

An Analysis of the Correlation between Life Skills and Self- Efficacy with the Risk of Teenage Pregnancy

by Deswinda Deswinda

Submission date: 15-Nov-2020 03:20PM (UTC+0700)

Submission ID: 1446386969

File name: 5316-Article_Text-9783-1-10-20200630_1.pdf (447.75K)

Word count: 3000

Character count: 15704

An Analysis of the Correlation between Life Skills and Self-Efficacy with the Risk of Teenage Pregnancy

Deswinda^{1,2}, Rizanda Machmud³, Yusrawati³, Ahmad Syafruddin Indrapriyatna⁴

¹Postgraduate Student of Public Health Faculty of Medicine Andalas University, Padang Indonesia, ²Institute of Health Science Payung Negeri Pekanbaru, Indonesia, ^{3,4}Faculty of Medicine Andalas University, Padang Indonesia, ⁴Faculty of Engineering and Informatics Andalas University, Padang Indonesia

Abstract

Background: Approximately 21 million women aged from 15 to 19 years old in developing countries are pregnant every year. At the same time, around 16 million of women aged between 15 to 19 years old give birth annually. The Age-specific Fertility Rate (ASFR) in Indonesia for 15-19 years old group is 36 per 1000 women. 13.1 % of teenage girls aged from 15 to 19 give the first birth and 36.7% have already given birth before. The reasons behind this teenage pregnancy and marriage in Indonesia are the lack of life skills and low self-efficacy. Teenagers with lack of life skills are more likely to be influenced by their peers, in this case, to have sex before marriage. Teenage pregnancy often leads to a high rate of maternal and infant mortality, and high-risk infants.

Purpose: This research was aimed at analyzing the correlation between life skills and self-efficacy with the risk of teenage pregnancy.

Method: This study was a quantitative correlational research with cross-sectional study approach. It involved 126 third-grade students of a senior high school in Pekanbaru, Indonesia who were selected using stratified random sampling. Data were collected using life skills, self-efficacy, and pregnancy prevention questionnaires. Collected data were analyzed using Chi Square

Results: The results showed that 71 students (56.3%) had poor life skills and 80 students (63.5%) had low self-efficacy. 66 students (52.45%) are at risk of pregnancy. Correlational analysis between life skills and the risk of teenage pregnancy showed p value: $0.002 < \alpha: 0.05$ and OR: 3.433. It meant that teenagers with poor life skills had three times greater risk of pregnancy compared to the ones with good life skills meanwhile correlational analysis between self-efficacy and the risk of teenage pregnancy resulted in p value: $0.000 < \alpha: 0.05$ and OR: 6.000. It showed teenagers with low self-efficacy had a six times greater risk of pregnancy compared to the ones with high self-efficacy.

Conclusions: There is a significant correlation between life skills, self-efficacy and the risk of teenage pregnancy. Future researchers are expected to conduct a further research project using quasi-experimental design by including intervention of more innovative health promotion with more interesting media considered to be more attractive to teenagers.

Keywords: Teenage pregnancy, life skills, self-efficacy.

Introduction

Every year approximately 21 million women aged from 15 to 19 (2 million of those aged are below 15) in developing areas across the globe are pregnant. At the same time, around 16 million of women aged between 15 to 19 (2.5 million of those aged are under 16) give birth annually^{1,2}. The Age-specific Fertility Rate

Corresponding Author:

Deswinda

Postgraduate Student of Public Health Faculty of Medicine Andalas University, Padang Indonesia
e-mail: deswinda@payungnegeri.ac.id

(ASFR) in Indonesia for 15-19 years old group is 36 per 1000 women. 13.1 % of teenage girls aged from 15 to 19 give the first birth and 36.7% have already given birth before³.

The Age-specific Fertility Rate (ASFR) in Indonesia for 15-19 years old group is 36 per 1000 women. 13.1 % of teenage girls aged from 15 to 19 give the first birth and 36.7% have already given birth before⁴.

In Riau, 8.7% of the similar age group are pregnant while 22.1% of them have already given birth before⁵. Even though the rate seems to be small, but it is actually higher compared to Indonesian Survey Demography and Health 2007 in which 1.9% of teenage girls give the first birth and 6.6% have already given birth before⁶. This is mainly caused by the rising number of sexually active teenagers.

The percentage of pre-marital sexual intercourse among teenagers aged between 15 to 19 years have increased from 4.5% to 3.7%. The lack of innovative teenage sexual counseling is shown by a low percentage of 45% of unmarried female teens aged from 15 to 19 years being acquainted with where to get teenage counseling service. Discussion partners that female teens like most are their friends of the same age (60%), mothers (44%), and teachers (43%)^{6,4}

Life skills and self-efficacy of Indonesian teenagers are still considered low. Teenagers with lack of life skills are more likely to be influenced by their peers, in this case, to have sex before marriage⁷. It is indicated by teenagers' most common reasons to have sexual intercourse: being curious (57.5% of male teens), letting it happen (38% of female), and being forced by a partner (12.6% of female)⁸. Teenage pregnancy often leads to a high rate of maternal and infant mortality, and high-risk infants.

The strategies to decrease the rate could be performed by giving education, promoting positive attitude and self-development, and providing health services⁹. These strategies have been proven to successfully help to bring down the rate to be 82% of the teenage pregnancy across the USA and in some of the states¹⁰.

All the data revealed above lead to a question: is there correlation between life skills and self-efficacy with teenage pregnancy?

Material and Method

This was correlational research with cross-sectional approach. It involved 126 third-grade students of a public senior high school in Pekanbaru. Samples were taken by using stratified random sampling. The illustrative questionnaire was being used for interviewing the students. The data was taken for 3 day, 2 July, until 4 July, 2018. The correlation between variables was tested using chi square. This study has been approved by the committee of research ethics, Faculty of Medicine, Andalas University (approval number 480/KEP/FK/2018).

Results

Univariate Analysis

Table 1: Distribution of respondents characteristic based on Age

| Age | Frequency | Percentage |
|--------------|------------|------------|
| 16 year | 76 | 60.3 |
| 17 year | 50 | 39.7 |
| Total | 126 | 100 |

Table 2: Distribution life skills, self-efficacy and risk of pregnancy

| Variable | Kategorik | Frequency | Percentase |
|-------------------|-------------|------------|------------|
| Life skills | Good | 55 | 43.7 |
| | Poor | 71 | 56.3 |
| Total | | 126 | 100 |
| Self-efficacy | High | 46 | 36.5 |
| | Low | 80 | 63.5 |
| Total | | 126 | 100 |
| Risk of Pregnancy | At risk | 60 | 47.6 |
| | Not at risk | 66 | 52.4 |
| Total | | 126 | 100 |

Table 1 showsthat 76 teenagers are 16 years old (60.3 %).71 teenagers have poor life skills (56.3%) (see table 2). Regarding self-efficacy, table 2 shows that 80 teenagers have low self efficacy (63.5%) and 66 teenagers are at risk of pregnancy (52.4%) as shown in table 2.

Bivariate Analysis:**Table 3: Correlation analysis life skills and self-efficacy with the risk of teenage**

| Variable | Risk of Pregnancy | | | | Total | % | p-value | OR (CI 95 %) |
|---------------|-------------------|------|---------|------|-------|-----|---------|-----------------|
| | Not at Risk | | At Risk | | | | | |
| | n | % | N | % | | | | |
| Life skills | | | | | | | | |
| Good | 17 | 30.9 | 38 | 69.1 | 55 | 100 | 0.002 | 3.433 |
| Poor | 43 | 60.6 | 28 | 39.4 | 71 | 100 | | (1.631-7.224) |
| Total | 60 | 47.6 | 66 | 52.4 | 126 | 100 | | |
| Self-Efficacy | | | | | | | | |
| High | 10 | 21.7 | 36 | 78.3 | 46 | 100 | 0.000 | 6.000 |
| Low | 50 | 62.5 | 30 | 37.5 | 80 | 100 | | (2.606-13.817) |
| Total | 60 | 47.6 | 66 | 52.4 | 126 | 100 | | |

Table 3 shows that there is a correlation between life skills with the risk of teenage pregnancy in Pekanbaru. It is indicated by the result where $p\text{-value: } 0.002 < \alpha (0.05)$ and OR: 3.433, meaning that teenagers with poor life skills have threetimes greater risk of pregnancy compared to the ones with good life skills.

There is a correlation between self-efficacy with risk of teenage pregnancy. It is indicated by the result where $p\text{-value: } 0.000 < \alpha (0.05)$ and OR (6.000), meaning that teenagers with low self efficacy have sixtimes greater risk of pregnancy compared to the ones with high self efficacy (see table 3).

Discussion

The study revealed that 76 out of 126 samples are 16 years old (60.3%). Teenagers are going through their life searching for self-identity. During this period, they are experiencing various physical changes and are often very curious about everything new to them, which affect their emotional state. They experience identifiable changes in their sexual organ, they begin to feel how beautiful it is to fall in love with somebody, and often they have a high sexual desire¹¹. Curiosity to get new experiences is a leading factor which drives teenagers to commit high-risk behaviors⁹. Teenagers aged 16 to 18 years, categorized as mid-teen, start to develop new behavior and way of thinking while searching for self-identity. They learn to make their own decision, and they start to have sexual imagination. Furthermore, the acceptance from and being interested in opposite-sex individuals become a very important thing to teenagers¹². Age may describe one's maturity in deciding on what and how to

act in life. The older the age, the more matured someone in making a choice¹³.

The researcher assumes that mid-teens are still unstable and easily influenced. This assumption comes from the facts that teenagers are searching for identity, very curious and courageous to risk themselves since they think that they have the freedom to do anything they want to. 71 of the samples still have poor life skills (56.3%). Life skills are tools and instrument for every individual to adapt and behave positively, which allow him or her to effectively encounter any demand and challenge in life. A life skill is a knowledge which helps someone to implement their skill and knowledge to live a healthy life¹⁴. Teenagers are required to learn to be independent in positive ways of learning. However, if this demand is not completed, they may experience psychological problems in the future. These problems are also affected by teenagers' inability to make a decision. A problem that they must be ready to face in the future is the presence of various options for everything ranging from the simplest to the most complicated ones¹⁵. Based on the questionnaire result submitted from the samples, teenagers with good life skills are the ones who have the capability to think positively. They spend their free time with meaningful activities and reject negative influence from their environments. In contrast, teenagers with poor life skills are indicated by lack of self-confidence, lack of ability to make a decision, and tend to easily accept negative influence. That is the reason why teenagers with poor life skills have the probability to perform such negative behavior which could harm themselves and other individuals.

Most of the samples of this study have low self-efficacy: 80 persons (63.5%). Self-efficacy is someone's belief in his or her ability to empower motivation, cognitive resources, and a series of action considered necessary to cope with any situation he or she is experiencing¹⁶.

Self-efficacy is developed from gradual skill growth along with continuous experiences. Self abilities that someone has gained draw self steadiness and confidence which he or she can utilize to achieve goals with maximum efforts¹⁷.

The questionnaire result shows that teenagers with high self-efficacy have higher confidence and better behavior compared to teenagers with low self-efficacy.

The study also revealed that 66 samples (52.4%) are at risk of pregnancy. Free sex has become one of which causes the risk of pregnancy. Free sex comes from a teenager's lack of family attention, curiosity, desire to do what most people do, poor life skills, and low self-efficacy¹⁸.

Mass media also have an important role in shaping the risk of teenage pregnancy. Every media company knows what they should do to attract their audience's attention including teenagers. The trending media for teenagers to follow most today are the electronics media¹⁹. The researcher assumes that teenagers lacking family attention but having high curiosity without self-control ability are more likely to fall into free sex trap, which may attract the risk of pregnancy.

The result of this study indicates that there is a correlation between life skills with the risk of pregnancy on teenagers. (p-value: $0.002 < \alpha: 0.05$) and OR value: 3.433 means that teenagers with poor life skills have a three times greater risk of pregnancy than the ones with good life skills.

Nowadays teenagers tend to respond permissively toward free sex. This is caused by the rapidly increasing number of teenagers who build a special relationship, which then widely opens the chance of premarital sex. It becomes worst when there are more people who tend to think that free sex is a small problem while it is actually a serious problem that everyone must avoid²⁰.

According to²¹ premarital sex among teenagers is provoked by myths which exist and are believed by some teenagers. Some young couples, for instance,

believe that sexual intercourse is a proof of true love, while some others consider one-time sexual intercourse will not cause pregnancy.

This study reveals that there is a correlation between self-efficacy with the risk of pregnancy among teenagers in Pekanbaru. This is based on the result where p-value: $0.000 < \alpha$ so that H_0 is rejected. OR value: 6.000 means that teenagers with low self-efficacy have a six times greater risk of pregnancy compared to the ones with high self-efficacy.

A high self-confidence drives teenagers to gain self-efficacy so that they have the courage to take responsibility for every decision they have made. They have a better understanding on the risk or the consequence of whichever action they take. This understanding can prevent themselves from risky behaviors including the risk of teenage pregnancy³.

Conclusion and Suggestion

There is a significant correlation between the variables (life skills and self-efficacy) with the risk of teenage pregnancy. Future researchers are expected to conduct a further research project using quasi experimental design by including a more innovative health promotion with more interesting media considered to be more attractive to teenagers.

Conflict of Interest Statement: There is no conflict of interest in this research

Source of Funding: Financial support was provided by the Payung Negeri Foundation

Ethical Clearance: Health Research Ethics Committee, Faculty of Medicine Andalas University of Padang Indonesia

References

1. Loaiza E, Mengjia Liang. Adolescent Pregnancy: A Review of the Evidence. United Nations Popul Fund. 2013;(2013):1–58.
2. WHO. Adolescent Pregnancy. WHO Publ. 2018;31(2):191–203.
3. Fuller TR, White CP, Chu J, Dean D, Clemmons N, Chaparro C, et al. Social Determinants and Teen Pregnancy Prevention: Exploring the Role of Nontraditional Partnerships. Health Promot Pract. 2018;19(1):23–30.

4. IDHS. Statistics Indonesia National Population and Family Planning Board. In Jakarta: ndonesian Bureau of Population & Family Planning, Ministry of Health. Kemenkes RI. 2013;1–387.
5. Supriyadi, Tugiman, & Palil J. Indonesian Survey Demography and Health Riau Province. Jakarta: Indonesian Bureau of Population & Family Planning, Ministry of Health. Depkes, Riau. 2013;
6. Wahyudhi N. Policy Brief: Pregnancy Determinant Among Teenager in Indonesia (Analysis SDKI 2012). <https://docplayer.info/40596375-Policy-brief-determinan-kehamilan-remaja-di-indonesia-analisis-sdki-2012-oleh-nanda-wahyudhi.htm>. 2013;
7. IDHS. Indonesia Demographic and Health Survey 2017: Adolescent Reproductive Health. National Population and Family Planning Board Jakarta, Indonesia. Kemenkes RI. 2017;
8. BPS, BKKBN, Kemenkes. Survei Demografi dan Kesehatan Indonesia 2012 Kesehatan Reproduksi Remaja. Sdki. 2013;16.
9. Decker M, Berglas N, Brindis C. A Call to Action: Developing and Strengthening New Strategies to Promote Adolescent Sexual Health. Societies [Internet]. 2015;5(4):686–712. Available from: <http://www.mdpi.com/2075-4698/5/4/686/>
10. Koh H. The teen pregnancy prevention program: An evidence-based public health program model. J Adolesc Heal [Internet]. 2014;54(3 SUPPL.):S1–2. Available from: <http://dx.doi.org/10.1016/j.jadohealth.2013.12.031>
11. Bam K, Girase B. Scenario of Adolescent Sexual and Reproductive Health with Opportunities for Information Communication and Technology Use in Selected South Asian Countries. Heal Sci Journal,. 2015;9(42):1–7.
12. Santrock JW. Adolescent. Jakarta; Erlangga. 2007;
13. Steiner RJ et al. “Do Health Promotion Messages Integrate Unintended Pregnancy and STI Prevention? A Content Analysis of Online Information for Adolescents and Young Adults.” Elsevier Inc, p #pagerange#. 2018;
14. Singla DR et al. Implementation and effectiveness of adolescent life skills programs on in low- and middle-income countries: A critical review and meta-analysis. Behavior Res Ter Elsevier Ltd. 2019;
15. Guimarães AM et al. Is adolescent pregnancy a risk factor for low birth weight? Pubmed J. 2013;47(1):11–4.
16. Amo-adjei J, Darteh EKM. “Sexual & Reproductive Healthcare Unmet / met need for contraception and self-reported abortion in Ghana.” Sex Reprod Heal Elsevier BV. 2017;13:118–24.
17. Morris JL, Rushwan H. Adolescent sexual and reproductive health: The global challenges. Int J Gynecol Obstet [Internet]. 2015;131:S40–52. Available from: <http://dx.doi.org/10.1016/j.ijgo.2015.02.006>
18. Downs JS et al. Original Study Video Intervention to Increase Perceived Self-Ef fi cacy for Condom Use in a Randomized Controlled Trial of Female Adolescents’. 2017;
19. Mangone ER, Lebrun V, Muessig KE. Mobile Phone Apps for the Prevention of Unintended Pregnancy: A Systematic Review and Content Analysis. JMIR mHealth uHealth [Internet]. 2016;4(1):e6. Available from: <http://mhealth.jmir.org/2016/1/e6/>
20. Devine, S. et al. Enhancing a Teen Pregnancy Prevention Program With Text Messaging: Engaging Minority Youth to Develop TOP Ò Plus Text. J Adolesc Heal. 2014;54(3):78–83.
21. Mattebo M et al. “Sexual & Reproductive Healthcare Perspectives on adolescent girls ” health-seeking behaviour in relation to sexual and reproductive health in Nepal’. Sex Reprod Heal Elsevier. 2019;7–12.

An Analysis of the Correlation between Life Skills and Self-Efficacy with the Risk of Teenage Pregnancy

ORIGINALITY REPORT

11 %
SIMILARITY INDEX

4 %
INTERNET SOURCES

7 %
PUBLICATIONS

6 %
STUDENT PAPERS

MATCH ALL SOURCES (ONLY SELECTED SOURCE PRINTED)

5%

★ Submitted to Adtalem Global Education

Student Paper

Exclude quotes On

Exclude bibliography On

Exclude matches Off

An Analysis of the Correlation between Life Skills and Self-Efficacy with the Risk of Teenage Pregnancy

GRADEMARK REPORT

FINAL GRADE

/0

GENERAL COMMENTS

Instructor

PAGE 1

PAGE 2

PAGE 3

PAGE 4

PAGE 5