

# Effectiveness Of Planned Teaching Program On Menstrual Hygiene Among Adolescent Girls At Selected Secondary Schools At Tirupati, AP.

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## Abstract:

Menstrual Hygiene Is An Hygienic Practice Maintained During Menstrual Period. Menstrual Flow Is Blood And Tissues Sloughed From The Endometrium Or Lining Of The Uterus. Learning About Menstrual Hygiene Is A Vital Aspect Of Health Education For Adolescent Girls<sup>1</sup>. Adolescence In Girls Signifies The Transition From Girlhood To Womanhood. The Present Study Aimed To Assess The Effect Of Planned Teaching Program On Menstrual Hygiene Among Adolescent Girls At Selected Schools Of Tirupati. The Present Study Adapted A Pre-Experimental Research Design And The Study Comprises One Group Pre-Test And Post-Test Design. Non Probability Purposive Sampling Technique Was Used And A Total Of 50 Adolescent Girls Involved In The Study. The Results Revealed A Pre-Test Mean Of 9.52 And Post-Test Mean Score Of 19.94 And The Mean Difference Obtained Is Of 10.42 With A Standard Deviation Of 4.99 and The Paired T-Value Obtained Is Of 14.7, With A P Value Of 0.001 Which Is Highly Significant At  $P < 0.05$  Level. A Significant Association Between The Knowledge Scores And Demographic Variables Such As Age And Type Of Family Was Found.

**Key Words:** Adolescent Girls, Menstrual Hygiene, Planned Teaching Program

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## I. Introduction:

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 still there is a long standing need to openly discuss it<sup>2</sup>. Period-shame is rooted in gender inequality. Cultural and religious traditions around periods are often derived from discriminatory, patriarchal norms about a girl's status and place in society. As a result, girls and women are often expected to refrain from normal activities, such as bathing or cooking and may even be banished from the home during their period. If not properly managed, menstruation can interrupt daily life. Adolescents especially experience extremely painful periods which can affect their attendance and performance at school. A lack of adequate facilities and materials, restrictions on girls' movements during their period and feeling ashamed or 'unclean' also contribute to girls skipping school. Taboos, myths and shame surrounding menstruation can lead to teasing, shaming and exclusion from daily activities and have a negative effect on girls' feelings of dignity<sup>2</sup>.

Every month, 1.8 billion people across the world menstruate. Millions of these girls, women, transgender men and non-binary persons are unable to manage their menstrual cycle in a dignified, healthy way. The onset of menstruation means a new phase – and new vulnerabilities – in the lives of adolescents. Yet, many adolescent girls face stigma, harassment and social exclusion during menstruation. Transgender men and non-binary persons also face discrimination due to their gender identity, depriving them of access to the materials and facilities they need. Menstrual health and hygiene interventions can help overcome these obstacles. Not only do they fulfil the unmet demand for menstrual hygiene products; they also protect dignity, build confidence, and strengthen sexual and reproductive health, particularly among adolescents<sup>3</sup>.

## II. Materials and methods:

The present study was carried out at selected schools of tirupati locality. The quantitative research approach and pre experimental pre-test and post-test design was adapted for the present study. The sample size comprises of 50 and sampling technique followed is of non-probability purposive sampling technique.

### Schematic presentation of research design:

Group	Before (O <sub>1</sub> )	Intervention (X)	After (O <sub>2</sub> )
A	Pretest using structured knowledge questionnaire	Planned teaching program	Post-test using structured knowledge questionnaire

- A: Adolescent girls within the age group of 14-16years
- O: Pretest scores of Knowledge regarding self-breast examination
- X: Video assisted teaching on breast self-examination
- O: Pretest scores of Knowledge regarding self-breast examination

**Variables of the study:** Independent variable of the study comprises planned teaching program, whereas dependent variable of the study comprises level of knowledge of adolescent girls regarding menstrual hygiene.

**Description and development of tool:** The tool comprises a self-structured questionnaire presented in two parts. First part comprises demographic profile of the adolescent girls such as age, religion, education and family income, and type of family. Part I comprises 21 structured questions on menstrual hygiene.

Item analysis of each item in the tool is performed and necessary corrections were been carried out. Reliability of the tool was tested using test retest method and the obtained  $r=0.89$  indicates that the tool is highly reliable. Tool validity was checked by submitting the tool to the experts and necessary corrections was carried out. Hence a highly reliable and valid tool is used in the present study.

**Methods of data collection:** Permission from the authorities of the school is obtained and a pre-test was conducted on the first day of the visit followed by where the adolescent girls were provided in-depth education regarding menstrual hygiene was provided. Every component is explained in detail and necessary clarification is provided at times of need. After 21 dyas of gap a post test is conducted without any teachings. A written informed consent was obtained from the study participants.

**Data analysis:** thus the collected data is analyzed using descriptive and inferential statistics. Frequency and percentages are used to describe the demographic characteristics and mean, standard deviation is used to describe the pretest results. Paired t-test was used for comparing pre and posttest level of knowledge to assess the effect of planned teaching on menstrual hygiene. Chi-square was used to associate the level of knowledge on menstrual hygiene with that of selected demographic variables of the study.

**Results:**The results of the study are presented under three parts such as description of demographic variables, level of knowledge of adolescent girls and comparison of pre-test and post-test knowledge scores of adolescent girls.

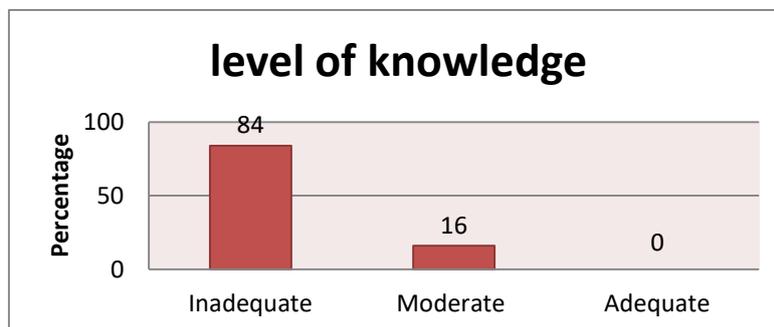
**Table.1: Description of demographic variables of the participants under study**

S.No	Demographic variable	Frequency	Percentage
1.	Age in years		
	a. 12-13years	17	34
	b. 14-15years	14	28
	c. 16-17years	19	38
2.	Religion		
	a. Hindu	24	48
	b. Muslim	13	26
	c. Christian ‘	13	26
3.	Family income		
	a. Below 10,000	11	16
	b. 10000-20,000	32	58
	c. Above 20,000	7	26
4.	Area of residence		
	a. Rural	18	36
	b. Urban	23	46
	c. Semi urban	09	18
5.	Type of family		
	a. Nuclear family	24	48
	b. Joint family	17	34
	c. Extended family	9	18

The above table describes that the maximum number of girls 37% were in the age group of 16-17 years, and maximum of the study group 48% where belonged to Hindu religion, maximum 58% adolescents family income ranged below 10,000-20,000Rs/month, maximum 23% of them resides in urban locality, and maximum of them 48% belong to a nuclear family.

**Table 2: Pre-test level of knowledge of adolescent girls regarding breast self-examination**

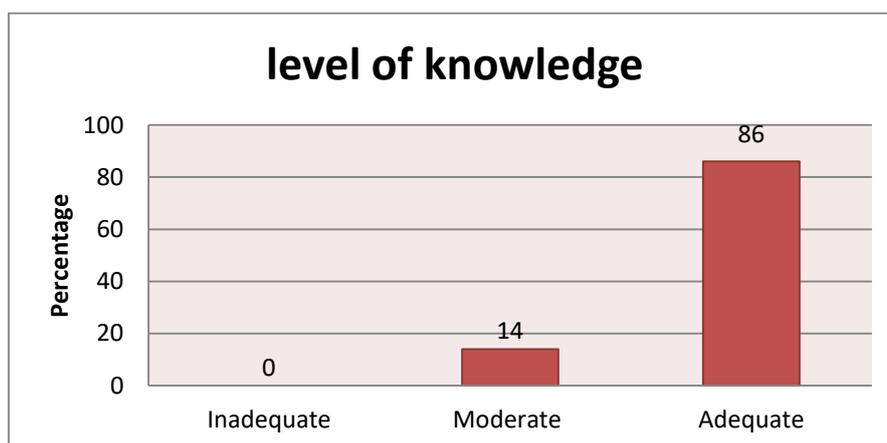
Level of knowledge	Frequency	Percentage	Pre-test mean	Standard deviation (±)
Inadequate	42	84	9.52	5.23
Moderate	8	16		
Adequate	-	-		



The pretest knowledge scores revealed that a maximum number of students 84% had inadequate knowledge of menstrual hygiene, 16% had moderate knowledge, while none of them had adequate knowledge. The pre-test mean obtained was 9.52 with a standard deviation of ± 5.23. From the table presented above it is evident that the adolescents lack knowledge regarding menstrual hygiene.

**Table 2: Level of knowledge of adolescent girls regarding breast self-examination in the post test**

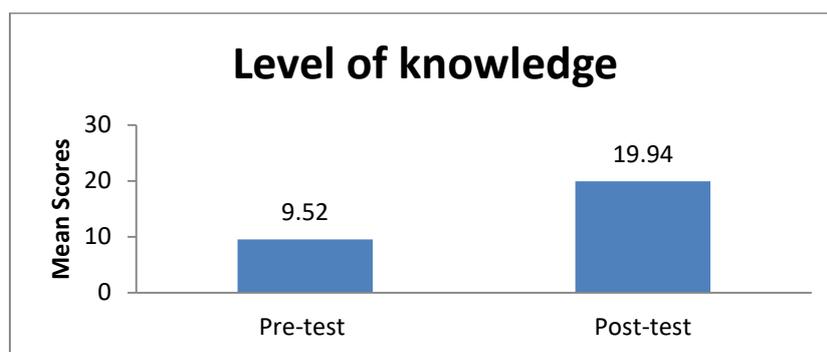
Level of knowledge	Frequency	Percentage	Post-test mean	Standard deviation (±)
Inadequate	-	-	19.94	6.41
Moderate	7	14		
Adequate	43	86		



The post-test knowledge scores revealed that a maximum number of students 86% had adequate knowledge of menstrual hygiene, 14% had moderate knowledge, while none of them had inadequate knowledge. The post-test mean obtained was 19.94 with a standard deviation of ± 6.41.

**Table 3: Comparison of pre-test and post-test knowledge scores regarding breast self-examination**

S.No	Assessment	Mean and SD	Mean difference	Paire 't' value	P value
1.	PRE TEST	9.52± 5.23	10.42	14.712	0.000
2.	POST TEST	19.94±6.41			



From the data presented above it is evident that the pretest mean obtained was 9.52 with a standard deviation of  $\pm 5.23$ , whereas post-test mean obtained was 19.94 with a SD of  $\pm 6.41$ . The paired t-test value obtained was 14.712 and the p value thus obtained was 0.000 which is highly significant at  $p < 0.05$  level.

The association between level of knowledge and demographic variables was determined by chi-square test. Results revealed that age, education and type of family found to have a significant association with that of level of knowledge of adolescent girls with regard to breast self-examination.

### III. Conclusion:

The present study concluded that the maximum of adolescent girls in the study does not have adequate knowledge regarding breast self-examination. The pre-test mean score obtained was of 9.52 and the post-test mean score of 19.94 was found to have a highly significant difference at  $p < 0.05$  level. Hence it is concluded that planned teaching is found to be effective in improving the level of knowledge of adolescent girls. The study findings also revealed that there exists a significant association between level of knowledge and demographic variable age, education and type of family.

### IV. Recommendations:

- Menstrual hygiene is an essential component of overall health of girls and need a special focus.
- Community level programs especially in rural community helps in educating girls regarding menstrual hygiene and promotion of quality of life.
- Mass campaigns and in school education promotes knowledge and enhances confident participation of girls in curricular and curricular activities that promote their wellbeing.

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