ORIGINAL ARTICLE

Healing through Knowledge: The Role of Structured Education in Enhancing Sexual Health Awareness Among Urban Mothers

Muthulakshmi C[1], Karthik. K.R[2], Janaki S[1], Jeevitha U[1], Jeevitha S[1], KalaBarathi S[1], Vanaja.M[3]

[1] Department of Obstetrics & Gynecological Nursing, Saveetha College of Nursing, Saveetha Institute of Medical and Technical Sciences, Thandalam, Chennai– 602105, Tamilnadu, India
[2] Saveetha Medical College and Hospital, Chennai– 602105, Tamil Nadu, India.
[3] Department of Radiology, Saveetha Medical College and Hospital, Saveetha Institute of Medical and Technical Sciences, Thandalam, Chennai– 602105, Tamilnadu, India

ABSTRACT

Introduction: Female sexual health disorders are a common issue among women of reproductive age and can significantly impact their physical and emotional well-being, as well as interpersonal relationships. The aim of this study was to evaluate the effectiveness of structured teaching programme on female sexual health disorders among reproductive mothers in an urban setting. **Methods:** A quantitative research approach with quasi experimental design was adopted in this study. Fifty reproductive mothers were selected using a convenient sampling technique. A validated structured questionnaire assessed demographic variables and knowledge levels. Descriptive and t-tests were used to compare pre- and post-test scores. **Results:** There are 62% of participants had inadequate knowledge in pre-test while 56% achieved adequate knowledge in the post-test. The mean pre-test score is significantly increased from 7.98 ± 2.86 to 17.0 ± 4.91 in the post-test with a mean improvement of 37.58%. This difference in the post-test between the experimental and control group was found to be statistically significant at $p<0.001$ level. **Conclusion:** The findings of the present study concluded that the structured teaching programme is effective in improving knowledge about female sexual disorder among reproductive mothers. It may raise awareness and encourage improved sexual health outcomes to incorporate such educational interventions into community health services. By promoting sexual and reproductive health education and knowledgeable health-seeking behavior, these findings complement the goals of Sustainable Development Goal 3 (Good Health and Well-Being).
Malaysian Journal of Medicine and Health Sciences (2026) 22(SUPP5): 85-88. doi:10.47836/mjmhs.22.s5.16

Keywords: Structured teaching programme, Female sexual health disorders, Health education, Reproductive mothers

Corresponding Author:
C. Muthulakshmi , Ph.D
Email: cmuthulakshmi2015@gmail.com
Tel: +918838796408

INTRODUCTION

Sexual health disorders in women are a prevalent issue that significantly affect the well-being and quality of life of reproductive-age women. These conditions include orgasmic disorders, arousal disorders, sexual desire disorders, and pain disorders such as vaginismus and dyspareunia (1). Particularly for reproductive mothers, who may experience these problems because of physiological, psychological, and cultural aspects, it is essential to comprehend and treat such illnesses. The prevalence of sexual health problems varies widely, with sexual desire disorders being reported as the most common among reproductive-age women. Research indicates that sexual desire disorders are the most prevalent, impacting a significant number of women in their reproductive years. These problems may be exacerbated by hormonal changes that occur during pregnancy and the postpartum period, as well as the physical and emotional strain of parenthood (2). Sexual health problems are significantly influenced by psychological factors like anxiety and postpartum depression. Women may report more sexual dysfunction and less sex satisfaction due to the physiological factors like anxiety, fatigue, and changes in their body image (3, 4). Furthermore, the presence of chronic illnesses like diabetes and heart disease may impact sexual health, necessitating an all-encompassing approach to treatment. Publicly discussing sexual health is often frowned upon in many cultures, which leads to a lack of awareness and an unwillingness to seek help. This is made worse by the fact that many medical professionals fail to discuss sexual health issues with patients during consultations, depriving many women of the necessary information and assistance.

A multidisciplinary approach involving medical,

psychological, and educational methods is required for the effective therapy of female sexual health disorders in reproductive mothers. Better outcomes for these women depend on individualized counselling, appropriate medical interventions, and promoting candid conversations about sexual health in the medical setting (2, 5). It seems that psychological disorders like low self-esteem, issues with body image, strained relationships with partners, and chronic stress are associated with female sexual dysfunction (FSD) (6, 7). Depression symptoms have also been proven to be lessened by anti-inflammatory drugs and possibility of changes in interleukin concentrations (8). Here, we give a follow-up on the pregnancy outcomes of five women who were found to have uterine abnormalities. People with uterine anomalies were detected, and they followed up with Saveetha Medical College between April and September to report the outcome of their pregnancies and any unfavourable experiences (9).

MATERIALS AND METHODS

Research Design

The study evaluated the impact of a structured teaching programme (STP) on female sexual health issues among reproductive mothers at the Urban Primary Health Centre (UPHC), Koyambedu, Chennai. A quasi-experimental research design with pre-test and post-test control groups was adopted.

Sample and Sampling technique

Following departmental and individual consent, the researcher selected 50 participants through a convenience sampling technique. Only those who satisfied the inclusion criteria were enrolled. The purpose of the study was explained, and written informed consent was obtained from each participant. Inclusion criteria: women aged 20-40 years, mothers residing in the study area, Willingness to participate and provide informed consent. Exclusion Criteria: Women with diagnosed psychiatric illness or severe medical conditions and those who had previously attended formal sexual health education programmes.

Data collection tool

A structured data collection tool was developed by the investigator and validated by subject experts to ensure its content validity. The instrument comprised three main components: demographic characteristics of the participants, pre-test and post-test assessments, and additional relevant measures related to the study objectives.

Procedure

Participants were informed about the objectives of the study and provided with clear instructions including causes, symptoms, prevention and management strategies before the intervention. The control group did not receive the intervention during the study period. The pre-test and post-test data were collected using the validated tool to assess the effectiveness of the structured teaching programme.

Ethical Approval

This study was conducted after the ethical clearance obtaining from Saveetha Medical College and Hospital and the approval number 028/2022/ISRB/SCON.

RESULTS

The demographic characteristics of the 50 reproductive mothers are presented in Table I . The majority of participants were aged 21–25 years (46%), followed by 31–35 years (28%) and 26–30 years (26%). Most participants belonged to nuclear families (60%), and 58% reported attaining menarche between 12–13 years of age. A mixed diet was predominant among participants (86%). Regarding menstrual problems, 36% reported dysmenorrhea and 30% reported irregular periods, while 32% reported no menstrual problems. Nearly half of the participants (48%) had a monthly family income between Rs. 10,000–40,000.

Table I. Demographic Characteristics of Reproductive Mothers (N = 50)

Variable (Category)	Frequency (n)	Percentage (%)
Age		
21–25	23	46
26–30	13	26
31–35	14	28
Family Type		
Nuclear	30	60
Joint	17	34
Extended	3	6
Menarche Age		
<11 years	21	42
12–13 years	29	58
Diet		
Vegetarian	5	10
Non-vegetarian	2	4
Mixed	43	86
Menstrual Problems		
Dysmenorrhea	18	36
Irregular periods	15	30
Mood swings	1	2
None	16	32
Income		
<10,000	9	18
10,000–40,000	24	48
40,000–75,000	11	22
>75,000	6	12

The effectiveness of the structured teaching programme was evaluated by comparing pre-test and post-test knowledge levels (Table II). In the pre-test, 62% of participants had inadequate knowledge and none demonstrated adequate knowledge. Following the intervention, no participants remained in the inadequate category, while 56% achieved adequate knowledge, indicating a marked improvement in knowledge levels.

Further analysis showed that the mean knowledge score increased significantly from 7.98 ± 2.86 in the pre-test to 17.00 ± 4.91 in the post-test, with a mean percentage difference of 37.58%. A paired t-test revealed a statistically significant improvement in knowledge scores ($t(49) = 14.97$, $p < 0.001$), confirming the effectiveness of the structured teaching programme.

Table II. Effectiveness of structured teaching programme on knowledge scores (N = 50)

Knowledge Level	Pre-test n (%)	Post-test n (%)
Inadequate	31 (62%)	0 (0%)
Moderate	19 (38%)	22 (44%)
Adequate	0 (0%)	28 (56%)

Statistic	Value
Pre-test Mean ± SD	7.98 ± 2.86
Post-test Mean ± SD	17.00 ± 4.91
Mean Difference (%)	37.58%
Paired t-value	14.97
p-value	<0.001*

Note: *p < 0.001 indicates statistical significance.

DISCUSSION

The current study assessed the effectiveness of a structured teaching programme (STP) in improving knowledge level about female sexual health disorders among reproductive mothers. The effectiveness of structured education in improving women's comprehension of key sexual health topics was demonstrated by a significant rise in post-test knowledge scores. Due to low awareness, cultural shame, reluctance to talk about sexual difficulties, and a lack of counseling facilities, the majority of participants initially lacked sufficient understanding. These results are in line with previous research by Shifren et al. (6) and Kingsberg (5), who noted comparable obstacles to women's sexual health education.

The observed knowledge scores related to sexual health disorders in pre-test are 7.98 ± 2.86 which was increased to 17.0 ± 4.91 in the post-test. This study shown that health education improved reproductive moms' awareness and understanding of sexual health-related concerns (3, 7). Particularly for metropolitan women who could experience both traditional cultural limitations and contemporary lifestyle pressures that impact their sexual health, our findings highlight the need of including educational interventions into community health services. This finding aligns with the SDG 3 (Good Health and Well-Being) due to promoting the sexual and reproductive health and access to health education.

Crucially, the implementation of an organized strategy assured that participants were provided with thorough, fact-based information. According to earlier research, structured teaching programme like these improves long-term knowledge retention more than unorganized counseling when they are presented in an organized and interesting way (1,2, 10, 11). It's possible that the study's interactive methodology, which included discussion and audiovisual aids, helped produce the advantageous results.

It must be remembered to understand a number of obstacles in spite of these encouraging results. The study's convenient sampling approach and small sample size restrict the extent to which the findings can be implemented. Moreover, bias in responses potentially have been introduced due to the dependence upon self-reported knowledge. The results of this study highlight that structured sexual health education helps bridge knowledge gaps among reproductive mothers, supports early recognition and prevention of disorders, and ultimately improves quality of women's lives while promoting gender-sensitive healthcare. Future research should focus on incorporating behavioral outcome measures, extending the follow-up period, and involving larger, randomly selected samples.

CONCLUSION

This study highlights the importance of improving awareness of sexual health education among the reproductive-age women through routine healthcare services. It also emphasizes the need to sustain improvements by providing continued support and resources to enhance sexual health knowledge and practices. These practices should focus on validate and strengthen the educational programmes for various populations, safeguarding cultural sensitivity, comprehensiveness, and active participation from reproductive-age women. Overall, structured teaching programmes can play a pivotal role in empowering women to take concern of their sexual health, contributing to healthier communities, and advancing women's health equity in urban settings.

REFERENCES

1. Barrett G, Pendry E, Peacock J, Victor C, Thakar R, Manyonda I. Women's sexual health after childbirth. BJOG: An International Journal of Obstetrics & Gynaecology. 2000; 107(2): 186-195. doi: 10.1111/j.1471-0528.2000.tb11689.x.
2. Botros SM, Abramov Y, Miller JJ, Sand PK, Gandhi S, Nickolov A, Goldberg RP. Effect of parity on

sexual function: an identical twin study. Obstetrics & Gynecology. 2006; 107(4): 765-770. doi: 10.1097/01.AOG.0000207677.03235.76.
3. Brotto LA, Krychman M, Jacobson P. Eastern approaches for enhancing women's sexuality: mindfulness, acupuncture, and yoga (CME). J Sex Med. 2008; 5(12): 2741-8. doi: 10.1111/j.1743-6109.2008.01071.x.
4. Handa VL, Harvey L, Fox HE, Kjerulff KH. Parity and route of delivery: does cesarean delivery reduce bladder symptoms later in life? Am J Obstet Gynecol. 2004;191(2): 463-9. doi: 10.1016/j.ajog.2004.03.031.
5. Kingsberg SA. Attitudinal Survey of Women Living with Low Sexual Desire. Journal of Women's Health. 2014; 23(10): 817-823. doi:10.1089/jwh.2014.4743
6. Shifren JL, Monz BU, Russo PA, Segreti A, Johannes CB. Sexual problems and distress in United States women: prevalence and correlates. Obstet Gynecol. 2008;112(5): 970-8. doi: 10.1097/AOG.0b013e3181898cdb.
7. Vijayalakshmi S, Rajagopal K, Govindan R, Ganjekar S, Prathyusha PV, Chacko LK. Sexual and reproductive health problems among women with mental illness attending tertiary care psychiatric outpatient clinic in India: A cross-sectional study. Journal of Neurosciences in Rural Practice, 2023; 14(4): 644 -649. doi: 10.25259/JNRP_62_2023.
8. Venkadessan K, Rani CL, Indiran MA, Jayaraman S. Association between Sexual Abuse Experience and Salivary Stress Biomarkers among Transgender and Gender Non-Conforming Individuals in Chennai–A Cross-Sectional Study, SEEJPH 2024; 696-702.
9. Ganti S, Arogyaswamy P, Srinivasan J, Archunan PA, Srinivasan J, Aarthy P. Maternofetal Outcomes in Women with Congenital Uterine Anomalies. Cureus. 2024; 16(11): e73430. doi: 10.7759/cureus.73430.
10. Rajagopal H, Kumari R, Deenadayalan PP, Viyakappan B. A Study to Assess the Effectiveness of Honey in the Reduction of Constipation and Insomnia among Antenatal Mothers during the Third Trimester of Pregnancy. J Pharm Bioallied Sci. 2024; 16(Suppl 3): S2901-S2903. doi: 10.4103/jpbs.jpbs_563_24.
11. Deepthi K, Kumutha J, Kamalakannan SK, Harish S, Asha A. Effectiveness of a Structured Teaching Programme on Maternal Knowledge Regarding Neonatal Hypothermia Prevention: A Quasi-Experimental Pre-Test/Post-Test Study. TPM – Testing, Psychometrics, Methodology in Applied Psychology, 2025; 32(S3): 1504–1512.