

A Quasi Experimental Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge and Attitude regarding Reproductive Health among Adolescent Girls in Selected Senior Secondary Schools, Barwala (Hisar)

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Abstract: Adolescence is bounded by the advent of puberty at the lower end and the capacity to take on adult responsibilities at the upper end. In our society adolescents are 'neither fish or nor fowl', as the saying goes neither children nor adult. Right to freedom of thought as women should be offered all necessary information relevant for their health without any preconceived assumptions based on their religion, tradition or others. **Objectives:** To assess the level of knowledge & attitude of adolescent girls regarding reproductive health. To prepare and administer structured teaching programme. To assess the effectiveness of structured teaching programme on reproductive health by comparing the pretest - posttest score. To determine the association between their knowledge score selected demographic variable, age, sex, education, religion, type of family. The Methodology used for study is Research approach: Evaluative research approach will be used in this study. **Research Design:** Quasi - experimental research design will be used in this study. **Research Setting** senior secondary school of Barwala (Hisar). **Targeting Population:** The population were included in the present study is the adolescent girls (13 - 19). **Sample Size:** In this study 50 adolescent girls will we select in this study. **Sampling Technique:** Subject will be selected by purposive sampling technique will be used in the study. **Tool for Data Collection:** It consists of selected demographic variable information such as Age, religion, education, source of information, income, type of family. **Method of Data Analysis:** Descriptive and inferential statistics will be used for data analysis that is mean, median, standard deviation, percentage distribution and paired "t" test, correlation and coefficient test, chi square test will be used in this study. **Results:** The study concluded there is post test knowledge on reproductive health will significantly more than the mean pre test knowledge and attitude among adolescents of age group 13 - 19 years.

Keywords: Adolescence, Structure Teaching Programme, Knowledge, Attitude, Reproductive Health

1. Introduction

"Reproductive health is more than freedom from sexual disease and disorders."

"The future of India lies in the hands of our youth" is a cliché repeatedly used by our leaders, politicians, educationists and administrators. Yet, unfortunately the object of that statement, namely the youth of India, who today constitute nearly 22% (WHO) of the total population of our country are neglected, exploited and confused lot facing several problems, unprecedented in terms of complexity and nature.

Reproductive health is defined as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its function and processes.¹

Because the adolescent of today is the young married woman of tomorrow and the grandmother there after, it is important to pay attention to reproductive health needs and problems of adolescent females. Adolescence is the transitional period between childhood and adulthood. It is a stressful developmental period filled with major changes in physical maturity, sexuality, and cognitive processes,

emotional feelings, and relationships with others. The period of adolescence divided into three stages; early (10 - 14 years), middle (15 - 16 years) and late adolescence (17 - 21years).

Adolescence is bounded by the advent of puberty at the lower end and the capacity to take on adult responsibilities at the upper end. In our society adolescents are 'neither fish or nor fowl', as the saying goes neither children nor adult¹. On this way they may face troubles due to lack of right kind of information regarding their own physical and sexual development².

Increasing penetration of international mass media is changing the social values and shifting the standard of societal behavior from conservatism to liberal interaction with both sexes. Adolescents find themselves sandwiched between a glamorous western influence, which arouses their curiosities and instincts, and stern conservatism at home, which strictly forbids discussion on sex. This dichotomy aggravates the confusion among adolescents³. Changes in social values may lead to increased premarital sexual activity, pregnancy and possibly child bearing among unmarried girl, apart from increasing incidence of abortion and STD's (4.5)

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Reproductive health is an important component of general health, it is prerequisite for social and economic and imperative because human energy and creativity are driving forces of development. In the past few years, the issues of Reproductive Health/Rights (RH/RR) have been increasingly perceived as social problems; they have emerged as a matter of increasing concern throughout the developed and developing countries. Bangladesh has achieved remarkable progress in important aspects of health and family welfare since Independence. However, the overall health status, particularly the status of reproductive health, still remains unsatisfactory (1). The insufficient health services available to women and children are evident from high infant and maternal mortality rates.

The common health problems faced by both rural and urban women of Bangladesh are lower abdominal pain accompanied by heavy bleeding, white discharge and irregularity of the menstrual cycle. The major concern, though, is that they do not discuss these since they do not consider these normal illnesses.

About 21% of total population in India is adolescents. Adolescents belong to vital age group not only because they are the entrant population to parenthood but also because they are threshold between childhood and adulthood. As they attempt to cross this threshold they face various physiological, psychological and development changes. The word "adolescent" derived from the latin word "adolescere". Which mean to grow to maturity that indicates the defining features of adolescence. Puberty is the time when the female bodies begin to change from girls bodies to women's bodies.

It usually occurs between the age 9 years to 19 years. In female that are association with puberty are enlargement of breast, growth of pubic hairs, body growth, acne and onset of menstruation.

Cook (1992) and Shaw (2006) had summarized and discussed the 11 main reproductive health rights which are: The right to life as the basic human right for each person, in practical example for it's violation is the high maternal mortality rates related to avoidable and preventable reasons. Right to liberty and security, as an example forced sterility and forced pregnancy. Right to equality and to be free of discrimination is another important right where any discrimination based on gender, social status, language or any other discrimination might have deteriorating consequences on women's reproductive health. Right to privacy while receiving any reproductive and sexual health care such as family planning and using contraceptives.

A statistical result shows that the current adult prevalence rate is about 15% the rate among the youth is however believed to be higher (NAC 2007 UNAIDS, 2008). Other press reports indicate that 67%, of new infection are among young people aged between 15 - 24 years. In India adolescent girls accounts for a little more than 1/5th of the population (21.4%). Out of an estimated 200 million adolescent girls accounts for slightly less than 100 million due to disproportional sex ratio reproductive health services.

Problem Statement

A quasi experimental study to assess the effectiveness of structured teaching programme on knowledge and attitude regarding reproductive health among adolescent girls in selected senior secondary schools, Barwala (Hisar).

Objectives

- To assess the level of knowledge & attitude of adolescent girls regarding reproductive health.
- To prepare and administer structured teaching programme.
- To assess the effectiveness of structured teaching programme on reproductive health by comparing the pretest - posttest score.
- To determine the association between their knowledge score selected demographic variable, age, sex, education, religion, type of family.

Hypothesis

H0: The mean post test knowledge on reproductive health will significantly more than the mean pre test knowledge among adolescents of age group 13 - 19 years.

H1: There will be significant association between knowledge of reproductive and demographic variables.

2. Analysis and Interpretation

This chapter deals with the analysis and interpretation of data collected from 50 adolescent girl through a structured interview knowledge questionnaire to assess their knowledge regarding reproductive health among adolescent girl in senior secondary school Barwala.

Analysis has been defined as "the categorizing, ordering, manipulating and summarization of data to obtain answers to research hypothesis questions (Kerlinger 1993)".

Section A: Description of Demographic Variables of the Sample

Table 4: Frequency and Percentage Distribution of Sample Characteristic

Demographic Variables N=50			
Variables	Opts	Frequency (%)	Frequency (f)
Age in Years	13 - 14 yrs	38%	19
	15 - 16 yrs	26%	13
	17 - 18 yrs	36%	18
	19 yrs or above	0%	0
Education	Primary	48%	24
	Senior Secondary	50%	25
	Under Graduate	2%	1
	Post Graduate	0%	0
Type of Family	Nuclear	10%	5
	Joint	20%	10
	Extended	70%	35
Religion	Hindu	32%	16
	Muslim	40%	20
	Sikh	28%	14
	Christian	0%	0
Source of	News paper	42%	21

information	Television	20%	10
	Radio	38%	19
	Friends	0%	0

Table - 4 shows that majority of the sample were 38% in the age group of 13 - 14 years.26% in age group of 15 - 16 years.36 % in the age group of 17 - 18 and 00% in the age group of above 19years and above. According to Education majority of sample (48%) were educated at primary and 50% were educated senior secondary and 2% under graduate

and no one post graduate. Distributions According to family majority of sample (10%) were nuclear and 20% were joint family 70% is extended family. According to Distribution of their religion depicts that the higher percentage of the girl (32%) were Hindu, 40% were Muslim and 28% from sikh and no one Christian. According to the source of information (38%) girl had information by radio and 20% girl had information

PART III

Table 8: Description of Pre - test and post test knowledge score:

Paired T Test	Mean	S. D.	Mean Diff.	Paired T Test	P value	Table Value at 0.05	Result
Pre Knowledge	9.60	1.690	4.500	16.310	<0.001	1.98	Significant
Post Knowledge	14.10	1.787					
		Maximum = 20					
		Minimum = 0					

From table, it is observed that the subject has good knowledge there regarding reproductive health in post test. The chi scare' test was worked out to the statistical significance among the subjects scores for knowledge. Invariably in all cases the test is significant at (i. e. P<0.001), research hypothesis is accepted.

Part IV

Table 9: Description of Pre - test attitude score

Criteria Measure of Attitude Score	Pre - test
Score Level (N=50)	
Poor Attitude (0 - 7)	23 (46%)
Satisfactory Attitude (8 - 14)	27 (54%)
Good Attitude (15 - 20)	0 (0%)
Maximum=20 Minimum =0	

The above Table depicts that 27% of girls have satisfactory attitude regarding reproductive health, 23.0% of girls have satisfactory poor attitude and no one had good attitude.

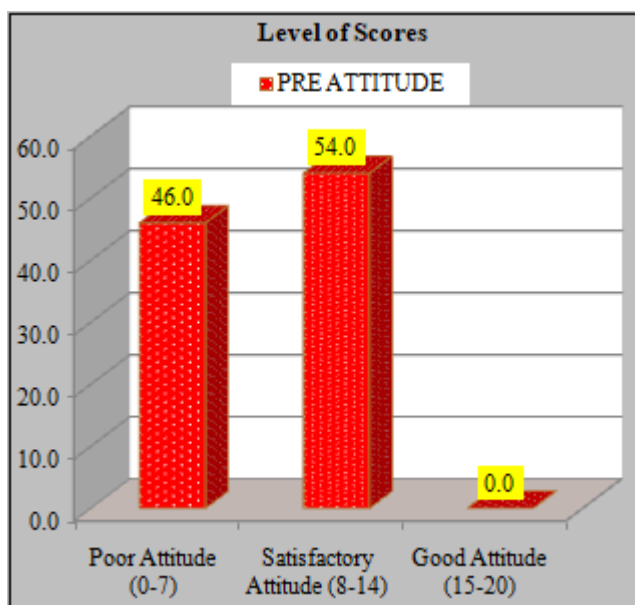


Figure 9.1: Diagram showing pre score level of attitude

Part IV

Table 9: Description of Post - test attitude score

Criteria Measure of Attitude Score	
Score Level (N=50)	Post
Poor Attitude (0 - 7)	0 (0%)
Satisfactory Attitude (8 - 14)	33 (66%)
Good Attitude (15 - 20)	17 (34%)
Maximum=20 Minimum =0	

The above Table depicts that 33% of girls have satisfactory attitude regarding reproductive health, 17.0% of girls have good attitude and no one had poor attitude.

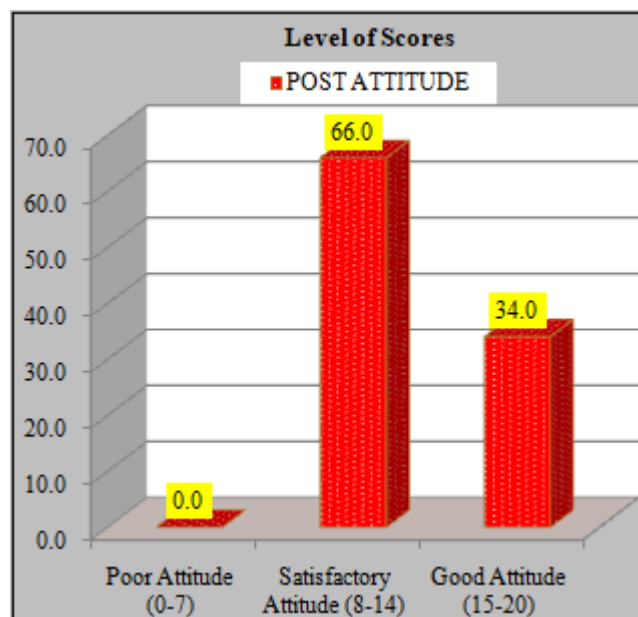


Figure 9.1: Diagram showing post score level of attitude

Part III

Table 6: Description of Pre - test and post test knowledge score

Criteria measure of knowledge score		
Score Level (N=50)	Pre	Post
Inadequate Knowledge (0 - 7)	8 (16%)	0 (0%)
Moderate Knowledge (8 - 14)	42 (84%)	28 (56%)
Adequate Knowledge (15 - 20)	0 (0%)	22 (44%)
Maximum=20 Minimum =0		

In this table, level of knowledge of adolescent girl showed that knowledge score increased after structured teaching programme.

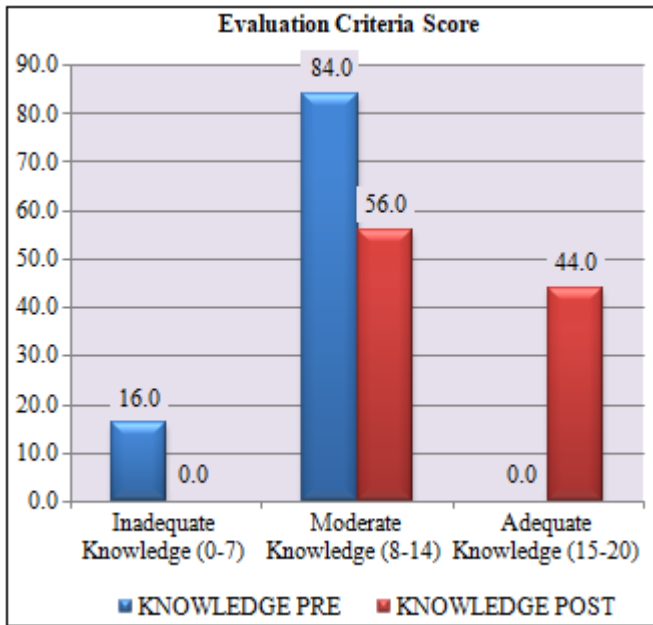


Figure 6.1: Diagram showing Level of Scores pre and post test

Table 7: Analysis the level of knowledge score of adolescent girls

Pre Knowledge Score	Mean	Median	S. D.	Range	Maximum	Minimum	Mean %
Pre Score	9.60	10	1.690	7	13	6	48.00
Maximum= 20 Minimum= 0							

In this table, level of knowledge of adolescent girls showed that mean percentage score (48.00%) was in the adolescent girls knowledge score. the mean value (9.60%) and the standard deviation regarding the knowledge level among the adolescent girls (1.690). in range of knowledge (7) and the maximum score (13) in knowledge, minimum score has (6) the level of knowledge on median score (10) adolescent girls on reproductive health.

Table 9.2: Description of Pre - test and post test attitude score, N= 50

Paired T Test	Mean	S. D.	Mean %	Mean Difference	Paired T Test	P value	Table Value at 0.05	Result
Attitude	PRE	7.60	2.231	38.00	6.060	14.587	0.0000	2.01
	POST	13.66	1.768	68.30				
Maximum= 20 Minimum= 0								

From table, it is observed that the subject has satisfactory attitude there regarding reproductive health in post test. The chi square test was worked out to the statistical significance among the subjects scores for attitude. Invariably in all cases the test is significant at (i. e. $P < 0.000$), research

Delimitation

- 1) The study is limited the adolescent girls only.
- 2) The adolescent girls who are studying in selected senior secondary schools
- 3) Adolescent girls who are willing to participate in the study.

3. Conclusion

The present research study is concluded with implications to nursing fields, limitations and delimitations with study designs and methods and recommendations for the future. The focus of this study was on assessment of the knowledge level of adolescent girls regarding reproductive health. This will help the adolescent girls to gain knowledge in the certain aspects of reproductive health.

The study involves Quasi experimental research design was adopted to achieve the objectives of the study. The samples size of 50 adolescent girls were collected by using the purposive sampling technique. The data was collected from the participants by using three parts tool Demographic data, a structured knowledge questionnaire and likert scale.

Reliability and validity of the tool was established by research committee of college of nursing These are considered as the best ways to assess the knowledge and attitude regarding reproductive health.

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“God our creator, guard us from causing any more suffering to others even if we have to suffer for others”. I am grateful to the almighty God for his grace and blessing throughout gratitude that can never be expressed in words, but this only being a deep perception, which makes the words to flow from one’s inner heart. I wish to express my sincere appreciation and deep sense of gratitude to all those who helped me in accomplishing this task successfully

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