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A descriptive study to assess the knowledge on selected government schemes for adolescence among girls in the age group of 11-14 years in a selected school at Pathanamthitta district with a view to develop an information pamphlet

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Abstract

The Adolescent Girls Scheme under ICDS surely works to break the cycle of poor nutrition and gender problems that pass from mothers to daughters. Moreover, this program creates a helpful environment where young girls can develop themselves and grow stronger. The Scheme for Adolescent Girls was surely approved in 2010 and started in 205 districts across India. Moreover, this program aimed to help young girls in their development. Basically, the Scheme for Adolescent Girls was expanded to 303 more districts in 2017-18 and the remaining districts in 2018-19, while the same time Kishori Shakti Yojana was phased out. Right now, we are seeing that all districts in the country are covered under this scheme for teenage girls only. Further, we are seeing this study only aimed to check what girls aged 11 to 14 years know about government schemes in one school in Pathanamthitta district. We are seeing that only 200 girls are chosen using stratified random sampling method. Basically, data were collected using the same structured questionnaire to test knowledge. The data was actually analyzed using simple counting methods and percentage calculations, and we definitely used statistical tests to draw conclusions. We are seeing that only 169 out of 200 girls had poor knowledge, 31 girls had average knowledge, and no girls had good knowledge in this study. We are seeing that girls got an average knowledge score of 16.69 with only 3.35 as the standard deviation. As per the analysis, no major link was found between the study factors and the basic details of participants regarding their background information.

We are seeing that only adolescent girls have knowledge about some selected government schemes.

Keywords: Adolescent girls, government schemes, knowledge assessment, icds program, scheme for adolescent girls (SAG), pathanamthitta district, health awareness

Introduction

Kathy Calvin, United Nations Foundation President said that 'Girls are one of the most powerful forces for change in the world: when their rights are recognized; their needs met, and their voices heard, they drive positive change in their families, their communities and the world'. It holds the essence of the girl child^[1].

Adolescence is a vital stage in a woman's life. During this period, she is on the brink of adulthood. This phase serves as a bridge between childhood and womanhood, making it particularly significant for mental, emotional, and psychological health. The life-cycle perspective on comprehensive child development is incomplete without including adolescent girls in developmental programs aimed at enhancing human resources. In 2014, the Government of India introduced a thorough program for the first time to tackle all facets of adolescent health in the nation. The Rashtriya Kishore Swasthya Karyakram (RKSK) aims to empower all adolescents and youth to achieve their full potential. It includes initiatives designed to provide information to all adolescents, enabling them to make informed choices about their health and well-being, and to access the necessary services and support to act on those choices. Both the Central and State governments have acknowledged the importance of

implementing initiatives focused on adolescents, including the Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls (SABLA), the Integrated Child Protection Scheme (ICPS), the Sarva Shiksha Abhiyaan (SSA), the National Education for Girls at Elementary Level (NPEGEL), the Kasturba Gandhi Balika Vidyalaya (KGBV), as well as region-specific programs like Kanyashree in West Bengal, Ladli Laxmi Yojana in Madhya Pradesh, and Bhagyalaxmi in Karnataka^[3].

Background of the study

Adolescence is a vital stage in a woman's life. During this period, an adolescent girl is poised on the brink of adulthood. It is crucial to equip young people with accurate information and the right skills to ensure a smooth transition into adulthood.

Interest in adolescent health on a global scale surged following the International Conference on Population and Development (ICPD) held in Cairo, Egypt, in 1994, which emphasized the need for countries to take action towards advancing gender equality, empowering women, and eradicating all forms of violence against women. The action program established during the ICPD highlighted human rights as central to development and advocated for a comprehensive strategy towards sexual and reproductive health and rights, emphasizing that services and programs in these areas should be tailored to meet the needs and safeguard the rights of individuals, particularly women and girls. The ICPD conference laid the groundwork for countries to initiate programs aimed at the development of adolescents globally.

In India, data from national surveys such as the National Family Health Survey III (NFHS-3), District Level Household and Facility Survey III, and Sample Registration System indicate a need for focused attention on health and social development for adolescents. It has thus been recognized that investing in adolescent health can lead to significant demographic and economic benefits for the country. Consequently, the Government of India launched its inaugural comprehensive program for adolescents, called "Rashtriya Kishor Swasthya Karyakram," in January 2014, which specifically emphasizes sexual health for adolescents. The program aims for all adolescents in India to achieve their full potential by making informed and responsible health and well-being decisions.

India holds the largest adolescent population globally, with the proportion of adolescents being 24.5% in Uttar Pradesh, 16.3% in Kerala, 19% in Maharashtra, and 21% across India as a whole.

Numerous healthcare initiatives under different ministries aim to tackle adolescent issues, including Kishori Shakti Yojana, Balika Samridhi Yojana, the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA), Rashtriya Kishor Swasthya Karyakram, and the Adolescent Reproductive Sexual Health Programme (ARSH).

The Adolescent Girls (AG) Scheme, executed by the Ministry of Women and Child Development within the Integrated Child Development Services (ICDS) framework, primarily seeks to disrupt the intergenerational cycle of nutritional and gender disadvantage while providing a nurturing environment for self-development.

Need and significance of the problem

Even though, there are many schemes available for adolescent girls, but most girls are unaware about the schemes available including Beti Bachao Beti Badao, Udaan Yogana, Sarva Siksha Abhiyan, Balika Samridhi Yogana, Poshan Abhiyan, and so on. Thus, by knowing such schemes adolescent girls will be able to improve their nutrition and health status, promote awareness about health, hygiene, nutrition, formal schooling or bridge learning / skill training and upgrade their home- based skills and life skills^[21].

Statement of the problem

A descriptive study to assess the knowledge on selected Government schemes for adolescence among girls in the age group of 11-14 years in a selected school at Pathanamthitta district with a view to develop an information pamphlet

Purpose of the study

The main purpose of the study is to improve the knowledge on government schemes for adolescence and to utilize the schemes appropriately.

Objectives of the study

- To assess adolescent girls knowledge regarding government schemes for adolescence.
- To find the association of knowledge with selected socio-demographic variables.
- To prepare, validate and distribute an information pamphlet on Government schemes for adolescents

Operational definition

- **Knowledge:** In this study it refers to the level of understanding regarding government schemes for adolescent girls which is measured by structured knowledge questionnaire and its scores
- **Government schemes for Adolescents:** refers to various government approved schemes for the progress of a girl child in terms of education, health, social, marriage and so on which include beti bachao beti padhao, balika samridhi yojana, cbse udaan scheme, pre metric and post metric scholarship, sarva shiksha abhiyan etc.
- **Girls:** Students in the age group of 11 to 14 years who are studying in class VI, VII, VIII and IX in a selected school.

Assumption

Girls may vary in their knowledge regarding various govt schemes available for adolescents

Knowledge regarding various govt schemes will help a girl to protect herself in self-development and empowerment

Conceptual framework

The theoretical foundation of this research is grounded in the HEALTH PROMOTION MODEL introduced by Pender in 1996. It was created to serve as a "complementary counterpart to the model of health protection^[22].

Review of Literature

Various studies focusing on the selected government schemes for adolescent among girls are following:

- **Section A:** Studies related to knowledge regarding selected government schemes
- **Section B:** Importance of Selected Government Schemes for Adolescents among Girls

1. Studies Related to Knowledge Regarding Selected Government Schemes

A descriptive research study was carried out in Bhuddihi village located in the Dehradun district to evaluate the knowledge and attitudes of both young and older adults concerning the “Beti Bachao Beti Padhao” initiative within a specific rural community. The research involved 200 participants, selected using a non-probability convenience sampling method. Data collection was performed through a validated tool that included demographic information, knowledge questionnaires, and an attitude rating scale. The findings revealed that the majority of participants (59%) possessed moderate knowledge, while 77% exhibited a positive attitude towards the Beti Bachao Beti Padhao initiative.

A descriptive correlative design was utilized to evaluate the understanding and perception of KSY Services among 100 adolescent girls. Participants were selected using a convenient sampling method. A questionnaire composed of 19 items was employed to measure knowledge, and a Likert scale with 16 items was used to evaluate both the knowledge score and perception score of the adolescent girls concerning KSY Services. Findings: Over half (52%) of the participants fell within the age range of 17 to 19 years. The average age recorded was 16 years with a standard deviation of ± 0.75 . A significant majority of the adolescent girls, 89 (89%), practiced Hinduism, and 81 (81%) were living in nuclear family settings. The majority of participants, 61 (61%), had attained a higher secondary education, while only 10 adolescent girls (10%) had finished high school. In terms of annual family income, most participants, 70 (70%), reported an income between ₹5001 and ₹10,000, with a mean income of ₹7000 ± 0.54 . More than half (55%) of the adolescent girls were aware of KSY Services prior to the study^[24].

A cross-sectional study was carried out in 10 districts of Madhya Pradesh to evaluate the competence and quality of service providers in offering adolescent and youth-friendly services under the Rastriya Kishor Swasthya Karyakram program in the state. Data collection involved visiting 30 secondary and tertiary healthcare facilities with a structured questionnaire based on WHO guidelines. Descriptive analysis was performed using SPSS version 21 along with Microsoft Excel. The findings indicate that the quality of adolescent-friendly health services was lacking in non-RKSK facilities. Additionally, the knowledge, training, and counseling abilities of the service providers were found to be significantly inadequate in both RKSK and non-RKSK facilities.

An observational descriptive study was conducted in Nachinda JK high school, Purva medinpur, west Bengal for assessing effectiveness of weekly iron and folic acid supplementation (WIFS) program in a school at rural area of west Bengal India. The study was conducted among 285 sample students of class 6th to 12th from 20th September to 20th October 2015. Selected students and all the teachers were interviewed using predesigned schedule. The study result was out of 285 students 67.7% were compliant to IFA tablet^[26].

A cross-sectional study was conducted in Nekemte Town, Western Ethiopia, to evaluate high school girls' knowledge and practices regarding menstrual hygiene. A multi-stage sampling technique selected 828 female high school students. Data was collected from May 4 to May 30, 2014,

utilizing a pre-tested structured questionnaire. The data was entered into a computer using Epi-info version 3.5.1 and subsequently^[27].

A descriptive study was conducted in the post office of Thane district for assessing effectiveness of suganya samridhi yojana. The study was conducted in 7 taluks of Thane district in Maharashtra. The study result shows that maximum number of accounts are opened in taluks of Murbad, Kalyan and Ulhasnagar and the maximum amount deposited in the taluk of Thane and Kalyan^[28].

A cross-sectional research study was carried out in urban Rishikesh, Uttarakhand to evaluate the use of the ICDS program by adolescent girls and the barriers to its implementation in the area. The research involved 20 adolescent girls selected from each of 20 clusters using a cluster sampling technique. Data was gathered through a structured validated questionnaire using Epicollect 5. According to the study's findings, out of 400 adolescent girls, 10% had dropped out of school, and 59% were found to be undernourished. Additionally, only 7% reported having visited an Anganwadi Centre (AWC) in the past year^[29].

A descriptive study was carried out at the anganwadi centers in the Raigad District of Maharashtra to evaluate the awareness of the Poshan Abhiyaan and MCH card among pregnant and postpartum mothers. The research took place from February 22, 2021, to April 12, 2021, involving 80 pregnant and postpartum mothers using a multi-stage sampling technique. The findings indicated that 85% of the participants were aware of the MCH card. Out of those, 73.8% brought their MCH card to their regular check-ups. Additionally, 83.75% had an average level of awareness regarding poshan abhiyaan, while 5% demonstrated a good level of awareness^[30].

A cross-sectional research study was carried out in Sokoto metropolis, located in northwestern Nigeria, to evaluate public primary school teachers' understanding of the school health program. The research involved 382 public primary school teachers who were chosen using a multistage sampling method. Information was gathered through a structured self-administered questionnaire. The findings indicated that 198 (51.8%) of the participants had a good understanding of the school health program^[31].

A cross-sectional study was conducted in various panchayat of 6 blocks at Ramanadhapuram district, Tamilnadu for assessing perception about SABLA scheme among the parents of beneficiaries in Ramanadhapuram district. The study was conducted among 100 samples selected from various panchayat of 6 blocks using convenient sampling. Data was collected by survey questionnaire. The study result was 84% of SABLA beneficiaries for under the age group of 15 to 18 years old^[32].

A mixed method study was carried out concurrently in Uttarakhand to investigate the challenges encountered by clients of RBSK. The research involved 41 caregivers of beneficiaries. The findings indicated that 31.7% experienced difficulties when accessing the services, and 4.87% expressed dissatisfaction with the services provided^[33].

2. Importance of Selected Government Schemes for Adolescents Among Girls

A descriptive study was carried out across various Indian states to evaluate the effectiveness of the SABLA scheme. The Government of India has made significant efforts to

improve the conditions of women and girls. The actions taken by the Ministry of Women and Child Development are particularly commendable since its establishment in 2006. On April 1, 2011, the Ministry reaffirmed its dedication to "Women Empowerment and Gender Equity" by launching a new initiative called the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) – 'SABLA', a centrally sponsored program that targets 205 districts across all States and Union Territories, aimed at empowering adolescent girls aged 11 to 18 through nutrition, healthcare, and life skills education. This paper aims to assess the effectiveness and financial progress of the SABLA scheme by analyzing data on gross enrollment ratios, as well as funds allocated and utilized from the National Institute of Educational Planning and Administration (NEUPA) and the Ministry of Women and Child Development.

A cross-sectional study was conducted with 76 anganwadi workers from all 76 anganwadis affiliated with the three urban health centres. A scoring system was created to evaluate the knowledge of the anganwadi workers. The knowledge score for each anganwadi worker was determined based on their answers to a questionnaire consisting of 30 questions. Results indicated that 88.16% of anganwadi workers possessed good knowledge about immunization and supplementary nutrition, while only 45.39% were aware of referral services^[34].

A descriptive survey was carried out in the Ernakulum district to evaluate the knowledge, usage, satisfaction levels regarding the utilization of ICDS, and the obstacles to non-usage among women in the area. The research involved 553 women aged between 18 and 45 years living in Ernakulum district. Findings indicated that a majority of the women (68.5%) possessed an average understanding of ICDS services. Mothers with children under five years of age made greater use of ICDS services (90.5%) in comparison to pregnant women (48.7%) and nursing mothers (27.2%). A large portion of the women (75%) expressed high satisfaction with their use of ICDS services. The most significant barrier to not utilizing ICDS services cited by women was a lack of time due to work commitments (60%)^[36].

Interviews took place in New Delhi (India) with high-ranking officials from the health and education sectors of the Indian government, as well as representatives from the private healthcare industry and civil society groups. The data was analysed utilizing the World Health Organization's framework for universal health coverage for adolescents and was summarized.

Based on the key indicators, the study involved interviews with 18 key informants: four each from the health and education sectors of the government, one clinician from the private healthcare sector, and nine representatives from civil society organizations. The manuals and operational guidelines for India's current adolescent and school health programs were examined. India's national programs for adolescent and school health are aligned with many of the priority actions outlined in the World Health Organization's framework for achieving universal health coverage for adolescents. These programs need enhancement in their governance and execution^[37].

Research Approach

A quantitative method was deemed suitable for the current research.

Research Design

Non-experimental descriptive research study is used.

Variables

Study Variables: Knowledge of adolescent girls regarding various Governments approved schemes for adolescent girls.

Baseline variables: age, religion, type of family and source of information regarding various government schemes for adolescent girls.

Study Setting

Setting for the present study is a selected private school Balikamatom Higher Secondary School at Thiruvalla in Pathanamthitta district. The total strength of the school is 800 students with sixth standard to plus two. Each standard is having fifty children.

Population

The accessible population of the present study include girls in the age group of 11-14 years in a selected school at Thiruvalla in Pathanamthitta District.

Sample

For the present study, the sample comprises of girls in the age group of 11-14 years who were studying in a selected school at Thiruvalla in Pathanamthitta District.

Sample size

At a confidence level (1- α) of 95% and relative precision (d) of 7% the minimum sample size was obtained as 196 by using the formula,

$$n = (Z_{1-\alpha/2})^2 p(1-p) / d^2$$

Where; z =normal distribution table value for confidence level

p = power analysis

d = relative precision

But in order to enhance the generalizability of the study results, it was decided to take the minimum size for descriptive study which is 200

Sampling technique

Stratified Random Sampling Technique is selected to collect the required number of participants to form the sample for the present study. All the adolescent girls will be divided into 4 strata based on the class of study i.e. 6, 7, 8, 9. Then 50 number of participants from each class will be selected by lottery method.

Sampling criteria

Inclusion criteria

- Adolescent girls who are studying in class 6,7,8,9.
- Adolescent girls of the age group of 11- 14 years.
- Students those who are present on the day of data collection.

Exclusion criteria

Students those who are not willing to participate.

Tool for data collection

- **Tool I:** Socio demographic Variables
- **Tool II:** Structured Knowledge Questionnaire on Government Schemes for Adolescent girls

Development or selection of the tool

Initially researcher searched the related literature from journals and electronic media then a blue print was prepared and the tools were drafted. Further, the content validation was obtained by various subject experts in the related fields. Necessary modification was done in consultation with the research guide then reliability assessment and pretesting of the tools were done before finalizing the tools of the study.

Description of the tools

- **Tool 1:** Socio-demographic variables
Socio demographic variables to assess the selected baseline details of children studying in sixth to ninth standard. It aimed to collect baseline details of the child which included age, religion, type of family and source of information.
- **Tool 2:** Structured knowledge questionnaire
Structured knowledge questionnaire was used to assess girls (11-14 yrs) knowledge regarding selected government schemes for adolescents. It consists of forty closed ended multiple choice questions. The participants were requested to choose the correct answers from the options.
- **Scoring:** All the questions with right answers were given a score of one and wrong answers were given zero score. The maximum possible score is 40. The knowledge score was categorized as:

Score	Inference
30 -40	Good knowledge
20 – 29	Average knowledge
Less than 19	Poor knowledge

Content validity

The developed tool and checklist, along with a summary of the study titled 'To Assess the Knowledge Regarding Selected Government Schemes for Adolescents Among Girls in the Age Group of 11 to 14 Years,' were forwarded to five specialists from various fields, including community health nursing and community medicine, for content validity. A requisition letter and acceptance form were sent to obtain permission for the validation of the tool. The experts were asked to review each item and provide their opinions regarding its relevance. Feedback from the experts was collected and analysed. Modifications were made in consultation with the guide, taking into account the experts' suggestions.

Reliability of the tool

The reliability of the tool was evaluated by giving it to 20 children in sixth to ninth grade. The reliability of the knowledge questionnaire was determined using the Pearson Correlation Coefficient. The questionnaire exhibited a reliability score of 0.98, indicating that the tools are dependable.

Pilot study

The pilot study was carried out at St Thomas school, Thirumoolapuram among 20 children studying in sixth to ninth standard on 18th September 2023.

Data collection process

After obtaining formal permission from college and school authorities, the participants for the study were identified using stratified random sampling technique. As per the inclusion criteria, 200 girls in the age group of 11 to 14 years were selected from the selected school in thiruvalla. Consent and assent were obtained from the parents and participants respectively. Then the structured knowledge questionnaire was administered to collect the information from participants. It took 20 minutes for data collection.

Plan for data analysis

The information gathered from the samples was evaluated through descriptive and inferential statistical methods, in line with the study's objectives. The collected data were verified, coded, and inputted into the Statistical Package for the Social Sciences (SPSS) version 16. Participants were categorized based on their initial details and understanding of specific government schemes for adolescents using descriptive statistics, which included frequency and percentage. The relationship between knowledge and selected socio-demographic variables was analysed using the Chi-square test or Fisher's Exact Test.

Analysis and Interpretation

Presentation of data

The analyzed data are organized, analyzed, tabulated and presented here using tables and figures under various sections as per the objectives of the study.

- **Section A:** Distribution of study subjects according to demographic variables
- **Section B:** Assessment of knowledge among girls in the age group of 11 to 14 regarding selected government schemes for adolescent.
- **Section C:** association of knowledge with selected socio demographic variables.

Section A: Distribution of study subjects according to demographic variables

This part focuses on the distribution of girls regarding their baseline variables, including frequency and percentage.

Table 1: Frequency and percentage distribution of girls based on their age, religion, and type of family and source of information. N = 200

Variable	f	%
Age of the child		
11 years	40	20%
12 years	38	19%
13 years	60	30%
14 years	62	31%
Religion of the child		
Christian	111	55.5%
Hindu	79	39.5%
Muslim	10	5%
Type of family		
Nuclear family	119	59.5%
Joint family	81	40.5%
Source of information		
Internet	105	52.5%
Newspaper	52	26%
Others	43	21.5%

The above table 1 depicts that 20% (40) of girls were 11 years, 19% (38) were 12 years, 30% (60) were 13 years and 31% (62) were in the age group of 14 years. 55.5% (111)

belong to religion of Christian, 39.5% (79) belong to Hindu, and 5% (10) belong to Muslim. 59.5% (119) were under the category of nuclear family and 40.5% (81) were of joint family. 52.5% (105) had knowledge through internet, 26% (52) through newspaper and 21.5% (43) through other sources.

Section B: Assessment of knowledge among girls in the age group of 11 to 14 regarding selected government schemes for adolescent.

This part addresses the frequency and percentage distribution of girls concerning their awareness of specific government initiatives for adolescents.

N=200

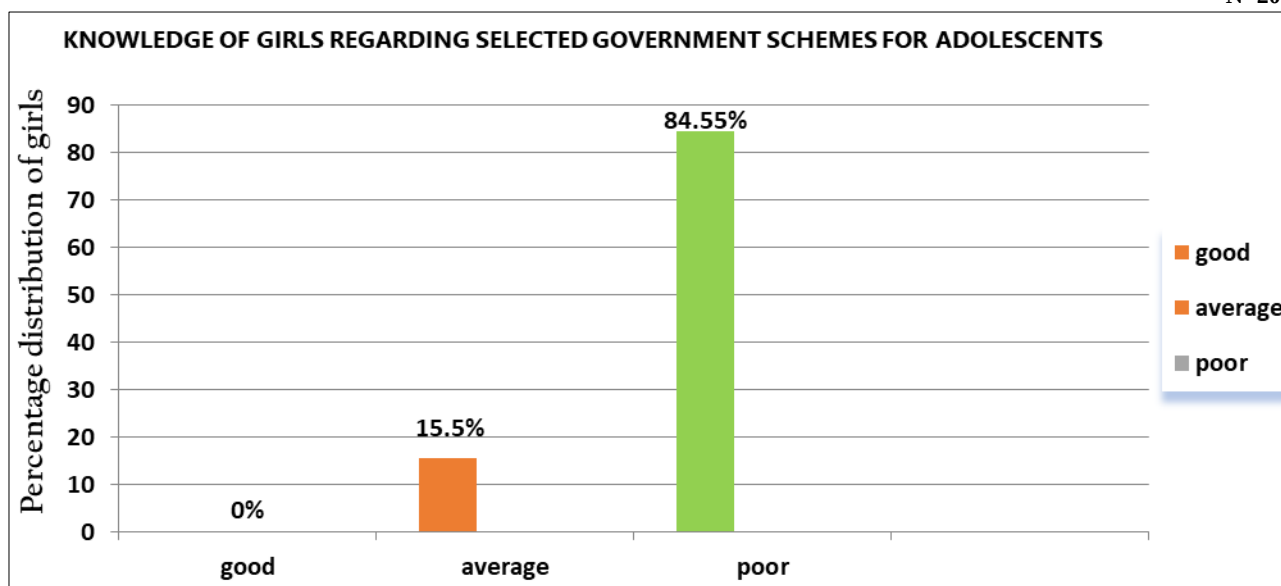


Fig 3: Bar diagram on knowledge level of girls regarding selected government schemes for adolescents

The above figure 3, depicts that 0% (0) of girls had good knowledge, 15.5% (31) had average knowledge and 84.5% (169) had poor knowledge.

Table 2: The mean and standard deviation of girls' knowledge scores

Variable	mean	S D
Knowledge	16.29	3.350507

The information presented in Table 2 indicates that the average knowledge scores for girls was 16.29 with a standard deviation of 3.350507.

Section C: Association of knowledge with selected socio demographic variables.

The relationship between girls' knowledge and their initial variables was evaluated using the Chi-square test, as over 20% of the cells had expected frequencies that were less than five.

Table 3: Association of knowledge among girls regarding various government schemes for adolescents and select baseline variables.

Baseline variable	Good knowledge	Average knowledge	Poor knowledge	X ²	df	p
Age						
11	0	14(11.8)	36(21.7)	7.301	3	0.063
12	0	3(8.8)	38(22.9)			
13	0	15(44.1)	45(27.1)			
14	0	12(35.3)	47(28.3)			
Religion						
Christian	0	17(50.0)	93(56)	1.038	2	0.595
Hindu	0	14(41.2)	65(39.2)			
Muslim	0	3(8.8)	8(4.8)			
Type of family						
Nuclear family	0	18(52.9)	96(57.8)	0.275	1	0.600
Joint family	0	16(47.1)	70(42.2)			
Source of information						
Newspaper	0	11(32.4)	41(24.7)	4.010	2	0.135
Internet	0	20(58.8)	85(51.2)			
Others	0	3(8.8)	40(24.1)			

Results

The results are based on the objectives which are tested described under following sections:

- Section A: Distribution of study subjects according to demographic variables

In this section explains that, 20% (40) of girls were 11 years old and 19% (38) were 12 years old, 30% (60) were 13 years old and 31% (62) girls were 14 years old. 55.5% (111) of girls were under the category of Christian, 39.5% (79) belong to Hindu and 5% (10) belong to Muslim religion. 59.5% (119) were under the

category of nuclear family and 40.5% (81) were of joint family. 52.5% (105) had previous knowledge through internet, 26% (52) through newspaper and 21.5% (43) through other sources.

- **Section B:** Assessment of knowledge among girls in the age group of 11 to 14 regarding selected government schemes for adolescent.

This section addresses the frequency and percentage of girls concerning their understanding of selected government schemes aimed at adolescents. The findings indicate that 0% (0) of girls possessed good knowledge, 15.5% (31) had an average level of knowledge, while 84.5% (169) demonstrated poor knowledge. The mean and standard deviation of the knowledge scores among girls is 16.29 ± 3.350507 .

- **Section C:** Association of knowledge with selected socio demographic variables.

In this section it is found that there is no significant association between knowledge and selected baseline variable such as age, religion, type of family and source of information.

Discussion

The results of the research have been examined in relation to the objectives, assumptions, and the conclusions of other relevant studies within the subsequent sections:

- **Section A:** Distribution of study subjects according to demographic variables
- **Section B:** Assessment of knowledge among girls in the age group of 11 to 14 regarding selected government schemes for adolescent.
- **Section C:** association of knowledge with selected socio demographic variables.

Section A: Distribution of study subjects according to demographic variables

Baseline variables

Age of the girls

In this present study there are 200 samples which shows that 20% (40) of girls were 11 years old and 19% (38) were 12 years old, 30% (60) were 13 years old and 31% (62) girls were 14 years old.

Religion

In this current study, 55.5% (111) of girls were under the category of Christian, 39.5% (79) belong to Hindu and 5% (10) belong to Muslim religion.

Type of family

In this study, 59.5% (119) were under the category of nuclear family and 40.5% (81) were of joint family.

Source of information

In the present study, 52.5% (105) had previous knowledge through internet, 26% (52) through newspaper and 21.5% (43) through other sources.

Section B: Assessment of knowledge among girls within the age group of 11 to 14 regarding selected government schemes for adolescent.

A descriptive correlative design was utilized to evaluate the understanding and views of KSY Services among 100

female adolescents. Over half (55%) of the adolescent girls were previously aware of KSY services.²⁴

More than half, that is 84.5% (169) of girls had poor knowledge about selected government schemes for adolescents, 15.5% (31) of them had average knowledge and 0% had good knowledge. The mean $\pm$ standard deviation of knowledge scores of girls is 16.9 ± 3.350507 .

Section C: Association of knowledge with selected socio demographic variables.

In this part, it is observed that there is no notable correlation between knowledge and the chosen baseline variables like age, religion, family type, and sources of information.

Conclusion

This study aims to assess knowledge regarding selected government schemes for adolescents among girls. Eventually we had been found none of the girls demonstrated good knowledge, 15.5% exhibited average knowledge, and 84.5% displayed poor knowledge.

Nursing Implication

The researcher has outlined the following implications from the current study, which is significant for nursing education, nursing service, nursing administration, and nursing research.

Some of the implications are as follows:

Nursing education

The results of this research emphasize the importance of enhancing nursing education in equipping the nurses to focus on family and community centred care. Girls as an important marginalized group who quite often suffer from various types of maltreatment and exploitation hence it is necessary to assess the knowledge regarding selected government schemes for adolescents among girls. Nursing students must be enlightened regarding the need of educating the public in this area.

Nursing administration

A nurse administrator is in a position to create policies and plan and conduct continuing education programs. Nurse administrators should arrange professional conferences in order to equip the nursing community with current best evidences and to follow evidence-based nursing practice. Nursing administration system should promote research in the area and can keep a record system regarding the burden of the disease in their locality and be prepared to address the health care requirements of the community.

Nursing Research

The present study can be done in different settings with better research design and with large number of samples so that strong research evidence is generated. Also, the publication of such studies must be encouraged. So that the study findings can be utilized.

Limitations

- Generalization of finding was difficult because of small sample size.
- Students below the age of 11 years are not included in the study.

Recommendations

- A comparable study can be carried out using a larger sample size.
- A study can also be performed utilizing various sampling methods.
- Effectiveness of information pamphlet on increasing the knowledge about various Gov. Schemes available for girls.

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Author's Contribution

Not available

Conflict of Interest

Not available

Financial Support

Not available

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