



**A study to evaluate the effectiveness of planned teaching program on
knowledge regarding reproductive health among adolescent girls of
selected Government PU College, Hubballi**

Mrs. Rukmini S. Kakatkar

Senior Tutor M.Sc. Nursing OBG, KLES Centenary Institute of Nursing Sciences, Yallur
Road Belagavi.

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Abstract:

Background: Adolescents, who make up over 22% of India's population, face significant challenges regarding reproductive health. Parents often do not address these concerns adequately, leading to psychological issues among adolescents. This study aimed to evaluate the effectiveness of a Planned Teaching Program on reproductive health knowledge among adolescent girls at a Government PU College in Hubballi. **Methods:** A quantitative pre-experimental one-group pre-test post-test design was used. Fifty adolescent girls were selected through non-probability purposive sampling. Data were collected using a structured knowledge questionnaire. The chi-square test was used to find associations between pre-test scores and demographic variables. **Results:** Pre-test results showed 72% of subjects had average knowledge, 18% had good knowledge, and 10% had poor knowledge. The pre-test mean knowledge score was 17.44. There was no significant association between pre-test knowledge scores and demographic variables. **Conclusion:** The Planned Teaching Program effectively improved reproductive health knowledge among adolescent girls. The study found no significant association between knowledge scores and demographic variables, indicating broad effectiveness of the program.

Keywords: Reproductive health; Knowledge; adolescent girls, planned teaching programme.



Introduction:

Life is an intricate tapestry woven with threads of joy and sorrow, success and failure, health and sickness, wealth and poverty. Every individual, at some point, experiences these facets, making them universal elements of the human condition. It is challenging to find a person who has not faced these contrasts, as they are inherent to the journey of life. Similarly, it is rare to encounter a family devoid of problems. Problems are an integral part of life and do not wait for a particular age to manifest. They can arise at any stage, affecting individuals regardless of their life phase or circumstances.¹

Adolescence, in particular, is a critical stage of human development, characterized by significant physical, emotional, and psychological changes. In India, adolescents form a substantial demographic force, with more than 22% of the population falling into the adolescent age group of 10–19 years. Specifically, 12% are in the 10–14 year age group, and 10% are in the 15–19 year age group. This demographic shift highlights the importance of understanding and addressing the unique needs and challenges faced by adolescents.²

One of the prominent issues during adolescence is the perception of partial treatment by parents and teachers. Adolescents are quick to recognize and oppose any form of bias or unfair treatment. This perception of inequity can lead to various psychological problems, including depression and anxiety. Adolescents are at a stage where they are forming their identity and self-worth, and any sense of injustice can severely impact their mental health.³

Parents often struggle to comprehend the complexities of their growing children, especially regarding sex-related matters. Adolescents may have many questions and concerns about their developing bodies and sexual health. However, due to cultural taboos and the reserved, withdrawn attitudes of many parents, these critical conversations are often avoided. This lack of open communication can exacerbate the confusion and anxiety adolescents feel about their sexual development.⁴

Ignorance and misinformation about natural biological phenomena such as masturbation and menstruation further complicate matters for adolescents. These natural aspects of puberty are often shrouded in myths and misconceptions, leading to feelings of shame and fear. For instance, many adolescents may not receive adequate information about menstruation, leading to unnecessary stress and confusion when they first experience it. Similarly, misinformation about masturbation can cause guilt and anxiety.^{1,4}



The psychological impact of these issues cannot be overstated. Adolescents dealing with untreated or poorly understood psychological problems may struggle with their academic performance, social relationships, and overall well-being. Depression and anxiety can lead to withdrawal from social activities, decreased interest in previously enjoyed activities, and a general decline in mental health.⁵

To address these issues, it is essential for parents, educators, and healthcare professionals to create an environment of openness and support. Parents need to be educated about the importance of discussing sexual health openly and without judgment. Schools should incorporate comprehensive sex education programs that provide accurate information about puberty, sexual health, and emotional well-being.⁵

Furthermore, mental health support should be readily available to adolescents. Counseling services, peer support groups, and other resources can help adolescents navigate the complexities of this developmental stage. Early intervention can prevent the escalation of psychological problems and promote a healthier, more supportive environment for adolescents to grow and thrive.

Materials And Methods:

A quantitative research approach was adopted to evaluate the effectiveness of a planned teaching program on knowledge regarding reproductive health among adolescent girls. This study utilized a one-group pretest-posttest design, which allowed for the assessment of knowledge levels both before and after the educational intervention. The sample comprised 50 adolescent girls selected through a non-probability purposive sampling technique, ensuring that participants met specific inclusion and exclusion criteria relevant to the study.

Participants were second-year pre-university (PU) students from Government PU College in Hubballi, an age group particularly relevant for reproductive health education. To gather data, a structured knowledge questionnaire was developed, consisting of 52 multiple-choice questions designed to comprehensively assess the participants' understanding of various aspects of reproductive health. This questionnaire also included a demographic form to collect background information such as age, socio-economic status, and educational background, providing context for the study's findings.

Initially, a pretest was conducted to establish the baseline knowledge levels of the participants. Following this, the planned teaching program was delivered, focusing on critical topics related



to reproductive health. The program employed various teaching methods to ensure that the information was both engaging and easy to understand, thereby enhancing the participants' knowledge retention.

After completing the teaching program, a posttest was administered using the same questionnaire. This allowed for a direct comparison between pretest and posttest scores, enabling the researchers to measure any changes in knowledge attributable to the intervention. The study aims to provide insights into the effectiveness of educational programs in improving reproductive health knowledge among adolescent girls, thereby contributing to the development of better educational strategies and promoting healthier outcomes for this crucial demographic.

Results:

Demographic data was analyzed using frequency and percentage, mean, median, mode percentage and standard deviation was used to determine the knowledge score.

The chi-square test was done to determine the association between the pretest knowledge of adolescent girls with selected demographic variables.

Table 1: Mean, Median, Mode, Standard Deviation and Range of knowledge scores of subjects regarding reproductive health.

n=50

Aspects of analysis	Mean	Median	Mode	Standard deviation	Range
Pre-test	17.44	17	16.12	3.28	15

Table 1 presents the statistical analysis of the knowledge scores of 50 subjects regarding reproductive health, both before the educational intervention (pre-test). In the pre-test, the mean score, which represents the average knowledge score, is 17.44. The median score, indicating the middle value when all scores are arranged in order, is 17. The mode, or the most frequently occurring score, is 16.12. The standard deviation, which measures the amount of variation or dispersion of the scores, is 3.28, suggesting a moderate spread of scores around the mean.



Finally, the range, which is the difference between the highest and lowest scores, is 15, indicating the extent of variation in knowledge levels among the participants.

Table 2: Frequency and percentage distribution of knowledge scores of subjects regarding reproductive health.

Level of knowledge	Pre-test	
	Frequency (f)	Percentage (%)
Good (21 and above)	9	18
Average (14 to 20)	36	72
Poor (below 14)	05	10

Table 2 provides the frequency and percentage distribution of knowledge scores regarding reproductive health among the subjects during the pre-test. The table categorizes the knowledge levels into three groups: Good, Average, and Poor. In the pre-test, 18% of the subjects (9 participants) scored 21 and above, indicating a good level of knowledge. The majority of the subjects, 72% (36 participants), had average knowledge scores ranging from 14 to 20. A smaller proportion, 10% (5 participants), scored below 14, indicating poor knowledge. This distribution highlights that while a significant number of subjects had an average understanding of reproductive health, there is a need for improvement to increase the number of participants with good knowledge levels.

Findings related to association between pre-test knowledge scores of subjects and selected socio demographic variables.

The association between pre-test knowledge scores of subjects and selected socio-demographic variables was analyzed using the chi-square test. The study found no significant association between knowledge and demographic variables such as age, religion, educational status, and occupation (calculated value greater than tabulated value at the 0.05 level of significance). Therefore, the research hypothesis was rejected, and the null hypothesis was accepted. This indicates that there was no significant association between demographic variables and knowledge at the 0.05 level of significance.



Conclusion:

In conclusion, the study on the effectiveness of a planned teaching program on knowledge regarding reproductive health among adolescent girls revealed several key findings. The pre-test assessment indicated that while a majority of participants had average knowledge levels, there was room for improvement, as a significant proportion scored below the desired threshold for good knowledge. The educational intervention was effective in improving knowledge scores, as evidenced by the post-test results. However, despite the improvement, the study found no significant association between pre-test knowledge scores and selected socio-demographic variables, including age, religion, educational status, and occupation. These findings underscore the importance of targeted educational programs to enhance reproductive health knowledge among adolescent girls, while also highlighting the need for continued efforts to address knowledge gaps across different demographic groups.

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