

“A Study to Assess the Effectiveness of Video Assisted Teaching Programme on Knowledge regarding Menstrual Health Among Adolescent Girls at Selected School, Ajmer (Raj)”

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STATEMENT OF THE STUDY:- “A study to assess the effectiveness of video assisted teaching programme on knowledge regarding menstrual health among adolescent girls at selected school, Ajmer (Raj) ”

OBJECTIVE:- 1.To assess the pre-test knowledge regarding menstrual health among adolescent girls in selected school at Ajmer. 2. To administer video assisted teaching programme regarding menstrual health among adolescent girls. 3. To evaluate the post-test knowledge regarding menstrual health among adolescent girls. 4. To find out association between the pre-test level of knowledge regarding menstrual health among adolescent girls with their demographic variables. 5. To find out mean difference between the pre-test and post-test level of knowledge regarding menstrual health among adolescent girls..

MATERIALS AND METHODS:- The pre-experimental one group pre-test and post-test design. This design was adopted to assess the knowledge gained by adolescent girls on menstrual health, following the administration of video assisted teaching programme. The samples are adolescent girls studying in Ajmer. The sample size is 60 adolescent girls in government senior secondary school lohagal, Ajmer. Non-probability purposive sampling technique was used to select the sample. Self administered multiple choice questionnaire is used for collection of data. Demographic and structured questionnaire were used to collect data from adolescent girls. Intervention was given in the form of video assisted teaching programme on menstrual health. The tools was finalized and translated into Hindi. The pilot study was conducted on 10 sample at government senior secondary school kotra, Ajmer. Thus, the feasibility of study was established.

RESULTS:- Pre-test level of knowledge regarding menstrual health. The major findings was 42 (70.00%) of adolescent girls had inadequate knowledge, 18 (30.00%) of adolescent girls had moderate knowledge. The mean of the pre-test level of knowledge regarding menstrual health among adolescent girls is 9.41 with SD is ± 3.34 . Post-test level of knowledge regarding menstrual health. The major finding was 40 (66.67%) of adolescent girls had adequate knowledge, 16 (26.67%) of adolescent girls had moderate knowledge, 4 (6.67%) of adolescent girls had inadequate knowledge. The mean of the post-test level of knowledge regarding menstrual health among adolescent girls is 22 with SD is ± 4.32 . Effectiveness of video assisted teaching programme on knowledge regarding menstrual health among adolescent girls. The mean of the pre test level of knowledge regarding menstrual health is 9.41 with SD is ± 3.34 . The mean of post test level of knowledge regarding menstrual health is 22 with SD is ± 4.32 . whereas T value is 25.27 and p- value is $<.0001$. This shows the study finding are significant. The above data concluded the video assisted teaching programme was effective among adolescent girls..

CONCLUSION:- The study proved that video assisted teaching programme is an effective teaching strategy in improving the knowledge of adolescent girls regarding to menstrual health.

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I. INTRODUCTION

Adolescence is the phase of life between childhood and adulthood, from ages 10 to 19. It is a unique stage of human development and an important time for laying the foundations of good health. Adolescents experience rapid physical, cognitive and psychosocial growth. This affects how they feel, think, make decisions, and interact with the world around them. Despite being thought of as a healthy stage of life, there is significant death, illness and injury in the adolescent years. Much of this is preventable or treatable. During this phase, adolescents establish patterns of behaviour – for instance, related to diet, physical activity, substance use, and sexual activity – that can protect their health and the health of others around them, or put their health at risk now

and in the future. To grow and develop in good health, adolescents need information, including age-appropriate comprehensive sexuality education; opportunities to develop life skills; health services that are acceptable, equitable, appropriate and effective; and safe and supportive environments. They also need opportunities to meaningfully participate in the design and delivery of interventions to improve and maintain their health. Expanding such opportunities is key to responding to adolescents' specific (15 -19)years needs and rights. (1)

India has the largest adolescent population in the world, 253 million, and every fifth person is between 10 to 19 years. India stands to benefit socially, politically and economically if this large number of adolescents are safe, healthy, educated and equipped with information and life skills to support the country's continued development. Both adolescent girls and boys lack access to information on issues affecting their lives and have limited spaces to develop competencies crucial for active participation. Adolescent girls, especially, are exposed to multiple layers of vulnerability due to pernicious social norms affecting the value of girls, which in turn affects their ability to move freely and to make decisions affecting their work, education, marriage and social relationships. About 43 per cent of girls drop out before completing secondary education due to household responsibilities, marriage, child labour, limited relevance of education for employment and employability, distance to school and/or lack of sanitation facilities at the school. Menstruation disrupts the lives of girls in ways that are unimaginable in many countries. At least 42 per cent of girls in India use cloth rather than disposable sanitary napkins. Child marriage, a deeply rooted social norm, provides glaring evidence of widespread gender inequality and discrimination. Estimates suggest that each year, at least 1.5 million girls under 18 get married in India, which makes it home to the largest number of child brides in the world - alone accounting for a third of the global total. Girls who become pregnant as adolescents are at a higher risk of maternal and newborn disease and death. About nine per cent of adolescent girls aged 15-19 years old in rural areas, and five per cent in urban areas, have begun childbearing. Babies born from an adolescent mother are at an increased risk of being stunted in early childhood. This further leads to cognitive and physical deficits in young children and reduces productivity in adults.(2)

Indian Population Census 2011 covered a number of parameters during the survey. These parameters include population, growth rate in population, rate of literacy, density of population, sex ratio and child sex ratio (0-6 years). According to the census reports of Indian Census 2011, the population of India is 1,210,854,977 with 623, 724, 248 males and 586,469, 174 females. The total literacy rate in the country at present is 74.04%. The density of population is 382 persons/sq.km. In regards to sex ratio, at present there are 940 females on average on per 1000 males and the child sex ratio is 914 females per 1000 males.(3)

II. METHODS

The pre-experimental one group pre-test and post-test design. This design was adopted to assess the knowledge gained by adolescent girls on menstrual health, following the administration of video assisted teaching programme. The samples are adolescent girls studying in Ajmer. The sample size is 60 adolescent girls in government senior secondary school lohagal, Ajmer. Non-probability purposive sampling technique was used to select the sample. Self administered multiple choice questionnaire is used for collection of data. Demographic and structured questionnaire were used to collect data from adolescent girls. Intervention was given in the form of video assisted teaching programme on menstrual health. The tools was finalized and translated into Hindi. The pilot study was conducted on 10 sample at government senior secondary school kotra, Ajmer. Thus, the feasibility of study was established.

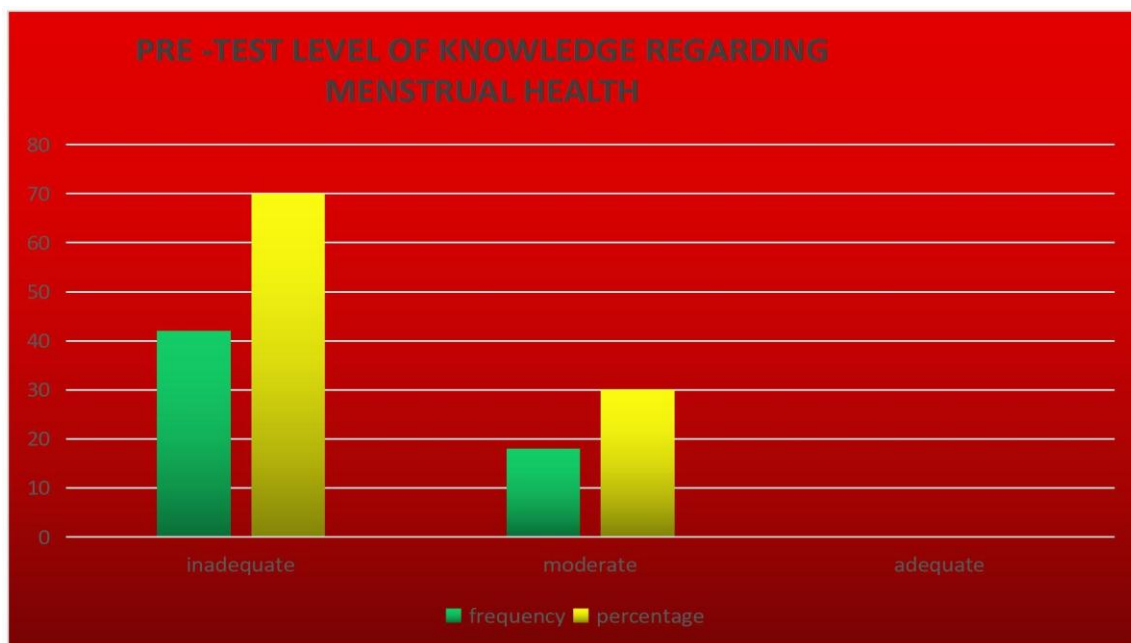
The reliability of the tool was established by administering the Hindi tool to 10 adolescent girls study in government senior secondary school, kotra, Ajmer on 24 august 2024 who fulfill the sampling criteria. The reliability of the Structural knowledge questionnaire was tested by Karl Pearson's formula followed by Split Half Method and correlation coefficient was found to be $r(10) = 0.79$ which indicated that the tool was reliable.

The data collection for the main study was conducted from 02-10-2024 to 3-11-2024. the data was analysed by using descriptive and inferential statistics. The test used were calculation of frequency, percentage, mean, standard deviation. 't' test. The level of significance for testing hypothesis was 0.05.

III. DATA ANALYSIS AND INTERPRETATION-

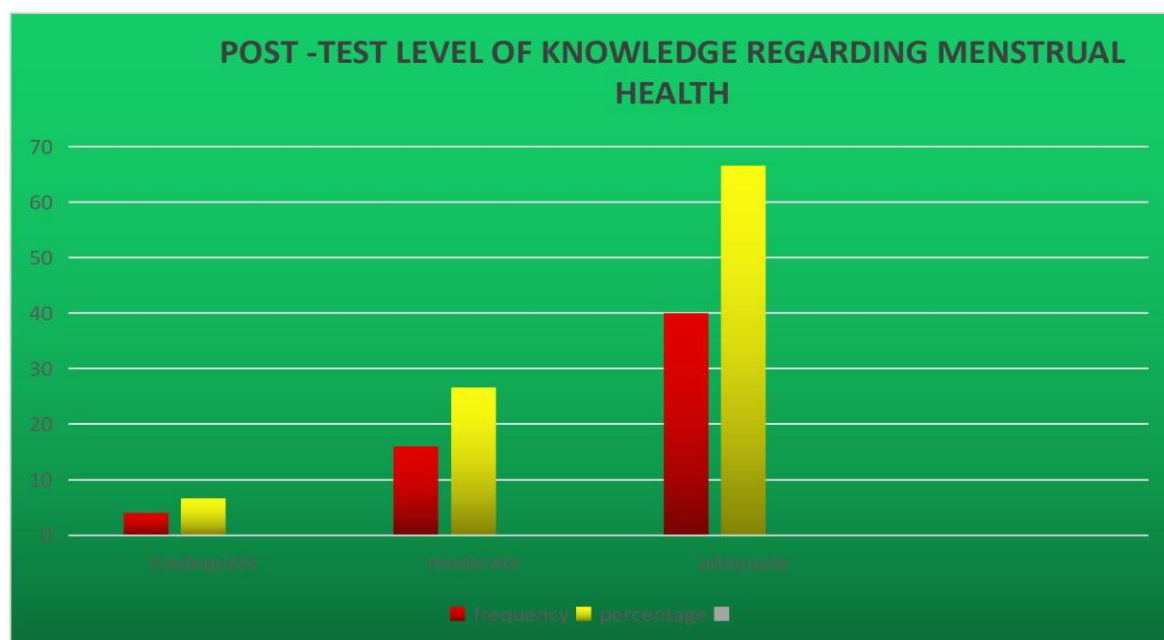
Data presented in table 15 shows the pre-test level of knowledge regarding menstrual health. The major findings was 42 (70.00%) of adolescent girls had inadequate knowledge, 18 (30.00%) of adolescent girls had moderate knowledge. The mean of the pre-test level of knowledge regarding menstrual health among adolescent girls is 9.41 with SD is ± 3.34 .

Level of knowledge	Frequency	Percentage	Mean Score	Standard Deviation
Inadequate	42	70.00 %	9.41	3.34
Moderate	18	30.00 %		
Adequate	0	0.00 %		



Data presented in table 16 shows the post-test level of knowledge regarding menstrual health. The major finding was 40 (66.67%) of adolescent girls had adequate knowledge, 16 (26.67%) of adolescent girls had moderate knowledge, 4 (6.67%) of adolescent girls had inadequate knowledge. The mean of the post-test level of knowledge regarding menstrual health among adolescent girls is 22 with SD is ± 4.32 .

Level of knowledge	Frequency	Percentage	Mean Score	Standard Deviation
Inadequate	4	6.67 %	22	4.32
Moderate	16	26.67 %		
Adequate	40	66.66 %		



Data presented in table 17 shows the analysis of effectiveness of video assisted teaching programme on knowledge regarding menstrual health among adolescent girls. The mean of the pre-test level of knowledge regarding menstrual health is 9.41 with SD is ± 3.34 . The mean of post test level of knowledge regarding menstrual health is 22 with SD is ± 4.32 . whereas T value is 25.27 and p- value is $< .0001$. This shows the study finding are significant. Thus, the H1 Hypothesis (alternative hypothesis) is accepted. The above table conclude that the video assisted teaching programme is improving the knowledge of adolescent girls regarding menstrual health. The table 18 shows χ^2 value computed between the pre-test knowledge score of adolescent girls regarding menstrual health and selected demographic variables. The variables like Age in year, Age at Menarche, Locality, Any Prior Information about menstrual health were significant at 0.05 level. Thus the hypothesis H2 - There will be significant association between pre-test level of knowledge score of adolescent girls with selected demographic variables is accepted.

The variables like ,Educational Status of adolescent girls, Paternal Educational Status,, Maternal Educational Status, Occupation of Father, Occupation Of Mother, Family Monthly Income, Type of Family, Religion, Type of house, were not significant at 0.05 level. Thus the hypothesis H02 - There will be no significant association between pre-test level of knowledge score of adolescent girls with selected demographic variables is accepted.

Effective ness Of Knowledge	Mean	Mean %	SD	Enhance ment	df	T Value	P Value	Interference
Pre-test	9.41	31.36 %	3.34	12.59 %	59	25.27	<.0001	Significant
Post-test	22	73.33 %	4.32					

Keywords: Menstruation, Adolescence girls, Menstrual health, Menstrual hygiene management.

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