



A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING PREMENSTRUAL SYNDROME AMONG ADOLESCENT GIRLS IN SELECTED SCHOOLS AT PERINTHALMANNA.

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ABSTRACT:

The present study was conducted to assess the effectiveness of structured teaching programme on knowledge regarding premenstrual syndrome among adolescent girls in selected school at Perinthalmanna. The objectives were :Assess the knowledge on premenstrual syndrome among adolescent girls, Evaluate the effectiveness of structured teaching programme on of knowledge regarding Premenstrual Syndrome, Find the association between the level of pre-test knowledge regarding Premenstrual syndrome among adolescent girls with selected demographic variables. The **methodology** are ;The study design was pre – experimental one group pre-test post-test design. The population in the study were the adolescent girls between the age group of 16 — 18 years studying in selected schools at Perinthalmanna, Malappuram, convenient sampling technique used for selecting, samples (N=60). A structured

knowledge questionnaire regarding pre-menstrual syndrome. The tool was validated by experts. The pretesting and reliability of the tool was done before pilot study. After pilot study, main study was conducted and data were collected. The data obtained were analysed based on the objectives and hypothesis using descriptive and inferential statistics.

Results : In the present study findings shows that the mean post-test knowledge score (23.1833) of samples was higher than pre-test knowledge score (10.1500). The pre-test knowledge score on PMS shows that majority of samples 28(46.7%) had poor knowledge, 27(45.0%) had average knowledge, 5(8.3%) had good knowledge and no samples have excellent knowledge. The post-test knowledge score shows that majority of the sample 56(93.3%) had excellent knowledge and none of the samples having poor and average knowledge. The calculated 't' value (25.936) was higher than table value ($t_{59}=2.0010$) at 0.05 level of significance. Hence the research hypothesis was accepted. This shows planned teaching programme was effective in terms of improving the knowledge of samples regarding premenstrual syndrome. The chi square value of age ($\chi^2=9.249$, table value 9.488), class of study($\chi^2=0$, Table value 7.851), age of menarche ($\chi^2=2.857$, table value 9.488), education of mother ($\chi^2=17.065$, table value 18.307), monthly family income ($\chi^2=1.039$, table value 5.991), Area of residence ($\chi^2=3.549$, table value 9.488) and source of information ($\chi^2=5.674$, Table value 15.507) were less than that of the table value which reveals that there was no Associations of pre test knowledge score with the selected demographic variables. **Conclusion:** The study findings revealed that there was significant increase in the post test knowledge scores than pre test scores, which indicates that the teaching programme given to adolescent girls was effective. The findings of the study revealed that there was no association between pre-test knowledge score and selected demographic variables. **Keywords** used are premenstrual syndrome, effectiveness, structured teaching programme, adolescent girls, Knowledge.

BACK GROUND OF THE STUDY

Menstruation is the visible manifestation of cyclic physiological uterine bleeding due to shedding of the endometrium. In majority, apart from bleeding per vagina, there may be premonitory symptoms such as pelvic discomfort, headache, fullness of breast, myalgia, depression just prior to menstruation. If these premonitory symptoms are predominant, these are grouped into a syndrome called premenstrual syndrome. Menstruation is experienced by women between puberty and menopause. Menstruation can start between the age of 8 and 18 and lasts until between ages 40 and 60. The menstruation cycle of most women is about 28 days, though it may vary considerably from one month to another. Menstruation is a regular and normal process occurring every month, but many of the girls are not considering the ailments experienced in relation to menses. Most of them are bearing the ailments by thinking that all girls will experience. Many women across a range of very different culture, experience various menstrual problems that ranges from a mild discomfort like acute pain, anxiety, lethargy, household confinement, blood loss, irregularity, weakness to severe problems like affecting daily activities make this an unpleasant event to many of them. In majority, apart from bleeding per vagina there is no symptom. Initially, it begins as pink discharge but on day 2 and 3 it becomes dark red. In teenagers or nulliparous, there may be associated tolerable colicky pain at the beginning due to uterine contraction. If the pain is sufficient magnitude as to incapacitate the day-to-day activities it is called dysmenorrhea.² Often a stress of physical and emotional turn is observed in some particular group of females just for 1-2 weeks prior to menstruation which are apparently vague, bizarre and troublesome called premenstrual syndrome or premenstrual tension. Premenstrual syndrome is a common cause of physical, psychological and social problems in women of reproductive age.

NEED AND SIGNIFICANCE

Premenstrual syndrome is an entity that causes considerable morbidity, in about 3% of the women. It may disrupt the woman's life when severe symptoms recur. Many women have premenstrual cyclic symptoms of psychological or physical nature and sometimes these limit their functional capacity. The prevalence of premenstrual syndrome in general is about 2-10% for disabling symptoms, while minor symptoms present up to 80% of women. Premenstrual syndrome is a prevalent, yet undertreated, disorder in adolescent schoolgirls, which adversely affects their emotional wellbeing and educational performance, representing a significant public health problem.¹² A recent study conducted on Premenstrual syndrome among adolescent girl students in a rural school of West Bengal, India, shows 3021 girls of 13-19 years of had premenstrual symptom some or the other. 62.7% girls reported depression and 70.5% girls' anger. Irritability was reported to be as high as 84.8%. anxiety and confusion were reported by 76.0% and 66.8%

adolescent girls, respectively. Around one-third of girls experienced breast pain, and 55.3% of girls have also faced social rejection during that period. Headache and abdominal distention were reported by around 55% students. Only 14.7% of them reported limb swelling in premenstrual period.

REVIEW OF THE LITERATURE

A cross-sectional study conducted during the period of October 2007 – November 2007, at St. Theresa's girls Higher Secondary School at Chengaroor of Pathanamthitta district. Study group included 501 adolescent girls from 6th and 9th std. They were given a prepared questionnaire to be filled up. General physical examination was done for each student. Further an expert gynaecological examination was done for those who had menstrual problems and the observations were evaluated. The data were analysed, statistical significance was found out by chi-square considering P value <0.05 where ever necessary. A total number of 501 adolescents of age group between 10-15 years contributed the study population. The maximum of the 501 adolescent girls 338 (67.5%) attained menarche. Majority of the adolescents were in the age group of 12-14 years (94.7%). The mean age at menarche was 12.2 years.

Prospective–correlational design was employed among 858 university students. Data collected in regards to daily record of signs of PMDD and PMS, academic motivation, and student's involvement. Prevalence of PMS was 92.3% and that of PMDD was 7.7%. There were significant differences in self-determination levels between students with PMS and those with PMDD. PMDD symptoms have a negative impact on female students' academic performance; thus, mental health professionals have a major role in determining factors that buffer severity of PMDD among females.

A pre-test was conducted by using knowledge questionnaire related to Premenstrual syndrome. Immediately after pre test self- instructional module was given to the adolescent girls to read about the premenstrual syndrome for 7 days and 8th day post test was conducted to assess the effectiveness of SIM. Collected data was analysed by using descriptive and inferential statistics. In pre-test, the mean score of the sample was 6.73 and the post- test mean score was 23.54 with Paired –'t' value of 21.82. This showed that the SIM was effective in enhancing the knowledge of the adolescent girls regarding premenstrual syndrome. There was a statistically no significant association found between the post test scores of the sample with their demographic variables. The findings imply the need for educating adolescent girls on effective management of Premenstrual syndrome. Education should be extended to parents and school peer leaders to address the reproductive health needs of adolescents.

STATEMENT OF THE PROBLEM

“A study to assess the effectiveness of structured teaching programme on knowledge regarding premenstrual syndrome among adolescent girls in selected school at Perinthalmanna.”

OBJECTIVES

1. Assess the knowledge on premenstrual syndrome among adolescent girls .
2. Evaluate the effectiveness of structured teaching programme on of knowledge regarding premenstrual syndrome .
3. Find the association between the level of pre-test knowledge regarding premenstrual syndrome among adolescent girls with selected demographic variables.

HYPOTHESIS

H1: The mean post-test knowledge score of adolescent girls on premenstrual syndrome is significantly higher than that of mean pre-test score.

H2: There is a significant association of knowledge regarding premenstrual syndrome with selected demographic variables.

CONCEPTUAL FRAMEWORK

Health Belief Model by Rosenstock and Becker and Maiman (1978).

RESEARCH METHODOLOGY

Research approach : quantitative approach

Research design : pre– experimental one group pre-test post-test design.

Setting : Presentation higher secondary school, Perinthalmanna.

Sample : adolescent girls between the age group of 16 – 18 years studying in selected schools at Perinthalmanna.

Sample size : 60 adolescent girls in selected school Perinthalmanna.

Sampling technique : convenient sampling technique .

Tools and technique :

Tool 1: - Socio demographic Performa

Demographic Performa comprises of items which include; age, class of study, education of mother, age of menarche, monthly family income, area of residence, source of information on premenstrual syndrome, previous experience of teaching programme on Premenstrual syndrome of adolescent girls.

Tool 2: - Structured knowledge questionnaire

Structured knowledge questionnaire on the management of PMS was used to collect the data from the sample for assessing their level of knowledge regarding the management of PMS. The results were interpreted as poor, average, and good on the basis of total score obtained by them.

Data collection process

Formal permission was obtained from the concerned authorities of selected school to conduct the main study. The data collection was carried out from 10/10/2022 to 17/10/2022. The subjects were 60 adolescent girls. After a brief self-introduction, the investigator explained the purpose of the study and obtained informed consent from the Subjects. On day one the investigator assessed the demographic data as well as the knowledge level by administering structured knowledge questionnaire. The structured teaching program regarding premenstrual syndrome was administered for a period of 30-45 minutes on the same day. On seventh day post test level of knowledge of the subjects were assessed by using the same structured knowledge questionnaire.

Ethical consideration

The study was approved by the ethical committee. Formal permission was obtained from the subjects prior to the data collection. The subjects were informed that participation was voluntary and they had freedom to withdraw from the study. Confidentiality was maintained throughout the study and this was informed to the participants. No ethical issues were aroused during the course of the study.

RESULTS

The data was tabulated, analysed and interpreted using descriptive and inferential statistical method. The data are presented under following heading.

Section A: Description of demographic variables.

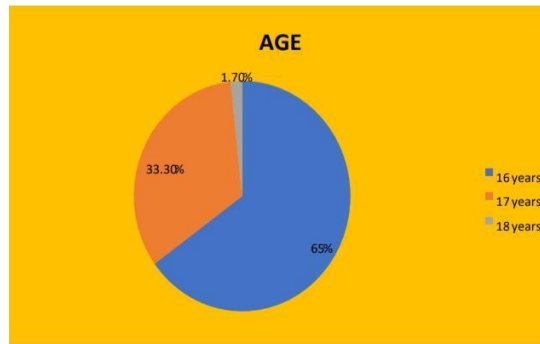
Section B: Description of knowledge scores of adolescent girls.

Section C: effectiveness of planned teaching programme in terms of gain in knowledge score.

Section D: Association between demographic variables and pretest knowledge score.

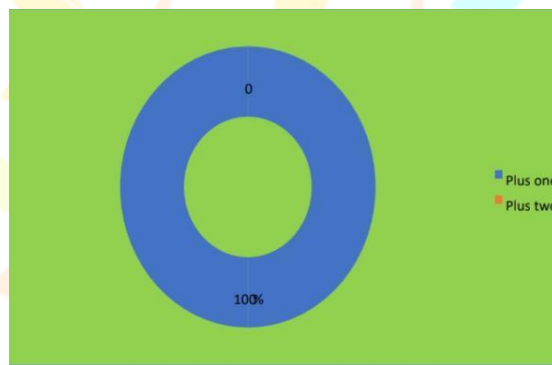
Section I: Description of demographic variables.

Figure 3.1: Age distribution of the samples



shows that majority of samples 39 (65%) were in the age of 16 years, 20 (33.3%) were in the age of 17 years and only 1 (1.7%) belongs to the age of 18 years.

Figure 3.2: class wise distribution of the sample



shows that all the samples 60 (100%) were in the class plus one.

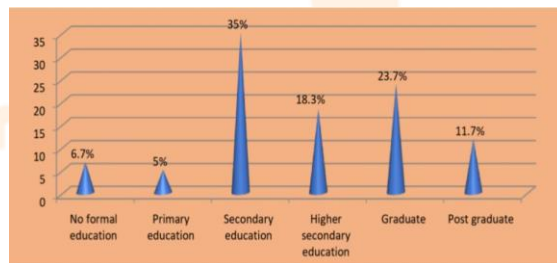


Figure 3.3: Distribution of samples based on education of mother

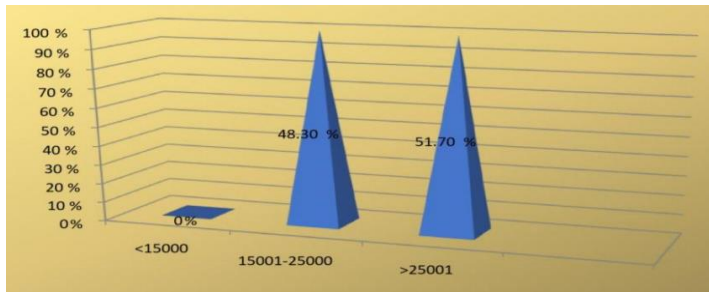
Majority of sample's mother 21 (35.0%) have secondary education, 14 (23.7%) were graduates, 11 (18.3%) have higher secondary education, 7 (11.7%) were post graduated, 3 (5.0%) have primary education and only 4 (6.7%) have no formal education.

Figure 3.4: Distribution of samples based on age of menarche.



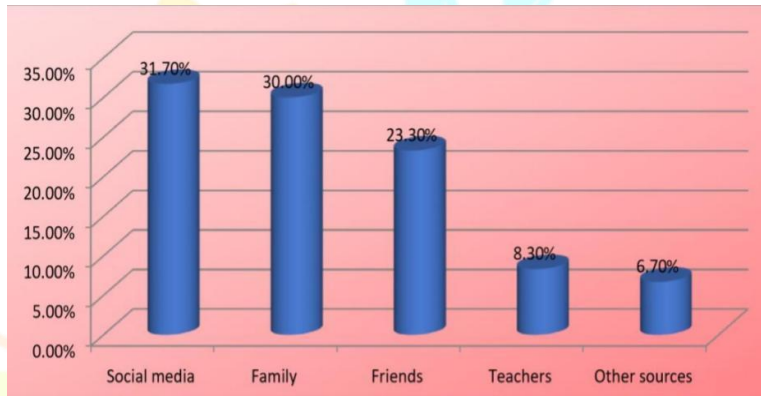
That majority of samples 46 (76.7) have menarche at the age of 12-14, 9 (15.0%) were at the age of >15 and 5 (8.3%) were at the age of <12.

Figure 3.5: Distribution of samples based on monthly family income.



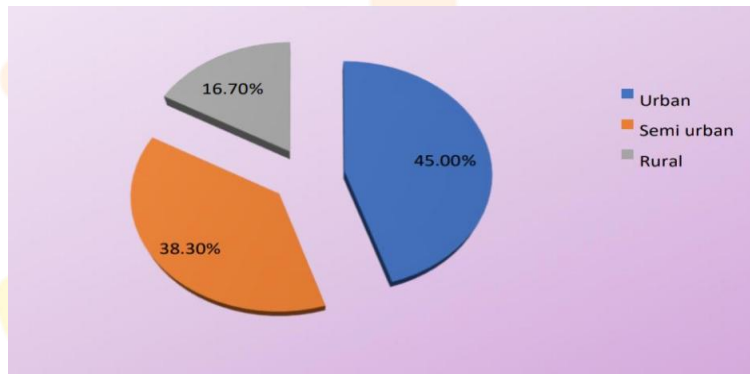
shows that majority of samples 31 (51.7%) belong to a monthly family income of >25001 Rs and 29 (48.3%) belong to Rs of 15001-25000 and none of them were belong to <15000.

Figure 3.6: Distribution of samples based on source of information.



shows that majority of samples 19 (31.7%) have received information from social media, 18 (30.0%) from their family, 14(23.3%) from friends, 5(8.3%) from teachers and only 4(6.7%) from other sources.

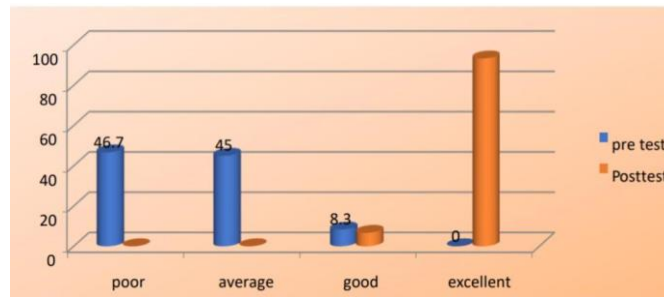
Figure 3.7: Distribution of samples based on area of residence.



Shows that majority of samples 27(45.0%) belong to urban area, 23(38.3%) belong to semi urban area and only 10 (16.7%) were from rural area.

Section II: Description of knowledge scores of adolescent girls

Figure 3.8 Frequency and percentage of pretest and post test score.



Shows the distribution of sample based on the pretest and posttest knowledge score on premenstrual syndrome. 28 students (46.7%) had poor knowledge, 27(45.0%) had average knowledge, 5(8.3%) had good knowledge and none of the students have (0%) had excellent knowledge. Whereas in posttest none of the students (0%) had poor and average knowledge, 4(6.7%) had good knowledge and 56 (93.3%) had excellent knowledge.

Section III: Effectiveness of planned teaching programme in terms of gain in knowledge score

Table 3.9: Effectiveness of planned programme in terms of gain in knowledge score

Sl.No	Parameters	Mean	Standard deviation	Mean difference	't' value
1.	Pre test	10.1500	3.9846	13.0333	25.936
2.	Post test	23.1833	1.50132		

Table value t₅₉= 2.0010

p<0.05*Significance

Table 3.9 shows that the mean posttest knowledge score (23.1833) was higher than mean pretest knowledge score (10.1500). The calculated 't' value (25.936) was higher than the table value (t₅₉=2.0010) at 0.05 level of significant. Hence the null hypothesis was rejected and research hypothesis is accepted. This shows that planned teaching programme was effective in terms of gain in knowledge score.

Section IV: Association between demographic variables and level of knowledge.

Chi-square value is the association between demographic variables and level of knowledge. In this study shows that, the chi square value of age ($\chi^2=9.249$, table value 9.488), class of study($\chi^2=0$, table value 7.851), age of menarche ($\chi^2=2.857$,table value 9.488), education of mother ($\chi^2=17.065$, table value 18.307), monthly family income($\chi^2=1.039$, table value 5.991), area of residence ($\chi^2=3.549$, table value 9.488) and source of information ($\chi^2=5.674$, table value 15.507) were less than its table value which reveals that there was no associations of pretest knowledge score with these selected demographic variables.

SUMMARY

In the present study, the researcher investigated the effectiveness of structured teaching program on knowledge regarding premenstrual syndrome among adolescent girls and its relation to demographic variables. The researcher found that there was a significant increase in the level of knowledge after structured teaching program and there was no association between pretest level of knowledge regarding premenstrual syndrome with any of the demographic variables.

CONCLUSION

The following conclusions were drawn on the basis of the study

1. In pre-test of 46.7% of samples were having poor knowledge, 45% of samples having average knowledge, 8.3% of samples having good knowledge and none of them having excellent knowledge regarding premenstrual syndrome.

2. In post-test 93.3% were having excellent knowledge 6.7% were having good knowledge 5% were having an average knowledge and none of them were having good and poor knowledge regarding the premenstrual syndrome.

3. The mean posttest knowledge score (23.1833) was higher than mean pre test knowledge score (10.1500). The calculated 't' value (25.936) was higher than table value ($t_{59}=2.0010$) at 0.05 level of significance. Hence the research hypothesis was accepted. This shows that planned teaching programme was effective in terms of improving the knowledge of samples regarding Premenstrual Syndrome.

4. The chi square value of age ($\chi^2=9.249$, table value 9.488), class of study ($\chi^2=0$, table value 7.851), age of menarche ($\chi^2=2.857$, table value 9.488), education of mother ($\chi^2=17.065$, table value 18.307), monthly family income ($\chi^2=1.039$, table value 5.991), area of residence ($\chi^2=3.549$, table value 9.488) and source of information ($\chi^2=5.674$, table value 15.507) were less than its table value which reveals there was no associations of pre test knowledge score with these selected demographic variables.

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