

“A Study To Evaluate The Effectiveness Of Information Guide Sheet On Knowledge Regarding Rashtriya Kishore Swasthya Karyakram Among Adolescents of Selected schools At Mysore”

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Abstract:

A Quasi-experimental research study was conducted to evaluate the effectiveness of information guide sheet on knowledge regarding Rashtriya Kishore Swasthya Karyakram among adolescents of selected schools at Mysore. A sample size of 100 were selected by simple random sampling technique using lottery method. The findings of the study shown that, mean percentage of post-test level of knowledge score that is Mean= 22.38 (82.88%), SD = 5.04 were higher than mean of pre-test level of knowledge score that is Mean=11.48 (42.55%) SD =2.39. In pre- test, majority of the adolescent school children (58%) having poor knowledge on RKSK program, but in post-test majority of the adolescent school children (74%) having average knowledge on RKSK program. There was significant association between the pre-test knowledge scores and age and education status of the adolescents. The calculated 't' value 19.55 is greater than table value (t(59))=1.66 at p<0.05 level of significance. This shows that the information guide sheet was effective in improving the knowledge of adolescent school children regarding RKSK program.

The findings of the study indicated that information guide sheet was effective in increasing the knowledge of adolescents regarding RKSK program.

Key words: Knowledge; Information guide sheet

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I. Introduction:

Adolescent is a stage of transition from childhood to adulthood and is marked by the termination of childhood at one end and the beginning of adulthood at other end. According to WHO the adolescent period is from the age of 10-19 years. The beginning of adolescence is marked by profound physical and physiological changes including body growth, bone ossification, hormonal changes and development of secondary sexual characteristics etc². The term “adolescent” derived from the Latin adolescence meaning to grow up. Today social scientist use the concept of the ‘life cycle’ to refer to the division of individual live into a series of sequential stage such as infancy ,childhood, adolescent , middle age old age³.

The RKSK programme emphasis six “Cs” coverage, context, communication, counselling, clinic and coverage. The programme introduces community based intervention on through “peer education” and is strengthened by collaboration with ministries and state partner⁵.

The RASHTRIYA KISHOR SWATHYA KARYAKRAM was launched on 7th January 2014 the key principles of this programme is adolescent participation and leadership, equality and inclusion gender equality and strategic partnership with sector. The adolescent (national health programme) will comprehensively address the health needs of the 243 million adolescents. It introduces through peer education and is underpinned by collaboration with other minister and state government⁶.

The nation's first comprehensive adolescent health programme named Rashtriya Kishor Swasthya Karyakram (RKSK) in New Delhi. The RKSK defines an adolescent as a person within 10-19 years of age, in urban and rural areas, includes both girls and boys, married and unmarried, poor and affluent, whether they are in school or out of school. This broad definition helps to address the multitude problems of

adolescents across various groups and categories. The programme is committed at promotion of adolescent health mission across India and would address to the health⁷.

The Rashtriya Kishor Swasthya Karyakram keys principle of this programme is adolescent participation and leadership, Equity and inclusion, Gender Equity and strategic partnerships with other sectors and stakeholders. The programme envisions enabling all adolescents in India to realize their full potential by making informed and responsible decisions⁸.

The Rashtriya Kishor Swasthya Karyakram (National Adolescent Health Programme), will comprehensively address the health needs of the 243 million adolescents. It introduces community-based interventions through peer educators, and is underpinned by collaborations with other ministries and state governments. It realigns the existing clinic-based curative approach to focus on a more holistic model based on a continuum of care for adolescent health and developmental needs⁹. The RKSK will bring in several new dimensions such as mental health, nutrition, substance misuse, gender based violence and non-communicable disease. At present the governments strategic approach in health sector RMNCH +A (REPRODUCTIVE, MATERNAL NEW BORN CHILD HEALTH + ADOLESCENT)¹⁰.

The Rashtriya Kishor Swasthya Karyakram (National Adolescent Health Programme), will comprehensively address the health needs of the 243 million adolescents⁹. RKSK is based on the fact that adolescence is the most important stage of life cycle for health intervention. Adolescent age 10 to 19 years about one-third of the population. The large and increasing share of adolescent and youth in India population can translate into demographic dividend only if policies and programme focus on the health and wellbeing of this 243million strong, yet very vulnerable adolescent population¹².

Worldwide more than 1.2 billion adolescents are present and make up 18 per cent of the world's population, more than half of all adolescents live in Asia. India is home to more adolescents of around 243 million. And Karnataka adolescent population 18% than any other country followed by China around 201 million, East Asia around 122 million, South Asia around 90 million¹³. A create awareness in all adolescent, their full potential by making information and responsibility decision related to their health and well-being and assess service support for achieving. For the first time government of India has adopted a comprehensive programme to address all aspects of adolescent health in the country. The new adolescent health strategy focuses on age group 10-19yrs with universal coverage¹⁴.

RKSK has been developed to strengthen the adolescent component of the RMNCH+A strategy which as we are all aware is one of the weakest and a sub critical programme area. Whilst core programme principle for RKSK are health promotion and a community based approach expanded scope of the programme includes nutrition, sexual, and reproductive health, injuries and violence (including gender based violence) mental health, substance misuses¹⁵. increase awareness among adolescent, parents, family and stakeholder about the determinants of adolescent health such as nutrition, sexual and reproduction, mental health injuries and violence (including GBV), substance misuse and non-communicable disease, and in under RKSK such programmes are adolescents friendly clinics, peer education programme, menstrual hygiene¹¹.

II. Research elaborations

Research Title:

A study to evaluate the effectiveness of information guide sheet on knowledge regarding Rashtriya Kishore Swasthya Karyakram among adolescents of selected schools at Mysore.

III. Objectives:

- 1) To assess the knowledge regarding Rashtriya Kishor Swasthya Karyakram among adolescents of selected schools at Mysore.
- 2) To evaluate the effectiveness of information guide sheet regarding Rashtriya Kishor Swasthya Karyakram among adolescents of selected schools at Mysore.
- 3) To find out the association between pre-test knowledge score regarding Rashtriya Kishor Swasthya Karyakram with selected socio-demographic variables.

IV. Hypothesis:

H₁: There will be a significant difference in mean pre-test and post-test level of knowledge regarding information guide sheet on RKSK among adolescents.

H₂: There will be a significant association between pre-test score of adolescents with selected demographic variables.

V. Materials and Methods:

Population- Adolescents.

Sample- Staff Nurses working in selected hospitals of mysuru city.

Sample size- 100 adolescents

Approach: Evaluative research approach

Study design: Quasi experimental design.

Sampling technique: Probability random sampling technique.

Settings- The study was conducted at Shri Adichunchunagiri Central School, Mysuru.

The conceptual frame work selected for this study was based on Eeniestiene Weidenbach’s theory.

Ethical Consideration:

The research title and objectives were approved by the Institutional research committee. Formal permission was obtained from the Principal/headmaster of selected school. Confidentiality was ensured. An informed consent was obtained from the each adolescent. The individual had the right to refuse to participate in this study. No physical and psychological pain was caused.

Inclusion criteria:

Adolescents who are:-

1. Willing to participate in the study.
2. Present at the time of data collection.
3. Age group between 10-19 years.

Exclusion criteria:

Adolescents who are:-

1. Studying in 4th, 5th, 9th, 10th standard.
2. Not knowing English.
3. Suffering with severe illness.

Description of the tool:

Part-I: It comprised of 10 items seeking information on demographic data such as age, sex, studying in, education of father, education of mother, occupation of father, occupation of Mother knowledge on RSKS program.

Part-II: It consisted of 27 structure knowledge questionnaire on RSKS program each item has one correct response and each item carries score of one. The maximum possible score was 27 and minimum possible score was 0. The score were arbitrarily graded as.

Score	Level of knowledge
0-9	Poor Knowledge
10-18	Average Knowledge
19-27	Good Knowledge

The reliability of the tool was found by using test- re test method and was found to be 0.8661. Hence, the tool was reliable.

Data Collection and data analysis:

Formal written permission was obtained from the head master of Shri Adichunchunagiri central school Mysore for conducting the main study. Data was collected from 1/02/2020 to 25/02/2020. The data was collected from samples by using structured knowledge questionnaire. The subjects of the study were gathered in the auditorium, after brief introduction of self, the investigator explained the purpose of the study and obtained consent from the subjects.

Phase I: In this phase, pre-test was conducted by administrated structured knowledge questionnaire on RSKS.

Phase II: In this phase, Information guide sheet program on knowledge regarding RSKS program was conducted to the subjects using information guide sheet. All the questions or queries asked by the subjects were clarified.

Phase III: In this phase, post test was conducted on 8th day of teaching program. It was conducted by administering the same structured knowledge questionnaire.

Plan for the data analysis

The data obtained was analysed on the basis of the objectives of the study using descriptive and inferential statistics.

Descriptive statistics

*Frequency and Percentage distribution of demographic variables were calculated.

*Mean, Mean percentage and standard deviation were used to determine the pre-test and Post-test knowledge of adolescents regarding RSKS program.

*Distribution of scores on level of knowledge regarding RSKS program was interpreted by summarizing into 3 categories such as poor, average, and good.

Inferential statistics

* Paired ‘t’ test was to determine the effectiveness of information guide sheet on knowledge regarding RSKS program among adolescents.

*Chi square test and Fisher exact test was to find the association between the pre-test score with the selected demographic variables.

VII. Results:

Table-1: Frequency and percentage distribution of pre-test and post-test level of knowledge of adolescents.

N=100

Level of knowledge	Pre -test level of knowledge		Post-test level of knowledge	
	Frequency(f)	Percentage (%)	Frequency(f)	Percentage (%)
Poor	31	31	8	8
Average	58	58	18	18
Good	11	11	74	74

The data presented in table 1, shows that in the pre-test majority of the adolescent schoolchildren (31%) having poor knowledge on RSKS program, but in post-test majority of the adolescent school children (74%) having good knowledge on RSKS program.

Table-2: Overall mean, standard deviation and mean percentage of pre-test and post-test level of knowledge of adolescents:

n=100

Knowledge scores	Max possible score	Min score obtained	Max score obtained	Mean	Mean %	SD	Median
Pre -test knowledge score	27	7	15	11.48	42.55	2.39	11
Post-test knowledge score	27	8	27	22.38	82.88	5.04	24

The data presented in the table 2, shows that mean percentage of post-test level of knowledge score that is Mean= 22.38 (mean percentage 82.88%), SD = 5.04 were higher than mean of pretest level of knowledge score that is Mean=11.48 (mean percentage 42.55%) SD=2.39.

Table-3: Effectiveness of information guide sheet:

Overall mean, standard deviation (SD) and mean percentage, paired t value between pre-test and post-test level of knowledge of adolescents of school children

N=100

Aspects	Adolescents of school children			Significant level of knowledge difference in	paired t- test
	Mean	SD	Mean %		
Pre-test	11.48	2.39	42.55	40.33	19.55
Post-test	22.38	5.041	82.88		

t(99)=1.99 is highly significant at p<0.05

The data presented in table 3, shows that the paired t test computed between pre and posttest knowledge score was statistically significant at 0.05 level of significance. The calculated ‘t’ value 19.55 is greater than table value (t(99))=1.66. Hence research hypothesis (H1) is accepted. This shows that the information guide sheet was effective in improving the knowledge of adolescent school children regarding RSKS program.

VIII: Conclusion:

This study concluded that there was improvement in the level of knowledge of adolescents which indicates that the information guide sheet was effective in increasing the knowledge regarding RSKS. The

age and educational status of adolescents were significantly associated with the pre-test knowledge scores. The development of information guide sheet was effective to enhance adolescents' knowledge regarding RKSK.

References:

- [1]. Allen Addison Sarah. (cited on 12 february 2019); available in <http://www.goodreads.com/quotes>
- [2]. K.K.Gulani. Community health nursing (principles & practices). 2nd edition. Delhi: Kumar publishing house; 2013.p.461-62.
- [3]. Department of family health gender and life course (FGL) WHO.SEARO IPE state mahatma Gandhi Marg New Delhi
- [4]. Brittany Allen, MP, FAAP, Helen Waterman. The American academy of pediatrics. Stage of adolescence. 28 march 2019 available from: <https://www.healthychildren.org>
- [5]. Current affairs. Online. (cited on 15 February 2019); available from: www.GKtoday.in
- [6]. National Rural Health Mission. (cited 2019 February 15th); Available from: <https://www.vikaspedia.in/health/nrhm/RKSK>
- [7]. Rashtriya Kishor Swasthya Karyakram. Available from: <https://www.nhm.assam.gov.in/schemes>
- [8]. Rashtriya Kishor Swasthya Karyakram. Available from: www.vikaspedia.in. feb 8 (cited date 16 february 2019);
- [9]. National health portal. Rashtriya Kishor Swasthya Karyakram(RKSK). 2015 april 06 (05 may 2015); available from: www.rksklaunch.in
- [10]. Rashtriya Kishor Swasthya Karyakram (RKSK). General knowledge. (cited 17 January 2019); available from: <https://www.gktoday.in>
- [11]. <https://www.nhm.gov.in> (cited date 21 December 2019);
- [12]. Rashtriya Kishor Swasthya Karyakram (RKSK). Available from: <https://www.clearias.com/rashtriya-kishor-swasthya-karyakram>
- [13]. K.K.Gulani. community health nursing. (principles & practice). 2nd edition. Delhi: kumar publisher house; 2013.pg no 461-62
- [14]. Rashtriya Kishor Swasthya Karyakram (RKSK). (cited on 20 February 2017); available from: <https://www.slideshare.net/tatapas.rksk>
- [15]. National Health Mission. (cited 20 February 2019); available from: <https://nhm.gov.in/nrhm/components/rmmch/adolescent-health/adolescent-reproductive-sexual-health-arsh/htm>
- [16]. Rashtriya Kishor Swasthya Karyakram (RKSK). (cited date 22 jan 2020); Available from: www.gjmedph.org, vol 3 no-1, 2014
- [17]. hindwa.com/journals/bmui/2019/9653092
- [18]. Basavanthappa BT. Nursing research. 2nd ed. New Delhi: Jaypee brothers medical publishers (P) Ltd; 2007. p. 94.
- [19]. Kerlinger NF. Foundation of behavioural research. New York: Applintoncentry crafts; 1973. p. 55.
- [20]. Polit FD, Hungler PB. Nursing research-Principles and methods. 6th ed. Philadelphia (US): Lippincott Williams & Wilkins A Wolters Kluwer company; 1999. p. 29,69.
- [21]. Kerlinger NF. Foundation of behavioural research. New York: Applintoncentry crafts; 1973. p. 50

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