



ISSN: 2230-9926

Available online at <http://www.journalijdr.com>

IJDR

International Journal of Development Research

Vol. 10, Issue, 07, pp. 38576-38578, July, 2020

<https://doi.org/10.37118/ijdr.19480.07.2020>



RESEARCH ARTICLE

OPEN ACCESS

EFFICACY OF ORGANIZED TEACHING PROGRAM ON KNOWLEDGE REGARDING REPRODUCTIVE HEALTH AMONG ADOLESCENT GIRLS

Neetu Yadav*¹ and Bince Varghese²

¹Assistant Lecture, Integral College of Nursing, Lucknow (U.P), India

²Ph.DScholar, SHRI J J T University, Jhunjhunu, Rajasthan, India

ARTICLE INFO

Article History:

Received 17th April, 2020

Received in revised form

04th May, 2020

Accepted 26th June, 2020

Published online 30th July, 2020

Key Words:

Knowledge, Organized Teaching Program, Reproductive Health, Adolescent Girls.

*Corresponding author: Bince Varghese

ABSTRACT

Background: Adolescent period includes the age group of 10-19 years. Reproductive health of adolescent girls is crucial in determining the health of young generations. **Aim:** This study aimed to assess the effectiveness of an organized teaching program regarding knowledge on reproductive health among adolescent girls at selected higher secondary schools and to find out various factors associated with it. **Materials and Methods:** A quantitative research approach with Pre-experimental, one group pretest and posttest design and Non-probability purposive sampling technique was used to select 80 adolescent girls from Barabanki, Uttar Pradesh, India. A Self-structured knowledge questionnaire was used for assessing the knowledge among the subjects. SPSS version 25 was used for data analysis. **Results:** The mean score in the pretest and posttest were 8.4 ± 2.9 and 20 ± 4.6 respectively, the obtained t value is 21.5 which was significant at $p < 0.01$. There was no association between knowledge score about reproductive health among adolescent girls with the demographic variables ($p > 0.05$). **Conclusion:** Organized Teaching Program was effective to improve the knowledge regarding reproductive Health among adolescent girls.

Copyright © 2020, Neetu Yada and Bince Varghese. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Neetu Yada and Bince Varghese, 2020. "Efficacy of organized teaching program on knowledge regarding reproductive health among adolescent girls", *International Journal of Development Research*, 10, (07), 38576-38578.

INTRODUCTION

Adolescence is a period between 10 and 19 years of age as per the World Health Organization Expert Committee. This age group comprises of 20% of the total population of the world and about 85% of the adolescents live in developing countries. The present population of India is 1.21 billion and among those people 253.2 million are adolescence. Globally 1/5th of the overall female population is contributed by adolescent girls and in India adolescent girls account for a slightly more than 1/5th of the population (21.4%). Adolescent Reproductive and Sexual Health (ARSH) has been recognized as an important strategy in the Reproductive and Child Health (RCH-II) program under the National Rural Health Mission (NRHM). Adolescence is an era of rapid growth along with physical and emotional changes. It is a point of life in which an individual achieves sexual maturity, and in spite of this, it has been detected that adolescents lack basic information about their body, sexuality, and contraception. Discussing reproduction is still considered a taboo in our country. But at the present time due to media exposure adolescents find themselves squeezed between traditional Indian culture and trendy Western culture. Adolescents have countless doubts and queries about their sexuality which leads to anxiety and confusion. Also, our present education system has limited contribution in providing this knowledge to adolescents which may lead to several

misbeliefs and indulgence into unsafe or risky sexual activities by this group of individuals. Thus, sexually transmitted diseases (STDs), unwanted pregnancies, substance abuse, and unsafe abortions are the main problems in adolescents. Girls are more susceptible in this group because of noticeable unawareness and biological vulnerability to STDs. Reproductive health of adolescent girls is vital since it decides the health of forthcoming generations to come. With urbanization and liberal attitudes in modern Indian society, there is an increased probability of indulging in sexual relationship at a premature age, the burden of which is usually borne by the female sex. That's why adolescent girls are at risk of unwanted pregnancy, reproductive tract infections (RTIs) and also a spectrum of social and psychological consequences such as cessation of education, compulsory early marriages, unexpected pregnancies, risky abortions, and depression. According to the National Family Health Survey-3 data, 2.7% boys and 8% of girls in India reported sexual debut before the age of 15 years. Adolescent pregnancies constitute 10-15% of total pregnancies in India. This is largely attributed to early marriage, a culture commonly prevalent in the whole of the Indian subcontinent, besides Africa. In order to lead a healthy, accountable & satisfying life & protect themselves from reproductive health problems, youths need to be knowledgeable about themselves & need adequate information about the physical, psychological changes that take place during puberty, menstruation, pregnancy & childbirth. The requirement to address

these problems through reproductive health education has been recognized at various international and national settings. Among the numerous choices obtainable, creating awareness among adolescents seems to be a significant tool. Very limited interventional studies have been conducted to improve knowledge of adolescent girls about reproductive health in particular areas. This is the main motive researchers conduct the present study. The objectives of the study were to assess the effectiveness of organized teaching program regarding knowledge on reproductive health among adolescent girls at selected higher secondary schools and determine the association with their selected demographic variables.

METHODOLOGY

A quantitative research approach with Pre-experimental, one group pretest and posttest design with non-probability purposive sampling method was used for the selection of 80 adolescent girls at selected higher secondary schools. The study was conducted in two colleges named Pioneer Montessori Inter College and Government Girls Inter College from Barabanki Uttar Pradesh, India. The tool used for data collection consisted of 2 parts: Part I: Socio-demographic data and Part II: self-structured knowledge questionnaire which consists of 30 multiple choice questions were used to assess the knowledge of adolescent girls regarding reproductive health. Every item with one correct answer carrying 1 mark remaining options 0 marks. The minimum score 0 and maximum score was 30. The scores were categorized as 21-30 adequate knowledge, 11-20 moderate knowledge and 0-10 inadequate knowledge. Content validity of the tool was determined by experts in the field of nursing. The reliability of the knowledge questionnaires was tested by using a test-retest method and score was found to be $r = 0.81$. The tool was prepared in English and Hindi to facilitate better understanding. An Interventional module, organized teaching program was prepared based on the review of literature and experts' opinion. The study was approved by the Institutional Ethical Committee. Informed consent was obtained and the confidentiality and anonymity of the participants were maintained. Pretest was conducted to assess the knowledge regarding reproductive health and an organized teaching program was administered to adolescent girls and the post test was done after a gap of 2 weeks by using the same questionnaire. The collected data were analysed using descriptive and inferential statistics. SPSS version 25 was used for data analysis and 0.05 was the level of significance.

RESULTS

The table 1 displays that frequency and percentage distribution of demographic profile, the majority of the adolescent girls 62.5% were in the age group of 16 to 17 years, 43.8% were hindus, 43.8% belonged to a nuclear family, 37.5% were having family monthly income between 20001 to 30000 Indian rupees, 43.8% were studying in 11th standard, 62.5% were using sanitary pads during menstrual periods and majority 37.5% having previous source information from mass media. Figure 1 describes that percentage distribution of knowledge level regarding reproductive health among adolescent girls, in the pretest majority 72.5% had inadequate knowledge, remaining 27.5% moderate knowledge and none of them had adequate knowledge but in the post-test, the majority 65% had adequate knowledge followed by 30% moderate knowledge and 5% had inadequate knowledge. There was an improvement in the knowledge levels after the intervention. The table 2 demonstrates that comparison of pretest and posttest knowledge score regarding reproductive health among adolescent girls by using paired t-test, the mean score in the pretest was 8.4 ± 2.9 and in the posttest 20 ± 4.6 , which was

significant ($t=21.5$, $p=0.001$). So an organized teaching program was effective to improve the level of knowledge regarding reproductive Health among adolescent girls. Table 3 displays that there was no significant association between pretest knowledge score about reproductive health among adolescents girls with their demographic variables ($p>0.05$).

DISCUSSION

The present study found that the organized teaching program was effective to improve the level of knowledge regarding reproductive health among adolescent girls. These results were supported by Malleshappa K et al which showed that reproductive health education intervention programmes improves the knowledge & attitude among rural adolescent girls regarding reproductive health ($p<0.05$). Another study by Rao et al found that educational intervention programs can bring about a desirable change in knowledge among adolescent girls regarding reproductive health. These results were also consistent by a Phulambrikar RM et al which found that interventional reproductive and sexual health education on knowledge, attitude, and menstrual practices of school-going adolescent girls was effective. The major findings of the study were as follows:

Table 1: Frequency and percentage distribution of demographic variables of subjects (n=80)

| Demographic variables | Frequency | (%) |
|-----------------------|-----------|------|
| Age | | |
| a. 14-15 | 20 | 25 |
| b. 16-17 | 50 | 62.5 |
| c. 18-19 | 10 | 12.5 |
| Religion | | |
| a. Hindu | 35 | 43.8 |
| b. Muslim | 25 | 31.3 |
| c. Christian | 15 | 18.8 |
| d. Others | 5 | 6.3 |
| Type of family | | |
| a. Nuclear | 35 | 43.8 |
| b. Joint | 30 | 37.5 |
| c. Others | 15 | 18.8 |
| Family income | | |
| a. < 10,000 INR | 10 | 12.5 |
| b. 10,000-20,000 INR | 25 | 31.3 |
| c. 20,001-30,000 INR | 30 | 37.5 |
| d. > 30,000 INR | 15 | 18.8 |
| Education | | |
| a. 10th | 25 | 31.3 |
| b. 11th | 35 | 43.8 |
| c. 12th | 20 | 25 |
| Items used for menses | | |
| a. Cloths | 20 | 25 |
| b. Sanitary pads | 50 | 62.5 |
| c. Others | 10 | 12.5 |
| Source of information | | |
| a. No information | 15 | 18.8 |
| b. Family and friends | 25 | 31.3 |
| c. Medical person | 10 | 12.5 |
| d. Mass Media | 30 | 37.5 |

Table 2. Comparison of Knowledge score regarding reproductive health among adolescents girls between pretest and posttest

| Test | Mean | sd | t | df | p |
|-----------|------|-----|------|----|---------|
| Pre-test | 8.4 | 2.9 | 21.5 | 79 | 0.001** |
| Post-test | 20 | 4.6 | | | |

**Significant ($p<0.01$)

Implication and recommendations: This study finding aids teachers and parents to adopt the use of this training technique to improve the reproductive health of the future generations. This study also profits many reputed organizations to conduct awareness programs, seminars, workshops etc. for preparing teachers, parents, students,

health workers, counselors and other significant others to contribute to the sound reproductive health of the young generation and to reduce the problems associated with the poor reproductive health. A similar study can be replicated for a large scale and longer period for more reliability and effectiveness. A mixed-method approach can be used to explore widespread findings in upcoming studies.

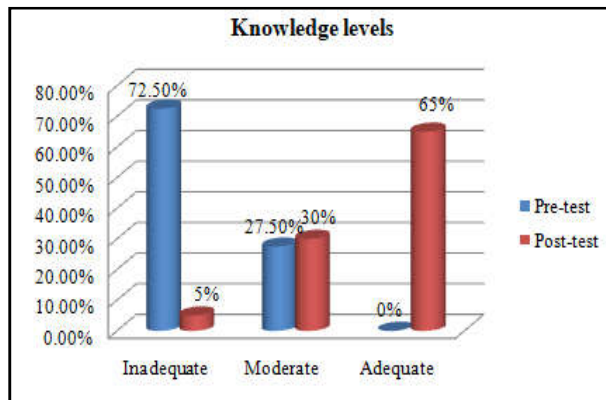


Figure 1: Percentage distribution of pre and posttest knowledge score gradation

Table 3 : Association between pretest knowledge score with the demographic variables

| Demographic variables | | > Median | χ^2 | df | p |
|-----------------------|----|----------|----------|----|------|
| Age | | | 1.1 | 2 | 0.58 |
| a. 14-15 | 10 | 10 | | | |
| b. 16-17 | 28 | 22 | | | |
| c. 18-19 | 7 | 3 | | | |
| Religion | | | 0.7 | 3 | 0.86 |
| a. Hindu | 20 | 15 | | | |
| b. Muslim | 15 | 10 | | | |
| c. Christian | 8 | 7 | | | |
| d. Others | 2 | 3 | | | |
| Type of family | | | 0.37 | 2 | 0.84 |
| a. Nuclear | 21 | 14 | | | |
| b. Joint | 16 | 14 | | | |
| c. Others | 8 | 7 | | | |
| Family income | | | 0.36 | 3 | 0.95 |
| a. < 10,000 INR | 6 | 4 | | | |
| b. 10,000-20,000 INR | 15 | 10 | | | |
| c. 20,001-30,000 INR | 16 | 14 | | | |
| d. 25,001 and above | 8 | 7 | | | |
| Education | | | 0.39 | 2 | 0.82 |
| a. 10th | 13 | 12 | | | |
| b. 11th | 21 | 14 | | | |
| c. 12th | 11 | 9 | | | |
| Items used for menses | | | 0.27 | 2 | 0.87 |
| a. Cloths | 12 | 8 | | | |
| b. Sanitary pads | 28 | 22 | | | |
| c. Others | 5 | 5 | | | |
| Source of information | | | 0.01 | 3 | 0.8 |
| a. No information | 10 | 5 | | | |
| b. Family and friends | 13 | 12 | | | |
| c. Medical person | 6 | 4 | | | |
| d. Mass Media | 16 | 14 | | | |

CONCLUSION

Organized teaching program was effective to improve the level of knowledge regarding reproductive health among adolescent girls.

This study also found that there was no association between adolescent girls' levels of knowledge regarding reproductive health with their demographic variables. The study is limited to adolescent girls who are studying in selected government schools at Barabanki, Uttar Pradesh, India. It is necessary to implement any kind of educational and training interventions to reduce the problems associated with poor reproductive health practices among adolescent girls.

Financial support and sponsorship:-Nil.

Conflicts of interest:-There are no conflicts of interest.

REFERENCES

- Adolescence, the critical phase, the challenges & the potential. World health organization; 1997
- Adolescence: development and obstacles. Adolescence, research and reference centre, psychological aspects of AIDS CMC Vellore. Health Dialogue. 2002; 28:1-3. [Google Scholar](#)
- Bhatia BD, Chandra K. Adolescent mother and an unprepared child. Indian J Mat Child Health 1993;4:67-70.
- Chandramouli C. Release of social and cultural tables – Age data highlights. Census of India. Mumbai: IIPS; 2011. Available at: www.censusindia.gov.in/2011/Census_2011_Age_datafinal-12-09-2013.ppt Accessed on 4 April 2017.
- Jogdand K, Yerpude P. A community based study on menstrual hygiene among adolescent girl. Ind J Mat Ch Health. 2011;13(3):2-6.
- MallesappaK, Krishna S, Nandini C. Knowledge and attitude about reproductive health among rural adolescent girls in Kuppammandal: An intervention study. Biomedical Research. 2011; 22 (3): 305-310
- Mandal K. Teaching adolescent school girls about menstrual hygiene. Indian J nursing midwifery 1998; 1: 19-26.
- Phulambrikar RM, Kharde AL, Mahavarakar VN, Phalke DB, Phalke VD. Effectiveness of interventional reproductive and sexual health education among school going adolescent girls in rural area. Indian J Community Med 2019;44:378-82.
- Rao, Lena A, Nair Ns, Kamath V, Kamath A. Effectiveness of reproductive health education among rural adolescent girls: a school based intervention study in Udupi Taluk, Karnataka. Indian J Med Sci. 2008;62(11):439-443
- Report of the Working Group on Adolescents for the Tenth Five Year Plan. New Delhi: GOI, Planning Commission; June 2011.
- Secondary analysis of data from National Family Health Surveys of India - 1, 2, 3 (1992-2006) for the age group 15-24 years. New Delhi: GOI, MOHFW. UNAIDS/WHO; 2009. [Last accessed on 2010 Mar 05]. WHO/ MOHFW. Reproductive and Sexual Health of Young People in India. Available from: http://mohfw.nic.in/NRHM/Documents/RSH_of_YP_in_India.pdf.
- Sharma, V, Sharma, A. The letter-box approach: a model for sex education in an orthodox society. J Fam Welfare. 1995; 41(4): 31-34.
- Shashikumar R, Das RC, Prabhu HR, Srivastava K, Bhat PS, Prakash J, et al. A cross-sectional study of factors associated with adolescent sexual activity. Indian J Psychiatry 2012; 54:138-43.
- Sivagurunathan C, Umadevi R, Rama R, Gopalakrishnan S. Adolescent health: Present status and its related programmes in India. Are we in the right direction? J ClinDiagn Res 2015; 9: LE01-6.
- World Health Organization. The Second Secade: Improving Adolescent Health and Development. Geneva: WHO; 1998.
