

**EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON  
KNOWLEDGE REGARDING VAGINITIS AND ITS PREVENTION  
AMONG ADOLESCENT GIRLS IN SELECTED HIGHER  
SECONDARY SCHOOL AT MADURAI**

**RegNo : 30111081**

**A DISSERTATION SUBMITTED TO THE TAMIL NADU DR.M.G.R  
MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILLMENT  
OF THE REQUIREMENT FOR THE DEGREE OF  
MASTER OF SCIENCE IN NURSING**

**OCTOBER 2013**

## **CERTIFICATE**

This is to certify that the **“EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING VAGINITIS AND ITS PREVENTION AMONG ADOLESCENT GIRLS IN SELECTED HIGHER SECONDARY SCHOOL AT MADURAI”** is submitted to the faculty of Nursing, The Tamilnadu Dr. M. G. R. Medical University, Chennai, by **Mrs.S.R.Anisha** in partial fulfilment of the requirement for the degree of Master of Science in Nursing. It is the bonafide work done by her and the conclusions are her own. It is further certified that this dissertation (or) any part thereof has not formed the basis for award of any degree, diploma (or) any title.

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## ABSTRACT

The study on “Effectiveness of Structured Teaching Programme on Knowledge regarding Vaginitis and its Prevention among adolescent Girls in selected Higher secondary school at Madurai was undertaken by Reg.no.30111081 during the year 2012-2013 in partial fulfilment of the requirement for the degree of Master of science in Nursing at RASS Academy College of Nursing, Poovanthi which is affiliated to The Tamilnadu Dr.M.G.R. Medical University, Chennai.

**Objectives :** To assess the level of knowledge of adolescent girls regarding vaginitis and its prevention before structured teaching programme. Evaluate the effectiveness of structured teaching programme (STP) on vaginitis and its prevention in terms of gain in knowledge score using a structured knowledge questionnaire. Compare the pre test and post test knowledge scores among adolescent girls regarding vaginitis and its prevention. Determine the association between the level of knowledge score before structured teaching programme and selected demographic variables.

**Conceptual frame work :** The study was based on modified Imogene King’s goal theory

**Design:** Evaluatory approach and pre-experimental design was adopted for this study.

**Setting :** The study was conducted at Kakaipadiyar girls higher secondary school at Madurai district.

**Sample size :** The sample size was 60 higher secondary school girls.

**Sampling technique:** The purposive sampling technique was used to select the adolescent girls.

**Methods of data collection procedure :** Data were collected from adolescent girls to assess level of knowledge by using structured tool before and after structured teaching programme. After administration of structured teaching programme the level of knowledge is assessed. The collected data were tabulated and

analyzed by descriptive and inferential statistics. **Results :** Structured teaching

programme is effective of adolescent girls according to level of knowledge before and after the manipulation in which (41.67%) of the samples had showed inadequate level of knowledge in the pretest. In contrast, (70%) of the samples experienced adequate level of knowledge in the posttest. The mean post test knowledge score (17.62) was greater than the mean pretest level of knowledge score (9.52). The obtained t-value (14.33) was statistically highly significant at 0.05 levels. The mean difference between pretest score and post test score of 8.1 was significant at 5% level as the (\* $p < 0.05$ ). **Conclusion:** The association of pre and post test level of knowledge after the structured teaching programme was adequate.

# CHAPTER-I

## INTRODUCTION

*“Of all the rights of women, the greatest is to be a Mother”*

*- Lin - Yutang*

Adolescence in girls has been recognized as a special period which signifies the transition from girlhood to womanhood. Menstruation is generally considered as unclean in the society. Isolation of the menstruating girls and restrictions being imposed on them in the family, have reinforced a negative attitude towards this phenomenon. There is a substantial lacuna in the knowledge about menstruation among adolescent girls good hygienic practice such as the use of sanitary pads and adequate washing of the genital area or essential during menstruation .Menstrual hygiene and management will directly contribute to the millennium development goal on universal education and MDG-3 on gender quality and women empowerment.

Menarche is a milestone life as it denotes the start of reproductive capacity. Unfortunately, however, there is gross lack of information on menstrual preparedness and management among adolescent girls, a situation made worse by the shyness and embarrassment with which discussions about menstruation is treated. Self care practices as well as menstrual hygiene are basic requirements for promoting a satisfied life and personal esteem in a women.

Adolescents are parents of tomorrow. Adolescent girls is neither a child nor an adult. She lives in a new world of between childhood and adulthood. She is not capable to cope-up with fast occurring physical, hormonal, and emotional changes during this phase. She is not sure of herself which way to go, though this period is called 'awkward age or transitional age. Positive physical and mental health can

promote healthy and intelligent attitudes in the young girls who can bloom in to young women.

Nearly half of the population, almost 3 billion people is under the age of 25. In other words, one in every five people in the world is an adolescent and 85 of each every 100 adolescents live in developing countries. India is the one of the fastest growing populations in the world, with an estimated 105 million girls between 10-19 years old. Worldwide an estimated 250 million years of productive life are lost every year as a result of reproductive health problems. In this vaginitis is a common problem of adolescents. Vaginitis is a inflammation of vagina, the vagina creates a own environment and maintains a balance among the normal bacteria and the hormonal changes in a women's body.

In US approximately 3 million often visits reproductive clinic due to vaginitis. Bacterial vaginitis accounts for 40-50% vaginitis cases, candidiasis and trichomoniasis 15-20%. vaginitis in adolescents is mainly caused by unhygienic practices, vaginal hygienic products, vaginal douching, Insertion of foreign bodies, vaginal allergies, unprotected sex, menstrual hygiene, frequent micturation, wearing of tight synthetic under garments and also it can be caused by prolonged use of antibiotics, hormonal contraceptives ,excessive intake of sweets etc.,

Vaginitis can be prevented by maintaining various ways of hygienic measures, avoid vaginal douching, vaginal sprays, strong soaps, changing the sanitary napkins, tampons frequently, wearing loose cotton under garments, abstinence from sexual contact, the use of hormonal contraceptives, decrease the intake of sweets and alcohol.

Advances in understanding of pathophysiology of certain cause of vaginitis have allowed improved diagnosis and treatment of these patients. There are different

types of vaginitis. It includes candidiasis, bacterial vaginosis, herpes vaginitis, bacterial specific vaginosis, trichomoniasis and etc., Nurses can help adolescent girls to resolve some basic health related problems like vaginitis. They can help adolescent girls to understand the etiology, clinical features and preventive measures of vaginitis, which adolescent can practice for their wellbeing.

Adolescence is a stage of physical and psychological transformation and behavioral experimentation, also being associated with risky sexual behavior in regards to STDs. During this period of life, reproductive hormones cause considerable physiological and tissue changes, which may increase susceptibility to infections. At this stage, the cylindrical epithelium of the endocervical channel is more ectopic and exposed to various agents that commonly infect these tissues after the infection. Discharge flows from the vagina daily as the body's way of maintaining a normal healthy environment. Normal discharge is usually clear or milky with no malodor. A change in the amount, color or smell; irritation; or itching or burning could be due to an imbalance of healthy bacteria in the vagina, leading to vaginitis.

### **SIGNIFICANCE AND NEED FOR THE STUDY**

In the fast moving world, often with fragmentation of countries and cultures, and restless society, the adolescents have to face problems related to socio-cultural conditions. More than 21.4% of the total population in India are adolescents (CDC, 1993). The most common causes of vulvo-vaginal infections are: *Gardinerella* vaginitis, *candida albicans* and *Trichomonas Vaginalis*. An estimated 75 percent of women will experience at least one episode of vulvo-vaginal candidiasis in their lifetimes and 40-45% will experience two or more episodes (CDC-1993). There are an estimated 10 million visits to physicians' offices each year for vaginitis (Reef et al –

1995) Vulvo-vaginal candidiasis and bacterial vaginosis (G.Vaginalis) are not considered Sexually transmitted diseases, although women who are not sexually active are surely affected by bacterial vaginosis

**Partner, (1991)**T.Vaginalis is transmitted through sexual activity and is common cause of vaginitis among adolescents who are sexually active. Gonorrhoea and Chlymidial infections, although not causative of vulvo-vaginitis. Sometimes present with a discharge have cervical infections.

**Joeroef,(1995)** Vaginitis does not have important medical sequelae but does cause discomfort that may impair the patient's quality of life Bacterial Vaginosis may be associated with pelvic inflammatory disease (PID). A recent randomized controlled trial (RCT) found a threefold decrease in the incidence of postpartum PID in women with bacterial vaginosis who had been treated with Matronidazole.

Vaginitis can be caused by one of the several different problems including and allergic reaction to an irritating chemical (deodorant, douche, or bath soap), a foreign body (tampon or napkin), oestrogen effect or sebaceous skin activity.

According to WHO, the prevalence of vaginitis is 10-25%.Vaginitis affects at least one-third of all women during their life time. 10% vaginitis is seen among adolescents in worldwide. In India the prevalence of vaginitis is 21..32%<sup>2</sup>. In Tamilnadu the prevalence of vaginitis ranged from 4-62%.

**Shanmugasundaram,( 2010 )** conducted a study to investigate the prevalence of bacterial vaginitis in Chennai revealed high prevalence of bacterial vaginitis in women of low socioeconomic status. Four hundred and eighty – seven women from low socioeconomic status were examined. Bacterial Vaginitis was seen as positive in 120 women (25.95%, CI 20.8-28.4) and it was significantly associated with age less than 25 years (P = 0.014). The study concluded that there was high prevalence of



Bacterial vaginitis in women of low socioeconomic status with other sexually transmitted infections.

Adolescent girls suffer on account of lack of adequate and correct information about sexual and reproductive health. They don't feel comfortable to seek health care because of the lack of confidentiality and privacy regarding reproductive health. A sizeable population of adolescent girls has incorrect knowledge and information about infections of the reproductive tract. Strong efforts are needed to improve the awareness to mass media and health education would improve adolescent girls' awareness of reproductive health.

The nursing profession could play an important role in encouraging wider social discussion of the reproductive health among adolescents. This would create an environment that is more tolerable for the adolescents and recognize the benefits of public health effect for adolescents of greater access to youth-friendly sexual and reproductive health services.

In India the research work on prevalence and awareness on vaginitis among adolescents is done very minimal. Against this background, the investigator felt the need to determine the level of knowledge of adolescent girls regarding vaginitis, provide them education regarding its prevention with the help of a structured teaching programme and evaluate the effectiveness of structured teaching programme.

## STATEMENT OF THE PROBLEM

**Effectiveness of structured teaching programme on knowledge regarding Vaginitis and its prevention among adolescent girls in selected higher secondary school at Madurai.’**

### OBJECTIVES OF THE STUDY

- To assess the level of knowledge among of adolescent girls regarding vaginitis and its prevention before the structured teaching programme as measured by a structured knowledge questionnaire.
- To evaluate the effectiveness of the structured teaching programme (STP) onvaginitis and its prevention in terms of gain in knowledge score using a structured knowledge questionnaire.
- To compare the pre test and post test knowledge scores among adolescent girls regarding vaginitis and its prevention.
- To determine the associationbetween the level of knowledge scored before structured teaching programme and selected demographic variables.

### OPERATIONAL DEFINITIONS

1. **Effectiveness:** In this study, it refers to the extent to which the structured teaching programme develop desired results as measured by a knowledge questionnaire regarding the prevention of vaginitis and expressed in terms of gain in knowledge score.
2. **Structured teaching programme:** In this study, it refers to a systematically organized teaching plan to provide information to the higher secondary

schoolgirls regarding the prevention of vaginitis with the help of AV aids like flashcards.

3. **Prevention:** In this study, it refers to various aspects of such as maintaining hygienic practices, avoiding irritating soaps, vaginal sprays and douches, changing the tampons and sanitary napkins frequently, and wearing loose cotton under garments.
4. **Adolescent girls:** In this study, it refers to girls who are studying higher secondary girls ( 11<sup>th</sup> and 12<sup>th</sup> students) in selected higher secondary classes and their age between (16-18years).

## **HYPOTHESES**

- H<sub>1</sub>:** There is a significant difference between the pre-test and post-test level knowledge scores among adolescent girls regarding vaginitis and its prevention.
- H<sub>2</sub>:** There is a significant association between post test level of knowledge scores of adolescent girls and selected socio- demographic variables.

## **ASSUMPTIONS**

The study assumes that :

- Higher secondary school students will have some knowledge regarding vaginitis and its prevention.

## **DELIMITATIONS**

The study is delimited to :

- Selected girls students in selected higher secondary school at Madurai.

- Willing to participate in the study.
- Belonging to the age group of 16 – 18 years.

### **PROJECTED OUTCOME**

This study will reveal the existing level of knowledge among the adolescent girls studying in higher secondary school at Madurai. It also will highlight the effectiveness of structured teaching programme on vaginitis and its prevention among adolescent girls. The result of the study will be a strong motivator and will provide irrigate for maternity nurses to initiate structured teaching programme in various settings, since it requires minimal resources and is cost-effective. Findings of this study will help health professionals to plan structured teaching programme where management is practical and certainly it will add value to maternity nursing.

### **CONCEPTUAL FRAMEWORK**

Conceptual framework is a theoretical approach to the study of the problem that is scientifically based and emphasizes the selection, arrangement and classification of its concept. The conceptual framework states functional relationships between events and is not limited to statistical relationships.

The study is intended the effectiveness of structured teaching programme regarding vaginitis and its prevention among higher secondary school girls in a selected higher secondary school, Madurai. The present study is based on general system theory which was introduced by imogeneking's goal attainment theory input, process, output and feedback.

According to system's theory, a system is a group of elements that interact with one another in order to achieve the goal. An individual is a system because

he/she receives input from the environment. This input when processed provides an output. This system is cyclical in nature and continues to be so, as long as the input, process, output and feedback keeps interacting. If there are changes in any of the parts, there will be changes in all the parts. Feedback from within the systems or from the environment provides information, which helps the system to determine whether it meets its goal.

In the present study these concepts can be explained as follows.

### **INPUT**

The input consists of information material or energy that enters the system. Adolescent girls studying in a selected higher secondary school is a system and has inputs within the system itself and acquired from the environment. These inputs include learner's background like age, area of residence, type of family, family income, educational status of the parents, sources of previous information, influence the knowledge of adolescent higher secondary school girls.

### **PROCESS:**

It refers to the action needed to accomplish the derived task to achieve the desired output, i.e. the effectiveness of structured teaching programme regarding vaginitis and its prevention.

1. Assessment of knowledge of higher secondary adolescent girls regarding vaginitis and its prevention.
2. Administration of structured teaching programme.
3. Assessment of knowledge using same questionnaire.

**OUTPUT:**

Output is the behavioural response. Output response become feed back to the system and environment. In the present study output is the gain in knowledge score. This is achieved through a comparison between mean pre test and post test knowledge scores of the samples.

**FEEDBACK:**

It is a process by which information is received at each stage of the system output and its redirection to input. Accordingly the higher knowledge score obtained by adolescent higher secondary school girls indicate that the structured teaching programme was effective in increasing the knowledge regarding vaginitis and its prevention.

**ENVIRONMENT:**

The individual environment is the constant element that may influence the knowledge of higher secondary school girls. In this study the environment is considered as family members, TV, radio, news paper.

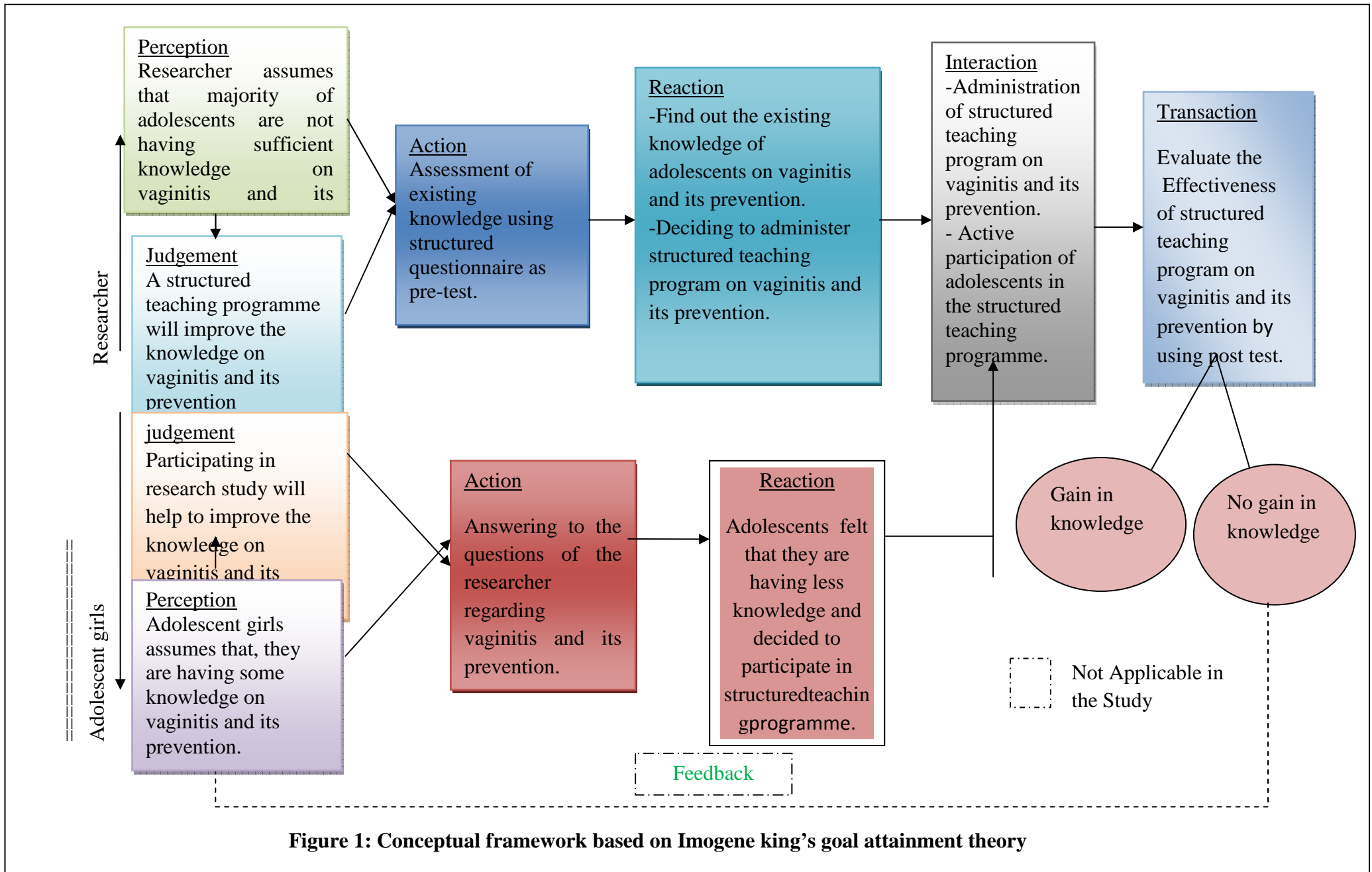


Figure 1: Conceptual framework based on Imogene King's goal attainment theory

## **CHAPTER - II**

### **REVIEW OF LITERATURE**

Review of literature is an important step in the development of any research project. It involves the systematic identification, location, scrutiny, and summary of written materials that contain information on research problems.

Related research and non-research literature from journals, books, internet, and magazines and W.H.O report were reviewed to broaden the understanding and to gain insights into the selected problem under study.

The available literature and studies are organized under the following headings.

- I. Studies and literature related to vaginitis
- II. Studies and literature related to higher secondary school girls and health practices.
- III. Studies and literature related to effectiveness of structured teaching program on various studies.

#### **Studies and literature related to vaginitis**

**Sumathi (2009)** conducted a study to assess the prevalence of bacterial vaginitis in an OBG department of Medical college hospital. High vaginal swabs taken from 174 female patients complaining of abnormal vaginal discharge. Bacterial vaginitis was diagnosed by clinical composite criteria and gram stain. Results showed that bacterial vaginitis was diagnosed in 68.39% of the cases by clinical composite criteria and 58.4% of the cases by gram stain. The researcher concluded that the prevalence of bacterial vaginitis was more in women of reproductive age group.



**Lavazzo (2008)** conducted a study of retrospective analysis of isolates from 1632 women in the range of 15 to 45 years were examined in a private Greek obstetric / gynaecological hospital. Vaginitis was diagnosed by culture. 385 women contributed to no pathogens, whereas 1247 culture test was positive of the isolates, in which 12 species were identified. 504 (40.4%) were *Gardenerella vaginitis*, 530 (42.5%) were *Candida* species, and 101 (8.1%) were *Trichomoniasvaginalis*, 112 (9%) were less usual isolates. Less usual species were *Escherichia coli*, *Streptococcus agalactiae*, *Enterococcus* species, *streptococcus viridians*, *Staphylococcus epidermidis*, *Peptostreptococcus* species and *Staphylococcus Saprophyticus*. The study concluded that there was high prevalence of vaginal infections in the Greek women.

**HernAjndezetal(2008)** conducted a study to evaluate the prevalence, perception and prescription preference among Latin – American gynaeco-obstericians on mixed vaginitis and to identify the attributes of various active principles. The results revealed that 34% of the gynaeco-obstetricians considered that 30-50% of their patients had mixed vaginitis, 38% considered the prevalence of mixed vaginitis 50-70%. In a bad0-to-excellent scale, 97% had very good to excellent result with antimycotic and antibacterial mix. Seventy-three percent had a bad to good result with antimycotics alone and 79% with antibacterial alone.

**Miller (2008)** conducted a study to investigate the prevalence and incidence of *Trichomonasvaginalis*. A total of 135 African American women were screened in between march 2003 and August 2005. Women were administered a structured questionnaire in a community based research centre. The results showed that *T.Vaginalis* was positive in 51(38%) and 50(35.1% ) were at risk. The study concluded that *T.Vaginalis* may be endemic ain the community of African American women.

**Madhavasan P (2008)** conducted a study to determine the prevalence of vaginalis and correlates of bacterial vaginitis among young women of reproductive age (15 – 30 years) in Mysore between October 2005 and December 2006. Eight hundred and ninety-eight sexually active women were enrolled from two reproductive health clinics in Mysore. The results showed that out of the 898 women, 391 (43.5%) were diagnosed with one or more endogenous reproductive tract infection and 157 (17.4%) with one or more sexually transmitted infection. Only 863 women had gram stained vaginal smears available out of which 165 (OR 19.1, 95% CI 16.3-22%) were found to have bacterial vaginitis and 133 (OR 15.4, 95% CI 12.4- 18.3%) were in the intermediate age.

**Bhalla P (2007)** conducted a community based study to assess the prevalence of bacterial vaginitis among women in Delhi. Random sampling technique was used to select the 260 women from urban, urban slum and rural areas in the age group between 15-49 years. The results showed that the prevalence of bacterial vaginitis is 64% and with demographic variables the highest prevalence was seen in urban slum (38.6%) followed by rural (28.8%) and urban middle class community (25.4%). The researcher concluded that bacterial vaginitis was more prevalent among women from urban slum areas.

**Bootman, (2007)** conducted a record based historical clinical study in two STD clinics between 1990 and 2002. 5,977 adolescent girls visited the clinics. The results revealed that 1509 (25%) had at least one episode of BV, of those, 303 (19.9%) had 2 or more BV episodes. Girls with history of 1 BV episode and girls with a history of 2 or more BV episodes were more likely to be infected with *T. Vaginalis* (OR 1.77, 95% CI 1.17-2.67, OR 1.56, 95% CI 1.05-2.34) and be diagnosed with PID (OR 1.50, 95% CI 1.02-2.22, OR 2.05, 95% CI 1.41-2.98%) compared to girls with no BV history.

The study concluded that Adolescent girls who attend STD clinics have a high prevalence of BV.

**Gupta S,(2007)** conducted a study to estimate the prevalence of bacterial vaginosis in symptomatic and asymptomatic women in a community setting to assess the validity of the Pap smear in the detection of a BV and to determine the sensitivity and specificity of clinical criteria for the diagnosis of BV. Gram staining was performed vaginal secretions collected from 301 women to determine the prevalence of BV. The bacterial pattern was also studied on 270 adequate of BV, Pap stained smears and compared with the gold standard, the morphotypes on gram stain to derive the validity of the pap smear in diagnostic BV. Also each clinical criterion defined for their sensitivity and specificity. The result showed that overall prevalence BV was 41.5% in the study subjects using Amsel's and Nugent's criteria. The pap smear was 78.3% sensitive and 86.9% specific in detection in BV. Among the clinical criteria the presence of clue cells on wet mounts was both highly sensitive 76.7% and specific 92.4% for diagnosing BV while a positive whiff test had a specificity of 86.9% with sensitivity of 33.9%. the study concluded that BV was prevalent in both symptomatic and asymptomatic women.

#### **Studies and literature related to higher secondary school girls and health practices:**

**Adhikari,(2007)** conducted a descriptive study among the higher secondary school girls to evaluate the knowledge and practice on different aspects of menstrual hygiene. One hundred and fifty adolescent girls of age 15-17 years from three schools of Shivanagar and patihani village development committees of Chit wan district were involved in this study. Altogether 27 questions were asked to each of

them. Results revealed that they were not maintaining the menstrual hygiene properly. Only 6% of the girls knew that menstruation is a physiologic process, 36.7% knew that it is caused by hormones. Ninety-four percent of them use the pads during the period but only 11.3% dispose it. Overall knowledge and practice were 40.6% and 12.9% respectively. The study concluded that although knowledge was better than practice, both were not satisfactory. So, the girls should be educated about the process and significance of menstruation, use of proper pads or absorbents and its proper disposal. This can be achieved by giving them proper training and health education (by teachers, family members, health educators, and media) so that there won't be any misconception among the adolescent girls regarding menstrual hygiene.

**Dakshayani,(2006)** conducted a study regarding menstrual hygiene among 160 adolescent girls of a secondary school situated in the field practice area of Rural Health Unit and Training Center, Singur, West Bengal, with the help of a pre-designed and pre-tested questionnaire. Data were analyzed statistically by simple proportions. Result indicated that out of 160 respondents, 108 (67.5%) girls were aware about menstruation prior to attainment of menarche. Mother was the first informant regarding menstruation in the case of 60(37.5%) girls. One hundred and thirty – eight (86.25%) girls believed it as a physiological process. Seventy-eight (48.75%) girls knew the use of sanitary pads during menstruation. Regarding restrictions practiced, 18(11.25%) girls used sanitary pads during menstruation. For cleaning purpose 156(97.5%)girls used both soap and water. Regarding restrictions practiced, 136(85%) girls practiced different restrictions during menstruation. The researcher concluded that menstrual hygiene, a very important risk factor for productive tract infection,is a vital aspect of health education for adolescent girls. Educational television programmes, trained school nurses/health personnel, motivated

school teachers and knowledgeable parents can play a very important role in transmitting the vital message of correct menstrual hygiene to the adolescent girl of today.

**Curali(2006)** conducted a study to assess the knowledge of sex and information on sexual among 9<sup>th</sup> and 12<sup>th</sup> grade student in England. The sample consisted of 116 students from Catholic high school and 92 from public high school. A questionnaire was used to collect the data. Analysis showed that 33% of the catholic school student and 73% of public school students in 12<sup>th</sup> grade had previous sexual experience. The catholic school students in 12<sup>th</sup> grade had significantly higher knowledge in sex than public school students. The factor that encouraged sexual experimentation included the curiosity, need for love and peer pressure, while the factors that discouraged those behavior were fear of pregnancy and sexually transmitted diseases.

**Ortigosa,(2005)** conducted a study to determine the themes of sexuality of interest among the students to establish the precise participation of the school in sex education and to find the possible difference in knowledge and attitude according to school grade. The sample size was 362 junior/senior school students in Mexico. In 80% of the sample parents participated in the sex education of the children. The student of the 8<sup>th</sup> grade showed superior knowledge on theory regarding sexuality and reproduction. The student of the 9<sup>th</sup> grade were found to be superior in knowledge of the practical. Source of sexual education were parents and teachers.

**Kieren, (2004)** conducted a survey on the menstrual mythology and source of information among adolescent girls about menstruation. The sample size was 100. The result of the survey suggested that despite extensive scientific knowledge of the biological rhythm and physical changes associated with reproduction and development and the reproductive physiology were inadequate and superstitious.

Illogical belief and misinterpretation were common than accurate understanding. The finding of the study showed that along with menstrual education, healthy sexuality also should be focused.

**George,(2003)** conducted a quasi experimental study was conducted to identify the learning needs of pre-adolescent girls with a view to develop and evaluate a structured teaching program on menstrual hygiene. The study was conducted on two phases. In phase I survey method was used to identify the learning needs of pre adolescent girls. In phase II quasi experimental pre-test post-test control group design was used to evaluate structured teaching program. Convenient sampling technique was used for the selection of higher secondary school Sample size was 49 in phase I and sample size in phase II was 32 pre adolescent higher secondary school girls from selected higher secondary school constituted the experimental group and an equal number of girls from another school constituted the control group. Findings revealed that both experimental and control group did not differ in their pretest level of knowledge 't'=1.6698,  $p>0.05$ . Post test knowledge scores of experimental and control group. Thus, structured teaching program was found to be an effective teaching strategy. Study recommended that health education program on menstrual hygiene for adolescent girls help in maintaining healthy practices during menstruation and will enable them to develop healthy attitudes towards menstruation and thus adopt hygienic practices during menstruation.

### **Studies and literature related to effectiveness of structured teaching programme on various studies**

**Padmaja, (2008)** conducted a quasi experimental study to assess the effectiveness of structured teaching programme on round worm infestation at S.V Elementary School,

Tirupati. Ninety children from 4<sup>th</sup> standard were selected by cluster random sampling technique. The study revealed tohat in the pre-test, 87.8% had inadequate knowledge and 12.2% had moderately adequate knowledge regarding round worm infestation. Regarding knowledge on hygienic health practices 27.8% had inadequate knowledge, 58.9% had moderately adequate knowledge and 13.3% had adequate knowledge. However, in the post-test 5.6% had inadequate knowledge, 64.4% had moderately adequate knowledge and 30% had adequate knowledge related to round worm infestation. Knowledge on hygienic health practices showed 2.2% had moderately adequate knowledge and 97.8% had adequate knowledge. The paired 't' test value (t(89) 19.26;p<0.001) shows that there was a significant improvement in knowledge on round worm infestation and hygienic health practices.

**Siddapne, (2007)** conducted a study at kuppepadavu, Dakshina Kannada to evaluate the effectiveness of structured teaching programme on domiciliary management of asthma among mothers of children between 1-5 years of age attending under five clinic at Kuppepadavu PHC. Pre-experimental one group pretest- post test design was adopted with purposive sampling technique. Seventy five mothers of children between 1 and 5 years of age were considered for the study. The data was collected by questionnaire method and was analyzed using descriptive statistics. The result of the study revealed that in the pre-test knowledge assessment the mean percentage of response was 44.6% with mean and SD of  $13.38 \pm 1.93$  was increased to 93.23% with mean and SD of  $27.97 \pm 0.71$  in the post-test. Further effectiveness of structured teaching programme was tested by inferential statistics using paired' test (t=1.995; p<0.005). The study concluded that the structured teaching programme was effective in improving the knowledge of mothers of children between 1 to 5 years of age on domiciliary management of Asthma.

**Jose, (2005)** conducted an evaluative study in Udupi district, Karnataka to determine the effectiveness of structured teaching programme on prevention of breast cancer among women 30-60 years. One group pretest post test pre experimental design and multi stage random sampling was used. Data were analyzed by descriptive and inferential statistics. The study showed that majority (62%) had the knowledge that cancer is not curable. The structured teaching programme was found to be effective in increasing the knowledge of women on prevention of cancer  $t(49) = 17.86, p < 0.05$ . The study concluded that interactive method of teaching with appropriate A.V aids was an effective method in increasing knowledge and improving the performance of Breast self examination.

**Roy, (1990)** conducted a study in Burdwan district of west Bengal to assess the impact of health education on knowledge, attitude and practice of school children aged 10-14 years in two secondary schools. For this purpose health education was imparted by a team consisting of a medical officer and paramedical staffs. Education was given on personal hygiene, the knowledge, attitude and practice status of the students was assessed before imparting training, twice during the training period at an interval of 3 months and finally after 9 months from the start of training. Evaluation was done with the help of scoring. The result indicated that the knowledge and attitude towards health and practice of the students significantly improved after education.



## CHAPTER III

### METHODOLOGY

This chapter deals with the methodology adopted by the investigator to assess the effectiveness of structured teaching programme on vaginitis and its prevention among higher secondary school girls of selected higher secondary school at Madurai. It deals with research approach, research design, setting of the study, population, criteria of the sample selection sample size, sampling technique, development of tool for data collection, pilot study, procedure for data collection and plan for data analysis.

#### RESEARCH APPROACH

An evaluatory approach was adopted by the investigator to find the effectiveness of structured teaching programme on vaginitis and its prevention.

#### RESEARCH DESIGN

The investigator adopted one group pretest post test design for this study.

<b>Group</b>	<b>Pre-test knowledge</b>	<b>Treatment STP</b>	<b>Post-test knowledge</b>
60 selected sample of adolescent girls	$O_1$	X	$O_2$

$O_1$ :- Pre assessment level of knowledge

X :- Treatment.

$O_2$ :- Post assessment level of knowledge.

**VARIABLES:**

- **Independent Variable:** Structured teaching programme is the independent variables of this study.
- **Dependent Variable:** In this study dependent variable was knowledge score.

**SETTING OF THE STUDY:**

The study was conducted in Kakaipadiyarschool, Thallakulam, Madurai. Approximately 250 students are studying in this higher secondary school. Among them 60 students are 12<sup>th</sup> students in this school. The school has adequate facility like electricity, water and transportation facilities.

**STUDY POPULATION:**

In this study, study population selected was all the 12<sup>th</sup> students in selected higher secondary school at Madurai.

**SAMPLE:**

The samples selected were 60 higher secondary school girls from selected school at Madurai.

**SAMPLE SIZE:**

The sample for the present study consisted of adolescents, who met the inclusion criteria.

### **SAMPLING TECHNIQUE:**

The investigator adopted purposive sampling technique to select the samples for this study.

### **CRITERIA FOR SAMPLE SELECTION:**

The sample was selected based on the following inclusion and exclusion criteria.

#### **Inclusion criteria:**

- Who are willing to participate in the study.
- Who are available during the period of data collection.
- 12<sup>th</sup> students in the age group of 16-18years.

#### **EXCLUSION CRITERIA:**

- Who are already exposed to awareness programme on vaginitis and its prevention.

### **DEVELOPMENT AND DESCRIPTION OF THE TOOL:**

The investigator prepared a assessment tool after reviewing literature on effectiveness of structured teaching programme on knowledge regarding vaginitis and its prevention and considering the opinion of obstetrical and gynaecological nursing subject experts.

The tool consists of two parts.

Part I contains the following sections:

Section A: Demographic variables.

Section B: Structured questionnaire

## **CONTENT VALIDITY**

Assessment tool was given to five experts in the field of Nursing for content validity. Suggestion were considered and appropriate changes were done and to make the tool to be valid.

## **RELIABILITY**

The data were collected from 10 samples to find out the reliability. The split half method was used to establish the reliability of the tool and the reliability of structured questionnaire. This was done by splitting the items in to odd and even items. Using these values karl'spearson correlation co-efficient was computed ( $r = 0.76$ ).The reliability coefficient of the whole test was then estimated by Spearman Brown prophecy formula and the value obtained was  $r = 0.632$ , which indicates that tool is reliable.

## **PILOT STUDY**

Pilot study was conducted for the period of one week on 10 adolescents in order to test the feasibility, relevance and practicability of the study. Results show that study was feasible to carry out the study.

## **DATA COLLECTION PROCEDURE**

A formal prior permission was obtained from the Chairman, Head master of the higher secondary school, by submitting an application and giving assurance to abide by the rules and regulation that no personal and professional inconvenience would be created because of the study similarly Head of the Department of Obstetrics

and Gynaecology was explained about the purpose of the study of permission was obtained.

The study was conducted for period of one month. The investigator selected the sample who fulfilled the inclusion criteria. The investigator explained the purpose of the study in a Compassionate manner and informed consent was obtained. The investigator was taken care to look in to their convenience and comfort. Data were collected from higher secondary girls to assess their level of knowledge score by using structured questionnaire before administration of structured teaching programme. After administration of STP adolescents were assessed by their score knowledge level.

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

Collected data was analyzed by descriptive and inferential statistics. Student 't' test was used to compare the effectiveness of structured teaching programme. Chi-Square test was used to find the association between demographic variables with level of knowledge regarding vaginitis and its prevention.

#### **PROTECTION OF HUMAN RIGHTS:**

Research Proposal was approved by the dissertation Committee, RASS Academy College of Nursing, Poovanthi. Prior to the study oral consent of each adolescents was obtained before starting the data collection. Assurance was given to the adolescents that confidentiality would be maintained.

## CHAPTER-IV

### ANALYSIS & INTERPRETATION OF DATA

This chapter deals with the analysis and interpretation of the data collected from one group of who have received structured teaching programme . Data collected were tabulated, analyzed and presented . It consists of the following sections:

- Section I** : It deals with distribution of samples according to the demographivariables.
- Section II** : It deals with distribution of knowledge level before and after structured teachingprogramme.
- Section III** : It deals with comparison of pretest and posttest knowledge level among adolescent girls.
- Section IV** : It deals with the association of pretest knowledge level and selected demographicvariables.

**Section-I : Description of the distribution of sample according to demographic variables of the adolescents .**

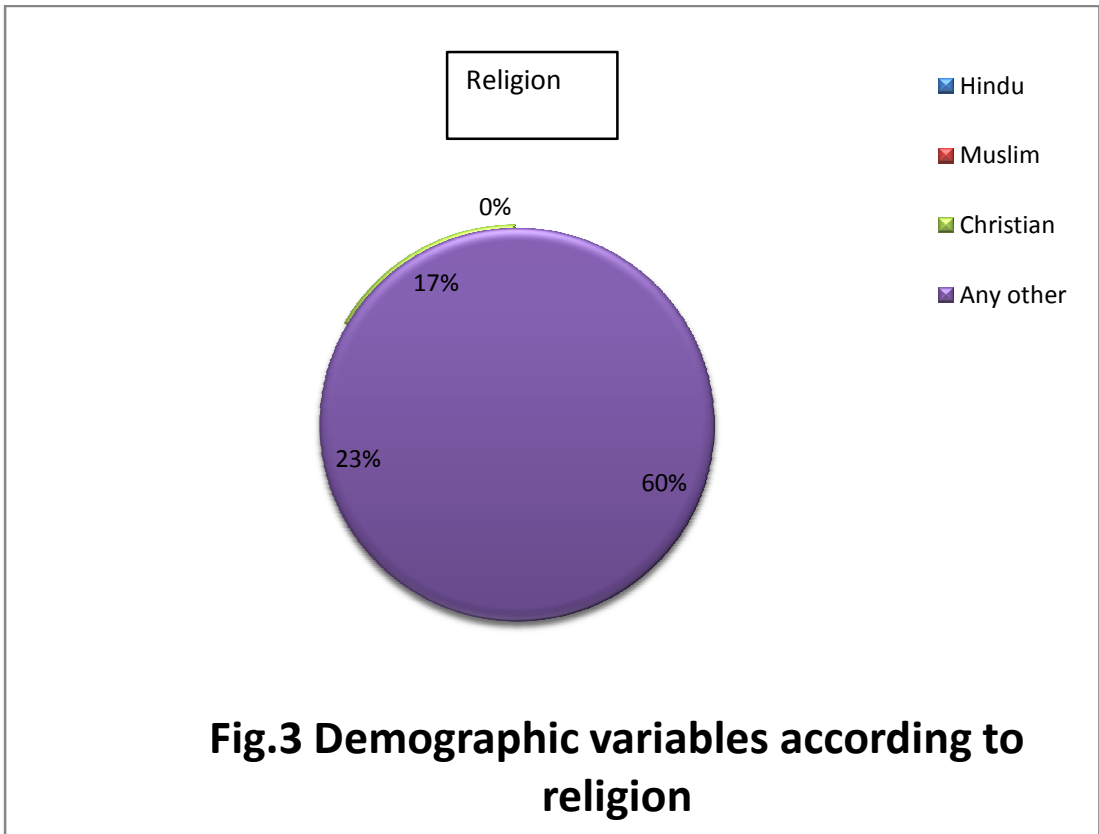
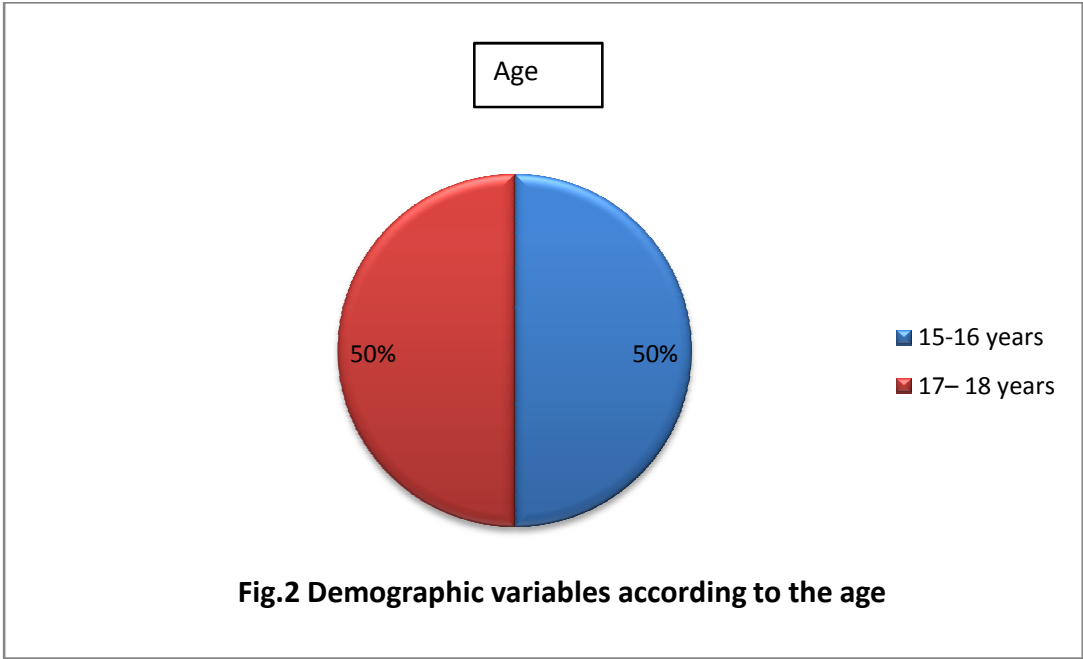
**Table 1 : Distribution of sample according to Demographic variables of the Adolescent girls**

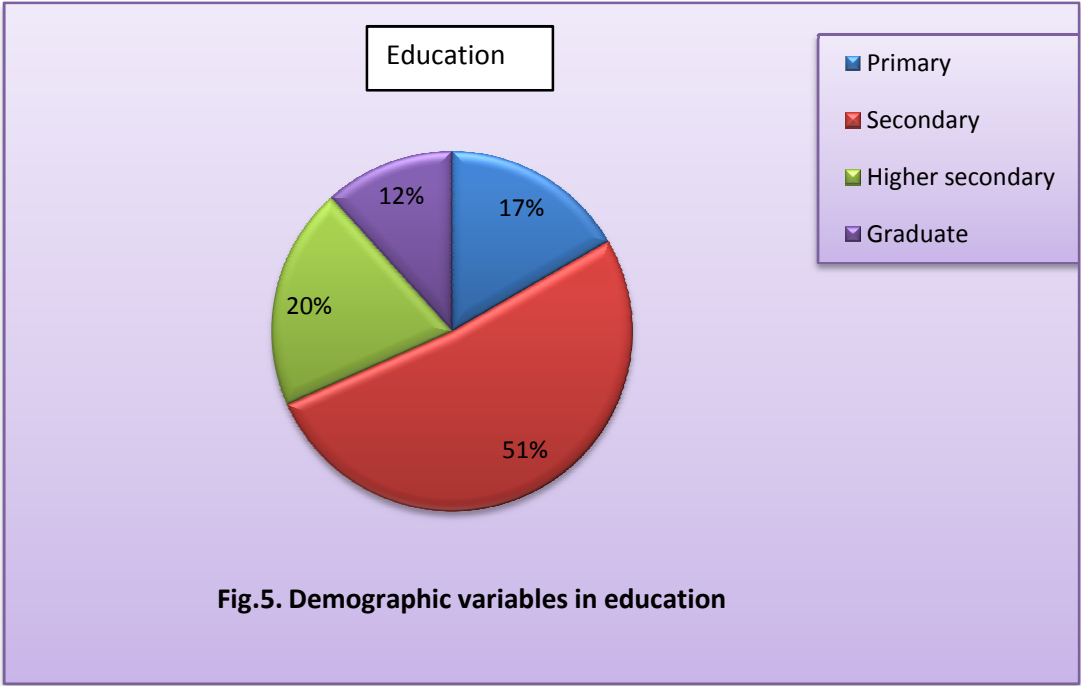
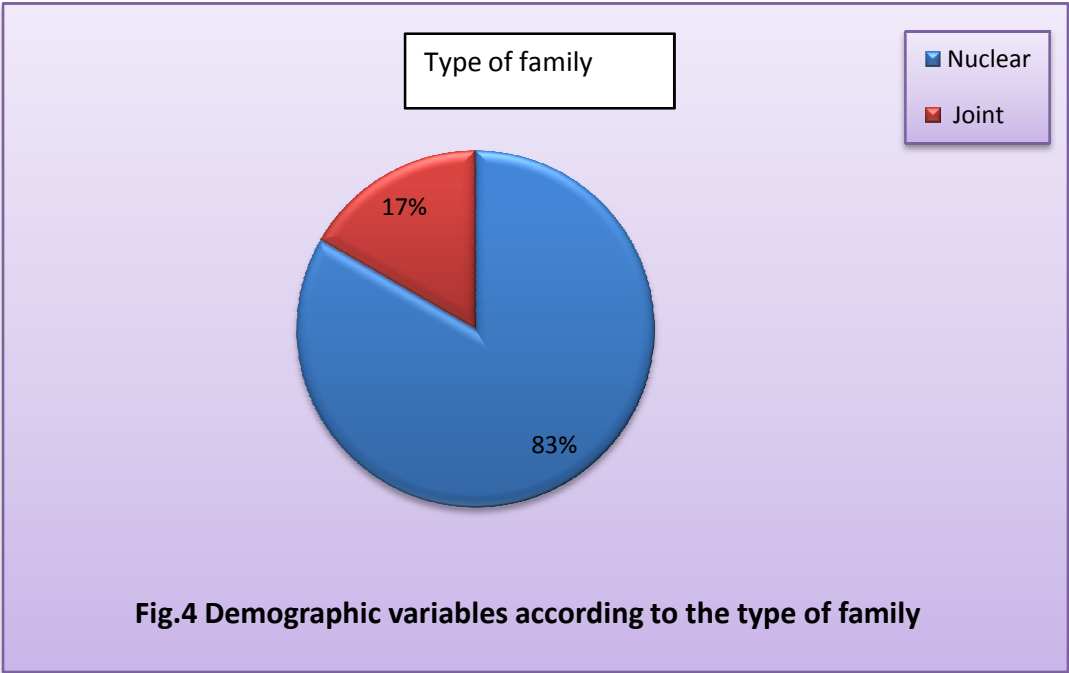
**n=60**

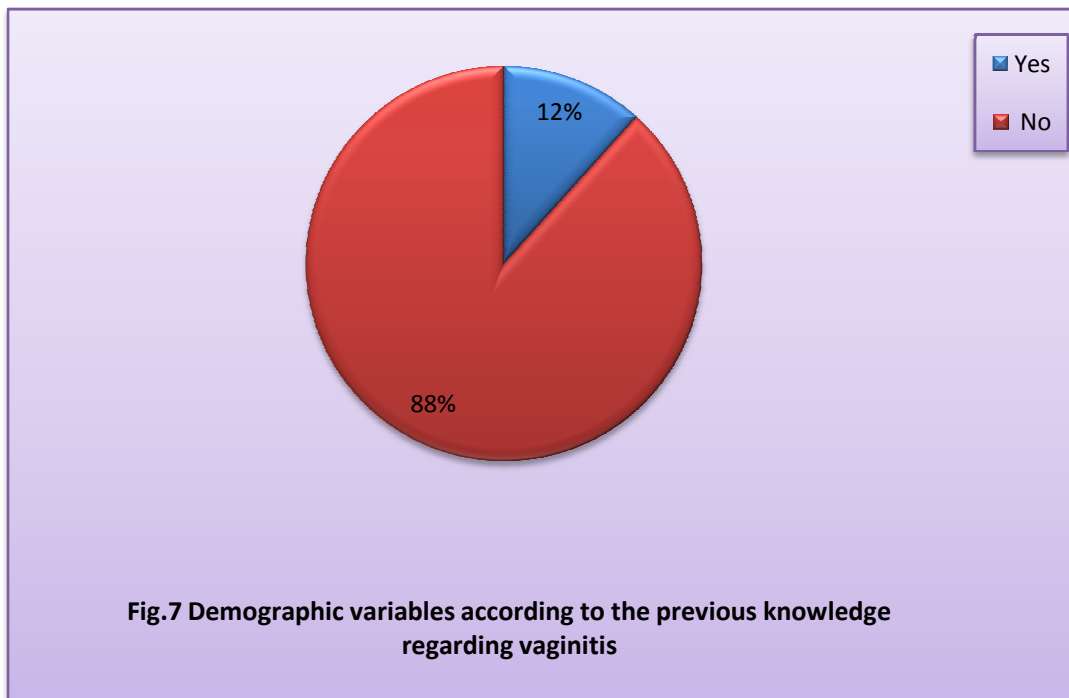
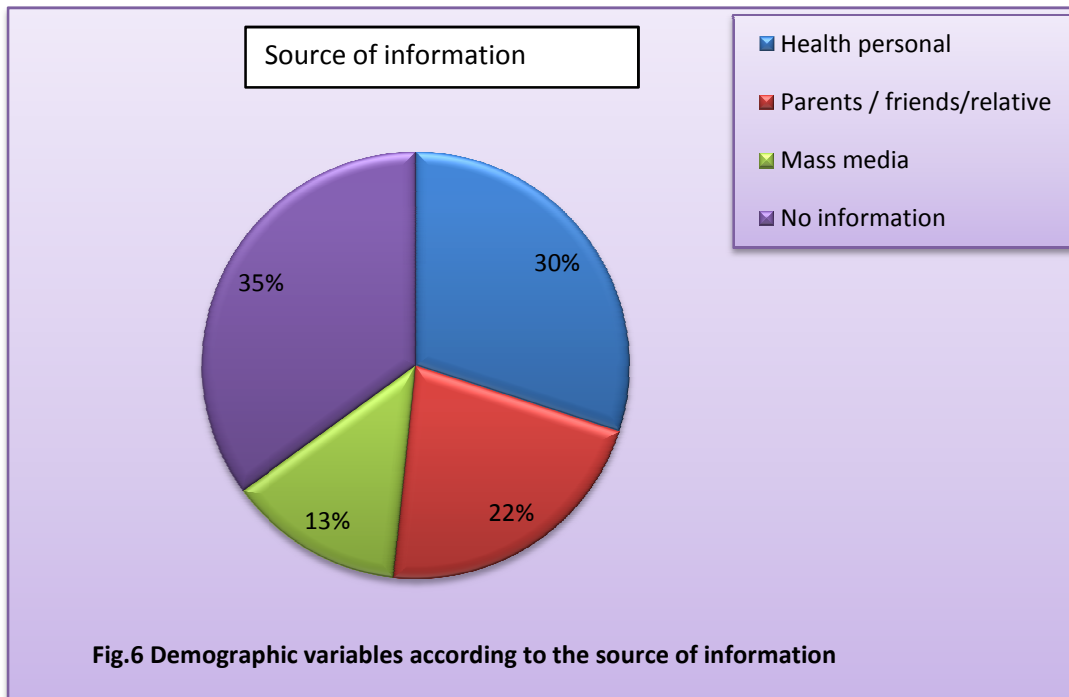
Sl No	Demographic variables	Frequency (f)	Percentage (%)
1.	Age		
	15-16 years	30	50%
	17- 18 years	30	50%
2.	Religion		
	Hindu	36	60%
	Muslim	14	23.33%
	Christian	10	16.67%
	Any other	0	0%
3.	Type of family		
	Nuclear	50	83.33%
	Joint	10	16.67%
4.	Educational status of parent		
	Primary	10	16.67%
	Secondary	31	51.67%
	Higher secondary	12	20%
	Graduate	7	11.67%
5.	Source of information		
	Health personal	18	30%
	Parents / friends/relative	13	21.67%
	Mass media	8	13.33%
	No information	21	35%
6.	Previous history of knowledge regarding vaginitis		
	Yes	7	11.67%
	No	53	88.33%

Table 1 summarizes that equal (50%) of the participants are in the age group of 15-16 and 17-18 years. Majority (60%) of clients were Hindus. Most of the participants (83.33%) were staying in nuclear family. Highest percent (51.67%) had completed secondary education. Majority (35%) of the participants had no source of information regarding vaginitis and its prevention. Most (88.33%) of them had no previous history of knowledge regarding vaginitis among adolescents.









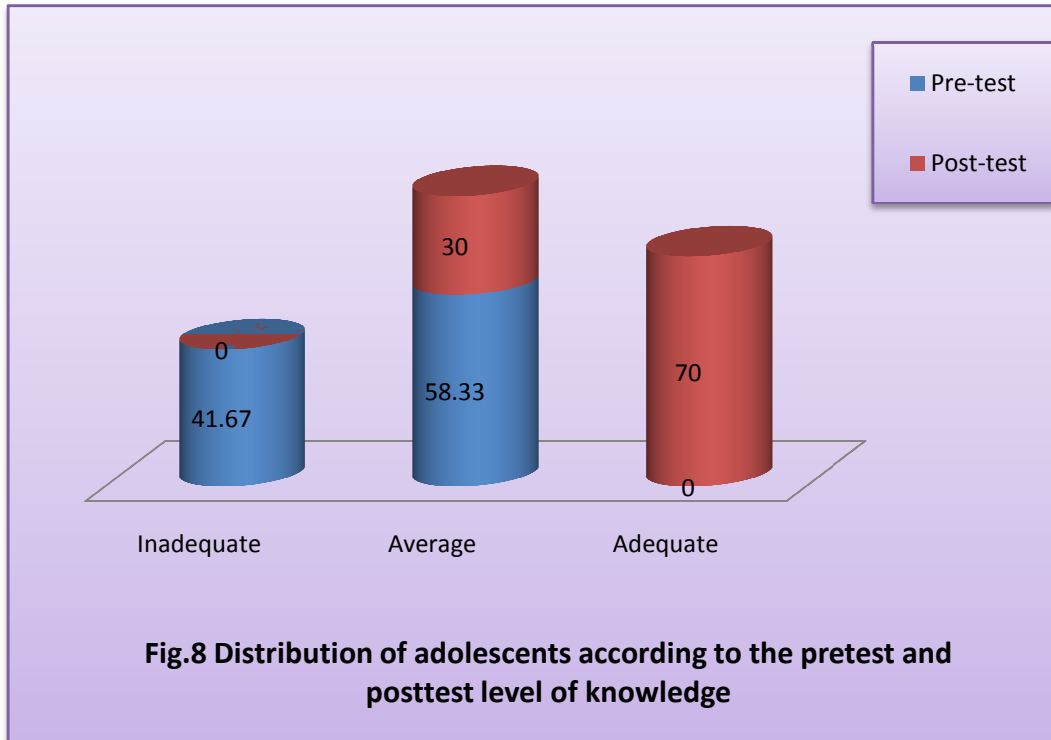
**SECTION-II : Distribution of adolescent girls according to the pretest and posttest level of knowledge regarding vaginitis and its prevention**

**Table 2 : Distribution of adolescent girls according to the pretest and posttest level of knowledge**

**n =60**

Level of knowledge	Pre-test		Post-test	
	frequency (f)	percentage (%)	frequency (f)	percentage (%)
Inadequate	25	41.67	0	0
Average	35	58.33	18	30
Adequate	0	0	42	70

Table 2 depicts that to assess the pretest and post-test level of knowledge of adolescent girls regarding vaginitis and its prevention. Majority (58.33%) of adolescent girls had average knowledge about vaginitis and its prevention and (41.67%) had inadequate knowledge. Nobody had adequate knowledge regarding vaginitis and its prevention in the pretest. Majority (30%) adolescent girls had average knowledge about vaginitis and its prevention and none of them are inadequate knowledge and (70%) had adequate knowledge regarding vaginitis and its prevention in the posttest.



**Section –III : Comparison of pretest and post test level of knowledge of adolescent girls regarding vaginitis and its prevention.**

**Table 3: Comparison of mean pretest and post test level of knowledge of adolescent girls.**

n=60

S.No	Level of knowledge	Mean	Mean difference	t' value
1.	pretest	9.52		
			8.1	14.33*
2.	posttest	17.62		
<b>P&lt;0.05</b>			<b>* = Significant</b>	

Table 3 predicts that comparison of the mean pre-test and post- test level of knowledge and it also deals with mean difference in pretest and posttest and 't' value, thus the effectiveness of the study is found. The pretest mean difference is (9.52) and post test mean difference is (17.62). The overall calculated 't' value (14.33, P<0.05) in knowledge aspect was greater than the table value (1.67) at 0.05 level of significance. Hence it is concluded that there is very high significant gain in knowledge of adolescent on vaginitis and its prevention.

H<sub>01</sub>: There is no significant difference between the mean pre-test and post- test knowledge of higher secondary school girls on vaginitis and its prevention.

**Section IV: Association between Pre-test knowledge score of adolescent girls on vaginitis and its prevention with selected demographic variables**

**Table 4: Association between pre-test knowledge with demographic variables such as age, religion, type of family, educational status, source of information, previous history of vaginitis and its prevention.**

**n = 60**

Sl.No.	Demographic variable	Knowledge			
		$\chi^2$	df	p-value	Inferences
1	Age	0.00	1	1.000	NS
2	Religion	0.339	2	0.844	NS
3	Type of family	1.36	1	0.244	NS
4	Educational status	3.36	3	0.339	NS
5	Source of information	10.1	3	0.018	S
6	occupation	0.615	1	0.433	NS

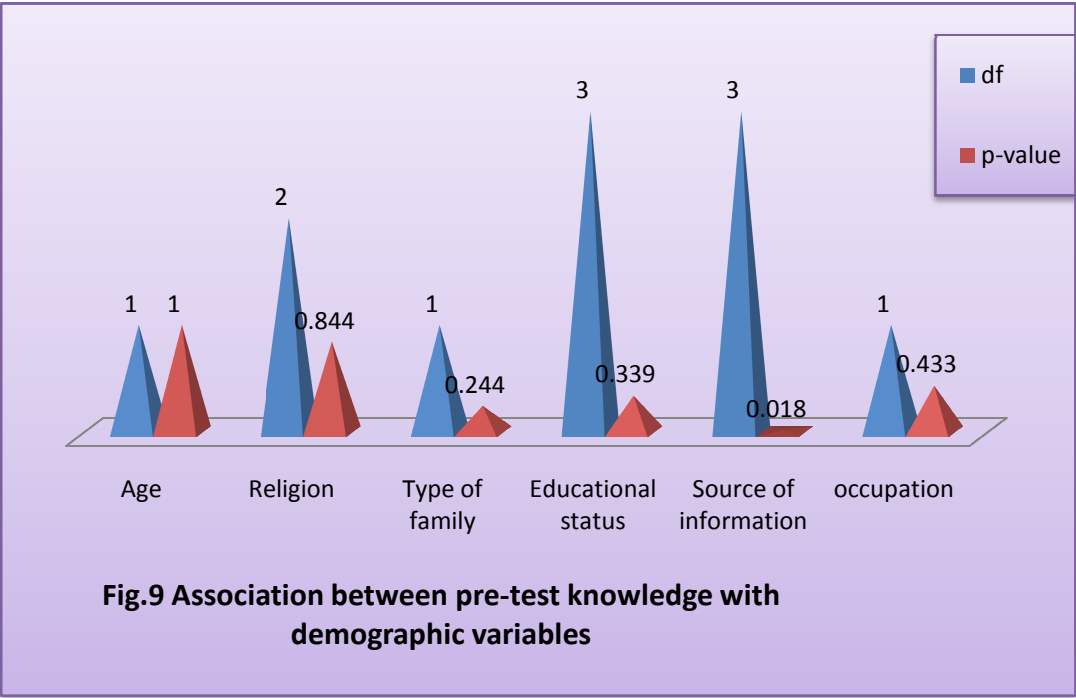
$\chi_1^2=3.84, \chi_3^2=7.84, \chi_4^2=9.49; P \leq 0.05$  NS=Not Significant

Chi-square test was computed to test the association between the knowledge of the subjects and selected demographic variables; the following null hypothesis was formulated.

H<sub>02</sub>: There will be no significant association between knowledge score and selected demographic variables.

The data presented in table 4 predicts that the calculated chi-square values are less than that of table value at 0.05 level of significance, hence the null hypothesis was accepted and it was concluded that there was no significant association between the pre-existing knowledge with the demographic variables on vaginitis and its prevention. The chi-square value of previous source of information related to vaginitis and its prevention was greater than that of table value at 0.05 level of significance, hence the null hypothesis is rejected and it was concluded that there was significant association between the pre-existing knowledge and source of information.





## **CHAPTER-V**

### **DISCUSSION , SUMMARY, CONCLUSION, IMPLICATION AND RECOMMENDATION**

#### **DISCUSSION**

The present study aimed at assessing the effectiveness of structured teaching programme on vaginitis and its prevention among adolescents in selected higher secondary school at Madurai. In view of the nature of problem under study and to achieve the objectives, pre-experimental approach, i.e., one group pre-test post-test design was found to be appropriate to describe the study. Non probability sampling technique, purposive sampling was used to select the samples. The data was collected from 60 adolescents.

#### **Respondent characteristics are as follows**

The present study reveals that, out of 60 adolescent equal percentage (50%) of higher secondary school girls were in the age group of 35-45 and 45-50 years. Majority (60%) of the adolescents belong to Hindu religion. Most (83.33%) belonged to nuclear family. Majority (51.67%) of them educational status was secondary education. Most (35%) of the adolescents had no previous source of information regarding vaginitis and its prevention. Majority (88.33%) of them had no previous history of vaginitis.

**The first objective was to assess the level of knowledge of adolescents regarding vaginitis and its prevention before the structured teaching programme.**

This study shows that out of 60 mothers Majority (58.33%) had average knowledge on vaginitis and its prevention. Nobody (0%) had adequate knowledge on vaginitis and its prevention.

A survey was conducted to assess the level of awareness, knowledge and perceptions about vaginitis in united states. The samples for the study were 167 respondents aged below 25 years. Awareness, knowledge, and perceptions about vaginitis and its prevention were evaluated by the use of a standard interviewer-assisted questionnaire. The study results showed that, awareness of vaginitis and its prevention has increased from 30% in 1999 to 46% in 2007 and the study found that, there is still significant gap between perceived and actual risk of vaginitis. Educational intervention to improve awareness and knowledge are needed.

**The second objective to evaluate the effectiveness of structured teaching programme on knowledge of adolescent girls regarding vaginitis and its prevention.**

The overall effectiveness of the study showed that, The value of 't' was calculated to analyze the difference in knowledge score of adolescents in pre-test and post-test. The calculated 't' value (14.33,  $P < 0.05$ ) in knowledge aspect was greater than the table value (1.67) at 0.05 level of significance. Therefore, the null hypothesis was rejected and the research hypothesis was accepted indicating the gain in knowledge was not by chance. Hence it is concluded that there is very highly significant gain in knowledge of higher secondary school girls regarding after the

structured teaching program. The findings revealed that the mean post test score was significantly higher than their mean pre-test score.

An experimental study was conducted to find out the effectiveness of university of Melbourne. The samples were selected by randomization and assigned to experimental and control group. The experimental group participants received personalized vaginitis and its prevention teaching program, taught lifestyle approaches and treatment panel to reduce the incidences of vaginitis. The control group received an educational brochure about vaginitis and its management. The study results showed that, mean percent reduction in incidences of vaginitis among the school children.

These study findings were supported by another experimental study on educational intervention for preventing the recurrence of vaginitis among adolescents. Sample size was 150 adolescents. The samples were assigned to experimental and control group. Results of the study showed that after the educational intervention there was a significant improvement on knowledge of higher secondary school girls in the intervention group when compared with that of control group. The knowledge change in the intervention group was from 30% to 100% and 13% to 41% for the control group. Chi- square values were used to test statistical significance, to ensure that differences was due to the intervention and not by chance.

**The third objective to determine the association between Pre-test knowledge scores of adolescent girls regarding vaginitis and its prevention with selected demographic variables.**

- There was no significant association between the knowledge and the demographic variables except for previous source of information were significant association was found between the knowledge.
- The null hypothesis was accepted

### **SUMMARY OF THE STUDY**

This study was undertaken to determine the effectiveness of structured teaching programme on knowledge regarding vaginitis and its prevention among adolescents in selected higher school at Madurai. The study was conducted at kakaipadiyar school Madurai . The population of the study was adolescents who is studying at selected higher secondary school at Madurai. The samples of 60 adolescents were selected by using purposive sampling technique. Data collection tools consisted of structured questionnaire to assess the level of knowledge. First the pretest level of knowledge was assessed and after structured teaching programme was administered and posttest was conducted after one week. Data were analyzed by using descriptive and inferential statistics.

### **MAJOR FINDINGS OF THE STUDY**

#### **Demographic characteristics of the study**

1. Equal percentage (50%) of adolescent girls were in the age group of 15-16 and 16-17 years.
2. Majority (60%) of the adolescents belong to Hindu religion.

3. Most (83.33%) belonged to nuclear family.
4. Majority (51.67%) of them educational status was secondary education.
5. Most (35%) of the adolescent girls had no previous source of information regarding vaginitis and its prevention.
6. Majority (88.33%) of them had no previous history of vaginitis and its prevention among the adolescent girls.

## **CONCLUSION**

**The following conclusions were drawn on the basis of the findings.**

The assessment of the knowledge among higher secondary school girls regarding be revealed that majority (58.33%) of the girls had average knowledge and 41.67% had inadequate knowledge. Nobody had adequate knowledge.

The overall knowledge score was  $9.52 \pm 3.15$ , with a mean percent of 39.67% revealing that the overall knowledge of the higher secondary school girls regarding vaginitis and its prevention is average. The pre-test mean was 9.52 with that of SD  $\pm 3.15$  and post- test mean was 17.62 with that of SD  $\pm 3.59$ . The pre-test knowledge level of all the adolescent was average 58.33%, 41.67% inadequate and 0% adequate and post test knowledge level 30% average, 70% adequate and 0% inadequate knowledge. The mean post test knowledge score (17.62) was greater than the mean pretest level of knowledge score (9.52). The obtained t-value (14.33) was statistically highly significant at 0.05 levels.

The mean difference between pretest score and post test score of 8.1 was significant at 5% level as the (\* $p < 0.05$ ).

## **IMPLICATIONS**

The findings of the study have implications for nursing practice, nursing education, nursing administration and nursing research.

### **IMPLICATIONS FOR NURSING PRACTICE**

Nurse's professional obligation is the provision of caring services to human beings. Nursing practice has a direct, significant impact on human health. Health personnel have got a wider role in all settings, to spread the awareness on vaginitis and its complications. Nearly 95 percent of developed who developed vaginal cancer was due to the major negligence. Mothers need to teach the measures for vaginitis and its prevention. Nurses needs to impart knowledge to the higher secondary school girls on various aspects of reproductive problem.

The present study would help the nurses to develop an understanding of knowledge among higher secondary school girls regarding vaginitis and its prevention. Findings of the study revealed that most of the higher secondary school girls are having only average knowledge regarding vaginitis and its prevention. After teaching program, the post test has shown that most of the adolescents are having adequate knowledge regarding vaginitis and its prevention. From this it is obvious that structured teaching program is effective through which nurses can impart knowledge to adolescents regarding vaginitis and its prevention which will help to reduce the mortality or prevent recurrence of vaginitis, so that they will be more aware about their health and they can impart the gained knowledge to their friends, family members and community at large. The nurses especially, have an influential role in imparting knowledge regarding vaginitis and its prevention .Because they are working in various settings such as hospital settings, community areas and many other

vaginitis so that they can utilize the opportunity to spread awareness about to prevent vaginitis.

### **IMPLICATIONS FOR NURSING EDUCATION**

Nursing education plays an important role in preparing nurses for the well being of the people at various areas. Nurses should have thorough knowledge about the prevailing illness and all the three levels of preventive care. Disease condition can be prevented by primary and secondary preventive measures and tertiary prevention for preventing complications and to reduce the risk of recurrence, so that mortality and morbidity can be reduced. Nursing education should prepare the nurses to initiate strategies which will help to prevent the recurrence of vaginitis by giving health education, showing real objects of healthy measures, demonstrating method for effective and healthy cooking, role play, education through mass media like news paper, television, radio. This is possible when the nurses are competent and well equipped with their current knowledge to improve the level of understanding, so that this can be reflected to the public through the awareness programmes.

### **IMPLICATIONS FOR NURSING ADMINISTRATION**

Nursing administration plays a pivotal role in the supervision and management of nursing profession. The nurse administrators should see that the aspect of health promotion while providing nursing care. Nursing administration should implement outreach programmes to make the people aware about the life style modification especially close supervision in order to prevent and treat vaginitis among adolescent girls. They should make the society aware about the prevailing health. Nursing



administrators can also plan various in-service training programmes to make awareness among the staff.

## **IMPLICATIONS FOR NURSING RESEARCH**

Research is a systematic attempt to obtain meaningful answers to phenomena or events through the application of scientific procedures. It is an objective, impartial, empirical and logical analysis and recording of controlled observations that may lead to the development of generalizations, principles or theories, resulting to some extent in prediction and control of events that may be the consequences or cause of specific phenomena. This study helps the nurse researchers to understand the level of knowledge of adolescent girls on vaginitis. Nurse researchers can conduct more and more researches on preventive aspects in vaginitis cases. Many researches are going on and it suggests the importance of various preventive strategies for vaginitis. Comparative studies can be conducted to assess the knowledge of adolescent girls in urban and rural areas and also can develop self instructional module based on the learning needs of the mothers. Nursing research can be used to find out newer methods for a prevention of vaginitis among higher secondary school girls.

## **RECOMMENDATIONS**

Based on the findings of the study the following recommendations are put forward for the further research:

- Similar study can be undertaken on a larger sample to generalize the findings.
- A comparative study can be done between girls in urban and rural areas.
- A similar study can be conducted with control group.

- A self instructional module can be developed based on the learning needs of the mothers.
- A similar study can be conducted in other setting.
- A study can be conducted to assess the hygienic practices of girls regarding vaginitis among higher secondary school children.
- A study can be conducted to assess the sexual practices of girls regarding vaginitis among higher secondary school girls.

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## APPENDIX - I

### TOOLS TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME OF KNOWLEDGE REGARDING VAGINITIS AND ITS PREVENTION AMONG ADOLESCENT GIRLS

#### SECTION A

#### Demographic Variables

#### Sample No.

#### 1. Age (in years)

a.15 – 16 yrs [ ]

b.17 – 18 yrs [ ]

#### 2.Religion

a. Hindu [ ]

b. Muslim [ ]

c. Christian [ ]

d. Any other [ ]

#### 3. Type of Family

a.Nuclear Family [ ]

b. Joint Family [ ]

#### 4. Educational Status of Parent

a. Primary [ ]

b. Secondary [ ]

c. Higher Secondary [ ]

d. Graduate [ ]

5. Previous source of information about vaginitis and its prevention ?

a. Health person [ ]

b. Parents/friends/relative [ ]

c. Mass media [ ]

d. No Information [ ]

6. Previous history of vaginitis?

a. Yes [ ]

b. No [ ]



## APPENDIX - II

### QUESTIONNIRE TO ASSESS THE KNOWLEDGE OF ADOLESCENT GIRLS REGARDING VAGINITIS AND ITS PREVENTION

#### SECTION B

#### STRUCTURED QUESTIONNAIRE

INSTRUCTION: Kindly read the questions carefully and place a tick [ ] mark in the box. That corresponds to the correct response. Fill the gap with appropriate information whenever applicable.

1. Which of the following is an internal reproductive organ?

- a) Labia majora [ ]
- b) Vagina [ ]
- c) Clitoris [ ]

2. How many overies does a female have?

- a) Three [ ]
- b) Two [ ]
- c) One [ ]

3. What is the shape of the uterus?

- a) Spherical shape [ ]
- b) Cylindrical shape [ ]
- c) Pear shape [ ]

4. Which among the following is the organ of intercourse?
- a) Vagina [ ]
  - b) Anus [ ]
  - c) Urethra [ ]
5. Which organ forms the birth canal during delivery?
- a) Uterus [ ]
  - b) Ovary [ ]
  - c) Vagina [ ]
6. What type of micro organism is normally present in vagina?
- a) Bacteria [ ]
  - b) Virus [ ]
  - c) Fungus [ ]
7. What is the colour of normal vaginal discharge?
- a) Yellow [ ]
  - b) White [ ]
  - c) Red [ ]
8. What you mean by vaginitis?
- a) Inflammation of cervix [ ]
  - b) Inflammation of vagina [ ]
  - c) Inflammation of urethra [ ]

9. In which age group vaginitis is more common?
- a) Reproductive age [ ]
  - b) Pre pubescent age [ ]
  - c) Post menopausal age [ ]
10. What is the cause of vaginitis?
- a) Vaginal douching [ ]
  - b) Prolonged sitting [ ]
  - c) Withholding of urine [ ]
11. Which among the following leads to vaginitis?
- a) Insertion of foreign body in to the urethra [ ]
  - b) Insertion of foreign body into the vagina [ ]
  - c) Insertion of foreign body into the anus [ ]
12. Which of the following solution results in vaginitis?
- a) Dettol [ ]
  - b) Povidone [ ]
  - c) Vaginal sprays [ ]
13. Which of the following predisposing factor leads to vaginitis?
- a) Horomonal contraceptives [ ]
  - b) Hormonal implants [ ]
  - c) Vaginal diaphragm [ ]

14. Which among the following is a symptom of vaginitis?

- a) Vaginal itching [ ]
- b) Anal itching [ ]
- c) Urethral itching [ ]

15. What type of discharge is seen in vaginitis?

- a) Purulent discharge with foul smell [ ]
- b) White discharge [ ]
- c) Blood stained discharge [ ]

16. Which of the following is a symptom to identify vaginitis?

- a) Burning micturition [ ]
- b) Severe back pain [ ]
- c) Vaginal itching and irritation [ ]

17. Which among the following is a complication of vaginitis?

- a) Polycystic Ovarian Disease [ ]
- b) Per vaginal bleeding [ ]
- c) Urethritis [ ]

18. Which of the following is a hygienic measure to prevent vaginitis?

- a) Changing the undergarments daily [ ]
- b) Changing the undergarments once in a week [ ]
- c) Changing the undergarments twice in a week [ ]

19. Which is the best way to clean the perineum?

- a) By using water only [ ]
- b) By using shampooed water [ ]
- c) By using vaginal sprays [ ]

20. How often should the perineum be washed to maintain its cleanliness?

- a) After attending the toilet [ ]
- b) Only during bath [ ]
- c) Only before going to bed [ ]

21. Which type of bath is suitable to prevent vaginitis?

- a) Tub bath [ ]
- b) Shower bath [ ]
- c) Bath in water pool [ ]

22. Why should the perineum be cleaned during menstruation?

- a) To reduce the bleeding [ ]
- b) To prevent infection [ ]
- c) To reduce pain [ ]

23. How frequent should pad be changed to prevent vaginitis?

- a) 8-10 hours [ ]
- b) 12-14 hours [ ]
- c) 4-6 hours [ ]

24. Which is the safest way to prevent vaginitis in adolescents who are engaged in sexual practice?

- a) Abstinence from sex [ ]
- b) Using condoms during intercourse [ ]
- c) Using hormonal contraceptives [ ]

25. Which is the best way of drying sanitary cloth after wash?

- a) Dry under the shadow [ ]
- b) Dry under sunlight [ ]
- c) Drying inside the room [ ]

## APPENDIX – III

### SECTION C

பிறப்புறுப்புநோய்தொற்றுபற்றியவிழிப்புணர்வுவினாக்கள்

1. கீழ்க்கண்டவற்றில் எது உட்கூடுபெருக்கஉறுப்பு?
  - அ) வெளிச்சதைப் பகுதி (லேபியாமஜோர) [ ]
  - ஆ) பிறப்புறுப்பு [ ]
  - இ) உணர்ச்சிமொட்டுப் பகுதி (கிளிட்டுடோரிஸ்) [ ]
  
2. பெண்ணின் சினைப்பைகள் எத்தனை?
  - அ) மூன்று [ ]
  - ஆ) இரண்டு [ ]
  - இ) ஒன்று [ ]
  
3. கருப்பையின் வடிவம் என்ன?
  - அ) வட்டவடிவம் [ ]
  - ஆ) உருளைவடிவம் [ ]
  - இ) பேரிக்காய் வடிவம் [ ]
  
4. கீழ்க்கண்டவற்றில் எதுஉடலுறவுக்குபயன்படும் உறுப்பு?
  - அ) பிறப்புறுப்பு [ ]
  - ஆ) ஆசனவாய் [ ]
  - இ) சிறுநீர் துவாரம் [ ]

5. பிரசவத்தின் போதுளந்தஉறுப்புபிறப்புறுப்பாகசெயல்படுகிறது?
- அ) கருப்பை [ ]
- ஆ) சினைப்பை [ ]
- இ) பிறப்புறுப்பு [ ]
6. பிறப்புறுப்பில் காணப்படும் நுண்ணுயிரிஎவ்வகையானது?
- அ) பாக்டீரியா [ ]
- ஆ) வைரஸ் [ ]
- இ) பூஞ்சை [ ]
7. பிறப்புறுப்பின் வழியாகவெளியேறும் திரவத்தின் சாதாரணமானநிறம் என்ன?
- அ) மஞ்சள் [ ]
- ஆ) வெள்ளை [ ]
- இ) சிவப்பு [ ]
8. பிறப்புறுப்புநோய்தொற்றுஎனப்படுவது
- அ) கருப்பைவாய் தொற்று [ ]
- ஆ) பிறப்புறுப்புதொற்று [ ]
- இ) சிறுநீர் குழாய் தொற்று [ ]
9. பிறப்புறுப்புதொற்றுபொதுவாகஎந்தவயதினரிடம் காணப்படும்?
- அ) இனப்பெருக்கவயது [ ]
- ஆ) பருவமடைதலுக்குமுன் [ ]
- இ) மாதவிடாய்க்குப் பின் [ ]



10. பிறப்புறுப்புநோய்தொற்றின் காரணிகள் யாவை?
- அ) அடிக்கடிபிறப்புறுப்பைக்கழுவுதல் [ ]
- ஆ) நீண்டநேரம் அமர்தல் [ ]
- இ) சிறுநீரைஅடக்குதல் [ ]
11. கீழ்க்கண்டவற்றில் எதுபிறப்புறுப்புநோய்தொற்றைஉருவாக்குகிறது?
- அ) வேண்டாதவற்றைபிறப்புறுப்பில் உள் செலுத்துதல் [ ]
- ஆ) வேண்டாதவற்றைசிறுநீர்குழாயில் உள் செலுத்துதல் [ ]
- இ) வேண்டாதவற்றைஆசனவாய் துளையில் உள் செலுத்துதல் [ ]
12. கீழ்க்கண்டவற்றில் எந்ததிரவவகைபிறப்புறுப்புநோய்தொற்றைஉருவாக்குகிறது?
- அ) டெட்டால் [ ]
- ஆ) போ. வைடின் [ ]
- இ) பிறப்புறுப்புதெளிப்பான் [ ]
13. கீழ்க்கண்டவற்றில் எதுபிறப்புறுப்புநோய்தொற்றுக்குவழிவகுக்கிறது?
- அ) ஹார்மோன் கர்ப்பத்தடை [ ]
- ஆ) ஹார்மோன் [ ]
- இ) பெண் கருத்தடைசாதனம் [ ]
14. கீழ்க்கண்டவற்றில் எதுபிறப்புறுப்புநோய் தொற்று
- அ) பிறப்புறுப்பில் அரிப்பு [ ]
- ஆ) ஆசனவாயில் அரிப்பு [ ]
- இ) சிறுநீர்குழாயில் அரிப்பு [ ]
15. பிறப்புறுப்புநோய்தொற்றில் வெளியேறும் திரவத்தின் நிறம் என்ன?

- அ) பழுப்புநிறதிரவம் [ ]
- ஆ) வெள்ளைநிறதிரவம் [ ]
- இ) இரத்தம்தோய்ந்ததிரவம் [ ]

16. கீழ்க்கண்டவற்றில் எதுபிறப்புறுப்பில் ஏற்படும் நோய்தொற்றின் அறிகுறி?

- அ) சிறுநீர் எரிச்சலுடன் வெளியேறுதல் [ ]
- ஆ) கடுமையானமுதுகுவலி [ ]
- இ) பிறப்புறுப்பில் எரிச்சல் மற்றும் புண் [ ]

17. கீழ்க்கண்டவற்றில் எதுபிறப்புறுப்புநோய்தொற்றின் பின் விளைவுகள்?

- அ) சினைப்பைநீர்கட்டி [ ]
- ஆ) பிறப்புறுப்பில் இரத்தம் வடிதல் [ ]
- இ) சிறுநீர் குழாய் நோய்தொற்று [ ]

18. கீழ்க்கண்டவற்றில் எதுபிறப்புறுப்புநோய்தொற்றைத் தடுக்கும்

சுகாதாரமானவழிமுறை?

- அ) அடிக்கடி உள்ளாடையை மாற்றுதல் [ ]
- ஆ) உள்ளாடையை ஒருவாரத்திற்கு ஒருமுறை மாற்றுதல் [ ]
- இ) உள்ளாடையை ஒருவாரத்திற்கு இருமுறை மாற்றுதல் [ ]

19. மாதவிடாயின் போது எதற்காக பிறப்புறுப்பை கழுவவேண்டும்?

- அ) இரத்தப்போக்கை குறைக்க [ ]
- ஆ) நோய்தொற்றைக் குறைக்க [ ]
- இ) வலியைக் குறைக்க [ ]

20. மாதவிடாயின் போது எத்தனை மணிநேரத்திற்கு ஒருமுறை துணியை மாற்றவேண்டும்?

- அ) 8-10 மணிநேரத்திற்கு ஒருமுறை [ ]

- ஆ) 12-14 மணிநேரத்திற்குஒருமுறை [ ]
- இ) 4-6 மணிநேரத்திற்குஒருமுறை [ ]
21. கீழ்க்கண்டவற்றில் எந்தவகையில் பிறப்புறுப்புதொற்றைதவிர்க்கலாம்?
- அ) அகலபாத்திரக் குளியல் [ ]
- ஆ) தூரல் குளியல் [ ]
- இ) மூழ்கியஅளவுகுளியல் [ ]
22. இனப்பெருக்கவயதில் உள்ளவர்கள் எந்தவகையில் பிறப்புறுப்புநோய்தொற்றைதவிர்க்கலாம்?
- அ) உடலுறவைத் தவிர்த்தல் [ ]
- ஆ) ஆணுறைஉடலுறவின்போதுஉபயோகித்தல் [ ]
- இ) ஹார்மோன்வகைகருத்தடைசாதனங்கள் உபயோகித்தல் [ ]
23. எந்தவகையில் மாதவிடாய்த் துணியைஉலர்த்தவேண்டும்?
- அ) நிழலில் காயவைத்தல் [ ]
- ஆ) சூரியஒளியில் காயவைத்தல் [ ]
- இ) அறையில் காயவைத்தல் [ ]
24. கீழ்க்கண்டவற்றில் எந்தவகையானநீரில் மாதவிடாயின் போதுபிறப்புறுப்பைசுத்தம் செய்யவேண்டும்?
- அ) தண்ணீரினால் [ ]
- ஆ) சாம்பூவினால் [ ]
- இ) பிறப்புறுப்புதெளிப்பானால் [ ]

#### APPENDIX – IV

#### Answer Key – Structured Questionnaire

<b>Q.No</b>	<b>Answer</b>	<b>Q.No</b>	<b>Answer</b>
1.	b	14.	a
2.	b	15.	a
3.	c	16.	b
4.	a	17.	a
5.	c	18.	a
6.	a	19.	a
7.	b	20.	a
8.	b	21.	b
9.	a	22.	b
10.	a	23.	c
11.	b	24.	b
12.	c	25.	b
13.	c		

**APPENDIX V**

**LESSON PLAN ON VAGINITIS AND ITS PREVENTION**

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**II Yr M.Sc. (N)**

**RASS ACADEMY COLLEGE OF NURSING, POOVANTHI**

**As a part of dissertation submitted to**

**THE TAMILNADU DR.M.G.R.MEDICAL UNIVERSITY, CHENNAI.**

Topic	:	Vaginitis and its Prevention
Group	:	Adolescent girls
Number of Participants	:	60 Higher Sec. School students
Place	:	Kakkaipadinar Girls Higher Sec. School
Duration	:	1 hour
Method of teaching	:	Lecture cum discussion
AV aids used	:	LCD
Medium of instruction	:	English
Previous knowledge about the topic	:	Information through Mass media

**General objectives:**

On completion of the teaching session, adolescent girls will gain adequate knowledge on vaginitis and its prevention and will develop desirable attitude to apply this knowledge in their daily life.

**Behavioral Objective:**

- By the completion of planned teaching programme students will be able to;
- Describe the structure and functions of internal and external reproductive system

- Explain briefly the structure and functions of vagina.
- Define vaginitis.
- State the incidence of vaginitis
- Explain the causes and predisposing factors among adolescent girls.
- Identify the symptoms of vaginitis.
- Describe the diagnostic measures to identify vaginitis.
- Enumerate the complication of vaginitis.
- Explain the preventive measures.

Objectives	Time	Content	Teachers activity	Learners activity	A.V. AIDS	Evaluation
Introduce the topic	3mts	<p><b><u>Introduction</u></b></p> <p>Vaginitis is the inflammation of the vaginal it can be caused by one of the several different problems including an allergic reaction to an irritating chemical (deodorant, douche, bath soap, a foreign body (tampon or napkin), Oestrogen effect or sebaceous skin activity.</p>	Introduction by illustration	Listens and responds		
Describe the structure and functions of female reproductive system	2mts	<p><b><u>External reproductive organs:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Labia Majora</li> <li><input type="checkbox"/> Labia Minora</li> <li><input type="checkbox"/> Clitoris</li> <li><input type="checkbox"/> Urinary meatus</li> <li><input type="checkbox"/> Anus</li> </ul>	Lists the external reproductive organs	Listen and participate in discussion	LCD	Which all are the external reproductive organs



		<p><b><u>Internal reproductive organs:</u></b></p> <ul style="list-style-type: none"> <li>• Uterus</li> <li>• Uterine tubes</li> <li>• Cervix</li> <li>• Vagina</li> </ul>				
Explain the Structure and functions of female reproductive system	8mts	<p><b><u>External organs</u></b></p> <p>Labia Majora; It is the thick folds of tissue.</p> <p><u>Labia Minora:</u> It is a smaller fold of skin.</p> <p>Clitoris :A highly sensitive organ composed of sensitive tissues lies in the upper region of labia minora.</p> <p>Urinary Meatus: It is the external opening of the female urethra.</p> <p>Anus: Is the opening for stool and it is situated below the vaginal opening.</p>	Explains	Listener	LCD	What is the function of uterus?

	<p><b><u>Uterus</u></b></p> <p>It is a pear-shaped organ which lies in the pelvic cavity. It provides shelter for the foetus during pregnancy.</p> <p><b><u>Uterinetube:</u></b></p> <p>There are two tubes situated on both ends of uterus. They are funnel shaped and have finger like structure at their ends. These tubes receives ovum after ovulation and transfer it in the uterus.</p> <p><b><u>Ovary:</u></b></p> <p>Ovaries an are situated on both sides of uterus. Ovaries produce female egg called an ovum.</p> <p><b><u>Cervix:</u></b></p> <p>The lower most portion of uterusis cervix. It helps in the expulsion of the baby during birth or it make for the baby to go out.</p>				
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Explain briefly the structure and functions of vagina	3mts.	<p><b><u>VAGINA</u></b></p> <p>The word vagina comes from Latin which means ‘Sheath’ or scabbard. The vagina is a fibromuscular membranous sheath communicating the uterine cavity with the exterior at the vulva. It constitutes the excretory channel for the uterine secretion and menstrual blood. It is the organ of copulation and forms the birth canal of parturition. Vaginal orifice is in completely closed by a septum of mucous membrane called hymen. Doderline bacilli, which is a bacteria is normally present in the vagina. This organism is maintaining acidity in the vagina. It is acidic during puberty. The P<sup>H</sup> of vagina is 4.</p>	Explains	Listen and participate in discussion	LCD	What is the function of vagina?
Defines vaginitis	2mts	It is the inflammation of the vagina. It is also known as colpitis.	Defines	Listen and participate is discussion	LCD	What does the term vaginitis mean?
State the Prevalence and incidence of vaginitis	3mts.	<p>According to W.H.O. the prevalence of vaginitis is 10-25%.</p> <p>Vaginitis affects at least one-third of all women, during their lifetime. The incidence of vaginitis is 10% among adolescents.</p> <p>Vaginitis affects most commonly in reproductive age women (15-44 years).</p>	State the incidence	Listen and Participate in discussion	LCD	What is the Incidence of vaginitis among adolescents?

Identify the causes and pre-disposing factors of vaginitis among adolescents	10mts.	<p><b><u>Causes</u></b></p> <ul style="list-style-type: none"> <li>• Unhygienic practices</li> <li>• Not maintaining the personal hygiene.</li> <li>• Foreign body insertion or presence of foreign body.</li> <li>• In appropriate perineal washing</li> <li>• Frequent micturition</li> <li>• Menstrual unhygiene</li> <li>• Use of chemicals or irritants (Deodorant, soaps, bubble bath, shampoo, Oil bath)</li> <li>• Wearing synthetic tight under garments.</li> <li>• Vaginaldouching</li> <li>• Unprotectedsex</li> <li>• Useofscentedtoiletpapers</li> <li>• Excessiveintakeofsweets,breadandalcohol</li> </ul>	Explains	Listen and participate in discussion	LCD	What are the causes of Vaginitis among adolescents?
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		<p><u>Predisposing factors/Risk factors area</u></p> <ul style="list-style-type: none"> <li>• Poor Health</li> <li>• Chronic illness such as diabetes.</li> <li>• Hormonal contraceptives</li> <li>• Prolonged use of antibiotics.</li> </ul>				
Identify the symptoms of vaginitis	5mts	<ul style="list-style-type: none"> <li>• Vaginal or vulval itching</li> <li>• Vulval irritation</li> <li>• Dryness</li> <li>• Soreness</li> <li>• Malodors discharge</li> <li>• Immense discomfort</li> <li>• Hindrance to daily activities</li> <li>• Vaginaltenderness</li> <li>• Painfulmicturition</li> <li>• Purulentvaginaldischarge</li> </ul>	Lists the symptoms of vaginitis	Listen and answer the question	LCD	What are the symptoms of vaiginitis

Describe the diagnostic measures to identify vaginitis	5mts	<p><b><u>How can you detect vaginitis</u></b></p> <ul style="list-style-type: none"> <li>• General History: Ask the questions related to hygienic practices, sexual activity, sexual or physical abuse.</li> <li>• Physical examination: Doctor will examine in order to find the signs and symptoms of the vaginitis.</li> </ul> <p><u>Laboratory Test:</u></p> <ul style="list-style-type: none"> <li>• Visualization of vagina with a speculum</li> <li>• Culture &amp; sensitivity: Identify which type of micro organism present in vaginal discharge.</li> </ul>	Describe	Listen and Answer the question	LCD	How vaginitis is detected?
Enumerate the complications of vaginitis	3mts.	<p><b><u>What happens if vaginitis is not treated</u></b></p> <ul style="list-style-type: none"> <li>• Pelvic abscess and subsequent scarring</li> <li>• Genital ulcers.</li> <li>• Pervaginal bleeding</li> <li>• Dyspareunia</li> </ul>	Explains	Listen and Answer the question	LCD	What are the complications of vaginitis?

<p>Explain the preventive measures</p>	<p>20mts</p>	<p>What are the hygienic measures to prevent vaginitis <u>Hygienic measures?</u></p> <ul style="list-style-type: none"> <li>• Maintain the personal hygiene</li> <li>• Take bath daily</li> <li>• Change the under garments daily.</li> <li>• Fingernails should be clipped short.</li> <li>• Keep the vulvar area clean &amp; dry.</li> <li>• Wash hands before and after use of toilet.</li> <li>• Use front to back wiping with warm water after a bowel movement. It helps to avoidance of contamination of vulva with abluion water after Bowel action.</li> <li>• Remove wet bathing suits soon after exiting pool area.</li> <li>• Avoid excessive douching, strong soaps and deodorants.</li> <li>• Wear cotton underwear that absorbs moisture and keep the vagina dry.</li> <li>• Use unscented toilet paper.</li> </ul>	<p>Explains</p>	<p>Listen and Answer the question</p>	<p>LCD</p>	<p>What are the hygienic measures for preventing vaginitis?</p>
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		<ul style="list-style-type: none"><li>• Use only water to wash the perineum.</li><li>• Avoid closed contact with persons with vaginitis.</li><li>• Never wear panty hose without wearing cotton panties underneath.</li></ul> <p><b>Menstrual hygiene</b></p> <ul style="list-style-type: none"><li>• Wash and wipe hands while handling the pad.</li><li>• Do not leave the tampons or napkins for long time.</li><li>• Do not touch the inner part of the pad.</li><li>• Fix the front part first, then the back.</li><li>• Do not used deodorant tampons.</li><li>• The cloth used as sanitary pad should be dried under sunlight.</li><li>• Change the napkins for every 4.6 hours.</li></ul>				
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		<p><b><u>Care of sanitary cloth:</u></b></p> <ul style="list-style-type: none"> <li>• Wash with soap and water and rinse it thoroughly.</li> <li>• Dry under sunlight on a wire or a rope because sunrays help to kill the germs.</li> <li>• Then fold and keep it separately in a place for next use.</li> </ul>	Explains	Listen and participate in discussion	LCD	What are the ways of maintaining menstrual hygiene.
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## **CONCLUSION:**

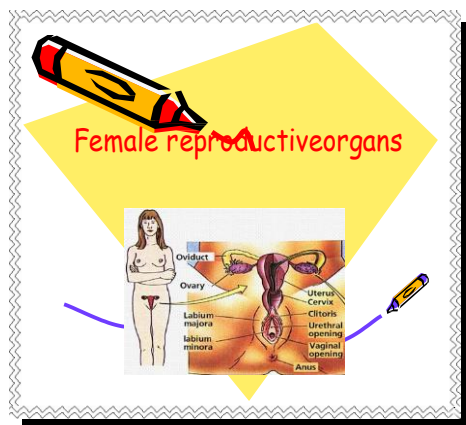
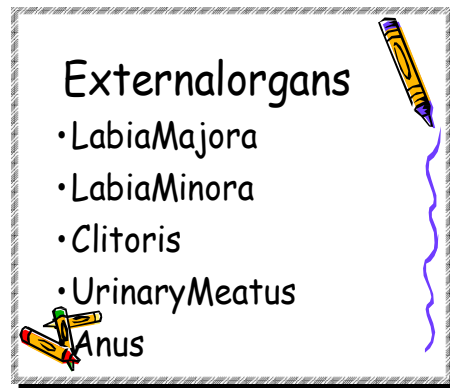
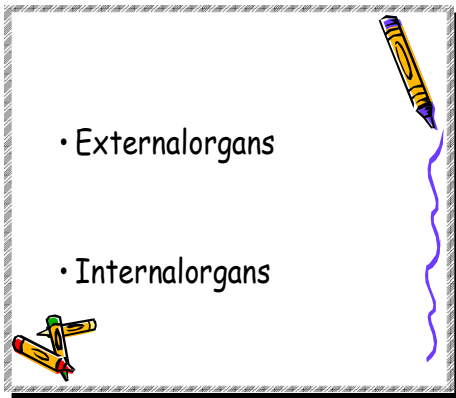
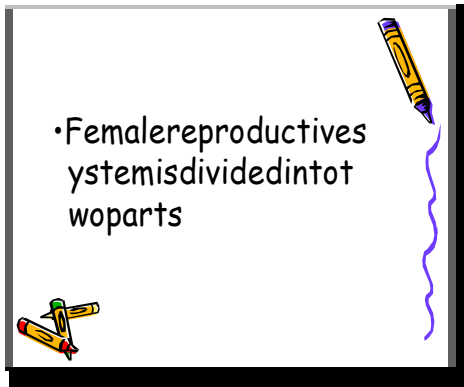
So far we have discussed the female reproductive system, definition of vaginitis, causes, prevalence and incidence, symptoms, complications, types, diagnosis, preventive measures.

## **BIBLIOGRAPHY**

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## APPENDIX-VI

### A.V.AIDS





• Clitoris

- It is the highly sensitive organ in our body

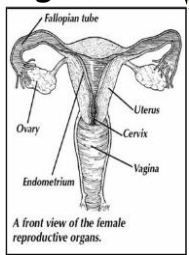


• Anus

It is the opening for the stool







## Internal organs

- 1 uterus
- 2 ovaries
- 2 fallopian tubes
- Cervix
- vagina

## Vagina



- Vagina constitutes the excretory channel for the uterine secretion and menstrual blood
- It is the organ of copulation and forms the birth canal of parturition




## What is vaginitis??




VAGINITIS IS THE INFLAMMATION OF THE VAGINA

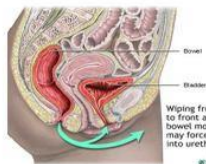



## INCIDENCE OF VAGINITIS

- VAGINITIS IS SEEN MORE IN REPRODUCTIVE AGE WOMEN

## Causes

- Vaginal Douching
- Menstrual Unhygiene
- Unprotected Sex
- Unhygienic practices



- POOR MENSTRUAL HYGIENE
- WRONG WIPING PATTERN AFTER DEFECATION

## PREDIPOSING FACTORS

- HORMONAL CONTRACEPTIVES
- DIABETES MELLITUS
- POOR NUTRITIONAL STATUS
- EXCESSIVE INTAKE OF ALCOHOL, SWEETS, BREAD

- HORMONAL CONTRACEPTIVES



## SYMPTOMS

- PURULENT MALODOROUS VAGINAL DISCHARGE
- VAGINAL LITCHING
- VAGINAL TENDERNESS
- VULVAL IRRITATION

- PURULENT VAGINAL DISCHARGE



- IMMENSE DISCOMFORT



## DIAGNOSIS

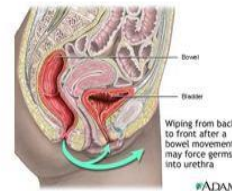
- PHYSICAL EXAMINATION
- SPECULUM EXAMINATION
- CULTURE AND SENSITIVITY

## COMPLICATIONS

- GENITAL ULCERS
- PER VAGINAL BLEEDING
- DYSpareunia

## PREVENTION




- AVOID VAGINAL DOUCHING
- MAINTAIN PERSONNEL HYGIENE
- AVOID VAGINAL SPRAYS
- ABSTINENCE FROM SEX
- MAINTAIN MENSTRUAL HYGIENE



- WASH THE PRIVATE PART AFTER EXCRETION FROM FRONT REGION (VAGINAL) TO BACK REGION (ANAL) BECAUSE FECES CONTAINS MICRO ORGANISM

**X**

- DO NOT APPLY POWDER OR SPRAY IN THE URETHRA
- AVOID TUB BATH



### MENSTRUAL HYGIENE



- CHANGE THE PAD EVERY FOUR HOURS IN A DAY OR AS & WHEN SOILED.



### CARE OF SANITARY CLOTH

- WASH WITH SOAP AND WATER AND RINSE IT THOROUGHLY
- DRY UNDER SUNLIGHT
- FOLD AND KEEP IT SEPARATELY IN A PLACE FOR NEXT USE



# THANK YOU



## APPENDIX - VII

### PERMISSION LETTER FOR CONDUCTION OF STUDY

To

The Headmaster,  
Kakkaipadinar Girls Hr.Sec. School,  
Madurai

Respected Madam/Sir,

Warm Greetings from RASS Academy,

**Sub : Permission to conduct Research – Project- M.Sc. Nursing Student – Reg.**

We wish to bring for your kind notice that as a part of our University requirement, the student Mrs.S.R.Anisha, M.Sc (Nursing) II Year, need to do the project on the topic of “Effectiveness of structured teaching programme on knowledge regarding vaginitis and its prevention among adolescent girls in selected higher secondary school at Madurai, for her study subject were mothers of school children. So she is need of selecting your esteemed concern to do the project on the month April. So please accept this permission letter and kindly do the needful.

Thanking You

Yours faithfully,



(Prof.G.Thilagavathy)

Principal

Recognizing Authority



## APPENDIX – VIII

### LETTER REQUESTING OPINIONS AND SUGGESTIONS OF EXPERT FOR ESTABLISHING CONTENT VALIDITY OF RESEARCH TOOL

From,

S.R.Anisha  
M.Sc. (Nursing) II year,  
RASS Academy College of Nursing,  
Poovanthi.

To,

Respected Madam / Sir,

**Subject : Requesting for expert opinion and suggestion to establish content validity of the research tool.**

I, S.R.Anisha, II year M.Sc(N) student of Obstetrical and gynecological nursing specialty at RASS Academy college of Nursing, have selected the following topic for my dissertation to be submitted to Dr. M.G.R. Medical University in partial fulfillment of the requirement of Degree of Master of Science in Nursing.

**Topic: Effectiveness of structured teaching programme on knowledge regarding vaginitis and its prevention among adolescent girls in selected higher secondary school at Madurai**


Herewith I have enclosed the following,

1. Objectives of the study, Operational definitions, Hypotheses
2. Research methodology
3. Blueprint of the tool.

May I request you to kindly go through the contents of the tool and validate against the criteria given. Anticipating a favorable response at the earliest.

Thanking You,

Yours sincerely,



(S.R.Anisha)

Place: Poovanthi

Date:

**APPENDIX – IX**  
**CERTIFICATION OF CONTENT VALIDITY**

This is to certify that I have perused the research proposal submitted by S.R.Anisha, that **“Effectiveness of structured teaching programme on knowledge regarding vaginitis and its prevention among adolescent girls in selected higher secondary school at Madurai”** I found that methodology and instruments are appropriate.



**SIGNATURE**

## **APPENDIX – X**

### **LIST OF EXPERTS**

**Prof.Mrs. G.Thilagavathy, M.Sc (N),MBA,Ph.D,**  
Principal&HOD of Community Health Nursing,  
RASS Academy College of Nursing,Poovanthi.  
Sivagangai District.

**Mrs.UmmulHapipa, M.Sc(N),**  
Vice Principal&HOD of Medical surgical Nursing,  
RASS Academy College of Nursing,Poovanthi.  
Sivagangai District.

**Asso.Prof.PremaSathyamoorthy, M.Sc(N), MBA,**  
Reader,HOD of Child Health Nursing,  
RASS AcademyCollege of Nursing, Poovanthi  
Sivagangai District.

**Asso.Prof.R.N.K.Vasugi, M.Sc(N),**  
Reader,HOD of Medical surgical Nursing,  
RASS AcademyCollege of Nursing, Poovanthi  
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**Asso.Prof.J.AmalaNambikkai, M.Sc(N), MBA,**  
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**Asso.Prof.UmaMaheshwari, M.Sc(N),**  
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**Asso.Prof.Sangeetha, M.Sc(N),**  
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**Asso.Prof.Mrs. VijiPriya, M.Sc (N).,**  
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