ISSN 2063-5346



Effectiveness of Structured Information Booklet on Knowledge Regarding Rashtriya Kishor Swasthya Karyakram among Adolescent Girl at Selected School, Villupuram District

<sup>a</sup>Sathiya.N, <sup>b</sup>Kumudhavalli.D, <sup>c</sup>Porselvi.M, <sup>d</sup>Karthi.R

Article History: Received: 10.05.2023 Revised: Accepted:

#### **Abstract**

Aims: To assess the level of knowledge and effectiveness of structured information booklet on knowledge regarding Rashtriya Kishor Swasthya Karyakram among adolescent girl. Objective: (i) To assess the pre and post test level of knowledge regarding Rashtriya Kishor Swasthya Karyakram among adolescent girls. (ii) To find the effectiveness of structured information booklet on knowledge regarding Rashtriya Kishor Swasthya Karyakram among Adolescent girl. (iii) To find association between the pre-test level of knowledge regarding Rashtriya Kishor Swasthya Karyakram among adolescent girl with their selected demographic variables. Methodology: A Pre - experimental one group pre-test and post -test research design was adopted for this study. 50 samples were selected by using convenient sampling technique. The pre and post test level of knowledge assessed through Self structured questionnaires regarding Rashtriya Kishor swasthya Karyakram. Results: The finding of the study shows that there is a significant difference between pre and post-test levels of knowledge with a t value of 45.73 hence the study concluded that the structured informational booklet knowledge regarding Rashtriya Kishor swasthya karyakram among adolescent girls. Conclusion: The study concluded that Rashtriya Kishor swasthya Karyakram programme effective in improving knowledge among adolescent girls.

Keywords: Rashtriya Kishor swasthya Karyakram, adolescent girls.

Co-author: vallikumutha92@gmail.com, karpagammuthu2000@gmail.com

<sup>&</sup>lt;sup>a</sup>PG scholer, department of community health nursing E.S College of Nursing, Villupuram. Affiliated to The TamilNadu Dr.M.G.R Medical university, Chennai, india <sup>b</sup>Assisstant Professor, Department of Community Health Nursing, E.S College of

Nursing, Villupuram. Affiliated to The TamilNadu Dr.M.G.R Medical university, Chennai, india

<sup>&</sup>lt;sup>c</sup>**Principal,** Head of Department of Obstetrics and Gynecological Nursing, E.S College of Nursing, Villupuram. Affiliated to The TamilNadu Dr.M.G.R Medical university, Chennai, india.

<sup>&</sup>lt;sup>d</sup>Professor Cum Vice Principal, Head of Department Medical Surgical Nursing, E.S college of Nursing, villupuram. Affiliated to The TamilNadu Dr.M.G.R Medical university, Chennai, india.

Corresponding author:sathiyapradeep1996@gmail.com

#### 1.Introduction

In order holistic to ensure development of adolescent population the ministry of health and family welfare launched Rastriya Kishor Swarthy Karaka (RKSK) on 7th January 2014 to reach out to 253 million adolescents -male and female rural and urban married and unmarried in and out of school adolescents with special focus on marginalized and undeserved groups. The programmed expands the scope of adolescent health programming in India from being limited to sexual and reproductive health, it now includes in its ambit nutrition, injuries and violence (including gender-based violence), non-communicable diseases, mental health and substance misuse. The strength of the programme is its health promotion approach. It is a paradigm shift from the existing clinic-based services to promotion and prevention and reaching adolescents in their own environment, in schools' families such as and communities' key drivers of the programme are community-based interventions like. out rich by counsellors: facility-based counseling: social and behaviour change communication: and strengthening of Adolescent Friendly Health Clinics across levels of care.

The programme aims to ensure universal coverage of health\_information and Eur. Chem. Bull. 2023,12(Special Issue 8), 1735 - 1743

services for all adolescents in and out of school, married or unmarried, vulnerable groups. Envisaged as a paradigm shift to address adolescent health beyond sexual and reproductive RKSK spans six domains: health. nutrition, sexual and reproductive health, mental health, injuries and violence including gender-based violence. substance misuse and non-communicable diseases (NCDs). This policy brief presents evidence on adolescent health from 2015 16 on the six RKSK priority areas, providing a baseline profile for the programmedUttar Pradesh.

The RKSK defines an adolescent as a person within 10-19 years of age, in urban and rural areas, which includes both girls and boys, married and unmarried, poor and affluent, whether they are inschool or out of school. This broad definition helps to address the multitude problems of adolescents across various groups and categories. The programme is committed in promotion of adolescent health mission across India and would address to the health needs of 243 million adolescents constituting 21 percent of the total population in the country.

The Ministry of Health and Family Welfare has launched a new adolescent health programmed-Rastriya Kishor Swarthy Karyekar. The programme envisages strengthening of the health system for effective communication, capacity building and monitoring and evaluation. Further, RKSK underscores the need for several constituencies to converge effectively and harness their collective strength to respond adolescent health and development needs. The different stakeholders, working on issues related to adolescent health and development, have a lot to gain by building on each other's work both in terms of achieving programmed objectives as well as in the improved indicators for adolescent health and development.

RKSK, which aims to ensure that all adolescent in India is able to realize their full potential by during informed and responsible decisions related to their health and well-being and by accessing the services and support they need to do so, broadened the focus beyond sexual and reproductive health (SRH) to include non-communicable diseases, nutrition, mental health, substance misuse and injuries and violence. It employs clinicand community- based service provision models and demand generation activities implementation of RKSK which is currently underway, with a special focus on 213 districts across the country.

### STATEMENT OF THE PROBLEM

"A study to assess the effectiveness of

structured information booklet on knowledge regarding Rashtriya Kishor Swasthya Karyakram among adolescent girl at selected school, Villupuram district.

#### **OBJECTIVES:**

- ➤ To assess the pre and post level of knowledge regarding Rashtriya Kishor swasthya karyakram among adolescent girls.
- ➤ To find the effectiveness of structured informational booklet on knowledge regarding Rashtriya Kishor swasthya karyakram among adolescent girls.
- ➤ To find association between the pre test level of knowledge regarding Rashtriya Kishor swasthya karyakram among adolescent girls wih their selected demographic variables.

#### **HYPOTHESIS**

 $H_1$  - There is a significant difference between the pre and post-test levels of knowledge regarding Rashtriya Kishor swasthya Karyakram.

H<sub>2</sub> - There is a significant association between post-test level of knowledge regarding Rashtriya Kishor swasthya karyakram among adolescent girls with their selected demographic variables.

#### **METHODOLOGY**

A Pre - experimental one group pre-test and post -test research design was adopted for this study. 50 samples were selected by using convenient sampling technique. The pre and post test level of knowledge

assessed

through Self structured questionnaires regarding Rashtriya Kishore swasthya karyakram.

# distribution of pre-test and post-test level of knowledge regarding Rashtriya Kishore Swasthya Karyakram among adolescent girls.

**Table 4.2:** Frequency and percentage

## **RESULTS**

					N=5	50	
	Level of knowledge		Pre tes	Pre test		Post	
S.No		Pr	Pr		st test		
		e tes t	Per	rcentage	Post test	Percentage	
1	Inadequate knowledge			96%	0	0%	
2	Moderate knowledge	2		4%	13	26%	
3	Adequate knowledge	0		0%	37	74%	

**Table :4.2** Shows that in pre test among 50 samples 48(96%) had inadequate Knowledge 2(4%) has moderate knowledge and none of them in adequate knowledge. In post test 37(74%) had adequate knowledge 13(26%) had moderate knowledge and none of them had inadequate Knowledge.

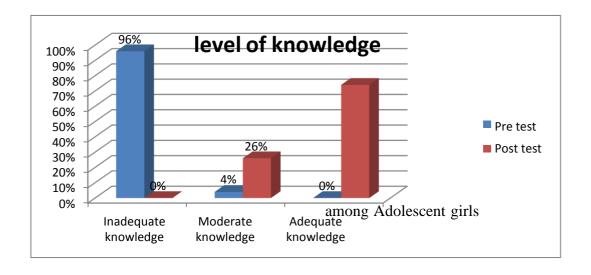


Figure 4.2.1 percentage distribution Pre & Post test level of knowledge among adolescent girl

Table 4.3: Effectiveness of structured information booklet on knowledge regarding Rashtriya

## Kishore Swasthya Karyakram among Adolescent girls

N=50

	Pretest		Posttest		Standard		
Mean	Standard deviation	Mean	Standard deviation	Mean difference	error	T Value	
10.06	2.54	23.78	3.28	13.72	0.3	45.73** HS	

\*\* Highly Significant at the<0.05

**Table 4.3**: Shows that pre test mean 10.06 with standard deviation of 2.54 and post test mean 23.78 with standard deviation 3.28 Experimental group pre test and post test mean difference 13.72 and standard error 0.3.The t value is 45.73 is highly significance at p<0.05 it indicates

that level of knowledge was improved after providing structured information booklet.

Table :4.4 Associate between the pretest level of knowledge regarding Rashtriya Kishor Swasthya Karyakram among adolescent girls with their selected demographic variables

.

Demographic variables	Inadequ ate knowled ge	Moderate knowledge e	Adequat ee know ledge	Chi squar e	P Value
1.Age in year					
a.)13-15 years	0	0	0		
b.)16-17years	41	2	0	0.33	0.98
c.)18-19years	7	0	0	DF=4	
2.Class of studying					
a.)8th std	0	0	0		
b.)10th std	0	0	0	1.92	
c.)11th std	24	2	0	DF=6	0.92
d.)12th std	24	0	0		
3.Mother Education					
a.) No formal education	0	0	0		
b.)Primary higher secondary	5	1	0		

Eur. Chem. Bull. **2023**,12(Special Issue 8), 1735 - 1743

School				2.86	0.82
c.)higher Secondary school	43	1	0	DF=6	
d.)graduate	1	0	0		
4.Father Education					
a.) No formal education	0	0	U	0.58 DF=6	
b.)Primary higher secondary school	5	0	0		
c.)higher Secondary school	37	2	0		0.99
d.)graduate	6	0	0		

\* Significant at the <0.05

**Table 4.4** Shows that there is no significant association between level of knowledge among adolescents girls with their selected demographic variables.

#### **DISSCUSSION**

First objective of the study "to assess the pre and post level of knowledge regarding Rashtriya Kishor Swasthya Karyakram among Adolescent girls."

The findings of the study shows that in pre test among 50 samples 48(96%) had inadequate Knowledge 2(4%) has moderate knowledge and none of them in adequate knowledge. In post test 37(74%) had adequate knowledge 13(26%) had moderate knowledge and none of them had inadequate Knowledge.

Second objective of the study "to find the effectiveness of structured informational booklet on knowledge regarding Rashtriya Kishor Swasthya Karyakram among Adolescentgirls."

The findings of the study shows that the pre test mean score was 10.06 with standard deviation of 2.54 and the post test the mean score was 23.78 with the standard deviation of 3.28 the mean difference of 13.72 with a standard error was 0.3 and the t value is 45.73 is highly significance at p<0.05, it indicates that level of knowledge was improved after providing structured informational booklet.

## Hence Hypothesis H1 Accepted.

Third objective of the study "to association between the pre test level of knowledge regarding Rashtriya Kishor Swasthya Karyakram among Adolescent girls of with their selected demographic variables."

The finding of the study shows that there is no significant association between level of knowledge regarding Rashtriya Kishor Swasthya Karyakram among adolescents girls with their selected demographic variables at p<0.05.

## Hence Hypothesis H2 Rejected.

#### **CONCULSION**

The findings of the study shows the t value is 45.73 is highly significance at p<0.05, it indicates that level of knowledge was improved after providing structured informational booklet. Hence the study concluded that Structured Informational Booklet is effective in improving knowledge regarding Rashtriya Kishor Swasthya Karyakram among adolescents girls.

#### **RECOMMENTATION:**

- The study can be conducted in Government Higher Secondary School.
- The same study can be in large member of samples.
- The study can be conducted in experimental research design

#### REFERENCES

#### **BOOKS**

1.Carol Jean West Suitor and Merrily Forbes Crowely, (1984), Nutrientsf in Health, Nutritionprinciples and application in Health promotion, 2<sup>nd</sup> edition, Philadelphia,

- J.B.L.Lippincott Company, 42-43.
- 2. Dandekar and Sucheta .P., (2002) Vitamins,Medical Biochemistry,2<sup>nd</sup> edition, New Delhi,B.I. Chruchill Living Stone (p)Ltd.,394-95
- 3.Helen M.Baskar and Rachel Less,(1996),Vitamins,Nutrition and Dietetics for Healthcare 9th Edition, New York, Churchill Living Stone 30-35
- 4.Kamalam. S , (2005), "Essentials in Community Health Nursing Practice", 1st edition,New Delhi, Jaypee Publications, Page no.253-255
- 5.Kasturi Sundar Rao,(2009) "An Introduction to Community Health Nursing ", 4th Edition, New Delhi, BI Publications.page no 87-89
- 6.Lowdermilk (2008), "Maternity and women's health care" 8th edition, U.S.A, Mosby Publication, page no:200-217
- 7. Manelkar R.B,(1997), "A Text Book of Community Health Nursing", 2nd edition, Vora Medical Publication, page no:543-550 8. Mahajan. B.K (2004), "Method of Biostatistics" New Delhi, Jaypee Brother
- 9.Park J.E (2011), "Textbook of Preventive and Social Medicine" 21st edition, Jabalpur,Bhanarsidas Bhanot Publisher.page no:500-510.

Publisher, page no:30-35

- 10. Parker M.E (2001), "Nursing theories & Nursuing Practices", 4th edition, Philiadelphia,F.A. Davis Company, page no:200-253
- 11. Park. K (2008) "Essential of Community

- Health Nursing", 5th Edition, M/S Banarsidas Publiscations, page no:230-234.
- 12. Parthasarthy. A., M.K.C Nair and P.S.N Menon, (2006) Fat Soluble Vitamins, IAP Text Book of Peediatrics, New Delhi, Jaypee Brothers Medical Publishers (P) Ltd., page no98-105
- 13. Polit, D.F.,& Hungler, B.P (2006) "Nursing Research Principles and method", 9th edition, USA,Lippincott Publications, page no:32-340.
- 14. Rotharic C.R. (2004), "Research Methodology", 1st edition, New Delhi, Age Internationl Publications, page no:65-70.
- 15. Sheila L. Videback (2002), "Nursing theory- Utilization and Application, Second edition, Philadelphia, Mosby Publications.page no:200-219.
- 16. Stanhope & Lancaster (2004), "Community and Public Health Nursing", 1st edition, CBS Publications, page no:700-705
- 17. Sunitha Pateney, (2008), "Textbook of Community Health Nursing",1st edition, CBS Publications, page no: 80-85
- 18. Suraj Guptae (2004), Nutrition and Nutritional Deficiency States, The Text book of Community Health Nursing" page no: 45-50.
- 19. Vijay.E, (2007), "Community Medicine", 3rd edition, New Delhi, BI Publications, page no :42- 50.
- 20. WHO (1990), Guidelines for training
  Community Health Workers in Nutritions
  2nd edition New Delhi, Jaypee Brrothers
  Eur. Chem. Bull. 2023, 12 (Special Issue 8), 1735 1743

page no:245-250.

#### **JOURNALS**

- 1. Ministry of Home Affairs, Government of India. Census of India. 2011. (Last accessed on 2022).
- 2.Barua A, Waston K, Pleson M, Chandra-Mouli V, Sharma K. Adolescent health programming in india: A rapid review. Report Health 2020; 17.87
- 3.Ministry of Health and Family Welfare. Government of India. Rashtriya Kishor swasthya karyakram : Strategy Handbook .New Delhi.2014.
- 4. Hoopes AJ, Agarwal P, Bull S, Chandra-Moulie V. Measuring Adolescent friendly health services in india: A scoping review of evaluations. Report Health 2016: 13:137.
- 5. Sivagurunthan C, Umadevi R, Rama R, Gopalakrishnan S. Adolescent health: Present status and its related programmes in india . are we in the right direction J Clin Diagn Res 2015:9:.
- 6. Wadhwa R, Chaudhary N,Bisht, N, Gupta A, Behera N, Verma AK, et al. Improving adolescent health services across high priority districs in 6 states of india: 2018;43.
- 7.Bail S, Yadav K, Alok Y. A study of Physical infrastructure and and preparedness of public health institution for providing AFHS in central India. Indian J Prev Soc Med 2020: 51
- 8.Khapre M, Shewade HD, Kishore S,

- Ramaswamy G, Dongre AR. Understanding barriers in implementations and scaling up WIFS from providers perspective A mixed method study, Rishikesh, India. J family Med prime care 2020:9.
- 9. Parida SP, Gajjiala A, Giri PP. Empowering adolescent girls, is sexual and reproductive health education a solutions 2021.
- 10. Joshi BN, Chauhan SL, Kulkarani RN, KamlapurkarB, Mehta R. Operationalizing adolescent health services at primary health care level in india: Process challenges and outputs. Health 2017:9