"A Study to Assess the Effectiveness of Structured Teaching Programme (STP) On Knowledge Regarding Social Phobia among Adolescents Studying In Keshlata School Of Nursing at Bareilly (U.P.)"

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Abstract: This study was designed to examine the effectiveness of STP on knowledge regarding social phobia among adolescents studying in Keshlata School of Nursing at Bareilly U.P. A pre-experimental research design was used. Non-Random convenient sampling approach was used to select 60 samples. The knowledge was measured by 35 items of a structured interview schedule to assess knowledge on social phobia. The results were computed using descriptive and inferential statistics based on the objectives of the study.

Background of the study: Social phobia is the most common anxiety disorder and the third most common psychiatric disorder in the world. Social phobia is commonly seen during the adolescent period. They may fall behind in the school, avoid school completely, or worry proceeding the feared event may last for weeks and interferes with the individual's daily routine, social life, job, or school. This has motivated the researcher to conduct a study "A study to assess the effectiveness of structured teaching program or knowledge regarding social phobia among adolescents studying in Keshlata School of Nursing at Bareilly (U.P.).

Objectives of the Study:  
1. To assess the pre-test knowledge regarding social phobia among adolescents.  
2. To determine the effectiveness of structured teaching program on knowledge regarding social phobia among adolescents.  
3. To assess the post-test knowledge regarding social phobia among adolescents.  
4. To determine the association between the post-test knowledge scores with selected demographic variables.

Materials and Method: An evaluative research approach with pre-experimental research design was used to evaluate the effectiveness of the STP. The study was conducted in Keshlata School of Nursing, Bareilly (U.P.) random sampling approach was used to select 60 samples. The tool used for the data collection was self administered structured knowledge questionnaire which comprised of 10 items of demographic data and 35 items on social phobia. The reliability of the tool was established by Karl's Pearson technique, with ‘r’ = 0.75. The conceptual frame was adopted for the study was based on Stuffle Beams CIPP model. Data gathered was analyzed using descriptive and inferential statistics in terms of frequency, percentage, mean standard deviation, ‘z’ test and chi-square test.

Results: The overall mean percentage of post-test knowledge scores of adolescents 24.75% is apparently higher than the overall mean percentage of pre-test knowledge score 16.21% and is significant with ‘z’ = 11.33. Hence H1 is accepted i.e. there is a significant difference between pre and post test knowledge scores of adolescents on social phobia after administering STP.

Conclusion: Hence the findings revealed that STP was effective in enhancement of the knowledge of adolescent’s students regarding social phobia. Thus the researcher conducted the study to make them aware of common social phobia among adolescents.

Key Words: Adolescents, social phobia, STP.

I. Introduction

Shyness has a strange element of narcissism belief that how we look, how we perform, is truly important to other people.  
Andre Dubus

Social phobia is an intense fear of becoming humiliated in social situation, specifically of embarrassing yourself in front of other people. It is also called as social phobia. Social phobia is an ailment that can leads to low self esteem and depression and as a result becomes a barrier to personal growth and success in life.
People with social phobias are very self conscious. They believe that they are always being watched and judged by others and because of this they feel awkward in the presence of other people. They feel easily humiliated, ashamed and embarrassed of themselves. Everyday interactions cause extreme fear and self conscious. It may become impossible for them to eat with acquaintances or write a check in public, let alone go to the party with lots of strangers. They will feel awful afterwards even if they can’t remember what they did or said. They think that they have made a fool of themselves.

People with social phobia usually experience significant emotional distress in following situations :
- Being introduced to other people
- Being teased or criticized
- Being the centre of attention
- Being watched while doing something
- Meeting people in authority
- Most social encounters, particularly with strangers
- Making 'small talk' at parties.

This list is certainly not complete list of symptoms other feelings may be associated with social phobia as well.

Adolescents with social phobia have a persistent fear of embarrassed in social situations. During a performance, or if they speak in class or in public, get into conversation with others, or eat, drink or write in the public. Feelings of anxiety in these situations produced physical reactions like palpitations, tremors, sweating, diarrhea, blushing, muscle tension etc. sometimes the reaction is much more mild.

Several therapies are effective for treating social phobias : systematic desensitization and several Behavioral Therapy (BT) approaches the good news is that cognitive Behavioral Therapy for social phobia has been markedly successful. After therapy, people with this problem report a changed life-one that is no longer totally controlled by fear and anxiety.

MATERIAL & METHODS:
Research methodology includes research approach, research design, setting, population and the sample criteria for sample selection, method of sample selection, development and description of the tool, validity, reliability, pilot study, procedure of data collection, plan for data analysis and ethical consideration.

II. Research Methodology

RESEARCH APPROACH:
The selection of research approach is a basic procedure for the research study to be conducted. In view of the nature of the problem selected for the present study to assess the effectiveness structured teaching program on social phobia and for the objective to be accomplished, an evaluative research was accomplished, for the present study.

RESEARCH DESIGN:
According to Polit and Hungler (1999) research design is defined as "A researcher's over all for obtaining answer to the research question or for testing the hypothesis".

The selection of design depends upon the purpose of the study, research approach and variable to be studied. One group pre test, post test research design, which belongs to pre experimental design, was selected to assess the knowledge of adolescents regarding social phobia.

THE PRE-EXPERIMENTAL DESIGN CHOSEN FOR THE STUDY IS AS PRESCRIBED IN THE TABLE :-

<table>
<thead>
<tr>
<th>Study Group</th>
<th>Pre-Test</th>
<th>Intervention</th>
<th>Post-Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents in age group of 17-19 years</td>
<td>01</td>
<td>X</td>
<td>02</td>
</tr>
</tbody>
</table>

01 : Assessment of pre-test knowledge of adolescents on social phobia by structured self administered knowledge questionnaire.
X : Administration of structured teaching program on social phobia.
02 : Same structured self administered knowledge questionnaire was administered after 7 days of structured teaching program to assess its effectiveness.
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SETTING OF THE STUDY:  
The study was conducted in Keshlata School of Nursing, Bareilly (U.P.). It’s located at Delapeer, Bareilly. The school timings are from 9 a.m. to 5 p.m. there are 15 teaching staff in school of nursing. Their basic qualification is General Nursing Midwives. The school of nursing has well furnished classrooms, library and auditorium.

The selection of the settings was done on the basis of:  
a. Feasibility of conducting the study.  
b. Availability of samples.

POPULATION:  
The target population is the entire population in which the researcher is interested to generalize the results of the study.  
The target population in the study was adolescents in the age group between 17-19 years.  
The accessible population in the study was 60 students of 1 styr of GNM in Keshlata School of Nursing.

SAMPLE AND SAMPLE SIZE:  
Polit and Hungler (1999) state that a sample consists of the sub set of a population selected to participate in a research study.  
The sample size for the present study is 60 adolescents' students.

SAMPLING TECHNIQUE:  
Sampling refers to the process of selecting a portion of population to represent the entire population.  
Non random convenient sampling technique approach was used for draw the samples. The accessible population is 60 adolescents in the age group between 17-19 years.

60 students were selected by non random convenient sampling method.

CRITERIA FOR SELECTION OF SAMPLES:  
(a) Inclusion Criteria  
1. Adolescents who are willing to participate.  
2. Adolescents who are available at the time of data collection.  
3. Able to understand English and Hindi.  
(b) Exclusion Criteria  
Those who have previously sensitized with same or similar intervention.

III. Result

SECTION-1:  
Section-1 : Demographic Results  
Demographic Parameters  
Table-1

The frequency and percentage distributions of adolescents by their demographic variables age, religion, type of family, no. of siblings, family income/month, place of residence, health service utilizing, source of information regarding S.P., any family history of mental illness.

<table>
<thead>
<tr>
<th>DEMOGRAPHIC VARIABLES</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. AGE IN YEARS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 YEARS</td>
<td>16</td>
<td>26.66</td>
</tr>
<tr>
<td>18 YEARS</td>
<td>37</td>
<td>61.66</td>
</tr>
<tr>
<td>19 YEARS</td>
<td>7</td>
<td>11.66</td>
</tr>
<tr>
<td>2. RELIGION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HINDU</td>
<td>43</td>
<td>71.66</td>
</tr>
<tr>
<td>MUSLIM</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>CHRISTIAN</td>
<td>11</td>
<td>18.33</td>
</tr>
<tr>
<td>3. TYPE OF FAMILY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUCLEAR</td>
<td>33</td>
<td>61.66</td>
</tr>
<tr>
<td>JOINT</td>
<td>25</td>
<td>38.33</td>
</tr>
<tr>
<td>EXTENDED</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>4. NUMBER OF SIBLINGS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ONE</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>TWO</td>
<td>18</td>
<td>30</td>
</tr>
<tr>
<td>THREE</td>
<td>18</td>
<td>30</td>
</tr>
<tr>
<td>FOUR</td>
<td>22</td>
<td>35</td>
</tr>
<tr>
<td>5. FAMILY INCOME/MONTH</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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6. PLACE OF RESIDENCE
   - Urban: 33 (55%)
   - Rural: 27 (45%)

7. HEALTH SERVICE UTILIZATION
   - Govt. Hospital: 38 (63.33%)
   - Private Hospital: 19 (31.66%)
   - Voluntary Health Agencies: 3 (5.00%)

8. SOURCE OF INFORMATION REGARDING SOCIAL PHOBIA
   - Family Member/Relatives: 5 (8.33%)
   - Friends/Neighbours: 26 (43.33%)
   - Health Personnel: 8 (13.33%)
   - Print Media: 9 (15.00%)
   - Radio: 3 (5.00%)

9. ANY FAMILY HISTORY OF MENTAL ILLNESS
   - Yes: 2 (3.33%)
   - No: 58 (96.66%)

Table 1: Represents the frequency percentage of adolescents by their demographic variables:
1. Majority of respondents 16 (26.66%) were distributions in the age of 17 years, followed by 37 (61.66%) in 18 years and 7 (11.66%) were in 19 years.
2. Majority of respondents 43 (71.66%) were Hindus, followed by 6 (10.00%) were Muslims, and 11 (18.33%) were Christians.
3. Majority of respondents 37 (61.66%) were in nuclear family, followed by 23 (38.33%) were in joint family and 9 (0.00%) were in extended family group.
4. Majority of respondents 18 (30%), 18 (30%) were of two and three siblings group, followed by 22 (35%) were of four sibling group and 3 (5%) were of one sibling group.
5. Majority of respondents were in 35 (58.33%) family income/month, followed by 17 (28.363%) family income/month, 5 (8.33%) were above 50,000 family income/month and 3 (5.00%) were 30,001-50,000.
6. Majority of respondents 33 (55) were of urban residence followed by 27 (45) in rural area residence.
7. Majority of respondents 38 (63.33) were from government hospital, followed by 19 (31.66%) of private hospital and 3 (5.00%) of voluntary health services.
8. Majority of respondents 26 (43.33%) were in health personnel's followed by 9 (15.00%) of print media, 8 (13.33%) of friends/neighbours, 5 (8.33%) were of family member/relatives and 3 (5.00%) were of radio source of information.
9. Majority of respondents 58 (96.66%) were in NO, followed by 2 (3.33%) in YES group.

SECTION-2
Assessment of Pretest knowledge regarding Social phobia among adolescents

TABLE-3

<table>
<thead>
<tr>
<th>KNOWLEDGE LEVEL</th>
<th>CATEGORY</th>
<th>CLASSIFICATION OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FREQUENCY</td>
<td>PERCENTAGE</td>
</tr>
<tr>
<td>Inadequate knowledge</td>
<td>&lt;50%</td>
<td>Source</td>
</tr>
<tr>
<td>Moderate knowledge</td>
<td>51-75%</td>
<td>Source</td>
</tr>
<tr>
<td>Adequate knowledge</td>
<td>&gt;75%</td>
<td>Source</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 3: depict the classification of respondents on Pre-test knowledge level regarding social phobia. In the pretest knowledge level, it was indicated that 57 (95%) of the respondents had Moderate knowledge and 3 (5%) of the respondents had Adequate knowledge and 0% had Inadequate knowledge.
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Section : 3
Determine the effectiveness of STP on knowledge regarding Social Phobia

TABLE-7
EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME

<table>
<thead>
<tr>
<th>Knowledge level</th>
<th>Category</th>
<th>Pre-test frequency</th>
<th>Percentage</th>
<th>Post-test Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate</td>
<td>&lt;50% Score</td>
<td>0</td>
<td>0%</td>
<td>1</td>
<td>1.66%</td>
</tr>
<tr>
<td>Moderate</td>
<td>51-75% Source</td>
<td>57</td>
<td>95%</td>
<td>46</td>
<td>76.66%</td>
</tr>
<tr>
<td>Adequate</td>
<td>&gt;75% Source</td>
<td>3</td>
<td>5%</td>
<td>13</td>
<td>21.66%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>60</td>
<td>100.0</td>
<td>60</td>
<td>100.0</td>
</tr>
</tbody>
</table>

FIGURE 12 : CYLINDRICAL DIAGRAM REPRESENTING THE PRE-TEST KNOWLEDGE SOURCES.

FIGURE 13: CYLINDRICAL DIAGRAM REPRESENTING THREE EFFECTIVENESS OF STP.

TABLE : 8

<table>
<thead>
<tr>
<th>Aspects</th>
<th>Max. Score</th>
<th>Mean</th>
<th>SD</th>
<th>Mean difference</th>
<th>Z test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre test</td>
<td>35</td>
<td>16.21</td>
<td>3.1149</td>
<td>46.31</td>
<td></td>
</tr>
<tr>
<td>Post test</td>
<td>35</td>
<td>24.33</td>
<td>3.290</td>
<td>69.51</td>
<td>11.33</td>
</tr>
<tr>
<td>Enhancement</td>
<td>35</td>
<td>8.12</td>
<td>0.1751</td>
<td>23.20</td>
<td></td>
</tr>
</tbody>
</table>

Overall pre-test and post-test mean knowledge scores on social phobia. 
P Value = 0.00001
Level of significance at 0.05%.

TABLE 8 : reveals that the overall pre-test and post-test mean knowledge scores of respondents on social phobia. In pretest the mean knowledge score was 46.31 and in post test the mean knowledge score was 69.51. Further the statistical obtained 'z' value was 11.33, which is significant at 0.05% level. There exist significant differences between pre test and post test knowledge scores of adolescents. Hence the research hypothesis $H_1$ is accepted.
SECTION 4
Assessment of Post test knowledge regarding Social Phobia among adolescents

Table 5: In the post-test knowledge level on social phobia, respondents was found in 46(76.66%) with moderate level, 13(21.66%) with adequate level and 1.66% with inadequate knowledge.

Figure 13: Cylindrical diagram representing the post-test knowledge scores

Figure 14: Cylindrical diagram representing the post-test knowledge sources

Table: Association between Demographic Variables Post test knowledge score regarding Social Phobia

<table>
<thead>
<tr>
<th>S. No.</th>
<th>DEMOGRAPHIC VARIABLES</th>
<th>T</th>
<th>RESPONDENTS KNOWLEDGE</th>
<th>X² VALUE</th>
<th>p VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Age in years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16 years</td>
<td>16</td>
<td>0</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>17 years</td>
<td>37</td>
<td>1</td>
<td>26</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>18 years</td>
<td>7</td>
<td>0</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>2.</td>
<td>Religion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hindu</td>
<td>43</td>
<td>1</td>
<td>33</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Muslim</td>
<td>6</td>
<td>0</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Christian</td>
<td>11</td>
<td>0</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>3.</td>
<td>Type of Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nuclear</td>
<td>37</td>
<td>1</td>
<td>27</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Joint</td>
<td>523</td>
<td>0</td>
<td>19</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Extended</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4.</td>
<td>No. of Siblings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>One</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Two</td>
<td>18</td>
<td>1</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Three</td>
<td>18</td>
<td>0</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Four</td>
<td>21</td>
<td>0</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>5.</td>
<td>Family income/month</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5000-10,000</td>
<td>17</td>
<td>0</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>10,001-30,000</td>
<td>35</td>
<td>1</td>
<td>25</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>30,001-50,000</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Above 50,000</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>
6. Place of residence
   - Urban: 33
   - Rural: 27
   Total: 60

7. Health services utilized
   - Government: 38
   - Private: 19
   - Voluntary health agencies: 3
   Total: 60

8. Source of information regarding Social phobia
   - Family members/relatives: 5
   - Friends/Neighbors: 8
   - Health Personnel's: 26
   - Print media: 9
   - Radio: 4
   - Nil: 8
   Total: 60

9. Any family history of Mental Illness
   - Yes: 2
   - No: 58
   Total: 60

Level of significance at 0.05

Data presented in the Table indicate. Association between Demographic variables and Post test knowledge level on Social Phobia, Age, Religion, Type of family, No. of siblings, Family income/month, place of residence. Health services utilized, Sources of information regarding Social Phobia, are all Non Significant except Any family history of Mental Illness is Significant. Hence H2 is accepted.

IV. Discussion

This chapter deals with the discussion, based on the objectives of the study and hypothesis. The study was designed "to assess the effectiveness of structured teaching program knowledge regarding social phobia among adolescents studying in Keshlata School of Nursing at Bareilly.

The findings of the study were discussed in terms of the study are compared and contrasted with those of other similar studies conducted in different setting.

The study was a pre experimental study with one group pre test post test design used to access the knowledge of 60 adolescents regarding social phobia. A structured self administered knowledge questionnaire was used to collect the data from adolescents. The pre test was conducted followed by implementation of structured teaching program on the same day and post test was conducted after 7 days by using same structured knowledge questionnaire to evaluate the effectiveness of structured teaching program.

After obtaining the formal prior permission from the Principal of Keshlata School of Nursing, Bareilly (U.P.). The study was conducted in the month of April 2015 for period of 7 days at Keshlata School of Nursing, Bareilly.

The sample size was 60 adolescents and selection of the sample was done according to inclusion and exclusion criteria. After obtaining the consent from the adolescents, the pre test knowledge was assessed by using self administered structured knowledge questionnaire; followed by structured teaching program was conducted. On the 7th day after administering structured teaching program, the post test knowledge of adolescents were assessed using the same self administered knowledge structured questionnaire to evaluate the effectiveness of structured teaching program on social phobia.

The data obtained were analyzed in terms of achieving the objectives of the study by using descriptive and inferential statistics.

1. Findings related to demographic characteristics:
   - Majority of adolescents were in the age of 18 years.
   - Majority of respondents belongs to Hindu religion 43 (71.66%).
   - Majority of respondents living in Nuclear family 37 (61.66%).
   - Majority of respondents have 22 (35%) have four sibling.
   - Majority of respondents having 10,000-30,000, 35(58.33%) family income/month.
   - Most of respondents 30(55) residing in urban area.
   - 38(63.33%) respondents prefer government hospitals.
   - Most of the respondents 26(43.33%) have the source of information from friends or neighbors.
   - 58(96.66%) respondents have no family history of any mental illness.
2. Findings related to knowledge enhancement:

Reveals that the overall pre-test and post-test mean knowledge scores of respondents on social phobia. In pretest the mean knowledge score was 46.31 and in post-test the mean knowledge score was 69.51. Further the statistical obtained 'z' value was 11.33, which is significant at 0.05% level. There exist significant differences between pre test and post test knowledge scores of adolescents. Hence the research hypothesis H₁ is accepted i.e. there is significant difference between pre test and post test knowledge scores of adolescents on social phobia after administering structured teaching programme.

3. Finding related to association of knowledge post test score with selected demographic variables among adolescents:

On association of the selected demographic variables with the level of post test knowledge scores of nursing students at p<0.05, there significant association between, demographic variables and post test knowledge level on social phobia, age, religion, type of family, no. of siblings, family income/month, place of residence, Health services utilized, sources of information regarding social phobia, are all Non-Significant except any family history of Mental Illness is significant. Hence H₂ is accepted.

V. Conclusion

The study was to access the effectiveness of structured teaching program on knowledge regarding social phobia among adolescents studying in Keshla School of Nursing at Bareilly (U.P.).

The findings of the pretest study revealed that overall mean posttest score was 24.75% which was significantly higher than the pretest score of 16.21%, which was statistically as observed between pre and post test score with 'z' test.

The study concluded that, the structured teaching program on social phobia was very effective among the adolescents.

IMPLICATIONS OF THE STUDY:

The findings of the study can be used in the following areas of nursing profession.

1. Nursing practice:

Nurse are key persons of the health team, who play a major role in health promotions and maintenance; the teaching program can be conducted by the nursing personnel on social phobia in all psychiatric wards which will improve the knowledge of nurses.

As a nurse counselor, she can conduct individual counseling and group counseling for adolescents with social phobia and to their family.

Conduct workshop regarding social phobia to impart knowledge to health professional.

2. Nursing education:

The nursing curriculum can include all the problems of social phobia and can be taught using different methods of teaching.

Students can be demonstrated assessment of social phobia so that it helps in early identification among adolescents. The student nurses from school of nursing and college of nursing should be encouraged to attend workshops and seminars regarding social phobia.

3. Nursing administration:

The nursing administrators should take part in planning of curriculum and clinical experience to be provided for nursing students on social phobia.

The nurse administrator needs to plan, organize and conduct health education program by considering cost effectiveness and carry out successful education program.

The nurse administrator should explore their potential and encourage innovative ideas in preparation of appropriate teaching material and usage of man power.

4. Nursing research:

The study helps the nurse researchers to develop appropriate health education tools for educating the adolescents on social phobia.

Research should be conducted on social phobia of school children to reduce the number of childhood psychiatric disorders.

This study will serve as a valuable reference material for future investigators.
LIMITATIONS OF THE STUDY:
1. The study is limited to adolescents in the age group between 17-19 years studying in GNM 1st year in KSN Bareilly, so generalization is not possible.
2. The study is limited to knowledge aspect only.

VI. Recommendations:
On the basis of the findings of the study following recommendations have been made:

- An experimental study can be conducted with control group for the effective comparison.
- A similar study can be replicated on large sample to generalize the findings.
- A similar study can be conducted on knowledge and attitude among parents regarding social phobia.
- A similar study can be conducted on knowledge and attitude among health personnel regarding social phobia.
- A similar comparative study among adolescents between rural and urban settings.
- A similar study can be conducted on knowledge and attitude among teachers regarding social phobia.

Reference