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Effectiveness of structured Teaching programme on knowledge and practices regarding menstrual hygiene among adolescent girls

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Abstract

Menstruation is normally exhibit cyclical changes in the ovaries and uterus. Each cycle involves about a month and involves both oogenesis and preparation of the uterus to receive a fertilized ovum. Hormones secreted by the hypothalamus, anterior pituitary, and ovaries control the main events: A quantitative approach with quasi- experimental design was used to assess the effectiveness of structured teaching programme on knowledge and practices regarding menstrual hygiene among adolescent girls of selected schools of Distt. Sirmour, Himachal Pradesh. The sample size was 80 selected by purposive sampling technique. Structured questionnaire to assess the knowledge and practices checklist to assess the practices was used for data collection. The results of the study showed that In control group pre-test mean knowledge score was (7.85) and post-test –test knowledge score was (7.95), pre-test practices score was (13.65) and post-test practices score was (13.75). The difference between pre-test and post-test mean knowledge and practices score were statistically non-significant. In experimental group pre-test mean knowledge score was 8.0 and post-test –test knowledge score was 16.15, pre-test practices score was 13.13 and post-test practices score was 17.90. The difference between pre-test and post-test mean knowledge and practices score were highly significant $p=0.001$. It was concluded that structured teaching program had impact on knowledge and practices regarding menstrual hygiene in adolescent girls. The study findings implied that implementation of structured teaching programme has essential role in improving knowledge and practices of the adolescent girls regarding menstrual hygiene.

Keywords: Menstrual hygiene, adolescent girls, structured teaching programme

Introduction

Adolescents 'are as individuals in the 10-19 years age group. There were about 350 million adolescents comprising about 22% population in the countries of the South- East Asia Region (SEAR). Adolescents were not a homogenous population. The phase from childhood to adulthood involves physical, sexual, psychological and social developmental changes, all taking place at the same time ^[1].

Globally, about 52% of the female population, out of which 26% population was of reproductive age. In lives of girls and women, there is that adolescence stage marked by the onset of menarche, and from this stage they bleed every month between two to seven days. Menstruation hygiene continues to be major problem in India ^[2].

Menstruation normally exhibit cyclical changes in the ovaries and uterus. Each cycle involves about a month and involves both oogenesis and preparation of the uterus to receive a fertilized ovum. Hormones secreted by the hypothalamus, anterior pituitary, and ovaries control the main events ^[3].

The period extending from the starting the beginning of a period to the beginning of the next one is called menstrual cycle. The first menstruation (menarche) appears between 11 and 15 years with a mean of 13 years. Once the menstruation starts, it continues cyclically at intervals of 21-35 days with a mean age of 28 days. The duration of menstruation is about 4-5 days and the amount of blood loss is estimated to be 20-80 ml with an average of 35 ml. Nearly 70% of total menstrual blood loss in the first 2 days. The menstrual discharge consists mainly of dark altered blood, mucus, vaginal epithelial cells. Fragments of endometrial, prostaglandins, enzymes and bacteria ^[4].

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It is the hallmark of female pubertal developmental. Menstruation is generally unclean in India. Social stigma with the taboos and traditional beliefs during menstruation and hesitation of parents not discussing the related issues openly to their adolescent daughters has blocked to access to get the right kind of information regarding menstrual hygiene [5].

Menstrual hygiene management has been defined as: ‘women and adolescent girls using a clean menstrual material to absorb or collect blood that can be changed in privacy as often as needed for the duration of menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials’ (UNICEF and WHO, 2014) [6].

In India, lack of awareness regarding menstrual hygiene is a major problem. Indian Council for Medical Research’s 2011-2012 report stated that only 38 percent menstruating girls in India tell to their mothers about menstruation. In 2015 a survey conducted by ministry of Education reported that 63% schools in villages, teachers have not discussed or teach menstruation and necessity of menstrual hygiene with girls [7].

Objectives

1. To assess the pre-test knowledge and practices scores

regarding menstrual hygiene among control and experimental group.

2. To develop and administer the structured teaching program on knowledge and practices of menstrual hygiene among experimental group.
3. To assess the effectiveness of structured teaching program on knowledge and practices of menstrual hygiene among experimental group in comparison with control group.

Materials and methods

A Quantitative research approach with Quasi-Experimental Research design was used to assess the knowledge and practices regarding Menstrual hygiene among adolescent girls. The study was conducted in schools. 80 Girls were purposively selected from the population. The sample of the study was adolescent girls (12-16) years. Knowledge questionnaire and practices checklist was used. Ethical committee and administrative permission was taken from the concerning authority. Informed consent was obtained from the study participants before commencement of the study.

Results

Table 1: Frequency and percentage distribution of demographic characteristics of adolescent girls N= 80

Socio demographic characteristics		Experimental group	Control group	Chi square value
		n=40 f (%)	n=40 f (%)	
Age (in years)	12 years	3(7.5)	01(2.5)	25.71 df=4 p= 0.001*
	13 years	20(50)	04(10)	
	14 years	12(30)	11(27.5)	
	15 years	5(12.5)	15(37.5)	
	16 years	0(0.0)	9(22.5)	
Class	8 th	14(35)	06(15)	41.13 df=2 p= 0.001*
	9 th	26(65)	07(17.5)	
	10 th	0(0.0)	27(67.5)	
Religion	Hindu	38(95)	39(97.5)	0.34 df=1 p= 0.056 ^{NS}
	Sikh	02(05)	01(2.5)	
	Muslim	00(0.0)	00(0.0)	
	Christian	00(0.0)	00(0.0)	
Type of Family	Nuclear	18(45)	28(70)	5.11 df=1 p=0.02*
	Joint	22(55)	12(30)	
	Extended	00(0.0)	00(0.0)	
Place of Residence	Rural	35(87.5)	37(92.5)	0.55 df=1 p=0.45 ^{NS}
	Urban	05(12.5)	03(7.5)	
Education of father	No formal education	05(12.5)	1(2.5)	14.12 df=5 p=0.01*
	Primary	11(27.5)	16(40)	
	Middle	06(15)	15(37.5)	
	Secondary	07(17.5)	06(15)	
	Senior Secondary	08(20)	02(5)	
	Graduation	03(7.5)	00(00)	
Education of mother	No formal education	15(37.5)	06(15)	19.69 df=1 p=0.01*
	Primary	08(20)	14(35)	
	Middle	06(15)	14(35)	
	Secondary	02 (5)	06(15)	
	Senior Secondary	09	00(0.0)	
	Graduation	(22.5)	00(0.0)	
	Above Graduation	00 (0.0)	00(0.0)	
Occupation of Father	Farmer	27(67.5)	27(67.5)	0.92 df=4 p=0.921 ^{NS}
	Shopkeeper	06 (15)	05(12.5)	
	Businessman	02 (5)	01(12.5)	

	Government Job	03(7.5)	05(12.5)	
	Private Job	02 (5)	02 (5)	
Occupation of Mother	Homemaker	33(82.5)	36(90)	3.13 df=3 p=0.37 ^{NS}
	Government job	06(15)	03(7.5)	
	Private Job	00(0.0)	01(2.5)	
	Self Employed	01(2.5)	00(0.0)	
Menarche Age (in years)	12 Yrs	05(12.5)	3(7.5)	9.19 df=3 p=0.02*
	13 Yrs	22(55)	12(30)	
	14 Yrs	09(22.5)	11(27.5)	
	15 Yrs	04(10)	14(35)	
Source of Information	Mother	28(70)	37(92.5)	6.81 df=2 p=0.03*
	Sister	06(15)	01(2.5)	
	Teacher	06(15)	02(5)	
Menstrual cycle	Regular	35(87.5)	36(90)	0.12 df=1 p=0.72
	Irregular	05(12.5)	04(10)	

*= significant at the level of p=0.01
NS= Non- significant

Table No 1. Shows that respondents were distributed in various categories according to age, class, religion, family type, place of residence, education of father, occupation of father, education of mother, occupation of mother, source of information, menarche age, menstrual cycle. According to age, it interprets that 20(50%) adolescent girls in experimental group were of 13 years of age while 15(37.5%) adolescent girls of control group were of 15 years age. As per class, in experimental group 26(65%) were in 9th class. On other hand, in control group 27(67.5%) were in 10th class. The majority of girls in experimental group belong to Hindu religion 38(95%) followed by 39(97.5%) respectively in control group. According to family type in experimental group majority of them from joint family 22(55%)while in control group girls from nuclear family 28(70%).The girls in both experimental and control group residing in rural place 35(87.5%) and 37(92.5%).More than half of fathers of adolescent girls in experimental group had primary education 11(27.5%) and in control group also had primary education 16 (40%).Some of mothers of adolescent girls in experimental group 15(37.5%) had no formal education while in control group mothers had primary and secondary education followed by 14(35%).Majority of fathers of adolescent girls in both experimental group and control group were farmers 27(67.5%).More than half of mothers of adolescent girls in experimental group were homemaker 33(82.5%) respectively in control group were 36(90%).As per source of information regarding menstruation most of the subjects were informed by their mothers in experimental and control group 28(70%) 37(92.5%).In experimental group most of

girls attained menarche in 13 years of age 22(55%)While in control group menarche attained in 15 years of age 14(35%). Majority of adolescent girls in experimental group and control group had regular menstrual cycle 35(87.5%) and 36(90%). Both groups were non-homogenous in terms of their socio-demographic characteristics as calculated with chi- square test ($p < 0.01$) as the sample selected by purposive sampling technique.

Table 2: Pre- test knowledge and practices score among adolescent girls regarding menstrual hygiene N=80

Group	Pre-test knowledge		Pre-test practices	
	Mean ±SD	Mean % age	Mean ±SD	Mean % age
Experimental group	8.00±1.553	40.00	13.13±1.572	52.50
Control group	7.85±2.537	39.25	13.65±1.369	54.60

Maximum knowledge score= 20
Minimum knowledge score =00
Maximum practices score= 25
Minimum practices score= 00

Table.2. depicts the pre-test mean knowledge and practices score of experimental group and control group regarding menstrual hygiene among adolescent girls. The pre-test mean knowledge and practices score were found to be 8.0 and 13.13 respectively in experimental group, while these were 7.85 and 13.65 in control group respectively. More than half of mothers of adolescent girls in experimental group were homemaker 82.5% respectively in control group were 90%.

Table 3: Post - test knowledge and practices score of control and experimental group regarding menstrual hygiene N=80

Group	Post-test knowledge		Post -test practices	
	Mean ±SD	Mean % age	Mean ±SD	Mean % age
Experimental group	16.15±1.167	80.75	17.90±0.955	71.60
Control group	7.95±2.650	39.75	13.75±1.532	55.00

Maximum knowledge score= 20
Minimum knowledge score =00
Maximum practices score= 25
Minimum practices score= 00

Table.3. reveals the post -test mean knowledge and practices score of experimental group and control group regarding menstrual hygiene among adolescent girls. The post –test

mean knowledge and practices score were found to be 16.15and 17.90 respectively in experimental group, while these were 7.95 and 13.75 in control group.

Table 4: Comparison of pre-test and Post-test knowledge score among adolescent girls regarding menstrual hygiene N=80

Group	Pre -test		Post -test	
	N	Mean \pm SD	Mean \pm SD	Paired t-test
Experimental group	40	8.00 \pm 1.553	16.15 \pm 1.167	27.293 p=0.001**
Control group	40	7.85 \pm 2.537	7.95 \pm 2.650	1.699 p=0.1031 ^{NS}
Unpaired t test		0.319 p=0.7506 ^{NS}	17.910 p= 0.001**	

Maximum knowledge score= 20

** highly significance at the level of p=0.001

Minimum knowledge score = 00

^{NS} Non significant

Table 4. Interprets comparison of pre-test and post-test mean knowledge score among adolescent girls regarding menstrual hygiene in experimental and control group. In experimental group pre test knowledge score was (8.0) and post test knowledge score was (16.15). The difference between pre test and post-test mean knowledge score was highly significant.

Hence research hypothesis was rejected so it is concluded that structured teaching had effect on knowledge of adolescent girls regarding menstrual hygiene.

Discussion

In present study the post -test mean knowledge and practices score were found to be mean and SD 16.15 \pm 1.167 and 17.90 \pm 0.955 respectively in experimental group which shows there is significant increase in knowledge and practice. The statistical paired' test indicated knowledge and practices scores found to be highly significant at the level of p= 0.00 that revealing the structured teaching program was effective and research hypothesis rejected and while these were 7.95 \pm 2.56 and 13.75 \pm 1.532 in control group. Similarly these results supported by study conducted in Maharashtra revealed that there is magnification of mean and SD 11.07 \pm 0.7 with the 'z' value of 27.55 at 0.05 level of significance. It was revealed that there was significant improvement in knowledge score after planned teaching program ^[8].

Conclusion

The study revealed that in control group pre-test, girls had inadequate knowledge and average practices. In post- test adolescent girls had inadequate knowledge and average practices. In experimental group pre-test, girls had inadequate knowledge and average practices; in post- test, after implementation of structured teaching program, girls had adequate knowledge and good practices. So, structured teaching programme was effective in enrichment of knowledge and practices of adolescent girls regarding menstrual hygiene.

Acknowledgements

Ms. Jasandeep Kaur, hereby declare that this dissertation entitled "A Quasi experimental study to assess the effectiveness of structured teaching programme on knowledge and practices regarding menstrual hygiene among adolescent girls of selected schools of Distt. Sirmour, Himachal Pradesh" is a bonafide and genuine research work carried out by me under the guidance of Miss Simarjot Kaur, Assistant professor, Akal College of Nursing, Eternal University, Baru Sahib, H.P.

Conflict of Interest

Not available

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