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Effectiveness of structured teaching programme on knowledge regarding Dysmenorrhea and its management among adolescent girls

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Abstract

The present study has been undertaken to evaluate the effectiveness of structured teaching programme on knowledge regarding Dysmenorrhea and its Management among adolescent girls in selected educational institute at Chandauli. The research design adopted for the study was Pre experimental one-group Pretest - Post test research design in nature. 60 adolescent girls were selected by purposive Sampling technique. The tools for the study were self-structured knowledge questionnaire which consist of two parts, Part-1 consisted questions related to socio-demographic data, Part-2 consisted of self-structured knowledge questionnaire to evaluate the effectiveness of structured teaching programme on knowledge regarding Dysmenorrhea and its Management among adolescent girls. The data was analyzed by using descriptive and inferential statistical methods. The most significant findings were 13% in poor category, 17% in average category and 46.66% in average category, 53.33%. The value of Mean \pm SD 11.90 \pm 3.60 for pre-test and 15.52 \pm 4.46 for post-test with mean difference of 3.62 \pm 0.86., this difference shows that adolescent girl had been enhance their knowledge after posttest. So the H_1 is accepted and H_0 is rejected.

Keywords: Structured teaching programme, dysmenorrhea, effectiveness, knowledge

1. Introduction

In India, school systems are ambivalent about imparting sex education. Large numbers of rural and urban population believe that menstruation contaminates the body and makes it unholy. As a consequence, the girl often sees herself as impure, unclean and dirty. The period of adolescence for a girl is a period of physical and psychological preparation for safe motherhood. One of the major physiological changes that takes place in adolescent girls in the onset of menarche. Dysmenorrhea is, also known as painful periods or menstrual cramps, during menstruation. Dysmenorrhea is estimated to occur in 20% to 90% in reproductive age. Patil and Wasnik Wadke (2009) ^[14] studied health problems amongst adolescent girls in rural areas of Maharashtra, India and found that majority of the girls had one or the other problems related to their menstrual problems. Dysmenorrhoea (44.2%) was the commonest problem stated by adolescent girls and more than 50% of the study subjects had one or the other symptoms of pelvic inflammatory disease.

2. Need for study

“Human development process”, is the most mysterious part, nature has ever created. In approximately 10% of adolescents and young women with severe dysmenorrhea symptoms occur due to pelvic abnormalities. In the world there is a huge population of girls whose quality of life could be better one to two days a month-that’s two to three weeks in a year. The prevalence of Dysmenorrhoea was found among adolescent girls 73.9% in Lucknow in 2001. The observation of Sachan *et al* about dysmenorrhoea in U.P. state.

Community-based survey research was published in Indian Public Health in 1997 regarding Dysmenorrhea in adolescent girls in a rural area of Delhi. According to that survey the authors assessed the prevalence of this condition and its level based upon working ability in a house-to-house survey of 300 young women aged 11-18 years living in a rural area of south Delhi. 97 of the subjects had reached menarche, of whom 70.8% experienced

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Dysmenorrhea. 29.9% of the girls with Dysmenorrhea did not require an analgesic during menstruation.

3. Objective of the study

1. To assess the existing level of knowledge regarding Dysmenorrhea and its Management among adolescent girls.
2. To evaluate the effectiveness of Structured Teaching Program regarding Dysmenorrhea and its Management among adolescent girls.
3. To associate the Pre-test Knowledge score with their selected demographic variables.

4. Hypothesis

H₀: There will be no significant difference between the pre-test and post-test knowledge scores on Dysmenorrhea and its Management.

H₁: There will be significant difference between the pretest and posttest knowledge scores regarding Dysmenorrhea and its Management.

5. Assumption

In this study researcher assume that –

- Sample will be true representative of population.
- Adolescent girls may have lack of Knowledge about Dysmenorrhea and its Management.
- Structured Teaching Program will enhance the Knowledge regarding Dysmenorrhea and its Management among each participant.
- Knowledge regarding management of Dysmenorrhea among adolescent girls will help them to adopt healthy life style.

6. Methodology

The research design adopted for the study was Pre experimental one-group Pretest - Post test research design in nature. 60 adolescent girls were selected by purposive Sampling technique. The setting of the study was Lohiya Inter college near chaupal sagar chandauli UP. The tool was tested for Reliability by administering to 10 adolescent girls’ students of IX standard at Asiruddin Inter collrge Launda Chandauli UP The reliability of the tool was established by using split half technique. The Reliability of tool was found to be 0.74 which indicated that the tool was reliable. The study was conducted on 60 IX standard female adolescents’ girls after obtaining the permission from the concerned authority. The samples were chosen by purposive sampling technique. On the 1st day Pre-test was carried out on 23/1//2024 to assess the Knowledge of adolescent girls regarding dysmenorrhoea and its management by using Structured Knowledge Questionnaire. A Structured Teaching Programme was given as an intervention on same day with explanation by using A.V. aids. The post-test was carried out by using the same structured knowledge

questionnaire to evaluate the effectiveness of Structured Teaching Program on Knowledge of adolescent girls’ students on dysmenorrhoea and its management on 7th day i.e. 30/01/2024.

7. Analysis and Interpretation

Section I Frequency and percentage distribution of sample according to their demographical variables.

Table 1: Frequency and percentage distribution of sample according to their demographical variables.

S. No.	Demographic Variables	Frequency(F)	Percentage
Age (In Year)			
1.	12-13 Year	11	18.33
	14-15 years	33	55.00
	16-17 years	15	25.00
	18 years	1	1.67
Religion			
2.	Hindu	52	86.67
	Muslim	7	11.67
	Sikh	1	1.67
	Christian	0	0.00
	Others	0	0.00
Family Income			
3.	Rs 5000-10000	55	91.67
	Rs 10001-20000	4	6.67
	Rs 20001-30000	0	0.00
	Rs 30001-40000	0	0.00
	Rs 40001-50000	1	1.67
>Rs 50000	0	0.00	
Types of Family			
4.	Nuclear	24	40.00
	Joint	36	60.00
Number of Siblings			
5.	0	30	50.00
	1	22	36.67
	2	5	8.33
	≥3	3	5.00
Age of Menstruation			
6.	9-10 years	1	1.67
	11-12 years	4	6.67
	13-14 years	44	73.33
	≥15 years	11	18.33
Previous Knowledge			
7.	Present	7	11.67
	Absent	53	88.33
Source of Information			
8.	Family members	2	28.57
	Media	2	28.57
	Friend & relative	1	14.28
	Health personnel	2	28.57

Section –II Description of sample according to their pre-test and post-test level of knowledge

Evaluate the effectiveness of Structured Teaching Program regarding dysmenorrhoea and its management among adolescent girls.

Table 2: Description of sample according to their pre-test and post-test level of knowledge

	Adequate		Moderate		Inadequate		Mean ± SD	Mean difference	“t” Value	P Value
	No.	%	No.	%	No.	%				
Pre-intervention	0	0.00	9	15.00	51	85	11.90±3.60	3.62±0.86	8.400	<0.001
Post-intervention	5	8.33	26	43.33	29	48.33	15.52±4.46			

N= 60 Paired ‘t’ test: ‘t’ = 2.00 p<0.0

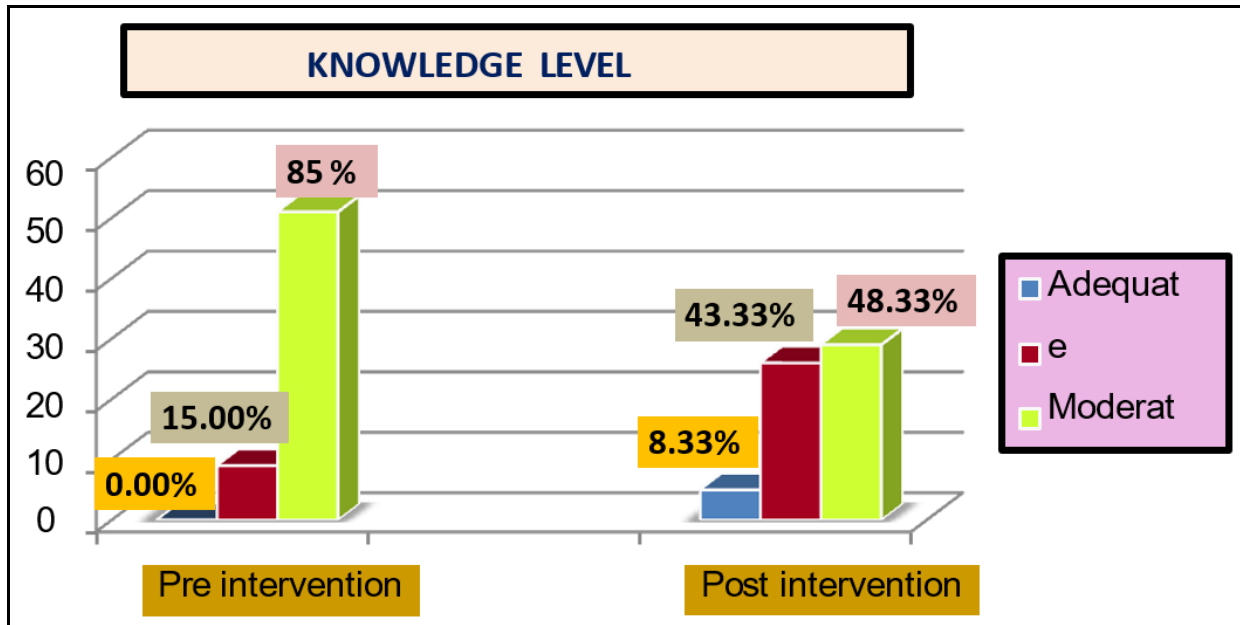


Fig 1: Bar diagram shows the effectiveness of structured teaching programme on knowledge regarding dysmenorrhoea and its management among adolescent girls.

A statistically significant change in mean knowledge score of adolescent girls was observed after intervention of Structured Teaching Programme. Pre intervention mean knowledge score of study population was 11.90±3.60 which after intervention was found to be 15.52±4.46. A change of 3.62±0.86 in knowledge score was observed which was found to be statistically significant. The calculated value

8.400 is more than table value 2.00 and the difference is 6.40 which is significant. On the basis of this value we can say that the structured teaching programme is effective so the H₁ is accepted and H₀ is rejected.

7.1 Association between the pre-test knowledge and demographic variables

Table-5.4: Association between the pre-test knowledge score with their selected demographic variables

Variables	Total	Inadequate (n=51)		Moderate (n=9)		Statistical significance		
		No.	%	No.	%	χ ²	df	p value
Age								
12-13 years	11	9	17.65	2	22.22	0.297	3	0.961
14-15 years	33	28	54.90	5	55.56			
16-17 years	15	13	25.49	2	22.22			
18 years	1	1	1.96	0	0.00			
Religion								
Hindu	52	44	86.27	8	88.89	6.908	2	<0.05 *
Muslim	7	7	13.73	0	0.00			
Sikh	1	0	0.00	1	11.11			
Monthly Family Income								
Rs 5000-10000	55	47	92.16	8	88.89	0.499	2	0.779
Rs 10001-20000	4	3	5.88	1	11.11			
Rs 40001-50000	1	1	1.96	0	0.00			
Type of Family								
Nuclear	24	18	35.29	6	66.67	3.137	1	0.077
Joint	36	33	64.71	3	33.33			
Elder Female Siblings								
0	30	26	50.98	4	44.44	3.078	3	0.380
1	22	19	37.25	3	33.33			
2	5	3	5.88	2	22.22			
≥3	3	3	5.88	0	0.00			
Age of Menstruation								
9-10 years	1	1	1.96	0	0.00	0.820	3	0.845
11-12 years	4	3	5.88	1	11.11			
13-14 years	44	37	72.55	7	77.78			
≥15 years	11	10	19.61	1	11.11			
Previous Knowledge								
Present	7	7	13.73	0	0.00	1.398	1	0.237
Absent	53	44	86.27	9	100.0			

* Significant

The above table reveals that association between pretest knowledge scores with their selected demographic variables. In this research the knowledge level is divided into three categories – inadequate knowledge, moderate knowledge and adequate knowledge. There is no sample which have adequate knowledge.

The chi square test was done to find out the association between the level of knowledge and demographic variables. Only one demographic variable that is religion found significant at $p < 0.05$ level of significance. Student who were Hindu having 44 (86.27%) inadequate and 8 (88.89%) moderate knowledge score. Muslim students were having 7 (13.73%) inadequate and 0 moderate knowledge score and students who belongs from Sikh were having 0 inadequate and 1 moderate knowledge score. With the chi square value 6.908 which is more than table value (0.05, 5.99 at 2 degree of freedom), religion influence the knowledge score of Dysmenorrhoea and its Management among adolescent girls.

Rest of the demographic variable i.e. age, monthly family income, type of family, elder female siblings, age of menstruation and previous knowledge etc. are found non-significant at the $p < 0.05$ level of significance.

On the basis of above table result it shows that religion is a factor which has a significant role about dysmenorrhea and its management and other demographic variables did not play a major role.

8. Results

The result depicts comparison of mean pre-test and post-test knowledge level on knowledge regarding dysmenorrhea and its management. Pre intervention mean knowledge score of study population was 11.90 ± 3.60 which after intervention was found to be 15.52 ± 4.46 . A change of 3.62 ± 0.86 in knowledge score was observed which was found to be statistically significant. The calculated value 8.400 is more than table value 2.00 and the difference is 6.40 which is significant. On the basis of this value we can say that the structured teaching programme is effective so the H_1 is accepted and H_0 is rejected.

9. Conclusion

The study finding provide the statistical evidence which clearly indicate that structured teaching programme has significant effect on the level of knowledge among adolescent girls.

10 Limitation: The study is limited to

- Female adolescent students
- Sample size 60
- Educational institutes situated at Chandauli.

11. Conflict of Interest

Not available

12. Financial Support

Not available

13. References

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