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A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Polycystic Ovarian Disease among Adolescent Girls in Selected School, Jaipur

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ABSTRACT

BACKGROUNDOFTHE STUDY

Gynecological problems of adolescents occupy a special space in the spectrum of gynecological disorders of all ages. This is because of the physical nature of the problems which are so unique, special and specific for the age group, and also because of the associated and psychological factors which are very important in the growth and psychological remodeling of someone in the transition between childhood and womanhood.

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INTRODUCTION

Gynecological diseases are fairly common but most of women ignore the symptoms or unaware, till the time the problem really worsens. Nowadays problems faced by young girls, is Polycystic Ovarian Syndrom / Disease (PCOS or PCOD) which is also known as Stein leventhal Syndrome. This is the commonest cause of amenorrhea in young girls. The amenorrhea with polycystic ovaries was first described in 1935 by Stein and Leventhal. PCOS is reported to be a growing problem with adolescent girls.

An ovarian cyst is a fluid-filled sac usually found on the surface of an ovary. There are many types of ovarian cysts, each with a different underlying cause. Many women will have at some point during their childbearing years. Most are completely without symptoms.

Polycystic ovarian disease (PCOD) has multiple small cysts in their ovaries (the word poly means many). These cysts occur when the regular changes of a normal menstrual cycle are disrupted. The ovary is enlarged and it produces excessive amounts of androgen and estrogenic hormones. This excess, along with the absence of ovulation, may cause infertility. PCOD is a heterogeneous collection of signs and symptoms which together, form a spectrum of the disorder with mild presentation in some and severe disturbance of reproduction, endocrine and metabolic function in orders.

NEED OF THE STUDY

PCOD is a common problem which occurs mostly among teen girls and young girls. In fact, almost 1 out of 10 girls have PCOD. A study findings show that adolescent girls with PCOD have an increased risk of the metabolic syndrome associated with increasing

androgen levels independent of obesity and insulin resistance.

In India, PCOD was found that a higher percentage of young girls are having PCOS and there was around 36 % of increase in cases of PCOS compared from a period of 2007-08, showing a severe fast increase of cases of PCOS among adolescent girls in an alarming rate. Polycystic ovarian disease prevalence is fast increasing among adolescent girls in urban Mumbai about 30% of young girls were detected with the POCS. And about 6 to 10% of girls gets affected by this disease and are even not aware of their presence.

OBJECTIVES

- To assess the level of knowledge regarding polycystic ovarian disease among adolescent girls before the structured teaching programme.
- To assess the level of knowledge regarding polycystic ovarian disease among adolescent girls after the structured teaching programme
- To determine the effectiveness of structured teaching program on polycystic ovarian disease.
- To find out the association between the pretest level of knowledge with the selected demographic variables.

HYPOTHESES

All the following hypotheses will be tested at 0.05 level of significance

- **H1:** The mean post-test knowledge score of the adolescent girls on polycystic ovarian disease will be significantly higher than their mean pre-test knowledge score.
- **H2:** There will be significant association between pretest scores of adolescent girls on knowledge regarding polycystic ovarian disease with selected demographic variables.

OPERATIONAL DEFINITIONS

Assess:
It refers to appraising the level of knowledge regarding polycystic ovarian disease among adolescent girls.

Effectiveness:
It is the preferred positive outcome of the structured teaching programme in terms of increase in knowledge regarding polycystic ovarian disease by adolescent girls.

Structured Teaching Programme (STP):
It refers to a well planned instruction through lecture cum discussion method on selected aspects of polycystic ovarian disease.

Knowledge:
It refers to consciousness or familiarity gained by experience or learning regarding polycystic ovarian disease by adolescent girls which is measured by the structured questionnaire.

Polycystic ovarian disease:
It is a condition in which there are many cysts in the ovaries, which can affect a woman's ability to get pregnant.

Adolescent Girls:
Girls with age group of 15 to 18 years and studying in selected Secondary School, Jaipur.

ASSUMPTIONS

- Adolescent girls may possess some knowledge regarding polycystic ovarian disease.
- Having proper knowledge regarding polycystic ovarian disease by adolescent girls may reduces the risk of getting polycystic ovarian disease.
- Adolescent girls may be interested to know about the polycystic ovarian disease and willing to attend the STP.

RESEARCH APPROACH

In view of the nature of the problem selected for the study and the objectives to be accomplished, an evaluative research approach was used for the present study.

RESEARCH DESIGN

For the present study a pre experimental one group pretest post test design adopted.

SETTINGS OF THE STUDY

The location for conducting the research is referred to as the setting. The present study was conducted in a Government Senior Secondary School, Sanganer, Jaipur (Rajasthan).

SAMPLE SIZE

The present study was conducted among 60 adolescent girls who are in age group 15-18 years studying in Government Senior Secondary School, Sanganer, Jaipur (Rajasthan).

SAMPLING TECHNIQUE

In this study non-probability convenient sampling technique is used for selecting the samples.

Inclusion criteria: Adolescent girls

- who were studying in government Senior Secondary School, Jaipur.
- who were in age group 15-18 years.
- who can communicate in English.
- Who were available during period of study.
- who were willing to participate in the study.

Exclusion Criteria: Adolescent girls

- who were in the age less than 15 years.
- who were not willing to participate in the study.
- who were not available at the time of study.

RESULT

The percentage distribution of study subjects by age group, out of 60 subjects 76.7%

(46) of the subjects belongs to the age group of 15-16 years and 23.3% (14) in the age group of 17-18 years.

Percentage distribution of study subjects with reference to educational status showed that 50% (30) of subjects doing 11th standard and 50% (30) of them doing 12th standard.

Distribution of study subjects with reference to religion showed that majority 41.7% (25) of the subjects were Muslim while 28.3% (17) Hindu, 26.7% (16) Christian and the rest 0.3% (2) were others (Sikh). With reference to residence, percentage distribution of samples showed that out of 60 subjects, majority 78.3% (47) of the samples living in urban and remaining 21.7% (13) from rural areas.

With regard to family income it showed that 6.7% (4) are from high class family with income of above Rs.20000, 46.6% (28) were from family income of Rs.10001-15000, 21.7% (13) from family income of Rs.5001-10000, 18.3% (11) from family income of Rs.15000-20000 and the rest 6.7% (4) were from low economic status family with monthly income below Rs.5000.

Distribution of study subjects according to type of family showed that, out of 60 subjects 23.3% (14) are having joint family, 60% (36) having nuclear family and 16.7% (10) having extended family. Distribution of sample according to intake of dietary pattern revealed that out of 60 subjects 58.3% (35) having mixed diet and remaining 41.7% (25) are taking vegetarian dietary.

Distribution of study subjects with reference to family history of PCOD is that 96.7% (58) does not have family history of PCOD and 3.3% (2) has the family history of PCOD. With regard to physical activity 65% (39) of them has a habit of walking daily, 16.7% (10) are doing aerobics, 11.6% (7) practice yoga and the rest 6.7% (4) of them were engaging in jogging. Distribution of study subjects with reference to prior knowledge of PCOD, 96.7% (58) does not have idea and 3.3% (2) were aware of it from relatives.

Pre test result revealed that 65% (39) had inadequate knowledge, 31.7% (19) had moderately adequate knowledge and remaining 3.3% (2) had adequate knowledge regarding general concept of PCOD. Concern to causes of PCOD, 60% (36) had inadequate knowledge, 18.3% (11) had moderately adequate knowledge and 21.7% (13) had adequate knowledge. Regarding Signs & symptoms and diagnostic methods of PCOD, 73.3% (44) had inadequate knowledge, 23.4% (14) had moderately adequate knowledge and 3.3% (2) had adequate knowledge. Regarding management, prevention and complication of PCOD, 61.7% (37) had inadequate knowledge, 35% (21) had moderately adequate knowledge and 3.3% (2) had adequate knowledge.

Post test result showed that, no one had inadequate knowledge in all aspects of PCOD. Regarding general concept of PCOD 31.7% (19) had moderately adequate knowledge and remaining 68.3% (41) had adequate knowledge. Concern to causes of PCOD, 25% (15) had moderately adequate knowledge and 75% (45) had adequate knowledge. On the topic of signs & symptoms and diagnostic methods of PCOD, 13.3% (8) had moderately adequate knowledge and 86.7% (52) had adequate knowledge. About management, prevention and complication of PCOD, 21.7% (13) had moderately adequate knowledge and 78.3% (47) had adequate knowledge.

Regarding to overall result, out of 60 subjects 65% (39) had inadequate knowledge, 35% (21) had moderately adequate knowledge and none of them had adequate knowledge in pre test. After structure teaching programme (post-test), out of 60 subjects 56.7% (34) had adequate knowledge, 43.3% (26) had moderately adequate knowledge and no one had inadequate knowledge.

The total pre-test mean and post-test mean in general concept of PCOD was 5.95 and 7.30 and SD 2.15 and 2.13 respectively and calculated 't' value was 12.75, it was significant at 0.05 level. With regards to causes of PCOD, pre-test mean and post-test mean was 2.30 and 2.88 and SD was 1.16 and 1.07, calculated 't' value was 7, it was significant at 0.05 level.

Regards to signs & symptoms and diagnostic methods of PCOD, pre and post test mean is 4.35 and 5.32 and SD was 1.61 and 1.62 respectively, where as calculated 't' value was 12.88, it was significant at 0.05 level.

Regarding management, prevention and complication of PCOD, pre and post test mean was 5.73 and 7.80 and SD was 2.13 and 1.87 respectively and calculated 't' value was 14.32 which is significant at the level of 0.05.

The overall pre-test and post-test mean were 18.32 and 23.38 with SD of 6.13 and 6.69 respectively and calculated 't' value was 38.36 which is significant at the level of $P<0.05$. This indicates that, there was significant difference in knowledge regarding PCOD before and after delivering STP on polycystic ovarian disease among adolescent girls.

There was a significant association between the level of knowledge with monthly income of family, ***x2*** value was 11.76. It is significant at P<0.05 level. And there was no significant association between the level of knowledge with age in years, educational status, religion, residence, type of family, dietary pattern, family history of PCOD, engagement in physical activity and exposure of knowledge about polycystic ovarian disease.

SECTION– I

Table1: Distribution of demographic variables of the adolescent girls.

Sl. No.	Demographic Variables	N=60	
		Frequency	Percentage
1.	**Age in years**		
	a.15-16	46	76.7
	b.17-18	14	23.3
2.	**Educational status**		
	a.11thstandard	30	50.0
	b.12thstandard	30	50.0
3.	**Religion**		
	a. Hindu	17	28.3
	b. Muslim	25	41.7
	c. Christian	16	26.7
	d. Others	2	03.3
4.	**Residence**		
	a. Urban	47	78.3
	b. Rural	13	21.7
5.	**Monthly income of the family**		
	a. BelowRs5000	4	06.7
	b. Rs5001 -10000	13	21.7
	c. Rs10001– 15000	28	46.6
	d. Rs15001– 20000	11	18.3
	e. Rs20001and above	4	06.7
6.	**Type of family**		
	a. Joint family	14	23.3
	b. Nuclear family	36	60.0
	c. Extended family	10	16.7
7.	**Dietary pattern**		
	a. Vegetarian	25	41.7
	b. Mixed	35	58.3
8.	**Family history of PCOD**		
	a. Yes	2	03.3
	b. No	58	96.7
9.	**Engagement in physical activity**		
	a. Yoga	7	11.6
	b. Jogging	4	06.7
	c. Walking	39	65.0
	d. Aerobics	10	16.7
	e. None	00	00.0
10.	**Exposure of knowledge about polycystic ovarian disease**		
	a. Yes	02	03.3
	b. No	58	96.7
	If Yes		
	a. Newspaper/Magazine/ Books		
	b. Electronic sources		
	c. Friends/Neighbours/Relatives	02	100.0
	d. Health personnel		

Table 2: Distribution of the level of knowledge regarding polycystic ovarian disease among adolescent girls during pre-test. (N = 60)

Classification of knowledge	Max Score	Inadequate knowledge (0-50%)		Moderately adequate knowledge (51-75%)		Adequate knowledge (Above75%)	
		F	%	F	%	F	%
General concept of PCOD	12	39	65	19	31.7	2	03.3
Causes of PCOD	5	36	60	11	18.3	13	21.7
Signs & symptoms and Diagnostic methods of PCOD	10	44	73.3	14	23.4	2	03.3
Management, prevention and complication of PCOD	13	37	61.7	21	35	2	03.3

F-Frequency

Section – III

Table 3: Distribution of the level of knowledge regarding polycystic ovarian disease among adolescent girls during post-test. (N = 60)

Classification of knowledge	Max Score	Inadequate knowledge (0-50%)		Moderately adequate knowledge (51-75%)		Adequate knowledge (Above75%)	
		F	%	F	%	F	%
General concept of PCOD	12	-	-	19	31.7	41	68.3
Causes of PCOD	5	-	-	15	25	45	75
Signs & symptoms and diagnostic methods of PCOD	10	-	-	8	13.3	52	86.7
Management, prevention and complication of PCOD	13	-	-	13	21.7	47	78.3

F-Frequency

Table 4: Distribution of pre-test and post-test level of knowledge of adolescent regarding polycystic ovarian disease. (N = 60)

Sl. No.	Level of knowledge	Pre-test		Post-test	
		Frequency	%	Frequency	%
1	Inadequate knowledge (0-50 %)	39	65	-	-
2	Moderately adequate knowledge (51-75%)	21	35	26	43.3
3	Adequate knowledge (Above75%)	-	-	34	**56.7**
	Total	60	100	60	**100**

Section–IV

Table 5: Comparison of the level of knowledge between pre-test and post-test.

Classification of knowledge	Pretest		Post test		't' test value & P value
	Mean	S D	Mean	S D	
General concept of PCOD	5.95	2.15	7.30	2.13	t = 12.75 P<0.05, (S)
Causes of PCOD	2.30	1.16	2.88	1.07	t = 7.00 P<0.05, (S)
Signs & symptoms and diagnostic methods of PCOD	4.35	1.61	5.32	1.62	t = 12.88 P<0.05, (S)
Management, prevention and complication of PCOD	5.73	2.13	7.80	1.87	t = 14.32 P<0.05, (S)
Total	18.32	6.13	23.38	6.69	t = 38.36 P<0.05, (S)

Note: S – Significant

Section – V

Table 6: Association between the pre-test level of knowledge of adolescent girls with the selected demographic variables.

Sl. No.	Demographic variables	Level of Knowledge		Chi-Square (X^2) Value& P-Value
		Moderate Ly adequate	Adequate	
1.	**Age in years**			
	a. 15-16	21	25	χ^2=0.12 P>0.05 (N.S)
	b. 17-18	05	9	
2.	**Educational status**			
	a. 11thstandard	14	16	χ^2=0.06 P>0.05 (N.S)
	b. 12thstandard	12	18	
3.	**Religion**			
	a. Hindu	4	13	χ^2=3.80 P>0.05 (N.S)
	b. Muslim	13	12	
	c. Christian	8	8	
	d. Others	1	1	
4.	**Residence**			
	a. Urban	21	26	χ^2=0.007 P>0.05 (N.S)
	b. Rural	5	8	
5.	**Monthly income of the family**			
	a. BelowRs5000	1	3	χ^2=11.76 P<0.05(S)
	b. Rs5001 -10000	2	11	
	c. Rs10001 – 15000	16	12	
	d. Rs 15001 – 20000	7	4	
	e. Rs20001and above	0	4	
6.	**Type of family**			
	a. Joint family	8	6	χ^2=3.68 P>0.05 (N.S)
	b. Nuclear family	12	24	
	c. Extended family	6	4	
7.	**Dietary pattern**			
	a. Vegetarian	07	18	χ^2=3.10 P>0.05 (N.S)
	b. Mixed	19	16	
8.	**Family history of PCOD**			
	a. Yes	0	2	χ^2=0.28 P>0.05 (N.S)
	b. No	26	32	
9.	**Engagement in physical activity**			
	a. Yoga	2	5	χ^2=7.02 P>0.05 (N.S)
	b. Jogging	1	3	
	c. Walking	15	24	
	d. Aerobics	8	2	
	e. None	0	0	
10.	**Exposure of knowledge about polycystic ovarian disease**			
	a. Yes	0	2	χ^2=0.28 P>0.05 (N.S)
	b. No	26	32	

Note: S–Significant, N.S –Non Significant

SUMMARY

The aim of the study was to evaluate the effectiveness of structured teaching programme on knowledge regarding polycystic ovarian disease among adolescent girls in selected school, Jaipur (Rajasthan).

With evaluative approach and one group pre-test - post-test pre experimental design was used. The pilot study was conducted in government Senior Secondary School, Jaipur (Rajasthan) to find the practicability and feasibility of study.

The main study was conducted in government Senior Secondary School, Jaipur (Rajasthan). Formal approval was obtained from the concern authority

prior to the study. The data collection period was 09.05.2026 to 15.06.2026.

Sample of 60 subjects were selected by convenience method and investigator explained the purpose of study to make a good relationship with the adolescent girls and assured confidence. Willingness of the adolescent girls was obtained with consent form. Than demographic variables were collected and pre-test level of knowledge was assessed with structured questionnaire on PCOD. Afterwards, structured teaching programme (STP) on PCOD was implemented to the subjects. After 7 days post-test was conducted by using same structured questionnaire and found the participants responded well in post-test. The data was analyzed by using statistical method and the result was interpreted.

MAJOR FINDINGS OF THE STUDY

The percentage distribution of study subjects by age group, out of 60 subjects 76.7% (46) of the subjects belongs to the age group of 15-16 years and 23.3% (14) in the age group of 17-18 years.

Percentage distribution of study subjects with reference to educational status showed that 50% (30) of subjects doing 11th standard and 50% (30) of them doing 12th standard.

Distribution of study subjects with reference to religion showed that majority 41.7% (25) of the subjects were Muslim while 28.3% (17) Hindu, 26.7% (16) Christian and the rest 0.3% (2) were others (Sikh).

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Regards to signs & symptoms and diagnostic methods of PCOD, pre and post test mean is 4.35 and 5.32 and SD was 1.61 and 1.62 respectively, where as calculated 't' value was 12.88, it was significant at 0.05 level.

Regarding management, prevention and complication of PCOD, pre and post test mean was 5.73 and 7.80 and SD was 2.13 and 1.87 respectively and calculated 't' value was 14.32 which is significant at the level of 0.05.

The overall pre-test and post-test mean were 18.32 and 23.38 with SD of 6.13 and 6.69 respectively and calculated 't' value was 38.36 which is significant at the level of P<0.05. This indicates that, there was significant difference in knowledge regarding PCOD before and after delivering STP on polycystic ovarian disease among adolescent girls.

There was a significant association between the level of knowledge with monthly income of family, **x2** value was 11.76. It was significant at P< 0.05 level. And there was no significant association between the level of knowledge with age in years, educational status, religion, residence, type of family, dietary pattern, family history of PCOD, engagement in physical activity and exposure of knowledge about polycystic ovarian disease.

CONCLUSION

The overall experience of conducting the study was satisfying. The constant encouragement and guidance of the guide, cooperation and interest of the authorities and respondents to participate in the study contributed to the successful completion of the study. The respondents were satisfied and happy with the information they received. The study was a new experience for the researcher. The present study identified a great need for the adolescent girls to update their knowledge regarding PCOD. The study revealed that structured teaching program can be used as an effective teaching strategy.

NURSING IMPLICATIONS OF THE STUDY

IMPLICATIONS FOR NURSING PRACTICE

- The structured teaching programme regarding polycystic ovarian disease can be utilized to create awareness among the nurses who is doing work in various units in hospital.
- Nurses are the key persons who spend maximum time with patient in all units of hospital, they can provide quality care to patient when they have appropriate level of knowledge regarding all especially polycystic ovarian disease.
- Nurses are providing quality care means, it will reduce the mortality, morbidity and number of days stay in hospital.
- This study implies a basis for developing standards of lifestyle, health care at hospital as well as in the care of community.
- Health education can be imparted through mass media, i.e. through radio, television, documentary films, pamphlets, leaflets. This will help the nursing profession to move towards the goal of providing holistic care.

IMPLICATIONS FOR NURSING EDUCATION

- The nursing curriculum should consist of increased depth, content and activities which help to develop knowledge and attitude skill among adolescent girls in prevention of polycystic ovarian disease (PCOD).
- As a nurse educator, there is abundant opportunity to educate people regarding the prevention of PCOD.
- The study emphasizes significance of to conduct short term in-service education programme for nurses and peripheral health workers related to health education of adolescents girls regarding prevention of PCOD.
- Nursing personnel should get in service education and help them to abreast with recent trends.
- The nurse educator needs to conduct health campaigns and use different informational modalities, teaching strategies about prevention of PCOD.
- The nurse should educate about the utilization of local health services and voluntary health agencies availability which helps to promote better health and prevent like kind of diseases among reproductive age group female population.

IMPLICATIONS FOR NURSING RESEARCH

- This research will help to evaluate the existing and the improvement of adolescent girl's knowledge on PCOD. There is a need for extended and intensive nursing research.
- This study will motivate other investigators to conduct further studies regarding effectiveness of structured teaching programme on PCOD analysis in various setting.
- The study brings about the fact that, more studies need to be done for nurses with updated teaching strategies to educate the adolescent girl's on PCOD.

- The study helps the nurse researchers to develop appropriate health education tools for educating adolescent girls regarding PCOD. Nurses should come forward to take up unsolved aspects in the field of care to public.
- The study will motivate the beginning researchers to conduct some study with different variables on a large scale. The public and private agencies should also encourage research in this field through needed materials and funds.

IMPLICATIONS FOR NURSING ADMINISTRATION

- The nurse administrator can take part in developing protocols, standing orders related to design of the health education programme to update nursing personnel's knowledge regarding prevention of PCOD among adolescent girls.
- The nurse administrator can mobilize the available resource personnel towards the health education of the adolescent girls regarding PCOD. They should take interest in providing information on selected aspects. They should be able to plan and organize programmes, taking into consideration of cost effectiveness and carry out successful educational programmes.
- The nurse administrator should plan and organize continuing education programme for the faculty of the nursing schools and colleges to organize the camps regarding prevention of PCOD among adolecent girls.
- The nurse administrator should explore their potentials and encourage innovative ideas in the preparation of appropriate information and modalities. She should organize sufficient man power, money, and material for disseminating health information.

RECOMMENDATIONS

- A same kind of study can be conducted for a larger group in order to generalize the findings.
- Further studies should be conducted about attitude of PCOD among adolescent girls.
- An experimental study can be conducted with control group for the effective comparison of the results.
- A longitudinal study can be done using post test after one month, six month and one year to see the retention of knowledge.
- A study can be conducted to evaluate the efficiency of various teaching strategies like self instruction module, pamphlets, leaflets, computer assisted instruction slide shows on PCOD among adolescent girls.

LIMITATION OF THE STUDY

- The study is limited to adolescent girls at selected school, Jaipur
- The study is limited to sample of 60 staff nurses.
- The data collection period is limited to 6 weeks.
- A structured questionnaire was used for data collection, which restricts the amount of information that can be obtained from the respondents.

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