



Original Research Article

A study to assess the effectiveness of structured teaching programme on knowledge regarding selected aspect of adolescent health among adolescent girls in selected school, Lucknow

D Anjalatchi^{1,*}, Rachna Sen²

¹Dept. of Community Health Nursing, Era College of Nursing, Era University, Lucknow, Uttar Pradesh, India

²Dept. of Nursing, Era College of Nursing, Era University, Lucknow, Uttar Pradesh, India



ARTICLE INFO

Article history:

Received 14-05-2021

Accepted 03-06-2021

Available online 22-06-2021

Keywords:

Teaching Knowledge

Adolescent Girls

ABSTRACT

The present study aims at assess the effectiveness of structured teaching programe on knowledge regarding selected aspects of adolescent health among adolescent girls. The current study is based on General Systems Theory by Ludwig Von Bertalanffy. The research approach is quantitative approach and the design selected for the study is pre experimental design, in which one group pre test — post test design. Sampling technique is convenience sampling. Samples consists of 40 adolescent girls who are studying in 8th, 9th, 10th, 11th, 12th classes and those adolescent girls who satisfies the inclusion criteria are considered as samples. The main objective of the present study is to assess the existing knowledge on selected aspects of adolescent health among adolescent girls. Evaluate the effectiveness of Structured Teaching programme on selected aspects of adolescent health among adolescent girls. Associate the level of knowledge score on adolescent health with selected demographic variables among adolescent girls. Content validity is done with the help of experts. Split-Half method is used to check the reliability.¹

© This is an open access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0/>) which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

1. Introduction

“When women and adolescent girls have equal rights and opportunities, their families, communities and nations prosper.”..... Dr. Baba Tune

There are 253 million adolescents in the age group 10-19 years in India. This age group comprises of individuals in a transient phase of life requiring nutrition, education, counseling and guidance to ensure their development into healthy adults. They are susceptible to several preventable and treatable health problems, like early & unintended pregnancy, unsafe sex leading to STI/HIV/AIDS, nutritional disorders like malnutrition, anemia & overweight, alcohol, tobacco and drug abuse, mental health concerns, injuries & violence.² Government of India has recognized the importance of influencing health-seeking behavior of

adolescents. The health situation of this age group is a key determinant of India’s overall health, mortality, morbidity and population growth scenario. Therefore, investments in adolescent reproductive and sexual health will yield dividends in terms of delaying age at marriage, reducing incidence of teenage pregnancy, meeting unmet contraception need, reducing the maternal mortality, reducing STI incidence and reducing HIV prevalence. It will also help India realize its demographic dividends, as healthy adolescents are an important resource for the economy.³

In order to ensure holistic development of adolescent population, the Ministry of Health and Family Welfare launched Rashtriya Kishor Swasthya Karyakram (RKSK) on 7th January 2014 to reach out to 253 million adolescents - male and female, rural and urban, married and unmarried, in and out-of-school adolescents with special focus on marginalized and undeserved groups. The programme expands the scope of adolescent health

* Corresponding author.

E-mail address: anjalatchidm@gmail.com (D. Anjalatchi).

programming in India - from being limited to sexual and reproductive health, it now includes in its ambit nutrition, injuries and violence (including gender based violence), non-communicable diseases, mental health and substance misuse. The strength of the program is its health promotion approach. It is a paradigm shift from the existing clinic-based services to promotion and prevention and reaching adolescents in their own environment, such as in schools, families and communities. Key drivers of the program are community based interventions like, outreach by counselors; facility based counseling; Social and Behavior Change Communication; and strengthening of Adolescent Friendly Health Clinics across levels of care.⁴

2. Review of Literature

An experimental study conducted with pretest & post test group on effectiveness of structured teaching programme in improving knowledge and attitude of school going adolescent on reproductive health among 200 adolescent students in Dhahran town of Nepal. All the subjects were divided into experimental and control group each comprising two subgroups of 50 boys and 50 girls. STP consisting of information on human reproductive system, was used as a tool of investigation for experimental group where as conventional teaching method was used for control group. Result of the study showed the mean pretest score of experimental group on knowledge of reproductive health was 38.83 and of the control group was 39.47. The same of the experimental group was after administration of structured teaching programme was (84.60+10.60) and of control group with conventional teaching method (43.93+10.08) was statistically significant ($p < 0.001$). Researcher concluded that use of STP is effective in improving knowledge and attitude of adolescents on reproductive health.⁵

A study was conducted to measure the effectiveness of a reproductive health education package in improving the knowledge of adolescent girls aged 15-19 years in Chandigarh. In one school, a nurse conducted 15 sessions for 94 students in three batches using conventional education approach. In another school she conducted sessions for a selected group of 20 adolescents who later disseminated the messages informally to their 84 classmates (peer education). Using a 70-item structured questionnaire the knowledge of 95 adolescents from conventional, 84 from peer, and 94 from control school were assessed before and one month after the last session.⁶ Change in the score in intervention and control groups was tested by ANOVA taking age and socio-economic status as covariates. Reproductive health knowledge scores improved significantly after intervention in conventional education (27.28) and peer education group (20.77) in comparison to the controls (3.64). Conclusion of the study showing peer education and conventional education strategies were

effective in improving the reproductive health knowledge of adolescent girls but peer strategy was less time-consuming.⁷

A study reports results from an evaluation of the Teen Web project, a multi-year, web-based health education intervention implemented in two urban settings: Nairobi, Kenya (N=1178 school students) and Rio de Janeiro, Brazil (N=714 school students). A quasi-experimental, school-based pretest/post-test design was implemented at each study site to determine if easy access to web-based reproductive health information.⁸ Students in web-access schools completed one web-based module approximately every 6-8 weeks, and in return, had access to the Internet for at least 30 min after completing each module. Most measures showed statistically significant differences between students in "web" and "comparison" conditions at post-test, but only about half of the differences were in the hypothesized direction. Future intervention should focus on teen's purposeful searching for health information when they are in personal circumstances of unmet health needs.⁹

3. Research Statement

A study to assess the effectiveness of structured teaching programme on knowledge regarding selected aspect of Adolescent Health among adolescent girls in selected school, Lucknow.'

4. Objectives

1. Assess the existing knowledge on selected aspects of adolescent health among adolescent girls
2. Evaluate the effectiveness of Structured Teaching programme on selected aspects of adolescent health among adolescent girls.
3. Associate the level of knowledge score on adolescent health with selected demographic variable among adolescent girls.

5. Research Methodology

5.1. Development and description of tool

• PART 1: Socio-demographic data

This part includes items for obtaining personal information of adolescent girls such as age, class, type of family, previous knowledge received regarding adolescent health, source of information.

• PART 2 : Structured questionnaire

It comprise of self - structured questionnaire to assess knowledge regarding adolescent health among adolescent girls. It consists 30 multiple choices question. Each item has four options out of four one among correct answer. For each item, the correct answer carrier the score of one and wrong answer carries the score zero. Section(1)

Table 1:

Research Approach	Quantitative Approach
Research Design	Pre experimental research (one group pre-test and post- test design)design
Research Setting	Girls Inter College Muftiganj,Lucknow.
Population	Adolescent girls of Lucknow
Target population	Adolescent girls of Thakurganj. Lucknow
Assessable Population	Adolescent girls near by girls inter college Muftiganj, Lucknow.
Sample Size	The sample size will be 40 for this study
Sample Technique	Convenience Sampling technique will be adopted for this study

Table 2:

S.no.	Demographic data	Category	Frequency(N)	Percentage(%)
1.	Age(in years)	13 to 15 years	10	25%
		16 to 17 years	29	72.5%
		18 to 19 years	1	2.5%
2.	Class	8 th -9 th	8	20%
		10 th -11 th	30	75%
		12 th	2	5%
3.	Type of family	Nuclear	14	35%
		Joint	23	57.5%
		Extended	1	2.5%
4.	Previous knowledge	Yes	15	37.5%
		No	25	62.5%
		Source of information	Family	10
5.		Friend	13	32.5%
		Relatives	16	40%
		Teacher	1	2.5%

Table 3:

Aspects	Mean	Mean%	SD	Paired t test	DF
Pre test	12.1	1.210	3.01104		
Post test	19.4	1.910	2.55192	11.880	39
Enhancement	7.3				

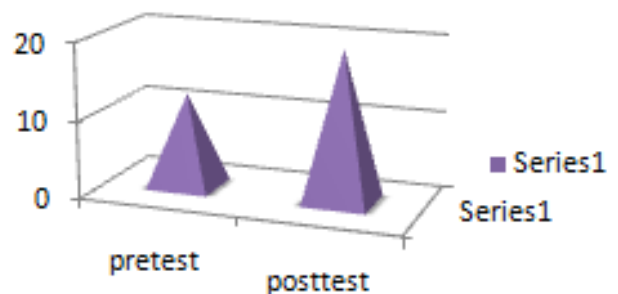
Significant at<0.05%level

6. Demographic Variables

Frequency and percentage distribution according to socio demographic variable n=40 reveals:

1. According to Age among 40 samples of group,10 (25%)were from 13-15 year age group, 29 (72.5%)were from16-17 year age group, 2 (5%)year of age group.
2. Evaluate the effectiveness of Structured Teaching programme on selected aspects of adolescent health among adolescent girls.

Mean & mean percentage% distribution comparison of pre-test and post- test knowledge scores

**Fig. 1:** Significant at<0.05%level

7. Discussion

In this chapter, an attempt has been made to discuss the findings of other studies. The present study was conducted in the *Girls inter college muftiganj, lucknow*. Total sample was 40 adolescent girls who were present in school. Convenient sampling technique was used to select the sample. Before returning collecting the data, the investigator introduce herself, explained the purpose of the study and obtained written consent.¹⁰

8. Conclusion

The difference between pretest and post test score revealed that structured teaching program is very effective in improving knowledge of adolescent girls studying in 8th, 9th,10th, 11th,12th classes. The pre test knowledge of adolescent health significantly associated with variables like previous knowledge, class but there is no significant association between the pre test knowledge and age, type of family, source of knowledge exposure and group of study.^{11, 12}

9. Source of funding

None.

10. Conflict of Interest

None.

References

1. Anne S. Adolescents Health Status; 2016. Available from: https://www.who.int/health-topics/adolescent-health/#tab=tab_1.
2. Sawyer S, Azzopardi PS, Wickremarathne D, Patton GC. The age of adolescence. *Lancet Child Adolesc Health*. 2018;2(3):223–8. doi:10.1016/S2352-4642(18)30022-1.
3. Sivagurunathan C. Childhood pneumonia – the Drakenstein Child Health Study CME Adolescent health; 2019. Available from: <https://issuu.com/hmpg/docs/samj-1607>.
4. Adolescent health; 2020. Available from: <https://www.who.int/southeastasia/activities/adolescent-health>.
5. Chalk K. What community-based interventions and approaches are most successful in improving adolescent health in Low and Middle Income Countries (LMICs). *J Public Health*. 2007;14:1104–10.
6. Mothi SN, Swamy VHT, Lala MM, Karpagam S, Gangakhedkar RR. Adolescents Living with HIV in India — The Clock is Ticking. *Indian J Pediatr*. 2012;79(12):1642–7. doi:10.1007/s12098-012-0902-x.
7. Salam RA, Das JK, Ali A, Bhaumik S, Lassi ZS. Diagnosis and management of preeclampsia in community settings in low and middle-income countries. *J Fam Med Prim Care*. 2015;4(4):501–6. doi:10.4103/2249-4863.174265.
8. Kumar R, Goyal A, Singh P, Bhardwaj A, Mittal A, Yadav SS. Knowledge Attitude and Perception of Sex Education among School Going Adolescents in Ambala District, Haryana, India: A Cross-Sectional Study. *J Clin Diagn Res*. 2017;11(3):1–4. doi:10.7860/JCDR/2017/19290.9338.
9. Mittal A. Knowledge Attitude and Perception of Sex Education among School Going Adolescents in Ambala District, Haryana, India: A Cross-Sectional Study. *J Clin Diagn Res*. 2016;11(3):1–04.
10. Michaud PA, Suris JC, Viner R. The adolescent with a chronic condition. Part II: healthcare provision. *BMJ*. 2014;89(10):943–9. doi:10.1136/adc.2003.045377.
11. Building an evidence- and rights-based approach to healthy decision-making; 2020. Available from: <https://www.advocatesforyouth.org/resources/fact-sheets/sexuality-education-2/>.
12. Michaud PA, Suris JC, Viner R. The adolescent with a chronic condition. Part II: healthcare provision. 20004;89(10):943–9. doi:10.1136/adc.2003.045377.

Author biography

D Anjalatchi, Vice Principal, HOD

Rachna Sen, Tutor

Cite this article: Anjalatchi D, Sen R. A study to assess the effectiveness of structured teaching programme on knowledge regarding selected aspect of adolescent health among adolescent girls in selected school, Lucknow. *IP J Nutr Metab Health Sci* 2021;4(2):51-54.