"TO EVALUATE THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE REGARDING ADOLESCENT FRIENDLY HEALTH CLINIC SERVICES AND THEIR UTILIZATION AMONG GIRLS STUDYING AT SELECTED HIGHER SECONDARY SCHOOL, KANPUR RURAL DISTRICT"

Mrs. Minu S.R, Mr. Alan V Joseph, Mr. Satheesh A, Mr. Manish Kumar

Faculty of Nursing, Rama University, Kanpur

Email id: dean.nursing@ramauniversity.ac.in

ABSTRACT:-

India has the largest population of adolescents in the world being home to 243 millionindividualsaged10-19years.AdolescentsareatriskofIrondeficiencyanemia duetoacceleratedincreaseinrequirementsofiron,poordietaryintakeofiron,highrate of infection and worm infestation as well as the social norm of early marriage and teenage pregnancy. But most of the adolescents are not comfortable with the services providedat regularhealthsettings dueto lack of privacy,supportand guidance.Hence the focus of this studywas to evaluate the effectiveness of Video assisted teaching on knowledge regarding adolescent friendly health clinic services and their utilization among adolescent girls at selected higher secondary school, Kanpur rural district, UP. Objectives were to assess the existing knowledge regarding Adolescent Friendly Health Clinic Services and their Utilization among Girls Studying at selected Higher Secondary School, Kanpur Rural District, Toevaluatetheeffectivenessofvideoassistedteachingonknowledgeregarding Adolescent Friendly Health Clinic Services and their Utilization among Girls Studying at selected Higher Secondary School, Kanpur Rural District and To find an association between the pre-test knowledge scores regarding Adolescent Friendly Health Clinic Services and their Utilization among Girls Studying at selected Higher Secondary School and their selected Socio demographic variables.Findings of the study show that there was a significant difference in pre-test and post-testlevelofknowledgeofadolescentgirls.FromthisitisconcludedthattheVideo assisted teaching is effective in improving the level of knowledge of adolescent girls.

Andtherewasasignificantassociationbetweenlevelofknowledgeofadolescentgirls and selected demographic variables such as age, education of the mother and family income.

KEYWORDS: Knowledge; AdolescentGirls; AdolescentfriendlyHealthServices; Video Assisted teaching programme.

INTRODUCTION: -

Adolescent health programme: taking cognizance of the diverse nature of adolescent health needs, a comprehensive adolescent health strategy has been developed. At present 6,302 Adolescent Friendly Health Clinic are functional across the country providing services information and commodities to more than 2.5 million adolescents. The Ministry of Health and family welfare has launched Menstrual hygieneschemeforpromotionofmenstrualhygieneamongadolescent girlsintheage group of 10-19 years. This programme aims at ensuring that girls have adequate knowledge and information about menstrual hygiene and have access to high quality Sanitary Napkins along with safe disposal mechanisms .

Through Adolescent Friendly Health Clinic services routine check-up at primary, secondary and tertiary levels of care provided on fixed day and fixed time clinics services everyThursday and Saturday from 3 to 5 pm. Counseling services for adolescent on important health areas such as nutrition, puberty, menstrual disorders, personalhygiene,menstrualhygiene,useofsanitarypads,useofcontraceptives,sexual concerns,RTI/STI,depression,sexualabuse,genderviolence,substancemisuse,

HYPOTHESIS:-

H_1: There will be a significant enhancement between mean pre-test and post-test knowledge scores regarding Adolescent Friendly Health Clinic Services and their utilization among girls studying at selected Higher Secondary School.

H2: There will be significant association between level of knowledge regarding AdolescentFriendlyHealthClinicServicesandtheirUtilizationamongGirlsStudying at selected Higher Secondary School and selected Socio demographic variables

VARIABLES:-

- **Independentvariable:**Videoassistedteachingonknowledgeregarding adolescent friendly health clinic services and their utilization.
- **Dependent variable :**knowledge of girls studying at selected higher secondaryschool,regardingadolescentfriendlyhealthclinicservices andtheir utilization.

Demographicvariables: Age, religion, Type of Family, Type of diet, , Educationalstatusofthemother,Monthlyincomeofthefamily,Occupationof the mother, Source of informations.

METHODS :-

Apre-experimentaldesignandexperimentalresearchapproachwasusedinthe study. The data was collected from 50 subjects, through simple random sampling technique. Data was collected using structured questionnaire.

ResearchApproach :-

The experimental research approach was found to be suitable for the present study.

ResearchDesign :-

In the present study the pre-experimental design with one group pre-test post- test design was adapted to assess the knowledge of adolescent girls regarding the adolescent friendly health clinic services and their utilization in Higher Secondary School in kanpur rural district.

Settingof the study :-

Researchsettingisthephysicallocationandconditionsinwhichdatacollection takes place. The present study was undertaken in Dr,VSETSchool, Kanpur rural district. This setting was selected because of the geographical proximity, availability of the

samples and permission to conduct the study.

Population :-

Thetargetpopulation for the present study comprised all the adolescent girls studying in selected higher secondary school of Kanpur rural district.

Sample :-

In this studythe sample consisted of adolescent girls in Higher Secondary School in Kanpur rural district.

SampleSize :-

The total sample size of this study is 50 adolescent girls.

SamplingTechnique :-

Inthisstudy,simplerandomsamplingtechniquewasadopted.

Selectionof tool :-

Astructuredknowledgequestionnairewasselectedonbasisoftheobjectivesof thestudyasitwasconsideredtobemostappropriateinstrumenttoelicitresponsesfrom the subjects.

DataCollection Procedure :-

The data collection was done for 4 weeks in Higher Secondary School in kanpurruraldistrict. Aformal writtenpermissionwasobtained fromthe Principal, Dr,VSETSchool, Kanpur rural district and Data were collected from 50 adolescent girls who fulfilled the inclusion and exclusion criteria.

SECTION – 1

DEMOGRAPHICCHARACTERISTICSOFADOLESCENTGIRLS

Table1:FrequencyandPercentageDistributionof adolescentgirlsaccordingtoage

N = 50

1.Age	Frequency	Percentage
a.14-15years	17	34.0
b.15-16years	23	46.0
c.16-17years	10	20.0
Total	**50**	**100**

Table2:Frequencyandpercentagedistributionofadolescentgirlsaccordingto religion **N = 50**

2.Religion	Frequency	Percentage
a.Hindu	44	88.0
b.Muslim	4	8.0
c.Christian	2	4.0
Total	**50**	**100**

Table3:Frequencyandpercentagedistributionofadolescentgirlsbyfamily type

N = 50

3.FamilyType	Frequency	Percentage
a.Nuclear Family	32	64.0
b.Joint Family	18	36.0
Total	**50**	**100**

Table4:Frequencyandpercentagedistributionofadolescentgirlsaccordingto type of diet **N = 50**

4.Typeofdiet	Frequency	Percentage
a.Vegetarian	4	8.0

b.Mixed	46	92.0
Total	**50**	**100**

Table5:Frequencyandpercentagedistributionofadolescentgirlsaccordingto educational status of mother N = 50

5.Educational statusofmother	Frequency	Percentage
a.Noformal education	3	6.0
b.Primaryeducation	9	18.0
c.Secondaryeducation	19	38.0
d.PUC	11	22.0
e.Degreeand above	8	16.0
Total	**50**	**100**

Table6:Frequencyandpercentagedistributionofadolescentgirlsaccordingto family income N = 50

6.Family Income	Frequency	Percentage
a.Rs.10001-15000	10	20.0
b.Rs. 15001-20000	13	26.0
c.Rs.20001-25000	21	42.0
d.Rs.25001 and above	6	12.0
Total	**50**	**100**

Table7:Frequencyandpercentagedistributionofadolescentgirlsbyoccupation of the mother N = 50

7.Occupation of the mother	Frequency	Percentage
a.Coolie Worker	11	22.0
b.Business	7	14.0
c.IndustryWorker	6	12.0
d.Government Employer	8	16.0
e.Housewife	18	36.0
Total	**50**	**100**

Table8:Frequencyandpercentagedistributionofadolescentgirlsaccording source of information **N = 50**

8.Sourceofinformation	Frequency	Percentage
a.Parents/Relatives/Friends	34	68.0
b.Newspaper	7	14.0
c.ElectronicMedia	5	10.0
d.Healthpersonnel	4	8.0
Total	**50**	**100**

SECTION II: KNOWLEDGE LEVEL OF ADOLESCENT GIRLS REGARDINGTHEADOLESCENTFRIENDLYHEALTHCLINIC SERVICES AND THEIR UTILIZATION

Table9:Overallpretest andposttestknowledgescoresof theadolescentgirls.

N = 50

Knowledgelevel	Pretest		Posttest	
	Frequency	%	Frequency	%

a.Inadequateknowledge	50	100.0	0	0.0
b.Moderateknowledge	0	0.0	23	46.0
c.Adequate knowledge	0	0.0	27	54.0
Total	**50**	**100**	**50**	**100**

Table–10:Analysisofpretestandposttestknowledgescoresof adolescentgirls

N = 50

Sl No	**Knowledgeaspects**	**Max score**	**Pretest**			**Posttest**		
			Mean	**Mean%**	**SD**	**Mean**	**Mean%**	**SD**
1	Generalinformationon pubertyandadolescenceand adolescent problems	08	2.78	27.8	1.20	6.22	62.2	1.329
2	Knowledgeonadolescent friendlyhealthserviceclinics and their utilization	22	7.76	38.8	1.954	16.32	81.6	3.191
Overallknowledge		30	10.54	35.13	1.951	22.54	75.13	3.632

SECTIONIII:COMPARISONOFTHEKNOWLEDGELEVELOF

ADOLESCENT GIRLS

Table11:Comparisonofpretestandposttestknowledgescoresofadolescentgirls

N = 50

Sl No	**Knowledgeaspects**	**Max score**	**Pretest**		**Posttest**		**Mean Difference**	**t value**	**Inference**
			mean	**SD**	**mean**	**SD**			
1	Generalinformationon pubertyandadolescence andadolescentproblems	08	2.78	1.20	6.22	1.329	3.44	15.654*	S
2	Knowledgeonadolescent friendly health service clinicsandtheirutilization	22	7.76	1.954	16.32	3.191	8.560	18.942*	S

Overallknowledge	30	10.54	1.951	22.54	3.632	12.0	24.089*	S

SECTIONIV:ASSOCIATIONOFTHEPRETESTKNOWLEDGESCORESOF ADOLESCENT GIRLS WITH THE DEMOGRAPHIC VARIABLES

Table–12:Associationofpretestknowledgescoreofadolescentgirlswiththe demographic variables.

N= 50

Variables	Below Median	Median and above	Chi square	Df	Pvalue (0.05)	Inference
1.Ageinyears						
a.14-15years	14	3	14.548	2	0.001	S
b.15-16years	9	14				
c.16-17years	1	9				
2.Religion						
a.Hindu	20	24	1.286	2	0.526	NS
b.Muslim	3	1				
c.Christian	1	1				
3.Family type						
a.Nuclear family	16	16	0.142	1	3.84	NS
b.Jointfamily	8	10				
4.Type ofdiet						
a.Vegetarian	1	3	0.921	1	0.337	NS
b.Mixed	23	23				
5.Educationofmother						
a.Noformal education	3	0	19.197	4	0.001	S
b.Primary education	9	0				
c.Secondaryeducation	8	11				
d.PUC	3	8				

e.Degreeand above	1	7				

6.Family income						
a.Rs. 10001-15000	9	1	13.462	3	0.004	S
b.Rs. Rs. 15001-20000	8	5				
c.Rs. 20001-25000	5	16				
d.Rs. 25001 and above	2	4				
7.Occupationofmother						
a.Coolie Worker	8	3	7.236	4	0.124	NS
b.Business	3	4				
c.IndustryWorker	1	5				
d.GovernmentEmployer	2	6				
e.Housewife	10	8				
8.Source ofinformation						
a.Parents/Relatives/Friends	18	16	1.984	3	0.576	NS
b.Newspaper	3	4				
c.Electronic Media	1	4				
d.Health personnel	2	2				

DISCUSSION :-

Thepresentstudywasconductedtoevaluatetheeffectivenessofvideoassisted teaching on knowledge regarding adolescent friendly health clinic services and their utilization among adolescent girls in Dr,VSETSchool, Kanpur rural district. In order to achieve the objectives, an experimental research approach and pre experimental design was adopted and simple random sampling technique was used to select the samples.

CONCLUSION :-

This chapter presents the conclusions drawn, implications, limitations, suggestions and recommendations. The focus of this study was to evaluate the effectiveness of video assisted teaching on knowledge of adolescent girls regarding

adolescentfriendlyhealthclinicservicesandtheirutilizationatKanpur ruraldistrict,Uttar Pradesh .Anexperimentalresearchapproachwasusedinthe study. The data was collected from 50 samples through simple random sampling technique.

SUMMARY:-

Thisstudywasintendedtoevaluatetheeffectivenessofvideoassistedteaching on knowledge of adolescent girls regarding adolescent friendly health clinic services and their utilization. This chapter deals with the summary of the study and its major findings along with implications.

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