



A STUDY TO ASSESS THE EFFECTIVENESS OF PLAN TEACHING PROGRAMME ON KNOWLEDGE REGARDING MENSTRUAL HYGIENE AMONG ADOLESCENT GIRLS IN SELECTED SCHOOLS AT PRANTIJJ VILLAGE

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ABSTRACT Comprehensive literature review was performed to determine to assess knowledge of menstrual hygiene. **Objective of study were:** 1. To assess the pre-test knowledge score regarding menstrual hygiene among adolescent girls. 2 To develop the plan teaching regarding menstrual hygiene among adolescent girls. 3. To assess the post -test knowledge score regarding menstrual hygiene among adolescent girls. 4. To find out association between pre -test knowledge score with their selected socio-demographic variables. **Material And Methods:** In this study the pretest assess the knowledge of higher secondary school girls regarding menstrual hygiene. The input "Plan teaching" includes general introduction of menstruation, definition & concept of menstruation & menstrual cycle, concept regarding menstrual hygiene, effects of poor menstrual hygiene & conclusion. **Results:** The output is the result of changes in knowledge found among higher secondary school girls regarding menstrual hygiene after a post-test regarding menstrual hygiene interpreted as inadequate knowledge, moderately adequate knowledge & adequate knowledge. The overall comparison of pre and post test knowledge scores on menstrual hygiene shows that the mean post test knowledge score is 21.79 (90.79 Percent) is greater than the mean pre test knowledge score 12.32 (51.35 Percent). The enhancement in the knowledge level of respondents is 9.47 (39.44 Percent) indicates gain in knowledge by respondents. The data further represent that the 't' value of 29.861 is significantly higher than the table value 1.96 at 0.05 level of significance. **Conclusion:** This indicates that there was significant difference in pre test and post test knowledge score of respondents and the plan health teaching is effective in improving the knowledge level of higher secondary school girls on menstrual hygiene.

KEYWORDS :

INTRODUCTION

"The first wealth is health"

Health is a fundamental human right. It is central to the concept of quality of life. Health and its maintenance is a major social investment and is worldwide social goal. Health is multidimensional. Health and disease are no longer related to where you are born, but rather to the socioeconomic setting in which you live. The World Health Organization (WHO) defined health in its broader sense in 1946 as "a state of complete physical, mental, social & spiritual well-being and not merely the absence of disease or infirmity.

The practice of hygiene is as old as the origin of mankind. The word hygiene is derived from the name of the ancient Greek goddess of healthful living – Hygeia. Hygiene refers to the set of practices associated with the preservation of health and healthy living.

Approximately 1/5th of the world's population is adolescent of which more than 4/5th in the developing countries.¹ Adolescence is a period of transition during which an individual develops into an adult. About 10 % of the total populations in India are adolescents.

Adolescence in girls has been recognized as a turbulent period which signifies the transition from girlhood to womanhood and considered as a land mark of female puberty. This transitional period is marked with the onset of "MENARCHE " which is generally accepted by young girls, as a sign of maturity. However some girls show negative responses such as shame, fear, anxiety and depression. Onset of menstruation is one of the most important changes occurring among the girls during the adolescence .The first menstruation (menarche) occurs between 11-15 years with a mean age of 13 years .In existing Indian culture\milieu, there are several traditions, myths, misconceptions, mystery and superstition prevailing about menstruation.

Menstruation is a phenomenon unique to the females. Menstruation may be defined as a periodic vaginal bleeding which the women herself must diagnose as "menstruation" based on her previous experiences and on accompanying signs and symptoms.

Poor menstrual hygiene is a risk factor for reproductive tract infections, is a vital aspect of health education for adolescent girls. Educational television programs, trained school nurses/ health personnel, motivated school teachers and knowledgeable parents can play a very important role in transmitting the vital message of correct menstrual hygiene to the adolescent girl of today.

Although menstrual hygiene is an issue that every girl and woman has to deal with in her life, there is lack of information on the process of menstruation, the physical and psychological changes associated with puberty and proper requirements for managing menstruation. The

taboos surrounding this issue in that society prevents girls and women from articulating their needs and the problems of poor menstrual hygiene and management have been ignored or misunderstood. Good menstrual hygiene is crucial for the health, education, and dignity of girls and women. This is an important sanitation issue which has long been in the closet and there was a long standing need to openly discuss it.

HYPOTHESIS

1. **H₁:** There will be a significant difference between pre-test & post-test knowledge score regarding menstrual hygiene among adolescent girls.
2. **H₂:** There will be a significant association between pre -test knowledge score with their selected socio-demographic variables.

MATERIAL AND METHODS

- The research approach adopted for the present study was evaluative approach as the study aimed at development of an intervention (Planned Health Teaching) for higher secondary school girls in various schools at Prantij. This approach would help the investigator to evaluate the effect of specific intervention that is "planned Health Teaching" on the variable that is 'knowledge' of higher secondary school girls regarding menstrual hygiene Selected Schools of Prantij.
- The study design depicts that a pre -test was given in the form of structured knowledge questionnaire on menstrual hygiene, after that as an intervention 'planned Health Teaching' was administered and a post test was given to assess gain in knowledge using the same structured knowledge questionnaire.
- Sample consists of a subset of a population selected in a research study. The samples selected for the present study comprises of 'higher secondary school girls' in various schools at Prantij. The Sample size for the present study consists of 120 Adolescence school girls at Prantij Village.
- Sample is used in research when it is not feasible to study the whole population from which it is drawn. The process of sampling makes it possible to accept a generalization to the intended population based on careful observation of variables, within a relatively small proportion of population. In the present study, 120 higher secondary school girls were selected by Simple random sampling technique non-probability convenient sampling technique.

Major Findings Of The Study:

The demographic characteristics of the samples revealed that :

Age in years: The majority of the respondents 54.17 percent belongs to the age group of 16-17 years

Class: The majority of the respondents 100 percent were from class 11th

Religion: The majority of the respondents 97.5 percent were Hindu.

Area of residence: The majority of the respondents 80.83 percent belongs to urban area.

Type of family: The majority of the respondents 60.83 percent belongs from nuclear family

Family monthly income: The majority of the respondents 28.33 percent respondents have family monthly income 10001 & above.

Educational status of mother: The majority of the respondent's mother 39.17 percent having secondary education.

Source of information: The majority of the respondents 85 percent got the information of menstruation by Family member.

Age at menarche: The majority of the respondents 54.17 attain menarche between the age 13-15 yrs.

Duration of menstruation: The majority of the respondents 58.33 percent having 4 days of menstruation.

Interval of menstruation: The majority of the respondents 60.83 percent having interval of menstruation between 28-30 days.

Rhythm of menstruation: The majority of the respondents 52.5 percent having regular rhythm of menstruation.

Number of pad uses per day: The majority of the respondents 41.66 percent respondents use 2 pad per day.

Do you maintain menstrual hygiene: The majority of the respondents 52.5 percent maintained menstrual hygiene

Pre test knowledge scores of higher secondary school girls on menstrual hygiene:

The overall mean percentage of pre test knowledge score is 12.325 (51.35 percent) with standard deviation of 2.986 which shows that the respondents have inadequate knowledge about menstrual hygiene.

Post test knowledge scores of higher secondary school girls on menstrual hygiene:

The overall mean percentage of knowledge score is 21.791 (90.795 percent) with standard deviation of 1.773 which shows gain in knowledge level of the respondents.

Comparison between pre test and post test knowledge scores of higher secondary school girls on menstrual hygiene:

The enhancement in the knowledge of the respondents is 9.47 (39.44 percent) with the 't' value of 29.861.

Association between pre test knowledge scores with selected demographic variables

- There is a significant association between knowledge of higher secondary school girls with selected demographic variables such as family monthly income ($\chi^2=1.132$, $p>0.05$) & rhythm of menstruation ($\chi^2=0.30$, $p>0.05$). The calculated value is lesser than the table value. Hence research hypothesis is accepted and null hypothesis is rejected.
- There is no significant association between knowledge of higher secondary school girls and demographic variables such as Age in years ($\chi^2=72.732$), Class ($\chi^2=120$), Religion ($\chi^2=336.46$), Area of residence ($\chi^2=38.532$), Type of family ($\chi^2=5.632$), Educational status of mother ($\chi^2=15.332$), Source of information ($\chi^2=231.199$), Age at menarche ($\chi^2=87.799$), Duration of menstruation ($\chi^2=87.266$), Interval of menstruation ($\chi^2=85.799$), Number of pad uses per day ($\chi^2=27.532$), Do you maintain menstrual hygiene ($\chi^2=112.132$). The calculated value is greater than the table value. Hence the hypothesis is rejected at 0.05 level of significance.

RECOMMENDATIONS:

Based on the findings of the study the following recommendations are put forward for future research.

- A similar study may be conducted on a larger sample for a wider generation.
- Comparative study can be conducted between the rural and urban higher secondary school girls regarding knowledge of menstrual hygiene.
- Correlational study can be conducted between the knowledge, attitude & practices regarding menstrual hygiene among higher secondary school girls.
- Study can be conducted by including control and experimental group in the study.

CONCLUSION

The overall comparison of pre and post test knowledge scores on menstrual hygiene shows that the mean post test knowledge score is 21.79 (90.79 Percent) is greater than the mean pre test knowledge score 12.32 (51.35 Percent). The enhancement in the knowledge level of

respondents is 9.47 (39.44 Percent) indicates gain in knowledge by respondents. The data further represent that the 't' value of 29.861 is significantly higher than the table value 1.96 at 0.05 level of significance. This indicates that there was significant difference in pre test and post test knowledge score of respondents and the plan health teaching is effective in improving the knowledge level of higher secondary school girls on menstrual hygiene.

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