

Brief Research Communication

Effectiveness of Structured Teaching Programme on Menstrual Hygiene among Adolescent Girls

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Abstract

Background: Adolescence is second decade of life marking the transaction from adulthood. These are the premature years where maximum amount of physical, physiological & behavioral changes takes place. In India the female child is neglected and menstruation is still regarded as something unclean or dirty. The menstrual practices are still clouded by taboos and socio cultural restrictions resulting in unhygienic health practices which sometimes results with adverse health outcomes such as reproductive tract infections. Therefore improved knowledge about menstruation from childhood may escalate safe practices and help in mitigating the suffering of millions of women. **Materials and Methods:** The research design selected for this study was pre- experimental one group pretest & post tests design. Forty adolescent girls were selected using convenient sampling technique. The study was conducted at R.L. Jalappa central school, Kolar. The instrument used for the study was self administered structured knowledge questionnaire. **Results:** The results showed that there was significant difference between pre-test & post test knowledge score and also revealed that there was significant association between mean knowledge score with age, education status of the mother and presence of elder sister in the family. **Conclusions:** The study concludes that structured teaching programme could be an effective strategy to improve the knowledge of adolescence girls on menstrual hygiene.

Keywords: Structured teaching programme, menstrual hygiene, adolescent girls.

Introduction

Adolescence is a period of transition from childhood to adulthood. They are the formative years when maximum amount of physical, psychological and behavioral changes take place. The World Health Organization (WHO) defines adolescents as individuals between 10 & 19 years of age.^[1] Adolescent girls constitute about one fifth of the female population in the world. Adolescence in girls has been recognized as a special period in their life cycle that requires specific and special attention. This period is marked with onset of menarche.^[2] The girl experiences several problems during adolescence, and menarche is one among them.

Menstruation is generally considered as unclean in the Indian society.^[3,4] The silence of menstruation does not allow an open discussion on the subject even today, resulting in adolescent girls remaining ignorant of the scientific facts and hygienic health practices necessary for positive reproductive health.^[4] Menstrual hygiene deals with the special health care needs and requirements of women during monthly menstruation or menstrual cycle.

Menstruation Hygiene Management (MHM) focuses on practical strategies for coping with monthly periods. MHM refers to ways women themselves keep clean and healthy during menstruation and how they acquire, use and dispose of blood-absorbing materials. Poor menstrual hygiene is a risk factor for reproductive tract infection and cervical neoplasia.^[5,6] Learning about hygiene during menstruation is a vital aspect of health education for adolescent girls as patterns that are developed in adolescence are likely to persist into

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adult life.^[7] The reaction to menstruation depends upon awareness and knowledge about the subject. The manner in which a girl learns about menstruation and its associated changes may have an impact on her response to the event of menarche. With this background the present study was undertaken to assess the knowledge, regarding menstruation Hygiene among the adolescent girls of high school.

Materials and Methods

An evaluative research approach was adopted with an objective to assess the effectiveness of structured teaching programme regarding menstrual hygiene. The research design selected was pre-experimental-one group pre-test and post-test design. Forty teenage girls studying in 7th & 8th standard at R.L. Jalappa central school were selected through convenient non probability sampling technique. Data collection tool consisted of a structured questionnaire to elicit Sociodemographic variables of adolescent girls; a structured knowledge questionnaire regarding menstrual hygiene to assess knowledge of adolescent girls.

Data collection procedure consisted of two phases, in the first phase formal permission was obtained from the school authority and written consent was obtained from the study sample followed by pre-test was conducted through structured knowledge questionnaire and on the same day structured teaching programme was given which includes physical and physiological changes during menarche, hygienic practices during menstruation and preventive measures of menstrual problems. In the second phase by using the same tool post-test was conducted on eighth day.

Table 1. Distribution of Adolescent girls based on their demographic characteristics (n=40)

Demographic characteristics	Frequency	(%)
Age in years		
12	23	57.5
13	17	42.5
Religion		
Hindu	38	95
Muslim	02	05
Christian	00	-
Type of family		
Nuclear	26	65
Joint	09	22.5
extended	05	12.5
Family income		
5000-10,000	06	15
10001-20,000	09	22.5
20,001-30,000	13	32.5
30,001-40,000	04	10
40,001-50,000	08	20
Food habits		
Vegetarian	31	22.5
Mixed	09	77.5
Residence		
Urban	30	80
Rural	10	20
Educational status of mother		
Undergraduate	30	80
postgraduate	10	20
Source of information		
Friends and family	24	60
Printed materials	08	20
Electronic media	08	20

Table 2. Mean, mean difference and 't' value of pre and post test knowledge score among adolescents on menstrual hygiene

Knowledge	Mean	SD	Mean difference	df	Paired 't' value	p value
Pre test	19.17	3.01	14.78	39	26.95	p<0.05
Post test	33.95	1.65				

Table 3. Identification of association between knowledge scores and demographic variable (n=40)

Demographic variables	Pre-test Knowledge score		χ^2	Table value	Inference
	$\leq$ median	$>$ median			
Age					
12years	12	5	5	df=1	p<0.05
13 years	8	15		3.84	
Religion					
Hindu	20	18	0.208	df=1	p>0.05
Muslim	00	2		3.84	
Residence					
Urban	15	3	1.211	df=1	p>0.05
Rural	7	15		3.84	
Mother's Education					
Undergraduate	15	17	14.54	df=1	p<0.05
Postgraduate	4	4		3.84	
Food habits					
Vegetarian	5	2	2.22	df=1	p>0.05
Mixed	19	14		3.84	
Family Income					
<25,000	7	5	0.474	df=1	p>0.05
>25,000	13	15		3.84	
Type of family					
Nuclear	20	18	0.208	df=1	p>0.05
Joint	00	2		3.84	
Source of information					
Friends and family	16	16	0.342	df=1	p>0.05
Other resources	3	5		3.84	

Results

Post test knowledge score was apparently higher than that of pre test mean knowledge score (MD 14.78). Paired t test (table-2) computed to find out the differences between pre and post test scores was statistically significant (p<0.05). Hence it was concluded that structured teaching programme could be an effective method to improve the knowledge of adolescence girls on menstrual hygiene. The study also revealed that there was significant association between knowledge scores of adolescent girls with selected demographic variables such as age, and educational status of mother (p<0.05) based on computation of chi-square (table-3).

Discussion

The study revealed that the adolescence girls' had moderate knowledge regard-

ing menstrual hygiene before the intervention. It is possible that structured teaching programme had caused an improvement in knowledge of adolescent girls with regards to menstrual hygiene and this is supported by in a prior study conducted on Impact of Structured Education Regarding Menstrual Hygiene Practices among Adolescent Girls.^[8] and A Study to Assess the Effectiveness of Planned Teaching Programme on the Knowledge regarding Menstrual Hygiene among Adolescence Girls Studying in the Selected Schools, Kolhapur.^[9]

Conclusion

The study supports the concept that structured teaching programme for adolescence girls are an effective strategy to improve knowledge regarding menstrual hygiene. Education programme with effective teaching strategies motivates adolescence girls to follow

healthy practices in day to day life and prevent morbidity and mortality related to lack of hygienic practices.

Conclusion

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