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Original Research Article

Structured teaching programme on knowledge about polycystic ovarian syndrome among adolescent girls

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ABSTRACT

Background: Polycystic ovarian syndrome is a common female endocrine disorder affecting 4 - 18% of women in their reproductive age. It is common in adolescent girls. Polycystic Ovarian Syndrome affects throughout the life and produce gynaecological and metabolic health problems. The aim of this study to create the awareness about the polycystic ovarian syndrome to the adolescent girls.

Methods: A Quantitative approach with pre-experimental design was used to study the effectiveness of STP on Poly Cystic Ovarian Syndrome. Ninety-four adolescent girls aged between 15 - 18 years were conveniently selected. Data was collected by using Structured Knowledge questionnaire.

Results: The mean post-test knowledge score (22.55 ± 3.57) was higher than that of mean pre-test mean knowledge score (11.13 ± 3.32) and the mean difference was 11.42. The 't' calculated value was 23.45 which is higher than the tabulated value of 1.98 (df 93 at p< 0.05). Therefore, research hypothesis was accepted. So, it can be interpreting that structured teaching programme is effective in improving the knowledge of adolescent girls.

Conclusions: The findings of the study revealed that STP was effective in enhancing the knowledge of adolescent girls on PCOS. Hence the study concluded that structured teaching programme had a great potentiality to increase the awareness on PCOS.

Keywords: Adolescent girls, Polycystic ovarian Syndrome, Structured teaching programme

INTRODUCTION

The impact of modernization and technological advancement affects the daily life activity of human beings. Our lifestyle has changed a lot. An unhealthy eating habits and lack of exercise it leads to occurrence of many diseases in adolescents.¹

Adolescent is a stage of transition from childhood to adulthood. Adolescence are undergoing several physiological changes which include body growth, hormonal changes, and sudden development of primary & secondary sex characteristics. Adolescent are more prone to health risk due to hormonal changes, lifestyle

changes and lack of knowledge. So, it is important to minimize the complication in later adolescent or health is maintained by the healthy lifestyles, early recognition of health problems.²

In adolescent period many diseases affecting adolescent girls like menstrual irregularities, dysmenorrhea, menorrhagia, premenstrual syndrome, amenorrhea, oligoamenorrhea, premature ovarian failure or polycystic ovarian syndrome. Now a day's polycystic ovarian syndrome is considered as a widespread problem among adolescent girls.³ Polycystic ovarian disease is a common adolescence health problem and one of the leading causes of infertility. Polycystic disease is a most common female

endocrine disorder which occurs in 4–18 % of women in their reproductive age worldwide.⁴

The short-term complications of polycystic ovarian disease include menstrual irregularities, hyperandrogenism, insulin resistance and hyperinsulimia, obstructive sleep apnea, dyslipedemia, oligoovulation anovulation and long-term complication includes endometrial hyperplasia, metabolic syndrome, cardiovascular disease, psychological disorders.⁵

A healthy lifestyle is one of the most important aspects of managing Polycystic Ovarian Syndrome successfully. A healthy diet will ensure that the adolescent girls are getting an adequate intake of nutrients, vitamins and minerals. Healthy diet and avoid junk foods and regular exercise reduce the severity of polycystic ovarian symptoms.⁶

Investigator from her field of experience and through extensive literature realized that the infertility cases are increasing now a day. PCOS is one of the leading causes of infertility and it is the common health problem during adolescent period. Education is one of the generality widely adopted health promotion strategies. So, there is more importance to create awareness programme regarding polycystic ovarian syndrome among the adolescent girls to recognize the early sign of PCOS. So that the researcher was motivated to conduct the teaching programme to increase the knowledge of adolescent girls regarding PCOS. The objective of the study was to assess the level of existing knowledge on PCOS among the adolescent girls. To assess the effectiveness of STP on knowledge of PCOS among adolescent girls. To find the association between pre-test knowledge score on polycystic ovarian syndrome with their selected demographic variables.

METHODS

A quantitative approach with one group pretest and posttest design were used to carry out this study. The population comprised of adolescent girls. 94 samples were selected conveniently to conduct this study. The tools used for this study were tested i.e. socio demographic Performa and structured knowledge questionnaire regarding polycystic ovarian syndrome. The structured teaching programme include introduction of polycystic ovarian syndrome, causes and risk factors, diagnosis, complication and management of polycystic ovarian syndrome. Informed written consent was obtained from the participants and ethical permission was taken from the ethical committee. Pre-test was done and after that structured programme was conducted regarding polycystic ovarian syndrome by the lecture cum discussion method with the help of charts, power point presentation, pamphlets and after 7th day post-test was Descriptive statistics includes frequency, percentage, mean, standard deviation was used to describe the result. Inferential statistics like paired t test,

Chi square test, chi square test with Yates correction & Fisher exact test were used to find the effectiveness and association

Hypothesis

All the hypotheses measured at the level of p \leq 0.05

- H1: The mean post-test knowledge score will be significantly higher than the mean pre-test knowledge score among adolescent girls.
- H2: There will be significant association between pre-test knowledge score on polycystic ovarian syndrome among adolescent girls with their selected demographic variable.

RESULTS

Table 1 shows that the frequency and percentage distribution of socio- demographic characteristics of study participants. Study included 94 adolescent girls. Half of the participants (51.1%) were aged between 17-18 years. All (100%) participants were belonging to rural area. Two third (67.02%) of the participants were belongs to nuclear family. Most (97.87%) of the participants were belongs to Hindu religion. Almost half (47.8%) of the of participant's mothers had primary education. Majority (59.57%) of the participant's fathers had Intermediate education. In view of age of menarche almost three fourth (71.1%) of the participants were attained menarche in the age of between 14-16 years. 46.8% of the participants had dysmenorrhea. Most (95.30%) of the participants were using 2-4 pads in a day. More than half (55.32%) of the participants were having length of menstrual cycle 21-35 days. Most (98.93%) of the participants had no knowledge on PCOS. All (100%) of participants had no family history of PCOS. Two third (67.02%) of the participants were having menstrual flow between 5-7 days.

Table 2 Shows the effectiveness of structured teaching programme regarding polycystic ovarian syndrome. Paired t- test was performed to assess the effectiveness of STP on Polycystic Ovarian Syndrome. The calculated value (23.45) was higher than the tabulated value (df 93 = 1.98) at (p< 0.05). The mean post-test knowledge score was (22.55±3.57) significantly higher than the mean pretest knowledge score (11.13±3.32). Since, it can be interpreted that teaching programme was effective in improving the knowledge of adolescent girls regarding polycystic ovarian syndrome.

Table 3 Shows the comparison of pre-test and post-test knowledge score of adolescent girls on PCOS. The "t" test was computed to compare the knowledge scores. It shows that post-test knowledge scores in all components were significantly increased as compared to pre-test knowledge scores.

Table 1: frequency and percentage wise distribution of socio- demographic characteristics of the study participants (n = 94).

Variables	Frequency (F)	%
Age (in years)	rrequency (r)	70
	16	49.0
15yr – 16yr	46 48.9	
17yr- 18yr	48	51.1
Area of living	94	100
Rural	94	100
Type of family	21	22.00
Joint	31	32.98
Nuclear	63	67.02
Religion	02	07.07
Hindu	92	97.87
Muslim	02	2.12
Mother education		
No formal education	06	6.3
Primary	45	47.8
Intermediate	43	45.74
Father education		
No formal education	02	3.19
Primary	29	30.85
Intermediate	56	59.57
Graduate	07	7.44
Age of Menarche		
11 – 13yr	27	28.7
14 – 16yr	67	71.1
Dysmenorrhea		
Yes	44	46.8
No	50	53.2
No. Pads used in a day		
2- 4	90	95.30
5-7	04	4.30
Menstrual cycle		
< 21	16	17.03
21 – 35 days	52	55.32
> 35	26	27.65
Know about PCOS		
No	93	98.93
Yes	01	1.06
Source of information	* -	1.00
Doctor	01	
Family history of PCOS	V-	
No	94	100
Days of menstrual flow	· ·	100
2- 4	31	32.98
5-7	63	67.02
3-1	03	07.02

Figure 1 Illustrated that component wise comparison of pre-test and post-test knowledge scores of adolescent girls on PCOS. Shows the maximum mean percentage of pre-test knowledge (39.8%) obtained in the component of "Introduction of PCOS" and minimum mean percentage (25.9%) obtained in the component of "Diagnosis". It also shows the maximum mean percentage of post-test knowledge (78.2%) obtained component of "Introduction of PCOS" and the minimum mean percentage (53.7%) obtained component of "complication of PCOS". It shows that adolescent girls had improved their knowledge regarding polycystic ovarian syndrome after implementing structured teaching programme.

Table 2: Effectiveness of structured teaching programme regarding PCOS (n = 94).

Knowledge score of adolescents girls	Mean ± SD	Mean difference	"t" value	p- value
Pre – test score	11.13± 3.32	11.40	23.45*	0.0001*
Post – test score	22.55± 3.57	11.42		0.0001*

(df 93 = 1.98) at p < 0.05 * = Significant

Table 3: Component wise comparison of means of pre-test and post-test knowledge score of adolescent girls on PCOS (n = 94).

Components of related to PCOS	Mean ± SD (pre – test)	Mean ± SD (post – test)	t test	P value
Introduction to polycystic ovarian syndrome	3.98±1.72	7.82±1.84	13.90	0.0001
Cause and risk factors and sign and symptoms	1.91±0.98	3.61±0.94	12.67	0.0001
Diagnosis	1.29±1.18	3.28 ± 0.83	13.12	0.0001
Complication of Polycystic Ovarian syndrome	1.22±1.00	2.14±0.94	7.25	0.0001
Management and treatment	2.69±1.30	5.72±1.13	16.76	0.0001

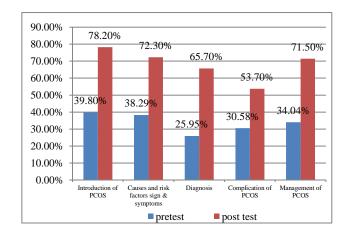


Figure 1: Bar diagram illustrates component wise comparison of mean pre-test and mean post-test knowledge scores of adolescent girls on PCOS.

Table 4 shows the association between the pre-test knowledge score of adolescent girls on Polycystic Ovarian Syndrome with their selected demographic variables. Chi square test, Chi square test with Yates correction test, and Fisher test was performed to find the association. The result indicates that there was no significant association found between mean pre-test knowledge score of adolescent girls on polycystic ovarian syndrome with their selected demographic variables {i.e.

age (0.52), type of family (0.51), religion (0.92), mother education (0.49), father education (0.48), age of menarche (0.09), dysmenorrhea (0.31), menstrual cycle (0.93), menstrual flow (0.27), knows about PCOS (0.46)} except pads used in a day (p = 0.04).

Table 4: Association between selected demographic characteristics of adolescent girls with pre-test knowledge score on PCOS (n=94).

Age (in years) 15yr - 16yr 20 26 17yr - 18yr 24 24 24 Type of family Joint 16 15 Nuclear 28 35 Mother education No formal education 42 46 education Formal education 1 1 education Father education 1 1 education Formal education 43 49 education 43 49 education 44 46 education 1 1 1 1 1 1 1 1 1	Variables	Below median <11	At or above median >11	χ^2	p – value		
17yr- 18yr 24 24 24 Type of family Joint	Age (in years)						
Type of family	15yr – 16yr	20	26	0.40	0.52		
No formal education Age of Menarche Yes 23 21 No 21 29 Menstrual cycle < 21 7 13 21 - 35 days 28 31 > 35 No of Pads used in a day 2 4 0.42 0.51	17yr- 18yr	24	24	0.40			
Nuclear 28 35 0.42 0.51 Mother education No formal education 2 4 Formal education 42 46 0.46 0.49** Father education No formal education 1 1 0.48 0.48** Formal education 43 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 48 49 49 48 49 48 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49	Type of family						
Nuclear 28 35 Mother education 0.46 0.49** Formal education 42 46 Father education 0.48 0.48** Formal education 43 49 Age of Menarche 11 - 13 yr 9 18 11 - 13 yr 9 18 2.76 0.09 Dysmenorrhea Yes 23 21 0.99 0.31 No 21 29 Menstrual cycle <21	Joint	16	15	0.42	0.51		
No formal education 2	Nuclear	28	35	0.42	0.51		
education 2	Mother education	on					
Color		2	4				
Father education No formal education 1 1 0.48 0.48** Formal education 43 49 49 49 49 49 49 49 49 49 49 49 49 49 49 49 40 49 49 49 49 49 49 40 49 48** 49 48** 49 60 49 48** 49 60 49 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 60 <t< td=""><td></td><td>42</td><td>46</td><td>0.46</td><td>0.49**</td></t<>		42	46	0.46	0.49**		
education 1		n					
Formal education 43 49 Age of Menarche 11 - 13 yr 9 18 14 - 16 yr 35 32 Dysmenorrhea Yes 23 21 0.99 0.31 No 21 29 Menstrual cycle < 21 7 13 21 - 35 days 28 31 > 35 7 8 No of Pads used in a day 2- 4 pads 40 50 5 - 7 pads 4 0 0.04#		1	1	0.48	O 4Odala		
Age of Menarche					0.48**		
Age of Menarche 11 - 13 yr 9 18 14 - 16 yr 35 32 Dysmenorrhea Yes 23 21 No 21 29 Menstrual cycle < 21		43	49				
11 - 13 yr 9 18 14 - 16 yr 35 32 Dysmenorrhea Yes 23 21 No 21 29 Menstrual cycle < 21	0.0000000000000000000000000000000000000						
14 – 16 yr 35 32 Dysmenorrhea Yes 23 21 0.99 0.31 No 21 29 Menstrual cycle < 21			18	1			
Dysmenorrhea Yes 23 21 0.99 0.31 No 21 29 Menstrual cycle < 21				2.76	0.09		
Yes 23 21 0.99 0.31 No 21 29 Menstrual cycle 3 3 3 3 3 0.89 0.64 21 - 35 days 28 31 31 35 7 8 No of Pads used in a day 2- 4 pads 40 50 50 5-7 pads 4 0		3					
No 21 29 Menstrual cycle 3 3 21 - 35 days 28 31 35 7 8 No of Pads used in a day 2-4 pads 40 50 5 - 7 pads 4 0 0.04#		23	21	0.99	0.31		
Menstrual cycle < 21	No						
< 21	Menstrual						
21 - 35 days 28 31 > 35 7 8 No of Pads used in a day 2- 4 pads 40 50 5 - 7 pads 4 0 0.04#		7	13	0.00	0.64		
> 35 7 8 No of Pads used in a day 2- 4 pads 40 50 5-7 pads 4 0 0.04#				0.89			
2- 4 pads 40 50 5 - 7 pads 4 0 0.04#		7	8				
2- 4 pads 40 50 5 - 7 pads 4 0 0.04#							
5 – 7 pads 4 0 0.04#			50		0.04#		
			0				
Menstrual Flow							
2 - 4 days 17 14			14	1.10	0.27		
5 – 7 days 27 36 1.19 0.27		27	36	1.19			
Know about PCOS							
Yes 1 0 0.46#	Yes	1	0		0.46#		
No 43 50 0.40#	No	43	50				

df1 = (3.84) at p < 0.05. ** = Chi square with Yates correction. # = Fisher exact test

DISCUSSION

This study results proved that structured teaching programme is effective to improve the knowledge of adolescent girls regarding polycystic ovarian syndrome. This study findings also supported by the study

conducted by Mohamed AAH stated that mean scores of post-test were significantly higher after educational program compared to their values at pre-test (p<.0001).⁷ Study conducted by Tamilarashi B, Vathana V with the findings t=8.45 (p<0.05) which indicates increase in knowledge score after implementing structured teaching programme.⁸ Study conducted by Patel K stated that planned teaching programme was effective in improving the knowledge of adolescent girls (p<0.05).⁹

Study was also supported the study conducted by Souza D P stated that planned teaching programme was effective in gaining knowledge of adolescent girls (t=7.02, p< 0.05).¹⁰ Study conducted by Mohamad E H, Mansour S E, Ibrahim E A and the result showed that educational sessions were effective to increase the knowledge of adolescent girls about polycystic ovarian syndrome.11 Study conducted by Shobha, Devi S E, Prabhu A showed that a significant increase in the knowledge scores on PCOS was observed after the awareness program (p<0.001).12 Also stated that an awareness program could bring about a desirable change in knowledge among adolescent girls regarding PCOS and prevent future complications. This study findings also supported by Sidhu G, Kaur H, Batth, Sharma N, Kaur D stated that the planned teaching program helped to increase the knowledge regarding PCOS among adolescent girls.¹³ Study conducted by Sowmya MA, Fernandes P study findings showed that the structured teaching programme was effective in improving knowledge of adolescent girls regarding polycystic ovarian syndrome.¹⁴ Study also supported by study conducted by Atiqulla S, Gulam S B, Ghufram A, Bana M, Raghad H study findings shows that a statistically significant difference was observed between pre and post intervention knowledge scores with p value (0.000).¹⁵

CONCLUSION

Educating the adolescent girls regarding polycystic ovarian syndrome helps the adolescent girls to identify the signs and symptoms and early recognition of polycystic ovarian syndrome and prevents its complications and improve the fertility.

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Ethical approval: The study was approved by the

Institutional Ethics Committee SRHU

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