“EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE ON KNOWLEDGE OF MENSTRUAL DISORDERS AMONG ADOLESCENT GIRLS IN A SELECTED COLLEGE OF JALANDHAR”

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INTRODUCTION

“My dear young people: I see the light in your eyes, the energy in your bodies and the hope that is in your spirit. I know it is you, not I, who will make the future. It is you, not I, who will fix our wrongs and carry forward all that is right in the world.” Nelson Mandela

Adolescence is a period in a young girl’s life which heralds a change – not quite a little girl, not quite a young woman. Though WHO considers adolescence as period between 10 to 20 years, the physical and emotional changes that are supposed to take place at this time start much earlier and continue to a much later age. At this age, the girls may be confused, afraid to ask about the changes taking place, may wonder what is happening, and do not know where to turn to for correct information, guidance and advice, specially in India where cultural taboos are rooted in the very fabric of the society.

Nature and nurture are two important factors in the flowering of an individual’s personality. Like a budding flower, the adolescent girl needs the nurture of a caring environment at home, supported by a friendly, empathetic and sensitive health system to help her to bloom and blossom into healthy womanhood. It is a tragedy of our times that in developing countries including India some of these blossoms are nipped in the bud. Among the various problems of adolescents, reproductive health issues stand on the threshold between childhood and womanhood.
Adolescent girls contribute to 10% of total population and 20% of female population. They have a wide spectrum of gynecological problems; of which 75% is of menstrual disturbances, all over the world. Adolescent milestones form the basis of a young immature girl transforming into a mature adult woman. Though the milestones constitute secondary sexual characteristics such as breast development, pubic hair growth, growth spurt, it is without doubt that menarche is of singular and paramount importance to the adolescent girl.

Menarche is a hallmark event in the life of most adolescent girls marking the transition from childhood to puberty. The mechanisms triggering puberty and menarche remain uncertain but are dependent on genetics, nutrition, bodyweight and maturation of the hypothalamic-pituitary-ovarian axis. Complete maturation of the axis may take up to two years. During this time, it is common for adolescents to present complaints of menstrual irregularities. Menstrual cycle includes the period of time from the first day of menses to the beginning of the next. In ovulatory cyclic menses, intervals range around 28 days. The total blood loss in a menstrual cycle is approximately 20 – 80 ml. The menstrual cycle is divided into the proliferative (follicular) and secretory (luteal) phases; with the latter being most consistent in length.

During the proliferative phase of menstrual cycle, the endometrium is under trophic influences of estrogen. There is an increase in cellular proliferation of the epithelial lining, endometrial glands and stroma. At the end of this phase, cellular proliferation and growth have reached a maximum. In the luteal phase, the endometrium continues to thicken, glands become tortuous, there is growth of the spiral arteries, and a decrease occurs in mitotic activity under the influence of progesterone. The prostaglandin release induces vasospasm and constriction of spiral arteries, resulting in endometrial ischemia causing menstruation. If there is any variation in the length or the quantity of flow or duration of the menstruation it may result in the menstrual disorders.
Menstrual disorders may affect the life of adolescents and young adult women, and may sometimes cause serious problems. The common menstrual disorders among the adolescents are Dysmenorrhea, Amenorrhea, Oligomenorrhea; Polymenorrhoea and Menorrhagia. Dysmenorrhea is the most common complaint in adolescents having menstrual disorders. In five to ten percentage of adolescent girls it is severe in nature incapacitating them to the extent of not attending the school, college or work.

Dysmenorrhea afflicts a large percentage of women in their reproductive years. But it is especially traumatic for adolescent girls what is supposedly a “natural” event becomes a time of pain. The prospect of undergoing the pain may make it difficult for a teen to accept her other bodily changes. Dysmenorrhea is the severe painful cramping sensation in the lower abdomen accompanied by other biological symptoms including sweating, headache, nausea, vomiting, and diarrhea.

**Need for the study:**

The World Health Organization defines adolescence as the period of life between ages 10 and 19. It is the stage of development of adult mental processes and adult identity and transition from total socio-economic dependence to relative independence. So far the health care system has been specifically targeted to infants, children below six years and pregnant women. Therefore, unmarried adolescents have been ignored by the government and other health sectors. It is only since 1996 that Reproductive Child Health Programme has included Adolescent Health in its spectrum of health care package.

About one fifth (22-23%) of world population is adolescents. Despite this, their reproductive health needs are poorly understood and ill served. Adolescents often have poor information about the reproductive health problems. Overall, adolescents throughout the world and more so in developing countries are at a greater risk of adverse consequences of inadequate
reproductive health such as menstrual disorders. With an estimated one billion adolescents alive today, the world is experiencing the largest adolescent population in history. As a result, adolescent reproductive health is an increasingly important component of global health. The adolescents form a significant proportion of the population of the country. In any country adolescents represent a major potential human resource for the overall development of a Nation. However they need to be healthy people. The most frequent disorder in females involves menstrual disorders.

Menstruation is an ongoing process, throughout half of a woman’s life, it affects her selfimage significantly. An irregularity can exert a major negative influence on the personality and on daily activities. Therefore it is a major health concern requiring as much time and attention as that given to other concerns. In the total population, 20% of females have various gynecological problems, in that 75% is of menstrual disturbances all over the world. On the basis of above literature as well as from the experience of the investigator with the students and their responses it was clear that the knowledge about the menstrual problems is inadequate. As the adolescent reaches puberty, they need honest, clear and thorough explanation of their bodily changes. Otherwise they may be confused or reluctant to accept it. This has motivated the investigator to conduct a study to provide an access to the adolescent girls to receive information regarding menstrual disorders.

Menstruation is a cyclic hormonally generated sloughing of the uterine endometrium, which occurs between puberty and menopause. Though menstruation is to be regarded as a normal physiological process, many a times it adds a lot of discomforts .The extent of their discomforts is so much, that it has become an unasked reason for many young school going girls’ absenteeism in the school. In a country like India, where more than half of the population takes their shelter in villages, is full of myths and misconceptions regarding menstruation and its related practices. So when these young girls are kept informed in a right
way, at the right time, many of the menstrual problems can be identified at the earliest leading to early medical intervention. The Self Instructional Module (SIM) will help the girls gain complete unbiased information, which will empower them to make their own decisions leading to healthy whole lives.

This study was conducted to find the effectiveness of the self instructional module in increasing the level of knowledge of adolescent girls on menstrual disorders.

Objectives of the study
1. To determine the level of knowledge of adolescent girls on menstrual disorders using structured knowledge questionnaire.

2. To develop and validate self instructional module on menstrual disorders.

3. To find the effectiveness of self instructional module in terms of gain in post test knowledge scores.

4. To find the association between knowledge and selected demographic variables. (religion, monthly income of the family, education of the father, education of the mother)

Methods
An evaluatory approach with quasi experimental one group pre-test post-test design was used for the study. The sample consisted of 60 adolescent girls selected by stratified random sampling method. Pre test was assessed by administering a structured knowledge questionnaire prepared by the investigator. After the pretest, the SIM was given to the subjects and on the seventh day post-test was conducted using the same knowledge questionnaire used for pretest. The collected data was analyzed by using descriptive and inferential statistics (‘t’ test).

Results
The mean post-test knowledge score (x2= 18.33) was higher than the mean pre-test knowledge score (x1= 13.37). The ‘t’ value computed (t (59) =, 1.670 P<0.05) showed a
significant difference suggesting that the, SIM was effective in increasing the knowledge of adolescent girls on menstrual disorders. There was no association between the pre-test knowledge scores and selected variables except in educational status of father and monthly income of the family.

**Interpretation**

The result shows that the SIM is effective in increasing the level of knowledge of adolescent girls on menstrual disorders.

**Conclusion**

The findings of the study showed that the knowledge of adolescent girls was not satisfactory before the introduction of the SIM. The SIM helped them to learn more about menstrual disorders. The post-test knowledge scores showed significant increase in the level of knowledge of adolescent girls. Hence the SIM was an effective teaching strategy for providing information and improving the knowledge of adolescent girls.

**BIBLIOGRAPHY**


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