



# **“A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME REGARDING A MENSTRUATION HYGIENE AMONG THE EARLY ADOLESCENT GIRLS (12 TO 15 YEARS) IN SELECTED GOVERNMENT SCHOOLS.**

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**"Yesterday's girls is today's adolescent and tomorrow's mother."**

## **INTRODUCTION:**

Globally about 52% of the female population is of reproductive age, meaning menstruation is a part of their normal life and menstrual hygiene therefore an essential part of basic hygienic practices. In most developing countries including India, cultural taboos relate to sexuality and reproductive health which demonstrates poor knowledge and information about reproductive functions and reproductive problems amongst adolescents.

Adolescence is the period between 10-19 years of life . Onset of menstruation is one of the most important changes occurring adolescence. The menstrual period is a physiological process that occurs throughout the reproductive years of every woman . This process is associated with various mental as well as physical morbidities like premenstrual syndrome. Menstruation can also predispose women to life threatening RTI (Reproductive tract infection) if hygiene is not maintained throughout menstruation. Issue of menstrual hygiene begins with adolescent age. The practices knowledge and attitude which develop at this age are usually followed by them throughout their life and also passed on to their next generation. Therefore any faulty beliefs or practices pertaining to menstruation will affect health of large number of women in reproductive age group. In Indian culture, talking

about reproductive function of body is considered taboo. Young females have poor knowledge and lack of awareness about physical and physiological changes associated with the onset and presence of adolescence. Most girls are unaware about proper menstrual hygiene practices at the age of menarche

## NEED FOR THE STUDY

Menarche is the time of change for every adolescent girls due to lack of knowledge regarding menarche, the adolescent girls through the physiological & emotional stresses & malpractices. In Indian society most of the girls do not get adequate knowledge about their own body's physiological changes & about menstruation. Providing accurate knowledge to the pre- adolescent girls will be helpful for them at time of menarche. The world adolescent is rising faster than that of their age groups. Between 1960 & 1980, while the world population increased by 46% the population of adolescent increased by 66% today 84% of the world's adolescent live in the developing world, in our country there is an estimation of 200 million adolescents, comprising one-fifth of the total population. Adolescent's knowledge regarding sexual & reproductive health is limited. Most of the adolescent girls do not have adequate knowledge about puberty & menstruation knowledge in a developing country like India, where very little attention is being paid to the reproductive health of adolescent girls. Majority of the school going adolescent girls are not aware of the fundamental facts about menstruation & puberty

## OBJECTIVE:

1. To assess the pre test and post test level of Knowledge regarding menstruation hygiene among the early adolescent (12 to 15 years).
2. To evaluate the effectiveness of Planned teaching program on knowledge regarding menstruation hygiene among the early adolescent (12 to 15 years)..
3. To find out the association between the pretest level of knowledge menstruation hygiene among the early adolescent (12 to 15 years) with their selected demographic variables.

## CONCEPTUAL FRAMEWORK

A conceptual framework is the theoretical approach to the study of problems that are scientifically based and emphasize the selection arrangement and classification of its concept. A theoretical rational provides a road map or context for examining problems and developing and testing. It gives meaning to the problem and study findings by summarizing exiting knowledge in the field of inquiry and identify linkages among concepts. Systems model have input (Information going into the system), throughputs (processes and interactions) and outputs (information going out of the system).

**INPUT:**

Input means information concerning the needs, goals, problems, and desires of the client/target system. In this study input refers to the menstrual hygiene with their characteristics and learning abilities as well as their level of understanding about menstrual hygiene in selected government schools of gandhinagar district and their knowledge will be assessed by the pre-test based on the structure questionnaire in menstrual hygiene.

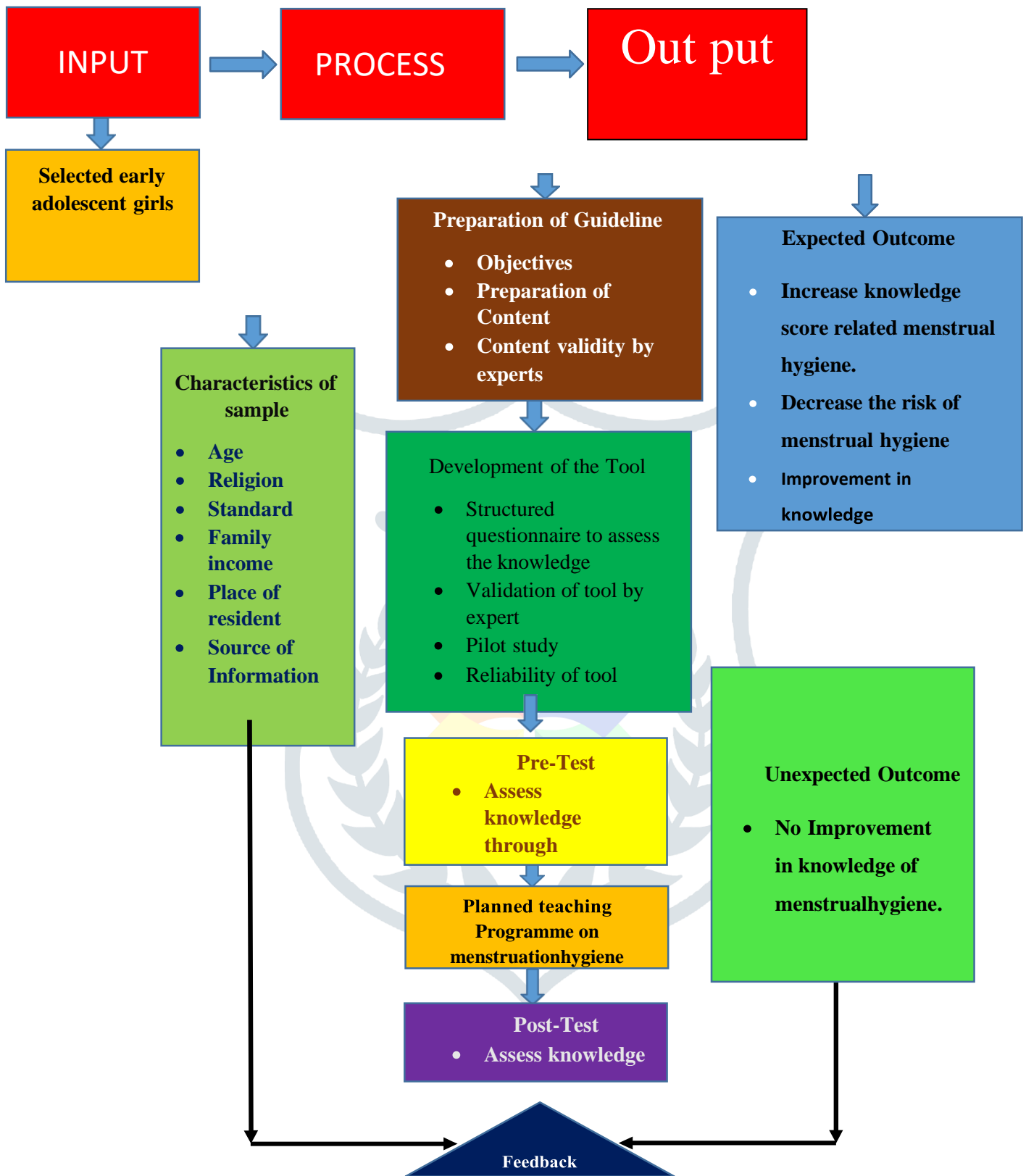
**THROUGHTPUT:**

A planned teaching was administered to the menstrual hygiene after conducting the pre- test. Throughput consists of theories, processes, concepts, constructs from science and thearts, related to humanity. These are synthesize into useful contain to inform nursing measure, thought, action, affect, decision-making, and tools.

**OUTPUT:**

In this study the output refers to the gain in knowledge, scores in post-test regardingmenstrual hygiene among the early adolescent girls in selected government schools ofgandhinagar district. Mean result from the synthesis of the throughput process stage which benefit the client system and effect the change towards achievement, **FEEDBACK:**

It is the process by which information is received from each level of the system. It emphasis need to strengthen the input and process so that it lead to the desirable output. If there was insufficient knowledge, the whole process has to be repeated to attain objectives if the output is that of efficient knowledge then also the whole cycle should be continued because it is a never ending process.



**METHODOLOGY:**

In this study quantitative approach and one group pretest posttest research design used, variable under study were planned teaching programme as a independent variable and knowledge of the early adolescent as dependent variable. Research setting was the selected government school in Gandhinagar district among which total 100 sample selected with the non probability convenient sample technique. the tool use to data collection was structured knowledge questionnaires.

**ANALYSIS AND INTERPRETATION:**

The result shows that prior to the administration of planned teaching program, (52%) of the sample had poor knowledge (score: 0-10) regarding menstruation hygiene. While average (score: 11-20) was observed in 48% of the sample and 00% have good knowledge (score 21-30). In the post-test there was marked improvement in the knowledge of the sample with majority (61%) gained good knowledge And (39%) gained average knowledge.

**Frequency and percentage distribution of knowledge of early adolescents**

Level of knowledge	Pre-test		Post-test	
	F	%	F	%
Poor	52	52%	00	00%
Average	48	48%	39	39%
Good	00	00%	61	61%

The result reveals that mean score on pre-test knowledge is  $10.95 \pm 2.44$  and mean percentage is 36.5%, median is 10.00 and mode is 21.00. Whereas in post-test mean score is  $20.51 \pm 3.96$  and mean percentage is 68.36%, median is 21.00 and mode is

21.00 which reveals the difference in mean percentage is 31.86%. The 't' value is 19.52 which is greater than the table value 2.02. Hence the research hypothesis H1 is accepted at  $p \leq 0.05$  level. Thus, it becomes evident that Planned teaching program is effective in improving the knowledge regarding menstruation hygiene among early adolescent.

### Association between selected demographic variables and the knowledgescore of early adolescents regarding menstruation hygiene.

Sr. No	Variable	Category	Frequency	Level of knowledge			d.f.	Tb value	Chi square test $\chi^2$	Significant
				Poor	Average	Good				
1	Age	12 year	13	5	80	3	7.81	4.23	NS	
		13year	30	16	140					
		14 year	50	25	250					
		15 year	07	06	010					
2	Religion	Hindu	81	42	390	2	7.81	3.31	NS	
		Muslim	13	5	80					
		Christian	06	5	10					
		Other	00	0	00					
3	Education	6 <sup>th</sup> std	8	42	390	2	5.99	3.31	NS	
		7 <sup>th</sup> std	19	5	80					
		8 <sup>th</sup> std	66	5	10					
		9 <sup>th</sup> std	07	0	00					
4	Family Income (Annually)	1000-10,000	4	2	20	3	7.81	9.42	S	
		11000-20000	35	14	210					
		21000-30000	53	28	250					
		31000 or Above	08	8	00					
5	Residence	Urban area	30	14	160	1	3.84	0.48	NS	
		Rural Area	70	38	320					
6	Source of information	Television	63	31	320	3	7.81	2.07	NS	
		Books	11	7	40					
		Mother and Sibling	16	10	60					
		Newspaper & Journals	10	4	60					

Key (S.F. =SIGNIFICANT, NS= NOT SIGNIFICANT, D.F.= Degree of freedom )

## IMPLICATION OF THE STUDY

### NURSING EDUCATION:

Health is in individual responsibility, Primary health care emphasis the development of self-care abilities. The present study, making early adolescent girls aware of and help them to gain knowledge regarding menstrual hygiene. Today demands of consumer's quality assurance care. Every profession has to satisfy this demand and nursing is no exception to it. Only through standard education can there be a standard practice. The results of the study can be used by nursing teacher, nurse, nursing students as an informative illustration. Nursing students and working nurse should be thought about the recent advancement related to menstrual hygiene in early adolescent girls. Within the scope of the curriculum, the learning experience should provide opportunities to the students, to plan and prepare planned teaching material on menstrual hygiene.

### NURSING RESEARCH:

There is need to conduct further research in India in the field of menstrual hygiene in early adolescent girls. This is needed to bring out the facts which emphasis the need and the extent of ignorance about complications of menstruation hygiene.

