EFFECT OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE AMONG ADOLESCENT GIRLS REGARDING PREMENSTRUAL SYNDROME

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ABSTRACT: Adolescent stage is very essential in every girl's life. In this stage physical, psychological and sexual change takes place. The main physiological change occur in females are menarche. Mostly the age of menarche is influenced by heredity, but lifestyle and diet contribute as well. Usually menstruation is a mixture of excitement and anxiety.In India the rate of premenstrual syndrome is at higher level, it is predicted that 30-40% women suffer with impairment of daily activity; 75% of women suffer with premenstrual syndrome and 3-8% women have severe premenstrual syndrome. As per epidemiology of premenstrual syndrome it reveals that around 20% to 30% of menstruating women are affected with premenstrual syndrome. Below 30 years of average age at which women with premenstrual syndrome seek treatment

Keywords- premenstrual syndrome, knowledge, adolescent girls.

INTRODUCTION

Menstruation is a normal physiological phenomenon in a every women's life. But majority of the women's are facing gynecological problem that is menstrual problem. This study reveals that mostly adolescent girls are suffering with premenstrual syndrome especially during the luteal phase menstruation and disappear rapidly after the onset of menstruation[1].

During certain period of the menstrual cycle Premenstrual syndrome affects a woman's physical health, behaviorally & emotionally. Premenstrual symptoms start five to eleven days before menstruation & typically go away after menstruation. The etiology of premenstrual syndrome is unknown. Many researchers thought that premenstrual syndrome is related to change in both sex hormone and serotonin levels, level of estrogen and progesterone increase during menstruation. Increase of these hormones can lead to anxiety, mood swing, and irritability. Serotonin levels may disturb mood. Several women are affected with these syndromes due to the family history, history of depression, substance abuse, physical trauma, domestic violence, emotional trauma. Other factors like major depressive disorder, seasonal affective disorder, dysmenorrheal.[2]

In such cases the symptoms are very severe that they are affect in day today life of the women , which cause disability and sometimes it is life threatening. Around 80%of women report mild symptoms, 20% -50% women report moderate symptoms, and about 5% report sever symptoms for several days. And in some cases severe symptoms are likely to suffer with premenstrual dysphonic disorder. The physical symptoms seen in premenstrual syndrome is abdominal bloating, lower back pain, abdominal cramps, tenderness of breast, and food cravings. The emotionally symptoms include stress, anxiety, insomnia, mood swinging, fatigue etc[3]

The author says that pilot study helps to conclude the findings on the knowledge of the blind youth regarding reproductive health wasincresed after implementation of the SIM and Audio CD. So its very important to for the adolscents to keep updating their information with the use of PTP and other reading material.[4]

According to ICD-10 criteria, the incidence of premenstrual syndrome prevalence rate in India was 53% in that 4% was mild, 18% suffered with moderate, and 31% severe. And 18.2% have premenstrual dysphoric disorder.[5]

Especially among adolescents there is a lack of education on menstruation, the physical & psychological changes associated with this and proper requirements for managing premenstrual syndrome. Somewhere it is believed that there are changes in the hormone levels before the menstrual cycle. Females have a natural balance of both the male and female hormones in the body. Increased level of prolactin (responsible for producing milk) and male's hormone in the women's body can decline the level of progesterone and delay ovulation. This is one of the possible

causes of premenstrual syndrome. Premenstrual syndrome also occur due to the imbalance of magnesium and calcium levels in the body.[6]

Premenstrual syndrome refers to physical, emotional and behavioral symptoms that naturally occur around 5 to 11 days before a girl starts her monthly menstrual cycle. According to an article of advances in psychiatric treatment, it says that it is a group of physiological & psychological symptoms that will occur regularly in the luteal phase of the menstrual cycle, concern for at least one week in the follicular phase and cause pain and functional impairment[7].

Premenstrual syndrome can be treated by exercises such as, stretching and breathing exercise, yoga improves overall health, reduces sleeping pattern and reduces stress. There are many prescribed and alternative treatment and supplements that help to treat the premenstrual syndrome.[8]

Reaserch Statement:

A study to assess the effectiveness of planned teaching program regarding premenstrual syndrome on knowledge among adolescent girls in selected colleges of Sangli Miraj Kupwad Corporation Area.

OBJECTIVES OF THE STUDY:

1. To assess the existing knowledge regarding premenstrual syndrome among adolescent girls

2. To evaluate the effectiveness of planned teaching program regarding premenstrual syndrome on knowledge   among adolescent girls

3. To find out the association between pre-test knowledge score and demographic variables.

HYPOTHESIS

Ho – There is no significant change in knowledge score of adolescent girls after administration of planned teaching program regarding pre- menstrual syndrome.

H_1 – There is a significant change in knowledge score of adolescent girls after administration of planned teaching program regarding pre- menstrual syndromeat 0.05 level of significance

ETHICAL CONSIDERATIONS:

Research proposal with data collection tool was presented in front of the ethical committee for approval. After approval from the ethics committee permission from the concerned authority of selected schools was taken. Written informed consent were taken from each parents and adolescent girls. Confidentiality maintained by giving code numbers to data collection tool.

Review of LITERATURE:

Mrs. Niza. Subramanian.et. al (2019) A Quasi experimental research design was adopted for this study, and conducted in primary school among adolescents in sawarda in rural area. 30 adolescent girls selected who were presented during the data collection time. Non-probability convenient sampling technique was used; in this study for assessment of knowledge the structured questionnaire was used. Pre-test was given related to premenstrual syndrome. After pre-test structure teaching program was administered among adolescent girls and post test conducted after 7 days. Findings   of this study is before structured teaching program, 50% adolescent have poor knowledge, 33% of them are having average knowledge, and 17% of them are having good knowledge score. After administration of structure teaching program there is an increased in post-test knowledge score and structured teaching program was effective.

Shobana.V. et. al   (2019) A study was conducted at VallalarGurukulam higher Secondary school, at Vadalur. Among adolescent girls of 7th standard students, 30 samples were selected one group pre-test and post-test; the tool is set on 2 sections. Data collection was done by using structured interview schedule to assess the knowledge, pretest was administered, after pre-test immediately self-instructional module was to read about the premenstrual syndrome, after   a week , post test was conducted by using same structured interview questionnaire, the study identify that in pre-test 93.3% students had poor knowledge, 6.7% had moderate knowledge . Mean of post-test

knowledge score significantly increased thus   self-instructional module had proved to be effective among adolescent girls regarding premenstrual syndrome.

Reaserch Methodology:

This research project was undertaken to evaluate the effectiveness of planned teaching programme regarding premenstrual syndrome on knowledge among adolescent girls. Quasi Experimental pre test-post test design was used.In this study, the independent variable is planned teaching Dependent variable in this study is the knowledge..Sample size was 120.Cluster sampling technique was used. 21 structured questionnaire were administered. Pre – test was given on the first day followed with planned teaching programme and on seventh day post-test was administered. The reliability coefficient 'r' of the structured questionnaire was 0. 81 which is more than 0.7 hence it was found that the tool is reliable. The conceptual framework based on the Modified Imogene kings Goal attainment model which includes perception, action, interaction, and transaction.

RESULT AND DISCUSSION:

TABLE 1: FREQUENCY & PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES

n= 120

Sr.No.	VARIABLES	N=120	%
1.	**AGE IN YEARS**		
	18 YEARS	**102**	**85**
	19 YEARS	18	15
2.	**EDUCATIONAL STREAM**		
	ARTS	40	33.4
	COMMERCE	40	33.3
	SCIENCE	40	33.3
3.	**MOTHERS EDUCATION**		
	PRIMARY	15	12.5
	SECONDARY	**62**	**51.6**
	HIGHER SECONDARY	28	23.3
	GRADUATE & ABOVE	15	12.5
4.	**BIRTH ORDER**		
	First	**76**	**63.3**
	Second	35	29.2
	Third	9	7.5
5.	**FAMILY INCOME MONTHLY**		
	5001 – 10000	**59**	**49.2**
	10001 – 20000	21	17.5
	20001-30000	33	27.5

	30001 & above	7	5.8
6.	**PREVIOUS INFORMATION REGARDING PREMENSTRUAL SYNDROME**		
	Yes	**96**	**80**
	No	24	20
7.	**IF YES , SOURCES OF INFORMATION**		
	Mother	**69**	**57.5**
	Elder sister	9	7.5
	Friends	9	7.5
	Teacher	8	6.7
	News paper	1	0.8

The data represented in table no.1 indicates that, the overall analysis of the demographic characteristics was carried out to find the frequency and percentage of 120 participants in each category of the demographic variables.

TABLE 2: ASSESSMENT OF LEVEL OF KNOWLEDGE – PRE Vs POST TEST

N=120

	Pre-Test		**Post-Test**	
Knowledge group	N= 120	%	N= 120	%
Poor- (0-7)	65	54	5	4
Average (7-14)	52	43	39	33
Good (15-21)	3	3	76	63

The findings of the table no.2 shows that after planned teaching program,   4% adolescent girls were having poor knowledge, 33% girls having average knowledge &63% girls having good knowledge regarding premenstrual syndrome.

TABLE NO 3: COMPARISON BETWEEN MEAN OF PRE & POST-TEST KNOWLEDGE SCORE.

N=120

Knowledge	Mean	SD	t value	p value	Result
PRE-TEST	7.983	2.4665	**17.402**	**0.000**	*
POST-TEST	14.55	3.1244			

* Significant

The data represented in above table no 3 shows that, mean value of pre-test knowledge score is 7.983 and post-test knowledge score is _14.55._

The test statistic value of the paired t test was 17.402 and calculated 'p' value is 0.000 which is less than tabulated 'p' value (0.05).

This suggests that there is statistically significant increase in post-test knowledge score so; planned teaching program on premenstrual syndrome among adolescent girls was proved to be effective.

CONCLUSION

The analysis and interpretation on 120 adolescent girls was done. Analysis was carried out based on the pre-defined objectives of the study and hypothesis.Frequency and percentage distribution was used to explain the demographic variables.   Effectiveness of planned teaching program was evaluated by comparing mean of pre-test & post-test knowledge score which shows that the planned teaching program was effective in increasing knowledge among adolescent girls regarding pre-menstrual syndrome. Hence H0 (null hypothesis) is rejected and H1 (Research hypothesis) is accepted.

A 'Fisher's Exact Test' & Pearson Chi-Square test was used to determine the association between pre-test knowledge score with demographic variables and knowledge score was done on calculated p value (0.05) , where it resulted that there is no significant association between pre-test knowledge score and other demographic variables

Conflict of interest: Nil

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