



“A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME (STP) ON KNOWLEDGE REGARDING IMPACT OF FAST FOOD ON MENSTRUAL HEALTH AMONG ADOLESCENT GIRLS IN SELECTED SCHOOLS AT PATAN DISTRICT.”

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ABSTRACT

Background

Adolescence is the period of transition between childhood and adulthood. It includes some big changes—to the body, and to the way a young person relates to the world. The many physical, sexual, cognitive, social, and emotional changes that happen during this time can bring anticipation and anxiety for both children and their families. According to a study it was observed that junk food consumption is correlated with dysmenorrhea however no association was found between junk food consumption with premenstrual symptoms. Furthermore, in a study it was proved that lifestyle patterns such as reducing physical activities and consuming junk food directly disturbing the menstrual cycle of girls. Hence, it is essential to endorse the health education programs which should include regular physical activity, promoting adequate dietary intake and mindfulness on menstrual hygiene in Schools level for cultivating the menstrual health.

Aims

This study aims to evaluate the effect of structured teaching programme (STP) on knowledge regarding impact of fast food on menstrual health among adolescent girls in selected Schools at Patan district.

Objective of the study

- To Assess the knowledge regarding impact of fast food on menstrual health among adolescent girls in selected Schools at Patan district.
- To evaluate the effectiveness of structured teaching programme on knowledge regarding impact of fast food on menstrual health among adolescent girls in selected Schools at Patan district.
- To find out the association between knowledge regarding menstrual health among adolescent girls with their selected socio demographic variables.

Method

A Quantitative research approach with pre-experimental research design was used with one group pretest-post test design. The investigator used non-probability convenient sampling technique for selecting 60 samples. A structured knowledge questionnaire to assess the knowledge of the samples. The reliability of the structured knowledge questionnaire was determined by 'test-retest method' and using 'Karl parson's correlation coefficient formula'. Descriptive and inferential statistics was used to analyse the data.

Result

Pretest score regarding 83.3% adolescent girls had poor knowledge and 16.7% girls had average knowledge regarding impact of fast food on menstrual health. Post test score regarding 66.7% girls had average knowledge & 33.3% girls had good knowledge regarding impact of fast food on menstrual health. Pre test mean score was 9.55 and post test mean score was 18.50. pre test & post test mean difference was 8.95.

mean score on pre-test knowledge is 9.55 ± 2.42 and mean percentage is 38.2%, median is 9.00 and mode is 18.00. Whereas in post-test mean score is 18.50 ± 2.43 and mean percentage is 70%, median is 18.00 and mode is 20.00 which reveals the difference in mean percentage is 31.80%. pretest mean score on Knowledge is 9.55 ± 18.50 and post test mean score is 18.50 ± 2.43 respectively. The 't' value is 19.20 which is greater than the table value 1.671. Hence the research hypothesis H1 is accepted at $p \leq 0.05$ level. Thus, it becomes evident that Structured teaching programme (STP) is effective in improving the knowledge regarding impact of fast food on menstrual health among adolescent girls.

there is a significance association between the knowledge and demographic variables such as type of family and food pattern and there is a no significance association between the knowledge and other demographic variables the calculated chi-square values were less than the table value at the 0.05 level of significance.

Conclusion

The analysis and interpretation of data collected from 60 samples, before and after administration of structured teaching programme in terms of knowledge regarding impact of fast food on menstrual health among adolescent girls in selected Schools at Patan district. The mean post-test knowledge score was higher than the mean pre-test knowledge score. Hence, it was proved that the structure teaching programme was effective in increasing knowledge regarding impact of fast food on menstrual health among adolescent girls in selected Schools at Patan district.

Key Words

Assess, Effectiveness, Structured teaching programme, Knowledge, Fast food, Menstrual health, adolescent girls

INTRODUCTION

Adolescence is the transitional phase of physical and mental development between childhood and adulthood and is characterized by immense hormonal changes. The most significant change a female adolescence faces is the onset of menstruation which is known as menarche. The average age of menarche is 11 to 16 years. Menarche signals the start of women's reproductive life and is determining by environmental and genetic factors. Menstrual health is one of the important issue of women's health and hence affects the menstrual characteristics. The busy and modern life style of today is influencing our food habit. In one hand, the consumption of fast food, caffeine, alcohol and other beverage is increasing. On the other hand, the prevalence of menstrual problems and reproductive problems are also increasing. The reproductive function depends on the hormonal balance which in turn depends upon the type of food and food habit.

Almost every woman suffers one or any of the menstrual problems including missing a period, change in the length of the cycle, changes in the flow, colour, or consistency of menstrual blood, and extreme pain or other menstrual symptoms like lower abdominal pain, nausea, vomiting, mood swing, irritability, fatigue, bloating, acne, breast tenderness, etc. which is triggered by diet as well as dietary behaviours. Seventy-five percentage of girls experience problems associated with menstruation. Dysmenorrhea and menstrual abnormalities are the

frequent problem of adolescent girls. Many researchers have claimed that girls those who take fast food regularly are found to developed menarche in early ages.

Premenstrual symptom is significantly high in girls who consume excessive junk food. Menarche is also influenced by fast-food intake. There is a negative association between the frequency of fast- food intake and age at menarche. This observation suggests that alterations in age at menarche from 15 to 16 years in the past to less than 13 years currently.

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Pretest score regarding 83.3% adolescent girls had poor knowledge and 16.7% girls had average knowledge regarding impact of fast food on menstrual health. Post test score regarding 66.7% girls had average knowledge & 33.3% girls had good knowledge regarding impact of fast food on menstrual health. Pre test mean score was 9.55 and post test mean score was 18.50. pre test & post test mean difference was 8.95.

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there is a significance association between the knowledge and demographic variables such as type of family and food pattern and there is a no significance association between the knowledge and other demographic variables the calculated chi-square values were less than the table value at the 0.05 level of significance.

Table 1 Association between selected demographic variables and the knowledge score of adolescent girls regarding impact of fast food on menstrual health.

Sr. No	Variable	Category	Frequency	Level of knowledge			d.f.	Tb value	Chi square test χ^2	Significant
				Poor	Average	Good				
1.	Age in year	11-13 Year	22	18	4	0	2	5.99	0.13	NS
		14-16 Year	33	28	5	0				
		17-19 Year	05	04	1	0				
2.	Weight in Kg	Below 30	00	0	0	0	2	5.99	0.65	NS
		31-40	18	14	4	0				
		41-50	33	28	5	0				
		above 50	9	8	1	0				
3.	Type of family	Nuclear family	28	25	3	0	2	5.99	6.01	S
		Joint family	24	18	6	0				
		Extended family	8	7	1	0				
4.	Class of studying	8 th	00	00	0	0	2	5.99	0.16	NS
		9 th	15	13	2	0				
		10 th	6	5	1	0				
		11 th	39	32	7	0				
5.	Religion	Hindu	49	41	8	0	2	5.99	0.23	NS
		Christian	4	3	1	0				
		Muslim	7	6	1	0				
		Other	0	0	0	0				
6.	Food pattern	Vegetarian	53	44	9	0	1	3.84	4.03	S
		Non vegetarian	07	6	1	0				
		Mixed	00	0	0	0				
7	Family income per month	below 20000	12	9	3	0	3	7.81	3.55	NS
		20001-30000	27	21	6	0				

		30001-40000	13	12	1	0				
		above 40001	08	8	0	0				
8.	Occupation of father	Government job	7	6	1	0	3	7.81	0.31	NS
		Privet job	32	27	5	0				
		Business	7	6	1	0				
		Other	14	11	3	0				
9	Previous knowledge	Yes	7	7	0	0	1	3.84	1.58	NS
		No	53	43	10	0				

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

Table 1 shows that the association between knowledge and socio demographic variable. Based on the Third objectives used to Chi-square test used to associate the level of knowledge and selected demographic variables. The Chi-square value shows that there is a significance association between the knowledge and demographic variables such as type of family and food pattern and there is a no significance association between the knowledge and other demographic variables the calculated chi-square values were less than the table value at the 0.05 level of significance.

Table-2 Frequency and percentage distribution of knowledge of adolescent girls

Level of knowledge	Pre-test		Post-test	
	F	%	F	%
Poor	50	83.3%	00	00%
Average	10	16.7%	40	66.7%
Good	00	00%	20	33.3%

Data in **Table 2** shows that prior to the administration of structured teaching programme (STP), (83.3%) of the sample had poor knowledge (score: 0-12) regarding impact of fast food on menstrual health. While average (score: 13-19) was observed in 16.7% of the sample and 00% have good knowledge (score 20-25). In the post-test there was marked improvement in the knowledge of the sample with majority (66.7%) gained average knowledge And (33.3%) gained good knowledge.

Figure: 1 Bar diagram showing percentage distribution of the sample according to the pre-test and post-test level of knowledge.

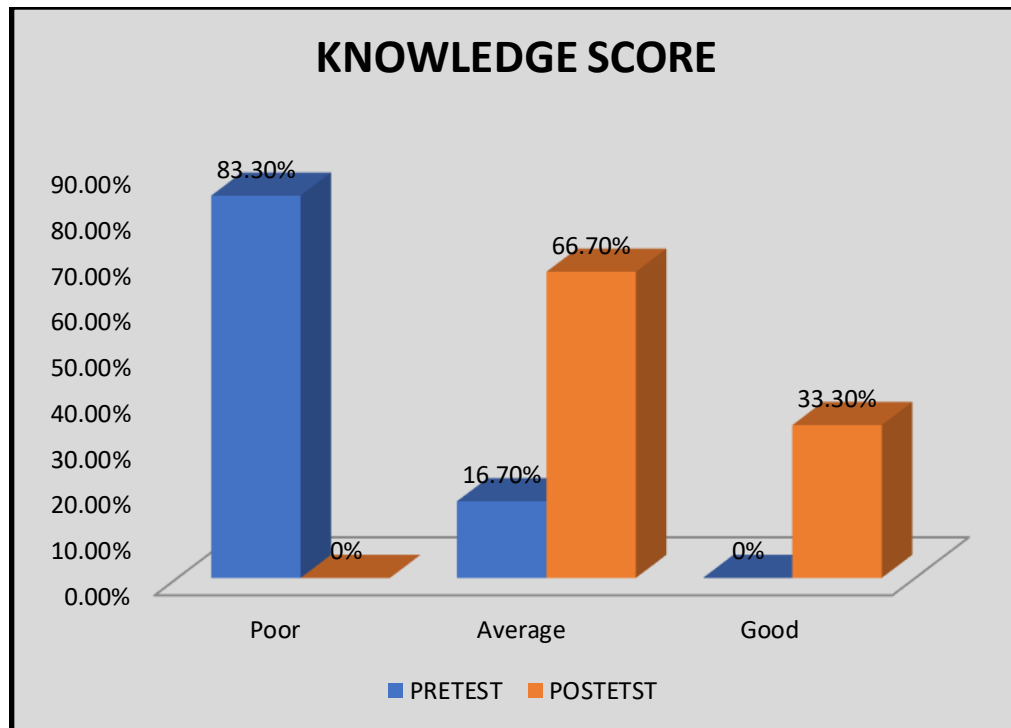


Table 3 Comparison between the pre-test and post-test knowledge score.

knowledge score	Range	Mean	Median	Mode	SD	Mean %	Mean percentage difference
Pretest	5-16	9.55	9	8	2.42	38.2%	31.80%
Posttest	14-25	18.50	18	20	2.43	70.00%	

The above table reveals that mean score on pre-test knowledge is 9.55 ± 2.42 and mean percentage is 38.2%, median is 9.00 and mode is 18.00. Whereas in post-test mean score is 18.50 ± 2.43 and mean percentage is 70%, median is 18.00 and mode is 20.00 which reveals the difference in mean percentage is 31.80%

Table 4 Effectiveness of Structured teaching programme (STP) me on knowledge regarding impact of fast food on menstrual health.

Table- : Mean, Standard deviation, mean difference and paired 't' value on knowledge regarding impact of fast food on menstrual health. Before and after structured teaching programme (STP).

Knowledge	Mean	SD	Df	Paired 't' value
Pretest	9.55	2.42	59	19.20
Post test	18.50	2.43		

*Significant at $p \leq 0.05$ level; Table value = 1.671

The above table reveals that the pretest mean score on Knowledge is 9.55 ± 2.42 and posttest mean score is 18.50 ± 2.43 respectively. The 't' value is 19.20 which is greater than the table value 1.671. Hence the research hypothesis H1 is accepted at $p \leq 0.05$ level. Thus, it becomes evident that Structured teaching programme (STP) is effective in improving the knowledge regarding impact of fast food on menstrual health among adolescent girls.

DISCUSSION:

Structured teaching programme (STP) was effective in improving the knowledge of impact of fast food on menstrual health. The above mentioned findings clearly indicate that there is a significance association between the knowledge and demographic variables such as type of family and food pattern of the adolescent girls. There is no significance is associated with age, weight in Kg, class of studying, Religion, Family income per month, occupation of father previous knowledge regarding the impact of fast food on menstrual health.

CONCLUSION:

The main conclusion from this present study is that most of the adolescent girls had poor knowledge regarding impact of fast food on menstrual health in pre test and had improved to get extent after intervention which was revealed in post test. This shows the imperative need to understand the utilities of structured teaching programme (STP) in improvement of knowledge regarding impact of fast food on menstrual health among adolescent girls.

ACKNOWLEDGEMENT

I would like to thank, Dr. Arun Kumar VN (principal), Mr. Hemant Patidar (class coordinator), staff of Gokul nursing college for them constant guidance, suggestions, immense knowledge and plenty experience have encouraged me in all the time of my academic research and daily life. They advised me such great research topic. They are supportive and encouraging right from the conception stage to its final report. Words are insufficient to offer thanks for them invaluable advice, continuous support, genuine concern and constructive suggestions. It is indeed a great and privileges to be supported and guided by them.

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