A STUDY TO ASSESS THE KNOWLEDGE REGARDING REPRODUCTIVE, MATERNAL, NEBORN, CHILD AND ADOLESCENT HEALTH SERVICES (RMNCH+A) AMONG STAFF NURSES AT SMVMCH, PUDUCHERRY IN A VIEW TO PREPARE A SELF INSTRUCTIONAL MODULE.

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ABSTRACT

RCH-phase II began from 1st April, 2005. The focus of the programme is to reduce maternal and child morbidity and mortality with an emphasis on rural health care. The major strategies under the second phase of RCH Essential obstetric care Institutional delivery. Skilled attendance at delivery, Emergency obstetric care Operationalizing First Referral Units, Operationalizing PHCs and CHCs for round the clock delivery services Strengthening the referral system. The Government of India has given some broad guidelines and strategies for achieving the reduction in maternal mortality rate and Infant mortality rate. The Initiatives which have been planned are Essential obstetric care. Institutional delivery in RCH Phase II, it was envisaged that fifty percent of the PHCs and all the CHCs would be made operational as 24-hour delivery centres, in a phased manner, by the year 2010. These centres would be responsible for providing basic emergency obstetric care and essential newborn care and basic newborn resuscitation services round the clock. The investigator obtained formal permission from Hospital authority and Institutional Ethical Committee of Sri Manakula Vinayagar Medical College and Hospital. The study was conducted at Sri Manakula Vinayagar Medical College and Hospital. Medical ward, surgical Unit, OBG unit, psychiatric Unit, Paediatric Unit. The period of data collection was six weeks. Totally 100 staff nurses were selected by using convenient sampling technique. The purpose and benefits of the study were explained to the staff nurses. After obtaining oral consent primarily the demographic data was obtained from the samples. Investigator assessing the knowledge regarding Reproductive, Maternal, Newborn, Child and Adolescent Health services. Data analysis was done using descriptive and statistical analysis. Frequency and percentage wise distribution of level knowledge regarding Reproductive, Maternal, Newborn, Child and Adolescent Health services among Staff Nurses shows that out of 100 staff nurses Majority 80(80%) of them inadequate knowledge, 20(20%) of them had moderately adequate, 0(0%) of them had adequate knowledge.

Keywords: Health services, Knowledge, Reproductive Health, obstetric care, Referal unit
INTRODUCTION

“Sometimes the strength of motherhood is greater than natural laws.”

RCH-phase II began from 1st April, 2005. The focus of the programme is to reduce maternal and child morbidity and mortality with an emphasis on rural health care, The major strategies under the second phase of RCH Essential obstetric care Institutional delivery. Skilled attendance at delivery, Emergency obstetric care Operationalizing First Referral Units, Operationalizing PHCs and CHCs for round the clock delivery services Strengthening the referral system. The Government of India has given some broad guidelines and strategies for achieving the reduction in maternal mortality rate and Infant mortality rate. The Initiatives which have been planned are Essential obstetric care. Institutional delivery in RCH Phase II, it was envisaged that fifty percent of the PHCs and all the CHCs would be made operational as 24-hour delivery centres, in a phased manner, by the year 2010. These centres would be responsible for providing basic emergency obstetric care and essential newborn care and basic newborn resuscitation services round the clock.

The RMNCH+A strategy is based on provision of comprehensive care through the five pillars or thematic areas, of Reproductive, Maternal, Newborn, Child and Adolescent’s health and is guided by central tenets of equity, universal care entitlement, and accountability. The plus within the strategy focusses on including Adolescence for the first time as a distinct life stage, linking maternal child health to Reproductive health, Family planning, Adolescent health, HIV, gender, preconception and prenatal diagnostic techniques, linking home and community based services to facility based care and ensuring linkages, referrals and counter-referrals between and among health facilities at primary (primary health centre),secondary (community health centre) and tertiary levels (district hospital).

In developing the RMNCH+A strategy the aim is to reach the maximum number of people in the remotest corners of the country through a continuum of services constant innovation, and routine monitoring of interventions. In rolling out the new strategy the emphasis is on high impact interventions in each of the five thematic areas of Reproductive, Maternal, Newborn, Child, and Adolescent health and then to focus its efforts and those of its development partners on improving the coverage and quality of those interventions in 184 high-priority districts across India. Guidelines and tools were developed and policies were adjusted.

IUCD/PPIUCD Intra Uterine Copper Device (IUCD) is a small device made of plastic and copper that is inserted into the uterus (womb). It has two threads at the end, which hang through the entrance of the uterus (cervix) into the upper part of the vagina. IUCD prevents sperm and egg from meeting and prevents the implantation of the fertilized egg in uterine activity. It is effective immediately and provides longterm protection. An IUCD does not cause an abortion. There are two types of IUCDs: IUCD 375 which is an
inverted U-shaped device that provides protection for 5 years. IUCD 380-A is a T-shaped device that provides protection for 10 years. IUCD is an effective method to prevent unwanted pregnancies and there are three methods of IUCD insertions, postpartum IUCD is the most convenient method and it can be inserted immediately within 48 hours after giving birth. Interval IUCD can be inserted in the uterus at any time of the menstrual cycle (after ruling out pregnancy) or it can be also be inserted after 6 weeks of giving birth.

Home delivery contraceptives (HDC) a new scheme was launched to utilize the services of ASHA to deliver contraceptives at the doorstep of beneficiaries. The scheme was launched in 233 pilot districts of 17 states on 11 July 2011 and later expanded to the entire country from 17th December 2012. ASHA is charging a nominal amount from beneficiaries for their effort to deliver contraceptives at doorstep i.e., Re.1 for a pack of 3 condoms, Re. 1 for a cycle of OCPs and Rs.2 for a pack of one tablet of ECP.

Ensuring spacing at birth (ESB) under a new scheme launched by the government of India, services of ASHAs to be utilised for counselling newly married couples to ensure spacing of 2 years after marriage and couples with 1 child to have a spacing of 3 years after the birth of 1st child. The scheme is operational in 18 states (EAG, North Eastern and Gujarat and Haryana). ASHA would be paid the following incentives under the scheme. Rs.500/- to ASHA for delaying first childbirth by 2 years after marriage. Rs.500/- to ASHA for ensuring spacing of 3 years after the birth of 1st child and Rs.1000/- in case the couple opts for a permanent limiting method up to 2 children only.

Pregnancy testing kits (PTKs) Nishchay home-based pregnancy test kits were launched under NRHM in 2008 across the country and were anchored with the family planning Divisions on 24th January 2012. The PTKs are being made available at subcentres and to the ASHAs. The PTKs facilitate the early detection and decision making for the outcomes of pregnancy.

The Pradhan Mantri Surakshit Matritva Abhiyan has been launched by the Ministry of Health & Family Welfare (MoHFW) Government of India. The program aims to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month. Prime Minister highlighted the aim and purpose of the introduction of the Pradhan Mantri Surakshit Matritva Abhiyan in the 31st July 2016 episode of Mann Ki Baat. PMSMA guarantees a minimum package of antenatal care services to women in their 2nd/3rd trimesters of pregnancy at designated government health facilities. The programme follows a systematic approach for engagement with the private sector which includes motivating private practitioners to volunteer for the campaign developing strategies for generating awareness and appealing to the private sector to participate in the Abhiyan at government health facilities.
Dr. Muthulakshmi Maternity Benefit Scheme health and Family welfare Department has enhanced the financial assistance to poor pregnant mothers from Rs.12,000 to Rs.18,000. This scheme is strengthened with a Nutrition kit with a view to reducing MMR and IMR. This scheme aims to provide optimal nutrition for pregnant and lactating women and compensates for the wage loss during pregnancy. The pregnant mother should have completed 19 yrs of age. The eligible mother will receive all 5 instalments for two deliveries only HOB and Migrant mothers will receive 1st and 5th instalments on certain conditions.

PM Jan Dhan Yojana it is also known as the Pregnancy Aid Scheme. In India where more than 60% of the population lives below the poverty line, it becomes very difficult for a family to take good care of a pregnant woman. The aim of this program is to provide financial support to these women who can, in turn, nourish themselves and take proper medical aid during their pregnancy. Benefits of the program: Pregnant women will be offered a financial benefit of Rs.6000. The pregnant women can use this money for vaccination expenses, hospital admission fees, nutritional food and anything related to the well-being of their health. The government will credit the money directly to the bank account of the woman thus, making another important facility of a bank account available to her. The scheme has targeted to cover more than 650 districts in the country.

Rajiv Gandhi National Creche Scheme for Children of Working Mothers Rajiv Gandhi National Creche Scheme was launched on 01 January 2006, to provide day-care facilities to children of working women and other deserving women based on their net annual income. Children aged between 6 months to 6 years are nurtured here. Rajiv Gandhi National Creche scheme will provide day-care facilities for children (6 months to 6 years) of working mothers in the community. Improved nutrition and health status of children Physical, mental, emotional and social development of children will be there. Educate and empower parents /caregivers for better child care. Sleeping facility for children Health check and immunization facility which will take care of the health of the child, Supplementary nutrition will be provided for better growth. Early stimulation for children below 3 years and pre-school education for 3 to 6 years old children. Food that contains rich nutrients will be provided to babies.

Dakshata in consonance with the Government of India’s commitment to reduce maternal and newborn mortality in the country. Dakshata program has been launched to enable the service providers in providing high quality services during childbirth in institutions. Jhpiego, with support from Norway India Partnership Initiative (NIPI) is working closely with the Government of MP for strengthening maternal & newborn care under Dakshata.
Government launches SUMAN scheme, assures free medicines for pregnant women—the scheme will largely help in bringing down maternal and infant mortality rates in the country. Under the scheme, the beneficiaries visiting public health facilities are entitled to several free services. These include at least four antenatal check-ups that also includes one check-up during the 1st trimester, at least one check-up under Pradhan Mantri Surakshit Matri Abhiyan, Iron Folic Acid supplementation, Tetanus diptheria injection and other components of comprehensive ANC package and six home-based newborn care visits,” said Union health minister Harsh vardhan while launching the scheme.

Pregnancy Aid Yojana the Pregnancy Aid Yojana is a beneficial scheme announced by the Government of India. It is a scheme targeted at pregnant women. It includes a number of benefits such as vaccination expenses, hospital admission fees, and so on. In an address to the nation, PM Modi announced a few beneficial schemes much to the citizens’ delight. New social and financial inclusion schemes will benefit farmers, home buyers, businessmen and women. For women, the scheme offered by the government is targeted at pregnant women.

VandeMataram scheme: The aim of the scheme is to reduce the maternal mortality and morbidity of the pregnant and expectant mothers involving and utilizing the vast resources of specialists/trained work force available in the private sector.

The success of Janani Suraksha Yojana has prompted the Government of India to introduce many new Maternity Benefit Schemes like JSSK (Janani Shishu Suraksha Karyakram 2013). However, the success of these Schemes depends on their utilization by Antenatal Mothers and utilization depends on how aware are Antenatal Mothers of these Schemes. There is a need to study the awareness of all the Government Maternity Benefit Schemes that have direct benefits during Pregnancy. Delivery and Post-natal Period like Janani Suraksha Yojana, Prasoothi Araike, Madilu Kit, Thai Bhagya Scheme, Janani Shishu Suraksha Karyakram, Bhagya Lakshmi Yojana Scheme, Anganwadi Nutrition Supplementation and “108” Ambulance, The Pradhan Mantri Surakshit Matri Abhiyan, PM Jan Dhan Yojana Dr. Muthulakshmi Maternity Benefit Scheme, VandeMataramscheme all these Schemes are benefits during Pregnancy and after Delivery.

Neonatal Mortality is one of the major contributors (2/3) to the Infant Mortality. To address the issues of higher Neonatal and early Neonatal Mortality, Facility-based Newborn Care Services at Health Facilities have been emphasized. Setting up of facilities for the care of Sick Newborns such as Special Newborn care Units (SNCUs),New Born Stabilization Units (NBSUs) and Newborn Baby Corners(NBCCs) at different levels is a thrust area under National Health Mission. Janani Shishu Suraksha Karyakram (JSSK) was launched on 1st June 2011 and has provision for both Pregnant Women and Sick Newborn till 1 Year after birth are free.
and zero expense treatment, free drugs and consumables, free diagnostics and diet, free provision of blood, free transport from home to health institutions to home, free transport between facilities in case of referral, drop back from institutions to home.

**NSSK Navajot Shishu Suraksha Karyakram** is a programme aimed to train health personnel in basic newborn care and resuscitation. It has been launched to address care at birth issue i.e., prevention of hypothermia, prevention of infection, early initiation of breast-feeding and basic newborn resuscitation. The objective of the new initiative is to have a trained health personnel in basic newborn care and resuscitation.9

Steps in neonatal resuscitation include: a draught free, warm room with temperature >25°C, a clean dry and warm delivery surface, a radiant warmer/overhead lamp with 200-watt bulb if available, to clean warm towels/clothes, a folded piece of cloth (1/2 to 1 thick), a newborn size self-inflating bag, infants masks in two sizes 1 for normal weight baby and 0 for small baby, a suction device, oxygen (if available), a clock (with seconds hand).

**Integrated management of childhood illness (IMCI)** The extent of childhood morbidity and mortality caused by diarrhoea, ARI, malaria, measles and malnutrition is substantial. Most sick children present with signs and symptoms of more than one of these conditions. This overlap means that a single diagnosis may not be possible or appropriate, and treatment may be complicated by the need to combine for several conditions. An integrated approach to manage sick children is, therefore, necessary. IMCI is a strategy for an integrated approach to the management of childhood illness as it is important for child health programmes to look beyond the treatment of a single disease. This is cost effectiveness and emphasizes prevention of disease and promotion of child health and development besides provision of standard care management of childhood illness, unit at every delivery point. Exemption from all kinds of user charges'. IMNCI is the integration of the facility-based care package with the IMNCI package, to empower the health personnel with the skills to manage Newborn and Childhood illness at the community level as well as at the facility.

The Adolescent Girls (AG) Scheme implemented by the Ministry of Women and Child Development under Umbrella Integrated Child Development Services (ICDS), primarily aims at breaking the inter-generational lifecycle of nutritional and gender disadvantage and providing a supportive environment of self-development. Adolescents and reproductive and sexual health programme (ARSH), Scheme for promotion of menstrual hygiene among adolescent girls, weekly iron and folic acid supplementation. Routine check-up at primary, secondary and tertiary levels on fixed days, Promotive, Preventive, Curative and Counselling management of menstrual problems.
Adolescent Reproductive and Sexual Health programme (ARSH) focuses on reorganizing the existing public health system in order to meet service needs of adolescents. Steps are being taken to ensure improved service delivery for adolescents during routine sub-centre clinics and also to ensure service availability on fixed days and timings at the Primary Health Centre, Community Health Centre and District Hospital levels. The core package of services includes promotive, preventive, curative and counselling services being made available for all Adolescents married and unmarried, girls and boys through adolescent-friendly health clinics. ARSH programme envisages creating an enabling environment for adolescents to seek health care services through a spectrum of programmatic approaches. Facility-based health services - Adolescent Friendly Health Clinics Counselling - Dedicated ARSH and ICTC counselling Community based interventions - Outreach activities, and Capacity building for service providers. Facility based health services - Adolescent Friendly Health clinics, Counselling - Dedicated ARSH and ICTC counselling, Community based interventions-Outreach activities, Capacity building for service providers.

Adolescent Friendly Health Clinics (AFHC) through Adolescent Friendly Health Clinics, a routine check-up at primary, secondary and tertiary levels of care is provided on fixed day clinics. At present 6,302 AFHCs are functional across the country providing services, information and commodities to more than a 2.5 million adolescents for varied health related needs such as contraceptives provision, management, antenatal care and anaemia.

Facility-based counselling services for adolescents on important issues such as nutrition, puberty, RTI/STI prevention and contraception, abortion services, pre-marital concerns, substance misuse, sexual abuse and mental health problems are being provided through recruitment and training of dedicated counsellors. At present 881 dedicated ARSH counsellors are providing comprehensive counselling services to adolescents across the country. In 23 States/UTs, 1439 ICTC counsellors have been enrolled to provide sexual and reproductive health counselling to adolescents.

Outreach activities are being conducted in schools, colleges, teen clubs, vocational training centres, during Village Health Nutrition Day (VHND), health melas and in collaboration with self-help groups to provide adequate and appropriate information to adolescents in spaces where they normally congregate.

Weekly Iron and Folic Acid Supplementation (WIFS) Ministry of Health and Family Welfare has launched the Weekly Iron and Folic Acid Supplementation (WIFS) programme to meet the challenge of high prevalence and incidence of anaemia amongst adolescent girls and boys. The long-term goal is to break the intergenerational cycle of anaemia, the short-term benefit is of a nutritionally improved human capital. The

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programme, implemented across the country both in rural and urban areas, will cover 10.25 crore adolescents.

The key interventions under this programme are as follows: administration of supervised weekly iron-folic acid supplements of 100mg elemental iron using fixed-day approach, screening of target groups for moderate/severe anaemia and referring these cases to an appropriate health facility, biannual de-worming (Albendazole 400mg) six months apart for control of helminths infestation, information and counselling for improving dietary intake and for taking actions for prevention of intestinal worm infestation.

Menstrual Hygiene Scheme the Ministry of Health and Family Welfare has launched the scheme for the promotion of menstrual hygiene among adolescent girls in the age group of 10-19 years in rural areas. 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. Key activities under the scheme include Community-based health education and outreach in the target population to promote menstrual health Ensuring regular availability of sanitary napkins to the adolescents Sourcing and procurement of sanitary napkins. Storage and distribution of sanitary napkins to the adolescent girls. Training of ASHA and nodal teachers in menstrual health and Safe disposal of sanitary napkins.

Aim of the study

The aim of the study was to assess the level of knowledge regarding Reproductive, Maternal, Newborn, Child, and Adolescent Health services (RMNCH+A) among Staff nurses at SMVMCH, Puducherry in a view to prepare a self instructional module.

OBJECTIVES:

- To assess the knowledge regarding Reproductive, Maternal, Newborn, Child, and Adolescent Health services (RMNCH+A) among Staff nurses
- To associate the level of knowledge regarding Reproductive, Maternal, Newborn, Child, and Adolescent Health services (RMNCH+A) among Staff nurses with their selected Demographic variables.

ASSUMPTIONS

- Staff nurses may not transform information to the accessible population such as pregnancy postnatal mother and adolescent health services.
- Providing self instructional module may enhance the knowledge and awareness among staff nurses to educate the women who are in need of information on health services.
Advocacy from the staff nurses may help the public to utilise the health services appropriately.

II. Materials and Methods

In this study Descriptive research design was used to assess the level of knowledge regarding Reproductive, Maternal, Newborn, Child, and Adolescent Health services (RMNCH+A) among Staff nurses. The study was conducted in SMVMCH in Puducherry. The target population for the study was staff nurses.

Based on the sample total of 100 staff nurses were selected by using convenient sampling technique. Ethical consent obtained following approval by Institutional Ethics Committee of Sri Manakula Vinayagar Medical College and Hospital Puducherry

DESCRIPTION OF DATA COLLECTION INSTRUMENTS:

Section A- The demographic data consist of 8 items seeking information about Age, Gender, Religion, Educational Qualification, Years of experience, working hours, present area of working, Previous exposure of attending maternal, newborn, child and adolescent health services programme

Section B- Self Administered Questionnaires to assess the level of Knowledge Regarding Reproductive, Maternal, Newborn, Child and Adolescent Health Services among Staff Nurses.

Data collection procedure

The data collection was done after getting Formal permission was obtained from the Hospital authority and Institutional Ethical committee. 100 staff nurses were selected based on inclusion criteria through Convenient sampling technique and after introducing and explaining the study. The tool was consisting demographic variables, self structured interview questionnaire was administered to respondents and data was collected. On the same day self instructional Module was given to staff nurses.
III. RESULTS AND DISCUSSION

Socio demographic variables: Frequency and percentage wise distribution of demographic variables among staff nurses at SMVMCH Puducherry. Out of 100 staff nurses Majority 44(44.0%) was in group of 20-25 years most of them 84(84.0%) were females. Majority to belonged to Hindu 67(67.0%), Most of them 76(76.0) were B.Sc., Nursing. Majority 1-3 years of experience. Most of them 59(59.0%) is a 6 hours working period. Majority 59(59.0%) were present area of working is medical surgical ward. Majority 71(71.0%) had Previous exposure of attending maternal, newborn, child, and adolescence health services programme.

<table>
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<tr>
<th>SCORING</th>
<th>INTERPRETATION</th>
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<tbody>
<tr>
<td>Inadequate Knowledge</td>
<td>0-15</td>
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<tr>
<td>Moderate Knowledge</td>
<td>16-35</td>
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<tr>
<td>Adequate Knowledge</td>
<td>36-50</td>
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</tbody>
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Inadequate Knowledge

Moderate Knowledge

Adequate Knowledge
Figure 3: Percentage wise distribution of demographic variables among staff nurses SMVMCH at puducherry
Table 2: Frequency and percentage wise distribution of level of knowledge regarding Reproductive, Maternal, Newborn, Child and Adolescent Health Services among Staff Nurses at SMVMCH. (N=100)

<table>
<thead>
<tr>
<th>SCORING INTERPRETATION</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
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<tbody>
<tr>
<td>Inadequate</td>
<td>80</td>
<td>80</td>
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<tr>
<td>Moderately adequate</td>
<td>20</td>
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<td>Adequate</td>
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Table 2 Frequency and percentage wise distribution of level knowledge regarding Reproductive, Maternal, Newborn, Child and Adolescent Health Services Among Staff Nurses shows that out of 100 staff nurses Majority 80(80%) of them inadequate knowledge, 20(20%) of them had moderately adequate, 0(0%) of them had adequate knowledge.
Figure 4: Percentage wise distribution of level of knowledge regarding Reproductive, Maternal, Newborn, Child and Adolescent Health Services among Staff Nurses at SMVMCH.
Table 3: Mean and standard deviation of regarding level of knowledge regarding Reproductive, Maternal, Newborn, Child and Adolescent Health Services among Staff Nurses at SMVMCH. (N=100)

<table>
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<tr>
<th>Service</th>
<th>MEAN</th>
<th>STANDARD DEVIATION</th>
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<tbody>
<tr>
<td>Overall</td>
<td>13.88</td>
<td>3.312</td>
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<tr>
<td>Knowledge questionnaires</td>
<td>1.550</td>
<td>1.076</td>
</tr>
<tr>
<td>Reproductive health services</td>
<td>1.960</td>
<td>1.053</td>
</tr>
<tr>
<td>Maternal health services</td>
<td>2.910</td>
<td>1.400</td>
</tr>
<tr>
<td>Newborn health services</td>
<td>2.780</td>
<td>1.567</td>
</tr>
<tr>
<td>Child health services</td>
<td>1.820</td>
<td>1.122</td>
</tr>
<tr>
<td>Adolescent health services</td>
<td>2.860</td>
<td>1.392</td>
</tr>
</tbody>
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Table 3

- Shows that the mean score of level of knowledge regarding health services among staff nurses over all mean score 13.88 and standard deviation ±3.312
- Shows that mean score of level of knowledge 1.550 and standard deviation ±1.076
- Shows that mean score of reproductive health services 1.960 and standard deviation ±1.053
- Shows that mean score of maternal health services 2.910 and standard deviation ±1.400
- Shows that mean score of newborn health services 2.780 and standard deviation ±1.567
- Shows that mean score of child health services 1.820 and standard deviation±1.122
shows that mean scorer of adolescent health services 2.860 and standard deviation ±1.392
Figure 5: Mean and standard deviation of regarding level of knowledge regarding Reproductive, Maternal, Newborn, Child and Adolescent Health Services among Staff Nurses at SMVMCH.

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Table 4: Association between the selected demographic variables with level of knowledge regarding Reproductive, Maternal, Newborn, Child and Adolescent Health Services among Staff Nurses at SMVMCH. (N=100)

Table 4 Depicts that the demographic variable shown that there is no statistically significant association with level of knowledge regarding Reproductive, Maternal, Newborn, Child and Adolescence health services among staff nurses at SMVMCH, Puducherry.

CONCLUSION

This study implies that self instructional module helps to improve the level of knowledge regarding (RMNCH+A) Services and also to develop knowledge towards health services on the basis of results it can be conducted that the level of knowledge was mostly moderately adequate regarding RMNCH+A services and staff nurses.
REFERENCES

Book Reference


Article Reference

1. Plourder K, fischer S, Cunningham J Brady K, McCarraher DR improving the paradigm of the approach to adolescent sexual and reproductive health report 2016:13(72)

2. Tikoo V, Dhawan A, Pattanayak R, et. al, Assessment of Pattern and Profile of Substance Use among Children in India [Internet] 2013. 8. Available from:

3. Sivakumar B. Most of Tamil Nadu’s adolescents and youth live in rural areas, shows census of the programme

4. Ketan Sharma et. al, a study to assess the knowledge of mothers regarding reproductive child health programme activity and its utilization in selected urban community in Gwailor city


6. Mahila samakhya et.al., Sectors Education Initiatives towards specific segments of the society


9. Sivakumar B. Most of Tamil Nadu’s adolescents and youth live in rural areas, shows census.

10. Rajiv Gandhi Scheme For Empowerment Of Adolescent Girls (RGSEAG) - ‘SABLA’- The scheme. Ministry of women and child development 2010