

A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING POLYCYSTIC OVARIAN SYNDROME AMONG ADOLESCENT GIRLS IN SELECTED HIGHER SECONDARY SCHOOL AT KOLLAM

Akhila Raju*¹, Archana. S. B.¹, Babitha Xavier¹, Jeena Mary Roy¹, Rincy, Raju¹ and Nisha John²

Nursing Tutor, Obstetrics and Gynecological Nursing Department, Bishop Benziger College of Nursing, Kollam, Kerala.

***Corresponding Author: Akhila Raju**

Nursing Tutor, Obstetrics and Gynecological Nursing Department, Bishop Benziger College of Nursing, Kollam, Kerala.

Article Received on 22/04/2018

Article Revised on 13/05/2018

Article Accepted on 03/06/2018

ABSTRACT

The research project undertook was “A study to assess the effectiveness of Structured Teaching Programme on knowledge regarding polycystic ovarian syndrome among adolescent girls in selected Higher Secondary School at Kollam” The objective of the study were to assess the knowledge on polycystic ovarian syndrome among the adolescent girls in selected Higher Secondary School, Kollam, assess the effectiveness of Structured Teaching Programme on knowledge regarding polycystic ovarian syndrome among the adolescent girls in selected Higher Secondary School, Kollam. find the association between knowledge regarding polycystic ovarian syndrome among the adolescent girls and selected demographic variables. A quantitative research design was adopted for the study. The study was conducted among 60 adolescent girls in VimalaHridaya Higher Secondary School Kollam. In order to assess the knowledge of adolescent girls regarding polycystic ovarian syndrome, the study sample were selected by convenient sampling technique. The tools used for data collection consisted of demographic profoma and structured questionnaire basic introduction of the study was given to the subjects. The analysis of the data was based on the objectives of the study using quantitative and inferential statistics. The findings of the present study showed that Structured Teaching Programme was effective to increasing the knowledge regarding poly cystic ovarian syndrome among adolescent girls.

KEYWORDS: Knowledge, Polycystic Ovarian Syndrome, Adolescent Girls.

INTRODUCTION

Adolescent period is a unique period where there is a change from childhood to adulthood, a time of physiological, social and emotional adaptation. During this period individual attains physical and sexual maturity will be imbalanced. The changes in adolescent period have important implications to understand the health risks associated with this syndrome during this period the body changes and there will be development of secondary sex characteristics. Habits and behavior picked up during adolescents have lifelong impact. There are many serious disease in adulthood have their roots in adolescence.^[1]

Polycystic ovarian disease (PCOD) is the most common endocrinopathy of reproductive-age women in the world, affecting roughly 30% of this population. It accounts for 75% of women with amenorrhea and 85% of women with androgen excess/hirsute.^[2]

Prevention is better than cure. Polycystic ovarian disease (PCOD) can be prevented in women by early diagnosis and treatment helps in preventing complication. Lifestyle modification, including weight reduction, nutritional plans, exercise, and smoking cessation, is beneficial in managing PCOD patients and is often considered the first line of therapy for the treatment and management of PCOD. Oral contraceptive pills (OCPs) are often employed to control PCOD symptoms such as acne, hirsutism, and irregular menses. Insulin sensitizing agent, metformin has the most effectiveness in PCOD to improve insulin resistance.^[3]

As polycystic ovarian syndrome is among the most common during adolescence, there is always a need to investigate all new relevant data. Early recognition and prompt treatment of polycystic ovarian syndrome in adolescent is important to prevent long term sequel. Since polycystic ovarian syndrome is increasing its incidence, the researchers would like to assess the knowledge of adolescent girls an identification of

polycystic ovarian syndrome and its prevention with the purpose of early detection and treatment.^[4]

OBJECTIVES

- To assess the knowledge on polycystic ovarian syndrome among the adolescent girls in selected Higher Secondary School, Kollam.
- To assess the effectiveness of Structured Teaching Programme on knowledge regarding polycystic ovarian syndrome among the adolescent girls in selected Higher Secondary School, Kollam.
- To find the association between knowledge regarding polycystic ovarian syndrome among the adolescent girls and selected demographic variables.

MATERIALS AND METHODS

A quantitative research approach is adopted to determine the effectiveness of Structured Teaching Programme on polycystic ovarian syndrome among adolescent girls in selected school at Kollam.

Study design

In the present study one group pretest –post test research design which belongs to pre experimental design, is selected to assess the knowledge of the adolescent girls regarding polycystic ovarian syndrome.

Tools and techniques

Tool 1–Demographic proforma

Tool 2 - Structured Teaching Programme

Data collection process

The data collection plan through using a structured questionnaire on their knowledge regarding polycystic ovarian syndrome among adolescent girls. The data collected after obtaining administrative approval and consent from the principal of selected school. The subjects were selected based on inclusion and exclusion criteria. Simple random technique is used to select the sample. The adolescent girls who are studying in plus one and plus two class was selected. A total of 60 samples are selecting by simple random sampling. After conducting the pre test the researcher is giving the intervention. After five days post test was conducted and the study findings was assessed by using the same tool.

Statistical analysis

The data collected were analyzed according to the objectives. The obtained data were analyzed using descriptive Statistics and inferential statistics.

RESULTS

1: Description of demographic variables

- Age
Figure 1 shows that 65% were in the age group of 16 years and 35% were in the age group of 17 years.
- Religion
Figure 2 shows that 38.33 % were Christians, 18.33% were Muslims and 43.33% were Hindu.
- Type of family

Figure 3 shows that 93.33% were staying in nuclear family and 6.66% were in joint family.

- Monthly income
Figure 4 shows that 46.66% were in <5000 income, 43.33% were in 5000-10000 income and 10% were in >10000.
- Area of residence
Figure 5 shows 53.33% were in rural and 46.66% urban.
- Source of information
Figure 6 shows that 48.33% from mass media 41.66% from educational programme and 10% from peer group.
- Food habits
Figure 7 shows that 6.66% were in vegetarians and 93.33% were in non vegetarian.
- Menstrual pattern
Figure 8 shows that 89.66% were in regular menstrual period and 18.33% were in irregular.

2. Description of knowledge score

Table 1 shows that 95% knowledge of the adolescent girls had inadequate knowledge, 5% had moderate knowledge and 0% had adequate knowledge.

3. Mean, standard deviation and 't' value of pretest and post test knowledge

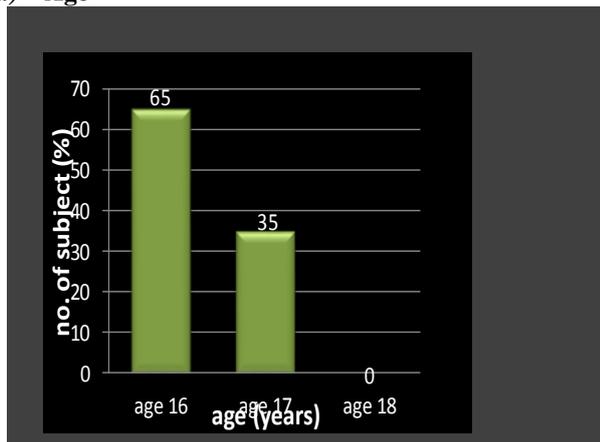
Table 2 shows that the mean post test score (16.85) greater than mean pretest score (7.31) on knowledge regarding polycystic ovarian syndrome. The t value is greater than the table value (2.00) i.e., the Structured Teaching Programme was effective. Hence the null hypothesis was rejected and the research hypothesis was accepted. It shows that Structured Teaching Programme was effective to increasing the knowledge regarding polycystic ovarian syndrome among adolescent girls.

4. Association of pretest knowledge and demographic variable

Table 3: The association was compicated by chi square test. It was inferred that the present study showed significant association between knowledge and demographic variables like age, religion, type of family, monthly income, area of residence, source of information, food habits and menstrual pattern with knowledge (calculated value greater than tabulated value at 0.05 level of significance) Hence the research hypothesis is rejected and null hypothesis is accepted. So There was no significant association between demographic variables and knowledge at 0.05 level of significance.

1. DESCRIPTION OF DEMOGRAPHIC VARIABLES

a) Age



The data presented in figure 1 shows that 65% were in the age group of 16 years and 35% were in the age group of 17 years.

b) Religion

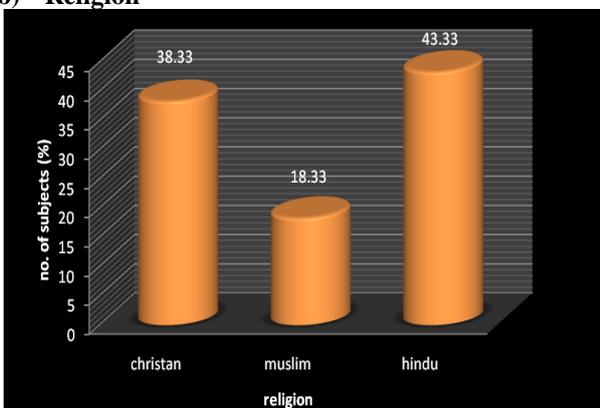


Figure 2: Shows the 38.33 % were Christians, 18.33% were Muslims and 43.33 % were Hindu.

c) Type of family

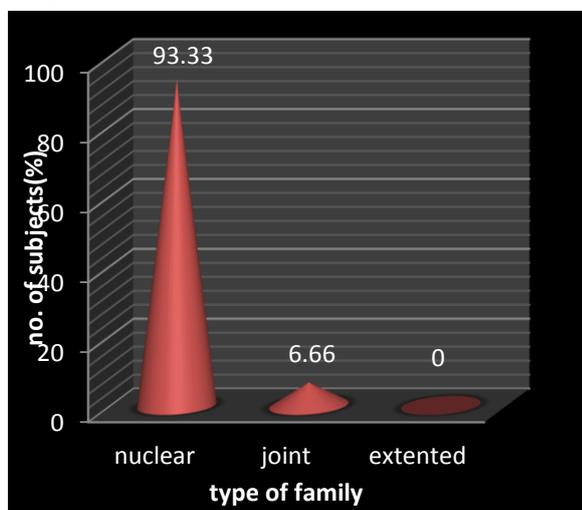


Figure 3: Shows the 93.33% were staying in nuclear family and 6.66% were in joint family.

d) Monthly income

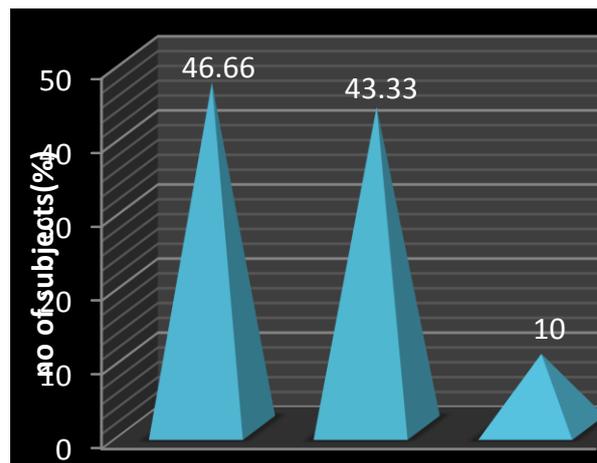


Figure 4: Shows that 46.66% were in <5000 income, 43.33% were in 5000-10000 income and 10% were in >10000.

e) Area of residence

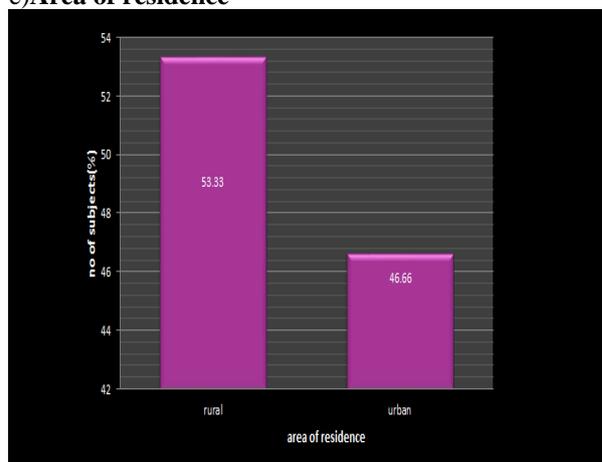


Figure 5: Shows 53.33% were in rural and 46.66% urban.

f) Source of information

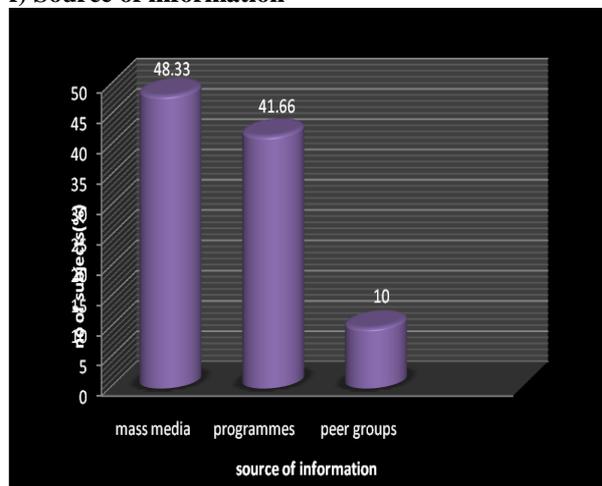


Figure 6: Shows that 48.33% from mass media 41.66% from educational programme and 10% from peer group.

g) Family habits

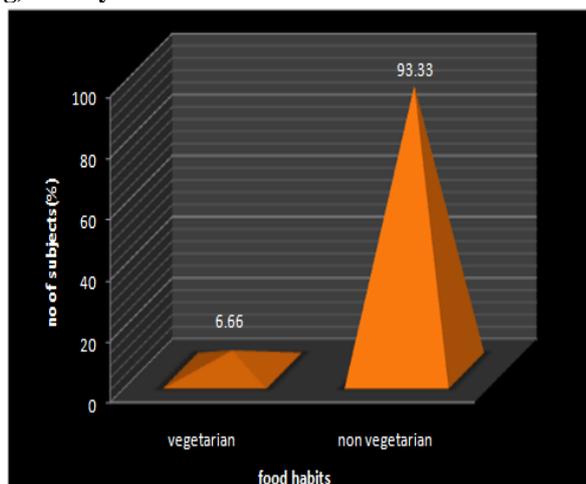


Figure 7: shows that 6.66% were in vegetarians and 93.33% were in non-vegetarian.

h) Menstrual pattern

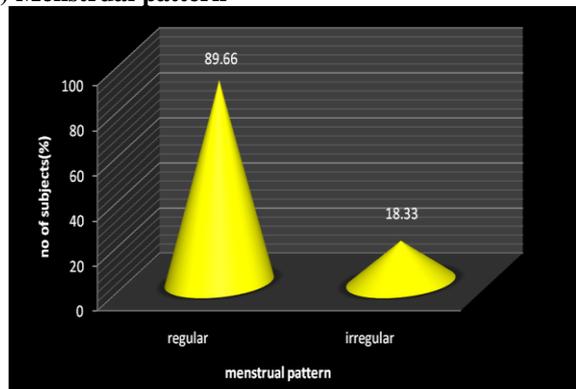


Figure 8: Shows that 89.66% were in regular menstrual period and 18.33% were in irregular.

2. DESCRIPTION OF KNOWLEDGE SCORE

N = 60

Scores range	frequency	percentage	
0-10	Inadequate knowledge	57	95%
11-15	Moderate knowledge	3	5%
16-20	Adequate knowledge	0	0

N = 60

The data presented in table 1 shows that 95% knowledge of the adolescent girls had inadequate knowledge, 5% had moderate knowledge and 0% had adequate knowledge.

3. Mean, Standard Deviation and ‘T’ Value of Pretest and Post Test Knowledge

N	Mean	Standard Deviation	t
Pretest score 27.65	60	7.31	2.16
Posttest score	60	16.85	2.49

t(59)=2.00, significant at 0.05 level.

The data present in table 3 shows that the mean post test score (16.85) greater than mean pretest score (7.31) on knowledge regarding poly cystic ovarian syndrome. The t value is greater than the table value (2.00) i.e., the Structured Teaching Programme was effective. Hence the null hypothesis was rejected and the research hypothesis was accepted. it shows that Structured Teaching Programme was effective to increasing the knowledge regarding poly cystic ovarian syndrome among adolescent girls.

4. Association of Pretest Knowledge And Demographic Variable

Sl no	Variables	Inadequate	Knowledge Moderate	Adequate	df	Chi square value
1	Age in years					
	16 years	38	1	0	4	1.39
	17 years	19	2	0		
	8 years	0	0	0		
2	Religion					
	Christian	22	1	0	4	0.555
	Muslim	10	1	0		
	Hindu	25	1	0		
3	Type of family					
	Nuclear	53	3	0	4	0.350
	Joint	4	0	0		
	Extended	0	0	0		
4	Monthly income					
	<5000	26	2	0	4	0.333
	5000-10000	25	1	0		
	>10000	6	0	0		
5	Area of residences					
	Rural	31	1	0	2	0.506

	Urban	26	2	0		
6	Source of information					
	Mass media	27	2	0	4	3.248
	Educational programme	25	0	0		
	Peer group	5	1	0		
7.	Food habits					
	Vegetarian	4	0	0	2	0.2247
	Non vegetarian	53	3	0		
8.	Menstrual pattern					
	Regular	47	2	0	2	0.473
	Irregular	10	1	0	10	

Table 4: The association was compared by chi square test. It was inferred that the present study showed significant association between knowledge and demographic variables like age, religion, type of family, monthly income, area of residence, source of information, food habits and menstrual pattern with knowledge (calculated value greater than tabulated value at 0.05 level of significance) Hence the research hypothesis is rejected and null hypothesis is accepted. So There was no significant association between demographic variables and knowledge at 0.05 level of significance.

DISCUSSION

The present study was conducted to evaluate the effectiveness of Structured Teaching Programme regarding polycystic ovarian syndrome among adolescent girls in selected school at Kollam. The data was collected from 60 samples of adolescent girls who met the criteria for the study. The data was interrupted from statistical analysis which was discussed in relation to the objectives and need for the study. In the present study the demographic data revealed that the majority of the adolescent girls were under the age of 16 years (65%) and most of the adolescent girls studying in the school were Hindus. (43.33%). Most of them living in nuclear family (93.33%) and rural areas (53.33%) The adolescent girls get more information about polycystic ovarian syndrome through mass media. (48.33%). Majority of adolescent girls likes non vegetarian food items (93.33%). The study shows that most of the adolescent girls have regular menstrual period.

The present study revealed that 95% of students have inadequate knowledge, 5% have moderate knowledge and 0% have adequate knowledge regarding polycystic ovarian syndrome in pretest. After a structured teaching programme 85% of students have adequate knowledge, 11.6% have moderate knowledge and 3.33% have inadequate knowledge. So, the study shows that Structured Teaching Programme was effective to increase the knowledge of polycystic ovarian syndrome in adolescent girls.

CONCLUSION

The present study aimed to assess the effectiveness of Structured Teaching Programme on knowledge regarding polycystic ovarian syndrome among adolescent girls in selected school at Kollam. The study results showed that there were a significant improvement in knowledge among adolescent girls after providing a Structured Teaching Programme and were statistically significant at 0.05 levels. It also showed significant difference between mean pretest knowledge. So the structured teaching was effective in improving level of knowledge regarding polycystic ovarian syndrome.

REFERENCES

1. Sunanda B, Sabitha Nayak. Nitte University Of Health Science, Sep, 2016; 6(3): 2249-7110.
2. Pcodtreatmt.[Online].2012feb2[Cited2013oct9]; Available
3. <http://www.nhs.uk/conditions/PCOD/Pages/Treatment.aspx>
4. Sebanti G, Rekha D, Sibani S. A Profile Of Adolescent Girls With Gynecological Problems. J ObstetGynecol India, 2005 Jul/Aug; 55(4): 353-5.
5. Bani I A. Polycystic Ovarian Syndrome Teens Health 2002 May 2 Available From [http:// Kids Health.Org/Teen/Sexual Health/Girls/PCODS.Html/Pubmed](http://KidsHealth.Org/Teen/SexualHealth/Girls/PCODS.Html/Pubmed)