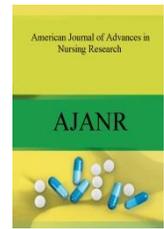




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EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON AWARENESS AND ATTITUDE REGARDING EARLY IDENTIFICATION AND MANAGEMENT OF POLYCYSTIC OVARIAN SYNDROME AMONG ADOLESCENT GIRLS IN SELECTED HOSPITAL

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ABSTRACT

The study was conducted by using quasi experimental pre test post test control group design. The total sample size was 60, 30 subjects in control group and 30 subjects in experimental group were selected through non-probability convenience sampling technique. The structured questionnaire was used to assess the level of awareness and the modified attitude scale was used to assess the level of attitude regarding early identification and management of PCOS among adolescent girls. Planned teaching programme to the experimental group. After seven days post test was done by using structured questionnaire and modified attitude scale. The response were analyzed by using descriptive statistics (mean, standard deviation, frequency, percentage) and inferential statistics (paired “t” test, unpaired “t” test and chi-square). Discussions on the findings were arranged based on the objectives and hypothesis.

INTRODUCTION

Adolescence is a period of transition from childhood to adulthood, a time of physiological, psychological, social and emotional adaptation. Adolescence is one of the most fascinating and complex transition in the life span: a time of accelerated growth and change. A time of expanding horizons, self-discovery, emerging independence and a time of metamorphosis from child to adulthood.

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Now a day's adolescence is being attracted to the current technological world and has greater impact on their life style in all aspects. So they need more guidance and care. Specifically, adolescent girls need more consideration in their health because the current gynecological problems are gradually arising and that stem up the girls to pass through their motherhood. Polycystic ovarian syndrome is one of the most growing gynecological and endocrinal problem, which is most common among adolescent girls. It adversely affects their life process and leading them to infertility in later life, thus it prevents them to enjoy their motherhood and cause more stress throughout their life.

Adolescents and young women make up around



forty percent of the population of India. The behavioral patterns established during these developmental period helps to determine the current health status and their risk for developing chronic diseases during adulthood. Early adult is a critical transitional period that includes biological changes of puberty and the need to negotiate key developmental tasks, such as increase independence and normative experimentation. During this period, the body changes and there will be the development of secondary sexual characteristics. Any differences of secondary sex characteristics can inversely affect the physical and emotional adaptation of the adolescent. The leading causes of illness, death among adolescents and young women are largely preventable. Health outcomes for adolescence and early adults are grounded in their social environment and are frequently mediated by their behaviors.

Statement of the problem

A quasi-experimental study to assess the effectiveness of planned teaching programme on awareness and attitude regarding early identification and management of polycystic ovarian syndrome among adolescent girls in selected Hospital.

AIM

The aim of the study was to effectiveness of planned teaching programme on awareness and attitude regarding early identification and management of polycystic ovarian syndrome.

OBJECTIVES

1. To assess the level of awareness regarding early identification and management of polycystic ovarian syndrome in experimental and control group.
2. To evaluate the effectiveness of the video assisted teaching programme on awareness and attitude regarding early identification and management of polycystic ovarian syndrome in experimental group.
3. To find out the association between the pretest level of awareness and attitude regarding polycystic ovarian syndrome with their selected demographic variables among adolescent girls in experimental and control group.

Hypothesis

H1: The mean post test level of awareness and attitude is significantly higher than the mean pretest level of awareness and attitude in experimental group.

H2: The mean post test level of awareness and attitude in experimental group is significantly higher than the mean post test level of awareness and attitude in control group.

H3: There is a significant association between

pretest level of awareness and attitude regarding polycystic ovarian syndrome with their selected demographic variables in experimental and control group.

Assumptions

- PCOS is a common problem among women of reproductive age.
- The adolescent girls will not have basic knowledge about PCOS.
- The knowledge and attitude of students will influences their practices on the prevention and management of PCOS.

METHODOLOGY

The study was conducted by using quasi experimental pre test post test control group design. The total sample size was 60, 30 subjects in control group and 30 subjects in experimental group were selected through non-probability convenience sampling technique. The structured questionnaire was used to assess the level of awareness and the modified attitude scale was used to assess the level of attitude regarding early identification and management of PCOS among adolescent girls. Planned teaching programme to the experimental group. After seven days post test was done by using structured questionnaire and modified attitude scale. The response were analyzed by using descriptive statistics (mean, standard deviation, frequency, percentage) and inferential statistics (paired “t” test, unpaired “t” test and chi-square). Discussions on the findings were arranged based on the objectives and hypothesis.

Variables

Independent variable

According to Suresh.K.Sharma Independent variables is a stimulus or activity that is manipulated or varied by the researcher to create the effect on the dependent variable. Video assisted teaching programme regarding early identification and management of polycystic ovarian syndrome.

Dependent variable

According to Suresh k Sharma, the outcome or response due to the effect of the independent variables, which researcher wants to predict or explain. Level of awareness and attitude regarding early identification and management of polycystic ovarian syndrome which was measured by structured questionnaire and modified attitude scale.

Description of the Tool

The tool used for the research study was structured questionnaire regarding early identification and



management of polycystic ovarian syndrome which consists of three parts.

PART I: Demographic variables

It includes information regarding age, family income, religion, education of parents, family history of PCOS, habitant, dietary pattern, previous information about polycystic ovarian syndrome.

PART II: Structured questionnaire to assess the level of

Table 1: Awareness level was categorized as:

| S.NO | LEVEL OF AWARENESS | SCORE | PERCENTAGE |
|------|--------------------|---------|------------|
| 1. | Adequate | 23 – 30 | 76 – 100 % |
| 2. | Moderate | 16 – 22 | 51 – 75 % |
| 3. | Inadequate | 0 – 15 | 0 – 50 % |

PART III: Modified attitude scale to assess the level of attitude regarding early identification and management of PCOS.

Scoring Procedure

The level of attitude was measured by modified attitude scale. It includes statements on attitude regarding

awareness regarding early identification and management of PCOS.

Scoring Procedure

The level of awareness was measured in the terms of knowledge score. A score one (1) was given to every correct response and a score zero was given to wrong responses. The highest possible score was 30 and lowest score was 0.

PCOS among students. There were totally 20 statements which contain 10 positive and 10 negative statements. Each item was measured on a 5-point likert scale from strongly agree to strongly disagree. The positive item scored as 5,4,3,2,1 and the negative item scored as 1,2,3,4,5. The maximum score for positive item was 50 and the negative item was 10.

Table 2: Attitude level was categorized as:

| S.NO | LEVEL OF ATTITUDE | PERCENTAGE |
|------|-------------------|------------|
| 1. | Positive | 76 – 100 % |
| 2. | Neutral | 51 – 75 % |
| 3. | Negative | 0 – 50 % |

Data Collection Procedure

The data collection procedure was held in 3 phases.

I phase

Pretest was conducted for both experimental and control group. Demographic data and level of awareness was assessed by using structured knowledge questionnaire (multiple choice questions). Attitude was assessed by using modified attitude scale.

II phase

Planned teaching program was given to the experimental group. The lecturer cum discussion method for 30 minutes. At the end of the planned teaching program, the investigator discussed and their doubts were clarified.

III phase

After 7 days, the post test was conducted for both experimental and control group with same structured questionnaire and the modified attitude scale.

Table 3: Plan for Data Collection

| WEEKS | ACTIVITIES |
|-------|--------------------------------------------------------|
| 1-4 | Phase I, II & III (pre-test, intervention & post-test) |
| 5 & 6 | Data coding, compilation and analysis |

RESULTS AND DISCUSSION

In control group, pretest mean score of awareness was 11.43 ± 3.07 the posttest mean score was $12.27 \pm SD 2.65$, the mean difference was 0.84. The obtained "t" value was 1.85, which was not statistically significant.

In experimental group, pretest mean score of awareness was 11.70 ± 2.48 the posttest mean score was $21.03 \pm SD 1.42$, the mean difference was 9.33. The obtained "t" value was 29.90, which was statistically highly significant at $p < 0.001$ ***level.



In control group posttest mean score of awareness was 12.26±2.65. In experimental group posttest mean score was 21.03±1.42, the mean difference was 8.77. The obtained “t” value was 15.95, which was statistically highly significant at p<0.001***level.

In control group, pretest mean score of attitudes was 52.00 ±5.87 the posttest mean score was 53.27±SD 5.48, the mean difference was 1.26. The obtained “t” value was 1.92, which was not statistically significant.

In experimental group, pretest mean score of attitudes was 52.83±6.93 the posttest mean score was

73.77±SD 4.94, the mean difference was 20.93. The obtained “t” value was 15.35 which was statistically highly significant at p<0.001***level.

In control group posttest mean score of attitudes was 53.27±5.48. In experimental group posttest mean score was 73.77±4.94, the mean difference was 20.50. The obtained “t” value was 15.20, which was statistically highly significant at p<0.001***level.

The present study findings concluded that, planned teaching programme is effective by improving the awareness and attitude among adolescent girls.

Table 4 Association between pretest level of awareness in experimental group with their selected demographic variables. (n=30)

| S.No | DEMOGRAPHIC VARIABLES | PRETEST LEVEL OF AWARENESS | | | | | | | x ² df | P value |
|------|---------------------------------------------------------|----------------------------|-------|----------|-------|----------|---|----|----------------------|-----------------------|
| | | Inadequate | | Moderate | | Adequate | | n | | |
| | | n | % | n | % | n | % | | | |
| 1 | Age | | | | | | | | 6.69 (df=1) | 0.01** (S) |
| | 18 years | 14 | 87.50 | 2 | 12.50 | 0 | 0 | 16 | | |
| | 19 years | 6 | 42.85 | 8 | 57.15 | 0 | 0 | 14 | | |
| | 20 years | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2 | Monthly income of the family (in rupees) | | | | | | | | 2.11 (df=2) | 0.34 (NS) |
| | Below 15000 | 8 | 57.14 | 6 | 42.86 | 0 | 0 | 14 | | |
| | 15001 to 25000 | 9 | 69.23 | 4 | 30.77 | 0 | 0 | 13 | | |
| | 25001 to 50000 | 3 | 100 | 0 | 0 | 0 | 0 | 3 | | |
| | Above 50001 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3 | Religion | | | | | | | | 0.26 (df=1) | 0.61 (NS) |
| | Hindu | 19 | 67.86 | 9 | 32.14 | 0 | 0 | 28 | | |
| | Christian | 1 | 50.00 | 1 | 50.00 | 0 | 0 | 2 | | |
| | Muslim | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| | Others | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4 | Education of parents | | | | | | | | 1.49 (df=1) | 0.21 (NS) |
| | Educated | 14 | 60.87 | 9 | 39.13 | 0 | 0 | 23 | | |
| | Uneducated | 6 | 85.71 | 1 | 14.29 | 0 | 0 | 7 | | |
| 5 | Any family history of PCOS | | | | | | | | 5.96 (df=1) | 0.02* (S) |
| | Yes | 2 | 28.57 | 5 | 71.43 | 0 | 0 | 7 | | |
| | No | 18 | 78.26 | 5 | 28.57 | 0 | 0 | 23 | | |
| 6 | Habitant | | | | | | | | 9.09 (df=1) | 0.01** (S) |
| | Rural | 17 | 85.00 | 3 | 15.00 | 0 | 0 | 20 | | |
| | Urban | 2 | 28.57 | 5 | 71.43 | 0 | 0 | 7 | | |
| | Semi urban | 1 | 33.33 | 2 | 66.67 | 0 | 0 | 3 | | |
| 7 | Previous sources of information regarding PCOS ? | | | | | | | | 0.93 (df=1) | 0.33 (NS) |
| | Yes | 5 | 83.33 | 1 | 16.67 | 0 | 0 | 6 | | |
| | No | 15 | 62.50 | 9 | 37.50 | 0 | 0 | 24 | | |
| 8 | Dietary pattern | | | | | | | | 0.95 (df=1) | 0.32 (NS) |
| | Vegetarian | 3 | 50.00 | 3 | 50.00 | 0 | 0 | 6 | | |
| | Non vegetarian | 17 | 70.83 | 7 | 29.17 | 0 | 0 | 24 | | |

S-Significant, NS- Non Significant



Table 4 conveys the association between the pretest level of awareness in experimental group with their selected demographic variables. The above findings concludes that there is an association between pretest level of awareness in experimental group with their selected

demographic variables such as age ($\chi^2 = 6.69, p=0.01^{**}$), family history of PCOS ($\chi^2 = 5.96, p=0.02^*$), habitant ($\chi^2 = 9.09, p=0.01^{**}$). Hence the researcher accepts the research hypothesis (H3)

Table 5: Association between pretest level of awareness in control group with their selected demographic variables (n=30)

| S.N O | DEMOGRAPHIC VARIABLES | PRETEST LEVEL OF AWARENESS | | | | | | | χ^2 df | P valu e |
|----------|---------------------------------------------------------|----------------------------|-------|----------|-------|--------------|---|----|--------------------|----------------|
| | | Inadequat e | | Moderate | | Adequat e | | n | | |
| | | n | % | n | % | n | % | | | |
| 1 | Age | | | | | | | | 0.04 (df=1) | 0.82 (NS) |
| | 18 years | 10 | 71.43 | 4 | 28.57 | 0 | 0 | 14 | | |
| | 19 years | 12 | 75 | 4 | 25 | 0 | 0 | 16 | | |
| | 20 years | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2 | Monthly income of the family(in rupees) | | | | | | | | 0.83 (df=2) | 0.65 (NS) |
| | Below 15000 | 9 | 69.23 | 4 | 30.77 | 0 | 0 | 13 | | |
| | 15001 to 25000 | 11 | 73.33 | 4 | 26.67 | 0 | 0 | 15 | | |
| | 25001 to 50000 | 2 | 100 | 0 | 0 | 0 | 0 | 2 | | |
| | Above 50001 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3 | Religion | | | | | | | | 0.55 (df=1) | 0.46 (NS) |
| | Hindu | 19 | 76 | 6 | 24 | 0 | 0 | 25 | | |
| | Christian | 3 | 60 | 2 | 40 | 0 | 0 | 5 | | |
| | Muslim | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| | Others | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4 | Education of parents | | | | | | | | 0.34 (df=1) | 0.55 (NS) |
| | Educated | 14 | 70 | 6 | 30 | 0 | 0 | 20 | | |
| | Uneducated | 8 | 80 | 2 | 20 | 0 | 0 | 10 | | |
| 5 | Any family history of PCOS | | | | | | | | 0.83 (df=1) | 0.36 (NS) |
| | Yes | 7 | 63.64 | 4 | 36.36 | 0 | 0 | 11 | | |
| | No | 15 | 78.95 | 4 | 21.05 | 0 | 0 | 19 | | |
| 6 | Habitant | | | | | | | | 2.77 (df=2) | 0.25 (NS) |
| | Rural | 15 | 78.95 | 4 | 21.05 | 0 | 0 | 19 | | |
| | Urban | 6 | 75 | 2 | 25 | 0 | 0 | 8 | | |
| | Semi urban | 1 | 33.33 | 2 | 66.67 | 0 | 0 | 3 | | |
| 7 | Previous sources of information regarding PCOS ? | | | | | | | | 0.13 (df=1) | 0.71 (NS) |
| | Yes | 4 | 80.00 | 1 | 20.00 | 0 | 0 | 5 | | |
| | No | 18 | 72.00 | 7 | 28.00 | 0 | 0 | 25 | | |
| 8 | Dietary pattern | | | | | | | | 1.22 | 0.27 (NS) |
| | Vegetarian | 4 | 57.14 | 3 | 42.86 | 0 | 0 | 7 | | |



| | | | | | | | | | | |
|--|----------------|----|-------|---|-------|---|---|---|--------|--|
| | Non vegetarian | 18 | 78.26 | 5 | 21.74 | 0 | 0 | 2 | (df=1) | |
| | | | | | | | | 3 |) | |

NS- Non Significant

Table 5 conveys the association between the pretest level of awareness in control group with their selected demographic variables. The above findings

concludes that there is no association between pretest level of awareness in control group with their selected demographic variables.

Table 6: Association between pretest level of attitude in experimental group with their selected demographic variables (n=30)

| S.N O | DEMOGRAPHIC VARIABLES | PRETEST LEVEL OF ATTITUDE | | | | | | | n | χ^2 df | P value |
|----------|---------------------------------------------------------|---------------------------|-------|---------|-------|----------|---|----|----------------|---------------------|------------|
| | | Negative | | Neutral | | Positive | | | | | |
| | | n | % | n | % | n | % | | | | |
| 1 | Age | | | | | | | | 5.12 (df=1) | 0.02* (S) | |
| | 18 years | 6 | 37.50 | 10 | 62.50 | 0 | 0 | 16 | | | |
| | 19 years | 11 | 78.57 | 3 | 21.43 | 0 | 0 | 14 | | | |
| | 20 years | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 2 | Monthly income of the family(in rupees) | | | | | | | | 6.12 (df=2) | 0.05* (S) | |
| | Below 15000 | 12 | 85.71 | 2 | 14.29 | 0 | 0 | 14 | | | |
| | 15001 to 25000 | 4 | 30.17 | 9 | 69.83 | 0 | 0 | 13 | | | |
| | 25001 to 50000 | 1 | 33.33 | 2 | 66.67 | 0 | 0 | 3 | | | |
| | Above 50001 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 3 | Religion | | | | | | | | 1.87 (df=1) | 0.17 (NS) | |
| | Hindu | 17 | 60.71 | 11 | 39.29 | 0 | 0 | 28 | | | |
| | Christian | 0 | 0 | 2 | 100 | 0 | 0 | 2 | | | |
| | Muslim | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| | Others | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 4 | Education of parents | | | | | | | | 2.24 (df=1) | 0.13 (NS) | |
| | Educated | 12 | 52.17 | 11 | 47.83 | 0 | 0 | 23 | | | |
| | Uneducated | 5 | 71.43 | 2 | 28.57 | 0 | 0 | 7 | | | |
| 5 | Any family history of PCOS | | | | | | | | 2.24 (df=1) | 0.13 (NS) | |
| | Yes | 6 | 85.71 | 1 | 14.29 | 0 | 0 | 7 | | | |
| | No | 11 | 47.83 | 12 | 52.17 | 0 | 0 | 23 | | | |
| 6 | Habitant | | | | | | | | 8.52 (df=2) | 0.05* (S) | |
| | Rural | 15 | 75.00 | 5 | 25.00 | 0 | 0 | 20 | | | |
| | Urban | 1 | 14.28 | 6 | 85.72 | 0 | 0 | 7 | | | |
| | Semi urban | 1 | 33.33 | 2 | 66.67 | 0 | 0 | 3 | | | |
| 7 | Previous sources of information regarding PCOS ? | | | | | | | | 0.17 (df=1) | 0.68 (NS) | |
| | Yes | 4 | 66.67 | 2 | 33.33 | 0 | 0 | 6 | | | |
| | No | 13 | 54.17 | 11 | 45.83 | 0 | 0 | 24 | | | |
| 8 | Dietary pattern | | | | | | | | 0.17 (df=1) | 0.68 (NS) | |
| | Vegetarian | 3 | 50 | 3 | 50 | 0 | 0 | 6 | | | |
| | Non vegetarian | 14 | 58.33 | 10 | 41.67 | 0 | 0 | 24 | | | |

S-Significant, NS-Non Significant

Table 6 conveys the association between the pretest level of attitude in experimental group with their selected demographic variables. The above findings concludes that there is an association between pretest level of attitude in experimental group with their selected demographic

variables such as age ($\chi^2 = 5.12$, $p=0.02^*$), monthly income of the family ($\chi^2 = 6.12$, $p=0.05^*$) habitant ($\chi^2= 8.52$, $p=0.05^*$). Hence the researcher accepts the research hypothesis (H3)



Table 7: Association between pretest level of attitude in control group with their selected demographic variables (n=30)

| S.NO | DEMOGRAPHIC VARIABLES | PRETEST LEVEL OF ATTITUDE | | | | | | | □2 df | P value |
|------|---------------------------------------------------------|---------------------------|-------|---------|-------|----------|---|----|----------------|--------------|
| | | Negative | | Neutral | | Positive | | n | | |
| | | n | % | n | % | n | % | | | |
| 1 | Age | | | | | | | | 0.08 (df=1) | 0.76 (NS) |
| | 18 years | 8 | 57.14 | 6 | 42.86 | 0 | 0 | 14 | | |
| | 19 years | 10 | 62.50 | 6 | 37.50 | 0 | 0 | 16 | | |
| | 20 years | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 2 | Monthly income of the family(in rupees) | | | | | | | | 2.65 (df=2) | 0.27 (NS) |
| | Below 15000 | 6 | 46.15 | 7 | 53.85 | 0 | 0 | 13 | | |
| | 15001 to 25000 | 10 | 66.67 | 5 | 33.33 | 0 | 0 | 15 | | |
| | 25001 to 50000 | 2 | 100 | 0 | 0 | 0 | 0 | 2 | | |
| | Above 50001 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 3 | Religion | | | | | | | | 2.25 (df=1) | 0.13 (NS) |
| | Hindu | 13 | 52.00 | 12 | 48.00 | 0 | 0 | 25 | | |
| | Christian | 5 | 100 | 0 | 0 | 0 | 0 | 5 | | |
| | Muslim | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| | Others | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| 4 | Education of parents | | | | | | | | 2.50 (df=1) | 0.11 (NS) |
| | Educated | 14 | 70 | 6 | 30 | 0 | 0 | 20 | | |
| | Uneducated | 4 | 40 | 6 | 60 | 0 | 0 | 10 | | |
| 5 | Any family history of PCOS | | | | | | | | 1.17 (df=1) | 0.27 (NS) |
| | Yes | 8 | 72.73 | 3 | 27.27 | 0 | 0 | 11 | | |
| | No | 10 | 52.63 | 9 | 47.37 | 0 | 0 | 19 | | |
| 6 | Habitant | | | | | | | | 2.45 (df=2) | 0.29 (NS) |
| | Rural | 10 | 52.63 | 9 | 47.37 | 0 | 0 | 19 | | |
| | Urban | 5 | 62.50 | 3 | 37.50 | 0 | 0 | 8 | | |
| | Semi urban | 3 | 100 | 0 | 0 | 0 | 0 | 3 | | |
| 7 | Previous sources of information regarding PCOS ? | | | | | | | | 2.25 (df=1) | 0.25 (NS) |
| | Yes | 5 | 100 | 0 | 0 | 0 | 0 | 5 | | |
| | No | 13 | 52.00 | 12 | 48.00 | 0 | 0 | 25 | | |
| 8 | Dietary pattern | | | | | | | | 0.03 (df=1) | 0.03 (NS) |
| | Vegetarian | 4 | 57.14 | 3 | 42.86 | 0 | 0 | 7 | | |
| | Non vegetarian | 14 | 60.87 | 9 | 39.13 | 0 | 0 | 23 | | |

NS-Non Significant

Table 7 conveys the association between the pretest level of attitude in control group with their selected demographic variables. The above findings concludes that there is no association between pretest level of attitude in control group with their selected demog

CONCLUSION

Polycystic ovarian syndrome is a condition in which the woman has a imbalance of female sex hormones. It may lead to changes in the menstrual cycle, cyst in the ovary, failure to conceive and other health problems. The preventive measures like awareness will help the

adolescent girls, to improve their knowledge. In the present study, majority of the adolescent girls had inadequate awareness and negative attitude regarding PCOS in pre test. After the video teaching program, the level of awareness and attitude has increased significantly in experimental group. The findings indicate that, video teaching program is an effective intervention in improving the level of awareness and attitude regarding PCOS. Video teaching program is found to be affordable, comfortable and effective. After the completion of the study, subjects in the control group were taught regarding early identification and management of PCOS.



REFERENCE

1. Attaran, M. (2020). Polycystic ovarian syndrome. *Cleveland Clinic Website*. www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/. Accessed April 12, 2020.
2. Boschert, S. (2019). Some PCOS treatments decrease cardiovascular risk. *MD Consult Website*. www.mdconsult.com/das/news/body/. Accessed April 12, 2019.
3. Brassard, M., AniMelk, Y., & Baillargeon, J. P. (2018). Basic infertility including polycystic ovarian syndrome. *Med Clin North Am*, 92(5), 1163–1192.
4. Donavalli, S., & Ehrman, D. A. (2017). Pharmacologic therapy for polycystic ovary syndrome. *Clin Obstet Gynecol*, 50(1), 244–254.
5. Ferry, R. J. (2020). Polycystic ovarian syndrome. *eMedicine Website*. [Medscape.com/article/924698-overview](https://www.medscape.com/article/924698-overview). Accessed April 15, 2020.
6. Khan, M. I. (2020). Polycystic ovarian syndrome. *eMedicine Website*. [Medscape.com/article/2568606-overview](https://www.medscape.com/article/2568606-overview). Accessed April 8, 2020.
7. Magnotti, M., & Futterweit, W. (2017). Obesity and polycystic ovarian syndrome. *Med Clin North Am*, 91(6), 1151–1168.
8. Marrinan, G., & Stein, M. (2019). Polycystic ovarian disease (Stein-Leventhal syndrome). *eMedicine Website*. [Medscape.medscape.com/article/404754-overview](https://www.medscape.com/article/404754-overview). Accessed April 6, 2019.
9. Meyer, C., McGrath, B. P., & Teede, H. J. (2020). Overweight women with polycystic ovarian syndrome have evidence of subclinical cardiovascular diseases. *J Clin Endocrinol Metab*, 90(10), 5711–5716.
10. Nader, S. (2019). Treatment for polycystic ovarian syndrome: A critical appraisal of treatment options. *Medscape Website*. www.medscape.com/viewarticle/576132. Accessed April 28, 2019.
11. O'Brien, R. F., & Emans, S. J. (2018). Polycystic ovarian syndrome in adolescents. *J Pediatr Adolesc Gynecol*, 21(3), 119–128.

