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Effectiveness of structured teaching programme on menstrual hygiene among adolescent girls in selected school at Vaniyamkulam

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Abstract

A 2014 report by the NGO Dasra titled *Spot On!* Found that nearly 23 million girls drop out of school annually due to lack of proper menstrual hygiene management facilities, which include availability of sanitary napkins and logical awareness of menstruation. The report also came up with some startling numbers. 70 per cent of mothers with menstruating daughters considered menstruation as dirty and 71 per cent adolescent girls remained unaware of menstruation till menarche. A 2014 UNICEF report pointed out that in Tamil Nadu, 79 per cent girls and women were unaware of menstrual hygiene practices. The percentage was 66% in Uttar Pradesh, 56% in Rajasthan and 51% in West Bengal. The study was to find the effectiveness of structured teaching programme on menstrual hygiene. Pre experiment one group pretest posttest method was used in this study. This study was conducted in a selected school at Vaniyamkulam, on a total of 30 adolescent girls who meet the inclusive and exclusive criteria of the study. Data were collected by using a structured knowledge questionnaire regarding menstrual hygiene. The analysis was done using descriptive and inferential statistics. The findings of the study revealed that the mean post test knowledge score obtained ($O_2 = 19.93$) was higher than the mean pre test knowledge score ($O_1 = 11.06$). This showed that structured teaching programme was effective in increasing the knowledge of adolescent girls regarding menstrual hygiene.

Keywords: Effectiveness, menstrual hygiene, adolescent girls, structured teaching programme, questionnaire

Introduction

Adolescence in girls has been recognized as a special period which signifies the transition from girlhood to womanhood. Menstruation is generally considered as unclean in the Indian society. Isolation of the menstruating girls and restrictions being imposed on them in the family, have reinforced a negative attitude towards this phenomenon. Several studies have reported restrictions during the daily activities. Apart from these, they believe in specified taboos at menarche and menstruation. There is a substantial lacuna in the knowledge about menstruation among adolescent girls. Several research studies have revealed this gap and they showed that there was a low level of awareness about menstruation among the girls when they first experienced it, Social prohibitions and the negative attitude of parents in discussing the related issues openly, have blocked the access of adolescent girls to the right kind of information, especially in the rural and tribal communities. Infections due to lack of hygiene during menstruation have been reported in many studies.

Many studies have revealed that most of the adolescent girls had incomplete and inaccurate information about the menstrual physiology and hygiene. It also revealed that mothers, television, friends, teachers and relatives were the main sources which provided information on menstruation to the adolescent girls. Good hygienic practices such as the use of sanitary pads and adequate washing of the genital area are essential during menstruation. Women and girls of the reproductive age need access to clean and soft, absorbent sanitary products which can in the long run, protect their health. Menstrual hygiene and management will directly contribute to (MDG)-2 on universal education, MDG-3 on gender equality and women empowerment. However, the attention on this issue is far from sufficient and even the literature on gender mainstreaming in the sanitary section is silent on the issue of menstrual management.

Need of study

Menstrual hygiene is a unique phenomenon to females. In India, access to products of sanitary hygiene and lack of safe sanitary facilities could increase the likelihood of restoring to unhygienic practices to manage menstruation. It is clear from the study findings that majority of the girls were having correct knowledge about menstruation. Regarding the practices, only 10 girls were using boiled and dried cloth as menstrual absorbent, in a study conducted among rural adolescent girls. Though almost all 64 girls received advice regarding menstrual hygiene from different sources, some of their practices were unhygienic. This shows that the mother of these girls were lacking of right knowledge and the same thing was transferred to their offspring.

Adolescent girls constitute a vulnerable group, particularly in India. Despite the prominence of the ceremonial attention to “coming of age”, very little is told about the actual facts of menstruation. Much of the information is imparted in the form of restrictions. Menstrual management is associated with adoption of hygienic practices and acceptances of womanhood right from the onset of menarche. All myths and taboos such as not taking bath, avoiding hot and cold foods, avoiding exercise, have no scientific support, and need to be eliminated to release menstruation anxiety among girls^[1].

An adolescent girl should be aware of the phenomenon of menstruation before menarche, so as to enable her to accept it as a normal developmental process and manage it appropriately. An adolescent girl need more information and reassurance about their changing bodies, sexuality, identity and health status^[2].

Approximately 52% of the global female population is of reproductive age. The majority of these females menstruate between two and seven days each month. Menstruation is a natural component of the reproductive cycle. The entire reproductive cycle usually last between 21 and 35 days. Each reproductive cycle involves ovulation, meaning the release of an egg from the ovary to the fallopian tube. Tissue and the blood begins to line the walls of the uterus for fertilization, shedding through the vagina if fertilization does not occur.

In the Sub Saharan Africa, this normal process is considered as taboo and consequently, is not discussed often. Due to the lack of knowledge and privation of other essential resources, menstruation is often managed poorly and is described by school girls, as a negative and isolating experience. This literature review draws attention to current challenges related to menstrual hygiene management among school girls and outline recommendation and policy implication to improve this problem affecting such a large population^[3].

Problem statement

“Effectiveness of structured teaching programme regarding menstrual hygiene among adolescent girls in TRKHSS, Vaniyamkulam.”

Objectives

- To assess the pretest knowledge of adolescent girls regarding menstrual hygiene.
- To find the effectiveness of structured teaching programme on menstrual hygiene.
- To find out the association between pretest knowledge and selected demographic variables.

Hypothesis

H1: There will be significant difference in the knowledge of adolescent girls about menstrual hygiene management after

the structured teaching programme.

H2: There will be significant association between the pre-test knowledge score of menstrual hygiene management with selected demographic variables.

Delimitations

The study was limited to:

- Adolescent girls less than 12 years and more than 14 years of age.
- Adolescent girls who are not present at the time of study.

Methodology

Research approach

The quantitative research approach will be used to find out the effectiveness of structured teaching programme on menstrual hygiene among adolescent girls at TRKHSS, Vaniyamkulam.

Research design

Research design is a blue print to conduct a research study, which involves the description of research approach, study setting, sampling size, sampling technique, tools and method of data collection and analysis to answer specific research questions or for testing research hypothesis^[4].

The design used in this study is pre experiment one group pretest post test design.

Sample and sampling technique

The sample for the current study consist of 30 adolescent girls at TRKHSS Vaniyamkulam.

Simple random sampling technique was used in this study.

Setting of study

Research setting is the more specific place where the data collection occurs. The study was conducted at TRKHSS Vaniyamkulam.

Description of tool

The tool consist of 2 sections

Part A: Demographic Performa

Part B: structured knowledge questionnaire regarding menstrual hygiene.

Part A: Demographic Performa

It includes religious status, type of family, educational status of mother, number of elder sister, residential area, source of information.

Part B: structured knowledge questionnaire regarding menstrual hygiene

The structured knowledge questionnaire consists of 25 questions for assessing the effectiveness of STP on menstrual hygiene among adolescent girls. The multiple choice questionnaire was used. The total score of the tool is 25. Each correct answer carry “one mark” and wrong answer carry “zero mark”.

Data collection technique

The formal permission was obtained from the principal of TRKHSS Vaniyamkulam. The study was carried out for a period of 5 days from 21/02/2019 to 25/02/2019. The samples pre-test knowledge assessed by using structured

teaching questionnaire. The teaching was given to the selected sample. After a week the knowledge was assessed

by using the same structured knowledge questionnaire.

Result and Discussion

Table 1: Distribution of demographic variables of adolescent girls in the age group of 12-14 n = 30

Sl. No.	Demographic variables	Frequency	Percentage (%)
1	Residential area		
	(a) Urban	9	30
	(b) Rural	21	70
2	Type of family		
	(a) Nuclear	18	60
	(b) Joint	12	40
3	Religious status		
	(a) Christian	6	20
	(b) Muslim	8	27
	(c) Hindu	16	53
	(d) Others	0	0
4	Educational status of mother		
	(a) High school and above	13	43
	(b) Primary and upper primary level	16	53
	(c) Illiterate	1	4
5	Number of elder sisters		
	(a) One	9	30
	(b) More than one	5	17
	(c) None	16	53
6	Source of information		
	(a) Parents, relatives, friends	18	60
	(b) TV / radio	8	27
	(c) Magazine / newspaper	4	13

Table 1 shows the following findings:

- Distribution of adolescent girls according to their residential area shows majority 21 (70%) resides in rural area whereas 9 (30%) resides in urban area.
- Considering the type of family, majority of the girls 18 (60%) belongs to nuclear family and rest 12 (40%) are from joint family.
- Distribution of adolescent girls according to their religious status shows that 6 (20%) were Christians, 8 (27%) were Muslim and rest 16 (53%) were Hindus.
- Regarding the educational status of mother, 1 (4%) is illiterate, 16 (53%) had primary and upper primary level of education and 13 (43%) belongs to the third group of high school and above.
- Considering the number of elder sisters, 9 (30%) belongs to the category one and 5 (17%) belongs to the category more than one elder sisters. No samples belong to the category none.
- Distribution of adolescent girls according to the source of health information reveals that 18 (60%) received knowledge from parents, relatives and friends, 8 (27%) from TV or radio and 4 (13%) received knowledge from magazine or newspaper.

Table 2: Description about comparison between the pre-test and post-test knowledge score. n=30

Sl. No.	Group	Mean	SD	't' Value	Level of significance
1	Pre-test	11.06	2.67	7.8	0.05
2	Post-test	19.93	1.28		

Table 2 shows the description about comparison between the pre-test and post-test knowledge score. In pre-test the mean was (11.06) and standard deviation (2.67). In post-test

the mean was (19.93) and standard deviation was (1.28) and the obtained 't' value 7.8, it was significant on 0.05 level at 29 df.

There was a significant association between the median pre-test knowledge score with demographic variables of number of elder sisters ($X^2 = 7.20$). There was no association between the pre-test knowledge score with other demographical variables such as residential area ($X^2=0.71$), type of family ($X^2=5.62$), religious status ($X^2=2.41$), educational status of mother ($X^2=2.01$) and source of information ($X^2=0.207$). This showed that structured teaching programme was effective in increasing the knowledge of adolescent girls regarding menstrual hygiene.

Conclusion

Menstruation is a natural process. However, in most parts of the world, it remains a taboo and is rarely talked about. An adolescent girl should be aware of the phenomenon of menstruation before menarche, so as to enable her to accept it as a normal developmental process and manage it appropriately. Menstrual hygiene and management can be essential in ensuring that your everyday life is not interrupted by menstruation.

Sympathetic and careful handling of the young girls experiencing first menstruation is of paramount importance. This should be done by the mother explaining the physiological and other associated changes during period. The girls should continue with their normal activities. The daily bath should not be suspended. During initial few periods, the girl may use sanitary pads comfortably but with experience may be changed to tampon, if so desired [5].

The present study was attempted to assess the knowledge of adolescent girls regarding menstrual hygiene. Most of the girls knowledge were poor. After the structured teaching

programme, there was an increase in the knowledge level as it is evident from the post-test knowledge score of adolescent girls.

The findings showed that structured teaching programme was useful in improving the knowledge on menstrual hygiene among adolescent girls.

Recommendations

On the basis of the study findings, the following recommendations have been made for further study:

1. A study could be conducted on the larger sample, there by the findings can be generalized
2. A exploratory study could be conducted to identify the knowledge of women regarding menstrual hygiene
3. An experimental study could be undertaken by having control group

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