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### RESEARCH ARTICLE

#### EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING SELECTED HOME REMEDIES FOR DYSMENORRHEA AMONG ADOLESCENT GIRLS

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#### Abstract

A quasi experimental study was conducted to assess the effectiveness of structured teaching programme on knowledge regarding selected home remedies for dysmenorrhea among adolescent girls. The sample for the study consisted of 60 adolescent girls (30 in experimental group and 30 in control group). Subjects in experimental group were given sampling teaching with structured teaching programme as per planned schedule whereas control group does not receive any intervention. Assessment of the adolescent girls in both groups was done at the end of 7<sup>th</sup> day. Data was collected by using questionnaire to assess the demographic information and knowledge regarding home remedies. Analysis was done using both descriptive and inferential statistics. In control group mean pre test knowledge score was 14.20 and post test knowledge score was 15.23. In experimental group, mean pre test knowledge score was 14.43 and mean post test knowledge score was 29.17. The difference between mean pre test and post test knowledge score of experimental group was statistically highly significant at  $p > 0.001$  level. Thus structured teaching is an effective tool in improving the knowledge of adolescent girls regarding home remedies for dysmenorrhea.

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#### Introduction:-

The World Health Organization (2003) defines adolescence as a period of life between ages 10 -19 years. Adolescence is a transition period from childhood to adulthood and is characterized by a spurt in physical, endocrinal, and mental growth with a change from complete dependence to relative independence. It is a period of extreme stress and strain. The period of adolescence for a girl is a period of physical and psychological preparation for safe motherhood. As the direct reproducers of future generations, the health of adolescent girls influences not only their health, but also the health of future population. Around 21% of India's population comprises of adolescent girls.<sup>1</sup>

According to Wolman, "adolescence is a transitional stage of development between childhood and adulthood". Inception of puberty declares the attainment of adolescence. Boys and girls face it entirely differently. In girls their reproductive system changes, they become hairy, voice shrinks, lots of pimple on face and above all there is onset of menstruation.<sup>2</sup>

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Menstruation can be defined as a periodic physiologic discharge of blood mucous and other cellular debris from the uterine mucosa (Dawood, 1990). Menarche expresses normal, regular menstruation that lasts for a few days, but anywhere from 2 to 6 days is considered normal. The average blood loss during menstruation is 35ml with 10-80 ml considered normal.<sup>5</sup> Many women experience menstrual problem especially adolescent girls. Systemic symptoms of nausea, vomiting, diarrhea, fatigue, uterine cramps and headache are fairly common. The uterine cramps during menstruation also referred to as dysmenorrhea.<sup>2</sup>

The term dysmenorrhoea is derived from the Greek word “dys” meaning difficult/painful/abnormal, “meno” meaning month, and “rrhoea” meaning flow. Dysmenorrhoea refers to the syndrome of painful menstruation. By definition, dysmenorrhoea is a painful period of menstrual cramping, which may be accompanied by symptoms such as nausea, vomiting, diarrhoea, headache, weakness and fainting.<sup>3</sup>

Many girls describe dysmenorrhea as a “monthly dread” because their experience with it is worse. Medicines which we take usually include NSAIDs. They provide symptomatic relief but have increasing adverse effects with long term use. NSAIDs can have side effects of nausea, dyspepsia, peptic ulcer, and diarrhoea. Natural remedies do not alter our body mechanism and has no adverse effects. People have been using herbs and plants as medicine since dawn. Prescription drugs are fairly a new concept in terms of last century. For thousands of years many problems have been fixed and cured by natural remedies. Scientist has tried to duplicate natural remedies by way of chemical and hormonal elements. Natural remedies are not only much safer than using drugs but also a lot cheaper and above all nothing can get any simpler than these remedies.<sup>4</sup>

The WHO estimated 80% of the population in developing countries uses traditional treatment for their primary health care needs. Modern drugs and conventional medicine are often viewed as impersonal emphasizing crisis intervention. It is not only expensive but bring about side effects which are sometimes more dangerous than the disease itself. Home remedies are the commonly used treatment for dysmenorrhoea.<sup>5</sup>

### **Need of the study**

Typical menstruation in adolescence includes moderate to severe pain in association with a high number of menstrual symptoms, school absence and interference with life activities. It should be effectively managed to minimize menstrual morbidity. In a cross sectional study done in senior high school on girls aged between 15 and 19yrs a typical menstruation includes pain (93%), cramping (71%), pre menstrual symptoms (96%) and mood disturbances (23%). This interferes with life activities and school absence. The report indicated moderate to high interference with four out of nine life activities due to dysmenorrhea.<sup>6</sup>

A study was conducted on the prevalence of dysmenorrhea among adolescent girls (101 girls in urban areas and 79 girls in rural areas) in Andhra Pradesh, India. This study concludes that the prevalence of dysmenorrhea was 54%. In this study 53% of adolescent girls taken from urban areas and 56% adolescent girls taken from rural areas. Socio economic losses and perceived quality of life losses are more prevalent among girls in urban area than girls in rural area.<sup>7</sup>

Dysmenorrhoea has an impact on the social, physical, and psychological wellbeing of adolescents. Dysmenorrhoea leads to absenteeism from classes, sleeplessness, nervousness, irritability, depression, etc. Promotion of health of adolescent girls is a major aspect of the RCH programme. This motivated the investigator to take up this study. Moreover, the personal and professional experience of the investigator, availability of books on the management of dysmenorrhoea, created interest in the investigator to carry out this study. In order to create awareness regarding home management, the investigator felt that there was need to assess knowledge regarding home management of dysmenorrhoea and conduct a planned teaching programme. If home remedies followed by an individual are helpful in relieving or curing the particular ailment, one can use the same remedy in future for the same ailment. This information on home management will be passed on from generation to generation.<sup>8</sup>

### **Statement of the problem**

A Quasi experimental study to assess the effectiveness of structured teaching programme on knowledge regarding selected home remedies for dysmenorrhea among adolescent girls in selected school of Hoshiarpur, Punjab.

### **Objectives:-**

- 1) To assess pretest knowledge score regarding selected home remedies for dysmenorrhea among adolescent girls

- 2) To assess post test knowledge score regarding selected home remedies for dysmenorrhea among adolescent girls.
- 3) To compare pretest and post test knowledge score regarding selected home remedies for dysmenorrhea among adolescent girls.
- 4) To find out relationship of pre and post test knowledge score regarding selected home remedies for dysmenorrhea among adolescent girls with selected variables age, education, religion, education of mother, occupation of mother, type of family , dietary habit, interval of menstrual cycle, family history of dysmenorrhea, source of information.

**Research hypotheses**

**H1-** The post test knowledge score of adolescent girls in experimental group regarding selected will be significantly higher than post test knowledge score of adolescent girls in control group as measured by pre test and post test at  $p < 0.05$  level.

**H0-** There is no statistically significant difference in post test knowledge score of adolescent girls in control group and experimental group as measured by self instructional questionnaire at  $p < 0.05$  level

**Delimitation**

Study is limited to the adolescent girls in the age group of 15 to 19 years in a selected school of Hoshiarpur.

**Materials And Methodology:-**

A Quasi- experimental design was used to plan and organize the present study. Pre test and post test control group design was used in study are shown as follow:

Experimental group	O1	X	O2
Control group	O1	-	O2

X- Intervention  
O- Observation

**Research setting**

The study was conducted in school of Hoshiarpur. The study was carried in SBAC senior secondary school, Bajwara district Hoshiarpur. It is approximately 8km from Hoshiarpur. School has approximately 850 student s out of which 475 are girl students. The reason for selecting the school was familiarity of area, investigator’s convenience and expected co-operation from head of school in getting permission for conducting the study and cooperation from students. The target population for present study was adolescent girls of age group 15-19 years in selected school of Hoshiarpur, Punjab. The sample of study consisted of 60 adolescent girls of age group 15-19 years in selected school of Hoshiarpur. Purposive sampling technique was used to select sample. 30 adolescents were in experimental group from 9<sup>th</sup> and 10<sup>th</sup> class and 30 were in control group in selected school of district Hoshiarpur Punjab. A formal written permission was obtained from principal of SBAC senior secondary school, Bajwara of district Hoshiarpur, Punjab after discussing the purpose and objectives of study. Also the adolescent girls were explained the purpose of study and confidentiality was assured to them. Written consent was taken from all the adolescent girls for their participation in the study.

**Description of tool**

A self structured questionnaire was prepared to assess knowledge regarding home remedies for dysmenorrhea among adolescent girls respectively. It has three parts:

SECTION A: Demographic data of subjects

This part consisted of 10 items for obtaining personal information about subjects regarding age, education, religion, education of mother, occupation of mother, type of family , dietary habit, interval of menstrual cycle, family history of dysmenorrhea, source of information.

SECTION B: Structured Questionnaire

This part consisted of structured multiple choice questions, to evaluate the knowledge regarding home remedies among adolescent girls. The total numbers of items were 36.

SECTION C: Structured teaching programme

**Criterion measure**

In self structured questionnaire on home remedies for dysmenorrhea, total items were 36. Each item was given 1 mark for correct answer and 0 for incorrect answer.

Maximum score=36

Minimum score=0

Criterion measurement for assessment of knowledge is based on following categories of knowledge score;

- Good >75% (28-36)
- Average 50-75 % (19-27)
- Below average 25-50% (10-18)
- Poor <25% (<9)

**Result And Findings:-**

Frequency and mean distribution of pre test knowledge score of adolescent girls regarding home remedies for dysmenorrhea in control and experimental group N=60

Pre test knowledge score							
		Control group (n=30)			Experimental group( n=30)		
Level of knowledge	Score	n	%age	mean	n	%age	Mean
Good	28-36(>75%)	-	-	-	-	-	-
Average	19-27(50-75%)	1	3.3	20	3	10	19.6
Below average	10-18(25-50%)	29	96.7	13.7	27	90	14.7
Poor	<9(<25%)	-	-	-	-	-	-

Maximum knowledge score= 36

Minimum knowledge score= 0

Frequency and mean distribution mean post test knowledge score of adolescent girls regarding home remedies for dysmenorrhea in control and experimental group N=60

Post test knowledge score							
		Control group (n=30)			Experimental group( n=30)		
Level of knowledge	Score	n	%age	mean	n	%age	Mean
Good	28-36(>75%)	-	-	-	22	73.3	30.5
Average	19-27(50-75%)	3	10	19.6	08	26.7	25.5
Below average	10-18(25-50%)	27	90	14.7	-	-	-
Poor	<9(<25%)	-	-	-	-	-	-

Maximum knowledge score= 36

Minimum knowledge score= 0

Comparison of mean pretest and post test knowledge score of adolescent girls regarding selected home remedies for dysmenorrhea in control and experiment group N= 60

Pre and post test Knowledge score								
Pre test				Post test				
Group	n	mean	SD	n	mean	SD	df	t test
Control group	30	14.20	2.265	30	15.23	2.487	29	4.454*
Experimental group	30	14.43	2.555	30	29.17	2.878	29	27.715***
	df=58	t=0.37		df=58	t=20.09***			

Maximum score= 36

Minimum score = 0

\*=Significant at p<0.05

\*\*\*=Significant at<0.001

**Relationship of pre test and post test knowledge score of adolescent girls regarding selected home remedies for dysmenorrhea in experimental group and control group according to sample characteristic**

It can be concluded that age, education, religion, education of mother, occupation of mother, interval of menstrual cycle, family history of dysmenorrhea, source of information had no impact on knowledge of adolescent girls regarding home remedies for dysmenorrhea but in experimental group dietary habit and type of family had impact on knowledge of adolescent girls regarding home remedies for dysmenorrhea.

**Discussion:-**

In the present study majority of the subjects i.e. 96.7% had below average knowledge followed by 3.3% subjects had average knowledge in the control group and 90% had below average knowledge followed by 10% subjects had average knowledge score in experimental group regarding home remedies for dysmenorrhea among adolescent girls.

In the present study majority of the subjects i.e. 90% had below average knowledge followed by 10% subjects had average knowledge in the control group and 73.3% had good knowledge followed by 26.7% subjects had average knowledge score in experimental group regarding home remedies for dysmenorrhea among adolescent girls. The present study shows that control groups mean pre test knowledge score was 14.20 and post test knowledge score was 15.23. In experimental group, mean pre test knowledge score was 14.43 and mean post test knowledge score was 29.17. so the difference between pre and post test knowledge score of experimental group was statistically significant at  $p > 0.001$  level.

**Conclusion:-**

There was statistically significant relationship of mean pre test and post test knowledge score of adolescent girls with the type of family and dietary habit according to objective assessment. It depicts that type of family and dietary habit of adolescent girls had impact on the knowledge regarding selected home remedies for dysmenorrhea.

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