



Effectiveness of Structured Teaching Module on Life skill approaches to promote the Reproductive Health of the School-going Adolescent Girls in Puducherry, India

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Abstract

Adolescence has had an occasional extension beyond the teenage years. They were no longer a child or an adult. Adolescence is the final stage of personality development. It is the period of psychological conflict, which an adolescent experiences, due to failure to satisfy or express the specific needs during childhood. Knowledge on reproductive health during this stage is vague and the attitude is different from other. Use of life skills may promote their health. The study was conducted on 358 school going adolescent girls using knowledge and attitude scale to elicit the knowledge and attitude on reproductive health (and to promote their health). The knowledge in the pre test was less and after involving them in the teaching programme in the post test the knowledge was increased and the attitude also changed to a significant level.

Keywords: Adolescent girls, reproductive health, life skills.

Introduction

Adolescence stage is a transitional period where a dependent child becomes independent and self sufficient adult. She realizes stressful period crossing the puberty. Adolescence in girls is truly one of life's journeys that are more challenging. The father of Adolescent Psychology, viewed in his Recapitulation Theory that the adolescence is the time of psychosocial development, when the transition is in-between the more primitive child and the truly human adult. Adolescent period is the time of increased libidinal energy, which is associated with biological maturation, and leads to impulsiveness, low tolerance or frustration and continuous demands for self-gratification.

The transition from childhood to adolescence is full of anxiety. Menarche during this stage is associated with anxiety. It is "excited but scared", "happy and embarrassed", are common¹. A study on pre and post-menarcheal girls, the pre-menarcheal girls explained feelings of excitement and positive anticipation but post-menarcheal girls expressed negative feelings and feelings of sick².

In a study done on puberty rituals, reproductive knowledge and health of adolescent girls revealed that adolescent girls are not prepared for their first menstruation. For the young girls the first menarche is shocking news. The knowledge was restricted to keeping the pad and caution towards males^{3,4}. A majority of the school going adolescent girls are not aware of the fundamental facts of menstruation and puberty. Negative perception and misinformation, which they gather, continue through their reproductive years and act as barriers for a healthy reproductive

life. Unhygienic practices during menstruation endanger the reproductive health and the wellbeing of the adolescent girls and expose them to reproductive tract infections (RTI) and other related complications. Therefore, adolescence is often seen as a stage of both opportunities and risks, since their behaviour including sexual and reproductive health have generational and intergenerational consequences.

Statement of the problem: A Study to assess the effectiveness of structured teaching module on Life skill approaches to promote the reproductive health of the school-going adolescent girls in Puducherry.

Objectives: To assess the knowledge of adolescent girls on reproductive health. To elicit the attitude of the adolescent girls towards reproductive health. To assess the effectiveness of teaching module using selected life skill approaches. To associate knowledge and attitude with selected demographic variables.

Hypothesis: The Adolescent girls after receiving the teaching module based on life skills approaches will demonstrate a significantly better level of knowledge on reproductive health in the posttest. The Adolescent girls after receiving teaching module based on life skills approaches will demonstrate a significantly positive attitude towards reproductive health in the posttest.

Material and Methods

A quantitative research approach was used; A quasi experimental one group pre and post design was used. Variables

used in this study are: Independent variable: Teaching module, Dependent Variable: Knowledge and attitude. Settings of the study- The selected schools at Puducherry were the setting of the study.

The Study Population: The study population includes all school going adolescent girls studying at 9th standard in Government and private schools at Puducherry. Only girls were selected from co-education schools.

Sample Size: The sample selected for the study was 358 adolescent girls.

Sampling Technique: Stratified sampling technique was used to select the schools.

Criteria for selection of sample: Inclusion Criteria: The school going adolescent girls in the age group of 13-15 years, studying in 9th standard. The school going adolescent girls studying in private and Government school. The school going adolescent girls from English and Tamil medium schools. The school going adolescent girls willing to participate.

Exclusion criteria: The school going adolescent girls with disabilities. The school going adolescent already received knowledge from similar such programme. The school going adolescent girls attained menarche of 2 and more than 2 years.

Data Collection Instrument: Development of the Data Collection Instrument: Two different types of tools were used in the study to collect the data. Based on the extensive literature review the tool on Knowledge and attitude towards reproductive health was developed by the researcher. The data collection tool consisted of three parts.

Part-I consists of socio-demographic variables of the school going adolescent girls such as the name, age, school type administration (Government and Private school), medium of instruction(English and Tamil), parental education, occupation, income, school related aspects as sports, subjects, academic performance etc.

Part-II: Reproductive Health Assessment: Part II a - consists of 30 multiple-choice questions related to Knowledge on reproductive health. The questions were grouped under three categories. i.e.

Area of Knowledge	No	Score	Total Score
Knowledge regarding reproductive organs.	16	16	16
Knowledge related to hygienic practices;	09	09	09
Knowledge on nutrition	05	05	05

Each correct answer was awarded “1” mark and the wrong answer was awarded “0” thus the total number of 30 questions gives a score of 30 marks.

Part II b- consisted of Attitude towards reproductive health. The questionnaire consisted of 30 in 5-point rating system as strongly agree, agree, undecided, disagree and strongly disagree. The rating of the scale was strongly agree-5, agree-4, undecided-3, disagree-2 and strongly disagree-1. There were 15 positive items and 15 negative items. The negative items had reversed scoring.

Results and Discussion

Discussion: The first objective of the study was to assess knowledge of the school going adolescent girls towards reproductive health.

The level of knowledge of the subjects was assessed by using the questionnaire on knowledge on reproductive health.

Only minimum score was obtained by the subjects in the pretest on reproductive health. It indicated that the knowledge of the subjects on reproductive organs, hygienic practices and on nutrition were poor. This indicated the need for health education regarding reproductive system, hygienic practices and nutrition.

The study findings were also supported by the following review studies.

A study on menstrual knowledge and practices it was found that, amongst the 53.1% attained menarche. Among them 40% of the girls’ knowledge on menstruation is deficient⁵. Post-menarcheal girls had higher knowledge but 10% of them were ignorant on the cycle totally. Majority(84%) of them were not psychologically prepared to face the menarche. The adolescent girls’ knowledge and perception on menstruation was very poor and the practice was incorrect². A study on understanding of menstruation by the early adolescent girls revealed that the knowledge on anatomy and physiology of the reproductive system was faulty. They did not understand the association but changes were negatively associated¹. In a study on the adolescent girls only 8% of the them were aware of maintaining hygiene during menstruation. The study recommended family health educational programme⁶.

The second objective of the study was to elicit the attitude of the school going adolescent girls towards reproductive health.

In this study the attitude of the subjects towards the reproductive health in the pretest was not much appreciable. Though all the subjects did not show negative attitude towards reproductive health, none of them showed high positive attitude towards reproductive health.

Table-1
Distribution of socio-demographic variables of the subjects

Variables		Type	Frequency	Percentage
Age		13 years	294	82.10%
		14 years	64	17.90%
Type of School		Government	173	48.30
		Private	185	51.70
Medium of Instruction		English	270	75.40%
		Tamil	88	24.60%
Father	Education	Illiterate	35	9.80%
		High school	212	59.20%
		U.G	49	13.70%
		P.G	62	17.30%
	Occupation	No Work	20	5.60%
		Government	83	23.20
		Private	61	17.00%
		Others	193	53.90%
		Coolie	1	0.30%
	Income	No income	20	5.60%
		1000-5000	180	50.30%
		5001-10000	65	18.20%
>10000		93	26.00%	
Mother	Education	Illiterate	24	6.70%
		High school	182	50.80%
		U.G	88	24.60%
		P.G	59	16.50
	Occupation	Government	24	6.70%
		Private	20	5.60%
		Others	47	13.10%
		Home Maker	267	74.60%
	Income	<1000	242	68.50%
		1000-5000	48	13.40%
		5001-10000	20	5.60%
		>10000	7	2.00
No Income		41	11.50%	

n = 358

Table-2
Comparison of pretest and posttest knowledge of the subjects on reproductive health

Knowledge	Mean	S.D	t	p value	Remark
Pre test	1.757	1.586	312.244	<0.001	Significant
Posttest	29.662	0.879			

Table-3
Comparison of pre and posttest attitude of the subjects towards reproductive health

Attitude	Mean	S.D	t	p value	Remark
Pre test	104.763	20.19	19.61	<0.001	Significant
Posttest	132.433	12.47			

Table-4
Mean and standard deviation of the subjects' knowledge on reproductive health in relation to type of school

Knowledge	Type of School	Mean	S. D	U	P Value	Remark
Knowledge (Overall Score)	Government	1.32	1.37	11313	<0.001	Significant
	Private	2.16	1.67			
Concept	Government	0.67	0.94	9698	<0.001	Significant
	Private	1.55	0.32			
Hygiene	Government	0.49	0.70	16089	<0.918	Not significant
	Private	0.47	0.68			
Nutrition	Government	0.17	0.46	16106	<0.861	Not Significant
	Private	0.15	0.37			

N = 358

Table-5
Mean and standard deviation of subjects' attitude towards reproductive health in relation to type of school

Type of school	Mean	S.D	U	p value	Remark
Government (N = 173)	101.47	23.51	13599.5	<0.014	Significant
Private (N = 185)	107.84	15.96			

N = 358

A study on menstrual belief and practice found that traditional belief, restriction, false perception and misconception, and unsafe practices regarding menstruation were not uncommon among the adolescent girls⁷.

The third objective of the study was to assess the effectiveness of teaching module using selected life skill approaches.

In the posttest all the subjects gained knowledge on reproductive health after the intervention on life skill approaches. There is significant difference between the pretest mean (1.75) and the post test mean (29.662). The difference is statistically significant (p value <0.001). It is the evident that education using life skill approaches is an effective intervention.

Table-6
Mean and standard deviation of the subjects' knowledge on reproductive health by medium of instruction

Knowledge on reproductive health	Medium	Mean	S.D	U	P value	Remark
Knowledge (Overall)	Tamil	1.14	1.24	15336	<0.001	Significant
	English	1.97	1.83			
Concept	Tamil	0.53	0.87	16188	<0.001	Significant
	English	1.31	1.27			
Hygiene	Tamil	0.36	0.61	13171	<0.074	Not Significant
	English	0.52	0.71			
Nutrition	Tamil	0.24	0.53	10894	<0.054	Not Significant
	English	0.13	0.37			

N = 358

Table=7
Mean and standard deviation of the subjects' attitude towards reproductive health by medium of instruction

Medium	Mean	S.D	U	P value	Remark
Tamil (88)	92.64	18.40	1726488	<0.001	Significant
English (270)	108.72	19.18			

N = 358

Statistically significant difference was noted in the attitude towards reproductive health. The subjects changed their negative attitude to positive attitude in the posttest. There is a significant difference in the mean score of pretest (104.76) and the posttest (132.43) showed the effectiveness of the interventional program.

A study on importance instruction module clearly showed that there exists a necessity for the preparation of a self instructional module for the adolescents on reproductive health to improve knowledge, develop a positive attitude and to accept the correct practices for the attainment of positive reproductive health⁸.

With the change in the level of knowledge and attitude towards reproductive health the following hypotheses stated in the study are accepted.

The Adolescent girls after receiving teaching module based on life skills approaches will demonstrate significantly better level of knowledge on reproductive health in the posttest.

The Adolescent girls after receiving teaching module based on life skills approaches will demonstrate significantly positive attitude towards reproductive health.

The subjects from private school scored better knowledge and showed positive attitude towards reproductive health than the subjects from Government school. The difference is statistically significant at the level of $P < 0.001$ showing the effectiveness of the teaching module.

As the level of educational status of the mother increases the level of knowledge and attitude towards reproductive health of the subjects increased. The difference in the score showed statistically significant at the level of $P < 0.001$ showing the effectiveness of the teaching module.

Whereas level of knowledge on hygienic practice and nutrition does not show the association with the educational status of the mother.

Conclusion

The nurse should also participate by conducting surveys to identify the at risk adolescent girls. The nursing staff have to educate the adolescent girls in the health promotion activities. The school health nurse jointly with the community health nurse can educate school going adolescent girls by conducting camps in schools, family, and also in the local community. The girls should be taught about the pubertal, bodily changes that take

place during the adolescent period, the emotional problems, peer pressure and about identification of role confusions. They should also be taught about the role demands expected by the parents and the society.

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