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A study to assess the effectiveness of structured teaching programme on knowledge regarding menstrual health and hygiene among adolescent girls in selected government school in Mumbai

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Abstract

Introduction: Menstrual Health and Hygiene (MHH) is vital for the well-being and empowerment of women and adolescent girls. It involves access to clean water, sanitation, affordable menstrual products, accurate information, and a supportive environment to manage menstruation without embarrassment.

Methodology: A quantitative research design was used with a sample size of 146 adolescent girls from a government school in Mumbai, selected through simple random sampling. Data was collected using a self-structured questionnaire.

Result and Analysis: The experimental group showed a significant increase in post-test mean knowledge scores (From 9.67 to 10.97), while the control group showed a slight decrease (From 9.48 to 9.21), indicating the effectiveness of the educational intervention.

Discussion: In the control group, 45.71% of participants had good knowledge, while 47.14% of the experimental group had average knowledge. This reflects the potential of educational programs to enhance awareness and understanding of menstrual health and hygiene.

Conclusion: The study highlights the need for specialized nursing interventions and training programs to address menstrual health issues among adolescent girls. It also emphasizes the importance of integrating menstrual hygiene education into adolescent health care for more holistic and supportive services.

Keywords: Knowledge, mother, children, upper respiratory tract infection

Introduction

The word adolescent is derived from the Latin word “adolescere” which means to grow into maturity. The world health organization (WHO) defines adolescents as individual between 10-19 year of age group. Adolescent population occupies 1/5th of the world’s population and in India 20.9% of the population falls into this age group [1].

Menstrual Health and Hygiene (MHH) is essential to the well-being and empowerment of women and adolescent girls. To effectively manage their menstruation, girls and women require access to water, sanitation and hygiene facilities, affordable and appropriate menstrual hygiene materials, information on good practices, and a supportive environment where they can manage menstruation without embarrassment or stigma [3].

Studies have found a lack of safe and clean hygiene facilities leading to unsatisfactory opportunities to clean external genitalia and to change stained absorbents [4].

The existing evidence highlights either a lack of disposal facilities for absorbents or inadequate and poorly maintained means of disposal. This affects the education of girls, they miss their classes during menstruation due to fear of staining, shame, ridicule by their peers, menstrual cramps, or the lack of facilities to manage their menstrual hygiene privately. This has led many girls and women to dispose of absorbents and pads with routine waste in toilets or in open spaces [2].

Poor menstrual hygiene can be a threat to women’s reproductive health leading to reproductive tract and urinary tract infections, followed by infertility in later stages of life. Hence, addressing to menstrual health and hygiene at the early ages [5].

Background

India has one of the fastest-growing youth populations in the world, with an estimated 190 million adolescent girls below 19 years of age comprising one-quarter of India’s rapidly growing population.

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. There is a substantial lacuna in the knowledge about menstruation among adolescent girls. Good hygienic practices such as the use of sanitary pads and adequate washing of the genital area are essential during menstruation. Menstrual hygiene and management will directly contribute to the Sustainable Development Goal (SDG)-3 on good health and well-being, SDG 4 quality education as well as SDG 6 on provision of clean water and sanitation [5].

These adolescents make reproductive health decisions and choices based on their knowledge and the availability of such choices [6]. These decisions and choices can either negatively or positively affect their lives [7]. Menstruation & menstrual practices are still bounded by socio cultural restriction & taboos resulting in adolescent girls to remain ignorant of scientific facts & hygienic practices during menstruation.⁸ Increase in knowledge about menstruation right from childhood may escalate safe practices and may help in mitigating the suffering of millions of women [9]. Studies have shown that most adolescent girls have incomplete and inaccurate information about menstrual physiology and hygiene. Hence it is important to educate the

girls regarding the basic knowledge on menstruation and ensure that they follow proper hygiene [10].

Methods and Materials

A quantitative study was conducted at a selected government school in Mumbai. The target populations for the study were adolescent girls aged 10- 19years studying in selected government school. Permission for conducting the study was taken from the authorities and institutional ethical committee clearance taken. Totally, 146 participants were selected for the study by simple random sampling technique. The tool of the study consists of three parts. The first part includes questions related to socio-demographic variables, second part of structured questionnaire regarding the awareness of menstrual hygiene products, and the third part of self- reported questionnaire regarding the practice of menstrual health and hygiene and its reliability and validity were checked and data analysis using appropriate inferential statistics were analysed.

Data collection was done by pre-test post-test technique from 17 Nov 23 to 21 Nov 2023 after taking informed consent from the study participants.

Result

Out of 146 study sample, the pre-test knowledge scores between the two groups depicts significant observable difference in the post test mean knowledge score. Experimental group among the two groups have a significant mean score of 10.97 in post-test and 9.67 in pre-test. Whereas in control group the post-test mean score is 9.21 and pre-test score is 9.48.

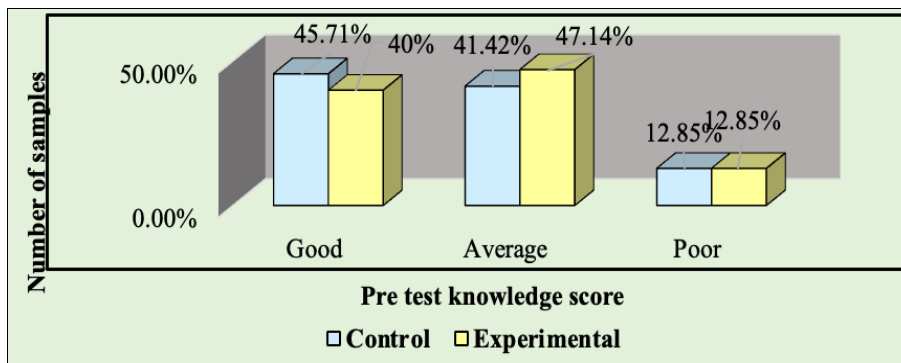


Fig 1: Distribution of level of pre-test knowledge score among samples in control and experimental group N=140

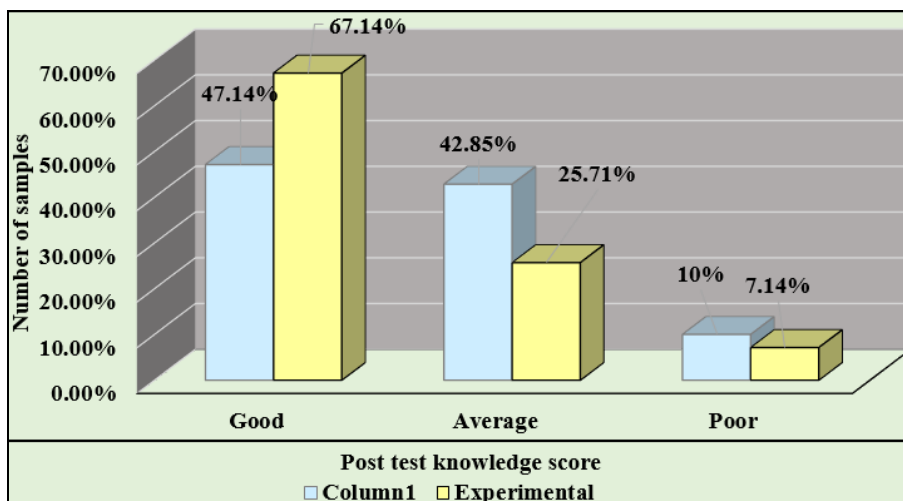


Fig 2: Distribution of level of post-test knowledge score in control and experimental group

Discussion

Majority of samples in control group ie 45.71% have good knowledge and majority of sample i.e.47.14% in experimental group have average knowledge score regarding menstrual health and hygiene.

Conclusion

The present study highlights need for tailored nursing interventions, training programme for nurses to address specific menstrual health. The issues and incorporating menstrual hygiene education among adolescent girls.

The study also highlights the importance of creating a sensitive and supportive healthcare environment for adolescent girls to address their menstrual health need effectively. This could also contribute to the advancement of nursing practices related to adolescent health, emphasizing the importance of holistic care that includes menstrual health education.

Acknowledgement

A self -structured video based PowerPoint presentation supported by live demonstration was administered to the experiment group and the knowledge level was assessed before and after the administration of structured teaching programme.

After the data collection control group was also administered with the same STP with a motive to impart the same knowledge among the young adolescent girls. Using self-structured questionnaire, knowledge level of control and experiment group was assessed pretest and posttest after administration of structured teaching programme to the experimental group. Using this tool, the score was assessed and the study was observed across several demographic variables.

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