

DISSERTATION ON
A STUDY TO ASSESS THE IMPACT OF TEEN
EMPOWERMENT ON REPRODUCTIVE
WELLNESS AMONG LATE ADOLESCENT GIRLS IN
SELECTED COLLEGE, CHENNAI.

M.Sc (NURSING) DEGREE EXAMINATION
BRANCH – IV COMMUNITY HEALTH NURSING
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MADRAS MEDICAL COLLEGE, CHENNAI – 600 003



A dissertation submitted to
THE TAMIL NADU DR.M.G.R.MEDICAL UNIVERSITY,
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In partial fulfilment of the requirement for the award of degree of
MASTER OF SCIENCE IN NURSING

OCTOBER 2020

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MADRAS MEDICAL COLLEGE,
CHENNAI – 600 003

Sd: _____
Internal Examiner
Date:

Sd: _____
External Examiner
Date:

**THE TAMIL NADU DR.M.G.R.MEDICAL UNIVERSITY,
CHENNAI – 600 032**

CERTIFICATE

This is to certify that this dissertation titled, “**A STUDY TO ASSESS THE IMPACT OF TEEN EMPOWERMENT ON REPRODUCTIVE WELLNESS AMONG LATE ADOLESCENT GIRLS IN SELECTED COLLEGE, CHENNAI**” is a bonafide work done by **Ms.G.VALLI**, M.Sc (N)., II year Student, College of Nursing, Madras Medical College, Chennai -03, submitted to The Tamil Nadu Dr.M.G.R. Medical University, Chennai in partial fulfilment of the requirement for the award of the degree of **MASTER OF SCIENCE IN NURSING BRANCH – IV, COMMUNITY HEALTH NURSING** under our guidance and supervision during academic year 2018-2020.

Mrs.A.Thahira Begum, M.Sc.(N), MBA., M.Phil.
Principal,
College of Nursing,
Madras Medical College ,
Chennai- 03.

**Dr.E.Theranirajan, MD., DCH.,
MRCPCH(UK)., FRCPC (UK).**
Dean,
Madras Medical College ,
Chennai- 03.

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Approved by the dissertation committee on 12.11.2019

CLINICAL SPECIALITY GUIDE

Selvi .B.Lingeswari, M.Sc(N),M.B.A.,M.Phil., _____
Reader & Head of the Department,
Department of Community Health Nursing,
College of Nursing,
Madras Medical College,
Chennai-03.

PRINCIPAL

Mrs.A.Thahira Begum, M.Sc(N), M.B.A., M.Phil., _____
Principal,
College of Nursing,
Madras Medical College,
Chennai -03.

DEAN

Dr.E.Theranirajan, MD., DCH., _____
MRCPCH(UK), FRCPCH (UK),
Dean,
Madras Medical College,
Chennai -03.

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Acknowledgement is the only way to keep love alive

-Barry Long

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ABSTRACT

Empowerment in menstrual health and hygiene is indirectly supported by gender equality, national development, high literacy rate, and Sustainable Developmental Goals accomplishment. Teen age having fruitful knowledge regarding menstrual hygiene and safe menstrual health practices are essential for productive life. So teen girls are empowered by promotion of healthy reproductive life and maintain good menstrual hygiene and practices. Awareness about this scientific phenomenon and hygienic health practices empowers them and maintains good reproductive health. Therefore, increased knowledge about menstruation from school and college period may upgrade safe practices.

Reproductive illness can lead to short and long term health consequences in their life such as marital, conception, pregnancy, and child birth and also in their general health wellbeing as well as their family and community.

TITLE

A study to assess the impact of teen empowerment on reproductive wellness among late adolescent girls in a selected College, Chennai.

OBJECTIVES

To assess the pre-test level of knowledge and practice regarding teen empowerment intervention on reproductive wellness among late adolescent girls in the experimental and control group. To evaluate the impact of teen empowerment intervention on reproductive wellness among late adolescent girls in experimental group. To compare the pre-test and post test level of knowledge and practice among late adolescent

girls in experimental and control group .To find association between posttest level of knowledge and practice regarding teen empowerment on reproductive wellness among late adolescent girls with selected demographic variables.

METHODOLOGY

The study was conducted with 100 samples in quantitative research approach. A true experimental study was used prior conducting the study, and necessary permission was obtained from the institutional ethics committee. Simple random sampling technique was used in this study.

Pre –Existing knowledge and practice was assessed by using self structured questionnaires. Components of knowledge regarding puberty, premenstrual syndrome, menstruation, menstrual health management diet and exercise in menstrual health. After the pre-test, teen empowerment programme was given regarding reproductive wellness among late adolescent girls using booklet and demonstration by exercise. After 7 days post test was conducted by using the same tool.

RESULTS

The finding of the study revealed that teen empowerment had improved the knowledge and practice regarding reproductive wellness with paired t test, $p < 0.001$. There is statistically significant in knowledge and practice level regarding reproductive wellness shows effectiveness of teen empowerment programme.

CONCLUSION

Reproductive wellness is a key component for reducing maternal mortality and morbidity. It prevents reproductive tract infections and promotes menstrual health and hygiene.

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LIST OF ABBREVIATIONS

ABBREVIATION	EXPANSION
CDC	Center for disease control and prevention
GBD	Gender Based Violence
IDSP	International Development Surveillance Project
MDG	Millennium Development Goals
MHM	Menstrual Health Management
MHH	Menstrual Health and Hygiene
MDWS	Ministry of Drinking Water and Sanitation
MH day	Menstrual Health day
SEAR	South –East Asia Region
SRHR	Sexual Health and Hygiene
SAP	Super Absorbent Polymers
SWM	Solid Waste Management
UNICEF	United Nations International Children Emergency Fund
WASH	Water ,Sanitation and Hygiene
WHO	World health organization
CI	Confidence Interval
DF	Degree of Freedom
SD	Standard Deviation
P	Significance
NS	Not Significant
H	Hypothesis
X ²	Chi square test

CHAPTER-I INTRODUCTION

The youth of today are the leaders of tomorrow

-Nelson Mandela

Every creation in the world is wonderfully created by our almighty. In human having many stages in life process and they are having many changes in their life time. In these lifecycle young age is a pleasantest thought for ever. It links between childhood and adulthood. During adolescent periods there is a rapid physical growth and development takes place. It brings many changes such as physical, emotional and behavioural. Physical maturation brings increase in height and secondary sexual characteristics such as curvature in hip, increase breast size, hair growth in axilla and genitalia in females. In these menstruation is the periodic event of every females. Menstruation occurs in every month due to hormonal influences. Hormones such as progesterone, oestrogen and Luteinizing plays a vital role in menstrual cycle.

In psychological viewpoint the teenage young ability to think, set a plan and goals. They develops to compare her with her peerage group and express her thought about social issues and their futures. In these time their behaviroal aspect they feel greater independence, self - reliance and pride. Younger adolescents are still vulnerable because their capacities continuously developed. Neuronal developments occur during the adolescent years. These developments are linked to hormonal changes and psycho social changes. Over all, young adolescents develop stronger reasoning skills. Adolescence environment change may affect their internal changes too. It reflects in their roles, responsibilities and relationship mainly expectations in their community. It further impacts in their life how they accept or reject the cultural and social values.

In the reproductive age, the menstrual cycle is a normal mechanism in every feminine. It is necessary for maintaining positive reproductive health. People had different aspects of beliefs and practices were followed regarding menstruation. Taboos and social cultural restrictions in menstrual practices are a burden to all females even today. Some other cultures are persuaded that they are untouchable; never seeing their face, isolate them during menstruation. Historically, many cultures are inducted through formal ways to deal with puberty by rituals and ceremonies. These rituals were created for the purpose of helping the young, to connect with the community and do their role properly in future. Menstruation continues to be a subject gender disparity in India. But regressive socio cultural norms pertaining to menstruation are responsible for unhygienic practices in their life.

Menstrual hygiene includes care of genital area, use of sanitary napkins, maintaining personal hygiene, adequate intake of diet, water and regular scheduling of exercise. Pubescent girls in India had low levels of knowledge on reproductive health and rights. Several studies show that insufficient water supply and soap, absent of safe disposal methods (natural method of incinerators without any biological hazard) disturbs the effectiveness and enjoyment of learning in schools and colleges. Menstruation associated issues like premenstrual syndrome, reproductive tract infections, urinary tract infections and micro nutrient deficiencies are prevalent among adolescents. After attaining many cycles of menstruation, they had many queries about their physical, psychological changes and practice. Lack of awareness and guidance lead to many menstrual related issues.

Cleaning of genital area and frequently changing pads can reduce the 97% risk of infection. Nowadays we have another one issues about sanitary pad biodegradation and use of commercial availability of chemical based absorbent (bleached) sanitary pads. We must promote

cotton pads usage and its disposal. It is not only for female health besides for environmental health. Without the discomfort, pain and infections assure that women can enjoy it.

Empowerment in menstrual health and hygiene is indirectly supported by gender equality, national development, high literacy rate, and Sustainable Developmental Goals accomplishment. Teen age having fruitful knowledge regarding menstrual hygiene and safe menstrual health practices are essential for productive life. So teen girls are empowered by promotion of healthy reproductive life and maintain good menstrual hygiene and practices. Awareness about this scientific phenomenon and hygienic health practices empowers them and maintains good reproductive health. Proper use of biodegradable, natural pads maintains health of women as well as our earth. Therefore, increased knowledge about menstruation from school and college period may upgrade safe practices.

BACKGROUND OF THE STUDY

Education is the most powerful weapon which can use to change the world
—Nelson Mandela

In worldwide 7.2 younger billion people were living, in these more than 3 billion young people are younger than 25 years. They make up 42% of the world population. Adolescent periods are inevitable because they are future citizens. So every adolescent's healthy life determines the future of the healthy citizens, the health of their family as well as the wealth of the nation. So people having adequate knowledge and conscious concern in taking care of themselves regarding physical, mental and social well being. Significantly in menstruation of young adolescents, because they are entering the salient next step in their life such as marriage, delivery, baby care and family care. While that time every girl needs to get adequate knowledge about menstrual

processes, abnormality during menstruation, importance of menstrual health and hygiene, diet and exercise. Prolonged use of commercial, chemically bleached disposable sanitary napkins may cause reproductive tract infections, allergy and skin infections. Some of them used old unhygienic cloths and tampons may lead to urinary tract infections. Using dirty clothes and not changing pads for more than 4 hours can act as a perfect environment for microbes and bacteria during those days. It leads to infection mainly due to harmful bacteria and yeasts microbes like *Candida albicans*, *staphylococcus aureus*, *E.Coli*, *Pseudomonas aeruginosa*. These infections can entry urinary tract, bladder resulting painful urination, lower abdominal pain and back pain. There were many menstrual disorders due to them not taking adequate amounts of food, improper exercise and lifestyle practices. It should be prevented by cotton clean cloths used in menstruation, after washing that cloths dried in sunlight and cleaning the genitalia with clean water.

According to Dr. Rashmi, Department of community medicine, Hamrad Institute of medical science, conducted survey reports that only 12% of India New Delhi menstruating women have access to sanitary napkins.

1.1 NEED FOR THE STUDY

Over all 350 million adolescents comprising about 22% of the population in the South –East Asia Region. Adolescents are not a similar population. They all live in various circumstances and different needs. In India adolescence constitute 22.8 % in total population, they are one fifth occupied in our country.

According to the World Health Organization, to provide basic sanitation, clean water supply, school hygiene and universal primary health education is needed for achieving nearly all the Millennium Development Goals and also in reduction of child mortality, and the

promotion of gender equality. Improper sanitation in school has great health risks for girls, especially during menstruation, and further creates an unfriendly school environment for them. These challenges constituted by poor hygiene management will continue to threaten the potentiality of girls.

According to Journal of Environmental and Public Health (volume 2018) report said that nowadays many deodorized and non-deodorised sanitary products are available in the market made of synthetic fiber rayon. These deodorised properties contain chemicals corresponding to organochlorines in which it has antibacterial activity. Due to this chemical composition, these products when buried in the soil they kill the soil micro flora and delay the process of decomposition.

According to the Solid Waste Management Rules, 2016, every householder segregates the waste in three sections such as wet, dry and domestic hazardous waste. As per the government rule said that sanitary waste should be kept in a dry waste bin and it should be handed over in a separate manner. The rules also instruct the manufacturers or brand-owners of sanitary pads to work with local authorities on providing necessary financial assistance to set up waste management systems for sanitary waste disposal. Also they guaranteed that collection and revoking of waste as well as creating proper cognizance in waste disposal. The conservancy worker may get infections such as hepatitis and HIV infection due to improper disposal.

According to Menstrual Health Alliance India, one sanitary pad could take a time of 500 to 800 years for composting .One sanitary pad is equal to four plastic bags. According to the statement of the Ministry of Drinking Water and Sanitation in menstrual waste management stated that 28 percent of pads are thrown with routine waste, 28 per cent

are thrown in open, remaining 33 percent of sanitary pads are disposed through burial and further 15 percent are burnt openly.

A school based cross sectional study was carried out 828 female high school students in Western Ethiopia multi stage sampling technique was used for selection of participants. Tool for data collection was an interviewer administered pre-tested structured questionnaire. The study findings showed that 60.9% and 39.9 % had good knowledge and practice of menstrual hygiene. The study found that there was significant positive association between good knowledge of menstruation and educational status of mothers . The study found that there was significant positive association between good practice of menstruation with educational status of the mother and earning permanent pocket money from parents. The findings revealed that the knowledge and practice of menstrual hygiene is low. The study guides that awareness programme needed in our country.

According to the World Bank in 2018 report stated that worldwide five hundred million females had lack of facilities in menstrual hygiene and health. Thus means several factors are included such as inadequate facilities and materials, menstrual pain, fear of disclosure and lack of knowledge in menstruation. In Uganda one out of two girls are absent one to three days in school during menstruation.

According to the United Nations Population Fund report found that sixty percent of women were diagnosed with reproductive infections due to poor menstrual hygiene. In Tanzania and Ethiopia girls had adequate knowledge in every four in one girl.

In India 113 million adolescent girls are accessible at the onset of periods. It means ensuring adequate facilities, awareness about menstrual health and hygiene and also guidance are needed.

According to UNICEF report in 2014 state that Tamil Nadu had 79% girls and women who were unaware of menstrual hygiene practices. According to Tamil Nadu Urban Sanitation Support Programme in 2015 said that eighty four percentages of girls were not aware about their first menstruation. According to the Ministry of Education 2015 report found that in 63% schools in villages, teachers never discussed menstruation and how to maintain hygiene and health. A lack of access to quality hygiene products and adequate facilities in basic sanitation continues to be an obstacle to achieving 100% coverage for menstrual hygiene. Studies indicate that most girls do not have consistent access to good - quality menstrual hygiene products with 88% of women and girls in India using homemade alternatives, such as old clothes, rags, hay, sand or ash.

The disposals of such plastic pads have become a huge concern. In India 70 % of urban women in rural 48 % women used sanitary pads remaining of them used old cloths etc. If we calculate roughly about sanitary pad usage in every menstrual cycle for every woman per month is eight so as per our Indian female reproductive population generates 1.23 million sanitary pad uses in every year .So as a community health nurse role in these scenarios is indispensable. Our earth is a gift of our god so we need to take something for it safe and conservation as per our capacity. In community health nursing we are the changing agent to transform health and wellbeing. In this study investigators took steps for teen empowerment through behaviour change communication and health promotion for menstrual health. Through my intervention I empower reproductive wellness in selected college students.

1.2 STATEMENT OF THE PROBLEM:

A study to assess the impact of teen empowerment intervention on reproductive wellness among late adolescent girls in selected college, Chennai.

1.3 OBJECTIVES OF THE STUDY

- ❖ To assess the pre-test level of knowledge and practice regarding teen empowerment intervention on reproductive wellness among late adolescent girls in the experimental and control group.
- ❖ To evaluate the impact of teen empowerment intervention on reproductive wellness among late adolescent girls in experimental group.
- ❖ To compare the pre-test and post test level of knowledge and practice among late adolescent girls in experimental and control group .
- ❖ To find association between posttest level of knowledge and practice regarding teen empowerment on reproductive wellness among late adolescent girls with selected demographic variables.

1.4 OPERATIONAL DEFINITION

Assess

In this study, it refers to measure the outcome of teen empowerment intervention knowledge and practice on reproductive wellness among late adolescent girls in selected college in Chennai.

Impact

In this study it means to strive or to drive effectively change the knowledge and practice of reproductive wellness by providing teen empowerment intervention.

Teen Empowerment

In this study teen empowerment means to encourage teens by dispensing impressive interventional programmes to transform their consciousness through their beliefs, values, and attitudes in menstrual

health as well as environmental health. They charge their action that leads to promote knowledge and practice on reproductive wellness.

Reproductive Wellness

In this study Reproductive Wellness means to provide comprehensive reproductive health promotion and maintenance of menstrual health and hygiene. It also focuses on prevention of menstrual related illness such as premenstrual syndrome, reproductive tract infection, urinary tract infections, importance of an exercise, diet and menstrual hygiene, proper disposal of sanitary pads waste management.

College

In this study an institution means providing a higher learning such as liberal arts and science after completion of school studies.

Late Adolescent Girls

It refers to the age group of 18-21 years of young girls.

1.5. RESEARCH HYPOTHESIS

- H1 There will be a significant difference between pre-test and post-test level of knowledge and practice score regarding teen empowerment on reproductive wellness among late adolescent girls.
- H2 There will be a significant association between post-test level of knowledge and practice regarding teen empowerment on reproductive wellness with their selected demographic variables among late adolescent girls.

1.6 ASSUMPTIONS

- ❖ Girls of late adolescence in selected colleges may have some knowledge regarding reproductive wellness.

- ❖ Girls of late adolescence in selected colleges who have potential to learn adequate knowledge through this knowledge and get change in their daily practice regarding reproductive wellness. It will promote reproductive health.
- ❖ Teen empowerment intervention will provide opportunity to active learning and encourage themselves to maintain good reproductive health among the participants.
- ❖ Girls of late adolescents in selected colleges get adequate knowledge on reproductive wellness and they can guide their peer group and relatives.

1.7 DELIMITATION

The study is delimited to students of selected colleges in Chennai. The study participants are about 100 late adolescent girls.

The study is delimited to a 4 weeks period of data collection.

Assessing the knowledge and practice is limited to the written response.

1.8. CONCEPTUAL FRAMEWORK

A conceptual framework deals with abstraction, which is assembled by nature of their relevance to a common theme. It describes the mental image of phenomena and integrates them into a meaningful configuration. It is a diagram by which the researcher explains the specific area of interest. The conceptual framework is a process of ideas, which are framed and utilized for the development of a research design. It helps the researcher to know what data needs to be collected and gives direction to an entire research process.

The investigator adopted 'MODIFIED PENDER'S HEALTH PROMOTION MODEL 1984'. Pender's promotion model was developed

for research, education, and practice. Health professionals are motivated to provide positive resources and help people to achieve behaviour specific changes. The goal of the health promotion model is to achieve better health through these behavioural changes. So the adopter selected to apply this model in this research. This model focuses on aspects of individuals' configuration to perceptual factors, modifying factors and participation on health promoting behaviour. The model also identifies factors that influence health promotion activities.

The model focuses on the following areas are:

- ❖ Cognitive perceptual factors
- ❖ Perceived health status
- ❖ Health promoting services
- ❖ Perceived benefits of health promotions
- ❖ Barriers to health promoting behaviour

Cognitive Perceptual Factors

In this model, the investigator finds out the knowledge and practice regarding teen empowerment on reproductive wellness among selected college in Chennai. The researcher assessed knowledge and practice regarding teen empowerment components of puberty, premenstrual syndrome, menstruation and menstrual health, diet and exercise in menstrual health, practice related to menstrual health and disposal of sanitary pads by using self structured questionnaires.

Perceived Health Status

Late adolescent girls had some knowledge in reproductive health and wellness.

Health Promoting Services

Teen empowerment programme on reproductive wellness is given as health promoting service to the selected college girls respective of their knowledge and practice.

Perceived Benefits of Health Promotion

Health promoting behaviour is the desired behavioural outcome. In this study health promoting behaviour developed by teen empowerment programmes will result in improved knowledge and attitude on reproductive wellness among selected late adolescent college girls.

Barrier in Health Promoting Behaviour

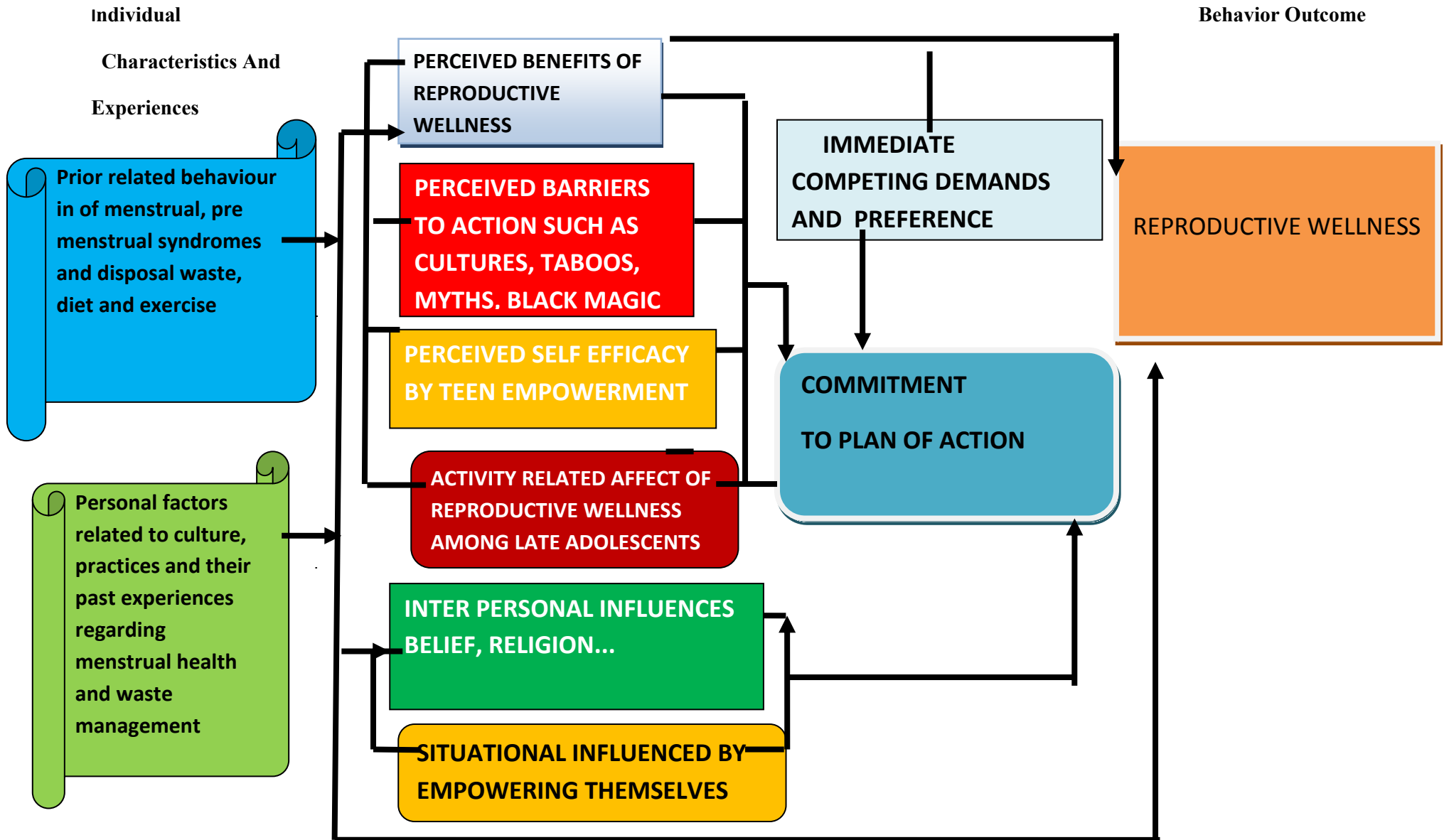
In this study, if the girls have inadequate knowledge and practice, on reproductive wellness assessed by pretest. Various factors directly and indirectly force people to maintain poor hygiene such as cultures, myths and environmental factors .It is also included in this study.

According to Pender HPM makes four assumptions applied in my study , individuals strive to control their own behaviour in these, their behaviour into a makes their health from wellness or illness in it .They get knowledge and practice regarding puberty, premenstrual syndrome, menstruation and menstrual health, exercise diet and disposal of sanitary pad waste and changing their behaviour into a reproductive health and wellness.

- ❖ Individuals have encourage to empower themselves by proper guidance.
- ❖ Health professionals, such as nurses and doctors, comprise the interpersonal environment, which influences individual behaviours in to a wellness continuum.
- ❖ Self-initiated change of individual characteristics is essential for changing behaviour of themselves.

1.2 CONCEPTUAL FRAME WORK

Behavior-Specific cognition and Affect



CHAPTER –II REVIEW OF LITERATURE

2.1 REVIEW OF LITERATURE RELATED TO STUDY

Literature review is defined as a broad, comprehensive, in depth systematic and critical review of scholarly publication, unpublished printed audio or visual materials and personal communications. (**Suresh K.Sharma**).

LITERATURE REVIEW RELATED TO STUDY

2.1.1. Literature related to Menstrual health and menstrual hygiene

2.1.2. Literature related to Premenstrual syndrome and exercise

2.1.3. Literature related to Diet in menstrual health

2.1.4. Literature related to teen empowerment Studies related to literature related to disposal of sanitary pads.

2.1.1 LITERATURE RELATED TO MENSTRUAL HEALTH AND MENSTRUAL HYGIENE

Judy Michel et al (2020) conducted a study that they assessed the knowledge and practice of adolescent girls about menstruation and menstrual hygiene. The study Methods was a questionnaire-based cross-sectional survey .Study sample size was Nine hundred and twenty three female adolescents. Descriptive analysis was conducted and SPSS version was used for the data analysis. They found that female adolescents had certain misconception practice in menstruation and menstrual health maintenance. They emphasize upon the importance of Adolescent reproductive health education should be included in the school curriculum it will influence general reproductive health of females in future.

Shabnam Omidvaret et al (2018) conducted a study that on menstruation of Indian adolescent girls in an urban area of South India. It was the cross-sectional study design. The study samples were 536 healthy menstruating females in the age group of 10–19 years. They used Standardized self-reporting questionnaires to collect data. Results show that the Mean age of menarche was 13 ± 1.1 years with wide variations, i.e., 10–17 years. 73.1% of adolescent girls had a cycle duration of 21–35 days. The study concluded that a comprehensive school education program on menarche and menstrual problems may improve health and education.

Gunjan Kumar et al (2017) conducted a study that assesses of menstrual hygiene among reproductive age women in south west Delhi. It was the community based cross sectional study. Study participants were 584 women. The study findings correlated with that the majority of the study participants are high income group (45%), majority of the study participants (71.3%) are nuclear family. The findings of the study showed a significant positive association between good practice of menstrual hygiene and years of education, higher socio economic status.

KuhlmannAS and HenryK Wall (2017) conducted a study on Menstrual Hygiene Management in Resource-Poor Countries. It described menstrual hygiene knowledge, attitudes, and practices, mainly in sub-Saharan Africa and South Asia. Many school-based studies showed that in rural areas girls had poorer menstrual hygiene and those attending public schools. The few studies had taken steps to change poorer practice to good menstrual health and hygiene by education and awareness creation. The study found how to improve and what are obstacles in front of them.

Chinnaian Sivagurunathan (2016) conducted study that awareness about menstrual hygiene among adolescent girls in rural area of Kancheepuram district in Tamilnadu. It was a community based cross sectional study. Study participants were 180 adolescent girls Padappai in which 4 schools were included. Results revealed that only 43.33% girls were aware regarding menstruation prior to the first experience of their menstruation. Mother was the first source of information in 57.69% adolescent girls in these 35.55% girls reported use of old cloth for protection during menstruation and 77.77% girls were restricted to attend religious rites during these days.

Van Ejik AM et al (2016) conducted a study that measured menstrual hygiene management among adolescent girls in India. It was the systematic review and meta-analysis study design. Study population was taken from 138 studies including 97,070 girls . The study results showed that 88 studies, half of the girls reported being informed prior to menarche. They concluded that the importance of menstrual health management and hygiene promotion through awareness creation.

Anand E Singh J (2015) conducted a study that measured menstrual hygiene practices and its association with reproductive tract infections and abnormal vaginal discharge among women in India. The study design was a survey method. The study samples were married women who were in the age group of 15-49. IBM SPSS version was used for statistical data. The results showed that 15% of women used sanitary pad/locally prepared napkins during menstruation. They revealed that unhygienic practice is directly proportional to RTI infection and morbidity.

Amanuel alemu Abajobir et al (2015) conducted a study that reproductive health knowledge and services utilization among rural adolescents in east Gojjam , Ethiopia .It was a community-based cross-

sectional study. Quantitative and qualitative methods were used . A systematic random sampling technique was used. The study samples were 415 adolescents from eligible households. Pre-tested structured questionnaires and in-depth interview guides tools were used. SPSS version was used for statistical analysis.. Results showed that 67% of the adolescents had knowledge about reproductive health. Age, living arrangement and economic status were significantly associated with reproductive health knowledge.

Das p et al (2015) conducted a study that menstrual hygiene practices WASH access and the risk of uro-genital infection in women from Odisha,India . It was a hospital-based case-control study conducted with study samples of 486 women in Odisha, India. They assessed socioeconomic status, clinical symptoms and reproductive history, and Menstrual Health Management and Water and Sanitation practices. Standardised questionnaire tool was used. The study finding shows that proper education and encouragement reduce the risk of infection and promote menstrual health.

Hennegen J Montgomery P (2015) conducted a study that “Do menstrual hygiene management interventions improve education and psychosocial outcomes for women and girls in low and middle income countries? .The study design was systemic review analysis. Samples were taken from the structured systemic reviews and grey literature .Sampling method was cluster randomization technique. It summarized how menstrual related intervention improved women and girls in the field of education and workplace as well as psycho –social well being. The study results showed that with its many trials that could improve positive menstrual knowledge and practice .

Torondel B et al (2015) conducted a study that found the association between unhygienic menstrual practice and prevalence of

lower reproductive tract infections in the age group of 18-45. It was a hospital-based cross-sectional study in Odisha, India. Samples were non-pregnant women of reproductive age 18-45 years. Standardised questionnaire was used to collect data. Results show that 62.4% were diagnosed with at least one of the three tested infections and 52% presented with one or more RTI symptoms. The study findings showed that there is strong association between poor menstrual hygiene practices and higher prevalence of lower RTIs.

Baishakhi Paris Agni hotri et al (2014) conducted a study that Menstrual Hygiene Among Urban and Rural Adolescent Girls in West Bengal. It was the community-based cross-sectional study. Here they compared in between rural and urban adolescent school girls in the age group of 13–18 years. Predesigned and pretested questionnaires were used. The result was highly significant. The result shows that girls in urban areas had adequate level of practice than rural areas. So health education and menstrual hygiene management is essential.

Shivaleela P Upashe et al (2014) conducted a study that assesses knowledge and practices of menstrual hygiene among high school girls in western Ethiopia. It was a school based cross-sectional study design employed. Multi stage sampling technique was used. The study participants were 828 female high school students. A pretested structured questionnaire was used. The analysis method was bivariate and multivariate logistic regression analysis was used with 95 % confidence interval. Study results showed that 60.9 % and 39.9 % respondents had good knowledge and practice in menstrual hygiene respectively. Awareness and health education had improved menstrual hygiene and practice respectively.

LITERATURE RELATED TO PREMENSTRUAL SYNDROME AND EXERCISE

Vasantha R and Manjubala Dash (2019) conducted a study that maintaining menstrual hygiene and usage of sanitary napkins as being important for adolescents' girls. It was a descriptive study conducted among adolescent girls in the selected college in Pondicherry. The study concluded that 19% had Poor practice in menstrual hygiene, 66% had Moderate practice remaining 15% had Good practice in menstrual hygiene.

Nastaran Najafi et al (2018) conducted a major dietary pattern in relation to pain .It was a nested case control study conducted among 293 students ,randomly selected by cluster method. The major dietary patterns of students were identified by factor analysis and the association between dietary patterns and risk of dysmenorrhoea was investigated using logistic regression analysis in SPSS 20.The results indicate that snacks habits students had increased risk of dysmenorrhoea.

Mostafa Rad et al (2018) conducted a study that factors associated with premenstrual syndrome in Female High School Students in Iran. It was a cross-sectional correlation study sample size 200 female high school students using multistage random sampling technique. PMS, and Beck Depression questionnaire tool was used. SPSS software and Mann–Whitney U-test was used for analysis. This study concluded that there is a relationship between PMS and some anthropometric indices and nutritional/metabolic factors. Good lifestyle practices prevent premenstrual syndrome.

Janula Raju et al (2017) conducted a study to assess the effectiveness of menstrual symptoms on academic performance among nursing students at selected colleges in Tamil Nadu. The study method

was a descriptive design, sample size were 200 female nursing students with convenience sampling technique was used. Self-structured questionnaire was used for collect the data. The study result concluded that 71% were reported about lack of concentration during study hours,58% of the students said they had difficulty in remembering the studied contents and 76% were said that they had a feeling of oscillation to go for practical classes. It concluded that the menstrual symptoms significantly affect the academic performance.

Aimee R Kroll Desresiers et al (2017) was conducted study that recreational physical activity and premenstrual syndrome in young adult women .The study design was cross sectional study evaluates that physical activity and premenstrual syndrome. Study samples were 414 women in the age group of 18–31. Results showed that there was no association between physical activity and either premenstrual symptom scores or the prevalence of premenstrual syndrome.

P Padmavathi et al (2017) conducted a study that Premenstrual Symptoms and Academic Performance among Adolescent Girls in Namakkal,Tamil Nadu .The study Design that correlation survey method, study Setting was Higher secondary school,study participants were 60 adolescent girls and they were selected by simple random sampling technique. Questionnaire rating scale was used .They concluded that there was significant correlation between premenstrual symptoms and academic performance.

Zahara Moheb Bidehnavi et al (2015) conducted a study that the effect of aerobic exercise on primary dysmenorrhoea .It was a clinical trial study .The study samples were 70students ,sampling technique was simple random sampling for both intervention and control group. Visual pain questionnaire was used by two groups in the first 3 days of the menstrual cycle. The exercise intervention comprises aerobic exercise,

which performed the intervention group for 8 weeks, three times a week, and each time for 30 min. Data were analyzed by Fisher and Chi-square tests. At the end of the 4 weeks after the intervention, the intervention group did not show any significant changes in the control group ($P = 0.423$) but At the end of 8 weeks after the study, the intervention group showed significant changes compared to the control group ($P = 0.041$).The study concluded that performing aerobic exercise can improve primary dysmenorrhoea. Therefore, aerobic exercise can be used to treat primary dysmenorrhoea.

Zeinab samadi et al (2013) conducted study that the effects of 8 weeks of regular aerobic exercise on the symptoms of premenstrual syndrome in non-athlete girls .Study design was quasi-experimental study with 40 non-athlete girl students aged 18-25 years at Khorasgan Azad University, with a diagnosis of PMS. The instruments concluded personal information and a medical questionnaire, a form of premenstrual symptoms DSM-IV, the GHQ 28 questionnaire, and the Beck Depression and Anxiety questionnaire, and also, daily symptoms were recorded for 4 months. ANOVA statistical analysis was used. The study concluded that aerobic exercise was effective in premenstrual syndrome.

Jing jing su MSRN et al (2016) conducted a study that promoted the menstrual health of adolescent girls in China. The study design was a quasi - experimental, two group pretest - posttest design was used, study sampling taken from two schools for the purpose of control and experimental. Menstrual Health Care Behaviour Questionnaire (MHCBQ) was used to measure the confidence of menstrual health care behaviour. They concluded that nurse advocates majorly participate in menstrual health education for adolescent girls.

Soheila mohamadirizi et al (2015) conducted a study on the relationship between food frequency and menstrual distress in high school females. It was a cross-sectional study conducting a two-stage sampling method on 407 high school female students .Results showed that 87.7% of the students were at moderate economic status. Finally there was no significant correlation between total menstruation distress and food frequency ($P > 0.05$).Through this study concluded that good lifestyle practices and proper exercise, food patterns avoid menstrual issues.

2.1.4 LITERATURE RELATED TO TEEN EMPOWERMENT

Issioma lle et al (2018) conducted a study that explored the paradox of youth empowerment: Exploring youth intervention programme. The study used a mixed-methods approach. In-depth interviews were conducted for data collection .While questionnaire surveys were administered. Simple random sampling was adopted from the study populations of 500.Descriptive statistics in the form of frequency distribution was used to explore the programme. The study concluded that 68.3 % youth had no knowledge, 17.5 % not willing to formulate policy. Therefore empowerment programmes to charge their activities on their own.

2.1.5 LITERATURE RELATED TO DISPOSAL OF SANITARY PADS

Elizabeth Peberdy et al (2019) conducted a study about public awareness of the environmental impact of menstrual products and product of choice. It was a mixed method of study design, an online survey method was used for data collection,300 participants participated in the study .Quality data collected by focused group discussions method. The study concluded that 43.3% belonged very aware, 42.7% somewhere aware ,14% had no awareness about the impact of

environmental issues such as biodegradation. Therefore as a part of online surveys people get some awareness about environmental impact.

Sirisha Deepthi Sornapudi et al (2018) conducted a study that adoption ,use and environmental impact of femine hygiene products among college going girls of Udaipur ,India .study samples were 40 in the age group of 16-31,data collected by pre-test questionnaire.The study results shows that 92.5 % had knowledge about environmental hazard remaining 7.5 had no knowledge about that hazard.

CHAPTER –III RESEARCH METHODOLOGY

This chapter deals with research design, variables, setting of study ,population sample,criteria for sample selection,sample size, sampling size,sampling technique, development and description of the tool, content validity, reliability of the tool, procedure for data collection and plan for data analysis.

3.1 RESEARCH APPROACH

Quantitative research is concerned with measurements of phenomena, characteristics, and concepts of things. It seeks to describe variables, examine relationships among variables, examine relationships, among variables and determine cause and effect interactions between variables. Quantitative research approach was adopted to accomplish the main objective of assessing the impact of knowledge and practice in teen empowerment on reproductive wellness among late adolescents in selected college in Chennai.

3.2 RESEARCH DESIGN

The research design selected in this study is true experimental study design, (pre test and post test control group). In this design subjects are selected by simple randomized sampling technique.

Group	Pre-test	Teen empowerment intervention	Post-test
Experimental group (Randomization)	01	X	02
Control group (Randomization)	03	Routine activities	04

O₁: Pretest assessment of teen empowerment on reproductive wellness in experimental group

- X:** Administration of teen empowerment on reproductive wellness
- O₂:** Posttest assessment of teen empowerment on reproductive wellness in experimental group
- O₃:** Pretest assessment of teen empowerment on reproductive wellness in control group.
- O₄:** Posttest assessment of teen empowerment on reproductive wellness in experimental group.

3.3 SETTING OF THE STUDY

This study was conducted at Dharmamurthi Rao Bahadur calavala cunnan chetty Hindu college, Dharmamurthi Nagar, Pattabiram, in Chennai.

3.4 DURATION ON THE STUDY

The study was conducted for a period of four weeks from 20.01.2020 to 15.02.2020.

3.5 STUDY POPULATION

Population is the entire aggregation of cases that meet the designed set of criteria. In this present study population is late adolescent girls who are all studying in Dharmamurthi Rao Bahadur calavala cunnan chetty Hindu college, Dharmamurthi Nagar, Pattabiram, semi urban area, in Chennai.

3.5.1. Target population

It includes late adolescent girls ranging from 18-21 years college girls semi urban area, in Chennai.

3.5.2. Accessible population

The accessible population of the study includes undergraduate late adolescent girls in the age group of 18 years -21years .

3.6 SAMPLE

The sample includes late adolescent's girls of age group between 18 years - 21 years studying under graduate students studying in Dharmamurthi Rao Bahadur calavala cunnan chetty Hindu college, Dharmamurthi Nagar, Pattabiram, semi urban area, Chennai.

3.7. SAMPLE SIZE

The sample size includes 100 late adolescent girls ,in these 50 late adolescent girls are in the experimental group,50 late adolescent girls are in the control group 18-21 years in selected college, Chennai.

3.8. CRITERIA FOR SAMPLE SELECTION

3.8.1 Inclusion Criteria:

- ❖ Late adolescent girls in the age group between 18 to 21years.
- ❖ Studying in a selected degree college ,in a selected area.
- ❖ Willing to participate in this study
- ❖ Available at the time of data collection

3.8.2 Exclusion Criteria

- ❖ Degree college students who are not willing to participate
- ❖ Age of the student is more than 21 years of age.
- ❖ Who have already attended the Reproductive wellness programme.

3.9 SAMPLING TECHNIQUE

The sampling technique employed in this study was simple random sampling technique.

3.10 RESEARCH VARIABLES

3.10.1 Independent Variable

In this present study the independent variable is the individualized teen empowerment intervention on knowledge regarding puberty, premenstrual syndrome, menstruation and menstrual health, diet and exercise in menstrual health , practice related to menstrual health disposal of sanitary pads..

3.10.2 Dependent Variables

It refers to reproductive wellness among late adolescent girls.

3.10.3 Demographic Variable

Variables include age of the student(Age in years) ,Educational institute in higher secondary ,Religion, Mothers education, Fathers education ,Type of family, Living area, Previous knowledge about reproductive health, Economic status.

3.11 DEVELOPMENT AND DESCRIPTION OF THE TOOL

Data collection tools are the procedures or instruments used by the researcher to observe the key variables in the research problem.

3.11.1. Development of tool :

The investigator adopted the following steps that were carried out in preparing questions.

Literature Review: Literature from books, journals and newspaper articles were reviewed and used to develop the assessment tools.

Expert's Opinion: The investigator discussed with the Nursing, statistics and Social preventive medicine department the experts and incorporated their valuable suggestions in the format of the assessment tools.

3.11.2 Description of the tool

The tool for data collection consists of two sections. The tool used in this study was a demographic and clinical variables.

Section-1

It consists of demographic data of the late adolescent college girls in the age group of 18-21. It includes age of the student (Age in years), Educational institute in higher secondary, Religion, Mothers education, Fathers education, Type of family, Living area, Previous knowledge about reproductive health, Economic status.

Section –II

Part-I

It consists of 20 self structured multiple choice questions with three options each regarding the knowledge on puberty, premenstrual syndrome, menstruation and menstrual health, diet and exercise in menstrual health. The section consists of 7 questions related to puberty, 3 questions related to premenstrual syndrome, 6 questions related to menstrual health, disposal management, 3 questions related to diet and exercise.

Part-II

It consists of 15 questions related to practice about menstrual health, disposal of sanitary pads.

TEEN EMPOWERMENT PROGRAMME

Teen empowerment programme about anatomy of the reproductive system, puberty, premenstrual syndrome, menstrual cycle, diet and exercise regarding reducing premenstrual syndrome (kegels, butterfly), practice related to menstrual hygiene, disposal of sanitary pads.

Score Interpretation

Total number of items: 35 knowledge-20, Practice-15)

Part-I: Knowledge

S. No	Score	Level of Knowledge
1.	<50%	Inadequate
2.	51-75%	Moderate
3.	76-100 %	Adequate

Part-II: Practice

S No.	Grade	Percentage	Marks
1.	Poor practice	0 – 40%	0.0-6.0
2.	Moderate practice	41 – 70%	6.1-10.5
3.	Good practice	71 – 100 %	10.6 -15.0

3.13 CONTENT VALIDITY

Validity refers to the degree to which an instrument measures what it is supposed to measure. The demographic data with the objective of the study were given to the Nursing ,Social Preventive Medicine and Statistics .They suggested certain modification in tool .Suggestions for the modification in the tool is accepted and made by the guide and was finalized by to be executed in the main study, Reliability of the tool was used through the pilot study using test retest method.

3.14 ETHICAL CONSIDERATION

The investigator has considered the ethical principles during the course of research study.

Human Rights

- ❖ The study was proposed among the experts of the Institutional Ethics Committee, Madras Medical College, and Chennai-03 and got the permission to carry out the study.
- ❖ To execute the study a written permission was obtained from the college principal in the selected college in Chennai.
- ❖ The content validity was received from the various experts in the community health nursing and social preventive medicine experts.

Beneficence

- ❖ Potential benefits and risks were explained to the samples.

Dignity

- ❖ Late adolescent girls were informed about the study in detail and ensured their participation. Informed consent was obtained from the late adolescent girls selected college in Chennai.
- ❖ Freedom was given to the participants in opting to participate in the study or withdrawal from the study.

Confidentiality

- ❖ Confidentiality and anonymity pledge was ensured. The late adolescent girls were also ensured maintaining the confidentiality of their details.

Justice

- ❖ The study participants were treated with justice.
- ❖ The content of the teen empowerment intervention was taught to the participants through booklet and demonstration after teen empowerment.

3.15 RELIABILITY OF THE TOOL

Reliability of the tool was assessed by using a test retest reliability method. This knowledge score reliability correlation coefficient was 0.80 and practice score reliability correlation coefficient was 0.82 .These correlation coefficient are very high and it's good tool for assessing the impact of teen empowerment on reproductive wellness among late adolescent girls in selected college Chennai.

3.16 PILOT STUDY

The pilot study was conducted after getting formal administrative permission and ethical clearance. A formal permission to conduct the study in Presidency College, Chennai. The investigator got an oral and written permission from the college premises and late adolescent girls prior to the study. The purpose of the study was explained to the subjects. 10 late adolescent girls were selected by simple random sampling method those who were met in the inclusion criteria. Experimental and control group was selected by lottery method. On first day pretest was done for both control and experimental group by using the self structured questionnaire. A convenient time and date was fixed of one week and questionnaire was given to the participants, Teen empowerment intervention was given by the use of booklet and demonstration to experimental group. Post test was conducted after one week. Result was analysed.

The reliability of the tool was tested using the test retest method .The knowledge score reliability correlation coefficient is very high .The investigator found that the instrument was good and feasible to use further no modifications were needed before the actual implementation of the study. The area in which the pilot study conducted was excluded for the main study.

3.17 DATA COLLECTION PROCEDURE

The data collection procedure for the study is as follows:

The formal written permission was obtained from the institutional Ethics Committee and from the principal and college premises to carry out the study. Samples were drawn using a simple Randomization lottery. During the first visit, the researcher introduced herself and explained the purpose of the study and confirmed the willingness of the late adolescent girls to participate in the study by getting consent from them as per inclusion criteria. Confidentiality of the study result ensured. Freedom was given to the late adolescent girls to leave study at their will without assigning any reason. Data collection procedure was done for a period of four weeks from 20.01.2020 to 15.02.2020 and the time taken for each subject was 10-15 minutes. Preassessment was done using a self structured questionnaire; subsequently Teen empowerment intervention was given on the next week, time duration was 45 minutes. During this time intervention participants doubts were clarified. Based on the criteria, about 50 participants in Mathematics and Physics department were in control group and 50 participants in Economics and Commerce Department were in Experimental group selected from lottery method simple randomization method, this two group (control and experimental) were selected by coin tossing method. First week pre-test provided in control and experimental group in two morning and evening sessions. Next week Experimental group each 25 provided teen empowerment intervention in alternative days for participants convenience. The contents in the booklet and demonstration of butterfly and kegels exercise were also explained to them. The post-test provided after one week of intervention in both Experimental and Control groups in morning and evening sessions. The investigator is able to complete the data within a 4 week period.

Table-3.1: Intervention Protocol for true experimental Group

S. No	Protocol	Experimental Group	Control group
1.	Place	Selected college in Chennai	Selected college in Chennai.
2.	Intervention	Teen empowerment intervention. Pre test-intervention-post test	Pre test -no intervention -post test
3.	Duration	4 weeks	4 weeks
4.	Frequency	morning	Evening
5	Time	45 min	-
5.	Mode of teaching	Booklet, demonstration	-
6	Recipients	Late adolescent girls in the age group of 18 -21 years(50)	Late adolescent girls in the age group of 18 -21 years(50)

3.18 DATA ANALYSIS

Data Entry: Data collected was entered into the excel sheet and coding the data into a statistical package for the social sciences (SPSS) statistical package system.

Analysis: The collected data was analyzed by descriptive and inferential statistics.

3.18.1descriptive Analysis

Frequency and percentage analysis were used to describe demographic characteristics of late adolescents in experimental and control group. Mean, Standard deviation was used to assess the knowledge and practice score on teen empowerment intervention on reproductive wellness in experimental and control group.

3.18.2 Inferential Statistics

Paired't' test was used to compare the pre test and post test level of knowledge and practices on teen empowerment of late adolescent girls.

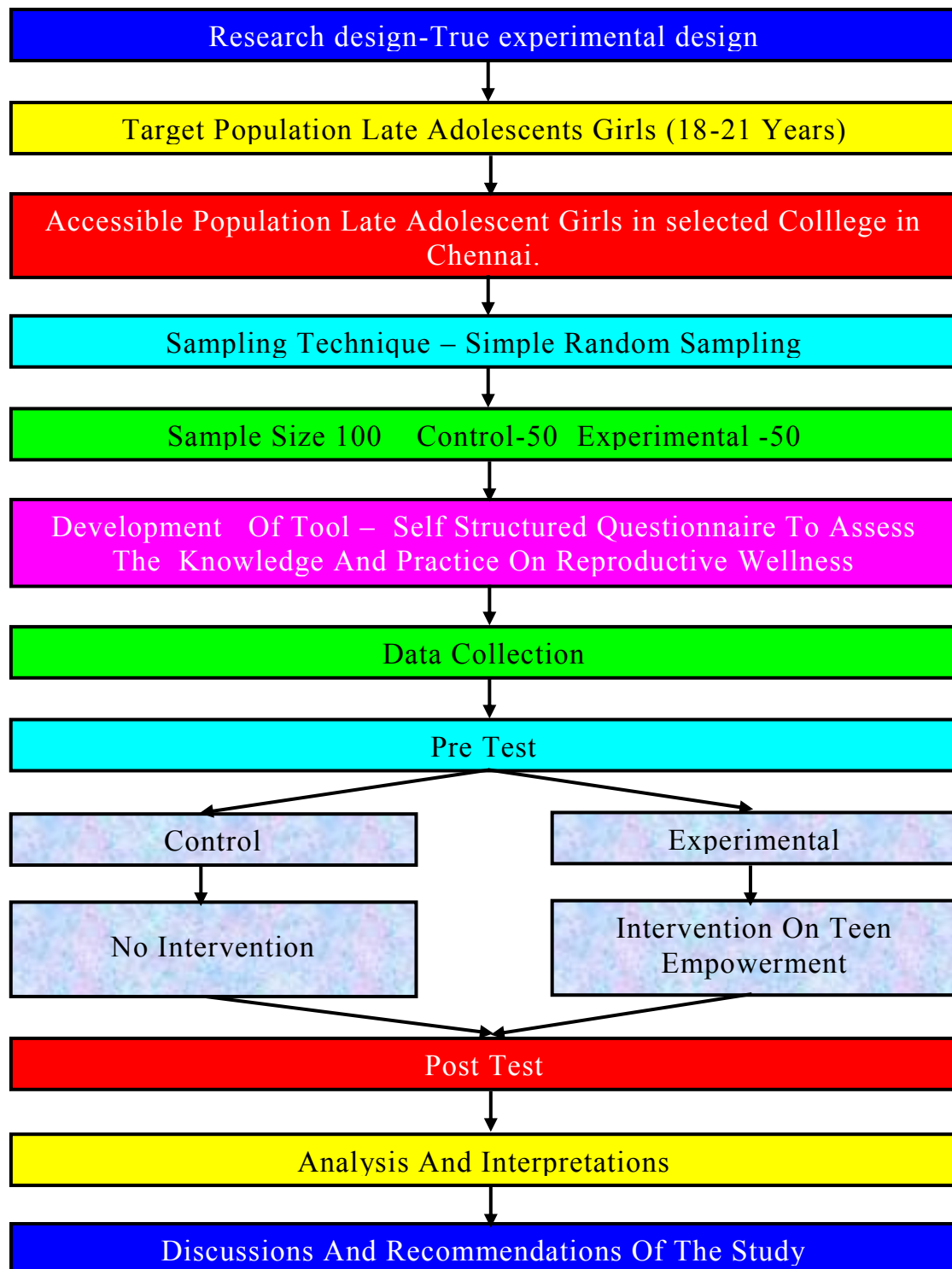
Independent't' test was used to compare the post test level knowledge and practices on teen empowerment of late adolescent girls between experimental and control group.

Chi-Square test was used to find out the association between the post tests level of knowledge and practices regarding teen empowerment of adolescent girls with their selected demographic variables in the experimental group.

Effectiveness and generalization of study result was given in percentage with 95% CI and mean difference with 95% CI.

Simple bar diagram, multiple bar diagram , scatter diagram with regression estimate were used to represent the data . A p value of ≤ 0.05 was considered statistically significant and two tailed tests were used for significance testing.

FIG-3.1: SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY



CHAPTER-IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the description of sample, analysis and interpretation of the data to assess the impact of teen empowerment on reproductive wellness in selected college. Teen empowerment includes knowledge and practices regarding puberty, premenstrual health, menstruation and menstrual health, diet and exercise in menstrual health disposal of sanitary pads. The obtained data have been classified, grouped and analysed statistically based on objectives of the study.

ORGANIZATION OF THE DATA

Section-I: Frequency and distribution of demographic variables of adolescent girls in experimental and control group

Section-II: Assessment of the pre-test level of knowledge and practice regarding teen empowerment intervention among late adolescent girls in experimental and control group.

Section-III: Assessment of post-test level knowledge and practice regarding teen empowerment intervention among late adolescent girls in experimental and control group.

Section-IV: Evaluate the impact of teen empowerment in knowledge and practice of teen empowerment among late adolescent girls.

Section-IV: Compare the pre test and post test level of knowledge and practice on teen empowerment among late adolescent girls in experimental and control groups.

Section-V: To find out the association between posttest level of knowledge and practice regarding teen empowerment among late adolescent girls with selected demographic variables.

SECTION-I DESCRIPTION OF DEMOGRAPHIC VARIABLES AMONG LATE ADOLESCENT GIRLS

Table-4.1 (a) : Demographic Variable

Demographic variables		Group			
		Experiment (n=50)		Control (n=50)	
		N	%	N	%
Age of the student	18-19 years	17	34.00%	18	36.00%
	19 -20 years	30	60.00%	28	56.00%
	20 -21 years	3	6.00%	4	8.00%
Educational institute	Got school	28	56.00%	25	50.00%
	Private School	7	14.00%	9	18.00%
	Aided school	15	30.00%	16	32.00%
Religion	Hindu	41	82.00%	39	78.00%
	Muslim	2	4.00%	3	6.00%
	Christian	7	14.00%	8	16.00%
Mothers education	Illiterate	8	16.00%	9	18.00%
	Elementary school	29	58.00%	25	50.00%
	Higher secondary	11	22.00%	14	28.00%
	Graduate	2	4.00%	2	4.00%
Fathers education	Illiterate	6	12.00%	7	14.00%
	Elementary school	15	30.00%	11	22.00%
	Higher secondary	21	42.00%	23	46.00%
	Graduate	8	16.00%	9	18.00%

Demographic variables		Group			
		Experiment (n=50)		Control (n=50)	
		N	%	N	%
Type of family	Nuclear family	30	60.00%	35	70.00%
	Joint family	16	32.00%	12	24.00%
	Extended family	4	8.00%	3	6.00%
Living area	Rural	14	28.00%	18	36.00%
	Urban	17	34.00%	17	34.00%
	Semi urban	19	38.00%	15	30.00%
Previous knowledge about reproductive health	Yes	12	24.00%	13	26.00%
	No	38	76.00%	37	74.00%
If yes mentioned	Parents	5	41.67%	5	38.46%
	Neighbours	1	8.33%	2	15.38%
	School teachers	5	41.67%	4	30.77%
	Friends	1	8.33%	2	15.38%
Family monthly income	< Rs.10000	17	34.00%	14	28.00%
	Rs.10001-20000	29	58.00%	29	58.00%
	> Rs.20000	4	8.00%	7	14.00%

NS= not significant $p>0.05$ not significant DF= Degrees of Freedom

Table 4.1 shows that the demographic variables with study participants

With regard to the age of the study participants, about 17 (34.00%) in experimental group and 18 (36%) in control group were belongs to 18-19 years of age, 30 (60.00%) in experimental group 28 (56.00%) in control

group were belongs to 19-20 years of age, 3(6.00%) in experimental group 4(8.00%)in control group were belongs to 20-21 years.

In accordance to educational institution of college students in past higher secondary education were in about 28(56.00%) in experimental group, 25 (50.00%) and in control group were belongs to Government school ,about 7(14.00%) in experimental group ,about 9(18.00%) in control group were belongs to private school, about 15 (30.00%) in experimental group, about 16(32.00 %) in control group were belongs to aided school.

Regarding religion of college students about 41(82.00%) in experimental group, about 39(78.00%) were belongs to Hindu, about 2(4.00%) in experimental group about 3 (6.00%) in control group were belongs to Muslims, about 7 (14.00%) in experimental group, about 8 (16.00%) in control group were belongs to Christian religion.

As regard to education of the participants mothers about 8 (16.00 %) in experimental group, 9 (18.00 %) in control group were belongs to illiterate ,about 29 (58.00%) in experimental group, about 25 (50.00 %))in control group were belongs to elementary school, about 21 (42.00 %) in experimental group , about 23 (46 .00%) in control group were belongs to Higher secondary education ,about 2 (4.00 %) in experimental group ,2 (4.00%) in control group belongs to Graduate .

As regard to education of the participants fathers about 6 (12.00%) in experimental group, 7 (14.00 %) in control group were belongs to illiterate ,about 15 (30.00%) in experimental group, about 11 (22.00 %) in control group were belongs to elementary school, about 21 (42.00 %) in experimental group , about 23 (46 .00%) in control group were belongs to Higher secondary education ,about 4 (16.00 %)in experimental group ,4(16.00%) in control group were belongs to Graduate .

Regarding study participants type of family about 30 (60.00 %) in experimental group, 35 (70.00 %) in control group were belongs to Nuclear family, about 16 (32.00%) in experimental group ,12 (24.00 %) in control group were belongs to joint family ,about 4 (8.00 %) in experimental group,3 (6.00 %) in control group were belongs to Extended family.

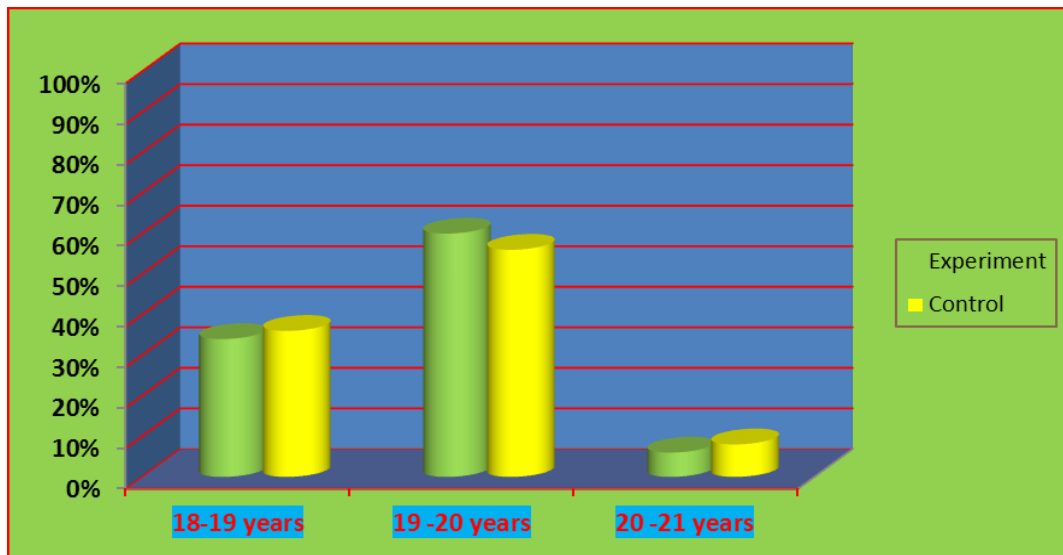
In relation to living area about 14 (28.00%) in experimental group, about 18 (36.00%) in control group were belongs to rural areas, about 17 (34.00)in experimental group ,about 17 (34.00 %) in control group were belongs to urban areas ,about 19 (38.00%) in experimental group ,15 (30.00 %) in control group were belongs to semi urban areas.

In relation to knowledge of reproductive knowledge about 12 (24.00 %) in experimental group, about 38 (26.00 %) in control group were belongs to answer Yes, about 38 (76.00%) in experimental group, 37 (74.00 %) in control group were belongs to No answer.

In relation to source of reproductive knowledge from participants about 5 (41.67%) in experimental group ,about 5 (38.46 %) in control group were belongs to parents, about 1(8.33 %) in experimental group, 2(15.38%) in control group were belongs to neighbours, about 5(41.67%)in experimental group 4(30.77%) in control group were belongs to school teachers, about 1(8.33%) in experimental group ,about 2 (15.38%) in control group were belongs to friends.

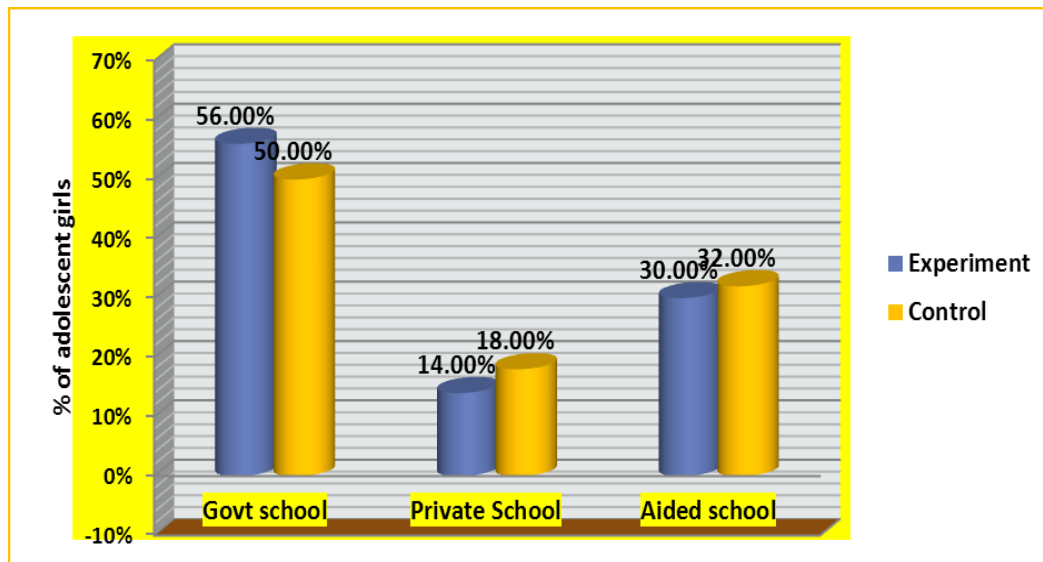
In relation to monthly income of participants about 17 (34.00%) in experimental group, about 14 (28.00%) in control group were belongs to monthly income of < Rs.10000.About 29 (58.00%) in experimental group, about 29 (58.00 %) in control group were belongs to monthly income of Rs.10001-20000, about 4 (8.00 %) in experimental group, about 7 (14.00) in control group were belongs to monthly income of > Rs.20000.

Fig-4.1: Age Distribution Of Late Adolescent Girls



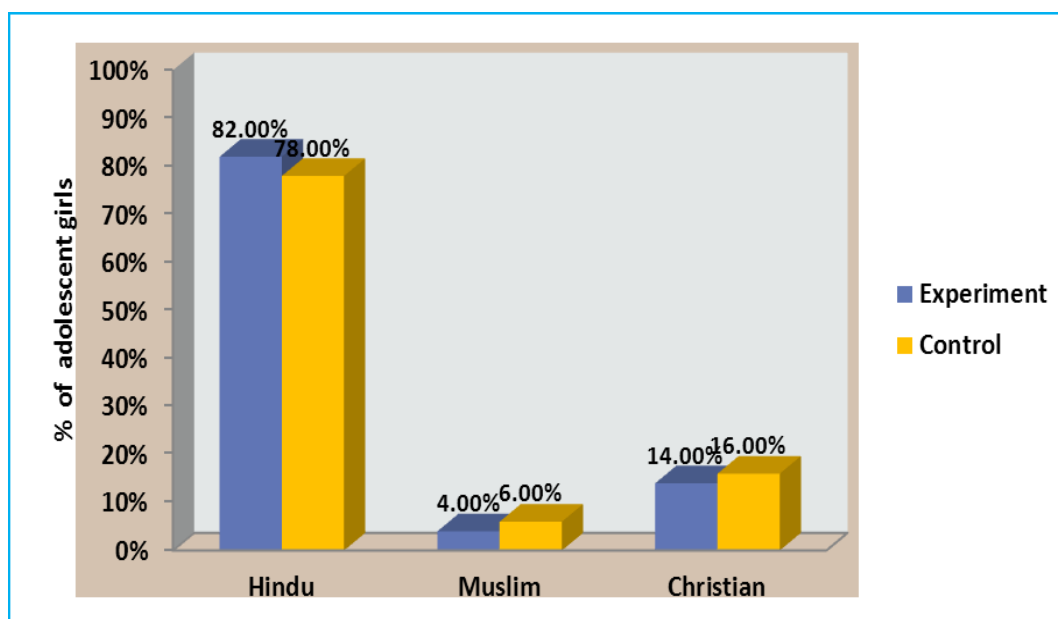
In the above figure shows the majority of 60.00% in experimental group, 56.00% of them in control group were belongs to 19-20 years of age.

Fig-4.2: Educational Institute Belongs To Late Adolescent Girls



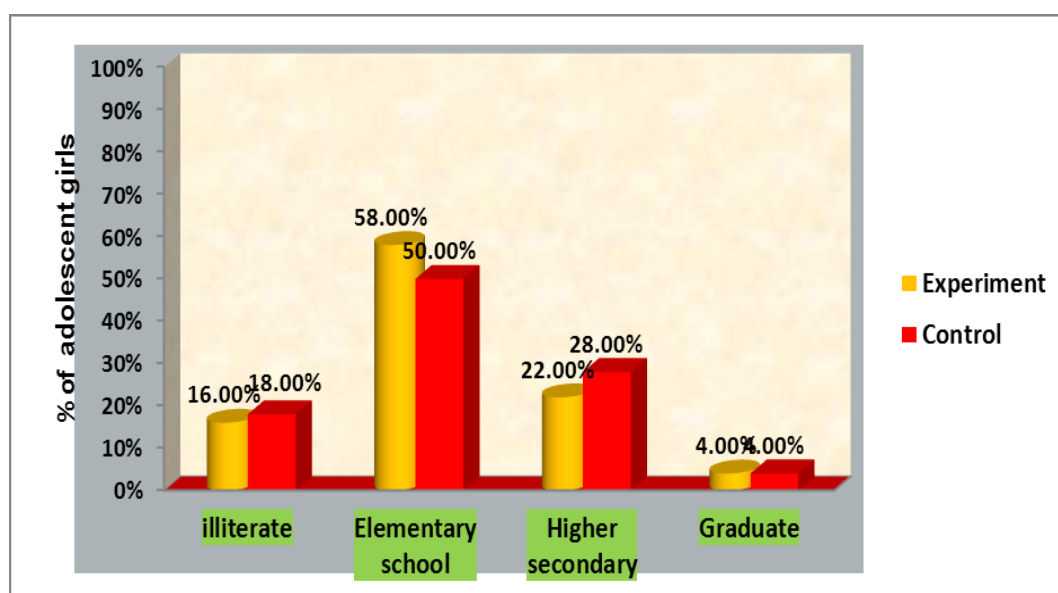
In the above figure shows majority of 56.00% in experimental group, 50.00% of them in control group were belongs to studied in govt institute in the past.

Fig- 4.3: Religion



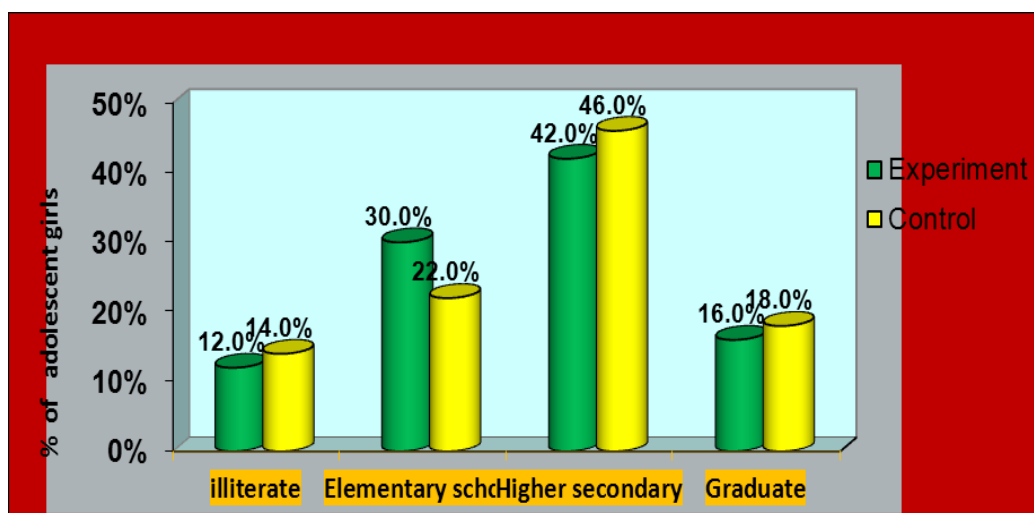
In above figures shows that majority of 82.00% in experimental group, 78.00% in control group belongs to Hindu religion.

Fig- 4.4: Mothers Education



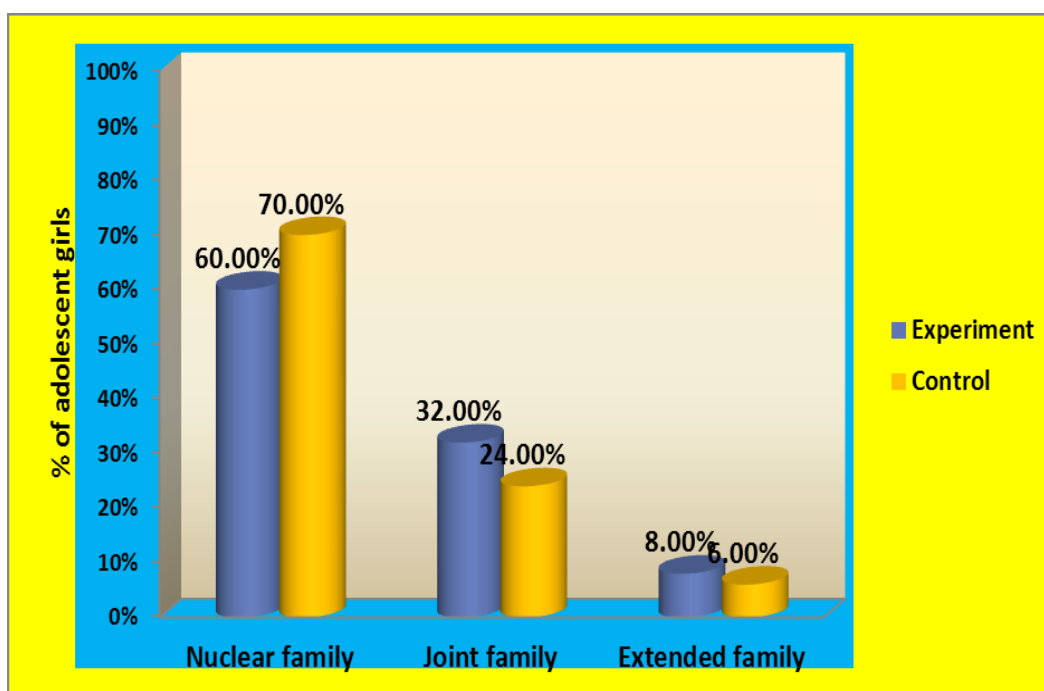
In the above figures shows that majority of 58.00% in experimental group, 50.00% of them in control group of late adolescent mothers were belongs to elementary school.

Fig- 4.5: Fathers Education Status



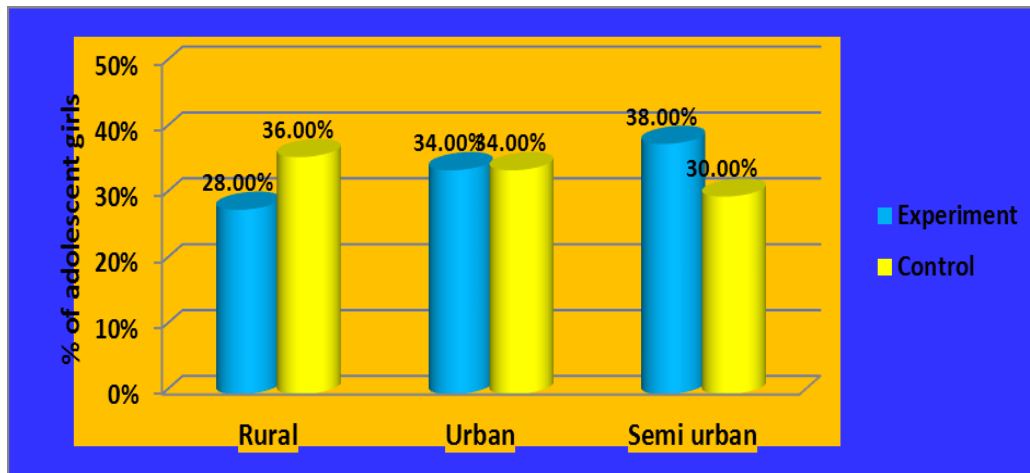
In the above figures shows that majority 42.00 % in experimental group, 46.00% of them in control group of late adolescent fathers were belongs to Higher secondary education.

Fig-4.6: Type of Family



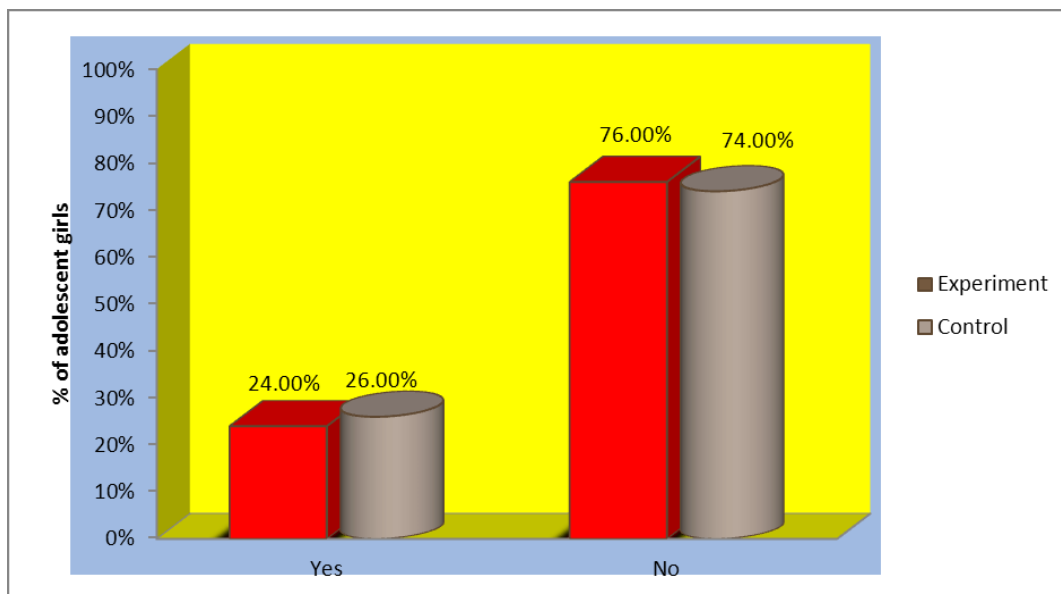
In the above figures shows that the majority of 60.00 % in the experimental group, 70.00 % in the control group were belonged to the Nuclear family.

Fig- 4.7: Living Area



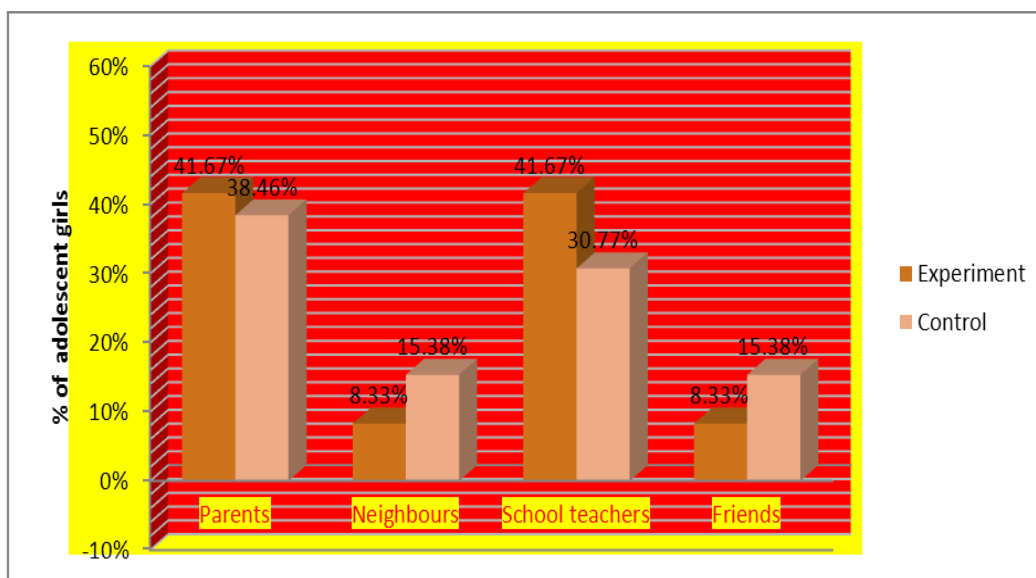
This figures shows that the majority of the 36.00% in the control group belonged to rural areas, and 38.00% in the experimental group belonged to semiurban areas.

Fig- 4.8: Previous Reproductive Knowledge



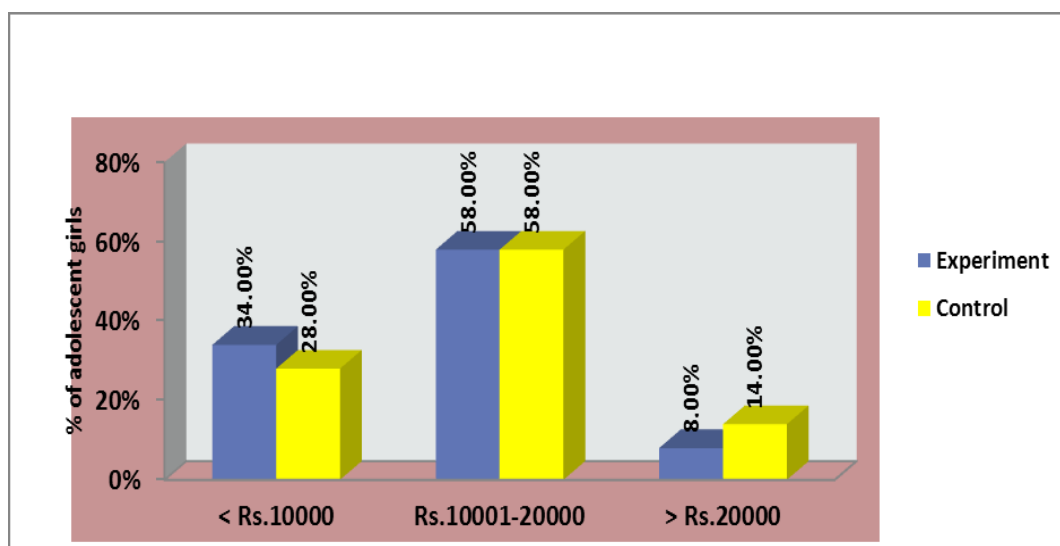
In this figures shows that the majority of 76.00% in the experimental group and 37 (74.00 %) in control the group belonged to No, regarding previous reproductive knowledge .

Fig- 4.9: If Yes



In this figure shows that the majority of 41.67% school teacher in experimental group and 41.67% parents regarding previous sources of reproductive knowledge.

Fig- 4.10: Monthly Income



In this figures shows that majority of 58.00% in experimental group, 58.00% in control group were belongs to monthly income of Rs.10001-20000

SECTION-II: ASSESSMENT OF THE PRE-TEST LEVEL OF KNOWLEDGE AND PRACTICE REGARDING TEEN EMPOWERMENT INTERVENTION AMONG LATE ADOLESCENT GIRLS IN EXPERIMENTAL AND CONTROL GROUP

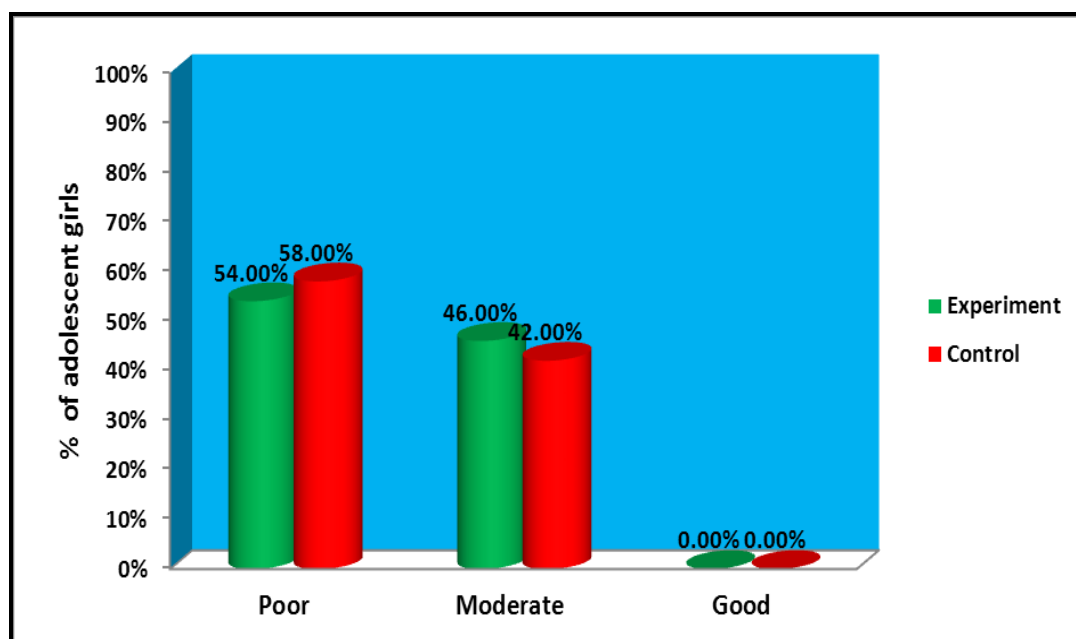
Table-4.2: Pretest Level of Knowledge Score

Level of knowledge	Experiment		Control		Chi square test
	N	%	N	%	
Inadequate	32	64.00%	30	60.00%	$\chi^2=0.17$ P=0.68 DF=2 (NS)
Moderate	18	36.00%	20	40.00%	
Adequate	0	0.00%	0	0.00%	
Total	50	100%	50	100%	

(Fig 11) $P>0.05$ not significant

Table no 4.2 shows the pre-test level of knowledge score between experimental and control late adolescent girls.

Fig-4.11: Pretest Level of Knowledge Score



In pre-test, before teen empowerment intervention, in the experimental group, 54.00% of the late adolescent girls are having inadequate level of knowledge score and 46.00% of them have moderate level of knowledge score and none of them are having adequate level of knowledge score. In the control group, 58.00% of the late adolescent girls are having inadequate level of knowledge score and 42.00% of them having moderate level of knowledge score and none of them are having adequate level of knowledge score. Pre test level of knowledge score between experimental and control group was calculated using chi-square test.

Table-4.3: Comparison of Domain Wise Mean Pretest Knowledge Score

S No	Domains	Group				Mean difference	Student independent t-test
		Experiment		Control			
		Mean	SD	Mean	SD		
1	Puberty	3.40	1.56	3.42	1.34	0.02	t=0.07 P=0.95, DF 98 (NS)
2	Premenstrual syndrome	1.40	1.09	1.40	1.07	0.00	t=0.00 P=1.00, DF 98 (NS)
3	Menstruation and menstrual health	2.80	1.47	2.90	1.34	0.10	t=0.36 P=0.72, DF 98 (NS)
4	Diet and Exercise in menstrual health	1.58	1.03	1.60	.99	0.02	t=0.10 P=0.92, DF 98 (NS)
	Total	9.18	3.20	9.32	2.40	0.14	t=0.25 P=0.81, DF 98 (NS)

P>0.05 not significant DF=Degrees of Freedom

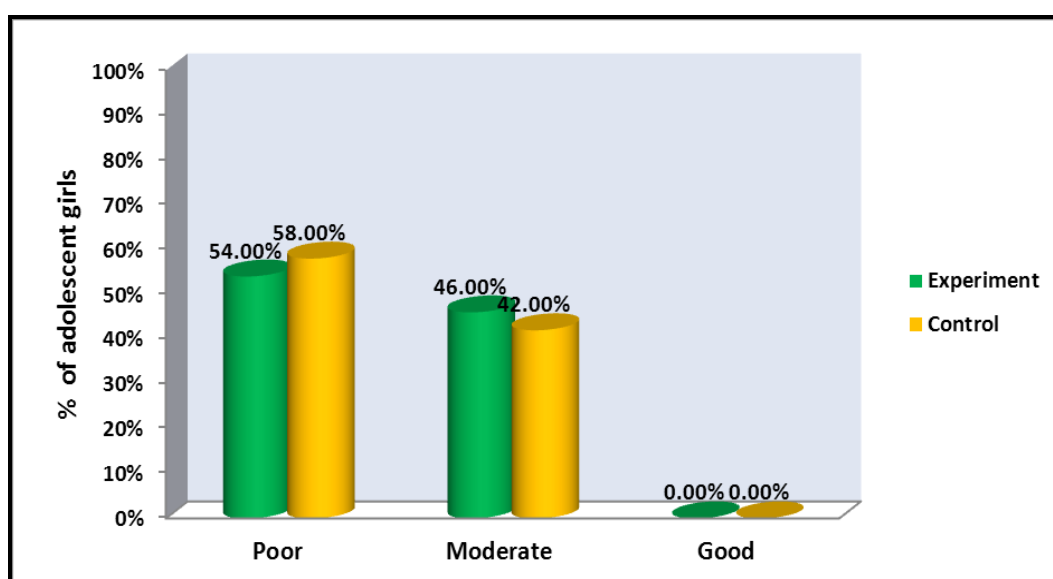
Table no 4.3 shows the comparison of overall pre-test mean knowledge score before administration of **teen empowerment intervention**.

Table-4.4: Pretest Level of Practice Score

Level of practice	Experiment		Control		Chi square test
	N	%	N	%	
Poor	27	54.00%	29	58.00%	$\chi^2=0.16$ $P=0.68$ $DF=1(NS)$
Moderate	23	46.00%	21	42.00%	
Good	0	0.00%	0	0.00%	
Total	50	100%	50	100%	

Table no.4.4 pre-test level of practice scores and comparison in between experimental and control group’s of late adolescent girls.

Fig-4.12: Pretest level of practice score



Before teen empowerment , in experimental, 54.00% of the late adolescent girls are having poor level of practice score, 46.0% of them having moderate level of practice score and none of them are having Good level of practice score.

In the control group, 58.00% of the late adolescent girls are having poor level of practice score, 32.0% of them having moderate level of practice score and none of them are having Good level of practice score.

Table-4. 5: Comparison Of Overall Mean Pretest Practice Score

Group	N	Mean	Std. Deviation	Mean difference	Student'S independent t-test
Experiment	50	6.98	1.81	0.10	t=0.28 P=0.78 DF = 98, not significant
Control	50	6.88	1.78		

P>0.05 not significant DF=Degrees of Freedom

Table no 5 shows the comparison of overall pre-test mean practice score before administration of teen empowerment intervention. On an average, experimental group late adolescent girls are having 6.98 practice score and control group late adolescent girls are having 6.88 practice score, so the difference is 0.10 practice score. This difference is small and it is not a statistically significant difference. Statistical significance was calculated by using the student's independent t test.

SECTION-III:ASSESSMENT OF POST-TEST LEVEL KNOWLEDGE AND PRACTICE REGARDING TEEN EMPOWERMENT INTERVENTION AMONG LATE ADOLESCENT GIRLS IN EXPERIMENTAL AND CONTROL GROUP.

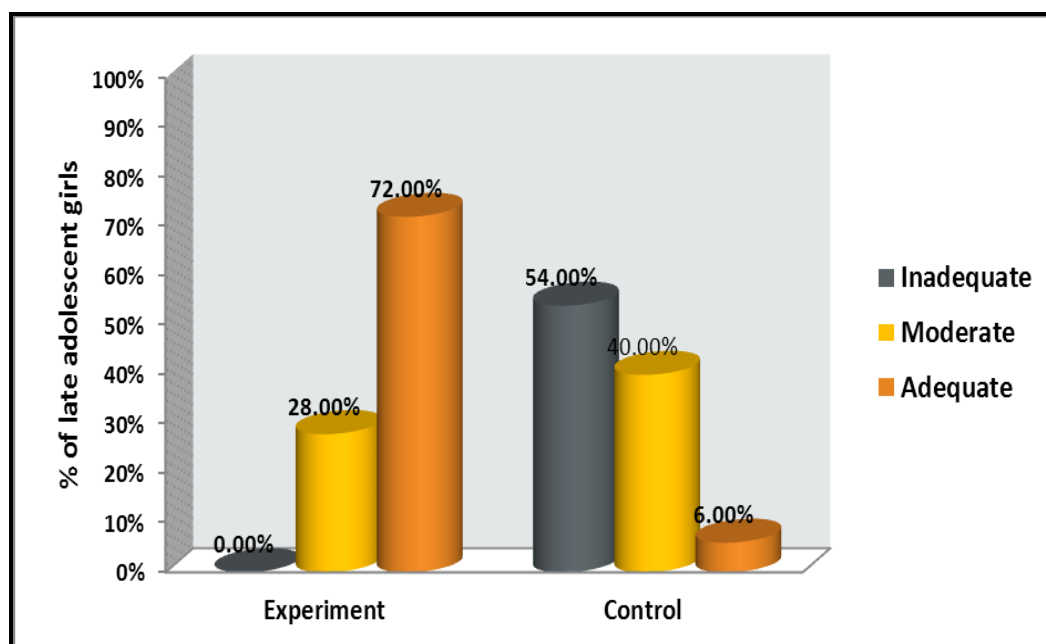
Table-4.6: Posttest Level of Knowledge Score

Level of knowledge	Experiment		Control		Chi square test
	N	%	N	%	
Inadequate	0	0.00%	27	54.00%	$\chi^2=55.98$ P=0.001*** DF=2 (S)
Moderate	14	28.00%	20	40.00%	
Adequate	36	72.00%	3	6.00%	
Total	50	100%	50	100%	

(Fig 13) $P \leq 0.05$ significant

Table no.4.6 post test level of knowledge score and compare between experimental and control group late adolescent girls by using chi square test.

Fig-4.14: Posttest Level of Knowledge Score



After teen empowerment intervention, in the experimental group, none of the late adolescent girls have an inadequate level of knowledge score and 28.00% of them having moderate level of knowledge score and 72.00% of them have adequate level of knowledge score.

In the control group, 54.00% of the late adolescent girls are having inadequate level of knowledge score and 40.00% of them have moderate level of knowledge score and 6.00% of them are having adequate level of knowledge score.

Statistically there is a significant difference between experimental and control groups.

Table-4.7: Comparison Of Domain Wise Mean Posttest Knowledge Score

S No	Domains	Group				Mean difference	Student independent t-test
		Experiment		Control			
		Mean	SD	Mean	SD		
1	Puberty	5.56	1.33	3.52	1.31	2.04	t=7.72 P≤0.001, DF= 98 (NS)
2	Pre menstrual syndrome	2.48	.86	1.50	1.04	0.98	t=5.14 P≤0.001, DF =98 (NS)
3	Menstruation and menstrual health	5.30	1.57	2.94	1.25	2.36	t=8.32 P≤0.001, DF= 98 (NS)
4	Diet and Exercise in menstrual health	2.36	.83	1.72	.93	0.64	t=3.64 P≤0.001, DF=98 (NS)
	Total	15.90	2.08	9.68	2.30	6.22	t=14.18 P≤0.001, DF= 98 (NS)

P≤0.05 significant DF=Degree of Freedom

Table no4. 7 shows the comparison of overall post-test mean knowledge score after administration of **teen empowerment intervention**.

Table-4.8: Post Test Level of Practice Score in Control and Experimental Group

Level of practice	Experiment		Control		Chi square test
	N	%	N	%	
Poor	0	0.00%	25	50.00%	$\chi^2=56.21$ P=0.001*** DF=2 (S)
Moderate	13	26.00%	22	44.00%	
Good	37	74.00%	3	6.00%	
Total	50	100%	50	100%	

P<0.001 significant

Table no.4.5 post-test level of practice scores between experimental and control group and compare them by chi square test.

Fig-4.16: Posttest Level of Practice Score

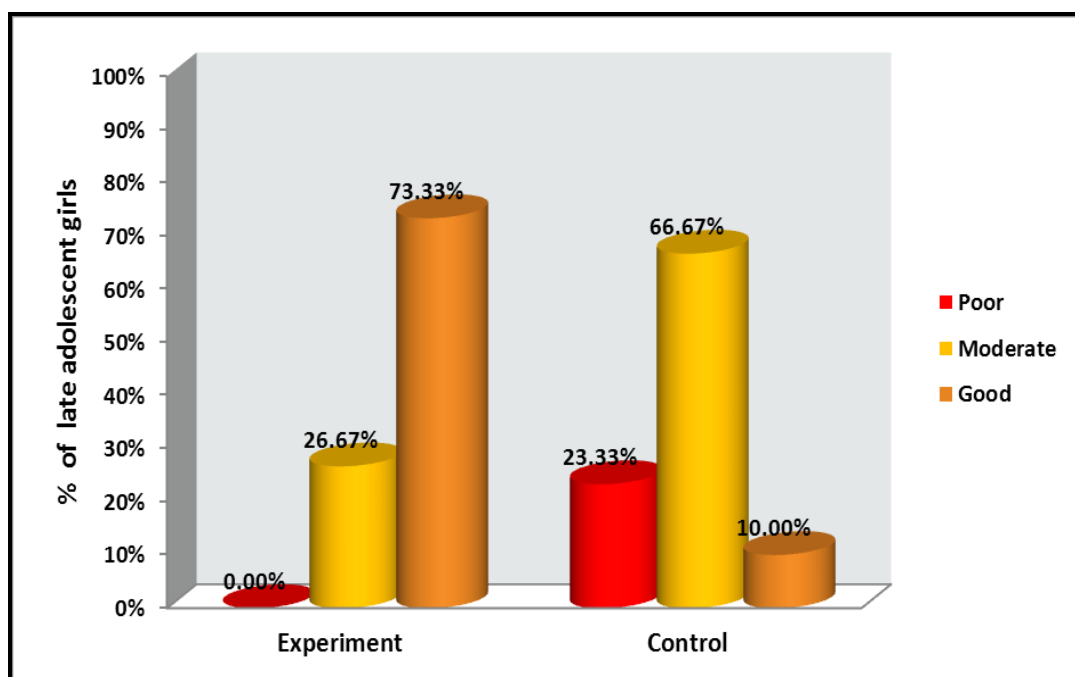


Table no 4.8. compares the post-test level of practice score between experimental and control group.

After teen empowerment intervention, in experimental, none of the late adolescent girls are having poor level of practice score, 26.00% of them having moderate level of practice score and 74.00% of them are having Good level of practice score. In the control group, 23.33% of the late adolescent girls are having poor level of practice score, 66.67% of them having moderate level of practice score and 10.00% of them are having Good level of practice score.

Statistically there is a significant difference between the experimental and control group. Level of practice scores between experimental and control groups were calculated using the chi-square test.

SECTION-IV: EVALUATE THE IMPACT OF TEEN EMPOWERMENT IN KNOWLEDGE AND PRACTICE OF TEEN EMPOWERMENT AMONG LATE ADOLESCENT GIRLS.

Table-4.9: Impact Of Teen Empowerment Intervention On Knowledge On Reproductive Wellness Among Late Adolescent Girls

Group	Test	Maximum score	Mean score	% of mean score	Mean Difference of knowledge gain score with 95% Confidence interval	Percentage Difference of knowledge gain score with 95% Confidence interval
Experiment	Pretest	20	9.18	45.90%	6.72 (5.62 – 7.82)	33.60 % (28.10% – 39.10%)
	Posttest	20	15.90	79.50%		
Control	Pretest	20	9.32	46.60%	0.36 (-0.20 – 0.76)	1.8% (-0.10% – 3.80%)
	Posttest	20	9.68	48.40%		

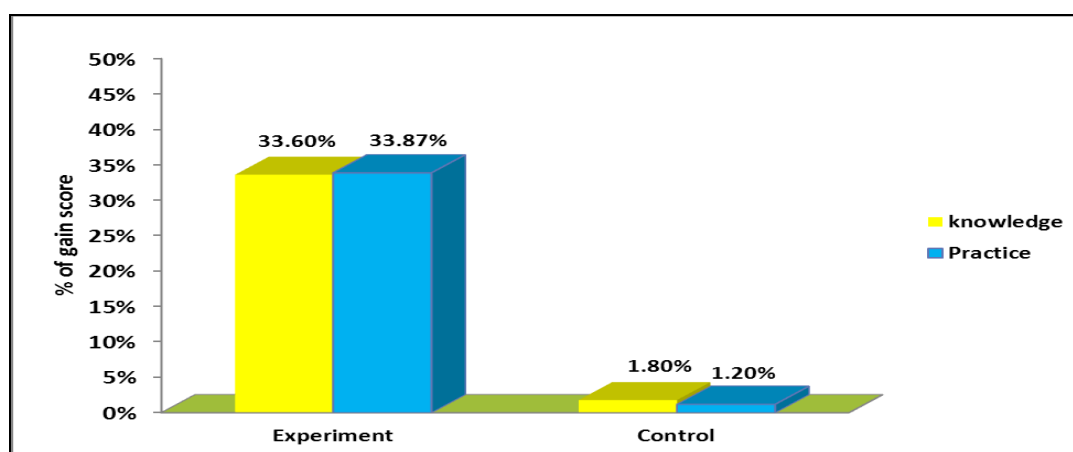
Table no4.9 shows the effectiveness of teen empowerment intervention regarding knowledge score among late adolescent girls and generalization of knowledge score.

Table-4.10: Impact of Teen Empowerment Intervention Practice on Reproductive Wellness among Late Adolescent Girls

Group	Test	Maximum score	Mean score	% of mean score	Mean Difference of practice gain score with 95% Confidence interval	Percentage Difference of practice gain score with 95% Confidence interval
Experiment	Pretest	15	6.98	46.53%	5.08 (4.48 – 5.67)	33.87 % (29.87% – 37.80%)
	Posttest	15	12.06	80.40%		
Control	Pretest	15	6.88	45.87%	0.18 (-0.01 – 0.37)	1.20% (-0.07% – 2.47%)
	Posttest	15	7.06	47.07%		

Table no 4.10 shows the effectiveness of **teen empowerment intervention** regarding practice score among late adolescent girls and generalization of practice score.

Fig-4.17: Percentage of Knowledge and Practice gain score



In this figure shows that experimental group gained 33.60% knowledge score whereas the control group gained only 1.80% knowledge score. In practice experimental group gained 33.87% practice score whereas the control group gained only 1.20% practice score. Differences and generalization of practice score between pre test and post test score was calculated using a mean difference with 95% CI and proportion with 95%.

SECTION-IV: COMPARE THE PRE TEST AND POST TEST LEVEL OF KNOWLEDGE AND PRACTICE ON TEEN EMPOWERMENT AMONG LATE ADOLESCENT GIRLS IN EXPERIMENTAL AND CONTROL GROUPS.

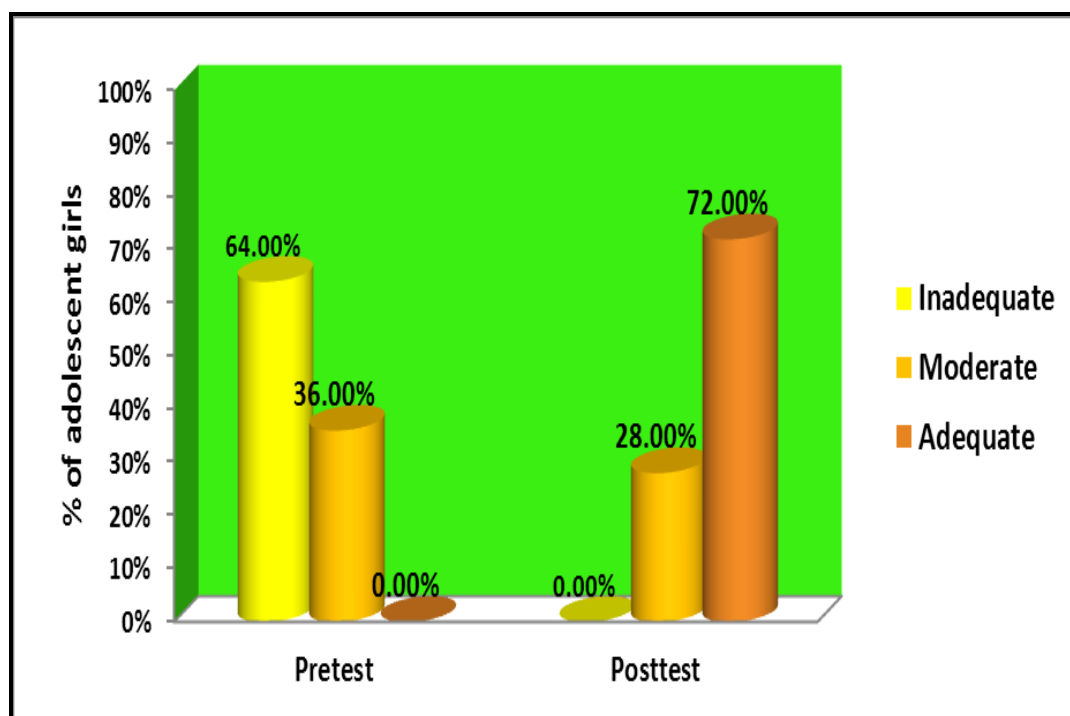
Table-4.11: Comparison of Pretest and Posttest Level of Knowledge score (Experimental)

Level	Pretest		Posttest		Extended McNemar's test
	N	%	N	%	
Inadequate	32	64.00%	0	0.00%	$\chi^2=68.50$ P=0.001*** DF=2 (S)
Moderate	18	36.00%	14	28.00%	
Adequate	0	0.00%	36	72.00%	
Total	50	100%	50	100%	

P \leq 0.05 significant

Table no.4.11 : compares the level of knowledge score between pretest and posttest score

Table-4.12: Comparison of Pretest and Posttest Level of Knowledge Score (experimental)



In this figure 4.12 shows that in the experimental group, in pre test, 64.00% of them are having inadequate level of knowledge score and 36.00% of them having moderate level of knowledge score and none of them are having adequate scores.

In post test, none of them have an inadequate level of knowledge score, 28.00% of them have moderate level of knowledge score, and 72.00% of them have adequate level of knowledge score. Statistically there is a significant difference between pre-test and post-test score.

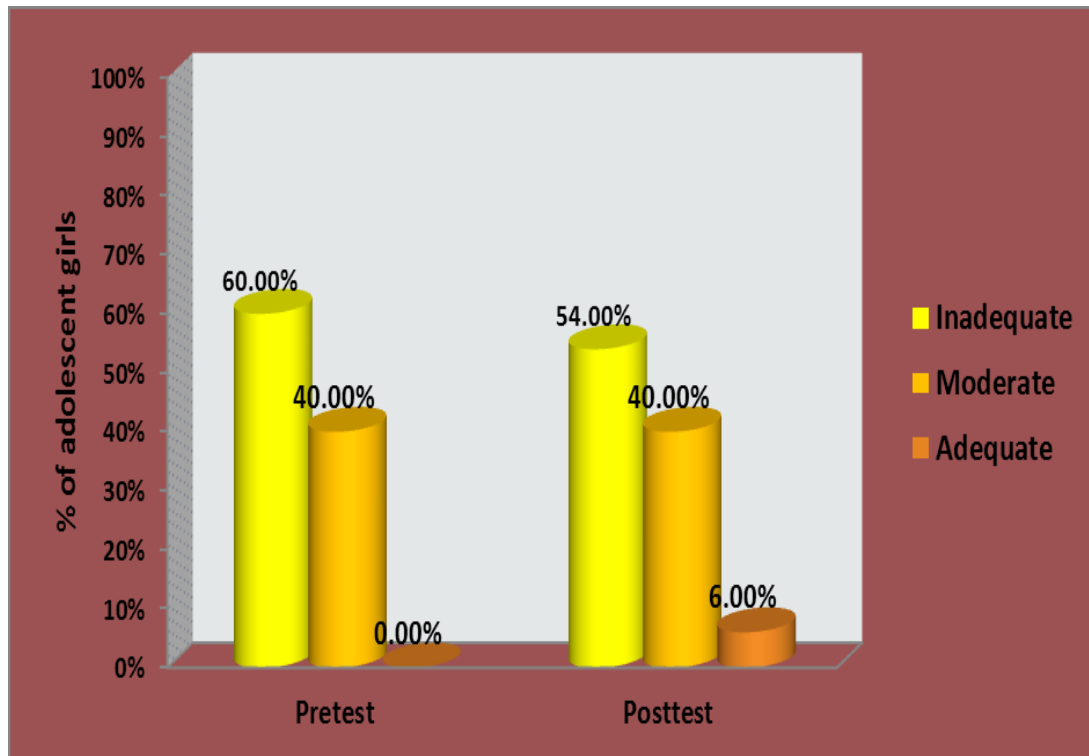
Table-4.12: Comparison of Pretest and Posttest Level of Knowledge Score (Control)

Level	Pretest		Posttest		Extended McNemar's test
	N	%	N	%	
Inadequate	30	60.00%	27	54.00%	$\chi^2=4.18$ P=0.12 DF=2 (NS)
Moderate	20	40.00%	20	40.00%	
Adequate	0	0.00%	3	6.00%	
Total	50	100%	50	100%	

P>0.05 not significant

Table no.4.12 compares the level of knowledge score between pre-test and post-test score.

Fig-4.13: Comparison of Pretest and Posttest level of knowledge score



In this figure shows that control, in pre test, 60.00% of them are having inadequate level of knowledge score and 40.00% of them having moderate level of knowledge score and none of them having adequate score. In post test, 54.00% of them are having inadequate level of knowledge score, 40.00% of them having moderate level of knowledge score, 6.00% of them are having adequate level of knowledge score. Statistically there is no significant difference between pre-test and post-test score.

Pretest and posttest knowledge score was calculated using

Extended McNemar's test.

Table-4.13: Comparison of Pretest and Posttest mean knowledge score

SNO	Domains	Group				Mean difference	Paired t-test
		Pretest		Posttest			
		Mean	SD	Mean	SD		
Experiment	Puberty	3.40	1.56	5.56	1.33	2.16	t=7.36 P=0.001*** DF= 49 (S)
	Premenstrual syndrome	1.40	1.09	2.48	.86	1.08	t=5.10 P=0.001*** DF =49 (S)
	Menstruation and menstrual health	2.80	1.47	5.30	1.57	2.50	t=7.73 P=0.001*** , DF= 49 (S)
	Diet and Exercise in menstrual health	1.58	1.03	2.36	.83	0.78	t=4.10 P=0.001*** DF= 49 (S)
	Total	9.18	3.20	15.90	2.08	6.72	t=12.29 P=0.001*** DF= 49 (S)
Control	Puberty	3.42	1.34	3.52	1.31	0.10	t=1.46 P=0.16, DF= 49 (NS)
	Premenstrual syndrome	1.40	1.07	1.50	1.04	0.10	t=1.52 P=0.11 DF= 49 (NS)

SNO	Domains	Group				Mean difference	Paired t-test
		Pretest		Posttest			
		Mean	SD	Mean	SD		
	Menstruation and menstrual health	2.90	1.34	2.94	1.25	0.04	t=0.36 P=0.71, DF= 49 (NS)
	Diet and Exercise in menstrual health	1.60	.99	1.72	.93	0.12	t=1.91 P=0.06, DF= 49 (NS)
	Total	9.32	2.40	9.68	2.30	0.36	t=1.80 P=0.07, DF= 49 (NS)

Fig4.13 Considering Experimental group Knowledge, in pre test they are having 9.18 knowledge score and in posttest they are having 15.90 knowledge score, so the difference is 6.72, this difference is large and it is statistically significant. Considering Control group Knowledge, in pre test they are having 9.32 knowledge score and in posttest they are having 9.68 knowledge score, so the difference is 0.36, this difference is small and it is not statistically significant.

Statistical significance difference between pre-test and post-test was calculated using student paired t-test.

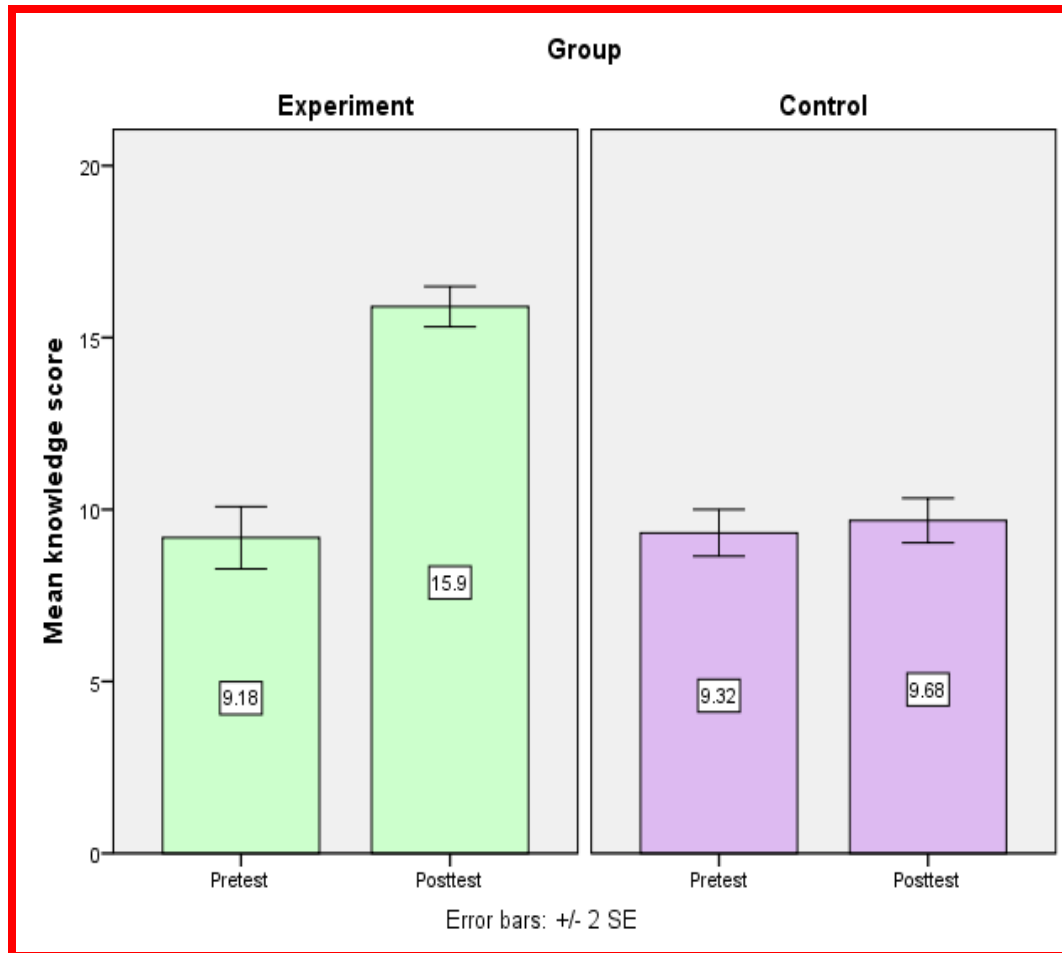


Fig 4.14: Simple bar with 2 standard error diagrams compares the pretest and posttest knowledge score among the experiment and control group of late adolescent girls.

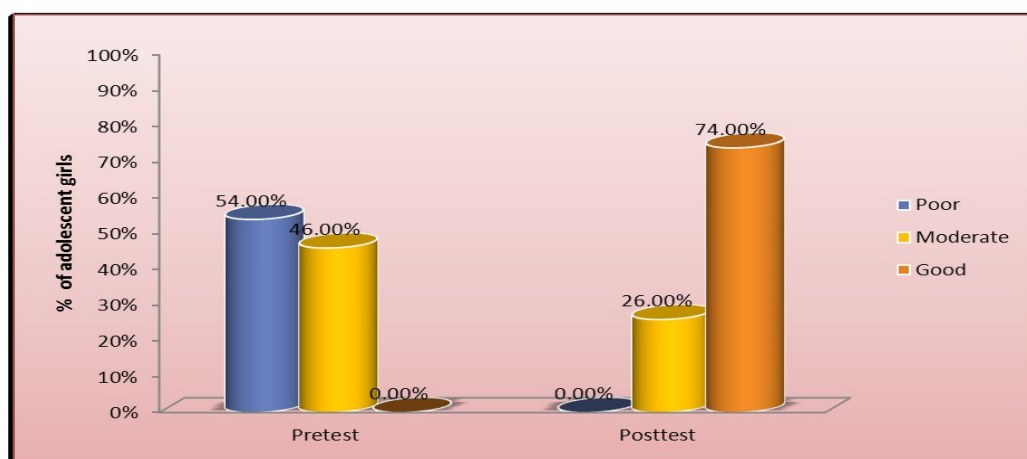
Table-4.14 : Comparison of Pretest and Posttest Level of Practice Score (Experimental)

Level	Pretest		Posttest		Extended McNemar's test
	N	%	N	%	
Poor	27	54.00%	0	0.00%	$\chi^2=71.50$ $P=0.001^{***}(S)$
Moderate	23	46.00%	13	26.00%	
Good	0	0.00%	37	74.00%	
Total	50	100%	50	100%	

P<0.05 * significant

Table no.4.14 compares the level of practice score between pre-test and post-test score.

Fig-4.15: Comparison of Pretest And Posttest level of practice score (Experimental)



In this figure shows that experimental group, in pre test, 54.00% of them are having poor level of practice score and 46.00% of them having moderate level of practice score and 0.00% of them are having good score. In post test ,none of them are having poor level of practice score, 26,00% of them having moderate level of practice score ,74.00% of them are having good level of practice score. Statistically there is a significant difference between pre-test and post-test score. Pretest and posttest practice scores calculated using Extended McNemar's test.

Fig-4.16: Comparison Of Pretest And Post Test Level Of Practice Score (Control)

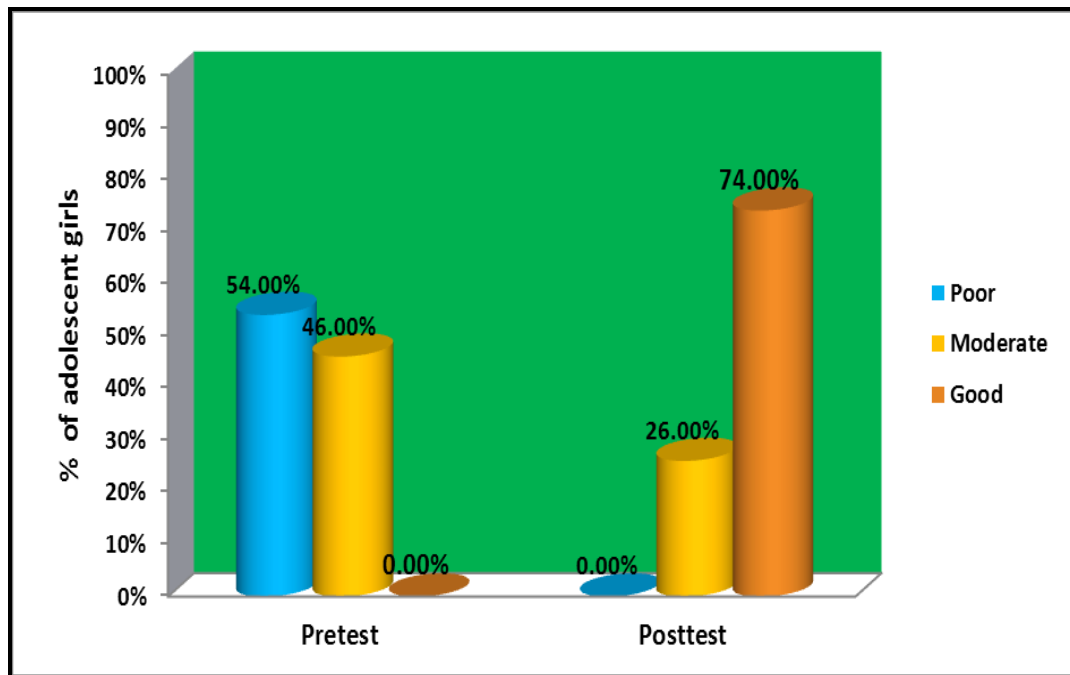


Table 4 15: Comparison of Pretest and Posttest level of practice score(Control)

Level	Pretest		Posttest		Extended McNemar's test
	N	%	N	%	
Poor	29	58.00%	25	50.00%	$\chi^2=2.00$ $P=0.36(NS)$
Moderate	21	42.00%	22	44.00%	
Good	0	0.00%	3	6.00%	
Total	50	100%	50	100%	

P<0.05 * significant

Table no.4.15 compares the level of practice score between pretest and posttest score.

In the control, in pre test, 58.00% of them are having poor level of practice score and 42.00% of them having moderate level of practice score and none of them are having good level of practice score. In post test, 50.00% of them are having poor level of practice score, 44.00% of them having moderate level of practice score, 6.00% of them are having good level of practice score. Statistically there is no significant difference between pre-test and post-test score.

Pretest and posttest practice score were calculated using Extended McNemar's test.

Table-4.17: Comparison Of Pretest And Posttest Mean Practice Score

Group		N	Mean	SD	Mean reduction score	Paired t-test
Experiment	Pre-test	50	6.98	1.81	5.08	t=17.04 p=0.001*** DF=49 (S)
	Post-test	50	12.06	1.08		
Control	Pre-test	50	6.88	1.78	0.18	t=1.86p=0.07 DF=49 (NS)
	Post-test	50	7.06	1.81		

Considering table 4.16 Experimental group Practice, in pre test they are having 6.98 practice score and in posttest they are having 12.06practice score, so the difference is 5.08, this difference is large and it is statistically significant.

Considering Control group Practice, in pre test they are having 6.88 practice score and in posttest they are having 7.06 practice score, so the difference is 0.18, this difference is small and it is not statistically significant.

Statistical significance difference between pre-test and post-test was calculated using student paired t-test.

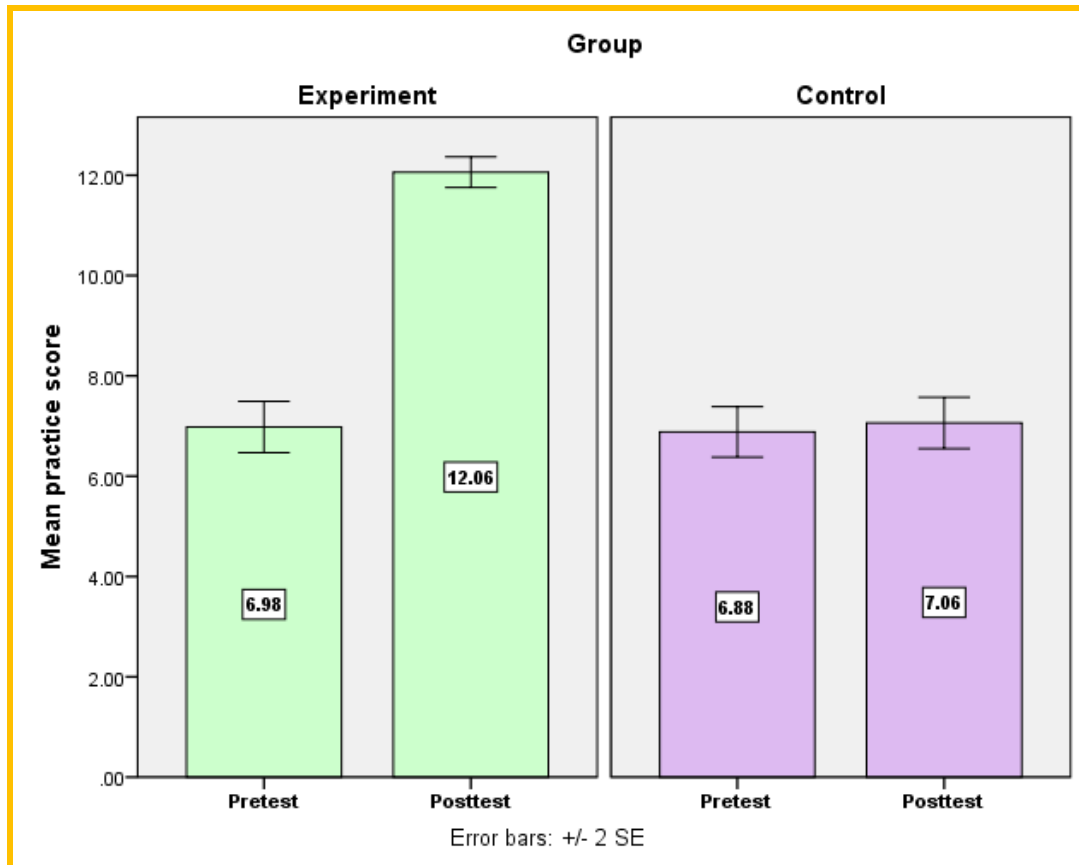


Fig 4.18: Simple bar with 2 standard error diagrams compares the pretest and posttest practice score among the experiment and control group of late adolescent girls.

SECTION-V: TO FIND ASSOCIATION BETWEEN POSTTEST LEVEL OF KNOWLEDGE AND PRACTICE REGARDING TEEN EMPOWERMENT AMONG LATE ADOLESCENT GIRLS WITH SELECTED DEMOGRAPHIC VARIABLES.TABLE

Table-4.19: Association Between Posttest Level Of Knowledge Score And Late Adolescent Girls Demographic Variables (Experiment)

Demographic variables		Posttest level of knowledge score						N	Chi square test
		Inadequate		Moderate		Adequate			
		N	%	N	%	N	%		
Age of the student	18-19 years	0	0.00%	9	52.94%	8	47.06%	17	$\chi^2=8.32$ P=0.02* DF=2 (S)
	19 -20 years	0	0.00%	5	16.67%	25	83.33%	30	
	20 -21 years	0	0.00%	0	0.00%	3	100.00%	3	
Type of family	Nuclear family	0	0.00%	5	16.67%	25	83.33%	30	$\chi^2=7.01$ P=0.03* DF=2 (S)
	Joint family	0	0.00%	6	37.50%	10	62.50%	16	
	Extended family	0	0.00%	3	75.00%	1	25.00%	4	
Living area	Rural	0	0.00%	1	7.14%	13	92.86%	14	$\chi^2=6.11$ P=0.05* DF=2 (S)
	Urban	0	0.00%	8	47.06%	9	52.94%	17	
	Semi urban	0	0.00%	5	26.32%	14	73.68%	19	

* $p \leq 0.05$ significant

Table 4.19 shows the association between post-test level of knowledge score and late adolescent girls demographic variables among experimental group.

Fig-4.20: Association between Posttest level of Knowledge score and age group of adolescent girls (Experiment)

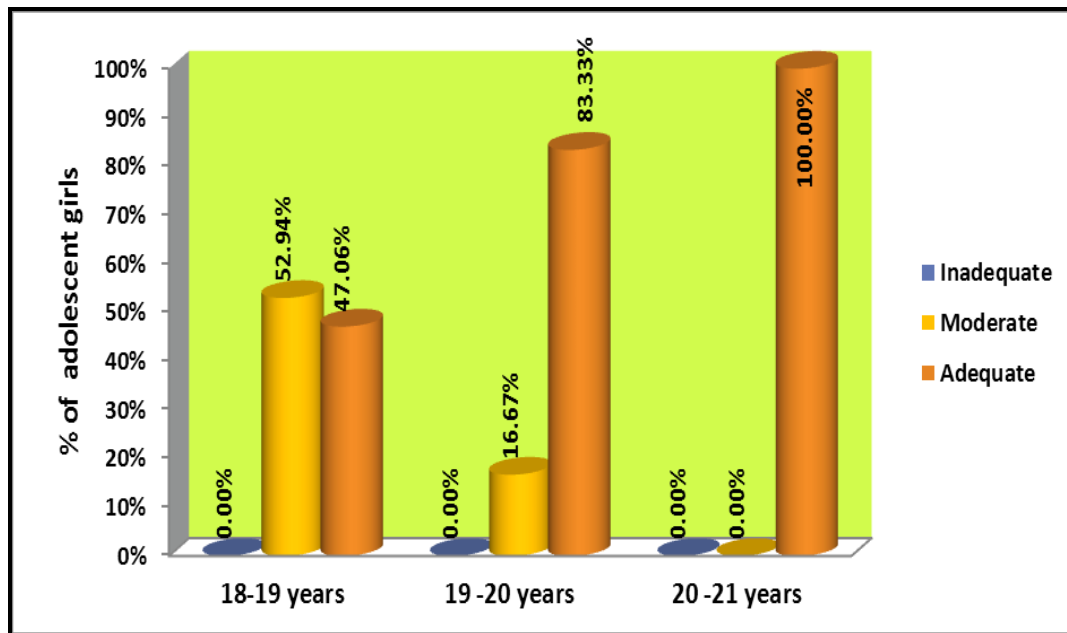


Fig-4.21: Association Between Posttest Level Of Knowledge Score And Adolescent Girls Type Of Family (Experiment)

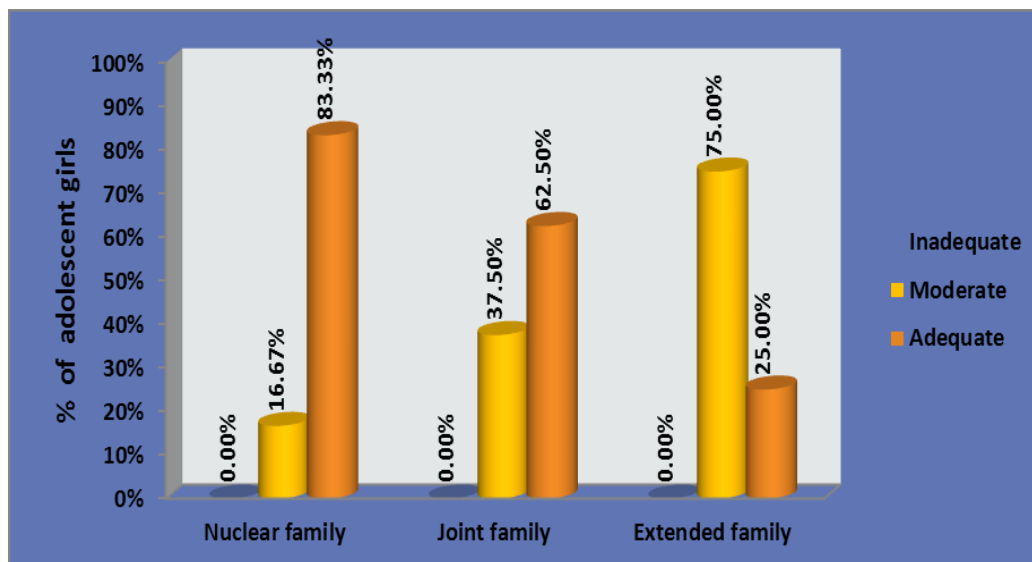
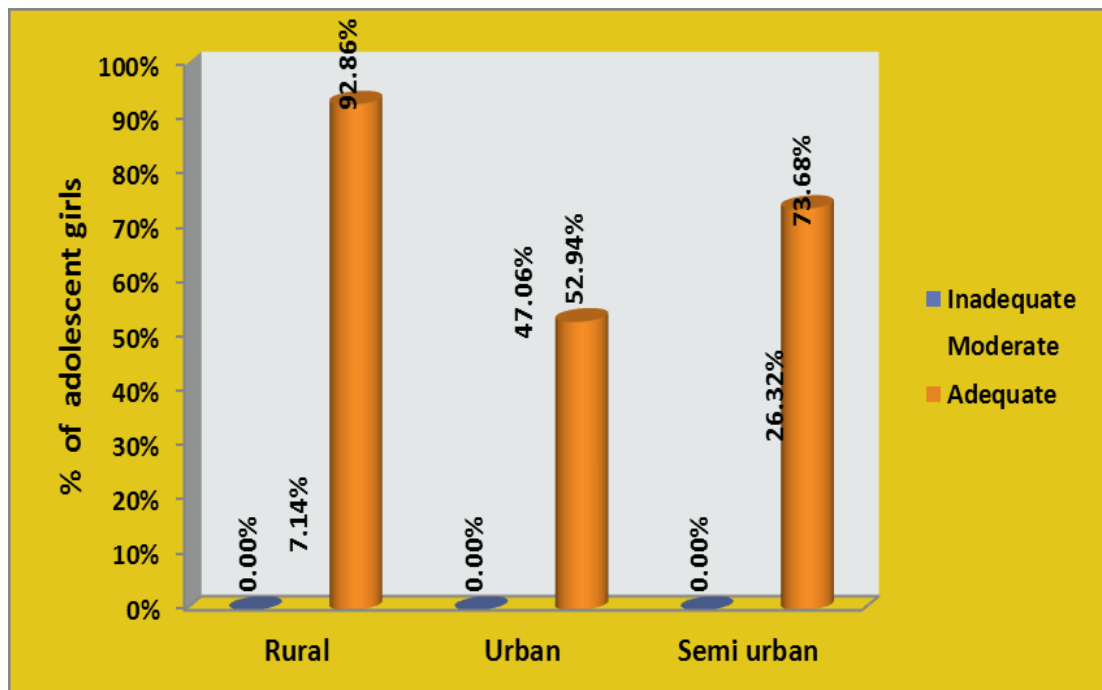


Fig-4.22: Association Between Posttest Level Of Knowledge Score And Adolescent Girls Living Area (Experiment)



Above figures shows that association between post test level of knowledge score and adolescent girls among experimental group, elder age girls, nuclear family girls, rural area late adolescent girls were gaining more knowledge rather than others.

Table-4.20: Association between Posttest Level of Practice Score and Late Adolescent Girls Demographic Variables (Experiment)

Demographic variables		Post-test level of practice score						n	Chi square test
		Poor		Moderate		Good			
		n	%	N	%	N	%		
Age of the student	18-19 years	0	0.00%	8	47.05%	9	52.95%	17	$\chi^2=6.33$ P=0.05* DF=2 (S)
	19 -20 years	0	0.00%	5	16.67%	25	83.33%	30	
	20 -21 years	0	0.00%	0	0.00%	3	100.00%	3	
Living area	Rural	0	0.00%	2	14.29%	12	85.71%	14	$\chi^2=5.99$ P=0.05* DF=2 (S)
	Urban	0	0.00%	8	47.06%	9	52.94%	17	
	Semi urban	0	0.00%	3	15.79%	16	84.21%	19	
Monthly Family income	<Rs.10000	0	0.00%	8	47.06%	9	52.94%	17	$\chi^2=6.48$ P=0.05* DF=2 (S)
	Rs.10001-20000	0	0.00%	5	17.24%	24	82.76%	29	
	>Rs.20000	0	0.00%	0	0.00%	4	100.00%	4	

S-significant

Fig-4.23: Association between Posttest level of Practice score and age group of adolescent girls (Experiment)

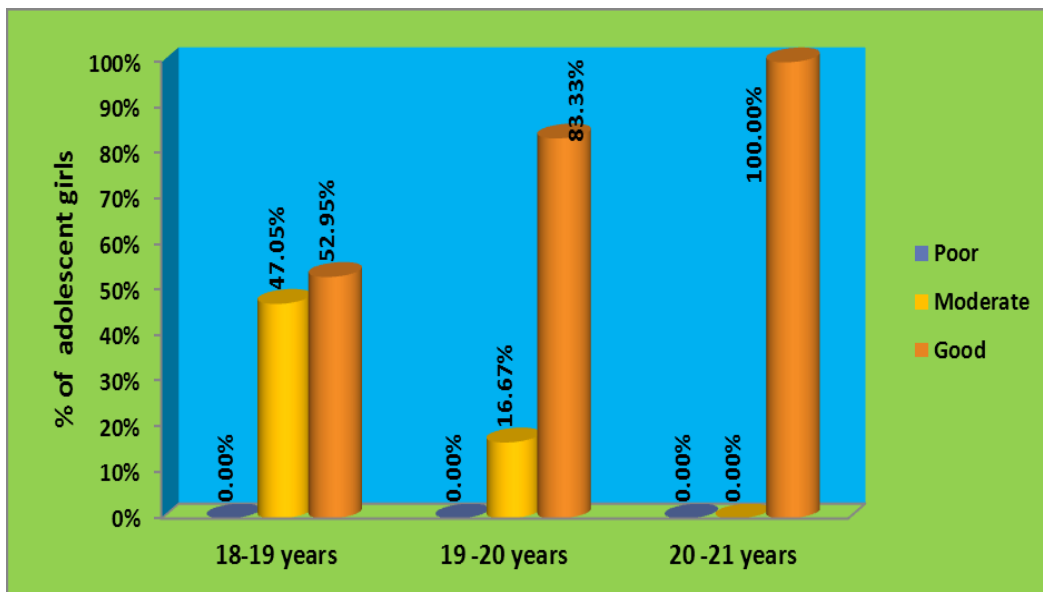


Fig-4.24: Association between Posttest level of Practice score and adolescent girls living area (Experiment)

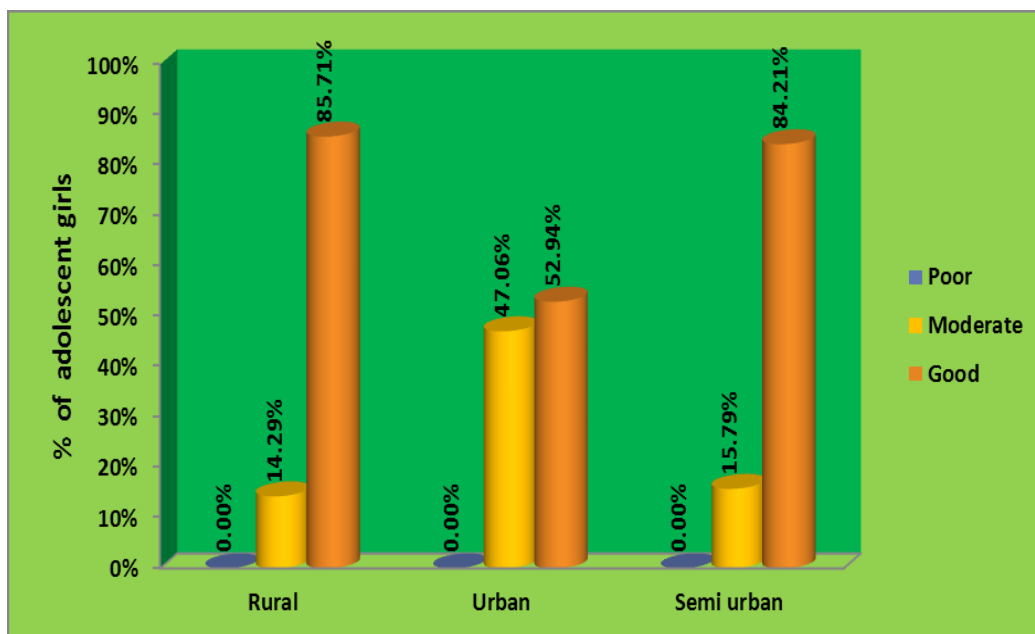
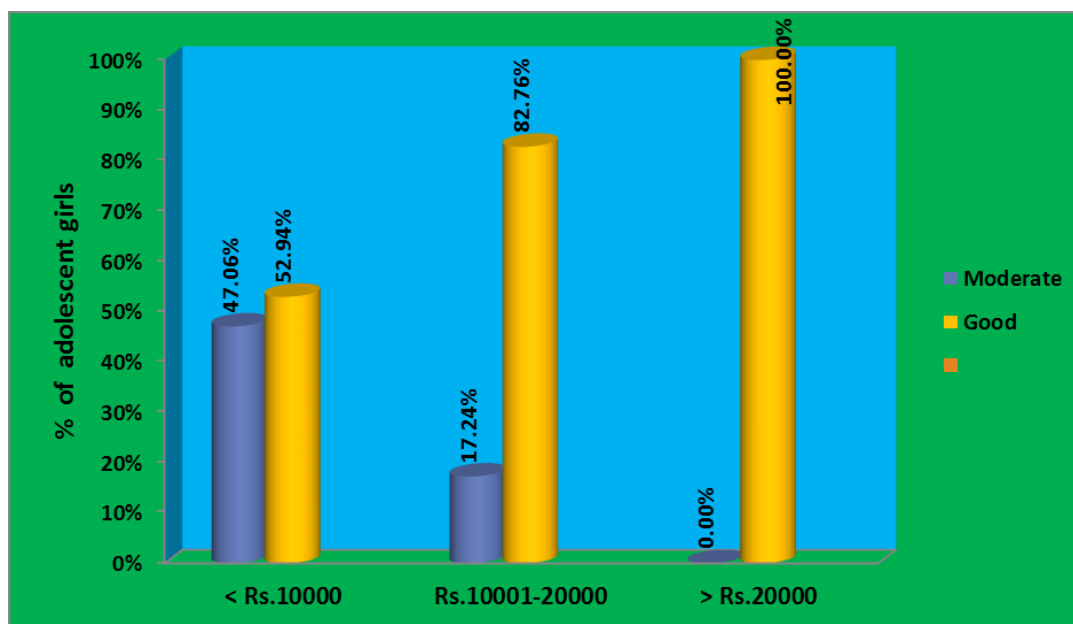


Fig-4.25: Association between Posttest Level of practice score and adolescent girls monthly family income (Experiment)



Above figures shows that the association between post test level of practice score and late adolescent girls demographic variables among experimental group. elder age late adolescent girls, rural area late adolescent girls and more family income late adolescent girls are benefitted more good level of practice score than others.

CHAPTER –V DISCUSSION

This chapter deals with the discussion of the results of the data analysis based on the objectives of the study and the hypothesis. The purpose of the study is to assess the impact of teen empowerment on reproductive wellness among late adolescents in selected college in Chennai. The conceptual framework of the study was based on Pender's health promotion model. True experimental study design was adopted. The independent variable was teen empowerment intervention programme; dependent variable was reproductive wellness among late adolescents in selected college Chennai. The study period was four weeks from 20.01.2020-15.02.2020. Totally 100 student's of late adolescents in selected college in Chennai. Simple random sampling method was adopted in this study. The data was collected using a self structured questionnaire constructed by the investigator. Teen empowerment intervention on reproductive wellness was implemented by using booklet and demonstration. After the intervention programme one week later assess the post-test level of knowledge regarding puberty, premenstrual syndrome, menstruation and menstrual health, diet and exercise in menstrual health and practice related to menstrual health and disposal of waste management was assessed by using the same questionnaire. The reliability of the tool was tested by test retest method, the data analysis and interpretation was done by using descriptive and inferential statistics.

MAJOR FINDINGS BASED ON SOCIO DEMOGRAPHIC VARIABLES

- ❖ With regard to the age of the late adolescent girls 60 % in the experimental group and 56 % in the control group belonged to 19 -20 years.

- ❖ Regarding education of late adolescent girls 56 % in the experimental group and 50 % of in the control group belong to government school education in the past.
- ❖ Referring to religion of late adolescent girls 82% in the experimental group 78% in the control group belong to Hindu religion.
- ❖ As far as education of the late adolescent girls 58 % in the experimental group 50% in the control group belonged to elementary school.
- ❖ As far as education of the late adolescent girls father 42 % in the experimental group 46 % in the control group belonged to higher secondary school education.
- ❖ According to the type of family 60 % of late adolescent girls in the experimental group 70 % of study participants in the control group belonged to the nuclear family.
- ❖ According to living areas of late adolescent girls 38% in experimental groups living in semi urban areas 36 % of control group study participants living in rural areas..
- ❖ Regarding previous knowledge of reproductive health in study participants 74% in the experimental group 74 % of the control group late adolescent girls had no previous knowledge regarding reproductive health.
- ❖ Referring to 41.67 % of late adolescent girl's parents and teachers in the experimental group, 38.46% of late adolescent girls' parents in the control group parents had a source of reproductive knowledge in the past.

- ❖ In accordance with occupation 58.00 % of late adolescent girls in the experimental group and the control group belonged to monthly income of Rs.10001-20000.

FINDINGS BASED ON THE OBJECTIVES

Objective -1: To assess the pre-test level on teen empowerment intervention on reproductive wellness among control and experimental groups of late adolescent girls in selected colleges.

The present study revealed that in pretest, in the experimental group, 64.00% of the late adolescent girls are having inadequate level of knowledge score and 36.00% of them have moderate level of knowledge score and none of them have adequate level of knowledge score. In the control group, 60.00% of the late adolescent girls are having inadequate level of knowledge score and 40.00% of them have moderate level of knowledge score none of them are having adequate level of knowledge score.

In pretest practice level, in the experimental, 54.00 % of the late adolescent girls are having poor level of practice score, 46.0 % of them having moderate level of practice score and none of them are having Good level of practice score. In the control group, 58.00 % of the late adolescent girls are having poor level of practice score, 42.0 % of them having moderate level of practice score and none of them are having Good level of practice score.

The findings of the present study was corroborated by similar studies like **Shanthanu Sharma et al (2019)** to examine menstrual hygiene preparedness among schools in India. The results of a meta analysis study indicate that respondents had half of the girls had poor knowledge in menstruation (pp 0.45, 0.39 to 0.51). In present study knowledge in the experimental and control group is 64%, 60% in similar results. **Kavitha et al 2018** had done in her study that demographic previous source of reproductive knowledge, in rural areas indicate

38.3% have moderate level of knowledge in present study 36% had moderate knowledge in experimental group and 40% in control group in similar result. **Zealm belayneh (2019)** had done a study that revealed that in the similar to knowledge and practice score that 71.3 % female students had poor knowledge 33.% poor practices in Ethiopia. This study findings revealed that in the present study in the experimental group, 64.00% of the late adolescent girls are having inadequate levels of knowledge. In experimental, 58% and in the control group having 54.00% of the late adolescent girls are having poor level of practice score in present study.

Anjali Mahajan conducted similar study in Shimla, Himachal Pradesh in India 2017. The result indicate that 29 % had adequate knowledge about menstrual hygiene 71 % inadequate in practice 19%, 69%, 12% samples had scored by poor, fair and good score of practices regarding menstrual hygiene respectively. In practice, find this present study that has a 32 % moderate level of practice score similar to Anjali Mahajan study. This study findings revealed present study in the experimental group, 64.00% of the late adolescent girls are having inadequate levels of knowledge.

Vijiya keerthi 2016 conducted a study that in pichavaram, Chidambaram, Tamilnadu. The findings revealed that 29.7 % had adequate knowledge about menstruation and menstrual hygiene 46.6 % had good level of menstrual hygiene practice. Nearly 70 % not having adequate knowledge nearly half of them were not having good practice of menstrual hygiene .The result indicated that respondents had three fourth of them had poor knowledge in menstrual health. Aparajitha Dasagupta et al 2019 conducted a study that showed a result of 73.7% knowledge and 62.5% in unsatisfactory menstrual practice. This result similar to present study control group practice score level is 58.0% poor menstrual practice.

From the above discussion it is understood that the majority of the late adolescent girls had lack of knowledge and practice on reproductive wellness which seeks that need for the development of educational intervention in adolescent girls.

FINDING BASED ON THE OBJECTIVES

Objectives-2: Evaluate the impact of teen empowerment intervention on reproductive wellness among late adolescent girls in experimental group.

The present study results regarding the effectiveness of teen empowerment on reproductive wellness describes the mean difference scores.

After teen empowerment intervention 72% of them have adequate knowledge, 36% of them having moderate level of knowledge score in the experimental group, in the control group 54% of them inadequate knowledge 40 % of them moderate level of knowledge and 6 % of them adequate level of knowledge.

Experimental group Knowledge, in pre-test they are having 9.18 (45.90%) mean score and in post test 15.90(79.50 %) mean knowledge score and t value 6.72, so gained score 33.60% .In control group pretest mean score is 9.32(46.60%) and in post test mean score is9.68(48.40%) t value is 1.80.So gained score 1.8 %. Experimental group gained 33.87% practice score whereas the control group gained only 1.20% practice score. Differences and generalization of knowledge and practice score between pre test and posttest score was calculated using a mean difference with 95% CI and proportion with 95% CI so **hypothesis I was accepted.**

The present study is also correlated with **Jyothi kumai et al 2016** conducted a study on the effectiveness of menstrual hygiene education among adolescent girls. The findings shows that mean score in pre-test

knowledge is 11.75 post test knowledge score means is 18.36 ,in practice score is 8.50 post test is 9.79 , gain score was 34.58. t value in practice is 9.89 significant.. Similarly **Prashat Ramdoss Kokiwar and Nikitha (2020)** conducted a study that Efficacy of focused Group discussion on knowledge and practices mean 9.38 ± 2.10 t score is 7.4029 and in post intervention practice mean score is $7.62 \pm 11.29 \pm 2.06$ t score value 6.4847. There was significant improvement in the knowledge after intervention in both the groups. **Iswarya Santhanakrishnan (2018)** conducted a study that impact health education on menstrual hygiene: An intervention study among adolescent school girls .The study findings shows that health education programme improved the knowledge and menstrual practice. The knowledge of pre intervention is 63 % after intervention 76 % significantly increased, in practice (washing genitals) 30.5% before intervention and after intervention 66%.

Objectives -3: To compare the pre-test and post test level knowledge and practice regarding teen empowerment on reproductive wellness among late adolescent girls in experimental and control group.

Considering Experimental group Knowledge, in pre-test they are having 9.18 knowledge score and in posttest they are having 15.90 knowledge score, so the difference is 6.72, this difference is large and it is statistically significant. Considering Control group Knowledge, in pre-test they are having 9.32 knowledge scores and in posttest they are having 9.68 knowledge scores, so the difference is 0.36, this difference is small and it is not statistically significant. Statistical significance difference between pre-test and post-test was calculated using student paired t-test.

Considering **puberty related knowledge** domain score, in pre test adolescent girls in selected college are having 3.40 score and in post test

they are having 5.56 score, so the difference is 2.16. This difference is large and statistically significantly different.

Considering **premenstrual syndrome domain** score, in pre test adolescent girls are having 1.40 score and in post test they are having 2.48, so the difference is .86. This difference is significantly different.

Considering **Menstruation, Menstrual health and** domain score, in pre test adolescent girls are having 2.80, and in post test they are having 5.30. so the difference is 1.57. The difference is large and significantly different.

Considering **Diet and Exercise** in menstrual health domain score, in pre test adolescent girls are having 1.58, and in post test they are having 2.36. so the difference is .83. The difference is large and significantly difference.

Comparison of practice score related to enstrual health and disposal of sanitary pads

Considering Experimental group Practice, in pre test they are having 6.98 practice score and in post test they are having 12.06 practice score, so the difference is 5.08, this difference is large and it is statistically significant, hence the hypothesis (H_1) accepted.

Considering Control group Practice, in pre-test they are having 6.88 practice scores and in post test they are having 7.06 practice scores, so the difference is 0.18, this difference is small and it is not statistically significant. The current study is consistent with the findings of **Fatimah Ali Hasan et al (2017)** conducted a study that effect of planned health educational program on menstrual knowledge and practices among adolescent Saudi girls. It is an experimental study design to assess the knowledge, quality of life, self hygienic practices. The study results shows that regarding quality of life (79.2 % compared to 86.7%), level of

menstrual knowledge scores as(47.36 % compared to 94.73%),and self hygienic care practices score as (94.9% compared to 28.2%) $p < 0.00$.A similar study was done by **Chitra Nagaraj ,Kavitha S Konapur (2016)** conducted a study that Effect of health education on awareness and practices related to menstruation among rural adolescent school girls in bengaluru,Karnataka .The study was a intervention based to assess knowledge and attitude and practice. The study finds that knowledge on menstruation in pre -test 34.2% after post test it increased 80.6 %,in practices 23.35% increased to 89.47%.**Rakhi Dwedi et al 2020** conducted in her study about effect of peer educator in KAP study the results shows In the pre test, only 20.5% had adequate knowledge, 32.5% had poor knowledge, while 48.7% of girls had moderate knowledge about menstruation and menstrual hygiene. Post-intervention, 56.41% girls gained adequate knowledge (an increase of ~36%), 30.76% had moderate knowledge, and only 12.8% of them (a reduction of ~20%) still had poor knowledge. The mean increase of knowledge on menstrual hygiene in pre test and posttest analysis was statistically significant with $P < 0.01$.

Above discussion interestingly revealed that there was a difference between pre –test and post –test knowledge score, same findings also reflected in this study. Hence it is understood that knowledge and practice of late adolescent girls can be improved after intervention with an appropriate teaching aid as evidenced by post test.

Objective-4 To find out the association between post test of knowledge and practice on reproductive wellness with selected demographic variables among experimental and control groups of late adolescent girls in selected colleges.

As far as the association of knowledge with the demographic variables concerned, the result of the present study revealed that association between post-test level of knowledge score and late adolescent girls demographic variables among experimental group.

Elder age girls, nuclear family girls and rural area late adolescent girls are benefitted more adequately than others. It was confirmed using the chi square test.

Elder age girls gain more knowledge rather than others. This is statistically significant with $\chi^2=8.32$ $P=0.02^*$ $DF=2$ (S).

Nuclear family girls are gaining more knowledge rather than others. There is statistically significant with $\chi^2=7.01$ $P=0.03^*$ $DF=2$ (S).

Rural area late adolescent girls are gaining more knowledge rather than others. There is statistically significant with $\chi^2=6.11$ $P=0.05^*$ $DF=2$ (S).

As far as the association between post test level of practice score and late adolescent girls demographic variables among experimental groups. Elder age late adolescent girls, Rural area late adolescent girls and More family income late adolescent girls are benefitted more good level of practice score than others. It was confirmed using the chi square test.

Elder age late adolescent girls are gaining more knowledge rather than others. This is statistically significant with $\chi^2=6.33$ $P=0.05^*$ $DF=2$ (S).

Rural area late adolescent girls are gaining more knowledge rather than others. There is a statistically significant with $\chi^2=5.99$ $P=0.05^*$ $DF=2$ (S).

More family income late adolescent girls are gaining more knowledge rather than others. There is a statistically significant with $\chi^2=6.48$ $P=0.05^*$ $DF=2$ (S).

As p value of age, living area and family income is <0.05 , there is a significant association between the post test knowledge level of late adolescent and their age, living area and monthly income. **So the hypothesis II was accepted**. Statistical significance was calculated using Chi square test. The present study is replicated a cross sectional study conducted by a Similar study **Shabnam DM Omdivar (2020)** in India, 536 sample size, A study on menstruation of Indian adolescent girls in the age group 10-19 years. The study showed result of association between demographic and pre-test is most of 82% in Hindus, majority of them in nuclear family 86.5 % (**P=0.05***). The present study also supported with the present study also supported with analytical cross sectional study conducted by

Gunjan Kumar et al (2017) to find out association between pre-test knowledge with selective demographic variables. Factors significantly associated with knowledge score with demographic variables. The study findings showed that that majority of the study participants are high income group (45%), majority of the study participants (71.3%) are nuclear family (**P=0.05***). The findings of the study showed significant positive association, good practices of menstrual hygiene and years of education, higher socio economic status.

The present study is also correlated with similar studies done by **Vasantha R and Manju Bala Dash (2019)** to find out the association of knowledge score with selected demographic variables. The result showed that an. Majority of the girls in the elder 49% age, religion Hindu 94%, type of family nuclear 87% ($p>0.005$) were significantly associated with knowledge of the mothers.

The above discussions highlight that respondents of **Elder age girls, nuclear family girls, high monthly income and rural area late**

adolescent girls are associated with the knowledge and practice on teen empowerment programme need for intervention programme.

From above all discussions, it is clearly stated that the present study aimed to assess the impact of knowledge and practice of late adolescent girls in selected college and it was found that late adolescent girls had inadequate knowledge. After teen empowerment programme there was a significant improvement on the knowledge and practice of late adolescent girls and it's significant with their demographic variables like elder age student, type of family, rural area girls, high monthly income late adolescent girls. Hence the present study focuses light on the fact that teen empowerment programme was effective in improving knowledge and self explanatory practice level.

CHAPTER –VI

SUMMARY, IMPLICATIONS, RECOMMENDATION, LIMITATIONS AND CONCLUSION

This chapter deals with the summary, implications, recommendations, limitations and conclusion of the study in the field of nursing. The study results are summarized on the basis of demographic variables, pre-test and post-test assessment of knowledge and self explanatory practice score of late adolescent girls.

6.1 SUMMARY

Investigator undertook the study to assess the impact of teen empowerment programme on reproductive wellness among late adolescent girls in selected college in Chennai-03.

The conceptual framework of the study was based on Pender's health promotion model. A true experimental study design was used. The independent variable was teen empowerment programme, dependent variable was reproductive wellness which contains knowledge about puberty, premenstrual syndrome, menstruation and menstrual health, diet and exercise in menstrual health and self explanatory practice in menstrual health and disposal of sanitary pads of late adolescent girls in selected college in Chennai.

The study period was four weeks from 20.01.2020-15.02.2020. Totally 100 student's of late adolescent girls in selected college in Chennai. Simple random sampling method adopted in this study. The data was collected using a self structured questionnaire constructed by the investigator. Teen empowerment intervention on reproductive wellness was implemented by using booklet and demonstration. After the intervention programme one week later assess the post-test level of knowledge regarding puberty, premenstrual

syndrome, menstruation and menstrual health, diet and exercise in menstrual health and self explanatory practice in menstrual health and disposal of sanitary pad assessed by using the same questionnaire. The reliability of the tool was tested by test retest method, the data analysis and interpretation was done by using descriptive and inferential statistics.

MAJOR FINDINGS BASED ON SOCIO DEMOGRAPHIC VARIABLES

- ❖ With regard to the age of the late adolescent girls 60 % in the experimental group and 56% in the control group belonged to 19-20 years.
- ❖ Regarding education of the late adolescent girls 56 % in the experimental group and 50 % of in the control group belong to government school education in the past.
- ❖ Referring to religion of the late adolescent girls 82% in the experimental group 78% in the control group belong to Hindu religion.
- ❖ As far as education of the late adolescent girls, mothers 58 % in the experimental group 50% in the control group belonged to elementary school.
- ❖ As far as education of the late adolescent girls father, 42 % in the experimental group 46 % in the control group belonged to higher secondary school education.
- ❖ According to the type of family 60 % of the late adolescent girls in the experimental group 70 % of study participants in the control group belonged to the nuclear family.

- ❖ According to living areas of the late adolescent girls 38% in the experimental group living in semi urban areas 36 % of control group study participants living in rural areas.
- ❖ Regarding previous knowledge of reproductive health in the late adolescent girls 74% in the experimental group 74 % of control group study participants had no previous knowledge regarding reproductive health.
- ❖ Referring to 41.67 % of the late adolescent girls parents and teachers in the experimental group, 38.46% of the late adolescent girls parents in the control group parents had a source of reproductive knowledge in the past.
- ❖ In accordance with occupation 58.00 % of the late adolescent girls in the experimental group and in the control group belonged to monthly income of Rs.10001-20000.

6.1.2. Findings Based On Pretest Level Of Knowledge And Self Explanatory Practice On Reproductive Wellness

In general pre-test, in the experimental group, 64.00% of the late adolescent girls are having inadequate level of knowledge score and 36.00% of them have moderate level of knowledge score and none of them are have adequate level of knowledge score. In the control group, 60.00% of the late adolescent girls are having inadequate level of knowledge score and 40.00% of them having moderate level of knowledge score and 6% of them are having adequate level of knowledge score.

In pre-test practice level, in the experimental, 54.00% of the late adolescent girls are having poor level of practice score, 46.0% of them having moderate level of practice score and none of them are having Good level of practice score. In control group, 58.00% of the late

adolescent girls are having poor level of practice score, 32.0% of them having moderate level of practice score and none of them are having Good level of practice score.

6.1.3 Based On Posttest Level Of Knowledge And Self Explanatory Practice On Experimental Group

In general none of them are having an inadequate level of knowledge score, 28.00% of them having moderate level of knowledge score, 72.00% of them having adequate level of knowledge score.

In post-test ,none of them are having poor level of practice score, 26,00% of them having moderate level of practice score ,74.00% of them are having good level of practice score.

6.1.4 Findings Based On Comparison Of Pretest And Post Test Level Of Knowledge And Practice

Experimental group gained 33.60% knowledge score whereas the control group gained only 1.80% knowledge score. Impact the **teen empowerment intervention** regarding practice score among late adolescent girls and generalization of practice score. Experimental group gained 33.87% practice score whereas the control group gained only 1.20% practice score.

Difference and generalization of knowledge and practice gain score between pre test and post test score was calculated using and mean difference with 95% CI and proportion with 95 % CI.

6.1.6 Findings Based On Association Between Pre Test Level Of Knowledge And Their Demographic Variables

None of the demographic variables are significantly associated with their pre –test level of knowledge and practice score.

6.1.6 Findings Based On Association Between Post-Test Level Of Knowledge And Their Demographic Variables

Elder age girls, nuclear family girls and rural area late adolescent girls are benefitted more adequately than others. It was confirmed using the chi square test. In practice Elder age late adolescent girls, Rural area late adolescent girls and More family income late adolescent girls are benefitted more good level of practice score than others.

Statistical significance was calculated using the chi square test. The study has several implications for the following fields.

6.2 IMPLICATIONS OF THE STUDY

The findings of the study have implications in different branches of nursing that are nursing practice, nursing education, nursing administration and nursing research.

6.2.1 Implications For Nursing Practice

- ❖ Nurses working in the community field area can identify the late adolescent girls empowering themselves in these areas of menstrual health and management ,waste management ,importance of diet, exercise for menstrual health and to encourage themselves to promote reproductive wellness and also general wellbeing.
- ❖ Nurses act as a changing agent in the community field from illness due to poor environmental hygiene practices to promote wellness.
- ❖ Advance nursing practice is an emerging trend in our field in which we work in a several essential roles for our community to empower teen girls .

- ❖ The community health nurse can be a resource personal for health care promotion to impart knowledge and encourage themselves to live in reproductive wellness.
- ❖ The community health nurse has to educate all the people in the community especially in late adolescent girls because they are the future mother so educate them in knowledge ,practice and attitude about menstrual health , disposal management ,diet and importance of diet .Nurses prepare them in future best healthy mothers in physically and mentally.
- ❖ Health education about the importance of menstrual health and self hygiene management prevents many reproductive infections, urinary tract infections.

6.2.2 Implications For Nursing Education

- ❖ In recent admirable growth of nursing professional as well as personal need to be well equipped with update her presence of knowledge and skills in their field and inculcate their skills, so they can able to implement that knowledge to reach needy people in their level of attitude, knowledge ,skills and accept to change or modify their behaviour and practice effectively. Meanwhile empowerment based programme used in culturally competent based issues in community health settings.
- ❖ Student nurses can be motivated to organize teaching programme to enhance the knowledge regarding reproductive wellness, reproductive health promotion, menstrual health management, importance of diet and exercise in daily life, exercise and diet in premenstrual syndrome and waste disposal management, environmental health and pad disposal.

- ❖ In those ways student nurses encourage and transform their knowledge in future to participate in many programmes, campaigns, mass media programmes to reach remote areas whenever it is necessary.

6.2.3. Implications On Nursing Administration

- ❖ Collaborate with governing and non governing bodies to evaluate need for health promotion and discuss with concerned authorities regarding policy making and guidelines implementation about reproductive wellness to be promoted in needy areas.
- ❖ In the administrative level periodic seminars, workshop, conferences, symposium, quiz, exhibition, research paper presentation, continuing nursing education, video conferences, webinars can be arranged regarding reproductive health which it includes menstruation menstrual health, premenstrual syndrome importance in diet and exercise ,importance of good menstrual hygiene practices and waste management.
- ❖ Nurse administrators have to organize educational intervention programmes initiation in schools, colleges, self help groups, primary and community health centres and other health care settings.
- ❖ Nursing leaders can take interest in organization in –
- ❖ service education intervention in menstrual and reproductive health promotion and wellness.
- ❖ Necessary administrative support has to be provided to conduct workshops in schools, colleges and other community needy areas in periodical manner with appropriate A.V aids and study materials.

6.2.4. Implications In Nursing Research

- ❖ Promote more research on knowledge, attitudes and practices, Menstrual health and menstrual hygiene management, premenstrual syndrome, diet and exercise in menstrual health.
- ❖ The findings of the study will motivate other investigators to conduct future studies on reproductive wellness.
- ❖ The nurse researchers should disseminate the findings of the research through conferences, seminars and publishing journals to nursing professionals.
- ❖ The study will be a valuable reference and pathway for future researchers.
- ❖ Educational institutions and service organizations can motivate researchers.

6.3 RECOMMENDATIONS FOR FUTURE STUDY

- ❖ The study can be repeated on the large scale sample to validate and for better generalization of the findings.
- ❖ Descriptive study or cross sectional study can be conducted to assess knowledge, attitude, practice of late adolescent girls.
- ❖ The study can be replicated in different settings and different study populations as longitudinal study.
- ❖ Comparative study can be conducted to find out similarities and differences between the knowledge and practice of various study settings and various groups.
- ❖ Similar study can be done by using various teaching strategies.

- ❖ Two different intervention efficacies, qualitative studies also included.

6.4 LIMITATIONS

- ❖ The study was confined to late adolescent girls and in a shorter period.
- ❖ Generalization of the study was limited in the sample only.
- ❖ Data collection is limited to four weeks.

6.5 CONCLUSION

The result of this present study promulgate that teen empowerment programme on reproductive wellness among late adolescent girls selected college in Chennai-03. It gives a great insight to community health nurse and motivate her to arrange health awareness campaign and thereby helps to reduce the morbidity and mortality of late adolescent girls due to reproductive tract infections and associated illness by improving knowledge and practice regarding menstrual hygiene management measures.

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TOOL FOR DATA COLLECTION
SECTION -A DEMOGRAPHIC DATA

INSTRUCTIONS TO THE PARTICIPANTS:

Please read each item carefully and answer all the questions. Answers will be used only for research purposes and will be confidential. Please put a tick mark at the appropriate option.

1.Age of the student-(Age in years)

- a. 18-19
- b. 20-21
- c. 21-22

2.Educational institute belongs to

- a. Government school
- b. Private School
- c. Aided school

3.Religion

- a.Hindu
- b. Muslium
- c. Christian

4.Mothers education

- a.Illiterate
- b.Elementary school
- c.Higher secondary ,graduate and others

5.Fathers education

- a.Illiterate
- b.Elementary school
- c.Higher secondary ,graduate and others

6.Type of family

- a.Nuclear
- b.Joint family
- c.Extended family

7. Living area

- a.Rural
- b.Urban
- c.Semi urban

8. Previous knowledge about reproductive health

- a. Yes
- b. No

9. If yes mentioned

- a. Parents
- b. Neighbors
- c. School teachers & Friends

10. Economic status

- a. less than 10,000
- b. 10,000-20,000
- c. above 30,000

SECTION-B

(SELF STRUCTURED KNOWLEDGE QUESTIONS REGARDING PUBERTY)

1 .Puberty is a

- a. Capable of reproduction
- b. Neural changes
- c. Physical changes
- d, Genetic changes

.Onset of puberty

- a. 9-10 years
- b. 10-11 years
- c. 12 years
- d. above 12

3. Menstruation process occurs due to

- a.Nervous system
- b.Musculoskeletal system
- c.Gastro intestinal system
- d.Female reproductive system

4.Major symptoms of puberty is

- a.Breast changes
- b.Voice changes
- c.Menarche
- d.Growing of hair in axilla

5. Puberty is due to

- a. secondary sexual characteristics
- b. Reproductive organ development
- c. Hormonal effects
- d. All are above

6. Acne is the

- a. Clogged skin with sebaceous filaments
- b. Discoloration of skin
- c. Laceration of skin
- d. Clogged skin follicles

7. During puberty anatomical changes occurs in girls are due to

- a. Growth hormones
- b. Oestrogens, Progesterone
- c. a &b
- d. Human chorionic gonadotrophic hormones

SECTION-C (PREMENSTRUAL SYNDROME)

8. Premenstrual syndrome is a

- a. It is a syndrome in during menstruation
- b. It is a syndrome in before menstruation
- c. It is a syndrome in after menstruation
- d. None of the above

9. Cause of premenstrual syndrome is

- a. Hormonal factors
- b. Exactly unknown
- c. Chemical factors
- d. Physiological factors

10. Premenstrual syndrome symptoms are

- a. Headache, anxiety, mood disturbance, fatigue, breast tenderness
- b. Itching in genital area, night sweats
- c. Increase pain in micturition
- d. All the above

SECTION -D (MENSTRUATION ,MENSTRUAL HEALTH)

11. Menstruation cycle occurs in every-----

- a. 12-14 days once
- b. 22-24 days once
- c. 28-30 days once
- d. 30-35 days once

12. Menstrual bleeds occur due to

- a. Shedding of endometrial lining
- b. Shedding of perimetrial lining
- c. Shedding of myometrium lining
- d. None of the above

13. Disposal method of sanitary pads are ----

- a. It should be flushed in toilet
- b. Wrap it in few layers and discard in a trash
- c. It should burned and disposed
- d. Dumping the pad and close it

14. Cleaning the private part during menstruation

- a. Soap and water
- b. Dettol with water
- c. Soap solution with water
- d. plain water

15. Washing method for vagina

- a. Upward to downward
- b. Downward to upward
- c. Inner part to outer part
- d. Outer part to inner part

16. What are the symptoms in urinary tract infection?

- a. Itching in groin area
- b. Pain during urination
- c. Vomiting and leg swelling
- d. Increased frequency of urination

17. Excessive white discharge is due to

- A Over heat of the body
- b. Infection
- c. Gods curse
- d. Over watching TV and mobile

**SECTION –E
(DIET AND EXERCISE IN MENSTRUAL HEALTH)**

18. Food to be taken during menstruation

- a. Balanced diet with coffee
- b. Only fluids and plenty of water
- c. Semi solid foods like conjee and liquids
- d. Plenty of water with balanced diet

19. Exercise for premenstrual syndrome -----

- a. Jogging, walking
- b. Butterfly exercise and kegels exercise
- c. padmasana, tiger pose
- d. Hip rotation, jumping

20. What are all the Iron rich foods?

- a. Groundnut candy, Jaggery & green leafy vegetables, mutton liver, dates
- b. Chocolates, cookies
- c. Rice, parley, oats
- d. Meat, egg, chicken

SECTION E
PRACTICE CHECKLIST(practice Questionnaire related to menstrual health and disposal of sanitary pads)

S.NO	CONTENT	YES	NO
1.	Did you take a bath during this menstruation time?		
2.	Are you using cottony sanitary pads? Or homely prepared cloth pads?		
3.	Are you using commercial pads?(like stay free ,whisper)		
4.	Did you take any leave from your college or before school for menstrual pain?		
5.	Are you changing pads every 3 hours once?		
6.	Do you dry your inner wear in sunlight?		
7.	Have any issues in your periods?(such as stomach pain, leg painful, uneasiness, unable to do any work)		
8.	Do you wrap sanitary pad in a paper before Disposing the waste ?		
9.	Do you discuss to your friends or parents freely about your doubts about your periods ?		
10.	Do you wash your hands with soap and water after disposing and before using the next sanitary pad?		
11.	Have you taken any tablets for menstrual problems?		
12.	Have you taken any home remedies for menstrual Problems?		
13.	Are you concerned about your balanced diet(green leafy daily 5 vegetables fruits daily) and maintained daily?		
14.	Do you practice any special routines in your home at the time of periods?		
15.	Do you drink 3 liters of water these days?		

SCORING KEY
QUESTION NUMBER ANSWER SCORE

QUESTION NUMBER	ANSWER	SCORE
KNOWLEDGE REGARDING PUBERTY (1-7)		Each one mark Total Marks -20
	1-a	1
	2-d	1
	3-d	1
	4-c	1
	5-d	1
	6-a	1
		1
	7-c	1
PREMENSTRUAL SYNDROME (7-10)		
	8-a	1
	9-b	1
	10-a	1
MENSTRUATION AND MENSTRUAL HEALTH (11 to 17)		
	11-c	1
	12-a	1
	13-b	1
	14-d	1
	15-a	1
	16-b	1
	17-b	1
DIET and EXERCISE IN MENSTRUAL HEALTH (18-20)		
	18-d	1
	19-b	1
	20-a	1

PRACTICE QUESTIONNAIRE RELATED TO MENSTRUAL HEALTH AND DISPOSAL OF SANITARY PAD WASTE	ANSWER	SCORE(total score-15)
(20-35)	YES/NO	YES-1 NO-0 (11 ,12,3,4,7,14 No-1,Yes-0)

BLUE PRINT OF TOOLS

S.NO	CONTENT	QUESTION NUMBER
1	DEMOGRAPHIC VARIABLE	1-10
2.	KNOWLEDGE QUESTIONNAIRE REGARDING PUBERTY,MENSTRUAL HEALTH ,MENSTRUAL HYGIENE,PREMENSTRUAL SYNDROME,DIET,EXERCISE	1-20
3.	PRACTICE RELATED TO MENSTRUAL HEALTH AND DISPOSAL OFSANITARY PADS .	21-35

விபரங்களை தொகுப்பதற்குரிய கருவி

பகுதி-I

கருவி - 1 தனிநபர் அடிப்படை தகவல்கள்

தயவுசெய்து கேள்விகளைப் படியுங்கள், உங்கள் பதிலை இங்கே குறிக்கவும் பதில் ரகசியமாக இருக்கும்

1) வயது (ஆண்டுகளில்)

அ) 15- 17 வயது.

ஆ) 18 -20 வயது.

இ) 20- 22 வயது.

2) பள்ளி பருவக்கல்வி நிலை.

அ) அரசு பள்ளி.

ஆ) தனியார் பள்ளி.

இ) அரசு உதவி பெறும் பள்ளி.

3) தாயின் கல்விநிலை.

அ) கல்வியறிவில்லாதவர்.

ஆ) ஆரம்பநிலை கல்வி.

இ) உயர்நிலைகல்வி.

4) தந்தையின் கல்விநிலை.

அ) கல்வியறிவில்லாதவர்.

ஆ) ஆரம்பநிலைகல்வி.

இ) உயர்நிலைகல்வி.

5) குடும்பவகைப்பாடு.

அ) தனி குடும்பம்.

ஆ) கூட்டுக்குடும்பம்.

இ) நீட்டிக்கப்பட்ட குடும்பம்.

6) வாழுமிடம்.

அ) கிராமம்.

ஆ) நகரம்.

இ) மலைப்பகுதி.

7) மதம்.

அ) இந்து.

ஆ) கிறிஸ்தவம்.

இ) முஸ்லீம் .

8) இதற்கு முந்தைய இனப்பெருக்க ஆரோக்கியம் பற்றிய அறிவு

அ) உண்டு.

ஆ) இல்லை.

9) முந்தைய இனப்பெருக்க ஆரோக்கியம் பற்றிய அறிவு உண்டு எனில்

அ) அண்டை வீட்டினர்.

ஆ) நண்பர்கள்.

இ) பெற்றோர்கள் அல்லது பள்ளி ஆசிரியர்கள்.

10) குடும்ப மாத வருமானம்.

அ) ரூ. 10,000-20,000.

ஆ) ரூ. 20001 - 30000.

இ) ரூ. 30000 முதல்.

பகுதி - ஆ

கருவி - 2 இனப்பெருக்க ஆரோக்கியம் பற்றிய (அறிவு) விபரங்கள்
பூப்படைதல் பற்றிய அறிவு சார்ந்த வினாக்கள்

1) பூப்படைதல் என்பது?

அ) இனப்பெருக்கம் செய்யும் திறன் பெறுதல்.

ஆ) நரம்பு மண்டலத்தின் மாற்றங்கள்

இ) உடல் மாற்றங்கள்

ஈ) மரபணு மாற்றங்கள்

2) பூப்படைதல் அடைவதற்கு சராசரி வயது

அ) 9-10 வயது

ஆ) 10-11 வயது

இ) 12 வயது

ஈ) 12 வயதுக்கு மேல்

3) மாதவிடாய் செயல்முறை எதனால் வருகிறது

அ) தசைக்கூட்டு அமைப்பு

ஆ) நரம்பு மண்டலம் இரைப்பை

இ) இரைப்பை குடல் அமைப்பு

ஈ) பெண் இனப்பெருக்க அமைப்பு.

4) பருவமடைதலில் முக்கிய மைல்கல்?

அ) மார்பகவளர்ச்சி.

ஆ) குரல்மாற்றங்கள்.

இ) பூப்படைதல்.

ஈ) அக்குளில் முடி வளர்ச்சி

5) பருவமடைதல் நடைபெறுவது?

அ) இரண்டாம் நிலை பருவநிலை மாறுபாட்டால்.

ஆ) இனப்பெருக்க மண்டலம் வளர்ச்சியடைதல்.

இ) ஹோர்மோன்களால்.

ஈ) மேலே உள்ள அனைத்தும்.

6) உடல்நிலைவளர்ச்சி -மார்பகவளர்ச்சி, இடுப்பெலும்பு வளர்ச்சி கூட்டமைப்பு என்பது?

- அ) வளர்ச்சிஹார்மோன்களால்
- ஆ) இனப்பெருக்க மண்டலம் வளர்ச்சியடைதல்
- இ)புரோஜெஸ்டரோன்
- ஈ)ஆண்ட்ரோஜன்

7) பருக்கள்என்பது?

- அ)துடைப்பட்டதோல்நுண்குமிழ்களால்வருவது.
- ஆ)தோல்நிறமாற்றம்அடைவதால்வருவது.
- இ)உடைந்துசிதறியதோலினால்வருவது.
- ஈ)தடைப்பட்டசருமமெழுகுசார்ந்துவருவது.

8) பூப்படைதலின் போது ஒரு பெண்ணுக்கு உடலியல் மாற்றங்கள் எதனால் ஏற்படுகின்றன

- அ) வளர்ச்சி ஹார்மோன்கள்
- ஆ)ஈஸ்ட்ரோஜென் மற்றும் புரோஜெஸ்ட்ரான்
- இ)அ மற்றும் ஆ
- ஈ) வளர்ச்சி ஹார்மோன்

பகுதி-இ

மாதவிடாய்முன் அறிகுறிகள் (அல்லது) அசௌகரியங்கள்

9) மாதவிடாய் முன் அறிகுறிகள் (or) அசௌகரியங்களுக்கான காரணிகள்?

- அ) மாதவிடாயின்போது ஏற்படும் மாற்றங்கள்
- ஆ) மாதவிடாயின் முன்வரும் மாற்றங்கள்
- இ) மாதவிடாயின் பின்வரும் மாற்றங்கள்
- ஈ) ஏதுவும் இல்லை

10) மாதவிடாய் முன் அசௌகரியங்களுக்கான காரணங்கள்?

- அ) ஹார்மோன் காரணிகள்
- ஆ)அறுதியிட்டு கூற இயலாது
- இ) வேதி காரணிகள்
- ஈ) உடற்கூறு காரணிகள்

11) பெண்களின் மனநிலையில் மாதவிடாய் மாற்றத்தின் அறிகுறிகள்.

அ) தலைவலி, படபடப்பு, மனநிலைமாற்றங்கள், உடற்சோர்வு, மார்பகவலி மற்றும் வீக்கம்.

ஆ) உடற்எரிச்சல் மற்றும் இரவு வியர்த்தல்

இ) சிறுநீர்கழித்தலில் வலி

ஈ) எல்லாமும்

பகுதி-ஈ

மாதவிடாய்சுத்தம் மற்றும் மாதவிடாய் மேலாண்மை

12) ஒவ்வொரு மாதமும் மாதவிடாய் சுழற்சி இவ்வாறு நடக்கிறது

அ) 12-14 நாட்கள்

ஆ) 22-24 நாட்கள்

இ) 28-30 நாட்கள்

ஈ) 30-35 நாட்கள்

13) மாதவிடாயின் போது இரத்தப்போக்கு செயல் இதனால் நடைபெறுகிறது

அ) கருப்பையின் உள் அடுக்கு உதிர்வு

ஆ) கருப்பையின் வெளி அடுக்கு உதிர்வு

இ) கருப்பையின் நடு அடுக்கு உதிர்வு

ஈ) இவற்றில் எதுவுமில்லை

14) முறையாகசுகாதார திண்டைஎவ்வாறு முறையாக அப்புறப்படுத்துதல் என்பது

அ) கழிப்பறைதொட்டியில் இடுவது

ஆ)காகிதத்தில் சுற்றி வைக்கப்பட்ட பின் அதற்கான

குப்பைத்தொட்டியில் இடுவது.

இ) எரித்தல்.

ஈ) குழித்தோண்டி புதைப்பது.

15) யோனிப்பகுதியை சுத்தப்படுத்த சரியான சுத்தப்படுத்துதல் திரவம்.

- அ) சோப்பு மற்றும் தண்ணீர்.
- ஆ) டெட்டால் மற்றும் சோப்பு.
- இ) சோப்பு திரவம் மற்றும் தண்ணீர்.
- ஈ) வெதுவெதுப்பான நீர்.

16) சரியானமுறையில் யோனிப்பகுதியை கழுவுதல்.

- அ) மேலிருந்து கீழ்.
- ஆ) கீழிருந்து மேல்.
- இ) உள்ளிருந்து வெளியே.
- ஈ) வெளியிலிருந்து உள்வழியாக.

17) சிறுநீர் தொற்றின் அறிகுறிகள்.

- அ) தொடைப்பகுதியில் அரிப்பு ஏற்படுவது.
- ஆ) சிறுநீர் கழிக்கும் போது எரிச்சல்.
- இ) வாந்தி மற்றும் மயக்கம்.
- ஈ) அடிக்கடிசிறுநீர் வெளியேற்றுதல்

18) அதிக அளவு வெள்ளைபடுதனால் ஏற்படுவது.

- அ) அதிக உடல் வெப்பத்தினால்.
- ஆ) கிருமி தொற்றினால்.
- இ) கடவுளின் சாபத்தினால்.
- ஈ) தொலைக்காட்சி மற்றும் செல்பேசி பார்ப்பதால்.

பகுதி-உ
சமச்சீர் உணவு மற்றும் உடற்பயிற்சி

19. மாதவிடாயின் போது எடுக்க வேண்டிய உணவுகள்
- அ) காபியுடன் சமச்சீர் உணவு
- ஆ) திரவங்கள் மற்றும் ஏராளமான நீர்
- இ) அரை திட உணவு மற்றும் திரவங்கள் போன்ற உணவுகள்
- ஈ) சமச்சீர் உணவு மற்றும் திரவங்கள் போன்ற உணவுகள்
20. மாதவிடாய்க்கு முந்தைய நோய்க்குறிக்கான உடற்பயிற்சி
- அ) ஜாகிங், நடைபயிற்சி
- ஆ) பட்டாம்பூச்சி உடற்பயிற்சி மற்றும் கெகல்ஸ் உடற்பயிற்சி
- இ) பத்மாசனா, புஜங்காசனம்
- ஈ) இடுப்பு சுழற்சி, குதித்தல்
21. இரும்புச்சத்து நிறைந்த உணவுகள்
- அ) வேர்க்கடலைபர்பி, வெல்லம், பச்சைகாய்கறிகள், ஆட்டின்ஈரல், பேரீச்சை.
- ஆ) சாக்லேட்டு, குக்கீஸ்.
- இ) அரிசி, பார்லி, ஓட்ஸ்.
- ஈ) முட்டை, கோழி இறைச்சி உணவுகள்

பகுதி -ஊ

தினசரி நடைமுறைகள் தொடர்பான வினாநிரல்

வ. எண்.	உள்ளடக்கம்	ஆம்	இல்லை
1.	மாதவிடாயின் போது குளிப்பீர்களா?		
2.	நீங்கள் பருத்தி சுகாதார திண்டை பயன்படுத்துகிறீர்களா? அல்லது வீட்டில் தயாரிக்கப்பட்ட துணி பயன்படுத்துகிறீர்களா?		
3.	வணிகரீதியான சுகாதார திண்டை பயன்படுத்துகிறீர்களா?		
4.	மாதவிடாய் வலிக்கு உங்கள் கல்லூரியிலிருந்து அல்லது பள்ளியிலிருந்து ஏதாவது விடுப்பு எடுத்தீர்களா?		
5.	3 மணி நேரத்திற்கு ஒருமுறைசுகாதார திண்டினை மாற்றுவீர்களா?		
6.	சூரிய ஒளியில் உங்கள் உள் உடைகளை உலர வைக்கிறீர்களா?		
7.	உங்கள் மாதவிடாயில் ஏதேனும் சிக்கல்கள் உள்ளதா? (வயிற்று வலி, கால் வலி, எளிதான தன்மை, எந்த வேலையும் செய்ய இயலாது போன்றவை)		
8.	உங்களது சுகாதார திண்டினை குப்பை தொட்டியில் போடுவதற்கு முன்னர் காகிதத்தை சுற்றி அப்புறப்படுத்தும் பழக்கம் உள்ளதா?		
9.	உங்கள் மாதவிடாய் குறித்த உங்கள் சந்தேகங்களைப் பற்றி உங்கள் நண்பர்கள் அல்லது பெற்றோரிடம் சுதந்திரமாக விவாதிக்கிறீர்களா?		
10.	சுகாதார திண்டினை பயன்படுத்திய பிறகு, மாற்றிய பின் கைகளை சோப்பிட்டு கழுவும்பழக்கம் உள்ளதா?		
11.	மாதவிடாய் கோளாறுகளை சரிபண்ண ஏதும் மாத்திரைகளை உட்கொள்கிறீர்களா?		

வ. எண்.	உள்ளடக்கம்	ஆம்	இல்லை
12.	வீட்டுவைத்தியம் ஏதாவது மாதவிடாய் பிரச்சனைகளை கையாள உபயோக படுத்துவீர்களா?		
13.	உங்கள் சீரான உணவை (பச்சை இலை தினசரி 5 காய்கறி பழங்கள்) எடுத்துக்கொண்டு உங்கள் உடலை தினமும் பராமரிக்கிறீர்களா?		
14.	மாதவிடாய் நேரத்தில் உங்கள் வீட்டில் ஏதாவது சிறப்பு நடைமுறைகளை நீங்கள் செய்கிறீர்களா?		
15.	மாதவிடாய் சமயத்தில் 3 லிட்டர் தண்ணீர் குடிக்கிறீர்களா?		

COLLEGE OF NURSING ,MADRAS MEDICAL COLLEGE,CHENNAI.

LESSON PLAN ON
TEEN EMPOWEREMENT ON REPRODUCTIVE
WELLNESS

G.VALLI,
MSc(N) II YEAR

COLLEGE OF NURSING.MADRAS MEDICAL COLLEGE,CHENNAI-03

TOPIC : REPRODUCTIVE WELLNESS

DURATION : 45 MINUTES

GROUP : LATE ADOLSCENT GIRLS IN SELECTED COLLEGE,CHENNAI
: LECTURE CUM DISCUSSION

METHOD OF TEACHING : BOOKLET

AV AIDS : SELECTED COLLEGE IN CHENNAI,

VENUE :G.VALLI ,MSc(N) II YEAR.

INVESTIGATOR NAME

:

CENTRAL OBJECTIVES:

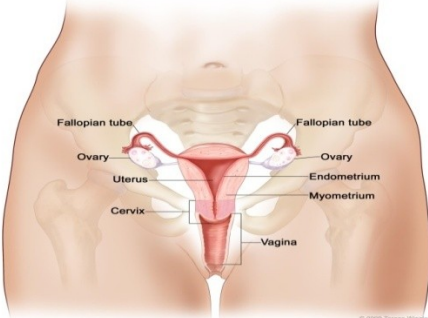
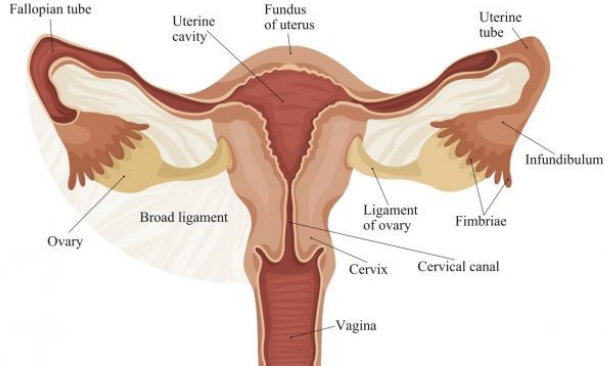
At the end of this intervention programme adolescent girls will gain adequate knowledge and practice regarding reproductive wellness through the empowerment intervention in menstrual hygiene management. It develops desirable knowledge and also it promotes the level of practice in reproductive wellness.

Contributory objectives:

The late adolescent girls in selected college will be able to

- Overview of reproductive system
- brief out the changes in puberty
- mention the premenstrual syndrome
- demonstrate on kegels and butterfly exercise
- enlist the diet in menstrual health
- explain about menstrual cycle
- elaborate on menstrual hygiene management
- describe the sanitary pad waste management


TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	AV AIDS	EVALUATION
5 min	Overview of reproductive system	<p><u>INTRODUCTION:</u> Our human body has been wonderfully created. Each organ maintains different functions for our harmonious life, for example the respiratory system, the nervous system</p> <p>Reproduction is very important in the survival of every living species on our planet. In this world, every organism survives through reproduction. So everyone should know about reproductive health.</p> <p><u>OVERVIEW OF ANATOMY FEMALE REPRODUCTIVE ORGAN</u></p> <p><u>REPRODUCTIVE HEALTH</u> Reproductive health is a complete physical mental and social wellbeing and not merely absence of disease or infirmity in all matters relating to the reproductive system and its functions and process.</p> <p><u>REPRODUCTIVE HEALTH CARE</u> As the constructive methods of techniques and services that contribute to reproductive health and well being by preventing and solving reproductive health problems.</p> <p>Review on Anatomy of the Female Reproductive System: Reproductive system had classified in two-</p> <ul style="list-style-type: none"> ❖ Internal genitalia ❖ External Genitalia 				
5 min				Lecture cum discussion	Discussing Booklet	booklet

TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	AV AIDS	EVALUATION
		<p>THE FEMALE INTERNAL REPRODUCTIVE ORGANS are the</p> <ul style="list-style-type: none"> ➤ Vagina ➤ Uterus ➤ Fallopian tubes ➤ Ovaries. <p style="text-align: center;"><small>Female Reproductive System</small></p>  	Lecture cum discussion	Discussing Booklet	booklet	Can anyone tell about parts in reproductive system



TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	AV AIDS	EVALUATION
		<p><u>VAGINA:</u> The vagina is a fibromuscular (made up of fibrous and muscular tissue) canal leading from the outside of the body to the cervix of the uterus or womb. It is also referred to as the birth canal in the context of pregnancy. The vagina is the organ of sexual intercourse in women. It is the passageway for sperm to the egg and for menstrual bleeding or a baby to the outside.</p> <p><u>CERVIX:</u> The cervix is the neck of the uterus, the lower, narrow portion where it joins with the upper part of the vagina. It is cylindrical or conical in shape..</p> <p><u>UTERUS:</u> The uterus is a thick-walled, muscular, pear-shaped organ. The main function of the uterus is to sustain a developing fetus. The uterus consists of ---The cervix, main body (corpus)</p> <p><u>FALLOPIAN TUBES (oviducts):</u> It transports egg from the ovary to the uterus each month with the help of small finger like projection that is fimbriae.</p>	Lecture cum discussion	Discussing Booklet	booklet	


TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	AV AIDS	EVALUATION
4 min	brief about the changes in puberty	<p><u>PUBERTY</u></p> <p>Puberty is the time when all major organs and body systems mature. At the end of puberty, sexually and reproductively mature. The growth and development that occurs during puberty is prompted by changes in the levels of certain hormones in your body. Body shape, fat distribution and body composition occurs due to Growth hormone, Oestrogen, Progesterone in males Androgen.</p>	Lecture cum discussion	Discussing Booklet		What is puberty?
4min	mention premenstrual syndrome	<p><u>PREMENSTRUAL SYNDROME (PMS)</u></p> <p>Premenstrual syndrome (PMS) is a combination of symptoms that many women get about a week or two before their period. Most women, over 90%, say they get some premenstrual symptoms, such as bloating, headaches, and moodiness. For some women, these symptoms may be so severe that they miss work or school, but other women are not bothered by milder symptoms. Some women get their periods without any signs of PMS. Severe PMS symptoms may be a sign of premenstrual dysphoric disorder (PMDD).</p> <p>PMS is a combination of physical and emotional symptoms that many women get after ovulation and before the start of their menstrual period.</p>	Lecture cum discussion	Discussing Booklet	booklet booklet	

TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	AV AIDS	EVALUATION
		<p><u>Risk factors:</u> PMS may happen more often in women who:</p> <ul style="list-style-type: none"> • Have high levels of stress • Have a family history of depression. • Have a personal history of either postpartum depression or depression. <p>PMS symptoms may get worse as you reach your late 30s or 40s and approach menopause and are in the transition to menopause, called perimenopause. Researchers do not know exactly what causes PMS. Changes in hormone levels during the menstrual cycle may play a role.</p> <p>Modify your diet and lifestyle practices</p> <ul style="list-style-type: none"> • Eat smaller, more-frequent meals to reduce bloating and the sensation of fullness. • Limit salt and salty foods to reduce bloating and fluid retention. • Foods high in complex carbohydrates, such as fruits, vegetables and whole grains. Foods rich in calcium. • Avoid caffeine and alcohol. • Brisk walking, yoga ,adequate sleep and rest 	Lecture cum discussion	Discussing Booklet	booklet	What are all the symptoms of premenstrual syndrome?

TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	AV AIDS	EVALUATION
9min	demonstrate kegels and butterfly exercise	<p>Studies have found that women who exercise regularly are less likely to suffer menstrual pain, cramps, and mood disturbance. Studies demonstrate that exercise can release “happy” hormones such as serotonin and endorphins, which may explain the benefit. Regular exercise balanced nutrition may reduce menorrhagia, premenstrual syndrome, menstrual flow, back pain and abdominal cramps. Mainly two exercise can play vital role to relieve in premenstrual syndrome that are Kegels exercise and butterfly exercise .It is easy and need less time .</p> <p>EXERCISE IN MENSTRUAL HEALTH</p> <p><u>Kegels exercise:</u></p> <p>Kegel exercises are exercises to strengthen the pelvic muscles. These exercises involve tightening and relaxing vaginal and rectal muscles. Kegel exercises can make the pelvic muscles stronger and improve bladder control. The bladder is the organ that holds urine.</p> 	Lecture cum discussion	Discussing Booklet	booklet	

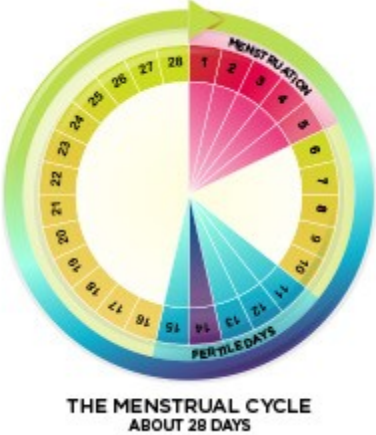
TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	AV AIDS	EVALUATION
		<p>Kegel exercises can be done any time and anywhere. We can do them in the morning, noon, or night. The exercises can be done when driving, sitting, standing, lying on your back, or taking a bath. A good time to practice Kegel exercises is during bathroom trips. Do these exercises as often as you can.</p> <p>STEPS:</p> <p>Contract (tighten) the muscles around your vagina and anus. Hold these muscles. Slowly hold for counting of ten then release in same way. Repeat it at least 10 times a day. Do 3 to 4 sets of 10 contractions every day. Then gradually increased in time duration.</p> <p>BUTTERFLY EXERCISE:</p> <p>The butterfly stretch is one of the simplest stretches, and works on your inner thighs, hips, and groin. It can improve your flexibility of pelvic floor muscles. Best of all, the butterfly stretch is very easy to do. The butterfly stretch is useful as a cooling down stretch. Before doing it, you will want to have done at least five to ten minutes of light to moderate cardio activity, such as walking or cycling.</p>	demonstration	Discussing Booklet	booklet	

TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	AV AIDS	EVALUATION
		<div style="display: flex; justify-content: space-around; align-items: center;">   </div> <p>Sit on the floor keep straight and with both legs straight out in front .Bring the soles of your feet together.</p> <p>Bring your heels as close to your body as you can. Hold on to your ankles and pull your feet towards your pelvis. Get as close as possible, within your ability to do it.</p> <p>Lean forward. Make sure your back stays straight. You can use your elbows to push gently on your thighs for deeper stretch. In beginnings just feel stretch then gradually increase your stretch. Hold it for 30 seconds then gradually release.</p>	demonstration	Discussing Booklet	booklet	


TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	AV AIDS	EVALUATION
6 min	enlist diet in menstrual health	<p><u>DIET IN MENSTRUAL HEALTH:</u></p> <p>Food is medicine, it is our ancestors golden words that is way diet plays vital role in menstrual health. Balanced and unprocessed natural diet can make healthy and long life. A modern lifestyle practice makes much non communicable disease predominantly affect younger health. So this is the time to take effort make us ourselves happy and healthy enjoyable life. Realize the think that live in natural is the best .we see about some important nutrients and in which contains rich foods that helps in our reproductive life healthy.</p> 	Lecture cum discussion	Discussing Booklet	booklet	What is balanced diet?


TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	AV AIDS	EVALUATION
		<ul style="list-style-type: none"> • Omega – 3 fatty acids such as fish, calcium and vitamin D, and low in animal fats, salt and caffeine may reduce the risk of troublesome PMS symptoms. • A healthy diet is high in vegetables (five serves daily), fruits (two serves per day), nuts, seeds, fish (up to three servings per week) and other sources of omega – 3 foods such as flax or chia seeds, low fat dairy food, proteins such as legumes and eggs and a variety of wholegrains, traditional rolled oats, buckwheat flour, whole grain breads, wholemeal pasta, millet or amaranth. • Lean meat is an important source of iron and protein, especially for those with heavy periods. Avoid saturated fats such as butter, cream,; limit salt and caffeine. Drink more water and herbal teas. • Increase your intake of calcium rich foods such as ragi,green leafs,nuts, low fat dairy products, fish with bones such as salmon and sardines, tofu, broccoli.consume cheap best source of foods in local availability, rich in iron food like drumstick .dates ,jaggery.rich Vitamin 'C Food like amla,Guava and lemon. 	Lecture cum discussion	Discussing Booklet	booklet	

TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	AV AIDS	EVALUATION
		<p><u>Nutritional Supplements:</u></p> <p><u>Vitamin B6 and B1</u> May help with pms. Reduces pain, cramps and mood disturbance. Sources: sprouted millets, pulses, nuts, green leaves, fish and mushroom.</p> <p><u>Vitamin E:</u> May help reduce pain and menstrual blood flow. Sources: cabbage, green leaves, green vegetables, sea foods.</p> <p><u>Vitamin D:</u> Regulate the cycle, relieve muscle pains and improve moods. Sources: milk and milk products, sunlight.</p> <p><u>Magnesium:</u> Relieves menstrual cramps. Improves premenstrual mood changes, especially irritability and anxiety. May help with muscle relaxation, muscle cramps and sleep. Sources: peas, chana, soya beans. All these take in tablets form only after Doctors prescribed them.</p>	Lecture cum discussion	Discussing Booklet	booklet	

TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	AV AIDS	EVALUATION
5 min	explain about menstrual cycle	<p><u>MENSTRUATION:</u></p>  <p style="text-align: center;">THE MENSTRUAL CYCLE ABOUT 28 DAYS</p> <p>Menstruation is the technical term for getting period. About once a month, females who have gone through puberty will experience menstrual bleeding. This happens because the lining of the uterus has prepared itself for a possible pregnancy by becoming thicker and richer in blood vessels. If pregnancy does not occur, this thickened lining is shed, accompanied by bleeding. Bleeding usually lasts for 3-8 days. The length of time from the first day of one period to the first day of the next period normally ranges from 21-35 days.</p>	Lecture cum discussion	Discussing Booklet	booklet	

TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	AV AIDS	EVALUATION								
		<p><u>General overview of the menstrual cycle:</u> The menstrual cycle includes several phases. The exact timing of the phases of the cycle is a little bit different for every woman and can change over time.</p> <p>Events of the menstrual cycle</p> <table border="1" data-bbox="519 579 1296 1225"> <tr> <td data-bbox="519 579 703 762">Days 1-5</td> <td data-bbox="703 579 1296 762">The first day of menstrual bleeding is considered Day 1 of the cycle.</td> </tr> <tr> <td data-bbox="519 762 703 1150">Days 6-14</td> <td data-bbox="703 762 1296 1150">The uterine lining becomes thicker and enriched in blood and nutrients. Somewhere around day 14, an egg is released from one of the ovaries.</td> </tr> <tr> <td data-bbox="519 1150 703 1225">Day 14-25</td> <td data-bbox="703 1150 1296 1225">If the egg gets fertilized uterus prepares to shed the endometrium by the influence of hormones.</td> </tr> <tr> <td data-bbox="519 1225 703 1329">Days 25-28</td> <td data-bbox="703 1225 1296 1329">Endometrium shed down and bleed occurs..</td> </tr> </table>	Days 1-5	The first day of menstrual bleeding is considered Day 1 of the cycle.	Days 6-14	The uterine lining becomes thicker and enriched in blood and nutrients. Somewhere around day 14, an egg is released from one of the ovaries.	Day 14-25	If the egg gets fertilized uterus prepares to shed the endometrium by the influence of hormones.	Days 25-28	Endometrium shed down and bleed occurs..	Lecture cum discussion	Discussing Booklet	booklet	
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TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	AV AIDS	EVALUATION
7 min	elaborate menstrual hygiene management	<p data-bbox="528 357 954 395"><u>MENSTRUAL HYGIENE</u></p>  <p data-bbox="528 687 920 707">Disposing sanitary pad or a tampon</p> <p data-bbox="528 715 920 734">1 Wrap in paper 2 Put in dustbin 3 Close the lid</p> <p data-bbox="528 839 1261 946">Effective menstrual hygiene is essential for good health, well-being, dignity, empowerment, mobility and productivity of women and girls.</p> <p data-bbox="528 954 1261 1129">Poor menstrual hygiene may cause infection and ill health, and can lead to absenteeism and increased drop-out rates in schools and colleges. Lack of hand washing with soap and water when after changing of pad leads infection.</p> <p data-bbox="528 1137 1261 1241">Menstruation is a taboo subject across the world, which can lead to misinformation that leads to dangerous menstrual hygiene practices.</p>	Lecture cum discussion	Discussing Booklet	booklet	What is menstrual hygiene?

TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	AV AIDS	EVALUATION
		<p data-bbox="521 456 949 491"><u>MENSTRUAL HYGIENE</u></p>  <p data-bbox="521 970 1294 1110">Commercial disposable sanitary napkins are easily available, they are expensive, compared to cloth pads it is non reusable, and not healthy for our environment. Their making is not 100% natural and may contain pesticides.</p> <ul data-bbox="573 1118 1294 1294" style="list-style-type: none"> • There is also a need for both men and women to have a greater awareness of good menstrual hygiene practices. Improper hygienic practices lead to infection, Urinary tract infection excess white discharge and cervical cancer in future. 	Lecture cum discussion	Discussing Booklet	booklet	

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TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHER'S ACTIVITY	LEARNER'S ACTIVITY	AV AIDS	EVALUATION
3min	describe the waste management	<p style="text-align: center;"><u>SEGREGATION OF WASTE TO SAVE EARTH</u></p> <p>“We have over 300 million menstruating women in India. The plastics used in disposable sanitary napkins are not biodegradable and take 700 years to decompose. It is bad for women’s health and the environment also.”</p> <p>These materials soaked with blood were breeding places for germs and pathogenic microbes. Sanitary products soaked with the blood of an infected woman/girl may contain hepatitis and HIV viruses which retain their infectivity in soil and live up to six months in soil. The clogged drainage with napkins has to be unblocked and cleaned manually by conservancy workers with their bare hands without proper protection and tools. This exposes the workers to harmful chemicals and pathogens.</p>	Lecture cum discussion	Discussing Booklet	booklet	How to dispose sanitary waste?

SUMMARY

Reproductive tract illness related to poor menstrual health practices in teen age girls is the major health issue like vaginosis ,cervical cancer .Mainly infections like salmonella ,Staphylococcus and E coli and yeast infection and UTI .Empowerment through education in late adolescent girls promote health and good menstrual practices like balanced diet ,regular exercise ,menstrual hygiene and proper waste disposal .It attains reproductive wellness and make them enjoy their periods.These awareness they become healthy and strong citizen.

CONCLUSION:

Every action had equal reaction we protect ourselves by our action in the same stream we maintain our good menstrual health that preserve our nature as well us. Menstrual health prevents infection, promotes health. Good reproductive health can get through Balanced diet, regular exercise along with use of cotton pads and proper disposal of sanitary pads.It is utmost important that promote their reproductive wellness . Through these educative measures assure that teens are encourage themselves and live in happy enjoyable life.

EVALUATION

By post test

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 - Paul F A Van Look Sexual and Reproductive Health Elsevier Publications Pvt Ltd 2 ed p no 2-27

சென்னை மருத்துவக் கல்லூரி மருத்துவமனை ,
செவிலியர் கல்லூரி, சென்னை

பருவ தன் வயது மேம்பாட்டின் மூலம் இனப்பெருக்க
ஆரோக்கியத்தை அடைதல் பற்றிய பாட திட்டம்.

கோ.வள்ளி,
செவிலிய முதுகலை மாணவி.

செவிலியர் கல்லூரி. சென்னை மருத்துவக் கல்லூரி, சென்னை -03

தலைப்பு	:	இனப்பெருக்க ஆரோக்கியம்
காலம்	:	45 நிமிடங்கள்
குழு	:	கல்லூரியில் உள்ள பருவ பெண்கள்
கற்பித்தல் முறை	:	விரிவுரையும் விவாதமும்
துணை மின் கலங்கள்	:	கையேடு
இடம்	:	கல்லூரி
ஆராய்ச்சியாளரின் பெயர்	:	: ஜி.வள்ளி, செவிலிய முதுகலை மாணவி.

மைய நோக்கங்கள்

பருவ தன் வயது மேம்பாட்டின் மூலம், இளம் பருவ பெண்கள் மாதவிடாய் சுகாதாரம், உணவு, உடற்பயிற்சி மற்றும் சுகாதார திண்டுகளை அப்புறப்படுத்துதல் ஆகியவற்றில் டீன் ஏஜ் அதிகாரம் மூலம் இனப்பெருக்க ஆரோக்கியம் குறித்த போதுமான அறிவையும் பயிற்சியையும் பெறுவார்கள் .இது விரும்பத்தக்க அறிவை வளர்த்துக் கொள்கிறது, மேலும் இது இனப்பெருக்க ஆரோக்கியத்தில் நடைமுறையின் அளவை மேம்படுத்துகிறது .

குறிப்பிட்ட குறிக்கோள்கள்

தேர்ந்தெடுக்கப்பட்ட கல்லூரியில் உள்ள பருவபின் வயதுப் பெண்கள்

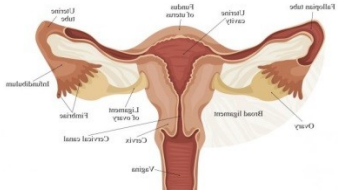
- ❖ இனப்பெருக்க அமைப்பினை பற்றிய ஒரு சிறு கண்ணோட்டம்
- ❖ பருவமடைதலின் போது உள்ள மாற்றங்களை சுருக்கமாக கூறுதல்
- ❖ மாதவிடாய் முன் நோய்க்குறி பற்றி குறிப்பிடுதல்
- ❖ கெகல்ஸ் மற்றும் பட்டாம்பூச்சி உடற்பயிற்சியை செய்முறை பயிற்சி அளித்தல்
- ❖ மாதவிடாய் ஆரோக்கியத்தில் உணவை பட்டியலிடுதல்
- ❖ மாதவிடாய் சுழற்சி பற்றி விளக்குதல்
- ❖ மாதவிடாய் சுகாதாரம் குறித்து விரிவாகக் கூறுதல்
- ❖ சுகாதார திண்டு கழிவு நிர்வாகத்தை விவரித்தல்

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
5 நிமிடங்கள்		<p><u>முன்னுரை</u></p> <p>நமது மனித உடல் என்பது அற்புதமாக உருவாக்கப்பட்டுள்ளது. ஒவ்வொரு உறுப்பும் நமது இணக்கமான வாழ்க்கைக்கு வெவ்வேறு செயல்பாடுகளை பராமரிக்கிறது. எடுத்துக்காட்டாக சுவாச அமைப்பு, நரம்பு மண்டலம் அமைப்பு போன்றவை. நமது பூமியில் உள்ள ஒவ்வொரு உயிர் இனங்கள் உயிர்வாழ்வதில் இனவிருத்தி மிகவும் முக்கியமானது. இந்த உலகில் இனப்பெருக்கத்தின் மூலமாகவே ஒவ்வொரு உயிரினங்களும் உயிர்வாழ்கின்றன, எனவே இனப்பெருக்க ஆரோக்கியம் பற்றி அனைவரும் தெரிந்து கொள்ள வேண்டும். குறிப்பாக இளம் பருவ பெண்கள். மனித வாழ்வில் மிக முக்கியமானது பருவ வயது.</p>	விரிவுரை மற்றும் கலந்துரையாடல்	கவனித்தல்	கையேட்டைப் பற்றி விவாதிப்பது	

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
5 நிமிடங்கள்	இனப்பெருக்க அமைப்பின் கண்ணோட்டம்	<p><u>இனப்பெருக்க ஆரோக்கியம்</u> இனப்பெருக்க ஆரோக்கியம் என்பது ஒரு முழுமையான உடல் மன மற்றும் சமூக நல்வாழ்வாகும். மேலும் இனப்பெருக்கம் மற்றும் அதன் செயல்பாடுகள் மற்றும் செயல்முறை தொடர்பான அனைத்து விஷயங்களிலும் நோய் அல்லது பலவீனமின்மை இல்லாதது ஆரோக்கிய பராமரிப்பு ஆகும்.</p> <p>இனப்பெருக்க சுகாதார பிரச்சினைகளைத் தடுப்பதன் மூலமும் தீர்ப்பதன் மூலமும் இனப்பெருக்க ஆரோக்கியத்திற்கும் உடல் ஆரோக்கியத்திற்கும் ஆக்கபூர்வமான முறைகளை மேற்கொள்ள முடியும்.</p>	விரிவுரை மற்றும் கலந்துரையாடல்	கவனித்தல்	கையேட்டைப் பற்றி விவாதிப்பது	உள் இனப்பெருக்க பாதை உறுப்புகள் யாவை?

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
	இனப்பெருக்க அமைப்பின் கண்ணோட்டம்	<p><u>பெண் இனப்பெருக்க செயல்பாட்டின் உடற்கூறியல் பற்றிய கண்ணோட்டம்:</u></p> <p>இனப்பெருக்கஅமைப்பு இரண்டு உள், வெளிப்புற பிறப்புறுப்பு உறுப்புகளில் வகைப்படுத்தப்பட்டுள்ளது. இதில் ஹார்மோன்கள் இனப்பெருக்க மண்டலத்தின் செயல்பாட்டிற்கு முக்கிய பங்காற்றுகின்றன. அக (உள்) இனப்பெருக்க மண்டலம் , புற இனப்பெருக்க மண்டலம் என இரு வகைப்படும். புற இனப்பெருக்க மண்டலமானது யோனிப்பகுதி, சிறுநீர் புறவழிப்பகுதியை சுற்றியுள்ள லேபியம் மேஜரோ,மைனோரா பகுதி போன்றவை ஆகும்.</p>	விரிவுரை மற்றும் கலந்துரையாடல்	கவனித்தல்	கையேட்டைப் பற்றி விவாதிப்பது	

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
	இனப்பெருக்க அமைப்பின் கண்ணோட்டம்	<p>அக இனப்பெருக்க மண்டலம் இது இடுப்பு எலும்பு குழிக்குள் பாதுகாப்பாக உள்ளது. இதில் கர்ப்பப்பை பெலோபியன் டியூப் மற்றும் ஓவரீஸ் (அண்டகம் மற்றும் அண்டகம் முட்டை), கர்ப்பப்பை வாய் போன்றவை உள்ளன</p> <p>கருப்பை இது ஒரு பேரிக்காய் வடிவ உறுப்பு ஆகும். கருப்பை கருப்பையின் மேலடுக்கு, உள்ளடுக்கு, நடுஅடுக்கு பகுதி போன்றவை ஆகும். கருப்பையினை தொடர்ந்து பெலோபியன் குழாய் மற்றும் சினைமுட்டையை உள்ளது.</p>	விரிவுரை மற்றும் கலந்துரையாடல்	கவனித்தல்	கையேட்டைப் பற்றி விவாதிப்பது	

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
		 <p>கருப்பை கழுத்துப்பகுதி கீழே கருப்பையினை தொடர்ந்து கருப்பாதை எனப்படும்.கருப்பை கழுத்துப்பகுதி உள்ளது. இந்த கழுத்துப்பகுதி துவாரப் பகுதியின் வழியாக சிதிலடைந்த எண்டோமெட்ரியம் அல்லது உள்வரிச் சவ்வு குருதி மாதவிடாயின் போது வெளியேறும். மேலும் பருவ வயது அடையும்போது முதியர்ச்சியடைந்த கருமுட்டைகள் வெளியேற்றமும், விந்தக அணுக்கள் செல்லும் வழியாகவும் உள்ளது.</p>	<p>விரிவுரை மற்றும் கலந்துரையாடல்</p>	<p>கவனித்தல்</p>	<p>கையேட்டைப் பற்றி விவாதிப்பது</p>	

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
		<p><u>பிலோபியன் குழாய்கள்:-</u> பொதுவாக 4-5 இன்ச் அளவு நீளமுடையது. இதனைத் தொடர்ந்து சினைமுட்டை பகுதி உள்ளது. பருவ வயது முதிர்ச்சி அடைந்த பின் சினை முட்டையிலிருந்து சினைமுட்டை பிலோபியன் குழாய் வழியாக கருப்பையை அடையும் சினைமுட்டை பிலோபியன் குழாயின் சீரான நகர்வு மூலம் கருப்பையை சென்றடையும். <u>சினைமுட்டை</u> சினைமுட்டை பேரிக்காய் வடிவிலான, வால்நட்டின் அளவில் உள்ளது. கருப்பையுடன் (LIGMENT)தசை நார்களின் மூலமாக இணைக்கப்படுகின்றது. மேலும் ஹார்மோன்களான ஈஸ்ட்ரோஜன் மற்றும் புரோஜெஸ்டிரான் சுரக்கவும் மற்றும் கட்டுப்பாட்டில் வைக்கவும் உதவுகிறது</p>	<p>விரிவுரை மற்றும் கலந்துரையாடல்</p>	<p>கவனித்தல்</p>	<p>கையேட்டைப் பற்றி விவாதிப்பது</p>	

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
4 நிமிடங்கள்	பருவமடைதலின் போது உள்ள மாற்றங்களை சுருக்கமாக கூறுதல்	<p>பருவமடைதல் ஆரம்பநிலை பள்ளி ஆண்டுகளில் ஹார்மோன் மாற்றங்கள் தொடங்குகின்றன, ஆனால் பருவமடைதல் சிறுமிகளுக்கு சுமார் 10 ஆண்டுகளில் தொடங்குகிறது. முக்கிய உறுப்புகள் மற்றும் உடல் அமைப்புகள் அனைத்தும் முதிர்ச்சிடையும் காலம் பருவமடைதல் ஆகும். பருவமடைதல் ஹார்மோன்களின் அளவுகளில் ஏற்படும் மாற்றங்களால் தூண்டப்படுகிறது. ஹார்மோன்கள் ஈஸ்ட்ரோஜன், புரோஜெஸ்டிரோன் – பெண்களுக்கு / ஆண்களுக்கு ஆண்ட்ரோஜன் ஆகும்).</p>	விரிவுரை மற்றும் கலந்துரையாடல்	கவனித்தல்	கையேட்டைப் பற்றி விவாதிப்பது	


நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
		<p><u>பருவ வயது வளர்ச்சி மற்றும் மாற்றங்கள்</u> உடல் வடிவம், உயரம், குரலில் மாற்றங்கள் மற்றும் முகப்பரு உண்டாகலாம். பருக்கள் என்பது தடைப்பட்ட சருமமெழுசூர்ந்து வருவது. பொதுவாக முகம், கழுத்து, தோள்கள், மேல் முதுகு மற்றும் மார்பில் வரலாம். இந்த புடைப்புகள் பிளாக்ஹெட்ஸ், வைட்ஹெட்ஸ், பருக்கள் அல்லது நீர்க்கட்டிகள் போன்றவை போல இருக்கலாம். பருவமடையும் போது ஏற்படும் ஹார்மோன் மாற்றங்கள் பதின்ம வயதினரில் முகப்பருவை ஏற்படுத்துகின்றன.</p>	<p>விரிவுரை மற்றும் கலந்துரையாடல்</p>	<p>கவனித்தல்</p>	<p>கையேட்டைப் பற்றி விவாதிப்பது</p>	

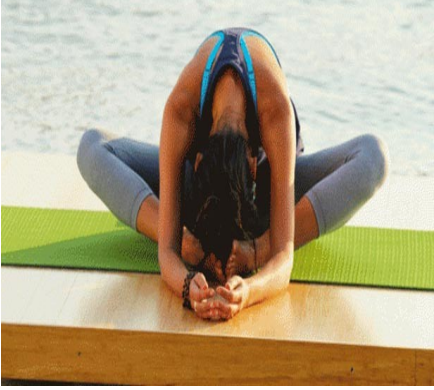
நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
4 நிமிடங்கள்	மாதவிடாய் முன் நோய்க்குறி பற்றி குறிப்பிடுதல்	<p>மாதவிடாய் முன் தொந்தரவுகள்: மாதவிடாய் முன் தொந்தரவுகள் என்பது மாதவிடாய்க்கு இருவாரங்களுக்கு முன்னர் வரும் இடையூறு ஆகும். அந்த சமயத்தில் வயிறு உப்புசம் தலைவலி எரிச்சல் போன்றவை இருக்கும். சிலருக்கு அதிகமாகவும் சிலருக்கு எதுவும் இல்லாமலும் இருக்கலாம். இது உடல்நீதியாகவும் மனநீதியாகவும் தொந்தரவுகளை கொடுக்கிறது.</p>	விரிவுரை மற்றும் கலந்துரையாடல்	கவனித்தல்	கையேட்டைப் பற்றி விவாதிப்பது	


நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
		<p>ஆபத்துக் காரணிகள் அதிக அளவில் மன அழுத்தம் குடும்பரீதியாக யாருக்கேனும் மனச்சோர்வு இருந்தால் 30 மற்றும் 40 வயதுக்கு மேல் மாதவிடாய் நிற்கும் முன் தொந்தரவுகளை கொடுக்கிறது. ஆபத்துக் காரணிகள் அதிக அளவில் மன அழுத்தம் குடும்பரீதியாக யாருக்கேனும் மனச்சோர்வு இருந்தால் 30 மற்றும் 40 வயதுக்கு மேல் மாதவிடாய் நிற்கும் முன் தொந்தரவுகளை கொடுக்கிறது. எவ்வாறு கண்டறியலாம் இதற்கான தனித்துவமான பரிசோதனை முறைகள் எதுவும் இல்லை</p>	<p>விரிவுரை மற்றும் கலந்துரையாடல்</p>	<p>கவனித்தல்</p>	<p>கையேட்டைப் பற்றி விவாதிப்பது</p>	

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
9 நிமிடங்கள்	மாதவிடாய் ஆரோக்கியத்தில் கெகல் மற்றும் பட்டாம்பூச்சி உடற்பயிற்சியின்செய்முறை விளக்கம்	தடுப்பு முறைகள் தாக்கத்தை குறைக்கவும், தொந்தரவுகளில் இருந்து தப்பிப்பதற்கும் சில உடற்பயிற்சிகள் உதவும்.சத்தான காய்கறிகள், சமச்சீர் உணவு, நல்ல மனநிலை முறையான தூக்கம் போன்றவை தாக்கத்தை குறைக்கும். பட்டாம்பூச்சி பயிற்சி -தரையில் உட்கார்ந்து, இரு அடிப்பாதங்களையும் ஒன்றை ஒன்று தொடுவதுபோல சேர்த்துவைக்க வேண்டும்.	விரிவுரை மற்றும் கலந்துரையாடல்	கவனித்தல்	கையேட்டைப் பற்றி விவாதிப்பது	மாதவிடாய் முன் தொந்தரவுகள் என்றால் என்ன?


நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
		<p>பாதங்களை உடலுக்கு எவ்வளவு நெருக்கமாக வைத்துக்கொள்ள முடியுமோ, அவ்வளவு நெருக்கமாக வைத்துக்கொள்ளவும்.</p> <p>இரு பாதங்களையும் இரு கைகளால் பிடித்துக்கொள்ள வேண்டும். இப்போது, பாதங்களைப் பிரிக்காமல், கால்களை பட்டாம் பூச்சியின் இறக்கைபோல மெதுவாக, மேலும் கீழும் அசைக்க வேண்டும். இந்தப் பயிற்சியை இரண்டு நிமிடங்கள் வரை செய்யலாம்.</p> <p>பலன்கள்: தொடை, வயிறு - தொடை சேருமிடம், மூட்டு, இடுப்பு ஆகியவை வலுப்பெறும். மலக்குடல் பகுதி சிறப்பாக வேலை செய்யும். உடல் சோர்வை நீக்கும்.</p>	<p>விரிவுரை மற்றும் கலந்துரையாடல்</p>	<p>கவனித்தல்</p>	<p>கையேட்டைப் பற்றி விவாதிப்பது</p>	


நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
		<p>பட்டாம்பூச்சி பெண்டிங் போஸ் (Butterfly bending pose) தரையில் உட்கார்ந்து, பாதங்களை ஒன்றை ஒன்று தொடுவதுபோல சேர்த்துவைக்க வேண்டும். கைகளை நன்கு உயர்த்தி, உள்ளங்கை எதிரில் இருப்பவரைப் பார்ப்பதுபோல வைக்க வேண்டும். இப்போது, கைகளை நீட்டியபடியே உடலை வளைத்து, உள்ளங்கையால் தரையைத் தொட்டு நிமிர் வேண்டும்.</p> 	<p>விரிவுரை மற்றும் கலந்துரையாடல்</p>	<p>கவனித்தல்</p>	<p>கையேட்டைப் பற்றி விவாதிப்பது</p>	

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
		 <p>பலன்கள்: அடிவயிற்றுப்பகுதியில் உள்ள உறுப்புகளை ஆரோக்கியப்படுத்தும். ரத்த ஓட்டம் சீராகும். முதுகுத்தண்டு வலுவடையும். இனப்பெருக்க மண்டலம் உறுதியாகும்.</p>	<p>விரிவுரை மற்றும் கலந்துரையாடல்</p>	<p>கவனித்தல்</p>	<p>கையேட்டைப் பற்றி விவாதிப்பது</p>	

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
		 <p>கீகல்ஸ்பயிற்சி தரையில் தளர்வாக படுத்துக்கொண்டு கால்களை விரித்து வைத்துக்கொண்டு செய்யலாம்.</p>	<p>விரிவுரை மற்றும் கலந்துரையாடல்</p>	<p>கவனித்தல்</p>	<p>கையேட்டைப் பற்றி விவாதிப்பது</p>	

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
		<p>அமர்ந்த நிலையில் கால்களை நீட்டி கைகளை இடுப்பின் பக்கவாட்டில் ஊன்றிக்கொண்டு கால் பதங்களை எதிரெதிர் பக்கம் திருப்பி செய்யலாம்.</p> <p>தரையில் தளர்வாக படுத்துக்கொண்டு கால்களை மடக்கி பாதம் தரையில் பட்டிருக்கும்படி வைத்துக்கொண்டு மூச்சை இழுக்கும்போது இடுப்பை மட்டும் மேலே தூக்கிக்கொண்டும் வெளிவிடும் போது இடுப்பை கீழே இறக்கி பழைய நிலையிலும் வைத்து செய்யலாம். பலன்கள்:</p> <p>சிறுநீர் கசிதல் மற்றும் தொற்றுநோய்கள் தடுக்கப்படும். இது கார்ப்பப்பை தசைகளை இறுக்குவதற்கான பயிற்சி.</p>	<p>விரிவுரை மற்றும் கலந்துரையாடல்</p>	<p>கவனித்தல்</p>	<p>கையேட்டைப் பற்றி விவாதிப்பது</p>	

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
		 <p>இடுப்பெலும்பு-சுற்றுப்புற அங்கங்களுக்கு, பலம் தரும் அருமையான பயிற்சி இது!. பெண் உறுப்பு, சிறுநீர்ப்பை, கர்ப்பப்பை, மலக்குடலைச் சுற்றியுள்ள தசைகளையும் இது இலகுவாக்கும். தினமும் 10 முறை செய்யலாம்</p>	<p>விரிவுரை மற்றும் கலந்துரையாடல்</p>	<p>கவனித்தல்</p>	<p>கையேட்டைப் பற்றி விவாதிப்பது</p>	

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
4 நிமிடங்கள்	மாதவிடாய் ஆரோக்கியத்தில் உணவைப் பற்றி பட்டியலிடுதல்	<p><u>உணவு முறைகள்</u></p>  <p><u>அதிகம் எடுத்துக்கொள்ள வேண்டியவை</u></p>	விரிவுரை மற்றும் கலந்துரையாடல்	கவனித்தல்	கையேட்டைப் பற்றி விவாதிப்பது	இரும்புச் சத்து மிக்க உணவுகள் எவை

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
		<p>சத்துக்கள் -உணவு வகைகள்</p> <p><u>ஒமேகா -3</u></p> <p>மீன், கத்திரிக்காய், ஆளி விதை, ஆலிவ் ஆயில், வால்நட், முட்டை ,அவகோடா</p> <p><u>கால்சியம்</u></p> <p>கீரைகள் , கேழ்வரகு, பால், பன்னீர், பாலாடைக்கட்டி,காய்கறிகள், மாமிசம் , சால்மன் மீன்கள்</p> <p><u>புரதம்</u></p> <p>முழு தானியங்கள், இறைச்சி</p> <p><u>இரும்புச்சத்து</u></p> <p>பேரிச்சம்பழம்,கீரைகள், அத்திப்பழம், வெல்லம்</p> <p><u>நார்ச்சத்து</u></p> <p>நார்ச்சத்து நிறைந்த காய்கறிகள், கீரைகள், சிறு தானியங்கள், பழங்கள்</p>	<p>விரிவுரை மற்றும் கலந்துரையாடல்</p>	<p>கவனித்தல்</p>	<p>கையேட்டைப் பற்றி விவாதிப்பது</p>	

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
		<p><u>எடுத்துக் கொள்ள கூடாதவை</u></p> <ul style="list-style-type: none"> • பேக்கரி உணவுகள் - கேக், ரொட்டி, பர்கர் • துரித உணவுகள், செயற்கை கலர் உணவுகள் • காபி மற்றும் கோலா பானங்கள், பாட்டிலில் அடைக்கப்பட்ட உணவுகள் • அதிக உப்பு உணவுகள் <p><u>மருந்துகள்</u></p> <p>மாத்திரைகள் எடுத்துக் கொள்ளும் போது மருத்துவரின் ஆலோசனையின்பேரில் எடுத்துக்கொள்ள வேண்டும்.</p>	<p>விரிவுரை மற்றும் கலந்துரையாடல்</p>	<p>கவனித்தல்</p>	<p>கையேட்டைப் பற்றி விவாதிப்பது</p>	



நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
		<p>சத்துக்கள்</p> <p>வைட்டமின் B6(150 மில்லிக்குள்)மாதவிடாய் வலியை கட்டுக்குள் வைக்கவும் வைட்டமின் B (200 mg 1) மாதவிடாய் வலியை குறைக்கவும் இரத்தப் போக்கை கட்டுப்பாட்டிற்குள் வைக்கவும் வைட்டமின் B (1000 mg) மாதவிடாய் வலியை குறைக்கவும் ஒழுங்குக்கும்</p> <p>மெக்னீசியம் (300 mg 1 நாளைக்கு) தசைப் பிடிப்பை குறைக்கவும் மனநிலையைக் ஒழுங்குக்குள் வைக்கவும் கால்சியம் (1200mg)தசைப்பிடிப்பு குறைப்பதற்கு, மனநிலை கட்டுக்குள் வைப்பதற்கும் நீர்ச்சம நிலையை கட்டுக்குள் வைப்பதற்கும் 1200mg</p>	<p>விரிவுரை மற்றும் கலந்துரையாடல்</p>	<p>கவனித்தல்</p>	<p>கையேட்டைப் பற்றி விவாதிப்பது</p>	

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
5 நிமிடங்கள்	மாதவிடாய் சுழற்சி பற்றிய விளக்கங்கள்	<p style="text-align: center;">மாதவிடாய் சுழற்சி</p> <p>மாதவிடாய் சுழற்சி என்பது 3-5 நாட்கள் மேலும் 7 நாட்கள் வரை மாதத்திற்கு ஒருமுறை ஏற்படும் நிகழ்வு (28-30 நாட்கள்) ஆகும். மாதவிடாயின் போது கருப்பையிலிருந்து யோனியினூடாக குருதியுடன், சிதைமென் சவ்வு வெளியேறும். சாதாரணமாக 3 இலிருந்து 7 நாட்கள் வரை உதிரப்போக்கு இருக்கும். வெளியேறும் உதிரத்தின் அளவு 20 இலிருந்து 80 மில்லி லிட்டர் வரை இருக்கும். உதிரப்போக்கின் சராசரி அளவு 50 மில்லி லிட்டர் ஆகும். தினமும் அரை மில்லிகிராம் முதல் ஒரு மில்லிகிராம் வரை இரும்புச் சத்தும் உதிரத்துடன் வெளியேறும்.</p>	விரிவுரை மற்றும் கலந்துரையாடல்	கவனித்தல்	கையேட்டைப் பற்றி விவாதிப்பது	

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
		<p>மாதவிடாய் முன் நிகழ்வு மாதவிடாய் பின் நிகழ்வு மாதவிடாய் சுழற்சி பல கட்டங்கள் நிகழ்கின்றன</p>  <p>THE MENSTRUAL CYCLE ABOUT 28 DAYS</p>	<p>விரிவுரை மற்றும் கலந்துரையாடல்</p>	<p>கவனித்தல்</p>	<p>கையேட்டைப் பற்றி விவாதிப்பது</p>	

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
		<p><u>ஆறு முதல் 14 நாட்கள் வரை-</u></p> <p>ரத்தப்போக்கு நின்றபிறகு கர்ப்பப்பையின் உட்பகுதி தன்னை கருத்தரிப்புக்கு தயார்படுத்திக் கொள்கிறது. கர்ப்பப்பையின் உட்பகுதி இந்த சமயத்தில் ரத்த ஓட்டமும்,செறிவாகவும் காணப்படுகிறது. கரு முட்டை பெலோப்பியன் டியூப் இல் இருந்து வெளியேறுகிறது.</p>	<p>விரிவுரை மற்றும் கலந்துரையாடல்</p>	<p>கவனித்தல்</p>	<p>கையேட்டைப் பற்றி விவாதிப்பது</p>	

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
		<p>14 முதல் 25 நாட்கள் வரை இந்த நேரத்தில் :பலோபியன் குழாயில் விந்துஇருந்திருந்தால், கருத்தரித்தல் ஏற்படுகிறது</p> <p>25 முதல் 28 நாட்கள் கரு பதிய வைத்த நிகழ்வு இல்லாது இருப்பின் ஹார்மோன்களின் தூண்டுதலால்கர்ப்பப்பையின் உட்புறஉட்புற புறணி (எண்டோமெட்ரியம் உதிர்தல்) சிதறல் அடைந்து ரத்தப்போக்கு நடைபெறுகின்றது</p>	<p>விரிவுரை மற்றும் கலந்துரையாடல்</p>	<p>கவனித்தல்</p>	<p>கையேட்டைப் பற்றி விவாதிப்பது</p>	<p>எத்தனை நாட்களுக்கு ஒரு முறை மாதவிடாய் சுழற்சி ஏற்படுகின்றது</p>

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
6 நிமிடங்கள்	<p>மாதவிடாய் சுகாதாரத்தை பேணுதலின் முக்கியத்துவத்தை எடுத்துரைத்தல்</p>	<p>மாதவிடாய் தூய்மை என்பது மிகவும் முக்கியமானது. மாதவிடாய் தூய்மை என்பது மாதவிடாயின் போது தன்னோடு, தன் சுகாதாரத்தையும் பேணுவதை குறிக்கும்.</p>  <p>Disposing sanitary pad or a tampon</p> 	<p>விரிவுரை மற்றும் கலந்துரையாடல்</p>	<p>கவனித்தல்</p>	<p>கையேட்டைப் பற்றி விவாதிப்பது</p>	

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
		<p><u>சுத்தம் செய்யும் முறை</u></p> <ul style="list-style-type: none"> • புற இனப்பெருக்க உறுப்பினை மேலிருந்து கீழாக கழுவ வேண்டும். சிறுநீர் கழித்த பிறகு மற்றும் மாதவிடாய் போது முன் இருந்து பின் கழுவ வேண்டும் • மலம் கழித்த பின்பு சுகாதார திண்டை மாற்ற வேண்டும் • சுத்தமான தண்ணீர் மட்டுமே போதும். சோப்பு உபயோகிக்க தேவையில்லை. • சுகாதார திண்டுமாற்றிய பின்பு கைகளை நன்றாக சோப்பு போட்டு கழுவ வேண்டும். 	<p>விரிவுரை மற்றும் கலந்துரையாடல்</p>	<p>கவனித்தல்</p>	<p>கையேட்டைப் பற்றி விவாதிப்பது</p>	

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
		<p><u>இன்றியமையாதவை</u></p> <p>சுத்தமான பருத்தி துணியிலான திண்டுகளை உபயோகிக்க வேண்டும். இந்த துணி பட்டைகள் மீண்டும் பயன்படுத்தக்கூடியவை, அவை கண்டிப்பாக சுகாதாரமாக சூரிய ஒளியில் கழுவி உலர வைக்கப்பட வேண்டும். சூரியனின் வெப்பம் இயற்கையாகவே கிருமிகளை கொல்லும் திறன் உடையது. அவை செலவு குறைந்தவை, எளிதில் கிடைக்கக்கூடியவை மேலும் சுற்றுச்சூழல் மற்றும் தன் சுகாதாரத்தை பேணக் கூடியது. அவை நிரந்தரமான சுகாதார விருப்பமாக அமைய வேண்டும் , ஆனால். எனவே தன் சுகாதாரத்தை பேணவும் , சுற்றுச்சூழல் மாசுபடுவதைத் தவிர்க்கவும் பருத்தியிலான திண்டை பயன்படுத்துவது மிகச் சிறந்தது</p>	<p>விரிவுரை மற்றும் கலந்துரையாடல்</p>	<p>கவனித்தல்</p>	<p>கையேட்டைப் பற்றி விவாதிப்பது</p>	

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
5 நிமிடங்கள்		<p>ஒவ்வொரு முறையும் சுகாதார திண்டை 3 - 4 மணி நேரத்திற்குள் மாற்றம் செய்ய வேண்டும்</p> <p>வேதியியல் ரீதியாக தயாரிக்கப்பட்ட வணிக சுகாதார நாப்கின்கள் காரணமாக ஒரு சிலருக்கு ஒவ்வாமை, எரிச்சல் மற்றும் தொடை இடுக்குகளில் அரிப்பு போன்றவற்றை ஏற்படுத்தலாம். இவை மருந்தகங்கள் , பல கடைகள் அல்லது ஆன்லைனில் எளிதாகக் கிடைக்கின்றன. அவை துணி பட்டைகளுடன் ஒப்பிடும்போது விலை உயர்ந்தவை, , மேலும் சுற்றுச்சூழலுக்கு உகந்தது அல்ல. அவற்றின் தயாரிப்பில் பயன்படுத்தப்படும் பருத்தி 100% இயற்கையானது அல்ல..</p>	<p>விரிவுரை மற்றும் கலந்துரையாடல்</p>	<p>கவனித்தல்</p>	<p>கையேட்டைப் பற்றி விவாதிப்பது</p>	

நேரம்	பங்களிப்பு நோக்கங்கள்	உள்ளடக்கம்	ஆசிரியர் செயல்பாடு	கற்பவர்களின் செயல்பாடு	ஒலி-ஒளித் துணைக்கலங்கள்	மதிப்பீட்டு முறை
		<p>மேலும் இவற்றில் பயன்படுத்தும் டியோடரைஸ் செய்யப்பட்ட சுகாதார தயாரிப்புகளில் ஆர்கனோக்ளோரைன்கள் போன்ற பிளிச்சிங்க்காக பயன்படுத்தப்படும்பயன்படுத்தப்படும் ரசாயனங்கள் உள்ளன,</p> <p>இனப்பெருக்க பாதை தொற்று</p> <p>சுகாதாரமற்ற நடைமுறைகள் சிறுநீர்க்குழாய் மற்றும் கருப்பையில் தொற்றுக்கு வழிவகுக்கும்</p> <p>நோய்த்தொற்றின் அலட்சியம் கர்ப்பப்பை வாய்ப் புற்றுநோய்க்கு வழிவகுக்கும்எனவே குணப்படுத்துவதை விட தடுப்பதேசிறந்தது.</p>	<p>விரிவுரை மற்றும் கலந்துரையாடல்</p>	<p>கவனித்தல்</p>		<p>ஏன் பருத்தியில் ஆன சுகாதார துண்டினை பயன்படுத்த வேண்டும்?</p>

முடிவுரை

மாதவிடாய் ஆரோக்கியம் தொற்றுநோயைத் தடுக்கிறது, நல்ல இனப்பெருக்க ஆரோக்கியத்தை ஊக்குவிக்கிறது. சமச்சீர் உணவு, வழக்கமான உடற்பயிற்சி பதின்ம வயதினருக்கு இனப்பெருக்க ஆரோக்கியத்தை மேம்படுத்துகிறது. இந்த நடவடிக்கைகளின் மூலம் அவர்கள் தங்களை வாழ்வில் நல்ல தன் சுகாதாரத்தை பேணவும் , சுற்றுச்சூழல் மாசுபடுவதைத் தவிர்க்கவும் இனப்பெருக்க ஆரோக்கியத்துடன் இருக்க ஊக்குவிக்கப்படுகிறார்கள், இதன் மூலம் அவர்களது வாழ்க்கையை அவர்களால் மேம்படுத்த முடிகிறது.

INFORMATION TO PARTICIPANTS

Title : “A study to assess the impact of teen empowerment on reproductive wellness among late adolescent girls in selected college in Chennai.”

Name of the Participant :

Date :

Age/sex :

Investigator : Mrs. G. Valli

Name of the institution : College of Nursing, MMC, Chennai.

Enrolment No :

You are invited to take part in this study. The information in this document is meant to help you decide whether or not to take part. Please feel free to ask if you have any queries or concerns.

You are being asked to co-operate in this study being conducted at a selected college in Chennai.

What is the Purpose of the Research (explain briefly)

This research is conducted to assess the impact of teen empowerment on reproductive wellness among late adolescent girls in selected college, Chennai. We have obtained permission from the Institutional Ethics Committee.

Study Procedures

- Study will be conducted after approval of ethics committee
- A written formal permission will be obtained from authorities of College of Nursing, Madras Medical College, Chennai-3 to conduct study.
- The purpose of study will be explained to the participants.
- The investigator will obtain informed consent.
- The investigator will assess the job satisfaction and burn out of each participant before the procedure using a standardized scale.
- It will be taught by the investigator daily.

- The procedure of reproductive wellness packages will be explained to them with the help of lecture.
- Following that the level of knowledge will be assessed by posttest.

Possible benefits to other people

The result of the research may provide benefits to the late adolescent and also empathetic care to them by investigator.

Confidentiality of the information obtained from you

You have the right to confidentiality regarding the privacy of your personal details. The information from this study, if published in scientific journals or presented at scientific meetings, will not reveal your identity.

How will your decision not to participate in the study affect you?

Your decisions not to participate in this research study will not affect your activity of daily living, medical care or your relationship with the investigator or the institution.

Can you decide to stop participating in the study once you start?

The participation in this research is purely voluntary and you have the right to withdraw from this study at any time during the course of the study without giving any reasons.

Your privacy in the research will be maintained throughout the study. In the event of any publications or presentation resulting from the research, no personally identifiable information will be shared.

Signature of Investigator

Signature of Participants

Date

Date

INFORMED CONSENT

Investigator :Mrs. G. Valli

Name of Participant:

Age/sex :

Date :

Name of the Institution: College of Nursing, Chennai.

Title : “A study to assess the impact of teen empowerment on reproductive wellness among late adolescent girls in selected college, Chennai.”

Documentation of the informed consent: (legal representative can sign if the participant is minor or competent).

- I _____ have read/it has been read for me, the information in this form. I was free to ask any questions and they have been answered. I am an adolescent and exercising my free power of choice, hereby give my consent to be included as a participant in the study.
- I have read and understood this consent form and the information provided to me.
- I have had the consent document explained in detail to me.
- I have explained the nature of my study.
- My rights and responsibilities have been explained to me by the investigator.
- I agree to cooperate with the investigator
- I have not participated in any research study at any time.
- I am aware of the fact that I can opt out of the study at any time without having to give any reason
- I hereby give permission to the investigators to release the information obtained from me as a result of participation in this study to the regulatory authorities, government agencies and Institutional Ethics Committee. I understand that they are publicly presented.
- My identity will be kept confidential if my data are publicly presented.
- I am aware that I have any question during this study; I should contact the concerned investigator.

Signature of Investigator

Signature of Participants

Date

சுய ஒப்புதல் படிவம்

ஆராய்ச்சி தலைப்பு : கல்லூரி மாணவிகளிடம் பருவ வயது மேம்பாட்டின்
மூலம் இனப்பெருக்க ஆரோக்கியத்தை பெறுவதற்கான ஆய்வு.
ஆய்வாளர் பெயர் : கோ. வள்ளி

பங்கேற்பாளர் பெயர் :

தேதி :

வயது/பால் :

- ஆய்வாளர்கள் மேற்கொள்ளும் ஆராய்ச்சியில் பங்கேற்க யாருடைய கட்டாயமுமின்றி முழு மனதுடனும் சுயநினைவுடன் சம்மதிக்கிறேன்.
- ஆய்வாளர் மேற்கொள்ளப்போகும் பரிசோதனைகளை மிக தெளிவாக விளக்கிக்கூறினார்..
- எனக்கு விருப்பமில்லாத பட்சத்தில் ஆராய்ச்சியிலிருந்து எந்நேரமும் விலகலாம் என்பதையும் ஆய்வாளர் மூலம் அறிந்து கொண்டேன்.
- இந்த ஆராய்ச்சி ஒப்புதல் கடிதத்தில் உள்ள விவரங்களை நன்கு புரிந்து கொண்டேன். எனது உரிமைகள் மற்றும் கடமைகள் ஆராய்ச்சியாளர் மூலம் விளக்கப் பட்டது.
- நான் ஆராய்ச்சியாளருடன் ஒத்துழைக்க சம்மதிக்கிறேன் எனக்கு ஏதேனும் உடல்நலகுறைவு ஏற்பட்டால் ஆராய்ச்சியாளர் இடம் தெரிவிப்பேன்.
- நான் வேறு எந்த ஆராய்ச்சியிலும் தற்சமயம் இடம்பெறவில்லை என்பதை தெரிவித்துக் கொள்கிறேன்.
- இந்த ஆராய்ச்சியின் தகவல்களை வெளியிட சம்மதிக்கிறேன். அப்படி வெளியிடும் போது என் அடையாளம் வெளிவராது என்பதை அறிவேன்.
- எனக்கு இந்த ஒப்புதல் கடிதத்தின் நகல் கொடுக்கப்பட்டது.

ஆய்வாளர் கையொப்பம்

பங்கேற்பாளர் கையொப்பம்

தேதி :

தேதி :

ஆராய்ச்சி தகவல் தாள்

ஆராய்ச்சி தலைப்பு: கல்லூரி மாணவிகளிடம் பருவ வயது மேம்பாட்டின் மூலம் இனப்பெருக்க ஆரோக்கியத்தை பெறுவதற்கான ஆய்வு.

ஆய்வாளர் பெயர் : கோ. வள்ளி தேதி :

பங்கேற்பாளர் பெயர் : வயது/பால் :

- ஆய்வாளர் மேற்கொள்ளும் ஆராய்ச்சியில் பங்கேற்க யாருடைய கட்டாயமுமின்றி முழுமனதுடன் சம்பாதிக்கலாம்.
- இதில் பங்கேற்பதன் நோக்கம்: இந்த ஆராய்ச்சியில் கல்லூரி மாணவிகளிடம் பருவ வயது மேம்பாட்டு தாக்கத்தின் மூலம் **இனப்பெருக்க ஆரோக்கியத்தை** பெறுவதற்காக.
- இந்த ஆராய்ச்சியின் நோக்கம்: கல்லூரி மாணவிகளிடம் பருவ வயது மேம்பாட்டின் தாக்கத்தின் மூலம் **இனப்பெருக்க ஆரோக்கியத்தை** பெறுவதற்கான ஆய்வு
- ஆராய்ச்சி மேற்கொள்ளும் முறை: இந்த ஆராய்ச்சியில் பருவ வயது மேம்பாட்டின் மூலம் **இனப்பெருக்க ஆரோக்கியத்தை** பற்றி கற்றுத்தந்ததின் தாக்கத்தை அறியலாம்.
- இதனால் ஆய்வாளருக்கான பயன்: இந்த ஆய்விற்குப்பின் கல்லூரி மாணவிகளில் பருவ வயது மேம்படுத்தல் மூலம் **இனப்பெருக்க ஆரோக்கியத்தை** பற்றி கற்றுத்தந்த தாக்கத்தினைப் பற்றி அறியலாம்.
- இதனால் பங்கேற்பாளருக்கான பயன்: இந்த ஆய்வு கல்லூரி மாணவிகளிடத்தில் பருவ வயது மேம்படுத்துதல் உத்தியின் மூலம் **இனப்பெருக்க ஆரோக்கியத்தை** பெறுதலின் முக்கியத்துவத்தை அறிய வைக்கிறது.
- ஆராய்ச்சியில் பங்கேற்கவில்லை என்றாலும் உங்களின் சராசரி வாழ்க்கை முறையில் எந்தவித மாற்றமும் ஏற்படாது என்பதை தெரிவிக்கின்றேன்.
- இந்த ஆராய்ச்சியில் பங்கேற்க விருப்பம் இல்லை என்றால் உங்களின் முழு மனதுடன் நீங்கள் இந்த ஆராய்ச்சியில் இருந்து விலகிக் கொள்ளலாம் என்பதை தெரிவிக்கின்றேன்.
- இந்த ஆராய்ச்சியில் உங்களின் தகவல்களை பாதுகாப்பாக வைத்து கொள்கிறேன் என்பதை தெரிவிக்கின்றேன். இந்த ஆராய்ச்சியின் தகவல்களை வெளியிடும் போது உங்களை பற்றி அடையாளங்கள் வெளிவராது என்று உறுதி கூறுகிறேன்.

ஆய்வாளர் கையொப்பம்

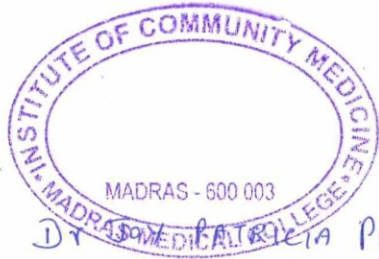
பங்கேற்பாளர் கையொப்பம்

தேதி :

தேதி :

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool submitted by G.Valli M.sc Nursing II year student, College Of Nursing, Madras Medical College which is to be used in her study titled, " **A STUDY TO ASSESS THE IMPACT OF TEENEMPOWERMENT ON REPRODUCTIVE WELLNESS AMONG LATE ADOLESCENT GIRLS IN SELECTED COLLEGE, CHENNAI** ". has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.

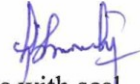


Name: *DY. MEDICAL OFFICER PUSHPARANI*
Designation: *Professor of Community Medicine*
College: *Madras Medical College, Chennai*


Signature with seal
PROFESSOR
Institute of Community Medicine
Madras Medical College
Chennai-600.003.

CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool submitted by G.Valli M.sc Nursing II year student, College Of Nursing, Madras Medical College which is to be used in her study titled, “ **A STUDY TO ASSESS THE IMPACT OF TEENEMPOWERMENT ON REPRODUCTIVE WELLNESS AMONG LATE ADOLESCENT GIRLS IN SELECTED COLLEGE, CHENNAI** ”. has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.



Signature with seal

Name: *Banemathi.k.*

Designation: *Asst. prof*

College: *Apollo college of Nursing,
Chennai-95*

23/12/19.



CERTIFICATE OF CONTENT VALIDITY

This is to certify that the tool submitted by Valli.G M.Sc Nursing II year student, College of Nursing, Madras Medical College which is to be used in her study titled, “**A Study to assess the Impact of Teen Empowerment on Reproductive Wellness among Late Adolescent Girls in Selected College, Chennai**” has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed to do the research.



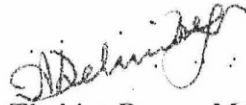
Signature with seal

S. KANCHANA M.Sc.(N)
Associate Professor
MADHA COLLEGE OF NURSING
KUNDRATHU, CHENNAI-600 069.

Name: MRS.KANCHANA-S
Designation: ASSOCIATE PROFESSOR
College: MADHA COLLEGE OF NURSING,
KUNDRATHUR
CHENNAI-69

RECOMMENDATION OF THE GUIDE

This work undertaken / to be done by Valli.G, M.Sc (N) I Year, College of Nursing, Madras Medical College, Chennai-3 titled "A study to assess the impact of teen empowerment on Reproductive wellness among late adolescent girls in selected College, Chennai" will be under my supervision and I ensure that the candidate will abide by the rules of the Institutional Ethics Committee.



Mrs. A. Thahira Begum M.Sc (N), MBA, M.Phil.,
Principal,
College of Nursing,
Madras Medical College,
Chennai - 3

Date:

RECOMMENDATION OF THE HOD

The dissertation study titled “**A study to assess the impact of teen empowerment on reproductive wellness among late adolescent girls in selected college, Chennai.**” by **G.Valli.,** M.Sc (N) I year, College of Nursing, Madras Medical College will be done according to the regulations of the Institutional Ethics Committee and I recommend it for acceptance.

Mrs. T. Ramani bai, M.Sc (N).,
Reader in Community Health Nursing,
College Of Nursing,
Madras Medical College,
Chennai – 3.

Selvi. B. LINGESWARI, M.Sc. (N).,
Reader in Community Health Nursing,
College Of Nursing,
Madras Medical College,
Chennai – 3.

**INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE, CHENNAI 600 003**

EC Reg.No.ECR/270/Inst./TN/2013/RR-16
Telephone No.044 25305301
Fax: 011 25363970

CERTIFICATE OF APPROVAL

To

G.VALLI

M.Sc (N) I Year
College of Nursing
Madras Medical College
Chennai-600003.

Dear G.VALLI,

The Institutional Ethics Committee has considered your request and approved your study titled **"A STUDY TO ASSESS THE IMPACT OF TEEN EMPOWERMENT ON REPRODUCTIVE WELLNESS AMONG LATE ADOLESCENT GIRLS IN SELECTED COLLEGE,CHENNAI"-NO.28112019**. The following members of Ethics Committee were present in the meeting held on **12.11.2019** conducted at Madras Medical College, Chennai 3.

- | | |
|---|--------------------|
| 1. Prof.P.V.Jayashankar | :Chairperson |
| 2. Prof.R.Jayanthi,MD.,FRCP(Glasg)., Dean,MMC,Ch-3 | :DeputyChairperson |
| 3. Prof.N.Gopalakrishnan,MD.,DM.,FRCP, Vice Principal Director,Inst.of
Nephrology,MMC,Ch | : Member Secretary |
| 4.Prof.Bharathi Vidya Jayanthi,Vice Principal Director,Inst. of Pathology,MMC,Ch- | : Member |
| 5. Prof.R.Muthuselvan,MD,Prof. Inst. of Int.Med,MMC, Ch-3 | : Member |
| 6. Prof.Alli, Prof. Inst. of Gen.Surgery,MMC | : Member |
| 7. Prof.Shobha, Prof, Inst.of O&G, Chennai | : Member |
| 8. Prof.Remam Chandramohan,Prof.of Paediatrics,ICH,Chennai | : Member |
| 9. Prof. Sudha, Prof. Inst. of Pharmacology,MMC,Ch-3 | : Member |
| 10.Prof.K.Ramadevi,MD., Director, Inst. of Bio-Chemistry,MMC,Ch-3 | : Member |
| 11.Prof. S.Lakshmi, Prof. of Paediatrics ICH Chennai | : Member |
| 12.Thiru S.Govindasamy, BA.,BL,High Court,Chennai | : Lawyer |
| 13.Tmt.Arnold Saulina, MA.,MSW., | :Social Scientist |
| 14.Thiru K.Ranjith, Ch- 91 | : Lay Person |

We approve the proposal to be conducted in its presented form.

The Institutional Ethics Committee expects to be informed about the progress of the study and SAE occurring in the course of the study, any changes in the protocol and patients information/informed consent and asks to be provided a copy of the final report.

Member Secretary – Ethics Committee

REQUISITION FORM

From:

Valli.G,
M.Sc(N) I Year student,
College of Nursing,
Madras Medical College,
Chennai-03.

To

The Principal,
Dharmamurthi Rao Bahadur Calavala Cunnan Chetty's Hindu College
Dharmamurthi Nagar, Pattabiram,
Chennai-72.

Through,

The Principal, College of Nursing, Madras Medical College, Chennai 03.

Respected Madam ,

Sub: College of Nursing, Madras Medical College, Chennai-MSc Nursing I Year
Student Dissertation - Permission to conduct study requested - Reg.

I request you to kindly permit me to conduct Dissertation study on, **"A STUDY TO ASSESS THE IMPACT OF TEEN EMPOWERMENT ON REPRODUCTIVE WELLNESS AMONG LATE ADOLESCENT GIRLS IN SELECTED COLLEGES IN CHENNAI"** as a part of our requirement to be completed for The Tamilnadu Dr. M.G.R. Medical University

Thanking You,

Yours faithfully,

Gvalli
(G.Valli)

Place: Chennai,

Date:

Forwarded
Dharmamurthi
PRINCIPAL
COLLEGE OF NURSING
MADRAS MEDICAL COLLEGE
CHENNAI - 600 003.

Permitted to
conduct the survey
V. Valli
22/11/19

PRINCIPAL,
DHARMAMURTHI RAO BAHADUR CALAVALA
CUNNAN CHETTY'S HINDU COLLEGE,
DHARMAMURTHI NAGAR,
PATTABIRAM, CHENNAI - 600 072.

CERTIFICATE FOR ENGLISH EDITING

This is to certify that the dissertation work topic titled, “ **A study to assess the impact of teen empowerment on reproductive wellness among late adolescent girls in selected college in Chennai**”, done by valli.G, M.Sc (N) II year student, College of Nursing, Madras Medical College, Chennai-03 has been edited and validated for English language appropriateness.

Place :

Date :

Signature : *T. Jothi Lakshmi*

T. JOTHI LAKSHMI, M.A., B.Ed.,
B.T. Asst. (English)
Designation: Sec. School,
Koratti, (Vlr.Dt.) 635 602.
Place :

CERTIFICATE FOR TAMIL EDITING

This is to certify that the dissertation work topic titled, “ **A study to assess the impact of teen empowerment on reproductive wellness among late adolescent girls in selected college in Chennai**”, done by valli.G, M.Sc (N) II year student, College of Nursing, Madras Medical College, Chennai-03 has been edited and validated for Tamil language appropriateness.

Place :

Date :

Signature :



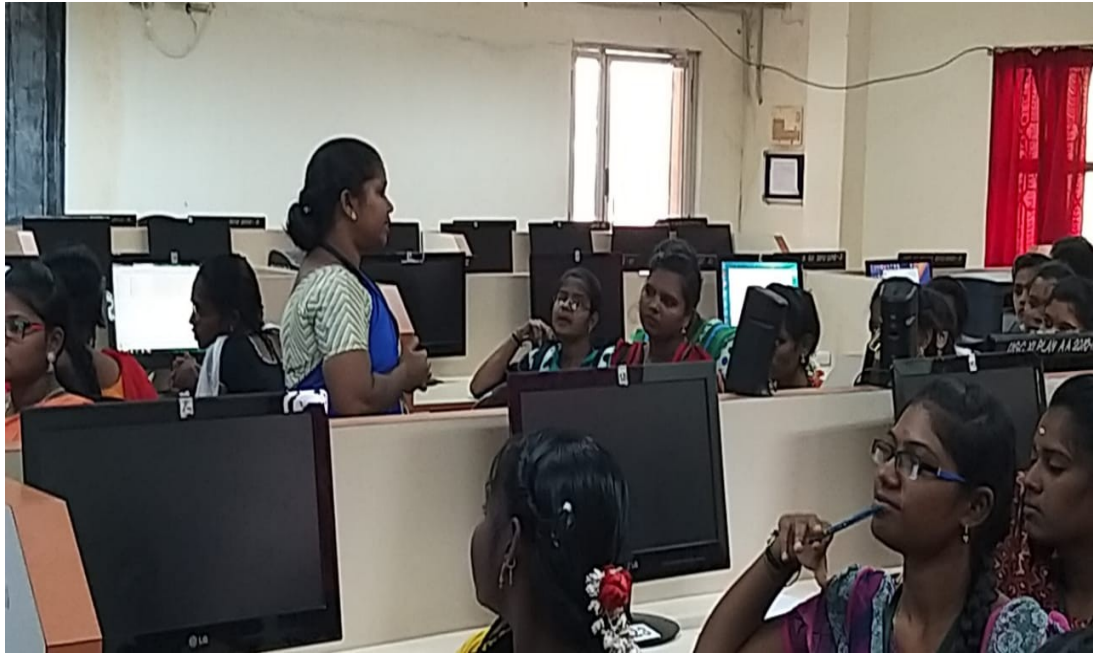
எம். சரசு, எம்.ஏ.,எம்.எட்.,

முதுகலைப் பட்ட தாரி ஆசிரியை (தமிழ்)

அரசினர் மேல்நிலைப் பள்ளி,

சென்னை-03 (செ.மா.) 635 602.

Place :



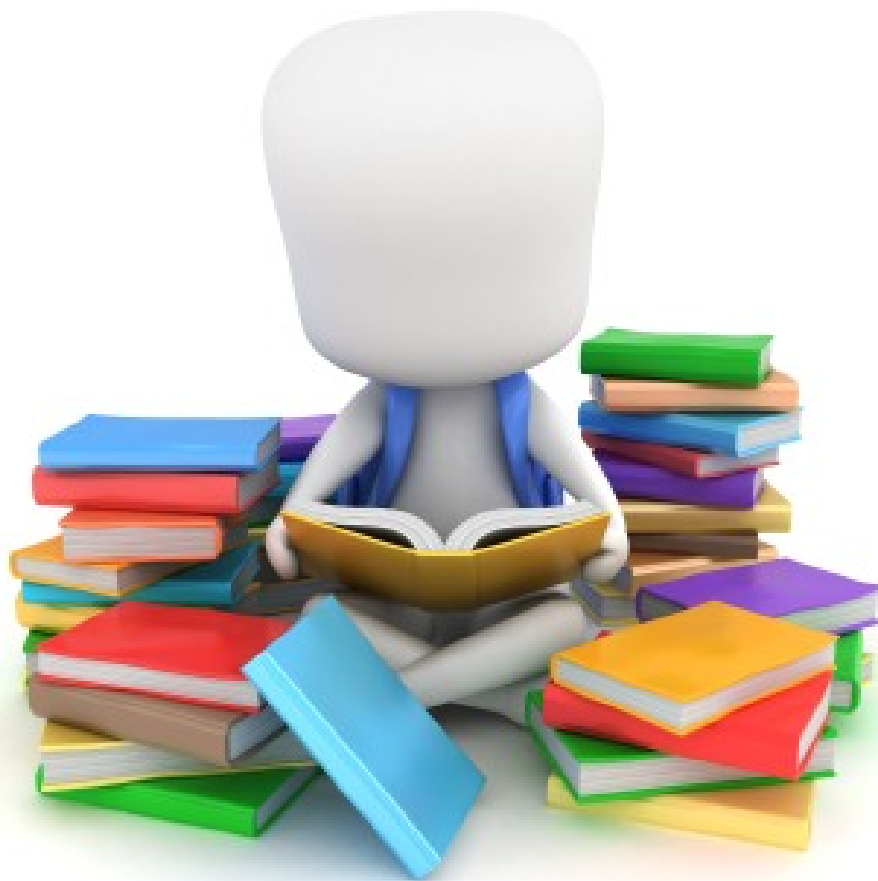
Chapter-I

Introduction



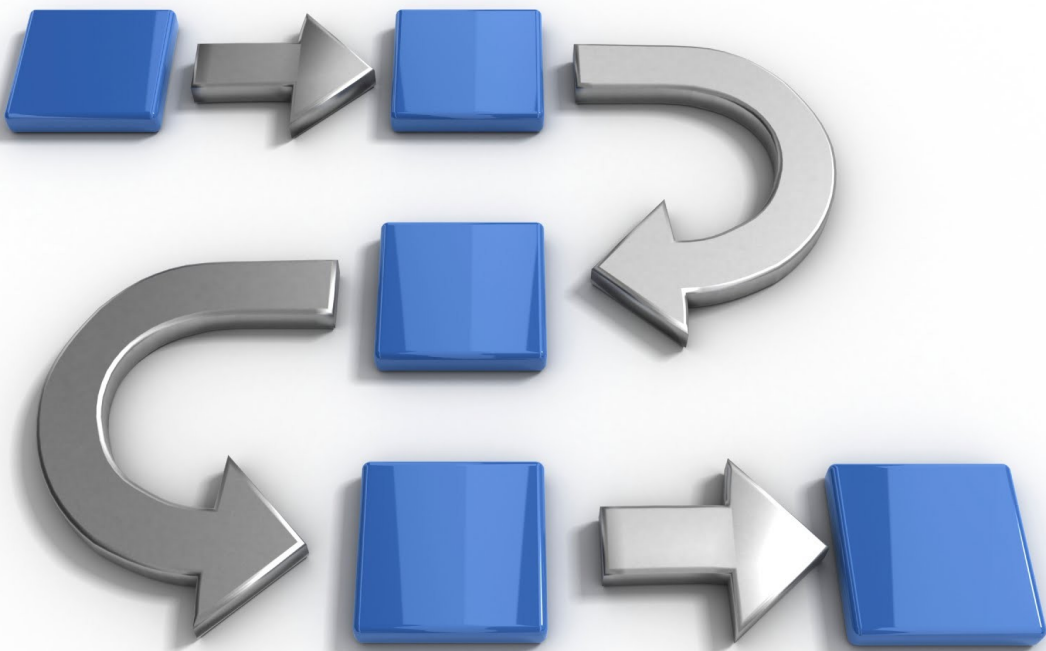
Chapter-II

Review of Literature



Chapter-III

Research Methodology



Chapter-IV

Data Analysis & Interpretation



11%
4%
3%
9%
16%

Chapter-V

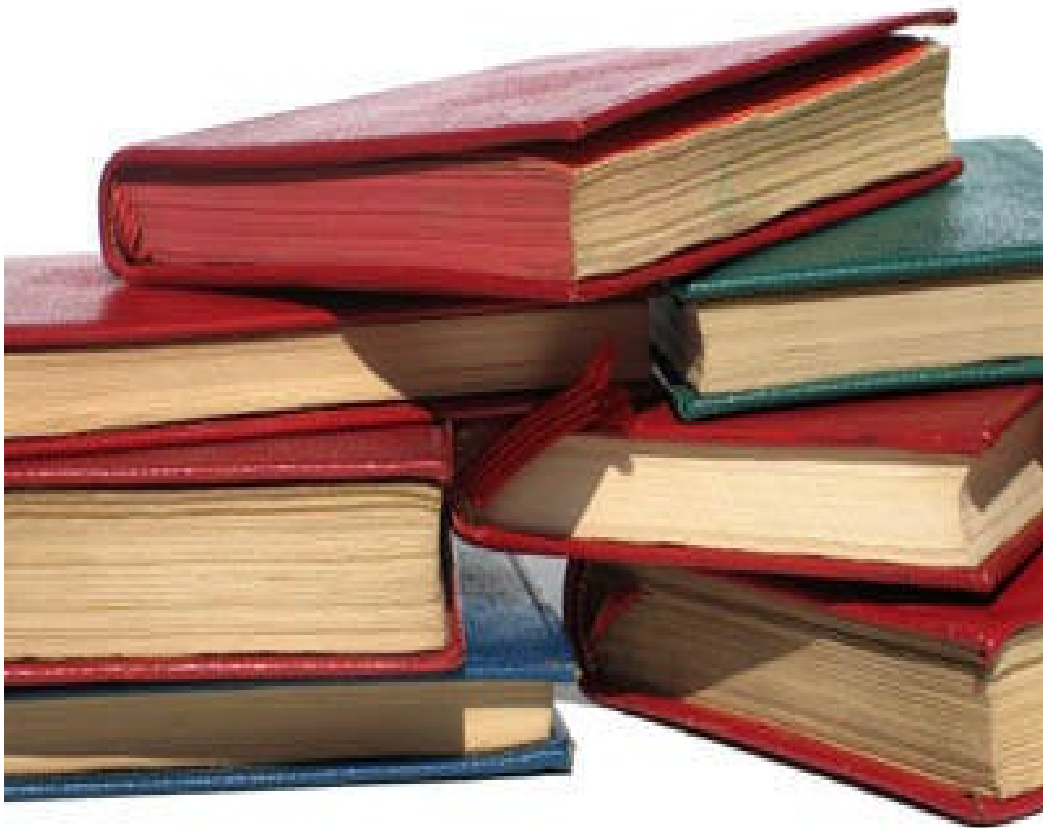
Discussion



Chapter-VI
Summary, Implication,
Recommendation,
Limitation & Conclusion



References



Appendices



CERTIFICATE OF PLAGIARISM

This is to certify that dissertation titled **“A STUDY TO ASSESS THE IMPACT OF TEEN EMPOWERMENT ON REPRODUCTIVE WELLNESS AMONG LATE ADOLESCENT GIRLS IN SELECTED COLLEGE, CHENNAI”** of the candidate **Mrs.G.VALLI** for the partial fulfillment of M.Sc. Nursing Programme in the branch of **COMMUNITY HEALTH NURSING** has been verified for plagiarism through relevant plagiarism checker. We found that the uploaded thesis file from introduction to conclusion pages and rewrite shows _____% of Plagiarism (_____% uniqueness) in this dissertation.

CLINICAL SPECIALTY GUIDE

Selvi.B.Lingeswari, M.Sc(N),M.B.A.,M.Phil.,
Reader,
College of Nursing,
Madras Medical College,
Chennai - 03.

PRINCIPAL

Mrs.A.Thahira Begum, M.Sc.(N), MBA, M.Phil.,
Principal,
College of Nursing,
Madras Medical College,
Chennai -03.