

**EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME
ON KNOWLEDGE AND EXPRESSED PRACTICE REGARDING
SANITARY NAPKIN AMONG SCHOOL GIRLS THOSE WHO
ATTAINED MENARCHE AT A SELECTED SCHOOL IN
KANCHEEPURAM DISTRICT**

**By
Mrs. SARITHA .M**



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

OCTOBER - 2016

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CERTIFICATE

This is to certify that “**A study to assess the effectiveness of structured teaching programme on knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche at a selected school, in Kancheepuram District**” is a bonafide work done by **Mrs. SARITHA .M, M.Sc(N) II Year**, Karpaga Vinayaga College of Nursing, Kancheepuram District, in partial fulfillment of **The Tamil Nadu Dr.M.G.R. Medical University** rules and regulations towards the award of the degree of Master of Science in Nursing, Branch-IV, Community Health Nursing , under my guidance and supervision during the academic year 2014-2016.

Date:

Signature of the Principal

Place:

DECLARATION

I hereby declare that the dissertation entitled “**A study to assess the effectiveness of structured teaching programme on knowledge and expressed practice regarding Sanitary Napkin among school girls those who attained menarche at a selected school, in Kancheepuram District**” is submitted to **The Tamilnadu Dr.M.G.R. University, Chennai**, in partial fulfillment of the Master of Science in Nursing under the guidance and supervision of **Dr. (Mrs). T.Komalavalli, M.Sc(N)., Ph.D(N)., LLB.**, Principal and Head of the Department of Research at Karpaga Vinayaga College of Nursing in Kancheepuram District and has not formed the basis for the award of any degree or diploma, associateship, fellowship titles in this or any other universities.

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Signature of the Candidate

Place :

(Mrs. Saritha .M)

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INTERNAL EXAMINER

EXTERNAL EXAMINER

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SYNOPSIS

A study to assess the effectiveness of structured teaching programme on knowledge and expressed practice regarding Sanitary Napkin among school girls those who attained menarche at a selected school in Kancheepuram District.

The objectives were, to assess the knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche, to evaluate the effectiveness of structured teaching programme on knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche and to associate the selected demographic variables and health related variables with the level of knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche.

A quantitative research approach of pre experimental with one group pre and post-test design was chosen for this study. By using purposive sampling technique a total of 50 samples were included for the study. The structured teaching programme was given by researcher. Pre and post test was conducted by structure questionnaire. Data were recorded and coded. The data analysis was done by using descriptive and inferential statistics. The result revealed that there was a statistically significant difference between pre and post-test knowledge and expressed practice scores regarding sanitary napkin among school girls at level $P < 0.001$. This study implied that creating awareness regarding sanitary napkin will prevent the occurrence of reproductive tract infection among school girls and promote their health.

Keywords: Structured Teaching Programme, School girls, Knowledge, Expressed Practice.

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CHAPTER-1

INTRODUCTION

Prevention is simple, cost effective and better than cure.

BACKGROUND OF THE STUDY

School life is the first experience of living outside the home which moulds the school children to prepare themselves to lead a life, according to their growth and development and changing needs of the society. School is the best forum for the students to acquire knowledge, skill and attitude in various aspects of their life style pattern. The health of the child is the basement for healthy nation. In the school life the concept of prevention and health promotion are inevitable to bring the child with a good health. The personal hygiene is the fundamental step for the children to learn in order to prevent diseases and promote health.

Each child undergo many changes when the growth and development takes place over a period of time. These development changes are common among both girls and boys; one of such physiological changes among girl is attaining menarche. It marks beginning of a multitude of physical, physiological and psychological changes in the lives of the adolescent girls. Generally menarche indicates the girls maturity and the readiness for marriage and sexual activity.

According to the report by **UNICEF (2016)** there are 243 million adolescence comprising 20% of total population in India, which clearly shows that India has got more young people. It includes 10% of school girls aged between 12 to 14 years and majority of them lives, in rural areas. They do not know to take care of

themselves in hygienic way during the time of menstruation which adversely affects their health. .

When the girl attains menarche, menstrual hygiene is the real challenge for them to practice. The good menstrual hygiene prevents reproductive tract infection among girls which ultimately promote the reproductive health. The current trend of antenatal care starts from puberty. This concept was emphasized by **Kumari (2014)** who conducted a study among girls regarding menstrual hygiene revealed that only few girls were using sanitary napkin and many did not practice the same. Menstrual hygiene involves the personal hygiene measures to be adopted by women and adolescent girls, it includes the use of clean material to absorb or collect menstrual blood and these materials can be changed in privacy as often as necessary for the duration of menstruation. Menstrual hygiene management also includes, using soap and water for washing the body as required and having access to facilities to dispose of used menstrual management material. To highlight the menstrual hygiene awareness among girls 28th May is observed as menstrual hygiene day, which aims to break taboos and raise awareness about the importance of good menstrual hygiene management for women and adolescent girls worldwide.

Thus menstrual hygienic practices are greatly emphasized among school girls in order to promote the reproductive health, which also improves the girls self-image and promote their attitude towards good reproductive health. It also avoids the embarrassment of staining their cloth and promote their self-respect among their friends. Good menstrual hygiene enhances their confidence and promote the regular school attendance and prevent environmental pollution.

The school girls are always receptive to learn new phenomenon and practice the same with favorable attitude when the menstrual hygiene is being taught by school health nurse. The school girls will learn swiftly and that bring good

behavioral change towards the practice of menstrual hygiene. Hence the school setting is a ideal place for the school health nurse to create awareness regarding menstrual hygiene among school girls.

Many gynecologists believe that sanitary napkin can act as a precautionary measure to prevent reproductive tract infection. The sanitary napkin is one of the appropriate measures to be practiced by school girls during the time of menstruation. This is substantiated by the finding of **Jimmy Wales (2013) et.al.**, which highlighted that sanitary napkins prevent reproductive tract infection and reduce the risk of cervical cancer. The Role of community health nurse in school health is important. It comprises imparting knowledge to the school girls about the importance of sanitary napkin and promote the menstrual hygiene practices. When the school girl is educated she propagates the information to her family members, friends and to the society. She also influences her friends to practice good menstrual hygienic measures. It promotes the dignity of the girls and women in the society. Thus the community health nurse play an major role to empower the school girls with adequate knowledge on sanitary napkin during menstruation, which enhances self-esteem and academic performance. Therefore it helps them to develop themselves comprehensively and that promote their quality of life.

NEED FOR THE STUDY

Menstrual hygiene is important to be practiced by the school girls to promote their health and prevent illness. Inadequate menstrual hygiene management is connected with the use of cloth, ashes and husk sand during menstruation, thereby it causes severe reproductive health problem.

According to **World Health Organization (2015)** there are about 74% of school girls had suffered with reproductive tract infection due to improper menstrual

hygiene. The poor menstrual hygienic practices also leads to several problem among school girls which include dropped out from the school, inability to continue the education and reduction of self-esteem. It occurs because the school girls don't practice menstrual hygiene and don't have accessibility for sanitary napkin. The biggest barrier to adopt the quality of sanitary napkin in India are lack of affordability and accessibility as reported by **Inderjeet Singh (2013)** there are about 70% of school girls and their the family cannot affords sanitary napkin. It is further supported by the report of **Times of India (2014)** which unveiled that 50% of the school girls who dropped out the school in secondary classes are due to lack of sanitary napkin, coupled with lack of separate toilet facilities and water resources within the school campus. Thus the lack of knowledge on menstrual hygiene practice and sanitary napkin are the major cause for absenteeism among school girls.

The significant problems among school girls which are greatly ignored in schools, in developing countries are lack of facilities for disposal of menstrual waste. There are about only 46% of school girls have accessibility to water, sanitation at school. According to **Global Statistics By WHO (2015)** often school toilets for girls don't have bins for menstrual waste collection with the result that the napkin may be spread all around the school compound area, these pollutes the environment and also causes embarrassment for the school girls. Many studies have reported that the girls, who were unable to afford sanitary napkin they miss school in order to avoid the embarrassment of staining the clothes.

Many studies, across India have reported poor menstrual hygienic practice among school girls in that majority of them are at risk for reproductive tract infections. A study conducted at Lucknow by **Aravind Kumar (2013)** among 28 lakhs adolescent girls revealed that approximately 19 lakhs school girls quit education because of menstruation related problems and reproductive tract

infections. Another study conducted by **Dr.M.Tripurasundari (2014)** reported that reproductive tract infection occurs among girls due to unhygienic menstrual practices. A study which was conducted in India by **Arumugam et.al., (2014)** revealed that as many as 42% of women who participated in the study did not know about sanitary napkin and from where in the anatomy menstruation originated and most of them were scared and worried on menstruation. Worldwide many school girls don't have accessibility to toilet facilities, privacy and menstrual hygienic management issues are greatly ignored by professionals in the health and education sector too.

Another major factor that is to be considered among school girls is early menarche, which is the growing trend across Globe especially in urban areas. Since many school girls attain menarche between 12 to 14 years they don't have adequate knowledge about the onset of menstruation, physical and physiologically development. In addition to their early puberty may cause emotional pressure among school girls which may reduce their academic performance. The study which conducted by **Esreal Ayele et.al. (2015)** revealed that the yearly menarche is a major cause for poor menstrual hygienic practices. A study conducted by **Dr.Neelam Singh, Rierdan (2013)** have reported that school students don't have adequate knowledge and practice on menstrual hygiene. Further **Rierdan (2013)** concluded that only 40.6% of girls have knowledge regarding menstruation and among them only 12.9% of school girls practice the same. Thus these findings paved the way for the investigator to impart knowledge regarding sanitary napkin during menstruation, thereby to enhance the practice of menstrual hygiene.

It is evident from the above information that many school girls aged between 12 to 14 years don't have awareness regarding sanitary napkin as an menstrual hygienic practice, and they are not practicing good menstrual hygiene. Hence it is

important for community health nurse to impart knowledge about sanitary napkin during menstruation and help them to adhere to their menstrual hygienic practices.

Menstrual practices are still clouded by taboos and socio culture restrictions result in adolescent girls remaining ignorant of the scientific facts and hygiene health practices, which sometimes result into adverse health outcomes. Hygiene practice is neglected by girls especially in the rural areas, due to lack availability and inability to afford sanitary napkins. Rural school girls are still treated as untouchables during menstruation, resulting in health problems and growing absenteeism's in schools. Schools girls refrain from going to toilets because there is no lock, no water supply, and no disposal facility. They also seem to avoid going to toilets during menstruation as most schools do not have separate toilets for girls. Thus the researcher felt the need to educate the rural school girls regarding sanitary napkin during menstruation and teach them to practice the same by promoting favourable attitudes towards menstrual hygienic practice.

The role of community health nurse is important to inculcate the concept of use of sanitary napkin during menstruation among school girls because it prevents, fungal infection, reproductive tract infection and urinary tract infection which might leads to cervical cancer, according to the report by the **Cervical Cancer Free Coalition (May 2013)** in order to increase the menstrual hygienic practice among women. The Indian government proposed a new scheme towards menstrual hygienic practice to rural adolescent girls. The main goal of these schemes was awareness, availability and quality of napkin, regular supply, privacy, water supply, proper disposal of napkin, reproduce health education and family support.

Under the scheme a pack of 6 sanitary napkins is provided under the NRHM's brand 'Freedays'. These napkins are sold to the adolescents girls at Rs. 6 for a pack of 6 napkins in the village by the Accredited Social Health Activist

(ASHA). On sale of each pack, the ASHA gets an incentive of Rs. 1 per pack besides a free pack of sanitary napkins per month. In order to promote personal hygiene among young rural girls, the Govt. of Tamil Nadu launched distribution of free sanitary napkins to girls in the age group of 10 to 19 in all the villages.

The Honourable Chief Minister of Tamil Nadu J. Jayalalithaa had launched the scheme of distribution of free sanitary napkins to young girls as well as lactating mothers and women prisoners across the state at an annual outlay of Rs.44.21 crore. As per the scheme three bags containing six napkins each would be given to young rural girls once in two months. The bags will be given to the students through their teachers and to the lactating mothers (seven bags each containing six napkins) through nurses in the primary health centres.

On the basis of the above information it is concluded that the knowledge of school girls on menstrual hygiene is inadequate and the adolescent girls are still ignorant of the scientific fact on menstrual hygiene health practices, which may cause adverse health outcomes. These underlines the role of the community health nurse and also emphasize the need to assess the knowledge and expressed practice regarding sanitary napkin which is used during menstruation by the school girls who attained menarche. This has motivated the investigator to conduct a study on effectiveness of structured teaching programme on knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche at a selected school in Kancheepuram District.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of structured teaching programme on knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche at a selected school in Kancheepuram District.

OBJECTIVES OF THE STUDY

1. To assess the level of knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche.
2. To evaluate the effectiveness of structured teaching programme on knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche.
3. To associate the selected demographic variables and health related variables with the level of knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche.

HYPOTHESES

H₁ – There is a significant difference between pre and post-test level of knowledge regarding sanitary napkin among school girls those who attained menarche and subjected to structured teaching programme.

H₂– There is a significant difference between pre and post-test level of expressed practice regarding sanitary napkin among school girls those who attained menarche and subjected to structured teaching programme.

OPERATIONAL DEFINITIONS

EFFECTIVENESS

It refers to the extent to which the structured teaching programme regarding sanitary napkin yield the desired outcome in improving the level of knowledge and expressed practice among school girls those who attained menarche as evidenced by gain of knowledge and expressed practice as measured by structured questionnaire.

STRUCTURED TEACHING PROGRAMME

It refers to the systematically designed educational programme implemented by the researcher by using lecture cum demonstration method regarding sanitary napkin to the school girls those who attained menarche.

KNOWLEDGE

It refers to the level of understanding of school girls regarding sanitary napkin as measured by using multiple choice questions in pre and post –test.

EXPRESSED PRACTICE

It refers to the verbalization of practice regarding steps followed in the use of sanitary napkin by the school girls those who attained menarche as measured precisely by checklist in pre and post-test.

SANITARY NAPKIN

It refers to the sanitary pad in an absorbent item worn by a school girl to absorb menstrual blood.

SCHOOL GIRLS

It refers to the school girls those who attained menarche, aged between 12 and 14 years and studying in VIII (or) IX standard in Govt. Girls Higher secondary school at Acharapakkam in Kancheepuram district.

MENARCHE

It refers to the first occurrence of menstruation usually between the ages of 10 and 15 years among school girls and continues as monthly discharge of blood through the vaginal canal.

DELIMITATION OF THE STUDY

The study was delimited to

- The school girls those who were aged between 12 and 14 years at a selected school.
- The school girls those who were studying VIII (or) IX standard at a selected school.
- The period of six weeks.
- The sample size of 50

PROJECTED OUTCOME

By this study, the effectiveness of structured teaching programme can be evaluated. The structured teaching programme will have an impact on the knowledge and expressed practice of the school girls regarding sanitary napkin. The school girls who are in the age group between 12-14 years and studying VIII (or) IX standard will understand the definition, importance and general steps of sanitary napkin which will help them to maintain good sanitary napkin practice, reduce the spread of infection and promotes good health.

CHAPTER - II

REVIEW OF LITERATURE

This chapter deals with the literature related to the menstrual hygiene and the effectiveness of structured teaching programme regarding sanitary napkin among school girls. The literature was collected extensively and organized under the following headings.

- 1. Literature related to the menstrual hygiene among school girls.**
- 2. Literature related to effectiveness of structured teaching programme on knowledge and practice regarding sanitary napkins among school girls.**

1. Literature related to the menstrual hygiene among school girls

El-gilany AH et.al (2016) conducted a study on menstrual hygiene among school girls in Mansoura, Egypt. This study surveyed among 664 school girls aged 14-18 years in Mansoura, Egypt, asked about type of sanitary protection used, frequency of changing pads means of disposal and bathing during menstruation. Girls were selected by cluster sampling technique in public secondary schools in urban and rural areas. Data were collected through an anonymous, self-administered, open – ended questionnaire during class time. The significant predictors of use of sanitary pads were availability of mass media at home high and middle social class and urban residence. The study results concluded that uses of sanitary pads were increased, among school girls.

Omidvar (2015) conducted a cross sectional study to assess the factors influencing hygienic practices during menses among school girls in Udupi district. The study evaluated the knowledge, attitude and practice (KAP) of menstrual practice among rural school girls. The study results showed that out of 60 school girls between the age group of 10-14 years in that two thirds of school girls were using improper use of sanitary napkins, it implies that school girls need to be equipped with accurate, relevant and recent knowledge favourable attitude to have safe practice regarding menstrual hygiene.

Grag R, et.al., (2014) conducted a study on issue and challenges regarding subsidized sanitary napkins for rural school girls. In India menstruation is surrounded by myths, and misconceptions with a long list of “do’s” and “don’ts” for women. Poor menstrual hygiene is one of the major reasons for the high prevalence of RTIs in the country and contributes significantly to female morbidity. The government of India proposed a new scheme towards menstrual hygiene by a provision of subsidized sanitary napkins to rural school girls. But there are various other issues like awareness, availability and quality of napkins regular supply, privacy and water supply, disposal of napkins, reproductive health education and family support which needs simultaneous attention for promotion of menstrual hygiene.

Begam (2015) conducted a descriptive study to assess the factors influencing hygienic practices during menstruation, among school girls in Mansoura (Egypt). The study carried out of 664 school girls aged 14-18 years. The study results revealed that mass media were the main source of information about menstrual hygiene followed by mothers, but a large majority of school girls accepted that they needed more information regarding menstrual hygiene.

Khyrunnisa (2015) conducted a community based cross sectional study among 251 school girls in the Gazipur village in East Delhi, to help identify and overcome barriers to proper hygiene practice through door to door survey, the age menarche was 13-16 years, only 41.1% girls had knowledge about menstrual hygiene practice, rest of the girls had inadequate knowledge regarding menstrual practice. The study concluded that education about menstrual hygiene is vital aspect in improving the health.

Annal Angeline (2013) conducted a cross –sectional study among 251 adolescent girls in the Gazipur village in east Delhi through door to door survey. A study is performed by a cluster randomized method. The study results showed that the mean age of menarche was 13.6 years. 29% subjects said that they had prior knowledge regarding menstruation mothers 41% were the most common source of information, while 92% of girls said they were restricted from worshipping 70% restricted from household activities 74.8% of the girls used sanitary pads. The study findings stressed the need to improve the menstrual hygiene and sanitary napkin practices.

Aparajita (2013) conducted cross sectional study on menstrual hygiene in rural Thiruvanthapuram, Kerala. The majority 60.8% death with menstruation in unhygienic way and a significant association was seen between menstrual hygiene maintenance and education symptoms suggestive of reproductive tract infection. The study results reported that 36.1% of the subjects had skin problems related to sanitary protections, 45.8% of the women hygienic management of menstruation. There was a statistically significant reproductive tract infection and skin problems with sanitary protection, among school girls.

Dhungal (2012) conducted the randomized controlled study about menstruation among school girls in Sydney, Australia. The objective of the study was to investigate effectiveness of a hygiene promotion intervention based on awareness in increasing menstrual practice among school girls. The sample size was 82 school girls. The study results showed that a high proportion 80% of them considered menstruation to be inconvenient and embarrassing. Many had misconceptions, and myths regarding menstrual hygiene.

Drakshyani Devi (2012) conducted a prospective study on menstruation in school girls in Singur. The sample size were 12 school girls were randomly recruited into the study. The study findings revealed that 10% girls received advice regarding menstrual hygiene from different sources, some of their practices were unhygienic so that the girls should be educated about the significance of menstruation, absorbent and its proper disposal of sanitary napkin.

2. Literature related to effectiveness of structured teaching programme on knowledge and practice of sanitary napkins among school girls

Shabmem (2016) conducted an integrated qualitative and quantitative study to assess the knowledge of menstrual hygiene among school girls in south-eastern Nigeria. The study was carried out for 1205 school girls regarding menstruation. The study results revealed that the major source of information about menarche or menstruation was friends or relatives which was about 72%. The mean age of menarche was 14 years and very few girls (0.4%) used sanitary napkin.

Danker (2015) did a study to assess the knowledge and practice of menstrual practice among school girls aged between 10 to 15 years in Nigeria. This is a school-based cross-sectional descriptive study conducted from September 2014 to February 2015 among school girls in Nigeria selected by multistage sampling technique. The

study findings showed that 50% of the girls had lack of knowledge about the origin of menstrual blood and 50% of the participants reported that they did not take bath during menstruation. The study results concluded that most of the girls were unaware of hygienic practice and misconceptions about menstruation.

Lynette (2014) conducted a cross sectional study about knowledge on menstruation among school girls in Jordanian. The sample of the study was 40 of aged between 13-17 years and also suggested that schools and teachers should be reinforced through and well planned health educators for girls and their mothers to improve menstrual hygiene and napkin practice. The study results found that there was a adequate knowledge toward menstruation and menstrual practices.

Lee (2015) carried out descriptive cross – sectional study about menstrual practice, the prevalence of proper menstrual practice and related factors among sixth grade of elementary students in Guntur, Karnataka district. A self-administered questionnaire was administered to 274 students at seven schools randomly selected by proportion to size from five villages. Data was analyzed using descriptive statistics. The study results concluded that they had adequate knowledge about menstruation, most of them used sanitary pad as absorbent during their last menses changed menstrual dressing about 1-5 times per day and three quarter increased the frequency of bathing.

Carol Dashiff (2014) conducted a descriptive study to find out the knowledge on menstrual hygiene among school girls in urban Karachi, Pakistan. A total sample of 263 girls through randomized technique The study results proved that first informant regarding menstruation out of 37.5% girls, 86.25% girls believed it was a physiological process, 48.75% girls know the use of sanitary pad during menstruations regarding practices only 11.25% girls used sanitary pads during

menstruation. The study concluded and suggested that menstrual practice promotion to improve child well – being and societal productivity.

Soeffler et.al. (2014) conducted a descriptive qualitative study on menstrual health among school Girls, at Eijaur. The sample size was 150 school girls. Through random sampling menstrual practice was assessed. The study revealed that in addition to medical problems, the blind girls had difficulties in maintaining personal hygiene, especially during menstrual period 100% blind girls were following poor hygienic practices during menstruation and 15% were using sanitary pads.

Moswed (2013) conducted a qualitative and quantitative study on Indigenous practices of Saudi girls during their menstrual period. A substantial proportion of sample 65% avoided bathing during menstruation perineal care 57.5% restrained from changing pad upto 8 hours which showed very poor menstrual hygiene. This study results suggested that nurses and health care provider should use all available opportunity to educate young girls about menstruation.

Paula (2013) conducted a descriptive study to evaluate the knowledge on menstrual hygiene among school girls in Honking, China. The overall objectives of this study was to carry out a baseline survey on menstrual practice among school girls. Sample size was three schools. The methods use were cluster randomized trial of a hygiene promotion. The study results showed that the school girls properly maintained menstrual hygiene, 94% of them use the pads during the period but only 11.3% disposed of them.

Adhikari P.et.al., (2015) conducted a study to evaluate the knowledge and practice on different aspects of menstrual hygiene. One hundred and fifty school girls of age 13-15 years from 3 school of Shivanagar and Patihami Village development committees of Chitwan district were involved in this study. Ninety four

percentages of them use the pads during the period. The study results revealed that overall knowledge and practice about the use of sanitary napkins were increased among school girls.

Lawn M, et.al., (2015) conducted a study on knowledge and practice of adolescent school girls in Kano, Nigeria, around menstruation and menstrual hygiene. Data was collected quantitatively and mean age of the students was 14.4+/- 1.2 years; the majority was in their mid-adolescence. The study results suggested that the students attained menarche at 12.9+/- 0.8 years. Most of them used sanitary pads as absorbent during their last Menes; changed menstrual dressings about 1-5 times per day' and three-quarter increased the frequency of bathing.

Deshmukh P.R et.al., (2014) conducted a study on the effect of community based health education intervention on awareness and behavior change of rural adolescent girls regarding their management of menstrual hygiene at primary health Centre in 23 villages in the warthog district of Maharashtra state. Study subjects were unmarried rural adolescent's girl (12-19 years).The study target audience using a triangulated research design of quantitative (survey) and qualitative (Focus group discussion) method. After 3 years, significantly more ad descent girls (55%) were aware of menstruation before its initiation compared with baseline (35%) the practice of using readymade pads increased significantly from 57 to 85% the study results showed that adolescent girls perceived a positive change in their behavior and level of awareness.

Rao R.S.P et.al., (2014) conducted a study on effectiveness of reproductive health education among school girls in Karnataka.” The objective is to determine the effectiveness of an educational intervention program on knowledge of reproductive health among adolescent girls chi square test was used to test the effect of the intervention. A significant increase in overall knowledge after the intervention (from

14.4 to 68% $p < 0.0001$) The study results suggested that an educational intervention programme can bring about a desirable change in knowledge among school girls regarding reproductive health.

Subhash B, Thakre et. al., (2013) conducted an experimental study to assess the knowledge and the practices of menstrual hygiene among 387 rural elementary school girls, in Denmark. The present study was undertaken among school girls selected by simple random sampling. The study results showed that 36-95% of the girls were aware of menstruation. A majority of them had knowledge about the use of sanitary pads. The mean age of menarche of study subjects was 12.85 ± 0.867 years, sanitary pads were used by 49.35% of the selected girls. The study results concluded that menstrual hygiene indices have shown a significant difference in the rural and urban girls.

Nair M.K. et. al., (2013) conducted an experimental study on menstrual hygiene practices in school girls in Thiruvananthapuram, the aim of the study was to evaluate and intervention to reduce student absenteeism through increase menstrual practice. The experimental school included 341 pupils aged between 10 to 15 years. The method used were cluster randomized trial of a hygiene promotion among school girls the study revealed that 72.4% school girls used sanitary protection during menstruation. Menstrual hygiene was adequate in the majority of girls, menstruation are common in school girls and have significant consequence on future health.

Rose J.G.(2013) conducted a study on Attitude toward and experience with menstruation in the USA and India, Sixty seven women students who were attending a university in southern India and 61 women students who were attending a liberal Girls college in new England Volunteered to participate in this study. The study results showed that Indian women scored significantly higher than American women on the attitude sub scale.

A.J.Singh (2013) conducted a qualitative and quantitative study on reproductive health of Indian women in two primary health Centre areas of rural North India. A study sample comprised of 669 women. Data consisted of menstrual hygiene and knowledge about sanitary practice. The results of the study stated that approximately 72% of women used sanitary napkin during menstruation. Women were classified as having adequate knowledge of proper menstrual practice. The study revealed that the women in primary health Centre exhibited sustained improvement in hygienic knowledge and decreased risk of RTI and UTI infection.

Abioye E.A.(2013) conducted a study to assess the menstrual knowledge and practices among 352 secondary school girls in Ilorin at Nigeria. The study sample was selected by random sampling method, among these 187 (53.1%) had attained menarche. Tools used measured the knowledge and hygienic practices during menstruation. Data were collected by using structured interview schedule method. The study results showed that in both the group 10% of sample were ignorant about knowledge on menstruation, 84% were not psychologically prepared for first menses. and half of the girls menstruated regularly 66.3% used sanitary pad as menstrual absorbent.

Shazly et.al,(2013) conducted a study to assess the knowledge on menstruation and menstruation and menstrual hygiene practices among nursing students affiliated to university of Alexandria. The study sample size include all secondary school nursing students enrolled in main university, Hospital, Structured interview, Questionnaire were based on age of menarche length of menstrual cycle and duration of menstrual flow, menstrual practice such as change of sanitary pad per day, bathing, washing hands after handling sanitary pad. The study results showed that $\frac{1}{4}$ th of sample avoid taking bath during menstrual period $\frac{2}{3}$ rd of them stated that they used 3-8 sanitary pads per day. $\frac{3}{4}$ th washed hands after handling sanitary pad.

George (2012) conducted a study on planned reaching programme to identify the learning needs among 49 pre-adolescent girls about menstrual hygiene. A structural knowledge questionnaire based on female reproductive system, menstrual cycle and menstrual practice during menstruation. Data were collected by self-administered questionnaire method. Planned teaching programme based on menstrual hygienic practices in four areas were conducted for 30 minute scoring done for both pre-test and post-test. The study findings showed that the mean post test score was higher than the mean pretest score. The planned teaching programme was found to be effective.

Rajashree R. Kamble (2012) conducted a study to evaluate school – based hygiene and water treatment programs to increase student knowledge, improve hygiene and decreased as absenteeism. Baseline information was collected from students in 42 schools in Kenya. The study findings showed that 61.66% of the girls had an average knowledge regarding menstruation on menstrual hygiene and 87.66% of the girls followed correct practices. The students in this school program improve the menstrual hygiene and napkin practice.

CONCEPTUAL FRAME WORK

Conceptual framework is a set of global ideas about the concepts in relation to a specific discipline. A conceptual framework in the network of interrelated concepts that provide a structure for organizing and describing the phenomenon of interests. A concept is a thought idea or mental image framed in the mind, in response to learning something new. A frame work is a basic structure supporting anything. It guides an investigator to know what data needs to be collected and gives the right direction to the research process.

The present study aim the effectiveness of structure teaching programme for school girls regarding sanitary napkin. The Framework of the present study is based on J.W.Kenny' Open System model, 1990.

A system consists of a set of interacting components within a boundary that filters the type and rate of exchange with the environment. All living system is open in that there is a continuous exchange of matter, energy and information. In open system, there are varying degrees of interaction with the environment, from which the system receives input and gives output in the form of matter, energy and information.

According to system theory, for survival all systems must receive certain amount of matter, energy and information from environment. The system regulates the types and amount of input received through the process of selection. To maintain the system equilibrium or homeostasis, the system uses input through self-regulation. Through system matter, energy and information are continuously maintains itself and environment to guide its operation. Feedback may be positive, negative or neutral. In this present study these concepts are explained as below.

Input

Based on J.W. Kenny's open system model, input can be a matter, energy and information that enter into the system from the environment through its boundaries. In this study input consist of demographic data of the school girls such as age in years, religion, type of family, residence, educational status of father and source of information. The health related variables such as age at menarche, frequency of changing napkin per day and perception of pain during menstruation and assessment of the existing knowledge and practice of School girls.

Throughput (Process)

Through put is the operation phase or manipulation and activity phase. It is the process that allows the input to be changed so that it is useful to the system. In this study throughput is the construction of planned teaching programme and administration of teaching programme based on the learning needs.

Output

Output is any information that leaves the system and enters the environment through system boundaries. It refers to the ultimate results, which are expected following health education programme. In this study output refers to the knowledge and practice gained by the school girls on sanitary napkin. It also depicts whether the knowledge and practice of school girls on sanitary napkin is varying with demographic variables and health related variables. After processing the input, the system returns to the output environment, in the form of change in behavior. These may be adequate, moderately adequate and inadequate knowledge.

Feedback

Feedback is the result of throughput, it allows the system to monitor its interval function, it is the process whereby the output of the system is rectified as part of the input of the same system.

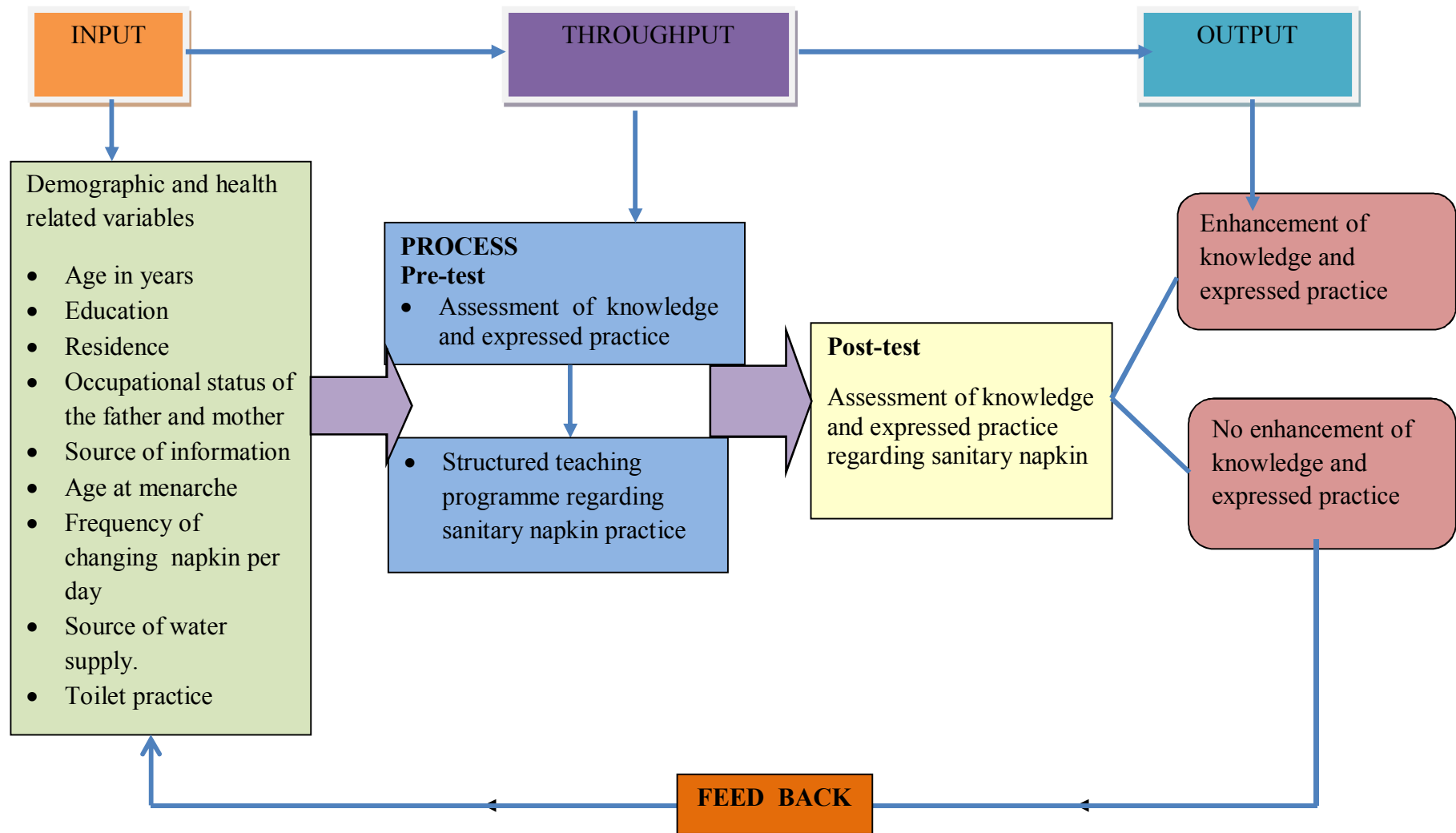


Fig. 1. Conceptual framework based on JW Kenny's open system model (1990)

CHAPTER - III

METHODOLOGY

This chapter deals with a brief description of research approach, research design settings, population, sample criteria, sampling technique, description of the tool, pilot study, data collection procedure, plan for data analysis.

RESEARCH APPROACH

A quantitative research approach was used for this study.

RESEARCH DESIGN

A pre experimental one group pre and post-test design was chosen.

Table-1

SCHEMATIC REPRESENTATION OF RESEARCH DESIGN

Group	Pre-test	Intervention	Post-test
Study group	O ₁	x	O ₂

Keys

O₁- Pre-test on knowledge and expressed practice regarding sanitary napkin.

X- Intervention- structured teaching programme regarding sanitary napkin among school girls.

O₂- Post-test on knowledge and expressed practice regarding sanitary napkin.

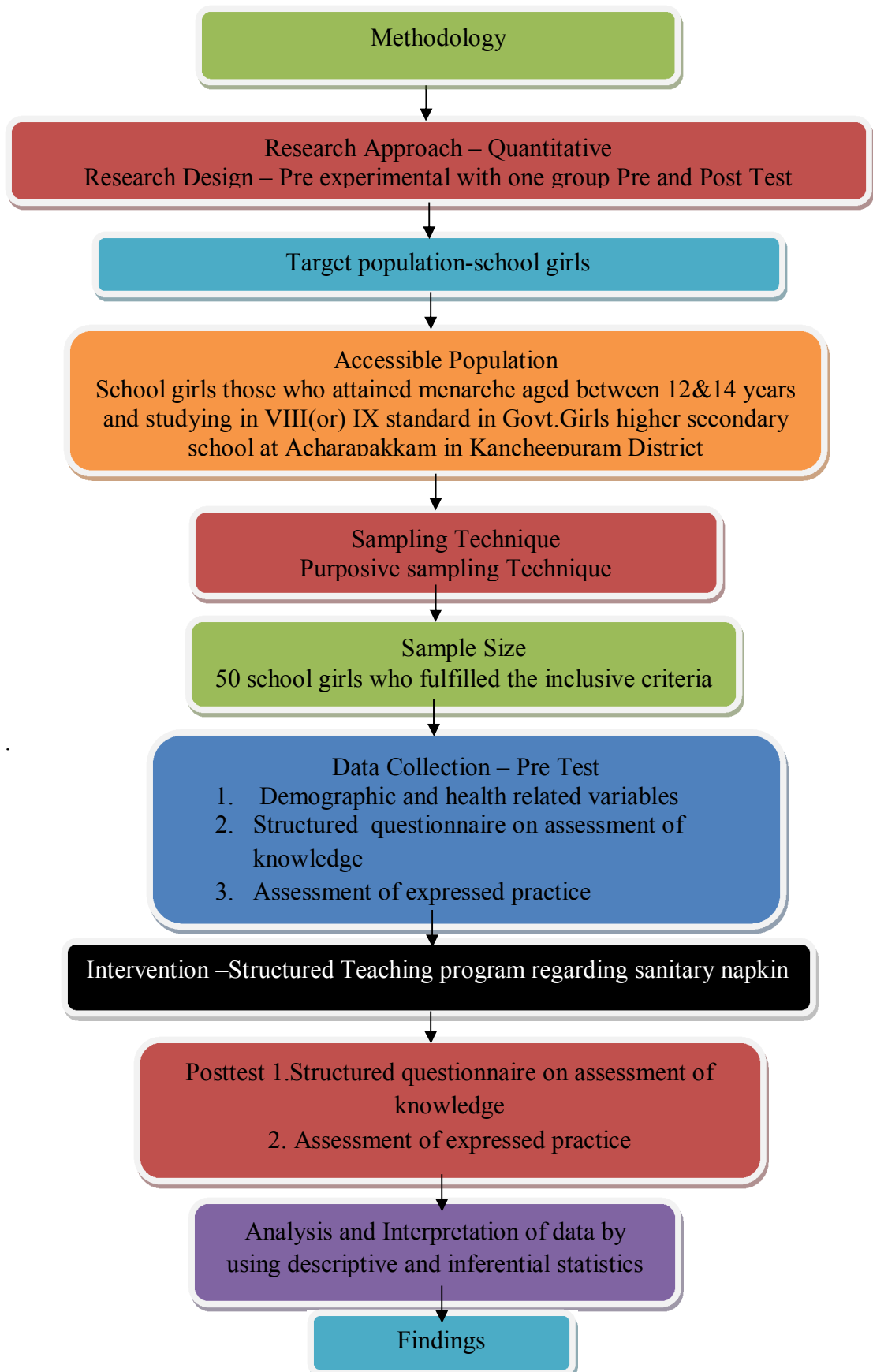


Fig-2 Schematic Representation of Research Methodology

VARIABLES

INDEPENDENT VARIABLES

In this study independent variable was structured teaching programme regarding sanitary napkin.

DEPENDENT VARIABLES

In this study dependent variables were knowledge and expressed practice regarding sanitary napkins among VIII (or) IX standard school girls those who attained menarche and aged between 12 and 14 years.

SETTING OF THE STUDY

The study was conducted among school girls those who attained menarche aged between 12 and 14 years and studying in VIII (or) IX standard in Govt. girls higher secondary school at Acharapakkam in Kancheepuram district. The school was located at semi urban area in Kancheepuram District. The school comprised of classes starting from VI to XII standard. Total strength of the student in the school was 900 that included 110 students in VIII and IX Standard. A total of 50 school girls were selected for the study by adapting purposive sampling technique.

The working hour is from 9.30 am to 4.30 pm with a lunch break of 45min from 12.45pm to 1.30pm. The school remain closed on all Saturdays and Sundays and all government holidays.

POPULATION

TARGET POPULATION

It refers to the school girls those who attained menarche studying in VIII (or) IX standard and aged between 12 and 14 years

ACCESSIBLE POPULATION

It refers to school girls those who attained menarche, aged between 12 and 14 years and studying in VIII (or) IX standard at Govt. girls higher secondary school at Acharapakkam in Kancheepuram District.

SAMPLE

In this study the sample comprised of school girls those who fulfilled the inclusive criteria at Govt. girls higher secondary school at Acharapakkam in Kancheepuram District.

SAMPLING TECHNIQUE

A purposive sampling technique was adopted.

SAMPLE SIZE

A sample of 50 school girls who were studying VIII (or) IX standard and aged between 12 and 14 years at Govt. girls higher secondary school at Acharapakkam in Kancheepuram district and who fulfilled the inclusion criteria were chosen for this study.

Method of sample selection

The school girls who met the inclusion criteria were selected for this study. Girls those who were aged between 12 and 14 years were selected by using purposive sampling technique.

S.no	Standard	Population	Sample
		Girls	Girls
1	VIII standard	52	23
2	IX standard	58	27
Total			50

CRITERIA FOR SAMPLE SELECTION

Inclusion Criteria.

- School girls those who were aged between 12 and 14 years, attained menarche and studying in VIII (or) IX standard at Govt. girls higher secondary school at Acharapakkam in Kancheepuram District
- School girls those who were able to speak, read and write Tamil and English.

Exclusion Criteria

- School girls those who were not willing to participate in this study.
- School girls those who were on leave.

SELECTION AND DEVELOPMENT OF THE STUDY INSTRUMENT

The researcher constructed the tool based on the literature review and opinion from experts, which consisted of

Part-I: Section-A Demographic variables

Section-B: Health related variables.

Part-II: Section-A Structured questionnaire to assess the knowledge regarding sanitary napkin.

Part-III: Checklist to assess the expressed practice regarding sanitary napkin.

Part-IV: Structured teaching programme regarding sanitary napkin.

DESCRIPTION OF THE TOOL

The tool for this study consisted of three parts.

PART-I

SECTION-A DEMOGRAPHIC VARIABLES

The demographic variables consisted of 12 items which included age in years, education, religion, type of family, residence, educational status of father, educational status of mother, occupational status of father, occupational status of mother, family income per month, number of sibling and source of information.

SECTION-B HEALTH RELATED VARIABLES

It consisted of seven items which included age at menarche, nature of practice during menstruation, frequency of changing napkin per day, perception of pain during menstruation, source of water supply, methods of disposal and toilet practice.

PART-II STRUCTURED QUESTIONNAIRE TO ASSESS THE KNOWLEDGE REGARDING SANITARY NAPKIN

SECTION-A

It consisted of 4 sub divisions

- i. Two structured multiple choice questions in anatomy and physiology of female reproductive system.
- ii. Four structured multiple choice questions related to menstruation.

- iii. Four structured multiple choice questions on Impact of unhygienic menstrual practice.
- iv. Ten structured multiple choice questions regarding sanitary napkin.

A total of 20 multiple choice questions were used to assess the level of knowledge regarding sanitary napkin among school girls in pre and post-test. The questions were constructed relevant to definition, importance, general steps and consequences of poor sanitary practices during menstruation.

PART III – CHECKLIST TO ASSESS THE EXPRESSED PRACTICE REGARDING SANITARY NAPKIN

The ten items were included in the check list based on expressed practice regarding sanitary napkin during menstruation

PART IV- STRUCTURED TEACHING PROGRAMME REGARDING SANITARY NAPKIN

It consisted of structured teaching programme regarding sanitary napkin which included definition, importance, general steps in using sanitary napkin and consequences of poor sanitary practice. The lecture cum demonstration methods was adopted and visual aids like roller board, chart, banner and pamphlet were used.

SCORE INTERPRETATION

PART-I

The numerical values were assigned for the demographic variables and health related variables.

PART-II

SECTION-A

It consisted of 20 self-administered multiple choice questions regarding Anatomy and physiology of female reproductive system, menstruation, Impact on unhygienic menstrual practice and importance of sanitary napkin. The correct and wrong answer was given one and zero respectively. The maximum total score was twenty.

The total score were computed and categorized as follows.

Score	Level of knowledge in percentage	Category
< 10	Inadequate Knowledge	<50%
11-15	Moderately adequate knowledge	51-75%
16-20	Adequate knowledge	>76 -100%

PART- III

It consisted of check list which contains ten items and it has a minimum score of '10' and maximum of '20'. A score were interpreted as follows;

Score	Level of practice in percentage	Category
< 10	<50%	Poor practice
11-15	51-75%	Good practice
16-20	>76 -100%	Excellent practice

CONTENT VALIDITY

The content validity of the tool was established by experts which comprised of nursing and medical experts. The experts were requested to give their opinion and suggestion regarding the relevance of the tool for further modification to improve the clarity and content of the items and modification was done accordingly. The tool was finalized and translated in Tamil by the investigator.

RELIABILITY OF THE TOOL

The reliability of structured multiple choice questions, assessment of expressed practice were elicited by using test retest method. The “r” value was computed by Karl's person's correlation coefficient formula and it was found to be 0.95, which indicated that the tool was highly reliable.

PILOT STUDY

A pilot study is a study which is carried out at the end of the planning phase of research in order to explore the feasibility of the study. A pilot study was conducted from 02.11.2015 to 10.11.2015 at Govt. Girls School, Vaiyavoor at Kancheepuram District Administrative approval was obtained from the headmaster of the school to conduct the pilot study. The purpose of pilot study was to:

A total of 5 school girls were selected for the study by using purposive sampling technique on 2nd November 2015 pre-test was conducted by using structured knowledge questionnaire and checklist to assess the expressed practice regarding sanitary napkin. On the third day structured teaching programme was implemented to the school girls who were included for the study. Post-test was conducted on 10th November 2015 after seven days of the administration of the structured teaching programme.

DATA COLLECTION PROCEDURE

The data collection procedure included the following steps

1. Collection of demographic variables and health related variables by self-administered questionnaire.
2. Conduct of pre-test by self-administered multiple choice questions and checklist to assess the knowledge and expressed practice, respectively.
3. Administration of structured teaching programme.
4. Conduct of post-test by self-administered multiple choice questions and checklist to assess the knowledge and expressed practice, respectively.

The written permission was obtained from the authority of Govt. girls higher secondary school at Acharapakkam in Kancheepuram District. The data collection was done for the main study from 18.01. 2016 to 27.01.2016. The participants for main study were selected by Purposive sampling technique among school girls those who attained menarche in the Govt. girls higher secondary school at Acharapakkam in Kancheepuram District. Totally 50 school girls were selected who fulfilled the inclusive criteria. They were divided into two batches and one batch consists of 23 girls and another batch consists of 27 girls. Before giving the intervention the investigator conducted pre-test in the exam hall as per the data collection schedule and intervention was given on 2nd day from pre-test. Two batches were given structured teaching programme regarding sanitary napkin on same day. From the day of intervention the investigator took eight days on an average to conduct post-test which was done by using same tool to assess the level of knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche.

DATA COLLECTION SCHEDULE

Standard	Batch	Pre-test on knowledge and expressed practice		Intervention		Post-test on knowledge and expressed practice	
		Date	Time	Date	Time	Date	Time
VIII Standard	I Batch 23	18.01.2016	10.00 am to 1.00pm	19.01.2016	10.00 am to 11.00am	27.01.2016	10.00 am to 11.00am
IX Standard	II Batch 27	18.01.2016	10.00 am to 1.00pm	19.01.2016	2.00 pm to 3.00 pm	27.01.2016	11am to 12pm

TABLE-2
PLAN FOR DATA ANALYSIS

The data analysis was done by using descriptive and inferential statistics.

The plan for data analysis were as follows:

S.no	Data Analysis	Statistical Test	Objectives
1.	Descriptive statistics	Frequency/percentage, mean, standard deviation	<ul style="list-style-type: none"> • Frequency and percentage distribution of demographic variables, health related variables, level of knowledge and expressed practice regarding sanitary napkin among study group.
2.	Inferential statistics	Paired “t” test Chi-square test	<ul style="list-style-type: none"> • Comparison of pre and post-test knowledge and expressed practice regarding sanitary napkin among school girls. • Association of selected demographic variables and health related variables with level of knowledge and expressed practice regarding sanitary napkin among school girls.

CHAPTER - IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the statistical analysis of the data which enables the researcher to summarize, organize, evaluate, interpret and communicate the numerical information.

The descriptive and inferential statistics were used to analyze the data to evaluate the effectiveness of structured teaching programme on knowledge and practice regarding sanitary napkin among school girls. As per the objectives of this study the tables were organized.

SECTION-A

Distribution of demographic variables and health related variables among school girls.

SECTION-B

Distribution of level of knowledge and expressed practice regarding sanitary napkins among school girls in pre and post -test.

SECTION-C

Comparison of pre and post-test knowledge and expressed practice scores regarding sanitary napkin among school girls.

SECTION- D

Association of demographic variables and health related variables with level of knowledge and practice regarding sanitary napkins among school girls.

SECTION – A

TABLE – 3

Distribution of demographic variables among school girls

N=50

S.NO	Demographic Variables		N	%
1	Age in years	12.1-13 years	24	48
		13.1-14 years	26	52
2.	Education	VIII standard	26	52
		IX standard	24	48
3	Religion	Hindu	14	28
		Christian	14	28
		Muslim	10	20
		Others[specify]	12	24
4	Type of family	Nuclear family	20	40
		Joint family	17	34
		Broken family	13	26
5	Residence	Urban	21	42
		Rural	29	58
6	Educational status of father	Illiterate	22	44
		Primary	15	30
		High school	5	10
		Higher secondary	4	8
		Graduate	4	8
7	Educational status of mother	Illiterate	23	46
		Primary	14	28
		High school	6	12
		Higher secondary	4	8
		Graduate	3	6
8	Occupational status of father	Employed	25	50
		Unemployed	16	32
		Self-employed	9	18
9	Occupational status of mother	Employed	26	52
		Unemployed	17	34
		Self-employed	7	14
10	Family income per month (Rs.)	Up to 5,000	23	46
		5,001 to 7,500	17	34
		7,501 to 10,000	5	10
		More than 10,000	5	10
11	Number of sibling	1	25	50
		2	16	32
		3	9	18
12	Source of information	Mother	21	42
		Relatives	17	34
		Mass media	4	8
		Friends	8	16

The table depicts the distribution of demographic variables among school girls.

It reveals that among 50 school girls, 24(48%) were in age group of 12.1-13 and 26(52%) of them were in the age group of 13.1-14 years. With regard to the education of the girls, 26(52%) were in VIII standard and 24(48%) were in IX standard, Most of the 14(28%) belongs to Hindu, 14(28%) belongs to Christian, 10(20%) belongs to Muslim and 12(24%) belongs to others.

Distribution of regarding type of family revealed that most of the 20(40%) were in Nuclear Family, 17(34%) were in Joint Family and, 13(26%) were in Broken Family. Most of the 21(42%) had their residence in urban and 29(58%) were in rural area.

The level of education of father revealed that 22(44%) were illiterates, 15(30%) had primary education, 5(10%) had high school education and, 4(8%) had Higher Secondary school education and 4(8%) were graduate.

The educational status of mother revealed that 23(46%) were illiterates, and 14(28%) had primary education out of 50 participants 6(12%) 4(8%) and 3(6%) had high school education, higher secondary school education and under graduation respectively.

Occupational status of father revealed that 25(50%) were employed, 16(32%) were unemployed, 9(18%) were self-employed. Occupational status of mother revealed that most of the 26(52%) were employed, 17(34%) were unemployed and 7(14%) were self-employed.

Among 50 school girls 23(46%) had a monthly income up to Rs.5, 000, 17(14%) of them had a monthly income between Rs.5001 to 7500, 5(10%) of them had a monthly income of Rs.7501 to Rs.1000, and remaining 5(10%) had a monthly income above Rs.10000. With regard of number of sibling 25(50%) had one sibling, 16(32%) had two siblings and, 9(18%) had three and above.

With regard to source of information regarding health 21(42%) participants got the information by mother, 17(34%) by relatives, 4(8%) by mass media and 8(16%) by friends.

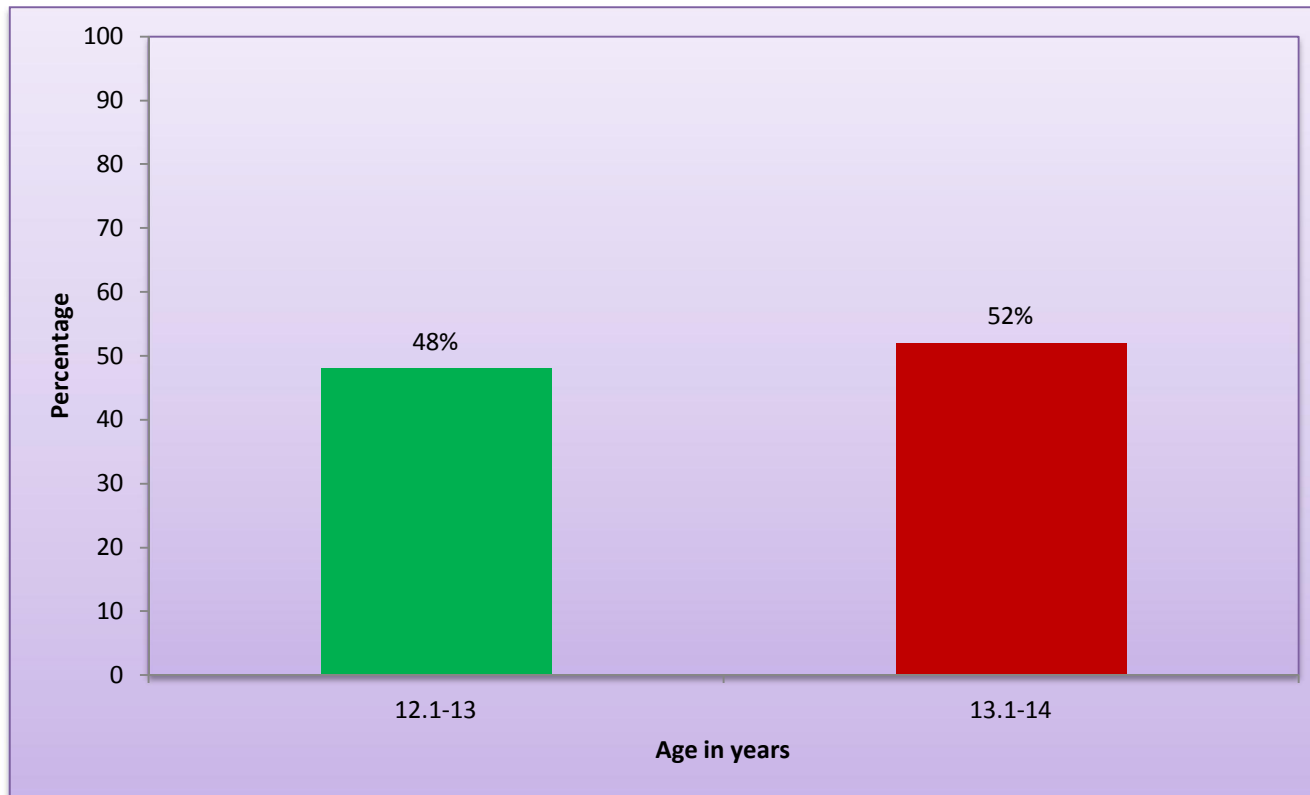


Fig No: 3 Percentage distribution of age in years among school girls.

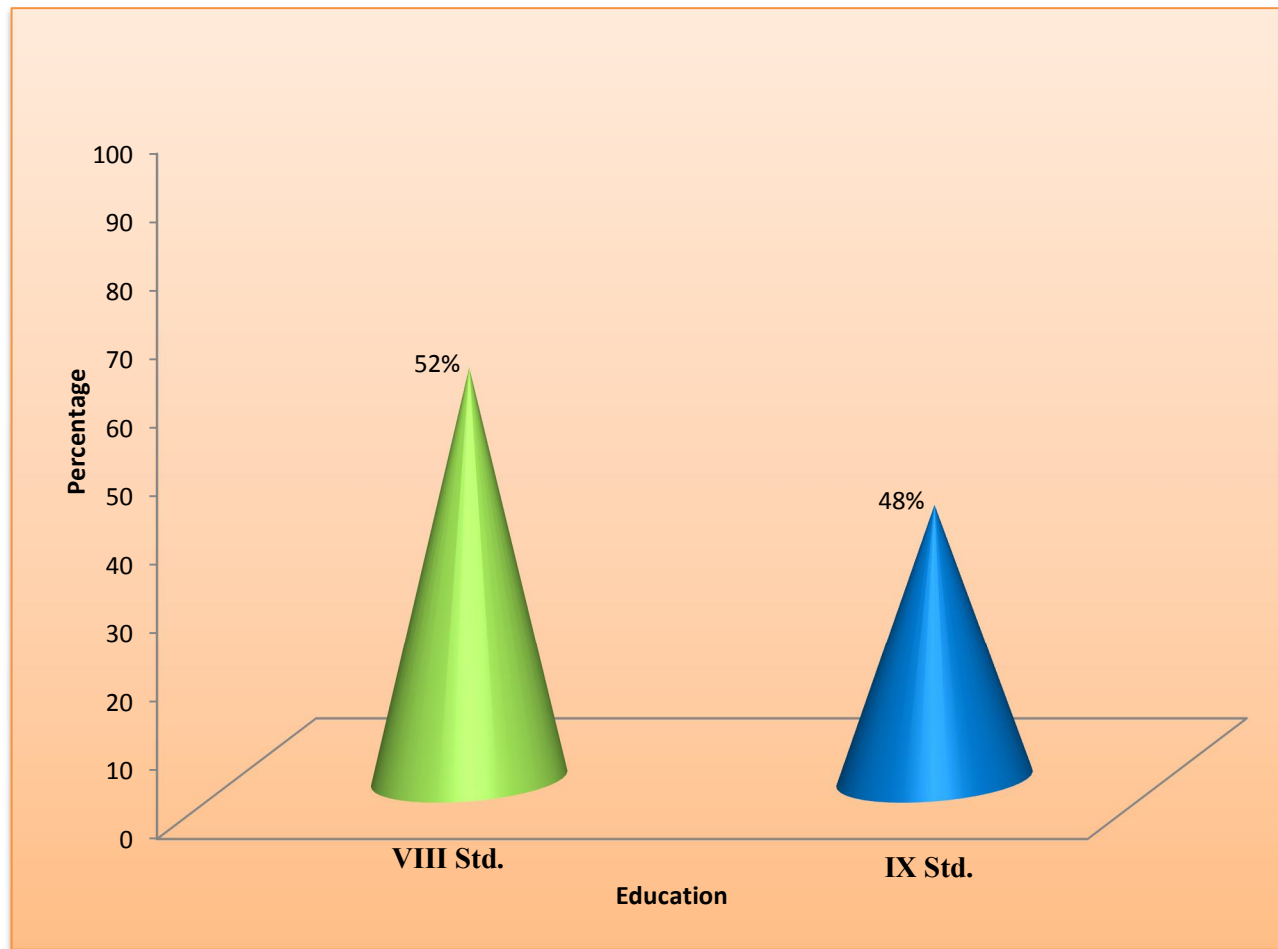


Fig No: 4 Percentage distribution of education among school girls.

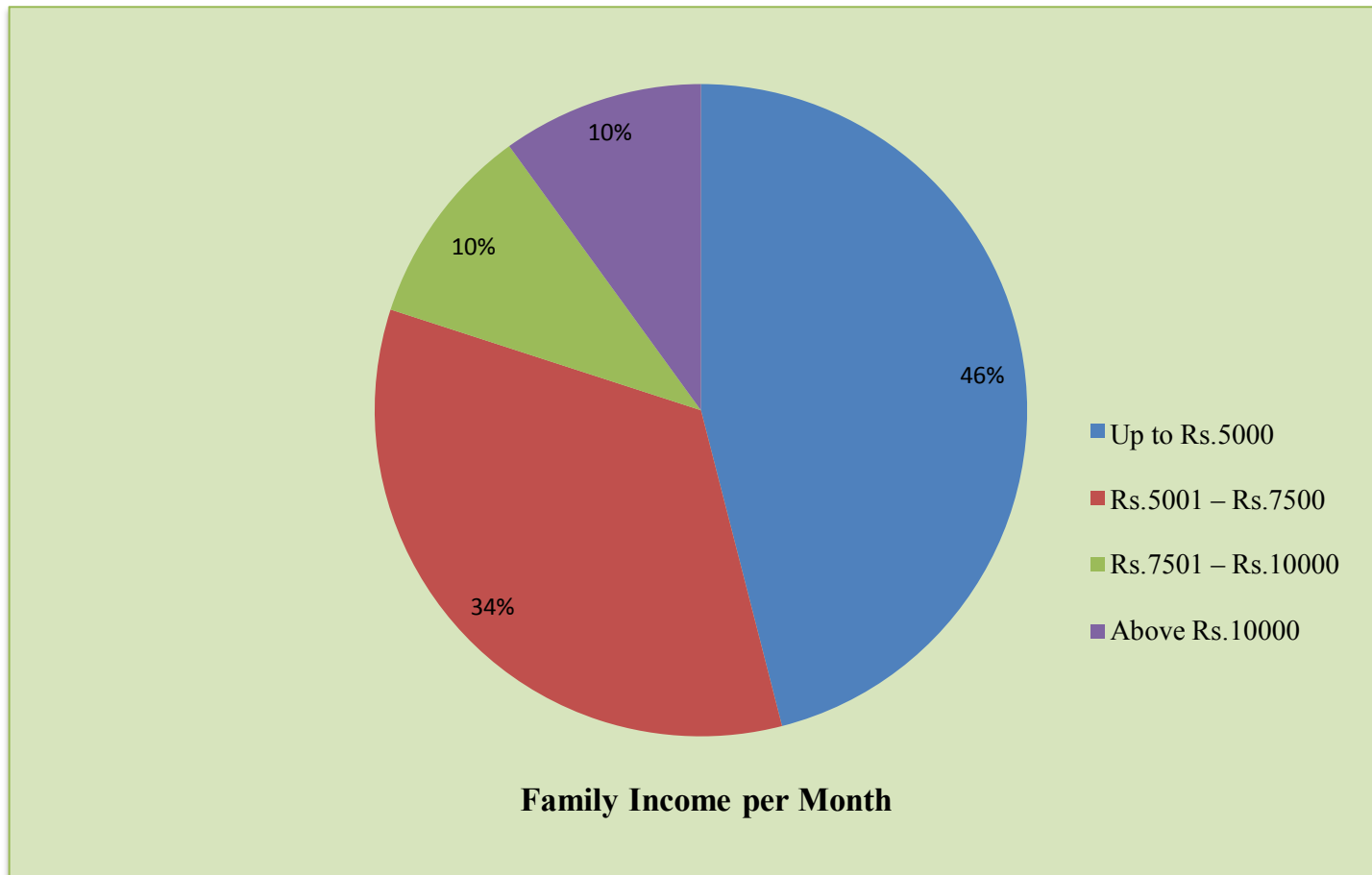


Fig No: 5 Percentage distribution of family income per month among school girls.

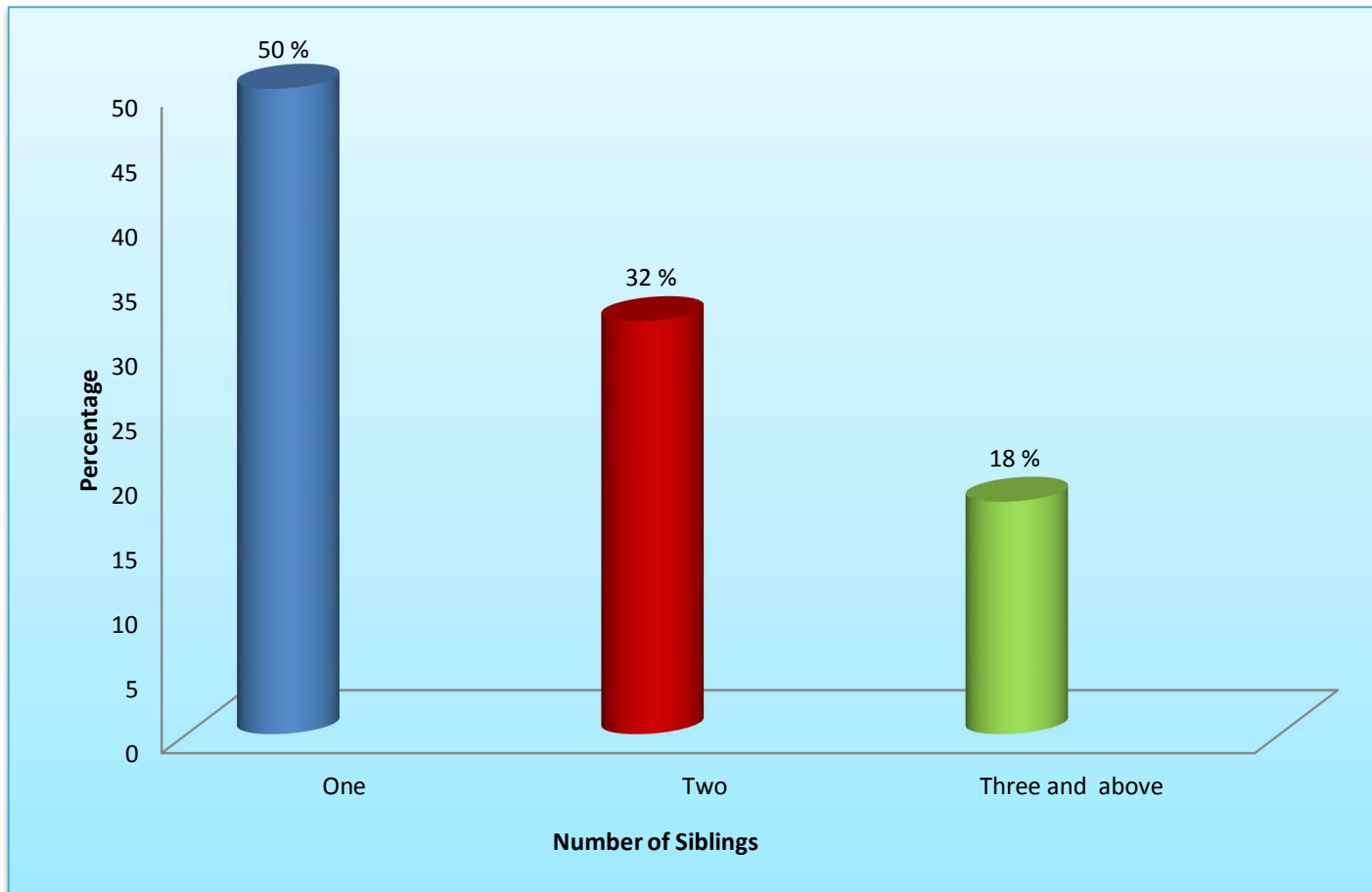


Fig No: 6 Percentage distribution of number of siblings among school girls.

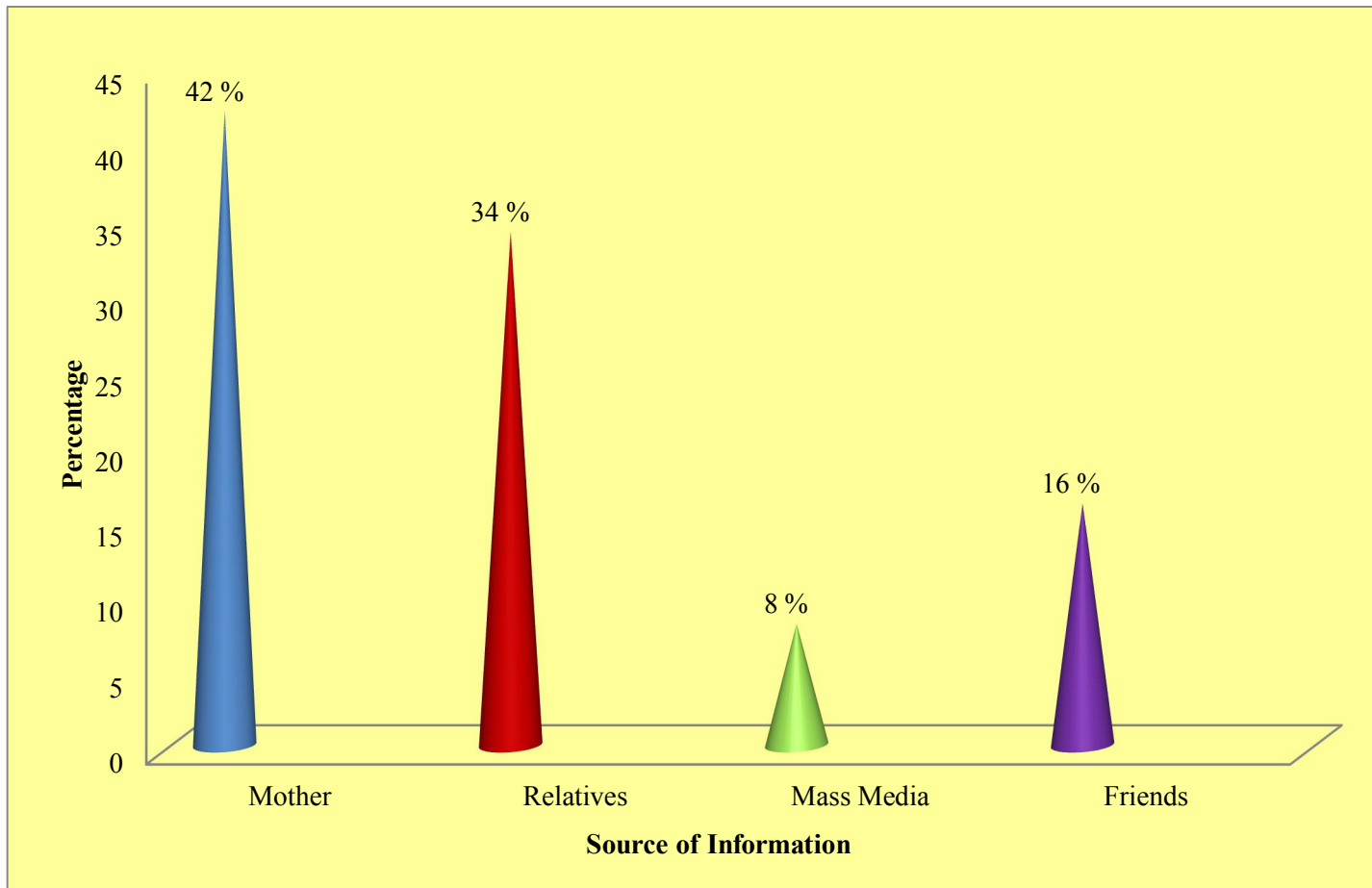


Fig No: 7 Percentage distribution of source of information among school girls.

TABLE - 4**Distribution of health related variables among school girls****N = 50**

S.NO	Health related variables		N	%
1	Age at menarche	12.1-13 years	26	52
		13.1-14 years	24	48
2	Nature of practice during menstruation	Cloth	25	50
		Sanitary napkin	20	40
		Others	5	10
3	Frequency of changing napkin per day	Once a day	25	50
		Twice a day	17	34
		Thrice a day and Above	8	16
4	Perception of pain during menstruation	Never	25	50
		Sometimes	17	34
		Always	8	16
5	Source of water supply	Well Water	25	50
		Municipal Water	18	36
		Bore Water	7	14
6	Methods of disposal	Directly burn	25	50
		Throw outside	15	30
		Dumped	10	20
7	Toilet practice	Open Field	30	60
		Sanitary latrine	20	40

The above table depicts the distribution of health related variables among school girls with regard to the age at menarche 26(52%) and 24(48%) participants were aged between 12.1-13 years and 13.1-14 years respectively.

Regarding nature of practice during menstruation, 25(50%) used cloth, 20(40%) used sanitary napkins and, 5(10%) used others.

While looking the frequency of changing napkin per day, most of them 25(50%) change the napkin once a day, 17(34%) change the napkin twice a day, 8(16%) change the napkin thrice a day and above.

Regarding perception of pain during menstruation it was found that 25(50%) never feels pain, 17(34%) sometimes feels pain and 8(16%) always feels pain.

The most of the study participants 25(50%) had the source of water supply from well, 18(36%) had from the municipal water, 7(14%) had from bore water.

Regarding methods of disposal 25(50%) were directly burn, 15(30%) were throw outside and 10(20%) were dumped.

With regard to usage of toilet practices 30(60%) adapted open field defecation and 20(40%) adapted sanitary latrine practices.

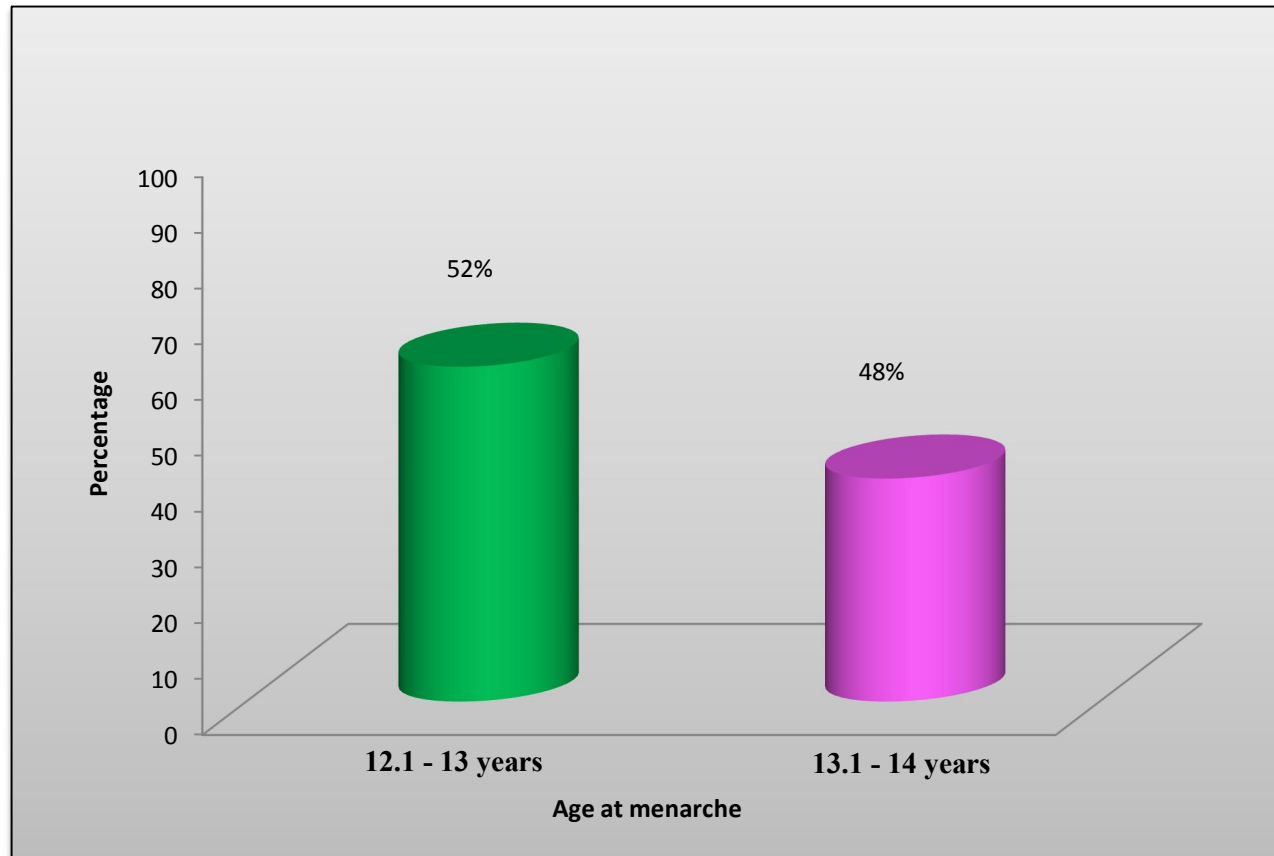


Fig No: 8 Percentage distribution of age at menarche among school girls.

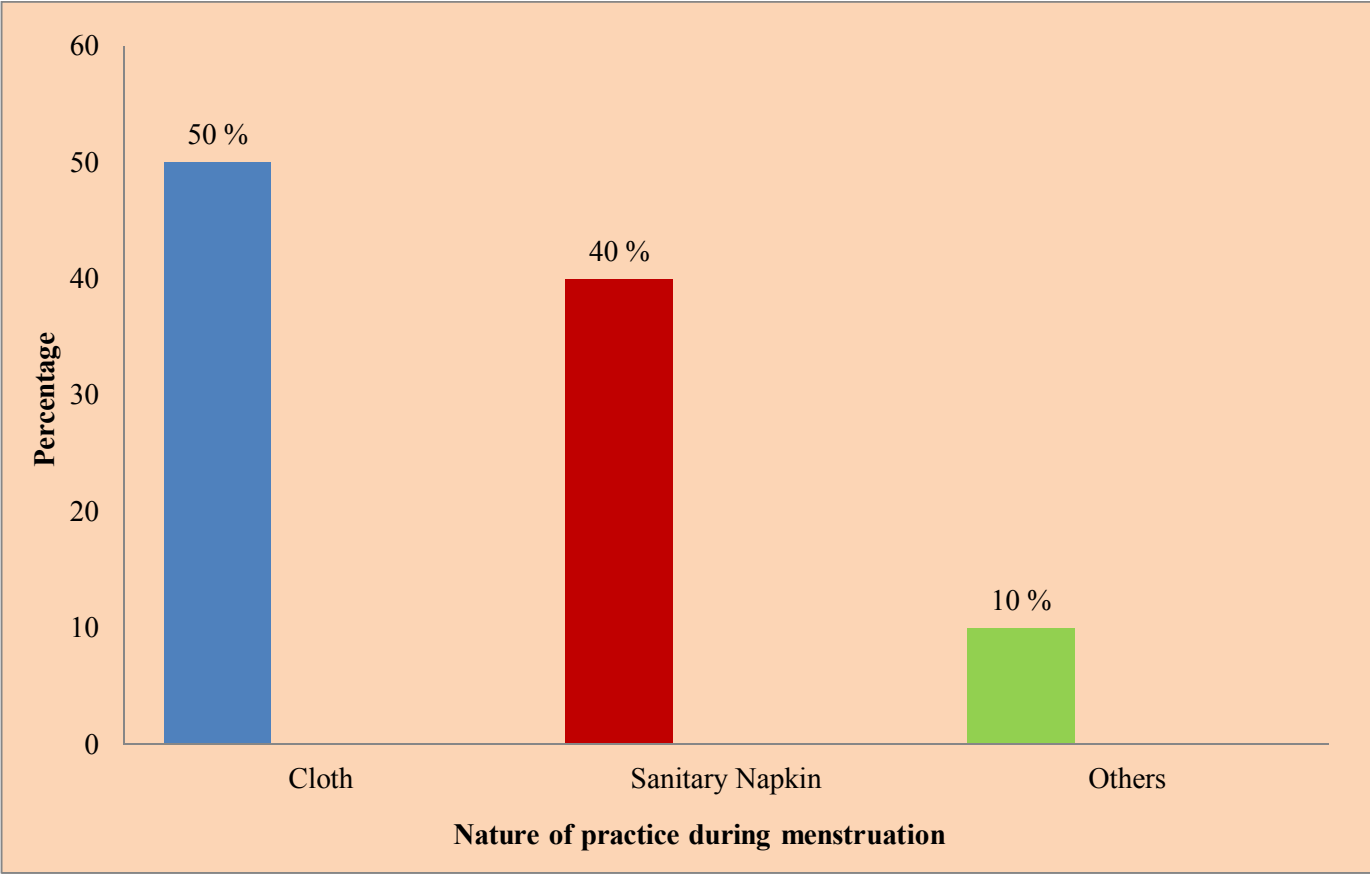


Fig No: 9 Percentage distribution of nature of practice during menstruation among school girls.

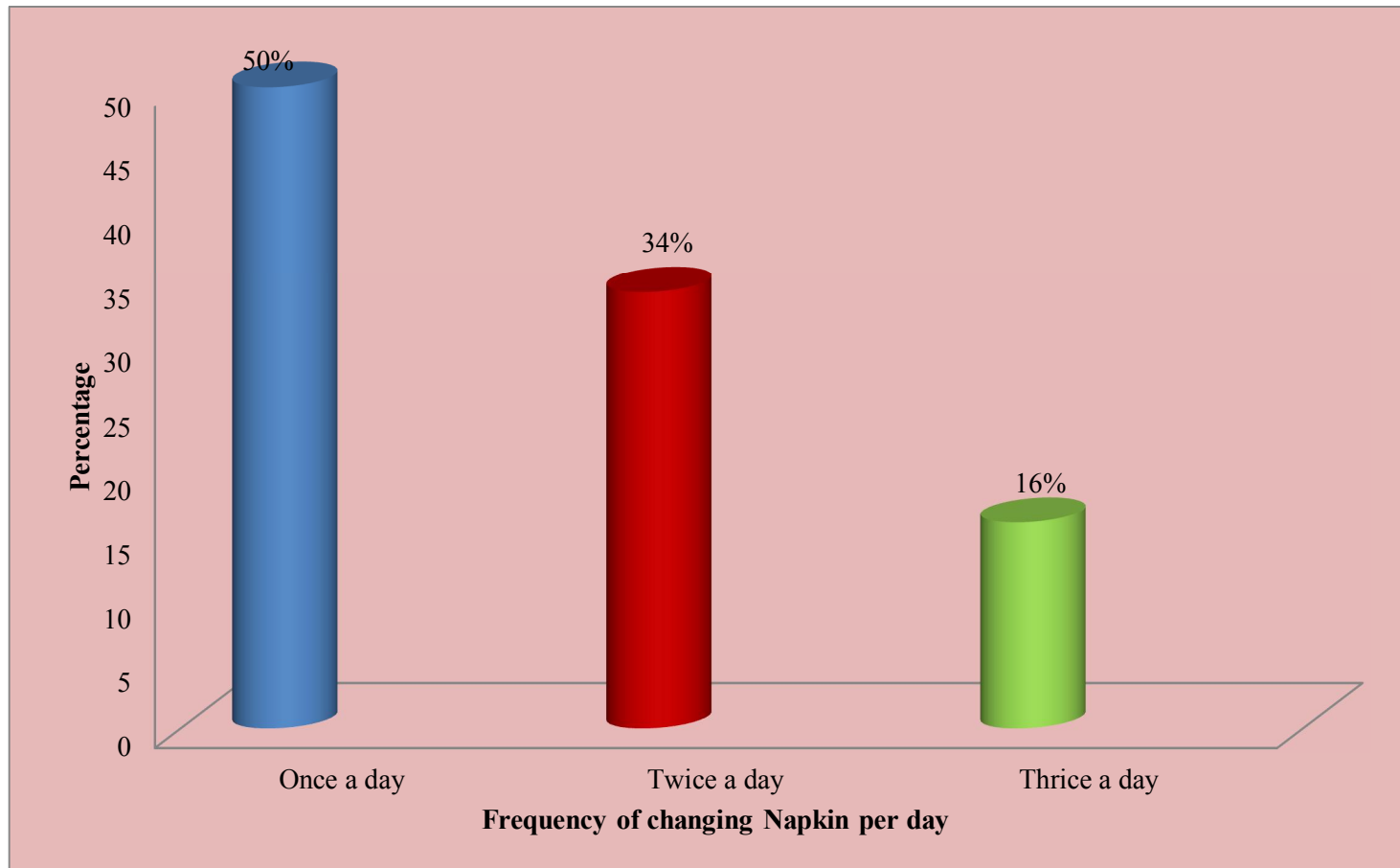


Fig No: 10 Percentage distribution of frequency of changing napkin per day among school girls

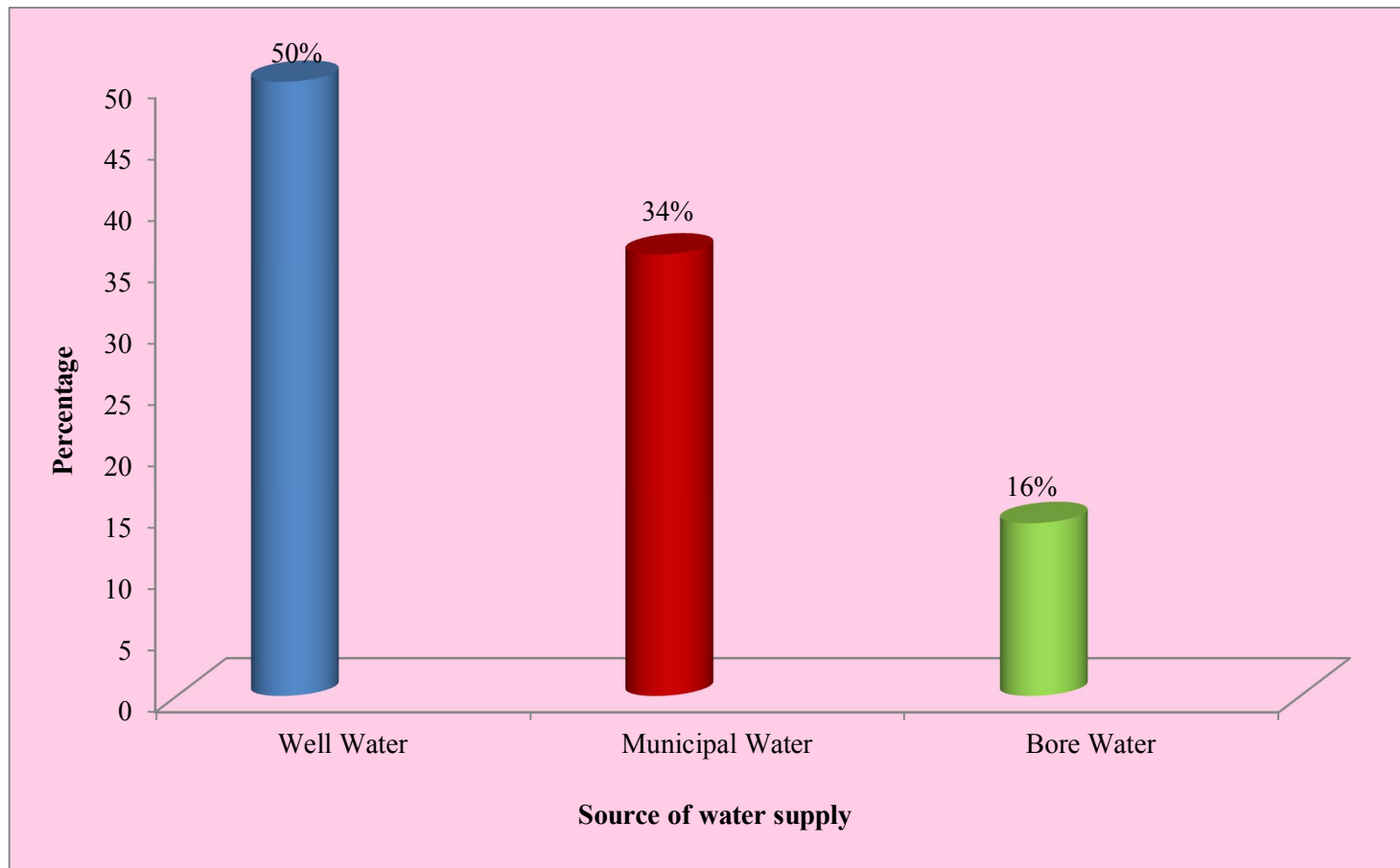


Fig No: 11 Percentage distribution of source of water supply among school girls.

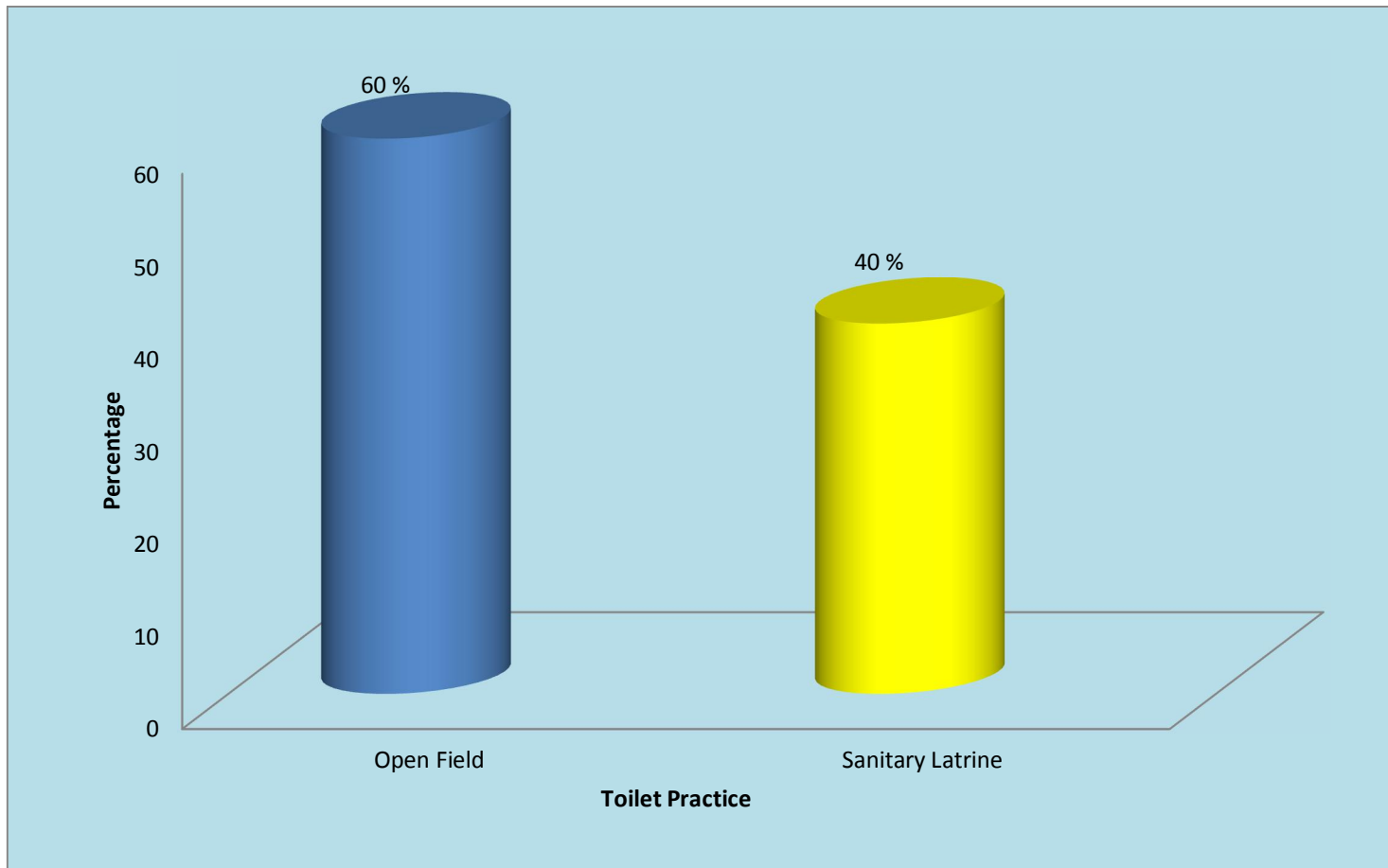


Fig No: 12 Percentage distribution of toilet practice among school girls.

SECTION-B**TABLE - 5**

**Distribution of level of knowledge regarding sanitary napkin among school girls
in pre and post test**

N=50

S.NO	Level of knowledge	Pre- test		Post-test	
		N	%	N	%
1	Inadequate knowledge	48	96	-	-
2	Moderately adequate knowledge	2	4	3	6
3	Adequate knowledge	-	-	47	94
Total		50	100	50	100

The above table reveals that 48(96%) and 2(4%) participants in pre-test had inadequate and moderately adequate knowledge respectively. In post-test 47(94%) and 3(6%) study participants had adequate knowledge and moderately adequate knowledge respectively.

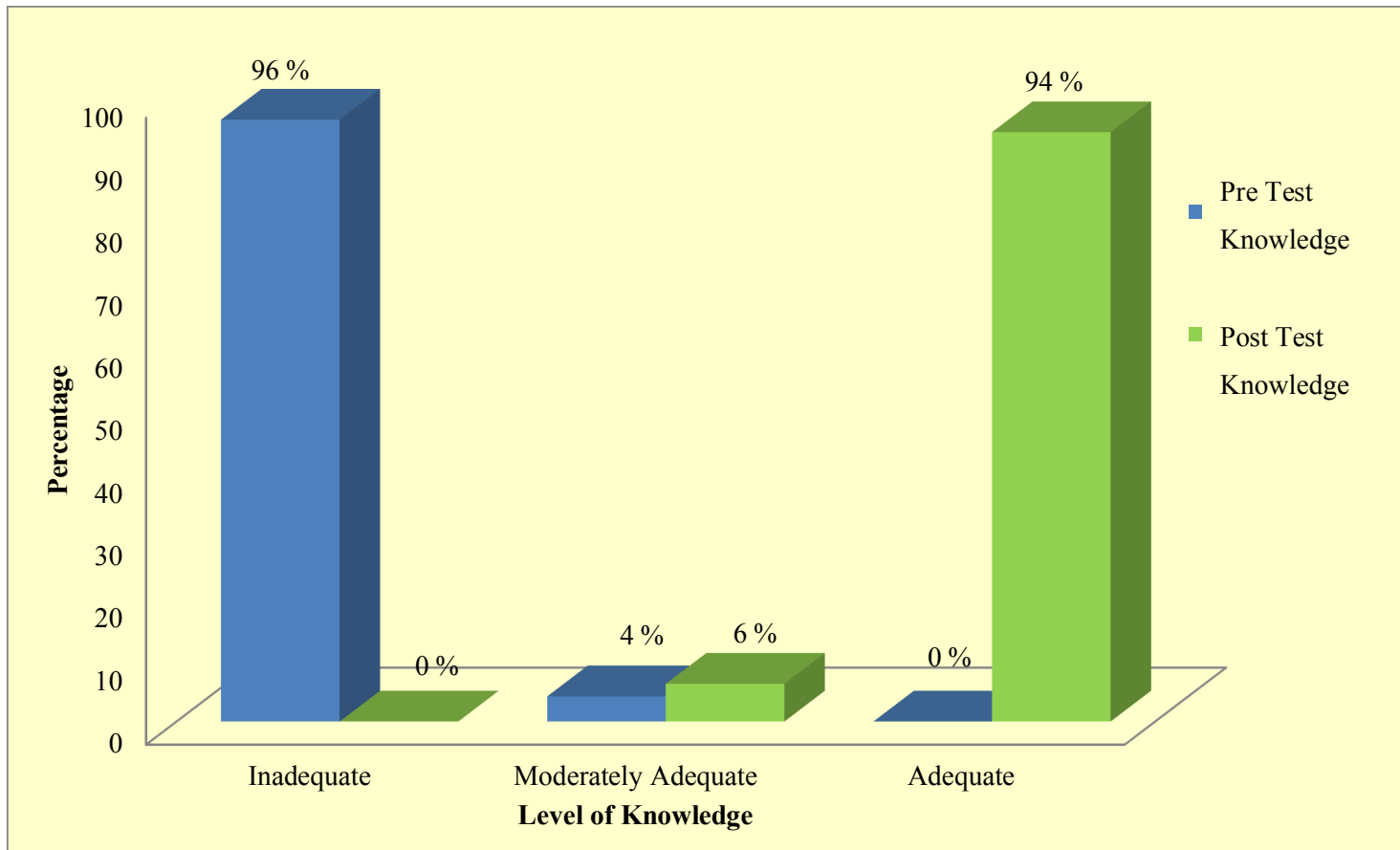


Fig No: 13 Percentage distribution of level of knowledge regarding sanitary napkin among school girls.

TABLE - 6

Distribution of level of expressed practice regarding sanitary napkin among school girls in pre and post test

N=50

S.NO	Level of practice	Pre-test		Post-test	
		N	%	N	%
1	Inadequate practice	42	84	5	10
2	Moderately adequate practice	8	16	12	24
3	Adequate practice	-	-	33	66
Total		50	100	50	100

The above table reveals that 42(84%) and 8(16%) if study girls participants had inadequate and moderately adequate practice respectively in pre test. In post-test 33(66%) and 12(24%) had adequate practice and moderately adequate practice and only 5 (10%) had inadequate knowledge among study participants respectively.

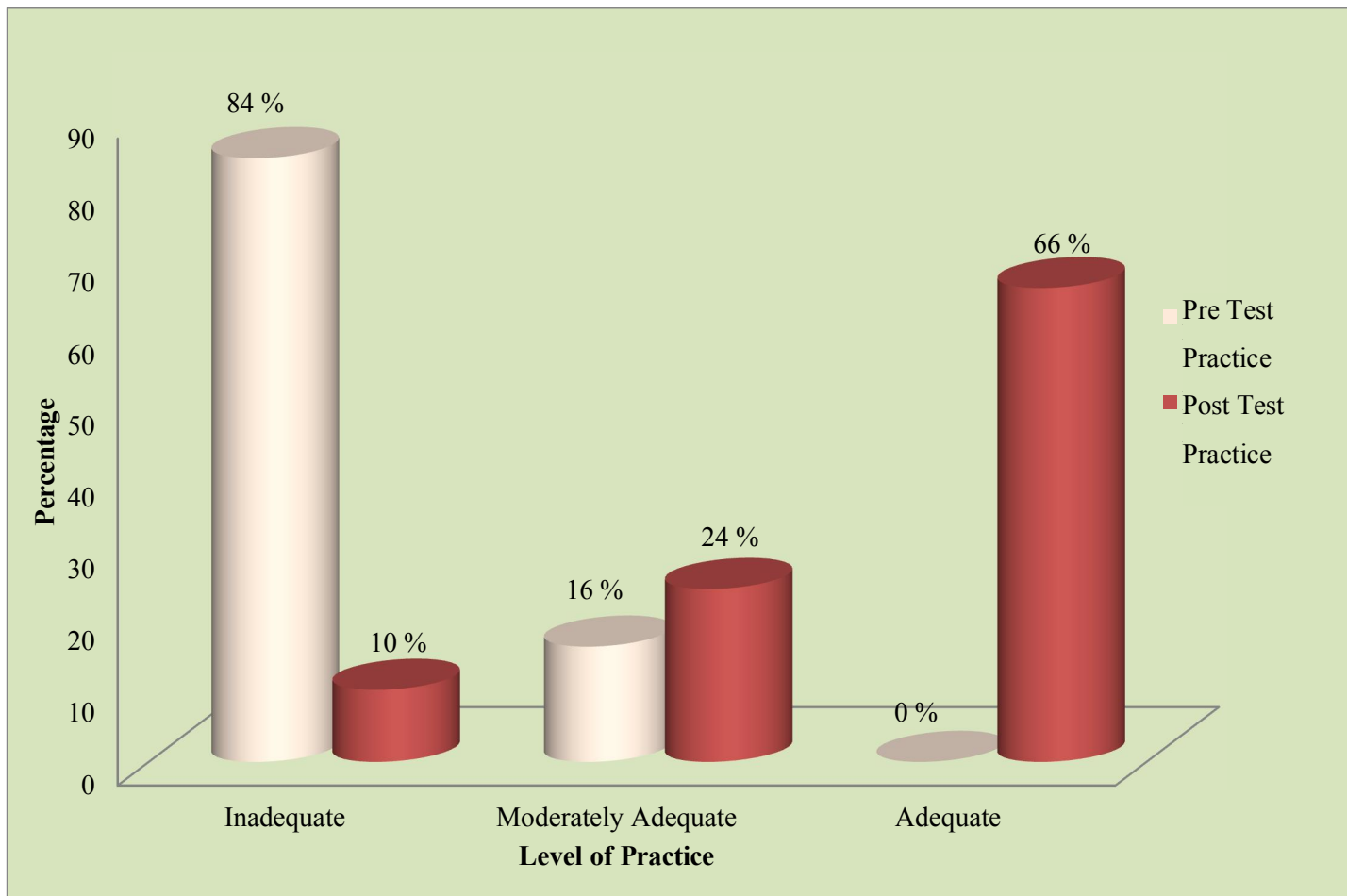


Fig No: 14 Percentage distribution of level of expressed practice regarding sanitary napkin among school girls.

SECTION-C

TABLE - 7

Comparison of pre and post-test knowledge score regarding sanitary napkin among school girls

N=50

S.NO	Observation	Mean	SD	Paired 't' value	p-value
1	Pre-test	6.62	1.86	38.339***	0.001
2	Post-test	17.9	1.23		

*** P < 0.001

The above table unveils that there was a statistically significant difference between pre and post knowledge score regarding sanitary napkin among school girls at P<0.001.

TABLE – 8

Comparison of pre and post-test expressed practice score regarding sanitary napkin among school girls

N=50

S.NO	Observation	Mean	SD	Paired 't' value	p-value
1	Pre-test	6.48	3.62	13.504***	0.001
2	Post-test	15.52	2.59		

*** P<0.001

The above table illustrates that there was a statistically significant difference test between pre and post-test expressed practice score regarding sanitary napkin among school girls at $P < 0.001$.

SECTION-D

TABLE- 9

Association of socio demographic variables with level of knowledge regarding sanitary napkin among school girls

N=50

S. No	Demographic variables		Post-test knowledge score						chi square	P value
			Inadequate		Moderately adequate		Adequate			
			No	%	No	%	No	%		
1	Age in years	12.1-13	-	-	2	4	22	44	0.446 NS	0.504
		13.1-14	-	-	1	2	25	50		
2	Education	VIII standard	-	-	1	2	24	48	1.051 NS	0.789
		IX standard	-	-	2	4	23	46		
3	Religion	Hindu	-	-	-	-	14	28	5.374 NS	0.146
		Christian	-	-	-	-	14	28		
		Muslim	-	-	2	4	8	16		
		Others[specify]	-	-	1	2	11	22		
4	Type of family	Nuclear family	-	-	1	2	19	38	0.102 NS	0.95
		Joint family	-	-	1	2	16	32		
		Broken family	-	-	1	2	12	24		
5	Residence	Urban	-	-	3	6	26	52	2.311 NS	0.128
		Rural	-	-	-	-	21	42		
6	Educational status of father	Illiterate	-	-	2	4	20	40	1.214 NS	0.876
		Primary	-	-	1	2	14	28		
		High school	-	-	-	-	5	10		
		Higher secondary	-	-	-	-	4	8		
		Graduate	-	-	-	-	4	8		
7	Educational status of Mother	Illiterate	-	-	3	6	20	40	3.747 NS	0.441
		Primary	-	-	-	-	14	28		
		High school	-	-	-	-	6	12		
		Higher secondary	-	-	-	-	4	8		
		Graduate	-	-	-	-	3	6		
8	Occupational status of Father	Employed	-	-	-	-	25	50	6.782* SS	0.034
		Unemployed	-	-	3	6	13	26		
		Self-employed	-	-	-	-	9	18		
9	Occupational Status of Mother	Employed	-	-	3	6	23	46	2.946 NS	0.229
		Unemployed	-	-	-	-	17	34		
		Self-employed	-	-	-	-	7	14		
10	Family income per month (Rs.)	Up to 5,000	-	-	1	2	22	44	1.751 NS	0.626
		5,001 to 7500	-	-	2	4	15	30		
		7,501 to 10,000	-	-	-	-	5	10		
		More than 10,000	-	-	-	-	5	10		
11	Number of sibling	1	-	-	1	2	24	48	1.95 NS	0.377
		2	-	-	2	4	14	28		
		3 and above	-	-	-	-	9	18		
12	Source of information	Mother	-	-	-	-	21	42	5.413 NS	0.144
		Relatives	-	-	2	4	15	30		
		Mass media	-	-	1	2	3	6		
		Friends	-	-	-	-	8	16		

NS = not significant SS = statistically significant * P<0.05

The above table shows that there was a statistically significant association of occupational status of father with the level knowledge regarding sanitary napkin among study participants at level P<0.05

TABLE - 10

Association of health related variables with level of knowledge regarding sanitary napkin among school girls

N=50

S.No	Health related variables		Post-test knowledge score						Chi Square	P-value
			Inadequate		Moderately Adequate		Adequate			
			No	%	No	%	No	%		
1	Age at menarche	12.1-13 years	-	-	2	4	31	62	2.62	0.457
		13.1-14 years	-	-	1	2	16	32	NS	
2	Nature of practice during menstruation	Cloth	-	-	1	2	24	48	1.95 NS	0.377
		Sanitary napkin	-	-	1	2	19	38		
		Others	-	-	1	2	4	8		
3	Frequency of changing napkin per day	Once a day	-	-	1	2	24	48	6.383* SS	0.041
		Twice a day	-	-	-	-	17	34		
		Thrice a day and above	-	-	2	4	6	12		
4	Perception of pain during menstruation	Never	-	-	1	2	24	48	0.777 NS	0.678
		sometimes	-	-	1	2	16	32		
		always	-	-	1	2	7	14		
5	Source of water supply	Well water	-	-	3	6	22	44	3.191 NS	0.203
		Municipal water	-	-	-	-	18	36		
		Bore water	-	-	-	-	7	14		
6	Methods of disposal	Directly burn	-	-	-	-	25	50	5.083 NS	0.079
		Throw outside	-	-	1	2	14	28		
		Dumped	-	-	2	4	8	16		
7	Toilet practice	Open field	-	-	1	2	29	58	0.946	0.331
		Sanitary latrine	-	-	2	4	18	36	NS	

NS = not significant SS = statistically significant * P<0.05

The above table shows that there was a statistically association of frequency of changing napkin with level of knowledge regarding sanitary napkin among study participants at level P<0.05.

TABLE – 11

Association of demographic variables with level of expressed practice regarding sanitary napkin among school girls

N=50

S. No	Demographic variables		Post-test expressed practice score						chi square	P value
			Inadequate		Moderately adequate		Adequate			
			No	%	No	%	No	%		
1	Age in years	12.1-13	3	6	6	12	15	30	0.393 NS	0.821
		13.1-14	2	4	6	12	18	36		
2.	Education	VIII standard	3	6	4	8	21	42	10.657 NS	0.167
		IX standard	2	4	8	16	12	24		
3	Religion	Hindu	2	4	3	6	9	18	2.922 NS	0.819
		Christian	2	4	2	4	10	20		
		Muslim	-	-	3	6	7	14		
		Others[specify]	1	2	4	8	7	14		
4	Type of family	Nuclear family	1	2	4	8	15	30	9.263 NS	0.321
		Joint family	2	4	5	10	10	20		
		Broken family	2	4	3	6	8	16		
5	Residence	Urban	3	6	7	14	19	38	0.011 NS	0.994
		Rural	2	4	5	10	14	28		
6	Educational status of Father	Illiterate	1	2	4	8	17	34	9.263 NS	0.321
		Primary	4	8	4	8	7	14		
		High school	-	-	1	2	4	8		
		Higher secondary	-	-	1	2	3	6		
		Graduate	-	-	2	4	2	4		
7	Educational Status of Mother	Illiterate	2	4	4	8	17	34	5.077 NS	0.749
		Primary	1	2	5	10	8	16		
		High school	1	2	2	4	3	6		
		Higher secondary	1	2	1	2	2	4		
		Graduate	-	-	-	-	3	6		
8	Occupational status of Father	Employed	3	6	5	10	17	34	0.911 NS	0.923
		Unemployed	1	2	5	10	10	20		
		Self-employed	1	2	2	4	6	12		
9	Occupational Status of Mother	Employed	3	6	5	10	18	36	1.122 NS	0.891
		Unemployed	1	2	5	10	11	22		
		Self-employed	1	2	2	4	4	8		
10	Family income per month (Rs.)	Upto 5,000	2	4	4	8	17	34	3.283 NS	0.773
		5,001 to 7500	1	2	5	10	11	22		
		7,501 to 10,000	1	2	1	2	3	6		
		More than 10,000	1	2	2	4	2	4		
11	Number of sibling	1	3	6	5	10	17	34	2.064 NS	0.724
		2	2	4	5	10	9	18		
		3 and above	-	-	2	4	7	14		
12	Source of information	Mother	3	6	4	8	14	28	7.022 NS	0.319
		Relatives	-	-	7	14	10	20		
		Mass media	1	2	-	-	3	6		
		Friends	1	2	1	2	6	12		

NS = not significant

The above table shows that there was no association of demographic variables with level of expressed practice of regarding sanitary napkin, among study participants.

TABLE - 12

Association of health related variables with level of expressed practice regarding sanitary napkin among school girls

N=50

S. No	Health related variables		Post-test expressed practice score						Chi Square	P-value
			Inadequate		Moderately Adequate		Adequate			
			No	%	No	%	No	%		
1	Age at menarche	12.1-13 years	2	4	4	8	21	42	7.216 NS	0.301
		13.1-14 years	3	6	8	16	12	24		
2	Nature of practice during menstruation	Cloth	3	6	5	10	17	34	1.373 NS	0.849
		Sanitary napkin	2	4	6	12	12	24		
		others	-	-	1	2	4	8		
3	Frequency of changing napkin per day	Once a day	3	6	8	16	14	28	2.591 NS	0.628
		Twice a day	1	2	3	6	13	26		
		Thrice a day and above	1	2	1	2	6	12		
4	Perception of pain during menstruation	never	2	4	5	10	18	36	1.43 NS	0.839
		sometimes	2	4	4	8	11	22		
		always	1	2	3	6	4	8		
5	Source of water supply	Well water	3	6	5	10	17	34	1.018 NS	0.907
		Municipal water	1	2	5	10	12	24		
		Bore water	1	2	2	4	4	8		
6	Methods of disposal	Directly burn	5	10	7	14	13	26	6.818 NS	0.146
		Throw outside	-	-	3	6	12	24		
		Dumped	-	-	2	4	8	16		
7	Toilet practice	Open field	2	4	9	18	19	38	2.039 NS	0.361
		Sanitary latrine	3	6	3	6	14	28		

NS = not significant

The above table shows that there was no association between health related variables and level of expressed practice regarding sanitary napkin among study participants.

CHAPTER - V

DISCUSSION

This chapter deals with the discussion which was based on the objectives, findings obtained from the data analysis and its relation to the subjects of the study, the conceptual framework and with the revealed literature. The aim of the study was to assess the effectiveness of structured teaching programme on knowledge and practice regarding sanitary napkin among school girls those who attained menarche at a selected school in Kancheepuram District. The study findings are discussed based on the following objectives.

OBJECTIVES OF THE STUDY

1. To assess the level of knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche.
2. To evaluate the effectiveness of structured teaching programme on knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche.
3. To associate the selected demographic variables and health related variables with the level of knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche.

FIRST OBJECTIVE

To assess the level of knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche.

The analysis of knowledge score regarding sanitary napkin among school girls in pre-test and post-test disclosed that most of the 48(96%) school girls had

inadequate knowledge in pre-test whereas 47(94%) had adequate knowledge in post-test. The mean score of pre-test knowledge was 6.62 which was increased to 17.9 in the post test. This shows that the knowledge regarding sanitary napkin is increased among school girls because of structured teaching programme. This finding is substantiated by the study conducted by **Deshmukh P.R., et. al., (2014)** which revealed that there was an increased knowledge score from 35% to 85% after health education. The above findings proved that structured teaching programme had yielded good result among school girls in terms of gain in post-test knowledge score.

Most of the 33(66%) school girls had adequate practice regarding sanitary napkin in pre-test whereas in post-test 42(84%) had inadequate practice. Further it also revealed that 12(24%) school girls had moderately adequate practice regarding sanitary napkin in post-test against 8(16%) in pre-test. In post-test regarding 5(10%) school girls had inadequate practice regarding sanitary napkin whereas it was 42(84%) in pre-test. The mean score of pre-test practice 6.48 was increased to 15.52 in post-test. This finding proved that there is a greater improvement in level of practice regarding sanitary napkin because of structured teaching programme. These study findings are supported by the similar study conducted by **Rajashree R.Kamble (2012)** which highlighted that the practice percentage was increased from 66.66% to 87.66% after health education intervention regarding sanitary napkin. From these findings it is proved that structured teaching programme improved the level of practice regarding sanitary napkin among school girls,

SECOND OBJECTIVE

To evaluate the effectiveness of structured teaching programme on knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche.

The comparison of pre and post-test knowledge and practice score regarding sanitary napkin among school girls unveiled that the mean knowledge score was 6.62 in pre-test where as in post-test it was 17.9. The mean practice score was 6.48 in pre-test and 15.52 in post-test. The mean score was increased because of the administration of structured teaching programme regarding sanitary napkin.

The paired “t” value on comparison of pre and post-test knowledge score regarding sanitary napkin was 38.33 which was statistically significant at $P < 0.001$. The comparison of pre and post-test practice score elicited that the “t” value was 13.50 which was statistically significant at $P < 0.001$.

The above finding are supported by the study conducted by. **Rao R.S.P, et.al., (2014)** which highlighted that when knowledge score is improved, practice also improved. From these findings it is concluded that structured teaching programme enhances the knowledge and practice regarding sanitary napkin among school girls. Hence **H₁** There is a significant difference between pre and post-test level of knowledge regarding sanitary napkin among school girls those who attained menarche and subjected to structured teaching programme, and **H₂** There is a significant difference between pre and post-test level of expressed practice regarding sanitary napkin among school girls those who attained menarche and subjected to structured teaching programme are accepted.

The school girls are receptive for structured teaching programme and that influences the knowledge and practice regarding sanitary napkin which will ultimately prevent the RTI and UTI infection.

THIRD OBJECTIVE

To associate the selected demographic variables and health related variables with the level of knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche.

The chi-square value on association of demographic variables with level of knowledge depicted that there was a statistically significant association of occupational status of father with the level of knowledge regarding sanitary napkin among school girls, at level $P < 0.05$.

There was a statistically significant association of frequency of change of napkins with the level of knowledge among school girls regarding sanitary napkin at level $P < 0.05$

This study findings proved that structured teaching programme improves the knowledge and practice of school girls regarding sanitary napkin. Thus it is the responsibility of the nurses to view the problem and educate the school girls to avoid the infection and promote good health.

CHAPTER – VI

SUMMARY, IMPLICATION AND RECOMMENDATION

This chapter gives a brief account of the present study which was conducted to assess the effectiveness of structured teaching programme on knowledge and expressed practice regarding sanitary napkin among school girls, including the conclusion drawn for the nursing practice, nursing education, administration and nursing research.

SUMMARY OF THE STUDY

A study to assess the effectiveness of structured teaching programme on knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche at a selected school, in Kancheepuram District.

OBJECTIVES OF THE STUDY

1. To assess the level of knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche.
2. To evaluate the effectiveness of structured teaching programme on knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche.
3. To associate the selected demographic variables and health related variables with the level of knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche.

A quantitative approach of pre experimental one group pre and post-test design was used for this study. A total of 50 school girls aged between 12 and 14

years studying in VIII (or) IX standard and those who fulfilled the inclusive criteria were selected by using purposive sampling technique at selected school, in Kancheepuram District. The structured multiple choice question and observational checklist were used for this study. Data were collected, organized and analyzed in terms of both descriptive and inferential statistics.

The findings disclosed that there was a statistically significant difference between pre and post-test knowledge and expressed practice regarding sanitary napkin among school girls at level $P < 0.001$. Hence the H_1 and H_2 are accepted.

MAJOR FINDINGS OF THE STUDY

Demographic variables

Frequency and percentage distribution of socio demographic variables among school girls

- The distribution of 24(48%) participant were in age group of 12.1-13 years and 26(52%) of them were in the age group of 13.1-14 years
- With regard to the education of the school girls 26(52%) were in VIII standard, 24(48%) were in IX standard.
- Each 14(28%) belongs to Hindu, 14(28%) belongs to Christian and only, 10(20%) belongs to Muslim, 12(24%) belongs to others.
- Type of family revealed that most of the 20(40%) were in Nuclear family, 17(34%) were in joint family and 13(26%) were in broken family.
- Most of the 21(42%) had their residence in urban and 29(58%) were in rural area.

- The educational status of father revealed that 22(44%) have illiterates, 15(30%) had primary school 5(10%) had high school 4(8%) had higher secondary school and 4(8%) were graduates.
- The educational status of mother revealed that 23(46%) were illiterates, 14(28%) were primary school 6(12%) had high school 4(8%) had higher secondary school and 3(6%) were graduates.
- Occupational status of father revealed that 25(50%) were employed, 16(32%) were unemployed and 9(18%) were self-employed.
- Occupational status of mother revealed that 26(52%) were employed, 16(32%) were unemployed and 7(14%) were self-employed.
- Regarding family income 23(46%) had a monthly income up to Rs.5000/- , 17(34%) of them had a monthly income between Rs.5001 to 7500, 5(10%) of them had a monthly income of Rs.7501 to 10000, and remaining 5(10%) had a monthly income above Rs.10000/-
- With regard of number of siblings 25(50%) had one sibling, 16(32%) had two siblings and 9(18%) had three and above siblings.
- With regard to source of information regarding health 21(42%) received it by mother, 17(34%) by relatives, 4(8%) by mass media and 8(16%) by friends.

Health related variables

- The distribution of age at menarche disclosed that 26(52%) were between 12.1-13 years and 24(48%) were between 13.1-14 years

- Regarding nature of practice during menstruation, 25(50%) used cloth 20(40%) used sanitary napkin and , 5(10%) used others.
- While looking at the frequency of changing napkin per day, most of the 25(50%) changed their napkin once a day, 17(34%) changed their napkin twice a day and 8(16%) changed their napkin thrice a day and above.
- Regarding perception of pain during menstruation it was found that 25(50%) never perceived pain, 17(34%) sometimes perceived pain and 8(16%) always perceived pain
- Regarding the methods of disposal 25(50%) were directly burn 15(30%) were throw out side and 10(20%) were dumped.
- With regard to usage of toilet practices 30(60%) adapted open field defecation and 20(40%) adapted sanitary latrine practices.
- There was a statistically significant association of frequency of changing napkin per day with level of knowledge among study participants regarding sanitary napkin at level $P < 0.05$.
- The paired “t” value on comparison of pre and post test scores of level of knowledge and expressed practice regarding sanitary napkin within study participant unveiled the statistically significant difference at level $P < 0.001$.
- There was a statistically significant association of occupational status of father with level of knowledge regarding sanitary napkin among study participants at level $P < 0.05$.

- There was a statistically significant association of frequency of changing napkin with level of knowledge among study participants regarding sanitary napkin at level $P < 0.05$.

CONCLUSION

The study finding proved that the structured teaching programme administered by the researcher was effective to increase the knowledge and practice regarding sanitary napkin among school girls

LIMITATION

There was difficulty to gather all the students in a single class room because of different time table, with the teacher cooperation, the researcher could make it possible.

Nursing Implications

The findings of the study has implication in different field of nursing that is nursing practice, nursing education, nursing administration and nursing research.

Nursing Education

The investigator had drawn the following implication for nursing education Nursing educator can encourage the student's nurses to organize health education programme to among school girls.

- ❖ Health education should be imparted based on evidenced based practice in all nursing curriculum.
- ❖ The faculty members in nursing education can motivate the students to arrange health programme for parents regarding importance of sanitary

napkin and its techniques in systematic manner to make them to practice it.

- ❖ Nursing curriculum should prepare nurses to motivate the school teachers to improve the student's knowledge and practice regarding sanitary napkin.

Nursing Administration

- ❖ Nurse administrators should motivate the subordinates to participate in various programs and improve their knowledge and skill with regard to sanitary napkin.
- ❖ Nurse administrators can organize seminars on prevention of infection and importance of sanitary napkin among school girls.
- ❖ Nurse administrators can motivate the nurses to organize health camps and quiz program to the school girls at least twice in a year, to motivate the school girls regarding sanitary napkin practices.
- ❖ Nurse administrators can create awareness among school girls regarding the consequences of unhygienic sanitary napkin practices.
- ❖ Nurse administrators can encourage the nurses to conduct the health awareness programs and regular health visit to the school girls to insist regarding sanitary napkin practice and its advantages.

Nursing Research

- ❖ Extensive research can be conducted to find out the health problems that occurs due to unhygienic sanitary practice during menstruation and can be incorporated in the nursing education and practice.

- ❖ The impact of sanitary napkin infection should be subjected to research and findings can be communicated and utilized in the practice.
- ❖ The impact of sanitary napkin practice on infection among school girls mainly RTI and UTI can be studied to improve the quality of life among school girls.

Nursing Practice

- ❖ This study findings implies that the educational programs can be conducted by the nursing personal both in the hospitals and in the community area, which will help to prevent the effects of unhygienic sanitary napkin practices and maintain hygienic practices among school girls.

Recommendations

Based on the research findings the recommendations are as follows:

1. A similar study can be conducted to assess the knowledge and practice among school girls regarding sanitary napkin practice.
2. A study can be conducted among different age group of school girls
3. A comparative study can be conducted among the rural and urban area of school girls.
4. A study can be conducted to find out the knowledge of parents and teachers regarding sanitary napkin practice.
5. Similar study can be conducted with large sample to generate the findings.

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APPENDIX-A



KARPAGA VINAYAGA COLLEGE OF NURSING

**(Recognised by the Indian Nursing Council and Affiliated to the
Tamil Nadu Dr. M.G.R. Medical University, Chennai)**

G.S.T. Road, Chinna Kolambakkam, Palayanoor (P.O.) Madhuranthagam (Tk.)
Kanchipuram Dt. - 603 308. Phone : 044 - 2756 5202 / 2759 8484

Ref: KVCN/2016

Date :.....08/01/2016.....

To

The Head Master
Govt. Girls Higher Secondary School,
Acharapakkam.
Kancheepuram District.

Respected Madam/Sir,

Sub: To request permission for research study–Mrs.M.Saritha II year M.Sc(N) Reg.,

This is for your kind information that our II year M.Sc (N) student of this college has selected the following topic for her research work as required by the Tamilnadu Dr.M.G.R. Medical University, Chennai in partial fulfillment of her M.Sc (N) programme.

“A study to assess the effectiveness of structured teaching programme on knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche at a selected school in Kancheepuram District”

She would like to conduct research study in Govt. Girls Higher Secondary School, Acharapakkam in Kancheepuram District. Hence I kindly request you to grant permission for her study and extended your guidance and cooperation in this regard.

Thanking you,

Your's faithfully

Dr.T.KOMALAVALLI., Ph.D.,L.L.B
PRINCIPAL

APPENDIX-B

LETTER PERMITTING TO CONDUCT THE STUDY


11.01.2016

To

Mrs.Saritha.M
M.sc (N) II year,
Karpaga vinayaga College of Nursing,
Madurantakam TK,
Kancheepuram DT, Pin-603308.

Ref: Your request letter

With reference your letter, you are permitted to conduct a study entitled
“A study to assess the effectiveness of structured teaching programme on
knowledge and expressed practice regarding sanitary napkin among school
girls those who attained menarche at Govt. girls higher secondary school at
Acharapakkam in Kancheepuram district” in our school from 18.01.2016 to
27.01.2016.


11/01/2016
Signature and Designation
HEAD MASTER
Govt. Girls Higher Secondary School
Acharapakkam - 603 301
Kancheeruram Dist.

APPENDIX – C

**LETTER REQUESTING OPINION AND SUGGESTION OF EXPERTS FOR
ESTABLISHING CONTENT VALIDITY OF TOOL**

From

Mrs.Saritha .M,
M.Sc Nursing II Year,
Karpaga Vinayaga college of nursing,
Madurantakam Taluk,
Kancheepuram District.

To

Through the proper channel,

Respected Sir/Madam

Sub: Requisition for opinion and suggestions of experts for
establishing content validity of research tool

Greeting! As a part of the curriculum requirement the following research title
is selected for the study

“To assess the effectiveness of structured teaching programme on knowledge
and expressed practice regarding sanitary napkin among school girls those who
attained menarche at a selected school in Kancheepuram District.”

I will be highly privileged to have your valuable suggestions with regard to
the establishment of content validity of research tool. So I request you to validate my
research tool and give suggestions about the tool.

Thanking you,

Date

Yours Sincerely,

Place

(Saritha .M)

APPENDIX – C1
ACCEPTANCE FOR TOOL VALIDATION

I hereby certify that I have validated the Research tool of **Mrs. Saritha .M, II year M.Sc Nursing** student who is understanding research study

“To assess the effectiveness of structured teaching programme on knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche at a selected school in Kancheepuram District.”

The suggestions and advises are herewith enclosed.

Date

Signature of the Expert

Place

Name & Designation

APPENDIX -D

RESEARCH PARTICIPANT CONSENT FORM

Dear Parents,

I am Saritha.M, M.Sc., Nursing student of Karpaga Vinayaga College of Nursing, Maduranthagam Taluk, Kancheepuram District. As a part of my study, I proposed to conduct research on **“To assess the effectiveness of structured teaching programme on knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche at a selected school in Kancheepuram District.”** I obtained permission from the respected headmaster of this school, to conduct my research work. I will teach on sanitary napkin for 50 student who studying VIII & IX standard. The duration teaching classes will be for 45 minutes. The health education on sanitary napkin will be benefit for the girls and also help their sibling, family and entire community. I assure that this will not affect their academic sessions. Hence I request your valuable consent and co-operation. For any further discussions feel free to contact me in person.

The information collected will be kept confidential.

Signature of the Researcher

I _____ hereby give my consent for my daughter to participate in the study.

Signature of the Participant’s Parents

APPENDIX –D₁

ஆராய்ச்சி பங்கேற்பாளர்களின் ஒப்புதல் படிவம்

அன்பான பெற்றோர்களே,

திருமதி சரிதா.மு ஆகிய நான் காஞ்சிபுரம் மாவட்டம், மதுராந்தகம் தாலுகாவில் அமைந்துள்ள கற்பக விநாயகா செவிலியர் கல்லூரியில் இரண்டாம் ஆண்டு முதுகலை பட்டப்படிப்பு படித்து வருகிறேன். என்னுடைய பாடத்திட்டத்தின் ஒரு பகுதியாக சுகாதார திண்டு பற்றிய வரையறுக்கப்பட்ட பாடத்திட்டத்தில், பூப்பெய்த பள்ளி மாணவிகளின் அறிவுதிறன் மற்றும் அவர்கள் கூறும் நடைமுறையில் ஏற்படும் விளைவை பற்றி, காஞ்சிபுரம் மாவட்டத்தை சேர்ந்த ஒரு குறிப்பிட்ட பள்ளியில் ஆராய்ச்சி செய்ய உள்ளேன். இதற்காக நான் இந்த பள்ளியின் மதிப்பிற்குரிய தலைமையாசிரியரிடம் இந்த ஆய்வினை நடத்துவதற்கான அனுமதி பெற்றுள்ளேன். நான் சுகாதாரத்திண்டு பற்றிய கல்வி அறிவினை 8வது மற்றும் 9வது வகுப்பு பயிலும் பூப்பெய்த 50 மாணவிகளுக்கு கற்றுத் தரவுள்ளேன். என்னுடைய வகுப்புகள் 45 நிமிடம் நடைபெறும். இந்த சுகாதாரத்திண்டு பற்றிய நலக்கல்வி, உடன்பிறந்தவர்கள், குடும்பத்தினர்கள் மற்றும் சமூகத்தினர்க்கு மிகவும் பயனுள்ளதாக இருக்கும். இது அவர்கள் படிப்பினை எந்த விதத்திலும் பாதிக்காது என்று உறுதி கூறுகிறேன். எனவே நான் இதற்கான ஒப்புதலையும் மற்றும் ஒத்துழைப்பையும் தருமாறு தாழ்மையுடன் கேட்டுக்கொள்கிறேன். மேலும் விவரங்களுக்கு என்னை தனிப்பட்ட முறையில் அணுகவும்.

உங்களுடைய பின்னணி விவரங்கள் ரகசியமாக வைத்துக் கொள்ளப்படும்.

ஆராய்ச்சியாளர் கையொப்பம்.

நான்-----என் மகளை ஆராய்ச்சி படிப்பில் பங்கேற்பதற்கு முழுமனதுடன் சம்மதம் தெரிவிக்கிறேன்.

பங்கேற்பாளரின் பெற்றோரின் கையொப்பம்

APPENDIX-E

CERTIFICATE FOR ENGLISH EDITING

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation entitled “A study to assess the effectiveness of structured teaching programme on knowledge and expressed practice regarding sanitary napkin among school girls those who attained menarche at Govt. girls higher secondary school at Acharapakkam in Kancheepuram district” by Mrs. Saritha.M, II Year M.sc Nursing student, Karpaga vinayaga College of Nursing, was edited for English language appropriateness.

K.V. Jayalakshmi
Signature and Designation
p. v. m. school.
MalaiPalaiyam

APPENDIX-E1

CERTIFICATE FOR TAMIL EDITING

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation entitled “A study to assess the effectiveness of structured teaching programme on knowledge and practice regarding sanitary napkin among school girls those who attained menarche at Govt. girls higher secondary school at Acharapakkam in Kancheepuram district” by Mrs. Saritha.M, II Year M.sc Nursing student, Karpaga vinayaga College of Nursing, was edited for Tamil language appropriateness.


Signature and Designation

உதயா, B. சிவசுந்தரி
மாவட்ட மருத்துவமனை.

APPENDIX –F

LIST OF EXPERTS FOR CONTENT VALIDITY

- 1. Dr.Mrs.Roseline Fatima William, MD,DPH**
Professor,
Department of Community Medicine,
Karpaga Vinayaga Institute of Medical Science.

- 2. Dr.Mrs.Mangala Gowri M.Sc(N), Ph.D(N)**
Principal,
Department of Community Health Nursing,
Saveetha College of Nursing.

- 3. Mrs.Dhanusu M.Sc(N),Ph.D(N)**
Principal,
Sri Manakula Vinayagar College of Nursing,
Kalitheerthalkuppam,
Puduchery – 605 107.

- 4. Dr.Mrs.Lakshmi M.Sc(N) Ph.D(N)**
Principal,
Department of Community Health Nursing
Chettinadu College of Nursing.

- 5. Mrs.S.Kalabarathi M.Sc(N),,**
Professor and HOD,
Department of Obstetrics and Gynecology
Saveetha College of Nursing,
Thandalam – 602 105.

- 6. Mrs.Sumathi.P M.Sc(N)**
Professor and Vice Principal,
HOD of Child Health Nursing,
Kasturba Gandhi College of Nursing,
Puducherry District.

APPENDIX-G

STRUCTURED TOOL TO ASSESS THE KNOWLEDGE AND EXPRESSED PRACTICE REGARDING SANITARY NAPKIN AMONG SCHOOL GIRLS

PART-I SECTION-A DEMOGRAPHIC VARIABLES

Instruction: Please Read Carefully To Tick (✓) Appropriate Column

1) Age in years

- a) 12.1-13 years ()
- b) 13.1-14 years ()

2) Education

- a) VIII standard ()
- b) IX standard ()

3) Religion

- a) Hindu ()
- b) Christian ()
- c) Muslim ()
- d) Others[specify] ()

4) Type of family

- a) Nuclear family ()
- b) Joint Family ()
- c) Extended family ()

5) Residence

- a) Urban ()
- b) Rural ()

6) Educational status of the father

- a) Illiterate ()
- b) Primary School ()
- c) High school ()
- d) Higher secondary School ()
- e) Graduate ()

7) Educational status of the mother

- a) Illiterate ()
- b) Primary School ()
- c) High School ()
- d) Higher Secondary School ()
- e) Graduate ()

8) occupational status of the father

- a) Employed ()
- b) Unemployed ()
- c) Self-employed ()

9) occupational status of the mother

- a) Employed ()
- b) Unemployed ()
- c) Self-employed ()

10) Family income per month (Rs.)

- a) up to 5,000 ()
- b) 5,001 to 7,500 ()
- c) 7,501 to 10,000 ()
- d) More than 10,000 ()

11) Number of sibling

- a) 1 ()
- b) 2 ()
- c) 3 and above ()

12) Source of information

- a) Mother ()
- b) Relatives ()
- c) Friends ()
- d) Mass media ()

SECTION-B

HEALTH RELATED VARIABLES

13) Age at menarche

- a. 12.1-13 Years ()
- b. 13.1-14 Years ()

14) Nature of practice during menstruation

- a. Cloth ()
- b. Sanitary napkin ()
- c. Others ()

15) Frequency of changing napkin per day

- a. Once ()
- b. Twice ()
- c. Thrice and above ()

16) Perception of pain during menstruation

- a. Never ()
- b. Sometimes ()
- c. Always ()

17) Source of water supply

- a. Well water ()
- b. Municipal water ()
- c. Bore water ()

18) Methods of disposal

- a. Directly burn ()
- b. Throw outside ()
- c. Dumped ()

19) Toilet Practice

- a. Open field ()
- b. Sanitary latrine ()

PART-II

MULTIPLE CHOICE QUESTIONS TO ASSESS THE KNOWLEDGE REGARDING SANITARY NAPKIN

(i) ANATOMY AND PHYSIOLOGY OF REPRODUCTIVE SYSTEM

Instruction: Please read the question carefully and tick (✓) the correct answer in the appropriate column

1.----- is the female reproductive organ

- a) Kidney ()
- b) Uterus ()
- c) Urethra ()
- d) Intestine ()

2. The ovum is produced in the -----

- a) Uterus ()
- b) Fallopian tube ()
- c) Ovaries ()
- d) Vagina ()

(ii) GENERAL INFORMATION ABOUT MENSTRUATION

3. Puberty means -----

- a) Bleeding from vagina ()
- b) Bleeding from nose ()
- c) Bleeding from ears ()
- d) Bleeding from mouth ()

4.The number of eggs normally released from ovary per month is -----

- a) One ()
- b) Two ()
- c) Three ()
- d) More than three ()

5.The age of menarche is commonly between -----

- a) 5.1 -8years ()
- b) 8.1-11 years ()
- c) 11.1-14 years ()
- d) above 14 years ()

6. The normal interval between two menstrual cycle is

- a) 18-22 days ()
- b) 23-27 days ()
- c) 28-32 days ()
- d) 33-37 days ()

(iii) IMPACT OF UNHYGIENIC MENSTRUAL PRACTICE

7. Unhygienic menstrual practice leads to -----

- a) Reproductive tract infection ()
- b) Hernia ()
- c) Appendicitis ()
- d) Cancer ()

8. The inner garments [panties] can be cleaned by -----

- a) Wash and dry in wet area ()
- b) Wash and dry in closed room ()
- c) Wash and dry under sunlight ()
- d) Wash and dry in unhygienic place ()

9. The sanitary napkin is frequently changed to prevent -----

- a) Anaemia ()
- b) Diarrhoea ()
- c) Wound ()
- d) Rashes and infection ()

10. The number of sanitary napkin can be used at a time is -----

- a) One Sanitary napkin ()
- b) Two Sanitary napkin ()
- c) Three Sanitary napkin ()
- d) Four Sanitary napkin ()

(iv) USAGE OF SANITARY NAPKINS DURING MENSTRUATION

11. The best method used to absorb the menstrual blood flow is by the use of -----

- a) Ashes ()
- b) Tampons ()
- c) Sanitary napkin ()
- d) Panties ()

12. The Frequency at which the sanitary napkin has to be changed is -----

- a) Once in a day ()
- b) Every 4-6 hours ()
- c) Every 8-10 hours ()
- d) Every 12 hours ()

13. ----- is the factor that influences the use of sanitary napkin

- a) Prevention of infection ()
- b) Very cheap ()
- c) Easy to wear ()
- d) Advice by someone ()

14. **The proper disposal of sanitary napkin is through -----**
- a) Drainage ()
 - b) Toilet ()
 - c) Open throw ()
 - d) Dustbin ()
15. **When the complete soakage of sanitary napkin, is not changed immediately that can lead to -----**
- a) Fragrance ()
 - b) Sense of freshness ()
 - c) foul's smell ()
 - d) None of the above ()
16. **The Purposes of frequently changing the sanitary napkin is to -----**
- a) Prevent viral infection ()
 - b) Prevent bacterial infection ()
 - c) Prevent fungal infection ()
 - d) All the above ()
17. **The Technique of washing the perineal area during menstruation is -----**
- a) Vagina to anus ()
 - b) Anus to vagina ()
 - c) Only perineal area ()
 - d) All the above ()
18. **The type of sanitary napkin can be used during night time is -----**
- a) Long napkin ()
 - b) Ultra thin ()
 - c) Regular napkin ()
 - d) Thick napkin ()
19. **The appropriate diet that can be consumed during menstrual period is ----**
- a) Spicy diet ()
 - b) Soft diet ()
 - c) High calorie diet ()
 - d) Fat diet ()
20. ----- **is the soft diet**
- a) Idly ()
 - b) Chappathi ()
 - c) Poori ()
 - d) Parotta ()

Key Answer

1(b), 2(c), 3(a), 4(a),5(c), 6(c), 7(a), 8(c), 9(d), 10(a), 11(c), 12(b), 13(a), 14(d), 15(c), 16(b), 17(a), 18(a), 19(b), 20(a)

PART – III

CHECK LIST TO ASSESS THE EXPRESSED PRACTICE REGARDING SANITARY NAPKIN

Note:

Place a tick (✓) mark in the corresponding box according to your practice

S.NO	CRITERIA	YES	NO
1.	Do you choose a napkin of the appropriate thickness, absorbency shape and style?		
2.	Do you remove any wrapper from the napkin?		
3.	Do you fold out the flaps or rings and take off the long center backing that covers the adhesive on the center?		
4.	Do you stick the adhesive part to your panties?		
5.	Do you wear the panties as usual ?		
6.	Will you bring extra sanitary napkin during school days at the time of menstruation?		
7.	Do you wash the genital area whenever you change your sanitary napkin?		
8.	Will you change the sanitary napkin every 4 th hourly?		
9.	Will you change the sanitary napkin whenever it becomes wet?		
10.	Will you discard your used sanitary napkin properly?		

KEYS: Yes =2, No =1

SCORE INTERPRETATION

14 – 20 Excellent practice

8-14 Good practice

1-7 Poor practice

PART - IV

LESSON PLAN ON SANITARY NAPKIN

Course	:	M.Sc(N) II Year
Subject	:	Community Health Nursing
Topic	:	Sanitary Napkin
Group	:	School girls
Venue	:	Govt. Girls Higher Secondary School, Acharapakkam
Time	:	45 minutes
Student Teacher	:	Mrs.Saritha .M
Method of teaching	:	Lecture Cum Demonstration
AV Aids	:	Black board, Roller board, chart and Pamphlet

GENERAL OBJECTIVE”

On completion of the class the school girls will acquire knowledge skill and attitude on sanitary napkin and apply it in practice with day to life.

SPECIFIC OBJECTIVE:

At the end of the class the school girls will be able to

- review of anatomy & physiology of female reproductive system
- define menstruation and sanitary napkin
- list the types of menstrual pad
- discuss the general steps to use a sanitary napkin
- explain the consequences of unhygienic practice.

SELF INTRODUCTION


I am Mrs. Saritha .M, studying II year M.Sc Nursing in Karpaga Vinayaga College of Nursing. I would like to teach about sanitary napkin to prevent infection and promote your health. At the end of the class I would like to assess your knowledge. I request you to listen carefully and clarify your doubts.



S. No.	Specific objectives	Time	Content	Teaching activity	Learning activity	AV Aids
1	At the end of the class the school girls will be able to female reproductive system	5 min	<p>ANATOMY AND PHYSIOLOGY OF FEMALE REPRODUCTIVE SYSTEM</p> <p>In human beings the process is one of sexual reproduction in which the male and female organs, differ anatomically and physiologically</p> <p>FUNCTIONS OF THE FEMALE REPRODUCTIVE SYSTEM</p> <ul style="list-style-type: none"> ➤ Formation of ova ➤ Reception of spermatozoa ➤ Provision of suitable environments for fertilization and fetal development ➤ Parturition (childbirth) ➤ Lactation, the production of breast milk, which provide complete nourishment for the baby in its early life <p>MENSTRUAL CYCLE</p> <p>The cycle consists of a series of changes taking place concurrently in the ovaries and uterine walls, stimulated by changes in blood concentrations of hormones.</p> <p>The average length of the menstrual cycle is about 28 days</p>	Explaining and discussing	Listening	Black board


S. No.	Specific objectives	Time	Content	Teaching activity	Learning activity	AV Aids
			<p>Menstrual phase : lasts about 4 days</p> <p>Proliferative phase : about 10 days</p> <p>Secretary phase : about 14 days</p> <p>MENSTRUAL PHASE</p> <p>When the ovum is not fertilized the corpus luteum starts to degenerate.</p> <p>PROLIFERATIVE PHASE</p> <p>At this stage an ovarian follicle stimulation by FSH, is growing towards maturity and is producing oestrogen which stimulates proliferation of the functional layer of the endometrium in preparation for the reception of a fertilized ovum.</p> <p>SECRETARY PHASE</p> <p>Immediately after ovulation, the walls lining the ovarian follicle are stimulated by LH and develop into the corpus lustrum. Which produces progesterone and some oestrogen</p>			
2	define menstruatio	3 min	<p>MENSTRUATION</p> <p>Menstruation is the flow of blood from vagina. It is the normal</p>	Explaining and discussing	Listening	Boar d

S. No.	Specific objectives	Time	Content	Teaching activity	Learning activity	AV Aids
3	n and sanitary napkin list out the types of menstrual pads	2 min	process beings from the period of puberty SANITARY NAPKIN A sanitary napkin, sanitary towel, sanitary pad, menstrual pad, or pad is an absorbent item worn by a woman to absorb menstrual blood. TYPES OF MENSTRUAL PAD 1. Disposable menstrual pad 2. Cloth menstrual pad STEPS TO USE A SANITARY NAPKIN Three parts Part 1 – putting it on Part 2 – wearing it comfortably Part 3 – changing and disposing	Explaining and demonstrating	Listening and actively involved	Chart
4	discuss the general steps to use a sanitary napkin	25min	I. PUTTING IT ON 1. Choose a pad of the appropriate thickness, absorbency shape and style	Explaining and demonstrating	Listening and actively involved	

S. No.	Specific objectives	Time	Content	Teaching activity	Learning activity	AV Aids
			<div data-bbox="909 395 1346 730" data-label="Image"> </div> <ol style="list-style-type: none"> <li data-bbox="763 754 1003 786">2. Get in position <li data-bbox="763 810 1429 842">3. Remove and any wrapper or boxes from the pad <div data-bbox="815 863 1464 1174" data-label="Image"> </div> <ol style="list-style-type: none"> <li data-bbox="763 1198 1503 1286">4. Fold out the flaps or rings and take off the long center backing that covers the adhesive on the center. <li data-bbox="763 1310 1301 1342">5. Stick the adhesive part to your panties 	Explaining and demonstrating	Listening and actively involved	

S. No.	Specific objectives	Time	Content	Teaching activity	Learning activity	AV Aids
			<p>II. WEARING IT COMFORTABLY</p> <ol style="list-style-type: none"> 1. Wear the panties as usual 2. Do a routine check, especially on heavy days  <ol style="list-style-type: none"> 3. Wash the genital area regularly <p>It is important to wash vagina and labia. Don't use soaps or vaginal hygiene products, washing it with soap can kill the good bacteria making way for infections.</p> <p>Always wash or clean the area in a motion that is from the vagina to the anus. Never wash in the opposite direction. If you wash in opposite direction bacteria enters from the anus it leads to UTI.</p>	Explaining and demonstrating	Listening and actively involved	

S. No.	Specific objectives	Time	Content	Teaching activity	Learning activity	AV Aids
			<p>III. CHANING AND DISPOSING</p> <p>1. Every 4 hrs change the sanitary napkin when you have your periods it is important to be ready. To have extra sanitary pads stored in a clean pouch or paper bag</p>  <p>2. Discard your used sanitary product properly It is essential to discard your used napkins properly because they are capable of spreading infections, will make very foul smell</p> 	Explaining and demonstrating	Listening and actively involved	

S. No.	Specific objectives	Time	Content	Teaching activity	Learning activity	AV Aids
			 <p>3. Beware of a pad rash A pad rash may occur during heavy flow. If pad wet for a long time and rubs along the thighs causing it to chaff. Change your pads regularly and stay dry to prevent rash.</p> <p>4. Have a bath regularly Bathing not only cleanses your body but also give you a chance to clean your private parts well. To get some relief from backache and menstrual cramps just stand under a shower of warm water that is targeted towards your back or abdomen you will fell much better at the end of it.</p>	Explaining and demonstrating	Listening and actively involved	

S. No.	Specific objectives	Time	Content	Teaching activity	Learning activity	AV Aids
5	explain the consequence of unhygienic practice	5min	<p>CONSEQUENCES OF UNHYGIENIC SANITARY NAPKIN PRACTICE ON WOMEN’S HEALTH</p> <p>Poor menstrual hygiene can cause.</p> <ul style="list-style-type: none"> • Fungal infections • Reproductive tract infection (RTI) • Urinary tract infection (UTI) <p>also leave women vulnerable to infertility.</p>	explaining and discussing	listening	pamphlets

SUMMARY

In this class we have learnt about the female reproductive system, definition, types, general steps in using a sanitary napkins and consequence of unhygienic sanitary napkin practice on women’s health.

CONCLUSION:

Improving your knowledge regarding sanitary napkin is not big thing. We need to practice the steps to use a sanitary napkin that promotes good health and prevents infection.

EVALUATION: Return demonstration

வினாக்கள்

பகுதி - 1

பிரிவு -அ

சமூகம் சார்ந்த பின்னணி விவரம்

குறிப்பு சரியான விடையை கொடுக்கப்பட்ட கட்டத்தில் (✓) பூர்த்தி செய்யவும்

1. மாணவியின் வயது
அ. 12.1-13 வயது ()
ஆ. 13.1-14 வயது ()
2. கல்வி
அ. எட்டாம் வகுப்பு ()
ஆ. ஒன்பதாம் வகுப்பு ()
3. மதம்
அ. இந்து ()
ஆ. கிறிஸ்துவம் ()
இ. முஸ்லீம் ()
ஈ. மற்றவை ()
4. குடும்பத்தின் வகை
அ. தனி குடும்பம் ()
ஆ. கூட்டு குடும்பம் ()
இ. விரிவான குடும்பம் ()
5. இருப்பிடம்
அ. கிராமம் ()
ஆ. நகரம் ()
6. தந்தையின் கல்வித் தகுதி
அ. படிக்க மற்றும் எழுதத் தெரியாதவர் ()
ஆ. ஆரம்ப பள்ளி ()
இ. உயர்நிலைப்பள்ளி ()
ஈ. மேல்நிலைப்பள்ளி ()
உ. பட்டதாரி ()
7. தாயின் கல்வித்தகுதி
அ. படிக்க மற்றும் எழுதத் தெரியாதவர் ()
ஆ. ஆரம்ப பள்ளி ()
இ. உயர்நிலைப்பள்ளி ()
ஈ. மேல்நிலைப்பள்ளி ()
உ. பட்டதாரி ()

8. தந்தையின் தொழில் ()
 அ. வேலையில் உள்ளவர் ()
 ஆ. வேலையில் இல்லாதவர் ()
 இ. சுயத்தொழில் ()
9. தாயின் தொழில்
 அ. வேலையில் உள்ளவர் ()
 ஆ. வேலையில் இல்லாதவர் ()
 இ. சுயத்தொழில் ()
10. மாத குடும்ப வருமானம்
 அ. ரூ.5000/-க்கு குறைவாக ()
 ஆ. ரூ.5001/-ல் - ரூ.7500/-க்குள் ()
 இ. ரூ.7501/-ல் - ரூ.10000/-க்குள் ()
 ஈ. ரூ.10000/-த்திற்கு மேல் ()
11. உடன்பிறந்தவர்களின் எண்ணிக்கை
 அ. ஒன்று ()
 ஆ. இரண்டு ()
 இ. மூன்று மற்றும் அதற்கு மேல் ()
12. முந்தைய தகவல்கள் அறியப்பட முறை
 அ. தாய் ()
 ஆ. உறவினர் ()
 இ. நண்பர்கள் ()
 ஈ. தொலைதொடர்பு சாதனங்கள் மூலம் ()

பிரிவு -ஆ

சுகாதாரம் சார்ந்த பின்னணி விவரம்

13. பூப்படைந்த வயது
 அ. 12.1-13 வயது ()
 ஆ. 13.1-14 வயது ()
14. மாதவிடாய் காலத்தில் பயன்படுத்தப்படுபவை
 அ. துணி தீண்டு ()
 ஆ. சுகாதாரத்தீண்டு ()
 இ. மற்றவை ()

15. ஒரு நாளைக்கு எத்தனை முறை சுகாதாரத்திண்டை மாற்றுவாய்
 அ. ஒரு முறை ()
 ஆ. இரண்டு முறை ()
 இ. மூன்று மேல் ()
16. மாதவிடாய் காலத்தில் உணரும் வலி
 அ. இல்லை ()
 ஆ. சில நேரங்களில் ()
 இ. எல்லா நேரங்களிலும் ()
17. குடிநீர் கிடைக்கும் முறை
 அ. கிணற்று நீர் ()
 ஆ. நகராட்சி நீர் ()
 இ. ஆழ்த்துளை கிணற்று நீர் ()
18. சுகாதாரத்திண்டை அப்புறப்படுத்தும் முறை
 அ. எரித்தல் ()
 ஆ. வெளியில் வீசுதல் ()
 இ. குழித்தோண்டி புதைத்தல் ()
19. கழிவறை வசதி
 அ. திறந்தவெளி ()
 ஆ. சுகாதார கழிவறை ()

பகுதி-II

சுகாதாரத்திண்டு பற்றிய அறிவை ஆராயும் வரையறுக்கப்பட்ட வினாக்கள்

பிரிவு -அ

இனப்பெருக்க மண்டலம்

குறிப்பு சரியான விடையை கொடுக்கப்பட்ட கட்டத்தில் (✓) பூர்த்தி செய்யவும்

1. கீழ்க்கண்ட உறுப்புகளில் இனப்பெருக்க உறுப்பு
அ. சிறுநீரகம் ()
ஆ. கர்ப்பப்பை ()
இ. சிறுநீர் வெளியேற்றும் வழி ()
ஈ. குடல் ()
2. கருமுட்டை உற்பத்தி செய்வது எது
அ. கர்ப்பப்பை ()
ஆ. கருமுட்டை பை ()
இ. கருப்பை ()
ஈ. பிறப்பு உறுப்பு ()

பிரிவு -ஆ

மாதவிடாய்

3. பூப்படைதல் என்றால்
அ. இரத்தபோக்கு யோனி வழியாக ()
ஆ. இரத்தபோக்கு மூக்கு வழியாக ()
இ. இரத்தபோக்கு காது வழியாக ()
ஈ. இரத்தபோக்கு வாய்வழியாக ()
4. மாதத்திற்கு ஒருமுறை எத்தனை கரு முட்டைகள் வெளிவரும்
அ. ஒன்று ()
ஆ. இரண்டு ()
இ. மூன்று ()
ஈ. மூன்றுக்கு மேல் ()
5. சாதாரணமாக பூப்படையும் வயது
அ. 5.1-8 வயது ()
ஆ. 8.1-11 வயது ()
இ. 11.1-14 வயது ()
ஈ. 14 வயதுக்கு மேல் ()
6. இரண்டு மாதவிடாய் சுழற்சிக்கான சரியான இடைவெளி
அ. 18-22 நாட்கள் ()
ஆ. 23-27 நாட்கள் ()
இ. 28-32 நாட்கள் ()
ஈ. 33-39 நாட்கள் ()

பிரிவு -இ

சுகாதாரமற்ற மாதவிடாய் பராமரிப்பால் ஏற்படும் விளைவுகள்

7. சுகாதாரமற்ற மாதவிடாய் பராமரிப்பால் ஏற்படும் விளைவுகள்
- அ. இனப்பெருக்க உறுப்பில் தொற்று ()
- ஆ. குடலிறக்கம் ()
- இ. குடல்வால் வீக்கம் ()
- ஈ. புற்றுநோய் ()
8. உள்ளாடைகளை சுத்திகரிக்கும் முறைகள்
- அ. துவைத்து மற்றும் ஈரமான இடத்தில் உலர்த்துதல் ()
- ஆ. துவைத்து மற்றும் மூடிய அறையில் உலர்த்துதல் ()
- இ. துவைத்து மற்றும் சூரிய வெளிச்சத்தில் உலர்த்துதல் ()
- ஈ. துவைத்து மற்றும் அசுத்தமான இடத்தில் உலர்த்துதல் ()
9. சுகாதாரத்திண்டை அடிக்கடி மாற்றுவதால் ----- தடுக்கப்படுகிறது
- அ. இரத்தசோகை ()
- ஆ. வயிற்றுபோக்கு ()
- இ. காயப்படுதல் ()
- ஈ. தடித்தல் மற்றும் தொற்று ()
10. ஒரே நேரத்தில் எத்தனை சுகாதாரத்திண்டை பயன்படுத்துவீர்கள்
- அ. ஒன்று ()
- ஆ. இரண்டு ()
- இ. மூன்று ()
- ஈ. நான்கு ()

பிரிவு-ஈ

மாதவிடாய் போது சுகாதாரத்திண்டு பயன்படுத்தும் முறை

11. மாதவிடாய் சமயத்தில் இரத்தப்போக்கை சரியாக உறிஞ்சக் கொள்ள --- உதவுகிறது
- அ. சாம்பல் ()
- ஆ. உருளை பஞ்சு ()
- இ. சுகாதாரத்திண்டு ()
- ஈ. கீழ் உள்ளாடை ()
12. சுகாதாரத்திண்டை எவ்வளவு நேரத்திற்கு ஒருமுறை மாற்றுவது?
- அ. ஒரு நாளுக்கு ஒருமுறை ()
- ஆ. 4 மணி முதல் 6 மணி நேரத்திற்கு ஒருமுறை ()
- இ. 8 மணி முதல் 10 மணி நேரத்திற்கு ஒருமுறை ()
- ஈ. பன்னிரண்டு மணி நேரத்திற்கு ஒருமுறை ()
13. சுகாதாரத்திண்டை பயன்படுத்த ஊக்கவிக்கும் காரணம்?
- அ. தொற்றுத்தடுப்பு ()
- ஆ. மிகவும் மலிவான ()
- இ. எளிதாக அணிய ()
- ஈ. மற்றவரின் ஆலோசனை ()

14. சுகாதாரத்திண்டு சரியான முறையில் அப்புறப்படுத்தும் வழி
 அ. கழிவுநீர்வடிகால் ()
 ஆ. கழிப்பறை ()
 இ. வெட்டவெளியில் எறிதல் ()
 ஈ. குப்பைத்தொட்டியில் போடுதல் ()
15. முழுமையாக நனைந்த சுகாதாரத்திண்டை உடனடியாக மாற்றாவிட்டால்
 ----- ஏற்படும்
 அ. நறுமணம் ()
 ஆ. புத்துணர்ச்சி ()
 இ. துர்நாற்றம் ()
 ஈ. எதுவும் இல்லை ()
16. சுகாதாரத்திண்டை அடிக்கடி மாற்றுவதற்கான நோக்கம்
 அ. வைரஸ் தொற்றை தடுத்தல் ()
 ஆ. பாக்டீரியா தொற்றை தடுத்தல் ()
 இ. பூஞ்சை தொற்றை தடுத்தல் ()
 ஈ. இவை அனைத்தும் ()
17. மாதவிடாய் காலத்தில் சுரவிடத்தை சுத்தம் செய்யும் வழிமுறை
 அ. யோனி முதல் ஆசனவாய் வரை ()
 ஆ. ஆசனவாய் முதல் யோனி வரை ()
 இ. சுரவிடம் மட்டும் ()
 ஈ. மேற்கூறிய அனைத்தும் ()
18. இரவு நேரங்களில் எந்த வகையான சுகாதாரத்திண்டை பயன்படுத்துவீர்கள்
 அ. நீளமான சுகாதாரத்திண்டு ()
 ஆ. மெல்லிய சுகாதாரத்திண்டு ()
 இ. வழக்கமான சுகாதாரத்திண்டு ()
 ஈ. அடர்த்தியான சுகாதாரத்திண்டு ()
19. மாதவிடாய் காலத்தில் உண்ணும் சரியான உணவு
 அ. கார உணவு ()
 ஆ. மென்மையான உணவு ()
 இ. அதிக கலோரி உணவு ()
 ஈ. கொழுப்பு உணவு ()
20. இவற்றில் எது மென்மையான உணவு
 அ. இட்லி ()
 ஆ. சப்பாத்தி ()
 இ. பூரி ()
 ஈ. பரோட்டா ()

விடை குறிப்புகள்

- 1(ஆ), 2(இ), 3(அ), 4(அ), 5(இ), 6(இ), 7(அ), 8(இ), 9(ஈ), 10(அ), 11(இ),
 12(ஆ), 13(அ), 14(ஈ), 15(இ), 16(ஆ), 17(அ), 18(அ), 19(ஆ), 20(அ)

பகுதி - 3

சுகாதார திண்டினை பங்கேற்பாளர் நடைமுறையில் கடைபிடிக்கும் முறையினை கூறும் சரிபார்ப்பு பட்டியல் மதிப்பீடு

கவனத்திற்கு

உங்கள் நடைமுறைக்கு ஏற்ற பதிலை அதற்கென குறிப்பிடப்பட்டுள்ள பெட்டியில் (✓) குறியிட்டு காட்டவும்

வ.எண்.	அடிப்படை	ஆம்	இல்லை
1.	சுகாதாரத்திண்டை சரியான தடிமனும், உறிஞ்சும் தன்மை வடிவம் மற்றும் அமைப்புடன் தேர்ந்தெடுப்பீர்களா?		
2.	சுகாதாரதிண்டில் உள்ள காகிதத்தை எடுத்து விடுவீர்களா?		
3.	சுகாதாரத்திண்டின் இருபுறமும் மற்றும் நடுவில் இருக்கும் காகிதத்தை எடுத்துவிட்டு சரியாக மடித்து விடுவீர்களா?		
4.	உள்ளாடைக்குள் சரியாக ஒட்டுவீர்களா?		
5.	எப்போதும் பயன்படுத்தும் முறையில் உள்ளாடையை உடுத்துவீர்களா?		
6.	பள்ளி வேலை நாட்களில் மாதவிடாயின் போது கூடுதலான எண்ணிக்கையில் சுகாதாரத்திண்டை கொண்டு வருவீர்களா?		
7.	சுகாதாரத்திண்டை மாற்றும் பொழுதெல்லாம் பிறப்பு உறுப்பை சுத்தம் செய்வீர்களா?		
8.	நான்கு மணி நேரத்திற்கு ஒருமுறை சுகாதாரதிண்டை மாற்றுவீர்களா?		
9.	முழுமையாக நனைந்த சுகாதாரத்திண்டை தேவைக்கேற்ப மாற்றுவீர்களா?		
10.	பயன்படுத்திய சுகாதாரத்திண்டை சரியான முறையில் அப்புறப்படுத்துவீர்களா?		

விடைகள் : ஆம்-2, இல்லை-1

மதிப்பீடு விளக்கம்

14 - 20 சிறந்த நடைமுறை

8 - 14 நல்ல நடைமுறை

1 - 7 எதுவும் இல்லை

பகுதி - IV
சுகாதாரதிண்டு பற்றிய வரையறுக்கப்பட்ட பாடத்திட்டம்

வகுப்பு	:	முதுகலை செவிலியர் இரண்டாம் ஆண்டு
பாடப்பிரிவு	:	சுகாதார நலச் செவிலியர் பிரிவு
தலைப்பு	:	சுகாதாரத்திண்டு
குழு	:	பள்ளி மாணவிகள்
இடம்	:	அரசு மகளிர் மேல்நிலைப்பள்ளி, அச்சரப்பாக்கம்
நேரம்	:	45 நிமிடங்கள்
மாணவியின் பெயர்	:	மு.சரிதா
போதனை முறை	:	விரிவுரை மற்றும் செயல்முறை விளக்கம்
போதனை உபகரணங்கள்:	:	கரும்பலகை, சுருள்பலகை, விளக்கப்படம் மற்றும் கையேடு

மைய குறிக்கோள்கள்

இப்பாடத்தின் முடிவில் பள்ளி மாணவிகள் அனைவரும் சுகாதாரத்திண்டு முறை பற்றிய அறிவும், அதனை பயன்படுத்தும் முறை பற்றி அறிந்து நடைமுறை வாழ்க்கையில் கடைபிடிக்க உதவியாக இருக்கும்.

செயல்முறை குறிக்கோள்

இப்பாடத்தின் முடிவில் பள்ளி மாணவிகளுக்கு தெரிய வேண்டியவை

- இனப்பெருக்க மண்டலம் பற்றிய முன் சுருக்கம்
- மாதவிடாய், சுகாதாரத்திண்டு வரையறை
- சுகாதாரத்திண்டின் வகைகள்
- சுகாதாரத்திண்டை பயன்படுத்தும் முறை
- சுகாதாரமற்ற முறையில் சுகாதாரத்திண்டை பயன்படுத்துவதின் விளைவுகள்

அறிமுகம்

காலை வணக்கம், நான் கற்பக விநாயகா செவிலியர் கல்லூரியில் முதுகலை செவிலியர் படிப்பு இரண்டாம் ஆண்டு படிக்கும் மாணவி நான் உங்களுக்கு சுகாதாரத்திண்டு பயன்படுத்தும் முறை மற்றும் அதனால் ஏற்படும் தொற்று மற்றும் தடுக்கும் முறைகள் பற்றி எடுத்துரைக்க வந்துள்ளேன். நான் உங்களை கூர்ந்து கவனிக்கும் படியும் மற்றும் சந்தேகங்களை தெரிவுப்படுத்திக் கொள்ளுமாறும் கேட்டுக் கொள்கிறேன்.

வ. எண்	செயல்முறை குறிக்கோள்கள்	நேரம்	பொருளடக்கம்	கற்பிப்பவரின் செயல்பாடு	கற்பவரின் செயல்பாடு	போதனை
1	இனப்பெருக்க மண்டல பற்றிய முன் சுருக்கம்	5நிமிடம்	<p>இனப்பெருக்க மண்டலம்</p> <p>மனித உடம்பில் இனப்பெருக்க மண்டலம் முக்கியமானதாகும்</p> <p>இனப்பெருக்க மண்டலத்தின் நடைமுறைகள்</p> <ul style="list-style-type: none"> ✓ முட்டை உருவாதல் ✓ விந்து சேகரிப்பு ✓ கருமுட்டையும், சிசுவளர்ச்சி ✓ குழந்தைப்பிறப்பு <p>மாதவிடாய் சுழற்சி</p> <p>பெண் இனப்பெருக்க மண்டல உறுப்புகள் பருவமடையும் போது முதிர்ச்சி அடைகின்றன. அப்போது கருப்பை சுவர்களின் சீரான சுழற்சி மாற்றங்களினால் மாதவிடாய் சுழற்சி ஏற்படுகின்றன. இம்மாற்றம் பன்னிரண்டு</p>	<p>விளக்குதல்</p> <p>மற்றும்</p> <p>விவரித்தல்</p>	<p>கவனித்தல்</p> <p>மற்றும்</p> <p>சுறுசுறுப்பாக பங்கேற்றல்</p>	கரும்பலகை

வ. எண்	செயல்முறை குறிக்கோள்கள்	நேரம்	பொருளடக்கம்	கற்பிப்பவரின் செயல்பாடு	கற்பவரின் செயல்பாடு	போதனை
	மாதவிடாய் வரையறை	3நிமிடம்	முதல் பதினான்கு வயதிற்குள் ஏற்படுகிறது. மாதவிடாய் சுழற்சியின் சராசரி கால இடைவெளி இருபத்தியெட்டு நாட்களுக்கும், இரத்தப் போக்கு பொதுவாக மூன்று முதல் ஐந்து நாட்களுக்கு காணப்படும்.	விளக்குதல் மற்றும் விவரித்தல்	கவனித்தல்	சுருள் பலகை
	சுகாதாரத்திண்டு வரையறை	2நிமிடம்	மாதவிடாய்: மாதவிடாய் என்பது யோனிலிருந்து வெளிப்படும் உதிரப்போக்கு இதுவொரு வழக்கமான நிகழ்வு பருவம் அடைந்தபிறகு துவங்குகிறது சுகாதாரத்திண்டு: பெண்கள் மாதவிடாய் நேரத்தில் இரத்தப்போக்கின் போது பயன்படுத்தும் சுகாதாரத்திண்டு. சுகாதாரத்திண்டின் வகைகள்:	விளக்குதல் மற்றும் விவரித்தல்	கவனித்தல்	சுருள் பலகை

வ. எண்	செயல்முறை குறிக்கோள்கள்	நேரம்	பொருளடக்கம்	கற்பிப்பவரின் செயல்பாடு	கற்பவரின் செயல்பாடு	போதனை
	சுகாதாரத் தீண்டை பயன்படுத்தும் முறைகள்	23 நிமிடம்	<ul style="list-style-type: none"> ➤ வெளியில் எறியப்படும் சுகாதார தீண்டு ➤ மாதவிடாயின் போது பயன்படுத்தப்படும் துணி <p>சுகாதாரத்தீண்டு பயன்படுத்தும் முறைகள்:</p> <ul style="list-style-type: none"> ➤ மூன்று வகைப்படும் <ul style="list-style-type: none"> அ. ஆரம்பநிலை ஆ. சவுகரியமாக உடுத்துவது இ. மாற்றுவது மற்றும் அப்புறப்படுத்துவது <p>ஆரம்பநிலை:</p> <ul style="list-style-type: none"> அ. சுகாதாரத்தீண்டு பயன்படுத்தும் போது கவனிக்க வேண்டியவை தடிமன் உறிஞ்சும் தன்மை, வடிவம் ஆ. சரியாக அமைப்பட்டது 	விளக்குதல் மற்றும் விவரித்தல்	சந்தேகங்களை கேட்டல் மற்றும் கவனித்தல்	கையேடு

வ. எண்	செயல்முறை குறிக்கோள்கள்	நேரம்	பொருளடக்கம்	கற்பிப்பவரின் செயல்பாடு	கற்பவரின் செயல்பாடு	போதனை
			<p>இ. மூடியபையில் இருந்து சுகாதாரத் திண்டு எடுக்கவும்</p> <p>ஈ. சுகாதாரத்திண்டின் அடிப்புறம் மற்றும் பக்கவாட்டில் உள்ள காகித துண்டை நீக்க வேண்டும்</p> <p>உ. உள்ளாடையில் சுகாதாரத்திண்டை சரியாக ஒட்ட வேண்டும்</p> <p>சவுகரியமான சுகாதாரத்திண்டு:</p> <p>அ. எப்போதும் பயன்படுத்தும் முறையில் உள்ளாடையை உடுத்த வேண்டும்.</p> <p>ஆ. அதிகமான இரத்தபோக்கின் போது பயன்படுத்தக்கூடிய சுகாதாரத்திண்டு</p> <p>இ. பிறப்பு உறுப்பை பொதுவாக தூய்மையாக வைத்துக் கொள்ள வேண்டும் மாதவிடாய் காலத்தில் பயன்படுத்தப்படும் சோப்பு</p>	<p>விளக்குதல்</p> <p>மற்றும்</p> <p>விவரித்தல்</p>	<p>சந்தேகங்களை கேட்டல்</p> <p>மற்றும்</p> <p>கவனித்தல்</p>	<p>செய்து</p> <p>காட்டுதல்</p>

வ. எண்	செயல்முறை குறிக்கோள்கள்	நேரம்	பொருளடக்கம்	கற்பிப்பவரின் செயல்பாடு	கற்பவரின் செயல்பாடு	போதனை
			<p>தூய்மையானதாக இருக்க வேண்டும்</p> <p>ஈ. தூய்மையான சோப்பு பயன்படுத்துவதால் பிறப்பு உறுப்புகள் நோய் வராமல் தடுக்க முடியும்.</p> <p>உ. பிறப்பு உறுப்பு முதல் ஆசனவாய் வரை சுத்தமாக வைத்துக் கொள்ளவேண்டும் கீழ்ப்குதியில் இருந்து மேல்பகுதி வரை கழுவ வேண்டும்</p> <p>ஊ. இதனால் பாக்டீரியாக்கள் உள்ளே அணுகாமல் இருக்கும்</p> <p>சுகாதாரத்திண்டு மாற்றுவது மற்றும் வெளியில் போடுவது:</p> <p>அ. 4 மணி நேரத்திற்கு ஒருமுறை சுகாதாரத்திண்டை பயன்படுத்த</p>	<p>விளக்குதல் மற்றும் விவரித்தல்</p>	<p>சந்தேகங்களை கேட்டல் மற்றும் கவனித்தல்</p>	<p>செய்து காட்டுதல்</p>

வ. எண்	செயல்முறை குறிக்கோள்கள்	நேரம்	பொருளடக்கம்	கற்பிப்பவரின் செயல்பாடு	கற்பவரின் செயல்பாடு	போதனை
			<p>வேண்டும்</p> <p>ஆ. மாதவிடாய் காலத்தின் போது சுகாதாரத்திண்டை அதிகபடியாக கொள்ள வேண்டும். சுகாதாரத்திண்டு கையிருப்பில் இருக்க வேண்டும்.</p> <p>சுகாதாரத்திண்டை வெளியேற்றுதல்:</p> <p>சுகாதாரத்திண்டை வெளியேற்றுவதால் நோய் கிருமி, நம் உடலில் வராமல் தடுக்கலாம்.</p> <p>மாதவிடாய் காலத்தில் அரிப்பு தன்மை காரணம்:</p> <p>சுகாதாரத்திண்டு அதிக இரத்தப் போக்கின் போது மாற்றாமல் இருப்பதால் அரிப்புத் தன்மை ஏற்படுகிறது.</p> <p>அ. சுகாதாரத்திண்டு காய்ந்த நிலையில் மாறும் போது அரிப்பு தன்மை</p>	<p>விளக்குதல்</p> <p>மற்றும்</p> <p>விவரித்தல்</p>	<p>சந்தேகங்களை கேட்டல்</p> <p>மற்றும்</p> <p>கவனித்தல்</p>	<p>செய்து</p> <p>காட்டுதல்</p>

வ. எண்	செயல்முறை குறிக்கோள்கள்	நேரம்	பொருளடக்கம்	கற்பிப்பவரின் செயல்பாடு	கற்பவரின் செயல்பாடு	போதனை
			<p>ஏற்படுகிறது.</p> <p>ஆ. மாதவிடாய் காலத்தில், தினசரி குளிக்க வேண்டும். குளித்தல் என்பது உடம்பு மட்டும் சுத்தம் செய்வது அல்ல, பிறப்பு உறுப்பையும் சுத்தம் செய்வது.</p> <p>இ. மாதவிடாய் காலத்தின் போது மிதவெப்ப நிலையில் உள்ள தண்ணீரில் கழுவ வேண்டும் கீழ்ப்குதி அனைத்தும் கழுவினால் மிகவும் நல்லது.</p>			
	<p>சுகாதாரமற்ற சுகாதாரத் தீண்டை பயன்படுத்துவதால் ஏற்படும்</p>	5நிமிடம்	<p>மாதவிடாய் காலத்தில் சுகாதாரமற்ற நிலையில் உள்ள சுகாதாரத்திண்டை பயன்படுத்தும் பெண்களின் உடல்நிலை:</p> <p>மாதவிடாய் காலத்தில் தரமற்ற நிலையினால்</p>	<p>விளக்குதல் மற்றும் விவரித்தல்</p>	<p>சந்தேகங்களை கேட்டல் மற்றும் கவனித்தல்</p>	கையேடு

வ. எண்	செயல்முறை குறிக்கோள்கள்	நேரம்	பொருளடக்கம்	கற்பிப்பவரின் செயல்பாடு	கற்பவரின் செயல்பாடு	போதனை
	விளைவுகள்		<ul style="list-style-type: none"> ➤ பூஞ்சை நோய்கள் ➤ பிறப்பு உறுப்பு பாதை தொற்றுநோய் ➤ சிறுநீரகப்பாதை தொற்றுநோய் <p>இவை அனைத்தும் சுகாதாரமற்ற நிலை சுகாதாரத்திண்டு பயன்படுத்துவதால் வருகிறது.</p>			

பாடசூருக்கம்:

இந்த வகுப்பின் முடிவில் பூப்படைந்த மாணவிகளுக்கு பிறப்பு உறுப்பு விவரமும், வகைகளும், முக்கியத்துவம் சுகாதாரத்திண்டு பயன்படுத்தும் முறையும் சுகாதாரமற்ற நிலையில் சுகாதாரத்திண்டை பயன்படுத்துவதால் ஏற்படும் விளைவுகள் பற்றியும் பள்ளி மாணவிகள் அறிந்துக் கொண்டனர்.

முடிவுரை:

சுகாதாரத்திண்டு பற்றிய அறிவுரைகளை பள்ளி மாணவிகள் எல்லோரும், சுகாதாரத்திண்டு பயன்படுத்தும் முறையும் மற்றும் நல்ல உடல்நிலை பற்றியும், நோய் தடுப்பையும் கூறுகிறது.

மதிப்பீடு: திரும்ப செய்துக் காட்டுதல்.

APPENDIX – H

CODING SHEET

Pre test

Demographic Variables- pretest													Health Related Variables- Pretest						Knowledge question pretest																Knowledge					prac tice						
Sample No	Age	Education	Religion	Typ. Family	Residence	Edu.Father	Edu.Mother	Occ.Father	Occ.Mother	Family.In	No.Of.Sib	Sou.Of.In	Age of Men	Nat.of.Prac	Ch.of.Nap	Per.of.Pain	Sou. Water	Meth of Dis	Toilet.Pra	A & P of Rep.Sym		Menstruation				Unhygienic Practice				Sanitary Napkin								A&P Total	Mens. Total	Unhyg. Total	S.Nap. Total	Total	Total			
1.	2	1	2	3	2	1	2	3	2	1	1	1	2	1	2	1	2	1	1	2	2	1	2	3	4	4	3	3	2	4	2	2	3	2	3	2	1	4	2	1	1	1	2	5	2	
2.	1	1	3	2	1	1	1	2	1	2	2	2	1	2	1	3	1	3	2	2	4	2	3	3	4	1	2	4	2	1	2	3	2	4	2	3	1	1	2	1	0	2	3	6	10	
3.	1	2	4	2	2	5	2	3	2	4	1	1	1	1	2	1	1	1	1	2	1	2	3	4	2	3	3	2	4	3	1	1	2	1	2	3	4	2	0	1	1	2	4	4		
4.	2	1	1	2	2	4	4	2	3	1	1	4	1	2	1	1	1	2	2	1	2	2	3	4	2	1	4	4	2	3	3	1	3	3	1	1	2	2	2	0	0	2	5	7	10	
5.	2	1	4	1	1	2	5	1	1	2	1	2	1	1	3	2	3	1	1	2	4	1	2	3	4	3	3	3	2	2	2	2	3	3	1	2	1	4	3	1	1	1	3	6	1	
6.	1	2	1	3	1	1	2	2	2	3	3	4	1	1	1	3	1	2	1	1	2	2	3	4	2	1	4	4	2	3	3	1	3	3	1	1	2	2	2	0	0	2	5	7	11	
7.	1	2	4	1	2	2	1	1	1	1	1	1	2	2	1	1	2	1	1	2	2	1	2	3	4	4	3	3	2	4	2	2	3	2	3	2	1	4	2	1	1	1	2	5	3	
8.	2	2	1	2	1	1	3	3	2	2	3	2	1	3	1	1	2	1	2	1	2	2	3	4	2	1	4	4	2	3	3	1	4	3	1	1	2	2	2	0	0	2	6	8	12	
9.	1	1	1	2	2	1	1	1	1	2	1	1	1	1	2	2	3	2	2	2	2	1	2	2	3	1	3	1	2	3	1	1	3	3	4	1	1	1	4	1	3	2	5	11	2	
10.	2	2	3	3	1	2	1	2	1	1	2	2	2	1	3	2	1	3	1	1	3	2	1	1	3	2	1	2	4	1	1	2	2	1	3	2	2	1	3	1	2	1	1	5	2	
11.	2	1	2	1	2	3	4	1	2	1	2	2	1	2	1	2	2	1	1	2	3	3	1	2	3	2	2	4	3	2	1	2	1	2	1	3	2	1	2	2	3	1	0	6	3	
12.	1	1	4	3	2	1	1	1	3	1	1	3	2	1	3	1	3	1	2	3	3	1	1	1	3	2	1	3	3	1	2	1	1	1	1	1	3	2	4	2	1	3	0	2	6	10
13.	2	1	1	3	1	2	2	3	1	4	2	1	2	2	1	3	1	1	2	2	3	2	1	2	2	1	1	4	2	3	4	4	1	1	1	3	3	3	4	2	2	2	1	7	3	
14.	1	2	4	1	1	1	1	1	2	1	1	1	1	1	2	2	1	2	2	4	3	1	4	2	1	3	1	3	2	1	1	2	3	3	1	2	4	3	3	1	2	0	3	6	4	
15.	1	1	2	1	1	5	3	2	2	2	3	2	1	2	1	2	2	3	1	2	3	2	1	3	3	4	3	3	1	1	2	2	4	1	2	4	1	3	3	2	2	2	4	10	5	
16.	1	1	3	2	2	1	1	1	1	2	1	4	2	1	1	1	1	1	1	2	1	1	1	1	3	3	3	2	4	3	1	1	4	2	4	3	3	4	4	1	3	1	3	8	4	

17.	2	2	4	3	2	4	2	2	3	1	2	1	1	2	1	2	3	1	1	1	3	3	3	2	4	4	2	3	2	2	2	4	2	4	2	3	1	4	1	1	1	0	4	6	6
18.	1	1	4	1	1	1	1	2	1	2	1	3	1	3	3	1	1	2	2	2	4	1	1	1	3	2	4	3	1	3	3	1	1	3	3	2	3	1	2	1	3	1	2	7	6
19.	2	2	1	3	1	2	1	3	2	2	1	4	1	1	2	1	1	1	1	3	3	4	1	2	3	2	2	4	3	3	1	3	4	1	2	2	3	1	3	1	3	2	2	8	7
20.	2	2	1	2	2	1	5	1	2	4	2	1	2	1	1	3	2	2	2	2	3	2	2	3	1	3	1	1	4	1	2	3	4	3	1	2	3	1	4	2	0	0	3	5	2
21.	2	1	1	1	1	3	1	1	1	1	1	2	1	2	2	2	1	3	1	3	3	3	1	4	1	1	3	4	3	4	1	3	4	1	1	2	1	1	4	1	1	3	2	7	5
22.	1	1	2	3	2	1	2	2	1	3	3	1	1	3	3	1	3	2	1	1	1	1	1	2	1	4	1	1	2	3	3	3	1	3	1	3	1	1	3	0	3	0	3	6	12
23.	1	1	3	1	1	2	2	3	1	1	1	1	1	1	1	2	1	1	2	2	3	2	2	1	2	3	2	3	2	1	2	3	4	4	4	4	4	1	1	2	0	0	3	5	3
24.	2	2	1	1	1	2	1	1	3	1	3	4	1	1	1	1	2	1	1	2	3	2	1	2	4	2	1	4	3	1	2	1	1	1	1	3	4	1	4	2	2	1	2	7	7
25.	1	2	4	2	2	1	1	1	1	2	1	1	2	3	1	1	2	2	2	2	3	1	1	2	3	1	1	1	1	1	2	4	4	3	1	2	4	4	4	2	4	2	3	11	2
26.	2	2	1	3	1	5	3	1	2	1	2	2	1	1	2	3	1	3	2	2	2	3	1	1	4	1	4	4	4	1	1	3	3	3	1	2	2	3	4	1	1	2	1	5	1
27.	1	1	2	1	2	1	1	2	1	2	2	3	1	1	2	1	2	1	1	2	3	1	1	2	2	1	3	2	3	3	1	3	4	2	2	2	3	1	3	2	3	2	3	10	4
28.	2	2	2	1	1	2	4	1	1	2	1	1	2	1	1	1	1	1	2	1	1	4	4	2	3	4	1	2	2	2	1	2	2	2	3	1	1	2	1	0	2	0	4	6	8
29.	2	1	3	3	2	1	1	3	3	1	1	4	1	2	3	2	3	3	2	1	2	1	3	2	1	3	3	2	3	3	4	3	4	1	3	1	3	2	4	0	2	1	4	7	5
30.	1	1	4	2	2	3	2	3	1	3	2	1	1	2	1	3	1	2	2	1	3	3	1	2	1	2	2	4	4	4	3	1	2	1	1	2	3	4	4	1	2	1	1	5	10
31.	2	1	4	1	1	1	1	1	1	1	3	2	2	1	2	1	2	1	1	2	3	3	2	4	2	4	1	1	3	1	4	4	2	1	1	1	1	3	3	2	0	0	2	4	6
32.	2	1	3	2	1	4	5	1	1	1	1	1	1	2	2	3	1	1	2	2	3	1	1	2	3	3	1	4	2	3	1	1	2	2	1	3	1	3	2	2	4	1	3	9	15
33.	1	2	2	1	2	1	1	1	3	1	2	4	1	3	1	1	1	2	1	2	4	1	2	2	3	3	3	4	3	2	1	4	3	1	1	3	3	4	2	1	3	2	0	6	7
34.	2	1	3	1	1	1	2	2	1	4	2	1	2	1	3	1	2	3	1	4	3	2	4	1	4	1	3	4	1	4	3	1	1	4	2	4	3	1	2	1	0	4	2	7	11
35.	1	2	1	2	1	2	1	1	1	1	1	1	1	2	2	2	1	1	1	2	3	2	1	2	1	2	1	3	1	1	1	1	4	1	2	4	1	1	4	2	2	1	4	9	7
36.	2	2	2	3	1	1	1	3	1	2	3	2	1	2	1	1	1	3	1	3	1	2	1	2	3	2	3	1	4	1	1	1	4	1	1	4	2	4	3	0	3	1	2	6	0
37.	1	1	4	2	1	5	3	1	2	2	1	2	1	2	2	1	2	1	1	1	2	1	1	3	4	3	4	4	1	1	2	2	4	1	2	1	2	1	2	0	1	3	4	8	8
38.	2	2	3	3	2	1	1	2	1	1	2	2	2	1	1	2	1	2	1	2	4	3	2	1	4	4	2	1	3	1	3	1	1	3	1	2	2	1	2	1	2	0	2	5	12
39.	1	2	2	1	1	2	2	1	1	2	1	1	1	1	1	3	3	2	2	1	3	1	1	2	4	2	3	1	4	2	3	2	4	2	1	2	2	1	2	1	3	1	1	6	9
40.	1	1	1	1	1	3	1	1	2	1	1	1	2	2	2	1	1	3	2	2	3	2	3	4	1	3	3	4	1	1	1	3	2	2	2	1	3	1	1	2	0	3	2	7	6
41.	2	2	1	2	2	1	2	2	1	2	2	2	1	2	1	1	2	1	1	4	2	2	1	4	3	4	2	4	2	1	1	2	4	1	4	1	2	2	1	0	2	1	3	5	5
42.	1	2	2	2	2	2	3	2	2	3	2	4	2	1	1	2	2	1	1	1	3	2	3	2	4	2	3	4	2	4	2	2	1	1	3	3	4	3	1	1	2	2	1	6	11

43.	2	1	3	1	1	2	1	1	3	4	1	2	1	1	2	2	1	2	1	2	3	3	1	4	3	3	4	1	1	3	1	3	1	1	3	3	2	1	4	2	2	2	1	7	6
44.	2	1	4	1	1	2	2	1	1	1	1	1	2	2	2	2	2	1	1	2	3	1	1	2	3	2	1	4	3	1	2	3	4	3	4	2	3	1	1	2	3	1	3	9	6
45.	1	2	2	2	1	1	4	2	2	2	2	3	1	1	3	1	1	3	2	2	1	2	1	2	1	3	4	1	4	4	2	2	1	1	3	1	2	1	2	0	1	4	5		
46.	1	1	2	3	1	3	1	1	1	3	1	1	1	2	2	1	2	1	1	2	3	1	2	3	4	1	3	1	4	4	2	4	4	2	1	1	2	3	2	1	1	1	3	6	5
47.	2	2	3	1	1	4	2	1	2	2	2	1	2	1	1	1	1	2	1	1	3	2	2	4	3	2	1	4	2	4	1	2	3	1	4	4	2	1	3	1	1	1	0	3	9
48.	1	1	1	1	2	1	3	2	1	1	3	2	2	2	1	2	2	1	2	2	3	2	3	2	4	3	3	1	1	2	1	2	1	3	1	2	1	1	4	2	1	3	2	8	10
49.	2	2	2	2	2	2	2	2	2	1	3	2	1	1	2	2	1	2	1	2	4	2	1	3	3	3	3	4	1	1	1	1	1	3	1	1	4	1	2	1	2	4	3	10	9
50.	2	1	2	2	1	2	1	1	2	1	1	2	1	2	1	1	2	1	1	3	4	4	2	2	4	3	3	1	2	1	1	3	4	1	4	3	2	3	2	0	1	2	1	4	13

APPENDIX – H

CODING SHEET

Post Test

Demographic Variables - post test													Health Related Variables- Post test						Knowledge question post test															Knowledge					prac tice							
Sample No	Age	Education	Religion	Typ. Family	Residence	Edu.Father	Edu.Mother	Occ.Father	Occ.Mother	Family.In	No.Of.Sib	Sou.Of.In	Age of Men	Nat.of.Prac	Ch.of.Nap	Per.of.Pain	Sou. Water	Meth of Dis	Toilet.Pra	A & P of Rep.Sym		Menstruation			Unhygienic Practice				Sanitary Napkin								A&P Total	Mens. Total	Unhyg. Total	S.Nap. Total	Total	Total				
1.	2	1	2	3	2	1	2	3	2	1	1	1	2	1	2	1	2	1	1	2	3	1	1	2	3	1	2	4	1	3	2	1	3	3	2	1	1	1	1	2	4	3	8	17	11	
2.	1	1	3	2	1	1	1	2	1	2	2	2	1	2	1	3	1	3	2	4	3	1	2	2	3	1	3	3	1	3	2	1	3	2	2	1	1	1	1	1	2	3	3	9	16	15
3.	1	2	4	2	2	5	2	3	2	4	1	1	1	1	2	1	1	1	1	2	3	1	1	2	3	1	2	4	1	3	2	1	2	3	2	1	1	2	1	2	4	3	9	18	12	
4.	2	1	1	2	2	4	4	2	3	1	1	4	1	2	1	1	1	2	2	2	3	1	1	2	3	1	3	4	1	3	4	1	4	3	1	1	1	2	1	2	4	4	8	18	15	
5.	2	1	4	1	1	2	5	1	1	2	1	2	1	1	3	2	3	1	1	2	3	1	2	2	3	1	2	4	1	3	1	1	4	3	2	1	1	2	1	2	3	3	9	17	13	
6.	1	2	1	3	1	1	2	2	2	3	3	4	1	1	1	3	1	2	1	2	3	1	1	2	3	1	2	4	1	3	2	1	3	3	2	1	1	1	1	2	4	3	8	17	16	
7.	1	2	4	1	2	2	1	1	1	1	1	1	2	2	1	1	2	1	1	2	3	1	1	2	3	1	3	3	1	3	2	1	4	3	2	1	1	2	1	2	4	3	10	19	14	
8.	2	2	1	2	1	1	3	3	2	2	3	2	1	3	1	1	2	1	2	2	3	1	1	2	3	1	3	4	1	3	2	1	3	3	2	1	1	4	1	2	4	4	8	18	17	
9.	1	1	1	2	2	1	1	1	1	2	1	1	1	1	2	2	3	2	2	2	4	1	1	2	3	1	2	4	1	3	2	1	4	3	4	1	1	2	1	1	4	3	9	17	10	
10.	2	2	3	3	1	2	1	2	1	1	2	2	2	1	3	2	1	3	1	2	3	1	2	2	3	2	3	4	1	3	2	1	3	3	2	2	1	2	1	2	3	3	8	16	14	
11.	2	1	2	1	2	3	4	1	2	1	2	2	1	2	1	2	2	1	1	2	3	1	2	2	3	1	2	4	1	3	1	1	4	3	2	1	1	2	1	2	3	3	9	17	13	
12.	1	1	4	3	2	1	1	1	3	1	1	3	2	1	3	1	3	1	2	2	3	1	1	2	3	1	2	4	1	3	2	1	2	3	2	1	1	2	1	2	4	3	9	18	18	
13.	2	1	1	3	1	2	2	3	1	4	2	1	2	2	1	3	1	1	2	2	3	1	1	2	3	1	3	4	1	3	2	1	4	3	2	1	1	2	1	2	4	4	10	20	13	
14.	1	2	4	1	1	1	1	1	2	1	1	1	1	1	2	2	1	2	2	2	3	1	1	2	3	1	3	4	1	3	3	1	4	3	2	2	1	2	1	2	4	4	8	18	14	
15.	1	1	2	1	1	5	3	2	2	2	3	2	1	2	1	2	2	3	1	2	3	1	1	2	3	1	3	4	1	3	2	1	4	3	2	2	1	2	1	2	4	4	9	19	10	

16.	1	1	3	2	2	1	1	1	1	2	1	4	2	1	1	1	1	1	2	3	1	1	3	3	1	3	3	1	3	2	2	4	3	2	1	1	2	1	2	3	3	9	17	13		
17.	2	2	4	3	2	4	2	2	3	1	2	1	1	2	1	2	3	1	1	2	3	1	3	4	1	1	2	1	4	3	2	1	1	2	2	2	4	4	8	18	12					
18.	1	1	4	1	1	1	1	2	1	2	1	3	1	3	3	1	1	2	2	2	3	1	1	2	3	2	3	3	1	3	2	2	4	3	3	1	1	2	1	2	4	2	8	16	13	
19.	2	2	1	3	1	2	1	3	2	2	1	4	1	1	2	1	1	1	1	2	3	1	1	2	3	1	2	4	1	3	2	1	3	3	2	1	1	2	2	2	4	3	8	17	14	
20.	2	2	1	2	2	1	5	1	2	4	2	1	2	1	1	3	2	2	2	2	3	1	1	2	3	1	3	4	1	3	2	1	4	3	2	1	1	2	1	2	4	4	10	20	10	
21.	2	1	1	1	1	3	1	1	1	1	1	2	1	2	2	2	1	3	1	2	3	1	1	2	3	1	3	4	1	3	2	2	4	3	2	2	1	2	1	2	4	4	8	18	11	
22.	1	1	2	3	2	1	2	2	1	3	3	1	1	3	3	1	3	2	1	2	3	1	1	2	3	1	3	3	1	2	2	1	4	3	2	2	1	2	1	2	4	3	8	17	16	
23.	1	1	3	1	1	2	2	3	1	1	1	1	1	1	1	2	1	1	2	2	3	1	1	2	3	1	2	4	1	3	2	1	3	3	2	1	1	1	1	2	4	3	8	17	13	
24.	2	2	1	1	1	2	1	1	3	1	3	4	1	1	1	1	2	1	1	2	3	1	1	2	3	1	3	4	1	3	2	2	4	3	2	2	1	2	1	2	4	4	8	18	12	
25.	1	2	4	2	2	1	1	1	1	2	1	1	2	3	1	1	2	2	2	2	3	1	1	2	3	1	2	4	1	3	2	1	2	3	2	1	1	2	1	2	4	3	9	19	14	
26.	2	2	1	3	1	5	3	1	2	1	2	2	1	1	2	3	1	3	2	2	3	1	1	2	3	1	3	4	1	3	2	1	4	2	2	1	1	2	1	2	4	4	9	19	10	
27.	1	1	2	1	2	1	1	2	1	2	2	3	1	1	2	1	2	1	1	2	3	1	1	2	3	1	3	4	1	3	2	1	4	2	2	1	1	2	1	2	4	4	9	19	12	
28.	2	2	2	1	1	2	4	1	1	2	1	1	2	1	1	1	1	1	2	2	3	1	1	2	3	1	3	4	1	3	2	1	4	3	2	1	1	2	1	2	4	4	10	20	14	
29.	2	1	3	3	2	1	1	3	3	1	1	4	1	2	3	2	3	3	2	2	3	1	1	2	3	1	2	4	1	3	2	1	3	3	2	1	1	1	1	2	4	3	8	17	12	
30.	1	1	4	2	2	3	2	3	1	3	2	1	1	2	1	3	1	2	2	2	3	1	1	2	3	1	2	4	1	3	2	1	2	3	2	1	1	2	1	2	4	3	9	18	17	
31.	2	1	4	1	1	1	1	1	1	1	3	2	2	1	2	1	2	1	1	2	3	1	1	2	3	1	2	4	1	3	2	1	3	3	2	1	1	1	1	2	4	3	8	17	12	
32.	2	1	3	2	1	4	5	1	1	1	1	1	1	2	2	3	1	1	2	2	3	1	1	2	3	1	3	4	1	3	2	1	4	2	2	1	1	2	1	2	4	4	9	19	19	
33.	1	2	2	1	2	1	1	1	3	1	2	4	1	3	1	1	1	2	1	2	3	1	1	2	3	1	2	4	1	3	2	1	3	3	2	1	1	1	1	2	4	3	8	17	12	
34.	2	1	3	1	1	1	2	2	1	4	2	1	2	1	3	1	2	3	1	2	3	1	1	2	3	1	2	4	1	3	2	1	2	3	2	1	1	2	1	2	4	3	9	18	18	
35.	1	2	1	2	1	2	1	1	1	1	1	1	1	2	2	2	1	1	1	2	3	1	1	2	3	1	2	4	1	3	2	1	3	3	2	1	1	1	1	2	4	3	8	17	14	
36.	2	2	2	3	1	1	1	3	1	2	3	2	1	2	1	1	1	3	1	2	3	1	1	2	3	1	3	4	1	3	2	1	4	2	2	1	1	2	1	2	4	4	9	19	12	
37.	1	1	4	2	1	5	3	1	2	2	1	2	1	2	2	1	2	1	1	2	3	1	1	2	3	1	3	4	1	3	2	1	4	3	2	1	1	2	1	2	4	4	10	20	12	
38.	2	2	3	3	2	1	1	2	1	1	2	2	2	1	1	2	1	2	1	2	3	1	1	2	3	1	2	4	1	3	2	1	3	3	2	1	2	2	1	2	4	3	8	17	16	
39.	1	2	2	1	1	2	2	1	1	2	1	1	1	1	1	1	3	3	2	2	2	3	1	1	2	3	1	2	4	1	3	2	1	2	3	2	1	1	2	1	2	4	3	9	18	11
40.	1	1	1	1	1	3	1	1	2	1	1	1	2	2	2	1	1	3	2	2	3	1	1	2	3	1	3	4	1	3	2	2	4	3	2	1	1	2	1	2	4	4	9	19	12	
41.	2	2	1	2	2	1	2	2	1	2	2	2	1	2	1	1	2	1	1	2	3	1	1	2	3	1	2	4	1	3	2	1	3	3	2	1	2	2	1	2	4	3	8	17	13	

42.	1	2	2	2	2	2	3	2	2	3	2	4	2	1	1	2	2	1	1	2	3	1	1	2	3	1	3	4	1	3	2	2	4	3	2	2	1	2	1	2	4	4	8	18	17
43.	2	1	3	1	1	2	1	1	3	4	1	2	1	1	2	2	1	2	1	2	3	1	1	2	3	1	2	4	1	3	2	1	3	3	2	1	1	1	1	2	4	3	8	17	10
44.	2	1	4	1	1	2	2	1	1	1	1	1	2	2	2	2	2	1	1	2	3	1	1	2	3	1	2	4	1	3	2	1	2	3	2	1	1	2	1	2	4	3	9	18	14
45.	1	2	2	2	1	1	4	2	2	2	2	3	1	1	3	1	1	3	2	2	3	1	1	2	3	1	3	4	1	3	2	1	3	3	2	1	1	2	1	2	4	4	9	19	12
46.	1	1	2	3	1	3	1	1	1	3	1	1	1	2	2	1	2	1	1	2	3	1	1	2	3	1	3	4	1	3	2	1	4	3	2	1	1	2	1	2	4	4	8	20	13
47.	2	2	3	1	1	4	2	1	2	2	2	1	2	1	1	1	1	2	1	2	3	1	1	2	3	1	2	4	1	3	2	1	3	3	2	1	2	2	1	2	4	3	8	17	14
48.	1	1	1	1	2	1	3	2	1	1	3	2	2	2	1	2	2	1	2	2	3	1	1	2	3	1	2	4	1	3	2	1	2	3	2	1	1	2	1	2	4	3	9	18	16
49.	2	2	2	2	2	2	2	2	2	1	3	2	1	1	2	2	1	2	1	2	3	1	1	2	3	1	3	4	1	3	2	1	3	3	2	1	1	2	1	2	4	4	9	19	17
50.	2	1	2	2	1	2	1	1	2	1	1	2	1	2	1	1	2	1	1	2	3	1	1	2	3	1	3	4	1	3	2	1	3	3	2	1	1	2	1	2	4	4	9	19	17

APPENDIX-I



Scholar Conducting pre-test for school girls - VIII Std



Scholar Conducting Structured Teaching programme for school girls – VIII Std



Scholar Demonstrating regarding Sanitary napkin for school girls – VIII Std



Pamphlets distribution for school girls – VIII Std



Re-demonstration from the school girl – VIII Std



Scholar conducting Post-test for the school girls – VIII Std



Scholar Conducting pre-test for school girls - IX Std



Scholar Conducting Structured Teaching programme for school girls – IX Std



Scholar Demonstrating regarding Sanitary napkin for school girls – IX Std



Pamphlets distribution for school girls – IX Std



Re-demonstration from the school girl – IX Std



Scholar conducting Post-test for the school girls – IX Std

