A Study to Evaluate Effectiveness of Structured Teaching Programme (STP) on Knowledge Regarding Menstrual Disorder among B.Sc. Nursing I Year and B.Sc. Nursing II Year at Baba Educational Society, Institute of Paramedical, College of Nursing, Lucknow Uttar Pradesh

Ms. Khusboo Yadav, Ms. Kirti Verma, Ms. Kumkum, Ms. Madhu Verma, Ms.Manisha Chaudhary, Ms. Mansi Yadav, Ms. Medha Singh, Ms. Muskan Gupta, Ms. Muskansrivastava, Ms. Swarnima Rai, Mr. Satish Kumar Saini

Baba Educational Society, Institute of Paramedical, College of Nursing, Lucknow, Uttar Pradesh, India

ABSTRACT

The present study has been conducted to know the effectiveness of structured teaching program (STP) on knowledge regarding menstrual disorder among B.Sc. nursing I years and B.Sc. nursing II years at various colleges of nursing of Lucknow. The selection of sample was done through convenient sampling. The sample size was 30. The method of data collection was through demographic variables and structured knowledge questionnaire regarding menstrual disorder among B.Sc. nursing I year and B.Sc. nursing II years. Result shows that structured teaching programme was effective in improving the knowledge regarding menstrual disorder.

KEYWORDS: Knowledge, structured teaching program, Effectiveness, Menstrual disorder

Development

ISSN: 2456-6470

How to cite this paper: Ms. Khusboo Yadav | Ms. Kirti Verma | Ms. Kumkum | Ms. Madhu Verma | Ms.Manisha Chaudhary | Ms. Mansi Yadav | Ms. Medha Singh | Ms. Muskan Gupta | Ms. Muskansrivastava | Ms. Swarnima Rai | Mr. Satish Kumar Saini "A Study to Evaluate Effectiveness of Structured Teaching Programme (STP) Knowledge Regarding Menstrual Disorder among B.Sc. Nursing I Year and B.Sc. Nursing II Year at Baba Educational Society, Institute

Paramedical,
College of Nursing,
Lucknow Uttar
Pradesh" Published
in International
Journal of Trend in
Scientific Research
and Development

(ijtsrd), ISSN: 2456-6470, Volume-6 | Issue-6, October 2022, pp.760-767,

www.ijtsrd.com/papers/ijtsrd51914.pdf

Copyright © 2022 by author (s) and

International Journal of Trend in Scientific Research



IJTSRD51914

and Development Journal. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0) (http://creativecommons.org/licenses/by/4.0)

INTRODUCTION

Menstruation and menstrual hygiene are the important determinants of women's reproductive health but various cultural taboos and sociocultural restrictions result in adolescent girls remaining ignorant of the scientific facts and hygienic health practices, which sometimes results in adverse health outcomes.

Menstrual disorders are common among women in the reproductive age group and affect their normal functioning and social life. Due to cultural reasons, menstrual problems often get unreported. In India, the literature on the effect of menstrual disorders on the quality of life (QOL) of women is limited. Menstrual disorders are common among women in the reproductive age group and affect their normal functioning and social life. Due to cultural reasons, menstrual problems often get unreported. In India, the literature on the effect of menstrual disorders on the quality of life (QOL) of women is limited.

Menstruation and culture are about cultural aspects surrounding how society views menstruation. A menstrual taboo is any social taboo concerned with menstruation. In some societies it involves menstruation being perceived as uncle a nor embarrassing, inhibiting even the mention of menstruation whether in public (in the media and advertising) or in private (among friends, in the household, or with men). Many traditional religions consider menstruation ritually unclean, although anthropologists point out that the concept of 'sacred' or 'unclean' may be intimately connected.

NEED FOR THE STUDY

Menstrual disorders are common among adolescent and reproductive-aged women previous studies of menstrual disorders among teenagers and young women including in Malaysia, have revealed high prevalence, especially in premenstrual syndrome upto 96% followed by dysmenorrhoea 94% heavy bleeding 47.0% irregular bleeding, oligomenorrhea and amenorrhea up to 18%.

Menstrual dysfunction is a major gynecological problem that occurs in female adolescent girls. However, it may affect female normal life and reproductive health, due to changes in lifestyle and healthy habits a variety of studies have shown that weight loss and weight gain can both significantly affect menstrual cycle reproductive health morbidity.

Dysmenorrhea is one of the most prevalent menstrual problems during adolescence and can even cause women to become bedridden. A review by Devis et al 11 showed that 20-90% of adolescent girls reported dysmenorrhea and almost 15% of those experienced severe dysmenorrhea. Another menstrual problem that can affect women's daily activities is premenstrual syndrome (PMS). In a systematic review, the pooled prevalence of PMS was found to be 17.8%. Menstrual disorders such as menorrhagia, abnormal uterine bleeding, and polymenorrhea contribute to almost 12% of gynecology referrals and are usually associated with a very high chance of surgical intervention collateral reported that 60% of women underwent a hysterectomy within 5 years of a referral for menorrhagia. Premenstrual syndrome and dysmenorrhea are privileged medical disorders among urban adolescents with morbidity including school absenteeism and are higher among those with negative period expectations. Since only 2% often

receive information regarding menstruation from their health care provider, the health care provider must increase their anticipatory guidance regarding normal

menstruation. This may aid in the prompt diagnosis and treatment of menstrual disorders and decrease the associated morbidities.

OBJECTIVES

- ➤ To assess the knowledge regarding menstrual disorders among B.Sc. Nursing I year and B.Sc. Nursing II years in Baba College of Nursing 2022.
- ➤ To assess the post-test knowledge score regarding menstrual disorder among B.Sc. Nursing I year and B.Sc. Nursing II years of Baba College of Nursing 2022.
- ➤ To compare pre-test and post-test knowledge regarding menstrual disorder among B.Sc. Nursing I year and B.Sc. Nursing II years of Baba College of Nursing 2022.
- To find an association between knowledge regarding menstrual disorders among B.Sc. Nursing I year and B.Sc. Nursing II years with selected demographic variables.

Hypothesis

H1 - There will be a significant difference between pre-test and post-test scores regarding menstrual disorder among B.Sc. Nursing I year and B.Sc. Nursing II years in Baba College of Nursing 2022.

H2 - There will be a significant association between knowledge and practice regarding menstrual disorder among the B.Sc. Nursing I year and B.Sc. Nursing II years of year Baba College of Nursing 2022

OPERATIONAL DEFINITION

Knowledge-

It is the ability of a B.Sc. Nursing I year and B.Sc. Nursing II years to understand & answer the questions regarding menstrual disorders.

B.Sc. nursing I year and B.Sc. nursing II year –

It is a bachelor of science in nursing which is 4 yr. program that aims to prepare the student to work effectively as a member of a health team in which B.Sc. nursing I year and B.Sc. nursing II year nursing degree from Baba College of Nursing who had joined this institute.

Structure Teaching Program-

It is systematically developed instructions and teaching aids designed to provide information.

Effectiveness-

Checking for the desired effect of the intended result or an outcome. It refers to an increased level of knowledge on the menstrual disorder as evidenced by the significant difference in the pre and post-test knowledge scores.

ASSUMPTION

- 1. B.Sc. Nursing I year and B.Sc. Nursing II years will have some knowledge regarding menstrual disorders.
- 2. Level of knowledge regarding menstrual disorders among B.Sc. Nursing I year and B.Sc. Nursing II years differ according to their age and education
- 3. B.Sc. Nursing I year and B.Sc. Nursing II years will gain more knowledge regarding the menstrual disorder.
- 4. B.Sc. Nursing I year and B.Sc. Nursing II years do not share problems regarding menstrual because of social taboos.
- 5. This study will help to provide adequate knowledge regarding effective management of menstrual disorders among B.Sc. Nursing I year and B.Sc. Nursing II year.

RESEARCH APPROACH

The research is an applied form of research that involves finding out how well perform a program practice procedure.

An experimental approach was used to determine the effectiveness of a structured teaching program on knowledge regarding menstrual disorder among B.Sc. nursing I Year and B.Sc. nursing II Year students of Baba Educational Society, Institute of Paramedical, College of Nursing, Lucknow, Uttar Pradesh, Lucknow.

RESEARCH DESIGN

Research design is the overall plan for obtaining answers to the questions being studied and for handling some of the difficulties encountered during the research process.

The research question is a plan structure of investigation conceived to obtain the answer to the research question and to control variance. The research design selected for the present study is experimental.

POPULATION

According to Polit "a population is the entire aggregation of the meet designated set of criteria. This study population comprises B.Sc. nursing I Year and B.Sc. nursing II Year from Baba educational society, Institute of Paramedical, College of Nursing, Lucknow, Uttar Pradesh during the study period.

Target Population – B.Sc. nursing I year and B.Sc. nursing II years at Baba Educational Society, Institute

of Paramedical, College of Nursing, Lucknow Uttar Pradesh.

Accessible population- The accessible population is the population in research to which the researcher can apply their conclusion This population is the subject set of the target population and is also known as the study population

All the B.Sc. nursing I year and B.Sc. nursing II years studied at Baba Educational Society, Institute of Paramedical College of Nursing, Lucknow, Uttar Pradesh.

SOURCE OF DATA COLLECTION

B.Sc. nursing I year and B.Sc. nursing II years at Baba Educational Society, Institute of Paramedical, College of Nursing, Lucknow, Uttar Pradesh.

RESEARCH DESIGN

Pre-experimental one group pre-test post-test design.

VARIABLES IN THE STUDY

A variable is selected or controlled by the researcher to determine its relationship to the observed outcome of the research.

Polit and Hungler, (1999) a variable are the name implies, something that varies.

Dependent variable -knowledge regarding the menstrual disorder.

Independent variable- structured teaching program on knowledge regarding the menstrual disorder.

Research variable- knowledge of B.Sc. nursing I year and B.Sc. nursing II years regarding the menstrual disorder.

Demographic variable- age, educational status, family income, course, source of information, religion, knowledge ofthe menstrual disorder, menarche age, duration, and history of menstrual disorder.

SETTING OF THE STUDY

The physical condition and location in which data collection takes place in a study. The present study will be conducted in Baba Educational Society, Institute of Paramedical, College of Nursing, Lucknow, Uttar Pradesh, Lucknow the researcher had adopted to conduct and availability of sample in addition to the cooperation extended by the principal.

SAMPLE

The study samples were B.Sc. Nursing I year B.Sc. Nursing II yearsat Baba Educational Society, Institute of Paramedical, College of Nursing, Lucknow, Uttar Pradesh.

SAMPLE SIZE

The sample size is 30

CRITERIA FOR SAMPLE SELECTION

Inclusion criteria -

The study includes -

- ➤ B.Sc. Nursing I year B.Sc. Nursing II years who are willing to participate.
- ➤ B.Sc. Nursing I year B.Sc. Nursing II years who are available at the time of data collection.

Exclusion criteria -

The study includes -

- ➤ B.Sc. Nursing I year B.Sc. Nursing II yearswho are not willing to participate.
- ➤ B.Sc. Nursing I year B.Sc. Nursing II yearswho are not present during the study.

SAMPLING TECHNIQUE

Non-randomized convenient sampling

RESULTS

A total of 30 students were selected from B.Sc. nursing I year and B.Sc. nursing II years at Baba Educational Society, Institute of Paramedical, College of Nursing, Lucknow, Uttar Pradesh.

Table No.1.1- Frequency and percentage distribution of menstrual disorder based on demographic variables.

| S. No. | Items | variabies. | Frequency | Percentage |
|---------|-------------------------------------|---|-----------|------------|
| D. 110. | Items | a-17 years | 9 | 30% |
| 1 | Age | b-18years | 9 | 30% |
| 1 | | c-19years | 12 | 40% |
| | | a-Hindu | 29 | 96.66% |
| | | h Muslim | 1 | 3.33% |
| 2 | Religion | c-Christian | 0 | 0 |
| | | d-Sikh | 0 | 0 |
| | | a-Nuclear family | 13 | 43.33% |
| 3 | Type of family | b-Joint family | 17 | 56.66% |
| | 1 ypc or raining | c-Extended family | 0 | 0 |
| | | a-upto Rs.5000/- rnational Journal | 3 | 10% |
| | Family | b-Rs.5000 to Rs.10,000/- | 7 | 23.33% |
| 4 | income/month | c Rc 10 000 to Rc 15 000/ | 9 | 30% |
| | micome/month | d-More than Rs.15,000/- | 11 | 36.66% |
| | | a-No formal education | 6 | 20% |
| | Educational status of the mother | b-Primary school SN: 2456-6470 | 4 | 13.33% |
| 5 | | c-High school/ higher secondary | 7 | 23.33% |
| | | d-Graduate | 13 | 43.33% |
| | Age of menarche | a-Less than 10 years | 1 | 3.33% |
| | | b-11-12 years | 6 | 20% |
| 6 | | c-13-14 years | 18 | 60% |
| | | d-Above 15 years | 5 | 16.66% |
| | Frequency of M.C | a-Less than 21 days | 2 | 6.66% |
| 7 | | b-21-28 days | 18 | 60% |
| , | | c-More than 28 days | 10 | 33.33% |
| | | a-Less than 3 days | 2 | 6.66% |
| 8 | Duration of Menstrual cycle | b-4-5 days | 21 | 70% |
| | | c-More than 5 days | 7 | 23.33% |
| | | a-Absence of menstrual disorder | 21 | 70% |
| | History of menstrual disorder | b-Scanty or less bleeding | 4 | 13.33% |
| | | c-Menstruation with heavy bleeding at regular | | |
| 9 | | intervals. | 2 | 6.66% |
| | | d-Menstruation with prolonged bleeding at | 2 | 100/ |
| | | irregular intervals | 3 | 10% |
| | G | a-The Elder in the family | 14 | 46.66% |
| | | b-Friends | 5 | 16.66% |
| 10 | Source of | c-Teachers | 2 | 6.66% |
| | information | dtelevision/internet | 1 | 3.33% |
| | | e-None | 8 | 26.66% |

The majority of B.Sc. nursing I and B.Sc. nursing II years students (40%) belong to the 19year age group, (96.66%) belong to the Hindu religion, (33.34%) live in a joint family (36.66%) have more than 15000/- family income, (43.33%) educational status of the mother, (60%) have 13-14 years age of menarche, (60%) have less than 21 days of frequency of menstruation, (70%) duration of the menstrual cycle is 3-5 days, (70%) have a history of absence of menstrual disorder, (46.66%) got information from elders in the family.

Table no.2 Distribution of overall knowledge score

| Level of Knowledge | Score |
|--------------------------------------|-------|
| Adequate knowledge (76 -100%) | 15-20 |
| Moderate knowledge (51-75%) | 8-14 |
| Inadequate knowledge (less than 50%) | 0-7 |

Based on obtained score subjects are arbitrarily grouped into 3 groups as given below:

Adequate- 15-20 Moderate - 8-14 Inadequate- 0-7

Table No: 3 Chi-square Test Showing the Association between Pre-Test Knowledge Score of students

with selected demographic variable.

| Selected | With selected demographic variable. Knowledge | | | | | | | |
|---------------------------|--|----------------------|--------------------------|-------------|-------------------|-------|---------|--------------|
| demographic | Category | Level | | | Df | Table | | Significance |
| variable | | Inadequate | Moderate | Adequate | | value | value | |
| Age in years | 17 years | 3 | 5 | DIO. | | 9.59 | 5.853 | NS |
| | 18 years | 1 | 5 | 3 | 4 | | | |
| | 19 years | 2 | | 1 | $\langle \rangle$ | | | |
| | Hindu 🕖 💆 | in6 _{ernal} | 18 | rnal 5 | Y | } | | |
| Religion | Muslim 🛮 💆 🗧 | • op _{Tren} | d in <mark>S</mark> cien | tific 0 🖁 👱 | 6 | 12.59 | 2.035 | NS |
| Kengion | Christian // 🤦 | 0 Res | earc0 and | 0 5 | U | 12.39 | 2.033 | 142 |
| | Sikh // = | 0 Dev | elop0nent | 0 💆 | 1 | 3 | | |
| Tymas of | Nuclear family 🕢 🗧 | 1,000 | 10 | 2 | 8 | 9.49 | 2.422 | |
| Type of family | Joint family | 5 | 2436-0470 | 3 | 4 | | | NS |
| laminy | Extended family | 0 | 0 | 000 | | | | |
| .TT1 C '1 | Up to `5000/- | | 2 | 0 | | 12.59 | 3.3605 | |
| The family income per | `5000/- to 10000/- | ADD. | 5 | 1 | | | | NS |
| month | `10000/- to 15000/- | 1 | 7 | 1 | 6 | | | |
| | More than 15000/- | 3 | 5 | 3 | | | | |
| T 1 4' 1 | No formal education | 2 | 4 | 0 | 6 | 12.59 | 3.3843 | |
| Educational status of the | Primary education | 0 | 3 | 1 | | | | NS |
| mother | Higher Secondary | 1 | 5 | 1 | U | | | |
| | Graduate | 3 | 7 | 3 | | | | |
| | Less than 10 years | 1 | 0 | 0 | | | | |
| Age of | 11-12years | 1 | 4 | 1 | 6 | 12.59 | 10.6583 | NS |
| menarche | 13-14 years | 2 | 13 | 4 | U | 12.39 | 10.0363 | |
| | Above 15 years | 2 | 2 | 0 | | | | |
| Frequency of | Less than 21 days | 1 | 1 | 0 | | 9.49 | 4.2 | |
| menstrual | 21-28 days | 4 | 10 | 4 | 4 | | | NS |
| cycle | More than 28days | 1 | 8 | 1 | | | | |
| Duration of | Less than 3 days | 2 | 0 | 0 | | 9.49 | 11.308 | |
| menstruation | 4-5days | 2 | 14 | 5 | 4 | | | S |
| cycle | More than 5 days | 2 | 5 | 0 | | | | |

| | Absence of menstrual disorder | 5 | 11 | 5 | | 6 12.59 | 5.7 | NS |
|-----------------------|--|---|----|---|---|---------|-------|----|
| History of | Scanty or less bleeding at regular interval | 0 | 4 | 0 | | | | |
| menstrual disorder | Menstruation with heavy bleeding at regular interval | 0 | 2 | 0 | 6 | | | |
| | Menstruation with prolonged bleeding at regular interval | 1 | 2 | 0 | | | | |
| | Elders in the family | 2 | 8 | 4 | | | 9.238 | NS |
| C C | Friends | 3 | 2 | 0 | | | | |
| Source of information | Teachers | 0 | 2 | 0 | 8 | 15.51 | | |
| | Television/Internet | 0 | 1 | 0 | | | | |
| | None | 1 | 6 | 1 | | | | |

NS= Not significant S= Significant

Table No 3. shows that there is no significant association between pre-test knowledge and selected sociodemographic variables of students such as Age, religion, Education qualification of mother, and Previous knowledge regarding menstrual disorder. Structured teaching program classes attended on the menstrual disorder, Sources of information, and Year of the study.

There is a significant association between pre-test knowledge and demographic variable duration of the menstrual cycle.

Hence it can be interpreted that the percentage knowledge score related to socio-demographic variables where only by chance and not a true difference and hence research hypothesis was not accepted.

Table no.4. - Chi-square test showing the association between post-test knowledge score of students with selected demographic variable.

| with selected demographic variable. | | | | | | | | | |
|-------------------------------------|----------------------|-----------------|-------------------|----------|----|-------|----------|--------------|--|
| Selected | | Knowledge level | | | | Table | Obtained | | |
| demographic variables | Category | Inadequate | Moderate | Adequate | Df | value | | Significance | |
| | 17 years | 0 | 1 | 8 | | 9.49 | 0.1743 | NS | |
| Age | 18 years | 0 | 1 | 8 | 4 | | | | |
| | 19 years | 0 | $m_{\mathcal{D}}$ | 11 | | | | | |
| | Hindu | 0 | 3 | 26 | | 12.59 | 0.21378 | NS | |
| Religion | Muslim | 0 | 0 | 1 | 6 | | | | |
| Kengion | Christian | 0 | 0 | 0 | O | | | | |
| | Sikh | 0 | 3 | 0 | | | | | |
| Tr. C | Nuclear family | 0 | 1 | 12 | 4 | 9.49 | 0.106 | NS | |
| Type of family | Joint family | 0 | 2 | 5 | | | | | |
| lailily | Extended family | 0 | 0 | 0 | | | | | |
| TT1 0 11 | Up to `5000/- | 0 | 1 | 2 | | | 4.399 | NS | |
| The family | `5000/- to `10000/- | 0 | 0 | 7 | 6 | 12.59 | | | |
| income per month | `10000/- to `15000/- | 0 | 0 | 9 | O | | | | |
| monen | More than `15000/- | 0 | 2 | 9 | | | | | |
| - 1 · 1 | No formal education | 0 | 1 | 5 | | | 0.9576 | NS | |
| Educational status of the mother | Primary education | 0 | 0 | 4 | 6 | 12.59 | | | |
| | Higher Secondary | 0 | 1 | 6 | O | | | | |
| | Graduate | 0 | 1 | 12 | | | | | |
| Age of | Less than 10 years | 0 | 0 | 1 | 6 | 12.59 | 1.317 | NS | |

| menarche | 11-12years | 0 | 1 | 5 | | | | |
|-----------------------|-----------------------|--------------|---------|------|-----|-------|--------|-----|
| | 13-14years | 0 | 2 | 17 | | | | |
| | Above 15 years | 0 | 0 | 4 | | | | |
| Frequency of | Less than 21 days | 0 | 0 | 2 | | | | NS |
| menstrual | 21-28days | 0 | 3 | 15 | 4 | 9.49 | 4.086 | |
| cycle | More than 28 days | 0 | 0 | 10 | | | | |
| Duration of | Less than 3days | 0 | 1 | 1 | | | | |
| menstruation | 4-5 days | 0 | 1 | 20 | 4 | 9.49 | 2.77 | NS |
| cycle | More than 5 days | 0 | 1 | 6 | | | | |
| | Absence of menstrual | 0 | 3 | 18 | | | 1.4294 | |
| | disorder | U | 3 | 10 | | | | |
| | Scanty or less | 0 | 0 | 4 | 6 | | | |
| 1History of | bleeding | <u> </u> | | | | | | |
| menstrual | Menstruation with | | | | | 12.59 | | NS |
| disorder | heavy bleeding at | 0 | 0 | 2 | O | 12.37 | 1.1271 | 115 |
| disorder | regular interval | | | | | | | |
| | Menstruation with | | | | | | | |
| | prolonged bleeding at | 0 | 0 | 3 | | | | |
| | irregular interval | | | | | | | |
| | Elder in the family | 0 | 2 | 12 | | | | |
| Source of information | Friends | 0 | ciehtic | 4 | 8 1 | 15.51 | 1.2615 | NS |
| | Teachers | 0 | 0 | 2 | | | | |
| inionnation | Television | 0 | 0 | L'OL | | | | |
| | None | 0 | | 8 | | | | |
| | M. | C- Not signi | e 10 0 | y | 1/1 | | | |

NS= Not significant S= Significant

Table No 4 shows that there is no significant association between post-test knowledge and selected sociodemographic variables of students such as Age, religion, type of Family, family income per month, age of menarche, duration of menstruation, frequency of menstrual cycle, education qualification of mother, source of information, Previous knowledge regarding the menstrual disorder, Structured teaching program classes attended on the menstrual disorder, source of information and Year of the study.

Hence it can be interpreted that the percentage knowledge score related to socio-demographic variables where only by chance and not a true difference and hence research hypothesis was not accepted.

DISCUSSION

The major finding of the study includes- (that 40%) belong to the 19year age group, (96.66%) belong to the Hindu religion, (33.34%) live in a joint family, (36.66%) have more than 15000/- family income, (43.33%) educational status of the mother, (60%) have 13-14 years age of menarche, (60%) have less than 21 days of frequency of menstruation, (70%) duration of the menstrual cycle is 3-5 days, (70%) have a history of absence of menstrual disorder, (46.66%) got information from elders in the family. A majority (90%) of the students had adequate knowledge scores in the post-test as compared to the pre-test; the majority (10%%)) had moderate knowledge scores in the post-test as compared to the pre-test and only (0%%) had inadequate knowledge.

Post-test mean score (24) is greater than the previous test's mean score (15.36) the difference is (8.64) Hence null hypothesis was rejected and the research hypothesis was accepted.

A Chi-square test and t-test were used to find out the association between pre-test and post-test knowledge scores and selected demographic variables.

The mean difference between pre-test and post-test knowledge scores of menstrual disorder among B.Sc. nursing I and B.Sc. nursing II years. was found to be statistically significant (t = 29, P < 0.05).

This result clearly showed that STP was useful in improving the knowledge of B.Sc. nursing I and B.Sc. nursing II years related to menstrual disorders. The gain in knowledge was the effect of STP and the result was highly significant at 0.05 levels.

Nursing Implications Nursing Education –

Workshops and seminars can be organized where students, school teachers, and staff nurses on identifying the problems leading to menstrual disorders and their importance.

Nursing Administration-

The administrator should facilitate the implementation of various community programs and also document the activities for better implementation. There should be necessary health education, material and administrative support provided to conduct health programs.

Nursing Practice-

It will help in creating awareness among nurses and students about menstrual disorders and important measures which in turn can promote a healthy society.

Nursing Research -

Instructional materials can be developed to increase the awareness among nurses and students on menstrual disorders.

Limitations

- 1. A sample of 30 students for one group pre and post-test only were considered.
- 2. The setting was limited to Baba college of Nursing Chinhat, Lucknow
- 3. The study period was limited to 4 weeks only.

Recommendations

- 1. The finding of the study would reveal the existing knowledge regarding menstrual disorder among onal Jou B.Sc. nursing I and B.Sc. nursing II years. Trend in Scient
- 2. Structured teaching program can be used to teach arch and menstrual disorders.
- 3. The study highlights the need for further studies with a large sample to validate and generalize the finding.

Reference

- [1] Varghese Linda (March 2019) (WHO)
 Adolescent Pregnancy Unmet needs and
 Undone deeds. A review of literature and
 Programs. Issues in Adolescent Health and
 Development WHO, Geneva 2007.
- [2] Rafique Nazis (6 December 2018) P, Yoost J Common problem in pediatric and adolescent gynecology. Experts Review of obstetrics and Gynaecology 2010; 5: 311.
- [3] Shabnam Omidvar (August 2018) Kaplowitz P. Pubertal development in girls. Secular trends. CurrOpin Obstet Gynecol. 2006; 18: 487-91.
- [4] Prabin Kumar Karki (December 2017) KE, Barman SM, Boitano S, Brooks HL. Ganong's review of medical physiology. 23rd. New Delhi: Tata McGraw Mill Education Private Limited; 2010. p 315-22.
- [5] Rigon Franco (December 2017) Tanner JM Growth at adolescence 2nd edition. Oxford Blackwell Scientific 1962.

- [6] 6. Amira Refoat (7 February 2017) Alwyn, S; Steven, J, Jenny. Z, Nuala, M, and Andrew. P, (2015): Overweight and obese adolescent girls: The importance of promoting sensible eating and activity behavior from the start of adolescent period Feb; 12 (2): PP 2306-2329.
- [7] Aslan Ergut (2013) G. A. Vilos, G. Lefebvre, and G. R. Graves, Guidelines for the management of abnormal uterine bleeding SOGC clinical practice guidelines, "Journal of Obstetrics and Gynecology Canada, Vol. 106, PP. 1-6, 2001.
- [8] Parker MA (9December2009) http://doi.Org/10.1111/j.1471-0528.2009.02407.
- [9] Kartikbala jee (2009) kijk AM, Sivakami M, Thankka MB, Bauman A, Laserson KF, Coates, etal. Menstrual Hygiene management among adolescent girls in India. A Systematic review meta-analysis. BMJ open 2016; 6: e010290, households were selected by systematic random Sampling, and door to door survey was done using an Android-based mobile phone app Epi info.
- sting Tegabu D, M. P, and associated factors among students of Bahir Dar University Amhara National Regional State, Ethiopia: A Cross. Sectional Survey, Pan African Medical Journal 2014: 17: 246PMid 25309646 http://DX doi.Org/10.11604/panj.2014.17.246.2230.
 - Abaynen Birlie Zeru (2020) E, Lattof SR. Young adolescent girl's knowledge of menstruation and puberty: A rapid evidence review: Gender and adolescent: Global Evidence; 2018
 - [12] Zelalem Belayneh (2019) S. Statistical studies on menstruation; criticism on the definition of publication: Missouri: Pp: 4 10
 - [13] AnjaliMahajan (2017) Availablefrom: http://www.healthofchildren.com/A/Adolescenc e.html. [last accessed on 2006 oct11]
 - [14] Purva Shoor (2017) Rose G. Celebrating womanhood 2013: Menstrual hygiene management report. WSSCC; 2013. p. 2.
 - [15] Amit Sachdeva (August 2017) Premila E, Ganesh K, Chaitanya BL. Impact of planned health education program on knowledge and practice regarding menstrual hygiene among adolescent girls studying in high school in Puducherry. Asia Pacific journal of research 2015; 1 (25): 154-162.