

# Knowledge Regarding Adolescent Health among Teenage Girls in a View to Develop Information Booklet

Shital Bhosale<sup>1</sup>, Dr. Suresh Ray<sup>2</sup>

*M.Sc. Nursing*

*Obstetrics and Gynaecological Nursing*

*Bharati Vidyapeeth (Deemed to be University) College of Nursing, Pune-411043*

*PhD (Nursing)*

*Community Health Nursing*

*Bharati Vidyapeeth (Deemed to be University) College of Nursing, Pune-411043*

“Assess the knowledge regarding adolescent health among teenage girls studying in selected junior colleges of Pune city in a view to develop information booklet”

## Abstract

The WHO considered adolescents people between 10 to 19 years of age. Adolescence is one of the most speedy and formative phases of human life, and the characteristic physical, cognitive, social, emotional and sexual growth is part of the adolescence phase. It required more attention in national growth policies, programs and plans. It is important that adolescents should have adequate knowledge regarding their health. Considering this fact, the current study is being undertaken. The aim of the study is to assess knowledge about adolescent health among the teenage girls with view to develop information booklet. The research approach adopted for the current study was non- experimental descriptive approach. The study was conducted on teenage girls from selected schools of Pune city. Simple random sampling technique was used to select samples (n= 200). A structured questionnaire was used to collect the data from teenage girls which was validated by the experts and reliability was calculated. Formal permission was taken from IEC, BV(DU)CON, Pune to conduct the study and the same was obtained from selected schools under the study. The collected data was processed and analyzed using frequency and distribution method and association was calculated using Fisher test. Majority findings (80.5%) teenage girls were having good knowledge regarding adolescent health. Though majority (80.5%) teenage girls were having good knowledge regarding adolescent health ( reproductive and mental health). Few grey areas are still to highlighted and appropriated education need to be given, these areas were; first menstruation (44.5%), Estragon, androgen and progesterone (46.5%), female sex character (27.0%), sign of puberty (26.5%), late onset of menarche (29.0%), contraceptive pills (20.5%), suicidal thought (84.5%), cause by identify crisis and poor self-esteem (90.0%).

**Keywords:** *Adolescents, Assess, Knowledge, Mental Health, Reproductive Health.*

## Introduction

The who considered adolescents people between 10 to 19 years of age. Adolescence is one of the most speedy and formative phases of human life, and the characteristic physical, cognitive, social, emotional and sexual growth is part of the adolescence phase. It required more attention in national growth policies, programs and plans .As per WHO report in 2012, almost 1.3 million adolescents were dead from avoidable or treatable causes.

Road accident injuries were the highest cause of death among the adolescents. We look at the maternal death globally 15% occurs among the adolescent's girls. 35% of the globally for disability adjusted life year of disease has roots in adolescent..At the result of the study, Overlooking the reproductive and sexual healthiness of weak adolescent girls can lead to severe challenges and barriers in supplying and sustaining it. The absence of a trustworthy family, the disgusting behaviours of the family and the following risky manners of equivalents led to overlooking the sexual and reproductive healthiness of adolescent girls. Unanswered sexual queries, inadequate life skills, undesirable pregnancy during adolescence, absence of awareness of unsafe sex, breaking cultural standards and wounded mentality in weak adolescent girls risk their sexual and reproductive health. The ineffectiveness of key associations in delivering sexual and reproductive health services alongside the lack of lawful, political and social help in this area indicate that the sexual and reproductive health of these girls is not a focus for the society. There are 253 million adolescents in the age group 10- 19 years in India. This age group contains individuals in a brief phase of life who required nutrition, education, counselling and guidance to ensure their development into perfect adults. The worldwide adolescent has many challenges like early pregnancy and childbirth, HIV, and other infectious diseases such as diarrhoea, lower respiratory tract infections and meningitis. More than 350 adolescents have tried cigarettes and become new regular, smokers every day.

Problem statement :

“A study to assess the knowledge regarding adolescent health among teenage girls studying in selected junior colleges of Pune city in a view to develop information booklet”

#### **Objectives of the study:**

1. To assess the level of knowledge regarding adolescent health among teenage girls.
2. To determine the association between level of knowledge and selected demographical variables of teenage girls.
3. To develop and validate the information booklet on adolescent health

#### **Materials and methods**

The present study aims is to assess knowledge about adolescent health among the teenage girls with view to develop information booklet. The research method used for this study was quantitative research approach . A Non-experimental descriptive design was adopted for this study. The sample size which was selected for this study is 200 teenage girls.

#### **Sampling technique**

In this study the Probability-Random Sampling (Simple) lottery method was used.

#### **SAMPLE SELECTION CRITERIA**

##### **INCLUSION CRITERIA**

1. Teenage girls between the age group of 15-18 years
2. Teenage girls who can read or write English Marathi
3. Teenage girls who willing to participate in the Study

##### **EXCLUSION CRITERIA**

1. Teenage girls who are not available during the period of data collection

#### **DATA COLLECTION TOOL**

#### **DEVELOPMENT OF TOOL**

The first draft of the data collection tool was developed after doing extensive review of the available literatures on online and offline data base platform later the finding were discussed with the guide and mentors. This first draft of the tool were sent to the experts for content validity and reliability was assured by applying test-retest method.

#### **PROCEDURE FOR DATA COLLECTION :**

- Permission taken from the respective principal and authority member to collect data Communication with teenage girls.
- Instructions to the teenage girls about questionnaires was given. Written consent taken from the teenage girls.
- Collection of the data and assessment of knowledge regarding adolescent health through self- structured questionnaire was done.
- Time limit to respond all questionnaires was around 30 minutes for each participant.
- Checking done for completion of all the responses given by participants.

#### **PLAN FOR DATA ANALYSIS:**

- The data analysis will be done by using descriptive statistics in terms of frequency and percentage, mean, and standard deviation.
- Association of knowledge with selected demographic variables will be checked by using inferential statistics (Fisher's exact test)

#### **DESCRIPTION OF THE TOOL**

Tool divided into two sections

##### **SECTION I**

A) Demographic variables (Will be consisting of 04 items: Age, Educational qualification, Mother educational status & Type of Family)

##### **SECTION II:**

B) Self-structured questionnaire (Will be consisting of 30 items: 20 questions on Adolescent Reproductive Health & 10 on Adolescent Mental Health)

#### **PRESENTATION AND ORGANIZATION OF DATA**

Data was spread in 4 different areas from derived ones.

Section I: Description of demographic variables

Section II: Level of Knowledge regarding Adolescent health.

Section III: Association of level of knowledge with selected demographic variables.

Section IV : Analysis related to validate of information booklet.

## Section I

### Demographic characteristics of teenage girls

#### Analysis of Demographic characteristics in frequency and Percentage

n=200

SR.NO	DEMOGRAPHIC VARIABLE	FREQUENCY	PERCENTAGE
1.1	<b>AGE</b>  a. 16 years b. 17 years c. 18 years	  67 108 25	  33.5% 54.0% 12.5%
1.2	<b>STUDYING IN</b>  a. 11 <sup>th</sup> standard b. 12 <sup>th</sup> standard	  118 82	  59.0% 41.0%
1.3	<b>MOTHER EDUCATIONAL STATUS</b>  a. Primary b. Secondary c. Higher secondary d. Graduate	  61 86 46 7	  30.5% 43.0% 23.0% 3.5%
1.4	<b>TYPE OF FAMILY</b>  a. Joint Family b. Nuclear Family	  100 100	  50.0% 50.0%

Table 1.1 Shows that the majority (54.0%) of the samples were 17 years of age

Table 1.2 shows that the majority (59.0%) of the samples were from 11th standard girls

Table 1.3 shows that the maximum (43.0%) of the sample's mothers had completed their secondary education

Table 1.4 shows that 50% of samples were from nuclear family and Remaining 50% from Joint family.

## Section II (A)

### Level of knowledge regarding Adolescent Reproductive Health

#### Frequency and Percentage Analysis of Responses on Adolescent Reproductive health

##### Areas of highest correct response (Excellent Knowledge – 80% and above)

1. Meaning of reproduction Health (90.0%)
2. Female reproductive organ (95.5%)
3. Ovum is produced ( 93.5%)
4. Hygienic aspect in menstruation (94.5%)
5. STD Full form (83.0%)
6. Transmitted of HIV( 94.0%)
7. Transmitted of AIDS (88.0%)
8. AIDS prevent (84.0%)
9. Menstruation (79.5%)

##### Areas of Lowest correct response (Average Knowledge less than 50% and above 20%)

1. First menstruation (44.5%)
2. Estragon, Androgen and progesterone (46.5%)
3. Female sex character (27.0%)
4. Sign of puberty (26.5%)
5. Late onset of menarche (29.0%)
6. Contraceptive pills (20.5%)

Note:

Rest of the areas under reproductive health, teenage girls were having good knowledge (51% to 79%)

## Section II(B)

### Level of Knowledge regarding Adolescent Mental Health

#### Frequency and Percentage Analysis of Responses on Adolescent Mental health

##### Areas of highest correct response (Excellent Knowledge – 80% and above)

1. Suicidal thought (84.5%)
2. Cause by identify crisis and poor self-esteem (90.0%)

##### Areas of Lowest correct response (Average Knowledge less than 50% and above 20%)

1. Factor leading to stress (23.5%)
2. Suicide Attend by mental health Challenge (40.0%)
3. Recovery of mental health person (46.0%)

NOTE:

Rest of the areas under Mental health teenage girls were having good knowledge (51% to 79%)

Section II (C)

Overall Knowledge Regarding Adolescent Health

Frequency and Percentage Analysis of overall Knowledge

Adolescent health

n=200

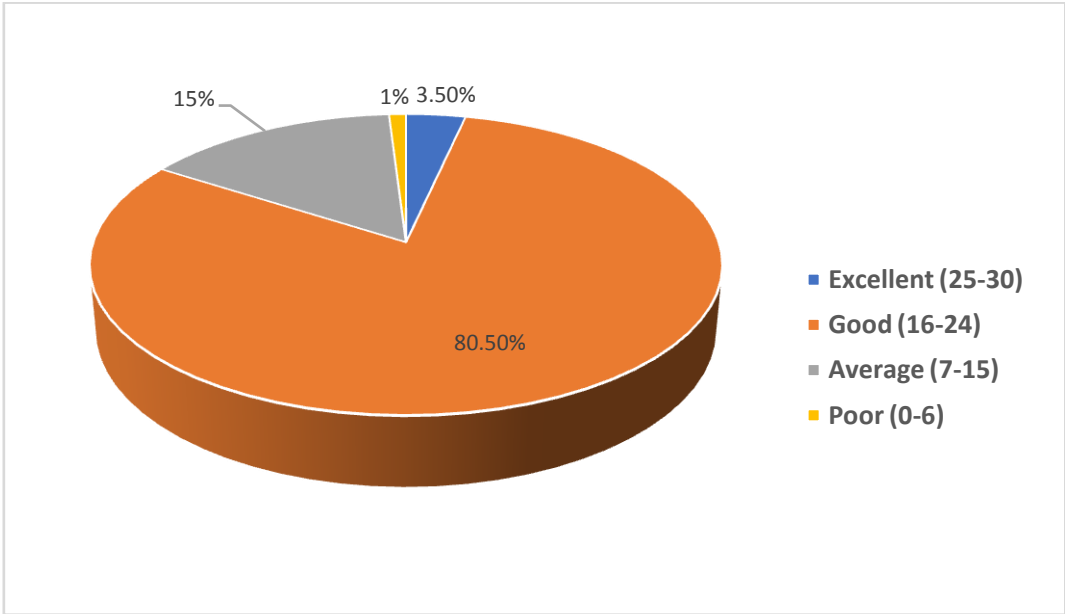


Fig no.1 : Pie chart representative the Knowledge regarding adolescent health among teenage girls

Figure No. 1 Shows that majority (80.5%) Teenage girls were having good knowledge regarding adolescent health.

Section III

The association between the level of knowledge and selected demographical variables of teenage girls

Fisher’s exact test for the association between the level of knowledge and

selected demographical variables of teenage girls

n=200

Demographic variable		Knowledge				p-value	Significant/non significant
		Average	Below Average	Good	Poor		
Age	16 years	49	14	4	0	0.323	Not Significant
	17 years	91	13	2	2		
	18 years	21	3	1	0		

Studying in	11th standard	104	9	5	0	0.001	Significant
	12th standard	57	21	2	2		
Mother educational status	Primary	51	8	2	0	0.303	Not Significant
	Secondary	65	17	3	1		
	Higher Secondary	40	4	2	0		
	Graduate	5	1	0	1		
Type of family	Joint family	84	12	4	0	0.321	Not Significant
	Nuclear family	77	18	3	2		

depicts that class in which teenage girls were studying is significantly associated with level of knowledge as calculated P value 0.001 is less than 0.05 level of significance

## MAJOR FINDINGS OF STUDY

### Section I- Analysis of Demographic characteristics in frequency and Percentage

Majority (54.0%) of the samples were 17 years of age, majority (59.0%) of the samples were 11th standard girls, maximum(43.0%) of the sample's mothers were completed their secondary education (50%)of samples were from Nuclear family And Remaining (50%) from Joint family .

### Section II (A)- Level of knowledge regarding Adolescent Reproductive Health

#### Areas of highest correct response (Excellent Knowledge – 80% and above)

1. Meaning of reproduction Health (90.0%)
2. Female reproductive organ (95.5%)
3. Ovum is produced ( 93.5%)
4. Hygienic aspect in menstruation (94.5%)
5. STD Full form (83.0%)
6. Transmitted of HIV( 94.0%)
7. Transmitted of AIDS (88.0%)
8. AIDS prevent (84.0%)
9. Menstruation (79.5%)

### Section II(B)-Level of Knowledge regarding Adolescent Mental Health

#### Areas of highest correct response (Excellent Knowledge – 80% and above)

1. Suicidal thought (84.5%)
2. Cause by identify crisis and poor self-esteem (90.0%)

### Section II (C) -Overall Knowledge Regarding Adolescent Health

Depicted that majority (80.5%)of teenage girls were having good knowledge regarding Adolescent Health

### Section III- The association between the level of knowledge and selected demographical variables of teenage girls

Depicts that class in which teenage girls were studying is significantly associated with level of knowledge as calculated P value 0.001 is less than 0.05 level of significance.

#### **Section – IV-Analysis related to validate of information booklet**

The Experts CVI was 0.73 and samples CVI was 0.84 indicating that the information booklet was valid.

#### **DISCUSSION**

If we look at adolescents, they have exhaustive health and growth necessities and, many of them face challenges that inhibit their well-being, especially looking at adolescent health such as negative reproductive, pregnancy outcomes and mental health.

Even after such major facts, so many existing studies in India are focusing on Vulnerable groups like young children, and pregnant women and limited studies for Teenage girls. That's why this study focused on assessing the knowledge regarding adolescent health among Teenage girls studying in selected junior colleges of Pune city.

Based on the analysis, the knowledge of the teenage girls was categorized as Good, Average, below average, and poor. The result after this categorization was 80.5% of girls have average knowledge and good knowledge, below average and poor knowledge has 3.5%, 15% and 1% respectively..

#### **Conclusion**

Majority findings (80.5%) teenage girls were having good knowledge regarding adolescent health. Though majority (80.5%) teenage girls were having good knowledge regarding adolescent health ( reproductive and mental health). The author has a opinion that, though adolescent health is these in the school curriculum but they are not address adequately and in depth, hence the teenage girls were not having adequate knowledge in areas like first menstruation (44.5%), Estragon, androgen and progesterone (46.5%), female sex character (27.0%), sign of puberty (26.5%), late onset of menarche (29.0%), contraceptive pills (20.5%), suicidal thought (84.5%), cause by identify crisis and poor self-esteem (90.0%)

The findings of the current study will definitely help the schoolteachers and teenage girls. To understand the areas which needs more education and exposure. considering the finding of the study a Information Booklet were prepared to reinforce update and to provide complete knowledge on adolescent health.

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