

“ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING SELF CARE AMONG ADOLESCENT GIRLS”

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ABSTRACT

Teenagers within the ages of 10 and 19 are considered teenagers by the World Health Organization, or WHO. It is sometimes referred to as "growing-up decades" or "not at all youngsters not grownups." The Latin term "adolescent," which means "to develop" or "to mature," is the root of the English word "adolescence."

Life is a dynamic process in which a different stage comes and every stage of life comes with different problems. Adolescent is a period of transition between childhood and adulthood.

Teenage girls are a particularly susceptible group, especially in India, where female children are often ignored. In Indian culture, menstrual is still seen as filthy or disgusting. Awareness and understanding of the topic are necessary for the response to menstruating. The method through which a girl understands about her menstruating and its related changes one may have an impact on her response to the event of menarche. Despite being a normal occurrence, menstruation is associated with a number of myths and behaviors that might occasionally have a negative impact on one's well-being.

INTRODUCTION

Teenagers within the ages of 10 and 19 are considered teenagers by the World Health Organization, or WHO. It is sometimes referred to as "growing-up decades" or "not at all youngsters not grownups." The Latin term "adolescent," which means "to develop" or "to mature," is the root of the English word "adolescence."

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Teenage girls are a particularly susceptible group, especially in India, where female children are often ignored. In Indian culture, menstrual is still seen as filthy or disgusting. Awareness and understanding of the topic are necessary for the response to menstruating. The method through which a girl understands about her menstruating and its related changes one may have an impact on her response to the event of menarche. Despite being a normal occurrence, menstruation is associated with a number of myths and behaviors that might occasionally have a negative impact on one's well-being.

Effective menstrual hygiene is vital to the health, well-being, dignity, empowerment, mobility and productivity of women and girls. Menstruation is a taboo subject across the world, which

can lead to misinformation and promotion of dangerous menstrual hygiene practices.

Adolescent girls particularly from developing world have inadequate knowledge of maintenance of hygiene during menstruation. Adolescence is the time of puberty in which a substantial change in physical, mental, and emotional are observed; Nutritional requirements significantly rise as a result. Even though improving adolescent girls' nutritional status helps to break the intergenerational cycle of malnutrition, many studies focus on determining the nutritional status of under-five and pregnant women and even they don't show disparities between urban and rural adolescent girls.

Every month, 1.8 billion people across the world menstruate. In India, menstruation is surrounded by myths and misconceptions with a long list of do's and don'ts for women. Poor menstrual hygiene is one of the major reasons for the high prevalence of Reproductive Tract Infection in the country and contributes significantly to female morbidity.

In India approximately 53.5% of the female population, is of reproductive age. In recent years, the tremendous publicity given to sanitary products by means of social communication such as, television, radio, and other audio-visual aids has indirectly exposed the concept of menstruation to the public.

It is a matter of great surprise that many young girls, even today, are completely ignorant when they get their first period, especially in the lower social strata of society. The survey (2008) found that 41% of respondents were not psychologically prepared for menstruation. Around 89% of women used cloth as an absorbent; 53% of them used the same cloth for two months. Around 14% of women said they suffered from urinary tract infection. According to data from the National Family Health Survey-5 (2019-21), 59.1% of teenage females had anemia. The NFHS 4, which data also showed a concerning trend, with over 41.9% of school-age girls being underweight.

Objective: The objective of study (1) to assess the level of knowledge regarding selfcare among adolescent girls in selected schools of Moradabad before and after intervention. (2) To find out the effectiveness of structured teaching program regarding self-care among adolescent girls in selected schools of Moradabad. (3) To find out the association between the pre-test level of knowledge regarding self-care among adolescent girls with their socio demographic variables.

Method: True-experimental research design was used to the study conducted to assess the Effectiveness of structure teaching

program on knowledge regarding self-care among adolescent girls in selected school at Moradabad till the time of data collection and sample size was 30. Non-probability purposive sampling technique was used for the data collection and the data was collected by Socio-demographic variable and Self-structured knowledge questionnaire regarding self-care. The collected data was organized in master data sheet and analyzed using descriptive and inferential statistics as per objectives of the study, using SPSS version 20.

Development of tool for data collection: The data collection tools were divided into two sections

Section-A: Socio-demographic variables Demographic variables consist of 9 item (Age, religion, occupation of father, occupation of mothers, education of mothers, education of father, Economic status, monthly income, area of living.

Section-B: Self Structured Questionnaire on understanding care for oneself.

To evaluate teenage girls' taking care of oneself knowledge, self-structured questions comprising twenty-six questions were developed.

Interpretation of knowledge score

S.NO	Score	Grades
1	0-13	Poor
2	14-18	Average
3	19-26	Good

RESULT

The data analysis of level of knowledge revealed that out of 30 samples, 83% had Poor knowledge, 17% average knowledge in pretest, but after the intervention, there was a significant in post-test scores that majority of participants 73% had good knowledge, 27% had Average knowledge and no one had Poor knowledge. Also, the mean post-test scores the knowledge 20.3

of overcoming the mean pre-test score the knowledge of 11.76 hence it shows the effectiveness of structured teaching program regarding self-care. Score with 't' value 13.72 from 29 df, at 0.05 level of significant. The chi square test revealed that there is significant association between the adolescent girls with their self-care.

DEMOGRAPHIC PROFILE OF THE SUBJECT:

DEMOGRAPHIC VARIABLES	CHARACTERS	FREQUENCY	PERCENTAGE
AGE	10-12	5	16.7%
	13-15	18	60.0%
	16-18	7	23.3%
RELIGION	Hindu	16	56.6%
	Muslim	11	66.7%
	Christian	2	6.7%
	Other	1	3.33%
EDUCATION OF MOTHER	No formal education	16	53.3%
	Secondary education/ H secondary education	6	20.0%
	UG	5	16.7%
	PG	3	10.0%

EDUCATION OFFATHER	No formal education	8	26.7%
	Secondary education/ H secondary education	18	60.0%

	UG	3	10.0%
	PG	1	3.3%
TYPE OF FAMILY	Nuclear family	10	33.3%
	Joint family	17	56.7%
	Extended family	3	10.0%
	Other	0	0%
AREA OF LIVING	Rural	17	56.7%
	Urban	8	26.7%
	Semi urban	5	16.7%
ECONOMICSTATUS	<10,000	12	40.0%
	10,000-20,000	13	43.3%
	>210,000	05	16.7%
OCCUPATION OFFATHER	Govt. employee	2	6.7%
	Private	13	43.3%
	Self-employee	14	14.7%
	Un employee	01	3.3%
OCCUPATION OFMOTHER	Govt. employee	2	6.7%
	House maker	25	83.3
	private	02	6.7%
	Self employe	1	3.3%

EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM:

1. Analysis of existing knowledge of adolescent girls:

Percentage and mean of the pre test
N=30

Minimum	Maximum	Percentage	Mean	SD
24	6	45.23	11.76	2.69

2. Comparison of pre and post test levels of knowledge about self-care among adolescent girls

	MEAN	SD	DF	PAIRED "t" TEST
PRE TEST	11.7	2.69	29	13.275 t Tab- 2.78
POST TEST	20.3	1.622		

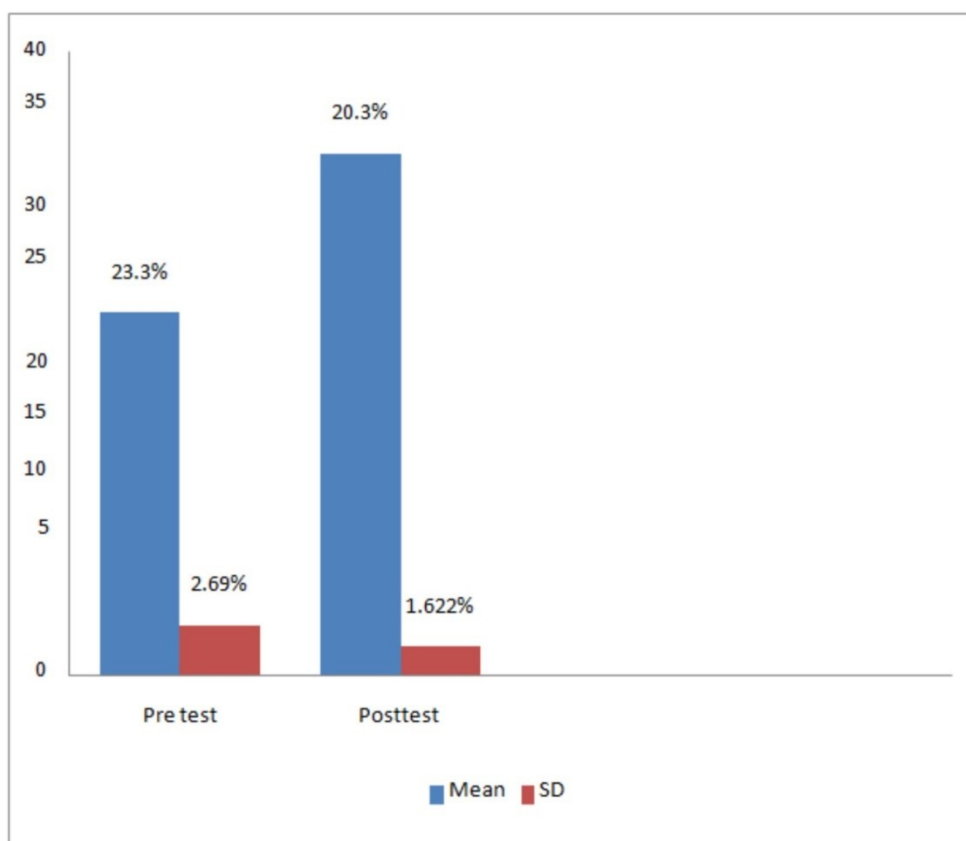


Fig: Pre-test as well as post-test knowledge of health and well-being among teenage girls.

ASSOCIATION OF KNOWLEDGE SCORE WITH DEMOGRAPHIC VARIABLES:

Variable	Average	Poor	Calculated value& df	P- Value
Age in year				
a) 10 to 12	0	5	1.627	0.443

b) 13 to 15	4	14	df=2	
c) 16 to 18	2	5		
Religion				
a) Christian	0	2	1.023 df=3	0.796
b) Hindu	4	12		
c) Muslim	2	9		
d) Other	0	1		
Mother education				
a) No formal education	2	14	3.229 df=3	0.358
b) PG	0	3		
c) UG	2	3		
d) Secondary/ H secondary education	2	4		
Father education				
a) No formal education	1	7	1.962 Df=3	0.580
b) PG	0	1		
c) UG	0	3		
d) Secondary/H secondary education	5	13		
Types of family				
a) Extended	0	3	3.979	0.137

b) Joint	2	15	df=2	
c) Nuclear	4	6		
Living Area				
a) Rural	2	15	2.252 df=2	0.324
b) Semi urban	1	4		
c) Urban	3	5		
Father Occupation				
a) Govt. Employed	0	2	0.845 df=3	0.839
b) Private	3	10		
c) Self-employed	3	11		
d) Unemployed	0	1		
Mother Occupation				
a) Govt. Employed	0	2	1.500 df=3	0.682
b) House maker	6	19		
c) Private	0	2		
d) Self employed	0	1		
Economic status				
a) <10,000	1	11	5.040 df=2	0.080
b) 10,000-20,000	5	8		
c) >21,000	0	5		

DISCUSSION

Finding related to pre test level of knowledge regarding self-care

Teenage girls' knowledge was rated as average by 17%, poor by 83%, and above-average by 0% during the prior evaluation.

Finding related to post test level of knowledge regarding self-care

During post test assessment, 73% percent of adolescent girls seemed have good knowledge, 27% percent seemed to have average knowledge, and 0 percent seemed to have poor knowledge.

Findings connected with effectiveness of educational package about self-care.

Inside intervention group, average pre-test knowledge value were 11.76 as well as SD value was 269, while the mean post-test knowledge value was 20.30 and the SD value was 1.62. The calculated value of the paired't' test was 13.275, and the table value was 2.78, that is statistically 0.05 levels. The educational package's effectiveness revealed an improvement in the knowledge of the adolescent girls in the treatment category.

CONCLUSION

The researchers came to the conclusion that planned instruction is a useful method for increasing knowledge as well as there is a strong correlation between level of knowledge and selected demographic variables regarding for self-care among adolescent girls. Teaching nursing students how to use education packages continue providing health education in public schools, healthcare facilities, and community members.

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