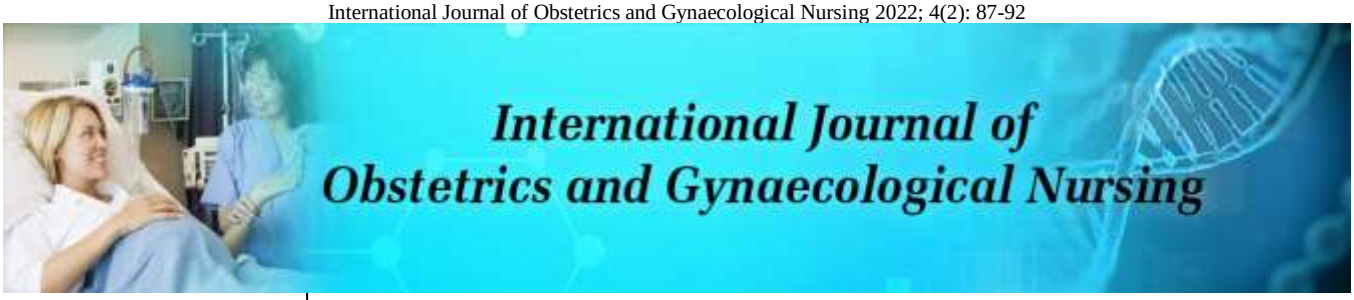

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Dr. Vijay Kumar Jyotishi
Vice Principal, Ashirvad Nursing and Paramedical Institute, Varanasi, Uttar Pradesh, India

Rajni Joshi
Nursing Tutor, Banaras Hindu University, Varanasi, Uttar Pradesh, India

Corresponding Author:
Dr. Vijay Kumar Jyotishi
Vice Principal, Ashirvad Nursing and Paramedical Institute, Varanasi, Uttar Pradesh, India

To assess the effect of structured teaching programme on knowledge regarding menstrual hygiene among adolescent girls at selected school of, Jaipur

Dr. Vijay Kumar Jyotishi and Rajni Joshi

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Abstract
Introduction: Puberty marks rapid physical and psychological growth, with menarche triggering diverse emotional responses amidst societal taboos. Addressing challenges demands comprehensive sex education, destigmatization of menstruation, and empowerment to ensure girls navigate this phase with confidence and dignity.
Methodology: The study aimed to assess initial knowledge levels on menstrual hygiene among adolescent girls via a pre-test, followed by evaluating the effectiveness of a structured teaching programme. It sought to establish correlations between pre-test and post-test scores, and explore associations with demographic variables. Conducted at Stani Memorial Public School in Phagi, Jaipur, the research included 60 girls aged 12 to 18 using simple random sampling. The instrument featured demographic data and a structured questionnaire on Anatomy & Physiology, Menstruation Facts, and Menstrual Hygiene, demonstrating high reliability (0.9532).
Results: The study conducted a comprehensive area-wise comparison of pre and post-test scores among adolescent girls, highlighting significant improvements in knowledge following a structured teaching programme (STP). The highest pre-test mean score of 2.88±1.843 (32.48%) was in "Menstrual Hygiene," while the lowest was 3.28±1.085 (28.67%) in "Anatomy and Physiology of the Reproductive System." Post-test scores showed substantial enhancement, with "Menstrual Hygiene" leading at 7.63±0.855 (63.23%) and "Anatomy and Physiology" at 5.78±0.961 (56.83%). The mean percentage differences were notable, particularly in "Menstrual Hygiene" (37.08%) compared to "Facts related to menstruation" (33.19%). Overall, pre-test mean percentage was 30.87%, increasing significantly to 66.54% post-test, reflecting a 35.67% improvement attributable to the STP. The paired t-test affirmed these findings, with specific values confirming significant differences in knowledge scores (Anatomy & Physiology: 18.563, Facts related to menstruation: 12.436, Menstrual hygiene: 17.821, overall: 32.189; all $p< 0.05$). While demographic variables showed no significant associations with post-test scores, the source of information did ($p< 0.05$), emphasizing the STP's efficacy in improving adolescent girls' knowledge on menstrual hygiene.
Conclusion: The findings underscore the effectiveness of targeted educational interventions in enhancing understanding and practices related to menstrual health.

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

Introduction
Puberty marks the beginning of sexual maturity and is a phase of rapid physical and psychological growth. Sigmund Freud's notion that change is inherent in life resonates strongly in this context, as these transformations are pivotal in shaping one's identity and understanding of self. For girls, menarche signifies a critical milestone, typically occurring between the ages of 11 and 15, with an average age of 13. This biological event, unique to females, triggers various emotional responses ranging from acceptance and maturity to fear and anxiety, exacerbated by societal attitudes and cultural taboos surrounding menstruation. In many cultures, menstruation is still considered taboo, often leading to restrictions and misconceptions that isolate menstruating girls and hinder their access to proper information and hygiene practices [1].
The lack of comprehensive education and open dialogue about menstruation further complicates matters, particularly in rural, urban, and tribal communities. This knowledge gap not only perpetuates harmful myths but also increases the risk of reproductive health issues such as infections due to inadequate hygiene practices [2].

In India, specifically, cultural beliefs associating menstruation with impurity or uncleanness contribute to discriminatory practices against menstruating girls, such as restrictions on daily activities and dietary taboos. These societal norms not only affect the physical well-being of adolescent girls but also their psychological health, reinforcing negative attitudes and hindering their overall development [3].

Addressing these challenges requires a multifaceted approach that includes comprehensive sex education, destigmatization of menstruation, and empowerment of girls to manage their menstrual health effectively. Initiatives aimed at raising awareness, promoting hygiene, and challenging cultural misconceptions are crucial steps toward ensuring that adolescent girls have the knowledge and support needed to navigate this transformative phase of their lives with confidence and dignity [4]. Ultimately, by fostering an environment of openness and understanding, we can empower adolescent girls to embrace their bodies positively, prioritize their health, and realize their full potential in society. The journey through adolescence is indeed a period of profound change, where navigating these transitions with informed support can make all the difference in shaping a healthy and empowered future generation of women [5].

Need of the study

Approximately one-fifth of the global population is adolescents, with more than four-fifths residing in developing countries. Adolescence, spanning from ages 11 to 20, marks the transition from childhood to adulthood, characterized by significant physical, cognitive, and psychosocial changes. Girls typically enter puberty earlier, around 9 to 10 years old, compared to boys at 10 to 11 years. Menstruation, a unique aspect of female biology, typically begins between ages 9 to 15, with an average age of 13 in India [6]. The menstrual cycle, a normal uterine function, involves monthly bleeding for 4-5 days, occurring regularly every 28 days from puberty until menopause. Educating girls about menstruation, secondary sexual characteristics, and proper hygiene practices is crucial to prevent psychological distress and debunk age-old myths. This education can be facilitated through school programs, health personnel, and informed parents, ensuring girls feel empowered to discuss menstrual health openly and manage their hygiene effectively [7].

Maurya *et al*. conducted a quantitative study to evaluate the impact of a structured teaching programme on menstrual hygiene knowledge among adolescent girls using a pre-experimental one-group pre and post-test design. Sixty participants were selected through non-probability simple random sampling. The study found that prior to the intervention, 61.67% of the girls had inadequate knowledge, while 38.33% had moderate knowledge. Following the programme, there was a notable improvement: 35% of girls achieved moderate knowledge, and 65% attained adequate knowledge. Statistical analysis revealed a significant increase in knowledge, with the post-test mean knowledge percentage (76.12%, SD=1.57) substantially higher than the pre-test mean (52.04%, SD=3.07), representing a 24.08% enhancement. The paired 't' test confirmed the statistical significance of this improvement ($p< 0.05$, paired 't' test value = 14.27). These findings underscore the effectiveness of structured educational interventions in enhancing menstrual hygiene knowledge among adolescent girls, emphasizing the importance of targeted educational initiatives in promoting reproductive health awareness [8].

AIM of the study

To assess the effect of structured teaching programme on knowledge regarding menstrual hygiene among adolescent girls at selected school of Jaipur.

Methodology

The objectives of this study were multifaceted, beginning with an assessment of the initial knowledge levels regarding menstrual hygiene among adolescent girls through a pre-test. Following this baseline evaluation, the study aimed to gauge the effectiveness of a structured teaching programme designed to enhance knowledge in this area. Additionally, it sought to establish any relationships between the pre-test and post-test knowledge scores of the participants, as well as to explore associations between post-test knowledge scores and various demographic variables. Adopting an evaluative research approach with a one-group pre-test - post-test experimental design, the study was conducted at Stani Memorial Public School in Phagi, Jaipur, involving 60 adolescent girls aged 12 to 18 years selected via simple random sampling. The research instrument featured two sections: one gathering demographic data and another comprising a structured knowledge questionnaire focused on Anatomy & Physiology of the Reproductive System, Facts related to Menstruation, and Menstrual Hygiene. With a high reliability coefficient (0.9532), the study aimed to comprehensively evaluate and improve menstrual hygiene knowledge among adolescent girls in an educational setting.

Results

Section I: assessment of the pre-test and post-test knowledge of adolescent girls

Assessment of the Pre-test knowledge

The Pre-test knowledge scores of Menstrual Hygiene among Adolescent girls. Regarding the general concept of anatomy and physiology of the reproductive system data that 39 (65%) had inadequate knowledge, 19 (32%) had moderately adequate knowledge and remaining 2 (3%) had adequate knowledge in pre-test. With regard to Facts related to menstruation, 36 (60%) had inadequate knowledge, 11(18%) had moderately adequate knowledge and 13 (22%) had adequate knowledge in pre-test. Regarding menstrual hygiene, 44 (74%) had inadequate knowledge, 14 (23%) had moderately adequate knowledge and 2 (3%) had adequate knowledge in the pre-test.

Assessment of the post-test knowledge

The Post-test knowledge scores of Menstrual Hygiene among Adolescent girls. The data that, no one had inadequate knowledge in all aspects of Menstrual Hygiene. Regarding the general concept of anatomy and physiology of the reproductive system 19 (32%) had moderately adequate knowledge and remaining 41(68%) had adequate knowledge in the post-test. Facts related to menstruation, 15 (25%) had moderately adequate knowledge and 45 (75%) had adequate knowledge in the post-test. On the topic of menstrual hygiene, 8 (13%) had moderately adequate knowledge and 52(87%) had adequate knowledge in the post-test.

Section II: comparison of pre-test and post-test knowledge of adolescent girls
Level of pre and post-test knowledge scores of adolescent girls

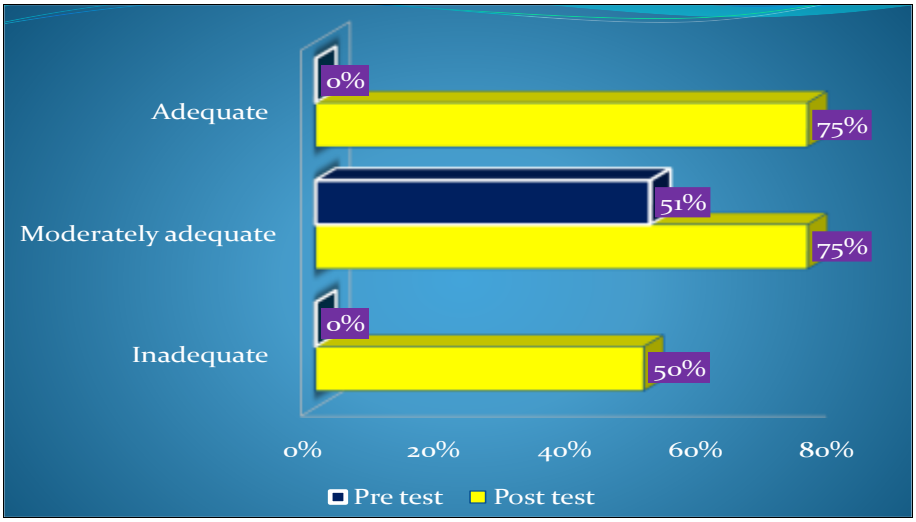

Fig 1: percentage distribution of adolescent girls by their overall knowledge

There were 30 items to assess the knowledge regarding menstrual hygiene among adolescent girls. The level of knowledge was categorized as inadequate knowledge (0-10), moderately adequate knowledge (11-20), adequate knowledge (21-30).

Level of pre and post-test knowledge score of adolescent girls shows that out of 60 subjects 39 (65%) had inadequate knowledge, 21(35%) had moderately adequate knowledge and none of them had adequate knowledge in pre-test. After structure teaching programme (post-test), out of 60 subjects 34 (56.7%) had adequate knowledge, 26 (43.3%) had moderately adequate knowledge and no one had inadequate knowledge.

B. Area wise comparison of mean, SD and mean percentage of knowledge pre and post-test scores

Area wise comparison of mean, SD and mean percentage during pre and post-test shows that the highest mean in pre-test was 2.88±1.843 with mean percentage 32.48% was for the area of "Menstrual Hygiene" and lowest mean 3.28±1.085 with mean percentage 28.67 was for the area of "Anatomy and Physiology of the Reproductive system". Whereas, in post-test the highest mean 7.63±0.855 was for the area of "Menstrual Hygiene" and lowest mean 5.78±0.961 with mean percentage 63.23 was for the area of "Anatomy and Physiology of the Reproductive system".

However, the differences in mean percentage scores reveal the highest difference in mean percentage 37.08 was for the area of "Menstrual Hygiene" and lowest difference in mean percentage 33.19 was for the area of "Facts related to menstruation".

Further, the overall mean percentage of pre-test was 30.87%, whereas in post-test the mean percentage was 66.54%. The difference in mean percentage was 35.67%. It seems that the STP was good in improving the knowledge level of the Adolescent Girls.

Section III: comparison of pre and post-test knowledge with their demographic variables

Comparison of mean, SD, mean percentage of pre and post-test knowledge scores of Adolescent Girls in relation to their age: The comparison across age groups revealed significant differences in pre and post-test knowledge scores among adolescent girls. Initially, girls aged 12-13 years scored highest in the pre-test (mean 9.00±2.923, 32.05%), while 18-year-olds scored lowest (mean 7.22±1.643, 30.00%). Post-test, 16-17-year-olds showed the highest mean score (20.32±1.958, 74.2%), and 12-13-year-olds showed the lowest (18.00±1.083, 70.4%). The largest improvement (42.07%) was seen in 16-17-year-olds, with the smallest (36.15%) in those less than 14-15 years. Overall, there was a notable increase in mean percentage score from 30.87% to 66.54%, highlighting the structured teaching programme's effectiveness in enhancing menstrual hygiene knowledge among adolescent girls of varying ages. These findings underscore the programme's ability to address educational needs across different developmental stages effectively.

Comparison of mean, SD, mean percentage of pre and post-test knowledge score of the adolescent girls in relation to their educational status

Analysis of pre and post-test knowledge among adolescent girls by age groups revealed significant trends. Before the structured teaching programme (STP), girls aged 12-13 years scored highest in the pre-test with a mean of 9.00±2.923 (32.05% mean percentage), while 18-year-olds had the lowest score at 7.22±1.643 (30.00% mean percentage). Following the programme, girls aged 16-17 years showed the highest post-test score of 20.32±1.958 (74.2% mean percentage), with girls aged 12-13 years scoring the lowest at 18.00±1.083 (70.4% mean percentage). Overall, there was a substantial improvement from a pre-test mean percentage of 30.87% to a post-test mean percentage of 66.54%, indicating a 35.67% increase in knowledge. These findings underscore the effectiveness of the structured teaching programme in enhancing adolescent girls' understanding of menstrual hygiene across different age groups.

Comparison of mean, SD, mean percentage of pre and post-test knowledge score of the Adolescent Girls in relation to their religion

In analyzing pre and post-test knowledge among adolescent

girls by religion, significant differences emerged. Before the structured teaching programme (STP), Hindu girls achieved the highest pre-test mean score of 9.02±2.648 (mean percentage 31.7%), while Muslim girls had the lowest score of 7.64 ± 1.578 (mean percentage 29.7%). Following the STP, Hindu girls showed the highest post-test mean score of 20.54±2.064 (mean percentage 68%), with Muslim girls recording the lowest at 19.82±1.534 (mean percentage 66.4%). Hindu girls experienced the greatest improvement in mean percentage at 37.05%, while Muslim girls improved by 35.08%. Overall, there was a substantial increase in mean percentage score from 30.87% in the pre-test to 66.54% in the post-test, indicating an improvement of 35.67% in menstrual hygiene knowledge. These results demonstrate that the structured teaching programme effectively enhanced knowledge among adolescent girls of different religious backgrounds.

Comparison of mean, SD, mean percentage of pre and post-test knowledge score of the Adolescent Girls in relation to their type of family

In analyzing pre and post-test knowledge among adolescent girls by family type, significant differences were noted. Before the structured teaching programme (STP), girls from nuclear families achieved the highest pre-test mean score of 10.07±2.134 (mean percentage 30.2%), whereas those from joint families scored the lowest at 6.65±2.067 (mean percentage 31.6%). Following the STP, girls from nuclear families demonstrated the highest post-test mean score of 19.23±1.564 (mean percentage 67%), while girls from joint families had a mean score of 18.98±2.004 (mean percentage 66.5%). The largest improvement in mean percentage, 37.8%, was observed among girls from nuclear families, with those from joint families improving by 35.2%. Overall, there was a significant increase in mean percentage score from 30.87% in the pre-test to 66.54% in the post-test, indicating an improvement of 35.67% in menstrual hygiene knowledge. These findings highlight the efficacy of the structured teaching programme in enhancing knowledge among adolescent girls across diverse family backgrounds.

Comparison of mean, SD, mean percentage of pre and post-test knowledge score of the Adolescent Girls in relation to their educational status of the mother

In examining pre and post-test knowledge among adolescent girls based on educational status, significant differences were observed. Before the intervention, girls with graduate and post-graduate education scored the highest pre-test mean of 9.54±2.086 (mean percentage 32.67%), while those with no formal education scored the lowest at 7.45±3.654 (mean percentage 28.45%). After the structured teaching programme, girls with secondary and senior secondary education achieved the highest post-test mean score of 21.05±1.765 (mean percentage 70.2%), whereas those with no formal education had the lowest mean score of 19.03±1.012 (mean percentage 65.6%). The largest improvement in mean percentage, 38.31%, was observed among girls with secondary and senior secondary education, with those with no formal education improving by 37.02%. Overall, there was a substantial increase in mean percentage score from 30.87% in the pre-test to 66.54% in the post-test, indicating an improvement of 35.67%. These findings highlight the structured teaching programme's effectiveness in enhancing menstrual hygiene knowledge among adolescent girls across varied educational backgrounds.

Comparison of mean, SD, mean percentage of pre and post-test knowledge score of the Adolescent Girls in relation to their Monthly income of the family

In analyzing pre and post-test knowledge among adolescent girls based on their family's monthly income, significant variations were observed. Prior to the structured teaching programme, girls from families earning above 10,000 rupees per month scored the highest pre-test mean of 9.34±3.498 (mean percentage 32.8%), while those from families earning less than 2,000 rupees per month scored the lowest at 6.89±2.855 (mean percentage 28.6%). Following the intervention, girls from higher income families demonstrated the highest post-test mean score of 20.39±1.574 (mean percentage 68.2%), whereas those from lower income families had a mean score of 18.17±1.425 (mean percentage 65.1%). The largest improvement in mean percentage, 37.2%, was observed among girls from families earning between 2,001 and 5,000 rupees monthly, while those from higher income families improved by 36.0%. Overall, there was a substantial increase in mean percentage score from 30.87% in the pre-test to 66.54% in the post-test, reflecting an improvement of 35.67%. These findings highlight the structured teaching programme's positive impact in enhancing menstrual hygiene knowledge among adolescent girls across different income brackets.

Comparison of mean, SD, mean percentage of pre and post-test knowledge scores of Adolescent Girls in relation to their Menstrual Started age

In comparing pre and post-test knowledge of adolescent girls based on their age at menarche, significant differences were found. Prior to the structured teaching programme (STP), girls who started menstruating at age 12 scored the highest pre-test mean of 9.85±2.003 (mean percentage 31.34%), while those starting at age 13 scored the lowest at 8.00±2.913 (mean percentage 30.25%). After the programme, those starting at age 12 achieved the highest post-test mean of 20.00±1.422 (mean percentage 67.13%), whereas those starting at age 13 had a mean score of 19.10±1.095 (mean percentage 67.20%). The greatest improvement in mean percentage, 36.48%, was seen among those starting at age 14, with the smallest improvement of 35.39% observed in those starting at age 12. Overall, the mean percentage score increased significantly from 30.87% in the pre-test to 66.54% in the post-test, indicating a marked enhancement in menstrual hygiene knowledge due to the STP.

Comparison of mean, SD, mean percentage of pre and post-test knowledge score of the Adolescent Girls in relation to their source of Information

In comparing pre and post-test knowledge of adolescent girls based on their source of information, significant differences were observed. Prior to the structured teaching programme (STP), girls who received information from elders of the family scored the highest pre-test mean of 9.40±2.079 (mean percentage 31.5%), while those who received information from friends scored the lowest at 8.22±2.073 (mean percentage 30.1%). After the programme, those who relied on friends for information achieved the highest post-test mean of 19.78±1.616 (mean percentage 67.6%), whereas those who relied on elders of the family

had a mean score of 18.98±2.0727 (mean percentage 66.8%). The greatest improvement in mean percentage, 36.58%, was seen among those who relied on friends, with the smallest improvement of 35.32% observed in those who relied on elders of the family. Overall, the mean percentage score increased significantly from 30.87% in the pre-test to 66.54% in the post-test, highlighting the effective impact of the STP on improving knowledge of menstrual hygiene among adolescent girls across different sources of information.

Section V: hypothesis testing

A: comparison between pre and post-test knowledge scores of the adolescent girls. (Through paired't' test)

Table 1: Comparison between pre and post-test knowledge of the Adolescent girls n=60

Areas	Paired 't' value	P value	Level of Significance
Anatomy & Physiology of the reproductive system	18.563	$p<0.05$	Significant
Facts related to menstruation	12.436	$p<0.05$	Significant
Menstrual hygiene	17.821	$p<0.05$	Significant
Total	32.189	$p<0.05$	Significant

df=58, Table value = 3.680

The paired t-test was conducted to assess the effectiveness of the structured teaching programme on the pre and post-test knowledge scores of adolescent girls. Specific paired t-values were calculated for Anatomy & Physiology of the reproductive system (18.563), Facts related to menstruation (12.436), and Menstrual hygiene (17.821). The overall paired t-value was determined to be 32.189. Since this value exceeds the critical t-value (3.68) at 58 degrees of freedom, the research hypothesis (H1) stating a significant difference between pre-test and post-test knowledge scores of adolescent girls is accepted at $p< 0.05$.

B: association between post-test knowledge of adolescent girls and their demographic variables. (Through chi-square test).

Table 2: Association between post-test knowledge scores of the Adolescent girls and their demographic variables n = 60

Adolescent girls	DF	χ^2	Table value	Level of Significance
Age	8	9.131	15.51	Not significant
Education status	4	5.426	9.49	Not significant
Religion	4	3.830	9.49	Not significant
Type of family	6	4.506	12.59	Not significant
Education status of mother	4	4.650	9.49	Not significant
Monthly income of the family	4	1.473	9.49	Not significant
Menstrual started age	2	0.874	5.9	Not significant
Source of information	2	5.90	5.9	Significant*

Age, educational status, religion, type of family, educational status of the mother, monthly income of the family, and menstrual started age did not show significant associations with post-test knowledge scores among the samples, indicating that observed mean score differences were likely due to chance. However, a significant association was found between post-test knowledge scores and the source of information ($p< 0.05$), suggesting that differences in mean scores were genuine and not due to chance alone.

Discussion

In comparing pre and post-test knowledge of adolescent girls by age group, significant differences were observed. In the pre-test, girls aged 12-13 years scored the highest mean of 9.00±2.923 (32.05%), while those aged 18 years scored the lowest with 7.22±1.643 (30.00%). Post-test, girls aged 16-17 years had the highest mean score of 20.32±1.958 (74.2%), while those aged 12-13 years scored the lowest with 18.00±1.083 (70.4%). The largest improvement in mean percentage, 42.07%, was seen in girls aged 16-17 years, compared to 36.15% in those aged less than 14-15 years. Overall, there was a notable increase in mean percentage from 30.87% pre-test to 66.54% post-test, indicating the structured teaching programme effectively enhanced menstrual hygiene knowledge among adolescent girls.

Bajracharya *et al*. investigated the impact of a structured teaching program on menstrual hygiene among adolescent school girls. Their study revealed significant improvements ($p<0.001$) in total knowledge (63% to 66%), attitude (47% to 63%), and practice (43% to 49%) following the program implementation. Positive correlations were found between knowledge and attitude scores (r=0.023), attitude and practice scores (r=0.026), and knowledge and practice scores (r=0.183) [9].

Age, educational status, religion, type of family, educational status of the mother, monthly income of the family, and menstrual started age did not show significant associations with post-test knowledge scores among the samples, indicating that observed mean score differences were likely due to chance. However, a significant association was found between post-test knowledge scores and the source of information ($p< 0.05$), suggesting that differences in mean scores were genuine and not due to chance alone.

Banappagoudar S. studied the impact of a planned teaching program on menstrual hygiene knowledge among high school girls in Damoh. Chi-square tests showed no significant associations between demographic variables (Age, Education, Religion, Family type, Mothers' Education, Family Income, Age of menarche, Source of information) and pre-test knowledge levels, except for Religion and Family Type ($p<0.01$). This indicates that demographic factors generally do not influence initial knowledge levels about menstrual hygiene among adolescent girls in the study area [10].

Conclusion

From the comprehensive analysis of various studies on menstrual hygiene education among adolescent girls, several significant conclusions can be drawn. The effectiveness of structured teaching programs (STPs) in enhancing knowledge, attitudes, and practices related to menstrual hygiene is evident across different settings and populations. Studies consistently show statistically significant improvements in knowledge scores following the implementation of STPs, often accompanied by positive changes in attitudes and practices. This highlights the critical role of education in empowering adolescent girls with essential information about menstrual health and hygiene.

Moreover, demographic variables such as age, educational level, religion, family type, mother's education, family income, age of menarche, and source of information do not consistently predict initial knowledge levels about menstrual hygiene. While some studies find significant associations between certain demographic factors and knowledge levels, others report no such relationships. This suggests that the impact of demographic variables on menstrual hygiene knowledge among adolescent girls may vary depending on cultural contexts and local practices. Overall, these findings underscore the importance of tailored educational interventions that consider local socio-cultural contexts and address specific knowledge gaps among adolescent girls. Moving forward, continuing research and advocacy efforts are crucial to ensure sustained improvements in menstrual hygiene practices and the overall well-being of adolescent girls worldwide.

Conflict of Interest

The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

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