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To assess the effectiveness of self-instructional module on knowledge regarding reproductive health among adolescent girls at selected pre university colleges at Kalaburagi

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Abstract
Background: Today's adolescent is tomorrow's adults who are the strength of the state. Today's adolescent girls are future homemakers. Most of the adolescents tend to be extremely unaware of their own body their physical wellbeing and psychological change. Half the adolescent age 12-15 years residing in 8th to 12th standards doesn't fathom menstruation until its onset.
Objectives: To evaluate the effectiveness of self-instructional module on knowledge regarding reproductive health among adolescent girls of selected pre university colleges of Kalaburagi.
Methodology: An evaluative approach with pre experimental one group pre-test post-test design was adopted for the study. The samples from the selected pre university college were selected using convenient sampling technique. The sample consisted sixty adolescents girls of 15-19 years. The tools used for data collection was structured knowledge questionnaire.
Data collection procedure: Data was collected from 01.04.2024 to 30.04.2024after obtaining administrative permission from selected pre university college, Kalaburagi.
Results: The pretest knowledge scores respondents mean was 10.80, median was 11, mode was 12 with standard deviation 3.55 and score range was 5-18.The post-test knowledge scores respondents mean was 15.11, median was 15.50, mode was 16 with standard deviation 3.01 and score range was 8-20. With regard to pre-test level of knowledge it shows that, maximum 37(61.7%) respondents were having average knowledge, 15 (25%) respondents were having poor knowledge and remaining 8(13.3%) of respondents were having good knowledge. During post-test maximum 35 (58.3%) of respondents were having good knowledge, and 25(41.7%) of respondents were had average knowledge. With respect to knowledge scores of participants, the findings reveal that the post-test mean knowledge scores was found higher [mean=15.11, SD of 3.01] when compared with pre-test mean knowledge score value which was 10.80 with SD of 3.55. The statistical paired 't' implies that the difference in the pretest and post-test value was found statistically significant at 5% level ($p<0.05$) with a paired 't' value of 16.47. There exists a statistical significance in the difference of knowledge score indicating the positive impact of self-instructional module.
Conclusion: The findings revealed that, Knowledge of adolescent students regarding reproductive health was moderate.

Keywords: Reproductive health, adolescent girls, knowledge, self-instructional module

Introduction

The transition from childhood to adolescent is incredibly difficult. There are significant changes in a person's physical, cognitive, social, and moral development between the ages of 10 and 17. Pre-adolescence, or the time between roughly 9 and 12 years old, is the stage of human development that comes right before adolescence.

For girls, the pre-adolescent growth spurt starts at age 10, while for boys it starts around age 12. The stage of life before puberty known as prepubescent is characterized by faster growth connected to innocence, simplicity, and purity in life.

The World Health Organization (WHO) defines reproductive health as a state of total physical, mental, and social well-being rather than just the absence of illness or infirmity. It also involves issues related to the system, its processes, and activities. With 253 million adolescents, India has the largest teenage population in the world; every fifth of its citizens is between the ages of 10 and 19.

The Indian Council for Medical Research (ICMR) notes that "the health needs of adolescents have neither been researched nor addressed adequately; particularly their reproductive health needs are often misunderstood," even though "35 percent of the population is within the 10-24 age groups." A small body of research indicates that adolescents are engaging in premarital sex more frequently at younger ages, that the number of teenage pregnancies is increasing, and that the majority of them run the risk of developing unsafe reproductive environments, HIV, and other STDs.

One of the most important aspects of overall health and a key component of human development is reproductive health. According to a WHO report, reproductive health issues account for just around one-third of all healthy lives lost among teenage girls. Teens are particularly vulnerable to HIV/AIDS since they are going through a life shift.

The youth of today will grow up to be the adults of tomorrow, the backbone of the state. The teenage ladies of today will grow up to be housewives. Most teenagers have a tendency to be incredibly ignorant of their own bodies, their physical health, and their changing psychological states. Half of the adolescents in grades 8 through 12 who are between the ages of 12 and 15 don't understand menstruation until it starts.

Another significant concern that every woman has to address in her life is menstrual hygiene. There is a lack of understanding regarding the menstrual cycle, the physical and psychological changes associated with puberty, and the appropriate protocols for managing the menstrual cycle. As a major risk factor for RTI, poor menstruation hygiene is detrimental to women's health, education, and dignity. This is frequently a very significant hygienic issue that has been kept hidden for a long time and that has to be discussed in public.[4] Teaching about reproductive health and the physical and psychological changes that happen during adolescence is crucial. As a result, the researcher believed that reproductive health education was necessary.

Objectives

1. To assess the knowledge of adolescent girls regarding reproductive health in terms of pre-test and post-test knowledge scores.
2. To evaluate the effectiveness of self-instructional module on knowledge of adolescent girls regarding reproductive health by comparing pre-test and post-test knowledge scores.
3. To find the association between the pre-test level of knowledge scores and selected demographic variables.

Hypothesis

- **H_1:** The mean post-test knowledge scores of the adolescent girls exposed to self-instructional module on reproductive health will be significantly greater than the mean pre-test knowledge scores at 0.05 level of significance.
- **H_2:** There will be statistical association between the mean pre-test knowledge scores of adolescent girls regarding reproductive health and their selected demographic variables at 0.05 level of significance.

Methodology

- **Research Approach:** Evaluative research approach.
- **Research Design:** Pre Experimental one group pre-test post- test design
- **Sampling technique:** Non-Probability; Convenient Sampling Technique
- **Sample size:** 60
- **Setting of study:** Selected hospitals of Kalaburagi district, Karnataka
- **Population:** Adolescent students of selected Pre university colleges of Kalaburagi.

Tool used for data collection

Part I: Demographic data

It consists of 8items related to demographic data which includes age, gender, religion, type of family, birth order, place of living and sources of knowledge.

Part II: Structured knowledge questionnaire

This section consists of 20 structured multiple choice items with the multiple options for each item to assess the knowledge of adolescent students regarding reproductive health.

Procedure of data collection

Data collection procedure for main study began from 01.04.2024 to 30.04.2024, after obtaining permission from concerned authority of selected pre university colleges, Kalaburagi and consent from subjects the pre-test was conducted to 60 participants using structured knowledge scales approximately 45 minutes were spent for collecting data. Soon after the test, the self-instructional module was administered. On 8th day post-test was given with the same structured knowledge scale.

Results

Section I: Demographic Profile

Table 1: Frequency & Percentage Distribution of Respondents by socio demographic variables. n=60

Sl. No.	Demographic variables	Frequency (f)	Percentage (%)
1.	**Age in years**		
	15-16 years	12	20
	17-18 years	26	43.3
	Above 18 years	22	36.7
2.	**Gender**		
	Male	21	35
	Female	39	65
3.	**Religion**		
	Hindu	25	41.7
	Christian	16	26.7
	Muslim	14	23.3
	Other	05	8.3
4.	**Type of family**		

	Nuclear family	33	55
	Joint family	22	36.7
	Extended family	05	8.3
5.	**Birth order**		
	I	32	53.3
	II	22	36.7
	III	03	05
	IV	03	05
6.	**Place of living**		
	Urban	28	46.7
	Rural	32	53.3
7.	**Source of knowledge**		
	Mass media	18	30
	Family members and friends	22	36.7
	Books	12	20
	Others	08	13.3

Section II

Distribution Respondent's Scores according To Their Level of knowledge during pretest and post test

Area wise and total distribution of pre-test and post-test knowledge's cores of respondents

Table 2: Mean, median, mode, standard deviation and range of pre-test and post-test knowledge scores of Respondents n = 60

Area of Knowledge	Number of Items	Mean	Median	Mode	Standard deviation	Range
Pre-test	20	10.80	11	12	3.55	5-18
Post- test	20	15.11	15.50	16	3.01	8-20

Table 2 reveals pre-test knowledge score of respondents regarding reproductive health, it shows that. The pretest knowledge scores respondents mean was 10.80, median was 11, mode was 12 with standard deviation 3.55 and score range was 5-18. The post-test knowledge scores respondents mean was 15.11, median was 15.50, mode was 16 with standard deviation 3.01 and score range was 8-20.

Distribution Respondent's Pretest and Post Test Scores according To Their Level of Knowledge

Table 3: Frequency and Percentage distribution of respondents according to level of Knowledge regarding reproductive health. n=60

Level of Knowledge					
Pre test			Post test		
Poor F (%)	Average F (%)	Good F (%)	Poor F (%)	Average F (%)	Good f (%)
15(25%)	37 (61.7%)	08(13.3%)	00	25 (41.7%)	35 (58.3%)

The data presented in the Table 3 depicts the respondent's level of knowledge during pretest and post-test regarding reproductive health; With regard to pre-test level of knowledge it shows that, maximum 37 (61.7%) respondents were having average knowledge, 15 (25%) respondents were having poor knowledge and remaining 8(13.3%) of respondents were having good knowledge. During post-test maximum 35 (58.3%) of respondents were having good knowledge, and 25(41.7%) of respondents were had average knowledge.

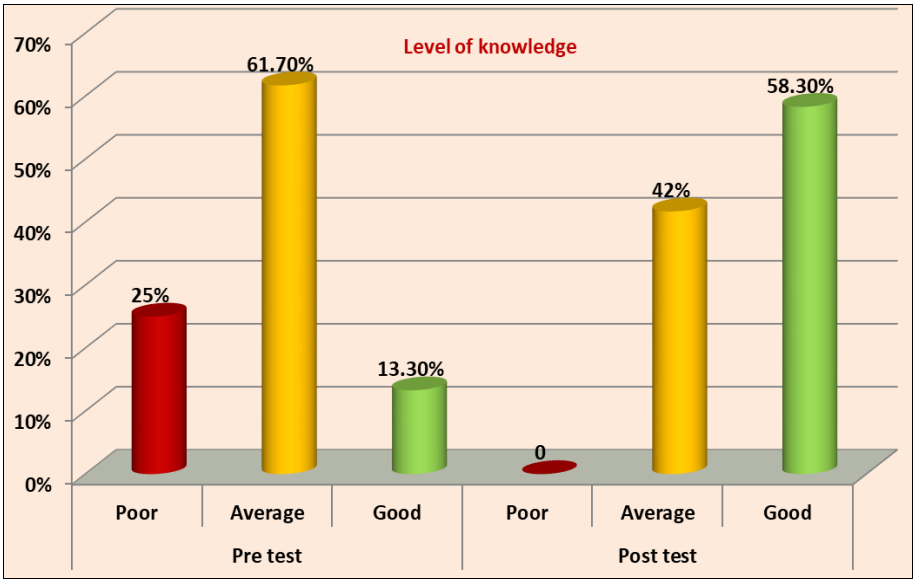

Fig 1: Pre-test and post-test level of knowledge

Effectiveness of self-instructional module

Table 4: Mean, standard deviation, standard error of difference and 't' value of pre-test and post-test knowledge scores N=60

Area	Aspects	Mean	SD	SEMD	Paired t Test
s	Pre-test	10.80	3.55	0.26	16.47*
	Post-test	15.11	3.01		

* Significant at 5% level

Table 4 indicates the overall mean knowledge scores of pre-test and post-test scores with respect to knowledge scores of participants, the findings reveal that the post-test mean knowledge scores was found higher [mean=15.11, SD of 3.01] when compared with pre-test mean knowledge score value which was 10.80with SD of 3.55.

The statistical paired 't' implies that the difference in the pretest and post-test value was found statistically significant at 5% level ($p<0.05$) with a paired't' value of 16.47. There exists a statistical significance in the difference of knowledge score indicating the positive impact of self-instructional module. Hence, the research hypothesis H_1 is supported. This indicates that the enhancement in knowledge is not by chance and the adolescent girls who exposed to teaching program on reproductive health, significantly improved in their knowledge.

Association between level of knowledge and selected socio demographic variables

The computed Chi-square value for association between level of knowledge of adolescent girls regarding reproductive health and their selected demographic variables is found to be statistically non-significant at 0.05 levels for any of the selected socio demographic variables. Therefore, the findings do not support the hypothesis H_4, inferring that adolescent girls level of knowledge regarding reproductive health is not significantly associated any of the selected socio demographic variables.

Conclusion

Since a very few studies have been conducted regarding this topic in India, so the nurse researcher can take further studies on the same topic.

Conflict of Interest

Not available.

Financial Support

Not available.

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