WWW.IJRPR.COM

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

A STUDY TO EVALUATE RURAL AND URBAN COLLEGE ADOLESCENT GIRLS' KNOWLEDGE OF POLYCYSTIC OVARIAN SYNDROME IN ORDER TO PREPARE THEM FOR SELF-INSTRUCTIONAL MODULES AT SPECIFIC P.U. COLLEGES IN BANGALORE

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ABSTRACT :

For women, adolescence is an important stage of life. The teenage ladies are now on the verge of becoming adults. This stage is the most eventful for mental, emotional, and psychological well-being and falls between childhood and womanhood. Physical and psychological changes in the 10–19 age range are hallmarks of adolescence. In order to create self-study materials for a few Bangalore colleges, this study aims to evaluate the knowledge of rural and urban P.U. college teenage females on polycystic ovarian

Keywords: Knowledge, PCOS, Adolescents, PU Colleges.

Introduction :

"Adolescence" is a critical stage in women's lives. The teenage ladies are on the verge of becoming adults at this point. The most eventful period for mental, emotional, and psychological health occurs throughout this stage, which is between childhood and womanhood. Between the ages of 10 and 19, adolescence is defined by changes in both the body and the mind. 1

The World Health Organization (WHO) states that adolescence is a significant stage of life with unique characteristics. These characteristics include the onset of sexual activity, physical, social, and psychological maturity, and rapid physical growth and development. Additionally, this stage of adolescence encompasses important concerns related to personality traits, health, nutrition, education and career training, and other financial requirements of teenagers.[2]

The term "polycystic ovarian syndrome" refers to a group of problems associated with having several ovarian cysts in one ovary. Although polycystic ovarian syndrome can occur in individuals without PCOS, it is a common feature of women with PCOS. To be polycystic simply means to have more than one cyst. Numerous issues, including bleeding and ovarian twisting, may result from this.[3]

Five to ten percent of women in their reproductive years suffer from PCOS, a common endocrine condition that causes infertility. It is unknown what specifically causes PCOS. However, PCOS causes the ovary's follicles to become incapable of producing and releasing mature eggs. Infertility, hormone abnormalities, and polycystic ovaries—ovaries with numerous tiny follicles or cysts—are the outcomes of this.[4]

Menstrual abnormalities, infertility due to non-ovulation, excessive hair growth in a male distribution pattern (e.g., on the face and chest), acne, and obesity are clinical indications of PCOS. Increased miscarriage rates and chronic health issues like diabetes, dyslipidemias (high cholesterol and triglycerides), uterine cancer, and cardiovascular disease are additional issues linked to PCOS. If PCOS is correctly identified, there are a number of therapy options that can improve reproductive outcomes and lessen many of the additional long-term health implications of the condition.[5]

When a woman visits her doctor with irregular menstruation, infertility, or cosmetic issues, she is often diagnosed with PCOS, a common endocrine illness. The majority of presenting symptoms have suitable treatment choices, such as "fertility" medications, insulin-sensitizing medicines, and oral contraceptives. Both short-term objectives and long-term effects of PCOS on the patient must be addressed in the treatment plan.[6]

OBJECTIVES

- To use a structured knowledge questionnaire to assess rural adolescent girls' understanding about polycystic ovary syndrome.
- To use a structured knowledge questionnaire to assess urban adolescent girls' understanding of polycystic ovarian syndrome
- To compare teenage girls' awareness of polycystic ovarian syndrome in rural and urban areas.
- To create and verify self-study resources on polycystic ovarian syndrome.

HYPOTHESES

H1: The mean knowledge scores of teenage girls attending particular urban and rural colleges will range significantly.

METHODS :

A descriptive comparative research strategy was employed in the study, and stratified random sampling was employed. 120 teenage females between the ages of 16 and 19 who attended the chosen urban and rural P.U. colleges in Bangalore made up the study sample (60 from the urban college and 60 from the rural college).

MAJOR FINDINGS OF THE STUDY :

The majority of students in both rural and urban areas (50.07% and 46.7%, respectively) were between the ages of 16 and 17. The majority of the teenage females from the chosen rural college (46.7%) and the majority of the teenage girls from the chosen urban college (45.5%) identified as Hindu. Ninety-three percent of students in urban areas and ninety percent of students in rural areas were from nuclear households. In rural areas, the majority of adolescent girls (96.7%) obtained information from their peer group acquaintances, while in urban areas, 85% did so. The majority of the teenage girls (88.3%) had good knowledge and 3.3% had very good knowledge about PCOS in urban areas, according to an assessment of their knowledge. In contrast, 60% of the teenage girls had bad knowledge and 20% each had moderate knowledge. and good knowledge in rural area respectively.

Table 1 : Frequency and percentage distribution of subjects according to the grading of their knowledge score

n = 60 + 60

Level of knowledge score	Grading	Urban		Rural	
		Frequency	Percentage %	Frequency	Percentage %
≤ 40%	Poor	-	-	36	60.0
41-60%	Average	5	8.3	12	20.0
61-80%	Good	53	88.3	12	20.0
81-100%	Very good	2	3.3	-	-

Max. Score =27

Table 2 : Area wise mean, SD, mean percentage of knowledge scores of adolescent girls of selected urban and rural colleges regarding PCOS

n = 60 + 60

Area	Urban			Rural			"t" value
	Mean	Mean %	S.D	Mean	Mean %	S.D	
Ovary and cyst	3.80	76.00	0.840	2.67	53.33	1.258	5.805
PCOS	11.60	68.24	1.639	7.13	41.96	2.600	11.257
Causes and symptom	1.25	62.50	0.600	.77	38.33	0.673	4.151
Diagnosis and prevention	2.10	70.00	0.656	1.35	45.00	0.917	5.151

t (118) =12.074, *significant

Table 3 : Area-wise mean standard deviation and mean percentage score of knowledge of rural and urban adolescent girls on PCOS.

n = 60 + 60

	Urban		Rural	
Area	**Mean**	**Mean %**	**Mean**	**Mean %**
Ovary and cyst	3.80	76.00	2.67	53.33
PCOS	11.60	68.24	7.13	41.96
Causes and symptom	1.25	62.50	.77	38.33
Diagnosis and prevention	2.10	70.00	1.35	45.00

INTERPRETATION AND CONCLUSION :

Adolescent girls at the chosen urban college in this study had a comparatively greater level of PCOS knowledge (69.44%) than did the adolescent girls at the chosen rural college (44.14%).Adolescent girls from the chosen urban college had mean±SD knowledge scores of 18.75±1.856, while those from the chosen rural college had mean±SD knowledge scores of 11.92±3.971. As a result, the H1 hypothesis is accepted. The study's findings demonstrated that the adolescent girls enrolled in the chosen rural P.U. College had much less knowledge than the adolescent girls enrolled in the chosen urban college. Adolescent girls' reproductive health can be enhanced by giving them the necessary information. The researcher had a rewarding experience with this investigation. When opposed to the urban teenage girls, the researcher also discovered that the rural P.U. College adolescent girls knew very little about PCOS. The investigator will be inspired to do more research projects by the experience gathered during this one.

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