy.

Keywords: Knowledge, Teenage Pregnancy Undergraduate Students.

INTRODUCTION

Introduction and Background of the Study

Teenage pregnancy remains a critical public-health and social challenge globally and particularly in Bangladesh, where the prevalence of adolescent childbearing remains among the highest outside Sub-Saharan Africa (UNFPA Bangladesh, 2023; Nahar *et al.*, 2016). Adolescents defined as individuals between 10 and 19 years of age by the World Health Organization (WHO) are at increased risk of adverse health, social, and economic consequences if they become pregnant or mothers at a very young age (Islam *et al.*, 2022; WHO, 2020). Data from national surveys underscore the magnitude of the problem in Bangladesh. According to the 2022 Bangladesh Demographic and Health Survey (BDHS), a substantial proportion of women aged 15–19 have begun childbearing (DHS Program, 2022). Although the rate has declined from approximately 31% in 2014 to around 24% in 2022, it remains alarmingly high compared to global averages (DHS Program, 2022; Nahar *et al.*, 2016).

Early childbearing has serious consequences. Physiologically, adolescent mothers face greater risks of obstetric complications, maternal morbidity, and mortality (UNICEF, 2018; Islam *et al.*, 2023). Their children are also at increased risk of low birth weight, preterm birth, and infant mortality (Bhuiyan *et al.*, 2023). Socially and economically, teenage pregnancy reduces girls' educational achievement and employment opportunities, creating long-term cycles of poverty and gender inequality (UNICEF, 2018; Islam *et al.*, 2022). Despite these risks, many adolescents even in urban and relatively educated settings lack adequate knowledge about reproductive health, contraception, pregnancy risks, and maternal care. Studies in Bangladesh have reported significant knowledge gaps among adolescent girls regarding family planning, safe motherhood, menstruation, and sexual health (Khanam & Khan, 2019). Similarly, adolescents across diverse rural and urban settings have demonstrated limited awareness of sexually transmitted infections (STIs), contraceptive methods, abortion, and prenatal care (Mitu *et al.*, 2021; Rahman & Sultana, 2020).

These findings suggest that the problem of teenage pregnancy in Bangladesh is not merely a demographic statistic, but also a reflection of persistent gaps in knowledge and awareness even among adolescents who are literate or pursuing higher education. However, most studies have focused on school-aged or married adolescents,

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whereas little evidence exists about knowledge and awareness among undergraduate students, especially in urban universities.

Urban universities in Dhaka attract students from diverse socioeconomic and cultural backgrounds, which may influence their exposure to sexual education and reproductive health information. Although many students delay marriage, rapid social changes, urban influences, and evolving relationship norms can increase vulnerability to unintended pregnancy if knowledge remains insufficient. Adolescence, therefore, represents a crucial stage for preventive interventions. Reviews further highlight barriers such as limited sexual and reproductive health (SRH) education, lack of adolescent-friendly services, and socio-cultural taboos that hinder effective prevention of teenage pregnancy (Ainul *et al.,* 2022). Strengthening SRH awareness among undergraduates could encourage safer sexual behavior, informed decision-making, and timely utilization of services. Policy experts have even recommended establishing campus-based SRHR clubs to foster open discussions, counter misinformation, and promote reproductive rights among youth (The Business Standard, 2021).

To design such interventions, empirical evidence is needed on what undergraduate students currently know, what misconceptions persist, and where gaps are most prevalent. Therefore, this study titled **"**Knowledge of Teenage Pregnancy Among Undergraduate Students at a college in Dhaka, Bangladesh**"** aims to assess knowledge, identify misconceptions, and explore associated demographic and educational factors. The findings will inform targeted reproductive health education strategies, campus-based interventions, and broader policy initiatives to reduce adolescent pregnancy risks and improve sexual and reproductive health outcomes.

Problem Statement

Teenage pregnancy remains a major public health and socio-economic challenge in Bangladesh, contributing to increased maternal and neonatal complications, school dropout, early marriage, and unsafe abortions. Bangladesh continues to report one of the highest adolescent pregnancy rates in South Asia, with many girls becoming mothers before age 19. Although research has explored adolescent reproductive health among school-aged girls and community populations, little is known about the knowledge and awareness of teenage pregnancy among undergraduate students. Despite greater access to education and media in urban areas like Dhaka, cultural stigma and inadequate reproductive health education may limit their understanding. Therefore, assessing college students' knowledge and awareness is essential for guiding effective reproductive health interventions

Justification of the Study

Teenage pregnancy remains a major public health and social challenge, affecting not only adolescent girls but also their children, families, and wider communities. Girls aged 10–19 face heightened risks of medical complications, interruption of education, and long-term economic disadvantages when pregnancy occurs during this formative stage of life (World Health Organization, 2020). These risks are even more pronounced in low- and middle-income countries such as Bangladesh, where many adolescents experience limited access to comprehensive sexual education, contraceptive resources, and necessary social support systems (UNFPA Bangladesh, 2023).

Bangladesh continues to show high rates of adolescent pregnancy, ranking well above most countries outside sub-Saharan Africa. National data illustrate that a substantial number of women begin childbearing during adolescence, contributing to cycles of poverty, school dropout, and negative maternal and child health outcomes (NIPORT, Mitra & Associates, & ICF, 2019). Although university students are often assumed to have greater awareness due to higher educational attainment, they remain insufficiently studied in terms of their reproductive health knowledge. Many undergraduates, typically aged 17–24, are at a developmental stage when sexual activity may begin, yet being enrolled in higher education does not ensure adequate knowledge or responsible attitudes regarding sexual and reproductive health. Cultural norms, lack of reproductive health content in university curriculum, and inadequate campus health services can lead to misconceptions about contraceptives, pregnancy risks, and safe sexual behaviors (Rahman & Nasrin, 2021; UNFPA Bangladesh, 2023).

Assessing undergraduate students' understanding of teenage pregnancy is therefore both timely and necessary. Evaluating their awareness of pregnancy-related risks, fertility concepts, available reproductive health services, and contraceptive options will help identify knowledge gaps that require targeted interventions. Such findings may support the development of university-based health education programs,

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curriculum-integrated sexual health courses, and strengthened linkages with youth-friendly healthcare services. Addressing misinformation through culturally sensitive education efforts can also reduce stigma and ensure students have accurate reproductive health knowledge (World Health Organization, 2020; UNFPA Bangladesh, 2023).

For these reasons, the student researcher intends to assess the level of knowledge regarding teenage pregnancy among undergraduate students at a selected college in Dhaka, Bangladesh.

Research Question

What is the level of knowledge regarding teenage pregnancy, including its causes, risks, and consequences among undergraduate students at a selected college in Dhaka, Bangladesh?

General Objective

To assess the level of knowledge regarding teenage pregnancy among undergraduate students at a selected college in Dhaka, Bangladesh.

Specific Objectives

- To assess undergraduate students' level of knowledge regarding Concept and its causes of teenage pregnancy.
- To evaluate students' awareness of the health, social, and economic consequences of teenage pregnancy.
- To examine students' understanding of prevention strategies related to teenage pregnancy
- To identify socio-demographic information of the undergraduate students of the stud

Research Variables:

Independent Variables

Age, gender, education, living arrangement parents' education, income, SRH education exposure

Dependent Variable

Level of knowledge & awareness regarding teenage pregnancy

Operational Definitions

Knowledge on Teenage Pregnancy

Knowledge refers to the accurate and correct information a person has about teenage pregnancy. It includes understanding its definition, biological and social causes, consequences for mother and child, and various prevention methods. Knowledge is based on what a person *knows accurately* through study or information. In this study, knowledge refers to the students' accurate understanding of teenage pregnancy, measured through correct responses to structured questions related to its concept and causes, consequences, and prevention strategies. The level of knowledge is quantified using a score ranging from 0 to 30 based on responses in Sections B, C, and D of the questionnaire, where each correct answer equals 1 point. Higher scores indicate excellent knowledge.

Awareness Regarding Teenage Pregnancy

Awareness refers to how much a person recognizes teenage pregnancy as an important problem and understands its seriousness in real life. It involves perception, concern, and the ability to identify its impact on health, education, family, and society. Awareness is not just knowing facts but realizing why the issue matters and requires action. In this study, Awareness refers to students' recognition and understanding of teenage pregnancy as a social and health issue, including the ability to identify its risks, influencing factors, and preventive measures. Awareness is evaluated through the same knowledge-related questionnaire items by examining the level of correct responses and the presence of misconceptions.

Teenage Pregnancy:

Teenage pregnancy refers to a situation where a girl aged 13 to 19 years becomes pregnant**,** regardless of whether the pregnancy was planned or unplanned. In this study, it focuses on understanding the knowledge, attitudes, and perceptions of undergraduate students about the causes, consequences, and prevention of pregnancy during the teenage years

Undergraduate

A college student is a person who is enrolled in a college to study for a degree or diploma, attends classes, and participates in academic activities to complete their program In this study, college student in Daffodil college Uttara, in Uttara Campus, is a person who is enrolled in any undergraduate program at the campus and is actively attending classes and participating in academic activities during the time of the study.

A Study Framework (Own developed)

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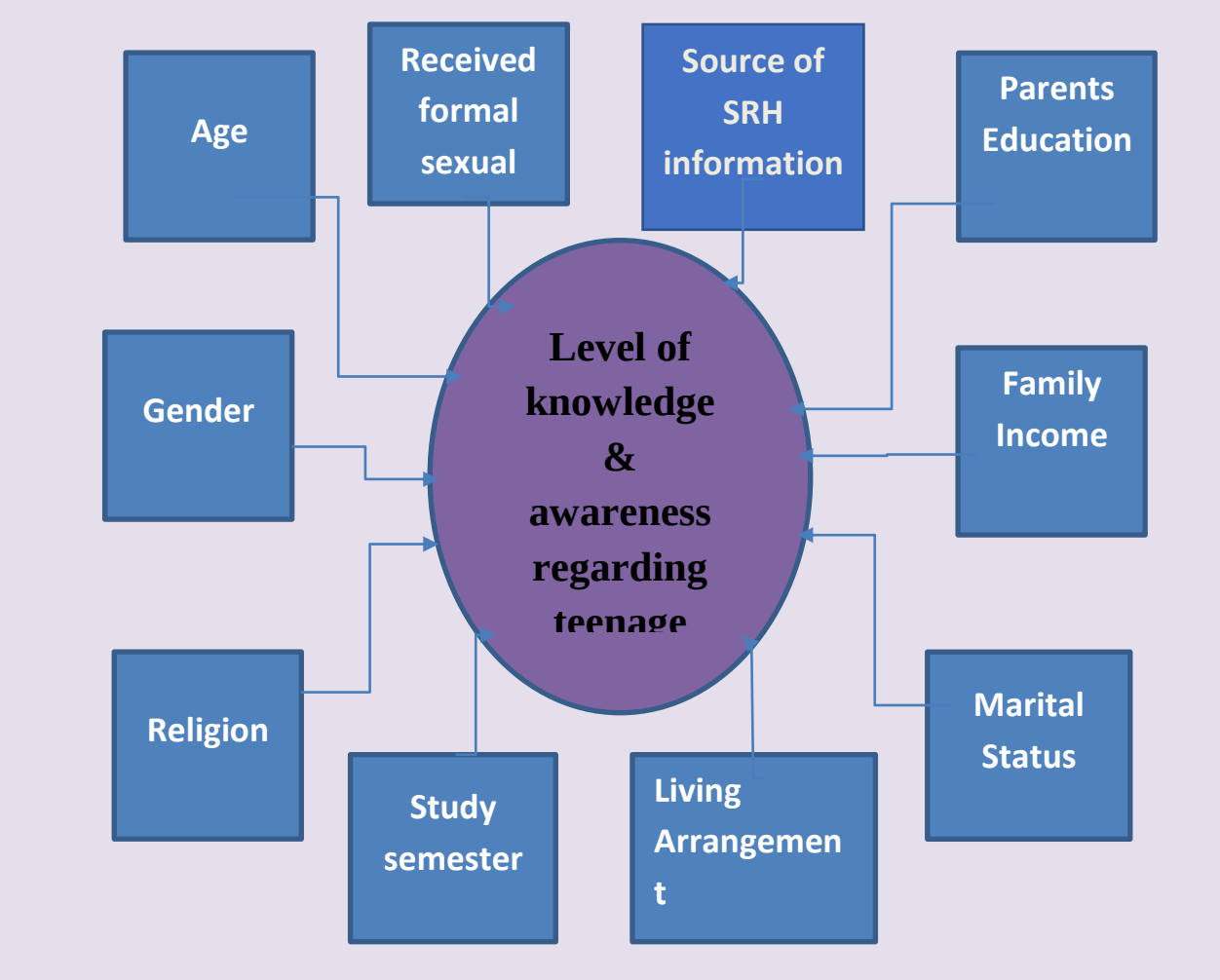

LITERATURE REVIEW

Introduction: A review of the literature is an essential component of any research project. This chapter presents the perspectives of various authors and organizations to provide a comprehensive understanding of teenage pregnancy. Numerous researchers, both nationally and internationally, have focused on teenage pregnancy and examined it from different perspectives. Studies conducted worldwide have explored various aspects of teenage pregnancy, including assessments of the level of knowledge regarding teenage pregnancy among undergraduate students.

Concept of teenage pregnancy: According to the World Health Organization (WHO), adolescence is the stage of human growth that follows childhood and precedes adulthood, covering the ages of 10 to 19 years. This period is further categorized into three stages: early adolescence (around 13 years), middle adolescence (14–16 years), and late adolescence (17–19 years). During this time, adolescents often lack full awareness of how their actions relate to outcomes, which increases their vulnerability to sexual exploitation and risky behaviors, ultimately heightening the likelihood of unintended pregnancies WHO defines teenage pregnancy as a pregnancy occurring in a girl aged 10–19 years, based on her age when the baby is delivered. (Sharmila *et all.*,2021).

Teenage is a critical stage in a person's life. It is a period in Which physical; psychological and social changes take place in one's life. It starts from thirteen to nineteen years of age.

Teenage pregnancy is pregnancy, in girls below the age of 20 years. It is one of the most devastating reproductive health challenges and has consequences not only for individual girl but also for the community and country as a whole. One out of four girls aged 15-19 years is already a mother or pregnant with her first child. (Nkabura. H. 2020)

Causes of Teenage Pregnancy

Early marriage is another important issue regarding adolescent health. There are many

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reasons for early marriage, but most vital reasons among them are poverty, superstition and lack of awareness about safe motherhood and even family planning. (Akter. *et al.,* 2020)

Poverty, Protection of girls, family honor and the provision of stability during unstable social periods are predicted to be significant factors in determining the causes of child marriage (Kabir, et al. 2019)

Teenage pregnancy is a widespread issue that disproportionately affects vulnerable groups, especially those experiencing poverty, limited education, and unemployment. It remains a major contributor to both maternal and infant mortality and perpetuates cycles of poor health and poverty across generations. The primary causes of teenage pregnancy include inadequate education, restricted access to contraception and reproductive health information, and limited decision-making power among adolescents. (Chakole *et al.,* 2022).

Researchers have found that various socio-cultural and personal factors contribute to adolescent pregnancy. These include poverty, high alcohol use, difficulty controlling sexual urges, limited access to health services, high costs of contraceptives, and the absence of comprehensive sexuality education (Varmagani *et al.,* 2024).

Teenage pregnancy is a common problem that is more likely to affect vulnerable populations due to factors Including poverty, illiteracy, and a lack of job prospects. Teenage pregnancy incidences were shown to be mostly caused by a lack of education, lack of access to contraception and health information, and autonomy in making decisions. Teenage pregnancy is greatly influenced by early marriage, rape, or sexual abuse of married or unmarried females. (Chakole. *et al.,* 2022)

A major factor behind teenage pregnancies is the insufficient knowledge of sexual and reproductive health (SRH). Without proper education on contraception and reproductive health, adolescents face a higher risk of unplanned pregnancies, which can interrupt their schooling and restrict future opportunities. Teenage pregnancy can lead to school dropout, various health complications during and after childbirth, family rejection, marital breakdown and stigmatism. (Nshutiykuri *et al.*,2025).

Researchers have found that various socio-cultural and personal factors contribute to adolescent pregnancy. These include poverty, high alcohol use, difficulty controlling sexual urges, limited access to health services, high costs of contraceptives, and the absence of comprehensive sexuality education (Varmagani *et al.,* 2024).

Early marriage is also a major concern for adolescent health. Although it occurs for multiple reasons, the most significant are poverty, traditional beliefs, and a lack of awareness about safe motherhood and family-planning practices. Early marriage often leads to early pregnancy, which is associated with increased risks of pregnancy-related complications and adverse outcomes for newborns (Akhter *et al.,* 2020).

Consequences of Teenage Pregnancy (Health, Social, Economic)

Health Consequences

Maternal Health Risks

Adolescent pregnancy is associated with a significantly higher risk of adverse maternal health outcomes compared with pregnancy in adult women. Teenage mothers are more likely to experience maternal anemia, pregnancy-related infections, and hypertensive disorders such as preeclampsia and eclampsia, as biological immaturity may limit the body's ability to adapt to the physiological demands of pregnancy and childbirth (Nassar, 2015). In addition, adolescent mothers have a higher likelihood of emergency cesarean delivery and postpartum complications, including inadequate initiation of breastfeeding and increased vulnerability to postpartum depression (Nassar, 2015).

Limited utilization of antenatal care services is another critical concern among adolescent mothers. Many teenagers delay or inadequately access prenatal care due to lack of knowledge, social stigma, or financial constraints, which further contributes to poor maternal health outcomes and increased pregnancy-related complications (Kamruzzaman *et al.,* 2011).

Neonatal and Child Health Outcomes

Infants born to teenage mothers face substantially higher health risks. Evidence indicates that these babies are more likely to be born prematurely and with low birth weight, conditions strongly associated with increased neonatal morbidity and mortality (Nassar, 2015). Low birth weight and prematurity are also recognized as key predictors of early childhood mortality, particularly in low- and middle-income countries such as Bangladesh (Finlay *et al.,* 2017).

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Furthermore, studies conducted in Bangladesh and other LMIC settings demonstrate that children of adolescent mothers experience higher rates of undernutrition, including stunting, wasting, and underweight, along with poorer overall health and developmental outcomes (Rahman *et al.*, 2024). These early disadvantages can have long-term consequences for physical growth, cognitive development, and educational performance.

Social Consequences

Educational Disruption and Opportunity Loss

Teenage pregnancy often results in school absenteeism, early school dropout, and interruption of formal education, significantly limiting educational attainment and future career opportunities for adolescent girls. This disruption in education undermines human capital formation and reduces long-term socioeconomic mobility (IJSER, 2024).

Psychological and Emotional Impacts

Adolescent mothers are more likely to experience depression, anxiety, psychological stress, and low self-esteem, largely due to social stigma, inadequate family and partner support, and the sudden transition to adult responsibilities (Hodgson *et al.*, 2022). In many contexts, psychological distress is further intensified by socioeconomic disadvantage, early marriage, and exposure to gender-based violence, which compound the emotional burden of early motherhood (Hodgson *et al.*, 2022).

Family and Community Stress

Early childbearing places considerable strain on family structures and resources. Teenage pregnancy may increase inter-generational dependency, reinforce social inequalities, and perpetuate cycles of disadvantage within families and communities (Kamruzzaman *et al.*, 2011). Moreover, adolescent mothers often experience reduced autonomy and limited social mobility, affecting family decision-making power and community participation (Kamruzzaman *et al.*, 2011).

Economic Consequences

Individual Economic Disadvantages

Adolescent pregnancy frequently interrupts education and vocational training, leading to reduced employment opportunities, lower lifetime earnings, and restricted participation in the formal labor market (IJSER, 2024). As a result, many teenage mothers remain engaged in unskilled or informal employment, or are unemployed altogether, contributing to persistent economic vulnerability (Kamruzzaman *et al.*, 2011).

Household and Community Economic Burden

Teenage pregnancy contributes to intergenerational cycles of poverty, as limited education and income among adolescent mothers often increase reliance on family members and social welfare systems (Kamruzzaman *et al.*, 2011). Additionally, the cost of antenatal care, delivery services, neonatal care, and management of pregnancy-related complications places a substantial financial burden on households and the broader health system, particularly in resource-limited settings (Rahmawati & Murtaqib, 2024).

Integrated and Review Literature

Comprehensive reviews emphasize that teenage pregnancy is a multidimensional public health issue with interconnected health, social, and economic consequences. (Mulet et al. (2021) highlight the adverse physical health outcomes for both mother and child, alongside long-term social and educational disadvantages. Similarly, reviews published in the *Journal of Neonatal-Perinatal Medicine* underscore the role of socioeconomic inequality, inadequate healthcare access, and biological immaturity in shaping poor maternal and neonatal outcomes (Nassar, 2015). Holistic literature reviews further identify adolescent pregnancy as a global public health concern requiring integrated health, educational, and social interventions (Rahmawati & Murtaqib, 2024).

Girls younger than 14 face higher health risks during pregnancy because their pelvic structure is not fully developed, making childbirth more difficult. Adolescents below 20 years are also more prone to obstructed labor, which without timely cesarean delivery can lead to obstetric fistula, a childbirth injury that causes involuntary leakage of urine or feces (Chakole *et al.*, 2022).

Following early marriage, adolescents often encounter various health concerns, particularly early pregnancy and childbirth. These early pregnancies significantly increase the chances of maternal death, especially among girls aged 14–19, and are associated with low-birth-weight babies, preterm labor, delivery complications, and a greater likelihood of neonatal mortality (Akhter *et al.*, 2020).

Prevention Strategies Related to Teenage Pregnancy

The government needs to consider mandating sex and relationship education in both elementary and

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secondary schools. Clinics with ties to local colleges can lower pregnancy rates. Some crucial preventive measures include preventing pre-adult marriage, increasing comprehension and assistance for restricting conception before the age of 20, encouraging teens to use contraceptives more often, minimizing forced sexual activity in teens, and reducing unsafe abortions that are hazardous. (Chakole *et al.*,2022).

Bangladesh government has gone through several awareness-rising programs and initiatives to diminish the rate of early pregnancy among adolescents but each of the attempts seems to fall flat to handicap this upward trend which alarms us the possibility of non-fulfillment of SDG criteria by 2030. (zahura *et al.*,2024).

Prevention strategies: Include strategies that prevent unintended pregnancies in the first place. Examples are a supportive family environment, com-prehensive sexuality education. For this review, we focus on primary prevention strategies. For example, school-based programmed delivered via the school platform mainly focus on psychosocial risk and protective factors that involve sexuality. These primary prevention strategies aim to improve adolescent girls' and boys' knowledge and awareness of their sexual reproductive health and reduce unintended pregnancies. (Mohammad. et al .2023)

Studies among Bangladeshi adolescents reveal persistent gaps in reproductive health knowledge. For instance, less than half of unmarried female adolescents in low-performing areas had correct knowledge about contraception, menstrual hygiene, HIV/AIDS prevention, and safe pregnancy practices (Kabir, Saha, & Gazi, 2015). Even among university students expected to have higher literacy and access to information knowledge remains uneven. A study of female undergraduates documented substantial socioeconomic and demographic disparities in reproductive health awareness (Mondal *et al.*, 2015).

These findings align with global evidence that formal education alone does not guarantee adequate SRH knowledge; structural factors such as parental education, urban/rural origin, previous SRH exposure, and information access influence knowledge levels and preventive behaviours (Nove *et al.*, 2023; Patton *et al.*, 2015). Consequently, universities despite being tertiary-level institutions remain under-utilized venues for SRH education.

Therefore, assessing knowledge and awareness of teenage pregnancy among undergraduate students in urban Bangladesh is critical. Such assessment can identify knowledge gaps, inform targeted interventions, and help leverage higher-education settings to promote informed reproductive health decisions.

Sexual Health Information and Sex Education

Aspect	Sexual Health Information	Sex Education
Definition	Facts, guidance, or knowledge about sexual health, such as contraception, STIs, pregnancy prevention, and healthy relationships.	A structured learning process that teaches about human sexuality, reproductive health, emotions, relationships, consent, and responsible sexual behavior.
Purpose	To provide specific knowledge or answers about sexual health issues.	To provide comprehensive understanding and skills for making informed and responsible decisions about sexuality.
Scope	Narrower focus, often limited to health aspects.	Broader focus, including physical, emotional, social, and ethical aspects of sexuality.
Method	Can be informal (reading, online resources, health campaigns) or formal (leaflets, counseling).	Usually formal, organized learning in schools, workshops, or community programs.
Example	Learning how to use condoms correctly or understanding STIs.	Learning about puberty, consent, relationships, sexual rights, and reproductive health in a classroom setting.

RESEARCH METHODOLOGY

The research methodology describes the entire process of the study which covered the areas of research design, study place, study population, study period and sample size, sampling technique, selection criteria for the study, research instruments, pretest and finalizing of the questionnaire, data collection procedures, data processing, analysis and presentation and ethical considerations.

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Research Design
A descriptive cross-sectional quantitative design was used to assess the level of knowledge regarding teenage pregnancy among undergraduate students at a selected college in Dhaka, Bangladesh.

Study Area
This study was conducted at Daffodil College Uttara**,** a private institution in Dhaka, Bangladesh, offering Higher Secondary Certificate (HSC) programs in Science and Business Studies. The college enrolls students from diverse socio-economic backgrounds, mainly from urban and suburban areas of Dhaka. With modern facilities such as multimedia classrooms, laboratories, a library, and counseling services, the institution provides a supportive learning environment. The presence of a large adolescent population aged makes17 - 24 of Daffodil College Uttara is an appropriate site for examining knowledge and awareness related to teenage pregnancy.

Study Population:
The population of the selected study area who were 1st year students at Daffodil college Uttara, Dhaka. The total number of students were 50 (fifty) who was considered as a study population in this study.

Study Period:
The study was conducted January 2025-December2025.

Sample Size
Given that the total number of students in 1st year students of Daffodil Uttara college is 50**,** it is feasible to include all students in the study. In this scenario, the research examines the entire population**,** and selecting a smaller sample is unnecessary. Collecting data from every student ensures comprehensive and accurate information**,** providing a complete representation of the population. A sample size of 50 is commonly accepted in similar educational and public-health studies to provide reliable descriptive findings and to reflect the general level of knowledge and awareness among students. Therefore, the sample was considered 50 to meet the study objectives and ensure meaningful analysis based on the inclusion criteria.

Sampling Technique
A non-probability Purposive sampling technique was employed to select the participants for this study. This method was considered appropriate as it allowed the researcher to intentionally include students who met the predetermined inclusion criteria and were most relevant to the research objectives. Purposive sampling was particularly useful in this context due to time constraints, limited resources, and the practical feasibility of accessing only a specific group of students within the institution. Therefore, this approach enabled the collection of meaningful data from suitable respondents within a limited duration and budget.

Selection Criteria:
Inclusion criteria:
Participants were selected based on the following criteria:

- Students currently enrolled in the 1st year (Science and Commerce groups) at Daffodil College Uttara, Dhaka.
- Students who were available and accessible during the data collection period.
- Students who expressed willingness to participate and provided informed consent.

Exclusion Criteria

- Students who did not meet the specified inclusion criteria or were unwilling to participate in the study

Research Instrument Development:
A structured questionnaire was developed by the researchers based on relevant literature and was reviewed by the research experts to make it simple and understandable to respondents for data collection. The research instrument composed of four sections (A–D). Section A consists of socio-demographic characteristics such as age, gender, residence, and educational background, which provide contextual information about the respondents. Sections B, C, and D consist of knowledge-based questions designed to assess the respondents' understanding of teenage pregnancy in terms of its concept and causes, consequences, and prevention strategies. These three sections are scored to quantify students' level of knowledge and awareness regarding teenage pregnancy. Each question has only one correct option, and respondents receive (1) one point for every correct answer. Incorrect responses, including "Don't Know" or "Not Sure," are scored as 0 (zero). There is no negative marking to avoid discouraging participants from attempting questions. Each of the three knowledge sections contributes a maximum of 10 points, resulting in a total possible score of 30 points for the entire knowledge scale.To interpret the overall level of knowledge among the respondents, scores are categorized into four grading levels.

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A score of 8–10 (80–100%) indicates excellent knowledge, including clear understanding of its causes, consequences, and preventive measures. Scores between 6–7 (60–79%) reflect good knowledge but may include minor misconceptions or knowledge gaps. Moderate or average knowledge is represented by scores between 4–5 (40–59%), indicating limited understanding and potential exposure to misinformation. Scores below 0 -3 (0–39%) fall under the poor knowledge category, demonstrating insufficient knowledge and awareness and highlighting a critical need for improved education and reproductive health information for this group.

Overall, this scoring approach ensures a systematic and reliable assessment of undergraduate students' knowledge of teenage pregnancy, helping to identify areas that will require intervention and educational attention for the adolescents.

Validity, Reliability, and Pretesting

Validity refers to the degree to which an instrument accurately measures what it is intended to measure, while reliability concerns the consistency and stability of the instrument over repeated use. In this study, the research instrument was reviewed by subject experts and a foreign experts of maternal and perinatal health from Dalarna University, Sweden to ensure content validity. The questionnaire was assessed for clarity, relevance, and alignment with the study objectives and variables before data collection.

To establish reliability and determine the clarity of the items, the instrument was pretested on 10% of the sample size (10 students) at T &T Adarsha Mahila College, Mohakhali, Dhaka which shares similar characteristics with the target population. The data obtained during pretesting were excluded from the final analysis. Based on the findings of the pretest, necessary modifications were made to improve the wording, structure, and sequencing of items, thereby enhancing the overall quality and usability of the final questionnaire

Scoring and Grading Criteria of the Instrument

The study assessed the knowledge and awareness of teenage pregnancy among 50 respondents using a structured questionnaire. The evaluation was divided into three domains: Concept & Causes, Consequences, and Prevention of Teenage Pregnancy. Each domain was scored on a scale of 0–10, and the total score for each respondent was converted into a percentage to determine their level of knowledge or awareness.

The grading levels were defined as follows:

Grading Level	Score Range (out of 10)	Percentage Range (%)	Description
Excellent	8 – 10	80 – 100%	Comprehensive understanding or awareness
Good / Very Good	6 – 7	60 – 79%	Above-average knowledge or awareness
Average	4 – 5	40 – 59%	Moderate knowledge or awareness
Poor	0 – 3	Below 40%	Limited or inadequate knowledge or awareness

Proceedings:

- The study evaluated knowledge and awareness of teenage pregnancy among 50 respondents using a structured questionnaire.
- Assessment was divided into three domains: Concept & Causes, Consequences, and Prevention of Teenage Pregnancy.
- Each domain was scored out of 10, and the total score was converted into percentage for interpretation.

Ethical Considerations

This study was granted from the College of Nursing, Mohakhali, Dhaka. Permission was sought from the concern authority and was granted before undertaking the study. Participants were informed about the objectives and method of study and a written consent was taken from the participants prior to participation. The researchers explained clearly about the purpose of the study; the procedure; the possible benefit; and ensured free from risk of the study of the participants. Subjects autonomy and confidentially were strictly maintained and their willingly participation. Participants were informed about their right to withdraw from the study without any repercussions.

Data Collection Methods

Prior to data collection, approval was obtained from the Principal of Daffodil College, Uttara and the College of Nursing, Mohakhali, Dhaka**.** Data were gathered using a self-administered structured questionnaire through a purposive sampling

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technique. The researchers provided participants with a clear explanation of the study's objectives and instructions for completing the questionnaire. The questionnaires were distributed physically, and responses were collected after obtaining informed consent**.** The process was carried out with the support of the batch teacher and the college principal to ensure effective coordination and adherence to ethical standards.

Data Management

The collected data were carefully checked for completeness and accuracy, then systematically organized, coded, and summarized manually in accordance with the objectives of the study.

Data Analysis, Interpretation and Presentation

After organization of the data, Subsequently, the data were entered and analyzed using SPSS Version 25**.** Descriptive statistics, including frequencies, percentages, means, and standard deviations**,** were used to summarize the socio-demographic characteristics of the respondents. Students' knowledge levels were also assessed using descriptive statistical methods, with score distributions, mean scores, and standard deviations calculated to describe the overall knowledge and variability of responses within the study population.

RESULTS

Chapter IV presents the results of the study, focusing on the systematic analysis of collected data. This chapter outlines respondents' socio-demographic characteristics and examines key variables related to the research objectives. The findings are presented using appropriate tables and figures, providing a clear and comprehensive understanding of patterns, trends, and significant outcomes observed in the study

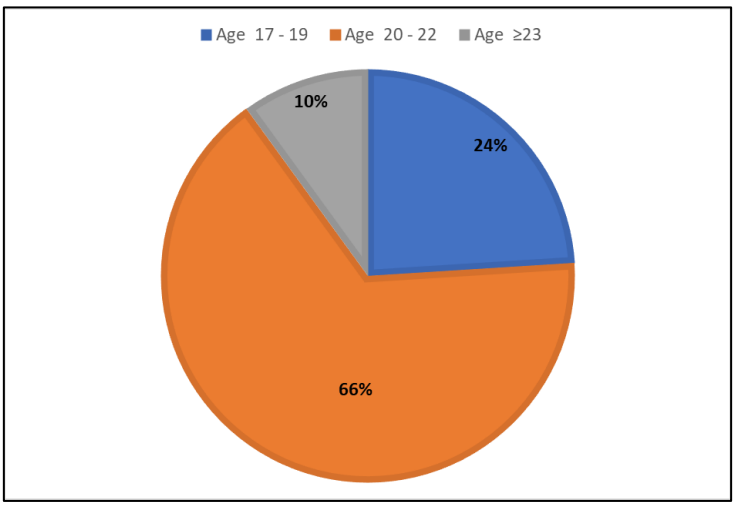

Figure. 1 Distribution of the respondents by age N=50 Mean Age 20.58 years and SD=1.70 years

The pie chart shows that among total respondents ,66% having age group 20 -22 and age group 17 -19 had 24% whereas only 10% is more than 23 of the respondents. The mean age is 20.58 years and SD=1.70 years

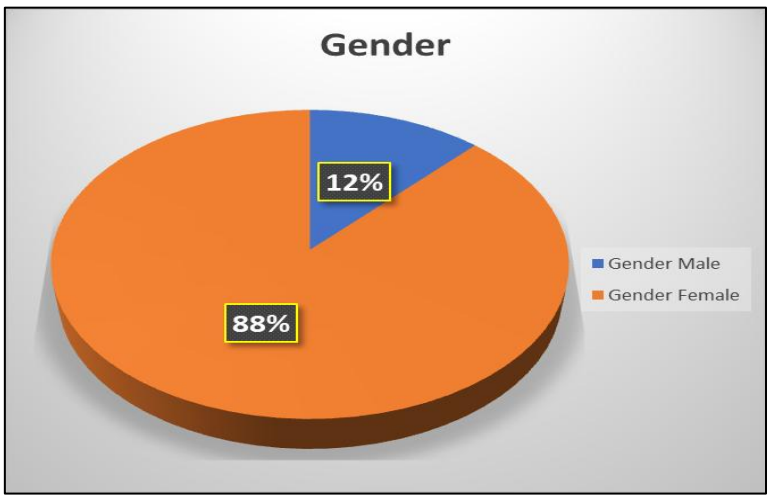

Figure. 2 Distribution of the respondents by Gender N=50

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The pie chart indicates that the majority of the respondents were female, accounting for 88% of the total sample, while males represented only 12%.

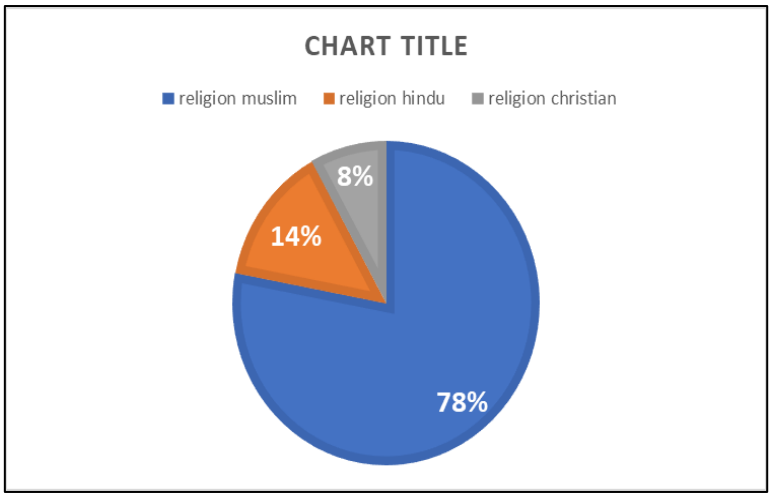

Figure. 3 Distribution of the respondents by Religion N=50

The pie chart shows that the majority of respondents' (78%) were Muslim. Rest of them respondents (14%) Hindu and Christian (8%). There were no others.

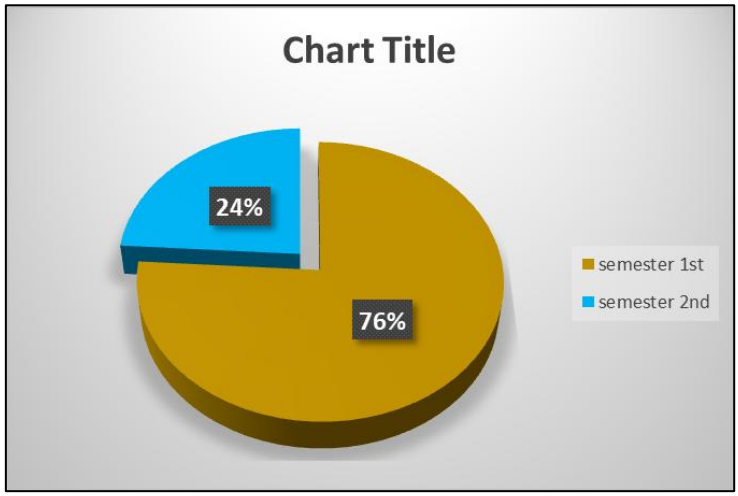

Figure. 4 Distribution of the respondents by Semester of study N=50

The pie chart illustrates that most respondents' were from the 1st semester, comprising 76% of the total participants, while 24% were from the 2nd semester.

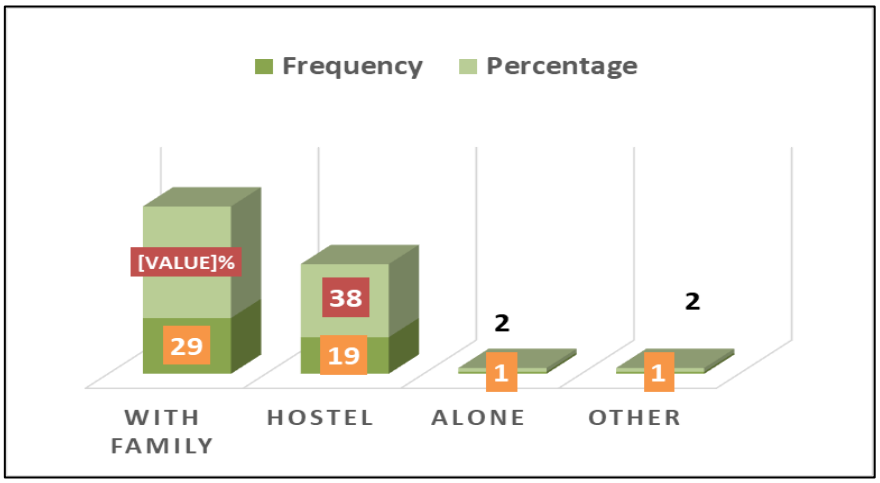

Figure. 5 Distribution of the respondents by type living Arrangement N=50

Publisher: SARC Publisher

The figure presents, among total respondents, 58% type of residence with family, 38% living hostel and 2% alone ,2% others respectively of the respondents.

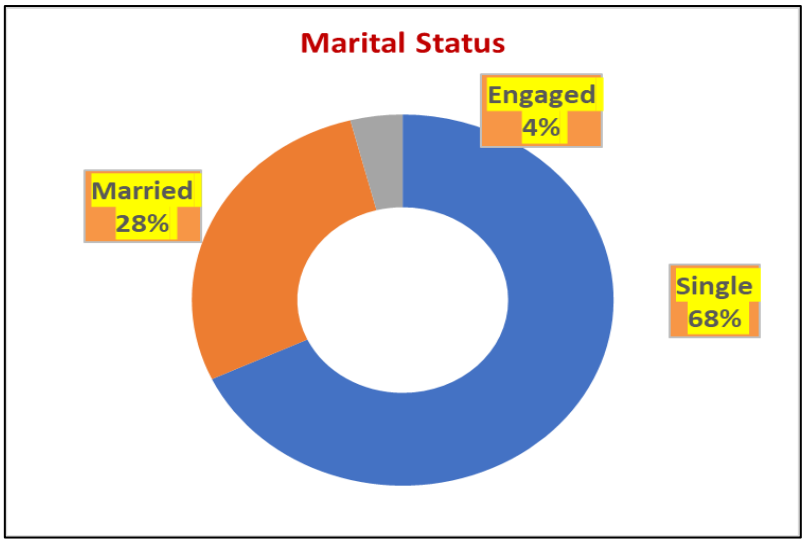

Figure. 6 Distribution of the respondents by Marital status N=50

The above figure shows that the majority of respondents were single (68%), followed by married respondents (28%), while a small proportion were engaged (4%). Notably, none of the respondents were divorced.

Table-1 Distribution of the respondents by Family monthly incomeMN=50

SL No	Item	Frequency(f)	Percentage (%)
1	≤ 20000	8	16
2	20000-39999	30	60
3	40000-59999	9	18
4	≥ 60000	3	06
	Total	50	100

The table 1indicates that the majority of respondents (60%) fell within the monthly income group of 20,000–39,999 BDT. This was followed by those earning 40,000–59,999 BDT (18%) and those with an income of 20,000 BDT or less (16%). A small proportion of respondents (6%) reported a monthly income of 60,000 BDT or more.

Table-2 Distribution of the respondents' by Father's education N=50

SL No	Item	Frequency(f)	Percentage (%)
1	No schooling	4	8
2	Primary	13	26
3	Secondary	21	42
4	Higher education	12	24
	Total	50	100

The table 2 indicates that most respondents' fathers had attained secondary-level education (42%), followed by those with primary education (26%). Nearly one-quarter (24%) had completed higher education, while a small proportion (8%) had no formal schooling

Table-3 Distribution of the respondents' by Mother's education N=50

SL No	Item	Frequency(f)	Percentage (%)
1	No schooling	3	6
2	Primary	22	44
3	Secondary	17	34
4	Higher education	8	16
	Total	50	100

Publisher: SARC Publisher

The table 3 shows that the largest proportion of respondents' mothers had completed primary education, accounting for 44% of the sample. About 34% of the mothers had attained secondary education. Additionally, 16% had completed higher education. Only 6% of the respondents reported that their mothers had no schooling.

Table-4 Distribution of the respondents by main source of sexual health information N=50

SL No	Item	Frequency(f)	Percentage (%)
1	Social media	10	20
2	Family / friends	15	30
3	School/ Teacher	20	40
4	Doctors/ Nurses	5	10
	Total	50	100

The table 4 indicates that schools and teachers were the main source of sexual health information for the largest proportion of respondents (40%). Family members and friends were the second most common source (30%), followed by social media (20%). Only a small proportion of respondents (10%) reported health professionals, such as doctors or nurses, as their primary source.

Table-5 Distribution of the respondents' by receiving formal sex education N=50

SL No	Item	Frequency(f)	Percentage (%)
1	Yes	29	58
2	No	13	26
3	Partially	4	8
4	Not sure	4	8
	Total	50	100

The table 5 indicates that the majority of respondents had received formal sex education, accounting for 58% of the sample. Meanwhile, 26% reported that they had not received any formal sex education. Additionally, 8% stated that they had received it partially, and another 8% were not sure whether they had received formal sex education or not.

Part II Knowledge related Analysis regarding teenage pregnancy

Table-6 Distribution of respondents' knowledge regarding the meaning of teenage pregnancy N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) 10–19 years	38	76		
b) 15–25 years			8	16
c) 18–30 years			4	8
d) Don't know	-			
Total	38	76	12	24

The table 6 shows the distribution of respondents' knowledge regarding the meaning of teenage pregnancy. The majority of respondents (76%, N=38) correctly identified teenage pregnancy as occurring between the ages of 10–19 years. However, 16% (N=8) incorrectly believed it to be between 15–25 years, and 8% (N=4) thought it occurs between 18–30 years. Overall, while most respondents demonstrated correct knowledge, nearly one-quarter (24%) had incorrect understanding of the age range of teenage pregnancy.

Table-7 Distribution of respondents' knowledge and awareness regarding major causes of teenage pregnancy N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Early marriage	50	100		
b) Access to higher education				
c) High income				
d) Don't know	-			

Publisher: SARC Publisher

Total	50	100		

The table 7 presents the distribution of respondents regarding the major causes of teenage pregnancy in Bangladesh. All respondents (100%, N=50) correctly identified early marriage as the primary cause. None of the respondents chose other options such as access to higher education, high income, or "don't know," indicating a clear awareness among the participants about the role of early marriage in teenage pregnancy

Table-8 Distribution of respondents' proper knowledge regarding the risk of teenage pregnancy N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) True	45	90	-	-
b) False	-	-	5	10
c) Don't know	-	-	-	-
d) Not sure	-	-	-	-
Total		90	5	10

The table 8 shows the distribution of respondents' answers regarding a specific statement. A large majority of respondents (90%, N=45) answered correctly (True), while 10% (N=5) gave an incorrect response (False). No respondents selected "Don't know" or "Not sure," indicating a high level of awareness or understanding among the participants

Table-9 Distribution of respondents' regarding family factor commonly associated with teenage pregnancy N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Strong parental monitoring			10	20
b) Family conflict and lack of guidance	31	62		
c) Wealthy family background			2	4
d) Don't know	-		7	14
Total		62		38

The table 9 indicates that the majority of respondents (62%) correctly identified family conflict and lack of guidance as a family factor commonly associated with teenage pregnancy. A smaller portion, 20%, incorrectly chose strong parental monitoring, and 4% selected wealthy family background. Additionally, 14% reported don't know.

Table-10 Distribution of the respondents' knowledge regarding Peer pressure can contribute to teenage pregnancy because it may lead to :N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Healthy lifestyle			3	6
b) Poor decision making	34	68		
c) Reduced social interactions			9	18
d) Don't know			4	8
Total		68		32

The table 10 presents the distribution of respondents' knowledge regarding the role of peer pressure in contributing to teenage pregnancy. The majority of respondents (68%, N=34) correctly identified that peer pressure can lead to poor decision-making, which may increase the risk of teenage pregnancy. A smaller proportion chose other options, with 18% (N=9) selecting reduced social interactions, 6% (N=3) selecting healthy lifestyle, and 8% (N=4) indicating "don't know."

Table-11. Distribution of the respondents' knowledge regarding socio-economic condition may increase teenage pregnancy N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)

Publisher: SARC Publisher

a) Poverty	43	86		
b) High education cost			2	4
c) Urbanization			4	8
d) Don't know			1	2
Total		86		14

The table 11 presents that the majority of respondents (86%) correctly identified poverty as a socio-economic condition that may increase teenage pregnancy. A small proportion selected incorrect options: 4% chose high education cost, 8% selected urbanization, and 2% reported don't know.

Table-12. Distribution of the respondents' knowledge regarding Unprotected sexual activity is a direct cause of teenage pregnancy N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) True	40	80		
b) False			5	10
c) Don't know			-	
d) Not sure			5	10
Total		80		20

The table 12 shows that most respondents (80%) correctly understood that unprotected sexual activity is a direct cause of teenage pregnancy, whereas 20% of respondents were either incorrect or uncertain in their responses. These findings suggest a generally good awareness among the respondents regarding socio-economic influences and sexual behavior-related risks associated with teenage pregnancy.

Table-13 Distribution of the respondents' knowledge regarding Limited access to adolescent-friendly reproductive health services can lead to:N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Higher teenage pregnancy	31	62		
b) Lower teenage pregnancy			12	24
c) Not effect			1	2
d) Don't know			6	12
Total		62		38

The table 13 shows that the majority of respondents (62%) correctly recognized that limited access to adolescent-friendly reproductive health services can lead to higher teenage pregnancy. Some respondents misunderstood the impact, with 24% selecting lower teenage pregnancy, 2% indicating no effect, and 12% unsure.

Table-14 Distribution of the respondents' knowledge regarding Early marriage in Bangladesh is often influenced by:N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Cultural norms and traditions	47	94		
b) Low food prices			-	
c) Tourism			2	4
d) Don't know			1	2
Total		94		6

The table 14 indicates that most respondents (94%) correctly identified cultural norms and traditions as key factors influencing early marriage in Bangladesh. Only a small number chose incorrect options, with 4% selecting tourism and 2% indicating "don't know."

Publisher: SARC Publisher

Table-15 Distribution of the respondents' knowledge regarding Media misinformation or unrealistic content can cause teenage pregnancy by N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Promoting unsafe practices	33	66		
b) Reducing curiosity			8	16
c) Improving health knowledge			5	10
d) Don't know			4	8
Total		66		34

The table 15: Most respondents (66%) correctly recognized that media misinformation or unrealistic content can cause teenage pregnancy by promoting unsafe practices. Misconceptions were noted, with 16% selecting reducing curiosity, 10% improving health knowledge, and 8% unsure.

Table-16 Distribution of the respondents' knowledge regarding Teenage mothers are at higher risk of health complications because their bodies are N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Not fully developed	45	90		
b) Stronger than adults			-	
c) Immune to complications			5	10
d) Don't know			-	
Total		90		10

Table 16: A majority (90%) correctly identified that teenage mothers are at higher risk of health complications because their bodies are not fully developed, while 10% answered incorrectly.

Table-17 Distribution of the respondents' knowledge regarding Babies born to teenage mothers are more likely to have N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Low birth weight	47	94		
b) High intelligence			2	4
c) Stronger immunity			-	
d) Don't know			1	2
Total		94		6

Table 17 shows that the majority of respondents (94%) correctly noted that babies born to teenage mothers are more likely to have low birth weight. Only a small fraction selected incorrect responses (4% high intelligence, 2% don't know).

Table-18 Distribution of the respondents' knowledge regarding Teenage pregnancy can interrupt a girl's education mainly because N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) She may drop out of school	43	86		
b) She becomes physically stronger			1	2
c) Schools encourage early motherhood			4	8
d) Don't know			2	4
Total		86		14

Table 18: Most respondents (86%) correctly understood that teenage pregnancy can interrupt a girl's education because she may drop out of school. Small proportions chose incorrect options: 2% physical strength, 8% schools encourage early motherhood, and 4% don't know.

Publisher: SARC Publisher

Table-19 Distribution of the respondents' knowledge regarding A common social consequence of teenage pregnancy is N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Social stigma or discrimination	47	94		
b) Increased respect in society			1	2
c) Better job opportunities			-	
d) Don't know			2	4
Total		94		6

The table 19 shows that the majority of respondents (94%) correctly identified social stigma or discrimination as a common social consequence of teenage pregnancy. A small proportion of respondents selected incorrect options: 2% chose increased respect in society, and 4% reported not knowing, indicating generally high awareness of the social implications of teenage pregnancy.

Table-20 Distribution of the respondents' knowledge regarding Teenage mothers face economic difficulties mainly due to N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Limited job opportunities	43	86		
b) Government pays high allowance			3	6
c) Guaranteed business support			1	2
d) Don't know			3	6
Total		86		14

The table 20 shows that the majority of respondents (86%) correctly recognized that teenage mothers face economic difficulties mainly due to limited job opportunities. A small proportion of respondents selected incorrect options: 6% chose government allowance, 2% chose guaranteed business support, and 6% reported not knowing, indicating overall good awareness of the economic challenges faced by teenage mothers

Table-21 Distribution of the respondents' knowledge regarding Early parenthood can increase family financial burden because of N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Childcare and health expenses	45	90		
b) Free childcare services			-	
c) Reduced household cost			5	10
d) Don't know			-	
Total		90		10

The table 21 shows that the majority of respondents (90%) correctly identified that early parenthood can increase family financial burden due to childcare and health expenses. Only 10% gave incorrect responses, indicating generally strong awareness of the economic impact of early parenthood.

Table-22 Distribution of the respondents' knowledge regarding Mental stress is a possible consequence of teenage pregnancy N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) True	46	92		
b) False			4	8
c) Don't know			-	
d) Not sure			-	
Total		92		8

Publisher: SARC Publisher

The table 22 shows that most respondents (92%) correctly recognized mental stress as a possible consequence of teenage pregnancy. Only 8% gave incorrect responses, reflecting a high level of awareness regarding the psychological effects associated with teenage pregnancy.

Table-23 Distribution of the respondents' knowledge regarding Teenage pregnancy can create long-term poverty cycles due to N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Dropping out of school	45	90		
b) Getting scholarships easily			2	4
c) High –paying jobs for teen parents			-	
d) Don't know			3	6
Total		90		10

The table 23 indicates that most respondents (90%) correctly understood that teenage pregnancy can contribute to long-term poverty cycles due to school dropout. A small proportion of respondents gave incorrect answers: 4% chose receiving scholarships easily, and 6% reported not knowing, showing generally strong awareness of the link between teenage pregnancy and persistent poverty.

Table-24 Distribution of the respondents' knowledge regarding Children of teenage mothers are more likely to face N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Developmental challenges	49	98		
b) Higher job opportunities			1	2
c) Guaranteed success			-	
d) Don't know			-	
Total		98		2

The table 24 shows that the vast majority of respondents (98%) correctly recognized that children of teenage mothers are more likely to face developmental challenges. Only 2% provided incorrect responses, indicating very high awareness among respondents regarding the intergenerational impact of teenage pregnancy.

Table-25 Distribution of the respondents' knowledge regarding Social rejection of teenage mothers may lead toN=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Reduced self-confidence	44	88		
b) Improved mental health			5	10
c) Increased social support			1	2
d) Don't know			-	
Total		88		12

The table 25 shows that the majority of respondents (88%) correctly identified reduced self-confidence as a potential consequence of social rejection of teenage mothers. A small proportion selected incorrect options: 10% chose improved mental health and 2% chose increased social support, indicating strong awareness of the social and psychological effects of rejection.

Table-26 Distribution of the respondents' knowledge regarding practice is the most effective way to prevent teenage pregnancy N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Avoiding unprotected sexual activity	42	84		
b) Following social media trends			1	2
c) Ignoring reproductive health			6	12
d) Don't know			1	2

Publisher: SARC Publisher

Total		84		16

The table 26 shows that most respondents (84%) correctly recognized avoiding unprotected sexual activity as the most effective way to prevent teenage pregnancy. A small proportion of respondents selected incorrect options: 12% chose ignoring reproductive health, 2% followed social media trends, and 2% reported not knowing.

Table-27 Distribution of the respondents' knowledge regarding Use of contraceptives helps prevent teenage pregnancy by N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Acting as a barrier to sperm	43	86		
b) Making people infertile			3	6
c) Causing health risks only			2	4
d) Don't know			2	4
Total		86		14

The table 27 indicates that the majority of respondents (86%) correctly understood that contraceptives prevent teenage pregnancy by acting as a physical barrier to sperm. Only a small proportion provided incorrect responses: 6% believed contraceptives cause infertility, 4% thought they only pose health risks, and 4% were unsure.

Table-28 Distribution of the respondents' knowledge regarding Condoms are effective in prevention of: N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Pregnancy and STIs	43	86		
b) Only pregnancy			4	8
c) Only STIs			2	4
d) Don't know			1	2
Total		86		14

The table 28 shows that most respondents (86%) correctly recognized that condoms are effective in preventing both pregnancy and sexually transmitted infections (STIs). A small proportion of respondents gave incorrect answers: 8% believed condoms prevent only pregnancy, 4% thought they prevent only STIs, and 2% were unsure.

Table-29 Distribution of the respondents' knowledge regarding Access to adolescent-friendly reproductive health services helps teenagers by providing: N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Information and counselling	46	92		
b) Luxury medical care			1	2
c) No guidance			2	4
d) Don't know			1	2
Total		92		8

The table 29 shows that the majority of respondents (92%) correctly identified that access to adolescent-friendly reproductive health services helps teenagers by providing information and counselling. A small proportion gave incorrect responses: 2% chose luxury medical care, 4% selected no guidance, and 2% were unsure.

Table-30 Distribution of the respondents' knowledge regarding Comprehensive sexuality education in schools can help prevent teenage pregnancy by N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Increasing knowledge and safe choices	45	90		

Publisher: SARC Publisher

b) Encouraging early marriage			2	4
c) Increasing curiosity only			3	6
d) Don't know			-	
Total		90		10

The table 30 shows that most respondents (90%) correctly recognized that comprehensive sexuality education in schools can help prevent teenage pregnancy by increasing knowledge and promoting safe choices. A small proportion gave incorrect responses: 4% believed it encourages early marriage, and 6% thought it only increases curiosity.

Table-31 Distribution of the respondents' knowledge regarding the healthier communication practice for preventing teenage pregnancy N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Open discussion with parents or teachers	41	82		
b) Keeping all issues secret			5	10
c) Relying on friends only			-	
d) Don't know			4	8
Total		82		18

The table 31 indicates that the majority of respondents (82%) correctly identified open discussion with parents or teachers as a healthier communication practice for preventing teenage pregnancy. A small proportion gave incorrect responses: 10% chose keeping all issues secret, and 8% reported not knowing.

Table-32 Distribution of the respondents' knowledge regarding Emergency contraception is used to N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Prevent pregnancy after unprotected sex	46	92		
b) Improve fertility			2	4
c) Cause harm to health			1	2
d) Don't know			1	2
Total		92		8

The table 32 shows that most respondents (92%) correctly understood that emergency contraception is used to prevent pregnancy after unprotected sex. Only a small proportion gave incorrect responses: 4% believed it improves fertility, 2% thought it causes harm, and 2% were unsure.

Table-33 Distribution of the respondents' knowledge regarding important for teenagers to know about reproductive healthcare services N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) To make informed decisions	42	84		
b) To avoid hospitals permanently			2	4
c) To encourage early pregnancy			2	4
d) Don't know			4	8
Total		84		16

The table 33 indicates that the majority of respondents (84%) correctly recognized that it is important for teenagers to know about reproductive healthcare services in order to make informed decisions. A small proportion gave incorrect responses: 4% chose avoiding hospitals permanently, 4% believed it encourages early pregnancy, and 8% were unsure.

Table-34 Distribution of the respondents' knowledge regarding Government or NGO services (youth-friendly clinics) support teenagers by providing N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)

Publisher: SARC Publisher

a) Free/low-cost counselling & contraceptives	41	82		
b) Paid risky services			2	4
c) No support programs			1	2
d) Don't know			6	12
Total		82		18

The table 34 shows that the majority of respondents (82%) correctly recognized that government or NGO youth-friendly clinics support teenagers by providing free or low-cost counselling and contraceptives. A small proportion of respondents gave incorrect responses: 4% believed these clinics provide paid risky services, 2% thought there are no support programs, and 12% reported not knowing.

Table-35 Distribution of the respondents' knowledge regarding Media awareness campaigns (TV, radio, online) can help reduce teenage pregnancy by N=50

variables	Correct Answer		Incorrect Answer	
	(f)	(%)	(f)	(%)
a) Promoting safe practices	39	78		
b) Discouraging education			7	14
c) Increasing misinformation only			1	2
d) Don't know			3	6
Total		78		22

The table 35 indicates that most respondents (78%) correctly understood that media awareness campaigns (TV, radio, online) can help reduce teenage pregnancy by promoting safe practices. A small proportion gave incorrect responses: 14% believed campaigns discourage education, 2% thought they only increase misinformation, and 6% were unsure.

Table-36 Distribution of overall knowledge regarding concept and causes of teenage pregnancy N=50

Sl. No	Item	Correct		Incorrect	
		f	%	f	%
1.	The meaning of teenage pregnancy by age	38	76	12	24
2.	The major causes of teenage pregnancy	50	100	-	-
3.	The risk of teenage pregnancy.	45	90	5	10
4.	Family factor commonly associated with teenage pregnancy	31	62	19	38
5.	Peer pressure can contribute to teenage pregnancy because it may lead to	34	68	16	32
6.	The socio-economic condition may increase teenage pregnancy	43	86	7	14
7	Unprotected sexual activity is a direct cause of teenage pregnancy	40	80	10	20
8	Limited access to adolescent-friendly reproductive health services can lead to	31	62	19	38
9	Early marriage in Bangladesh is often influenced by	47	94	13	26
10	Media misinformation or unrealistic content can cause teenage pregnancy by	33	66	17	34
		392		118	
Mean Score 7.84 Mean percentage score: 76.9 %					

Overall, respondents demonstrated a good level of knowledge regarding teenage pregnancy, with 392 (76.9%) correct responses and 118 (23.1%) incorrect responses. The mean knowledge score was 7.84 out of 10, indicating a generally satisfactory understanding of the topic.

Table-36.1: Overall Grading Level and Scoring of Knowledge Regarding Concept and Causes of Teenage Pregnancy (N = 50)

Knowledge Level	Score Range (out of 10)	Percentage Range (%)	Mean Score	Mean Percentage (%)	Interpretation
Excellent	8 – 10	80 – 100%			
Good	6 – 7	60 – 79%	7.84	76.9%	Good Knowledge
Average	4 – 5	40 – 59%			

Publisher: SARC Publisher

Poor	0 – 3	Below 40%			

Overall Interpretation

The mean knowledge score of the respondents was 7.84 out of 10, with a mean percentage score of 76.9%, which falls within the **"**Good Knowledge**"** category. This indicates that the majority of respondents had an adequate understanding of the concept and causes of teenage pregnancy, particularly regarding major causes, risks, and socio-economic influences. However, relatively lower scores in areas such as family factors, peer pressure, media influence, and access to adolescent-friendly services suggest the need for targeted educational interventions to strengthen comprehensive awareness.

Table-37 Distribution of overall awareness of consequences of teenage pregnancy N=50

Sl. No	Item	Correct		Incorrect	
		f	%	f	%
1	Teenage mothers are at higher risk of health complications because their bodies are	45	90	5	10
2	Babies born to teenage mothers are more likely to have	47	94	3	6
3	Teenage pregnancy can interrupt a girl's education mainly because	43	86	7	14
4	A common social consequence of teenage pregnancy is	47	94	3	6
5	Teenage mothers face economic difficulties mainly due to	43	86	7	14
6	Early parenthood can increase family financial burden because of	45	90	5	10
7	Mental stress is a possible consequence of teenage pregnancy	46	92	4	8
8	Teenage pregnancy can create long-term poverty cycles due to	45	90	5	10
9	Children of teenage mothers are more likely to face	49	98	1	2
10	Social rejection of teenage mothers may lead to	44	88	6	12
		454		46	
Mean score 9.08 Mean percentage 90.8%					

Overall, respondents showed a very high level of knowledge regarding the health, social, and economic consequences of teenage pregnancy. Out of 500 responses, 454 (90.8%) were correct and 46 (9.2%) were incorrect**.** The mean knowledge score was 9.08 out of 10**,** indicating excellent understanding of the consequences of teenage pregnancy.

Table-37.1: Overall Grading Level and Scoring of Awareness Regarding Consequences of Teenage Pregnancy (N = 50)

Awareness Level	Score Range (out of 10)	Percentage Range (%)	Mean Score	Mean Percentage (%)	Interpretation
Excellent	8 – 10	80 – 100%	9.08	90.8%	Excellent Awareness/Knowledge
Very Good	6 – 7	60 – 79%			
Average	4 – 5	40 – 59%			
Poor	0 – 3	Below 40%			

Overall Interpretation

The findings reveal that respondents had a mean awareness score of 9.08 out of 10, corresponding to a mean percentage score of 90.8%, which falls under the "Excellent Awareness" category. This indicates a very high level of awareness regarding the health, educational, social, economic, and psychological consequences of teenage pregnancy. Most respondents demonstrated strong understanding of maternal health risks, adverse child outcomes, educational disruption, mental stress, and long-term socioeconomic challenges. The high awareness level suggests that existing educational efforts are effective; however, continued reinforcement is necessary to translate awareness into preventive behaviors.

Publisher: SARC Publisher

Table-38 Distribution of overall knowledge on prevention of teenage pregnancy N=50

Sl. No	Item	Correct		Incorrect	
		f	%	f	%
1	practice is the most effective way to prevent teenage pregnancy	42	84	8	16
2	Use of contraceptives helps prevent teenage pregnancy by	43	86	7	14
3	Condoms are effective in prevention of	43	86	7	14
4	Access to adolescent-friendly reproductive health services helps teenagers by providing	46	92	4	8
5	Comprehensive sexuality education in schools can help prevent teenage pregnancy by	45	90	5	10
6	the healthier communication practice for preventing teenage pregnancy	41	82	9	18
7	Emergency contraception is used to	46	92	4	8
8	important for teenagers to know about reproductive healthcare services	42	84	8	16
9	Government or NGO services (youth-friendly clinics) support teenagers by providing	41	82	9	18
10	Media awareness campaigns (TV, radio, online) can help reduce teenage pregnancy by	39	78	11	22
		428		72	
Mean score 8.56 Mean percentage 85.6%					

The tables 38 indicates that a high level of knowledge regarding prevention of teenage pregnancy**.** Out of 500 responses, 428 (85.6%) were correct and 72 (14.4%) were incorrect**.** The mean knowledge score was 8.56 out of 10**,** reflecting strong awareness.

Table-38.1: Overall Grading Level and Scoring of Knowledge on Prevention of Teenage Pregnancy (N = 50)

Knowledge Level	Score Range (out of 10)	Percentage Range (%)	Mean Score	Mean Percentage (%)	Interpretation
Excellent	8 – 10	80 – 100%	8.56	85.6%	Excellent Knowledge
Very Good	6 – 7	60 – 79%			
Average	4 – 5	40 – 59%			
Poor	0 – 3	Below 40%			

Overall Interpretation

The respondents achieved a mean knowledge score of 8.56 out of 10, with a mean percentage score of 85.6%, indicating an excellent level of knowledge regarding the prevention of teenage pregnancy. High correct response rates were observed in areas related to contraceptive use, access to adolescent-friendly reproductive health services, comprehensive sexuality education, and emergency contraception. However, comparatively lower scores related to media awareness campaigns and communication practices highlight areas where further educational reinforcement and community-based interventions may be beneficial.

Table-39: Grading Level and Scoring Based on Concept, Consequences and Prevention of Knowledge Regarding Teenage Pregnancy (N = 50)

Domain	Knowledge Level	Score Range (out of 10)	Percentage Range (%)	Mean Score	Mean Percentage (%)	Interpretation
Concept & Causes of Teenage Pregnancy	Excellent	8 – 10	80 – 100%	7.84	76.9%	Good Knowledge
	Good	6 – 7	60 – 79%			
	Average	4 – 5	40 – 59%			
	Poor	0 – 3	Below 40%			
Consequences of Teenage Pregnancy	Excellent	8 – 10	80 – 100%	9.08	90.8%	Excellent Awareness/ Knowledge
	Very Good	6 – 7	60 – 79%			
	Average	4 – 5	40 – 59%			
	Poor	0 – 3	Below 40%			

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Prevention of Teenage Pregnancy	Excellent	8 – 10	80 – 100%	8.56	85.6%	Excellent Knowledge
	Very Good	6 – 7	60 – 79%			
	Average	4 – 5	40 – 59%			
	Poor	0 – 3	Below 40%			

Table-40: Overall assessment Based on Concept, Consequences and Prevention of Knowledge Regarding Teenage Pregnancy (N = 50)

Knowledge Domain	Mean Score (out of 10)	Mean Percentage (%)	Knowledge Level (Score Range)	Interpretation
Concept and Causes of Teenage Pregnancy	7.84	76.9%	Good Knowledge (60–79%)	Respondents demonstrated a good understanding of the basic concepts and causes of teenage pregnancy.
Consequences of Teenage Pregnancy	9.08	90.8%	Excellent Knowledge (80–100%)	Very high awareness of health, social, and economic consequences was observed.
Prevention of Teenage Pregnancy	8.56	85.6%	Excellent Knowledge (80–100%)	Respondents showed strong knowledge of preventive measures and supportive services.
Overall Knowledge	High	80–100% (majority)	Excellent Knowledge	Overall, respondents were well-informed, with particularly strong knowledge of consequences and prevention.

Overall, the findings show that most undergraduate students had very good knowledge about teenage pregnancy. They were especially well informed about its consequences and ways to prevent it, while their understanding of the basic concepts and causes was also strong. Based on the scoring system, the majority of respondents fell within the excellent knowledge range (80–100%). Although this reflects a high level of awareness, it is important to ensure that this knowledge is translated into positive attitudes and safe practices. Continued education and guidance are therefore necessary to help reduce the risk of teenage pregnancy in real-life situations.

DISCUSSION

Discussion on Part I of Demographic Information Related Analysis

This study explored the knowledge and awareness regarding teenage pregnancy among undergraduate students at a selected college in Dhaka, Bangladesh, with particular emphasis on socio-demographic characteristics and sources of sexual health information. The findings provide important contextual insights into factors that may influence adolescents' and young adults' understanding of teenage pregnancy.

Age and Gender Distribution

The majority of respondents were aged 20–22 years (66%), followed by 17–19 years (24%), with only a small proportion aged 23 years or above (10%). The mean age of the respondents was 20.58 years with a standard deviation (SD) of 1.70 years. This age distribution reflects a typical undergraduate population and is consistent with findings from similar studies among college students in Bangladesh (Haque & Rahman, 2018). Late adolescence and early adulthood represent critical periods for sexual and reproductive health decision-making, making this population particularly relevant for assessing knowledge and awareness of teenage pregnancy (WHO, 2022).The predominance of female respondents (88%) is consistent with other reproductive health studies, where female students are often more willing to participate and may perceive the topic as more directly relevant to their lives (Rahman *et al.*, 2019).

Religion and Cultural Context

Most respondents were Muslim (78%), reflecting the national religious composition of Bangladesh. Religious and cultural norms strongly influence attitudes toward sexuality, marriage, and childbearing in Bangladeshi society. Previous studies indicate that conservative cultural values may limit open discussion of sexual health topics, potentially affecting adolescents' access to accurate information (Khan *et al.*, 2020). Despite this, the relatively good level of knowledge observed in this study suggests gradual

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improvements in reproductive health awareness among young people.

Educational Status and Living Arrangements

A large proportion of respondents were from the 1st semester (76%)**,** indicating that many were at an early stage of higher education. Early university years are often associated with increased independence and exposure to new social environments, which may increase vulnerability to risky behaviors if adequate knowledge and guidance are lacking (Blum *et al.,* 2017).

More than half of the respondents **(**58%**)** lived with their families, while 38% resided in hostels. Living with family has been associated with greater parental supervision and potentially reduced sexual risk behaviors, whereas hostel living may increase peer influence and exposure to diverse social norms (UNFPA, 2021). These factors may indirectly form knowledge, attitudes, and practices related to teenage pregnancy.

Marital Status and Socio-economic Background

The majority of respondents were single (68%)**,** although a notable proportion were already married (28%)**,** reflecting the persistence of early marriage in Bangladesh. Early marriage remains a key driver of teenage pregnancy, particularly among young women from lower socio-economic backgrounds (NIPORT, 2023).

Most respondents belonged to middle-income families**,** with 60% reporting a monthly family income of 20,000–39,999 BDT. Socio-economic status has been widely documented as a determinant of teenage pregnancy, with poverty often limiting access to education and reproductive health services (UNICEF, 2021).

Parental Education

Parental education, particularly maternal education, is a strong predictor of adolescent reproductive health knowledge. In this study, most fathers had secondary or higher education (66%)**,** while the majority of mothers had primary or secondary education (78%)**.** Studies have shown that higher parental education is associated with improved communication about health issues and better adolescent awareness of sexual and reproductive health risks (Rahman *et al.,* 2019; WHO, 2020).

Sources of Sexual Health Information and Sex Education

Schools and teachers were identified as the main source of sexual health information (40%)**,** followed by family and friends (30%). This finding underscores the importance of educational institutions in disseminating accurate reproductive health knowledge. Similar results have been reported in other studies, highlighting schools as a key platform for sexuality education in Bangladesh (UNESCO, 2018).

Although 58% of respondents reported receiving formal sex education**,** a significant proportion either had not received it (26%) or were unsure/partially exposed (16%). This indicates gaps in the coverage and consistency of sexuality education. Evidence suggests that comprehensive sexuality education improves knowledge, attitudes, and preventive behaviors related to teenage pregnancy (UNFPA, 2021).

Discussion on Part II of Knowledge Related Analysis

The present study assessed respondents' knowledge regarding the concept, causes, consequences, and prevention of teenage pregnancy**,** and the findings indicate an overall good to very high level of awareness**,** with some notable variations across domains.

Knowledge on Concept and Causes of Teenage Pregnancy

As shown in Table 38**,** respondents demonstrated a generally satisfactory level of knowledge regarding the concept and causes of teenage pregnancy, with 76.9% correct responses and a mean score of 7.84 out of 10**.** High levels of awareness were observed for the major causes of teenage pregnancy (100%) and risks associated with teenage pregnancy (90%). These findings are consistent with earlier studies reporting that adolescents often possess basic knowledge about teenage pregnancy and its biological causes (Haque & Rahman, 2018; Rahman *et al.,* 2019).

However, comparatively lower correct responses were noted for family factors (62%)**,** peer pressure (68%)**,** limited access to adolescent-friendly services (62%)**,** and media misinformation (66%)**.** Similar gaps have been documented in previous research, which indicates that adolescents frequently underestimate the influence of social environment, family dynamics, and media exposure on early pregnancy (Blum *et al.,* 2017; UNICEF, 2021). In Bangladesh, early marriage, poverty, and limited reproductive health services remain strong structural determinants of teenage pregnancy, which may not always be fully recognized by adolescents (NIPORT, 2023).

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Awareness of Consequences of Teenage Pregnancy

Findings from Table 39 reveal a very high level of awareness regarding the consequences of teenage pregnancy, with 90.8% correct responses and a mean score of 9.08 out of 10**.** Respondents showed strong understanding of health risks, educational disruption, economic hardship, mental stress, and social rejection associated with teenage pregnancy. This aligns with global evidence that teenage pregnancy is associated with higher risks of obstetric complications, low birth weight, school dropout, poverty, and psychosocial stress (WHO, 2022; UNICEF, 2019).

The high level of awareness observed in this study is comparable to findings from studies among secondary and tertiary-level students in South Asia, where adolescents demonstrated better knowledge of consequences than causes (Khan *et al.,* 2020). This may reflect the effectiveness of health education programs, media coverage, and community awareness initiatives that emphasize the negative outcomes of early pregnancy.

Knowledge on Prevention of Teenage Pregnancy

According to Table 40**,** respondents also demonstrated a high level of knowledge on preventive measures**,** with 85.6% correct responses and a mean score of 8.56 out of 10**.** High awareness was noted regarding contraceptive use, condoms, emergency contraception, adolescent-friendly reproductive health services, and comprehensive sexuality education (CSE). These findings support evidence that access to accurate reproductive health information and services significantly contributes to the prevention of teenage pregnancy (UNFPA, 2021; UNESCO, 2018).

Nevertheless, relatively lower correct responses were observed in areas related to communication practices (82%) and media awareness campaigns (78%)**,** suggesting that while adolescents may understand preventive methods, challenges remain in effective communication and media literacy. Similar findings have been reported in previous studies, indicating that social stigma, limited parent–child communication, and mixed media messages often reduce the practical application of preventive knowledge (Blum *et al.,* 2017; Rahman *et al.,* 2019).

In conclusion on Overall discussion, the findings indicate that undergraduate students at Daffodil College Uttara, Dhaka, have strong awareness of the consequences and prevention of teenage pregnancy, though understanding of social and structural causes is moderate. While favorable socio-demographic factors such as education and socio-economic status support awareness, gaps in formal sex education, reliance on informal information sources, and cultural barriers remain challenges. Strengthening comprehensive sexuality education, parental engagement, youth-friendly health services, and community-based programs is essential to enhance knowledge, promote preventive practices, and reduce teenage pregnancy

Limitations of the Study

- The study was conducted in one college in Dhaka, so findings may not represent all students in Bangladesh.
- The small sample size (N = 50) limits statistical strength and subgroup comparisons.
- The cross-sectional design cannot determine cause–effect relationships.
- Self-administered questionnaires may include biased or socially desirable responses.
- Attitudes, beliefs, and actual behaviors were not assessed, limiting insight into real-life practices.

CONCLUSION

This study explored the demographics and knowledge of teenage pregnancy among undergraduate students in Dhaka. Most respondents, mainly females aged 20–22, showed good to very high awareness of its concept, consequences, and prevention, particularly regarding health, social, and economic risks, and key preventive measures such as contraceptives and youth-friendly services. However, gaps existed in understanding social and structural factors like family influence, peer pressure, media misinformation, and service access. Despite favorable socio-economic and educational backgrounds, limited formal sex education and cultural barriers remain challenges. Overall, while awareness is encouraging, stronger educational and structural support is needed to translate knowledge into preventive action.

Recommendations

- Future studies should include more colleges, including rural and semi-urban areas, with larger samples.
- Mixed-method research should be used to better understand cause effect relationships.

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- Using interviews or anonymous surveys with questionnaires can improve honest responses.
- Future research should assess attitudes, beliefs, and behaviors, not only knowledge.
- Colleges should provide clear, age-appropriate, and culturally sensitive sexuality education.
- Youth-friendly reproductive health services should be accessible, confidential, and affordable.
- Programs should support parent child communication, involve boys, prevent early marriage, and share accurate information through media

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