

A Study to Assess the Efficiency of Structural Teaching Programme on Knowledge Regarding PCOS among Adolescent Girls of Govt. Girls Senior Secondary School Jawalamukhi, Distt. – Kangra (H.P.)

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ABSTRACT

Background:

Polycystic Ovary Syndrome (PCOS) is a common reproductive health disorder affecting adolescent girls. Awareness and knowledge regarding PCOS are essential for its early identification and management. Socio-demographic characteristics play a significant role in influencing the level of knowledge among adolescents.

Objectives:

1. To assess the pre-test knowledge level regarding PCOS among adolescent girls studying in Government Girls Senior Secondary School, Jawalamukhi, District Kangra (Himachal Pradesh).
2. To evaluate the effectiveness of a Structured Teaching Programme (STP) in improving knowledge regarding PCOS among adolescent girls.
3. To compare the pre-test and post-test knowledge scores related to PCOS among adolescent girls.
4. To determine the association between pre-test knowledge scores and selected socio-demographic variables.

Materials and Methods:

A pre-experimental one-group pre-test and post-test research design was adopted for the study. Data were collected from 50 adolescent girls selected through a non-probability purposive sampling technique from Government Girls Senior Secondary School, Jawalamukhi. A structured questionnaire along with a socio-demographic data sheet was used to assess participants' knowledge regarding PCOS. Following the pre-test, a Structured Teaching Programme was administered, and a post-test was conducted to evaluate its effectiveness.

Major Findings:

The standard deviation of the pre-test and post-test scores was 2.2735 and 2.3103, respectively. The calculated t-values for the pre-test and post-test were 32.86 and 53.07, respectively, which were considerably higher than the table value of 2.009. This indicates a statistically significant improvement in knowledge following the Structured Teaching Programme.

Conclusion:

The findings revealed that the Structured Teaching Programme was effective in enhancing the knowledge of adolescent girls regarding PCOS. Post-test scores demonstrated a significant increase in knowledge compared to pre-test scores.

Recommendations:

- Implement structured teaching programmes on PCOS and other reproductive health issues in both government and private schools.
- Encourage the participation of parents and teachers in educational activities to create a supportive learning environment for adolescents.

How to cite this paper: Deepika | Kavita | Anchal Rana "A Study to Assess the Efficiency of Structural Teaching Programme on Knowledge Regarding PCOS among Adolescent Girls of Govt. Girls Senior Secondary School Jawalamukhi, Distt. – Kangra (H.P.)" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-10 | Issue-3, June 2026, pp.1086-1102, URL: www.ijtsrd.com/papers/ijtsrd133311.pdf



IJTSRD133311

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- Develop and utilize interactive teaching methods, including audio-visual aids, to improve understanding and retention of information.
- Conduct follow-up studies to assess the long-term effectiveness of educational interventions.
- Incorporate PCOS awareness activities into community health and school health programmes.

KEYWORDS: *Polycystic Ovary Syndrome (PCOS), Adolescent Girls, Knowledge, Structured Teaching Programme, Reproductive Health.*

INTRODUCTION

"Menstruation is a natural biological process that reflects a woman's reproductive potential and ability to nurture life."

Polycystic Ovary Syndrome (PCOS), also known as Stein-Leventhal Syndrome, is one of the most common endocrine and metabolic disorders affecting women of reproductive age. The condition was first described in 1935 by Irving F. Stein and Michael L. Leventhal, who identified a group of women presenting with amenorrhea, infertility, obesity, and excessive hair growth. Since its discovery, PCOS has been recognized as a significant public health issue due to its impact on reproductive, metabolic, and psychological health.

PCOS is a complex hormonal disorder characterized by ovarian dysfunction, hyperandrogenism, and polycystic ovarian morphology. Women affected by PCOS commonly experience irregular menstrual cycles, anovulation, infertility, acne, obesity, and hirsutism. In addition to reproductive complications, the syndrome is associated with several long-term health consequences, including insulin resistance, type 2 diabetes mellitus, dyslipidemia, cardiovascular diseases, endometrial carcinoma, and mental health disorders such as anxiety and depression.

The exact etiology of PCOS remains unclear; however, genetic, environmental, hormonal, and lifestyle factors are believed to contribute to its development. Insulin resistance and hyperinsulinemia are considered major factors in the pathogenesis of the disorder, leading to increased androgen production and disruption of normal ovarian function. Obesity further aggravates these metabolic and hormonal abnormalities, increasing the severity of symptoms and complications.

Globally, the prevalence of PCOS ranges from 6% to 26%, depending on the diagnostic criteria used. In India, the prevalence has been reported to vary between 3.7% and 22.5%. Recent studies have indicated an increasing trend of PCOS among adolescent girls and young women. The condition often manifests during puberty and may negatively influence physical appearance, body image, self-esteem, and quality of life. Early identification and timely management are therefore essential to prevent

long-term complications and improve health outcomes.

PCOS is now regarded as a lifelong disorder that begins during adolescence and may persist throughout the reproductive years and beyond. The diagnosis is generally based on the Rotterdam criteria, which include the presence of at least two of the following features: hyperandrogenism, ovulatory dysfunction, and polycystic ovaries identified through ultrasonography. Because the syndrome affects multiple body systems, a multidisciplinary approach involving lifestyle modification, medical management, and psychological support is required for effective treatment.

Adolescence is a critical period for health education and disease prevention. Lack of awareness regarding PCOS often leads to delayed diagnosis and treatment, increasing the risk of infertility and metabolic complications later in life. Educating adolescent girls about the causes, symptoms, risk factors, prevention, and management of PCOS can empower them to adopt healthy lifestyle practices and seek timely medical care.

Therefore, improving knowledge regarding PCOS among adolescent girls is essential for promoting reproductive health and preventing future complications. Structured educational interventions can play a significant role in enhancing awareness and encouraging positive health behaviors among adolescents.

NEED OF THE STUDY

Polycystic Ovary Syndrome (PCOS) is one of the most common endocrine and metabolic disorders affecting adolescent girls and women of reproductive age. It is characterized by hormonal imbalance, irregular menstrual cycles, ovarian cysts, obesity, acne, and infertility. If left untreated, PCOS may lead to serious long-term health complications such as type 2 diabetes mellitus, cardiovascular diseases, hypertension, and endometrial cancer. Therefore, PCOS has become a major public health concern worldwide.

The prevalence of PCOS has been increasing rapidly among adolescent girls in recent years. Studies conducted in India indicate that approximately one in every ten women suffers from PCOS, and a

significant proportion of affected individuals are adolescents. The increasing incidence of PCOS among school-going girls is alarming and highlights the need for early identification and preventive measures.

Adolescence is a crucial stage of physical, psychological, and reproductive development. During this period, hormonal changes and unhealthy lifestyle practices such as poor dietary habits, lack of physical activity, stress, and obesity may increase the risk of developing PCOS. However, many adolescent girls lack adequate knowledge regarding the causes, symptoms, risk factors, complications, prevention, and management of the disorder. This lack of awareness often results in delayed diagnosis and treatment.

Early recognition and timely management of PCOS are essential to prevent future reproductive and metabolic complications. Health education plays a vital role in improving awareness and promoting healthy lifestyle practices among adolescents. Through appropriate educational interventions, adolescent girls can gain knowledge about PCOS, understand its risk factors, recognize early symptoms, and adopt preventive measures to reduce its impact on their health.

The investigator observed that many school-going girls have limited knowledge regarding PCOS and its

prevention. In addition, inadequate awareness and unhealthy lifestyle behaviors may increase their vulnerability to the disorder. Therefore, providing a Structured Teaching Programme (STP) can be an effective strategy to enhance their knowledge and encourage positive health practices.

Educating adolescent girls regarding PCOS will empower them to make informed health decisions, seek timely medical advice, and adopt healthy lifestyle modifications. Increased awareness can contribute to early diagnosis, effective management, and prevention of long-term complications. Hence, the present study was undertaken to assess the effectiveness of a Structured Teaching Programme on knowledge regarding PCOS among adolescent girls.

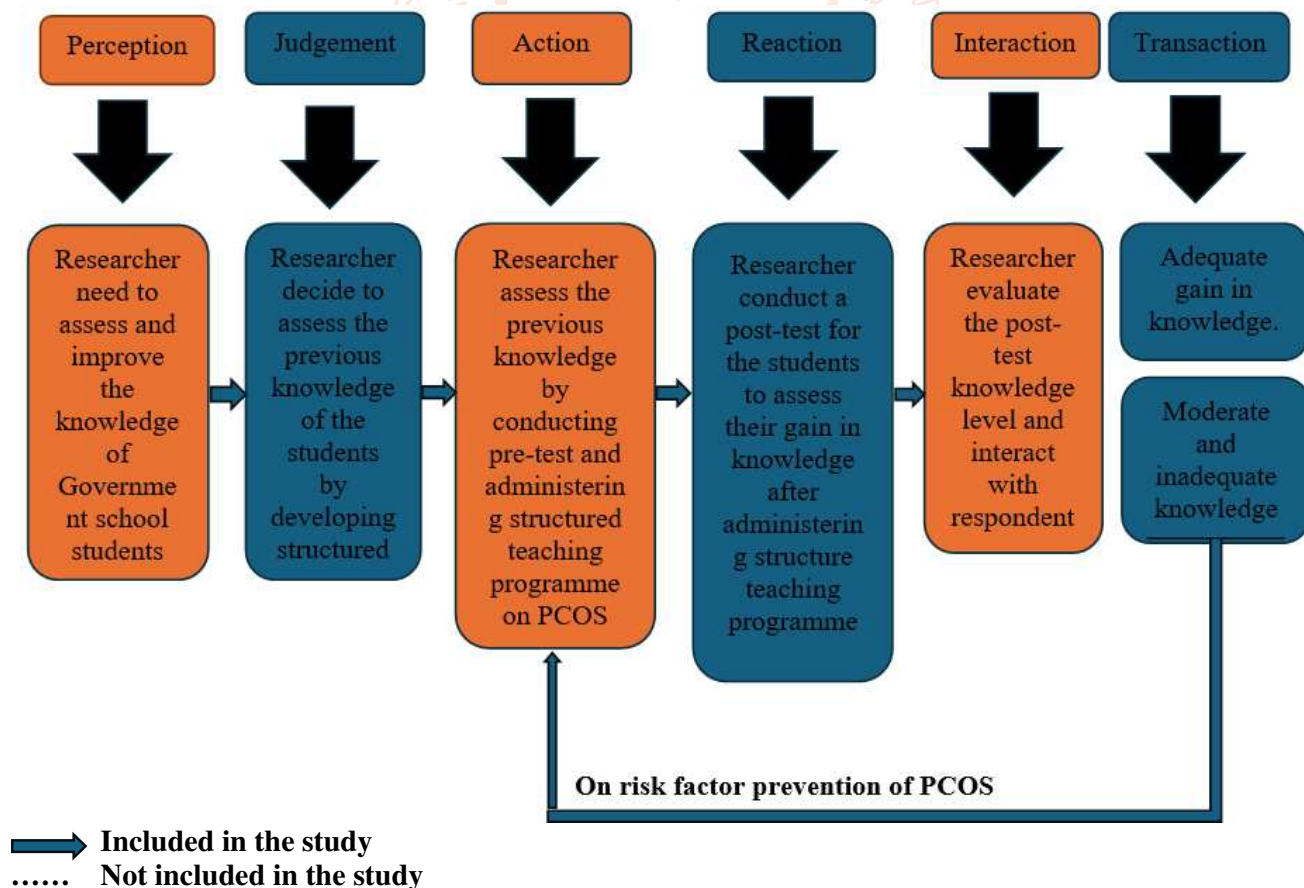
HYPOTHESES

The following hypotheses were formulated for the study and tested at the 0.05 level of significance:

H₁: There will be a statistically significant difference between the pre-test and post-test knowledge scores regarding Polycystic Ovary Syndrome (PCOS) among adolescent girls following the Structured Teaching Programme.

H₂: There will be a statistically significant association between the pre-test knowledge scores regarding Polycystic Ovary Syndrome (PCOS) and selected socio-demographic variables among adolescent girls.

CONCEPTUAL



REVIEW OF LITERATURE

Studies Related to Knowledge and Awareness Regarding PCOS

1. **Abdulhameed et al. (2022)** Abdulhameed et al. conducted a study in Egypt to evaluate the effect of lifestyle modification on quality of life and self-esteem among adolescent females with PCOS. A purposive sample of 50 females was selected. The findings revealed a significant improvement in participants' knowledge after the intervention. Obesity rates decreased from 66% to 16%, and self-esteem improved considerably after six and twelve months of follow-up.
2. **Sasikala et al. (2021)** Sasikala and colleagues conducted a cross-sectional study among nursing students in a tertiary care center in South India to assess knowledge and awareness regarding PCOS. The study found that 89.8% of students recognized PCOS as a common endocrine disorder. Most participants were aware of risk factors, symptoms, and complications associated with PCOS, indicating a satisfactory level of awareness.
3. **Çoban et al. (2019)** Çoban et al. assessed psychiatric disorders, self-esteem, and quality of life among adolescents with PCOS in Turkey. The study included 28 adolescents with PCOS and 31 healthy controls. Results showed a higher prevalence of psychiatric disorders among adolescents with PCOS, with major depressive disorder being the most common diagnosis.
4. **Deeksha Kumari et al. (2018)** Deeksha Kumari and colleagues conducted a true experimental study to evaluate the effectiveness of a planned teaching programme regarding PCOS among students. The study included 50 participants divided equally into experimental and control groups. Findings showed a significant increase in knowledge and attitude scores among participants who received the educational intervention.
5. **Archana Singh et al. (2018)** Archana Singh and colleagues conducted a prospective study among adolescent girls aged 15–19 years to identify the prevalence and symptoms of PCOS. Among 117 participants, the prevalence of PCOS was found to be 11.96%. The study highlighted the role of unhealthy lifestyle patterns and emphasized the importance of lifestyle modification in preventing PCOS.
6. **Al Bassam et al. (2018)** Al Bassam and colleagues conducted a cross-sectional study among 350 female university students in Saudi Arabia. The findings revealed that 71% of participants were aware of PCOS. Irregular menstruation was identified as the most commonly reported symptom, and a considerable proportion of diagnosed students were receiving treatment.
7. **Khushbu Patel (2017)** Khushbu Patel conducted a pre-experimental study among 60 adolescent girls in Ahmedabad to assess the effectiveness of a planned teaching programme regarding PCOS. The study revealed inadequate baseline knowledge and unfavorable attitudes among participants. After the intervention, significant improvements were observed in both knowledge and attitude scores.
8. **Amal Alessa et al. (2017)** Amal Alessa and associates conducted a cross-sectional study among 2,000 women aged 18–50 years in Saudi Arabia. The findings demonstrated that awareness regarding PCOS was significantly associated with higher educational status and healthcare-related qualifications. The study reported a relatively high level of awareness among participants.
9. **Jayshree J. Upadhye and Chaitanya A. Shembekar (2017)** The researchers conducted a study among 200 medical students to assess knowledge regarding PCOS. Results showed that 33% of students received information from teachers, 19% from the internet, and 28% had no knowledge of PCOS. The study recommended including PCOS education and counseling in academic curricula.
10. **B. Tamilarasi and V. Vathana (2016)** Tamilarasi and Vathana conducted a one-group pre-test and post-test study among 30 adolescent girls in Chennai to evaluate the effectiveness of a Structured Teaching Programme on PCOS. The mean knowledge score increased significantly from 11 in the pre-test to 17.5 in the post-test. The findings confirmed that the Structured Teaching Programme was effective in improving knowledge regarding PCOS.

METHODOLOGY

This chapter describes the methodology adopted for the study. It includes the research approach, research design, variables, setting, population, sample, sampling technique, criteria for sample selection, development and testing of the tool, pilot study, ethical considerations, data collection procedure, and plan for data analysis.

The present study was conducted using an **experimental research approach** with a **pre-experimental one-group pre-test and post-test design** to assess the effectiveness of a Structured Teaching Programme (STP) on knowledge regarding Polycystic Ovary Syndrome (PCOS) among adolescent girls. The independent variable of

the study was the Structured Teaching Programme regarding PCOS, while the dependent variable was the knowledge level of adolescent girls regarding PCOS. The extraneous variables included age, religion, type of family, number of siblings, parental occupation, monthly family income, socio-economic status, dietary pattern, and source of information.

The study was carried out at Government Girls Senior Secondary School, Jawalamukhi, District Kangra, Himachal Pradesh. The target population consisted of adolescent girls studying in the selected school. A total of 50 adolescent girls who fulfilled the inclusion criteria were selected as samples using a non-probability purposive sampling technique. Adolescent girls who were willing to participate, available during data collection, and able to communicate in Hindi or English were included in the study. Girls who were ill during the period of data collection were excluded from the study.

The data collection tool was developed after an extensive review of literature and consultation with experts. The tool consisted of two sections. Part A included socio-demographic variables such as age, religion, type of family, number of siblings, monthly family income, socio-economic status, dietary pattern, and source of information. Part B consisted of a self-structured questionnaire containing 25 items to assess the knowledge of adolescent girls regarding PCOS.

The validity of the tool was established through expert opinion obtained from nursing professionals and subject experts. Necessary suggestions were incorporated, and the final tool was approved for data collection. Reliability of the questionnaire was established using the Split-Half Method, and the tool was found to be reliable for assessing knowledge regarding PCOS.

A pilot study was conducted to determine the feasibility and practicability of the study. Permission was obtained from the concerned authority before conducting the pilot study. The findings indicated that the study was feasible, and no modifications were required in the research tool or methodology.

Ethical approval for the study was obtained from the Institutional Ethics Committee of Maa Jawala Nursing Institute and the Principal of Government Girls Senior Secondary School, Jawalamukhi. Written informed consent was obtained from all participants before data collection. Participants were informed about the purpose of the study, and confidentiality and anonymity were maintained throughout the study.

The data were collected in October 2025. Before administering the questionnaire, the investigator introduced herself and explained the purpose of the study to the participants. A pre-test was conducted using the structured questionnaire, followed by the administration of the Structured Teaching Programme regarding PCOS. After the intervention, a post-test was conducted to assess the effectiveness of the programme. The average time taken by each participant to complete the questionnaire was approximately 30 minutes.

The collected data were organized, coded, tabulated, and analyzed according to the objectives and hypotheses of the study. Descriptive statistics such as frequency, percentage, mean, and standard deviation were used to summarize the data. Inferential statistics, including paired t-test and chi-square test, were used to determine the effectiveness of the Structured Teaching Programme and the association between knowledge scores and selected socio-demographic variables. The results were presented in the form of tables and graphs.

DATA ANALYSIS AND INTERPRETATION OF RESULTS

This chapter presents the findings of the research conducted to assess the efficiency of a structured teaching program (STP) on knowledge regarding polycystic ovary syndrome (PCOS) among adolescent girls of Government Girls Senior Secondary School, Jawalamukhi. The results have been organized and presented systematically under various sections.

PRESENTATION OF FINDINGS

The findings are presented in the following sequence:

1. Pre-analysis Phase:

Data collection tools were organized, and data entry was performed to ensure accuracy. Data cleaning was done to address missing or inconsistent responses.

2. Preliminary Assessment:

The baseline knowledge level of the adolescent girls regarding PCOS was assessed before administering the STP. Sociodemographic characteristics of the sample were analysed to establish context.

3. Principal Analysis:

Post-test knowledge levels were evaluated and compared with the pre-test results to determine the effectiveness of the STP. Statistical techniques such as paired t-tests was used to assess the significance of differences.

4. Interpreted Phase:

Findings were interpreted in relation to the study objectives and hypotheses. Results were linked to existing literature to establish the relevance and implications of the study.

ORGANIZATION AND PRESENTATION OF THE DATA

The data is organized and presented under the following headings:

1. Description of Sample Characteristics:

Age, educational level, and other demographic factors of the adolescent girls are described. These characteristics are presented in tables and figures for clarity.

2. Assessment of Level of Knowledge Among Subjects (Adolescent Girls)

Pre-test Knowledge Assessment:

Knowledge levels were categorized as adequate, moderate, inadequate based on scores. Distribution of subjects across these categories was tabulated and graphically represented.

Post-test Knowledge Assessment:

The same categories were used to classify knowledge levels after the intervention. The impact of the STP was analysed by comparing pre-test and post-test scores. A significant improvement in knowledge scores post-intervention was observed.

3. Statistical Analysis of Effectiveness:

The paired t-test was used to analyse the mean difference in knowledge scores before and after the intervention. The calculated p-value (e.g., < 0.05) indicated statistical significance.

4. Interpretation of Results:

The structured teaching program significantly improved the knowledge level of adolescent girls regarding PCOS. The findings align with previous research, emphasizing the importance of structured educational interventions in enhancing awareness about reproductive health.

KEY FINDINGS

- A majority of the participants had poor knowledge about PCOS in the pre-test phase.
- Post-intervention, a significant number of participants demonstrated good knowledge levels.
- The STP proved effective in bridging the knowledge gap regarding PCOS among adolescent girls.

These findings provide evidence for integrating structured teaching programs into school curricula to promote adolescent health awareness.

TABLE 1. A) FREQUENCY AND PERCENTAGE DISTRIBUTION OF SUBJECTS AS PER SOCIO-DEMOGRAPHICAL VARIABLES

Sr. No.	Demographic Variables	Frequency (f)	Percentage (%)
1.	Age:		
	• 14-15 years	8	16.0
	• 16-17 years	39	78.0
	• 18-19 year	3	6.0
	• More than 19	0	-
2.	Education:		
	• 10 th	1	2.0
	• +1	27	54.0
	• +2	22	44.0
3.	Occupation of father:		
	• Farmer	24	48.0
	• Private sector	10	21.0
	• Govt. sector	4	8.0
	• Business man	12	24.0

4.	Religion: <ul style="list-style-type: none"> • Hindu • Sikhism • Muslims • Christian 	47 1 1 1	94.0 2.0 2.0 2.0
5.	Type of family: <ul style="list-style-type: none"> • Nuclear • Joint • Extended • Single parent 	22 26 0 2	44.0 52.0 - 4.0
6.	No. of sibling: <ul style="list-style-type: none"> • 1 • 2 • More than 2 • None 	6 30 14 -	12.0 60.0 28.0 -
7.	Monthly income of guardian: <ul style="list-style-type: none"> • 10,000-20,000 • 21,000-30,000 • 31,000-40,000 • More than 40,000 	21 15 5 9	42.0 30.0 10.0 18.0
8.	Socio-economic status: <ul style="list-style-type: none"> • Higher class (Household Income Above 40,000/month) • Middle class (Household Income Between 20,000-40,000/month) • Lower class (Household Income Between 10,000-19,000/month) 	3 33 14	6.0 66.0 28.0
9.	Home town area: <ul style="list-style-type: none"> • Rural • Urban • Tribal 	25 25 -	50.0 50.0 -
10.	Source of information: <ul style="list-style-type: none"> • Health personnel • Parents • Teacher • Mass media 	1 28 5 16	2.0 56.0 10.0 32.0
11.	Dietary pattern: <ul style="list-style-type: none"> • Vegetarian • Non-vegetarian • Vegan 	23 19 8	46.0 38.0 16.0

1. AGE:

Age wise distribution of subjects shows that 08 (16.0%) were in the age group of 14-15 years, 39 (78.0%) were in the age group of 16-17 years, 3(6.0%) were in the age group of 18-19 years and 0 (0%) were in the age group of more than 19.

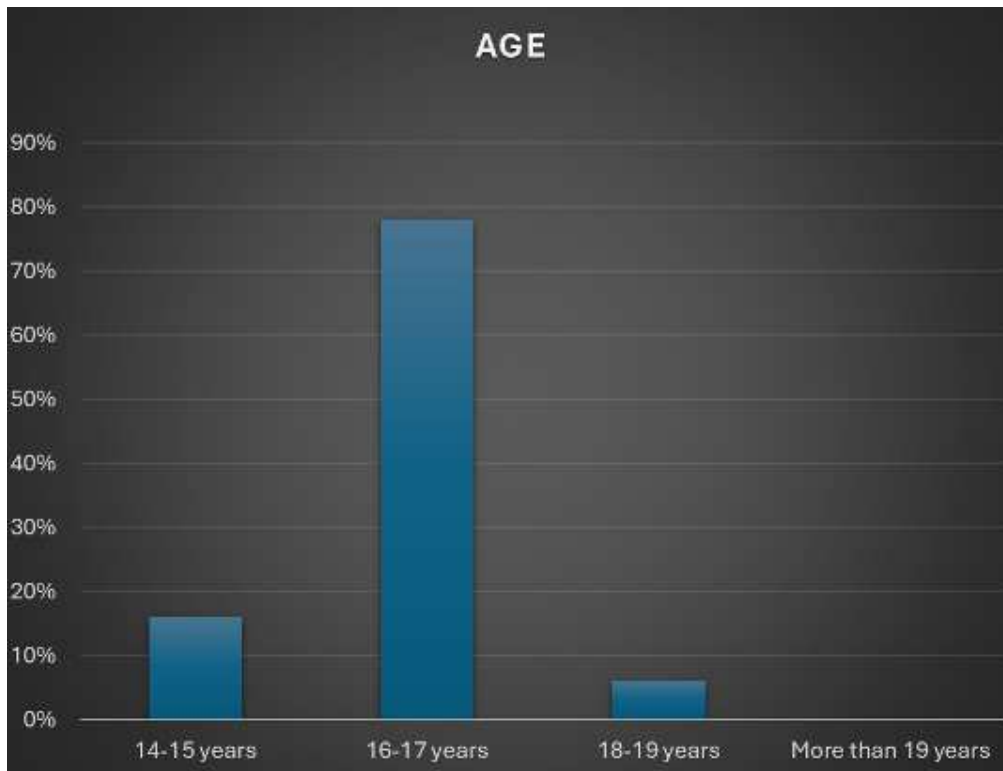


Figure 3. Column chart shows Percentage distribution of age.

2. Education:

Education status wise distribution of the adolescent girls of the school shows that 1 (2.0%) of class 10th, 27 (54.0%) of class +1 and 22 (44.0%) of class +2.

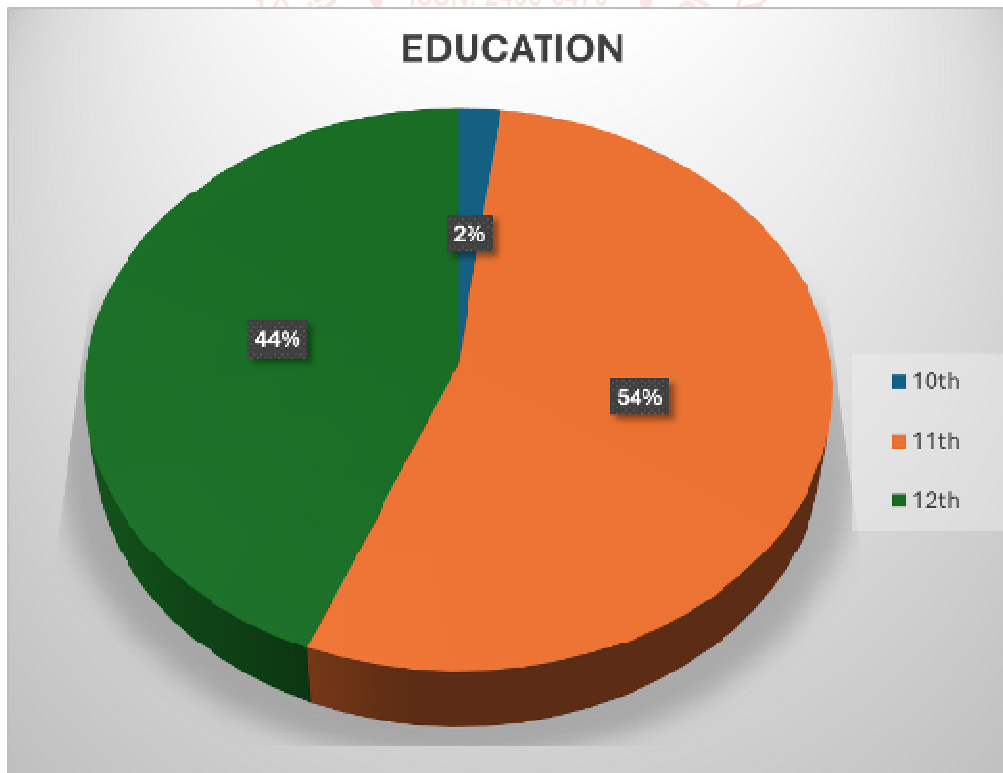


Figure 4. Pie chart shows percentage distribution of subject according to education.

3. Occupation of father:

Occupation wise distribution of the fathers shows that 24(48%) are farmer, 10(21%) are in private sector, 4(8%), are govt. sector and 12(24%) are in business man.

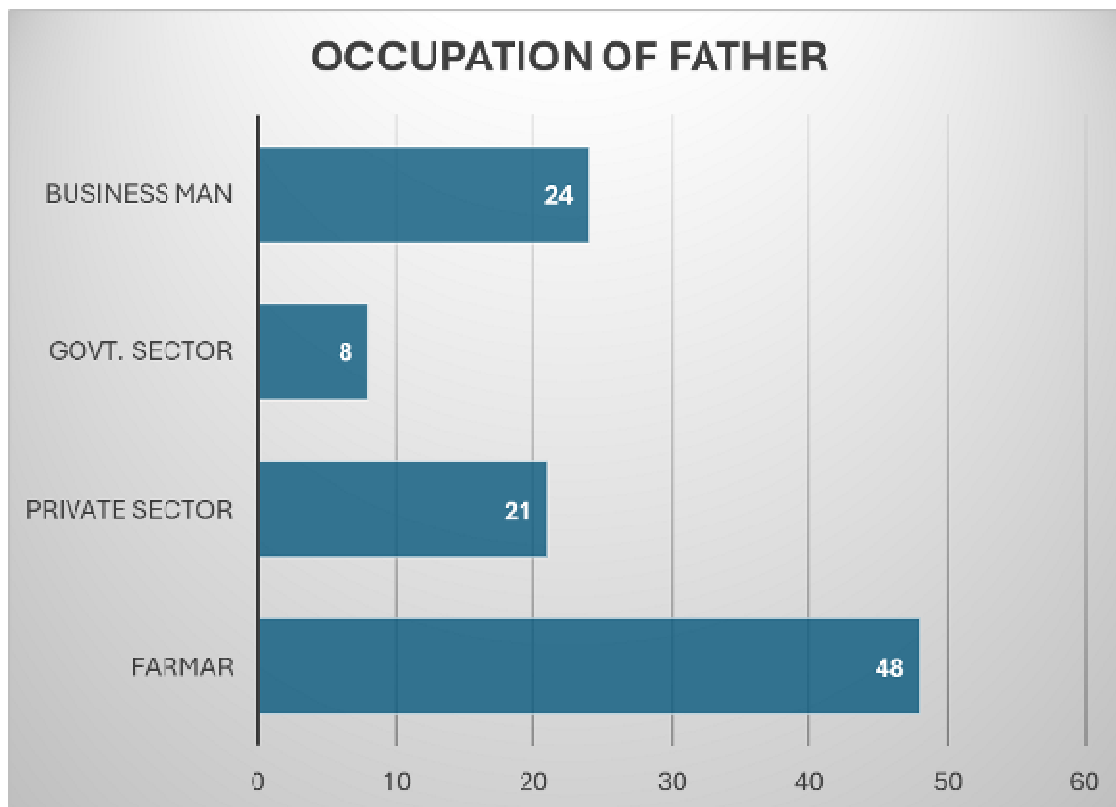


Figure 5. Column chart shows percentage distribution of occupation of father.

4. Religion:

47(94%) Hindu, 1(2%) Sikhism, 1(2%) Muslims, 1(2%) Christian were participated in the study.

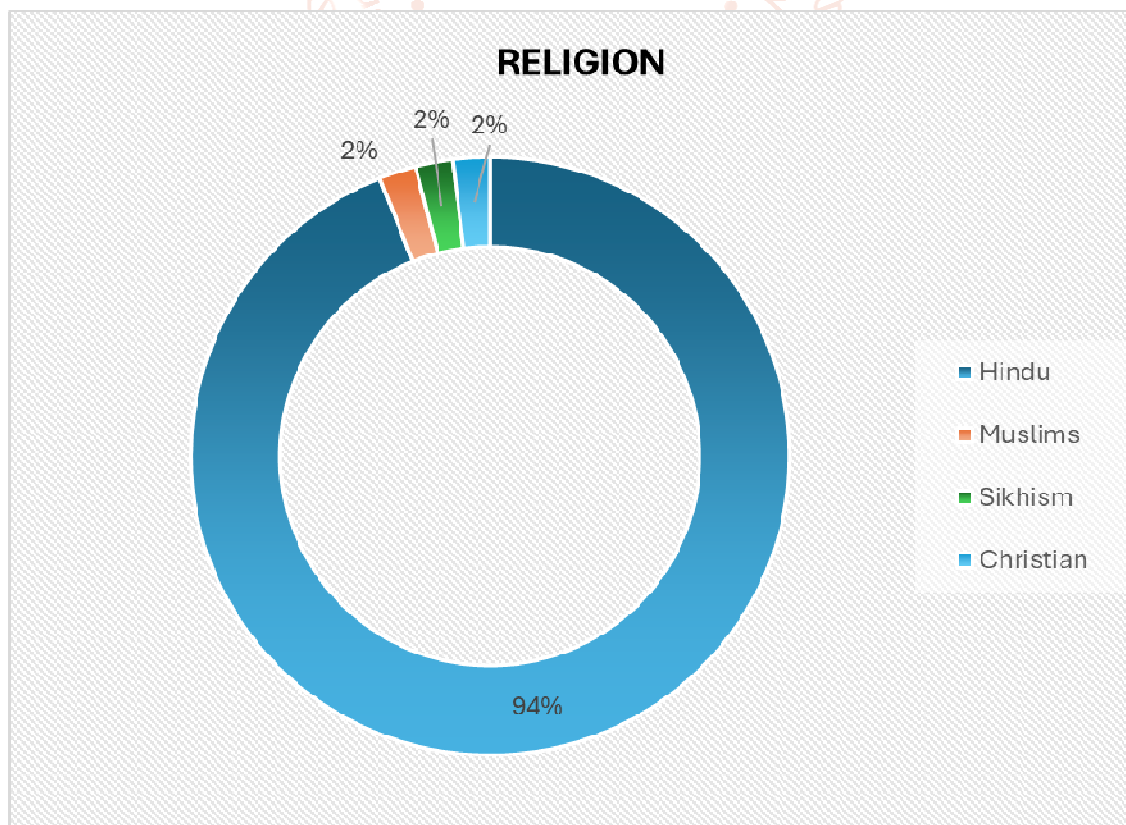


Figure 6. Pie chart shows percentage distribution of religion.

5. Type of family:

Family type distribution of adolescent girls 22(44%) nuclear, 26(52%) joint, 0(0%) extended and 2(4%) single parents.

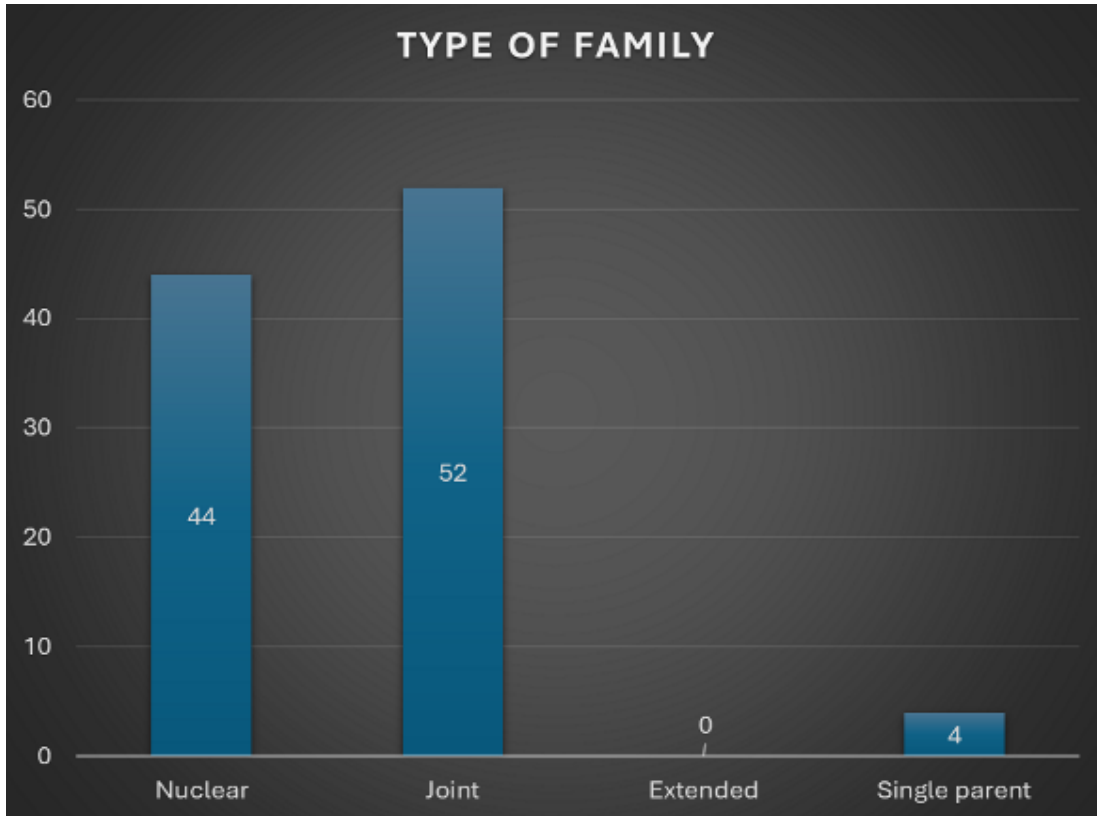


Figure 7. Column chart shows percentage distribution of type of family.

6. No. of sibling:

Percentage of no. of sibling are:

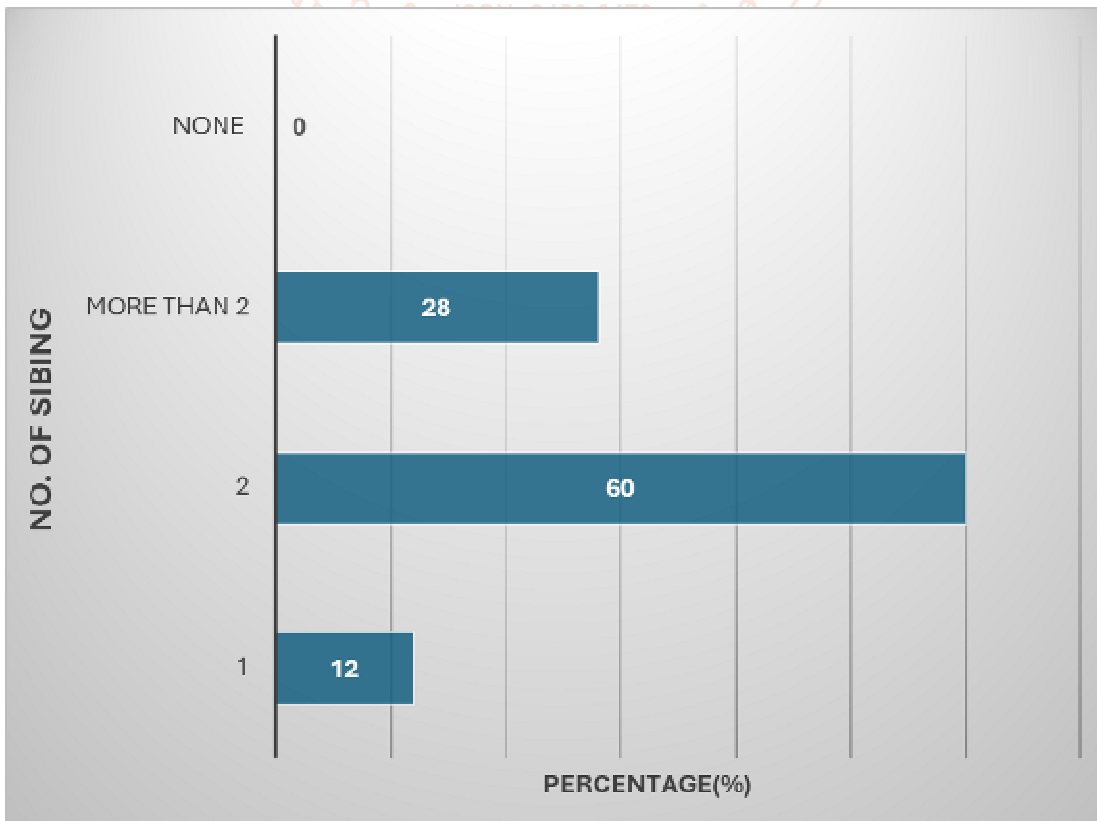


Figure 8. column chart shows percentage distribution of the no. of sibling.

7. Monthly income of guardian:

Family income of guardians shows that 21(42%) 10,000-20,000, 15(30%) 21,000-30,000, 5(10%) 31,000-40,000 and 9(18%) more than 40,000.

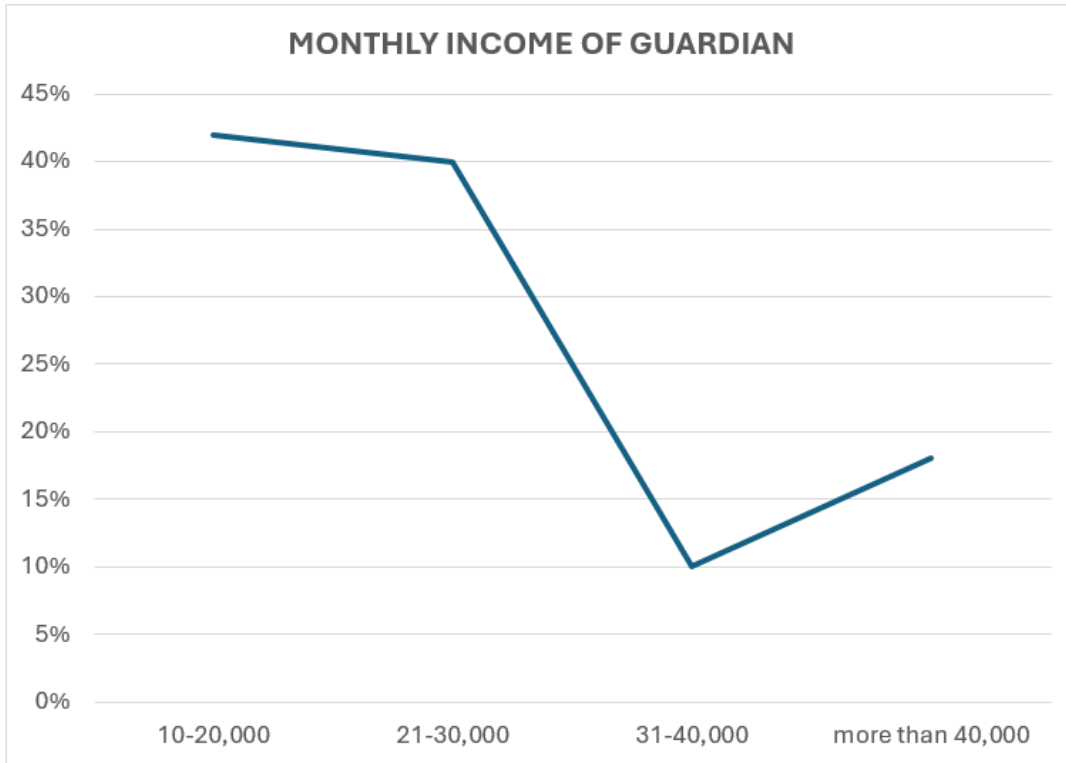


Figure 9. Line chart shows percentage distribution of monthly income of the guardian.

8. Socioeconomic status:

3(6%) are of higher class [house hold income above 40,000],33(66%) are of middle class [household income between 20,000-40,000] and 14(28%) of lower class[household income 10,000-19,000].

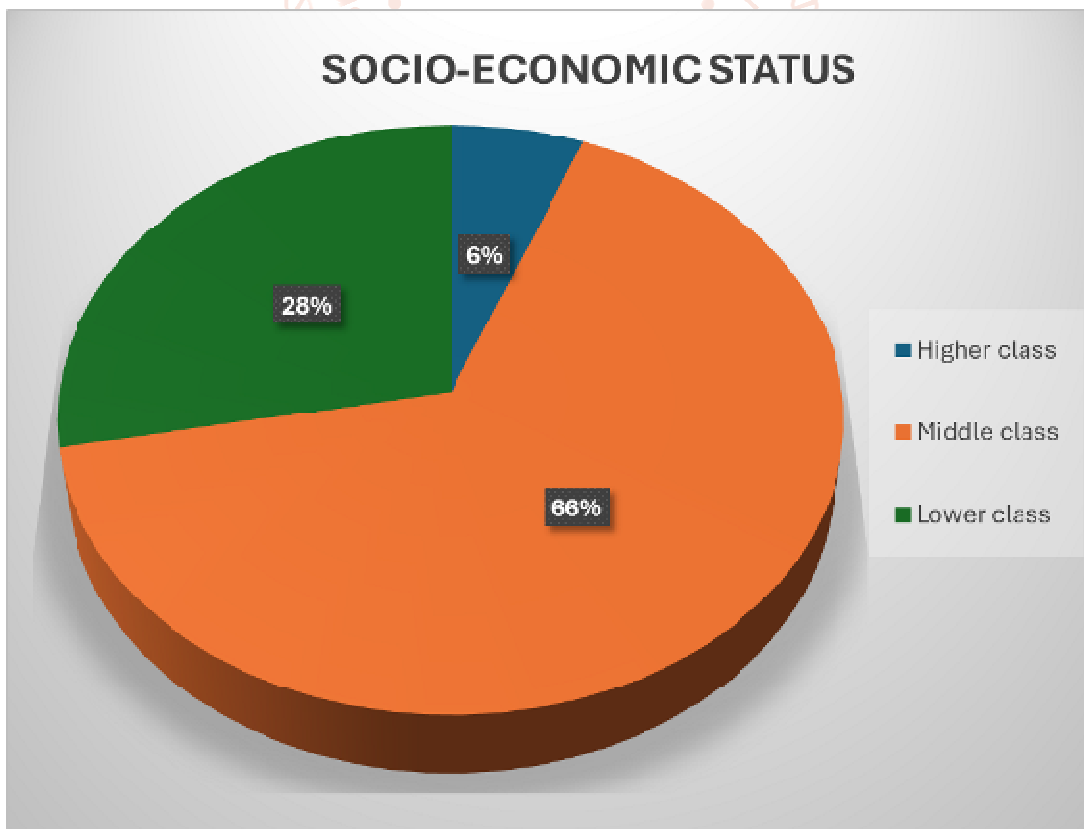


Figure 10. Pie chart shows percentage distribution of the socio-economic status.

9. Home town area:

25(50%) are of rural area, 25(50%) are of urban area and 0(0%) are of tribal area.

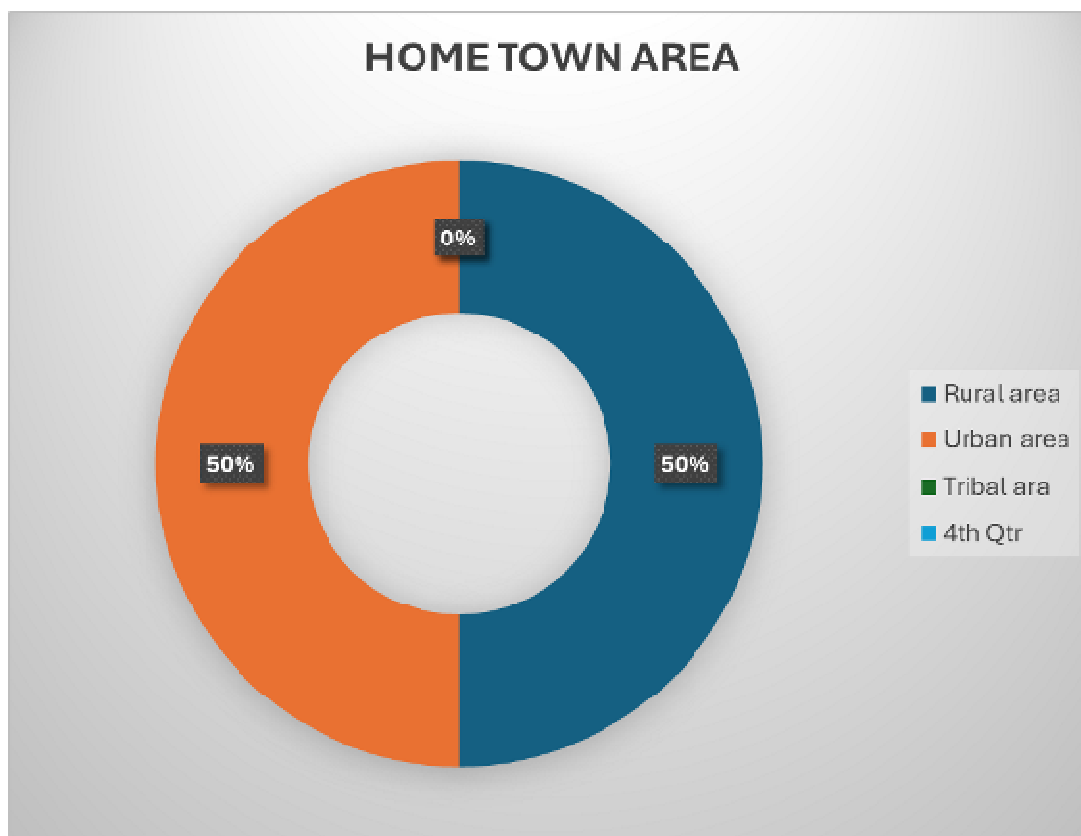


Figure 11. pie chart shows percentage distribution of home town area.

10. Source of information:

The source of information is 1(2%) from health personal, 28(56%) from parents, 5(10%) from teacher, 16(32%) from mass media.

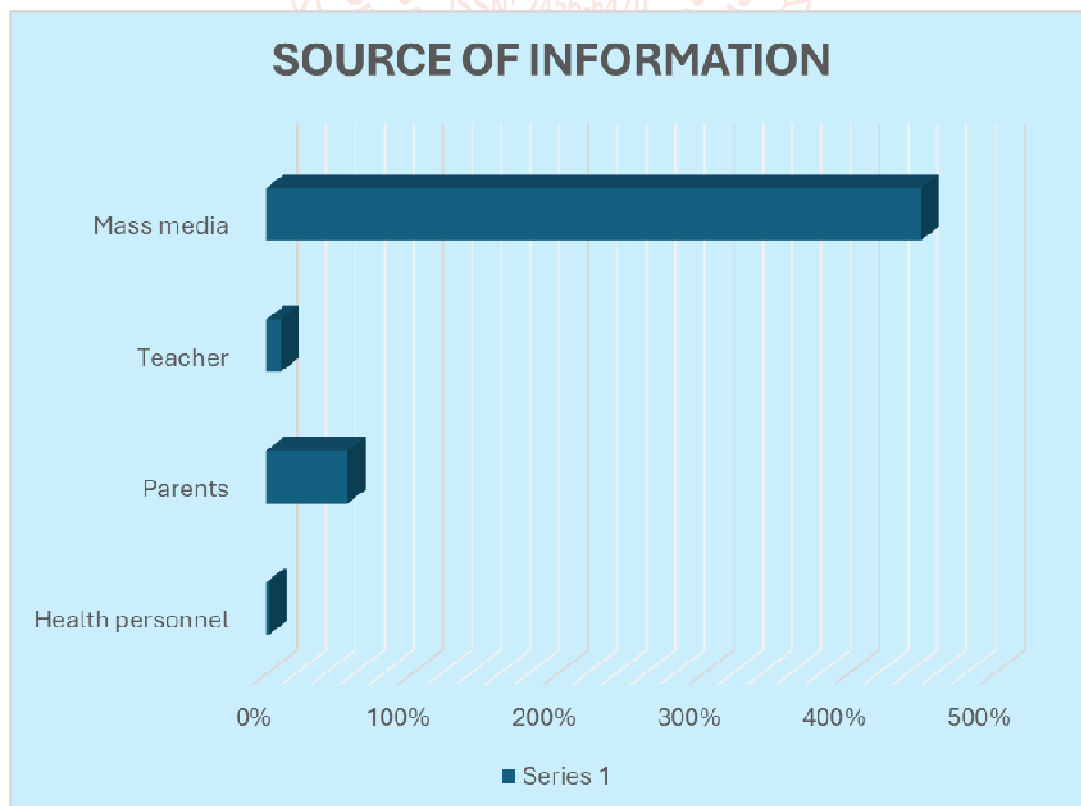


Figure 12. Column chart shows percentage distribution of source if information.

11. Dietary pattern:

23(46%) are vegetarian, 19(30%) are nonvegetarian and 8(16%) are vegan.

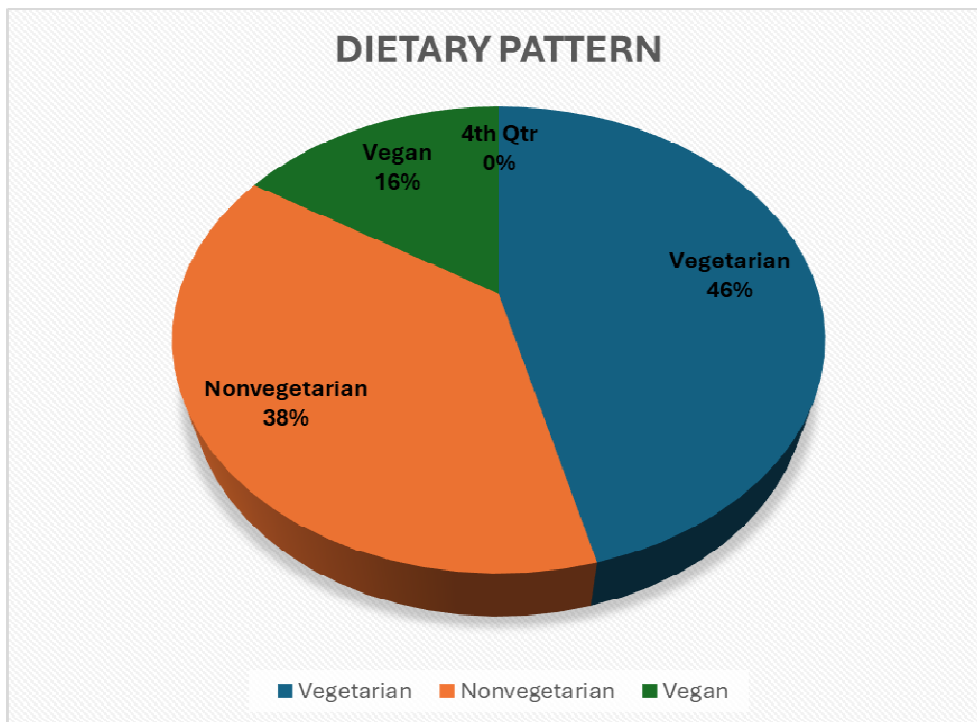


Figure 13. Pie chart shows percentage distribution of dietary pattern.

Section B: Effectiveness of teaching program regarding PCOS among adolescent girls

Table 3 Frequency a percentage distribution of sample pre-test and post-test response to teaching program

	ADEQUATE		MODERATE		INADEQUATE	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Pre-test	0	0%	42	84%	8	18%
Post-test	40	80%	10	20%	0	0%

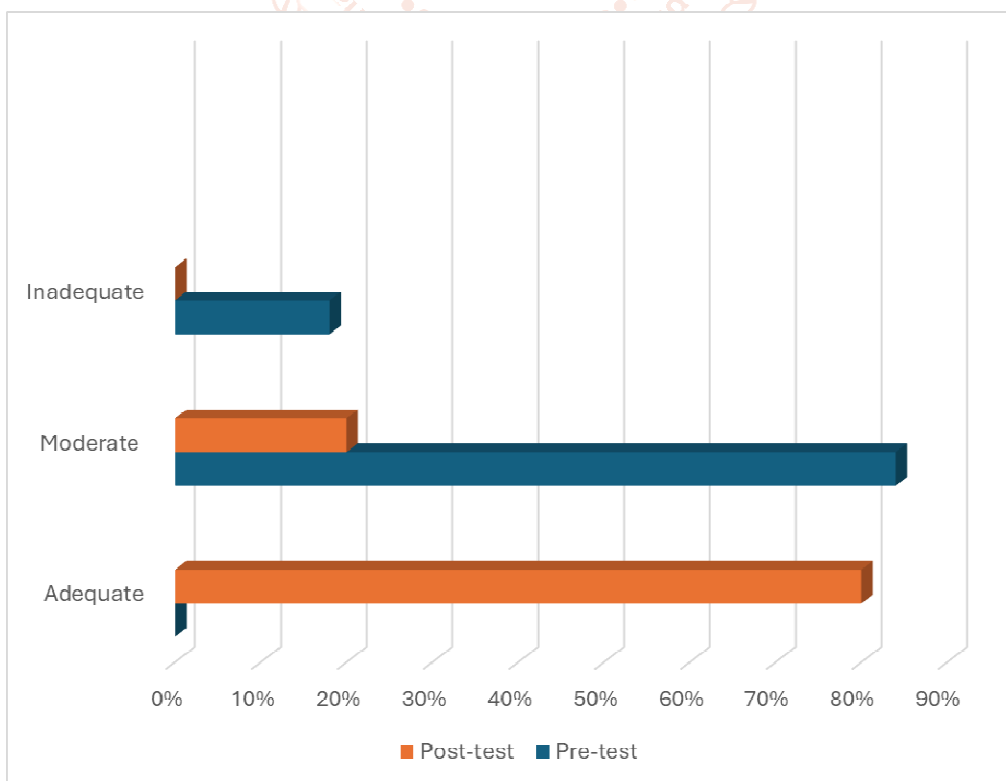


Fig.14 Percentage distribution of sample pre-test and post-test response to teaching program

Section C: Shows that Mean, Standard deviation and “t” value between the pre-test and post-test regarding teaching program

N=50

Level of knowledge	Mean	SD	DF	Calculated + value	Table value	Level of significance
Pre-test	10.56	2.2735	49	32.86	2.009	Significance
Post-test	17.34	2.3103	49	53.07	2.009	Significance

Section D: Association between pre-test scores of awareness program with their selected demographic variables**Table (2): association between pre-test knowledge score with their selected demographic variable**

S. No.	Demographic variables	Frequency	DF	Chi- Square	Table Value	Level of Association
1.	Age a) 14-15 years b) 16-17 years c) 18-19 years d) more than 19	8 39 3 0	3	77.52	7.815	Significant
2.	Education a) 10 th b) +1 c) +2	1 27 22	2	22.83	5.991	Significant
3.	Occupational of father a) Farmer b) Private sector c) Govt. sector d) Businessman	24 10 4 12	3	16.88	7.815	Significant
4.	Religion a) Hindu b) Sikhism c) Muslims d) Christians	47 1 1 1	3	126.96	7.815	Significant
5.	Type of family a) Nuclear b) Joint c) Extended d) Single parent	22 26 0 2	3	50.34	7.815	Significant
6.	No. of sibling a) 1 b) 2 c) More than 2 d) none	6 30 14 0	3	85.2	7.815	Significant
7.	Monthly income of guardian a) 10,000-20,000 b) 21,000-30,000 c) 31,000-40,000 d) >40,000	21 15 05 09	3	16.56	7.815	Significant
8.	Socioeconomic status a) Higher class b) Middle class c) Lower class	3 33 14	2	12.59	5.991	Significant
9.	Hometown area a) Rural b) Urban c) Tribal	25 25 0	2	24.99	5.991	Significant

10.	Source of Information					
	a) Health personnel	1	3	35.28	7.815	Significant
	b) Parents	28				
	c) Teacher	5				
d) Mass media	16					
11.	Dietary pattern					
	a) vegetarian	23	2	7.22	5.991	Significant
	b) Non- vegetarian	19				
c) Vegan	8					

DISCUSSION

The present study was conducted to evaluate the effectiveness of a Structured Teaching Programme (STP) on knowledge regarding Polycystic Ovary Syndrome (PCOS) among adolescent girls studying at Government Girls Senior Secondary School, Jawalamukhi. The discussion is presented according to the study objectives.

The pre-test findings revealed that the majority of adolescent girls had inadequate knowledge regarding PCOS. The mean pre-test knowledge score was 10.56 ± 2.27 , indicating limited awareness about the causes, symptoms, complications, and prevention of PCOS. These findings suggest a need for educational interventions to improve reproductive health knowledge among adolescents.

Following the administration of the Structured Teaching Programme, a considerable improvement was observed in the knowledge level of the participants. The mean post-test score increased to 17.34 ± 2.31 . The calculated t-value was found to be statistically significant, demonstrating that the Structured Teaching Programme was effective in enhancing knowledge regarding PCOS among adolescent girls.

A comparison between pre-test and post-test scores showed a significant increase in knowledge after the intervention. The findings indicate that the educational programme successfully addressed knowledge deficits and improved participants' understanding of PCOS and its management.

The study also found a significant association between pre-test knowledge scores and selected socio-demographic variables. Factors such as age, educational level, family background, source of information, and socio-economic status influenced the participants' baseline knowledge regarding PCOS. This finding highlights the importance of considering demographic characteristics while planning health education programmes.

SUMMARY

The study was undertaken to assess the effectiveness of a Structured Teaching Programme on knowledge regarding Polycystic Ovary Syndrome among

adolescent girls of Government Girls Senior Secondary School, Jawalamukhi. A pre-experimental one-group pre-test and post-test design was adopted. Fifty adolescent girls were selected through purposive sampling. Knowledge regarding PCOS was assessed before and after the educational intervention using a structured questionnaire.

The results revealed that the participants had inadequate knowledge in the pre-test. Following the Structured Teaching Programme, a significant improvement in knowledge scores was observed. Statistical analysis confirmed that the intervention was effective in increasing awareness and understanding of PCOS among adolescent girls.

MAJOR FINDINGS

- Most participants belonged to the age group of 16–17 years.
- The majority were studying in the 11th standard.
- Most participants belonged to Hindu religion and joint families.
- The majority had two siblings and belonged to middle-income families.
- Mass media was the major source of information regarding health issues.
- Pre-test findings showed inadequate knowledge regarding PCOS among participants.
- Post-test findings demonstrated a significant improvement in knowledge levels.
- The Structured Teaching Programme was effective in enhancing knowledge regarding PCOS.
- Significant associations were found between pre-test knowledge and selected socio-demographic variables.

CONCLUSION

The study concluded that the Structured Teaching Programme was highly effective in improving the knowledge of adolescent girls regarding Polycystic Ovary Syndrome. The significant increase in post-test scores indicates that educational interventions can successfully enhance awareness about reproductive health issues among adolescents. Early education

regarding PCOS can promote timely identification, healthy lifestyle practices, and prevention of future complications. Therefore, structured health education programmes should be incorporated into school health services to improve adolescent reproductive health outcomes.

NURSING IMPLICATIONS

Nursing Education: Reproductive health topics, including PCOS, should be incorporated into adolescent health education programmes.

Nursing Practice: Nurses should actively participate in school health programmes and conduct awareness sessions on PCOS.

Nursing Research: Further studies can be conducted on larger samples and in different settings to validate the findings.

Nursing Administration: Nursing administrators should support the implementation of structured health education programmes in schools and communities.

RECOMMENDATIONS

1. Conduct structured teaching programmes on PCOS in schools and colleges.
2. Involve parents and teachers in adolescent health education activities.
3. Use audiovisual and interactive teaching methods to improve learning outcomes.
4. Conduct longitudinal studies to assess long-term retention of knowledge.
5. Integrate PCOS awareness programmes into community and school health initiatives.

LIMITATIONS OF THE STUDY

1. The study was limited to a single school setting.
2. The sample size was relatively small.
3. Only adolescent girls were included in the study.
4. Long-term follow-up could not be conducted due to time constraints.

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